Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN IN CARE AND CARE LEAVERS

September 2024

Topic information	
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Executive summary

Introduction

This chapter considers the needs of children and young people who are in care or have left care in Nottinghamshire, often referred to as Looked After children and Care Leavers.[*] A child who has been in the care of their local authority for more than 24 hours is known as a child in care, with the local authority acting as their Corporate Parent. There are 4 main ways children and young people enter care under The Children Act:

- children who are accommodated under a voluntary agreement with their parents or at the request of the young person if aged 16 – 17 years old, this can include children with respite care (section 20, The Children Act 1989);
- children who are subject to a compulsory care order, interim care order or supervision order staying with birth family or other legal orders (section 21, The Children Act 1989);
- children who are the subject of emergency orders for the protection of the child (section 44, The Children Act 1989);
- children who are compulsorily accommodated which includes children remanded to the local authority or subject to a Youth Rehabilitation Order with a residence requirement (section 21, The Children Act 1989).

If not before, when a young person turns 18 years, they will leave the care of the local authority. This chapter will consider the needs of care leavers up to the age of 25 in alignment with Nottinghamshire's Joint Local Offer for Care Leavers. This offer acknowledges the support needed for a care experienced person does not end at the age of 18 and that local health and care partners have a collective responsibility to support young people that has been through the care system.

Alongside universal services, there is a range of specialist and statutory services providing support to children in care. This Joint Strategic Needs Assessment chapter has reviewed national and local evidence to assess the needs of care experienced children and young people in relation to their health and wellbeing, education and employment, placement and housing, youth justice and transition to adulthood. It identifies challenges and unmet need, outlines policy guidelines, and concludes with key recommendations for how local health, social care and community partners can support care experienced young people in Nottinghamshire to live happy, healthy, and thriving lives within their local community.

Summary of Need

It is known that children in care can have worse outcomes and suffer greater health inequality than the general population. They are more likely to have mental ill health, poor educational attainment, worse physical health and adverse childhood experiences that impact their development and emotional wellbeing throughout their lives. Therefore it is

[*] There are many terms interchangeable for children in care. These include Children Looked After, Looked After Children. For the purpose of this needs assessment and in response to some children and young people's wishes, the term children in care and leaving care will be used.

important that their needs are met in a timely manner to ensure they are supported to be safe, healthy and prepared to transition to young adults. Key findings of this needs assessment include:



56% of children in Nottinghamshire enter care due to abuse and neglect. There is a small increase in children entering care due to absent parenting (21% of all children in care in 2023).



58% of children in care in Nottinghamshire are placed in foster care, this has been decreasing in recent years.



97% of children and young people in care had their annual health checks complete and 98% received their vaccinations. There are delays with children receiving timely health assessments while in care.



60% of children in care have seen a dentist in the last twelve months, which is below the average for England and the East Midlands for children in care. Diet and nutrition, emotional wellbeing and oral health are the most common interventions needed for children in care.



Children in care are more likely to have experienced Adverse Childhood Experiences (ACEs), which cause damage to a person's health and long term outcomes. There are services available, but some have a wait list for support.



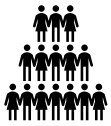
Children in care in Nottinghamshire seem more likely to have a substance use disorder than other children and not all of these children receive an intervention. Cannabis is the most commonly recorded substance in referrals to substance use service.



12.4% of children in care locally achieved 'good' GCSEs in English and Mathematics (grade 5 or above) compared to 49.8% in the overall population. Children in care are more likely to have special education needs.



41% of 19-21 year old care leavers in Nottinghamshire are not in education, employment or training compared to 11% of other young people of the same age.



40% of children known to Youth Justice in Nottinghamshire were a child in need, and 12% of children were or had been a child in care. There were 11 first time entrants who were in care last year and no child in care on remand.

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Recommendations

	Recommendation	Lead(s)
	Data collation and reporting	
1.	Utilise initial and review health assessments to record need and outcomes at regular intervals while in care and inform care planning.	Health providers
2.	Explore and review considerations of care experience being treated as a protected characteristic and understand locally how partners and services can reduce discrimination and promote better outcomes for care experienced people. Review existing data records and explore if/how to record looked after status of a service user to understand if needs are being met for children and young people in care or who have left care.	NCC
3.	Utilise local data insights to assess the need and pathway for a locally commissioned sensory processing assessment and treatment service for children in care, reviewing if this would be required to meet the needs of the entire cohort, or the caseload of the CAMHS CLA and Adoption service.	ICB
4.	Develop a set of key performance indicators that can hold partners and services to account for statutory responsibilities and also demonstrate impact on outcomes for children in care for the Nottinghamshire Looked After Children and Care Leavers Partnership Board.	NCC
5.	Create functionality in social care records to monitor registration at a dentist and dental check-ups as part of case management.	NCC
	Strategic planning & governance	
6.	Create a delivery plan for the Nottinghamshire Looked After Children and Care Leavers Strategy and consider how the findings of this JSNA can inform the next iteration of the strategy.	LAC Board
7.	Work with neighbouring local authorities to develop partnership agreements around the delivery of services for Nottinghamshire children placed out of area, specifically regarding mental and emotional health and inequity between access to CAMHS services and non-core commissioned services for young people placed in and out of Nottinghamshire.	NCC (D2N2) NHS England
8.	Obtain care experienced children and young people's views on services & access and how they would like this to be delivered.	NCC, ICB, Health
9.	Establish a steering group for unaccompanied and asylum seeking children and young people within the Nottingham and Nottinghamshire Integrated Care System to address: a) **Healthcare and Mental Health-** ▪ Trauma-informed health screening upon arrival. ▪ Access to culturally and linguistically appropriate mental health services. b) **Training and Awareness-** ▪ Training offer on the unique needs of UASC, including cultural competence, trauma-informed care, and legal/social contexts of asylum. ▪ Awareness among practitioners and carers of UASC-specific issues such as health needs, safeguarding, language, culturally sensitive care, and the risk of going missing.	ICS

	c) **Collaborative Care-** ▪ Involvement of multi-disciplinary teams (healthcare professionals, social workers, educators, legal advisors) to tackle UASC complexities. d) **Community Engagement-** ▪ Promotion and adaptation of community resources, awareness and engagement to support UASC social integration and reduce stigma and discrimination.	
	Service Delivery	
Health & Wellbeing		
10.	Develop a minimum service specification for Therapeutic Residential providers within Nottinghamshire, and working with providers create a list of providers that meet this service specification that can be used for triage.	ICB, NCC
11.	Evaluate the effectiveness of the Barnardo's service in supporting emotional wellbeing and mental health needs when a care leaver is not accessing adult mental health services.	ICB, NCC
12.	Work with both children's and adults' mental health services to examine age cut offs and investigate if more flexible and effective transition arrangements can be put in place to enable dovetailing of services and explore whether leaving care could be considered a priority group in adult mental health services (e.g. lower thresholds, prioritised of waiting lists, higher tolerance for missed appointments).	ICB, NCC
13.	Review current dental service specifications and commissioning arrangements to improve access for children and young people in care and leaving care who require a dental review or who require an urgent assessment due to pain/discomfort and cannot access a dentist.	ICB
14.	Review current commissioning arrangements for Initial and Review Health Assessments to ensure sufficient capacity to meet the increase in the number of children in care and reduce evidenced delays and improve statutory compliance.	ICB, NCC
15.	Ensure, and consider training, that all practitioners working with children and young people in care are aware of the impact of trauma (including developmental trauma) and attachment difficulties and appropriate responses to these.	ICB, NCC
Substance Use		
16.	Develop a cascade process from substance use services to social workers about any current substance alerts that may be a threat to children in care and care leavers. Hold regular CPD sessions with social workers locally to support with training around the identification of substance use and the treatment offer available.	NCC, PH
17.	Review how Independent Review Officer record substance use to ensure consistency in the threshold of the definition of substance use and maximise data quality and the understanding of substance use need within children and young people in care.	NCC, PH
Education		
18.	Work to secure a regional agreement on the prioritisation of children in care regarding the assessment of special educational needs (SEN), initiation of SEN support and additional support needs to all schools (both mainstream and special schools). This agreement should include agreed standardised and local funding arrangements in line with the High needs funding operational guide to avoid delay in the delivery of services due to differing processes.	NCC

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Full JSNA report

What do we know?

1. Who is at risk and why?

1.1. Definition and Scope

A child in care is defined as a young person who has been under the care authority for more than 24 hours. Under The Children Act 1989, a local authority can apply for a care order if it believes a child or young person is suffering, or at risk of suffering, significant harm. If granted by the court, this order gives parental responsibility to the home local authority of where the decision for the child being taken into care was made.

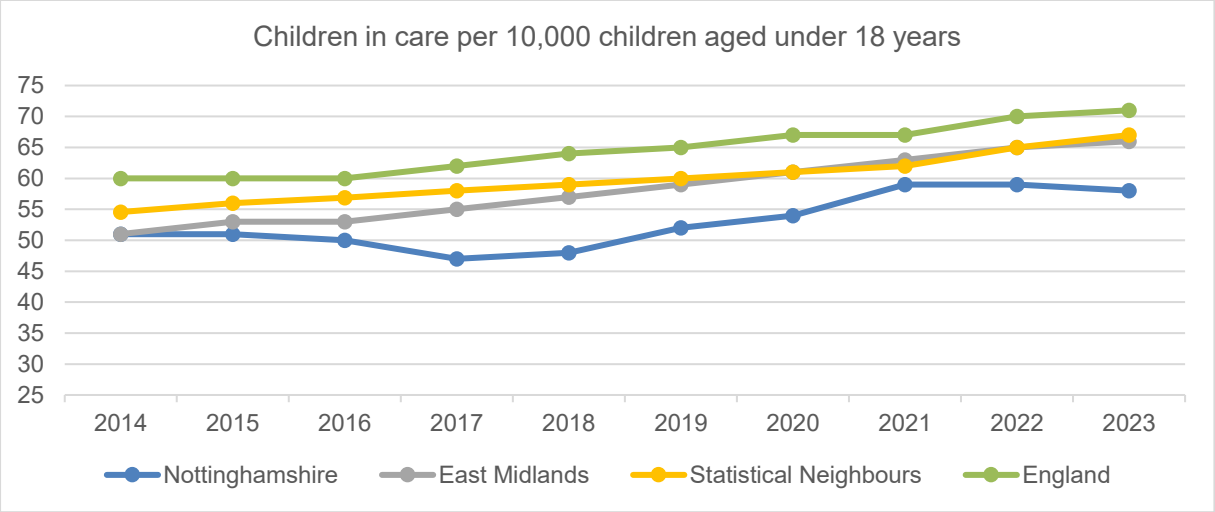
Another pathway into care is when the local authority provides accommodation for 'children in need' who are assessed as requiring help and protection as a result of risks to their development or health. This group includes children subject to child in need plans, child protection plans, young carers, and disabled children. The accommodation can be on a short or long term basis and does not involve the courts, with the parent(s) retain full parental responsibility of the child or young person.

A child or young person may also become looked after if charged with an offence and remanded to Youth Detention Accommodation (YDA). This is when a court has either refused bail pending a court hearing or given a custodial sentence. In these cases, the child must be provided with accommodation and support by the local authority in response to the range of the child's needs.

1.2. National Picture

Within England, 83,840 children and young people were in care on 31 March 2023, representing a 24% increase in the number of children in care in the last ten years.[1] The increase in children in care has not been influenced by an increasing population of children and young people as the number of children in care per 10,000 children has also steadily increased year on year. Figure 1 demonstrates this and shows the national, regional, and local pattern of children and young people in care in England. It does indicate that locally the proportion of children entering care has plateaued in recent years, whereas regionally and nationally this has continued to increase.

Figure 1. Rate of children in care per 10,000 children for Nottinghamshire, Statistical Neighbours, East Midlands and England.



Source: National Government, Department for Education, Local Authority Interactive Tool (LAIT), January 2024.

In 2023, most children in care in England were aged between 10 - 15 years old (38%), followed by 16 years + (26%), 5 – 9 years old (18%), 1 to 4 years old (13%) and 5% of children in care were aged under 12 months. 43% of children in care were female and 57% of children in care were male. These age and gender proportions have remained consistent over time.[2]

Most children in care in England are from a white ethnic background and this has been a consistent trend over the years. 71% of children in care in England were white in 2022 – 2023, compared to 73.5% of the general population of children under the age of 18 evidenced in the 2021 census.[3] Data suggests children with mixed or multiple ethnic background are slightly overrepresented within the care system with 10% of children in care from a mixed or multiple ethnic backgrounds, and only 6.6% of general population of children under the age of 18 from a mixed background.[4]

1.3. Risk Factors

In 2023 the main reason recorded for why a child entered the care of a local authority in England was abuse or neglect (56%), followed by absent parenting (21%), family dysfunction (10%), family in acute stress (8%) and other reasons of parental illness or disability, child's disability or socially unacceptable behaviour (2%).[5] These reasons have stayed at a similar proportion year on year since 2015, with abuse or neglect remaining the most cited need for a child becoming looked after by a local authority. However, there has been a substantial rise in absent parenting from 5% in 2015 to 21% in 2023, and a reduction in family dysfunction from 16% in 2015 to 10% in 2023.[6] The increase in number of children entering care due to absent parenting is related to the increasing numbers of unaccompanied children entering the UK seeking asylum over the last decade.

Risk factors that increase the likelihood of a child entering care, which can include factors amongst adults in the family too, include substance use, mental ill health, domestic abuse, learning disabilities and poverty. An independent review into children's social care stated that children who live in the most deprived 10% of neighbourhoods in England are ten times

more likely to be on a child protection plan or enter care, than children living in the least deprived 10% of areas.[7] Deprivation can be a contributing factor for abuse and neglect with growing evidence strengthening the assertion that living in deprivation or experiencing child poverty are risk factors and increase the probability of a child being taken into care. Deprivation can be experienced in many different ways from employment deprivation, financial deprivation, housing deprivation, education deprivation and health too.

Prevention

Early intervention and support to families and children can prevent and reduce the number of young people who enter care, especially those who enter due to family dysfunction, stress, socially unacceptable behaviour, illness or disability.

Table 1 demonstrates the number of children in need or requiring protection in Nottinghamshire, which gives an indication of those who require support from local services. A child in need is defined as those who are unable to maintain or achieve a reasonable standard of health or development, or that this may be significantly impaired without provision of services. The table also includes number of children and young people who have been identified as at risk of significant harm and requiring protection, and so are subject to a child protection plan by the local authority and who could later enter care if the risk is not addressed.

Table 1. Children at risk or in need in Nottinghamshire (2022 – 2023)

Children in Need	Number
Children with an episode of need at any point during the year	7,385
Children in need at 31 March	4,417
Children with an episode of need at any point during the year per 10000 children aged under 18 years	452.1 per 10,000 *(1 child per 22 children)*
Children on Child Protection Plans	**Number**
Children on child protection plans at any point in the year	1,467
Child protection plans at 31 March	686
Children on child protection plans at any point in the year per 10000 children aged under 18 years.	89.8 children per 10,000 *(1 child per 111 children)*

Source: National Government, Statistics: children in need and child protection (www.gov.uk)

There were 907 child protection plans started during the year 2022 – 2023, with initial category of abuse indicating the risk of harm to the child - 44% of child protection plans were initiated due to neglect, 21.5% for emotional abuse, 3% for physical abuse, 1.5% for sexual abuse, and 30% of plans had multiple reasons recorded.[8]

To note, this chapter will not explore the needs of children and young people who are on the edge or at risk of entering care. It shall focus on those who are already under the care of the local authority and provide an assessment on how well their needs are met and any gaps in support that require addressing.

1.4. Health Inequalities

Health inequalities are differences in the health and wellbeing of different groups of people that can arise from the conditions that they are born, grow, live, work and age in.[9] Children in care are known to experience these differences acutely and consequently suffer worse health outcomes than other children and young people. Key health inequalities include:

Mental ill health: Nationally 45% of children in care have a diagnosable mental health problem and are four times more likely to have a mental health disorder or to attempt suicide than their peers.[10]

Special Educational Needs (SEN): Children in care and leaving care are significantly more likely to have special educational needs than their peers, with children requiring special educational support more likely to have worse employment prospects than their peers.[11]

Employment and Education Attainment: 38% of care leavers aged 19-21 years old are not in education, employment, or training (NEET) in 2022 - 2023, compared to 13% of all 19 to 21-year-olds.[12]

Exploitation: Children and young people living in care, and especially those placed in foster homes or residential settings, are at greater risk of being targeted for criminal exploitation and this risk is heightened for young people with insecure immigration status.[13]

Homelessness: The number of 18–20-year-old care leaver households in England experiencing homelessness has increased by 33% since 2018-19 to 3,710 in 2022-2023, which is at a higher proportion than the 11% increase in the number of households facing homelessness in the general population over the same period.[14] Older research approximated that 25% of the adult homeless population are care leavers.[15]

Criminal Justice: Children in care are more at risk of interacting with the criminal justice system in early adulthood than their peers. 52% of children in care were convicted of a criminal offence by the academic year they turned the age of 24, compared to 13% of children who had not experienced care.[16] Older research approximated that almost 25% of the adult prison population have previously been in care.[17]

Premature mortality: According to research adults who spent time as children in care are 70% more likely to die prematurely than those who did not.[18] This risk of a higher mortality rate can last for over 40 years after leaving care and has been found to be mainly attributable to self-harm, accidents, and mental health.[19]

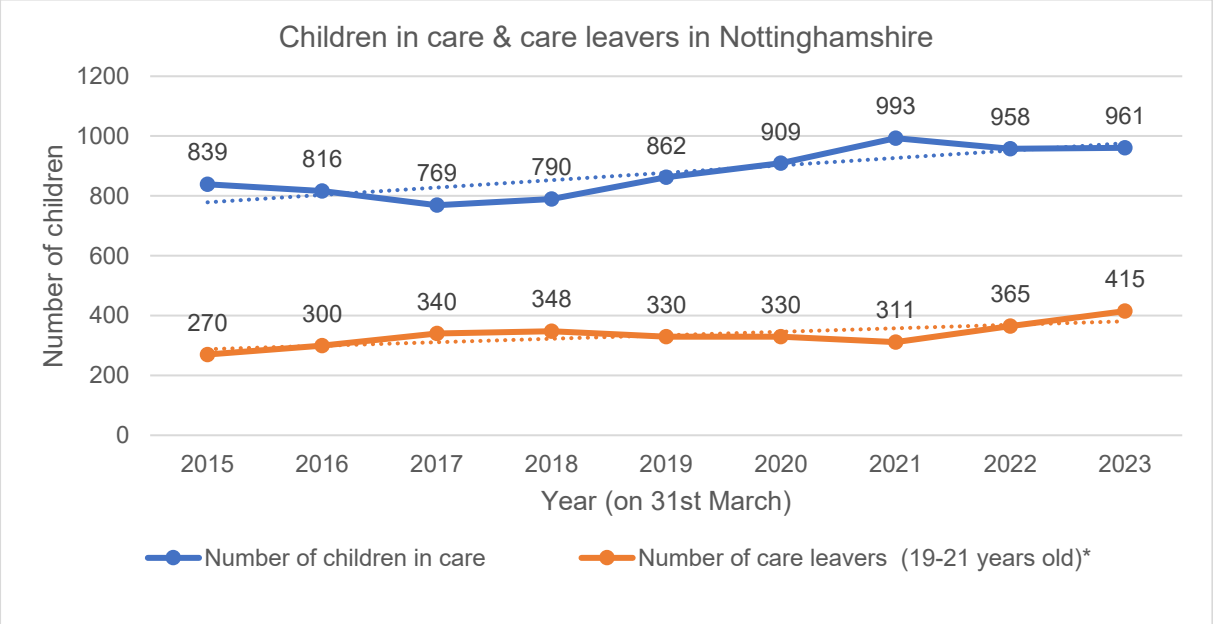
2. Local population & Need

2.1. Demographics of Children in Care and Leaving Care

The number of children in care and leaving care in Nottinghamshire has been increasing year on year, with some fluctuation and acknowledgement that not every young person will have the same journey when looked after by the local authority. In 2023, 58 per 10,000

children in Nottinghamshire were in care (as seen in figure 1), which equates to 1 child in care for every 172 children. Evidence suggests that the increasing numbers of unaccompanied asylum seeking children has influenced the trend of children entering care.

Figure 2. Total number of children in care and care leavers in Nottinghamshire per year.



Source: National Government, Department for Education, Local Authority Interactive Tool (LAIT), January 2024.[†]

Sex

Locally in 2023, 57% of children in care were male and 43% of children in care were female.[20] This proportion is similar to past years for Nottinghamshire, as well as to regional and national trends for children in care.

Gender

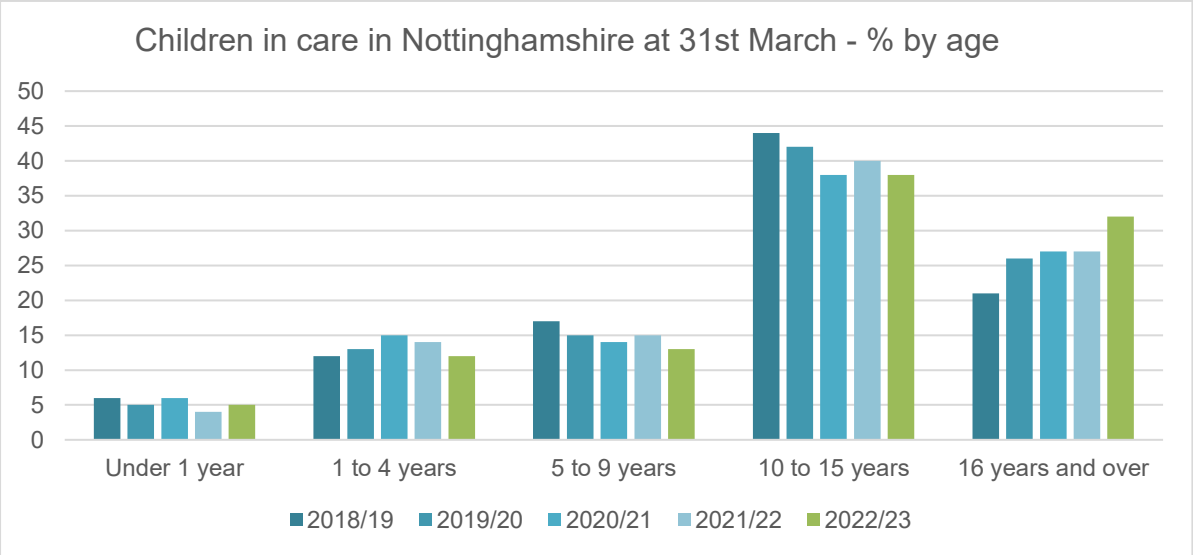
National and local data currently reports sex (female or male) for children in care and leaving care. There is no reliable data available on understanding the gender identities of these cohorts.

Age

In 2023, of those 961 children in care in Nottinghamshire, 5% were aged under 1 (the same trend as England), 12% were aged 1 to 4 years (similar to England) 13% were aged 5 to 9 years (slightly lower than England) 38% were aged 10 to 15 years (the same as England) and 32% were aged 16 to 17 years old (higher than England).[21] Additionally, 7% of these children were unaccompanied asylum seeking children and young people.

[†] *To note, this does not show entire population of care experienced adults. This metric reports on all the former relevant young people whose 19th, 20th or 21st birthday falls between 1 April and 31 March (in the relevant year) who were previously in care for at least 13 weeks after their 14th birthday, including some time after their 16th birthday.

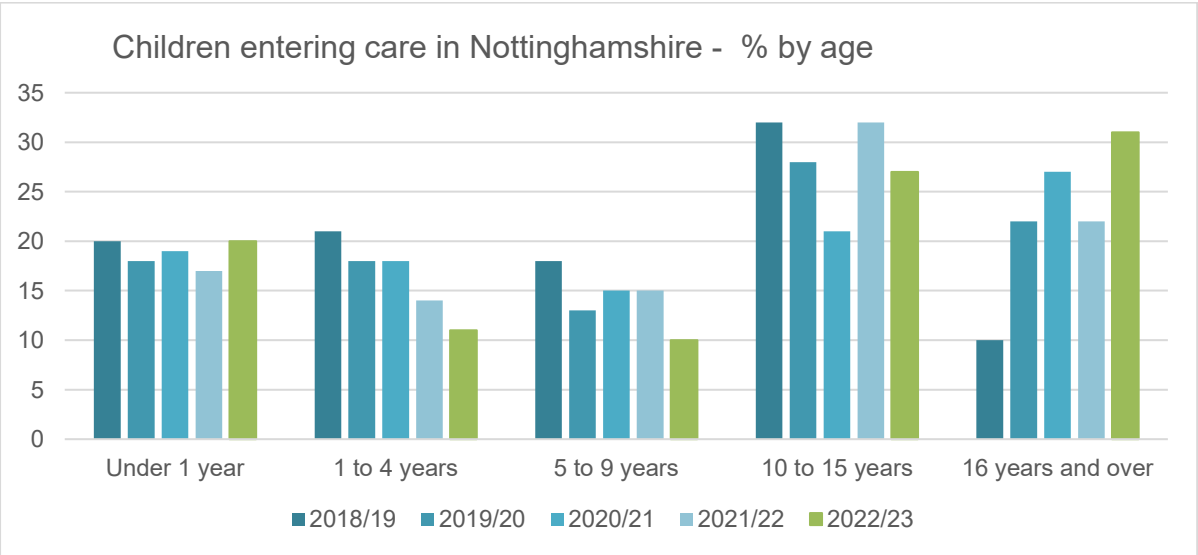
Figure 3. Age of children in care in Nottinghamshire by % (2018 – 2023)



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022 - 2023

When looking at the age of children when they entered care, 20% of children were under the age of 1, 11% were aged 1 to 4 years, 10% were aged 5 to 9 years, 29% were aged 10 to 15 years and 31% were aged 16-17 years old.[22] This suggests that the majority of children who enter care in Nottinghamshire are aged between 10 – 17 years old (60%), noting that for younger children, most enter care under the age of 1 years old.

Figure 4. Age of children in care when they enter care by % (2018 – 2023)

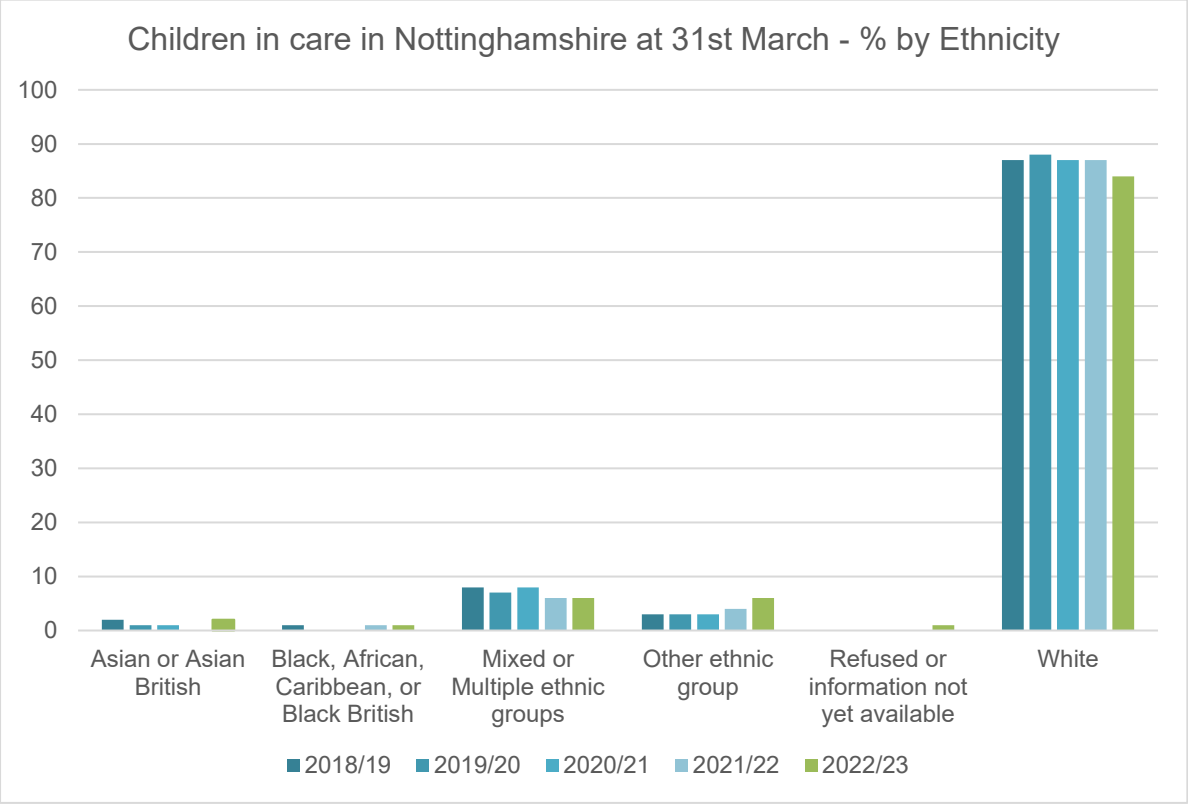


Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022 - 2023

Nottinghamshire has seen a further decrease in the proportion of children entering care between the ages of 1 and 4, down 21% in 2022 – 2023. This could be due to work undertaken with children on the edge of care to reduce admissions. Nottinghamshire has also seen a further increase in children entering care aged 16 or over following a drop in 2021 - 2022. This high rate of admissions is due to both an increase in unaccompanied asylum-seeking children and how the local authority has applied the Southwark judgement, taking homeless children aged 16-18 into care where they have chosen to. Previous analysis showed the number of homeless 16- and 17-year-olds who were supported by Nottinghamshire County Council has remained relatively stable with a higher proportion choosing to become looked after, rather than receiving support without entering care.

Ethnicity

Figure 5. Ethnicity of children in care in Nottinghamshire by % (2018 – 2023)



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

Children in care predominantly are white, and this trend is well established across previous years, with 83% of children in care in Nottinghamshire identified as white, and 80% identified as white British in 2023.[23] There is some over and under representation amongst other ethnicities for children in care as represented in Table 2, however it is important to note that these numbers are small.

Table 2. Ethnicity of children in care in Nottinghamshire compared to ethnicity of the general population of children and young people in Nottinghamshire as a percentage proportion.

Ethnicity	Children **in Care** in Nottinghamshire (2023)	Children in Nottinghamshire (2021)
White - British	80%	84.6%
White - Polish/Eastern European	2%	-
White - Irish	0.1%	0.2%
White - other	1%	3.9% (white gypsy or Irish traveller, Roma or other white)
White - Traveller of Irish heritage	0%	
Gypsy / Roma	0%	
Mixed - White and Asian	1%	5.4% (mixed or multiple ethnic groups)
Mixed - White and Black African	1%	
Mixed - Other	2%	
Black or Black British	1%	1.4%
Asian or Asian British	2%	3.6%
Other	6%	0.9%

Source: Nottinghamshire County Council, Business Intelligence Hub Report L12 & Office for National Statistics, Census, 2021

When looking at the ethnicity of children at the point of when they enter care, there has been a decrease in the proportion of white British children entering care each year from 85% in 2019 - 2020 to 70% of all children who entered care in 2022-2023, and an increase of children from Asian or Asian British heritage entering care from 4% of all children who entered care in 2019-2020 to 15% in 2022 – 2023.[24] This may be due to the increase in the number of unaccompanied children entering care from other countries.

2.2. Unaccompanied Asylum Seeking Children

Children aged 17 and under make up almost a fifth (18%) of people applying for asylum in the UK in 2022 – 2023.[25] For most of these children and young people arriving unaccompanied into the UK, they have been subject to trauma, conflict and fleeing violence or war. They will have complex and multiple needs, and possibly considerably more challenge in access to services due to language, records, fear of professionals and the added unsettlement of being in a new and different country.

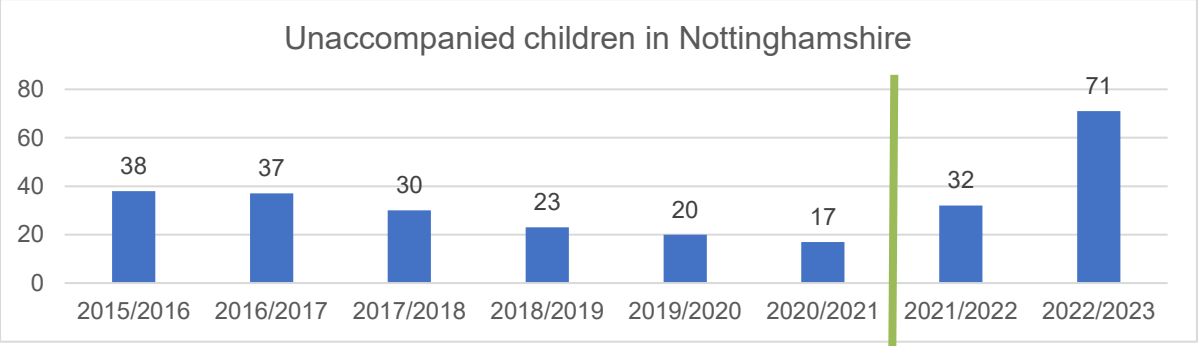
Nationally there is an increasing trend in the number of unaccompanied asylum-seeking children (UASC) and young people and in March 2023 there were 7,290 unaccompanied children in England, representing a 29% increase on the previous year.[26]

Locally there has also been an increasing trend in the number of unaccompanied children and young people requiring care by the local authority, with the latest snapshot in February 2024 putting a total of 85 unaccompanied children in care in Nottinghamshire. 93% of these children were male.

Most unaccompanied children who enter care in Nottinghamshire come via the National Transfer scheme. 2023 – 2024 data demonstrates that 66% of unaccompanied children

entered care were via the National Transfer Scheme, 3% were accommodated by Adult Asylum Hotels (with the claim to be under 18 after being placed by the Home Office as adults), and 31% were spontaneous arrivals (presentation in Nottinghamshire and therefore accommodated by Nottinghamshire County Council). The numbers of these children are small, meaning these percentages should be interpreted with caution.

Figure 6. Number of unaccompanied asylum seeking children in Nottinghamshire.



*Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2015 – 2023). *Green line denotes change in national transfer scheme.*

Of the 85 unaccompanied asylum-seeking children in Nottinghamshire in February 2024, 6% were aged under 16 years old and 94% were aged 16 – 17 years old and most UASC children are in placements outside of Nottinghamshire.[27] In November 2023 there were 119 care leavers who were unaccompanied children in Nottinghamshire (and in receipt of local authority support), with most living outside of Nottinghamshire.[28] Data recorded for the origin country for these unaccompanied children and young people cared for in Nottinghamshire, just under half of the cohort originate from Afghanistan, followed by a few middle eastern and African countries.

Table 3. Country of Origin of UASC in Nottinghamshire (February 2024).

Country of Origin	Number	%
Afghanistan	42	49%
Iran	10	12%
Sudan	9	11%
Eritrea	6	7%
Albania	<5	<5%
Iraq	<5	<5%
Syria	<5	<5%
Egypt	<5	<5%
Guinea	<5	<5%
Vietnam	<5	<5%
Chad	<5	<5%
Morocco	<5	<5%
Somalia	<5	<5%

Source: Nottinghamshire County Council, Children's Social Care, 2024.

2.3 Journey in Care (origin, reason, placement, stability, length, exit)

Reasons for entering care

In 2022 - 2023, 54% of the children who entered care were on a full care order, 21% were accommodated under a section 20 voluntary arrangement, 19% on an interim care order, 6% on a placement order and 0% under police protection in local authority accommodation or on youth remand. This trend has remained relatively stable over the last few years.

Similar to national patterns, locally children entering care due to absent parenting has increased from 7% in 2019-2020 to 18% in 2022 – 2023, with a slight decrease in those entering care due to family dysfunction. Abuse or neglect continually remains the main reason children enter care in Nottinghamshire (41%), this is reflected in regional and national trends too.

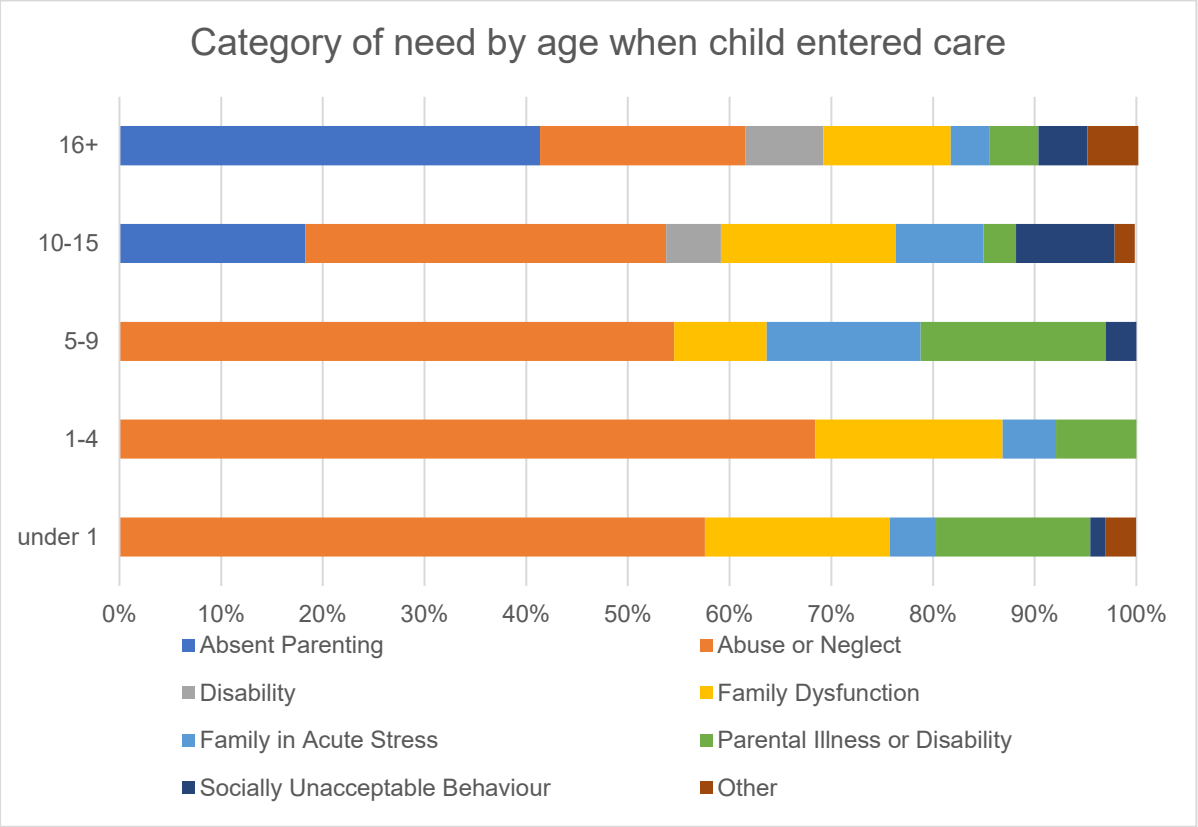
Table 4. Category of need given for children entering care (2019 – 2023).

Category of Need	2019-20	2020-21	2021-22	2022-23
Abuse or Neglect	49%	51%	48%	41%
Family Dysfunction	22%	21%	21%	15%
Absent Parenting	7%	9%	9%	18%
Family in Acute Stress	9%	7%	7%	7%
Parental Illness or Disability	6%	<5%	6%	8%
Disability	<5%	<5%	<5%	<5%
Low Income	<5%	<5%	<5%	<5%
Social Support	<5%	<5%	<5%	0%
Socially Unacceptable Behaviour	<5%	<5%	<5%	5%
Mental Health Support	0%	<5%	0%	0%
Cases other than Children in Need	<5%	0%	<5%	<5%

Source: Nottinghamshire County Council, Business Intelligence Hub Report L05

Figure 7 shows that abuse or neglect remains the main reason children enter care for most age groups, but highest amongst children under the age of 5 years old. Whereas absent parenting becomes a more prevalent concern for why older children enter care. This may be due to the increasing numbers of unaccompanied children in Nottinghamshire, many of whom are teenagers when they enter the care of the local authority (94% of all UASC in Nottinghamshire were aged 16-17 years old in February 2024).

Figure 7. Category of need broken down by age of children in care for 2022 – 2023.



Source: Nottinghamshire County Council, Business Intelligence Hub Report L05

Originating District

Nottinghamshire comprises of seven districts, with 44% of children in care in 2023 originating from Ashfield and Mansfield (22% per district), followed by Bassetlaw (15%), Newark and Sherwood (11%), Broxtowe (9%), Gedling (7%) and Rushcliffe (4%).

The pattern of most deprived districts within the county corresponds with the highest proportion of children entering care in Nottinghamshire. Mansfield district is ranked 46 out of 317 Lower Tier Local Authorities in England on indices of multiple deprivation, which puts it in the top 20% of most deprived districts in the country. Ranking of local levels of deprivation then follow with Ashfield (68), then Bassetlaw (106), Newark and Sherwood (145), Gedling (209), Broxtowe (220) and Rushcliffe (314) as one of the least deprived districts and in the top 3% least deprived areas in England.[29]

Table 5. Number and % equivalent of children in care by originating district in Nottinghamshire (March 2023).



District	Number	%
Mansfield	211	22%
Ashfield	211	22%
Bassetlaw	147	15%
Newark & Sherwood	103	11%
Broxtowe	88	9%
Gedling	66	7%
Rushcliffe	34	4%
Out of County	56	6%
Blank	51	5%
Nottinghamshire	**967**	**100%**

Source: Nottinghamshire County Council, Business Intelligence Hub, CPMS monthly (based on home address when taken into care).

Placement area

In 2022 - 2023, 435 children of the 961 total in care were placed outside of Nottinghamshire, equating to 45% of the total population of young people in care. Local children can be placed out of the county for a variety of reasons including that being placed with a family member, or in an appropriate residential setting but often due to a lack of suitable provision available locally to meet the needs of the child. Nottingham City, Derby City, and Derbyshire County are the most common placement locations for children in Nottinghamshire to be placed out of area. Out of a total of 483 children placed outside of Nottinghamshire as of March 2023, 129 children were placed in Nottingham City (27%), 99 children were placed in Derby & Derbyshire (21%), 62 in Lincoln & Lincolnshire (13%), 29 children in South Yorkshire (6%) and 28 in Leicester & Leicestershire (6%).

Net gain measure indicates the difference between children from other local authorities placed in the local authority boundary, and their own children placed in other local authority boundaries. A zero score would show that the authority is placing the same number of children in other areas as it is providing placements for other area children in its own. A larger score would indicate that more children from other local authorities are placed within a local authority area than the number of children that the local authority is placing out of area. Nottinghamshire has a score of 245, down from 315 in 2021-2022, which is slightly below the statistical neighbour average.

Table 6. Net gain of placement of children out of area between authorities (2022-2023).

Local Authority	Children who are the responsibility of other LAs placed within this LA boundary	Children who are the responsibility of this LA placed outside the LA boundary	Net gain of children by responsible LA
Nottinghamshire	**680**	**435**	**245**
Statistical Neighbours extremely close to Nottinghamshire			
1.Derbyshire	516	492	24
2.Staffordshire	997	508	489
3.Lancashire	1164	349	815
Stat Neighbours	633	339	294
East Midlands	3590	3210	380
Top placement areas for Nottinghamshire children in care			
Nottingham	247	446	-199
Lincolnshire	584	159	425
Leicestershire	581	237	344

Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022 -2023

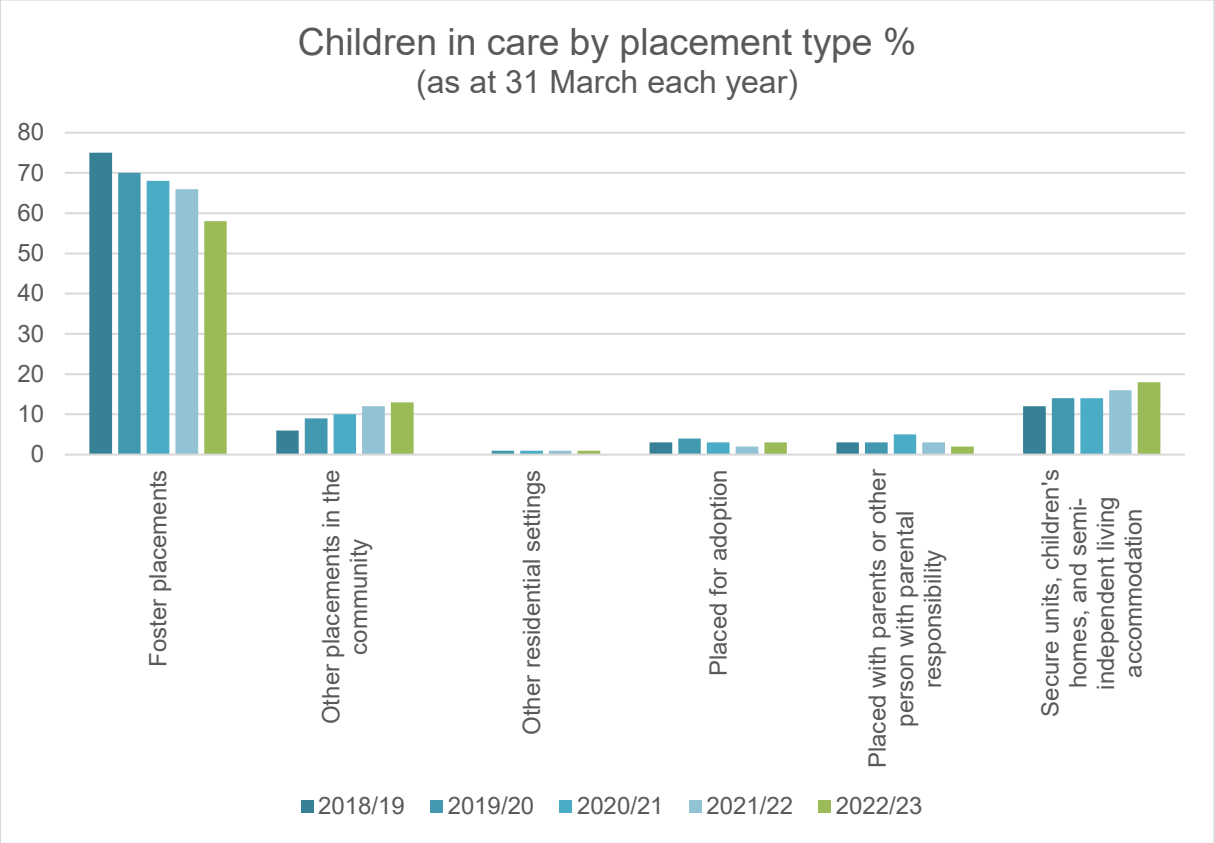
Placement Type

In 2023, 58% of children in care in Nottinghamshire were in foster care, 18% were in secure units, children's homes or semi-independent living and 13% were in other placements in the community.

Placement types have remained relatively consistent over the years, although a decrease in number of children placed in foster care is apparent that could be due to known national and local issues on reducing numbers of foster carers. There has been a slight increase in the number of children placed in other placements in the community and those in residential care that could be influenced both by the difficulty in securing fostering placements, and the increase of older children and young people in care who are often in these placements.

The local authority has developed and continues to deliver its sufficiency & commissioning strategy aiming to ensure there are sufficient placements to meet the needs of children and young people in care, locally as far as is possible and in kinship arrangements or family based placements where possible too.

Figure 8. Placement Type over years for children in care in Nottinghamshire (March 2018 – March 2023).

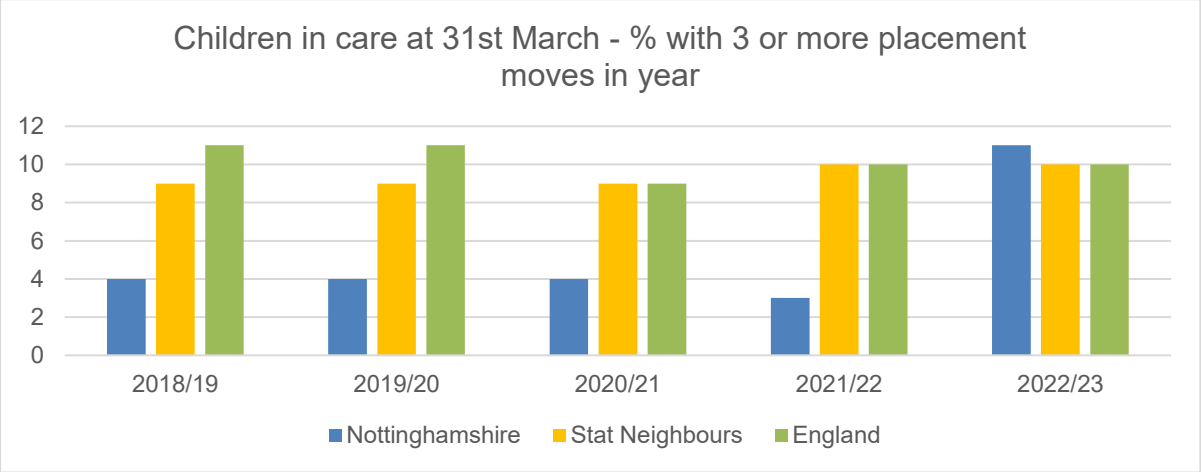


Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022 -2023. To note residential schools have been removed from figure, as 0 recorded 2019 – 2023.

Stability

A child or young person may move placements to ensure an ongoing appropriate and safe setting while in care or to formalise an unregulated placement for accuracy of recording. However, some placements moves indicate a degree of unsettlement or inappropriate care, especially for those experiencing multiple moves. Placement moves can cause distress, unsettlement and have other unintended consequences such as lower educational attainment due to school moves too. In Nottinghamshire, approximately 10% to 12% of all children in care have experienced 3 or more placement moves while in care. This trend has been consistent each year since 2016.[30] If placement moves happen in quick succession, it is an important indicator of unmet need and unsettlement.

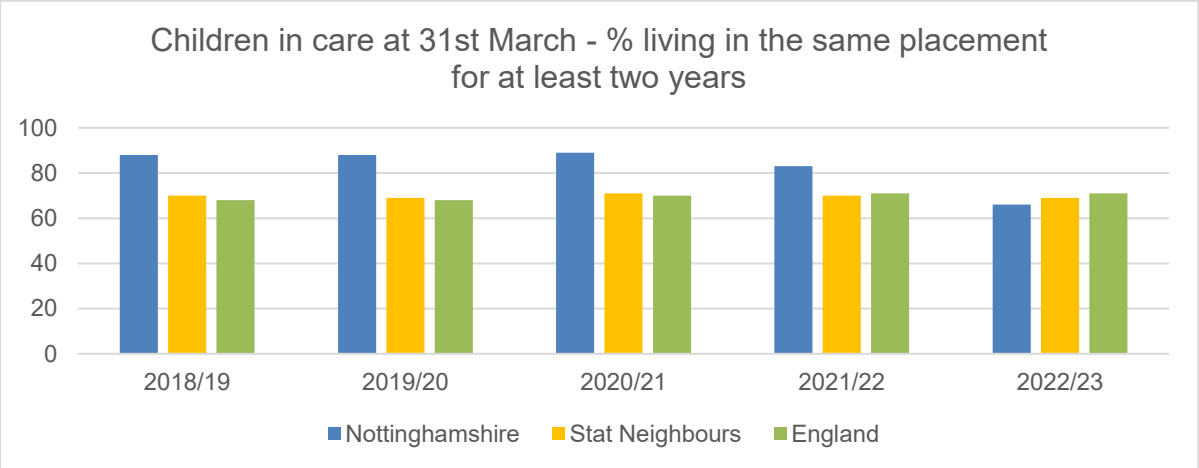
Figure 9. Percentage of children in care with 3 or more placement moves in 1 year (2019 – 2023).



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

Looking at comparative data with England and its statistical neighbours, Nottinghamshire has had a consistently low percentage of children in care experiencing 3 or more placements moves within a year. However, in recent years this has been increasing and has surpassed the average for England but remains below the rate of statistical neighbours. The reason for this is likely to varied and complex and includes changing reporting methodologies affecting records, as well as placement difficulties or breakdown for children in care.‡

Figure 10. Children in care - Living in the same placement for at least 2 years (2019 – 2023).



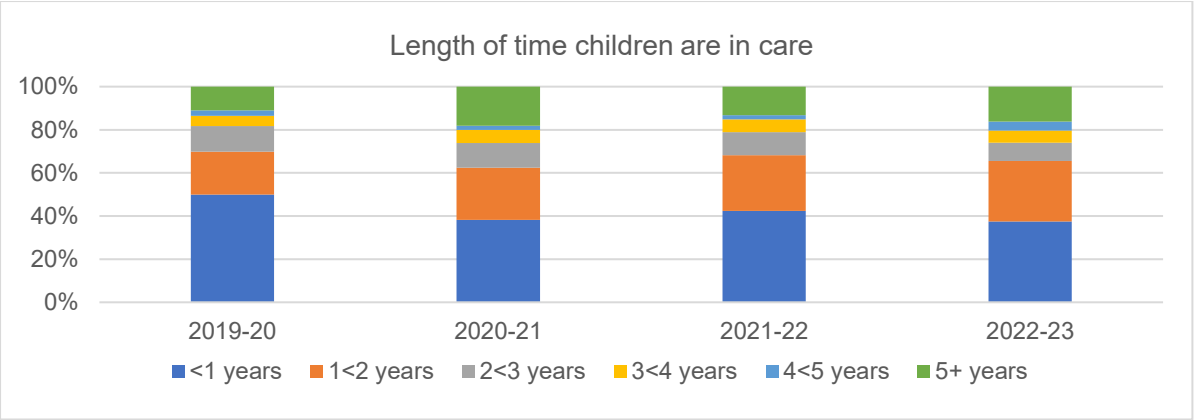
Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

‡ The department of education previously calculated a placement change that meant placements with the same provider code were not considered a change. This means a placement change from one in-house foster carer to another, or a semi-independent placement change with the same provider would not be included. The methodology has now changed which means the benchmark data is consistent with internal reporting and performance is now in-line with the England and statistical neighbour average.

The proportion of children remaining in placement for 2 or more years in Nottinghamshire has decreased by 17% since 2022, bringing the County in line with its statistical neighbours, East Midlands, and England averages. The decrease in placement stability will be due to a mixture of both planned placement changes to enable transition children to adulthood and independence, and unplanned changes caused by provider issues or breakdown of placements. It will also have been affected by changes in report requirements on placement moves as referenced previously in this chapter.

Length of time in care

Figure 11. Length of time children have spent in care in Nottinghamshire upon leaving care each year (2019 – 2023).

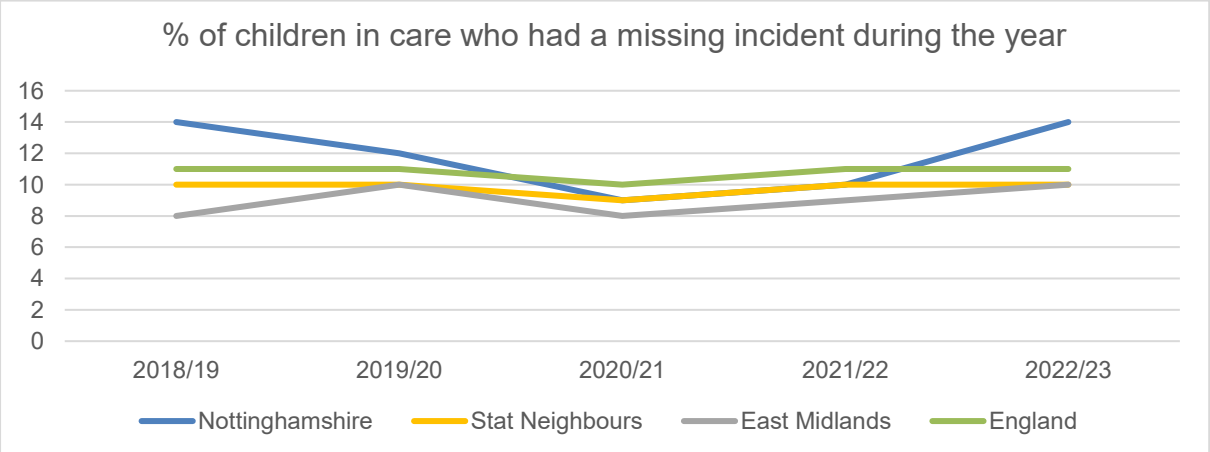


Source: Nottinghamshire County Council, Business Intelligence Hub Report L20

Looking at data from 2023, approximately 40% of children who left care that year in Nottinghamshire spent less than one year under the care of the local authority, followed by 28% who spent 1-2 years spent in care. In 2022 – 2023, 16% of children who left care that year had spent over 5 years in the care of the local authority.

Missing in care

Figure 12. Children in care who have a missing incident during the year (2018 – 2023)



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

14% of children in care had a missing incident in 2022 -2023, which is a small increase following particularly low levels in 2020 - 2021 due to the pandemic and is slightly above the average for England and statistical neighbours. This is likely due to Nottinghamshire having a larger proportion of older children in care and an increase in UASC. For those children who went missing, Nottinghamshire has also seen an increase in the average number of missing episodes, with an average of 7 incidents per child who went missing in 2022 – 2023 which is similar to the average for England and East Midlands and is an increase of 2 incidents from the previous year for Nottinghamshire. [31]

Reason for leaving care

Of the 331 children who ceased to be in care 2022 – 2023, 26 were adopted (8%), 41 turned 18 years old (12%), 58 returned home to live with parents (18%) and 42 children were placed with a special guardianship order (13%).[32]

Table 7. Reason for a child or young person exiting care in Nottinghamshire (2019-2023).

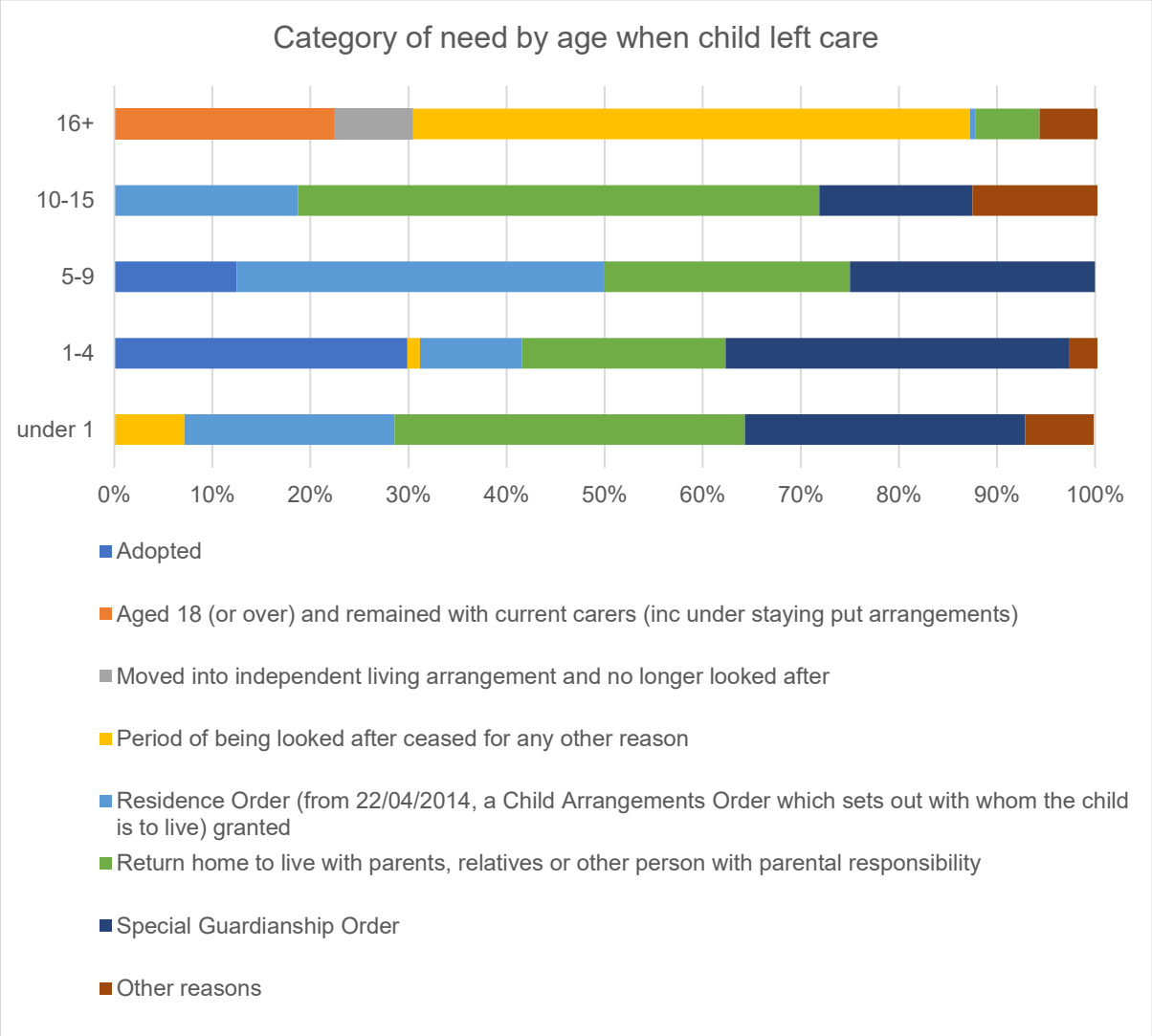
Reason child stopped being in care	2019-20	2020-21	2021-22	2022-23
Return home to live with parents, relatives, or other person with PR	31%	18%	24%	17%
Special Guardianship Order	14%	15%	13%	13%
Adopted	10%	11%	8%	8%
Moved into independent living - formalised advice/support arrangements	22%	28%	<5%	<5%
Moved into independent living - no formalised advice/support arrangements	<5%	<5%	<5%	<5%
Residence Order (from 22/04/2014, a Child Arrangements Order) granted	6%	6%	9%	9%
Period of being looked after ceased for any other reason	<5%	14%	21%	31%
Care taken over by another LA in the UK	<5%	<5%	<5%	12%
Child moved abroad	<5%	0%	0%	0%
Died	<5%	0%	0%	0%
Left care to live with parents, relatives, or other person with no PR	<5%	<5%	<5%	<5%
Sentenced to custody	<5%	<5%	<5%	0%
Transferred to care of adult social services	<5%	<5%	<5%	<5%
Accommodation on remand ended	0%	0%	0%	0%

Source: Nottinghamshire County Council, Business Intelligence Hub Report L20

Since 2019 there has been a decrease in those children who are discharged from care and into independent living, and those who return home to live with parents or relatives with

parental responsibility. There has been an increase in those who have left care for any other reason which suggests some issues with data recording. There has also been an increase in those who have had care taken over by another local authority.

Figure 13. Reason and age of child when exiting care in Nottinghamshire (2022 – 2023).



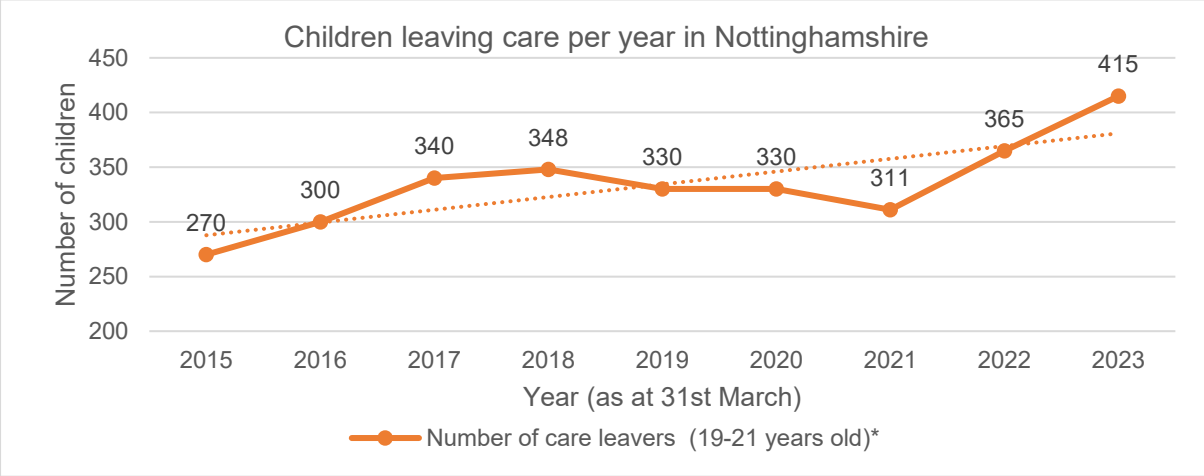
Source: Nottinghamshire County Council, Business Intelligence Hub Report L20

Figure 13 provides more detail on the age and reasons a child or young person may leave care. The graph shows that special guardianship orders (where a child is with a family member or friend) is the most common reason for those aged under 1 years old (29% of all under 1) and for those aged 1-4 years old (35% of all 1-4 years old) to exit care. It also shows that adoption is most common for the younger cohorts, especially those aged 1 – 4. For older children in care there is a mix of reasons with many returning home to parents (53% of all 10 – 15 year olds). Children and young people enter care for varying reasons and periods of time, the same is also true for when and why they may leave care.

Care Leavers

Given the increasing number of children entering care over the years, there is the expected trend of increasing numbers of children leaving care too. Figure 15 shows that there were 415 care leavers in 2022 – 2023, acknowledging that this figure does not represent the entire population of care experienced adults in Nottinghamshire but only reports on all the former relevant young people aged 19 – 21 years old at the time who were previously in care.

Figure 14. Total number of children leaving care in Nottinghamshire per year.

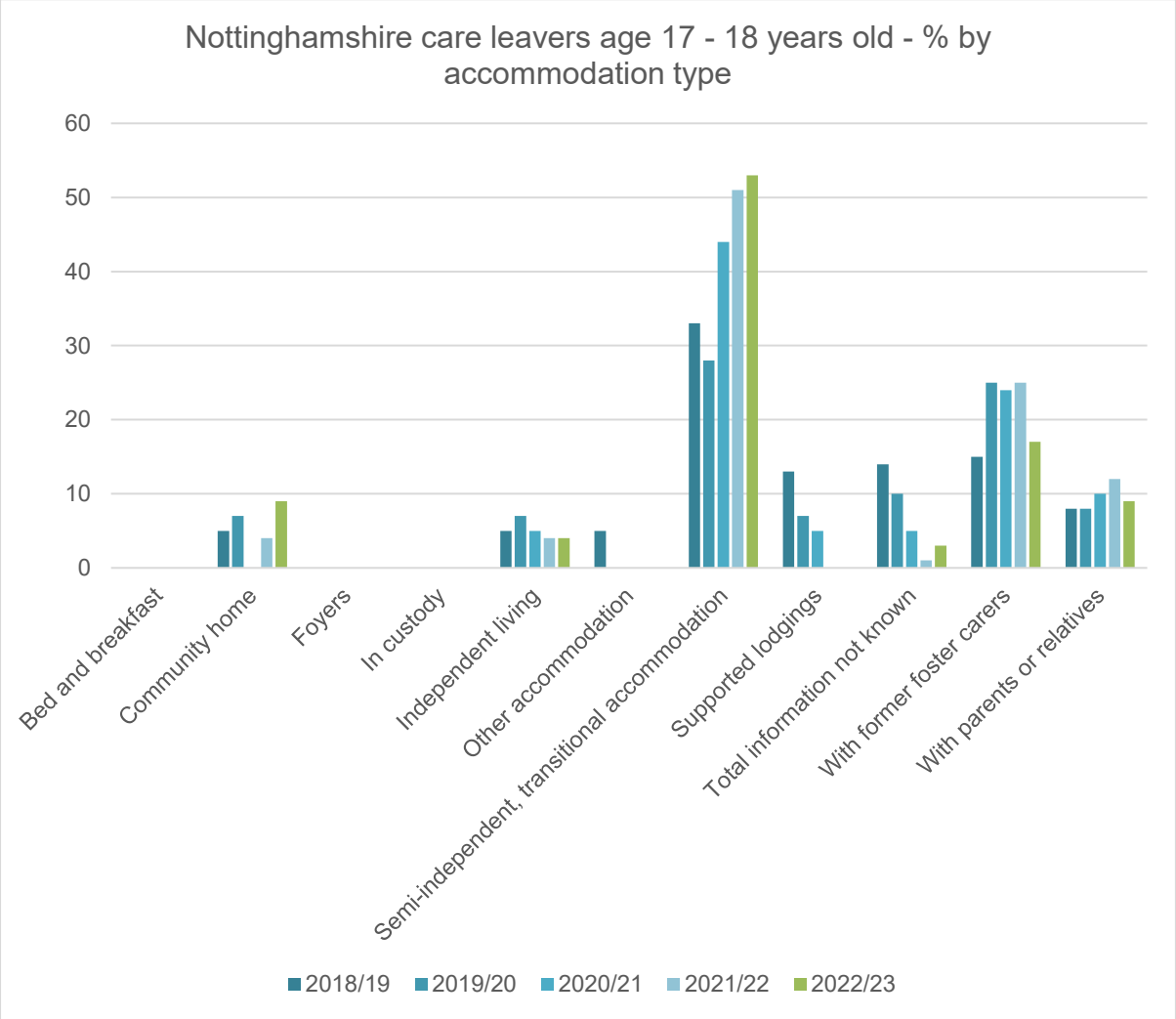


Source: National Government, Department for Education, Local Authority Interactive Tool (LAIT), January 2024.

Nottinghamshire has a higher than average proportion of care leavers aged 17 – 18 years old in semi-independent transitional accommodation (53%) than England (36%) and its statistical neighbours (31%), most likely due to higher than average proportion of children leaving care at 18. This has increased in 2022 - 2023 and now accounts for over 50% of care leavers. There has been a decrease in the proportion of care leavers 'staying put' with former foster carers although this remains slightly above the average for statistical neighbours and England.

Nottinghamshire has seen a small reduction in the proportion of children in care aged 17 and 18 who are deemed to be in suitable accommodation from 95% in 2021 – 2022 to 90% in 2022 – 2023. This is due to an increase in the number where their accommodation status is not known but overall remains broadly in line with the England average of 91% of care leavers aged 17 – 18 in suitable accommodation. [33] When looking at care leavers aged 19 – 21 years old, 89% are deemed as living in suitable accommodation which is an increase on previous years and in line with the average for England (88%). This is due to a reduction in the proportion in transitional accommodation, those in custody and those whose accommodation status is not known.

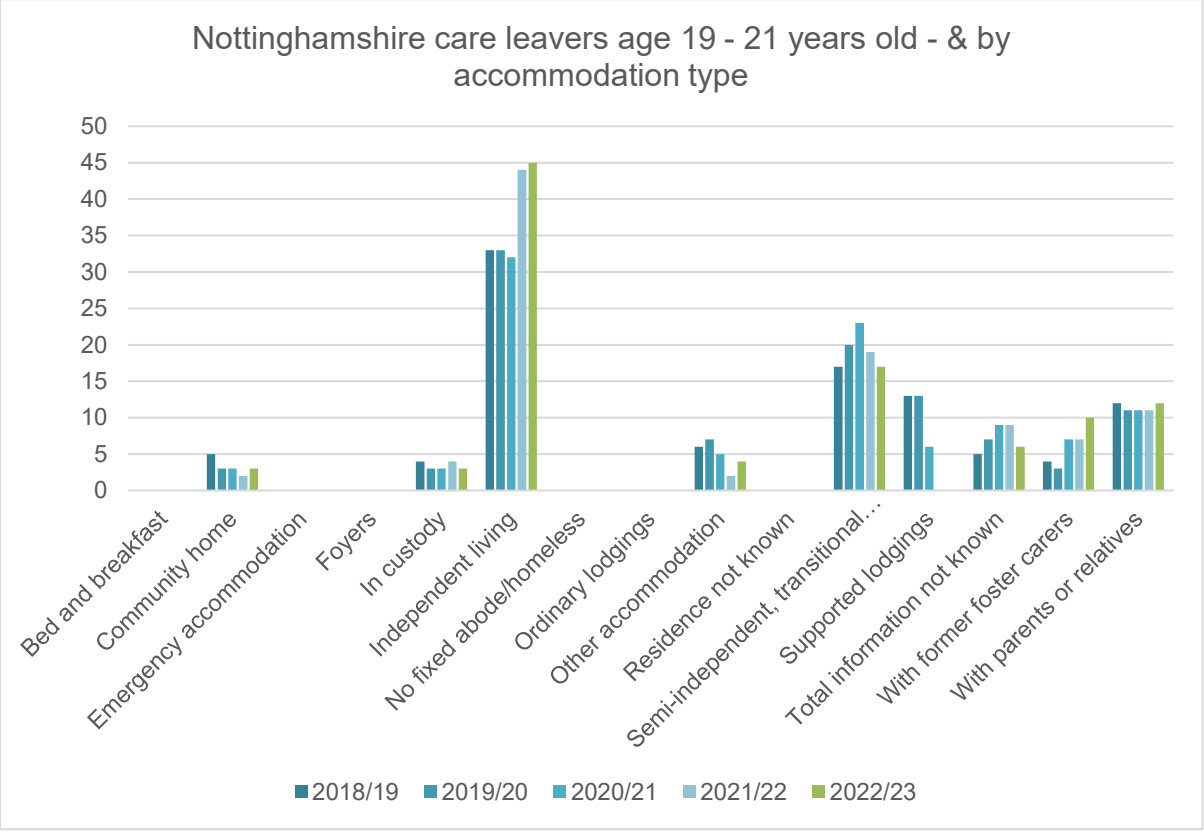
Figure 15. Type of accommodation for care leavers aged 17 – 18 years old in Nottinghamshire (2018 – 2023)



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

There has been a sustained increase in the proportion of care leavers aged 19-21 in independent living which now makes up 45% of all care leavers at this age. This is higher than the average for Nottinghamshire's statistical neighbours (40%) and England (35%). The proportion of older care leavers in semi-independent accommodation has reduced by a further 2% this year following 4 years of increases prior to 2021-2022. The proportion staying put with former foster carers has also increased by 3% to 10% and is now slightly above average benchmarks for England (9%) and statistical neighbours (8%).

Figure 16. Type of accommodation for care leavers aged 19 – 21 years old in Nottinghamshire (2018 – 2023).



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

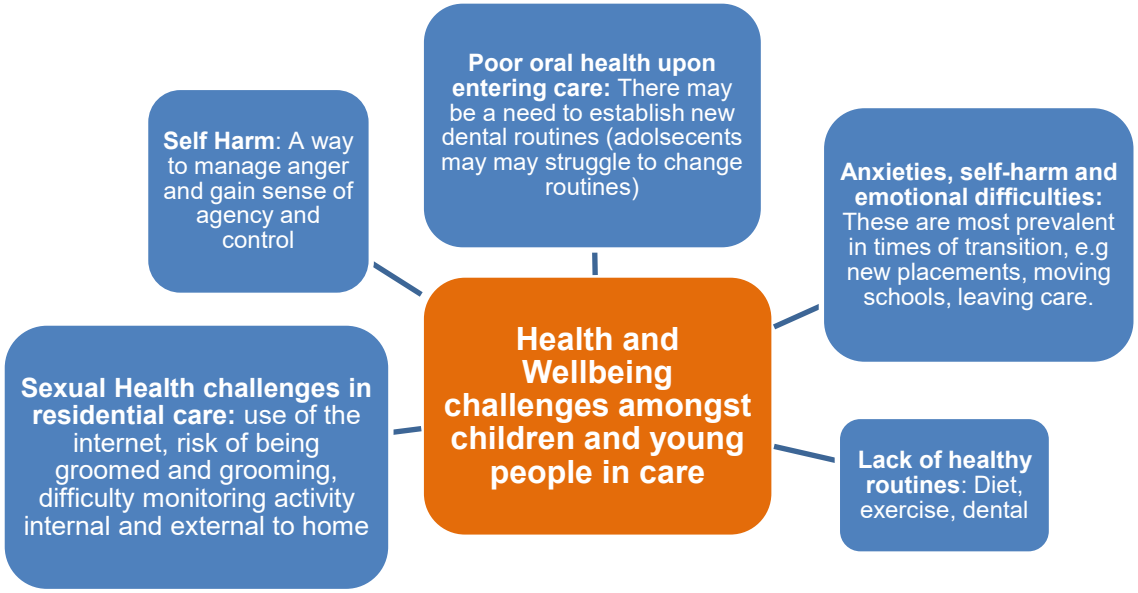
97% of 17–18-year-old care leavers were in touch with the local authority in 2022 - 2023, this is slightly less than the previous year but still remains above the average for England (93%), East Midlands (96%), and its statistical neighbours (95%). The proportion of 19–21-year-old care leavers who remain in touch has increased by 3% to 94% in 2022 – 2023 and is now broadly in line with the average for its statistical neighbours (95%), East Midlands (94%), and England (92%).

National Government has recently started collecting data on care leavers up to the age of 25 so a better understanding of young care experienced adults will be available in the future.

2.4. Physical Health

In 2023, 56% of children in care in England and 41% of children in care in Nottinghamshire entered care due to abuse and neglect, which will have a serious impact on a young person's health and wellbeing. Poor physical health can be common when a child enters care and this can be linked to the abuse and neglect they experienced, as well as to factors such as poor diet, dental and personal hygiene and harmful coping strategies.

Figure 17. Barriers for promoting physical, mental and emotional health and wellbeing of children and young people in care and care leavers.

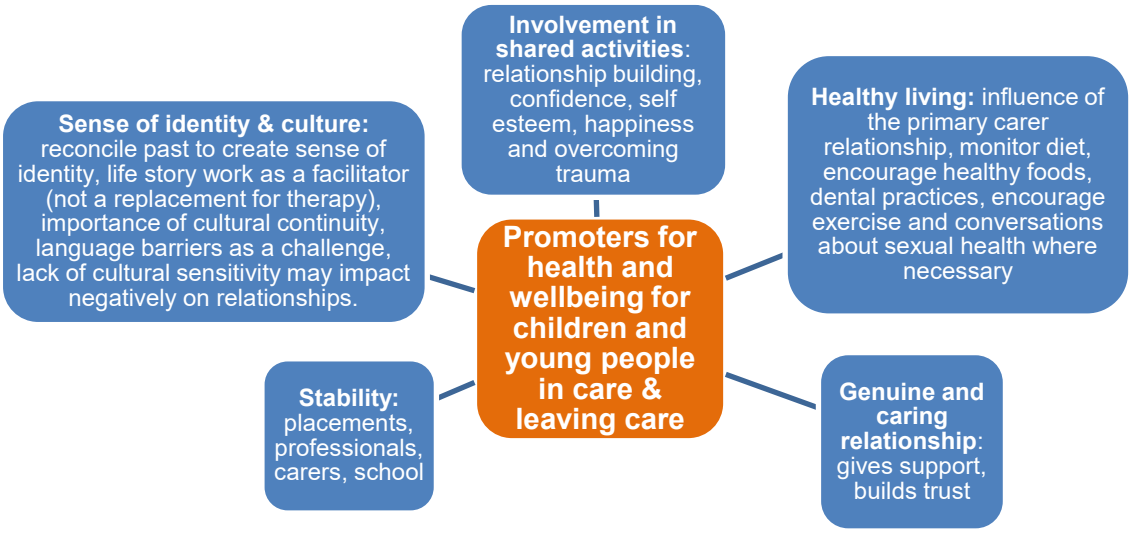


Source: National Institute for Health and Care Excellence Looked After Children and Young people NG205 Guidelines, October 2021

Children in care have been acknowledged as a key cohort for the Core20PLUS5 national NHS England approach to reducing health inequalities that targets 5 areas of health for children and young people who experience worse health outcomes. The 5 health areas include asthma, diabetes, epilepsy, oral health and mental health.[34]

There is also a range of statutory legislation regarding how health and care organisations should ensure the health needs of children in care are met. NICE recommends educating on healthy behaviours, encouraging self-esteem and identity, promoting caring relationships and offering stability as evidenced ways to facilitate improved wellbeing for children and young people while in care and leaving care.

Figure 18. Facilitators for promoting physical, mental and emotional health and wellbeing of children and young people in care and care leavers.

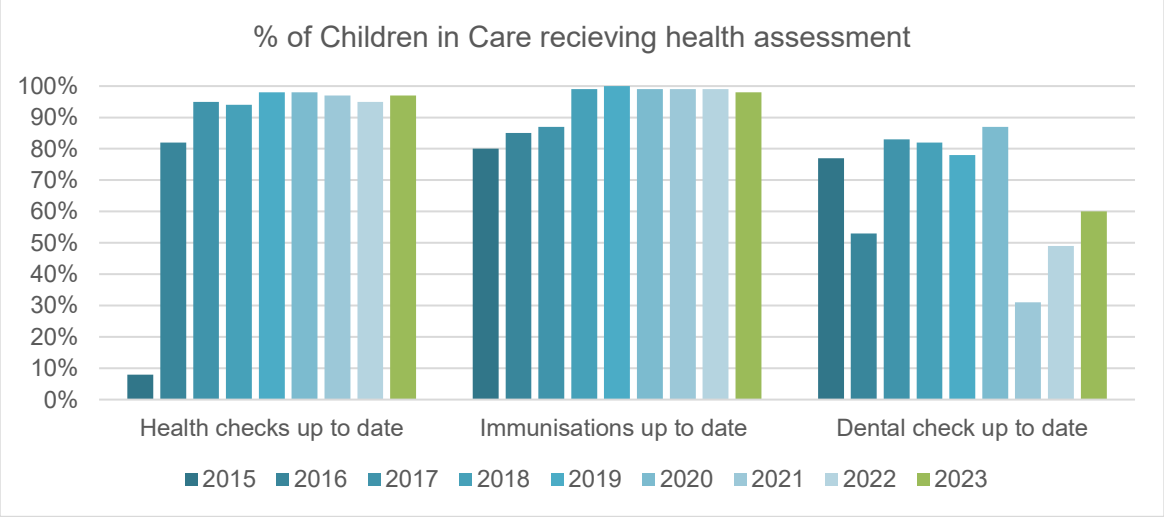


Source: National Institute for Health and Care Excellence Looked After Children and Young people NG205 Guidelines, October 2021

Local Need

97% of children and young people in care in Nottinghamshire had their annual health checks complete in 2022 - 2023, which is a higher proportion of children than those in statistical neighbouring local authorities (88%), East Midlands (88%) and the average for England (89%).[35] Similarly a higher proportion of children in care in Nottinghamshire are up to date with their immunisations (98%) compared to Nottinghamshire's statistical neighbours (80%), East Midlands (75%) and the average for England (82%).[36]

Figure 19. Physical Health Checks of Children in Care in Nottinghamshire (2015 – 2023).



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2015 – 2023).

Oral Health

Local evidence shows an area of fluctuating unmet need is dental health, with issues of timely access to dentistry. The Covid pandemic resulted in the cancelling of nearly all non-emergency dental care in 2020 and Nottinghamshire, along with most local authorities, saw a large reduction in the proportion of children who received an annual check-up with their dentist. As services have returned to normal and dental practices have started to work through the those awaiting an appointment, access is now improving but still only 60% of children in care in Nottinghamshire saw a dentist in the last 12 months in 2022-2023, which compared to 76% of our statistical neighbours, 78% average for East Midlands and 76% for England is well below the average.[37]

Timely access to a dentist is a local and national issue and there is still a considerable proportion (40%) of children in care unable to access dental appointments in Nottinghamshire. Locally, there has been an increase in social care funding private dentistry to ensure the child's needs are met as an impact not being able to access NHS dentistry when needed.

There are also known barriers experienced by children in care such as lack of previous dental care or oral health hygiene routine, and deregistration due to previous poor attendance. Service data from a recent audit indicates that out of 966 children in care in Nottinghamshire in March 2024, 73 (7.6%) were not registered with a dentist and 22 of these children received a dental check in the last 2 years. [38] This suggests issues with registration are not as prevalent or the only barrier to access to dentistry as provision of appointments is in Nottinghamshire.

Teenage Pregnancy

Evidence suggests that young people in care are more likely to experience a teenage pregnancy, become a single parent and are at greater risk of poor pregnancy-related outcomes - these include smoking during pregnancy, having a low birth weight baby, and post-natal depression.[39] Within the last 5 years in Nottinghamshire, there has been no more than 10 teenage mothers in care (under the age of 18 years old). Data is limited and numbers small, so it is difficult to draw reliable conclusions, but it does seem teenage pregnancy and parenthood is more prevalent for young people in care in Nottinghamshire compared to children and young people in general. Additional data is not available on how many young people in care have parents who were care experienced themselves.

Table 8. Number of teenage mothers in care (2019 – 2023).

Children in care in Nottinghamshire	2019-20	2020-21	2021-22	2022-23
Total number of those who gave birth before or during their period **in care.** (aged under 18 years old)	10	8	8	9
Total number of those who gave birth **in**	55	55	50	75

Nottinghamshire. (aged 12 – 17 years old)				
Rate of live births per 100 female children **in care**	2.45	1.92	1.89	2.18
Rate of live births per 100 female children **in Nottinghamshire**	0.47	0.35	0.5	N/A

Source: Nottinghamshire County Council, Business Intelligence Report, 903 Return & National Government, Public Health Outcomes Framework.

This case study shows the importance of a trusted network supporting a young person in care and the value of connection, especially during periods of change.

A young person in care was struggling to feel connected and would often go missing from their residential placement. They later became pregnant and were moved into the young parent accommodation where both mother and child flourished. The successful parenting of the young person in care and the good relationship with social care were noted as positive outcomes that the network of professionals worked hard to achieve.

Child Sexual Exploitation

Children in care are vulnerable to sexual exploitation, with the table below evidencing the numbers and rate of child sexual exploitation identified amongst the population in Nottinghamshire. There has been minimal fluctuation over the years, with the highest risk of child sexual exploitation in 2017 where 18 children in care were identified as being sexually exploited, the equivalent to 1.6 children per 100 children in care. It is important to note that these are only the cases which have been identified so it is possible that the true number of children or young people being sexually exploited in Nottinghamshire may be much higher.

Table 9. Children in care, child sexual exploitation in Nottinghamshire (2016 – 2023).

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Child in care subject to a child sexual exploitation meeting in year	16	18	15	<5	11	18	17
Child in Nottinghamshire subject to a child sexual exploitation meeting in year	108	132	89	78	65	79	67
Number of children identified as child sexual exploitation per 100 **children in care**.	1.41	1.63	1.28	0.33	0.84	1.34	1.31
Number of children identified as child sexual exploitation per 100 children **in Nottinghamshire**.	0.65	0.80	0.53	0.47	0.39	0.47	0.4

Source: Nottinghamshire County Council, Business Intelligence Report, 903 Return & SE10 Return.

Unaccompanied asylum seeking children (UASC)

Unaccompanied children often arrive with a range of physical health issues including infectious diseases, nutritional deficiencies, and untreated injuries. Evidence emphasizes the prevalence of conditions such as scabies, anaemia, malaria and delayed growth among UASC in the UK, pointing to the need for comprehensive, holistic and timely health assessments upon arrival.[40] NICE specifically notes that common physical health concerns for unaccompanied children and young people include;

- diet and nutrition, including nutritional deficiencies such as vitamin D deficiency,
- anaemia,
- gastrointestinal symptoms,
- poor oral health,
- tuberculosis screening and general immunisation status,
- sexual health (for example sexually transmitted diseases; signs of assault and abuse, including abuse linked to faith and culture such as female genital mutilation and breast flattening),
- other infectious diseases and bloodborne infections, for example HIV and hepatitis testing
- sensory issues not previously identified because of lack of screening, for example hearing, vision or mobility problems,
- sleep disturbances.[41]

There are several barriers to effective health service engagement and care delivery for UASC that is worth consideration and include:

- Obtaining informed consent and ensuring sensitivity to avoid further harm are additional to health service provision.
- Exploring the role of language barriers, cultural mistrust, legal status, and the availability of culturally competent care providers to understand how best to meet the needs and tailor services for these children.
- Understanding differences within cohorts within UASC as existing research has limited attention to the differential health needs of males and females, such as sexual and reproductive health, gender-based violence and mental health.

Within Nottinghamshire, there are currently no health services specifically responsible or specialist towards meeting the complex needs of UASC. However, there are plans afoot for Barnardo's to commission a wellbeing worker for UASC. The wellbeing worker will provide mental and emotional health support to these young people and liaise with professional services where available to support workers and other services in understanding the needs of these children.

Current activity, service provision and assets

Community paediatrician service

Community Paediatrics are specialist children's doctors (Paediatricians) and nurses who have expertise in a range of medical and developmental conditions with clinics held in schools, health centres or hospital settings. Within this service, they provide the Initial Health Assessments (IHA) for children in care and medicals for adoption panels.

Initial Health Assessments

The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after. The local authority must arrange for every child to have a health assessment by a registered medical practitioner, which is then used to ensure their physical health needs are met within the child's overall care plan (noting a young person has the right of refusal). Initial Health Assessments (IHA) must be completed (with a report sent) within 20 working days of the child entering care according to legislation, and to ensure it informs the first care review meeting for the child.

The achievement of the statutory timescales requires joint and cross organisational processes between the local authority who sends the referral and the health providers who complete the assessment for the child. For children in care in Nottinghamshire, there are currently 3 providers of initial health assessments: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBHT) who received 15% of all referrals in 2023 - 2024, Sherwood Forest Hospitals NHS Foundation Trust (SFHT) who received 52% of all referrals and Nottingham University Hospitals NHS Trust (NUH) who received 33% of all referrals. Data indicates Nottingham University Hospital completed 90% of all initial health assessments referrals for unaccompanied children and young people last year.

The achievement of an IHA being completed and returned to the local authority within 20 working days of the child entering care is a known challenge nationally and locally. This is due to several factors including delayed notifications of a child entering care and delayed referrals sent by the local authority, missing information that is required to book an IHA and limited capacity of health providers to conduct IHAs. This is influenced by increasing numbers of children entering care and other pressures on services in general. IHAs for unaccompanied asylum seeking children can experience delays due to delayed notification of entry to care, lack of a fixed address and no or multiple NHS numbers which can cause referrals to be queried or delayed.

According to social care records, 165 IHA referrals (47% of total referrals) were sent on time and 22 IHAs (6% of the total caseload) were completed within 20 working days of the child entering care in 2023 – 2024.[42] Please note there may be variance in reported compliance and is only used as an indicative measure of the challenge to meet the statutory timescale for children in care by the local authority and NHS Trusts in Nottinghamshire. Reported data for 2023 – 2024 shows progress in reducing waiting times for an IHA.

Review Health Assessments

Once an initial health assessment has been undertaken, review health assessments (RHA) are then completed at regular intervals while a child or young person remains in care. The

aim of the RHA is to provide a holistic review of their health and development, engage the child or young person in their own healthcare, and to provide information and advice to the child, their social worker, and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review. These are conducted every 6 months for children in care under the age of 5, and annually for children aged 5 and above by Nottinghamshire Healthcare NHS Foundation Trust (NHT) (the sole provider of RHAs in Nottinghamshire).

According to social care records, 795 RHAs were requested on time (98% of total referrals) and 447 RHAs (54% of the total caseload) were completed within statutory time frames in 2023 – 2024. Please note there may be variance in reported compliance and is only used as an indicative measure of the challenge to meet the statutory timescale for children in care by the local authority and NHT.

Similar to IHAs, evidence suggests that unaccompanied children and young people may experience barriers to support, such as requiring an interpreter or turning 18 years before a care plan is fully put in place or monitored. This is because most UASC entering care are teenagers so they may turn 18 before a review health assessment can be completed or acted upon. Therefore the young people experience less contact with health services than other children and young people in care due to their limited duration in care.

Children in Care Nursing

Within Nottinghamshire, there is specialist provision of a children in care and adoption nursing service provided by Nottinghamshire Healthcare NHS Foundation Trust. The nursing service deliver the statutory objective of Review Health Assessments (RHAs) and also ensure timely implementation of health care plans, ensuring all relevant health information is available for these reviews. The service works in partnership with community organisations and providers to promote the health and wellbeing of children and young people who are in care and in adoptive placements in a number of areas of health including:

- emotional mental health and well-being,
- relationships and sexual health,
- nicotine use smoking/vaping,
- substance abuse,
- healthy diet and weight management,
- dental healthcare,
- vision and hearing,
- healthy eating and weight management,
- physical activity, exercise and sports,
- vaccinations (to ensure children in care and in adoptive placements have the same vaccination rates as those in the general population).

Table 10 demonstrates that the most common interventions delivered by the nursing service have consistently been for diet and nutrition, oral health and emotional health and wellbeing.

Table 10. Interventions delivered by Children in Care Nursing (County) (2019-2023).

Brief interventions delivered-	2020-2021	2021-2022	2022-2023	2023-2024
Smoking	44 (4%)	67 (5%)	69 (6%)	80 (7%)
Alcohol use	48 (4%)	57 (4%)	59 (5%)	69 (6%)
Substance use	37 (3%)	50 (4%)	47 (4%)	61 (5%)
Nutrition	295 (26%)	329 (26%)	261 (23%)	251 (22%)
Weight management	35 (3%)	38 (3%)	26 (2%)	34 (3%)
Sexual health	137 (12%)	139 (11%)	139 (12%)	155 (13%)
Emotional Health & Wellbeing	251 (22%)	297 (23%)	259 (23%)	252 (22%)
Oral Health	285 (25%)	304 (24%)	267 (24%)	257 (22%)
Total interventions delivered:	**1,132**	**1,281**	**1,127**	**1,159**

Source: Nottinghamshire Children's Integrated Commissioning Hub, Nottinghamshire Healthcare NHS Foundation Trust Quarterly Returns.

There are also a range of universal health services that are available to children and young people in care and leaving care that are aimed to meet their physical health needs including the integrated wellbeing service, 0-19 Healthy Families Service, sexual health service and a range of primary care services too.

UASC & Care Leavers

In 2022 – 2023 there were 151 unaccompanied asylum seeking children and young people on the caseload for the Children in Care Nursing Service. The data is not able to be broken down any further in terms of their specific health care needs or interventions delivered for this cohort of children in care.

In 2022 – 2023 there were 170 care leavers on the caseload for the Children in Care Nursing Service. Of these, 132 (78%) received important health information from the children in care nursing team when leaving care. There are no specialist health services available for care leavers locally bar what is available as part of transition planning for children in care and universally available when becoming legally adults at age 18 years old.

2.5. Mental Health

Adverse Childhood Experiences (ACES), of which children in care are more likely to have experienced, cause trauma and damage to a person's health and long-term outcomes and include a range of abuse. NICE state that frequently children and young people in care will have experienced physical abuse (48%), emotional abuse (37%) and sexual abuse (23%). They may have also experienced or witnessed domestic abuse, neglect, serious harm or violence and drug use.[43]

Consequently, the rate of mental health disorders is much higher in care experienced children, with 45% of those 5–15 year olds who are in care and 72% of those residing in residential care having a mental health disorder compared to 10% of those aged 5 to 15 years in the general population.[44] Common mental health disorders seen in children in care include conduct disorders, attention deficit hyperactivity disorder (ADHD), post-traumatic

stress disorder (PTSD), anxiety and depression.[45] Additionally, self-harm and suicide known to be more prevalent in children in care, with an international systematic review estimating the prevalence of suicidal ideation as 24.7% in care experienced populations and 11.4% in non-care populations. Children in care are three times as likely as children not in care to attempt suicide.[46]

It is not inevitable that children exposed to ACEs go on to develop poor mental health and protective factors such as supportive, secure relationships, self-efficacy, and opportunities to increase self-esteem can increase resilience.[47] It is important that these are considered as part of care planning for children in care.

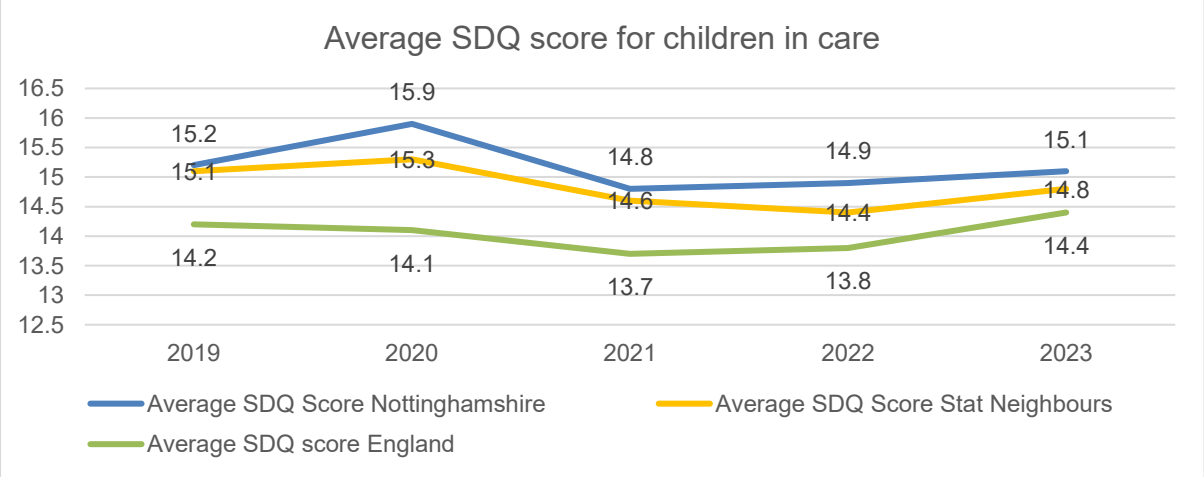
Local Need

There is no available data that describes the prevalence of mental health disorders in all care experienced children locally. The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening questionnaire that can provide an indication of the emotional health of children in care in Nottinghamshire. The SDQ is completed for children aged 4 to 16 years at the point of coming into care and then annually for as long as they remain in care (those under 5 years, should have an SDQ completed 6 months after entering care). It is designed to give social workers and health professionals information about a child's emotional and behavioural wellbeing and screen for mental health disorders. If a child has a high SDQ score, it will be considered whether they need input from mental health services. A score of 0 to 13 is considered normal, 14 to 16 is borderline, and 17 to 40 is a cause for concern.[48]

The proportion of 4–16 year old Nottinghamshire children in care with an SDQ completed annually is around 80%, close to the England average for children in care.[49]

Figure 20 shows that the average SDQ score for all Nottinghamshire children in care is higher than the England average for children in care and for our statistical neighbours, suggesting that those in care in Nottinghamshire have worse emotional health and potentially greater mental health needs when compared to other areas.

Figure 20: Average SDQ score for children in care in Nottinghamshire, statistical neighbours and England.



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2019 – 2023)

The Mental Health of Children and Young People in England in 2021, identified that for all children aged between 7 and 16 years the approximate prevalence of children with an SDQ score in the cause for concern category is between 15 - 20%.[50] Table 11 shows that for children in care, the prevalence of SDQ scores in the cause for concern category is higher than this. Since 2019 of those who have an SDQ score completed, around 40% of children in care in Nottinghamshire aged between 4-16 years annually have an SDQ score which is categorised as a cause for concern. To note, as the SDQ data is only for children aged 4-16 years, the emotional wellbeing needs of children outside of this age range is unknown.

Table 11: Number and percentage of children in care (CiC) with completed SDQ scores in Nottinghamshire categorised as a cause for concern, borderline and normal.

	Number of CiC with an SDQ score completed	Number of CiC SDQ scores which are a cause for concern (%)	Number of CiC SDQ scores which are borderline (%)	Number of CiC SDQ scores which are normal (%)
2019	366	160 (44%)	37 (10%)	169 (46%)
2020	454	199 (44%)	58 (13%)	197 (43%)
2021	393	162 (41%)	57 (15%)	174 (44%)
2022	299	118 (39%)	34 (11%)	147 (49%)
2023	385	160 (42%)	48 (12%)	177 (46%)

Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2019 – 2023)

An indication of the mental health needs of children in care in Nottinghamshire can also be taken from data on those who access the Child and Adolescent Mental Health Services Looked After and Adoption team (CAMHS CLA). Local providers state that the case load of CAMHS CLA and Adoptions team is consistent, with between 160 and 170 open cases at any one time. On the 15 January 2024, CAMHS CLA and Adoption team had 171 open cases. However, this data needs to be interpreted with caution as it has several limitations:

- It only includes the children in care referred to the CAMHS CLA and adoption service, therefore it does not inform about the number of children whose mental health illness is not identified and those accessing mental health support elsewhere e.g. within their placement or via universal mental health services (e.g. head2head, harmless etc). This data is therefore likely to underestimate the prevalence of mental health illness amongst children in care in Nottinghamshire.
- It does not include Nottinghamshire children who are placed out of area and therefore accessing mental health services outside of Nottinghamshire.
- It does include other local authority children (OLAC), placed within Nottinghamshire. Local intelligence suggests around 20-25% of the CAMHS CLA and Adoption team case load is OLAC. These are often some of the most complex young people who are placed in residential care with private providers in the area.

- This data includes children who have been adopted, local intelligence suggests that around 15-20 % of the CAMHS CLA and Adoption team case load are young people who have been adopted.

Care Leavers

There is currently no data available to describe the mental health needs of care leavers over 18 years in Nottinghamshire.

Unaccompanied children and young people

Numerous studies document the significant mental health challenges faced by these children, alongside the emotional and physical health needs stemming from the traumatic experiences of UASC, emphasizing the high percentage of these children requiring referral to mental health services. Although the literature acknowledges the significant mental health challenges faced by UASC, there is a lack of research on the efficacy of specific mental health interventions tailored to this group so no conclusion can be drawn on the outcomes of culturally sensitive, trauma-informed therapeutic for addressing the complex psychological needs of UASC.

Current activity, service provision and assets

The service planning of children's mental health services in Nottinghamshire has been aligned to the THRIVE framework, which provides a set of principles for creating a person centred, coherent and resource-efficient delivery model for mental health services for children, young people and their families.[51] The THRIVE framework, conceptualises the mental health and wellbeing needs into four needs-based groups, and the different mental health services available for children in Nottinghamshire for these needs groups are detailed in figure 21. The services are graded based on need and the four categories are: getting advice, getting help, getting more help and getting risk support.

Figure 21: Universal mental health services for children and young people in Nottinghamshire (THRIVE model)



Source: Nottingham and Nottinghamshire Joint Local Transformation Plan For Children and Young People's Emotional Wellbeing and Mental Health 2016-2023, 2022 Refresh.

All universal mental health services in figure 22 are available to children in care, however, it is unknown how many children are accessing them.

You Know Your Mind

Children in care within Nottinghamshire can access the 'You Know Your Mind' (YKYM) programme. This is a non-clinical programme intended to help young people manage their mental health and prevent the need for specialist interventions. It allows children in care and care leavers (up to the age of 25) the opportunity to explore creative ways of supporting their own emotional wellbeing and mental health needs through a support plan, funded through a personal budget. This budget is available to the child or young person annually. YKYM places onus on the young person (with the support of their network) to try activities that naturally boost their confidence, mood, or self-esteem. The support plan may involve paying for activities such as riding lessons or equipment for them to engage in hobbies.

Over the last two financial years, 739 children in care and care leavers in Nottinghamshire have accessed a personal budget, with a further breakdown of the numbers receiving a personal budget can be seen in table 12.

Table 12: Number of children in care and care leavers accessing YKYM in Nottinghamshire

Funding period	Looked after (0-18 years)	Leaving care (18-25 years)
Apr 2021- Mar 2022	330	67
Apr 2022 - Mar 2023	253	89
April 2023 - Sept 2023	120	68

Source: Nottinghamshire County Council, Children's Social Care, Business Intelligence

An evaluation of the YKYM programme in 2020 demonstrated that YKYM contributed to an improvement in young people's mental health and wellbeing. The evaluation included a survey of 45 children and young people engaged with the YKYM programme, of those surveyed, 61.8% said they felt more independent following YKYM support, 66.7% reported an improvement in having fun, 62.2% reported an improvement in happiness and 48.9% reported an improvement in mental health.[52] Staff narratives in this evaluation also triangulate the survey results, identifying how these new skills improve a young person's sense of wellbeing through enhancing confidence, self-efficacy and by giving them a positive focus.

Local intelligence suggests that despite YKYM being an effective intervention to improve the emotional wellbeing and mental health of care experienced children and prevent the need for more specialist interventions, not all eligible children and young people are utilising their personal budget.

This case study shows the positive impact of empowerment and creativity in providing support for a young person.

A 17 year old young person who was looked after identified that they were worried about leaving their placement and it caused them anxiety. Social Workers identified that they had an interest in photography and supported them to apply for the You Know Your Mind funding after having a different conversation about what might help reduce anxiety about leaving their placement. As such, they had a camera and equipment bought through the fund and is regularly taking nature pictures and local landscapes, leaving the house multiple times per week and even sharing their photographs online.

Children and Adolescent Mental Health Service (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) are for children/young people up to 18 years old. They offer a range of services for children and young people who are experiencing issues with their emotional wellbeing and mental health from mild to complex. The service offers a mix of consultation, assessment, and therapy. Children and young people may also receive support from the CAMHS Intellectual Disability Service who provide support to those who have a diagnosed learning disability, including autism, and who are presenting with an emotional/mental health need.

Information on all mental health services can be accessed from the local system website for children and young people's mental health www.nottalone.org.uk.

CAMHS CLA and Adoption service

Children in care can access both universal and specialist children and adolescent mental health services (CAMHS). Within Nottinghamshire, there is a specialist CAMHS CLA and Adoption team which comprises of mental health professionals and social workers. They provide emotional wellbeing and mental health services to those children and young people aged 5-17 years who are:

- looked after by Nottinghamshire County Council, where the Local Authority is the corporate parent and the child is currently placed within Nottinghamshire or Nottingham City,
- adopted children living in Nottinghamshire and Nottingham City,
- children who are looked after by another local authority but that are placed within Nottinghamshire.

Nottinghamshire children who are placed outside of Nottinghamshire and the city must access CAMHS provision local to their placement and therefore will not be included in the numbers seen within the Nottinghamshire County CAMHS data. Local providers state that the case load of CAMHS CLA and Adoptions team is consistent, with between 160 and 170 open cases at any one time. On the 15 January 2024, CAMHS CLA and Adoption team had

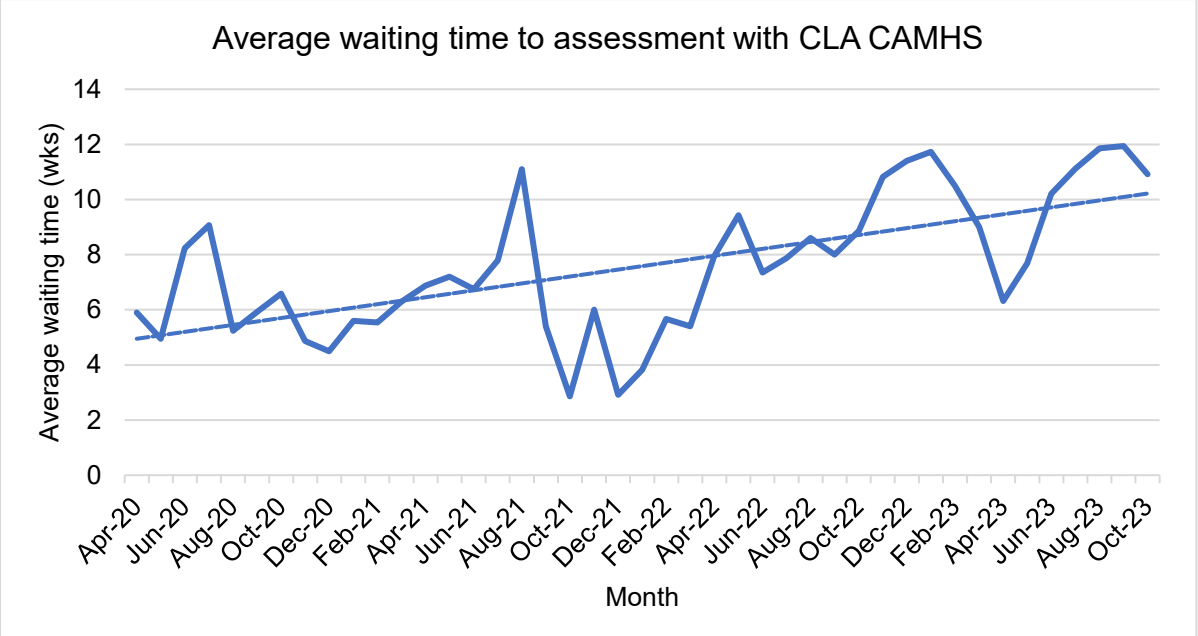
171 open cases. Of these open cases, at any one time typically around 20% are children who are adopted, and another 20% are children in care who have been placed in Nottinghamshire by another Local Authority; the remaining 60% are children in care originating and placed within Nottinghamshire. The majority of referrals to the CAMHS CLA and Adoption team are for attachment difficulties.[53]

Overall, local intelligence suggests referral data for previous years may not be representative due to inconsistent data recording practices. Recording practices have recently been revised and quality issues resolved with updated information for 2023 – 2024 indicating that the service received 182 referrals for children in care.

As referrals to Nottinghamshire CLA CAMHS team includes Nottinghamshire children in care, adopted children and other local authority children in care (OLAC) it is difficult to know whether the increase in demand is from one of these groups of children in particular. It is also not possible to assess whether the increasing number of referrals is due to worsening mental health in these populations or due to changes in referral patterns. Overall, local intelligence suggests that this data may not be representative due to inconsistent data recording practices and therefore it needs to be interpreted with significant caution.

Data on waiting times fluctuates significantly, with the graph in figure 28 suggesting an overall increasing trend in average waiting times from around five weeks in April 2020 to around 10 weeks in October 2023. However, there has been a recent increase in staffing levels within this service and local intelligence suggests that average waiting time for assessment has now reduced to four weeks.

Figure 22: Average waiting time to assessment with CLA CAMHS.



Source: Nottingham and Nottinghamshire Integrated Care System, Strategic Analytical Insight Unit, CAMHS CLA, 2023.

In October 2023, the CAMHS CLA and Adoption team introduced a new foster carer drop-in service, to provide information and support to foster carers for early intervention support. Data is not currently captured on this aspect of the service.

Other services for children in care

Applications for non-core commissioned services to be funded can be made for both children placed within Nottinghamshire or children placed in other local authorities where the core services do not meet their needs. There are relatively few non-core commissioned requests made annually (5 or less), and these are mostly for sensory assessments, psychological therapies and Eye Movement Desensitisation and Reprocessing therapy.

Within Nottinghamshire there are several therapeutic residential providers who provide mental health support to children who are resident within them. The mental health support provided in these settings varies and is worth further exploration.

Barnardo's service for Care Leavers

A new service that commenced in March 2024 is The Barnardo's service. This service is for Nottinghamshire care leavers and provides flexible and responsive interventions for care leavers experiencing poor or deteriorating mental health at the time it is most needed, bridging the gap that many face when trying to access support for their emotional wellbeing and mental health. The service provides support to care leavers aged 18-24 years (up until their 25th birthday), including supporting the transition of those aged 17+ who are receiving support from Looked After CAMHS teams. This support is facilitated by mental health practitioners who are be embedded within the existing Leaving Care Service within Nottinghamshire County Council.

Adult mental health services

Any child in the care of CAMHS CLA and Adoption team aged 17 years may be referred to the appropriate adult mental health team. However, the referral process can only occur when the young person's future address is known. Care leavers over the age of 18 years, access universal adult mental health services.

2.6. Substance Use

Evidence demonstrates that children who are exposed to adverse childhood experiences (ACES) are more likely to adopt health-harming behaviours such as substance use dependency in pre-adolescence, adolescence and later life and the more ACEs a child is exposed to, the more likely they are to develop problems.[54] Care experienced children and young people have been identified as a high risk group who are vulnerable to substance use, and substance related harm, including an increased risk of alcohol and drug dependency .[55]

For those in care, placement type may also influence drug and alcohol use. Residential homes have been found to be associated with starting or increasing alcohol and drug use, whereas placement in foster care appears to act as a moderating or protective factor.[56] It is believed that residential homes increase the probability of risky behaviours, due to the



'hostel' like nature of homes, a lack of 'genuine parental care', proximity to peers and their influence, and that such placements tend to cater for the most vulnerable and complex young people. This may also apply to care leavers who are in transitional or temporary accommodation, as individuals in such settings have been identified as more likely to engage in frequent substance use.[57] In Nottinghamshire in 2022-2023, 10% of children in care were living in homes, hostels or residential accommodation with 27% in independent living.

Nationally in 2021 – 2022, 3% of children in care were identified as having a substance use problem, which is a similar percentage to previous years and with substance use very slightly more common in males (3%) than females (2%). In 2021 - 2022 43% of children who were identified as having a substance use problem received some form of intervention.[58] A higher prevalence of problematic substance use continues into adulthood with around a third of people leaving care, reporting drug or alcohol problems a year later, with women being more susceptible to problematic use of substances.

Local Need

Data on substance use for all children who have been in care for 12 months on the 31st of March each year can be seen in Table 13 and figure 31. There is believed to be some inaccuracy in this data due to the subjective nature of the data collection process.

Data from 2022 suggests that the prevalence of substance use disorders (including both drugs and alcohol) in Nottinghamshire is higher than England, with 5.9% of all children in care in Nottinghamshire being recorded as having a substance use disorder compared to 2.7% of all children in care in England. This apparent higher prevalence of substance use in in Nottinghamshire could be due to there being a greater proportion of children in care using substances or it could be due to differing recording practices nationally and locally. Local intelligence suggests that drug use in children in care in Nottinghamshire could be higher than identified in this data because of the definition of substance use utilised which is 'intoxication by (or regular excessive consumption and/or dependence on) psychoactive substances, leading to social, psychological, physical or legal problems'. There may be a group of children using substances that social workers do not perceive as leading to social, psychological, physical or legal problems.

Table 13. number and percentage of children in care (CiC) in 2022-2023 in Nottinghamshire known the have a substance use problem and receiving an intervention.§

Characteristic	Number of CiC in Nottinghamshire†	Percentage (95% CI) of CiC in Nottinghamshire	Percentage (95% CI) CiC in England

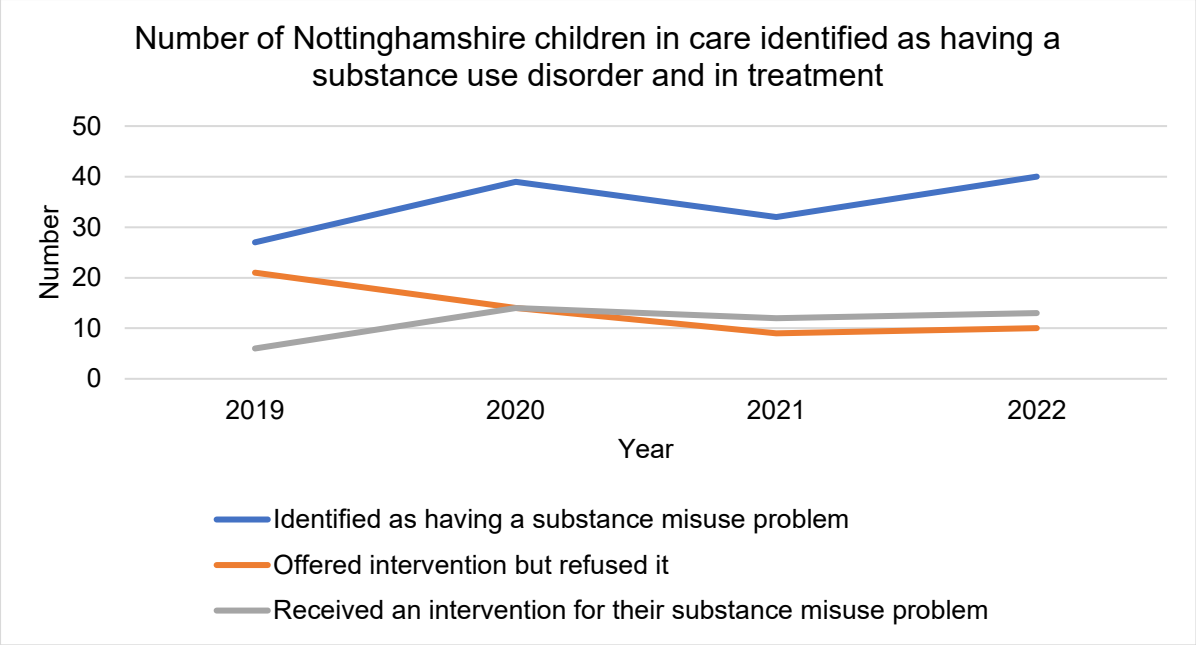
§ This cohort includes only children on 31 March of 2023 who had been looked-after continuously for at least 12 months. Substance misuse ('substance use problem') is defined as 'intoxication by (or regular excessive consumption and/or dependence on) psychoactive substances, leading to social, psychological, physical or legal problems'. It includes problematic use of both legal and illegal drugs (including alcohol when used in conjunction with other substances). The term 'drug' is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances. Young people's drug taking is often inextricably linked with the consumption of alcohol. Therefore the term 'substance' refers to both drugs and alcohol but not tobacco.

	(n=677)		(n=58350)
Number and percentage of all CiC as having a substance use problem	40	5.9% (4.4-7.9)	2.7% (2.6-2.9)
Number and percentage of CiC identified as having a substance use problem offered intervention but refused it	10	25% (14.2-40.2)	3.8% (3.0-4.9)
Number and percentage of CiC identified as having a substance use problem who received an intervention for their substance use problem	13	32.5% (20.1-48.0)	42.5% (40.1-44.9)

Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2015 – 2023)

Trend data for substance use in children in care locally from 2019 can be seen in figure 23. This data also suggests that there is a consistent gap between the number of children identified as using substances and those receiving an intervention. This may suggest a significant un-met need, or it may be due to a discrepancy of data recording. Further work needs to be done to understand why these children and young people are recorded as having a substance use disorder but are not receiving some form of intervention.

Figure 23: Number of children in care identified as having a substance use problem and in treatment.[**]



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2019 – 2023)

[**] This cohort includes only children on 31 March of each year who had been looked-after continuously for at least 12 months.

Care Leavers

There is no locally collected data on substance use in care leavers. The personal advisors who support each care leaver will know about individual cases that have disclosed substance use, but this data is not routinely collated.

Current activity, service provision and assets

There are no specific substance use services available for children in care and care leavers in Nottinghamshire, however, these children and young people can access universal substance use treatment services. As detailed in the Substance Misuse JSNA chapter (2022), brief interventions, lifestyle support, school based group sessions and signposting to substance use treatment services is provided across Nottinghamshire by The Healthy Families Programme, Targeted Support and Universal Youth Services. There are also self-help resources are available via mobile phone applications or online support services (provided by Change Grow Live, mutual aid providers or other providers). No data is collected on the number of individuals accessing these services who are in care or care experienced.

Children in care and care leavers may receive substance use treatment via the CAMHS Head2Head service (for children with a dual diagnosis of Mental Health difficulties and Substance use). There is no data to identify the number of children in care who receive substance use support from this service.

Change Grow Live

Change Grow Live (CGL) provide all age treatment services for substance use. CGL Nottinghamshire provide a range of substance use support to all children under 18 years old who live in Nottinghamshire. This support ranges from early intervention and targeted work to structured treatment for those using substances more problematically and can be done as an outreach service, in the place where the young person would most like to be seen. To support partnership working between CGL substance use services and children's social services, there is a children in care and care leaver Link role based at CGL with responsibility to:

- Co-ordinate and lead on the provision of targeted and specialist support for children in care and leaving care. This to include specialist consultation and direct support for those with most intensive support needs.
- Provide consultation, training and support to social workers, Leaving Care Teams, youth justice teams.
- Build, strengthen and maintain links with Leaving Care Teams in the County to improve pathways and increase referrals.
- Lead and improve on inclusion opportunities for care experienced children including co-production and lived experiences.
- Regular contact with residential care homes (both social care and private provision) including drop-ins where possible and team meetings to be a recognisable face for staff and Young People.

- Regular contact with and presence in supported accommodation providers.
- Contact with fostering organisations and individual foster carers.
- Liaison with other local authorities about out of area placements.
- Liaison with other CGL branches or substance use provision for children in care moving out of area.

In the 6-month period between April and September 2023, CGL received 141 referrals to the under 18 years' service, and 26 (18%) of these were recorded as being in care. The three main sources of referral include, supported housing services (n=12, 46.2%), youth justice (n=6, 23%) and CLA social work team referred (n=5, 19.2%). Local intelligence suggests the high number of referrals from supported housing is believed to be partly due to the age, behavioural needs and exposures of the cohort of children in care placed within supported housing.

The most frequently recorded substance used was cannabis, however, over two thirds of the children referred were recorded using two or more substances.

Table 14: Types of substances used by CLA referred to the under 18 service between April and September 2023.

Substance	Total	%
Alcohol	<5	12%
Cannabis	21	81%
MDMA	<5	<5%
LSD	<5	<5%
Poly use		
2ND Drug at referral	15	58%
3rd Drug at referral	<5	8%
All referrals	**26**	**100%**

Source: Change Grow Live, 2023.

Of the 26 young people who were referred to Change Grow Live between April to September 2023, the majority of children referred (65.4%) received a brief intervention and only 15.4% engaged in structured support with a care-plan. The high proportion of children receiving only brief intervention is believed to be due to young people not perceiving their substance use as problematic or not wanting to engage in structured treatment.

Care Leavers

There is no specific substance use service for care leavers, and they access universal CGL services for individuals over 18 years. It is recognised that there are unique challenges with engagement and access with young people at the point of leaving care, who need tailored support at a time in their lives when previous support networks can seem to suddenly dissipate. The ability to offer continued support post 18 or accept referrals up to 24 is essential for this population as many are not suited to adult service working models and therefore may not access services at a time of greatest need.

A new 18-24 years Young Adult treatment service has recently been introduced in Nottinghamshire in April 2023 by CGL, which should provide additional support to care leavers at the transition point between children's and adult's services. Within this offer all referrals via the single point of access point for 18-24-yearolds are directed to the Young Adult Service. There are two arms to this service which include:

- Pathway 1: A service for those using non-opiate drugs and alcohol at non-dependent levels. This service is provided by resilience workers from the CYP team and provide an assertive outreach model with 1:1 support. The support worker can provide case oversight to the resilience workers and a more intensive level of multidisciplinary team support can be provided to those identified as complex/at higher risk.
- Pathway 2: A service for those 18–24-year-olds who are using opiates or alcohol at dependent levels. These young adults are supported by team members from the adult side of the service and tend to provide longer term support with clinical and medical interventions.

In the 6-month time period between April and September 2023, 46 individuals were referred to the 18–24-year service and 6 (13%) of these were care leavers. Due to the limited time frame in which this resilience-based offer has been running there is limited data available on the outcomes of the new service, however, compared to the previous programmes-based approach there has been a 30% reduction in non-engagement.

This case study highlights the importance of continuity at a time of uncertainty, particularly for young people transitioning out of care.

A 17 year old was living in supported accommodation after the breakdown of their placement and had previously been difficult to engage with for support. They moved to a new accommodation provider who had been provided with service awareness and referral pathway information for substance use support. They were referred to service, and when many areas of support stopped when they turned 18, they continued to stay involved with the substance use service, even with numerous nonattendance and cancellations. They maintained reasonable level of contact leading to improved knowledge about substances and a clear reduction in use, which included stopping all cocaine use, ceased binge drinking and reduced cannabis intake. The young person stated they would consider further work in the future if needed and appreciated that they had been allowed time to 'get to know' their worker and develop trust.

2.7. Education & Employment

Children in care and leaving care have experienced significant challenges and trauma, and for them to overcome these and achieve their ambitions, they must receive care, love and support. School can be a crucial source of stability and support in their lives.[59]

The educational attainment for children in care is lower than that of other children, with only 11% of those in care for at least 12 months as of 31st March 2022 in England achieving

'good' GCSES in English and Mathematics (grade 5 or above) compared to 49.8% in the overall population.[60] This appears to result in worse longer-term outcomes, with 38% of 19-21 year old care leavers not in education, employment or training, compared to 11% of other young people of the same age.[61] Some of this lower educational attainment, may be explained in part by the fact that there is a higher prevalence of special education needs (SEN) in children in care compared with all other children.[62]

Since the COVID-19 pandemic there has been an increase in the number of all children and those in care absent from school. Research undertaken by the Children's Commissioner identified that children in care most at risk of not attending school include those with particular vulnerabilities, including UASC, older children, children with SEN, children with multiple placements and those in independent or semi-independent accommodation.[63]

Local Need

Table 15 demonstrates the number of children in care from Nottinghamshire who are of statutory school age from 2020 to January 2024 ranging between 713 and 829. The majority of those recorded on the school census are educated within Nottinghamshire which is similar to England.

Table 15: Number of Statutory School aged Nottinghamshire children in care and location of education.

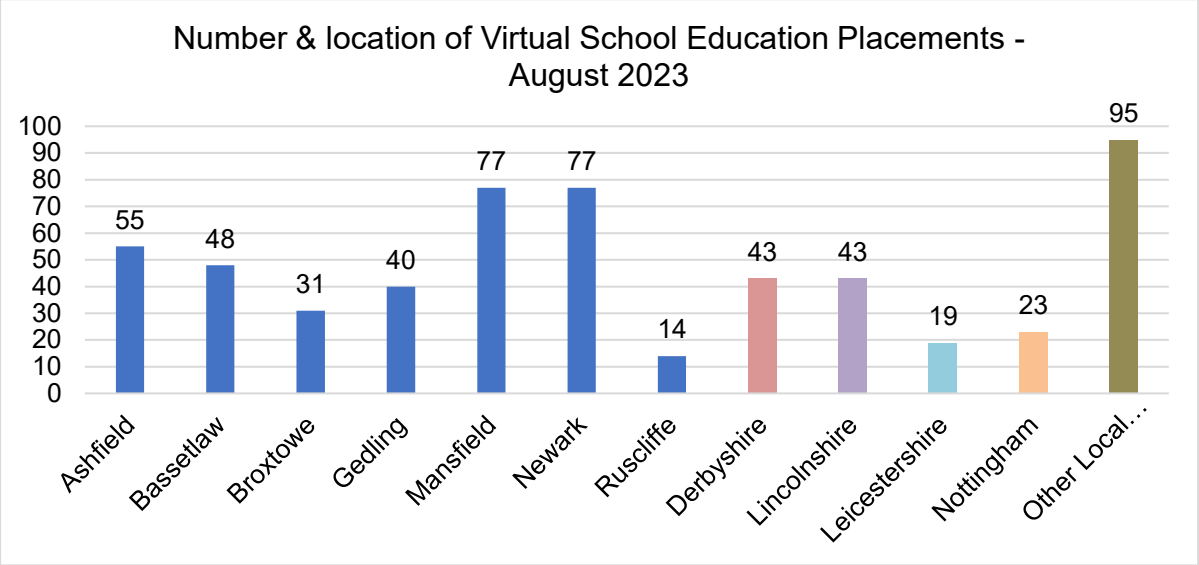
Nottinghamshire children in care	**2020/2021**	**2021/2022**	**2022/2023**	Jan 2024
Total Statutory School Aged (SSA)	713	745	701	829
SSA recorded on School Census	602	661	611	N/A
No. not matched to School Census††	111	84	90	N/A
Educated in Nottinghamshire LA	473	482	428	502
Educated not in Nottinghamshire LA	129	179	183	327
Educated in Nottinghamshire LA %	79%	73%	70%	61%
Educated not in Nottinghamshire LA %	21%	27%	30%	39%
National Educated in LA %	75%	73%	72%	Data not available
National not educated in LA %	25%	27%	28%	

Source: Nottinghamshire County Council, Virtual School, 2020 - 2024

Data from August 2023 demonstrating where Nottinghamshire children in care are in education can be seen in figure 24. This shows that 57.3% of children in care educated outside of Nottinghamshire are educated within neighbouring local authorities.

†† Number of children in care cohort are unmatched to census, meaning no school census record was found for them this year. This may be because they have recently moved schools or have an EOTAS (Education other than at school).

Figure 24. Nottinghamshire Children in care virtual school education placements & location (August 2023).

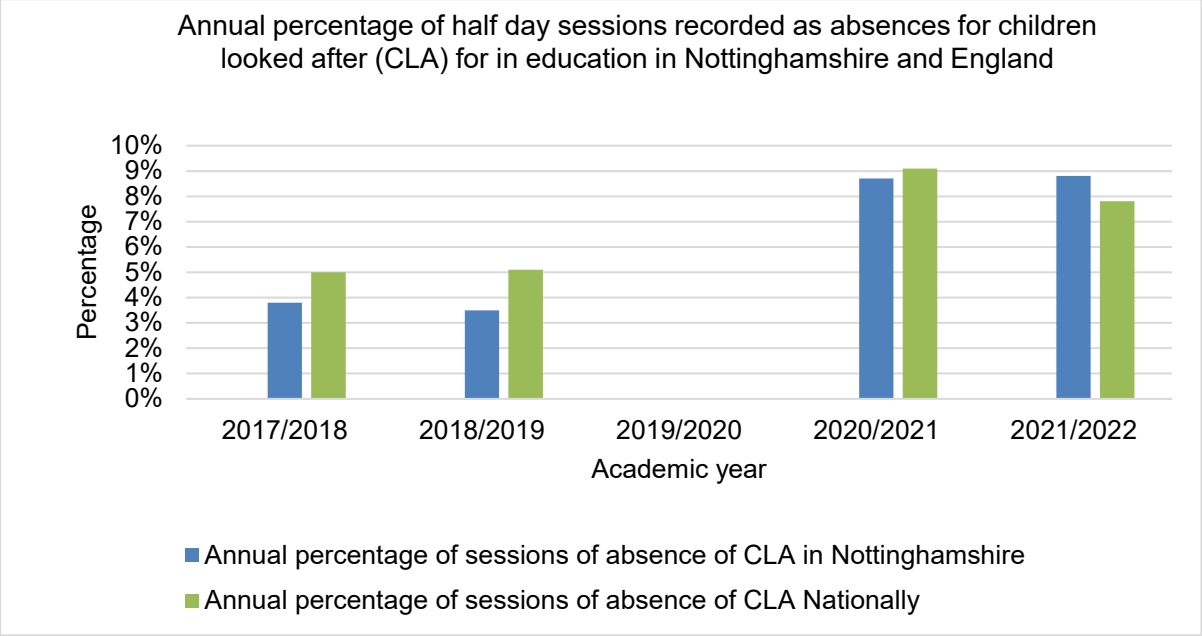


Source: Nottinghamshire County Council, Virtual School, 2020 - 2023

Attendance and suspensions

In the last academic year, the average attendance for Nottinghamshire children in care of statutory school age has dropped from 90.55% in 2021-22 to 86.16% for the academic year 2022-2023.[64] Figure 26 demonstrates the percentage of half day absences in each academic year for school aged children in care (who have been looked after for 12 months on the 31st March) in Nottinghamshire and England. This shows that for Nottinghamshire children in care the proportion of half days recorded as absences has increased since 2019 (post-pandemic) mirroring the national picture. To note, there was no data recorded during 2020 due to the covid-19 pandemic.

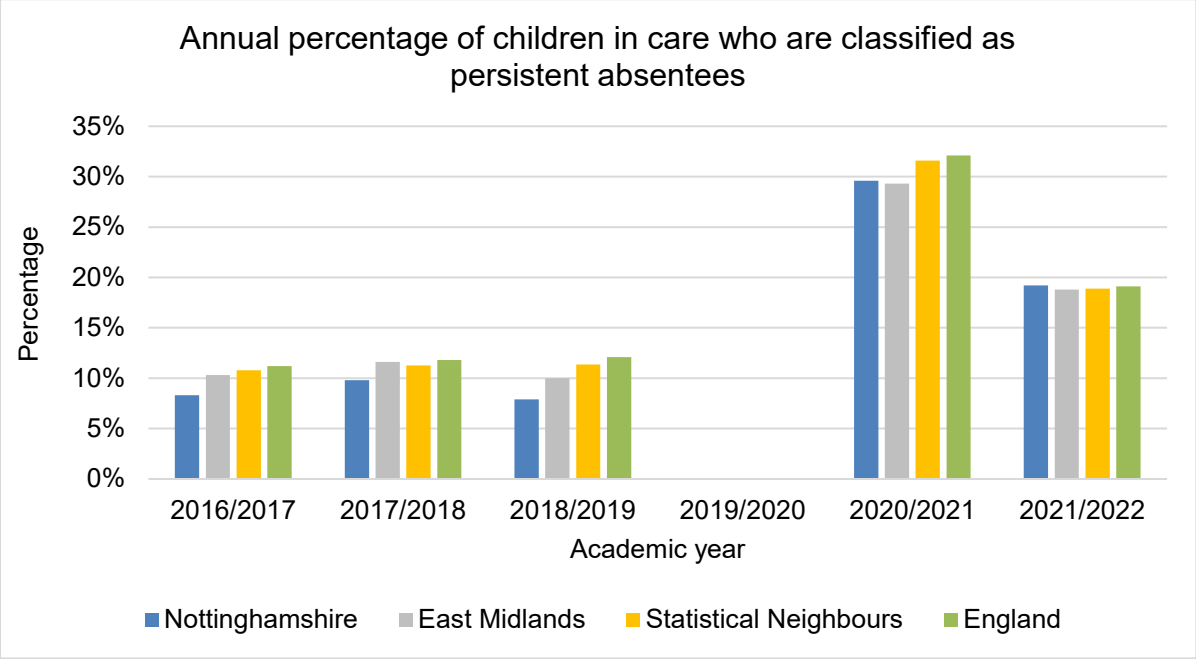
Figure 25: Annual percentage of half day sessions recorded absences of children in care (for 12 months on 31st March) in Nottinghamshire and England.



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

The percentage of children in care for 12 months on the 31st of March who are classed as persistently absent each academic year can be seen in figure 26. This demonstrates that the percentage of children in care with persistence absence in Nottinghamshire is 19.2% similar to statistical neighbour (18.9%) and the national average (19.1%) in 2022. The same trend has been seen with persistent absence in all children in England, with an increased persistent absence rate in all children to a rate of 23.5% in 2021 - 2022. The persistent absence rate in all children has since decreased and is now 19.4%, the 2023 - 2024 data is not currently available for children in care and therefore it is not known if the persistent absence rate is also decreasing.[65]

Figure 26: Annual percentage of children in care for 12 months on the 31st of March each year, who are classified as persistent absentees.

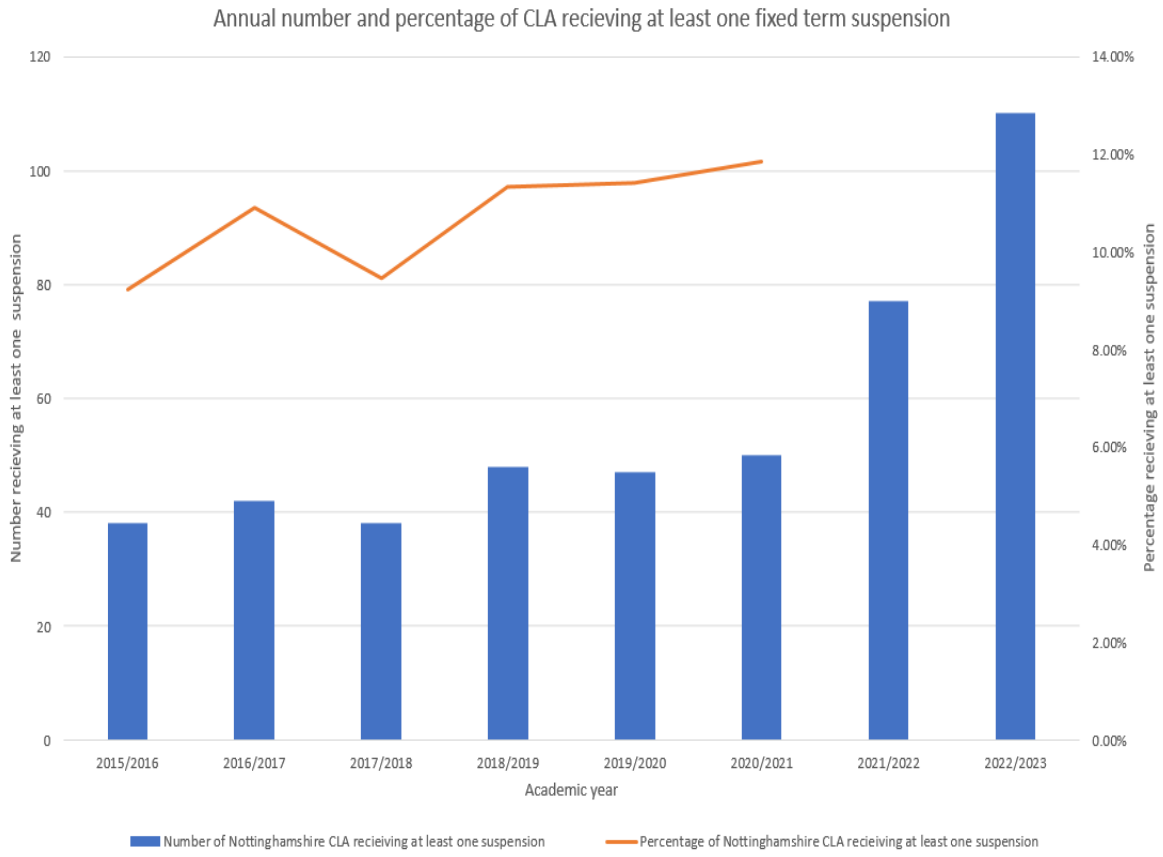


Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

The increase in half day and persistent absence in Nottinghamshire children in care following the COVID-19 pandemic, mirrors the trends nationally for both children in care and all children and is thought to partly be due to changes in attitudes towards daily attendance and an increase in emotional based non-attendance. Increasing attendance is a national and local priority.

In 2022-2023, 110 statutory school age children in care (for 12 months on the 31st of March) received fixed term suspensions in the academic year, this compares to 77 the previous year.[66] This increase appears to reflect a gradually increasing trend in the number and percentage of school age children in care receive suspensions each academic year as seen in figure 27.

Figure 27: Number and percentage of children in care (for 12 months on 31st March annually) receiving at least one suspension in each academic year.

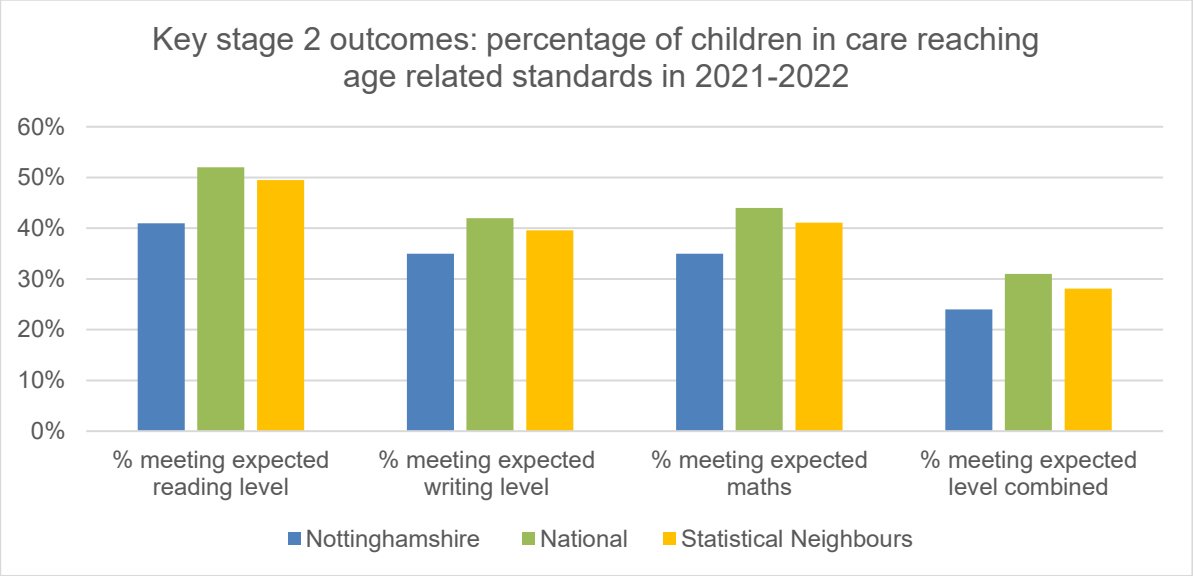


Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2015 – 2023), Nottinghamshire County Council's Virtual School, 2023.

Nottinghamshire's Virtual School team use data and information gained through regular communication with education settings and social care colleagues to prioritise support and challenge to schools around suspensions and local intelligence identifies an improving picture. During the 2022 - 2023 academic year, the number of Nottinghamshire children and young people receiving fixed term suspensions across the year decreased with 1/3 fewer children being suspended in the summer term when compared to the autumn term. No Nottinghamshire child in care has been recorded as permanently excluded from school in the last eight academic years.[67]

Educational attainment Key Stage 2

Figure 28: Proportion of children in care meeting expected standard for Reading Writing and Maths at KS2 in Nottinghamshire compared to England)



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2021 – 2022)

Figure 28 shows the percentage of children in care reaching expected standard of reading at Key stage 2 (KS2). The trend data can be seen in table 16 which demonstrates a reduction in the number of children in care reaching the expected standard for writing, maths and combined at KS2 following the COVID-19 pandemic. Further data from 2022 onwards will be able to inform whether this reduction is maintained. Educational attainment at KS2 of children in care nationally and in Nottinghamshire is significantly below the achievement of all children, as in 2021/2022 59% of all children meet the expected standard in all Reading, Writing and Maths.[68]

It is advised that the attainment of younger children in care (key stage 4) is monitored to investigate if the decline in attainment of younger children in recent years in care requires action.

Table 16: Proportion of Nottinghamshire children in care (CiC) meeting the expected standard from reading writing and maths.

	% CiC meeting expected reading standard	% CiC meeting expected writing standard	% CiC meeting expected maths standard	% CiC meeting reading, writing and maths standard combined
2021/22	41%	35%	35%	24%
2020/21	x	x	x	x
2019/20	x	x	x	x
2018/19	50%	56%	38%	35%

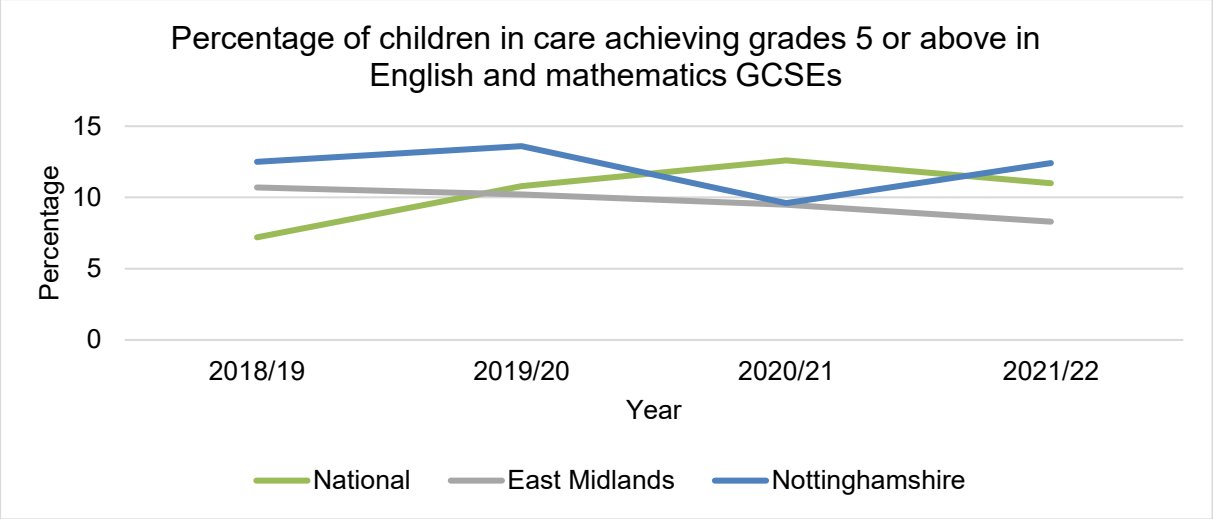
2017/18	47%	38%	38%	28%
2016/17	41%	49%	44%	32%

Source: *National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)*

Educational attainment Key Stage 4 (16 years)

Figure 29 shows the proportion of young people in care achieving a grade of 5 or more in English and Mathematics in Nottinghamshire compared the East Midlands and the national average. This data shows that between 2018 - 2019 and 2021 - 2022 between 9.6% and 13.6% of children in care in Nottinghamshire achieved a grade 5 or above in their mathematics and English GCSEs. This is similar to the achievement of young people in care in the East Midlands and nationally. However, it does demonstrate that care experienced young people have significantly lower grades than all children as in 2021 - 2022 49.8% of all children achieved a grade 5 and above nationally.[69]

Figure 29: Percentage of pupils achieving grades 5 or above in English, Mathematics and GCSEs



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

2.8 Special Educational Needs

Table 17: Number of children in care in Nottinghamshire identified to have SEN and receiving SEN support or with an EHCP.

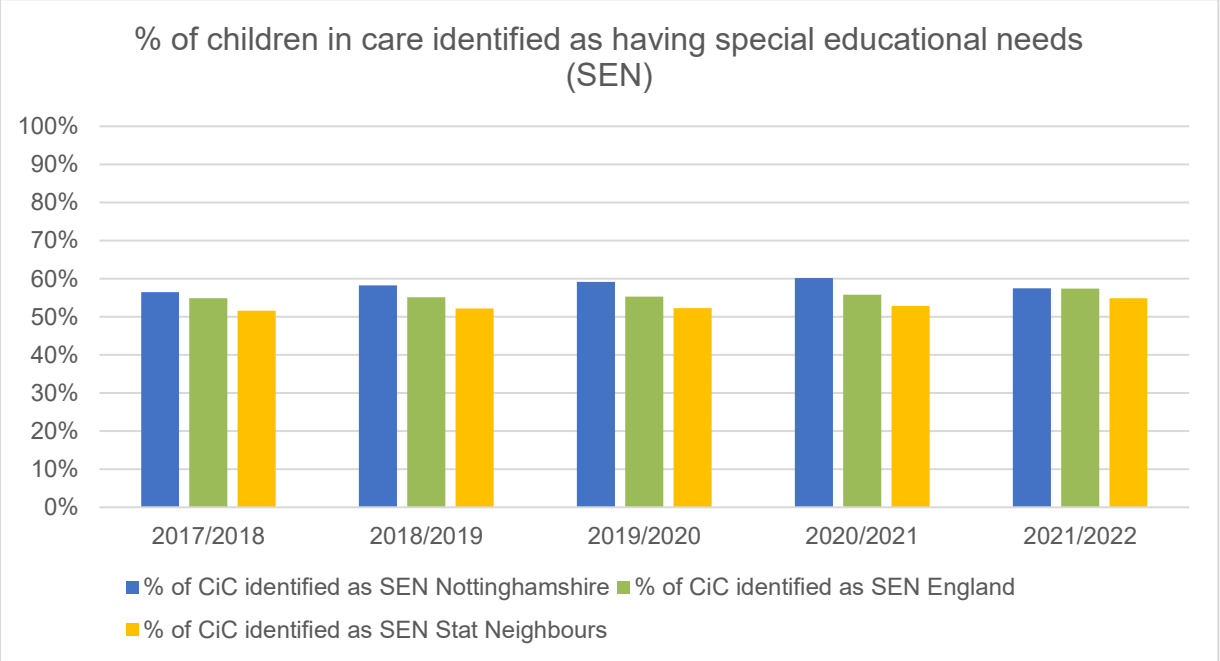
	Total number of pupils in Nottinghamshire	Number of pupils identified to have SEN (%)	Number of pupils receiving SEN support	Number of pupils with an EHC plan
2021/2022	482	277 (58%)	179	98
2020/2021	477	287 (60%)	179	108
2019/2020	461	273 (59%)	176	97

2018/2019	466	271(58%)	169	102
2017/2018	432	244 (57%)	147	97
2016/2017	436	232 (53%)	144	88

Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

Table 17 demonstrates that between 50 and 60% of school aged children in care are identified as having special education needs (SEN). The prevalence of SEN in children in care in Nottinghamshire is much higher than for all school aged children in the population, and in 2021/2022 16.5% of children in England were identified as having SEN. However, the higher proportion of children in care with SEN in Nottinghamshire corresponds to children in care Nationally as demonstrated in figure 30.

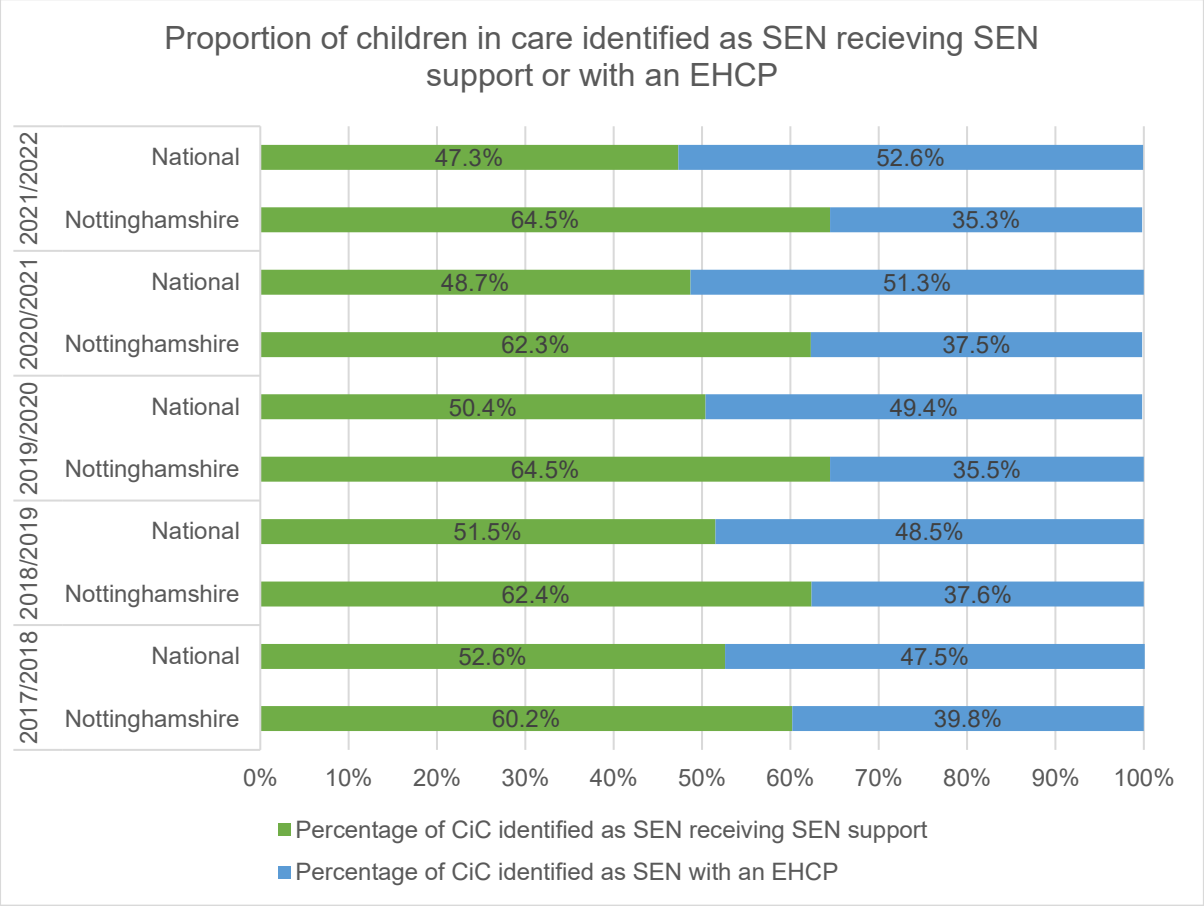
Figure 30: Proportion of children in care identified as having SEN in Nottinghamshire, statistical neighbours and England.



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

As figure 31 illustrates, Nottinghamshire has more children in care identified as receiving SEN support and less with education and health care plans (EHCPs) when compared to England. Local intelligence suggests this is due to the strategic direction in Nottinghamshire which seeks to provide appropriate funding and support for children with SEN without the need for an EHCP. If it is deemed necessary for a child in care to have an EHCP, they are identified in termly springboard meetings and prioritised.

Figure 31: Proportion of children in care identified as SEN receiving SEN support or with an EHCP



Source: National Government, Department for Education, 'Statistics: Looked After Children' Local Authority Annual returns (2017 – 2022)

Data in table 18 demonstrates the number and proportion of Nottinghamshire children in care with SEN educated within Nottinghamshire and educated in other local authorities. Around 75% of Nottinghamshire children in care identified as having SEN are educated within the local authority, this is in line with the national average.

Table 18: Number and percentage of children in care with SEN educated within Nottinghamshire and within other local authorities.

	2020/2021	2021/2022	2022/2023
Statutory School aged children with SEN recorded on School Census in Nottinghamshire	202	214	209
Number with SEN educated in Nottinghamshire	160 (79%)	162 (76%)	152 (73%)
Number with SEN educated not in Nottinghamshire	42 (21%)	52 (24%)	57 (27%)
National educated in LA %	75%	74%	73%
National not educated in LA %	25%	26%	27%

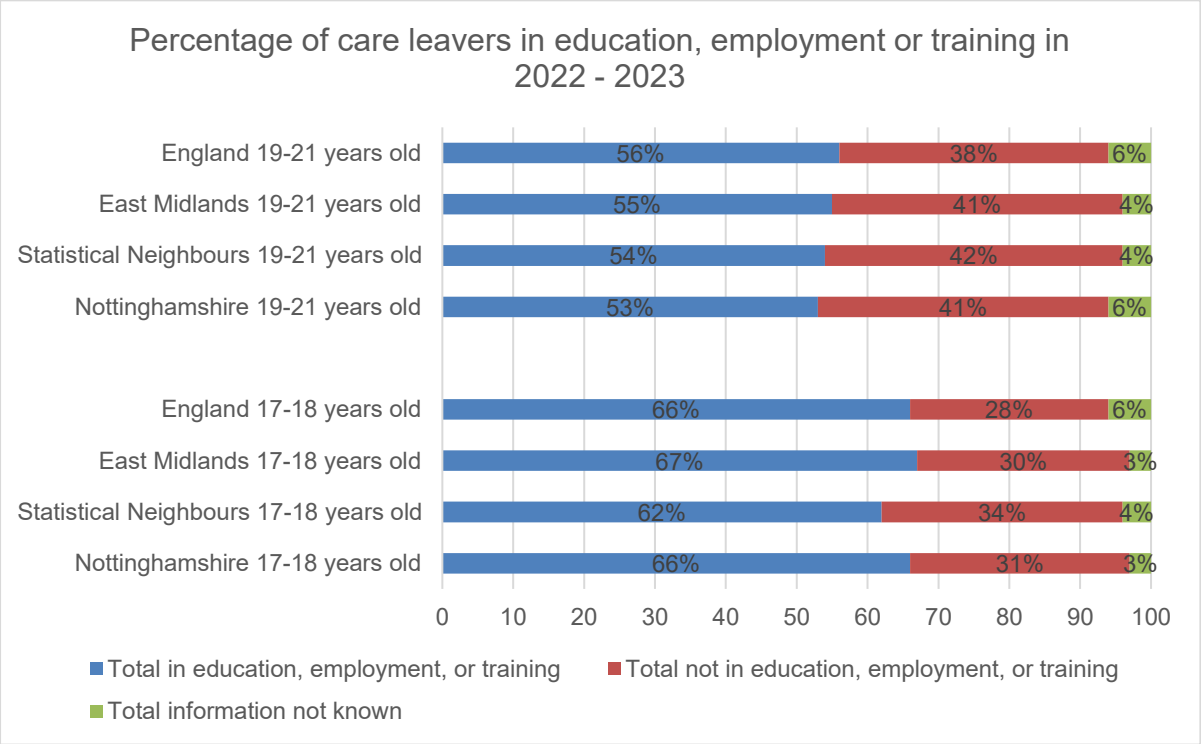
Source: Nottinghamshire County Council's Virtual School, 2023.

UASC

Within Nottinghamshire, 75% of the UASC population in Nottinghamshire are in education and training. This has been achieved by employing a dedicated Achievement Adviser within the UASC Team. This team works closely with Virtual School to ensure that any children seeking asylum are accessing education (mainstream provision or English for Speakers of Other Languages (ESOL) at colleges if over 16 years). The UASC team also work with educational partners, including Nottingham Trent University to explore alternative educational opportunities for our children and young people seeking asylum (summer schools etc.).

Care Leavers

Figure 32. Percentage of care leavers in education, employment or training from 2022 – 2023 compared to England, East Midlands and Statistical Neighbours.



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

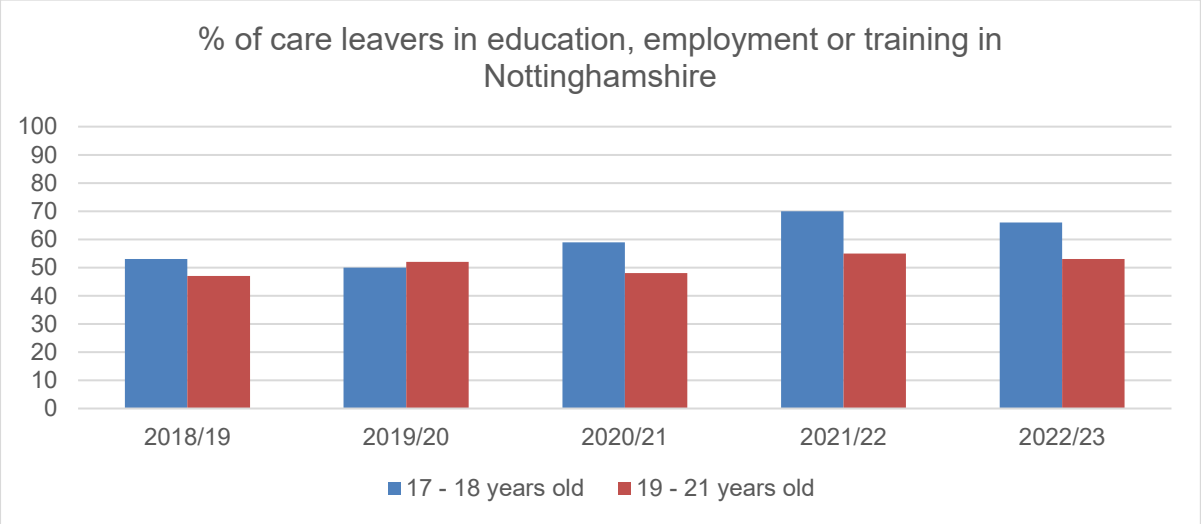
The majority of Nottinghamshire children in care are in education, employment or training (EET) up until the age of 18 years, and in January 2023, 73% of year 12 and 13 Nottinghamshire children in care were in education, employment or training which is (2% lower when compared to last academic year).[70]

In 2022 – 2023, 66% of care leavers aged 17 – 18 years old were in education, employment or training which was a slight decrease from last year but overall there has been an increasing trend and is on par with the average for care leavers in England (66%) and higher-than-average number compared with 62% for its statistical neighbours.

After 18 years old, the proportion of Nottinghamshire care leavers in EET significantly lowers, to around 50%, similar to the National average (Figure 33).

It is worth noting that some of the care leavers not in EET will be former children seeking asylum, and depending on their leave to remain status, they may not be eligible for employment and training.

Figure 33. Percentage of care leavers in education, employment or training from 2018 – 2023.



Source: Nottinghamshire County Council, Children Looked After Benchmarking Report, 2022-2023

Some young people who are identified as care leavers have a challenging educational pathway if they have experienced moving schools or education providers when first entering the care of the local authority, or if there are changes in placement with carers. As such, a lot of young people achieve educationally in their later adolescence or look for alternative educational or employment pathways. Nottinghamshire has its Virtual School who support looked after children of statutory school age, as well as the dedicated Achievement Service supporting looked after children and care leavers aged 16 – 24 and beyond.

Current activity, service provision and assets

Virtual school

Within Nottinghamshire, the Virtual School discharges the County Council's statutory duty to promote the educational achievement of children in care aged 3-18 years old. Head teachers and governing bodies retain the responsibility of the educational outcomes of children in care, Virtual school supports them, and holds them to account when provision is not meeting need. It facilitates strong collaborative working and partnerships with services and schools as well as by provides effective support, training, challenge and intervention in a trauma informed approach. The Virtual school includes Achievement officers who work with groups of schools within districts aiming to maximise the positive outcomes for care experienced children and young people.

Virtual School Achievement Officers are allocated to work for children by district or local authority (Mansfield and Newark and Sherwood continue to be the two Nottinghamshire districts with the highest numbers of Nottinghamshire children in care). This enables officers to understand the context and landscape of districts the children are in, and to understand how to navigate processes of other local authorities where needed to avoid unnecessary drift and delay.

Virtual school are undertaking a wide range of work to improve attendance and reduce suspensions this includes:

- Using attendance data at individual, school, and cohort level throughout the academic year to inform and prioritise the work of Achievement Officers. A daily attendance monitoring system was implemented in September 2023 to enable earlier identification, support, and intervention.
- The Virtual School and Educational Psychology Service offer free termly training to Nottinghamshire schools and education settings. This training is grounded in an evidence-based relational approach rather than consequence led approaches to behaviour which result in sanctions such as suspensions.
- Virtual School regularly meet with all designated teachers for children in care in Nottinghamshire secondary schools identifying reducing suspensions as a priority.

Attend programme

Nottinghamshire have partnership attendance networks, ATTEND framework which has included training for schools, and emotional based non-attendance training which form part of the work to support attendance increase in schools. The Virtual School worked closely with Educational Psychology Service to promote the Attend programme training with Nottinghamshire schools. Attend is an early intervention, systematic way of identifying the underlying reasons for pupil absence and aims to engage families in a collaborative process to put together effective support plans. In November 2022, 170 primary schools and 43 out of 45 Nottinghamshire secondary schools participated in wave one of Nottinghamshire's Attend training delivered by the Educational Psychology Service.

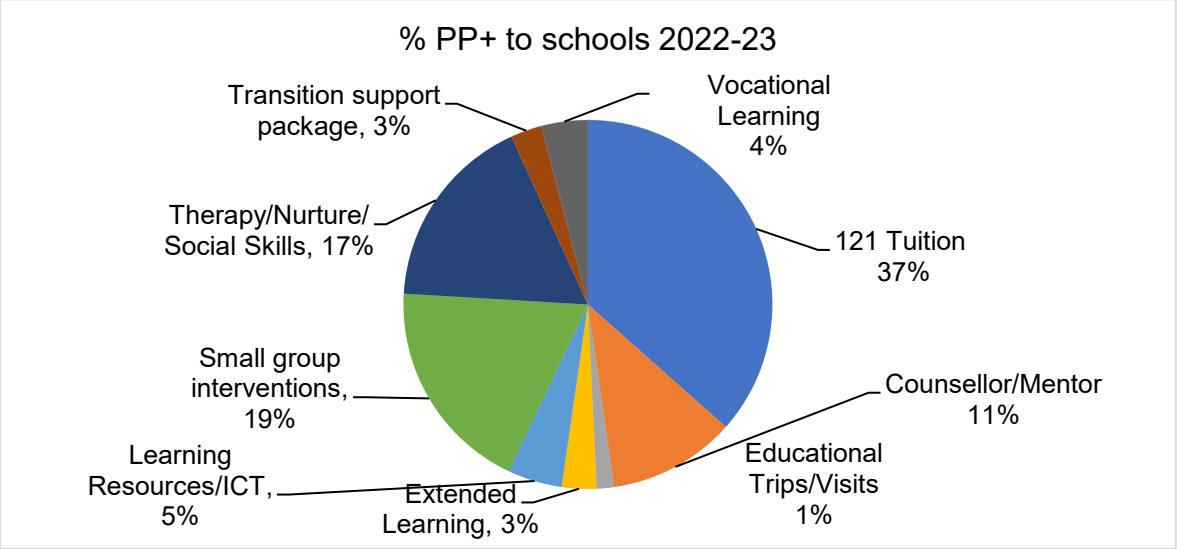
Personal Education Plans (PEPs)

Local authorities and education settings have a statutory duty to conduct PEPs for children in care three times a year. Since the implementation of an online PEP platform in September 2021, the number of PEPs completed for Nottinghamshire children and young people in care has increased termly. 89% of children and young people aged 3-18 years had a PEP completed in the summer term of 2023 which compares to 53% in autumn 2021 when accurate completion figures were first extractable. There is an ongoing quality assurance process to PEP and collaborative working between education and social care colleagues has enabled improvements to continue termly and barriers to be identified and addressed.

Pupil premium plus

Pupil Premium Plus is additional educational funding given to schools or Virtual schools for children in care, plus those children previously in care. For eligible Nottinghamshire children, schools claim £700 per term through the child's Personal Education Plan. The grant is claimed against specific interventions and actions linked to children's termly targets which helps to ensure the grant is used to fund support and interventions with a strong evidence base. In 2022-2023 Pupil Premium Plus was used to provide counselling or mentorship for 140 children and young people of statutory school age and therapy/nurture/ social skills support to 212 children and young people of statutory school age. Figure 34 demonstrates how schools utilised the PP+ funding they received in 2022-2023.

Figure 34: Use of Pupil Premium Plus funding by Nottinghamshire schools in 2022-2023



Source: Nottinghamshire County Council Virtual School, 2022 – 2023

Care Leaver Offer and Achievement Service

Since 2018, local authorities needed to identify what they offered care leavers from their area in accordance with the Children and Social Work Act 2017. Nottinghamshire launched their Local Offer for Care Leavers in 2019 with the addition of a specific offer around employment, education, and training known as the Achievement Offer being launched in 2020. The Achievement Service is for young people aged 16-17 years old in care, and 18-24 years old care leavers. The aim of the service is to support young people to be the best that they can be and so aim to help young people to aspire and achieve in whatever career path they choose to take. This can be through education and studying in college, going to university, doing an apprenticeship, on-the-job training or succeeding in the world of work.

The Achievement service team work closely with lots of partner agencies and organisations such as the Virtual School, Inspire, Broxtowe Youth Homelessness, Department for Work and Pensions (DWP), universities, training providers, apprenticeship providers and both local, national and international businesses. By exploring options and choices at an early stage, the team can help shape the pathway young people choose to take into employment. It can involve opportunities for young people to see what it is like in the world of work via the

Care2Work scheme as well as employability briefings, of which 17.4% of care leavers (18-21) in Nottinghamshire attended in 2022-2023, where young people get to visit organisations such as Boots, Amazon, Sainsbury's, John Lewis, Nottinghamshire Police, and Centre Parcs to see what opportunities are available.

The team support young people with their educational journeys, and this can mean beyond their 25th birthday if they are completing a higher education course at university. There are also apprenticeship opportunities both within Nottinghamshire County Council and with their partners in Health, Police and within our seven district councils.

A review of the care leaver offer started in 2023, through consultation with our children in care and care leavers. This identified the need to expand some more specific local offers to ensure needs of those care leavers who were children seeking asylum, aged 21 years and beyond, in custody or being released from custody and those who are parents or parents to be being met by the local care leaver offer.

This case study shows the importance of providing opportunity and support to young people before they leave care on planning for the future and consider their ambitions and aspirations.

A 17 year old, via the Care to Work scheme, secured a work placement which they were initially nervous to attend but their work ethic quickly shown through, and the employer encouraged the young person to consider applying for a role based on the skills they had developed and demonstrated. The young person was successful in securing the position and enjoys working at the organisation.

2.9 Youth & Criminal Justice

Evidence has consistently shown that care experienced children are often overrepresented in all parts of the Youth Justice System. The proportion of children in England that had been cautioned/sentenced for any offence in 2019 – 2020 that had ever been a child who was in care was 15%, and for a serious violence offence was 24%. The proportion of children in England that had been cautioned or sentenced for an offence that had ever been a child in need was 45%, and for a serious violence offence was 54%.[71] The Childrens Commissioner (2020) reported that systems are letting children down by missing opportunities to keep children safe and not addressing the root cause of offending behaviour.

However, it is key to note that while overrepresented, this does not mean that a high proportion of children in care participate in offending. National figures show that 2% of children care over the age of 10 were convicted or cautioned in 2021 – 2022.[72]

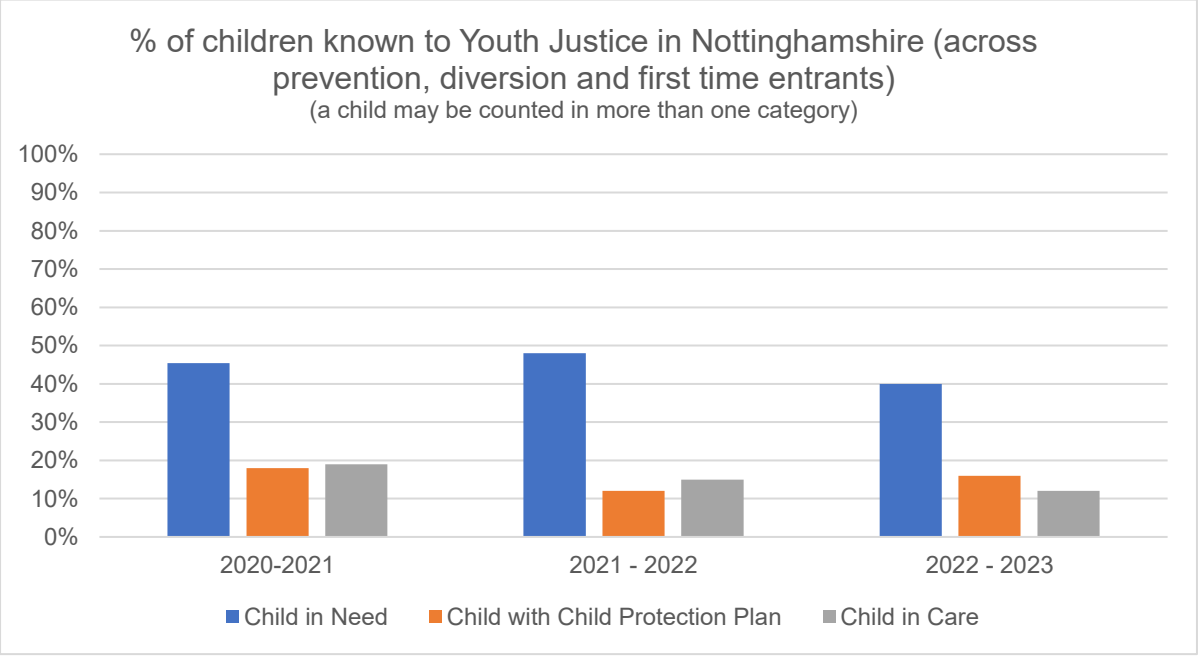
Recent research by the HM Inspectorate of Probation notes the pressure on national and local authority budgets, widening social inequalities, increasing numbers of children entering care, the lack of placements and therapeutic settings available as well as the closure of

secure children's homes as possible reasons as to why children in care are overrepresented in the system.[73] The specific risk factors for children in care who may offend identify the trauma and adverse childhood experiences that occur pre care and during care with those living in residential settings as most at risk (which was 37% of children in care locally in 2023‡‡) of offending as well as those experiencing placement instability or multiple moves (11% of children in care locally experienced 3 or more placement moves within 2023).

Local Need

In 2022 – 2023, 40% of children known to the youth justice service in Nottinghamshire across preventative, diversion and first-time entrants (FTE) were a child in need and 12% was or had been in care. These figures are lower than that of previous years suggesting that the local efforts of partners working together to reduce the criminalisation of children, particularly children in care, is having a positive and preventative impact.

Figure 35. % of children involved in children social care who interact with Youth Justice Services (2020 – 2023).



Source: Nottinghamshire County Council, Youth Justice Joint Strategic Needs Assessment, 2024.

When looking specifically looking at FTE rates, in 2022 - 2023 there were 109 children who entered the justice system for the first time in Nottinghamshire, receiving either a youth caution or above which equates to a rate of 144 children and young people per 100,000 of

‡‡ 9% in homes & hostels, 27% in independent living, 1% in residential accommodation in 2022 – 2023.

the 10 – 17 years local population. This places Nottinghamshire at a comparable rate to some of its statistical neighbours.

Of the 109 children who were first time entrants to the youth justice system, 11 (10%) were recorded as being a child in care. Table 19 demonstrates that consistently children in care represent around 10% of the whole FTE cohort when looking at recent years. However, out of court disposal and court data does indicate approximately one third of these children were known to wider children's services (such as Early Help, Family Service or Children's Social Care) which provides a missed opportunity to address and prevent risk of offending by practitioners at an earlier point of interaction or escalation within children's services.

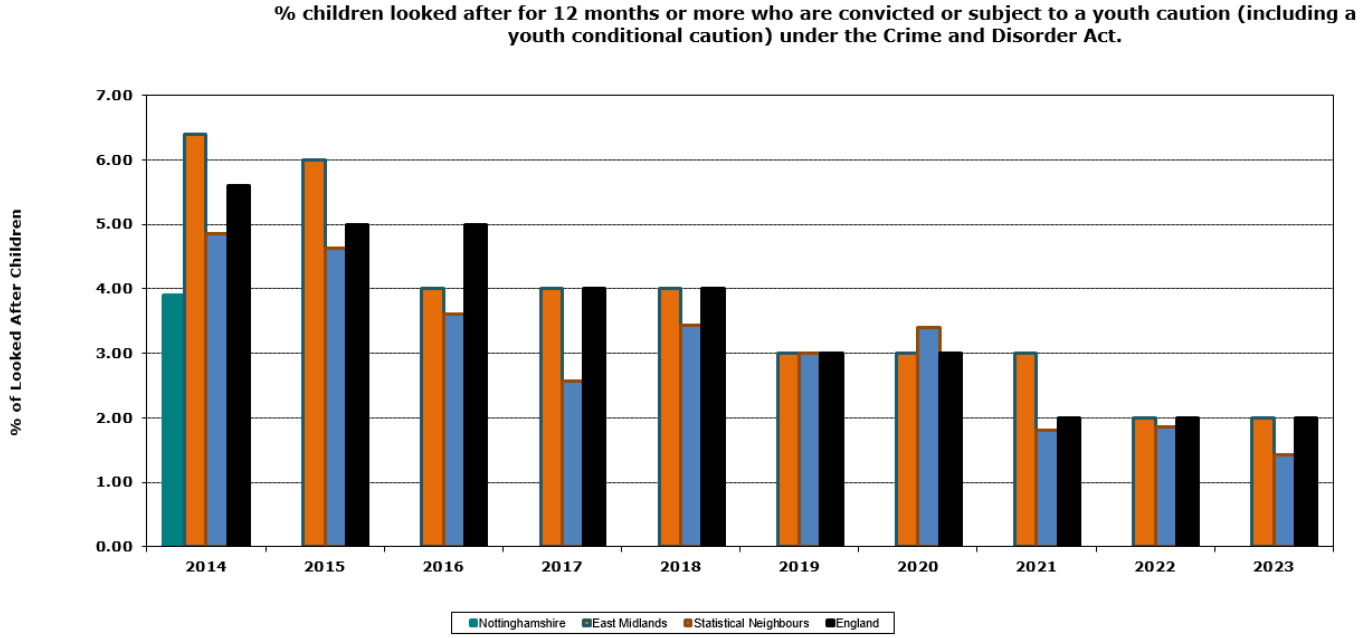
Table 19. Children in Care in Nottinghamshire who are first time entrants to Youth Justice (2018 – 2023)

Year	Number of CiC within FTEs	Percentage of FTEs who are CiC
2018 - 2019	11 children out of 178 FTEs	6%
2019 - 2020	12 children out of 123 FTEs	10%
2020 - 2021	14 children out of 108 FTEs	13%
2021 - 2022	8 children out of 113 FTEs	6%
2022 - 2023	11 children out of 109 FTEs	10%

Source: Nottinghamshire Youth Justice Board Report, 2023 (To note data as captured at quarter-end and has not been updated with any late submissions thus accuracy of reporting dependent on data recording).

Nevertheless, Figure 36 demonstrates that within the cohort of children in care for at least 12 months, those who are convicted or subject to a final warning or remand during the year has been less than 1% since 2015. This supports the conclusion that most children in care do not commit serious offences. It could also be testament to the increased preventative support offer locally available via Youth Justice Services.

Figure 36. % of children in care who are convicted or subject to final warning or remand.



Source: National Government, Department for Education, Local Authority Interactive Tool (LAIT), January 2024

In the last 3 years there has been less than 5 children in care on remand in Nottinghamshire, with no children on remand in 2023. This has also been a lower proportion of children when compared to the national rate on number of children on remand per 10,000 each year (0.22 children on remand per 10,000 children in 2023). This supports the conclusion that most children in care do not commit serious offences. It could also be testament to the increased preventative support offer locally available via Youth Justice Services.

Locally an audit was undertaken in 2021 – 2022 looking at the cases of 15 children in care who were first time entrants in Nottinghamshire, with 13 out of 15 children were white (87%) and 10 male (67%). Some of the key learning from this audit is outlined below;

- 40% of the offences were for weapons possession (the others were assaults, motoring, criminal damage, robbery, affray).
- 55% of the children had offended within 6 months of entering care.
- 91% were determined to have experienced significant transition in the 3 months prior to the offence.
- 53% of the children had significant wellbeing or mental health concerns.
- 53% of the children who offended were not in education, employment or training (NEET) at the time of the offence.
- 60% of the children had suspected substance use concerns prior to the offence.
- 80% were in a semi-independent, residential or non-care setting at time of offence (with semi-independent the most common placement).
- 87% of the children had prior concerns of criminalisation before the offence, with child criminal exploitation a concern for a third of the children.
- 40% of the children were processed via court and 60% received an out of court disposal order.

Please note these are small figures but the trends align with research and national findings regarding risk factors for criminalisation of children in care. It highlights the need to both identify and respond to care experienced children's vulnerability and address their adverse childhood experiences to limit risk. Additionally, it recognises that placement instability and transition increase the likelihood for criminalisation of the cohort, due to the harm from disruption and lack of power or secure attachments that result in an emotional response and destructive behaviours. It demonstrates the severe and multiple disadvantages that children in care face. It also evidences the intersectionality of risk factors with children who are trauma experienced, substance use, unstable home environments, school absences and mental health.

UASC

There is currently no data available to describe the prevalence or needs of UASC within Youth Justice in Nottinghamshire.

Care Leavers

It is known that there is disproportionate representation of care experienced people in prison, but this can be difficult to accurately record due to reliance on self-identification. As previously referenced, national research suggests children who have been in care are more at risk of interacting with the criminal justice system in early adulthood than their peers. 52% of children in care were convicted of a criminal offence by the academic year they turned the age of 24, compared to 13% of children who had not experienced care.[74] Older research approximated that almost 25% of the adult prison population have previously been in care.[75]

It is noted as common for care experienced people to have suffered trauma, as well feelings of rejection and disempowerment although not all experience of care is negative. The lack of a secure home or social network can mean transitions to adulthood, where there is less support available, or transition out of prison can be difficult to navigate. Support is available to care leavers both in prison and afterwards, however it tends to be fragmented, with multiple systems and sectors involved.[76] Programmes involving developing skills, building self-confidence, self-esteem and emotional resilience as well as improve improving communication and opportunities for self-expression can have a positive impact on care leavers within institutional settings.

Current activity, service provision and assets

Reducing Offending of Children in Care and Care Leavers Oversight Group

The Reducing Offending of Children in Care and Care Leavers Oversight Group meets twice a year and considers practice and improvements in relation to joint working. The group reports annually to both the Youth Justice Partnership and Looked After and Care Leavers Partnership Boards and functions as part of the overall governance arrangements in relation to the national protocol on reducing criminalisation of looked-after children.

Children in Care Officer

A Children in Care Officer started in post in March 2020, this is jointly funded by Nottinghamshire Police and Nottinghamshire Social Care. This role is key in terms of trying to help prevent the unnecessary criminalisation of children in care. The Officer has been offering advice and consultation to accommodation providers and is able to see emerging issues and put training packages together for care providers to address these (e.g. Child Criminal Exploitation concerns). The officer works holistically with social care, police, care providers, youth justice service and other agencies to find creative solutions to divert children from criminalisation and create better outcomes for children in care.

Youth Justice Services (for all children)

Nottinghamshire Youth Justice Service (YJS) works with children and young people aged 10-18 years who have come into contact with the police or who are considered vulnerable (My Futures: Youth Support Programme). The Service is made up of three local multi-agency teams and an interventions team that works across the whole of Nottinghamshire with the aim to prevent children and young people entering the criminal justice system; reduce the frequency and rate of re-offending by children and young people who are already

within the youth justice system; and keep the numbers of children and young people experiencing custody – either on remand or as a sentence of the court – to a minimum.

Youth Offending Nursing Service (for all children)

The Nursing Service is commissioned to reduce health inequalities and improve health outcomes for children and young people who are under the supervision of Youth Offending Teams in the City and County. It delivers universal health interventions in line with healthy child programme and offers wider support to the Youth Justice functions. It provides a health screening upon entry to identify their health needs and enable access to appropriate interventions and support.

3. Targets and Performance

National

The Office for Health Improvement and Disparities (OHID) hosts the Public Health Outcomes Framework which monitors a range of specific health indicators for children in care including; number of children in care and reasons for entering care, number of children leaving care, education attainment, vaccinations rate and the emotional wellbeing of children in care.

The Department for Education also collects a variety of outcome measures from local authorities as part of the annual children looked after return (SSDA903) which records details of children in care, those eligible for care leaver support, adoptions and health of the children. Key performance from this data sets include:

- Reasons for children being in care and exiting care;
- Placement type for children;
- Demographic data for children in care (age, sex, ethnicity);
- Number of children being adopted;
- Educational attainment for children in care, school absences, fixed term exclusions;
- Proportion of children in care aged between 5 to 16 years who have an SDQ undertaken each year;
- Proportion of those who have an SDQ undertaken that have a score that is considered; Normal; Borderline; Cause for concern;
- Children in care with SEND;
- Education, employment and training outcomes for care leavers;
- Children in care who are missing;
- Proportion of children in care identified as having a substance use problem;
- Proportion of those identified as having a substance use problem who received an intervention.

There are specific targets set by national government relating to children in care. The department of education stipulates that all children in care should have a Personal Education

Plan (PEP) from pre-school until the age of 18 years. It is an evolving record, which is updated termly and should identify what needs to happen for children in care to enable them to make at least expected progress and fulfil their potential. The Social workers, carers, Virtual school, designated teachers and, as appropriate, other relevant professionals of a child in care should work in partnership to create a PEP and agree how pupil premium plus (PP+) can most effectively be used to facilitate the child's educational attainment and progress.

National legislation also stipulates every child in care requires a health assessment upon entering care and regularly thereafter while in the care of the local authority. Initial Health Assessments (IHA) must be completed (with a report sent) within 20 working days of the child entering care in order to inform care planning by the local authority. Thereafter, a review health assessment should be done every 6 months if the child in care is aged 5 years and under, and annually if over 5 years old. The aim of the review health assessment (RHA) is to provide a holistic review of health, development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to provide information and advice to the child, their social worker, and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review.

Local

The Nottinghamshire Children in Care and Care Leavers Partnership Board has a Partnership Strategy for Looked After Children and Care leavers 2022-2025. This strategy will be supported by a delivery plan that is under development, with progress overseen by the Looked After Children and Care Leavers Partnership Board. It includes commitments that:

1) Children and young people are safe and feel safe.
2) Looked after children and young people experience good physical, emotional and mental health and wellbeing.
3) Looked after children and young people fulfil their potential.
4) Looked after children and young people are actively involved members of their local community.
5) Looked after children and young people successfully transition to adulthood.
6) Looked after children and care leavers achieve sustained and fulfilling education, employment and economic independence.

Please see **Appendix 1** for all targets and performance set for children in care in Nottinghamshire.

4. Current activity, service provision and assets

Specialist Services for children in care and leaving care (including Key universal CYP services)								
Education								
Virtual School	Integrated Children's Disability Service (ICDS)	Physical Disability Specialist Services	Personal, Social and Emotional Development (PSED)	Nottinghamshire EHC Assessment Team	Nottinghamshire EHC Assessment Team	Youth Justice Service and SEN Education (YJS)		
Health								
Community paediatrician service / Primary Care	Children in Care and Adoption Nursing Service / Healthy Families Service	Children and Adolescent Mental Health Service Children Looked After (CAMHS CLA), Head 2 Head	Change Grow Live (children in care link worker)	You Know Your Mind	Harmless	Children and Young People's Continuing Care	Children's Occupational Therapy Team	Children and Young People's Community Nursing
Social Care								
Looked After Children Services	Fostering, residential and secure Accommodation, Adoption East Midlands	Looked After Children Social Work teams	Children's Disability Social Work Team / Developmental Trauma and Attachment Team (DTAT)	Short Breaks and Short Break Assessment and Review Team	Personal budgets: social care and SEND	Maximising Independence Service	Independent Reviewing Officer	Kinship Support Service
Care Leavers & Transitions								
Leaving Care Service	Leaving Care Social Work Teams	Preparing for Adulthood Team	Nottinghamshire Local Offer for Care Leavers	Barnardo's Service for Care Leavers	Change Grow Live (care leaver link worker)	Achievement Service	ASK US Nottinghamshire	

5. Local Views

National

In January 2021, Barnardo's convened a group of care-experienced young people, known as 'Care Review Collaborative' who had a wide range of experience of the care system to develop recommendations for government on how to improve the care system which included:[77]

- There should be better support for families in trouble.
- Children in care should be listened to and should be able to have their say in decisions made about them.
- There should be activities to tackle loneliness and isolation for care-experienced young people in every local authority.
- Children in care should be able to participate in the same activities as those not in care.
- Children and young people should be protected from discrimination related to their care status.
- Children in care and care-experienced young people need workers who can build stable relationships and want to spend time with them.
- Children in care and care-experienced young people need better access to mental health services.
- Young people leaving care need more support as they become adults, particularly in finding the right place to live.

"You go into care whatever way you go into care and that initial going into care is the most isolated you ever feel."

"It was hard because I constantly had to tell social workers my story and build a relationship with them."

"When I keep myself busy, I feel less lonely, less isolated and less depressed and when you are less busy you start to look at other people and compare yourself with them and do the wrong things like drink up, smoke up"

"to them it is just a job you know, just something that they are doing to earn a living, it might be called the care system, but it doesn't seem that they always care."

Local

In 2022 – 2023, 'No Labels' (Nottinghamshire's Children in Care Council), which is a group of children and young people with care experience aged from 8 years to 21 years old, created the Nottinghamshire Partnership Pledge to explain what their needs and wishes are throughout their lives. It includes 6 pledges for organisations in Nottinghamshire to ensure the right support is provided at the right time to children and young people in care and leaving care to ensure:

- You are safe and feel safe
- You experience good physical, emotional and mental health and wellbeing
- You fulfil your potential
- You are actively involved as members of your local communities
- You have a successful transition to adulthood
- You achieve sustained and fulfilling education, employment and economic independence

"I would like to live my life and move on"

"I would like to visit and connect with my family more"

"I need help with understanding how the leaving care process works"

"It's nice to know people care about me, and I'm not just a dusty file on a shelf"

"I think things will get better with what is being put in place"

"The skills listed [in the Nottinghamshire Looked After Children and Care Leavers Strategy] are all essential to helping me achieve this goal of independence, and getting support with my health and wellbeing is also really important to me as I want to make sure I am fully ready."

6. Evidence of what works

6.1 National Strategies, legislation and policy

National Government has published a range of legislation outlining the support that should be made available and the responsibility of organisations in meeting the needs and welfare of children in care and leaving care. It covers the planning, commissioning, and delivery of services for children in care in England, ensuring safe and appropriate accommodation and for children to have access to necessary physical and mental health care and educational support required.

Table 20. Statutory Framework for children in care.

work area	Useful guidance
Social care standards and guidance	• Children Act 1989: care planning, placement and case review • Children Act 1989: court orders • Directors of children's services: roles and responsibilities
Health and Wellbeing	• Promoting the health and wellbeing of looked-after children • Care of unaccompanied and trafficked / victims of modern slavery children • Children who run away or go missing from home or care • Working together to safeguard children • Short breaks for disabled children
Education	• Promoting the education of looked-after children • Designated teacher for looked-after children • SEND: guide for social care professionals
Financial support	• Pupil premium: virtual school heads' responsibilities • Junior individual saving accounts for looked-after children
Housing	• Children's homes regulations amendments 2014 • Children's homes: national minimum standards • The Children's Homes (England) Regulations 2015 • Provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation • Securing sufficient accommodation for looked-after children
Adoption, Fostering, Friends and Family Care	• Children Act 1989: family and friends care • Special guardianship guidance • Adoption: national minimum standards • Fostering services: national minimum standards • The Fostering Services (England) Regulations 2011
Advocacy	• Advocacy services for children and young people • Independent reviewing officers' handbook • Supporting looked-after children with communication needs
Leaving care	• Children Act 1989: transition to adulthood for care leavers • Care leaver strategy

Source: National Government, Department for Education, The Children Act 1989 Guidance and Regulations Volume 2, July 2021

In February 2023 National Government began consultation on reforming children's social care and its proposal, stable homes, built on love. As part of these proposals it has developed a Championing kinship care: national kinship care strategy, a national framework for children's social care and Working together to safeguard children.

National Institute for Health and Care Excellence (NICE) also published guidance for Looked After Children and young people (2021) on how organisations, practitioners and carers should work together to deliver high-quality care, stable placements and nurturing relationships for looked-after children and young people.

6.2 Local guidance and best practice

Inspection of local authority children's services in Nottinghamshire took place in 2024 which was rated good overall with outstanding in relation to the impact of leaders on social work practice with children and families. It provided suggestions for further improvement on:

- Consistency in convening and undertaking strategy meetings.
- The quality of target setting in personal education plans, with a clear focus on precisely what needs to improve or the intended result for children in care.
- The effectiveness of support to care leavers to access and sustain employment, education or training.

Best Practice

Investment in Prevention

Continue to invest in preventative services that enable families and children and young people to access support and ensure needs are met, reduce risk and likelihood of a child or young person needing to enter care; early help, family hubs, child in need service and planning. A national literature review undertaken identified that family skills training, service integration, child/family focused practice, therapeutic provision and inclusion of family and multiagency partners in children's safety planning were useful interventions for preventing children from entering care.[78]

Placements for children and young people

There is a limited number of foster carers within Nottinghamshire which reduces the range of appropriate placements in consideration for children and young people in care. Efforts are being undertaken to promote fostering and its offer to increase the number of carers locally available in Nottinghamshire.

Statutory Compliance – Health Checks

Statutory legislation requires health assessments for children and young people in care and those due to leave care to ensure their physical health needs are met, and any mental health needs are appropriately addressed by specialist support. National and local pressures within the health system have led to delays in these assessments which require addressing to ensure timely assessments of children and young people's health needs that can be actioned as part of their care reviews.

Specialist and multi-disciplinary Provision

Guidance recommends specialist provision and training for professionals who work directly with children in care and leaving care, and where services are commissioned to consider multidisciplinary provision to reduce the number of referrals and times that a child or young person must tell their story to access the support they need.

The needs of unaccompanied asylum seeking children (UASC) are also distinct from other children in care, many have experienced highly traumatic events and struggle to acclimatise to the UK when they arrive, further highlighting the importance of integrated support pathways for UASC.

It has also been identified that care leavers can get lost in the gap between children's and adults services. The NICE committee recommend that additional support over the transition period should be provided by extending access to CAMHS or providing other emotional and wellbeing services such as online support, face-to-face counselling or group work.[79]

Build the social networks, resilience and skills of children in care

Building the interests of children in care can help them develop their identity, find peer support and develop friendships. NICE have identified that skills training is an effective intervention for children in care and care leavers, especially those interventions that include social skills and how to deal with feelings of exclusion. It is recommended that skills training interventions are delivered, and that skills training provided to foster carers should include how to use behaviour reinforcement systems.[80]

The work by McDonald (2016) emphasizes the significance of social networks for unaccompanied asylum seeking children (UASC) transitioning to adulthood as these play a crucial role in providing emotional support, facilitating access to resources and enhancing the resilience of UASC against the adversities they face.[81]

Care experience as a Protected Characteristic

The independent review into children's social care (MacAlister, 2022) has made the recommendation for care experience to be enshrined in law as a protected characteristic under the Equality Act (2010). Recognising care experience would provide legal protection against discrimination for people who are in or have been in care and promote equality, reduce discrimination and support caregivers by safeguarding the rights of these children and reducing stigma.

7. What is on the horizon?

Changes to Service Provision

New multi-disciplinary team (MDT)

Nottinghamshire County Council have had a successful application to the Staying Close Staying Connected funding for a new multi-disciplinary team (MDT) to be situated within supported accommodation. This team is provisionally being introduced in 2024. The support this team provide will be targeted at children and young people experiencing difficulty during their transition from care to adulthood and independence as a care leaver. It will be open to those aged 16 and 17 years and care leavers who have experienced multiple care moves through placement breakdown. The MDT will include mental health, wellbeing and substance use specialists, providing interventions to the target children and young people, enhancing their mental health, wellbeing, reducing substance use and increasing access to specialist services. It is recognised that staff in supported accommodation are not specialists in these areas and interventions/responses to behaviours by staff can at times unintentionally contribute to escalations in behaviours. Therefore, the MDT will also train staff within supported accommodation to enhance their skills and emotional resilience and reduce the risk of placement breakdown.

New Joint Local Offer for Care Leavers

Subsequent to the 2023 review of Care Leaver Offer, in 2024, Nottinghamshire are launching the update of their main Local Offer for Care Leavers. This updated offer still includes Council Tax Exemption in Nottinghamshire until their 25th birthday, and free access to local leisure centres, but also sees the introduction of some additional offers such as access to our new care leaver wellbeing workers. The other specific local offer extensions are:

- 21Plus Offer – for care leavers aged 21 years and beyond.
- Unaccompanied Asylum Seeking Children (UASC) Offer – for those young people who identify or identified as seeking asylum.
- Custody Offer – for those care leavers who are in custody, leaving custody or open to support from Youth Justice or Probation.
- Parenting Offer – for those care leavers who identify as a parent or a parent to be.
- Achievement Offer – for care leavers around their employment, education, and training plans and support to enter the world of work.

Education Offer for UASC

In Nottinghamshire, Social Care (the UASC team), the Virtual School and Youth Service are working on a roll-on/roll-off English for speakers of other languages (ESOL) offer for asylum seeking children (in conjunction with Inspire) to ensure that new young people moving to Nottinghamshire under the National Transfer Scheme (NTS) have access to education provision in the short term whilst further mainstream and university places are found. A recruitment process is currently underway for the post of UASC Youth Worker, and it is hoped that the project will be operational in September 2024.

Updated Children in Care Nursing Service

The Children in Care Nursing Service delivers review health assessments for children in care in accordance with Promoting the Health and Wellbeing of Looked After Children 2015 and for children and young people looked after by Nottingham City and Nottinghamshire County Councils and children from other local authority areas placed in area.

The specification for this service has recently been updated to address delays in review health assessments and ensure practice aligns with intercollegiate guidance, with a new specification live from April 2024. The scale of future transformation is subject to discussions with its commissioning body (Nottingham and Nottinghamshire Integrated Care Board).

D2N2 Residential Support Offer

Where children and young people in care have complex presentations, they may receive care or consultation from the CAMHS Looked After Children and young people (LAC) Teams, for some this level is not intensive enough to meet their needs, this results in private providers being commissioned alongside the CAMHS LAC, often as part a Continuing care package or non-core commissioning routes, via the ICB.

The D2N2 (Derby, Derbyshire, Nottingham, Nottinghamshire) partnership are working to secure residential home providers, to develop a cluster of 4 x 2-bed bespoke specialist children's homes, that will meet the needs of a cohort of vulnerable young people, with significant mental, emotional and behavioural needs, whose needs cannot be met by current residential settings or foster carers and who do not meet the criteria for secure or Tier 4 mental health settings. These beds are currently due to be mobilised in March 2025.

Considerations for future service planning

There were 69,000 children in care in England in 2015, which has since risen 83,840 children in 2023 (21% increase) and a predication the number could rise to 95,000 by 2025 (36% increase).[82] Implications of an increasing population in care could be that councils spend on children in care rises from £3.8bn in 2015 to £7.4bn in 2025.

The number of children in residential care has also increased by 27% since 2015, and this is largely due to councils struggling to source suitable alternatives, such as foster carers and children staying in the care system for longer. The number of foster carers has not kept up with demand, so a lower proportion (-4%) of children are being placed in these homes since 2015.

Residential care is the most expensive form of care, with the costs of an average weekly residential placement increasing from £2,915 per week in 2014 to £4,165 in 2020.[83] Given the documented pressures on local services, this has a significant impact on children's social care budget.

The number of unaccompanied children and young people has been increasing both nationally and locally. In Nottinghamshire since 2015, there has been an 87% increase in the

number of UASC with some fluctuations in the interim years. However, there has been a steep increase of 325% from 2020 to 2024 with the increasing trend set to continue, but it should be noted these are still small numbers. The National Transfer Scheme Threshold is 0.1% of the total population of children and young people within a local authority boundary. For Nottinghamshire this would equate to 168 UASC (based on Nottinghamshire Insight Figure of 168,500 0-17 year olds).[84]

What does this tell us?

8. Unmet needs and service / knowledge gaps

Oral Health

Evidence shows an area of increasing unmet need is dental health, with issues of timely access to dentistry with only 60% of children in care in Nottinghamshire seeing a dentist in the last 12 months in 2022-2023, which compared to 76% of our statistical neighbours, 78% average for East Midlands and 76% for England is well below the average.

Knowledge gap: Information is collected per annum on the number of children or young people in care who have received a dental check in the last 12 months, however knowledge on how many are registered with a dentist, those who have been unable to be registered at a practice, children on a wait list for a dental check and those requiring dental treatment due to poor oral health is either unknown or not routinely collected. Additionally, the cost of the local authority paying for private dentistry for children in care with significant dental needs due to risk of delay on their health is also not routinely collected. This cost and impact due to insufficient service provision in the local area is under investigation.

Health Assessments

There are evidenced delays in children and young people having their initial and review health assessments completed within statutory timescales. Since services were commissioned, there has been a sustained increase in the number of children entering care, and therefore requiring a health assessment. Capacity requirements, commissioning arrangements and partner compliance should be reviewed to ensure physical health needs can be assessed and met in a timely manner that supports better planning and outcomes for children in care.

Children placed out of area / other local authority children placed in area

Local intelligence suggests that children placed out of Nottinghamshire have variable access to CAMHS services in the location where they are placed, and this potentially means that the mental health needs of these children are not being met. In addition, children moving placements into different areas at times can lose their place on CAMHS waiting lists, leading to further delays. This is a national issue, due to the funding for mental health services lying with the originating local authority rather than the resident local authority.

Knowledge gap: The caseload and quality of service provision and support provided to other local authority children placed in area and children placed out of area is less known and there is reliance on authorities/ICBs routinely sharing of information. Many local services provide support to both in area and out of area children, however it is not always known the services that children placed out of area receive (especially mental health services) and the quality of provision as these would be provided by the local system and/or privately commissioned by Nottinghamshire County Council.

Mental Health

There is currently no service in Nottinghamshire commissioned to undertake sensory assessments for children in care. There is a vacant Occupational Therapist specialised in sensory processing post within the CAMHS children looked after and adoption service, however, this service would only be available to those children on the caseload of the CAMHS CLA and Adoption service. This means that children or young people who require a sensory assessment, may not have one undertaken or they need an individual funding request to be made for one to be undertaken. This leads to insufficient support being provided to those children with sensory needs which may be impacting school attendance, behaviour and mental health.

Several gaps and challenges were identified at time of young people leaving care transitioning from children's mental health services to adult's mental health services. These include a lack of overlap between children's and adult's mental health services. This can be particularly challenging for children who are referred to mental health services aged 17 to 18 years. CAMHS will not be able to commence and complete the assessment and treatment process before they turn 18 years and adult mental health services will not review them until they are 18 years old. This can result in delays and gaps in mental health services for young people aged 17 and 18 years.

Challenges identifying accommodation for those leaving care with greatest mental health needs. The lack of a known future address means that referral to adult mental health service is delayed and can mean there is a gap or delay in mental health support provided to those with the greatest mental health needs. Access to adult mental health services after 18 years is more restricted than those accessed as an under-18 (CAMHS), with higher thresholds of mental health need for service access. CAMHS can be accessed via social worker referral, however, to access adult mental health services a formal diagnosis would be required. As such, for those children experiencing difficulties, the process of treatment may not be completed if they do not have a diagnosis at age 18 or if they have lower-level mental health needs than the threshold for adult services.

Knowledge gap: Local intelligence on the emotional and mental health of care experienced children is lacking. There is no data available on how many children in care are accessing universal emotional wellbeing and mental health services or how many care leavers are accessing adult mental health services. This means that it is not known what the emotional and mental health needs are of this cohort and whether the local services are meeting their needs.

Clinical governance and service planning to ensure high quality care for children in care requires accurate and representative data on the CAMHS CLA and Adoption service. However, local intelligence suggests that the data available for the service has some quality issues and is not necessarily representative of service delivery.

There are multiple providers of therapeutic placements within Nottinghamshire and other local authorities. There is no standardised delivery model for therapeutic placements providers and the type and quality of therapeutic interventions that children receive in these placements is unknown and highly variable.

Substance Use

A greater number of children in care receive brief advice compared with engaging with structured support. This may suggest a need for a 'lighter touch' level of intervention, which is less than the structured support but offers more than just brief advice.

Knowledge gap: Local intelligence suggests the data collated by the independent reviewing officers and presented in this JSNA on the prevalence of substance use in children in care, and whether they have been offered and engaged in treatment may not be representative due to the subjectiveness of the recording measure 'concerns about substance use'. This may lead to an underestimate how many children and young people in care are using substances within Nottinghamshire due to variable data recording practices.

Local teams identify that social workers may not be aware of the current substance use services available to children and young people in care and those who have left care, and how to refer into them. This may mean that some of these children and young people are not signposted correctly to or supported to engage with substance use treatment services.

At times when there are alerts locally around substances within the local area, local social workers report a lack of awareness of these.

Education - Children with SEN and/or health needs

Nottinghamshire schools and services are currently not sufficiently meeting the educational and health (mental and physical) needs of children in care with special educational needs (SEN), leading to reduced school attendance. This partly is due to:

- A lack of special school place.
- Mainstream schools being provided insufficient support to meet the needs of children with special educational needs.
- A lack of integrated working between health, education and transport to enable school attendance.
- A lack of commissioned support services (e.g. OT sensory support) to work with children in care and schools to enable attendance. Children must have an Individual Funding Request application made to obtain such support.

Around 25% of school aged children in care in Nottinghamshire with SEN are placed within other local authorities and it has been identified that Nottinghamshire children in care with SEN placed within other local authorities receive varying educational support, with some local authorities not complying with the high needs funding guidance and not providing educational adjustments to meet their needs. Within Nottinghamshire, children in care are a priority group, however, this is not consistent across other areas. This can lead to delays in the SEN identification and delivery of appropriate educational support for Nottinghamshire children placed in other local authorities. This is an issue that has also been identified nationally by the Children's Commissioner.

Knowledge gap: Professionals working with individual children in care are aware of the various organisations that the child is in touch with, however, local intelligence identified that there is a lack of central oversight of all the services that they are in contact with. Such data collection would enable greater strategic oversight and partnership working.

Unaccompanied asylum seeking children (UASC)

An understanding of the effectiveness of current support provision and the long term impact for UASC, particularly in the areas of long-term health outcomes, effectiveness of mental health interventions and access to healthcare services would be useful for planning purposes. Additionally, the specific transition needs of male and female UASC are not well-documented and the impact of uncertain or precarious legal status on the transition experiences of UASC is an area that requires further exploration.

Care leavers and care experienced adults

It is acknowledged that due to lack of available data and limited range of specialist provision for children leaving care, the needs of our care leavers beyond the age of 25 requires further investigation. Evidence shows that care experienced people suffer worse health outcomes and greater inequality yet locally service data does not capture if their needs are being met by universal, specialist and adult services.

What should we do next?

9. Recommendations for consideration

	Recommendation	Lead(s)
	Data collation and reporting	
1.	Utilise initial and review health assessments to record need and outcomes at regular intervals while in care and inform care planning.	Health providers
2.	Explore and review considerations of care experience being treated as a protected characteristic and understand locally how partners and services can reduce discrimination and promote better outcomes for care experienced people. Review existing data records and explore if/how to record looked after status of a service user to understand if needs are being met for children and young people in care or who have left care.	NCC
3.	Utilise local data insights to assess the need and pathway for a locally	ICB

	commissioned sensory processing assessment and treatment service for children in care, reviewing if this would be required to meet the needs of the entire cohort, or the caseload of the CAMHS CLA and Adoption service.	
4.	Develop a set of key performance indicators that can hold partners and services to account for statutory responsibilities and also demonstrate impact on outcomes for children in care for the Nottinghamshire Looked After Children and Care Leavers Partnership Board.	NCC
5.	Create functionality in social care records to monitor registration at a dentist and dental check-ups as part of case management.	NCC
	Strategic planning & governance	
6.	Create a delivery plan for the Nottinghamshire Looked After Children and Care Leavers Strategy and consider how the findings of this JSNA can inform the next iteration of the strategy.	LAC Board
7.	Work with neighbouring local authorities to develop partnership agreements around the delivery of services for Nottinghamshire children placed out of area, specifically regarding mental and emotional health and inequity between access to CAMHS services and non-core commissioned services for young people placed in and out of Nottinghamshire.	NCC (D2N2) NHS England
8.	Obtain care experienced children and young people's views on services & access and how they would like this to be delivered.	NCC, ICB, Health
9.	Establish a steering group for unaccompanied and asylum seeking children and young people within the Nottingham and Nottinghamshire Integrated Care System to address: e) **Healthcare and Mental Health-** ▪ Trauma-informed health screening upon arrival. ▪ Access to culturally and linguistically appropriate mental health services. f) **Training and Awareness-** ▪ Training offer on the unique needs of UASC, including cultural competence, trauma-informed care, and legal/social contexts of asylum. ▪ Awareness among practitioners and carers of UASC-specific issues such as health needs, safeguarding, language, culturally sensitive care, and the risk of going missing. g) **Collaborative Care-** ▪ Involvement of multi-disciplinary teams (healthcare professionals, social workers, educators, legal advisors) to tackle UASC complexities. h) **Community Engagement-** ▪ Promotion and adaptation of community resources, awareness and engagement to support UASC social integration and reduce stigma and discrimination.	ICS
	Service Delivery	
Health & Wellbeing		
10.	Develop a minimum service specification for Therapeutic Residential providers within Nottinghamshire, and working with providers create a list of providers that meet this service specification that can be used for triage.	ICB, NCC

11.	Evaluate the effectiveness of the Barnardo's service in supporting emotional wellbeing and mental health needs when a care leaver is not accessing adult mental health services.	ICB, NCC
12.	Work with both children's and adults' mental health services to examine age cut offs and investigate if more flexible and effective transition arrangements can be put in place to enable dovetailing of services and explore whether leaving care could be considered a priority group in adult mental health services (e.g. lower thresholds, prioritised of waiting lists, higher tolerance for missed appointments).	ICB, NCC
13.	Review current dental service specifications and commissioning arrangements to improve access for children and young people in care and leaving care who require a dental review or who require an urgent assessment due to pain/discomfort and cannot access a dentist.	ICB
14.	Review current commissioning arrangements for Initial and Review Health Assessments to ensure sufficient capacity to meet the increase in the number of children in care and reduce evidenced delays and improve statutory compliance.	ICB, NCC
15.	Ensure, and consider training, that all practitioners working with children and young people in care are aware of the impact of trauma (including developmental trauma) and attachment difficulties and appropriate responses to these.	ICB, NCC
Substance Use		
16.	Develop a cascade process from substance use services to social workers about any current substance alerts that may be a threat to children in care and care leavers. Hold regular CPD sessions with social workers locally to support with training around the identification of substance use and the treatment offer available.	NCC, PH
17.	Review how Independent Review Officer record substance use to ensure consistency in the threshold of the definition of substance use and maximise data quality and the understanding of substance use need within children and young people in care.	NCC, PH
Education		
18.	Work to secure a regional agreement on the prioritisation of children in care regarding the assessment of special educational needs (SEN), initiation of SEN support and additional support needs to all schools (both mainstream and special schools). This agreement should include agreed standardised and local funding arrangements in line with the High needs funding operational guide to avoid delay in the delivery of services due to differing processes.	NCC

Key contacts

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Appendix 1. Children in Care Outcomes Dashboard

Outcome	**Looked After Children and Care Leavers are safe and feel safe**		
Success measures	➢ Our looked after children and care leavers are safe and feel safe in their homes. ➢ Our looked after children and care leavers are better protected from the harm caused by the risks associated with contextual safeguarding, sexual exploitation, and criminal exploitation and have support networks around them. ➢ Our looked after children and care leavers do not experience discrimination due to their care experiences including criminalisation, isolation and exclusion from support and services.		
Performance Measures		Baseline	Target
	Looked after children and care leavers benefit from the Staying Closer agenda.	No benchmark	Implemented by Dec 2024
	Number of looked after children living in Ofsted unregulated placements.	2.3% (2023)	<2%
	Number of care leavers identified as being in suitable accommodation: ➢ 17-18-year-olds ➢ 19-21-year-olds	(2022) 95% 84%	national average 90% - 100%
	Nottinghamshire County Council are 'in touch' with our care leavers: (17 – 21) & (21-24) ➢ 17- 21 year-olds ➢ 21- 24 year-olds	(2021-2022) 17-18yr: 99% 19-21yr: 91% 21yrs+: None	National Average 95%-100% (17-21) 90%-100% (21Plus)
	Complete or consider the 10-point checklist for all looked after young people involved within the criminal justice system. ➢ Number of looked after children with involvement from the Youth Justice Service ➢ Number of 10-point checklist completed for out of court disposals. ➢ Number of looked after children who have had the 10-point checklist completed	 No benchmark 81 (2022) 60 (2022)	 Aim to have a measure for 2025.
	Young people in custody ➢ Looked After Children. ➢ Care Leavers aged 18 – 20-year-old.	(Dec 2023) 0% 2.2%	 0 – 5% ↓
	Care Leavers open to 21Plus Service.	4.3%	↓
	Looked after children and care leavers in Nottinghamshire Supported Accommodation Provision (SAP): ➢ Accessing Nottinghamshire's Supported Accommodation Provision at their point of need. ➢ Asked to leave or evicted from Nottinghamshire's Supported Accommodation Provision. ➢ Care leavers moving from Supported Accommodation Provision to more independent accommodation.	 No benchmark No benchmark No benchmark	 >95% 0% >40%
	All looked after children and young people are known to their education provider and have an appropriate support (PEP) and/or safety plan(s) in place.	(2022) 76% per term	95 – 100% per term

	Looked after children subject to suspension or exclusion from education.	12% (2022)	0 – 10%
	Youth Service Platinum Cards are issued to our looked after children to give free access to youth service provision.	Issued 100 cards (10.5%) (2022)	Issue 10-15% to looked after children.

Outcome	**Looked after children and care leavers experience good physical, emotional and mental health and wellbeing**		
Success measures	➢ Our looked after children and care leavers will experience improved physical, emotional, and mental health and well-being. ➢ Our looked after children and care leavers will have access to universal health services, as well as specialist support services around emotional health and well-being (e.g. CAMHs). ➢ Our looked after children and care leavers will continue to have health provision and access to services throughout their transition into adulthood.		
Performance Measures		Baseline	Target
	All looked after children are registered with a GP and dentist (including those children seeking asylum)	No benchmark	Data to be available by 2025 100%
	Completion of Initial Health Assessments (IHAs) for newly looked after children within 20 working days.	(2022-2023) 19%	100%
	Completion of annual Review Health Assessments for looked after children. ➢ Requested within timescales. ➢ Child seen within timescales.	(2022-2023) 99% 51%	 100% 100%
	All looked after children have access to an annual health check, immunisations, and dental checks. ➢ Annual health checks ➢ Immunisations ➢ Dental checks	(2021-2022) 95% 99% 49%	(national average) 95 – 100%
	Looked after children and care leavers to have access to mental health/emotional health and wellbeing when needed. ➢ CAMHS. ➢ Barnardo's Wellbeing Workers (care leavers and UASC). ➢ Adult Mental Health / Involvement with Adult Social Care.	2022) 197 No benchmark No benchmark	Wait times data by 2025 (within 6 weeks) Referrals resulting in services / contact within 4 weeks of referral) Aim to have a measure for 2025
	You Know Your Mind (Numbers offered and accepted a YKYM personal budget) ➢ Number of looked after children and care leavers referred to YKYM. ➢ Percentage of looked after children and care leavers receiving a YKYM grant.	2022-2023 419 92.8%	 85-100% of those applying receiving some financial support.
	No. of active Emotional Literacy Support Assistants (ELSAs) in Nottinghamshire	419 ELSAs. (2023)	Aim between 420 - 450 active ELSAs.
	Children receive their health history upon transition to leaving care.	No Benchmark	100% (Data to be available by 2025)
	No. of Looked After children receiving Pupil Premium funded therapy, nurture, or social skills support within education.	(2022-2023) 140 counsellor/mentor. 212 therapy/ nurture/social skills.	+/- 10% of baseline

	Looked after children and care leavers to have access to the Youth Service Countywide Participation Team supporting emotional wellbeing through peer support and activity-based subgroups (including the Children in Care Council (No Labels)).	No Benchmark	Data to be available by 2025 (No. of young people accessing Youth Services)

Outcome	**Looked after children and care leavers fulfil their potential**		
Success measures	➢ Our looked after children and care leavers have access to opportunities to achieve and have aspirations for their future. ➢ Our looked after children and care leavers have appropriate and meaningful plans (e.g. care plan, personal education plan, pathway plan) to identify their needs and what support / actions are required for them to fulfil their potential. ➢ Improve recording for Nottinghamshire care leavers open to Probation to ensure multi-agency working and communications to correctly record accommodation and employment status.		
Performance measures		Baseline	Target
	Quality of Looked After Reviews and Pathway Plans as identified by IROs and young people. ➢ Number of Looked After Reviews held in timescale. ➢ Percentage of Looked After Reviews reports completed prior to the review. ➢ Percentage of Social Worker reports being of good or excellent standard or higher.	(2022) 98.5% 95.1% 88%	 100% 100% 100%
	Pathway Plans should be completed for looked after children from age 16¼ and care leavers aged 18 – 21 (21Plus if requested) ➢ Percentage of Pathway Plans completed within timescale. ➢ Percentage of Pathway Plans of a good or excellent standard.	(2021/2022) 57.4% No benchmark	 100% Data to be available by 2025
	Percentage of looked after children's school attendance.	86% (2022-2023)	93 – 100%
	Number of looked after children at Key Stage 4 achieving 5+ in GCSE English and Mathematics	12.4% (2022)	Above National Average (11% 2022)
	Number of 16 – 18 year looked after young people in Employment, Education and Training (EET)	75% (2022)	80% – 100%
	Number of 18 – 21 care leavers who are in employment, education, and training	55% (2022)	Above National Average 55 – 100%
	Number of care leavers (18-24 years) accessing Higher Education pathways	(2022) 6.5%	Above National Average / >8%
	Number of looked after 16/17-year-olds and care leavers accessing: ➢ Care2Work ➢ Industry Days/Learning Companies ➢ Employability Briefings (numbers of 16/17 year old looked after children and 18 – 21 year old care leavers attending)	2023) Target of >25 attendees (2022-2023) 15 events with 41 individual attendees (2022-2023) 17.4%	Target of >35 attendees >15 events and >41 students attending
	Percentage of looked after children allocated a Personal Adviser or Transitional Personal Adviser before they reach 16½ years old.	No benchmark	>100%
	Number of Nottinghamshire Care Leavers open to	No benchmark	0%

	the Probation Service		
	Percentage of care leavers open to the Probation Service securing: ➢ Employment (at 6 weeks post-release) ➢ Employment (at 6 month's post-release) ➢ Accommodation (upon release) ➢ Accommodation (after 3 months) ➢ Percentage of care leavers and transition cases being managed by an appropriate semi-specialist Probation Practitioner	No benchmark (Service Level Measurements - 2022) 18% 25% 90% 80% No benchmark	0% Data to be available by 2025 Notts Data by 2025 to be at or above Service Level Measurements 95 - 100%

Outcome	**Looked after children and young people are actively involved members of their local community**		
Success measures	➢ Our looked after children and care leavers are actively involved members of their local community, know how to access services and local provision, and feel that they have a voice, and this is listened to. ➢ We have a useful, meaningful, and robust local offer for care leavers, which directly impacts and improves outcomes for our young people in their local community. ➢ We work as a co-production partnership to improve outcomes for young people within their community.		
Performance Measures		Baseline	Target
	Our looked after children and care leavers know how to express their views and feel listened to by all of our partners. ➢ Complaints made by the young person themselves ➢ Partnership Feedback	(2022) 2 (0.2%) No benchmark	<5 (<1%) Data available by 2025
	Looked after children and care leaver's voices to be heard and influence the Delivery Plan through engagement in the Children in Care Council (No Labels) and the Young People's Board.	No benchmark	Data to be available by 2025
	Looked after children and care leavers have a voice and choice when identifying which community/communities, they live in, and have appropriate access to transport links to maintain relationships with people and organisations who are important to them. ➢ Number of looked after children in semi-independent and/or supported accommodation provision ➢ Suitability of looked after children being in semi-independent and/or supported accommodation ➢ Care leavers living in a form of Staying Put arrangement. ➢ Looked After children and care leavers receiving Staying Closer support/services ➢ Local Offer for Care Leavers ➢ Number of care leavers eligible for Council Tax Exemption ➢ Number of care leavers receiving Council Tax Exemption (per area): o Ashfield District Council o Bassetlaw District Council o Broxtowe Borough Council o Gedling Borough Council	2022) 11.9% No benchmark (2023) 17% No benchmark (2023) 612 – 646 100% 69.2% 71.4% 62.0% 59.3%	<20% Data to be available by 2025 10 – 20% Data to be available by 2025 100% of young people eligible to receive Council Tax exemption get this Data available by 2025

	○ Mansfield District Council ○ Newark & Sherwood District Council ○ Rushcliffe Borough Council ➢ Number of care leavers accessing free leisure centres	No benchmark 80.2% No benchmark No Benchmark	
	Looked After Children in accommodation outside of Nottinghamshire	(March 2022) 38%	Below National Average (39%)
	Care leavers are engaged with life in the UK, their community, and the democratic process. ➢ Electoral Registration of Care Leavers? ➢ Number of looked after children and care leavers with a decision on their Leave to Remain Status in the UK within 12 months of application for status: ○ Under 18 asylum seeking children ○ 18 – 24 years former asylum-seeking children	No Benchmark (Dec 2023) 10% (Dec 2023) 61%	Data available by 2025 100% 100%
	Young people know about where they live, what opportunities are available to them and how they can be actively involved: ➢ Looked after children identified as doing some voluntary work / experience. ➢ Care leavers identified as doing some voluntary work / experience. ➢ Care leavers know how to access the Local Offer	2022-23) 84 age 14-18 years No benchmark No benchmark	 >85 Data available by 2025 Data available by 2025

Outcome	**Looked after children and young people successfully transition to adulthood**		
Success Measures	➢ Our looked after children and care leavers have access to the right support, at the right time to enable more opportunities and support whilst they successfully transition into adulthood. ➢ Care leavers are aware of what support they can access including different means to keep in touch with professionals and organisations important to them and can access more specific support and information if this is needed due to their current or future circumstance. Particularly those young people who are in or leaving custody, those who are parents or parents to be, asylum seeking young people, those with health needs (including disabilities, SEND, and neurodiversity), and those who are identified as being care leavers aged 21 years and over.		
Performance measures		Baseline	Target
	Young people are aware of and have access to Nottinghamshire's Local Offer for Care Leavers (including specific offers for those in custody/leaving custody, parents, or parents to be, unaccompanied asylum-seeking children (UASC) and former UASC, those accessing the 21Plus service, and the Achievement Service.	All Local Offers reviewed and updated by March 2024	100% of young people to have access to and receive copies of the Local Offer(s)
	Care leavers can access support, advice, and guidance until and sometimes beyond their 25th birthday. ➢ Number of annual contacts with care leavers aged 21 – 24 years from 21Plus Service. ➢ Returner Rate for 21Plus care leavers contacting the 21Plus Service for support, advice, and guidance.	Children and Social Work Act 2017 – 1 contact per year (2023) 423 Referrals to 21Plus by 183 young people 48% Returner Rate	>6 contacts per year >20% Returner Rate (DfE figures)
	All partners to advocate for and raise awareness of looked after children and care leavers and their potential, the barriers they may face and to hear		

	their voice across the partnership. ➢ Evidence of partners including looked after children and care leavers in their internal and external training and development. ➢ Partnership working and learning to reduce barriers and raise awareness of the needs and positive attributes of looked after children and care leavers (including attendance at events by the Children in Care Council) ➢ Partners to have information/guidance available for care leavers including the Local Offer for Care Leavers	No benchmark No benchmark No benchmark	Inclusion in all partners training and development At least 6 co-working events per year All partners to include within delivery plan.
	Looked after children and care leavers can access practical support around life skills (including budgeting, cooking, healthy eating, healthy relationships and living independently) through a variety of professionals within our partnership including: ➢ Leaving Care Team (newsletter, drop-in sessions) ➢ Youth Service ➢ Foster Carers and Supported Accommodation ➢ Education and training providers	No benchmark No benchmark No benchmark No benchmark	Data available by 2025 ↓ ↓

Outcome	**Looked after children and care leavers achieve sustained and fulfilling education, employment, and economic independence**		
Success measures	➢ Our looked after children and care leavers have a positive experience with education and employment at any level, fulfilling their potential, aspiring for success, and celebrating their achievements. ➢ Our looked after children and care leavers have access to a variety of opportunities within the world of work to achieve their economic independence.		
Performance measures		Baseline	Target
	Five employment, education and training performance measures as identified in Aim 1	As per Aim 1	As per Aim 1
	The number of care leavers open to Probation who are identified as being in employment, education and/or training.	As per Aim 3	As per Aim 3
	The number of key stage 4 & 5 students who have accessed careers advice and guidance including additional sessions offered by Virtual School and other settings/services.	(2023) 70% transitioned to EET (from additional sessions)	100%
	Number of students attending university open days for care experienced students	2023 – 27 (NTU)	Data available by 2025
	Number of care experienced young people who Nottinghamshire County Council have employed within internships/apprenticeships.	(2022 - 2023) 5 (2023 - 2024) 4	To be able to support up to 12 young people at any given time.
	Increased availability of inclusive employment opportunities in Nottinghamshire County Council and within our partners (business breakfast / careers fairs, doing what matters etc.)	>50 linked businesses and organisations	>100
	Numbers of schools or educational settings that have attended Building Relational Schools: Attachment Aware and Trauma Informed Schools	(2022) 100 schools/providers	>200 schools/providers

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