

Looked after Children – Children in Care

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Produced by

Abraham George: Public Health Consultant (abraham.george@Kent.gov.uk)

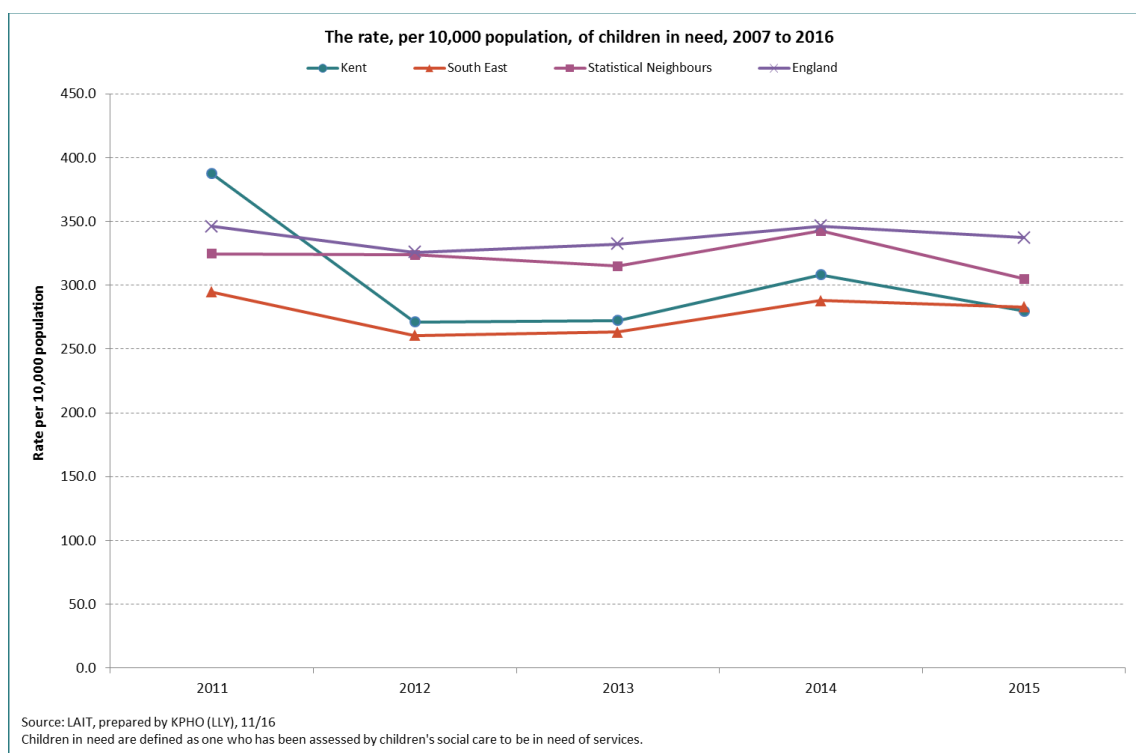
Gerrard Abi-Aad: Head of Health Intelligence (gerrard.abi-aad@kent.gov.uk)

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The Size of the Issue Locally

A child in need is one who has been assessed by children's social care services and identified as such. Nationally the number of children in need at 31 March 2016 increased slightly by 0.9% but overall the trend remains stable (DfE, 2016¹). Broadly stable and decreasing since 2014, the Kent trend of children in need for the period 2007-2016 remains lower than its statistical neighbours and England, figure 1.

Figure 1: Kent trend of children in need (2007-2016); per 10,000 of the population



Numbers in Care

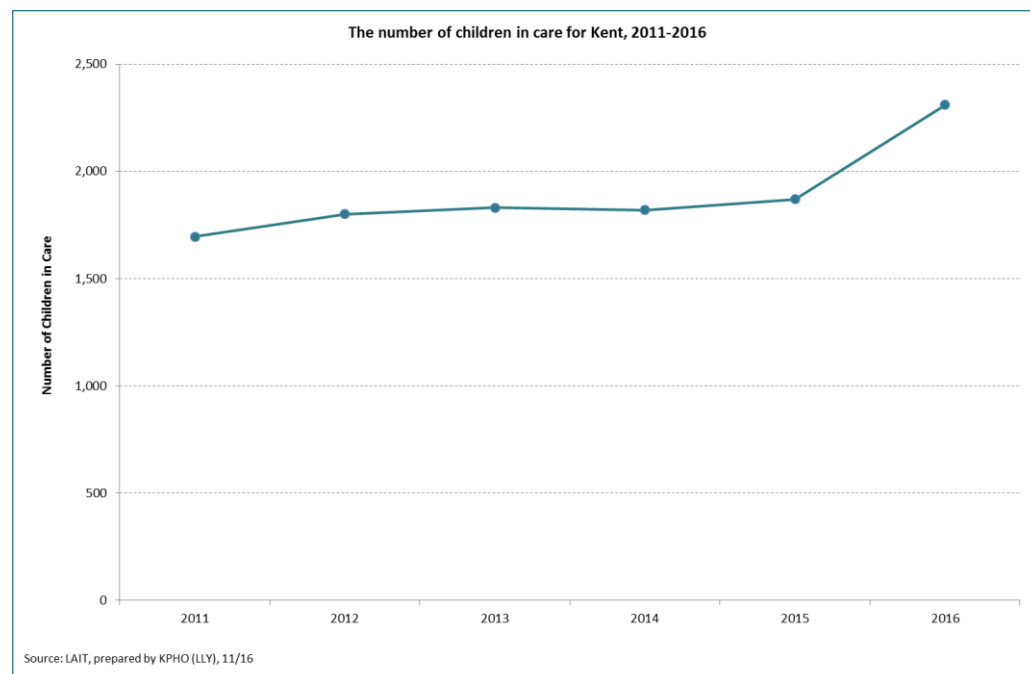
Nationally, the increasing steady trend of those entering care continues; 7,440 in 2016. This is a 1% increase on 2015 and 5% since 2012. This includes the number of unaccompanied asylum seeking children (UASC) of 1,470 (a rise of 54% on 2015) compared to a rise of 970 of all children in care in the population (DfE, 2016).

In line with the national trend, the number of **children in care for Kent has risen** from 1,695 (2011) to **2,310** (2016), figure 2. The rise from 2015 (1,870) to 2016 (2,310) is accounted for by the increase in the number of UASC.

¹ DfE (2016) Characteristics of children in need: 2015-2016 Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564620/SFR52-2016_Main_Text.pdf

Nationally, by far the highest percentage of referrals are made by the police 27.6 per cent followed by schools at nearly 17 per cent. The referral sources in Kent are not recorded in this report.

Figure 2: the number of children in care in Kent (2011-2016)



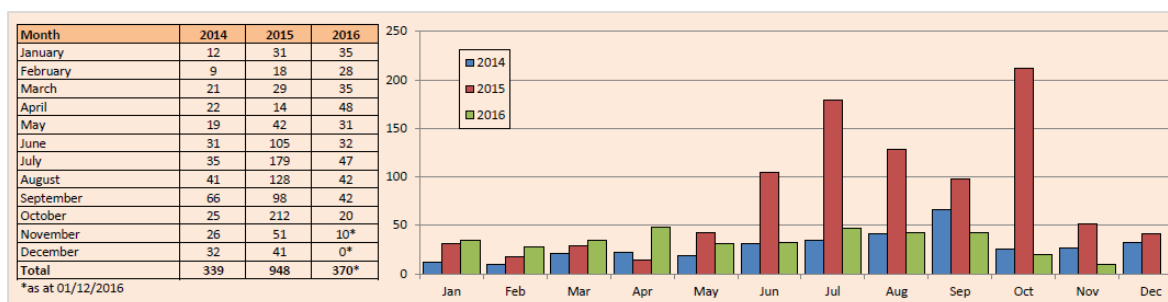
Unaccompanied Asylum Seeking Children

Nationally 93% of UASC are male with 75% aged 16 years or older. The majority of need (91%) is due to an absent parenting and 5% is due to abuse or neglect. The children are not located evenly across the country; the highest numbers are in those local authorities where there are access routes into the UK.

As of 31 March 2016, Kent had seen a 136% rise in the latest year, up to 865 looked after - 21% of all unaccompanied asylum seeking children. For the same period, 430 (10%) of all unaccompanied asylum seeking children were placed in Croydon; two thirds (66%) were located in London and the South East and a further 11% were in the East of England (DfE, 2016).

As reported, as of 01 December 2016, the Kent figure has subsequently increased significantly to 1,308. The most recent data on the number of UASC in Kent are displayed in figure 3 together with referral trends over the last three years.

Figure 3: Kent UASC referral trends; 2014-2016



Source: Liberi, SC SCS Management Information, KCC)

Current Services in Relation to Need

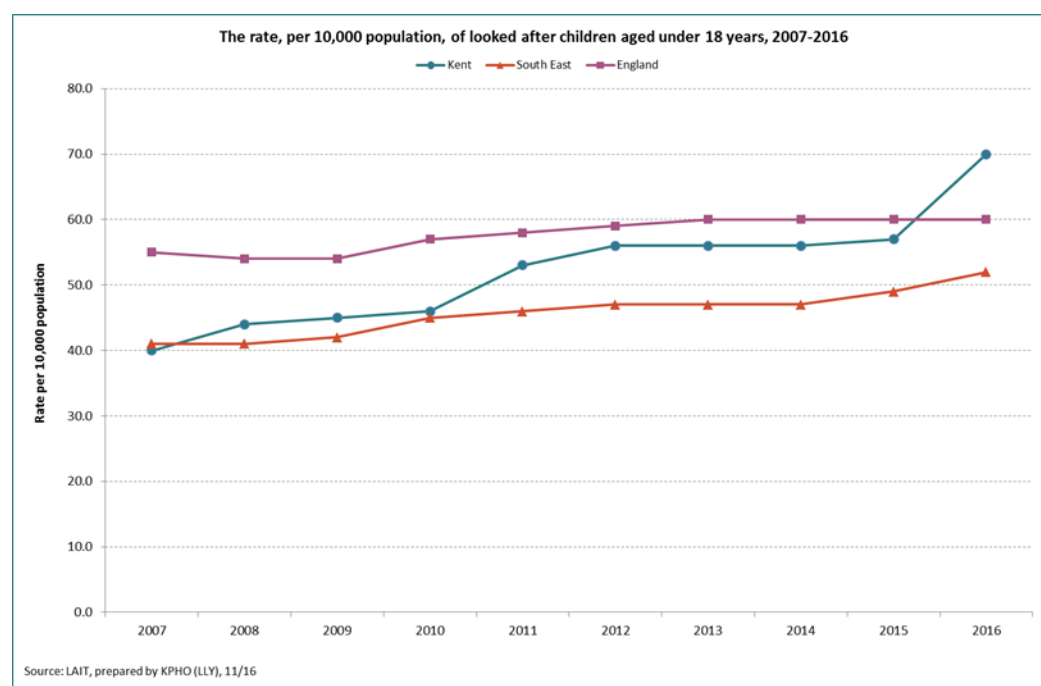
The Looked after Children Nursing Service provides specialist advice and support to children in care including those children placed in Kent from other councils. The team work as part of a multi-agency team collectively known as the 'Virtual School'. The virtual school acts as a champion body to facilitate improvements in the education and health of Children in Care and young care leavers (YCL).

Early Help and Preventative Services (EHPS) within Kent County Council work with children, young people and families who most need help and are at risk of entry to care. These services encompass children's centres, the youth programme and the Troubled Families Programme. The Troubled Families Programme team works with families with multiple problems to help turn their lives around and to help children in these families have the chance of a better life.

Children in Care under 18s

Until 2015, the rate of Kent children under 18 years in care had been consistently lower than nationally. In 2016, the Kent rate increased to above the England rate for the first time (70.0 per 10,000 and 60.0 respectively) figure 4.

Figure 4: CIC under 18 years (2007-2016); rate per 10,000 of population



Gender and Age

Males make up the majority of those in care 56%, compared to 44% of females which has changed little over time. The age profile has changed over the last four years with older children steadily increasing in number and proportion from 56% of children aged over ten years in 2012 to 62% in 2016.

The number of those aged one - four years has decreased from 18% in 2012 to 13% in 2016 with a slight decrease in the number and proportion of those aged less than one year (6% to 5% between 2012-2016) (DfE, 2016).

Ethnicity

Ethnicity of CIC is predominantly white, 75% in 2016. Children of mixed ethnicity were the next largest group (9%) followed by black or black British (7%), Asian or Asian British (4%) and other ethnic groups (5%).

There has been a rise in the numbers of some minority ethnic groups particularly 'any other ethnic group', 'African' and 'any other Asian background' (excludes Indian, Pakistani or Bangladeshi) in the last year. This is most likely due to the increased numbers of unaccompanied asylum seeking children (UASC), (DfE, 2016).

Reason for being in Care

The reasons why children are in care have remained largely stable; however, there has been a slight reduction of 1% between 2014-16 of those in care due to abuse or neglect (62%-60%). The rise from 5% to 7% of those with a parenting need for the same period reflects the rise in UASC (DfE, 2016).

Legal Status of Children in Care

The number and proportion of children looked after on a care order has continued to increase². In 2016, 65% (45,440) of children in care were under a care order, up from 61% in 2015 and up from 59% in 2012. Voluntary agreements have dipped slightly in 2016 from 28% in 2015 to 27%³.

Placement orders have shown some growth over the same time period with a decline more recently, from 12 % in 2012 up to a high of 14% in 2013 and 2014 before falling to 8% in 2016⁴. The National Adoption Leadership Board has linked this decreasing trend to the impact of two relevant court judgments. On 27 March 2016, the Department for Education published a new adoption strategy "Adoption: a vision for change"⁵ (DfE, 2016) which addresses the decline in adoption decision maker decisions and adoption placement orders further.

Care Leavers

In 2016 for the first time, information was published on how well local authorities are staying 'in touch' with care leavers; 87% (23,000) of those aged 19-21. This is an increase from 82% in 2014.

Data for 17 and 18 year olds were collected for the first time and have been published as experimental statistics. Eighty-one per cent of 17 year olds and 94% of 18 year olds were in touch with the local authority, although due to their experimental nature the figures should be treated with caution (DfE, 2016).

² Under the Children Act 1989, a care order is defined as an order made by the court on the application of any local authority or authorised person to: (a) place a child with respect to whom the application is made in the care of a designated local authority; or (b) put him under the supervision of a designated local authority.

³ Care arrangements with the consent of the parent.

⁴ Court orders leading to adoption.

⁵ DfE (2016) Adoption A vision for change. Available:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512826/Adoption_Policy_Paper_30_March_2016.pdf

Not in Employment, Education or Training (NEET)

Based on 2016 data, 40% of care leavers were NEET. The increase in the categories for NEET due to illness or disability, and NEET due to pregnancy or parenting has increased by 1% each year from 2014. NEET due to other reasons has decreased, from 27% in 2014 to 23% in 2016. As well as an increase in the percentage of 19 to 21 year old care leavers who are NEET, there has also been a rise in the percentage of those who are in training and employment.

The rise in both categories is due to more information being available for a greater proportion of the population. In 2016, 24% of former care leavers aged 19 to 21 years were in training and employment, an increase from 20% in 2014 (DfE, 2016).

Missing or Absent without Authorisation⁶

Nationally, 9% of children in care went missing at some point in the year; approximately five 'missing' incidents per child of those who went missing. Of those who went missing from a placement without authorisation, these averaged four incidents per child.

Most absences were short, 89% of two days or less – mostly one day. Due to the way this is recorded, an absence of a few hours will be logged as one day i.e. if a child stays out late in the evening⁷.

Crime

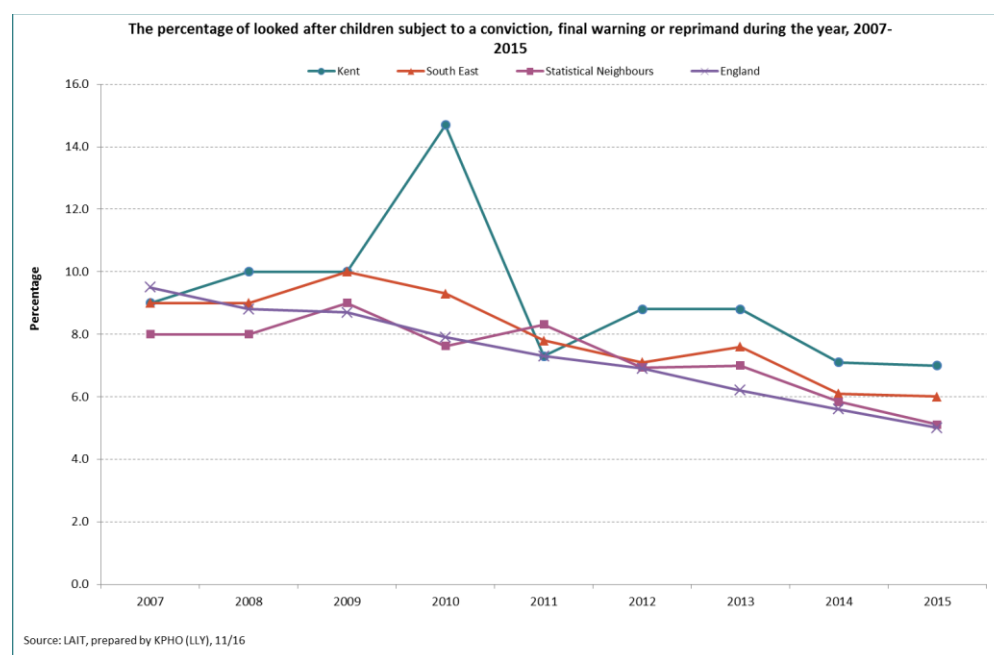
Although the percentage of Kent CIC subject to a conviction, final warning or reprimand during the year has consistently been very much higher than regional, national and our statistical neighbours since 2007, overall the downward trend continues. The 2015-16 rate is recorded at 6.7% figure 5.

⁶ Experimental statistics and comparability between 2015 and 2016. Detailed information on all children looked after who were missing or away from placement without authorisation was collected and published for the first time in 2015. This year local authorities have told us of improvements in the collection and reporting of these figures, however we are not yet fully confident in their quality hence the figures are being published as 'experimental statistics' again this year. We will continue to assess the data quality in 2017 to decide if the data is robust enough for the experimental status to be removed. This improvement in the quality of the 2016 figures means they are not comparable to figures for 2015.

⁷ Source

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR41_2016_Text.pdf

Figure 5: Percentage of CIC subject to a conviction, final warning or reprimand during the year; aged 10-17 years; Per 1,000 children aged 10 to 17 years.



Child Protection Plans

A child protection plan is developed at a child protection case conference attended by various professionals. The plan details how the child should be kept safe and which professionals and in what ways they will support the child's family to ensure the child's welfare – if it is in the child's best interest.

At time of reporting (December, 2015), there were a total of 1,013 children subject to a protection plan in Kent. Swale had the highest number (154), table 1.

Table 1: Children in Kent with a Protection Order (December, 2015)

District Living In	Number of Children
Swale	154
Thanet	133
Shepway	117
Ashford	98
Canterbury	97
Gravesham	86
Dover	67
Maidstone	66
Dartford	48
Tonbridge and Malling	43
Sevenoaks	31
Tunbridge Wells	25
OLA (incl Medway)	19
Not Recorded	29
Grand Total	1013

Source: MIU, prepared by: KPHO (LLY), 12/16

Targets and Performance

Assessment

It is important that children receive timely reviews. Kent performs very well, in excess of 95% or higher if UASC children are excluded. Accommodating the influx of UASC has proven challenging in recent times to ensure reviews are conducted within timescales. When UASC are included, over 90% of children are receiving timely assessments. For the last year 2,070 assessments were conducted; of these 205 (10%) were reviewed outside the required timescale.

Child Participation

Kent services do well ensuring the voice of the child is heard but there has been a steady decline month on month over 2014-15. Of children over four years, the majority of the children 2,511 contributed or had their views represented at their review; 151 (6%) did not. More than half over 10 years attended their review and spoke or had an advocate to do so. Increasingly, children are chairing their own review meetings.

Continuity of Care

A new indicator has been introduced to ensure that as far as possible, children consistently have the same social worker. Kent is doing well in this respect and the KCC transformation programme has helped to reduce the number of transfer points in the system. A prime challenge to being able to offer this consistency is the ability to recruit and retain qualified and experienced social care workforce.

Placement

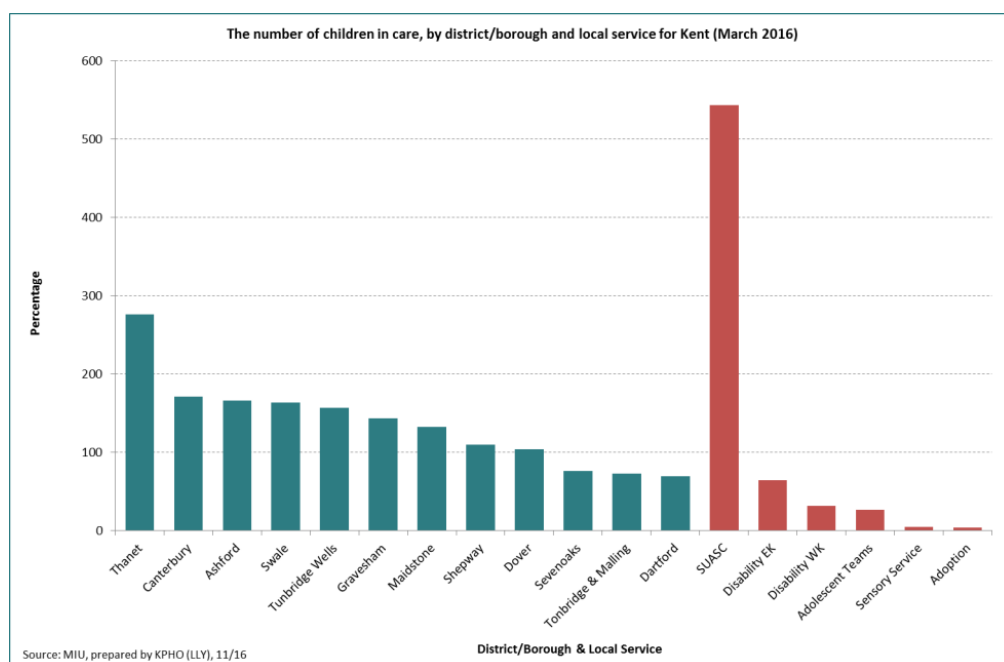
It is highly desirable, that as far as possible, children are placed in the 'home' county and a stable environment. Overall Kent performs well on the ideal of a minimum of 80% of children being placed within a 20 mile home radius.

In the last year, there has been an increase in the number of children over 10 years who have moved more than three times in the last year. The movement of UASC affects these figures as they have additional moves e.g. from a reception centre. Placement stability is a priority and is tracked operationally. New initiatives are in place to work with foster carers to enable them to support challenging adolescents.

When a child is in care, a number of services will be involved due to commissioning arrangements and organisational structures. Figure 6 below displays which services are involved in providing this care in Kent by district and borough. This is not reflective of how many children are placed in each district or locality.

Thanet had the highest number of children in care services across Kent (276). This is not surprising given it has one of the highest rates of deprivation and the accompanying risk factors which contribute to child-risk and vulnerability. At time of reporting, the UASC service was responsible for the majority, 543 children.

Figure 4 CIC held by local services within Kent districts/boroughs (March 2016)



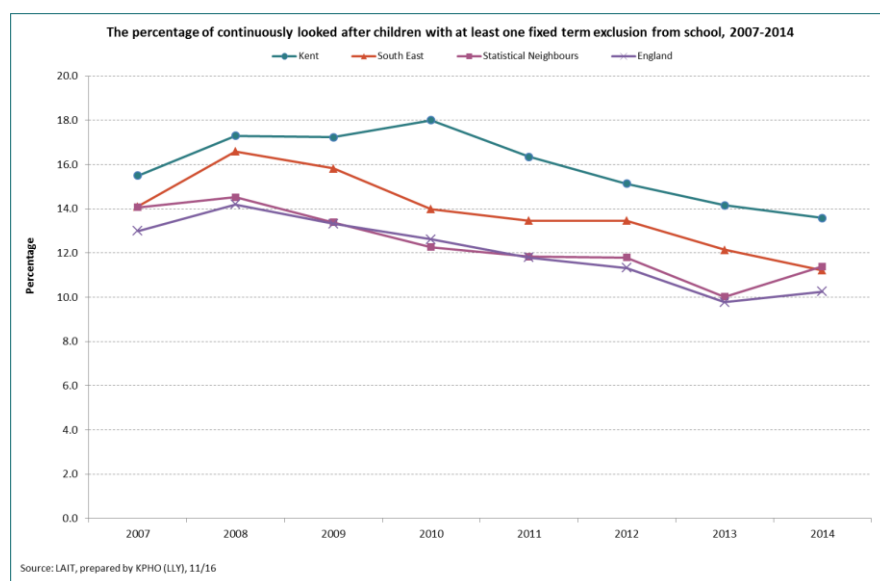
Education

Fixed term exclusions are difficult to monitor precisely as schools do not have to report more than annually. A by-product of the success in recent years of substantially reducing permanent school exclusions by 62% over the last four years has produced an increase in fixed term exclusions. Work is underway within the pupil premium plus grant to tackle this.

Pupils who have missed more than 15% of school through authorised or unauthorised absence as classed as 'persistent' absentees; the trend over the last eight years continues to decline but remains higher than national, regional and nearest statistical neighbour comparators – Kent 6.5% vs 4.7% national average (2014). The ability to address this has been affected by the reduction of welfare officer capacity and the surge in UASC.

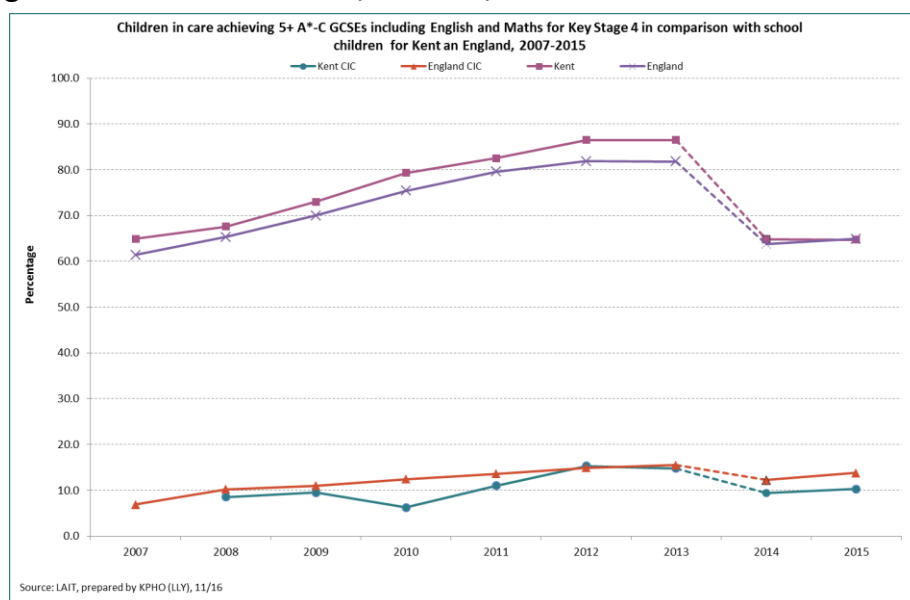
The Kent trend for school exclusions of CIC continues to decrease although it is still higher than all other comparators (South East, England and statistical neighbours, 2009-2014), figure 7.

Figure 5: School exclusions, Kent children in care, 2007-2014 (KPHO, 2016)



For the period 2008-2015, more children achieved five or more GCSEs at grades A* to C in Kent and England, figure 8. Kent results improved from 8.5% - 10.3%. The England figure rose from 10.2 to 13.8%. However, overall performance for children in care remains substantially lower than other school children not in care.

Figure 6: GCSE achievement, CIC Kent, 2007-2015*



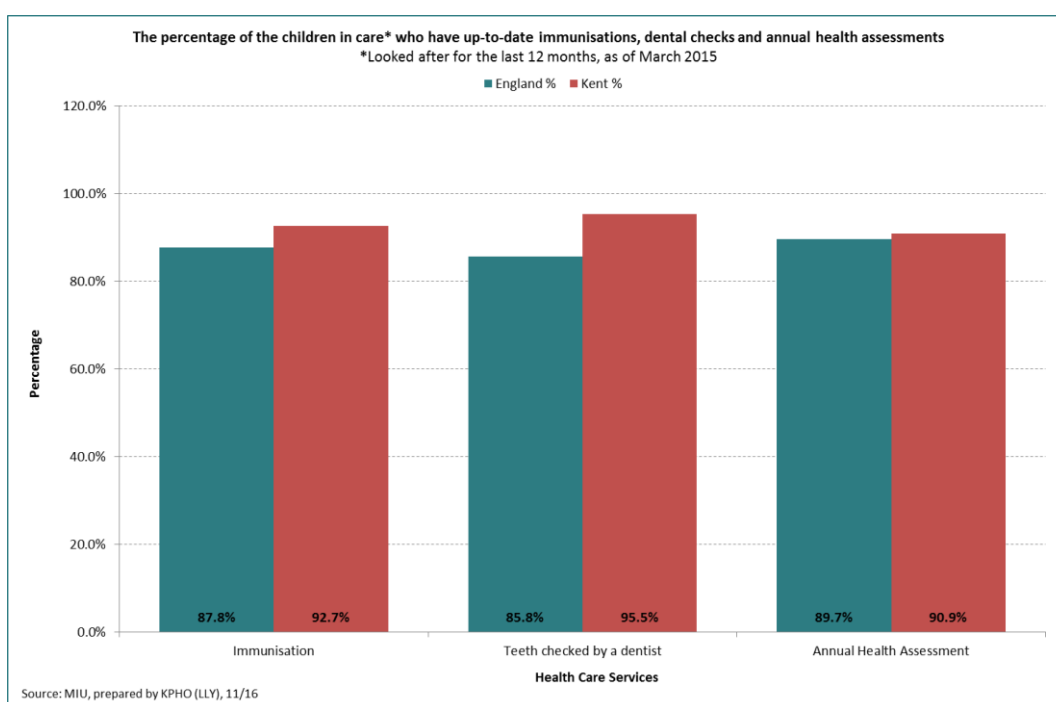
**The new 2014 methodology has been applied to 2013/14 data. Two major reforms have been implemented which affect the calculation of Key Stage 4 performance measure data.*

Health and Wellbeing

Health assessments form part of a continuous assessment that must be completed for Kent children in care. Children in care who are aged five years and under will receive two review health assessments each year. A higher proportion of health assessments are completed within the timescale within the reported year among children aged five-10 years (99.1%). Health assessments completed for children aged 16 years plus have the lowest percentage (76.3%) completed within the timescale compared to the other age bands. Across all ages, 90.9% of health assessments were completed within the timescale within the reported year.

The percentage of Kent children in care with up-to-date immunisations, dental checks and health assessments were higher than the percentage of children in care across England as of March 2015. Kent Clinical Commissioning Groups – part of the National Health Service (NHS) are responsible for ensuring that children in care have an review health assessment (RHA), dental review and immunisations; over 90% of children were assessed in 2014-15, figure 9.

Figure 7: Percentage of CIC receiving a health assessment, immunisations and dental checks (2014-15)

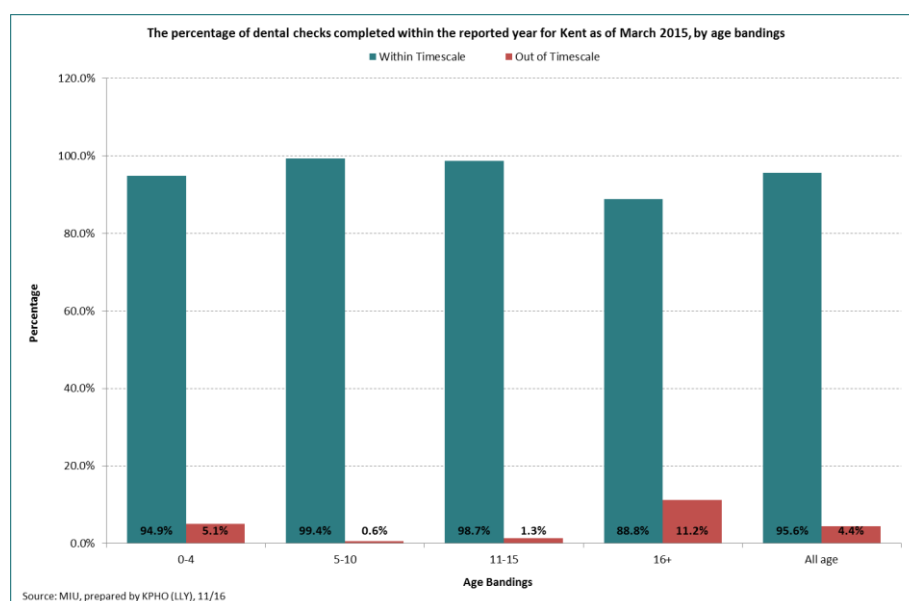


The referral trend over 2014-15 for an initial health assessment within five days of a child becoming looked after (BLA) in Kent showed significant room for improvement. Additional resources have been put in place to assist UASC administrative processes and there is improved work force communication in relation to this.

Figure 10 displays the dental checks performed as reported in March 2015. Across all ages, 95.6% of dental checks were completed within the timescale. A higher percentage of dental checks were completed on time among children aged 5-10 and 11-15 years (99.4% and

98.7% respectively). Among children in care aged 16 and over, 11.2% of dental checks were completed out of the required timescale.

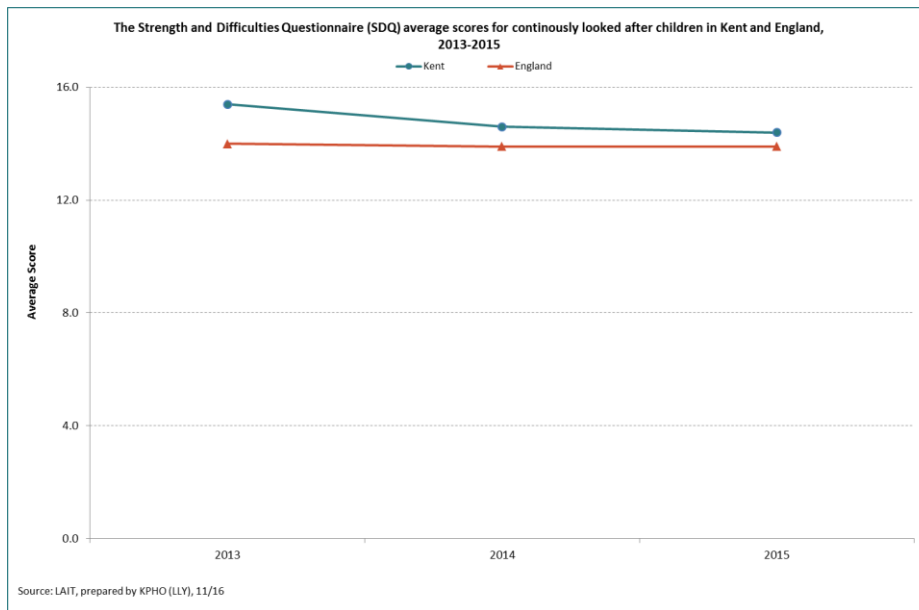
Figure 8: Completed dental checks by age band (March, 2015)



All children in care aged between four and sixteen years old should have a strength and difficulties questionnaire (SDQ) completed by their main carer as part of their health assessment. The SDQ is a brief behavioural screening tool that can be used in several versions. All versions include between one and three components relating to psychological attributes. The social worker completes the questionnaire for young people aged below 17 years old, who live independently.

The questionnaire asks the carer to judge how well various statements describe the child/young person living with them. If the SDQ score is assessed as being of concern, the school teacher and social worker are also requested to complete an SDQ questionnaire. Although the gap between Kent and England has decreased for the SDQ average scores in 2015 (14.4 and 13.9 respectively); Kent remains higher than England, Figure 11.

Figure 9: SDQ average scores for Kent CIC (2013-15)



Data from the Children in Care (CIC) team in the Children and Young Peoples Service (ChYPS) show that for the 12 month period (Oct 2015-Oct 2016) referrals to the service averaged 58. They increased from 38 referrals in October 2015 to 63 in October 2016. The number of referrals sit most consistently around 60-70 per month. The number of cases open average 579 and the numbers of cases closed average 60 closed for the same period.

Care Leavers in Suitable Accommodation

For a variety of reasons Kent has struggled to find suitable accommodation for care leavers for the period of March 2015 – September 2015 when data collection started. The percentage ranged between 64.9% in March 2015 to 59.1% in September 2015. Nearest neighbours for this time period averaged 76.3% with the national average 77.8%.

Of those care leavers who remained in contact, the majority settled into independent living whilst a number were in unsuitable accommodation, figures 12 and 13.

Figure 102: number of care leavers in suitable accommodation (known to Kent)

Number of Care leavers in suitable accommodation (who Kent who are in contact with)

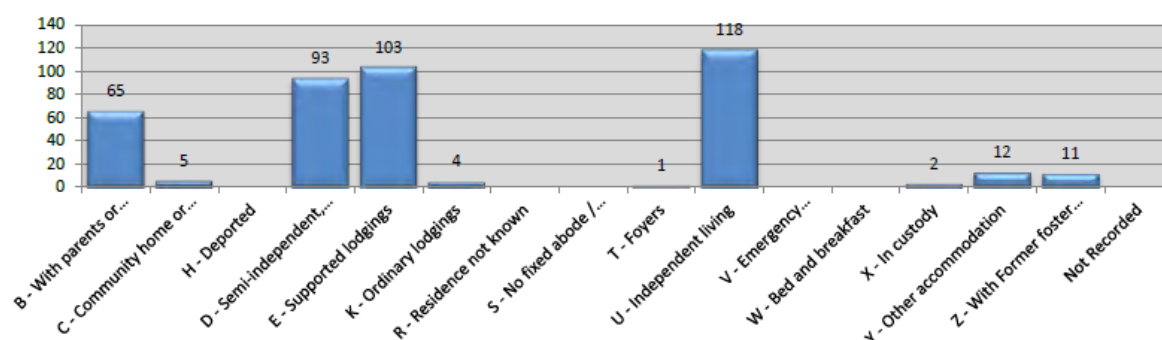
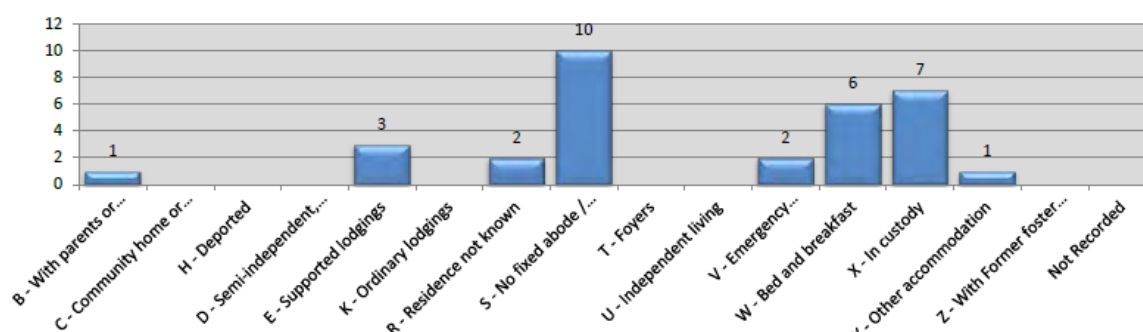


Figure 113 Care leavers in unsuitable accommodation (known to Kent)



Drugs and Alcohol

Addaction are the providers of the substance misuse treatment service for children and young people in Kent. This service also covers those children in care. The specialist treatment service offer 1-1 appointments as well as an Early Intervention (EI) service in the form of group sessions. Children in Care are able to access both services.

Table 2 displays the number of LAC starting treatment in Kent for the period 2014-2016. The numbers in 2016 are significantly reduced as are the numbers in the EI service (table 3). It is not known if this is due to a failure of children to engage or whether this represents a true decrease in need i.e. due to the effectiveness of health promotion programmes such as Riskit in Kent.

Table 2: LAC Tier 3 drug treatment starts 2014-2016 (Addaction, 2016)

LAC Kent Young People - Tier 3 Treatment Starts 2014-2015 & 2015-2016

Local Authority 2014-15	Total	Local Authority 2015-16	Total
Ashford	6	Ashford	4
Canterbury	9	Canterbury	8
Dartford	4	Dartford	1
Dover	7	Dover	2
Gravesham	6	Gravesham	5
Maidstone	3	Maidstone	4
Sevenoaks	4	Sevenoaks	8
Shepway	7	Shepway	1
Swale	9	Swale	6
Thanet	21	Thanet	9
Tonbridge & Malling	3	Tonbridge & Malling	0
Tunbridge Wells	3	Tunbridge Wells	0
Grand Total	82	Grand Total	48

Gender	Total	Gender	Total
Female	39	Female	19
Male	43	Male	29
Grand Total	82	Grand Total	48

Age	Total	Age	Total
13	1	13	1
14	9	14	3
15	15	15	3
16	23	16	18
17	24	17	18
18	9	18	5
19	1	19	0
Grand Total	82	Grand Total	48

The number of children in care seen by the EI service is highest in Ashford and Tonbridge and Malling districts (figure 17). These figures are comparable with 2014-15 data against 2015-16 data with both districts seeing the highest number for two consecutive years.

Total number of CIC accessing EI service has decreased to 278 from 399 for the period 2014-16. The majority of CIC starting specialist treatment for substance misuse were male and aged 16/17 years old which is unchanged for this period.

Table 3: Addiction DA Early interventions

District	2014-15	2015-16
Ashford	99	91
Canterbury	55	44
Dartford	2	3
Dover	19	10
Gravesham	6	15
Maidstone	33	34
Sevenoaks	5	
Shepway	28	5
Swale	43	20
Thanet	9	6
Tonbridge & Malling	80	48
Tunbridge Wells & Cranbrook	20	2
TOTAL	399	278

The number of children in care seen by the EI service is highest in Ashford and Tonbridge & Malling districts. These figures are comparable with 2014-15 data against 2015-16 data with both districts seeing the highest number for 2 consecutive years.

Evidence of What Works

A systematic review of interventions to support looked-after children in school

A systematic review of interventions to support looked-after children in school included interventions that aimed to improve attainment, or prevent drop-out or exclusions, and those that aimed to reduce absenteeism in the care population. Studies were critically appraised and their results were considered. No study was found robust enough to provide evidence on effectiveness, but promising interventions were identified. The review highlights the lack of evidence in an area that has received a lot of policy attention in the past few years. Future evaluations need to be underpinned by lessons learned from existing evaluations, clearly defined theories and definitions, and by the views of professionals, researchers, policy-makers and young people in care.

Available: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2012.00850.x/full>

Head Start's impact on cognitive outcomes for children in foster care

Source: SCIE Social Care Online - 01 January 2016

Using the Head Start Impact Study data, this secondary data analysis examines Head Start's impact on cognitive outcomes for children in foster care. Out of 4442 children, 162 children in foster care were selected to examine the following study questions:

- 1 Do children in foster care who enrol in Head Start have different child and family characteristics than those who do not participate in Head Start?
- 2 Do children in foster care who participate in Head Start have higher reading and math scores at ages five to six?
- 3 Do child and family characteristics moderate Head Start's impact on reading and math scores of children in foster care at ages five to six?

There was no main Head Start impact on reading and math scores for children in foster care. However, Head Start impact was found for the child's gender and the caregiver's age. Girls who participated in Head Start obtained higher reading and math scores than boys. Children cared for by older caregivers had higher math scores than those cared for by younger caregivers. Baseline variables such as ethnicity, special needs status and cognitive skills prior to Head Start enrolment were directly associated with math and reading scores at ages five to six.

Available: <http://onlinelibrary.wiley.com/doi/10.1002/car.2413/epdf>

Does a poor school performance cause later psychosocial problem among children in foster care? Evidence from national longitudinal registry data

Source: SCIE Social Care Online - 01 January 2016

Research has shown that children in foster care are a high-risk group for adverse economic, social and health related outcomes in young adulthood. Children's poor school performance has been identified as a major risk factor for these poor later life outcomes. Aiming to support the design of effective intervention strategies, this study examines the hypothesized causal effect of foster children's poor school performance on subsequent psychosocial problems, here conceptualized as economic hardship, illicit drug use, and mental health problems, in young adulthood. Using the potential outcomes approach, longitudinal register data on more than 7,500 Swedish foster children born 1973–78 were analysed by means of doubly robust treatment-effect estimators. The results show that poor school performance has a negative impact on later psychosocial problems net of observed background attributes and potential selection on 'unobservables', suggesting that the estimated effects allow for causal interpretations. Promotion of school performance may thus be a viable intervention path for policymakers and practitioners interested in improving foster children's overall life chances.

Available: <http://www.sciencedirect.com/science/article/pii/S014521341630103X>

Strategy and Guidance Update

National

NICE Guidance: Children's attachment Quality standard [QS133] Published date: October 2016

This quality standard covers the identification, assessment and treatment of attachment difficulties. Children and young people who may have attachment difficulties, and their parents and carers, have an assessment of their personal, parental and environmental circumstances before any intervention programme. This will help ensure any future support related to attachment difficulties is appropriate. All children and young people with attachment difficulties who enter the UK as unaccompanied asylum-seeking children should be assessed once a stable placement has been found.

- Department for Education (26 January 2017) Special guardianship guidance. Statutory guidance on the special guardianship services local authorities need to provide in accordance with the Children's Act 1989.
Available: <https://www.gov.uk/government/publications/special-guardianship-guidance>
- Department for Education (16 January 2017) Statutory guidance on Junior ISAs for children and young people who have been in local authority care for 12 months or more.
Available: <https://www.gov.uk/government/publications/junior-individual-saving-accounts-for-looked-after-children>
- Department for Education (7 November, 2016) Children's Social Care Innovation Programme. A programme that seeks to develop, test and share effective ways of supporting children who need help from Children's social care services.
Available: <https://www.gov.uk/government/publications/childrens-social-care-innovation-programme>

Kent

- Kent County Council's *Sufficiency, Placement and Commissioning Strategy* 2015 – 2018. Available: http://www.kent.gov.uk/_data/assets/pdf_file/0016/11941/KCC-Sufficiency-Strategy-2015-2018.pdf
- Kent County Council's *Looked-after Children and Care Leavers Strategy* 2015-2016. Available: http://www.kent.gov.uk/_data/assets/pdf_file/0013/32251/Looked-after-Children-and-Care-Leavers-Strategy.pdf