

Looked After Children

Chapter 7

1. Introduction

The children most impacted by health inequalities are also affected by other inequalities such as living in areas of deprivation, poor childhood experiences, living apart from their parents, suffering abuse, neglect or exploitation, young carers, refugees, those with a parent in prison and those in the youth justice system. These issues disproportionately affect Looked After Children. Looked-after children (LAC), compared with their peers, have significantly more educational and mental health problems, and on leaving care have worse outcomes as adults.

The term 'looked after' applies to children or young people up to the age of 18¹ for whom the local authority provides care and accommodation on behalf of their parent(s), or for whom the local authority has either sole or shared parental responsibility by virtue of a court order.

Children and young people become looked after under a range of circumstances, often, but not solely, due either to the risk or occurrence of abuse or neglect. Nationally, and compared with their peers, looked after children (LAC) are a vulnerable group. They are more at risk for the following compared to non-LAC children:

- Increased incidence of educational and mental health difficulties
- Increased likelihood of childhood mental health, emotional and behavioural problems²
- Greater likelihood of experiencing poor health, educational and social outcomes after leaving care³
- Increased incidence of teenage pregnancy for LAC - over twice that of peers not in the care system⁴.
- Estimates suggest that almost half of female care leavers become mothers between the ages of 18 and 24⁵.
- Increased likelihood of self-harm as care leavers aged 16+ are between four and five times more likely to self-harm into adulthood⁶
- More likely to attempt suicide in adulthood⁷
- More like to be in contact with the criminal justice system.

This chapter details the health and attainment data specific to LAC in Leicester compared to England and peer comparators. Data about LAC are produced by the Department of Education (DfE) and are

¹ Between the ages of 16 and 17, subject to statutory guidance, young people may make their own agreement with the local authority about being looked after.

² NICE: Promoting the quality of life of looked-after children and young people. NICE public health guidance 28. 2010.

³ DCSF: Children looked after in England (including adoption and care leavers) year ending 31 March 2009.

⁴ Social Exclusion Unit. (1999). Teenage Pregnancy retrieved from <http://www.socialexclusion.gov.uk/page.asp?id=227> on 10 December 2015.

⁵ Biehal N., Clayden J., Stein M., Wade J. (1995). Moving on. Young people and leaving care schemes. London, HMSO.

⁶ Piggot J, Williams C, McLeod S et al (2004) A qualitative study of support for young people who self-harm in residential care in Glasgow, *Scottish Journal of Residential Child Care*, 3 (2), 45-54

⁷ Children and young people's health outcomes forum. Report of the children and young people's health outcomes forum – mental health sub-group. retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf on 9 December 2015

captured annually on 31st March. The DfE reports on the number of LAC in each local authority on this date and the rate of LAC per 10,000 within each local authority's 0-18 years old population.

Leicester City Council and the NHS have signed up to the recommendations from a Health Needs Assessment of Looked after Children conducted by Leicestershire County Council. All relevant agencies are working together to action the recommendations. Therefore most of the issues highlighted in this JSNA are already under consideration, have an action plan and are being improved.

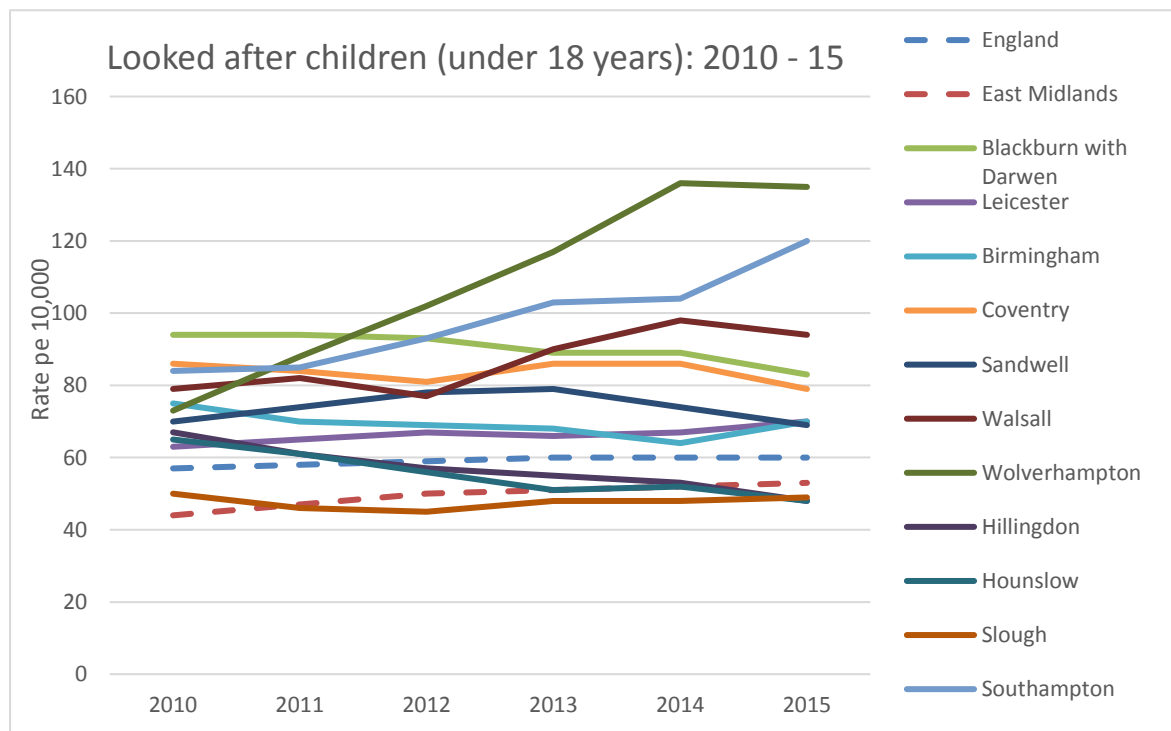
Demographic Summary

2.1 Key facts about Leicester's looked after population

The rate of LAC in Leicester has increased from 63 per 10,000 children in 2010 to 70 per 10,000 children in 2015 (Figure 1). The rate of LAC in Leicester has been consistently higher than England and the East Midlands, it has been lower than some of its peer comparators.

The rate of LAC as per 31st March 2015 was 70 per 10,000 (n=565) which is an increase of 4%. During the year 2014-2015, 220 children started to be looked after, an increase of 7% on the number of starters the previous year (205). Further, 190 ceased to be looked after, a decrease of 3% on the previous year (195). The net result, therefore, is a cumulative overall rise in the looked after population of plus 30 as at 31st March 2015, compared to plus 10 as at 31st March 2014.

Figure 1: Leicester and peer comparator LAC population – rate per 10,000 under 18

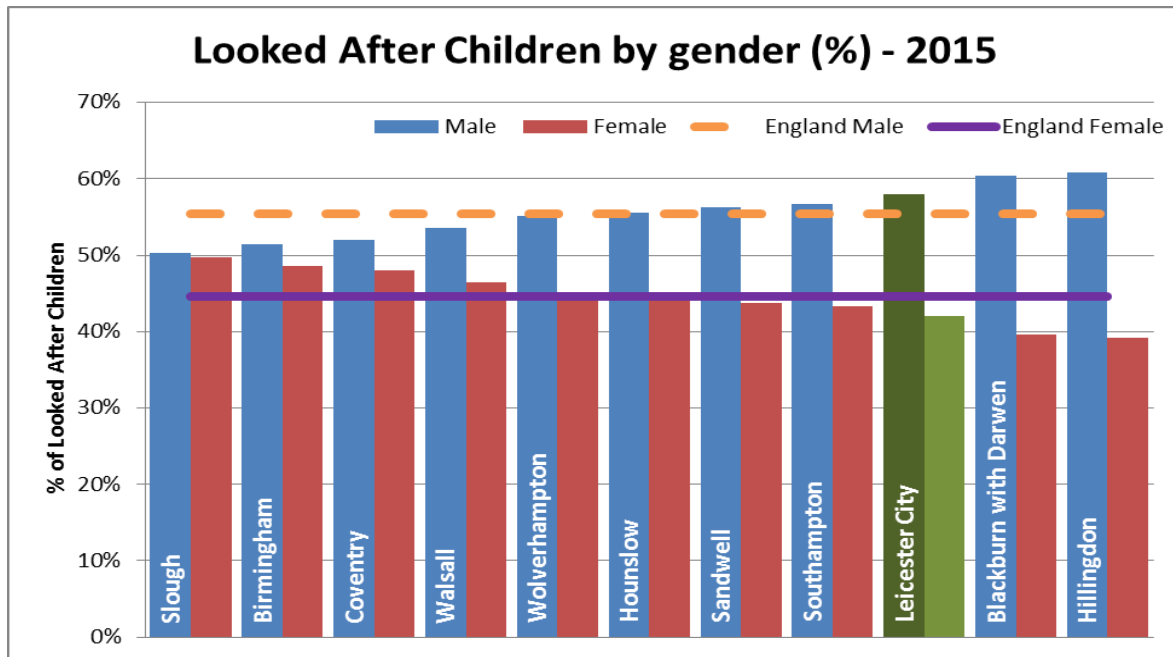


Source: DfE, 2015

2.1.1 LAC by Gender

Leicester has a higher proportion (58%) of male LAC which has been consistent over time and is similar to the picture for England. Figure 2 shows the proportions of LAC by gender for Leicester and its comparator authorities.

Figure 2: LAC by gender (%) - 2015



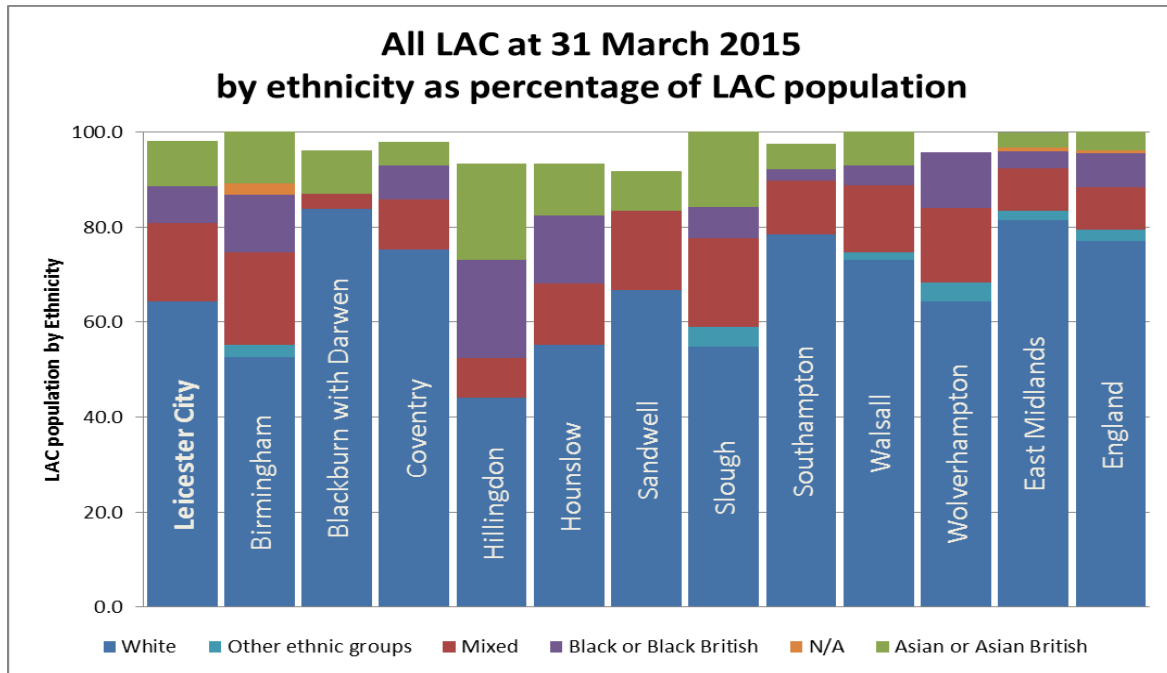
Source: DfE, 2015

2.1.2 LAC by Ethnicity

Of the 565 children in care in Leicester on 31st March 2015: 365 (65%) were white; 95 (17%) were of Mixed ethnic origin; 55 (10%) were Asian/Asian British; 45 (8%) were Black/Black British.

The ethnic make-up of the city’s LAC population does not reflect the distribution of ethnic groups within the 0-18 years old population of Leicester. Figure 3 shows the proportions as at 31st March 2015 of Leicester’s looked after population, and those of comparator authorities, by ethnic group.

Figure 3: Leicester and peer comparator LAC by ethnicity (%)

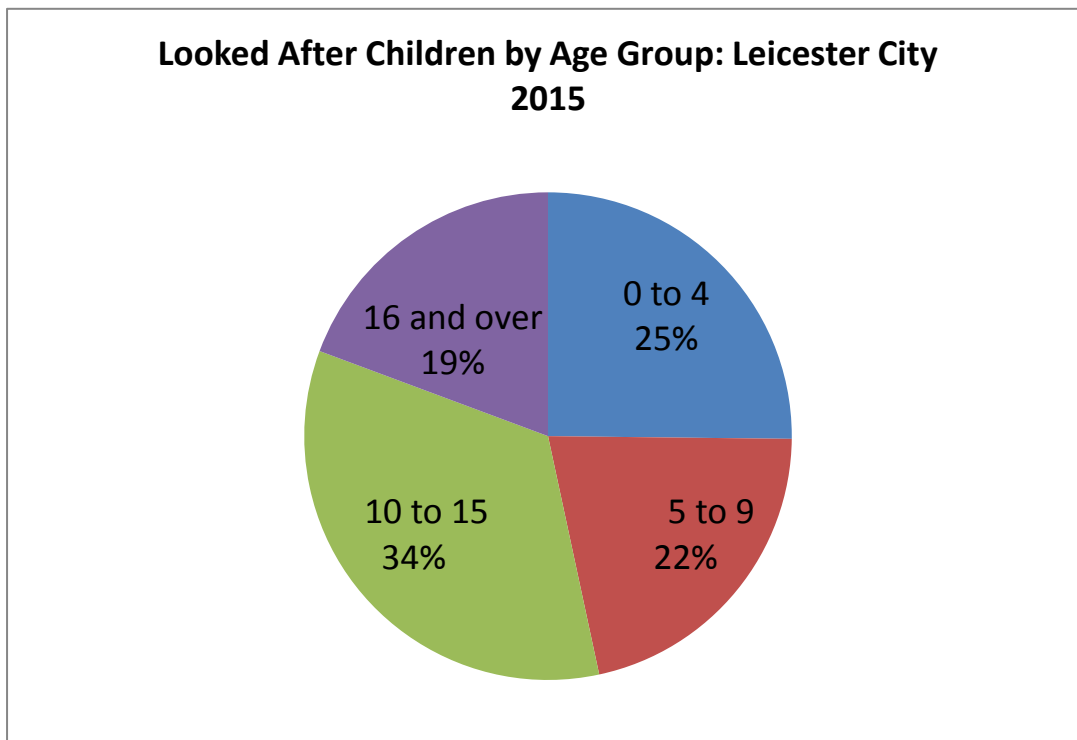


Source: DfE, 2016

2.1.3 LAC by Age Group

The majority of LAC children in Leicester are aged between 10 and 15 years old (Figure 4). The second largest group is the 0 to 4 years old group.

Figure 4: Leicester City LAC by age group



Source: DfE, 2016

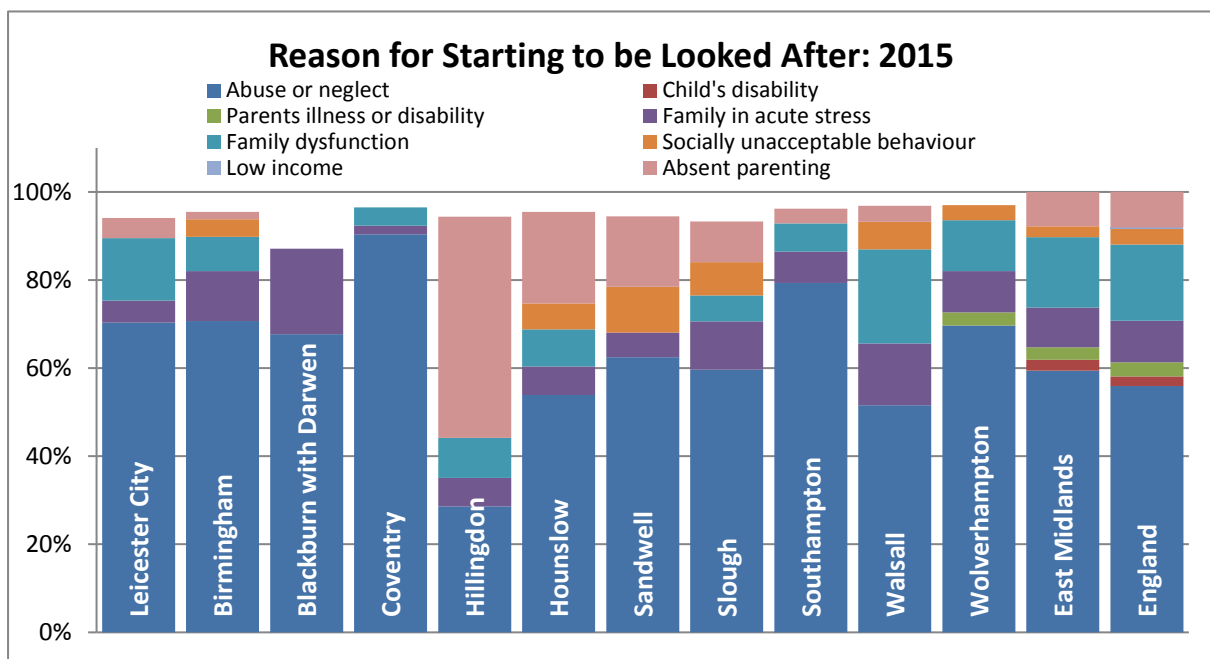
The level of need in the population

3.1 Why children enter care

Children enter care under various sections of the Children’s Act (1989)⁸, and their legal status may change during their time in care. The reasons for their entry to care are selected and coded against a national DfE list and criteria.

The primary reason (70%) children entered care during the year ending 31st March 2015 was due to Abuse or Neglect. Family dysfunction was the second most prevalent reason for children entering care in Leicester.

Figure 5: Leicester and peer comparators for LAC Reasons for entering care



Source: DfE, 2016

3.2 Outcomes for looked after children and young people

Looked after children and young people do not fare as well as their peers along several dimensions of health and overall well-being. Annual statistical information is available about children and young people who have been looked after continuously for at least 12 months by DfE⁹, and the data are briefly summarised below. The full data set is available at:

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>

⁸ This is the primary legislation for LAC

⁹ These measures therefore relate to children and young people for whom a local authority has been ‘parent’ for a significant proportion of their childhood

3.2.1 Educational attainment

Educational attainment is low amongst children who have been looked after continuously for at least 12 months. Compared to non-LAC children and Leicester's comparators, this is also true. Educational attainment for LAC is a priority previously identified through needs assessments and service reviews, and work is underway to improve LAC attainment.

A smaller proportion of LAC children in Leicester are achieving at least level 2 at KS1 in reading (60%), writing (53%) and mathematics (60%) compared to England, the East Midlands and all peer comparators.

In reading (58%), grammar, punctuation & spelling (46%) and reading, writing & mathematics (27%) a lower percentage of LAC children in Leicester achieve Level 4 for Key Stage 2 (ages 7 to 11 years). This level of attainment is lower than the England and East Midlands averages. Leicester is particularly low for the 'reading, writing and mathematics' combined measure with only 27% achieving a Level 4.

The data for Leicester's LAC aged are not reported in the national data set, it is not possible to compare Leicester to England, the East Midlands or its comparators for Key Stage 4 performance.

3.2.2 Levels of offending

Children who are looked after are more likely to be known to the criminal justice system. The levels of offending by children by LAC children who have been looked after continuously for at least 12 months are provided. Approximately 5.2% of LAC children in Leicester aged 10 and above are known to the youth offending system having been given a reprimand, final warning or conviction. This average is similar to the East Midlands (5.5%) and England (5.2%) averages.

3.2.3 Substance misuse by LAC children

The data for Leicester were suppressed due to low number, so it is not possible to compare Leicester to England, the East Midlands or its peer comparators.

3.3 Statutory health checks for LAC

Although most looked after children have the same health issues as their peers, the extent of these is often greater, exacerbated by their past experiences. For example, almost half of children in care have a diagnosable mental health disorder. The majority of LAC have suffered abuse or neglect, and it is recognised that children in care have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after. Past experiences, a poor start in life, care processes, placement moves and many transitions mean that these children are often at risk of having inequitable access to health services, both universal and specialist.

Statutory health assessments must be carried out for looked after children, including routine dental checks and preventative measures such as immunisation.

Information on the statutory health checks for LAC in Leicester and its comparators were provided by DfE. Table 10 shows the Health care and development assessments of children who have been looked after continuously for at least 12 months.

Other population level data on issues such as teenage pregnancy are not available for this cohort due to the current methods of data collection locally. Work is currently underway to address this data gap by utilising different data management tools.

Leicester has a higher proportion of completed annual health checks (90%) compared to the East Midlands (87%) and it is the same as the England proportion (90%).

The proportion of LAC receiving dental checks (78%) is lower than England (86%), the East Midlands (83%) and all peer comparators except Southampton.

When compared to England (89%) and the East Midlands (78%), Leicester (93%) had a higher proportion of children aged 5 years or younger who had up-to-date development assessments.

In 2015 84% of LAC children in Leicester had up to date immunisations which is similar to the East Midlands and lower than the England average. Leicester is similar to the majority of its peer comparators.

3.3.1 Emotional Health and wellbeing of LAC

The SDQ is a standardised and validated mental health assessment tool used to assess looked after children's emotional health. The higher scores demonstrate there are more difficulties for the child.

Only 21% of Leicester LAC children aged 5 to 16 years old who were looked after continuously for at least 12 months had an SDQ score. Leicester is significantly lower than the majority of its peers, the East Midlands and England.

The average SDQ score that Leicester's LAC children received (15.1) was similar to the East Midlands (15.5) and its peers. Leicester was higher than the England average (13.9). Almost half of Leicester's children with an SDQ score were of 'concern' on the SDQ score bands. This is the same as the East Midlands and higher than England.

3.4 LAC children by Special Educational Need

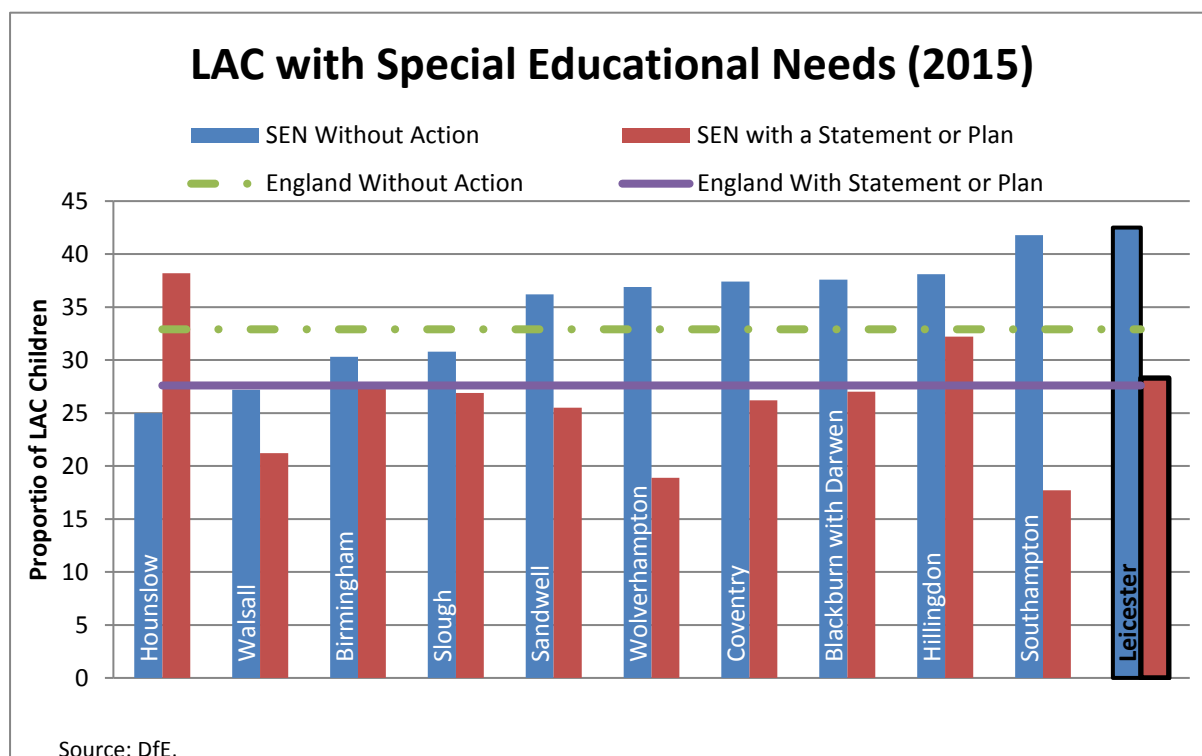
Closing the gap between the educational attainment of looked after children and all young people is a high priority in Leicester. Almost 70% of LAC in Leicester had a special educational need (SEN). This is a factor which is likely to contribute to holding attainment of looked after children below that for all pupils.

Data on LAC children with Special Educational Need (SEN) are provided broken down into those without a SEN, those with a Statement or Plan and those without a Statement or Plan. The data is for children who have been looked after continuously for at least 12 months.

The data show that 29.1% of LAC children in Leicester have no SEN. This proportion is lower than England, the East Midlands and peer comparators.

Over 40% of Leicester’s LAC children have a SEN without a statement or plan (Figure 6). This proportion is higher than the England and East Midland’s averages.

Figure 6: Looked after children with Special Educational Needs (2015)



Current Services in Relation to Need

4.1 Leicester City Council’s Looked after Children Services

Leicester’s Looked after Children Services include a wide variety of services to address the needs of LAC. The city council complies with all statutory requirements for LAC. Some services available to local LAC include the following.

- Five residential care homes
- Education while in care
- Contact services so children may stay in touch with their family and friends
- Children and Family Support Team to provide support and therapeutic interventions for LAC to be maintained in their placements
- Placement commission to secure placements for LAC in foster home, secure welfare facilities, residential care, hostels, and parent and baby placements
- Fostering and adoption service
- The 16+ team that provides for LAC and care leavers in the city aged 16 to 21 years old
- Leaving care service assists older children who will not be returning home.

4.2 Health Services

4.2.1 LPT Specialist Looked After Children Health Team

Leicestershire Partnership Trust (LPT) is commissioned by the local CCG to undertake statutory health assessments and provide support for children looked after in Leicester, Leicestershire and Rutland. This includes an initial assessment (IHA) by a doctor at the time of becoming looked after, followed by an annual review health assessment (RHA) by a specialist nurse for 5- to 16-year-olds. RHAs for under-5s are carried out by health visitors every 6 months. Health assessments remain a priority for improvement for Social Care and Health.

LPT remain responsible for ensuring the health assessments of LAC are undertaken even if a child or young person from Leicester City is living outside the Leicester, Leicestershire and Rutland (LLR) area. The CCG may commission other providers in that area to complete the assessment but the Designated doctor or nurse for LAC ensures that it is of good quality.

The team also support and provide training to foster carers, health visitors and student health visitors. The specialist nurses provide an ongoing source of support and advice to LAC, including “packages of care” to meet needs identified at health assessments, including improving understanding of healthy eating, healthy relationships, sexual health and contraception, hygiene and self-care, dental care, smoking, drugs and alcohol.

They also support young people to transition to adult services and have developed a Leaving Care health summary to provide young people with important information about their health from birth. This Leaving Care Health Summary should be rolled out to all Care leavers.

4.2.2 CAMHS

Leicestershire Partnership Trust is also commissioned to provide a dedicated CAMHS Young People’s Team for looked after children, adopted and homeless children and young offenders across Leicester, Leicestershire and Rutland. It is partially funded by the local authorities and partially by local CCGs.

It has a 13 week target for assessment in routine cases and a 4 week target for assessment of urgent cases. These targets are currently being met and waiting times are not as long as general CAMHS services. There are thresholds for access to the service, which are primarily based on the severity of the mental health problem, its impact on the child or young person’s functioning and the levels of distress caused.

Wider support and training for staff and carers is also part of the team’s remit. There are two primary mental health workers who work with the local authority children’s homes, run groups for young people and for staff and carers. This may be important where young people are not willing to directly see a mental health worker, so training for social workers and carers to support the young person is an alternative approach. Primary mental health care workers also play an important role in supporting young people and carers when things have improved and they no longer need to be seen by the specialist service (and hence increasing capacity for new referrals).

4.2.3 School Nursing and Health Visiting

In addition to the universal service provided to all children and young people. LAC nurses may consult with school nurses for LAC with complex needs to ensure the review health assessments are accurate. This service is provided to Leicester LAC who are placed in city and for LAC from other areas that are placed in Leicester. Leicester LAC who are placed out of city receive this service from local primary health care providers.

4.2.4 Other health care services

LAC are able to access universal health care services such as GPs, dentists, sexual health and substance misuse services in the area in which they are placed.

Projected service use for LAC

The LAC population in Leicester has increased each year, and it is expected to continue to increase over time. A forecast for LAC in Leicester is not available.

The increase in the size and complexity of this cohort will impact on the future demand for health, education and social care services. Services must take into account the complexities and unique situations faced by these children and young people.

The LAC population is likely to increase significantly when unaccompanied asylum seekers come into the authority in 2016. This is based on 0.07% of the population and is around 50 young people on a rolling programme. As they leave care at 18 years old another place will be filled. All unaccompanied asylum seekers become LAC.