Children in Care

Topic information	
Topic title	*Children in Care*
Topic owner	*Helene Denness, Consultant in Public Health*
Topic author(s)	*Grace Brough*
Topic quality reviewed	*December 2017*
Topic endorsed by	*Nottingham City Corporate Parenting Board*
Current version	*December 2017*
Replaces version	*2013*
Linked JSNA topics	*Safeguarding JSNA*

Contents

Topic information 1
Contents 2
Executive summary 5
Full JSNA report 12
1. Who is at risk and why? 12
Who is at risk? 12
Outcomes for children in care 13
Educational 13
Other outcomes 14
2. Size of the issue locally 14
Risks 15
Reasons children enter into care 16
Age 18
Gender 20
Ethnicity 20
Special Educational Need and Disability (SEND) 20
Placement type 22
Placement location 23
Social worker relationships 24
School attendance and absence 25
School exclusions 26
Key Stage 2 attainment 27
Key Stage 1-2 progress 28
Key Stage 4 attainment: A*-C 28
Progress to employment, education or training 29
Offending amongst CiC 30
CiC substance misuse 31
Teenage pregnancy amongst children in care 32
Health of CiC 32
Emotional health of CiC 34
Mental health of CiC 34
Children missing 35
Child Sexual Exploitation 36
Unaccompanied asylum seeking children 36
Children exiting care 37

3. Targets and performance 39
National Targets 39
Local Targets 40
Performance 42
CiC survey- 42
Quality- 42
4. Current activity, service provision and assets 43
Edge of care hub- 43
The Placement Service 43
Social Work Support for Children in Care 44
Targeted Support Team- 44
Corporate Parenting Board 44
Children in Care and Adoption Health Team 45
CiC Child and Adolescent Mental Health Service (CAMHS) – 46
NSPCC Life Story work- 47
Virtual School 47
Children in Care police officer – 47
YOT CiC Lead- 48
Advocacy Service and Independent Visitor's- 49
Independent Reviewing Officer Service 49
Fostering and Adoption (Including the Adoption Post Order Service) 50
Leaving Care Service 51
Children in Care Council 51
5. Evidence of what works 52
Preventing the need for care 52
Children in Care 52
Nice guidance 53
Local initiatives 53
Children returning home from care 54
6. What is on the horizon? 55
7. Local Views 60
8. Unmet needs and service gaps 62
9. Knowledge gaps 65
10. Recommendations for consideration by commissioners 67
Key contacts 69

References 69

Figure 1: Comparison of CiC rates per 10,000 15
Figure 2: Risks to children as identified at initial assessment 16
Figure 3: Comparison of needs of children entering local authority care locally and nationally. 17
Figure 4: Needs of children entering care in Nottingham over time 18
Figure 5: Age breakdown of CiC in Nottingham over time 19
Figure 6: Comparison of age breakdown of children in care locally and nationally .. 19
Figure 7: Proportion of Children in Care with a Special Educational Need and Disability 2015 21
Figure 8: Comparison of prevalence of SEN in the CiC population vs the general child population 21
Figure 9: Placements of CiC by type over time 22
Figure 10: Comparison of proportion of CiC placed within 20 miles of their homes, locally, nationally and statistical neighbours 23
Figure 11: Comparison of placement stability of CiC, locally, nationally, regionally and statistical neighbours 24
Figure 12: Change of social worker for Children in Care 25
Figure 13: Overall absence amongst CiC over time 25
Figure 14: Proportion of CiC who are persistent absentees 26
Figure 15: CiC fixed term exclusions over time 27
Figure 16: Proportion of CiC achieving expected level in RWM 28
Figure 17: Proportion of CiC achieving 5+ GCSE's A*-C. 29
Figure 18: Progress of care leavers to employment, education or training 30
Figure 19: Comparison of offending amongst CiC, locally, nationally and statistical neighbours 31
Figure 20: Comparison of offending amongst the CiC and non- CiC population over time 31
Figure 21: Comparison of CiC substance misuse, locally, nationally and statistical neighbours 32
Figure 22: Comparison of proportions of CiC with up to date health related checks (various measures), locally, nationally and stat neighbour 33
Figure 23: Primary concern of children presenting to CAMHS July-Nov 2016 35
Figure 24: Reasons CiC exited care in Nottingham 2015-16 37
Figure 25: Age breakdown of CiC exiting care 2015-16 38
Figure 26: Percentage of children returning home after a period of being looked after 39

Table 1: Proportions of CiC with up to date health related checks over time 34

Executive summary

Introduction

This chapter focuses on those children in the care of Nottingham City Council, and for whom Nottingham City Council is the Corporate Parent. This chapter looks at children in care (CiC) and their identified needs and examines the challenges these needs pose for Nottingham City Council as Corporate Parent.

The chapter details the characteristics of children in care, placement types, provision and outcomes. It also identifies key challenges and how these impact on commissioning arrangements/requirements of local authorities for the future.

The Government wants every child in the country, whatever their background, whatever their age, whatever their ethnicity or gender, to have the opportunity to fulfil their potential, this includes our children in care. For those children looked after by a Corporate Parent, it is the collective responsibility of those involved with corporate parenting to ensure this happens.

The CiC population presents a particular challenge to the council in the amount of resources in budget and staff time that are required to ensure we are fulfilling our duties of Corporate Parent, particularly as numbers of children coming into care are increasing.

Nationally at any one time 69,000 children are looked after by the local authority, 60% of whom are subject to care orders. In any one year 90,000 children in England are looked after (1).

A “child in care” includes children accommodated under a care order, those accommodated on a voluntary basis with the agreement of parents or the child if they are over 16, children placed away from home under an emergency protection order and children on police protection/remand/detention.

The majority of children are in care due to abuse or neglect, and this is also true within Nottingham, with 63% of Nottingham’s CiC population entering care as a result of abuse or neglect (2).

For some children and young people, entering care becomes the only option to ensure they are safe. In these cases we must ensure the right placements and support are available, that they provide positive outcomes for CiC and they represent good value for money.

Children in Care have poorer outcomes than the general child population across a variety of indicators primarily because of the impact of their early life experience prior to entering care, indicators include educational attainment, school attendance, school exclusion, offending behaviour, emotional and mental health, teenage pregnancy and substance misuse.

This chapter outlines recommendations in relation to identified needs and any unmet needs and service gaps.

Unmet needs and service gaps

Identification of mental health difficulties

Locally we are not on target as an authority in conducting Strength and Difficulties Questionnaire's (SDQ's) with our children in care. Unless a child presents any emotional or mental health difficulties outwardly through their behaviour, the only way they would be identified and thus referred to CAMHS is an SDQ. As such, this may result in inequity of access to mental health support for those children in care who are not receiving SDQ's in a timely fashion. However, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Health assessments

Locally we are not on target as an authority in conducting health assessments with our children in care, the proportion having health assessments has moved further away from target over time. Local intelligence suggests this has been due to a capacity issue amongst both the social worker teams in making the referrals to health and CiC health team being able to meet demand. Consideration should be given to the impact of an increasing CiC population and increasing complexity of need within the CiC population on the ability of the service to meet demand with current capacity. It is acknowledged that the work of the Strategic Improvement Forum may improve performance around health assessments. Again, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Demand for mental health support amongst the UASC population- Local CiC CAMHS have expressed concerns regarding meeting the mental health needs of the UASC population, however it must be noted that this is not just a local issue. Currently workers, whilst well trained, are faced with new issues for this group. The needs of this group are different to local children in care, often these children do not have the same family issues that local CiC present with as they may have come from families free from abuse or neglect, however may have experienced war, grief, bereavement and separation. Local intelligence

suggests this group do not tend to talk about the problems they are experiencing so readily, sometimes due to the culture around expressing emotions in their country of origin. Currently the team feel they do not necessarily have the cultural understanding and nuances that may assist effective treatment.

A suggested solution to this would be to have a CAMHS worker either co-located with a specialist service or more integrated with a specialist organisation.

Further to this it is worth noting there is currently no commissioned trauma model for child mental health in Nottingham specialising in Post Traumatic Stress Disorder (PTSD).

Transition from children's to adult's mental health services

Local intelligence suggests that access to mental health services post 18 is more restricted than those accessed as an under-18 (CAMHS), with higher thresholds for service access. CAMHS can be accessed via social worker referral, however to access adult mental health services a formal diagnosis would be required. As such, for those children experiencing difficulties, the process of treatment may not be completed if they do not have a diagnosis at age 18. This is particularly concerning for those children who may access CAMHS near to their 18th birthday. This may disproportionately affect the UASC population, who anecdotally tend to be older. Further work with the CCG may be required to explore thresholds and investigate if more effective transition arrangements can be put in place.

Decriminalisation of CiC

Whilst there is lots of positive work happening in the city regarding the de-criminalisation of children in care, those CiC placed out of area may not have the same chance of de-criminalisation as locally. Only one other LA has a CiC police officer and many LA's may not have a YOT CiC lead, as such, the work done by these roles in educating the workforce and children in care, implementing protocols, close working with police and crown prosecution service and arrests screening may not happen. In turn resulting in inequity of access to decriminalisation amongst CiC placed out of area. This is a national issue which Lord Laming's 'In Care Out if Trouble' report sought to raise. Whilst it is acknowledged this is a national issue, it is important to note the inequity that may be experienced by our CiC placed in other LA's.

Training regarding decriminalisation of CiC

Our YOT Lead for Restorative Approaches provides training on restorative justice to providers; this is positive and pro-active work. However, as this is free

to internal providers and charged to private providers, there may be inequity in the approach to decriminalisation amongst different providers. Not all private providers may pay for this and foster carers are not currently offered this, as such children in those placement settings may encounter a different experience.

The new protocol issued regarding decriminalisation should go a long way towards ensuring a standard approach across placements, however, to ensure equity, use of the protocol, along with training, may be something commissioners wish to include in the service specification of providers and the training requirements of foster carers. Capacity to deliver this training may be an issue; however charging for the training may help increase capacity or a phased roll out if this was thought to be beneficial.

Training for foster carers

The CiC police officer offers training to residential providers on the missings protocol and decriminalisation, however this is not currently provided to foster carers. The fostering service may wish to consider incorporating this training into the current training package offered, as inequity of service may occur if all providers are not trained to the same level.

Network meetings are currently held for providers around de-criminalisation, with the expansion of this to provider forums. Foster carers could be included in these forums to ensure equity, however again this would require resourcing.

Time for children in care

The Children in Care survey identified increasing proportions of children feel their social workers and carers do not have enough time for them[1]. Corporate Parenting Board may wish to investigate further as to why this might be as the mechanism is not clear. Capacity and attitudinal issues should be explored. It must be noted however that the survey is a sample of CiC, not all.

Help for CiC in education

Increasing proportions of children feel they would do better at school with more help. Considering the attainment rates of children in care locally are lower than national, it would be timely to explore the efficacy of our educational support for children in care.

[1] Measured by CiC survey as 'all/most' of the time- the proportion who reported sw have time for them 'all/most of the time' decreased since 2015 survey.

In addition to this, Nottingham's CiC have a high prevalence of SEND, as such it may be appropriate to explore how we are working with our CiC who have SEND to ensure their positive educational outcomes.

The Virtual School are implementing new arrangements around monitoring of PEP's, training for professionals re Virtual School and a handbook re their services, as such it is envisaged this may improve the level of support children in care receive with education. However the efficacy of interventions employed and/or funded is not clear.

Complaints

Fewer children know where to go if they have a complaint. We should ensure within our contacts with children in care that it is made clear to them where/who they can go to if they have a complaint. It must be noted that since the survey which highlighted fewer children know where to go if they have a complaint, MOMO has been introduced. MOMO specifically has functionality to enable a child to send a complaint to their family support worker, social worker's manager, social worker, IRO or the complaints team. As such it is envisaged this will increase the numbers of children in care who know where to go when they wish to make a complaint.

Recommendations for consideration by commissioners

Prevention

- Explore ways early intervention services can build on existing good work and further target those experiencing family dysfunction in order to kerb the trend in children being taken into care for this reason.
- Further insight may be required to examine how our demographic profile compares to other LA's in relation to age and sex at entry to care; and explore national research into evidence-based programmes to work with any over-represented cohorts identified.

Placements

- Review current arrangements for children placed in the LA boundaries by other LA's and placement of our CiC in other LA's, ensuring consideration of UASC placed in Nottingham by other authorities. Consider development of a protocol for effective cross LA commissioning of services so that children do not experience a delay in service because they may not belong to our LA, particularly around healthcare and access to CAMHS, ensuring to engage with any current

work being undertaken by the SIF around this. The same process should be looked at for our children placed out of LA boundaries.

- Continue implementation of the placements strategy in order to continue reducing placements outside of LA boundaries and co-operation with other LA's where out of area placement is made.
- Continue to explore ways to increase recruitment of local foster carers, in order to allow more choice and control to the authority in placements and increase the number of children placed locally.
- Consider incorporating training on the missings protocol and decriminalisation into the current training offer provided to foster carers, to work towards a more equitable level of training amongst all placement providers.

Mental health

- Focus should be given by commissioners and policy makers to how we can improve access to timely SDQ's for our CiC, however it is acknowledged this is something the LA are working towards.
- Further work should be undertaken to consider how transition arrangements within mental health services can be improved for CiC.
- Ensure all CAMHS staff are aware of the different issues that may affect UASC in our care, through access to awareness raising sessions or briefings around, trauma, post-traumatic stress, grief, bereavement, cultural awareness etc.

Physical health

- Consider the impact of an increasing CiC population and increasing complexity of need on the ability of the CiC health team to meet need with current capacity.

Education

- Review efficacy of PEP's and interventions funded by virtual school in assisting our CiC, both with and without SEND.
- Consider how virtual school can work with schools and academies to reduce fixed term exclusions amongst the CiC population, ensuring to link with the special exclusion working group.
- Virtual Head consider how best to work with foster carers to ensure they understand how to support the educational needs of CiC and raise their aspirations.

Decriminalisation

- Ensure that all commissioned placement providers are aware of and briefed in our decriminalisation agenda, particularly those out of area, independent and foster care providers, to ensure all placement providers understand the decriminalisation agenda and how to implement this in practice.
- Continue roles of YOT lead and CICPO and arrest screening.
- Implement the CiC decriminalisation protocol across the city, considering use of this as part of service specifications for providers.

Other

- Continue with positive work promoting MOMO as a communication channel and an avenue for complaint for children in care.
- Work with social care teams and carers to try to identify the causal mechanism and reduce the proportion of children who feel their social worker/ carer does not have time for them.
- Continue the focus prioritising permanent staff and work to address case load sizes to our social workers are a stable workforce and have increased capacity.
- Continue positive work in reducing changes for CiC, particularly around placement and school stability, which may help contribute to improved educational attainment.
- Consider how we can work with children to help them better manage their own behaviour, via TST, CAMHS, CiCPO and placement providers.
- Explore patterns in missing children to establish if there is a mechanism behind why Nottingham has higher rates of missing CiC than other LA's.

1. Who is at risk and why?

Who is at risk?

In 2014/2015, 69,540 children were in the care of local authorities in England, a rate of 60 per 10,000 children under 18 years. National reports suggest there are approximately 69,000 children in the care of local authorities at any one time (3). The absolute number of children in care has increased steadily over the past seven years and is now higher than at any point since 1985, increasing 6% (65,510) since 2011.

Nationally, the majority of children in care (38%) are aged between 10 and 15 years. In contrast, children aged 12 months represent only 5% of this population. The children in care population, includes more boys than girls (55% compared with 45%). These age and gender-related distributions have remained relatively constant over the past 5 years.

The majority of the children in care in England are White (77%). Approximately 5% of the UK population under the age of 18 years are Black/Black British and Mixed groups (2011 census) but they make-up 7-9% of the children in care population suggesting these groups are overrepresented.

The reasons why children come into the care of local authorities in England are varied, ranging from abuse and neglect through to socially unacceptable behaviour. In 2015, the most common reason social care first engaged with children in care nationally was abuse or neglect (61%), with family-related issues making up the majority of the rest of cases (25%). Although the reasons children initially come into care have remained relatively stable since 2011, the proportion entering care due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011).

In legal terms, children come into the care of the local authority through three main routes:

• Care orders made by the courts under section 31 of the *Children Act 1989*

• Voluntary accommodation arrangements under section 20 of the *Children Act 1989*

• Police protection or involvement with the youth justice system

When children are subject to a care order, parental responsibilities are vested in the local authority through its social care department. If a child is accommodated under a voluntary arrangement, the local authority does not acquire parental responsibility

however they undertake day-to-day parental responsibilities for the child on behalf of the child's parents and any other adult who has parental responsibility for the child (4).

42,030 children in care across England were subject to care orders in 2015, which represents 60% of all legal statuses. 29% (19,850 children) were in care under a voluntary arrangement, 13% on some other basis (placement orders, freed for adoption). An additional small number of children in care are under police protection or involved with the Youth Justice System.

Research has found that children living in the most deprived neighborhoods have a greater chance of being on a child protection plan or being taken into care than children in the least deprived areas (Jütte at al, 2014) (5). As Nottingham is ranked the 8th most deprived of 326 local authorities (6), as well as ranking the 4th most deprived for poverty related to children (7), it can be expected that Nottingham might have higher rates of children in care.

The trend in children being placed for adoption has been inconsistent. Following three consecutive annual increases, the number of children with placement orders fell nationally by 24% between 2014 and 2015 (from 9,580 to 7,320). The national Adoption Leadership Board, Family Justice Board, and the Department for Education have heard regularly that these changes are a response to a number of high profile court judgments on care and adoption order cases (4).

A higher proportion of children in care have special educational needs or disability compared to all children nationally, 61% compared to 16% in all children, it is not clear if these needs are acquired before or during care. (7)

Outcomes for children in care

Children in Care have poorer outcomes than the general child population across a variety of indicators including educational attainment, school attendance, school exclusion, offending behaviour, emotional and mental health, teenage pregnancy and substance misuse.

Educational **attainment** for the children in care population is lower than national levels at all ages of assessment. For example, in 2014, 31% of children in care obtained five GCSEs at grade A* to C, compared with a national figure of 75%. Only 14% of children in care achieved five GCSEs A* to C including Mathematics and English, compared with 55% nationally.

Children in care are more likely to have poor **health outcomes**. At the point of entering care children's physical and emotional health may already have been affected by environmental factors including neglect, poverty, abuse, exposure to toxic substances before birth, parental ill health and chaotic lifestyles. Their experiences within the care system, particularly frequent placement moves, can lead to further negative effects on health. An increasing number of children in care arrive in the UK as unaccompanied asylum seekers; this group have additional physical and mental health needs as a

result of their experiences in their country of origin, on their journey and ongoing in their local placement that require consideration.

Children in care are 4 times more likely to have a mental health problem than their peers (8). Nearly 50% of children in local authority care have a clinically diagnosable mental health disorder compared with 10% in the general population increasing to almost 70% amongst children living in residential care. The higher rate of mental health problems amongst children in care is due, in part, to children having experienced neglect, physical abuse, sexual abuse, trauma, separation; these children also often have attachment issues.

Other outcomes- Nationally, more children in care aged 10-17 received a final warning or conviction (6%) compared to all children in the same age group (1%).

Care leavers are more likely to become teenage parents; research by Berington, et al. found that by the age of 20 a quarter of children who had been in care were young parents. The prevalence of teenage motherhood among under-18 girls who are children in care is around three times higher than the prevalence among all girls under-18 in England (9).

Children in Care are also thought to be more vulnerable to Child Sexual Exploitation (CSE), as they are more likely to have multiple risk factors present which make children/young people vulnerable to CSE. (10) There may also be a higher prevalence of CSE in CiC population as some children will be accommodated for this reason to protect them.

2. Size of the issue locally[2]

In Nottingham, the number of children in care (CiC) has increased over the last 3 years. In September 2016 there were 605 children in care in Nottingham, 20 more than the same month 3 years previously. Although the actual numbers of CiC have risen by 3.4% (11) since 2013, the city's 0-17 population has increased by 4.6% in the same time period (12) suggesting that proportionately fewer children are coming into the care.

This is in part, due to a decrease in the numbers of referrals to children's social care in Nottingham which is in line with a decrease in referrals both regionally and nationally (13). In addition, local intelligence suggests that the city council's 'edge of care services' are reducing the number of children requiring accommodation.

[2] Note: Where statistical neighbour comparison has not been provided, this is because there is not one readily available.

As figure 1 shows in Nottingham, in 2015-16, the rate of children in care, 90 per 10,000 children and young people, is similar to the statistical neighbour[3] average of 91.3 per 10,000 but significantly higher than the England average of 60 per 10,000.

The rate of children in care has increased by 1 per 10,000 children and young people. In contrast, statistical neighbours have seen a reduction of 6 per 10,000. The England rate is unchanged.

Until 2016 Nottingham had a consistently lower rate of CiC than the statistical neighbour average, suggesting that, when compared to similar demographic areas Nottingham may be better at keeping children safely in the community.

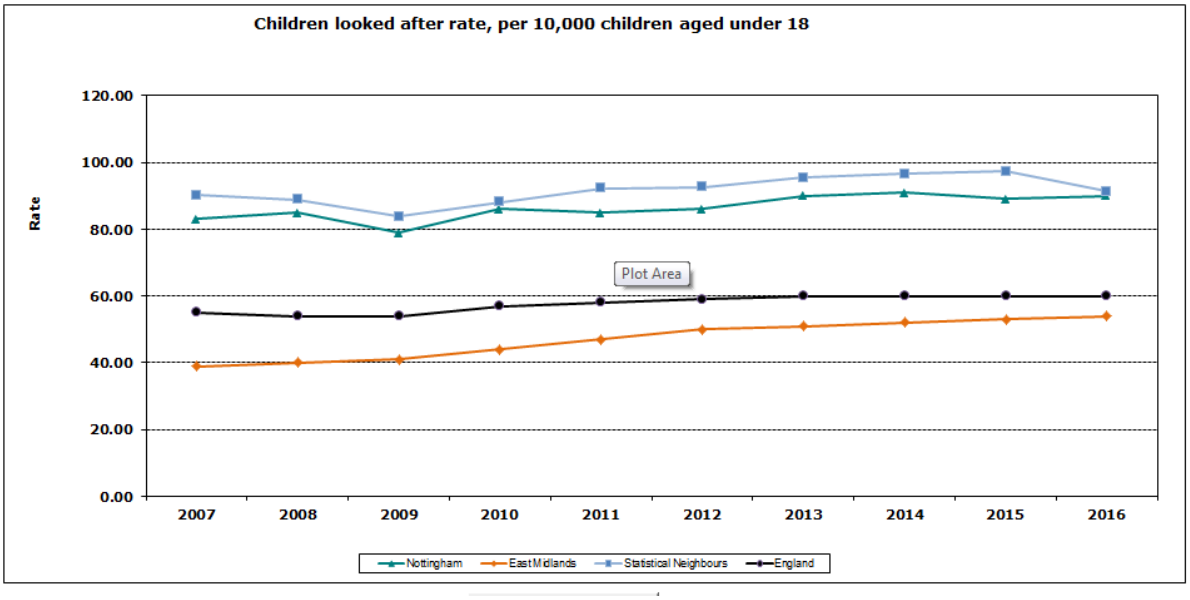


Figure 1: Comparison of CiC rates per 10,000

Source: Local Authority Interactive Tool (LAIT), DfE, 2016

Risks

Where children and young people may be at risk of harm or may require services a social worker will complete a Children's Assessment which identifies risks. Whilst not every child who has an assessment will become a child in care, this assessment will detail the reasons that might have caused children to come into care[4].

In 2015/16 in Nottingham 3,885 assessments took place which identified 9,728 risks, actual and potential. It is important to note that many children/young people have risks

[3] Statistical neighbours are other local authorities with similar demographic characteristics, this enables more meaningful benchmarking.
[4] At present only higher level categories are available for children in care specifically

identified in more than one risk category and thus the number of risks is greater than the number of children/young people having an assessment.

As figure 2 shows, 51% (1988/3885) of the assessments in Nottingham in 2015/16 identified risks related to domestic violence. 40% (1544/3885) related to mental health, 19% (735/3885) of risks identified related to drug misuse, 17% (646/3885) of risks related to physical abuse and 16% (632/3885) of risks related to alcohol misuse[5].

The risks identified are broadly in line with the national and statistical neighbour average. However, locally we identify less risks related to emotional abuse or neglect risks than statistical neighbours. Conversely, more children/young people in Nottingham are subject to a child protection plan for emotional abuse and neglect suggesting a complex picture of risk perception.

For more information see safeguarding JSNA chapter.

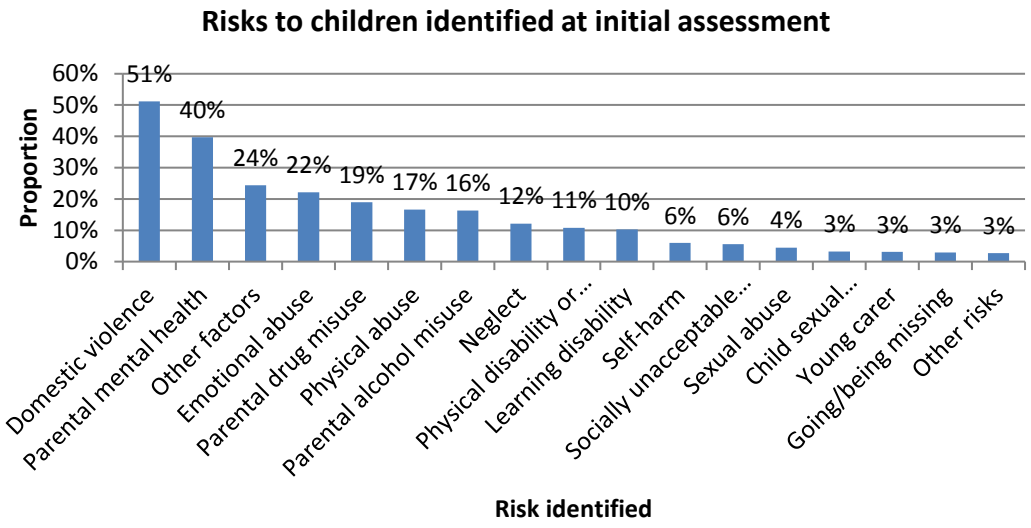


Figure 2: Risks to children as identified at initial assessment

Source: NCC internal data risks identified at initial assessment 2015-16

Reasons children enter into care

[5] Whilst 'Other factors' was cited as 3rd most common reason in the dataset, this has been excluded from the analysis as we cannot be sure what is included in 'other factors' and it is assumed this is comprised of a variety of risk factors as opposed to one sole risk factor.

As figure 3 shows in Nottingham in 2015-16, abuse and neglect were the most common reason for children to enter care (63%), followed by family dysfunction (15%) and family in acute stress (9%).

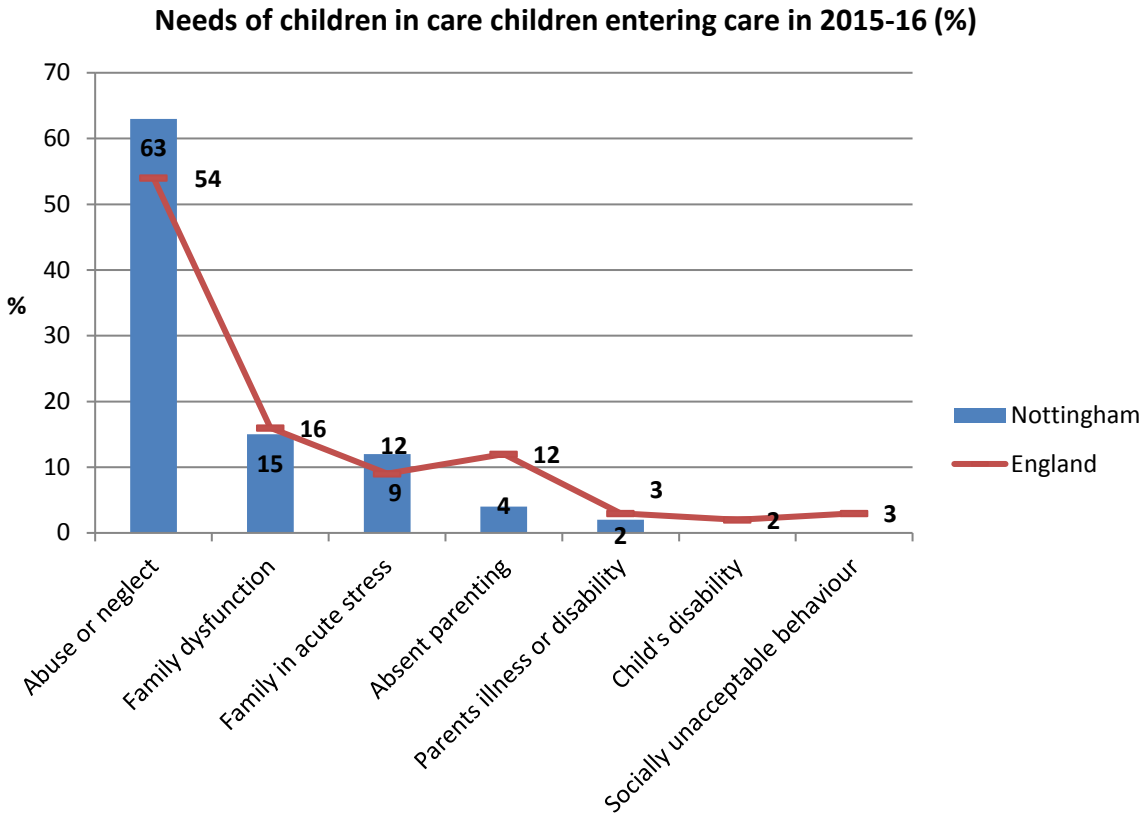


Figure 3: Comparison of needs of children entering local authority care locally and nationally.

Source: DfE Statistical First Release, Children Looked After in England including Adoption 2015-16

The needs of children entering care have stayed relatively stable over the last 5 years, with the most common needs over the 5 year period being abuse or neglect, followed by family in acute stress and family dysfunction, see figure 4.

The proportion of children entering care locally with a need of abuse or neglect and family in acute stress is greater than nationally (63% locally vs 54% nationally and

12% locally vs 9% nationally). However locally we have a lower prevalence of absent parenting; two thirds lower than the England average.

In the last year there has been an increase in children entering care due to family dysfunction, this is in line with a national increase, the mechanism underpinning this is unclear, however, this may present an opportunity to reduce this need through more intensive work with 'dysfunctional families', see figure 4

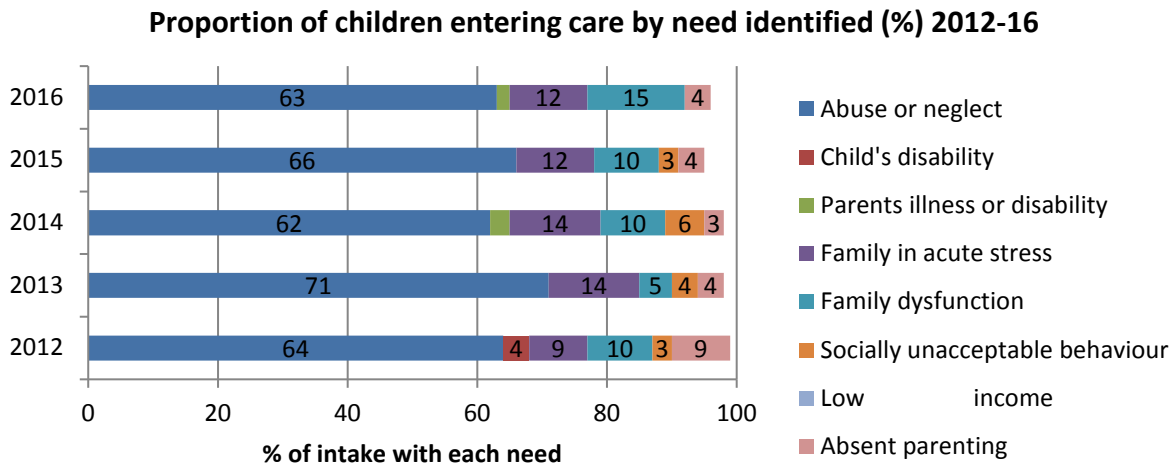


Figure 4: Needs of children entering care in Nottingham over time

Source: DfE Statistical First Release, Children Looked After in England including Adoption 2012-2016

Age

Figure 5 shows the age breakdown of children in care. In September 2016 34% were aged 11-15 years and 28% 5-10 years; representing the majority of children in care in Nottingham. This has been a consistent picture over the last 5 years. In contrast, 19% are aged 5 years and under (11).

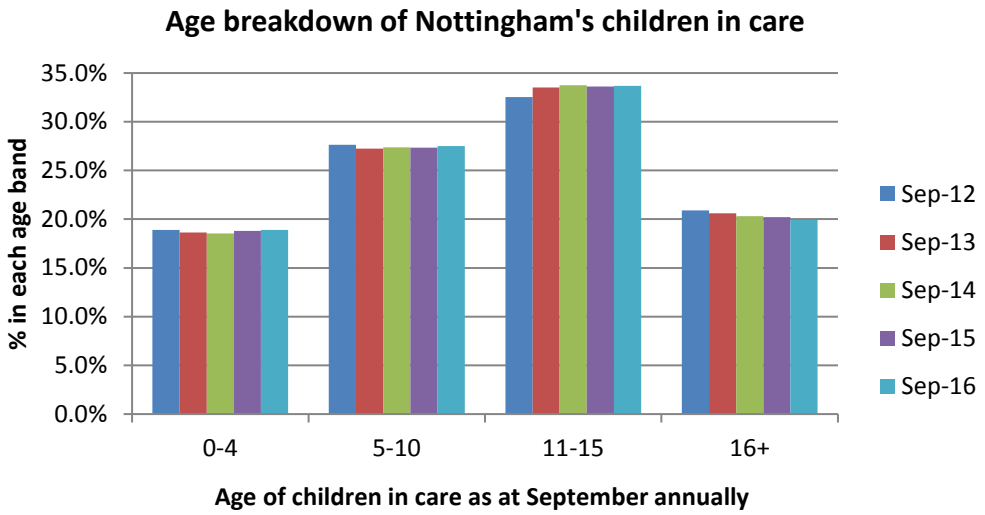


Figure 5: Age breakdown of CiC in Nottingham over time

The proportion of CiC in Nottingham in each age group is broadly reflective of the CiC cohort at national level. However, Nottingham has more children aged 0-4 in care than the England average. This may be due to our early intervention approach and continued investment in Children's Centres and play to identify needs earlier. It should also be noted that there are better outcomes for children in care the longer and more stable their care experience is.

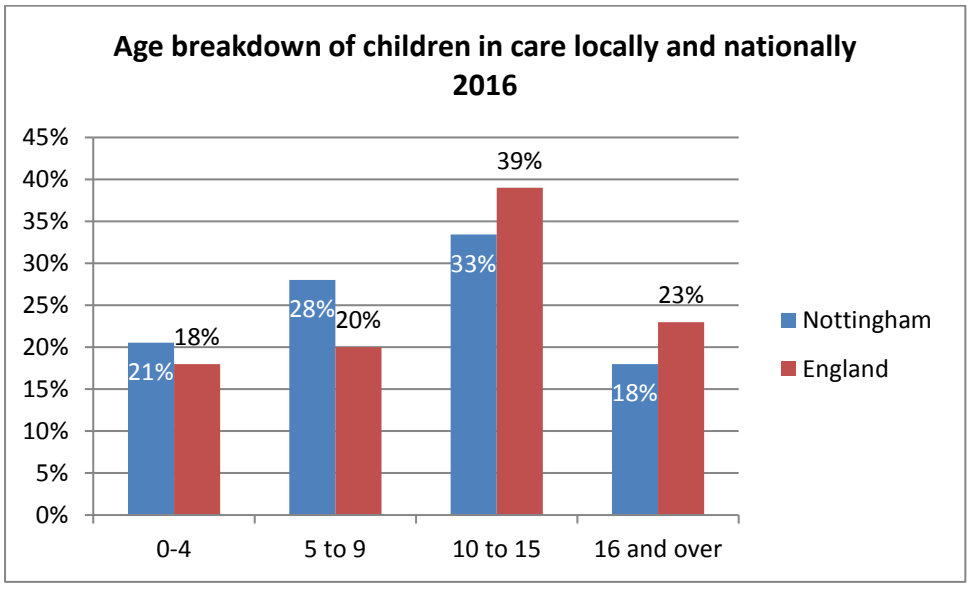


Figure 6: Comparison of age breakdown of children in care locally and nationally

Source: Nottingham City Council Children in Care Quarterly Report October 2016/ DfE Statistical First Release and Children Looked After in England including Adoption 2012-2016

Gender

Amongst the CiC cohort males are currently over-represented, with 55% Male and 45% female (11), this is the same split as CiC nationally (7) . The mechanism underpinning this is unclear.

Ethnicity

Nottingham's CiC population is predominantly White with 65% of the cohort being White British, White Irish or White Other. The next largest group is categorized as 'mixed' at 19% of CiC, 8% are Black, 4% are Asian and 3% are categorised as 'Other' (11).

Both children of White and Mixed ethnicity are over-represented in the care population compared to the local population of children/young people. In Nottingham, 65% (389/602) of the children in care population are White, significantly higher than 58% of White children/young people in the non-care/general population. The Mixed population follows a similar picture with 19% (116/602) of children in care being of Mixed ethnicity, significantly higher than 15% of mixed children/young[6].

In contrast, in Nottingham, in 2016, Asian children are particularly under-represented in the care population representing only 4% (22/602) of the cohort; 16% of children/young people in the general population are Asian.

The reason that some ethnicities are over or under represented in the children in care population is not clearly understood and warrants further exploration. (14).

National and local data collection does not enable an accurate assessment of whether Nottingham has proportionately a more, or less, ethnically diverse CiC population than the England average. Specifically, as Nottingham is more ethnically diverse than England it could be expected that the CiC population is more ethnically diverse than the national CiC population.

Special Educational Need and Disability (SEND)

As figure 7 shows, in Nottingham in 2015-16, a similar proportion of children in care (CiC) were identified as having SEND (59% 145/245 children) compared to the England average (60.5%) (15).

As figure 7 illustrates Nottingham has more CiC identified as needing SEND support and less with statements/education and health care plans. This follows the picture in the general population (16).

[6] As per the 2011 census

Local intelligence suggests this is due to the strategic direction in Nottingham which seeks to provide appropriate support for children with SEND without the need for a statement/EHCP.

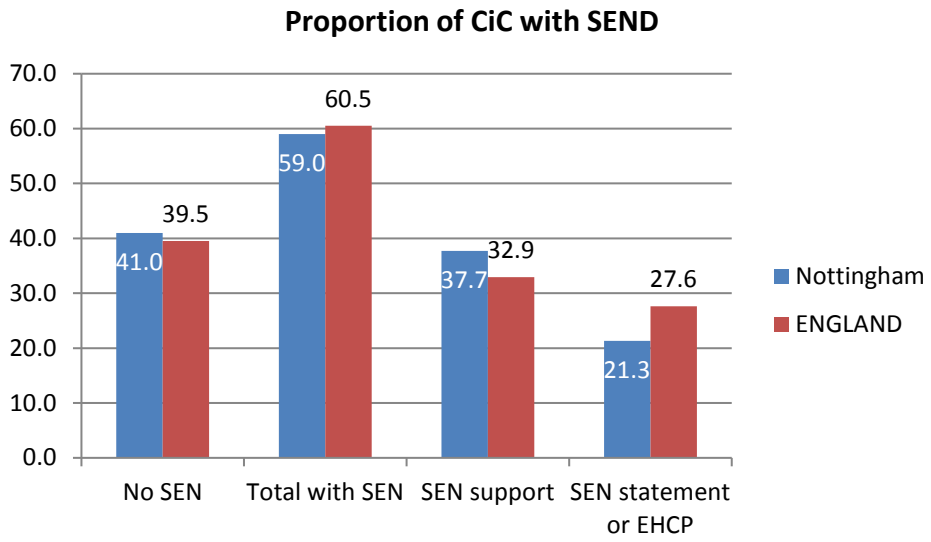


Figure 7: Proportion of Children in Care with a Special Educational Need and Disability 2015

Source: DfE Statistical First Release: Outcomes for Looked After Children 2015-16

However, when we compare SEND in the CiC cohort to the general Nottingham population levels of SEND are much higher in the CiC population. The reasons for this are unclear and warrant further exploration. It must be noted that this issue is also reflected nationally.

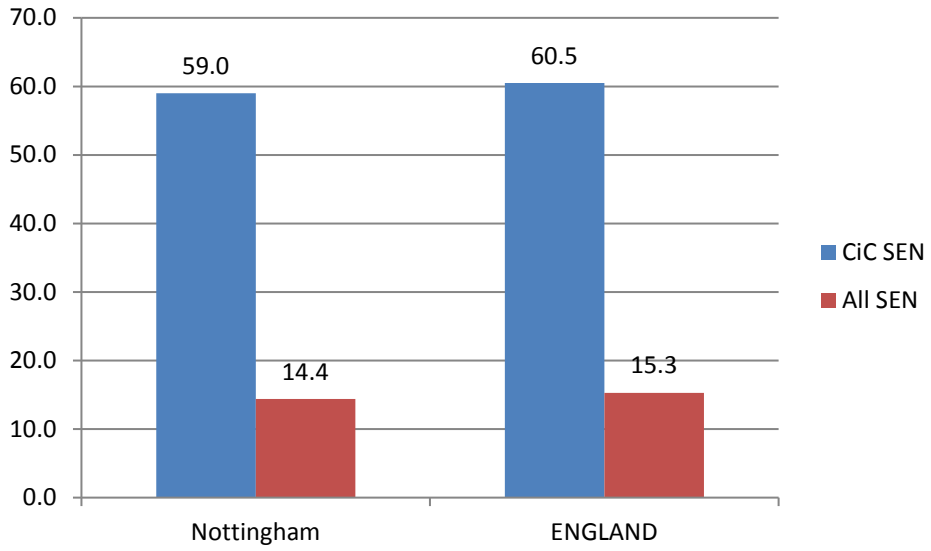


Figure 8: Comparison of prevalence of SEN in the CiC population vs the general child population

Source: DfE Statistical First Release: Special Educational Needs in England 2015-16/ DfE Statistical First Release: Outcomes for Looked After Children 2015-16

Placement type

There are various placement types used to accommodate children in care, each placement being selected to meet the individual needs of the child/young person.

As figure 9 shows in Nottingham in September 2016[7], the most common placement type was independent fostering arrangement 45% (66/612), followed by city fostering[8] 31% (191/612), and other 11% (69/612) e.g. semi-independent accommodation, parent and child assessment centre.

External and internal residential placements are much less likely to be used.

Use of independent fostering and internal residential placements have increased 32% since 2012 (208-274) (11).

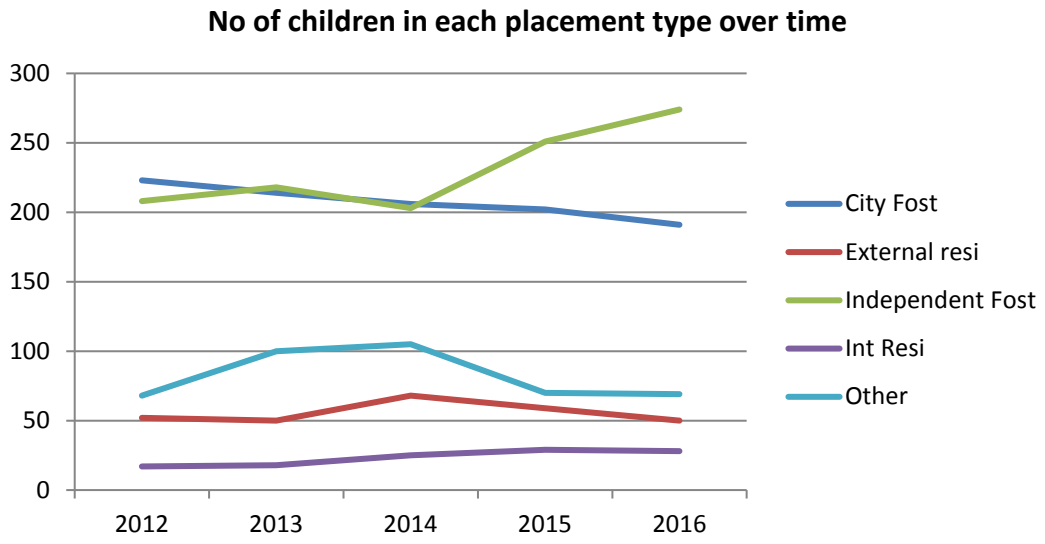


Figure 9: Placements of CiC by type over time

Source: Nottingham City Council Children in Care Quarterly Report October 2016

As Nottingham City Council has pledged to increase the proportion of placements in internal fostering, (17) although the number of children in internal fostering decreased in 2016, this is expected to increase.

[7] No of placements have been compared using snapshots as at September each year
[88] City fostering refers to foster parents recruited through NCC in contrast to external fostering which is foster parents recruited through an agency such as Barnardos.

Currently the majority of children in care children are in foster care places (both internal and external) (76%), slightly higher than national figures (75%). Statistical neighbour analysis is not available for this indicator.

Placement location

As figure 10 shows, at October 2016, 84% of Nottingham's children in care were placed within 20 miles of Nottingham (11) which is slightly less than the authority's target of having a minimum of 85% of children placed within 20 miles of home (17).

Whilst a higher proportion of children in care children are placed over 20 miles away locally (16%) compared to nationally (14%) and statistical neighbours (13%), Nottingham is making progress in this area, with continuous reductions in placements over 20 miles awaysince 2013. Higher proportions of placements over 20 miles away may be linked to the City boundary and the housing stock within the City.

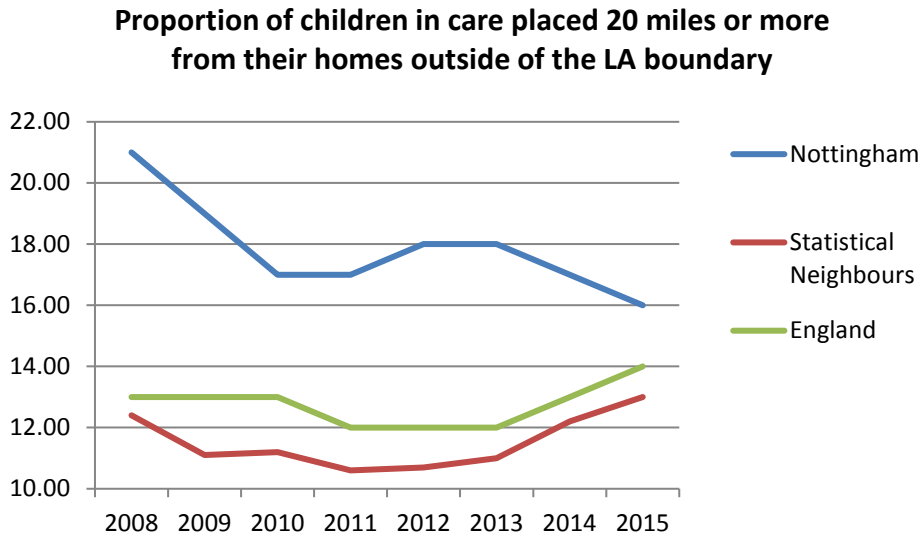


Figure 10: Comparison of proportion of CiC placed within 20 miles of their homes, locally, nationally and statistical neighbours

Source: Nottingham City Council Children in Care Quarterly Report October 2016

Placement stability

As figure 11 shows, in Nottingham in 2016 placement stability is similar to regional, national and statistical neighbour rates. The measure of placement stability changed in 2015, hence there are no trend figures using the current measure.

Currently, 11% of Nottingham's CiC experience 3 or more changes in placement in the year broadly similar to regional (10%), national (10%) and statistical neighbour (10.3%) proportions.

Nottingham also has fewer children experiencing the same placement for more than 2 years, 64% compared to 68% nationally and 67% statistical neighbour average (13).

The fostering service aim to secure greater placement stability through the acquisition of greater numbers of local foster placements for CiC presenting with more complex needs (17).

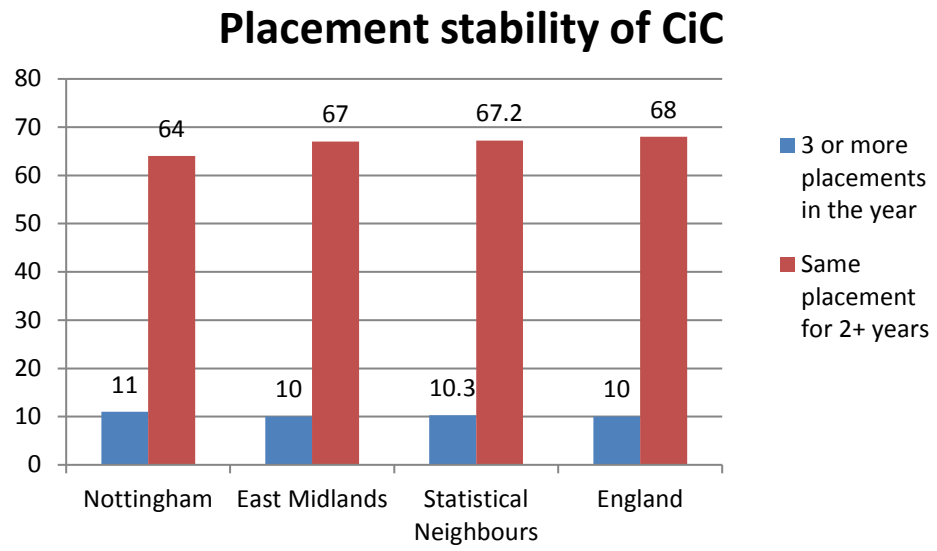


Figure 11: Comparison of placement stability of CiC, locally, nationally, regionally and statistical neighbours

Source: DfE Local Authority Interactive Tool 2015-16

Social worker relationships

As figure 12 shows, in Nottingham as of October 2016, 30% of children had been allocated 3 or more social workers in the last 12 months[9] (11). National and statistical neighbour averages are not available for this indicator. The nations shortage of social workers and the impact of using agency workers can lead to more changes of the key worker. Nottingham City have a transformational programme to reduce reliance on agency and CiC are the priority for permanent workers.

Reducing change of social worker is a strategic priority in the Children in Care and Care Leavers Strategy 2016/17 (1) and ongoing work has been undertaken by the CiC outcomes group and corporate parenting board, with the aim of retaining social workers and reducing change for CiC.

In addition, CiC surveys identify how difficult changing social workers is for children/young people. The most recent feedback from the CiC survey indicates children are experiencing less change of social worker than previous years, a positive trajectory.

[9] As at October 2016

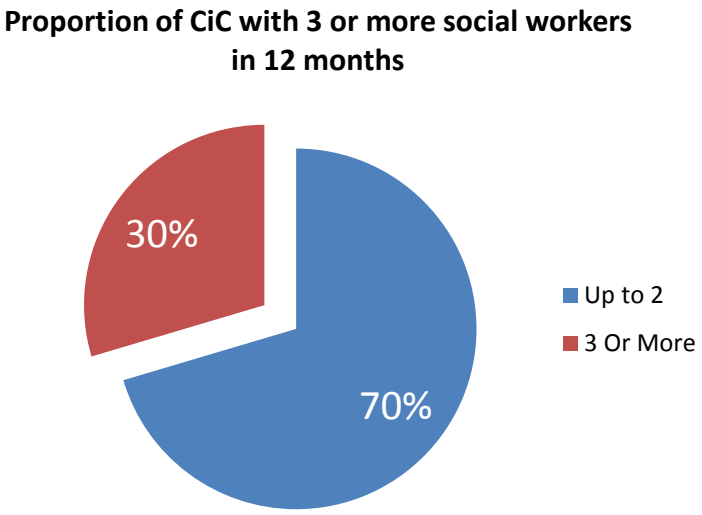


Figure 12: Change of social worker for Children in Care

Source: Nottingham City Council Children in Care Quarterly Report October 2016

School attendance and absence

As figure 13 shows, Nottingham's overall school absence rate has improved over time, since 2007, as has school absence at statistical neighbour level and nationally.

However, in the last year Nottingham's CiC absence rate has increased. Whilst an increase has also been seen at statistical neighbour level, Nottingham's absence is now higher than statistical neighbours (4.7 vs 4.02); this is the first such increase since 2007.

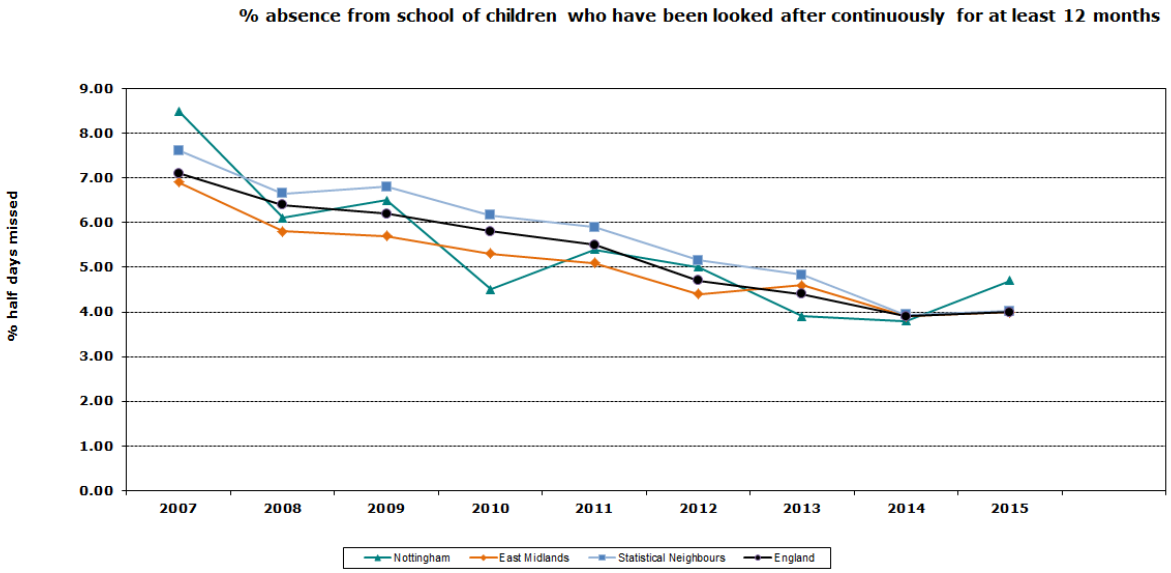


Figure 13: Overall absence amongst CiC over time

Source: DfE Local Authority Interactive Tool 2015-16

As figure 14 shows, Nottingham's persistent absence rate for CiC is 4.7%. Rates have been erratic over the last three years, increasing in 2014 but dropping in 2015. In contrast, there has been a downward trend in persistent absenteeism at local and statistical neighbour level since 2007.

Despite an increase in the last year, persistent absence has been consistently lower than statistical neighbour average since 2013. Nottingham's persistent absence proportions equate to: 8 pupils in 2013; 10 pupils in 2014 and 9 pupils in 2015 (7).

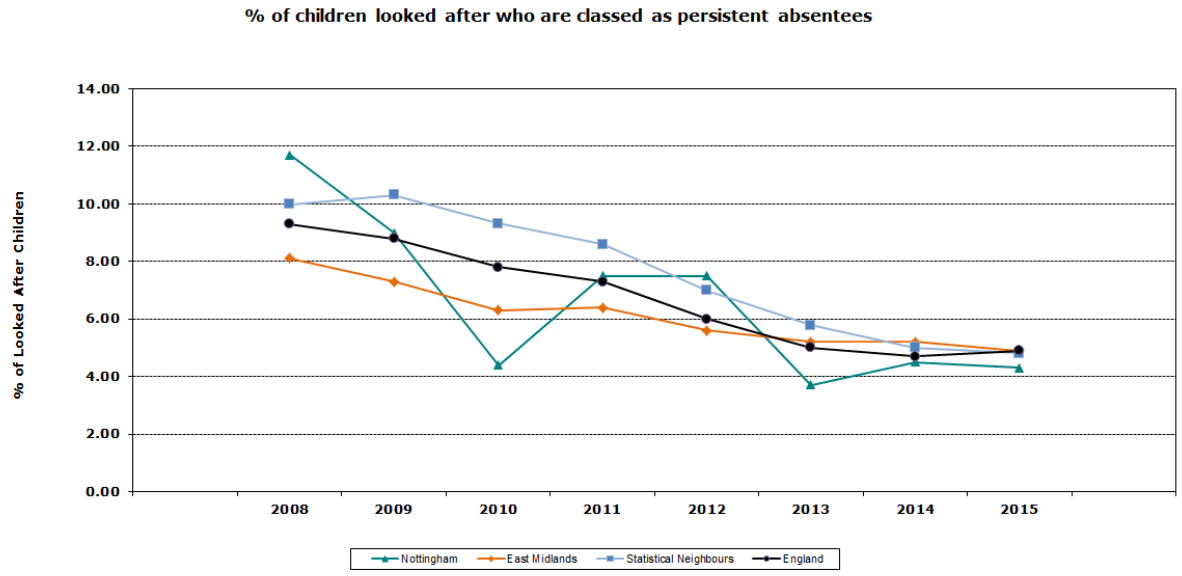


Figure 14: Proportion of CiC who are persistent absentees

Source: DfE Local Authority Interactive Tool 2015-16

School exclusions

As figure 15 shows, Nottingham's fixed term exclusion rate has been dropping over time but increased in 2014. Nottingham's rate is lower (better) than national and regional.

Nottingham's exclusion rates were similar to statistical neighbour and national in 2010 but then dropped sharply between 2012 and 2013 before rising in 2014. The mechanism underpinning this rise is unclear, however the fluctuation in rates may be due to a small cohort so any change can have a larger impact on rates.

Nottingham is outperforming the statistical neighbour, national and regional position, and has done so since 2010, with a local reduction in fixed term exclusions of 2.8 percentage points. To provide some context, Nottingham's rates over the years equate to: 23 pupils in 2010; 23 pupils in 2011; 20 pupils in 2012; 15 pupils in 2013 and 22 pupils in 2014 (18).

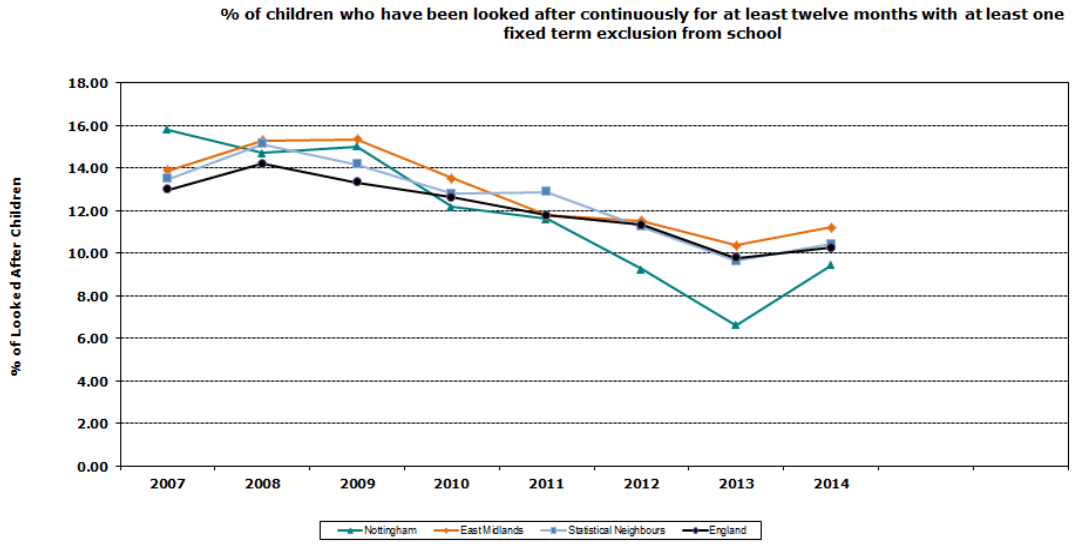


Figure 15: CiC fixed term exclusions over time

Source: DfE Local Authority Interactive Tool 2015-16

Educational attainment

Key Stage 2 attainment

As figure 16 shows Nottingham's CiC KS2 attainment has been broadly comparable to national levels over the last three years[10]. The most recent available data shows 50% of CiC achieved the expected level in reading, writing and maths compared to the England average of 52%. No statistical neighbour average is available.

As Nottingham's children in care cohort sizes was small, less than 20 children at key stage 2, results should be interpreted with caution.

Low cohort sizes in relation to attainment scores mean that each pupil's score contributes more to the LA's overall score. In effect low cohort sizes mean there is more opportunity for outliers (children who achieve particularly high or low scores) to effect overall LA scores (7).

Whilst local CiC attainment is similar to national picture, there is a gap between achievement levels of children in care compared to the *general population*, with 58% all children nationally achieving level 4+ in reading, writing and maths (19) compared to 52% of the national CiC population.

.

[10] Nottingham cohort sizes have been small, <20, so caution should be exercised when assessing these results

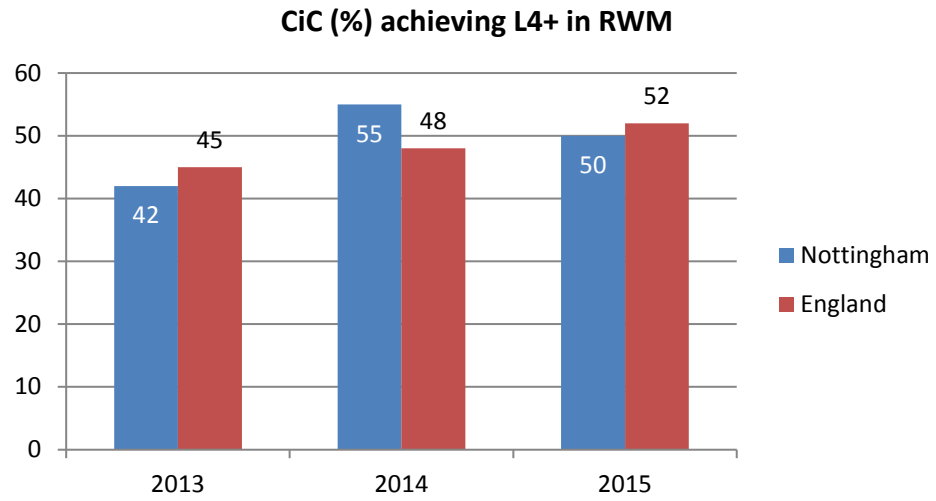


Figure 16: Proportion of CiC achieving expected level in RWM

Source: Statistical First Release: National Curriculum Assessments at Key Stage 2/ Statistical First Release Outcomes for children looked after by LA's

Key Stage 1-2 progress

CiC are making the 'expected progress' between KS1-KS2 in similar proportions to the non-care/general cohort; 91% in reading, 100% in writing and 91% in maths in 2015. However, Nottingham's CiC cohort is small (11), so caution must be exercised when drawing conclusions from these results **(18)**.

Key Stage 4 attainment: A*-C

As figure 17 shows, the proportion of Nottingham's CiC who achieved at least 5 GCSEs at grades A* to C has decreased over the last three years and is lower than the England average.

In 2015, In England, there was an increase in attainment of 1.8%. In contrast, nationally, Nottingham saw a decrease of 6.5%.

However, it should be noted that multiple changes made to the GCSE examination process (as a result of the Wolf report) led to a national drop in attainment proportions thus results from 2014 onwards are not directly comparably with results from previous years (18).

In addition, 31 children in care in Nottingham sat GCSEs in 2015 so each child/young person who achieves low GCSEs scores makes more of a contribution to the overall total. Thus any conclusions re trend over time should be made with caution.

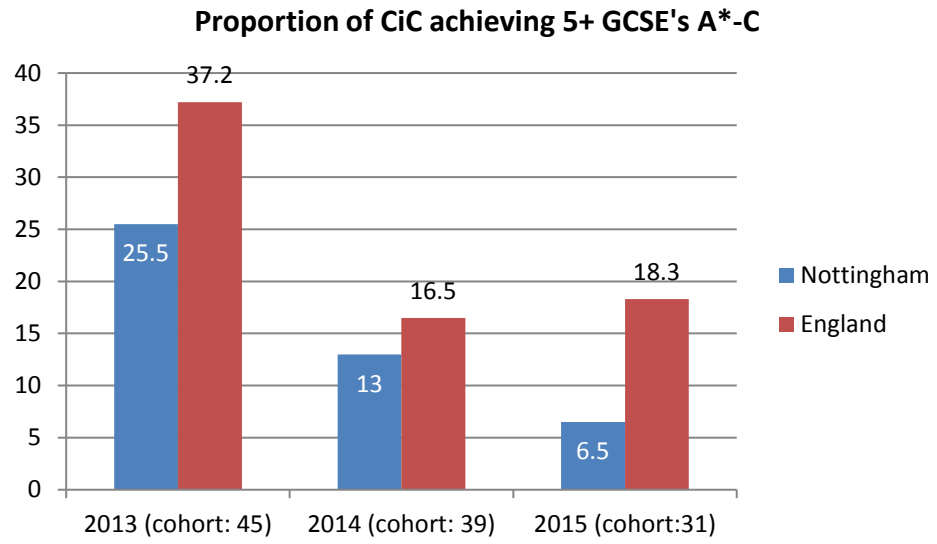


Figure 17: Proportion of CiC achieving 5+ GCSE's A*-C.

Source: DfE Statistical First Release: National Curriculum Assessments at Key Stage 4 2013-15/DfE Statistical First Release Outcomes for children looked after by LA's 2013-2015

Progress to employment, education or training

As figure 18 shows, in 2015 Nottingham recorded a larger proportion of care leavers[11] in education, employment or training than the national average. Local intelligence suggests that this has been driven by the increasing proportion of care leavers securing employment or training, rather than entering higher education.

In 2015, in Nottingham 36% of care leavers entered employment or training compared to the England figure of 23%. However, in contrast when compared to nationally, Nottingham is not performing as well in getting care leavers into education other than higher education, 10.3% locally vs 18.3% nationally.

Current data does not enable an assessment of whether the proportion of CiC entering higher education (18) is higher or lower than national or statistical neighbour averages

For the same period Nottingham recorded a large proportion (17.9%) of care leavers for which the LA does not have information on, a larger proportion than national (12.9%).

[11] All children now aged 19-21 who were children in care for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday

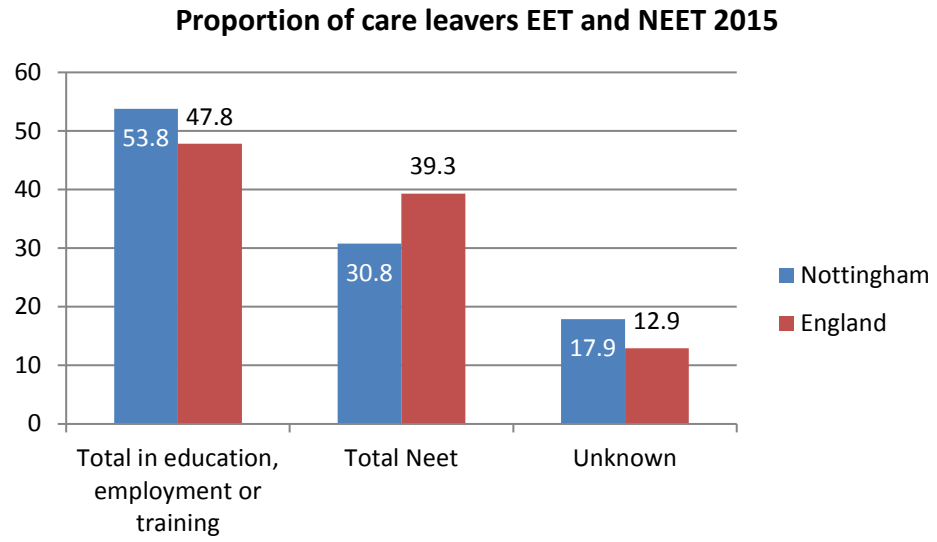


Figure 18: Progress of care leavers to employment, education or training

Source: NCC Virtual School Report 2016

Offending amongst CiC

As figure 19 shows, Nottingham's CiC offending rates have been continually reducing since 2012 whilst remaining consistently higher than national and statistical neighbour rates. However, the gap between statistical neighbours and Nottingham is closing and Nottingham has shown the greatest rate of improvement compared to the statistical neighbour group and England.

Nottingham's offending rates are currently 6% of CiC, compared to 5% nationally and 5.8% statistical neighbour average. Local offending rates have been decreasing in line with national trends.

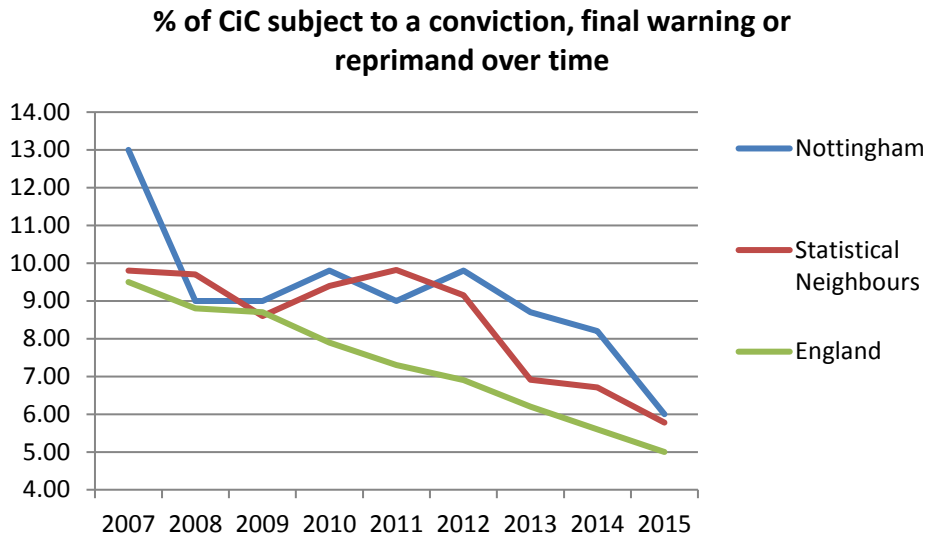


Figure 19: Comparison of offending amongst CiC, locally, nationally and statistical neighbours

Source: DfE Local Authority Interactive Tool 2015-16

As figure 20 shows, there are consistently higher rates of offending amongst the CiC population than the non-CiC population; however both CiC and non-CiC offending has been reducing over time both locally and nationally (13).

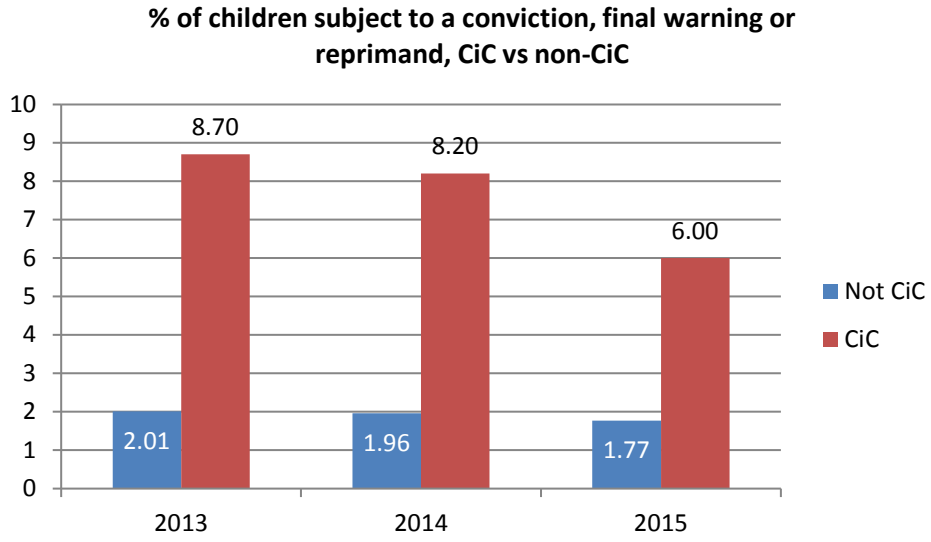


Figure 20: Comparison of offending amongst the CiC and non- CiC population over time

Source: DfE Local Authority Interactive Tool 2015-16/ NCC YOT data 2015-16

CiC substance misuse

As figure 21 shows, Nottingham's CiC population has consistently had higher rates of substance misuse compared to national and statistical neighbour figures.

7% of Nottingham's CiC were identified as having a substance misuse problem in 2015 (25 children), a higher proportion than statistical neighbour average (5%) and

nationally (4%). Nationally, locally and statistical neighbours have all seen a rise in substance misuse in the CiC population in the last year (13).

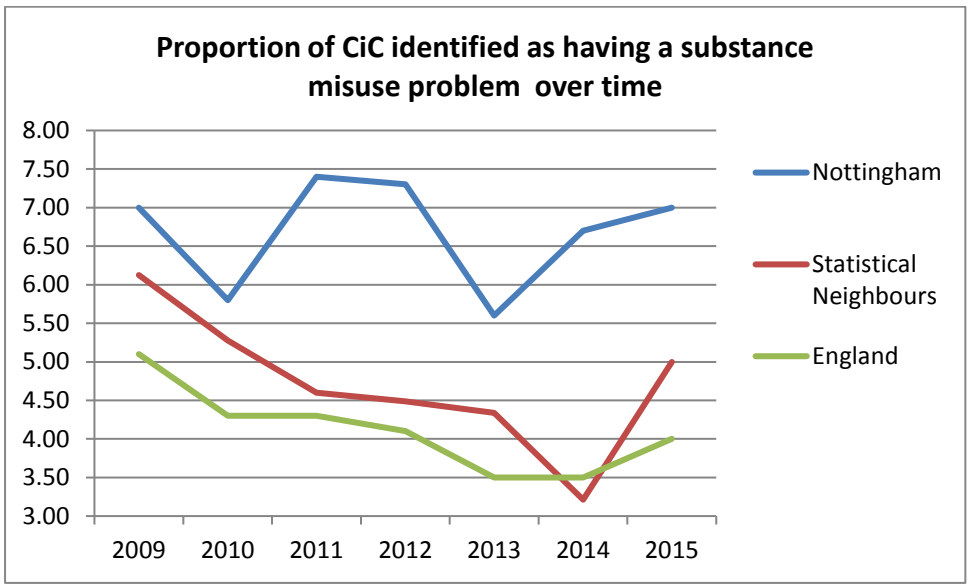


Figure 21: Comparison of CiC substance misuse, locally, nationally and statistical neighbours

Source: DfE Local Authority Interactive Tool 2015-16

Of those children in care who were identified as having a substance misuse problem locally (7%), all were either offered an intervention but refused this (4%), or received an intervention (3%) (18).

Teenage pregnancy amongst children in care

Currently the only indicator available on pregnancy amongst those who have been children in care are figures on pregnancy amongst care leavers who are NEET. In 2015, 2.6% of the local care leavers were NEET due to pregnancy or parenting, compared to 6.1% nationally (18).

Health of CiC

As figure 22 shows, when compared to statistical neighbour average and nationally, Nottingham's CiC have better health outcomes in relation to dental checks and developmental assessments, with 100% of CiC having up to date developmental assessments[12] and 86% having up to date dental checks.

91% of children in care in Nottingham had up to date immunisations as at 31st March 2016, Nottingham is performing better than national rates in this area (87%) and similar to stat neighbours (92%). Local intelligence suggests there may be difference in uptake of vaccinations by age groups, particularly that there may be poorer uptake in vaccinations of older children such as HBV and school leaver booster, as young

[12] Developmental assessments are assessments undertaken by the health visitor team for ages 5 and under.

people can refuse. Further enquiry into this may be required to establish if this is the case.

However, Nottingham is not performing as well in keeping our CiC up to date with their health assessments[13], with ¾ up to date, lower than national and stat neighbour averages. Further work may be required in this area to find out why this is (20).

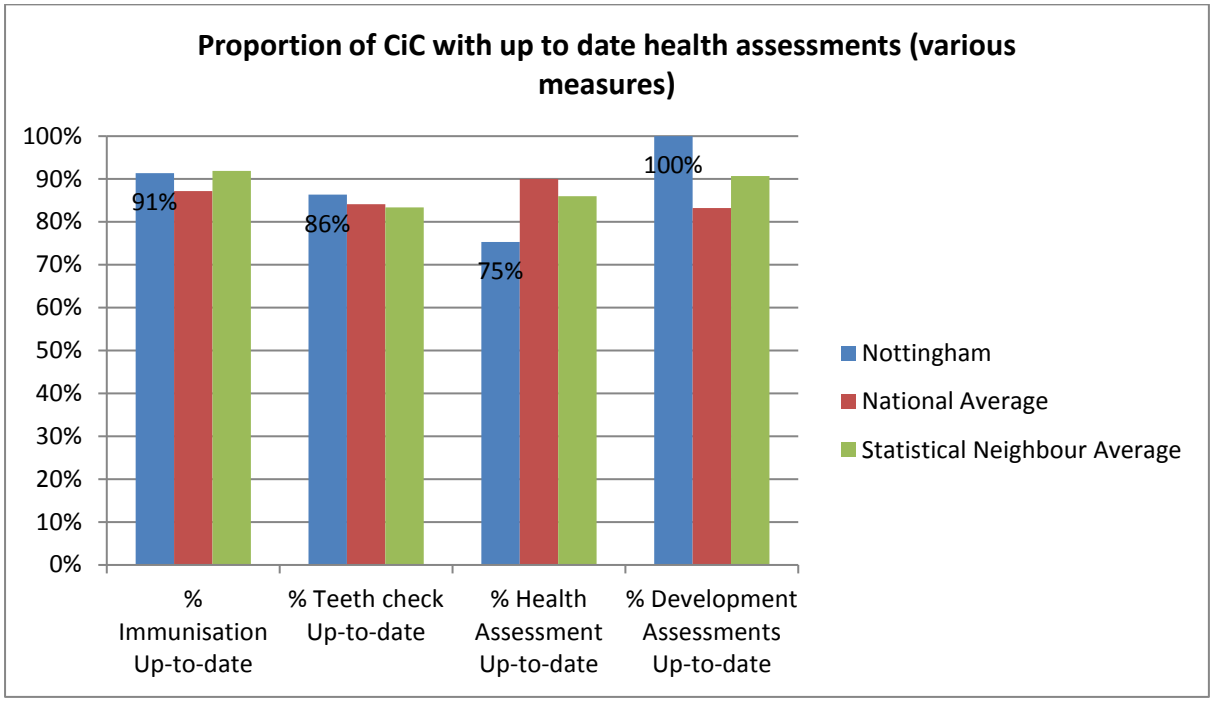


Figure 22: Comparison of proportions of CiC with up to date health related checks (various measures), locally, nationally and stat neighbour

Source: Statistical First Release Outcomes for children looked after by LA's 2016

As table 1 shows, locally the biggest improvements over time have been seen in development checks, with 28% more children having up to date developmental checks. There has however been a reduction in the proportion of children receiving health assessments.

Health measure	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Difference
Development checks	71.60%	94.70%	90.90%	**84.10%**	**92.50%**	**100.00%**	**100.00%**	28.40%
Immunisation	87.90%	94.60%	84.40%	**89.20%**	**95.50%**	**93.30%**	**91.40%**	3.50%

[13] An initial health assessment is carried out by a paediatrician, following on from this health assessments are undertaken by the CiC nursing team, yearly for all over 5's and 6 monthly for 5 and under.

Health Assessments[14]	83.60%	87.80%	83.00%	**84.10%**	**76.20%**	**88.00%**	**75.30%**	-8.30%
Dental checks	83.90%	92.60%	84.60%	**91.40%**	**83.60%**	**88.00%**	**86.40%**	2.50%

Table 1: Proportions of CiC with up to date health related checks over time

Source: Source: Statistical First Release Outcomes for children looked after by LA's 2009-2016

Emotional health of CiC

Emotional health of children in care is measured by the Strength and Difficulties questionnaire (SDQ). The SDQ is an emotional and behavioural screening tool for 4-16 year olds used when children enter care to give a baseline of their emotional and behavioural wellbeing. The higher the score the more difficulties the child is experiencing. SDQ's are also completed every 12 months for children already in care.

Nottingham has had consistently higher (worse) SDQ scores for children in its care[15] than both statistical neighbours and nationally. Currently[16] Nottingham's SDQ average is 2.44 points higher than statistical neighbours at 16.10 and has increased 1 point since the previous year, quite a jump in context, considering the range over the last 6 years is 1.3 points (13).

As of September 2016 68.5% of children had an up to date SDQ, indicating that further work needs to be done in this area, particularly as an SDQ score is the main assessment behind a referral to CAMHS. Without this, children may slip through the net in regards of their mental health need, the target for the city is 90% of children with an up to date SDQ (21).

It is worth noting that whilst SDQ is the main assessment required for a CAMHS referral, paediatricians also assess emotional wellbeing of children coming into care at their initial health assessment, without the use of an SDQ. Recommendations re CAMHS referrals are then made to social workers where necessary.

Mental health of CiC

An indication of the mental health issues our children in care are experiencing can be taken from information on those who access the CAMHS service.

As figure 23 shows, the most common issues children in care present to CAMHS with are conduct disorder, anxiety and trauma response[17]. Local intelligence indicates this

[14] The vast majority of these will be Review Health Assessments as data is for those in care continuously for at least 12 months as at 31st March, however, there will be some Initial Health Assessments if IHA was conducted 'late'.
[15] CiC included must have been in care for more than 12 months
[16] Latest data is for 2015
[17] This data is taken only from those who have used the service from July 2016-November as previous to this data was captured via the NHS; as such this is only indicative of a small sample.

service is seeing increasing numbers of long-term neglect and trauma issues than previously (however it is acknowledged this is not one of the below categories).

Local intelligence also indicates that trends in children requiring mental health support tend to follow fluctuations in volume in the CiC cohort, with the CAMHS service advising they see approximately half the CiC cohort.

Further investigation may be required to find out if the levels of long-term neglect and trauma issues could be reduced through more timely work with children and families.

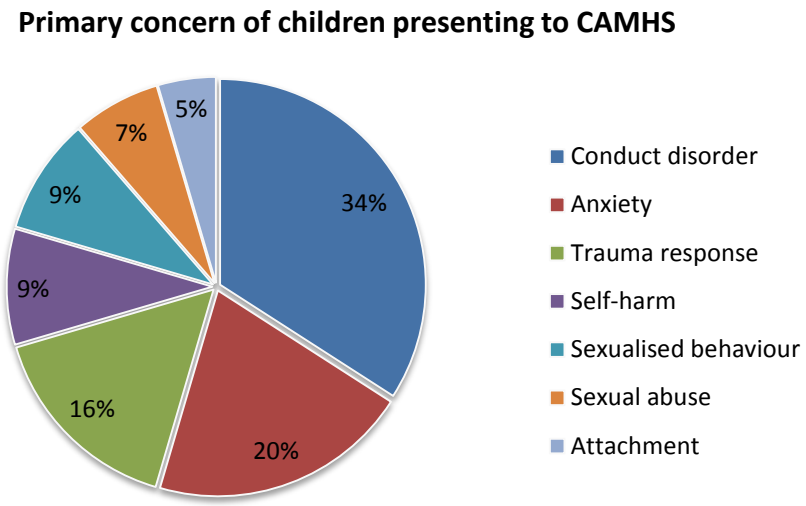


Figure 23: Primary concern of children presenting to CAMHS July-Nov 2016

Source: Internal CAMHS monitoring data

Children missing

Nottingham has higher proportions of children going missing compared to both England and statistical neighbours. 8% of Nottingham's children in care went missing in 2015, almost double the statistical neighbour figure (4.4%) and higher than the national proportion (6%).

There are also higher proportions of Nottingham's children in care 'away from their placement unauthorised' than stat neighbours and nationally, 6% in 2015 compared to 1.63% statistical neighbour average and 3% nationally (13).

This is important as going missing can be an indicator of emotional distress and upset, as well as concerning from a safety aspect generally. Also children who go missing are at higher risk of child sexual exploitation, with 70% of all victims of CSE (CiC and non-CiC) having previously been reported missing from home.

It is important to note however that local policing practice in relation to missing CiC and interpretation of guidance plays a factor in this data. In Nottingham we are very

proactive in responding to children going missing, as such may be reporting more children as missing at an earlier stage which may contribute to why we have higher proportions of missings in the city.

Child Sexual Exploitation

Online CSE (OCSE) - Local data indicates children in care are at increased risk of online child sexual exploitation, with 10% of all OCSE in the last year in Nottinghamshire[18] recorded as being children in care. 60% of all OCSE are or have been under a social worker.

Contact CSE- Almost a third (30%) of Nottinghamshire's contact CSE victims are children in care, although it is important to remember in this context that some children come into care due to concerns related to sexual exploitation.

Unaccompanied asylum seeking children

Unaccompanied asylum seeking children (UASC) arrive in the care of the local authority by various routes, including being trafficked before being brought to the attention of the local authority, resettled from the Calais camps or being brought to the UK via Dubs amendment[19] due to vulnerability, for example.

By their nature UASC are vulnerable and may have additional health and social care support needs, thus it is challenging to anticipate the effect on local services. UASC may have different presenting issues and needs compared to CiC who are not UASC, as the reason for requiring care is often different from those seen in the local population. Local intelligence suggests a higher proportion of UASC come from loving, safe family units, so are less likely to have attachment issues, however are more likely to be experiencing PTSD, particularly if from a country experiencing war or extreme hardship.

Often children who come to the UK via trafficking may have been subject to traumatic conditions before leaving for the UK and during the journey. UASC also may experience difficulties communicating their needs due to a language barrier and/or cultural differences. Healthcare for this group is particularly important as some UASC will not have experienced the same levels of healthcare in their country of origin or may have deteriorated in health during their journey to the UK; as such it is important to ensure they are given effective healthcare to enable them to have the same health outcomes as other CiC.

Nottingham is seeing an increasing number of unaccompanied asylum seeking children (UASC), mirroring the national picture with an increase between March 15-16

[18] Currently we do not have this data at a city level.

[19] The Dubs amendment is an initiative put forward by Lord Dubs as an amendment of the Dublin 3 regulation which states that families have the right to stay together. The amendment enabled a number of unaccompanied asylum seeking children to come to the UK safely without a straightforward family link.

(22). It is worth noting however that whilst UASC numbers are increasing UASC are a small group.

Children exiting care

All exits- There are various reasons children exit local authority care, however some are more common than others and a link between age and exit type is apparent.

As shown in figure 24, most commonly children exit care into independent living (22%), parents/relatives (22%) or adoption (18%).

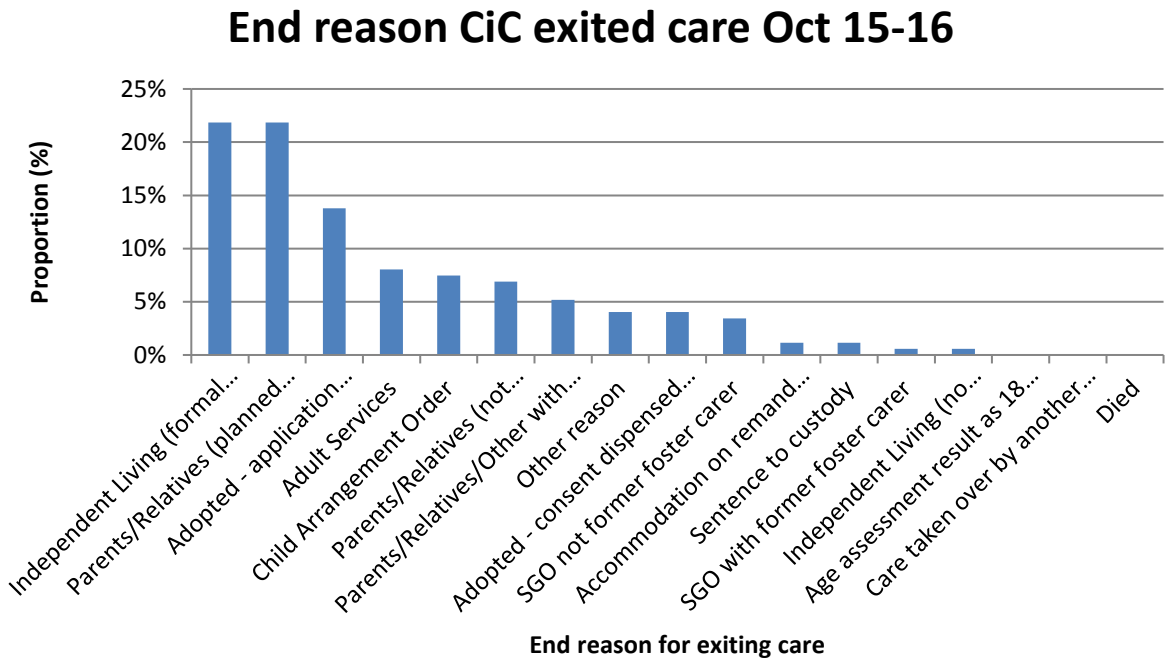


Figure 24: Reasons CiC exited care in Nottingham 2015-16

Source: Nottingham City Council Children in Care Quarterly Report October 2016

Figure 25 shows there is a link between age and exit; as would be expected only children aged 16+ exit into independent living and adult services. All adoptions that took place were of children aged 10 and under.

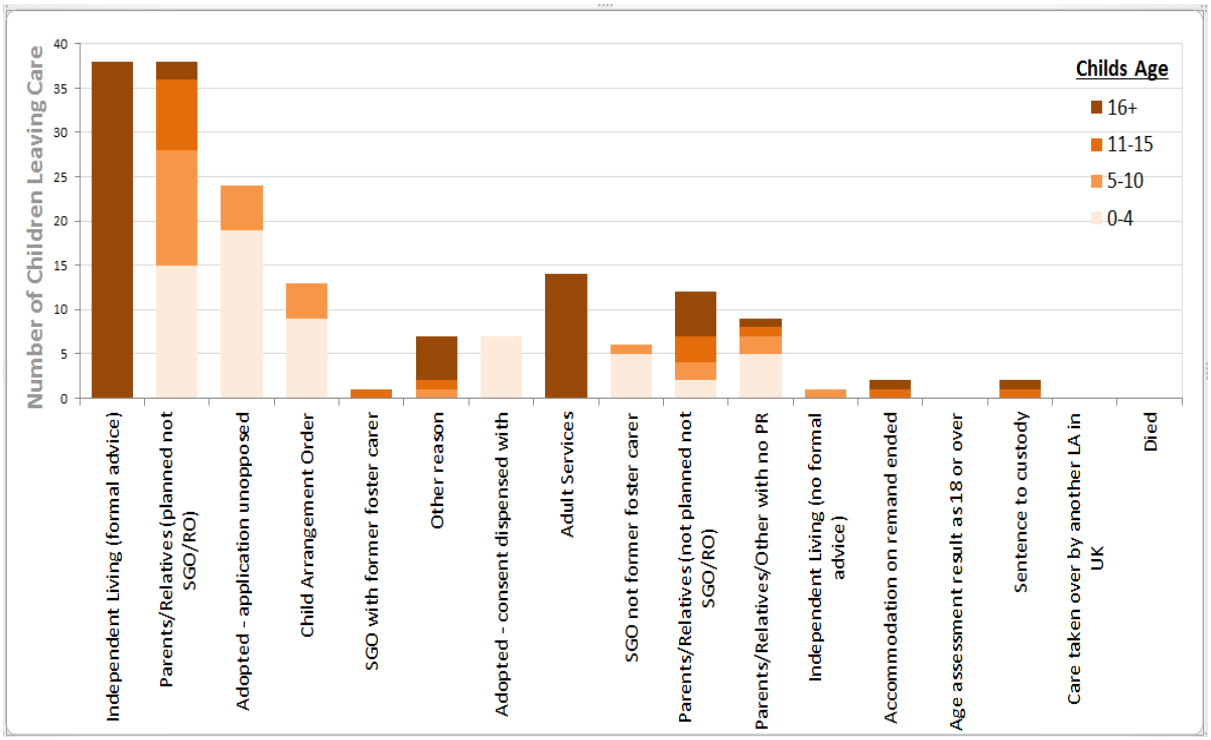


Figure 25: Age breakdown of CiC exiting care 2015-16

Source: Nottingham City Council Children in Care Quarterly Report October 2016

Returning home-

Children who leave care:

- Return home to live with parents, relatives, or other person with parental responsibility as part of the care planning process (not under a special guardianship order or residence order or (from 22 April 2014) a child arrangements order).
- Return home to live with parents, relatives, or other person with parental responsibility which was not part of the current care planning process (not under a special guardianship order.
- Leave care to live with parents, relatives, or other person with no parental responsibility.

As figure 26 illustrates, in Nottingham, in 2014-2015, the percentage of children returning home after a period of being looked after/child in care was 27% which is lower than the statistical neighbour average of 36% and England average of 34%.

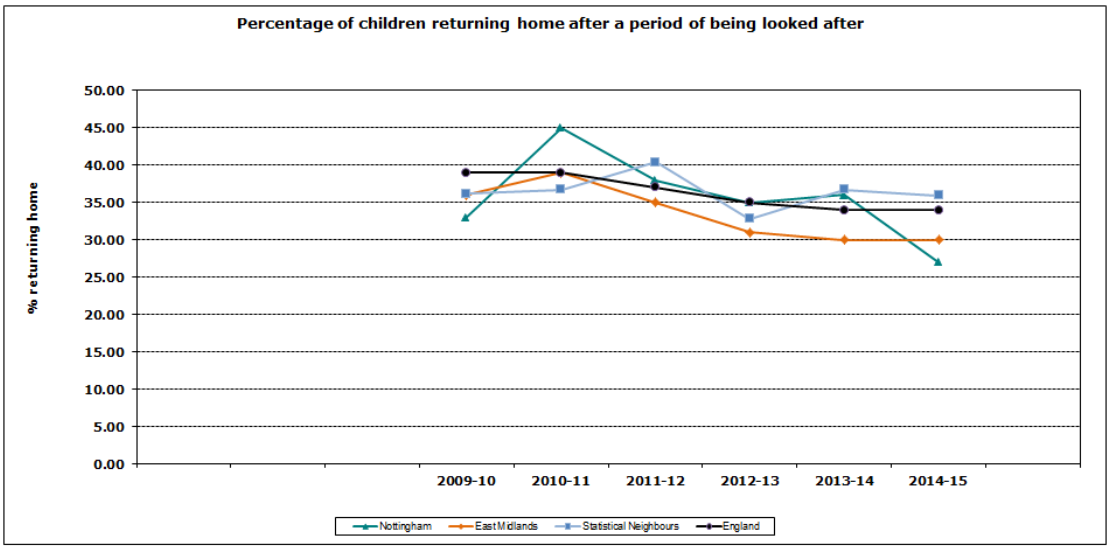


Figure 26: Percentage of children returning home after a period of being looked after

Source: Statistics child in need and child protection 2016-16 SFR 52/2016

This is a decrease of 9% from 2013-14 which is higher than the statistical neighbour reduction of <1%. The England percentage remains unchanged.

Adoption- Local authority data shows a general upward trend in the numbers of CiC being adopted since 2012 (13), in line with the national trend in which an overall increase has been seen in children placed for adoption[20] (4). Whilst adoption figures were highest in 2015, local intelligence suggests adoption figures were particularly high in this year.

3. Targets and performance

National Targets

The Public Health Outcomes Framework and associated 'Fingertips' tools identify a range of outcome measures related to children. Some of these indicators relate specifically to children in care, may be indicators of harm or neglect and/or identify factors that may make children more vulnerable. These include:

- Children in Care Immunisations, the proportion of children in care who are fully immunised[21]

[20] Despite a decrease in the last year, there has still been an increase overall.
[21] This target applies to children looked after continuously for at least 12 months

- Average difficulties score for all children in care aged 5-16 who have been in care for at least 12 months
- Children in poverty, under 16s, percentage of children living in low income families
- Proportion of adults in contact with secondary mental health services
- Domestic Abuse, rate of domestic abuse incidents reported by the police per 1000 population
- Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years) , rate per 10,000 resident population

The Department for Education ensures local authorities collect a variety of outcome measures related to children in care, so that each can measure how it is performing both over time and against national and other local authority performance.
Indicators related to children in care in the DfE statistical release include:

- Reasons for being looked after
- Placements of children
- Number of placements within the year
- Reasons for ceasing to be looked after
- Number of children adopted
- Education, employment and training outcomes for care leavers
- Children in care who were missing
- Educational attainment of children in care
- School absence and fixed-term exclusions
- Children in care with SEND

Indicators related to safeguarding children in the **NHS Outcomes Framework** include:

- Ensuring that people have a positive experience of care domain:
    - Improving children and young people's experience of healthcare

Local Targets

Nottingham has a number of strategies and plans to facilitate improved experience and outcomes for children in care, including the Children in Care Placements Sufficiency Strategy and the Children in Care and Care Leaver's Strategy, these outline various targets in relation to children in care, with the overall aim of improving

outcomes for children. The Children in Care and Care Leavers strategy details the 7 priorities in relation to our children in care; progress against these is monitored as part of the strategy refresh.

The Children in Care Charter was developed by the Children in Care Council in conjunction with officers from CiC services. Formally adopted by the Corporate Parenting Board in September 2011, it contains four commitments *concerning* and eleven commitments *to* children and young people in care, aimed at ensuring *"all children and young people in and leaving our care have the right home and support to keep them safe and well and to help them grow into happy, healthy, successful and fulfilled young adults who are optimistic about their future".*

As referred to above, there are multiple targets set out by Nottingham City Council in relation to children in care; some of these are set out below[22],

Targets for which we monitor ourselves include (but not exhaustively).

Placements:

- Percentage of CiC who have lived in the same placement for 2 years
- The percentage of placements that are within 20 miles of Nottingham
- Percentage of regulation 8 visits made to private fostering arrangements in appropriate timescales
- The number of new notifications of private fostering arrangements

Health:

- The percentage of CiC with up-to-date dental checks
- The percentage of CiC with an up-to-date SDQ
- The percentage of children with an up to date health assessment[23]

Exiting care:

- The percentage of applicable young people with a pathway plan started
- Percentage of applicable young people with a pathway plan completed/authorised
- The percentage of CiC placed for adoption within 426 days of entering care
- The percentage of CiC placed for adoption or adopted within 426 days of entering care
- The percentage of CiC matched within 121 days of a placement order
- CYP matched, placed for adoption or adopted in the year
- The number of children discharged as a result of an Adoption order
- The number of children discharged as a result of a special guardianship order

[22] For those which are numerical targets, relevant to just CiC and data is available.
[23] Health targets cited here are for children in care for 12 months continuously as at 31st March

Quality:

- The percentage of Reg 4/7 visits made within the appropriate timescales
- Percentage of CiC reviewed in the appropriate timescale

Involvement:

- Percentage of reviews where the child participated

Performance

CiC survey-

The annual Children in Care (CiC) Survey been conducted since 2011, and measures children in care and care leavers' experience against the commitments to CiC in the Children in Care Charter.

The 2015 survey was completed and RAG rated by our CiC Council to gauge how we performed against each commitment. Those commitments most in most need of attention were:

- We will give our children and young people enough time and help to understand (and be happy) with their circumstances.
- We will make sure our children in care know about the advocacy and complaints services in case they want help to have their views heard or are unhappy with us.
- We know that a change of home, carer, social worker or school can easily cause problems for a child or young person so we promise to do all we can to prevent such changes unless they are absolutely necessary to keep the child or young person safe and well.

The 2016 survey findings show improvements in those knowing about the advocacy service, and a reduction in the proportion who experience change. However, less feel their social workers/carers have enough time for them[24] and less know where to go in general when they have a complaint (including both advocacy and various other people/services CiC could complain to).[25].

Quality-

The Children in Care Placements Sufficiency Strategy outlines the city's ambition in relation to the quality of our placements. The strategy states 'It is NCC's ambition to

[24] Measured as 'my social worker/carer has time for me all/most of the time'
[25] Further detail can be found in 'local views'.

only place with Ofsted judged ‘good’ and ‘outstanding’ providers. Minimum standards detailing what constitutes good quality placement are incorporated into service specifications and lay a benchmark for providers applying to care for Nottingham’s children and young people’.

Children’s homes run by Nottingham City Council have been recognised by Ofsted for the high quality of care they give to young people in the city.

The City Council runs six children’s homes in Nottingham which care for up to 17 children and young people at any one time. The council also provides short breaks accommodation for up to 11 children and young people per night. All of these provisions have now been rated as “good” or “outstanding” and the short-breaks unit for children with complex disabilities has been highlighted as a beacon of best practice. Ofsted gave the ratings after carrying out fourteen unannounced inspections of the six homes and the short breaks unit between April 2015 and March 2016.

4. Current activity, service provision and assets

Edge of care hub-

The Edge of Care Hub (EoCH) was set up in order to help reduce the number of children from Nottingham city coming into care. As families approach the cusp of legal proceedings, where appropriate they are referred to the EOC panel. The panel considers if the needs of the family can be met through services rather than accommodating the child; if needs can be met without accommodation, the EoCH work with the family, assessing the family’s strengths and promoting them, as well as identifying what needs to change and working with them to facilitate improved outcomes. By delivering early help and preventative support, the EoCH aims to empower families to build resilience and make sustainable changes. Through a combination of assertive outreach and whole family approach the EoCH provides wrap around practical support.

All support provided by the EoCH has a therapeutic underpinning through the consultation and planning provided by the teams CAMHS worker.

The Placement Service

The Children's Placement Service is the single point of access for the procurement, brokerage, management and quality assurance of care placements. The Service is responsible for providing every child and young person with the best possible placement, which meets their needs, wishes and feelings and provides them with the opportunity to thrive and achieve. This could be an internal (Nottingham City Council) placement, or an external placement, commissioned through the Regional Provider Framework, or on a spot-purchased basis.

The Placement Service undertakes activities which ensure that all children and young people are accessing high quality care placements (3).

Social Work Support for Children in Care

The Authority's social work support for children in care is provided by one of three types of social care teams. These are;

- Children in Care (CiC) Teams
- Children's Social Care (CSC) Teams
- The Disabled Children Team (DCT)

There are three Children in Care Social Work Teams in Nottingham, who are dedicated to working with children in care from 0 – 18 years where a decision has been made that enablement to their families is not in their best interests. The teams strive to establish permanency through adoption, special guardianship, child arrangement or permanent fostering. Having dedicated children in care teams promotes specialism and expertise to develop within the social care workforce. This, we believe, in most cases leads to better outcomes for our young people.

While the majority of CiC are supported by our CiC teams, a small portion of our CiC cohort is supported by one of our twelve CSC teams. Like the CiC teams, CSC teams strive to secure permanency for young people through all available routes.

The DCT is an integrated service which includes social work with specialist knowledge in the area of childhood disability. The DCT undertake a number of duties, including those associated with meeting the Authority's statutory requirements in relation to severely disabled children in care. The number of CiC cases held by the DCT is relatively small (3).

Targeted Support Team-

Targeted Support Team (TST) aims to contribute to the reduction of children in care through intervention where there is a serious or imminent risk of family/carer placement breakdown. TST also support transition between fostering, residential and semi-independent placements and the transition of children and young people that have been in care back to their families. TST is instrumental in the step up/step down process in a child's care journey.

TST support families for a 6 week period through assertive outreach and a whole family approach, using small achievable goals co-produced with children and their carers to empower families to make sustainable changes. The team provide advice and guidance, as well as creating a 'team around the child' where appropriate.

Corporate Parenting Board

Collectively councillors act as 'corporate parents' for children in the Council's care. The Corporate Parenting Board meets to improve outcomes for children in care and ensure that the Council enables them to:

- Have safe and stable care
- Be well children in care
- Be prepared for adult life
- Grow into emotionally balanced and resilient young people.

Acting as corporate parents for our CiC, the Board offers scrutiny of decision making and monitoring of outcome improvements.

The Corporate Parenting Board usually meets 6 times per year and is chaired by the Portfolio Holder for Early Intervention and Early Years. The Board is made up of 9 councillors appointed to reflect the political balance of the Council, including the Portfolio Holder for Children's Services.

Children in Care and Adoption Health Team

It is a statutory responsibility for the Children in Care and Adoption Health team to assist the local authority in addressing the needs of children in care through effective commissioning, delivery and co-ordination of health services and through individual practitioners providing co-ordinated care for each young person.

There are three elements to the Children in Care and Adoption Health team, these are:

- The CiC Medical Team- provided by NUH, this is a team of community paediatricians (led by the designated doctor), who provide initial health assessments to children in care, as well as working closely with the CiC nursing team advising on clinical issues where appropriate.
- The CiC Nursing Team- provided by Nottinghamshire HealthCare Trust, this is a team of clinical nurse specialists who provide review health assessments to children in care as well as providing advice to staff, carers and social workers re CiC health.
- Medical advisor for adoption- This role provides assessment of prospective adopters, advice to the adoption panel and general advice across the adoption pathway regarding health.

In addition to the Designated Doctor there is also the role of the Designated Nurse, however this role does not sit within the CiC nursing team but within the CCG, working across both City and the 5 county CCG's.

Collectively the team are responsible for (3):

- Ensuring that children and young people in care receive statutory health assessments and that key performance health indicators are met

- Working with children, young people, carers and Social Care colleagues to ensure all identified health needs of children in care are met

- The Designated Professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and social care community

- The Designated Doctor also conducts medical assessment of prospective adopters and provides advice to the adoption panel in their dual role as Designated Doctor and Medical Advisor for Adoption.

All children entering into the care of the local authority receive a comprehensive initial assessment of their physical and emotional health with a paediatrician, following on from this all CiC receive a health assessment with the CiC specialist nurse either 6 monthly (for under 5's) or yearly to ensure their health needs are met. Each child has a health care plan devised by the paediatrician/nurse with SMART actions, clear timescales and identifying who holds responsibility for ensuring the actions are achieved. This includes the paediatrician/nurse; primary health care team, foster carer/support worker, social worker and young person.

Children entering into the care of the LA should be seen by a paediatrician and have a health care plan within 20 working days of entering care (23), however this may not always be possible, there are many factors why this may not always be achieved and relate to the speed of referral from the local authority, placement location and capacity of the health team to respond.

CiC Child and Adolescent Mental Health Service (CAMHS) –

The CiC CAMHS service specifically works with children in the care of the local authority, children may be living in foster care, residential care or living independently.

The team is multi-disciplinary and includes clinical psychologists, specialist social workers, art therapists, psychiatrist and clinical nurse, aiming to provide a holistic service for young people.

The team offer consultations through which professional networks supporting children in care think about their current difficulties in the context of the child's history and agree a joint plan of future work to support the child.

Direct work is also offered to the child where appropriate through a range of therapeutic models. CAMHS also offer a fostering attachment group to carers and adoptive parents, these are educational groups focussed on developing skills around therapeutic re-parenting, with emphasis on the importance of attachment.

Children are referred to CAMHS if there is a concern identified or if they score highly in their SDQ.

NSPCC Life Story work-
NSPCC provide a life story work service, to complement the work undertaken by social workers to ensure young people have a narrative about their experience to underpin therapeutic work carried out by CAMHS.

Virtual School
The role of the Virtual School is to monitor, support and provide interventions to ensure that children in care achieve the best possible educational outcomes. The school monitors, tracks and reports on the attendance and attainment of looked after children, supporting schools with improvement where issues are identified. The school reports on the completion of Personal Education Plans (PEPs) and audits the quality of these plans. It also supports schools, or other educational institutes, to fulfil their statutory duties to children in care.

The Virtual School works with a network of Designated Teachers who are dedicated to ensuring that our children achieve the best they can in line with all other children (3). Part of the school's work is also to monitor and allocate Pupil Premium Plus to schools to ensure it is used to improve the educational outcomes of looked after children. New monitoring arrangements for PEP's are currently in place, with the team ensuring PEP's are completed in a timely fashion and again reviewing the quality of these.

Children in Care police officer –
Nottingham has a police officer dedicated to our children in care and care leavers, jointly funded by social care and the police, with the aim of working with young people, carers and residential staff to reduce the criminalisation of children in care. The role was developed as a result of concerns that CiC were being criminalised for crimes and behaviours that in a family setting may not be reported to the police or get to court.

This role involves breaking down barriers between young people and the police, facilitating multi-agency working, the promotion of diversion and restorative practices, and working to safeguard CiC from child sexual exploitation. The CiC police officer works closely with the YOT (Youth Offending Team) and the CiC lead there.

Provider network meetings with residential care providers are chaired twice a year by the CiCPO and YOT Lead. There are opportunities for reflection, the sharing of learning, resources and developments in practice. The meeting looks to build relationships between providers, the Police and the YOT and to address any issues at the lowest possible level.

The CiCPO facilitates multi-agency Concern Network Meetings to share information appropriately across a range of agencies and to implement disruption tactics to help keep young people safe.

The CiCPO and YOT Lead have facilitated awareness raising events with Health to residential carers to raise awareness of CSE, missings protocol, PREVENT strategy, Vanguard and Lifeline. These training events give staff clear pathways to refer and receive support.

This training is not currently delivered to foster carers and neither are network meetings held by the CiCPO or YOT Lead with foster carers, there could be opportunity for this to happen in the future.

A joint multi-agency protocol is due to be implemented to reduce offending behaviour of children in care, this includes numerous tools for carers and residential staff to use when dealing with CiC offending, with guidance as to which kinds of behaviour and offences should be dealt with in a restorative way (e.g. in the home or referred to CiC police officer) or via criminal proceedings. An event will be planned to launch and embed this protocol.

The CiCPO and YOT Lead consult and work alongside the CiC and Care Leavers Councils when developing policies and tools, and where appropriate delivering training events, in order that the voice of our young people is heard.

Both contribute to planning and delivery of the Annual Big it Up Awards for CiC.

YOT CiC Lead-

The YOT has a CiC lead, who undertakes various work to reduce offending amongst CiC. This role undertakes arrest screening to identify CiC who are arrested, identify the officer on the case and put them in touch with the team around the child. The team around the child try to explore possible diversion away from court, if this is not appropriate the CiC lead will promote the use of the Crown Prosecution 10 point checklist, which provides the court with context on the young person to assist in determining the best course of action. Whilst this is a national requirement, prior to the work of the CiC lead, this was implemented on an ad hoc basis. The YOT lead has worked with the CPS so that where relevant if a CiC has been identified at court but no 10 point checklist is present the judge will adjourn the case until they have the appropriate information.

The YOT works closely with other LA YOTs when young people who offend are placed out of area to ensure access to appropriate provision but are dependent on local policing practice and resources to manage risk and need.

Nottingham City YOT's CIC lead comprises capacity of approximately 1 day per week by a case manager with particular expertise and interest in this area of work – with decreasing budgets pressure on this capacity in future years will increase as this work is funded from mainstream Youth Justice Board grant.

Nottingham YOT are embarking on the second year of a joint DFE funded project between the Association of YOT managers and Achievement for All to improve access for those at risk of offending (most of whom have undiagnosed or untreated SEND) to services There is clearly an overlap here with CIC.

Advocacy Service and Independent Visitor's-

The Children's Society provide Nottingham City's children in care with an issue-based advocacy service which they can access for independent advice and guidance on a variety of issues, particularly if they have an issue relating to their care setting or their care journey. The advocacy service can be contacted by phone but also make regular visits to residential settings to make the service available to children and young people. All children in care can access the service regardless of the placement type they are in or whether they are based in or out of the city.

The Independent Visitor Service is provided by SOVA , the service provides suitable appointed volunteers to visit any child or young person who is looked-after where it is deemed to be in the child or young person's best interests. Independent Visitors can be the most consistent person in the lives of some children and young people in care and bring tremendous benefits to them.

Mind of My Own (MOMO)

MOMO is an app available to workers to facilitate easier conversations with children and young people and inclusion and capturing of their views. It is also a way of children and young people to record their views or make a complaint and send this to the person they wish to (usually a professional). MOMO went live in Nottingham City in March 2017 and workers are being trained to use this app in their practice and promote this to children and young people in care.

Independent Reviewing Officer Service

The Independent Reviewing Officers (IROs) Service operates within the framework of the updated version of the IRO handbook, the national guidance of Working Together 2015 and the national guidance for Fostering. There is a statutory obligation to provide each child in care with an IRO to ensure their Human Rights are respected.

The primary focus of the IRO is to critically examine and quality assure the Care Planning and interventions of the Local Authority in respect of each child or young person children in care. Central to this is ensuring that the child's wishes and feelings are given full consideration in planning and enabling by their role, improved outcomes. The primary focus therefore is to ensure (3);

- There is robust challenge regarding decisions, where there is underlying poor professional practice and when decisions are not being taken in the children's interests
- To challenge the quality of analysis being undertaken, to ensure it meets the children's needs
- That views of children, parents, carers and other professionals are given sufficient weight in care planning
- That informed reflection occurs on the child's progress and planning for the future

Fostering and Adoption (Including the Adoption Post Order Service)

The Fostering and Adoption Service aims to provide high quality family based care that ensures that children in care receive a positive experience of home and family life.

The service recruit, assess, train and support foster carers and adopters to support children to achieve the best possible outcomes in regards to their physical, emotional and intellectual development. A variety of foster carers and adopters are recruited and trained to meet the diverse needs of children and reflect the ethnic and cultural background of the community in Nottingham. A full and comprehensive training programme is offered to equip carers to be able to meet the complex needs of children in care.

All foster carer and adoption applicants are rigorously screened thoroughly assessed and carefully trained so that they can provide safe and supportive homes for children in care, children placed for adoption and children post adoption.

Support is available to adopters after the adoption order is granted to enable them to learn and adapt to the changing needs of children. We recognise the lifetime commitment that is adoption. We offer a range of support including a designated Adoption Support Services Adviser (ASSA) who is there to help adopters' access adoption support, make application to the adoption support fund and other specialist services.

The Post Order team also offer a service to special guardians who can request an assessment and further support post the making of the order.

(The full range of post order support is included in the Adoption Passport which is available from the website, http://www.nottinghamcity.gov.uk/adopt) (3).

Leaving Care Service

The Leaving Care Service work with young people aged between 18 and 24 years who are eligible to receive care leaver support. The service aims to ensure all young people get the best support as they transition into adulthood.

Every young person will be given the opportunity to explore their independence with an individual support package that allows them to develop, learn, or re-learn the skills that will be needed for successful independent living.

The service has supported a number of young people through further and higher education, with some going on to study at a post-graduate level.

The Leaving Care Service also incorporates a service for unaccompanied asylum seeking young people. Many of these young people have had a difficult life and continue to need help to find suitable accommodation, education or training and may also need emotional or financial support (3).

Children in Care Council

The Children in Care Council is a council of children in care of secondary school age who meet monthly to ensure their voice is heard on a variety of issues and plans that affect children in care. The Children in Care Council is engaged in a variety of co-production activities, including (but not exhaustively):

- As a consultation partner to services, assisting in the development of service plans (e.g. working with Corporate Parenting board to develop the Corporate Parenting Plan)
- Assessing the results of the CiC survey and allocating a RAG rating before the findings are presented to the Corporate Parenting Board.
- Recruitment and selection of social care staff including internal and external
- Development of specifications for tendered contracts (e.g. advocacy service) including analysis, spec writing and interviewing
- Support for OFSTED inspections, providing focus group evidence on user involvement
- Participation in workforce and partner training and development session (e.g. delivering workshop activities at YOT/CiC conference)

There is also the Your Voice participation group for Care Leavers aged 16+ which meets for the same purpose as the CiC Council, i.e. to enable and empower young people's voice and feed their views, experiences and ideas for change into Corporate Parenting decision making. This group is facilitated by the Leaving Care Team and its work is tied in to that of the CiC Council. Periodically the two groups do joint work together, including the assessment of the annual Have Your say survey. Nottingham City Council has also recently started the ‘Children in Care club’ for children under 12 to engage and participate with the council and have a voice on issues affecting them.

These groups are part of the city council's commitment to engage with its children and young people, as per the Children and Young People's Participation Strategy.

5. Evidence of what works

Preventing the need for care

Early intervention initiatives successfully reduce the need for children and young people to enter formal safeguarding processes; the evidence includes **Home Visiting for Families Experiencing Domestic Abuse:** A systematic review by Prosman et al, 2015 found home visiting interventions to be effective in reducing domestic violence although long term effectiveness was unknown. Children who witness domestic violence are known to have poorer emotional health; there is also a high risk of physical abuse in families with domestic violence. The review showed that interventions focused on reducing domestic violence also reduce child abuse and prevented intergenerational transmission of domestic violence.

Home visiting is an intervention that ensures vulnerable women with children stay in contact with regular services as they are usually considered hard to reach. The support is thus beneficial for both abused mothers and their children.

Parenting Programmes on Child Maltreatment: According to a meta-analysis by Chen et al, 2016 parenting programmes successfully reduced substantiated and self-reported child maltreatment reports. The programmes also reduced risk factors and enhanced protective factors associated with child maltreatment. Parent behaviours such as child physical and psychological abuse and neglect are targeted. An effective public health approach applied as primary, secondary and tertiary child maltreatment intervention in all settings, for all groups.

Children in Care

Educational attainment: A brief (non-systematic) literature review was conducted to establish what works in improving or securing educational attainment of children in care. Whilst many studies found there was limited research around this area (and the research available showed evidence was not strong enough to make recommendations around specific interventions), there were key common themes

coming from the literature as to what is important in achieving good educational attainment for CiC. These themes were:

- School and placement changes were risk factors for poor educational attainment in CiC (24), in turn stability contributes to good educational attainment (25), (26)
- Encouragement from foster carers (26), as well as foster carers having the ability to support the child's education, for example in regards to help with homework (25), as well as importance placed by the foster household on education (26) are important factors in achieving good attainment for CiC.
- Stereotyping and stigma associated with children have a negative effect on their attainment (26). Some CiC felt they were stigmatised by teachers and that adults around them had low expectations of their educational potential (25). The removal of this stigma and stereotype can positively affect the way teachers and others interact with CiC and positively affect their educational attainment.

Statutory guidance: Promoting the health and wellbeing of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England. This is a jointly published statutory guidance document issued by both the department of health and department of education to improve the health and wellbeing of looked after children (23),

Nice guidance

Looked-after children and young people

http://www.nice.org.uk/guidance/ph28

This guideline identifies the actions needed to improve the quality of life, including physical health, and social, educational and emotional wellbeing, of looked-after children and young people. The focus is on ensuring that organisations, professionals and carers work together to deliver high quality care, stable placements and nurturing relationships for looked-after children and young people.

Looked-after children and young people

http://www.nice.org.uk/guidance/qs31

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. This quality standard defines best practice for the health and wellbeing of looked-after children and young people.

Local initiatives

CiC Police Officer (CICPO) and YOT CiC Lead- Local evidence suggests the role of CICPO and YOT CiC Lead have contributed to the decrease locally in CiC offending in the context of increasing rates nationally.

The Edge of Care hub performance data states 95% of families worked with were helped to stay together in the last year, keeping 45 children out of care, enhancing outcomes for the families as well as preventing unnecessary strain on placements and associated in-care services.

Children returning home from care

Evidence suggests return home is more likely to succeed where it is planned and a thorough assessment has been undertaken (Wade et al, 2010[26]). Other factors identified as supporting stable return home include having a clear plan intended to secure a staged return; involvement of children and families in reunification planning , addressing the underlying problems that lead to entry into care; the provision of family-focused interventions and the availability of services/support (Farmer and Wijedasa, 2012[27]; Thobunet et al, 2012[28]).

Taking Care: Practice Framework for Reunification: The pilot framework by NSPCC[29] intended to provide a robust and evidence-based system of assessment and decision making, reducing the risk of abuse and/or neglect recurring where children or young people are returned home, and to improve children's outcome. This was to be used by Local Authority social workers when deciding whether a child can be returned home. The framework also informed and supported work with children and families throughout the reunification process, including when a child has returned home. The framework fits with the wider Local Authority objectives of reducing the number of looked-after children by providing safe reunification and only bringing back into care where appropriate.

The evaluation of the framework (Hyde-Dryden et al, 2015) which was piloted across 9 Local Authorities between 2012 and Nov, 2014 reported the following:

- A total 325 children were supported

[26] Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2010) *Maltreated Children in the Looked After System: A Comparison of Outcomes for Those Who go Home and Those Who do Not.* London: Department for Education Research Brief

[27] Farmer, E. and Wijedesa, D. (2012) The Reunification of Children in care with their Parents: What Contributes to Stability? *British Journal of Social Work 44* (2). p.348-366

[28] Thoburn, J., Robinson, J. and Anderson, B. (2012) *Returning Children Home from Public Care.* Social Care Institute for Excellence (SCIE): Research Briefing 42

[29] NSPCC – National Society for the Prevention of Cruelty to Children

- Parents considered the practice framework for reunification assessment/process to be better. In their opinion it was in depth, there were engagement roles for both parents and their children.
- The use of an NSPCC social worker to complete direct work was considered as one of the key strengths for the assessment process. NSPCC independence from the LA was the most important factor.
- Professionals reported the framework provided a clear structure thus greater transparency concerning the objectivity of the assessment process. This view was corroborated by some parents.
- Helped produce clear evidence to identify which form of support were appropriate for children and parents in each case, including the use of multi-agency support.
- The framework was suitable for all eligible cases: all groups, ages and legal status

Key limitations and concern about the framework and its implementation:

- There was no systematic monitoring of the outcome for children returning home. We are therefore unable to ascertain the effectiveness of the intervention on reducing recurrence.
- Limited number of families and social workers involved in evaluation. Although the findings provide valuable insight cannot be generalised as the collective experience of social care staff and parents/carers.
- Concerns were expressed about the additional time and resource implications of aspects of the framework.

6. What is on the horizon?

Population increase

The number of children and young people aged 15 years and under is projected to increase by 2,700 by 2020 reflecting the recent increase in birth rate (ONS Mid 2012 population projections). This estimate does not include children arriving in Nottingham from Europe and further afield. If the proportion of children and young people requiring

safeguarding increases in tandem, and in turn a proportion of these come into care, there will be increased pressure on services.

Unaccompanied asylum seeking children (UASC)

Recently there has been an increase in the proportion of children coming into care as an unaccompanied asylum seeking child. Whilst the city council has always accommodated UASC through the usual safeguarding route, recently there have been government initiatives to actively safeguard UASC who are not resident in the UK, which has contributed to this increase.

Children can come to the LA either through the aforementioned safeguarding route (where a child presents to the local authority as UASC) and the national dispersal programme. As part of the programme all LA's are asked to take care of UASC arriving in the UK (usually Kent) equivalent to 0.07% of their child population, this scheme is to ensure that LA's can cope with the demand from this group. Nottingham has agreed to take part in the dispersal scheme.

There is also the 'vulnerable children's resettlement scheme' which is a Home Office programme to relocate 3000 children to the UK from the Middle East and Africa who are deemed to be at risk in their country of origin. Some of these children at risk will be UASC.

If recent increases in UASC locally continue, we will expect to see an increase in the numbers of UASC requiring local authority care and associated services.

Local intelligence suggests UASC can have significant physical and mental health needs, if numbers increase quickly this may put strain on the CiC health team. In particular more initial health assessments of this group may be required, tailored health assessments are currently being used for this group. A health impact assessment was conducted in July 2016, which identified that the CiC health team felt that although short term small numbers could be managed, a sustained rising number could impact on team capacity.

The virtual school may be impacted in particular, as there may be various issues that impact a child's learning who comes to the UK as an unaccompanied asylum seeking child, due to the trauma and instability experienced.

Further work may be required to establish what our local response is amongst all our CiC services if we continue to see increasing proportions of UASC coming into local authority care.

Increased placements by other local authorities

Local intelligence suggests increasing numbers of children, particularly UASC are being placed within Nottingham whilst under the care of other local authorities. Whilst

arrangements are in place in which other authorities should inform us when they are placing in our authority, this may not always be the case.

Further to this, increased placements by other LA's may decrease placement capacity within the city for our own CiC, particularly if the other LA's are using providers who are on our internal framework. Increased placements could also impact on the capacity of our CiC health team, as other LA's can commission our health teams to undertake IHA's and RHA's as per Department of Health guidance (23).

Equity of service is also a concern as children not under our care should either receive health and social care services from their own LA or we should be commissioned to deliver these services. It is not clear if this is done in a timely fashion, particularly if not all LA's placing CiC in Nottingham inform us of this. Also if increasing numbers are placed within the LA, we would need to ensure we have capacity to deliver services once other LA's commission us to do so. This works both ways, as such we need to ensure our CiC in other LA's are receiving equity of service and are not disadvantaged by out of area placement.

Implementation of the Joint Protocol re reducing offending

The LA is launching a new formal protocol to prevent the unnecessary criminalisation of children in care. It is believed implementation of the protocol will follow on from the good work already being undertaken by the CiCPO and YOT lead, in continuing to reduce offending rates and criminalisation of children in care.

Implementation of recommendations from the Laming review

The recent report by Lord Laming 'In care, out of trouble', was established as a review to examine the reasons for, and how best to tackle, the over-representation of children in care, or with experience of care, in the criminal justice system in England and Wales (27).

The report outlines several recommendations, it is the intention of the LA (via CiCPO and YOT CiC Lead) to review our practice locally against these recommendations, to further enhance the good practice locally in reducing CiC offending.

Expansion of network meetings to provider forums regarding decriminalisation of CiC

The CiCPO and YOT CiC Lead intend to expand the currently well received network meetings to become provider forums, where best practice can be shared with CiC providers regarding the decriminalisation of children in care and managing behaviour and offending. As such it is expected best practice around this will be embedded further.

CiC CAMHS

The Guardian have released an article which states that peers have advised that every child in care should go through mental health screening in the future, in the same way as all children have a statutory right to a health assessment. This is also supported by the House of Commons enquiry into CiC mental health and wellbeing (28).

The House of Commons report into the health and wellbeing of children (28) in care recommends that care leavers up to the age of 25 should be able to access CAMHS support if appropriate, if this is put in place locally this would put more demand on the current CiC CAMHS team. The report also recommends children should not be refused CAMHS services until they have a stable placement or delay access services until a placement becomes permanent. Nottingham's CiC CAMHS team do not undertake direct work with children and young people until their placement has been stabilised. If this were to change this may result in a surge in demand if those children waiting for placements to stabilise all have access to services at the same time. The report goes on to state all CiC should have priority access to mental health assessments, however, as there is a dedicated CiC CAMHS team in the city, this would not necessarily have implications for the team as CiC are seen separately to non-CiC.

The CiC CAMHS will be adopting the CAPA model of working in the near future. The intention of the CAPA model is to combine collaborative practice and personalised care with service users, to enhance effectiveness of the service and help demand and capacity management. This may have a positive effect on the service user by moving to a 'Choice appointment' approach where children can be seen at a time and place that suits them and get the choice at the end of the session to either return to the service, be referred to other specialists or withdraw from the service.

It is also the intention of the CiC CAMHS team to be involved with children who are leaving care earlier in their care journey to ensure they are emotionally resilient and have the emotional tools to help with independence. Of course with this comes capacity implications.

The council is trying to secure funding for a part time post to work specifically with UASC around their mental health, however it is not confirmed as yet whether funding was awarded.

Nottingham City Council will be training targeted teams in 'Improving Access to Psychological Therapies' (IAPT), so that mental health support can be accessed when the concern may not require a referral to CAMHS.

Virtual school

Virtual school are planning to deliver training to Designated Teachers, social workers, school governors and foster carers to increase awareness of the Virtual School and

what they offer. They are also planning to write a handbook about Virtual School for designated teachers to refer to.

Adoption support fund

The adoption support fund has recently been extended to provide support to those children in special guardianship placements. The adoption support fund is to help children and families access therapeutic support following adoption or placement under special guardianship. The extension of the adoption support fund is positive, however the implication for the local authority is that there may be more demand for therapeutic support from local authority teams such as CAMHS now that the fund has been extended.

Placements strategy

The Fostering team are working in line with the placements strategy to recruit more internal foster carers, this is with the aim of securing more local placements for children. The Nottingham City Fostering Service will also be working to recruit more foster carers who can care for children with complex needs, in order to provide greater placement stability. As work continues we expect this to positively impact the experience of our children in care.

Staying Close

Staying Close is a government initiative as an extension of the 'Staying Put' legislation, where care leavers can continue to live with their foster families until the age of 21. Staying Close will enable young people to live independently, close to their residential home with ongoing support from that home (29). This initiative was intended to be piloted in some local authorities, however the outcome has not yet been communicated. If this is rolled out across the country there could be benefits seen for Nottingham's care leavers, however work would need to be undertaken into how this would be implemented practically to ensure we are ready for any new legislation or requirement.

Keep on Caring

Keep on Caring is a government strategy released in July 2016 outlining a number of initiatives to achieve improved outcomes and life chances for care leavers (30). The strategy focuses around 5 key outcomes, these are:

- Care leavers are better prepared to live independently
- Improved access to education, employment and training
- Care leavers should experience stability in their lives and feel safe and secure
- Improved access to health support
- Care leavers should achieve financial stability

There are of course implications for both care leavers and local authorities as a result of this strategy and the initiatives that fall underneath this. Some of the implications for the LA include a duty to publish information on services for care leavers, commitment to introducing 'Staying Close' for residential care leavers and extension of the entitlement to a local authority personal advisor until the age of 25. Some implications for care leavers include a guaranteed place on the National Citizen's Service and exemption from changes to eligibility to housing support. It is envisaged by government that implementation of the strategy will improve outcomes for care leavers across the five categories cited above.

Nottinghamshire health data collection and reporting project

The Nottinghamshire health data collection and reporting project is a cross City and County NHS England sponsored project; the intention for the project is to help shape how and what information is collected and reported across the County and City health services provided to CiC. This will support and improve health assessment, child protection and safeguarding for these specific groups of vulnerable children and young people, as well as potentially helping to inform future commissioning.

Service Improvement Forum (SIF): Health of Children in Care

The purpose of the SIF for the Health of Children in Care is to improve the health of children in care and their experience of health services. This is a multi-agency forum across City and County, with representation from health, CAMHS and the CCG. As work progresses children in care's health and experience of health services would be expected to improve. As part of this work a CCG pathway is under development to improve access to health assessments for those placed out of area.

7. Local Views

The 2016 Children in Care survey was undertaken during October and November. The survey has been RAG rated by the Children in Care Council and findings presented to the Corporate Parenting Board.

Survey findings are outlined below, along with the CiC RAG rating against each commitment:

- **Respect-** More CiC feel their carer and social worker treated them with respect 'all or most of the time', and fewer feel they were 'never' treated with respect- (RAG: Green)
- **Time-** Fewer CiC feel that their social workers and carers have enough time for them. (71% feel social workers had enough time for them all/most of the time,

down 6ppts, and 91% felt carers had enough time for them 'all/most of the time', down 2ppts)- (RAG: Green/Amber)

- **Advocacy and complaints-** CiC are more aware of/willing to use the CiC advocacy service (13%, up from 7% in 2015), but fewer (87%) know where to go generally if they had a problem or wanted to make a complaint.- (RAG: Amber/Red)
- **Listening to our CiC-** Overall, more CiC feel listened to by their social workers, carers and teachers, for the first time no children stated their social workers 'never' listened to them, and only 1% stated carers 'never' listened. –(RAG: Green)
- **Involving our CiC-** There is an increase in children feeling involved in their LAC/pathway plans. More CiC (83%) feel their opinion makes a difference in their life all/some of the time and feel involved in their plans in some way than last year. More children also feel heard in their LAC/pathway plans.-(RAG: Green)
- **Keeping our CiC safe and well-** Fewer CiC (79%) feel where they lived was the right place for them, while fewer also feel safe at home (84%), school (70%) and in their neighbourhood (73%) 'all the time'. All three environments have seen decreases in feeling safe 'all the time' 00since last year.- (RAG: Amber/Red)
- **Supporting our CiC to be healthy-** More children felt healthy all the time or often compared to 2015, but proportions are lower than in 2011 (93% vs 97%). 16% of CiC feel worried all or most of the time, the main things they worry about are family, future and education. More children were worried about managing their own behaviour.- (RAG: Amber)
- **Supporting our CiC to achieve at school and elsewhere-** More CiC feel they are doing well at school (62%), and knowledge, engagement and satisfaction with PEPs have all improved. However, more CiC also feel they would do better at school with more help all/most of the time (61%, up from 55% in 2015).- (RAG: Green/Amber)
- **Preventing unnecessary changes for CiC-** The survey presents a more settled experience for CiC in 2016, with an increase to 27% of children experiencing no change in social worker, school, home or carer. The proportion of those having a change of home and social worker see the biggest reductions. For those who have had a change, 70% feel the help they received to cope with the change was very good or good, a 9ppt increase on 2015.- (RAG: Amber/ Red)
- **Helping CiC achieve a successful journey into independent adulthood**- 91% of CiC are happy or very happy with the support they receive to plan for their future. In 2016, most young people feel that they have the basic skills to become independent. However, there has been an increase in those who would like help to apply for and choose higher and further education subjects (27 and 23 ppt increases respectively). There has also been an increase in those who would like support to become a responsible tenant.-(RAG: Amber)

- **Overall rating-** More CiC are happy/very happy with how NCC takes care of them (82%, up 3 ppts), however there has been an increase in those who are unhappy (rather than unsure), suggesting polarisation. – (RAG: Amber)

8. Unmet needs and service gaps

Identification of mental health difficulties

Locally we are not on target as an authority in conducting Strength and Difficulties Questionairre's (SDQ's) with our children in care. Unless a child presents any emotional or mental health difficulties outwardly through their behaviour, the only way they would be identified and thus referred to CAMHS is an SDQ. As such, this may result in inequity of access to mental health support for those children in care who are not receiving SDQ's in a timely fashion. However, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Health assessments

Locally we are not on target as an authority in conducting health assessments with our children in care, the proportion having health assessments has moved further away from target over time. Local intelligence suggests this has been due to a capacity issue amongst both the social worker teams in making the referrals to health and CiC health team being able to meet demand. Consideration should be given to the impact of an increasing CiC population and increasing complexity of need within the CiC population on the ability of the service to meet demand with current capacity. It is acknowledged that the work of the Strategic Improvement Forum may improve performance around health assessments. Again, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Demand for mental health support amongst the UASC population- Local CiC CAMHS have expressed concerns regarding meeting the mental health needs of the UASC population, however it must be noted that this is not just a local issue. Currently workers, whilst well trained, are faced with new issues for this group. The needs of this group are different to local children in care, often these children do not have the same family issues that local CiC present with as they may have come from families free from abuse or neglect, however may have experienced war, grief, bereavement and separation. Local intelligence suggests this group do not tend to talk about the problems they are experiencing so readily, sometimes due to the culture around expressing emotions in their country of origin. Currently the team feel they do not necessarily have the cultural understanding and nuances that may assist effective treatment.

A suggested solution to this would be to have a CAMHS worker either co-located with a specialist service or more integrated with a specialist organisation.

Further to this it is worth noting there is currently no commissioned trauma model for child mental health in Nottingham specialising in Post Traumatic Stress Disorder (PTSD).

Transition from children's to adult's mental health services

Local intelligence suggests that access to mental health services post 18 is more restricted than those accessed as an under-18 (CAMHS), with higher thresholds for service access. CAMHS can be accessed via social worker referral, however to access adult mental health services a formal diagnosis would be required. As such, for those children experiencing difficulties, the process of treatment may not be completed if they do not have a diagnosis at age 18. This is particularly concerning for those children who may access CAMHS near to their 18th birthday. This may disproportionately affect the UASC population, who anecdotally tend to be older. Further work with the CCG may be required to explore thresholds and investigate if more effective transition arrangements can be put in place.

Decriminalisation of CiC

Whilst there is lots of positive work happening in the city regarding the de-criminalisation of children in care, those CiC placed out of area may not have the same chance of de-criminalisation as locally. Only one other LA has a CiC police officer and many LA's may not have a YOT CiC lead, as such, the work done by these roles in educating the workforce and children in care, implementing protocols, close working with police and crown prosecution service and arrests screening may not happen. In turn resulting in inequity of access to decriminalisation amongst CiC placed out of area. This is a national issue which Lord Laming's 'In Care Out if Trouble' report sought to raise. Whilst it is acknowledged this is a national issue, it is important to note the inequity that may be experienced by our CiC placed in other LA's.

Training regarding decriminalisation of CiC

Our YOT Lead for Restorative Approaches provides training on restorative justice to providers; this is positive and pro-active work. However, as this is free to internal providers and charged to private providers, there may be inequity in the approach to decriminalisation amongst different providers. Not all private providers may pay for this and foster carers are not currently offered this, as such children in those placement settings may encounter a different experience.

The new protocol issued regarding decriminalisation should go a long way towards ensuring a standard approach across placements, however, to ensure equity, use of the protocol, along with training, may be something commissioners wish to include in the service specification of providers and the training requirements of foster carers.

Capacity to deliver this training may be an issue; however charging for the training may help increase capacity or a phased roll out if this was thought to be beneficial.

Training for foster carers

The CiC police officer offers training to residential providers on the missings protocol and decriminalisation, however this is not currently provided to foster carers. The fostering service may wish to consider incorporating this training into the current training package offered, as inequity of service may occur if all providers are not trained to the same level.

Network meetings are currently held for providers around de-criminalisation, with the expansion of this to provider forums. Foster carers could be included in these forums to ensure equity, however again this would require resourcing.

Time for children in care

The Children in Care survey identified increasing proportions of children feel their social workers and carers do not have enough time for them[30]. Corporate Parenting Board may wish to investigate further as to why this might be as the mechanism is not clear. Capacity and attitudinal issues should be explored. It must be noted however that the survey is a sample of CiC, not all.

Help for CiC in education

Increasing proportions of children feel they would do better at school with more help. Considering the attainment rates of children in care locally are lower than national, it would be timely to explore the efficacy of our educational support for children in care.

In addition to this, Nottingham's CiC have a high prevalence of SEND, as such it may be appropriate to explore how we are working with our CiC who have SEND to ensure their positive educational outcomes.

The Virtual School are implementing new arrangements around monitoring of PEP's, training for professionals re Virtual School and a handbook re their services, as such it is envisaged this may improve the level of support children in care receive with education. However the efficacy of interventions employed and/or funded is not clear.

Complaints

Fewer children know where to go if they have a complaint. We should ensure within our contacts with children in care that it is made clear to them where/who they can go to if they have a complaint. It must be noted that since the survey which highlighted

[30] Measured by CiC survey as 'all/most' of the time- the proportion who reported sw have time for them 'all/most of the time' decreased since 2015 survey.

fewer children know where to go if they have a complaint, MOMO has been introduced. MOMO specifically has functionality to enable a child to send a complaint to their family support worker, social worker's manager, social worker, IRO or the complaints team. As such it is envisaged this will increase the numbers of children in care who know where to go when they wish to make a complaint.

9. Knowledge gaps

CiC placed by other authorities

It is not clear at present how effective the arrangements are for children in care placed in the local authority boundaries who are not the responsibility of the local authority, or how able our services are to cope with extra demand from these children. For these children our CiC health team should either be commissioned to provide these services by the responsible authority or the responsible LA's health team should undertake this. However, there is a risk that health equity is not being achieved for CiC in our boundaries who are not our responsibility, as they may not be on our radar or may get caught up in delayed commissioning arrangements. As increasing numbers of UASC are placed in the city by other LA's, further work to understand the impact on our services may be required.

Support for CiC in managing behaviour

The CiC survey identified that children in care are concerned about managing their own behaviour and the impact their behaviour has on their lives. Behavioural difficulties can lead to placement breakdown or criminalisation, as such further investigation of how we can support children in care to manage their own behaviour, (perhaps via the TST or CiCPO) should be considered.

Efficacy of PEP and virtual school interventions

Evaluation of efficacy of PEP and virtual school funded interventions should be considered due to a combination of lower attainment than nationally and children stating they would do better with more help.

Access to CAMHS

To ensure efficacy of access, work may be considered to map the trend in the CiC population against the trend in referrals to CAMHS, as the CAMHS team state their trends in demand flow in line with trends in the CiC population.

It is important to ensure access to CAMHS where it is required, as poor mental health in children can lead to placement breakdown, offending behaviour, drug and alcohol misuse and domestic violence.

Emotional distress can display in poor behaviour, as such we need to ensure our social workers and carers recognise where this is emotional distress as local intelligence suggests sometimes this can be treated in a punitive manner, but this can be an indication of poor mental health or trauma considering the chronology of the child.

Increasing family dysfunction

Family dysfunction is an increasing reason children are entering the care of the local authority (the proportion has doubled in the last year). Whilst we have effective edge of care services, further investigation into why admissions to care due to family dysfunction are increasing may be beneficial.

Over-representation within the CiC cohort

BME and mixed groups are over-represented in the CiC population nationally and locally. Nottingham is an increasingly diverse city. New and emerging communities in Nottingham City including refugee and asylum seeking families with children are less well understood than our settled communities; further insight is required into their safeguarding needs.

Boys are over-represented in the CiC population locally and nationally. Whilst there is no clear mechanism for this, when we examine the age profile of CiC by gender, we can see we have more older boys than girls. Local intelligence suggests this may be due to the tendency to focus on external ‘acting out’ behaviours in boys and ‘internalising’ behaviours in girls, potentially due to unconscious bias. Whilst it is acknowledged that the mechanism behind this over-representation may be complex, particularly as this pattern is seen nationally as well as in the criminal justice system, further investigation may be required to examine age of entry to care and reason by gender to identify if unconscious bias may be present.

Exclusions

Fixed term exclusions are increasing, further work with schools and academies may be required to try to reduce this figure and improve educational outcomes for our CiC.

Missing children

Nottingham has higher proportions of missings and absents than statistical neighbours and nationally, the mechanism behind this is not clear, however further work may be required to identify why our CiC go missing and work with children and carers to reduce these instances. It is acknowledged local policing practice and interpretation of guidance may be a factor behind higher proportions of missings locally; some of those

missings may also be ciC place in nottingham by other LA's, however without further investigation we cannot be sure.

Safety

More children report feeling unsafe at school, home and in their communities when compared to last year (31); further investigation as to why this is may be required.

10. Recommendations for consideration by commissioners

Prevention

- Explore ways early intervention services can build on existing good work and further target those experiencing family dysfunction in order to kerb the trend in children being taken into care for this reason.
- Further insight may be required to examine how our demographic profile compares to other LA's in relation to age and sex at entry to care; and explore national research into evidence-based programmes to work with any over-represented cohorts identified.

Placements

- Review current arrangements for children placed in the LA boundaries by other LA's and placement of our CiC in other LA's, ensuring consideration of UASC placed in Nottingham by other authorities. Consider development of a protocol for effective cross LA commissioning of services so that children do not experience a delay in service because they may not belong to our LA, particularly around healthcare and access to CAMHS, ensuring to engage with any current work being undertaken by the SIF around this. The same process should be looked at for our children placed out of LA boundaries.
- Continue implementation of the placements strategy in order to continue reducing placements outside of LA boundaries and co-operation with other LA's where out of area placement is made.
- Continue to explore ways to increase recruitment of local foster carers, in order to allow more choice and control to the authority in placements and increase the number of children placed locally.
- Consider incorporating training on the missings protocol and decriminalisation into the current training offer provided to foster carers, to work towards a more equitable level of training amongst all placement providers.

Mental health

- Focus should be given by commissioners and policy makers to how we can improve access to timely SDQ's for our CiC, however it is acknowledged this is something the LA are working towards.
- Further work should be undertaken to consider how transition arrangements within mental health services can be improved for CiC.
- Ensure all CAMHS staff are aware of the different issues that may affect UASC in our care, through access to awareness raising sessions or briefings around, trauma, post-traumatic stress, grief, bereavement, cultural awareness etc.

Physical health

- Consider the impact of an increasing CiC population and increasing complexity of need on the ability of the CiC health team to meet need with current capacity.

Education

- Review efficacy of PEP's and interventions funded by virtual school in assisting our CiC, both with and without SEND.
- Consider how virtual school can work with schools and academies to reduce fixed term exclusions amongst the CiC population, ensuring to link with the special exclusion working group.
- Virtual Head consider how best to work with foster carers to ensure they understand how to support the educational needs of CiC and raise their aspirations.

Decriminalisation

- Ensure that all commissioned placement providers are aware of and briefed in our decriminalisation agenda, particularly those out of area, independent and foster care providers, to ensure all placement providers understand the decriminalisation agenda and how to implement this in practice.
- Continue roles of YOT lead and CICPO and arrest screening.
- Implement the CiC decriminalisation protocol across the city, considering use of this as part of service specifications for providers.

Other

- Continue with positive work promoting MOMO as a communication channel and an avenue for complaint for children in care.
- Work with social care teams and carers to try to identify the causal mechanism and reduce the proportion of children who feel their social worker/ carer does not have time for them 'all/most of the time'.
- Continue the focus prioritising permanent staff and work to address case load sizes to our social workers are a stable workforce and have increased capacity.
- Continue positive work in reducing changes for CiC, particularly around placement and school stability, which may help contribute to improved educational attainment.
- Consider how we can work with children to help them better manage their own behaviour, via TST, CAMHS, CiCPO and placement providers.
- Explore patterns in missing children to establish if there is a mechanism behind why Nottingham has higher rates of missing CiC than other LA's.

Key contacts

Grace Brough- Insight Specialist Public Health

Helene Denness- Public Health Consultant

Sophie Russell- Children's Strategy Lead

References

1. **Nottingham City Council.** *Children in Care and Care Leavers Strategy 2016/17- One Year Refresh: Valuing the Future of Our Chidlren in Care and Care Leavers.* s.l. : NCC, 2017.

2. **Department for Education.** *Statistical First Release: Children Looked After in England (including Adoption), year ending 31st march 2016.* s.l. : DfE, 2016.

3. **Nottingham City Council.** *Children in Care and Care Leavers Strategy 2016/17- One Year Refresh: Valuing the Future of Our Children n Care and Care Leavers.* Nottingham : Nottingham City Council, 2017.

4. **Zayed, Y, Harker, R.** *Children in Care:Statistics, Briefing Paper Number 04470, 5th October 2015.* s.l. : House of Commons Library, 2015.

5. **NSPCC.** *Who is affected by neglect.* s.l. : NSPCC, 2016.

6. **Insight, Nottingham.** Key Facts About Nottingham: Deprivation. *Nottingham Insight.* [Online] [Cited: 1st June 2017.] http://www.nottinghaminsight.org.uk/research-areas/key-facts-about-nottingham/#.

7. **Department for Education.** *Statistical First Release Outcomes for children looked after by LA's.* UK : DfE, 31at March 2015.

8. **NSPCC.** *Children in Care: Emotional Wellbeing and Mental Health.* s.l. : NSPCC, 2016.

9. **Cann-Livingstone, M and Denness, H.** *Joint Strategic Needs Asessment: Reducing unplanned pregnancy and supporting teenage parents.* Nottingham : Nottingham City Council , 2016.

10. **Barnardos.** *About child sexual explotation.* s.l. : Barnardos, 2016.

11. **Nottingham City Council.** *Management Information: Children in Care Quarterly Report.* s.l. : Nottingham City Council , October 2016.

12. **Office for National Statistics.** *Local authority mid-year estimates by single year of age.* UK : ONS, 2012-2015.

13. **Department for Education.** *Local Authority Interactive Tool.* UK : Department for Education, 2016.

14. **Office for National Statistics.** *Ethnic Group by Age and Sex Nottingham.* s.l. : ONS, 2016.

15. **Department for Education.** *Outcomes for Looked After Children.* s.l. : DfE, 2016.

16. —. *Special Educational Needs in England.* s.l. : DfE, 2016.

17. **Nottingham City Council, Strategy and Commissioning.** *Children in Care Placements- Commissioning and Sufficiency Strategy 2016-2018.* UK : Nottingham City Council, 2016.

18. **Skurok, Dan, Nottingham City Council.** *NCC Virtual School Report.* UK : NCC , 2016.

19. **Department for Education.** *Statistical First Release: National Curriculum Assessments at Key Stage 2.* UK : DfE, 2016.

20. **Nottingham City Council.** *Proportion of health related checks completed as at 31st March 2016.* s.l. : NCC, 2017.

21. —. *Management information : Children's Social Care Monthly Report.* 2016.

22. —. *Children looked after in England 2015-2016.* s.l. : NCC, 2017.

23. **Department for Education/ Department for Health.** *Promoting the Health and Wellbeing of Looked After Children .* s.l. : Dfe/DoH, 2015.

24. **etal, Sebba.** *The Educational Progress of Looked After Children in England: Linking Care and Educational Data.* s.l. : REES Centre for Research in Fostering and Education, University of Oxford; University of Bristol, 2015.

25. **Mannay, et al.** *Understanding the educational experiences and opinions, attainment, achievment and aspirations of looked after children in Wales.* s.l. : Welsh Government Social Research, 2015.

26. *Educational attainment of children and young people in the looked after care system.* **Harland, Lynette.** 11; p25-27, s.l. : Community Practitioner, 2014, Vol. 87.

27. **Laming, Lord.** *In care, out of trouble.* s.l. : Prison Reform Trust, 2016.

28. **House of Commons Education Committee.** *Mental Health and Wellbeing of Looked After Children.* London : House of Commons, 2016.

29. **Department for Education.** *Putting Children First: Delivering our vision for excellent children's social care.* London : DfE, 2016.

30. **HM Government.** *Keep on Caring: Supporting Young People from Care to Independence.* London : HM Government, 2016.

31. **Nottingham City Council.** *Have your say: Children in Care and Care Leavers Survey .* Nottingham : NCC, 2016.

32. **England, Public Health.** *Public Health Outcomes Framework- Child Health Profiles.* s.l. : PHE, 2015.

33. **Mathers, etal.** *Starting Out Right: Early education and looked after children.* s.l. : University of Oxford; Family and Childcare Trust, 2016.