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### JSNA version

Children in Care and Care Leavers JSNA 2018 V1

### Version changes

Jan 2018-Jan 2019 production of new JSNA

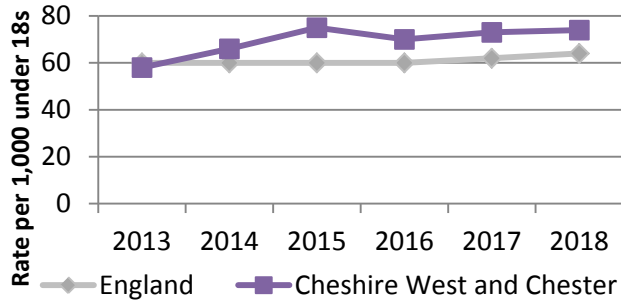
### Sign off

Emma Taylor – Director of Children's Social Care

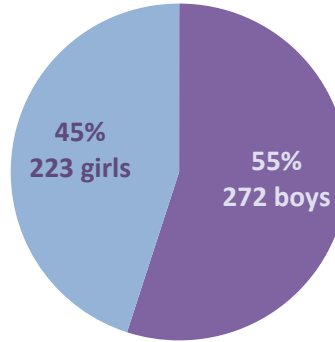


At 31<sup>st</sup> March 2018 there were **496** children in care, a rate of 75 per 10,000 children aged under 18

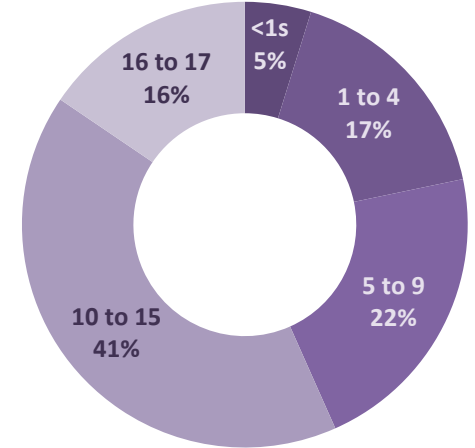
The rate of children looked after continues to be higher than the England average and has generally increased each year



There are more boys than girls living in care



The age group with the highest number of children in care is 10 to 15 year olds

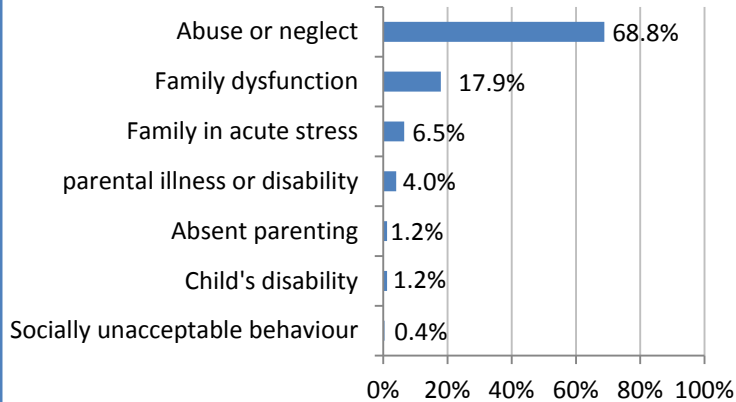


**5.8%** of children in care are Black, Asian or Minority Ethnic (BAME)

**58.9%** of children in care are placed within the borough

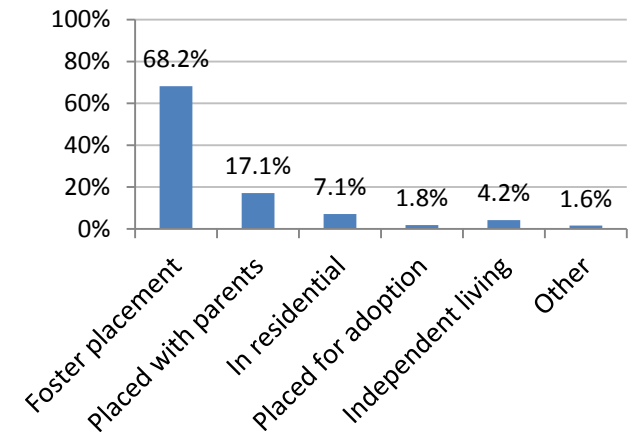
208 care leavers

Over two thirds of looked after children are in care for a primary reason of abuse or neglect (341 children)



**68.3%** of children in care are on a full care order

2 in 3 children looked after are in foster care





Young people leaving care are amongst the most vulnerable children in our society. Many children, who have been in the care system, have had a childhood full of instability and trauma. Over two thirds of looked after children in Cheshire West and Chester are taken into care due to abuse or neglect. Nationally, children in care and care leavers account for less than 1% of the general population (Department for Education 2013) yet are over-represented in the Criminal Justice System. Care leavers have been estimated to make up 27% of the adult prison population and 25% of the homeless population. As a corporate parent we strive to give the children in our care every opportunity to thrive and narrow the gap between themselves and their peers. We afford them life chances so that they can reach their potential and be prepared for an independent and successful adulthood.

Over the last few years Cheshire West and Chester has seen an increase in the numbers of children entering the care system. This has created increased financial pressures, demand on care placements and a need for additional foster carers. We have been forward thinking and innovative in developing new ways of working in order to safely reduce the number of children in care and provide appropriate and consistent placements to give children and young people the best chance to be happy and thrive. Whilst there is a higher rate of children in care than preferred, audit shows children are appropriately looked after. There is good scrutiny and the vast majority of children are in appropriate placements to meet their needs.

### Priorities in Cheshire West and Chester

1. To safely reduce the number of children and young people entering care.
2. For all children and young people to live in a family setting. This includes increasing numbers of foster carers and providing intensive support to those not yet ready for family life so they can move into a family home.
3. Meeting the needs of children with complex needs in particular those requiring specialist placements.
4. To narrow the gap in educational attainment for disadvantaged pupils.
5. Preparing young people for adulthood and supporting them into further education, training and employment.

### Local links

- Cheshire West and Chester Children in Care and Care Leavers Strategy
- [Care Leavers Local Offer](#)
- [Children and Young People Plan](#)
- [West Cheshire Children's Trust](#)
- [Cheshire West and Chester Local Safeguarding Board](#)
- [Children in Care Council](#)
- [Early Help Strategy](#)



### Identified strengths in Cheshire West and Chester include:

- Cheshire West and Chester has been innovative in applying new ways of working to effectively support families to stay together. The Edge of Care programme and Family Group Conferencing have demonstrated tangible results in reducing the number of children entering care.
- Cheshire West and Chester has a higher proportion of children placed with a relative or friend of the family - 20% compared to 12% nationally.
- There has been a strong emphasis on permanency. Placement stability is strong with just 9.1% of children in care having three or more moves which has improved year on year.
- There has been improved educational outcomes for children in care with a three year improvement in GCSE results and good timeliness and quality of Personal Education Plans (PEP). There have also been no permanent exclusions of a child in care for a significant period of time and fixed term exclusions have declined. Attendance rates are consistently above 90%.
- There have been positive improvements in dental checks, immunisations and health assessment timeliness.
- The majority of young people leaving care live in safe, suitable accommodation that meets their needs with only those in custody not being in suitable accommodation. Cheshire West and Chester consistently performs significantly above the national average and our statistical neighbours on this indicator.
- Children in care have a strong voice with a high profile in the Council. The Children in Care Council is influential in service development.
- Pre-proceedings are effective and work well. Whilst pre-proceedings have increased, care cases have reduced by 20% in the last 12 months, with a more consistent approach resulting in more children safely remaining with their families.
- Offending rate for looked after children in Cheshire West and Chester is low.
- There has been continued improvement of the average duration between entry into care and being adopted, and average time between the decision the child should be placed for adoption and the child being matched to adopters.
- Cheshire West and Chester achieved an overall rating of 'good' in the 2016 Ofsted Inspection. This included a 'good' rating for children looked after and achieving permanence, an 'outstanding' for adoption performance, and 'good' for experience and progress of care leavers.



### Identified challenges in Cheshire West and Chester include:

- There has been consistently higher numbers of children entering care than the national average.
- The total foster care provision in the borough is not sufficient to meet demand despite increasing numbers of foster carers being recruited. This has resulted in the use of Independent Fostering Agencies which are costly.
- There is a specific need for foster carers and adopters able to offer a home to sibling groups, older children and those with complex needs.
- There is increasing complexity of children's needs which can be a challenge to support children into permanent placements.
- Not all residential homes in the borough have a statement of purpose that meets the needs of children who have experienced attachment and trauma while in parental care, leading to a gap in provision.
- All of the above points have resulted in higher numbers (a quarter of those in care) being placed in a distant placement over 20 miles from home than the national average. This is often those most vulnerable.
- It is a challenge to evidence what the needs of children in care are, and how interventions, services, and placements have impacted outcomes. Most information collected is not reportable with much being captured in the child's case notes, health assessments and care planning meetings.
- There have been improvements in the educational attainment of looked after children but the focus is still on narrowing the gap. Looked after children are more likely to have developmental issues, been subject to neglect, have poor mental health, low aspirations, and particularly for older children, disrupted schooling.
- All children in care have mental health needs to some degree due to their pre-care experiences and being taken into care. Meeting the demand for mental health support is a challenge with high demand on CAMHS and Caring to Care meaning carers, social workers and schools must be equipped to support mental wellbeing.
- It can be difficult to ensure that those transitioning from children's services to adult services get the support they need. Some will not be eligible for support from age 16.
- There are particular challenges and delays for those placed out of borough in accessing specific health services when a child is placed within another Clinical Commissioning Group.
- Care leavers do not have an annual health assessment so it is difficult to understand the health and wellbeing needs of those aged 18 plus. Some needs will be captured in their Pathway Plan but this is not reportable.
- The demand on the Leaving Care Team is expected to increase as the offer of support for care leavers up to the age of 25 becomes embedded.
- Care leavers need a choice of accommodation in a choice of areas but this has been a challenge with gaps in housing stock which has led to the commissioning of one off spot purchase placements.
- Those aged 19-21 not in education, employment or training (NEET) increased in 2018.
- Data on care leavers over the age of 21 is not collected. There is no way of knowing if children who were in the care of Cheshire West and Chester Council do go on to lead and maintain fulfilling lives.



This JSNA draws out a number of recommendations, a summary of which can be seen below. There have been a number of developments in 2018/19 which are yet to be embedded which may impact upon the challenges and recommendations highlighted, as will future developments to be put in place 2019/2020 ([see pages 44-45](#)).

- Improved arrangements for the systematic monitoring of individual and service outcomes:
  - All children undertake an initial health assessment and annual health assessment so that the child's changing needs and outcomes can be tracked through their care journey alongside their interventions and placements. However;
    - This will mean resolving issues with the Liquid Logic data and reporting tool, specifically the health tab where currently information already entered on a form has to be re-entered manually on the tab. This is essential to ensure that needs are reportable.
    - Also a need to enhance the health tab fields to capture other services and interventions accessed during the year such as Caring to Care, youth justice system, intensive trauma therapy, EHCP and number and type of placement.
- Deep dive into how being placed out of borough impacts on outcomes including education, health and risky behaviour. This will not be possible until data is captured and reportable in a better way.
- Ensure children looked after are undertaking a SDQ. Consider introducing an SDQ questionnaire at entry to care so can track how initiatives and placements have made an impact on the child's wellbeing and recording of section scores of SDQ alongside overall score to understand needs and behaviours.
- Develop an outcomes focused Individual Placement Agreement with providers that evidences the extent to which placements are improving outcomes, providing value for money and step down opportunities.
- Reduce the number of children placed at home on care orders. Much higher than national average - 18% compared to 6%.
- Targeted recruitment campaigns to increase foster care placements and adopters specifically for older children, sibling groups and those with complex health and medical needs.
- Embed 'Your Story' work.
- Children in care must have top priority in schools admissions and attend schools rated outstanding or good.
- Share information consistently with children and young people in care including Personal Educational Plan (PEP) leaflet and a copy of their PEP; information about the Virtual School; Your Story work; Children in Care Council including website, pledges and trust fund; Pupil Premium; free leisure pass; National Youth Advocacy Service and Independent Visitor.
- Support older care leavers into education, employment or training as a higher proportion of those aged 19-21 are NEET.
- National research supports the provision of staying put arrangements and the benefits it can bring. More care leavers should be encouraged to remain with their previous foster carers when appropriate.



At March 2018, two thirds of children living in care in Cheshire West and Chester were in foster care.

Compared to England, Cheshire West and Chester has a higher proportion of children placed with a relative or friend of the family which is the local authorities preferred option.

Previous years data indicates that Cheshire West and Chester has a higher number of children placed with parents than the England average which is reflected in having lower numbers of children placed in foster care.

It is well documented that the quality of placements strongly relates to children and young people 'doing well' in care – the higher the quality, the better children and young people do (Sinclair et al, 2007). A stable and supportive placement can elevate a child's feelings of worth, wellbeing and aspirations. It can help them thrive in relationships, education and the opportunities that are presented to them. At the heart of a quality placement is stability, a positive supportive culture, and for those in long term care - permanence.

Cheshire West and Chester takes the view that the strongest placements are those within a family setting and that all children have the right to experience family life. Except for babies where an adopted home will be sought straight away, the preference for all children who come into care is to be placed with a family member or friend. If this is not possible, then the young person will be placed in foster care, with a preference for in-house foster care within the borough. However family life does not suit everyone, some young people will be better suited to residential care, at least in the first instance if they have complex needs where they can be supported to move into the care of a foster family, known as step down into fostering.

In Cheshire West and Chester the majority of looked after children are in foster care placements and 2017 data showed that compared to the national average, a greater number were placed with a relative or friend. However data also indicated that almost three times as many children in Cheshire West and Chester are placed with parents compared to the national average and this is most often those aged under 10 – 30% of 1-9 year olds were placed with parents. Placing a child with parents means that the child remains living with their parents but responsibility of the child is shared with the local authority. Where ever possible the local authority would seek a no or low care order and are working with the courts to reduce the number of children placed at home on care orders.

Placement	CWAC March 2018	CWAC 2017	England 2017
With relative or friend	18%	20%	12%
With other foster carer	50%	47%	61%
Placed for adoption	2%	1%	3%
Placed with parents	17%	18%	6%
Living independently	4%	6%	4%
Children's homes or hostels	7%	7%	10%
Secure unit	<1%	<1%	1%
Residential school	<1%	1%	<1%
Other residential	1%	<1%	1%

Source: LAC Placement data March 2018, Insight and Intelligence, Cheshire West and Chester Council



Cheshire West and Chester has a consistently higher rate of children in care compared to the England average.

Over the last five years, the rate of children in care aged under 18 has increased from 58 per 10,000 children in 2013 to 74 per 10,000 children in 2018 (Statistics: Looked after children, GOV.UK)

Cheshire West and Chester has key sufficiency challenges:

- increasing numbers of children living in care
- insufficient number of foster carers
- complexity of needs and a shortage of residential provision for those with complex needs

In Cheshire West and Chester, the increasing numbers of children in care and the increasing complexity of children's needs, has placed pressure on meeting the demand for suitable placements. Gaps in sufficiency are being addressed in innovative ways including the 'Edge of Care' programme, family conferencing, a fostering collaboration with neighbouring authorities, and a new planned short stay residential home.

### Reducing the number of children in care

In Cheshire West and Chester it is believed that those who are in care, should be in care to ensure their safety. Reducing the demand is therefore concentrated on prevention – identifying families who may be at risk of having a child taken into care and working with them to reduce the likeliness of this happening.

**Edge of care** – The Edge of Care service is designed to prevent family breakdown, reducing the number of children in care. It provides a range of time limited, proactive and evidence based interventions that adopts a whole family approach. This includes working with partners to ensure priority access to services and support. The target age range is 9-15. During 2014-15, 37% of children starting a period of care were aged 9-15. By the end of 2017-18 children in this group had reduced to 23% of children coming into care.

**Family conferencing** – The Family Group Conferencing (FGC) Team works with families with a child at risk of entering care. A FGC brings together parents/carers, the rest of the family, extended relatives, close friends and the child/ young person to talk about the difficulties they are facing, make plans, and decide how to resolve the situation. It allows the family to take ownership and make decisions rather than the professionals, and provide them with the resources they need with the support of their network. Since the service went live in June 2017 the team has had conferences and reviews for 242 children across 117 families. The team closed 75 cases by March 2018 with 95% of these children remaining with their families.





### Sufficiency of foster carers

As per the national picture there is a shortage of foster carers in Cheshire West and Chester resulting in children being placed out of borough and the use of independent fostering agencies (IFA) which can be costly. On average it takes 15 enquiries to recruit one foster carer and it costs £13,500 extra per year to place a child with an IFA compared to in-house. The Sufficiency Strategy sets out the multi-agency response to sufficiency in Cheshire West and Chester. The number of foster carers has been successfully increasing - the Council continues to encourage and support relatives and friends of children in care to become foster carers; a targeted communications campaign was put in place in 2016, and an innovative fostering collaboration was setup in April 2018.



#### Fostering collaboration

In April 2018 an innovative fostering collaboration was setup to deliver the recruitment and marketing functions of the fostering service on behalf of Cheshire West, Cheshire East, Halton and Warrington Councils. This includes recruiting in-house foster carers and reducing the need for using independent fostering agencies which are costly. Phase one of the collaboration went live in April 2018 and work is taking place to drive forward next steps.



2016 saw the implementation of a successful targeted communications fostering campaign. This used:

- insight to understand key audiences who foster:
  - ✓ professionals and skilled manual workers
  - ✓ LGBT couples
  - ✓ empty nesters
  - ✓ healthcare and not-for-profit workers
  - ✓ people who are actively religious/ volunteer/ are active in local communities
- tools to target key audiences including geographical locations and best communication channels
- rebranding around the Council's brand
- emotionally persuasive marketing
- key messages including informative facts and practical information about support on offer
- a range of targeted communication methods including specialist publications, events, outdoor advertising, Sky TV ads, radio and social media.

There was a 60% increase in fostering enquiries in 2016/17 compared to the previous year, and the target of 14 new foster carers was achieved. This has continued into 2017/18 with a further 14 new foster carers approved. Between April 2016-August 2018, Independent fostering agency numbers fell by 19%, a financial saving of £1.1 million per year. Learning from this will be applied to the new fostering collaboration marketing strand.



Children aged 10 and over, sibling groups, those with a disability and those with complex needs (such as behavioural issues) are considered hard to place. Foster carers may be unwilling to foster them, not have the correct skills, or not have sufficient space in their homes. All children in care are in a placement but those hard to place are more likely to be placed out of borough or with an Independent Fostering Agency.

At March 2018, 204 children in care were aged 10-15. This means that 41% of all children in care might be harder to place based on their age. Children who come into care as an adolescent can have more challenging behaviour due to potentially years of disruption, abuse and/or neglect. National research demonstrates that long term placements are most effective in improving the outcomes for these children (Royal College of Paediatrics and Child Health). At March 2018, 46.3% of 10-15 years olds in care in Cheshire West and Chester were in long term foster care or placed with family or friends. In the main, children are in the appropriate placements set out in their care plan but there are some children who have a long term plan but are still in short term placements.

Children who are taken into the care of the local authority may have higher rates of developmental, behavioural and physical health issues than their peers including autistic spectrum disorder, speech and language problems and attention deficit disorder (ADHD). At March 2018 there were 25 children in care with a disability, 10 of these children had multiple disabilities. Most common was Autism or Asperger's (11 children) followed by a learning difficulty (10 children). In Cheshire West and Chester over half of children in care with a disability are placed with an independent agency (14) compared to a small number placed in in-house provision (6). They are also more likely to be in a home or hostel than all looked after children. This data could reflect the difficulty in placing children with a disability, though placements would also be affected by the severity of the disability and the intensity of support needed – the child may be in the right placement to suit their needs.

At March 2018 there were 312 children living in care who had siblings in care. This equated to 114 sibling groups. The Council applies the broadest definition to the term 'sibling group', we include both half siblings and step siblings as children may have strong emotional ties to children to siblings from the wider family with whom they have lived. 43% of sibling groups were in the same placement – 49 groups. Of those where Social Care had not been able to place all the children together, 65% had 3 or more children showing the difficulty in placing larger sibling groups. The Council's placement sufficiency strategy has made a commitment to improving this position.

By increasing the sufficiency of foster carers there will be carers with the skills and capacity to offer a home to those children who are hard to place. Along with the fostering collaboration, there will be a number of fostering recruitment initiatives embedded in 2018-20:

- ✓ fostering Friendly Employer Scheme
- ✓ exceptional Skills payment award for outstanding outcomes achieved
- ✓ robust support package for foster carers using Family Support workers within the service
- ✓ Peer Support Model
- ✓ £1000 "Refer a Friend" scheme to existing foster carers
- ✓ continue to develop the Collaboration to ensure efficiency and best value

At March 2018, a snapshot showed there was a shortage of carers with vacancies for older children i.e. teenagers, and few available for sibling groups. This had been the on-going trend over the past year.

48% of 10-15 year olds are in long term foster care. 11% are in a home or hostel and 29% are in foster care not long term. 10% are placed with parents (Insight and Intelligence, Cheshire West and Chester Council).



## Sufficiency: Complex needs

At March 2018, 8% (41) of children had three or more placements during the year, better than the national average (10%). This has been improving –10% in 2016/17, 12% in 2015/16.

Over two thirds (67%) of children in Cheshire West and Chester have been in the same placement for at least two years, slightly lower than the England average (70%).

(Statistics: Looked after children, GOV.UK)

There is a maximum of 45 residential beds between 11 residential homes in Cheshire West and Chester. However not all have a statement of purpose that meets the needs of children who have experienced attachment and trauma while in parental care leading to a gap in provision (Cheshire West and Chester Sufficiency Strategy).

Children coming into care may have complex needs which can impact on their ability to live in a family setting. This means they may be placed in a residential home – this could be at the start of their care journey or after a number of foster placement attempts.

Children moving repeatedly in and out of care or between placements as a result of placement breakdowns can have a detrimental impact on a child's emotional wellbeing and mental health. It can also prevent them forming stable trusting relationships with the adults who could help support them and impact on their education. Once a placement breaks down, the child can go into 'freefall' impacting on future placements and their outcomes. Cheshire West and Chester recognise this and do as much as possible to prevent placement breakdown including consolidation meetings, support for foster carers including respite, and life work with the children. It is vital that there is a good match between a skilled foster parent and the child, which can be a challenge locally as there needs to be carer choice to ensure effective matching which isn't always possible with the demand for foster carers.

For those children who are living in a residential setting, the intention is to get them into a family setting as soon as possible. However Cheshire West and Chester has identified a gap in residential provision for those who have experienced severe trauma and neglect resulting in being placed out of borough.

Addressing complex needs:

**Emotional health and wellbeing support** – Due to their early experiences the majority of children in care have emotional health and wellbeing issues. Cheshire West and Chester supports these young people through CAMHS, and also the commissioned Caring to Care programme which delivers a wrap-around emotional health and wellbeing service for looked after and adopted children as well as the system around them including foster carers, adopters, schools and other professionals ([please see the health and wellbeing chapter from page 22](#))

**Fostering Better Outcomes**– Complexity of need can be a challenge to support children into permanent placements. Those who are in permanent placements form strong attachments and have better outcomes. Step Down to fostering is a new 2018 targeted programme that supports children to move from residential care to foster care in a family setting by providing them with intense multi agency support. The programme also supports foster carers with training and respite.



### Therapeutic Children's Home Coming Soon

A new children's home in West Cheshire for those aged 7-12 will be focused on those who have experienced significant trauma and as a result have found it difficult to remain in a fostering placement. The home will work therapeutically with the young people, including the use of play therapy, to support them to step back to foster care households.



In Cheshire West and Chester, around **1 in 6** children who are looked after are placed over 20 miles from home.

Source: March 2018, Cheshire West and Chester Children's Service Data

## Sufficiency: Out of borough

The current shortfall in local authority foster carers, and lack of residential provision for those suffering significant trauma and neglect, has resulted in children being placed in excess of twenty miles from home, known as a 'distant placement'. This can be an area outside of the responsible authority. The further a child is placed away from home the more difficult it is for the young person to benefit from local services and maintain close relationships with family and friends.

However some children do require a placement outside the local authority for their own protection - to mitigate against risks from family members or those related to some form of criminal or sexual exploitation. Some distant placements are made to afford the child the security of adoption or placement with extended family.

At March 2018, 83% of children in care were placed 0-20 miles from their home; the majority within 10 miles. 16% were placed over 20 miles from home; 10% of these over 30 miles.

### Distance of care placement from home (March 2018)

Distance from Home	Number of young people	% of young people
0-10	299	60.8%
10-20	112	22.7%
20-30	34	6.9%
30+	47	9.6%
<b>Total</b>	<b>492</b>	<b>100%</b>

Source: Access to Resources Team, Cheshire West and Chester Council

While not an exhaustive list, local placements ordinarily ensures that the child benefits from:

- ✓ Being in close proximity to the social worker responsible for the child resulting in increased social work involvement in a young person's life.
- ✓ Better professional assessment and understanding of potential risks and how these should be managed within the area the young person is placed.
- ✓ Increased direct contact with their Independent Reviewing Officer and the level of scrutiny the IRO brings to the child's plan and contact arrangements.
- ✓ Meaningful direct contact with family within local community settings.
- ✓ Maintaining relationships with friends in a manner that potentially mirrors the experiences of their peers.
- ✓ The existing close collaboration between agencies, or from continuing services within the local authority health and education that can be offered and sustained.
- ✓ The increased local direct support available at the point they are placed in care, especially in relation to school provision and child and adolescent mental health services.
- ✓ Not having to suffer from the logistical challenges relating to contact arrangements which, in distant placements, can reduce the frequency and quality of contact.

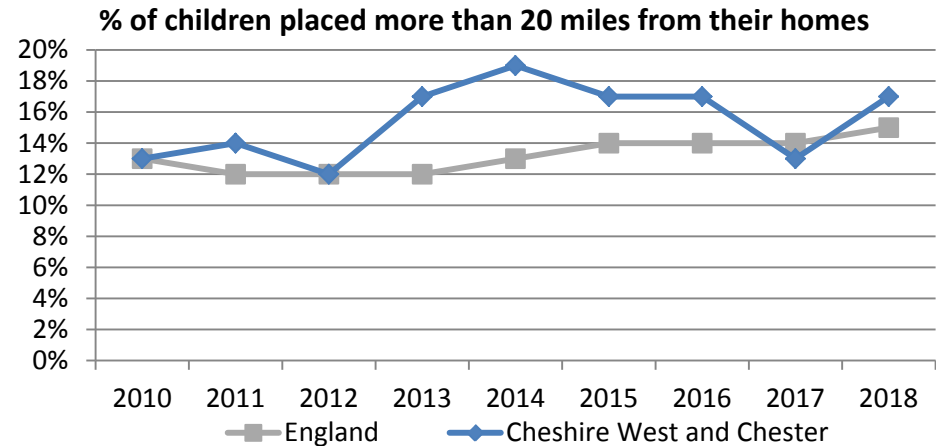


For a number of years, Cheshire West and Chester has been consistently higher than the national average for placing looked after children in distant placements. 2017 saw an improvement dropping below the national average, but this increased in 2018.

## Sufficiency: Out of borough

December 2018

Trend data shows that distance placements for Cheshire West and Chester was consistently higher than the England average until 2017 when there was a reduction in the proportion placed over 20 miles from home to 13%. However this increased during 2018 to 17%, placing Cheshire West and Chester again higher than the national average.



Source: Statistics: Looked after children, GOV.UK

There are particular challenges for those placed out of borough in accessing specific health services when a child is placed within another Clinical Commissioning Group, particularly CAMHS, as they are often not eligible for services within the that area. This results in children struggling to obtain the clinical care and support required to address poor emotional and mental health, which is a concern when it is the most vulnerable children who are hardest to place that are often placed outside the borough. Children are also more likely to have a disrupted education in a distant placement if they are unable to commute to their original school. The capacity to maintaining a school should a placement end is a significant challenge when sourcing an appropriate matched placement. We can not evidence how much of an issue this is in Cheshire West and Chester.

As developments continue in children's social care, including the fostering collaboration with the objective to increase numbers of foster carers, and a new residential provision, numbers placed out of borough should continue to reduce as more in-house provision is available - almost half of children placed in an Independent Fostering Agency or an Independent Residential Provider are placed out of borough. However this may be dependent on children coming in to care stabilising through the impact of preventive work with those most at risk of entering care.



### Areas for development

- Understanding the impact and progress of placements including:
  - how to more accurately capture the needs of individual children entering care
  - develop a clear outcomes focussed Individual Placement Agreement with providers that evidences the extent to which placements are improving outcomes for children, providing value for money and step down opportunities
  - evidencing that some groups of children are harder to place.
- Exploration of the impact of being placed in fostering placements or residential placements outside of the borough on outcomes including education, health and risky behaviour. As those placed outside of the borough may already be those most vulnerable and therefore experiencing poorer outcomes, any research may have to use matched variables.
- Reduce the number of children placed with parents on care orders.
- Increase number foster carers able to foster a range of children including those:
  - aged 4 years and over
  - sibling groups
  - those with complex health and medical needs or disabilities
  - children with a family history of mental health issues
  - children from a BAME background
  - children from a dual heritage background
- Embed 'Your Story' work.
- Many changes and innovative developments are being embedded in Cheshire West and Chester during 2018 and the long term impact on numbers of children coming into care, placements, and outcomes of those children in care are yet to be fully understood. There is a need for robust data to fully understand outcomes and if the needs of the child are being met.



There were 10 adoptions in Cheshire West and Chester during 2017-18. This is lower than the previous year but reflects the drive by the local authority to better plan for permanence using the lowest court order that is appropriate to support the needs of the child (Insight and Intelligence, Cheshire West and Chester Council).

The priority for Cheshire West and Chester is that children referred for adoption are placed within a loving and supportive family that can meet all of their identified needs during childhood and beyond. Before a looked after child can be adopted, the local authority must first make the decision that adoption is in the child's best interest. Suitable prospective adopters are then found before the child is placed for adoption for at least 10 weeks before the adoption order is granted and the child ceases to be looked after.

Processes are in place to identify children for whom adoption is being considered at the earliest stage of the care. This ensures that a dynamic approach is taken during the recruitment and assessments of prospective adopters and within the matching process.

During 2017/18, 10 children were adopted by Cheshire West and Chester and a further 25 were living with their adoptive parents but had not yet been adopted by law. The number of children referred for adoption is variable and influenced by the cohort of looked after children at that time. For example older children and those with complex needs are more likely to be placed in long term fostering rather than referred for adoption unless the adopters can fully offer the support needed. During 2017/18 there were 17 children with an adoption decision made (ADM) but not yet placed– it could be that a home was not found for them or that the ADM was being made alongside other decisions to speed up the final decision. Adoption is the last resort and Cheshire West and Chester plan for permanence in other ways for example the local authority has invested in working with relatives and friends of the family for long term fostering arrangements and supporting families so that the child can return home rather than be placed for adoption. In 2017/18 there was an increase in children who have returned home compared to the previous year.

### Innovation

Fostering to adopt and concurrent planning reduce the number of placement moves for children and ensure they are placed with their prospective adoptive family at the earliest opportunity.

**Fostering to adopt** - A Fostering for Adoption (FfA) placement is when a looked after child is placed in a foster placement with foster carers who are also approved prospective adopters and adoption is likely to be the outcome. Only children who are being considered for adoption or the LA are satisfied ought to be placed for adoption and are seeking to obtain the placement order or parental consent will be placed in FfA. Cheshire West and Chester are encouraging more approved adopters to become approved foster carers to speed up the process of placing suitable children with them.

**Concurrent planning** – Cheshire West and Chester is investing in concurrent placements. Concurrent placements mean that the local authority is trying to rehabilitate the child with the birth parents, but at the same time, they are also planning for adoption in the event rehabilitation fails. For the foster carers there is an risk that they will not end up adopting the child in their care as rehabilitation with birth parents has been flagged as a possibility but being able to keep the family together is always the preference.



In Cheshire West and Chester, 2014-17 data shows that the average duration between entry into care and being adopted has continued to improve, as has the average time between the decision the child should be placed for adoption and the child being matched to adopters. Both are better than the national average.

60% of children waited less than 14 months between entering care and moving in with their adoptive family which is better than the England average of 53% (Statistics: Looked after children, GOV.UK)

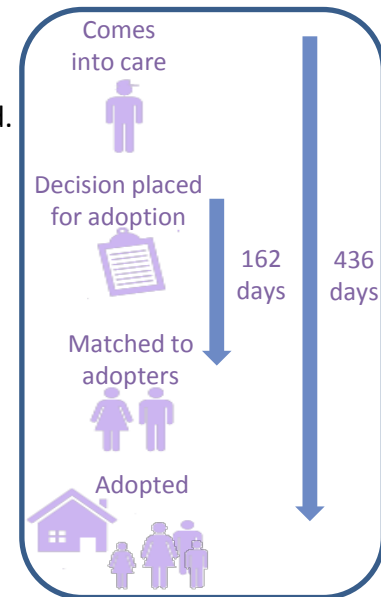
## Adoption

December 2018

In 2017, Cheshire West and Chester Council's Adoption Service partnered with the Adoption Services for Halton Borough Council, St. Helen's Council, Wigan Council and Warrington Council to form the Regional Adoption Agency 'Together for Adoption' (TFA). The aim is to work together to improve the possibilities of finding the right families for the children currently in the care of the five Local Authorities - to increase the numbers of adopters, increase the number of children placed within the region, reduce waiting times and increase numbers of successful adoptions.

Due to the small numbers of children involved in adoption, performance is measured over a rolling three year average. One year's performance may show an unusual change that does not give a true picture of how the council is doing in the longer term. The latest figures for 2015-18 are not available so 2014-17 is discussed.

For children who are adopted in Cheshire West and Chester, the average duration between entry into care and being adopted has continued to improve. Between 2014 and 2017, the average duration was 436 days approx. 1 year and 2 months. This is lower than the England average of 520 days and North West 515 days (approx. 1 year and 5 months). Improvements can also be seen in the average time between the decision the child should be placed for adoption and the child being matched to adopters - from 162 days in 2013-16 (approx. 5 months) to 146 days in 2014-17 (approx. 4 months). This is better than the national and North West average of 220 days (approx. 7 months). Children who are placed in a fostering to adopt placement wait less time between entering care and moving in with its fostering to adopt family; on average 337 days (approx. 11 months). This is better than the England average of 435 days (approx. 14 months).



The cohort of children referred for adoption such as if there are sibling groups who are hard to place or children that have been considered appropriate for adoption but have complex needs, can affect timeliness of adoption. As can the pool of adopters available - number of adopters, if they are able to offer fostering to adopt placements, their skillset and capacity to provide a home for more than one child.

### Area for development

Together for Adoption are addressing the challenge in finding suitable adopters for sibling groups and children with complex needs. During 2017/18, almost a third of children adopted by the TFA were not placed in TFA placements – 19% were placed with voluntary agencies and 18% with local authorities outside of the TFA authorities. 63% were placed with TFA families. It is positive that the TFA are working in partnership with voluntary agencies to support matches for complex children. However there is a need for recruitment of TFA families who are able to support a range of children, which is a focus of their work going forward.





Achieving the best possible outcomes for each child is a priority and it is widely recognised that education is key to all young people in care becoming independent and active members of the community. Education includes both academic skills which may help young people to obtain financial security, and personal and social skills development which can support young people to be confident and resilient in their interactions. Young people who are ‘looked after’ are disproportionately represented in the criminal justice system and education is key to helping young people become socially mobile and break the disadvantage cycle.

The January 2018 School Census indicated that there were 226 children looked after attending schools in Cheshire West and Chester (nursery to year 14).

Children with an Education, Health and Care Plan (EHCP) have a high level of special educational need that cannot be met by the current provision (early years, school or further education).

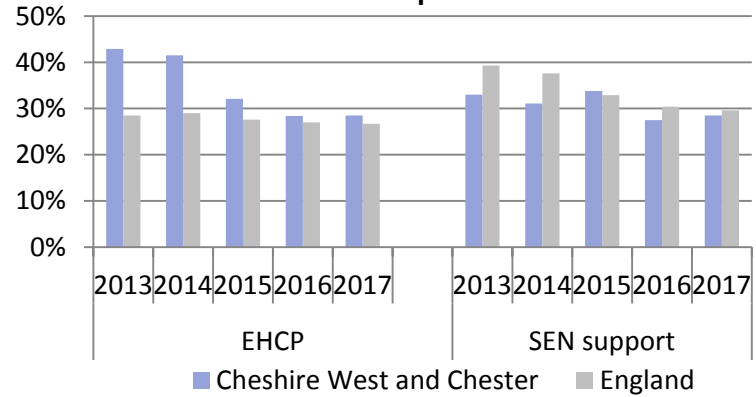
At July 2018, approximately 1 in 6 children in care had an Education, Health and Care Plan (EHCP) for a special educational need. This is compared to 1 in 14 for all children.

Children who are taken into care may have developmental issues such as speech and language problems and attachment difficulties and are more likely to have had disrupted schooling. This will have heavily impacted on their learning, and an increased proportion of looked after children have special educational needs compared to their peers. Once in care they may continue to face challenges such as poor mental health and potentially moving schools. Research has found that care provides a protective factor and has a positive effect on the young persons education (DFE, 2015), as well as their needs being identified and met to give them the best opportunity to thrive. Placement stability and school stability contributes to this, and having people to support and encourage the young person to believe in themselves and reach their potential.

In educational settings, children in care are supported by the Virtual School which tracks the progress of young people termly via the Personal Education Planning process (PEP) and this is monitored at regular PEP meetings. The Virtual School supports the educational progress of children in care, seeking to improve their educational experience and outcomes, and close the gap between children in care and their peers.

March 2017 data shows that 57% of children in care aged under 18 who have been looked after for at least 12 months have a special educational need – 126 children. 28.5% have an Education, health and care plan; half of those with an SEN (63 children). Looking at available trend data, the percentage of children who are looked after and have support for a SEN has reduced over the last five years, particularly those with an EHCP. This may indicate that numbers of children with a special educational need has reduced, that less are being identified, or that schools are more inclusive and better resourced to support children without the need for a EHCP – it is most likely the latter as the young people will already have a PEP to ensure their needs in education are being met.

**Children in care with a special educational need**



Source: Outcomes for looked after children, Statistics: Looked after Children, DFE. Note: Children looked after continuously for at least 12 months, only those matched to the school census or AP census data with known SEN status and aged 4 or above.



All looked after children must be placed in schools rated as good or outstanding. In 2018, 90% of children looked after of school age were placed in good or outstanding schools - 96% of primary school children, 86% of secondary school children and 88% of children placed out of borough (94% primary and 84% secondary).

In 2017, at key stage two 36% of children in care achieved the expected standard in reading, writing and maths combined, better than the national and North West average. Whilst collectively the number of pupils at the expected level for individual subjects is at a certain level (reading, writing and maths combined), for individual pupils the results across all the three subjects may be quite different. The percentage of children meeting the expected standard was higher for the individual subjects (reading, writing and maths) though slightly lower than the England and North West average, as was grammar, punctuation and spelling combined. Compared to 2016, Maths was up by 20 percentage points and grammar, punctuation and spelling combined by 16 percentage points.

Reaching the expected standard at key stage two	% of LAC 2016	% of LAC 2017	% of LAC North West 2017	% of LAC England 2017
Reading	44%	44%	48%	45%
Writing	44%	44%	50%	47%
Maths	24%	44%	50%	46%
Reading, writing and maths combined	NA	36%	35%	32%
Grammar, punctuation and spelling combined	32%	48%	53%	50%

Source: Local Authority Interactive Tool, Department for Education, accessed 03/09/2018

At key stage four, attainment 8 measures the average achievement of pupils in up to eight qualifications. Progress eight aims to capture the progress a pupil makes from end of key stage two to the end of key stage four. There was an increase in both attainment 8 and progress 8 scores between 2016 and 2017 for looked after children in Cheshire West and Chester meaning a greater proportion of children achieved qualifications and made the expected, or better, progress. A quarter of pupils achieved grade 9-4 (equivalent A\*-C) in English and Maths, higher than the England and North West average.

Achievement at key stage four	LAC 2016	LAC 2017	LAC North West 2017	LAC England 2017
Attainment 8	20.4	27.8	19	19.3
Progress 8	-1.59	-0.66	-1.37	-1.18
Achieving 9-4 pass in English and Math	NA	25%	16.8%	17.5%

Source: Local Authority Interactive Tool, Department for Education, accessed 03/09/2018

Changes to assessment and qualifications means comparative data before 2016 at both key stage two and key stage four is not possible; for some subjects no comparison is possible. This means we are not able to accurately see the extent to which the gap between children in care and all children has narrowed, if at all.

At key stage two (2017):

- 36% of children in care in Cheshire West and Chester achieved the expected standard in reading, writing and maths combined, compared to 32% of children in care nationally
- compared to 2016, 2017 results for subjects measured either increased or stayed the same

At key stage four (2017):

- there was an increase in attainment 8 and progress 8 scores for looked after children in Cheshire West and Chester between 2016 and 2017 compared to a decrease nationally
- in 2017, Cheshire West and Chester pupils achieved more and progressed better than children in care nationally and the North West

Source: Outcomes for children looked after by LAs: 31 March 2017, National Statistics, GOV.UK



Generally the gap in attainment between children living in care and all children narrowed between 2016 and 2017, particularly at key stage four.

The Virtual School has funded:

- Emotional Literacy Support Assistants in schools with children in care
- Mental Health First Aid to all schools
- designated teacher and governor training at Virtual School organised conference on attachment and trauma
- independent psychological consultations and mentors for children in care
- support for schools and setting with children in care
- the Attachment Friendly schools programme

## Education

Available data does show:

- the gap narrowed between children in care and all children at key stage two maths and grammar, punctuation and spelling but widened for reading
- at key stage four the gap between children in care and all children narrowed for attainment 8 score and between progress 8

Looking at the gap can be useful, however research highlights that given the high incidence of SEN amongst children in care, as well as the impact of trauma as a result of abuse or neglect, comparisons should be treated with caution or should be looked at relative to more similar comparison groups (DFE, 2015).

Research by the Rees Centre and University of Bristol found that each day of school missed by a child in care through an exclusion impacted on GCSEs (DFE, 2015). In Cheshire West and Chester there have been no permanent exclusions of a child in care for a significant period of time and fixed term exclusions have also declined to under 10% (2016), lower than the England and the North West average. The attendance rates for children in care are consistently above 90% which is the national bench mark for all children.

For a child who has experienced neglect, trauma and family breakdown and has been taken into care, school may be perceived as a low priority. In order to not only attend school but to participate and succeed they need to feel secure in other elements of their life including being in a stable placement, feeling safe and valued, and feeling well enough in themselves both physically and mentally. Increasing the sufficiency of foster placements will help so that more children can be in a stable home and close to their current school. Providing intensive support to those children with complex needs to step down to fostering will also impact on their education.

Ensuring needs are identified throughout the young persons life and support is put in place to meet these needs is essential. Those working with children and young people in educational settings should be equipped with the skills to spot changing behaviours that could indicate a child is at risk and know how to interact with those who have experienced trauma. In Cheshire West and Chester there has been a move to a change of culture within schools to be 'attachment friendly'. The Virtual School funds training for educational settings and extra support for looked after children, some examples can be seen on the left.



The Virtual School recommends all carers to have regular and positive communications with the young person's education setting.

### Attachment Aware Schools

Schools can compound the difficulties that children face, both in school and at home as they become part of a loving and caring family. An awareness of how to support children and young people's emotional needs and development can promote better learning and health outcomes. Teachers and school support workers can make a difference every day by being a significant caring adult in the young persons life and building an understanding relationship.



## Education

December 2018

The Passport to Success developed by the Virtual School is a tool kit introduced to young people from early in high school. It is completed with the young person by a range of professionals to prepare them for post 16 options, Education, Employment or Training.

The Virtual School provides support and guidance to all care leavers in education from 16 to 25 years of age, however this is an area of challenge as the Virtual School does not receive any funding for post 16 young people in care. The Virtual School support care leavers education by:

- providing an Education Adviser and PEP coordinator who both link with the Leaving Care team
- termly meetings with the designated person at the local colleges to monitor each young person's progress
- facilitate university and college taster sessions, working collaboratively with the Young People's Service where appropriate

Snapshot data September 2018 shows that 59% of 16-21 year olds (post year 11) who are children in care or care leavers, are in education- 52 aged 16-17 and 53 aged 18-21 years ([see care leavers section from page 36](#)).

All training opportunities are offered to staff both in and out of borough and to all education settings including further education colleges.



### Looking forward

Virtual Schools will be using part of the Pupil Premium plus to fund:

- Person Centred Counsellor to work with identified children in care
- support and learning from Ancora House (child and adolescent mental health inpatient unit who have an onsite short stay school and outreach team)
- further teacher training including conference on emotional wellbeing

At September 2018, 59% of children in care and care leavers post year 11, are in education and will require support from the Virtual School (Early Help, Schools and Partnership Team, Cheshire West and Chester Council).



### Gaps and challenges

- Both nationally and locally children in care do not achieve as well as their non- disadvantaged peers in educational outcomes. A priority in Cheshire West and Chester is narrowing the gap.
- The changing nature of the cohort, and the age which young people come into care is a challenge for the Virtual Schools. There is a trend of the growing number of teenagers aged 10-14 which often can mean there are significant gaps in the young person's education.
- Virtual Schools do not receive funding for post 16 support.
- There must be an offer of support to those who have left care due to adoption or returning home putting further demand on the Virtual School.
- National research suggests that when there is a need to move schools, such as if a young person is placed outside of the Borough or 20 plus miles from home, the young persons education may suffer. Locally more exploration of this is needed to assess the effects on the young person.
- Stability is highlighted as a crucial building block to a young person feeling supported and establishing relationships that encourage self-worth and feelings of being valued. This is a strong factor in the educational attainment of children in care. More foster carers are needed within the Cheshire West and Chester footprint and there are strategic developments to improve local sufficiency.

### Recommendations

- The priority for the professionals working with children and young people is to continue to identify any barriers to learning as early as possible in order to provide the best interventions to support each child to overcome any personal barriers, bridge any gaps and to accelerate their learning. In order to achieve this, the children and young people should have good attendance at schools, colleges and settings to ensure they experience quality first teaching for the maximum time possible.
- Continue the roll out of the Attachment aware schools programme to all schools how host children in care.
- The children and young people should be 'ready to learn' both academically and emotionally. In order to achieve this school setting and placement stability are key. Every child or young person should have any additional needs identified at the earliest opportunity and the most effective interventions implemented in order to accelerate their learning.
- Children in the care of the council should be the highest priority for all professional teams within the Council when requests for support are received.
- Research by the Rees Centre and University of Bristol found that children in care do better in schools where all children do well highlighting that school choice is important and looked after children should have top priority in school admissions.



It is estimated that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18.

Nationally, 45% of children in care aged 5-15 years have a mental health disorder, rising to 72% for those living in residential care. This is compared to 10% of the general population aged 5-15 years.

In England, conduct disorders followed by emotional disorders (anxiety and depression) and hyperactivity are most prevalent. 11% are estimated to be on the autistic spectrum scale. (Source: Promoting the health and wellbeing of looked after children, March 2015, Royal College of Paediatrics and Child Health)

Children in care have many of the same health risks and problems as their peers but the extent is exacerbated due to their experiences of poverty, abuse and neglect. They are 'vulnerable to health inequalities, and exhibit significantly higher rates of mental health issues, emotional disorders, hyperactivity and autistic spectrum disorder conditions.... as well as developmental and physical health issues such as speech and language problems, bedwetting, coordination difficulties and sight problems.' (Royal College of Pediatrics and Child Health). Public Sector services work closely together with children, young people and their carers to ensure their physical and emotional health needs are understood and they are able to access the health services they need. Through the provision of support and developing resilience, children in care can become healthy young adults who are able to manage their own health needs when the time comes to live independently.

Pre-care experiences impact on the child's health and development – their physical health, emotional wellbeing, cognition and behaviour. Pre-care experiences might include:

- parental mental health problems
- parental lifestyle choices such as drug and alcohol abuse
- neglect
- maltreatment
- abuse
- ante-natal factors that can affect development

Children who are taken into care therefore have increased physical, emotional and behavioural needs and an increased vulnerability to substance misuse, self-harm, teenage pregnancy, exclusion from education, criminality and further maltreatment such as child sexual exploitation. The local authority and partners have a responsibility to improve the outcomes of these vulnerable children and put in place interventions to improve resilience.

In Cheshire West and Chester, just over two thirds of children and young people are in care as a result of abuse and neglect. Within this cohort there will be babies, young children, adolescents, children with a disability, children with complex needs, and teenage parents. Each has differing characteristics and needs that will change at different stages of their lives.

It is essential that:

- ✓ assessments are timely and systematic
- ✓ a health plan is put in place that is regularly reviewed
- ✓ there are a range of services available to meet the young persons needs
- ✓ young people are referred to and are accessing the services they need



In Cheshire West and Chester during 2017/18, 80% of initial health assessments were completed within 20 days.

### Initial Health Assessments

All children living in care will have a health assessment when they first become looked after. A doctor will then make a health plan with the child and their carers to show how their health needs will be met. Wherever possible information will be gathered from the child's parents about their family health history. The health plan becomes part of the child's care plan and placement agreement. Review health assessments take place every year for looked after children who are aged five and over, and every six months for children aged 0-4 years. Carers of looked after children will make sure they are registered with a GP, and attend the dentist and optician regularly.

It is essential that the needs of the child are identified as soon as they come in to care to ensure their needs do not go unaddressed and that they are referred to services that can support them. The local authority must request an initial health assessment (IHA) from community paediatricians within 48 hours for the assessment to be completed within the statutory timescales of 20 days since entering care.

Cheshire West and Chester	2016-17	2017-18
Requested in timescale( 48 hrs)	65%	64%
Completed in timescale (20 days)	79%	80%

Source: Insight and Intelligence, Cheshire West and Chester Council

During 2017-18, there was variable performance in the timeliness of requests by the local authority for the completion of Initial Health Assessments, with a third not being requested within 48 hours. However, every effort is made by the Trust to ensure that the Initial Health Assessment is still completed within 20 working days and this increased slightly in 2017-18 to 80% completed within 20 days.

Narrative provided by the Countess of Chester and Mid Cheshire hospitals indicates that the most common reason for IHA's being completed outside of 20 days is due to late requests. Other reasons recorded include cancelled appointments because children have been unwell or on holiday, and children not being brought to appointments without explanation (did not attend). There have been incidences where children are placed on an Interim Care Order at home with their birth family and they have not been brought to their appointment, as well as young people refusing to attend. All of these issues are brought to the attention of Local Authority and will be a standing agenda item for discussion at the Health Practice Improvement meetings.



The escalation pathway for late requests for Initial Health Assessments has been further strengthened in order to improve the timeliness of the requests and close monitoring of this activity will be maintained throughout 2018-19.



In Cheshire West and Chester during 2017/18, 92.6% of children who had been in care for 12 months or more had their annual health assessment. This has been consistently increasing since 2014/15.

## Health and wellbeing

### Annual Health Assessments

December 2018

It is the responsibility of the local authority to ensure that health assessments are carried out annually. Health partners have a duty to comply with requests by the local authority and to ensure that health plans are effective.

Health assessment: children who have been in care for 12 months or more	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Cheshire West and Chester</b>	83%	77.2%	86.1%	88.6%	92.6%
<b>England</b>	88.4%	89.7%	84.1%	89%	Awaiting

Source: Insight and Intelligence, Cheshire West and Chester Council

Over the past five years, the proportion of children receiving a health assessment in Cheshire West and Chester has improved matching the England trend. During 2017/18, 92.6% of children had received their annual health check (or twice yearly for children under 5 years) . Data for England is currently unavailable.

Those young people placed out of borough were more likely to not have an assessment done - 10% of children out of borough compared to 6.5% of those in the borough didn't have an assessment completed.

The annual health assessment captures whether the child has had a dental check during the year, all relevant immunisations and a developmental check.

	Cheshire West and Chester			England		
	Up-to-date immunisations	Up-to-date dental check	Up-to-date development check	Up-to-date immunisations	Up-to-date dental check	Up-to-date development check
<b>2018</b>	97.2%↑	86.3%↑	94.3%↑	Awaiting	Awaiting	Awaiting
<b>2017</b>	91.1%	81.0%	91.9%	84%	83%	82%
<b>2016</b>	94.4%	68.1%	25%	87.2%	84.1%	83.2%
<b>2015</b>	75%	71.2%	9%	87%	85.7%	89.4%
<b>2014</b>	58%	62%	-	87.1%	84.4%	86.8%

Source: Insight and Intelligence, Cheshire West and Chester Council

The March 2018 health assessment showed that compared to 2017, in Cheshire West and Chester there had been an increase in looked after children having a dental check, development check and up-to-date immunisations. Compared to 4-5 years ago, the last couple of years has seen vast developments in improving these figures and there has, in general, been a year on year improvement. Children being seen by a dentist for an annual dental health check is improving the slowest and work with NHS England is being planned to explore better systems for meeting the dental health needs of children in care.





### Understanding health needs locally

Vigorous health assessments are undertaken and the child's needs are captured in the health assessment paperwork, health plan and actions for the social worker and carer. The services a child accesses will often be multi-disciplinary. In neglect cases in particular, all agencies will be on-board including health and education, and will cover dental, opticians, speech and language therapy, school support and mental health support to name but a few. The social worker also deals with the child's health needs as part of the planning process and this will be detailed in case notes, at supervisory meetings and care planning meetings. Health have a responsibility to ensure health needs are being met. The Independent Reviewing Officer will be scrutinising health plans and providing challenge.

The information detailed in assessment paperwork about the child's health needs, services they have been referred to and services they have accessed is not currently captured in an extractable and reportable way. We cannot therefore evidence what the needs of looked after children are from their assessments. In addition, we cannot assess how successfully children's needs are being met or the impact of interventions and services, as data is not captured in such a way that children can be tracked to see if there is an improvement and what might have contributed to this.

### Barriers to reporting health needs

In Cheshire West and Chester a system called Liquid Logic is used by social care and education along with professionals in partner agencies. Liquid Logic enables the generation of data and reports. A thorough annual health assessment will be undertaken with children in care and the report entered as a form in liquid logic. It is then up to the social worker to access the form and manually enter the information from it on to a separate health tab. The health tab does give the option for a wide range of information to be entered including specific health needs and diagnoses, health behaviour issues (smoking, substance misuse, self harm, sexual health), recommended health referrals and health services with ongoing attendance – all captured in the assessment. However, as it is a large manual undertaking for the social worker who has limited capacity with caseload and court proceedings, only what needs to be reported on a statutory basis is consistently completed on the health tab and therefore the elements that may help to understand health needs can not be reported on. The health tab also does not capture non-health services that the social worker is aware of the child accessing such as Caring to Care or an EHCP, to get an overarching view of health and wellbeing needs of the child.



## What we do know

### Disability status

At 31<sup>st</sup> March 2018, there were 25 children living in care with a disability. 10 of these children have multiple disabilities. Autism or Asperger's was most common affecting 11 children, followed by a learning disability which affected 10 children. The Royal College of Paediatrics and Child Health has found that compared to other children living in care, children with a disability have comparatively high levels of challenging behaviour, are on average older than other groups in care and had been looked after for longer.

### Primary needs of those with a special educational need

At January 2018, 106 looked after children (47%) were school aged pupils with an SEN. This is compared to 15% of all pupils.

Looked after children with a SEN were more likely to have a higher level of need - 37% (39 children) required a education, health and care plan (EHCP) compared to 23% of all pupils. In addition, a quarter attended a special school or PRU compared to 13% of all pupils.

41% of looked after children with an SEN had social, emotional and mental health difficulties as their primary need. This was followed by a moderate learning difficulty (22%) and speech, language and communication needs (16%). For children of primary school age speech, language and communication needs was a more common need at 30%, whereas for secondary school pupils, social, emotional and mental health issues were 55%.

Disability Types	Total
Autism or Asperger's	11
Learning	10
Mobility	6
Behaviour	5
Communication	4
Disabled under DDA	3
Incontinence	2
Vision	1
Hearing	1

Source: Insight and Intelligence, Cheshire West and Chester Council

Primary need	All LAC children	Primary school	Secondary school	Special school or PRU
Social, Emotional and Mental Health	43	18	18	7
Moderate Learning Difficulty	23	10	7	6
Speech, Language and Communication needs	17	14	0	3
Other Difficulty or Disability	7	1	4	2
Autistic Spectrum Disorder	6	1	1	4
Specific Learning Difficulty	5	2	3	0
Severe Learning Difficulty	4	0	0	4
Physical Disability	1	1	0	0
Hearing Impairment	0	0	0	0
Multi-Sensory Impairment	0	0	0	0
No Specialist Assessment	0	0	0	0
Profound & Multiple Learning Difficulty	0	0	0	0
Visual Impairment	0	0	0	0

Source: School Census January 2018, Insight and Intelligence, Cheshire West and Chester Council

In Cheshire West and Chester, 41% of looked after children with a special educational need have social, emotional and mental health needs compared to 15% of all pupils with an SEN. This increased to 55% for children in secondary school.

30% of LAC in primary schools with a special educational need have speech, language and communication needs.

Source: School Census January 2018, Insight and Intelligence, Cheshire West and Chester Council



### Early Years Foundation Stage and Year One

The Early Years Foundation Stage assess whether a child has reached a good level of development at the end of reception year. During 2017/18 there were a small number of LAC at early years foundation who had been looked after for 12 months or more – nine children. Of these 22% were assessed as reaching a good level of development; two children. Looking at the detail, four children (44%) had met physical development expectations, three children (33%) communication and language expectations, three (33%) had met Personal, Social and Emotional Development expectations, two (22%) literacy expectations and three (33%) mathematics expectations.

The Year One phonics screening check is a way to ensure that children are making sufficient progress with their phonics skills. In 2017/18 there were a small number of children who had been looked after for 12 months or more in year one – again nine children. Of these 44% met the expected standard in phonics, four children.

Due to the small numbers at both Early Years Foundation Stage and Year One, it may be more appropriate to look at a three year average going forward to draw out more robust messages.

In 2017/18, 22% of children looked after at foundation stage (age 2-3) had achieved a good level of development compared to 71.8% of all children. However numbers of LAC are small.

44% of children in year one met the expected standards in phonics compared to 80% of all children – again this is based on small numbers.

Source: Insight and Intelligence, Cheshire West and Chester Council

Data has been requested from services for numbers of children living in care they are supporting and outcomes measured, however few universal services such as speech and language therapy, the Child Development Service and Public Health commissioned services do not record data distinguishable for looked after children.



NICE guidance suggests that 60% of children looked after have emotional and mental health problems (NICE Guidance, Quality Standard QS31, 2013).

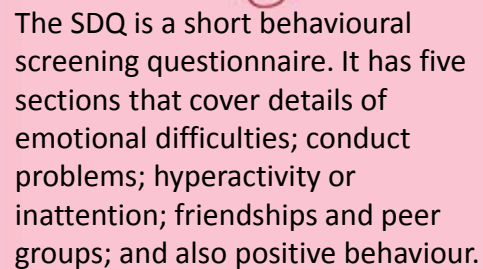
In Cheshire West and Chester, a third of children with completed SDQs had scores that were classed as 'cause for concern'.

All children initially taken into care may be suffering poor emotional wellbeing and showing symptoms of trauma and attachment issues due to their pre care experiences and their current situation. A stable, safe and loving environment with adults the child can begin to trust and thrive with can improve the emotional wellbeing of a child. In some cases specialist support, advice, and supervision will be required where the looked after child's problems require further expertise or intervention. These needs must be identified as early as possible so that the child can get the support needed and flourish in a stable placement and in their schooling. Without interventions, placements can breakdown and the child's mental health and behaviours can get worse. Complexity of need can be a challenge to support children into permanent placements. Some children may have severe behavioural and mental health issues that means they can not be placed with a family and they will require intensive support in a residential setting. Step down to fostering is a programme in Cheshire West and Chester Council that is being rolled out in 2018 and supports children to move from residential care to foster care by providing them with intense multi agency support to improve behaviour and build resilience.

### Strengths and Difficulties Questionnaire (SDQ) scores

Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional wellbeing of individual looked-after children aged 4-17 years as part of annual assessments. The questionnaire is completed by the child's main carer. Analysis of the scores gives some indication of the number of children who potentially have an emotional health difficulty. Unfortunately this can only be undertaken for those who have been in care for at least 12 months though it would be of interest to understand how scores differ from when they initially come into care from the IHA to 12 months checks, and to explore what placements and interventions they may have had during that time.

During 2017-18, 239 children aged 4-17 at their last assessment had a completed SDQ. This is 83% of the cohort who were required to have one. 48 children did not have an SDQ.



The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also positive behaviour.

SDQ score	2015-16	2016-17	2017-18
Percentage normal range	50.63%	42.26%	50.21%
Percentage borderline	16.74%	14.23%	15.06%
Percentage cause for concern	29.29%	35.56%	34.73%

Source: SDQ, Insight and Intelligence, Cheshire West and Chester Council

83 children had a score of 'cause for concern' and a further 36 were borderline.



Caring to Care is Cheshire West and Chester's commissioned mental wellbeing service for children living in care. During 2017/18, the service saw around 17% of children looked after.

SDQ scores are used to help decision-making about links with Child and Adolescent Mental Health Services (CAMHS) and the commissioned Caring to Care service exclusively for looked after children. However of those who are cause for concern or borderline cause for concern, specialist mental health services may only be able to support a small proportion of children and young people and they will have their own assessments for referrals.

### Caring to Care Service

In Cheshire West and Chester Caring to Care is commissioned to support looked after children who do not reach the threshold for CAMHS but are assessed by a health and wellbeing panel as needing an intervention. Access into the service is agreed by a multi-agency panel which includes key partners from Virtual Schools, social care, education psychology service, children in care nurses and specialist mental health providers.

During 2017-18, Caring to Care worked with 89 children. Almost half were aged 12-17 years and there was an even split between males and females seen.

Children and young people referred to Caring to Care have a range of needs. Only one primary referral reason is captured in reportable data, though it is likely that the child has multiple inter-related issues.

During 2017-18, referrals to Caring to Care showed that:

- 63% were referred due to an emotional concern (most often self-esteem/ confidence)
- 16% were referred due to relationship difficulties (most often the birth family)
- 13% because of behavioural issues (most often oppositional/ defiant behaviour)
- 5% because of instability (mostly within the placement)
- the most common reason for referral was for self-esteem/ confidence issues followed by anxiety and anger.

Caring to Care - Primary referral reason 2017-18	
Emotions - Self-Esteem/Confidence	23.1%
Emotions - Anxiety	17.3%
Emotions - Anger	14.4%
Relationship Difficulties - Birth Family	6.7%
Behaviour - Oppositional/Defiant	5.8%
Behaviour - Violent/Aggressive	4.8%
Emotions - Depression/Low Mood	4.8%
Relationship Difficulties - Attachment	4.8%
Instability - Within Placement	3.8%
Relationship Difficulties - Foster Carer	2.9%
Emotions - Loss/Grief/Bereavement	2.9%
Relationship Difficulties - Peer	1.9%
Behaviour - Self Harming/Risk Taking	1.9%
Health - Physical/Biological Health Concern	1.9%
Instability - School, Special Provision	1.9%
Behaviour - Missing Episodes	1.0%

Source: Caring to Care local data 2017-18

Approximately 70% of children are undertaking a therapeutic service and 30% will be seeing a Young Person's Worker. The service does not include psychiatric involvement. Outcomes and progress made is measured through the use of tools including Licenced Outcomes Star, SDQs and Warwick Edinburgh Mental Wellbeing Scale. Children are seen by the service on average 8 months from assessment to closure.



## High risk behaviours

All young people take risks to some extent, it is part of normal childhood development and it is not possible for carers and staff to remove all the things that could cause harm. However, harmful or excessive behaviours that are damaging to the child and/or those around them must be addressed and can indicate trauma. The child's carers are most likely to pick up on these behaviours. Schools will also be best placed to highlight issues of concern. The child's social worker will be responsible for addressing the needs of the child and the child's carers, and referring to appropriate support. Safeguarding issues are considered at each care plan review and health behaviours at health assessments. If issues go unresolved the child's health can be at risk, the child may have a traumatic experience, and a placement may breakdown. The child will not succeed in having a safe and happy family life in which they can achieve if they are not healthy and safe. All agencies and staff must work together to ensure that when a child is looked after they are kept safe from harm.

### Unhealthy lifestyles

Children and young peoples pre-care experiences mean they are more likely than their peers to partake in unhealthy behaviours such as smoking, substance misuse, unsafe sexual activity and self harm. These behaviours could be poor coping mechanisms to deal with trauma, or learned from their environment. Alternatively they can start during their time in care. These can continue if they do not receive support for their mental health and any addictions, and their resilience, self-esteem and aspirations improved.

In Cheshire West and Chester, we cannot explore the extent to which children looked after partake in unhealthy behaviours as:

- Details will be captured in the child's case notes which are not reportable.
- They may be admitted to Caring to Care but the emotional issue such as confidence or anger rather than the behaviours they are displaying may be captured as the primary need - 1.9% of children seen by caring to care are seen because of risk taking or self harm behaviour but this figure is unlikely to be robust. CAMHS data has not been supplied.
- Medical records will detail admittance to A&E for injury or overdose, and any treatments received, though this data is reported for all children in Cheshire West and Chester it is not available for looked after children only.
- Health behaviours are not asked in the SDQ questionnaire though even if they were, currently only an overall score is reported.
- The health assessment does capture details about behaviours though they are self reported by the young person. This information is not consistently recorded on the health tab for analysis, and to overcome under reporting by the child, the social worker or carer may need to be the person to answer these questions.



**Risky behaviours**

Truancy from school and going missing from care is risky behaviour as those children are more likely to engage with other young people and adults who are engaging in substance misuse and criminality. They are also at risk of child sexual exploitation and criminal exploitation.

During 2017/18, there were 462 missing incidents in the year for looked after children aged under 18. This was for 70 children with some having multiple missing episodes.

At the end of March 2018, there were 28 children who had a flag of CSE on their record indicating that when they came in to care there was a previous risk of sexual exploitation that must still be considered a risk while in care, though these risks will have been mitigated. A child who is particularly at risk may be placed outside of the borough to ensure they do not associate with those known to them who are considered a risk, this may also be the case for those in a gang or experienced radicalisation or other forms of exploitation.

The Youth Justice Service (YJS) monitor and report on children in care who are currently open on statutory Court Orders and out of court disposals, including custodial remands and sentences. The YJS were able to provide quarterly data with some analysis.

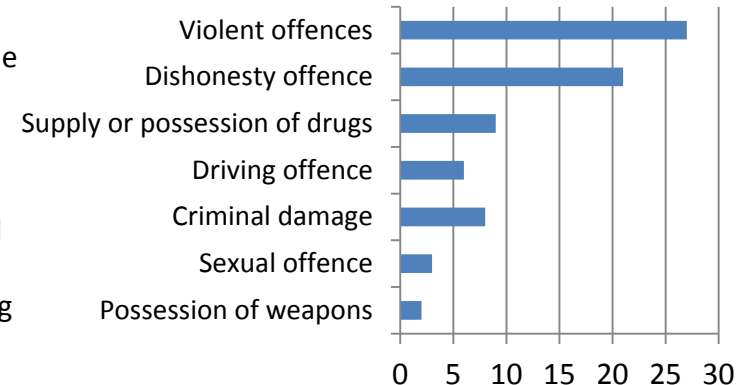
Youth Justice Service 2017/18	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Children in Care	All children	Children in Care	All children	Children in Care	All children	Children in Care	All children
Statutory orders	13	74	10	59	8	50	9	61
Out of court disposals	1	44	1	13	2	26	1	43

Source: Youth Justice Service, Cheshire West and Chester Children in Care Performance Scorecards 2017-18, Q1-Q4

It must be kept in mind that a year overview is unavailable and the same children might appear in multiple quarters so a total number of children cannot be calculated. However an average of 11 looked after children are dealt with each quarter.

Analysis of Youth Justice Service data over the four quarters indicates that almost all offenders are boys and the majority are on a care order, living within Cheshire West and Chester, and in a residential or supported living arrangement. Those aged 16-17 committed the highest number of offences with no offences taking place under the age of 13.

**Youth Justice System - Number of offences 2017/18**



Source: Youth Justice Service, Cheshire West and Chester Children in Care Performance Scorecards 2017-18, Q1-Q4

During 2017/18, 70 children had a missing episode(s) with an average of 6.6 missing incidents per child (Insight and Intelligence, Cheshire West and Chester Council).

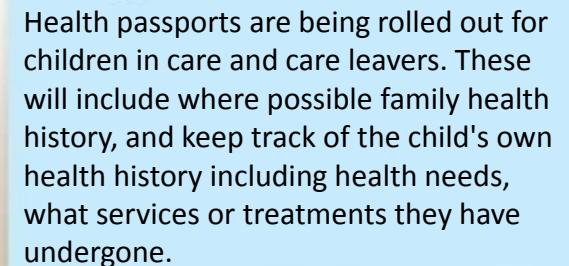
Youth Justice Service data showed that in Cheshire West and Chester, on average 3% of looked after children aged 10-18 are known to the youth justice system each quarter compared to 0.3% of all children.

During 2017/18, 17 year olds who were looked after committed the highest number of offences. The most common offence was a violent offence followed by a dishonesty offence (can include for example theft, possession of stolen goods, fraud, false accounting).



### Known gaps in health and wellbeing services

- Those experiencing trauma and neglect, signs of ADHD or autism, may not always be diagnosed as an 'organic' mental health problem but one arising from their environment. These children cannot access services and it becomes a care planning issue. Caring to Care goes some way in supporting children but there has to still be a threshold because of capacity. All children who come in to care are experiencing some form of mental health problem at that time – they can't all get help so we need to ensure they are in a stable placement as soon as possible where they can develop a loving and nurturing relationship.
- CAMHS has a high demand and nationwide it is believed that there are long waiting lists and criteria can be severe. Caring to Care was put in place to help support those children that do not meet the CAMHS threshold. However some children that should access CAMHS may be referred back into Caring into Care if the capacity is not there.
- Some services will not allow a children access until they are in a stable placement but getting a child a stable placement can be difficult until they have support for their behavioural and emotional needs.
- At age 16 transitions from children's services to adult services can be difficult for example from CAMHS to adult mental health support. A number of children previously accessing support will no longer be eligible for support.
- Children and young people who are looked after may miss appointments leading to the closure of cases, or behavioural inappropriately which means they will no longer be seen. Criteria may need to be different for looked after children to ensure they are able to get the support they need.
- There are particular challenges and delays for those placed out of borough in accessing specific health services when a child is placed within another Clinical Commissioning Group as they are often not eligible for services within that area. This results in children struggling to obtain the clinical care and support required to address poor emotional and mental health, which is a concern when it is the most vulnerable children who are hardest to place that are often placed outside the borough.
- Care leavers do not have an annual health assessment so it is difficult to assess and understand the health and wellbeing needs of those aged 18 plus. Care leavers are supported to ensure they have everything in place for them to manage their own health and wellbeing as young adults, but we do not know how well they successfully manage this



Health passports are being rolled out for children in care and care leavers. These will include where possible family health history, and keep track of the child's own health history including health needs, what services or treatments they have undergone.





## Challenges

- Information from the initial health assessment and annual health assessments are not automatically copied from the assessment form to the health tab of liquid logic. Capacity to do this is limited which means only what is statutory to report on is consistently entered.
- If all information was entered in to the health tab there is still needs around better reporting of lifestyle issues which are self-reported by the child and not asked as a behaviour in the SDQ questionnaire which a carer completes, and suggested referrals do not tell us if the child did access that service.
- Universal and specialist services do not capture the numbers of looked after children they are seeing in their datasets.
- Health issues may be captured on the child's medical record and in no other place. The local authority can access these upon request but information has not been collated for all children and it is not reportable data.
- Nationally, issues have been raised about the SDQ questionnaire (see box on the right).
- Youth Justice Data does not give a yearly overview of numbers of looked after children it sees.
- Care leavers do not have to undergo a health assessment and little is known about their health and wellbeing needs.
- Knowledge of health history can be a challenge and health passports are just beginning to be rolled out. As of yet this is inconsistent.
- Without understanding the needs of children and young people and which needs are being effectively met, it is difficult to explore gaps in support.

## Shortcomings in SDQ

Although the Strengths and Difficulties questionnaire is a useful tool providing a consistent approach to measuring emotional and behavioural problems, the National Children's Bureau research showed mixed views on how well it works in practice. Due to this they found that a number of professionals relied on their own bespoke and informal measures to inform their work with children in care often a holistic view incorporating school attendance, attainment and participation. Issues raised about the SDQ include:

- reliance on a positive trusting relationship between the child and the person administering the questionnaire, which did not always exist
- the questionnaire not being flexible enough to work for children with particular communication needs and experiences
- the questionnaire not taking account of some indicators of wellbeing, such as involvement in afterschool clubs or engagement in exercise, which were seen as important by professionals
- it is not always undertaken at the point of entry into care so a baseline cannot be provided
- carers and social workers completing the questionnaire may be reluctant to engage with SDQ or concerned about the answer they select if it is felt it will be used to judge the quality of care they are providing
- mixed practice about the extent to which SDQ scores are used to access specialist mental health services, services may apply their own referral criteria
- it is not completed for children aged under 4 or over the age of 17.



Of those children living in care in Cheshire West and Chester:

- 98% understand why they are in care
- 93% like where they are living
- around half have contact with the people they want to. 47% have people they would like to have contact with but don't
- 91% feel they have support in planning for the future

Source: Children in Care Survey, 2018, Cheshire West and Chester Council

An annual Children in Care Survey is sent to all children living in care which asks a range of questions. The 2018 survey was completed by 59 children and young people. **However none of these children are in residential care – almost all were living in foster care and a small number living with their family. This may mean those most vulnerable did not complete the survey and their views still need to be explored.**

### Living in care

Nearly all the children and young people understood why they were in care and liked where they were living. Of those who replied to what they like about living in care, the most common response was supportive and caring family/ carers followed by feeling safer, and taking part in more activities. When asked what they liked least, the most common response was missing family and friends and having to do things including chores, restrictions on movies and games and going to bed early. When asked what would make care better, the most popular answer was more contact with family and friends. Other answers included consistent social worker.

### Social workers and Independent Reviewing Officers

The majority of children liked their social worker and IRO or thought they were OK. Around 80% of children found it easy to contact their social worker and 85% to contact their IRO. Of 45 children who answered the question about the number of social workers they had, nearly all had had more than one social worker, the median being five social workers though for some this was in double figures.

### Health and wellbeing

Nearly all of the children felt healthy and said they get all the health information they need. The majority had had a health assessment in the last 12 months and 74% felt they had benefited from it. In terms of emotional health, three quarters think someone else other than a doctor or a counsellor would be best to help them. The majority of children have a named person in school they can talk to about things. 73% of children said when they are struggling in school they get help often, 19% said sometimes they get help and 7% said they do not get help.

### Information

Information is needed to be shared with the young people more consistently about the following:

- PEP leaflet and copy of their PEP
- Virtual School
- Your Story work
- Children in Care Council Trust Fund
- Children in Care Council, particularly the website and pledges
- Pupil Premium
- how to get a free leisure pass
- National Youth Advocacy Service
- Independent Visitor

The Children in Care Council is a group of young people who are all cared for by the local authority. The Council gives them the opportunity to shape and influence the care they receive, helping to shape the overall strategy for children living in care in Cheshire West and Chester.



Young people leaving care are among the most vulnerable young people in our society. Research shows that their journey through the first decade of adult life is often disrupted, unstable and troubled. They often struggle to cope and this can lead to social exclusion, long term unemployment or involvement in crime. Early plans for transition and continued support is essential.

Unlike their peers who normally remain in the family home, care leavers will often be living independently by the age of 18. National research has found that care leavers are more likely to:

- have lower levels of educational attainment
- be unemployed
- live in unstable and poor quality housing or be homeless
- be young parents
- have mental health problems
- have relatively high levels of drug use
- be over-represented in prison

These poorer outcomes are related to their pre-care experiences such as abuse and neglect, and those while in care such as disruption and instability. 'A successful transition to independence is linked both to the quality of the care experience and the specific support directed at the transition itself' (Taken from Supporting care leavers' successful transition to independent living, Research Summary 9, August 2012, NCB).

A review of research on the effectiveness of leaving care services carried out by NCB Research Centre found that certain elements stood out as crucial:

- ✓ a stable placement while in care, particularly those placements that developed strong relationships
- ✓ access to and continuity of professional and informal support for young people as they prepare for leaving care and during the transition out of care
- ✓ the need for the young person to plan ahead and prepare for their transitions to independence, including solid contingency planning
- ✓ young people involved in making decisions through the planning and transition period.
- ✓ equipping young people with key practical and life skills.

- Children in care aged 16-17 will be classed as 'in care' and remain living in their current placement until they turn 18 unless they do not want to. They are eligible for care leaver support and are called 'eligible children'.
- Those aged 16 and 17 who choose to leave care are called 'relevant children'. They are still eligible for support unless they return home where they will receive support for the first 6 months and then become the responsibility of their family.
- Former relevant children are those aged 18 to 21 who were eligible children or relevant children when under the age of 18. The local authority has a duty to remain in contact and provide support.
- As of April 2018, all former relevant children aged 22 to 25 are eligible for support which is available upon request (all care leavers aged 22-25 have been informed about changes).



Although national research discusses the long term effects of growing up in care and the impacts it has on a safe, happy and secure life during adulthood, locally data on care leavers over the age of 21 is not collected. There is no way of knowing if adults who were in the care of Cheshire West and Chester Council do go on to lead and maintain fulfilling lives. Up to the age of 21 they are supported by the local authority as young adults so it is this data that is the focus on this section.

### Provision

In Cheshire West and Chester, the Leaving Care Team works with young people to provide opportunities and help them make the right choices through the transition to adulthood and independent living. This includes providing a wide range of services, information and support. At October 2018, there were 307 care leavers accessing or eligible for support; of these 187 were aged 18 to 21 and 89 were aged 16 and 17. A lower number were aged 22-25 who have the option of requesting support.

The demand on the Leaving Care Team is expected to increase as the offer of support for care leavers up to the age of 25 becomes embedded. It is estimated that of those aged 22 to 25 who could request a service, at any one time 30-35% will request a service.

### Pathway plan

It is the local authorities responsibility to complete an assessment and develop a pathway plan within three months of every looked-after child's 16th birthday to help them towards independence. A dedicated Personal Advisor is responsible for implementing and reviewing the plan based on changing needs. The plan covers key areas including accommodation, education, training, career plans and support needed. Preparations for leaving school will have begun earlier as part of the child's Personal Education Plan (PEP) via their Education advisor and social worker who will both link in with the Leaving Care Team.

During 2017/18, there were 208 young people with care leaver status in Cheshire West and Chester:

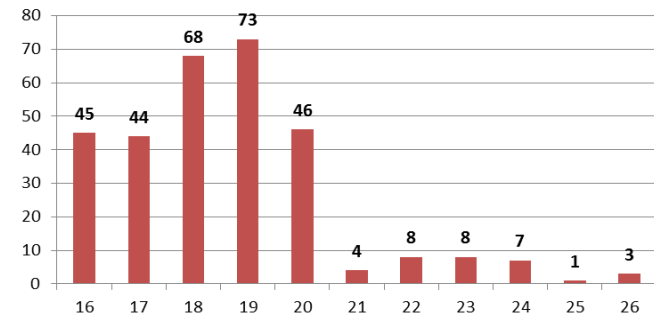
- 8 were aged 16-17
- 200 aged 18-21

Of these, the Care Leavers Team was in touch with and providing support for 195 care leavers (93.3% of all those with care leaver status).

Approximately 160 young people aged 22-25 had care leavers status and were eligible for optional support.

Source: Insight and Intelligence, Cheshire West and Chester Council

Number of care leavers supported by the Leaving Care Team by age at October 2018



Source: Insight and Intelligence, Cheshire West and Chester Council

Cheshire West and Chester's local offer was shaped by care leavers, to support care leavers as they make the transition into adulthood and independent living. The local offer provides information about all the services, support and entitlements that is available to care leavers from the local authority.



### Accommodation

In 2017/18, 92% of care leavers aged 19-21 were in suitable accommodation compared to 84% in England.

Since 2013, Cheshire West and Chester have had consistently higher percentages of 19-21 year olds in suitable accommodation compared to England, the North West and Statistical neighbours.

Where they will be living is the biggest concern for care leavers. A young person remains in the care of the local authority until the end of the academic year of their 18<sup>th</sup> birthday. Local authorities have a duty to assess and meet young people's accommodation needs up to the age of 21. After the age of 18 however, care leavers will be financially responsible for themselves unless in education or training, and will be supported to understand and apply for benefits including housing benefit if they are not in employment.

The Children and Family Act 2014 introduced the 'staying put' framework to give young people the choice to stay living with their foster carers until their 21<sup>st</sup> birthday. This was considered valuable to provide stability during the transition to adulthood, learn life skills and enable young people to remain in their current home as they complete further education and training. At December 2018, 15% of care leavers aged 18-21 were in a stay put arrangement. Comparable data with England is unavailable.

Cheshire West and Chester Children's Services also facilitate a Staying Close facility for young people living in the Borough's Children's Home. When they are ready to move to a semi-independent living setting, they can move to nearby staffed Brook Street Group Home that comprises of five self-contained flats. This Staying Close arrangement allows young people to maintain regular contact and emotional support from the staff team of the Children's Home. Once they are ready to live independently they can progress to the dispersed tenancy scheme.

Care leavers are able to make a housing application at age 16 and 17 years olds and bid on suitable properties, if successful the tenancy is held by children's services until the young person reaches aged 18 or is ready to move in. The dispersed tenancy scheme has a Floating Support Service to provide a care leaver with a tailored support package.

Care leavers will have views on where they want to live and are likely to have a preferred location in a preferred accommodation type. Choice is therefore essential. There are a range of accommodation options offered with varying level of support – some will have no support except for from their PA, others will have 24 hour support if needed. In Cheshire West and Chester there is a need for more semi-independent living social housing – there are plans for this to be increased by 15 properties per annum.

In Cheshire West and Chester, the majority of care leavers are in suitable accommodation – those who are not are in custody.



At December 2018, 52% of 16-17 year olds were still living with their foster carers and 11% were in residential care. A quarter were in either semi-independent or supported living.

Half of young people aged 18-21 were living independently such as in a social housing or a private tenancy. 9% were in accommodation that had extra support on top of that provided by the PA – supported living, mother and baby placements and residential care.

Snapshot December 2018 - Type of accommodation	Number of 16-17 year olds	Proportion of 16-17 year olds
Foster care	32	52%
Living with family	3	5%
Residential care	7	11%
Semi-independent living	12	20%
Supported living	3	5%
Hospital/ facility	4	7%

Snapshot December 2018 - Type of accommodation	Number of 18-21 year olds	Proportion of 18-21 year olds
Independent living	90	51%
Supported living	13	7%
Stay put arrangement	27	15%
Living with family	26	15%
Living with friends	7	4%
In custody	8	5%
Mother and baby placement	1	1%
Emergency accommodation	1	1%
Residential care	1	1%
Not known/ not in touch	4	2%

Source: Children and Young People Team, Cheshire West and Chester Council

Data is not collected for care leavers over the aged of 21 to understand where they end up living or future homelessness. Although a high level of support is provided by social services during the leaving care period, it is likely to be limited in the longer term. Care leavers up to the age of 25 can access support from the Leaving Care Team who can help to get the individual into emergency accommodation and plan with them a way forward e.g. are they accessing the right benefits and services that are available to them. Care leavers are more vulnerable to poor mental health, substance misuse and less likely to be in employment. This means they are a high risk group for future homelessness in adulthood. The charity Shelter estimate that between a quarter and a third of all people sleeping on the streets have spent time as children being 'looked after' by local authorities.



## Care leavers

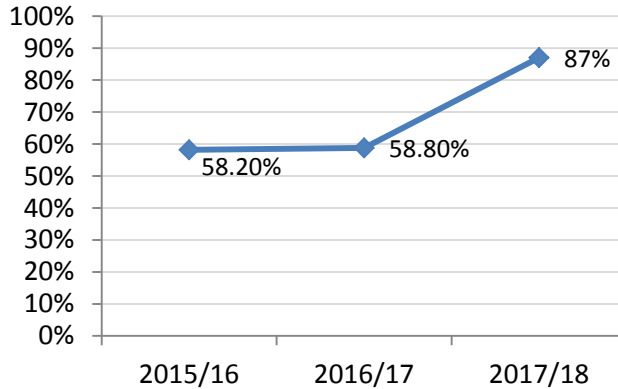
### Education, training and employment

In 2017/18, 87% of 17-21 year old care leavers were in employment, education or training (EET). This is an improvement on the previous two years. For this age group, comparison to the national average is not available. Looking at those aged 19-21 years, there is a drop in percentages with just over half (53.6%) of care leavers in EET. This signifies that there has been achievements in supporting younger care leavers but more support may need to be offered to older care leavers.

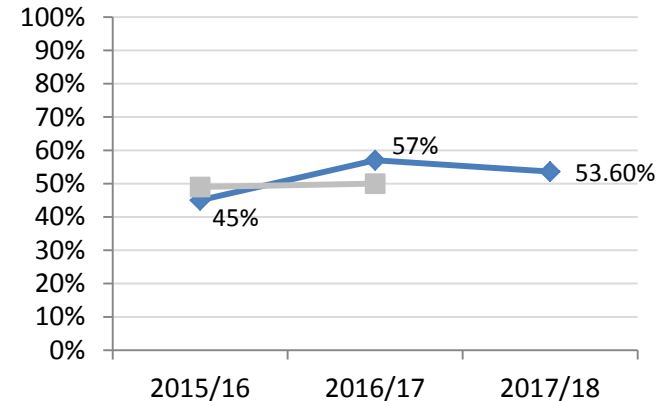
During 2017/18, 53.6% of care leavers aged 19-21 were in employment, education or training, a decrease from 2016/17.

54.8% were not in employment, education or training (NEET) which is a higher proportion than the previous year when 40% were NEET.

**17-21 year olds in employment, education or training**



**19-21 year olds in employment, education or training**



Source: Insight and Intelligence, Cheshire West and Chester Council

At September 2018, 59% of young people were in education. This was the most likely activity for those aged 16-17 and aged 18-21. This was followed by being NEET – 20% were not in education, employment or training, 30 young people. However 6% (12) were unable to work due to their health or pregnancy. Of the 28 able to work but not, 22 were actively seeking employment or training.

The Virtual School provides support and guidance to all care leavers in education up to age 25 years. However this is an area of challenge as the Virtual School does not receive any funding for post 16 young people in care. They also provide training to further education settings.


Activity at September 2018	Age 16-17	Age 18-21	Age 16-21 - % of cohort
Education	52	53	59%
Apprenticeship	2	11	7%
Training (mostly on the job)	7	7	7%
Employment	2	10	6%
Custody		8	4%
NEET - able to work	6	20	14%
NEET - unable to work	2	10	6%
Unknown		3	2%

Source: Early Help, Schools and Partnership Team, Cheshire West and Chester Council



An apprenticeship is a job with training so young people can earn while they are learning and gaining qualifications. Traineeships are for 16 to 24-year-olds who want to work but need extra help to gain an apprenticeship or job. These tend to be unpaid but helps the young person gain the relevant skills and experience.

The Leaving Care Team work closely with a number of organisations, like Work Zone and the Youth Federation, to prepare the young person for work. This includes having an up-to-date CV (curriculum vitae), attending confidence building/motivational workshops and work taster placements. Managers who work in the Council and in local businesses offer mentor support to care leavers and will organise a mock interview to help develop interview skills. The young person receives support to set up a bank account and get a national insurance number.



As part of the Local Covenant to Care Leavers, companies associated with the Council and some local businesses have pledged to offer apprenticeships/ internships to care leavers.

### Health and wellbeing

Care leavers have health assessments until they are 18. For those with specific health needs, discussion of how these will be met going forward will be documented in the care leavers Pathway Plan. Data is not reportable on what the specific health needs of care leavers are or if these needs are effectively met as they transition from being a child in care to young care leaver to older care leaver.

Care leavers will be given support to manage their own health and wellbeing needs. At their final health review, the young person will be given a summary of their health history. It will be ensured that the young person is registered with a GP near to where they are living and their GP will also have a copy of the young persons health history. A flag will be placed on their GP record that they were a child in care. The young person will need to have an understanding of the services available to them, when and how to access these services, and advice on how to book and attend health appointments, dental appointments and optician appointments. Care leavers will receive funds agreed in advance to cover travel costs to appointments. The young persons PA and leaving care team will be on hand to assist in any difficulties or questions the young person may have.





### Cheshire West and Chester have invested in the care leaver offer and during 2017/18:

- All care leavers are given band A priority for housing applications and can begin making an application prior to their 18<sup>th</sup> birthday.
- Unlike other local authorities, Cheshire West and Chester pay the council tax of care leavers.
- An additional quarter of a million is being invested in services to support those aged 22-25.
- The offer has been developed in regards to apprenticeships, training and working opportunities as part of the Care Leaver Offer. This has included working with training providers to assist care leavers to become work ready and developing a partnership with SPECTRA First who will liaise with businesses and industries to create additional EET opportunities. SPECTRA First will be running this programme nationally but currently Cheshire West and Chester one of only six areas to be involved in the SPECTOR First programme.
- The participation team and Virtual School support young people who are NEET to find opportunities. A NEET Panel was set up in 2018 to assist getting young people to engage in EET activity.

### Identified areas for development

- Care leavers need a choice of accommodation in areas that they want to reside in but this has been a challenge in Cheshire West and Chester with gaps in housing stock, particularly one bedroomed social housing, which has led to the commissioning of one off spot purchase placements. Scrutiny are assessing housing stock with the proposal that housing providers provide 15 properties per annum.
- Create EET support workers so young people can be supported when they are introduced to a training and work setting. This will build on the work of the participation team.
- National research supports the provision of staying put arrangements and the benefits it can bring to the young person. More care leavers in Cheshire West and Chester should be encourage to remain with their previous foster carers when appropriate.
- There is a gap in knowledge, or at least reportable knowledge, about the health and wellbeing of care leavers as there are no annual assessments and we can not draw data from public health commissioned services such as sexual health services, or able to take an overview of need from their GP records. We can not evidence if their health and wellbeing needs are being met. There are care leavers who are have complex needs, disability or parenting responsibilities and we can not explore how well they are being supported not only with their need but to thrive.



Young people living in care and care leavers will have their needs assessed regularly and be referred to, or signposted to, appropriate services. These needs will vary across their care journey and may be influenced by their age and pre-care experiences. In Cheshire West and Chester, the services a young person has accessed during their time in care is captured in their case notes. For care leavers it may not be captured at all. This makes it difficult to analyse the services being used. There is also little data to understand demand and gaps in service provision. Below are public sector services, commissioned services and those that work closely with Cheshire West and Chester Council that a child looked after or care leaver may be accessing. There will be many charities and voluntary groups providing additional support that are not captured below.

### Universal services

General Practitioner  
 Health visitor (under 4)  
 Paediatrician (under 4)  
 School nurse (age 5-16)  
 Dentist  
 Optician  
 Educational setting (age 5-21)  
 Young Peoples Service  
 Participation Team  
 Training providers  
 Department of Work and Pensions  
 Work Zone  
 Brio Leisure  
 Youth Federation  
 Youth Senate  
 Children's Centres (support parents)  
 Starting Well Service (support parents)  
 Sexual Health Service  
 NHS Go  
 Young Minds

### Specialist services

Early Years Specialist Support  
 Speech and language therapy  
 Autism Team  
 Occupational therapy  
 SEND team  
 Children with Disabilities Team  
 Specialist health services  
 Child and Adolescent Mental Health Service (CAMHS)  
 CAMHS LD  
 CAMHS 16-19  
 Turning Point – Substance abuse  
 Cheshire Change Hub (smoking and weight)  
 Addaction (missing from care)  
 Youth Justice Service  
 Adult Social Care Services  
 Adult Mental Health  
 For Futures Housing Team  
 Council Help Team (benefit advice)  
 Welfare Visiting Team  
 Phoenix LGBT Cheshire  
 West Cheshire Foodbank  
 Family Nurse Partnership (for first time parents)  
 Emergency accommodation for 16-18s

### LAC and care leaver Specialist services

Social worker  
 Personal Advisor  
 Independent Reviewing Officer  
 Virtual School (age 5-18)  
 Personal Education Plan coordinator (age 5-18)  
 Designated teacher  
 LAC nurse  
 Contact service  
 Fostering support worker  
 Adoption support team  
 Children in Care Council  
 Caring to Care Service  
 National Youth Advocacy Service  
 Leaving Care Team inc financial assistance  
 Participation Team  
 Staying Close facility  
 Care Leavers group home  
 Dispersed Tenancy Scheme  
 Care leavers floating support service  
 Apprenticeships and Traineeships  
 See [Care Leavers Local Offer](#)



A number of initiatives and new ways of working were put in place in Cheshire West and Chester during 2017/18:

- a strong focus on attainment of children in care
  - setting up of an Education Children in Care Practice Improvement Meeting
  - a refresh of the 'Diminishing the Differences for Disadvantaged Learners Strategy' and Action Plan
  - development of a performance tracker to support schools and other educational setting
  - increased capacity of Personal Education Plan (PEP) coordinators
  - an annual Education Conference to provide support to Foster Carers and supervising social workers
- focus on preventing families escalating to children's social care
  - improved interface between Early Help and Prevention and Children's Social Care
  - approach to meeting need including Edge of Care and Family Group Conferencing
- Regional Fostering Collaboration
- model of adoption
  - embedding fostering to adopt and concurrent planning
  - planning for permanence in a different way using the lowest court order possible to reduce number of children being adopted. This included working with relatives and friends of the family for long term fostering arrangements
- Step Down to Fostering initiative has become part of the strategy to support need - stepping down children from residential to foster care by intensive support
- the Virtual School funded a number of initiatives including schools being supported to be attachment friendly and trained in ELSA (emotional literacy support)
- practice development sessions (Practice Point) have been implemented in children's social care
- supporting care leavers into education, training and employment
  - working with training providers to assist care leavers to become work ready
  - monthly data tracking to ensure vulnerable young people are targeted appropriately
  - NEET Panel operational group to look in depth at the needs of our individual young people
  - Individualised Journey to Employment Assessment for each young person
- investment in the Care Leaver Offer including care leavers being given band A priority for housing applications, ability to apply for a tenancy being made before their 18<sup>th</sup> birthday, and payment of council tax



Priorities for 2019-2020 include:

- To embed a trauma informed practice model (involves understanding, recognising and responding to the effects of all types of trauma).
- Open a Therapeutic Children's Home for those aged 7-12 who have experienced significant trauma.
- Offer increased support to carers.
- Roll out of fostering recruitment initiatives 2019-2020.
- The Virtual School will be funding a person centred counsellor to work with children in care, roll out further teacher training with a focus on mental wellbeing, and receive support and learning from Ancora House (a child and adolescent mental health inpatient unit who have an onsite short stay school and outreach team).
- The Virtual School will be improving the quality of target setting to ensure time limited interventions have a measurable impact on outcomes.
- Work with NHS England is being planned to explore better systems for meeting the dental health needs of children in care.
- The escalation pathway for late requests for Initial Health Assessments has been further strengthened in order to improve the timeliness of the requests and close monitoring of this activity will be maintained throughout 2018-19.
- There will be continuation of the roll out of health passports to children in care and care leavers.
- Together for Adoption are addressing the challenge in finding suitable adopters for sibling groups and children with complex needs. There is a need for recruitment of TFA families who are able to support a range of children, which is a focus of their work going forward.
- An additional quarter of a million is being invested in services to support care leavers aged 22-25.
- Cheshire West and Chester will be one of six areas to be involved in the SPECTRA First Pilot Programme which will create additional EET opportunities.