Bristol JSNA Chapter 2018

Looked After Children and Care Leavers

Chapter information	
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Executive summary

Introduction

Studies of looked after children (LAC) and care leavers have continually identified poor health outcomes and risky behaviours compared to the rest of the population. These outcomes are linked to a range of factors that are distinctive to these children and young people. Neglect and abuse in childhood are clearly identified as adverse childhood experiences (ACEs) and as such are risk factors for poor outcomes in both physical and mental health during the whole life course.

Bristol has a significantly higher rate of LAC than the national average and higher levels of risk factors for poor mental health. These risk factors include a higher proportion of older children placed in children's homes and secure units and frequent changes of placement within the care system.

Bristol also has higher proportions of some ethnic groups in care. Studies show that some BME groups are likely to have poorer experiences of stability within the care system and have higher levels of psychiatric disorder. Black Caribbean looked after children have a particularly high risk of poor health outcomes along with Chinese, Black African and those who define themselves as 'other'.

The number of unaccompanied asylum seeking children (UASC) in Bristol has increased over recent years. These young people have frequently had very traumatic and abusive experiences both in their home country and often on their journey to find safety. This results in a higher incidence of psychiatric disorders and poor mental health.

Children who experience neglect are also likely to have missed routine health checks and immunisations, leaving them at risk of a variety of harmful childhood and adult diseases. There is also some evidence of high levels of obesity among this group and, for some children, being in the care of local authorities does not reduce this risk. However, there is no recorded data in Bristol to measure levels of obesity among these children.

Educational attainment is much lower within the LAC population and a very high proportion of these children have special educational needs. This has an impact on access to employment and adequate income for care leavers. As a result an extremely high proportion of care leavers are recorded as not in education, employment or training (NEET).

In line with findings about children who experience ACE factors, LAC and care leavers show much higher levels of risky behaviour than other children and young people, including smoking, drug use and criminal activity. There are gaps in the information about these activities among children in care in Bristol.

The proportion of care leavers in Bristol in suitable accommodation is increasing but younger care leavers (17 year olds) are at significantly higher risk of poor health outcomes than those who are older.

Recommendations (summary of section 10)

Recommendations were made following a focus group with key partners in Nov 2017

Recommendation 1: Health visitor checks on the development of LAC should be carried out and recorded for children aged 4 and under

Recommendation 2. Identify data to inform levels of obesity among LAC.

Recommendation 3: Improve data collection on LAC for all services within the CCHP contract

Recommendation 4: Develop a targeted plan to support the completion of health assessments. LAC designated nurse should send bullet points about the changes to this service to increase number of

assessment

Recommendation 5: investigate how Children Looked After Nurse works with health visitors and school nurses to ensure adequate support for work with LAC

Recommendation 6: Ensure that training for foster carers, PAs and others has a consistent approach to support attachment.

Recommendation 7: Plan training for the wider workforce to support looked after children, to include staff in schools, children's centres, health visitors and school nurses.

Recommendation 8: Promote the online directory of services to social care staff so that they are aware of referral pathways into a broad range of support services.

Recommendation 9: Ensure that SEND JSNA chapter and LAC/Care leavers chapter are linked.

Recommendation 10: Incorporate a standard request in equalities monitoring of children and young people's services to collect information about whether service users are LAC.

Recommendation 11: Develop CCHP data system to ensure that health outcomes and risk behaviours, currently collected on Children Looked After nurses paper notes, are entered on the computerised data.

Recommendation 12: Ensure closer working between LAC nurses and Youth Offending Team nurses.

JSNA chapter report

A: What do we know?

1) Who is at risk and why?

Studies of looked after children (LAC) and care leavers have continually identified poor health outcomes and risky behaviours compared to the rest of the population (Williams, J et al., 2001; Meltzer et al 2003; Ford, et al., 2007; Barn, et al., 2005; Craine, et al., 2014; Samuel, et al., 2012). These outcomes are particular to the experience of LAC and care leavers and are often linked to a range of factors that are now described as adverse childhood experiences (ACEs) (Felitti, et al., 1998; Bellis, et al., 2015).

1.1 Legal definitions and statutory duties

The Children Act 1989 gives the circumstances under which a child can be legally defined as looked after by the local authority. These are

- When a care order, interim care order or emergency protection order is made by the court, placing a child under the care or supervision of the local authority.
- When a voluntary agreement is made through which the child is provided with accommodation by the local authority for a continuous period for more than 24 hours. This can happen if there is no person who has parental responsibility for the child; if the child becomes lost or abandoned; or if the person who has been caring for the child is prevented from providing them with suitable accommodation or care. These agreements require the consent of those with parental responsibility where a child is under 16 years or of the child themselves where they are 16 or over.
- When the police request a transfer of detention to the local authority pending a court hearing. The child is then remanded to local authority accommodation.
- The court may also authorise a placement order, which gives a local authority permission to place a child for adoption.

69% of looked after children in the care system in England are there following a care order and 23% are under voluntary agreements. 7% have placement orders granted. The percentages of LAC who are detained for child protection purposes and who have youth justice legal status are both under 0.5% (Department for Education, 2017a).

When the child reaches their 18th birthday their status changes from being looked after to being a young adult entitled to receive help and assistance from the local authority. This is provided according to the Children (Leaving Care) Act 2000.

There are three groups of young people who are entitled to this support.

- Eligible young people, who are those still in care at 16 and 17, who have been looked after for a total of at least 13 weeks from the age of 14.
- Relevant young people, who are those aged 16 and 17 who have already left care and who were looked after for a total of at least 13 weeks from age 14.
- Former relevant young people, aged 18-21 (or 24 if they are still in education or training) who have been eligible and /or relevant Children in Care.

The Children (Leaving Care) Act 2000 places a duty on local authorities to provide each eligible and relevant child with a personal advisor (PA) who will carry out an individual assessment and prepare a pathway plan to which the young person agrees and has input. The pathway must be in place by the young person's 16th birthday and includes planning for and support with providing and maintaining suitable accommodation, practical life skills, education, training and employment, financial support, specific support needs and contingency plans for support if independent living breaks down. This plan is reviewed at 6 monthly intervals or more frequently if the young person requests this.

Financial support for 16 and 17 year olds is provided in most cases by the local authority and co-ordinated by the PA and includes the cost of accommodation, food and domestic bills, spending money, transport costs

for education and training, clothing, childcare costs. The personal advisor also has a responsibility to ensure that those who leave care at 18 and are entitled to claim benefits receive their full entitlement.
Local authorities have a duty to maintain contact with care leavers aged 18-21, through their personal advisor and to provide support to assist with the costs of education, employment and training. This continues up to the age of 24 if the young person is still in education or training at that time and there is an additional duty to ensure accommodation outside of term time for those in higher education.

1.2 Description of the Looked After Children Population

1.2.1 Size of the Looked After Children Population in England

The number of children in England who were looked after by their local authority at any time during the twelve months from 1 April 2016 to 31 March 2017 was 102,590. This number has increased over recent years, rising from 95,300 in 2013 (Department for Education, 2017a). This includes children who are looked after under a series of short term placements.
On 31st March 2017 there were 72,670 LAC in England, corresponding to a rate of 62 children per 10,000 (Department for Education, 2017a). This is has risen from a rate of 54 per 100,000 in 2008 (Department for Education, 2011). Between 2014 and 2016 there was a rise of 1% in the number of LAC each year whereas the rise in 2017 was greater at 3% (Department for Education, 2017a).
One of the major reasons for this increase is a rise in the number of children coming into UK who are unaccompanied asylum seekers. On 31 March 2017 there were 4,560 unaccompanied asylum seeking children (UASC) representing 6% of the looked after children population (Department for Education, 2017a). The figure in 2013 was significantly lower at 1,950, representing only 2.8% of all LAC.

1.2.2. Primary Category of Need

The proportions of children in each primary need group have remained relatively stable during recent years. The exception to this is absent parenting, which has increased due to an escalation in the number of UASC coming into care in England. 89% of UASC who were looked after on 31 March 2017 had a primary category of absent parenting, compared to 7% for all LAC (Department for Education, 2017a).
Need due to abuse or neglect is significantly higher than any other category and rose from 54% in 2016 to 58% in 2017. Several studies point out that the experiences that young people have before coming into care, which are highlighted by the categories of need, will have a profound effect on their mental health, often affecting them for the rest of their lives and contributing towards much higher levels of poor mental health for both children in care and care leavers (Richardson & Lelliot, 2003; Blower, et al., 2004; Viner & Taylor, 2005; Rock, et al., 2015; Schofield, et al., 2012). Any category of need can indicate a risk to young people's health but abuse and neglect are particularly harmful. Bellis et al (2014) explored this in more detail and found that adverse childhood experiences (ACEs) are key risk factors for poor health and social outcomes for young people, continuing into adulthood. Exposure to ACEs can alter how a child's brain develops, including the development of their immunological and hormonal systems and can therefore have an impact on physical health, mental health and engagement in risky behaviours. ACEs often match the categories of abuse and neglect. Bellis, et al.(2015) found that harm to a child increases with the number of ACEs that they encounter and that those who experience 4 or more ACEs are at significantly higher risk than the rest of the population of developing poor health and harmful behaviours The breakdown of categories of need illustrates that looked after children and care leavers experience high levels of ACEs, with abuse or neglect being the primary category for 61% of children who were in care on 31 March 2017. The second highest category was family dysfunction, which was a primary category for a much lower proportion at 15% (Department for Education, 2017a)

1.2.3 Duration of time in Care

The length of time that children spend in care can vary from very short term to very long term. The average (mean) duration of periods of care has decreased from 863 days in 2013 to 759 days in 2017 (Department for Education, 2017a)

1.2.4 Location, Types and Duration of Looked After Children Placements

While some children are placed further away from their home and family for safeguarding reasons, this also means a greater level of disruption and frequent changes of placement cause more instability.

In 2017 56% of new placements in England were inside the local authority boundary and 36% were placed outside. 74% were within 20 miles of the child's previous home and 19% were more than 20 miles away. Placements for the remaining 8% were not recorded.
A large majority (74%) of children who were looked after at 31 March 2017 were placed in foster care. 3% were placed for adoption, 6% were placed with their parents and 11% were placed in secure units and residential homes. These proportions have been relatively steady over the past 5 years (Department for Education, 2017a)
Ford et al (2007) found that those living in residential care had a high prevalence of psychiatric disorder. Several other studies identified those with frequent changes of placement as having the highest risk of the poorest mental health outcomes (Boddy, 2013; Luke, et al., 2014; Rock, et al., 2015; Richardson & Lelliot, 2003). Ward et al (2002) also linked frequent changes of placement to poor physical health pointing out that this promotes difficulties in gaining access to adequate health care, including checks and investigations, especially when there is no adult to proactively intervene on their behalf. Looking from the opposite perspective, Schofield et al (2012) found that children and young people who experienced permanent or long term placement options had better outcomes in terms of health, education and family relationships. There have been small improvements in the proportion of looked after children who experience stability within their placements, with a small rise in the number of children experiencing 1 placement during the year (Table 1) (Department for Education, 2017a)

Table 1 Number of Placements for LAC on 31 March (Department for Education, 2017a)

	Children in care on 31 March 2013	Children in care on 31 March 2014	Children in care on 31 March 2015	Children in care on 31 March 2016	Children in care on 31 March 2017
1 placement	65%	66%	66%	67%	68%
2 placements	23%	23%	24%	22%	21%
3 or more placements	11%	11%	11%	11%	10%

1.2.5 Missing episodes and absence from placements.
A missing episode means that a child is missing from their placement, or from where they are expected to be, and their whereabouts are not known. If a looked after child is absent without authority, their whereabouts are known but their carer has concerns about this.
Looked After Children who go missing or are absent without authority are extremely vulnerable to a variety of harms. These include sexual exploitation and sexual violence, criminal activity and risks associated with alcohol and drug use (Taylor, et al., 2012).
The number of children who had a missing incident during the year has risen each year from 6,140 (6%) at 31 March 2015 to 8,670 (9%) at 31 March 2016 and again to 10,700 (10%) at 31 March 2017. The number of missing episodes has also risen during this period. (Department for Education, 2017a).
62% of those who go missing had more than one missing episode. The average number of missing incidents per child who went missing is 5.7 and the mean average number of days for which young people were missing is 2.8, although 0.8% of missing periods lasted for more than 30 days. Boys are slightly more vulnerable than girls. In 2017 56% of children who had missing episodes were male and 44% were female.

33% of missing incidents involved children who were in foster placements. Those who live in secure units, children's homes and semi-independent living accommodation are at particular risk with 50% of missing incidents involving children in these placements (Department for Education, 2017a).
The proportion of LAC recorded as being away from their placement without authorisation at some point during the year also rose from 3% at 31 March 2015 to 4% at 31 March 2016 and again to 5% at 31 March 2017. 58% were male and 42% were female.
Again children who live in secure units, children's homes and semi-independent living accommodation were at higher risk, with 45% of absences without authority occurring among this group. 63% were aged 16 and over and 36% were aged 10-15 (Department for Education, 2017a).

1.2.6.Permanence

Recent studies have focused on the importance of permanence for LAC to achieve positive health outcomes, including promoting good mental health, helping to develop a positive sense of personal identity and a healthy transition to adulthood (Thomas, 2013; Boddy, 2013; Rock, et al., 2015; Luke, et al., 2014). Boddy (2013) identifies the pathways through which LAC can achieve permanence as a return to birth parents; shared care arrangements, including regular short-break care; permanence of placements within the looked after system; and legal permanence, through adoption, special guardianship orders and residence orders.

The highest proportion of children who come to the end of a period in care return home to live with their parents. The proportion who returned home to live with parents as part of the care planning process in 2016 was 24%. However, a further 5% returned to live with parents where this was not part of the care planning process and Boddy (2013) argues that the advantages of permanence for this group can be compromised because this does not always result in stability, safety or wellbeing for the children involved.

In 2016-17 14% of children who ceased to be looked after (n=4,320) were adopted (Department for Education, 2017a). Younger children, especially those aged 4 and under are more likely to be adopted and are therefore likely to have better health outcomes, and those aged 10 and over are significantly less likely to be adopted.

1.2.7. Sex

There are more boys who are looked after than girls. The end of year figures for 31 March 2016, recorded that 56% of LAC were male and 44% were female and these proportions have been fairly stable over recent years (Department for Education, 2017a).

Among UASC the breakdown according to sex is very different, with 92% recorded as male and 8% as female.

Meltzer et al (2003) found that there was no significant difference in the overall health rating of boys and girls who were looked after, except that older girls were more likely to have an emotional disorder and boys aged 10 and over were more likely to have a conduct disorder. They also found that the health of girls seemed to decline with age. Hill and Watkins (2002) found that girls in care had more health issues that were identified during statutory health assessments.

1.2.8.Age

The age profile has continued to change over the last five years, with a steady increase in the number and proportion of older children (Department for Education, 2017a). 63% of the children who were looked after on 31 March 2017 were aged 10 years and over, up from 56% in 2012. There has been a reduction in the number and proportion of children aged 0-4 years from 24% in 2012 to 18% in 2017. Children who come into care at a younger age may have less experience of abuse and are more likely to be placed in a stable fostering placement or placed for adoption. Many studies of children in care identify older age as a high risk factor for instability and poor mental health outcomes (Rock, et al., 2015; Boddy, 2013; Simkiss, et al., 2012).

UASC have a much older profile. In 2017 22% of UASC were under 16 years of age and 78% were 16 or over. (Department for Education, 2017a).

1.2.9.Ethnicity

75% of children who were looked after in England at 31 March 2017 were recorded as White. Children of Mixed ethnicity were the next largest group (9%) followed by Black or Black British (7%), Asian or Asian British (5%) and other ethnic groups (3%). However, since 2012 there has been a rise in the numbers from some minority ethnic groups, in particular 'Any other ethnic group', 'African', and 'Any other Asian background', excluding Indian, Pakistani or Bangladeshi, reflecting the rise in the number of UASC (Department for Education, 2017a).

Owen and Stratham (2009) found that when compared to the size of these groups within the general population, children of mixed ethnicity and Black children were over represented among looked after children, while Asian children were under represented. They also found that Black Caribbean children who are looked after have the highest rates of residential care.

Their findings showed that the proportion of LAC from the Pakistani, Indian and Bangladeshi groups who returned to their parental home was much higher than average, but that the proportion of Chinese, Black African, 'Other' and Black Caribbean children who returned to their parental home was very low. When viewed in the context of the findings on placements and permanency, this suggests that looked after children who are Chinese, Black African, 'Other', Black Caribbean and those of mixed ethnicity are at much higher risk of mental ill health.
Viner and Taylor (2005), in their study of the 1970s British birth cohort, found that among those who had been in care, all BME groups experienced poorer health and social outcomes in adulthood than those who were White.

1.3. Description of the Care Leaver Population

Health outcomes for LAC will usually also apply to the care leaving population, as this is the same group of individuals at the next stage of development.

1.3.1 Size of the Care Leaver Population in England

In 2017 there were 27,010 care leavers who were 19, 20 and 21 and 10,710 who were 17 and 18. Altogether therefore there were 37,620 young people who left care. Only 3% of care leavers were 17 at 31 March 2016. The other age groups were relatively evenly dispersed between 23% and 27% (Department for Education, 2017a).
Local authorities have a duty to stay in touch with care leavers and the proportion of 19, 20 and 21 year olds who are in touch has increased from 82% in 2014 to 87% in 2017 (Department for Education, 2017a). However, among 17 year olds only 79% were in contact with local authorities, although this is a much smaller group of care leavers. (Department for Education, 2017a).

1.3.2 Accommodation and Household of Residence

The links between housing and health are well established (Nicol, et al., 2015; Gibson, et al., 2010). Problems associated with housing can have an impact on both mental and physical health and can also be linked to risky behaviours (Bryant T, 2004). In their study of the 1970s birth cohort Viner and Taylor (2003) found that adult males who had been in care were more than twice as likely to be homeless than those who had not been in care, after controlling for economic status. Local authorities now have a responsibility to support care leavers to find and maintain suitable accommodation.
The proportion of care leavers aged 19, 20 and 21 living in suitable accommodation has risen from 77% in 2014 to 84% in 2017. 6% are in accommodation considered unsuitable and the proportion for which there is no information has fallen from 16% in 2014 to 10% in 2017.
The age group with the highest proportion in suitable accommodation is 18 year olds, with 89% who are in suitable accommodation. 5% are in accommodation considered unsuitable and information is missing for 6%.
17 year old care leavers face the highest level of risk associated with accommodation. Only 72% are living in suitable accommodation. This means that they also have the highest proportion in unsuitable accommodation at 10% and the highest proportion with missing information at 18%. (Department for Education, 2017a)
In 2013 the government published guidance which made it easier for care leavers who had reached their 18th birthday to agree to a 'staying put' arrangement with their former foster carers (DfE, DWP, HMRC, 2013). It provided a new framework which balanced the change in legal status from LAC to licensee with safeguarding requirements, the right of the care leaver to claim specific benefits and the rules governing Income Tax and National Insurance. This helped to extend stability for this group, and enable them to experience a gradual transition into adulthood, similar to young adults in the wider population. It aimed to reduce the risk of social exclusion and to decrease the incidence of housing and tenancy breakdown.

1% of 19-21 year old care leavers and 1% of 18 year olds were homeless on March 31 2017. This compares to 0.0025% of the wider population of England between April 16 and march 2017 (Ministry of Housing, Communities & Local Government, 2018). In addition 4% of 19-21 year olds, 3% of 18 year olds and 7% of 17 year old care leavers were in custody. Both the homeless population and those in custody have a

strong prevalence of mental ill health (Forrester, et al., 2013; Young, et al., 2015; Quilgars, et al., 2008). In their study of the mental health needs of young offenders, Chitsabesan, et al (2006) found that 43% of those in custody and 33% of those in the community had a history of being in care, indicating complex vulnerability factors for poor health among care leavers.

1.4 Education, Training and Employment for LAC and Care Leavers

1.4.1 Educational Attainment

The link between education and health is well established (Conti, et al., 2010; Cutler & Lleras-Muney, 2006). Pupils with better health and wellbeing are likely to achieve higher academic outcomes and those who achieve higher levels of educational attainment are more likely to experience positive influences over health, including higher income and more choice about their future career (Public Health England, 2014). Looked After Children perform significantly less well than young people in the wider population at every key stage in education (Department for Education, 2017c), indicating poorer current health and predicting poorer health outcomes for the future.

1.4.2.Special Educational Needs

The Department for Education (2017b) records that the prevalence of special educational needs and disabilities (SEND) among all pupils, including those at state maintained nursery schools, is 14.4%. This includes 2.8% with statements or emotional healthcare (EHC) plans and 11.6% without either of these. The proportion of looked after children with SEND is significantly higher at 57.3% (Department for Education, 2017c). This includes 27% with an EHC plan and 30.3% without. LAC are also more likely to have special educational needs than many other vulnerable groups. For example, among those who are eligible for free school meals 26.6% have SEND (Department for Education, 2017b).

The highest prevalence of SEND among looked after children occurs within the category of social, emotional and mental health needs with 37.1% having a statement or EHC plan for this reason. This compares to 16.3% of children in the general population (Department for Education, 2017c) . 13.2% of LAC have a severe learning difficulty compared to 2.8% of children in the general population and 5.1% of LAC have profound and multiple learning difficulty compared to 1% within the wider population of children.

1.4.3. Absence from School

LAC have lower rates of absence, including unauthorised absence, than all children. The overall absence rate for looked after children shows that 3.9% of sessions are missed whereas among all children 4.6% of sessions are missed. LAC are recorded as missing 1% of sessions due to unauthorised absence, slightly lower than the rate of 1.1% for all children, and as missing 2.9% sessions due to authorised absence compared to 3.4% for all children (Department for Education, 2017c).

1.4.4 Exclusion from School

LAC are twice as likely to be permanently excluded from school than other children, with 0.14% of LAC experiencing permanent exclusion compared to 0.07% of all children (Department for Education, 2017c). In addition 10.4% LAC were recorded as having at least one fixed term exclusion, compared to 2% in the wider population (Department for Education, 2017c).

Children with SEND also have extremely high levels of exclusion. SEND pupils with a primary need of social, emotional and mental health needs experience the highest proportions: 1% of those within this category have been permanently excluded, 43% have experienced a fixed period exclusion and 17% of children with this need have had more than one fixed period exclusion, (Department for Education, 2017g). The high proportion of LAC recorded under this primary need makes it reasonable to infer that LAC will make up a high percentage of this group, emphasising multiple areas of vulnerability.

Sutherland and Eisner (2014) found that school exclusion is related to poor academic and occupational outcomes and is linked to a high likelihood of becoming NEET.

1.4.5.Education Training and Employment among care leavers

Inequality in access to education has an impact on the opportunities for care leavers. At March 2017 the largest proportions of 17 year olds (32%) and 18 year olds (44%) were in education other than higher education. The second largest proportions within these age groups are not in education, employment or

training (NEET). Within the 19-21 age group the largest proportion (40%) is NEET (Department for Education, 2017a), This is significantly higher than the NEET population of all 16-24 year olds in England, which was 11% at the end of 2017 (Office for National Statistics, 2018). 11% of 19-21 year old care leavers are NEET due to illness or disability, 7% due to pregnancy or parenting and 23% because of other reasons (Department for Education, 2017a).
Viner and Taylor (2003) found that men who had been in the care system were significantly more likely than those who had not to be unemployed and significantly less likely to attain a higher degree.
The review of health inequalities (Institute of Health Equity, 2014) emphasises the strong association between young people who are NEET and poor health outcomes in relation to mental health, physical health and risky behaviour. Several studies (Power, et al., 2015; Pleasence, et al, 2015; Feng, et al, 2015) highlight the strong correlation between long term poor mental health and NEET status. Power et al (2015) found that NEET status in young adulthood was associated with an increased risk of any mental health disorder including suicidal ideation and suicide attempts.
The smallest proportion for all age groups was in higher education. In 2017 3% of 18 year old care leavers in England entered higher education (Department for Education, 2017a). This is significantly lower than the proportion of all 18 year olds in England who entered higher education, which is over 10 times greater at 33.3% (UCAS, 2017a). Care Leavers also have a significantly lower proportion of young people entering university at 18 than the most disadvantaged group, measured by multiple equality measure (MEM). The entry rate into university at 18 in England in MEM 1 (the most disadvantaged quintile) is 13.8%, over four times higher than the rate among 18 year old care leavers (UCAS, 2017b).

1.5 Health care and checks

1.5.1 Health Assessments for Looked After Children

The Departments for Education and Health have placed a statutory duty on local authorities and Clinical Commissioning Groups to ensure that all looked after children have an initial health assessment, carried out by a medical practitioner within 20 working days of coming into care (Department for Children Schools and Families and Department of Health, 2009). These are followed by review health assessments, which are carried out 6 monthly for children under 5 and annually for those aged 5-18 years. The assessments include a general health discussion, immunisation status, registration for dental care, health history of the child and other family members, physical examination, developmental and functional assessment, including special educational needs. There are two different assessments according to age, one for 0-9 year olds and one for those aged 10 and over, enabling health behaviours and development to be discussed in an age appropriate way. Each child or young person has a health plan developed from the assessment. These assessments are able to identify any long term impact of abuse and separation from a child's birth family on their health and development. Health checks can also identify whether frequent moves and placement breakdown have an impact on a young person's health.
89% of children who were looked after on 31 March 2017 were up to date with their health care assessments. This figure has remained relatively stable in recent years (Department for Education, 2017a). Older children aged 16 and over are least likely to be up to date with annual health assessments.

Hill and Watkins (2003) found that health assessments for LAC successfully identify health needs that may otherwise be missed. However, they also found that many of these needs were not met. For example, at entry into care, 15 of the 49 children in their sample were not fully immunised and at review, on average 14 months later, only half of the children had been immunised according to the advice that had been given. They recommended that in order to be effective, health assessments should be health promoting rather than disease screening exercises and should be delivered by professionals skilled to address diverse health needs.

1.5.2 Immunisation status

Data for immunisation status between 2013 and 2017 showed that on average 86% of looked after children were up to date with their immunisations (Department for Education, 2017a). Among older LAC, only 75% of those aged 16 and over are up to date with immunisations. Comparable figures within the wider population do not exist because these are collected according to age and the specific immunisation administered but generally the rates appear to be higher, between 91% and 95% (NHS Digital, 2017c).
Walton and Bedford (2017) identified the barriers to immunisation as missed health checks, absence from school and frequent placement moves. They also cited unknown and inconsistent immunisation histories,

name changes, poor sharing of information and difficulty in obtaining consent as additional challenges. Both looked after children and care leavers are therefore at higher risk of a range of serious infections and diseases affecting their childhood and adult health.

1.5.3 Oral health

83% of LAC in England on 31 March 2017 had had their teeth checked by a dentist during the previous 12 months (Department for Education, 2017a). This rate has remained relatively stable over the last 5 years (Department for Education, 2017a). Again, those aged 16 and over had the lowest rates of dental checks in the previous 12 months at 75% (Department for Education, 2017a).

The West of England Public Health Partnership (2016) identified good oral health as a contributory factor to the overall quality of life, including high self-esteem and social confidence and poor oral health is an indicator of neglect or difficult social circumstances. The Advisory Council on the Misuse of Drugs (2003) highlighted missed dental checks and appointments as a key health issue for children living with parents who misuse drugs, a common factor underlying abuse and neglect and an identified ACE (Bellis, et al., 2015). McMahon et al (2017) concluded that LAC are more likely to have decay, to have had dental extractions and to be less likely to use dental services than their peers. Williams et al (2014) noted that the LAC in their study had a history of poor dental attendance accompanied by high levels of anxiety and appointment refusals, poor oral hygiene and poor diet when they entered the care system.

1.6 Other health risks and risky behaviours among LAC and Care Leavers

1.6.1 Mental Ill Health

Data measuring the emotional health and wellbeing of children aged 5-16 who have been in care for at least 12 months is collected via the strengths and difficulties questionnaire (SDQ). Each child is then given a score ranging from 0-40. A score of less than 14 is categorised as normal; 14-16 indicates a borderline cause for concern; and 17 or over is a cause for concern.

In 2017 76% of looked after children completed the SDQ and the mean average score was 14.1, which is at the lower end of borderline cause for concern. Boys recorded higher levels of difficulty, with an average score of 14.7, while girls had an average score of 13.3. Only 49% recorded scores within the range considered normal, while 12% had a score that was classed as borderline and 38% had a score that was a cause for concern (Department for Education, 2017a). There is no direct comparison with the wider population of children and young people but this is significantly higher than the most recent study on the mental health of young people in Great Britain (Green, et al., 2005) which concluded that 10.2% of all 5-16 year olds in Great Britain had a mental disorder.

The high prevalence of mental ill health among looked after children and care leavers is widely recognised (Meltzer, et al., 2003; Blower, et al., 2004; Lee, et al., 2015). This is heavily influenced by the adverse experiences that many LAC have before coming into care (Richardson & Lelliot, 2003; Rock, et al., 2015; Schofield, et al., 2012; Mental Health Foundation, 2002). Viner and Taylor (2003) found that adults who had been LAC were twice as likely to have mental illness and to be in poor general health compared with the rest of their sample, after controlling for socio-economic status.

Ford et al (2007) found that LAC were more than three times as likely to be diagnosed with at least one psychiatric disorder and 4 times more likely to have a behavioural disorder than children living in disadvantaged private households. This study also found that being looked after was independently associated with nearly all types of psychiatric disorder after adjusting for educational and physical factors. The prevalence of psychiatric disorder was particularly high among those living in residential care and those with many recent changes of placement.

Studies of health needs within the UASC population highlight an extremely high prevalence of mental ill health associated with separation from parents, war related traumas. Thomas et al (2004) found that nearly half of all UASC in their research (47%) had experienced separation from or loss of parents and/or family members, and 41% had personally experienced or witnessed violence.

Most of these children also reported difficult and traumatic journeys to the UK, such as witnessing the death of a close person and witnessing extreme violence as well as other life damaging ACEs like physical and sexual assault, including rape (Jensen, et al., 2015). UASC have higher prevalence of health needs than accompanied asylum seeking children (Bean et al 2007, cited in Jensen at al 2015).

1.6.2.Risk of Obesity

Poor diet and obesity in children has been identified as a risk factor for many health disorders, including cardiovascular disease, diabetes, and some cancers. Hadfield and Preece (2008) found that Looked after children are more likely to be overweight and obese compared with children in the wider population. Within their sample of 106 children, they found that the BMI of 35% of their sample increased while they were in care and concluded that being looked after did not protect a child from weight gain and obesity.

1.6.3 Teenage Pregnancy

Many studies have found increased rates of teenage pregnancy among young women who are looked after (Corlyon, 2009; Craine, et al., 2014; Mezey, et al., 2017). The Social Care Institute for Excellence Briefing (2004) identified increased risk factors for teenage pregnancy among girls who were looked after, including poor sex and relationships education and earlier sexual activity, than in the wider population. Comparative numbers are difficult to identify because national statistics record motherhood status for LAC over 12, rather than conception rates. Craine et al (2014) found that 5% of looked after children in Wales became pregnant compared to 0.8% of 14-17 year olds in the wider population.

DfE records that 2% of looked after females aged 12 or over were mothers on 31 March 2017 (Department for Education, 2017a). This has been the rate since it fell from 3% in 2014.

Craine et al (2014) found that LAC were far less likely to terminate their pregnancy than young people in the wider population, with 70% of LAC carrying on with their pregnancy, compared to 28% in the wider population. Botchway et al (2014) found that there were additional health risks for babies because pregnant teenagers who were looked after were significantly more likely to smoke during pregnancy and to have symptoms of depression. They were also likely to have a low-birthweight baby and unlikely to breastfeed. Simkiss et al, (2012) found that the babies of teenage mothers who were or had been in care were more likely to become looked after themselves.

1.6.4 Substance use

The Department for Education (2017a) records that 4% of looked after children between the ages of 10 and 18 were identified as having a substance misuse problem, up from 3% which was recorded each year since data on LAC and substance misuse was first published in 2014. The term 'substance' covers all legal and illegal substances including alcohol but not tobacco and 'misuse' is defined as 'intoxication by (or regular excessive consumption and/or dependence on) psychoactive substances, leading to social, psychological, physical or legal problems'.

In comparison, 2.6% of children of secondary age in England said that they frequently took drugs, which was measured as at least once a month and 6% said that they usually drink alcohol at least once a week (NHS Digital, 2017a). However, neither of these activities was described as problematic according to the DfE definition. The National Drug Treatment Monitoring System (NDTMS) records that in 2016-17 12% of young people in drug and alcohol treatment services are looked after children.

Data exploring substance misuse among care leavers is not routinely collected but Ward et al (2003) found that 32% of this group used cannabis every day. The only comparable data from 2003 shows that 16.2% of all 16-24 year olds in the wider population used cannabis in the previous month (Chivite-Matthews, et al., 2005). Levels of daily use would therefore have been much smaller.

Meltzer et al (2003) found that those in residential care were more likely to drink frequently and to use any drug than those living in foster placements, with their own parents or living independently. In addition rates of substance use decreased as the length of time in a foster placement increased, strengthening the evidence that permanency and stability result in better health outcomes for LAC and care leavers.

1.6.5 Smoking

Smoking rates among looked after children are significantly higher than in the wider population (Meltzer, et al., 2003; Samuel, et al., 2012). Huddlestone, et al (2016) found that about 27% of LAC were smokers, which is 4.5 times higher than rates in the wider population of 11-15 year olds (NHS digital, 2017). Meltzer et al (2003) found significantly higher rates of children living in residential care who smoked (about 69%). Samuel et al (2012) recorded that the majority of smokers in their small sample of looked after children began between the age of 10 and 14 and Meltzer et al (2003) found that a third of their sample started

smoking before the age of 10.

1.6.6 Offending behaviour

Between 2014 and 2017 LAC were 5 times more likely than young people in the wider population to be convicted or subject to a final warning or reprimand (Department for Education, 2017a; Department for Education, 2015). Looked after boys are at much higher risk than any other group. Prevalence increases with age with 14% of boys age 16 and 17 having been convicted or subject to a final warning or reprimand, compared to 6% of looked after girls and 4% of boys in the wider population but looked after boys start to offend at a younger age, with 0.6% convicted or subject to a final warning or reprimand between the ages of 10 and 12. Looked after girls have a higher level of offending than boys who are not looked after.

2) What is the size of the issue in Bristol?

LAC in Bristol have some higher levels of risk factors than LAC nationally. Much of the most recent detailed local authority data refers to children in care in the year leading up to 31 March 2016

2.1 Description of Looked After Children Population in Bristol

2.1.1 Size of the Looked After Children Population

Between 1 April 2016 and 31 March 2017 a total of 975 children were looked after in Bristol, a reduction from 1,025 during the previous year. On 31 March 2017 there were 685 looked after children in Bristol. This number has been relatively steady with an average number of 694 over the last 5 years. This equates to a rate of 73 per 10,000 children under the age of 18 and is significantly higher than the rate for England which is 62 per 10,000 (Department for Education, 2017d). Bristol is in the 7th decile among 152 LAs in England for the rate of LAC.

Local authority data for the year ending 31 March 2018 has not yet been published but the BCC provisional number of LAC in Bristol at this time is lower, at 646.

The number of children who started to be looked after in Bristol during the year ending 31 March 2017 was 315 (Department for Education, 2017d). This number has remained relatively stable over the last five years, with the average number of children per year who started to be looked after between 2013 and 2017 at 312.

The number of children who ceased being looked after during the twelve months up to 31 March 2017 was 310. This number has also remained relatively stable over the last five years, with the average number of children per year who ceased being looked after between 2013 and 2017 at 320.

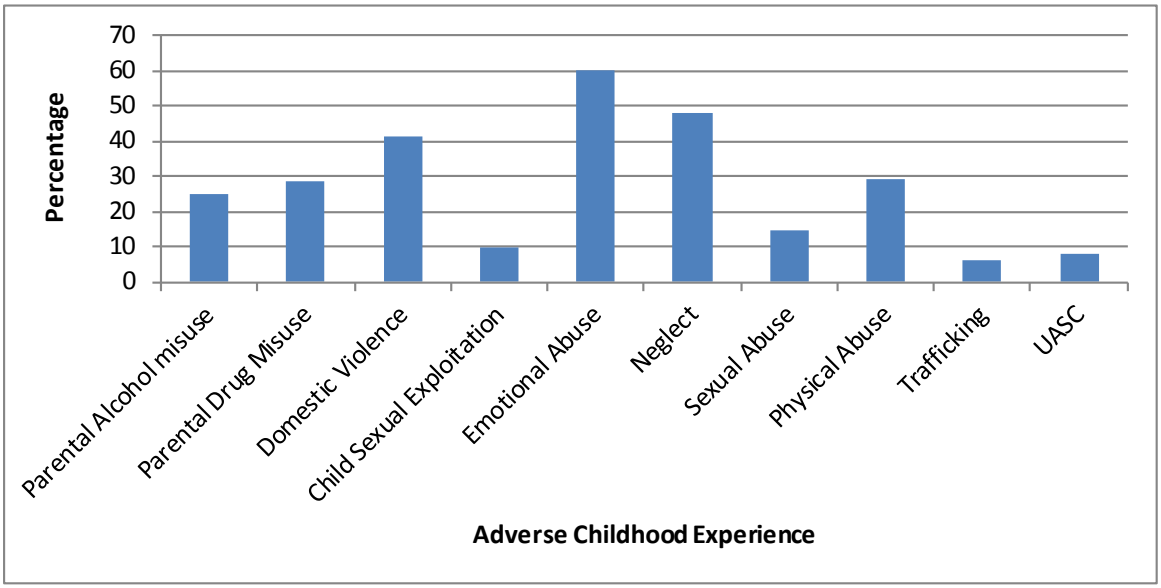
2.1.2 Primary Category of Need

The most common reason for a child coming into care in Bristol is abuse or neglect, with 63% of children who started to be looked in the twelve months ending 31 March 2016 (most recent DfE data) recorded under this category (Department for Education, 2016b). This is higher than both the national and regional figures. The next most frequent reason is family in acute stress which is much lower at 13%, but is also higher than the national rate.

The proportion of children with a primary category of abuse or neglect suggests a high proportion of LAC and care leavers with ACEs (Bellis, et al., 2015). Since 2013, there has been a standard list of factors which can be identified as being of concern following an assessment of a looked after child. Many of these factors can also be classed as ACEs. This data is recorded on Liquidlogic Children's System (LCS). On 1st February 2017 334 LAC in Bristol had been assessed against these factors. Fig 1 shows the proportion of these children who had experienced factors that relate to adverse childhood experiences. Emotional abuse, neglect and witnessing domestic violence were particularly high among this group. The combined percentage of LAC who are affected by parental drug and alcohol use is also high.

It should also be noted that the percentages in this chart add up to more than 100, demonstrating that individual children experience multiple ACE factors, leaving them vulnerable to poor mental and physical health outcomes and to high levels of risky behaviour (Felitti, et al., 1998; Bellis, et al., 2015; Bellis, et al., 2014; Ford, et al., 2007; Richardson & Lelliot, 2003; Blower, et al., 2004; Rock, et al., 2015; Schofield, et al., 2012). It is also likely that the actual percentages are higher than those recorded here because many of the older children this would have come into care before these assessments were introduced.

Fig 1 Percentage of looked after children in Bristol with Adverse Childhood Experiences recorded on LCS system (n=334) (from BCC unpublished LCS data, 2017)



Among LAC in Bristol with a primary category of absent parenting on 31 March 2017 there were 40 UASC. This was also 100% increase from the number on 31 March 2015, and a 200% increase from the number on 31 March 2014, indicating a steep rise in this population over a short period of time. There were an additional 15 young care leavers in Bristol who were UASC.

The provisional number to be published by DfE for year ending 31 March 2018 is slightly lower at 33, but Bristol City Council records that on 28 May 2018, the number of looked after children who were UASC had risen again to 37. In addition 24 care leavers (provisional number) aged 17-21 at 31 March 2017 had been UASC.

This group is also likely to have multiple ACE risk factors and the increase in the number of UASC indicates a probable rise in the incidence of mental health needs among LAC and care leavers (Jensen, et al., 2015; Richards, 2015).

2.1.3 Duration of time in Care

The BCC Liquidlogic case management system records that children who ceased to be looked after in Bristol during the year ending 31 March 2017 spent an average of 671 days in care, lower than the average number of days for England.

2.1.4 Location, Types and Duration of Looked After Children Placements

81% of Bristol LAC are placed within 20 miles of their home address, 55% inside the LA boundary and 26% outside. 14% are placed more than 20 miles from their home address, all outside of the LA boundary. These figures are close to the national proportions. In addition 17% of LAC who live in Bristol are placed by other local authorities inside the Bristol boundary (Department for Education, 2016b).

82% of children who are looked after in Bristol are in foster placements, higher than the national proportion of 74%. 1% of children were placed for adoption, much lower than the national proportion. 13% were in secure units, children's homes and hostels, compared to 11% nationally and 2% were in other residential settings (Department for Education, 2016b).

Children's Social Care Performance Reports record that in April 2018 90.7% of LAC had been in fewer than 3 placements and 73.9% had been in their current placement for 2 years or longer, suggesting that permanency and stability are improving. This data is not broken down by age. However, the higher proportion in secure units, children's homes and hostels and the low proportion of adoptions suggest that some LAC may still be at an increased risk of poor mental health (Ford, et al., 2007).

2.1.5 Missing episodes and absence from placements.

The number of LAC in Bristol who were recorded as having a missing episode during the previous 12 months has

risen from 95 in 2016 (9% of the LAC population, equivalent to the national proportion) (Department for Education, 2016c)to 135 in 2017 (14% of the LAC population compared to 10% nationally) (Department for Education, 2017d). The average number of missing incidents per looked after child who went missing was 5 and 90 of these children went missing more than once during the year. In addition, 55 were away from their placement without authorisation, representing 6% of the LAC population, compared to 5% nationally. Almost half of these children (n=30) were away from their placement on more than one occasion. There were 160 incidents during the year and the average number of away from placement without authorisation incidents per looked after child was 2.9.
Bristol Safeguarding Children Board, (2017) has produced slightly different numbers, with 121 children missing from care during 2016-17 within 285 episodes. Most children (n=37) went to friends. 34 were recorded as reacting to peer influences but 31 had problems with their placement.
The level of risk to the health and personal safety of these young people is high (Taylor, et al., 2012). Bristol Safeguarding Children Board, (2017) recorded 30 episodes of drug and alcohol use involving 11 missing LAC and 25 episodes of offending behaviour, involving <10 missing LAC during the 12 months ending 31 March 2016. They also detailed 46 episodes involving 19 LAC who went missing from care, where CSE was a factor. In addition they recorded 78 children who were known to have current CSE risks at the end of 2015/16. The largest group of these children by safeguarding status were those who are looked after (n=27, 34%).

2.1.6. Sex

50% of looked after children in Bristol are male and 50% are female (Department for Education, 2016b). This is a much higher proportion of girls and fewer boys than in the national distribution.

2.1.7. Age

The age profile of children in care in Bristol is slightly older than the national figures. 70% are 10 and over, compared to 62% nationally (Department for Education, 2016b). Older children have higher risk factors for poor mental health, related to instability, longer periods of being looked after and more protracted periods of abuse before entering care (Rock, et al., 2015; Simkiss, et al., 2012; Boddy, 2013).

2.1.8.Ethnicity

The 2016-17 Joint Strategic Needs Assessment data profile for Bristol (Bristol City Council, 2017b) records that 28% of the child population (0-15) in Bristol are from BME backgrounds, compared to 14% in England and Wales, according to the 2011 census data.
Figures for the proportion of LAC by ethnicity at local level are only available by broad categories. On 31 March 2016 72% of the LAC in Bristol were White and 28% were from BME groups The higher proportion of LAC in Bristol from Mixed and Black or Black British groups reflects the higher rate of BME children in Bristol. 3% of LAC in Bristol define themselves as 'other ethnic group', equal to the proportion for LAC in England. This is likely to include UASC (Department for Education, 2016).
Findings that LAC from Black and Black British and Mixed backgrounds have less stability and are less likely to be adopted (Owen & Stratham, 2009), plus traumatic experience among UASC again suggests that there may be increased risk of mental ill health among LAC in Bristol. The latter point is strengthened by findings from an audit of Looked After Children Health notes carried out by Bristol CCG in 2015, which found that all UASC in the sample (n=6) had significant mental health issues (Bristol Clinical Commissioning Group, 2015).

2.2 Care Leavers: Description of Population in Bristol

2.2.1 Size of the care leaver population in Bristol

On 31 March 2017 there were 420 care leavers in Bristol aged 17 to 21. 315 were aged 19, 20 and 21 and 105 were aged 17 and 18. The number from both of these groups for whom the local authority does not have information is too low to be recorded (Department for Education, 2017d).

2.2.2 Accommodation and Household of Residence

93% of care leavers aged 19, 20 and 21 are in accommodation assessed to be suitable by the local authority in Bristol. This is considerably higher than the national level of suitable accommodation, which is 84%. 6% are in accommodation classed as unsuitable and there is no information for the remaining 1%.

86% of care leavers aged 17 and 18 in Bristol are considered by the local authority to be in suitable accommodation, slightly lower than the national proportion, which is 88%. 10% are in accommodation considered to be unsuitable (Department for Education, 2017d).
Among 19-21 year old care leavers in Bristol at 31 March 2016, the largest group (31%) were in independent living, compared to 37% nationally. 21% were in semi-independent transitional accommodation, much higher than the national proportion of 10%. 11% were with former foster carers. Although this is a relatively small proportion when compared to those in independent living, it is almost twice as high as the national proportion of 6%, suggesting higher levels of stability for care leavers in Bristol. However 2% are in Foyer accommodation, equal to the national figure and 3% are in custody, close to the national figure of 4%. Less than 0.5% of this age group had no fixed abode.
Among 17-18 year old care leavers in Bristol at 31 March 2016, the largest group (29%) were with former foster carers, significantly higher than the national proportion of 17%, again suggesting higher levels of stability for care leavers in Bristol. The proportion in semi-independent accommodation was also high at 26%, compared to 20% nationally. 13% returned to live with parents or relatives and 6% were living in supported lodgings. A very small proportion was in custody, in foyers or of no fixed abode (0.5%) (Department for Education, 2016b).

2.3 Education, Training and Employment for LAC and Care Leavers

2.3.1 Educational Attainment

Additional data for attainment among LAC in Bristol is from the HOPE virtual school, which supports all LAC who are the responsibility of BCC, including those who are accommodated out of the local authority area.
The number of pre-school aged children who are looked after in Bristol is very small and is subject to frequent changes, mainly due to the adoption process. This can make a significant difference to percentages, so these data should be treated with caution.
In 2016, 40% of LAC at the end of reception year reached a good level of development. The Bristol figure for school readiness among all children at the end of reception year in 2016/17 is significantly higher, with 67.7% of children reaching a good level of development (Department for Education, 2017h)
During 2015-16 there was a reduced level of support for LAC at Key Stage 1 in Bristol due to staff absence within the virtual school. The provisional SATs results were very low, with 31% reaching a satisfactory level of reading, 43% reaching a satisfactory level of writing and 29% reaching a satisfactory level at maths. These figures are significantly lower than the population of all children in Bristol. In 2015/16 25% of LAC at Key Stage 2 were not entered for the statutory standardised assessment tests (SATs) because of their SEND status. However, those who were entered showed significant improvements between their predicted results and actual results in all subjects following intensive support from the virtual school. However these results are still significantly lower than the citywide results. (Table 2).

Table 2 Proportion of LAC in Bristol at Key Stage 2 in 2016 showing predicted attainment, percentage achieving expected standard and percentage of all children in Bristol achieving expected standard. (HOPE data)

	Prediction for LAC	Results for LAC	Results all children in Bristol
KS2 Reading	21	44	66
KS 2 Writing	16	34	74
KS2 Maths	19	44	70
KS2 all areas	16	34	53

The results for LAC at Key Stage 4 were also better than predicted, following extra support being put in place. 22% achieved GCSE A*-C in English and 19% achieved A*-C in maths. In comparison, the proportion of all children in Bristol who achieved the 9-5 pass (equivalent of A*-C grades) in English and maths GCSE in 2016-17 was 40.5% (Department for Education, 2017i).
New targets have been set for LAC in Bristol for the next three years and these results will provide a new baseline to measure the change in attainment levels.
Most Post 16 support for LAC focuses on improving attainment in English and maths. HOPE school data shows that 74.5% of 16 and 17 year old LAC were engaged in education employment and training (EET) in Bristol at 31 Dec 2016. This compares to 93% of all 16 and 17 year olds in Bristol (Department for Education, 2017e). The

number of these looked after young people who take level 3 courses (A Levels or advanced apprenticeships) or who go on to university is <10. However, current data only measures young people who have remained in their chronological year group and have followed the standard 2 year course at Post 16. Some LAC complete level 3 courses or continue to university in academic years 14, 15 or higher. HOPE data is being developed to measure this.

2.3.2.Special Educational Needs and Disabilities

The majority of LAC in Bristol aged 4 and above (60.4%) have special educational needs and disabilities (Department for Education, 2017f). This is slightly higher than the national proportion of 57.3% and includes 30% with a statement or education health and care plan and 30% without. The highest proportion of children in Bristol with SEND are recorded under the category of autistic spectrum disorder (30.3% of children with SEND), followed by social emotional and mental health needs (29.7% of children with SEND) (Department for Education, 2017b). The high proportion of LAC with SEN and the national data suggests that many LAC will be in these groups.

2.3.3.Absence From Education

The definition of persistent absenteeism changed in 2015/16 to cover all pupils missing 10% or more of their own possible sessions. 16.2% of LAC in Bristol who have been in care for at least 12 months are classed as persistent absentees (Department for Education, 2017f). This has risen from 12.7% in 2015 and is much higher than the national proportion of 9.1% in 2016.

The overall absence rate for LAC in Bristol was 6.3% of sessions that were missed. 4.7% were missed due to authorised absence and 1.5% due to unauthorised absence (Department for Education, 2017f).

Absenteeism from school is high in Bristol across all groups of children.

2.3.4 Exclusion from School

There have been no permanent exclusions of LAC in Bristol over the last five years (Department for Education, 2017f). However, fixed term exclusions among LAC in Bristol are consistently high. The latest data describing school exclusions is for 2015 when 14.5% LAC were recorded as having had at least one fixed term exclusion, higher than the national proportion of 10.42% (Department for Education, 2017f).

2.3.5.Education Training and Employment among care leavers

Bristol has high numbers of care leavers who are NEET. 42% of 19-21 year olds and 32% of 17 and 18 year olds are recorded as NEET. These figures are close to the national average figures among care leavers and indicate outcomes for poor mental and physical health and a rise in risky behaviour (Institute of Health Equity, 2014; Power, et al., 2015; Feng, et al., 2015).

Bristol has a very low proportion of 19-21 year old care leavers in higher education, with only 4% compared to 7% nationally. However, 41% of 17-18 year olds are in education other than higher education, close to the national figure of 40%.

Bristol also has higher than the national proportions of care leavers in both age groups who are in training and employment. This is likely to improve their opportunities for employment, which can be a protective factor for good mental health (Power, et al., 2015).

2.4 Health care and checks

2.4.1 Health Assessments for Looked After Children

The most recent data shows that only 81% of LAC in Bristol are up to date with health assessment checks (Department for Education, 2016b), which is very low compared to the national figure of 90%.

This means that LAC in Bristol are missing out on important assessments which may help to identify signs of mental or physical illness, as well as missing out on opportunities for health promotion, which could help decrease risky behaviours and reduce harm.

There is no data on health development checks for LAC age 4 and under. There were 85 LAC in this age category in Bristol on 31 March 2016 (Department for Education, 2016b) (latest data)

Provisional data for 207/18 is currently being collected and is expected to show an increase in the number of health assessments carried out.

2.4.2 Immunisation status

Department for Education (2016b) records that 93% of looked after children in Bristol are up to date with immunisations. This is broadly in line with national data for all children and young people, suggesting that LAC in Bristol are relatively well protected against these illnesses.

In 2015 only 83% of LAC were up to date with immunisations. This data has only been recorded for the last two years and therefore it is not possible to make an assessment about the risk to care leavers relating to immunisation status. The fact that this level has risen over the two years suggests that older care leavers will have missed some immunisations and will therefore be at increased risk, but this is not reliable as there are too few data sets to draw any conclusion about this. (Department for Education, 2015)

2.4.3 Oral health

Only 70% of LAC in Bristol had visited a dentist during the previous 12 months (Department for Education, 2016b). This is significantly lower than the national figure of 84% (Department for Education, 2016a) and the figure for non-looked after children which is 90% (NHS Digital, 2015a). LAC in Bristol are therefore at risk of poor oral health, contributing to poor mental health, dental pain and to difficulty eating, speaking and socialising.

Data on oral health is not collected for care leavers but good oral health in childhood is indicative of good oral health throughout adulthood and therefore because poor oral health is a factor for LAC (West of England Public Health Partnership, 2016) it is also likely to be a factor for care leavers.

2.5 Other health risks and risky behaviours among LAC and Care Leavers

In May 2017 a health questionnaire was used to collect data from the Looked After Children and After Care team in Bristol City Council. It was designed to measure levels of knowledge about risk behaviours and other health issues among the children and young people on their caseloads. Questions included knowledge of mental and emotional health problems as well as levels of young people who were smoking, drinking alcohol and using cannabis and other illegal drugs. They were also asked about their awareness of whether young people knew how to access sexual health services. 51 questionnaires were fully or partially completed but some were filled in by individuals and some by whole teams. In addition, some were very specific about numbers and others were more vague and approximate, making the data difficult to analyse and compare. This data does not show levels of health or health related behaviour among LAC and care leavers, but instead is an attempt to measure the perception of these health issues among the professionals who support them. Much of this was qualitative data. This has been included in the relevant sections below.

2.5.1 Mental Health

The average SDQ score for LAC in Bristol at 31st March 2017 14.5. This is categorised as a borderline cause for concern. This figure has remained relatively stable in recent years and the average score between 2010 and 2017 is 14.8. 41% had a score of 17 or over, indicating a cause for concern. The average percentage of children in this category each year since 2014 is 42%. The national average is lower at 38.1% (Department for Education, 2017d)

Mental ill health was a significant factor identified for LAC by Bristol CCG, following their audit of LAC notes (Bristol Clinical Commissioning Group, 2015). with almost half of the notes reviewed (n=95) identifying a concern about emotional health and wellbeing.

In addition, Bristol Safeguarding Children Board, (2017) reported that 13 episodes in which 8 chilren were missing from care were linked to mental health problems.

The health questionnaire given out to the Looked After Children and After Care team in Bristol City Council asked whether workers had concerns about the mental health of the LAC and care leavers on their caseloads. 43 questionnaires were completed. All respondents recorded concern for some of the young people on their caseloads. Two responses recorded that the workers were concerned about the mental health status of all of the young people on their case load. 22 responses recorded concern for over half of the young people on their caseload, including additional notes that these problems were serious.

2.5.2.Risk of Obesity

Data on obesity among LAC is not routinely reported. This represents a gap in knowledge concerning the health

status of this group.
In 2015 Bristol CCG, audited the notes for 95 LAC and recorded levels of obesity compared to the rest of the population (Bristol Clinical Commissioning Group, 2015). Within this sample 1.4% of LAC were obese, compared to 9.3% of the general population and 79.7% were within the healthy weight category, compared to 64.2% nationally. However, as the CCG report points out, this finding should be treated with great caution as this was not a comparison between similar groups: LAC within the audit sample were aged from 2-16 whereas the whole population is routinely measured at ages 5 and 11.
The health questionnaire for the Looked After Children and After Care team asked workers if they knew whether the young people on their caseloads ate 5 portions of fruit and vegetables each day and whether they took part in exercise at least once week. This section was completed on 49 questionnaires. 27 recorded that at least 50% of the young people on their caseload eat fresh fruit and vegetables every day and that they took part in exercise at least once a week. 7 recorded that less than half of the young people on their caseload ate, or probably ate, fresh fruit and vegetables every day and that they take part in exercise at least once a week. However, 15 indicated that they did not have this information and 2 left the question unanswered.

2.5.3 Teenage Pregnancy

There is no data at local level about teenage pregnancy among LAC in Bristol. In 2015-16 there were fewer than 10 LAC recorded as teenage mothers. This number reduced slightly in 2016-17 and is less than 1% of LAC in Bristol, lower than the national proportion of 2% (Department for Education, 2017a).
The responses to the health questionnaire suggested mixed knowledge among social workers and PAs about the sex and relationship needs of the young people they were working with. 37 questionnaires indicated that at least some of the young people on their case load knew how and when to access sexual health services. Some were as high as 100% of those for whom it was appropriate according to age. It was also recorded that this would be on young people's pathway plans and that foster carers had information to discuss these issues with young people in their care. There was no information about whether any checks were made to see if these conversations between foster carers and LAC had taken place.
However some questionnaires recorded very low levels of knowledge among workers about whether young people had this information. One questionnaire recorded only 1 young person out of 18, 12 of whom were care leavers, and another recorded 3 out of 25 care leavers. Use of phrases like 'at least' and 'possibly more' suggested that workers were not always aware that these health needs were being met.
14 questionnaires had no information or recorded that workers had no knowledge of this. Some were working with young people in respite care or those with complex needs and assessed that their children had different needs in terms of support with sex and relationships.
N.B. This does not mean that the young people did not have the information, but that social workers and PAs were not aware of this.

2.5.4 Substance use

Dept for Education (2016c) records 25 children in Bristol who had been continuously looked after for 12 months misusing drugs. This equates to 5.5% of the 455 children in care at that time, compared to 4% of LAC nationally. However, this matches the number of LAC that were referred to specialist drug treatment and does not include those who were not referred. The standard list of factors of concern, recorded on the Liquidlogic Children's System in Bristol City Council records a much higher proportion of 12.6% among the 334 assessments completed by 1 Feb 2017. This equates to 42 young people. This higher figure is likely to be more accurate because Bristol has a higher proportion of older children in care, and age is a risk factor for drug and alcohol use (Bristol City Council, 2017a).

BCC records only 4.8% of looked after children with alcohol as a factor on LCS assessments. Alcohol use among all 15 year olds in Bristol is equal to the wider national levels, with 16.6% recorded as having been drunk in the previous 4 weeks, (NHS Digital, 2015b). If LAC are equally likely to be misusing alcohol this suggests that 4.8% is probably under representative of the need among looked after children, especially as the age profile of LAC is higher in Bristol.

In addition Bristol LCS assessments record that 25% of LAC experience parental alcohol misuse and 25% experience parental drug misuse. These children are extremely vulnerable to developing problematic substance misuse themselves (Advisory Council on the Misuse of Drugs, 2003).

The National Drug Treatment Monitoring Service confidential website records that 11% of those in specialist drug and alcohol treatment during 2016/17 were LAC.

These numbers are low and suggest that identification of substance use among LAC is very low, both in terms of recording and referring young people into specialist services, putting them at risk in relation to their physical health, mental health and personal safety.

There is no data on drug and alcohol use among care leavers in Bristol.

Responses to the health questionnaire given out to the Looked After Children and After Care team in Bristol City Council showed that workers had knowledge of at least 89 LAC and care leavers who were using cannabis. Six responses stated that none of their young people used cannabis and 12 said that they didn't know how many, but they knew that some of them were using this substance. One replied that most LAC on their caseload who were aged 14 or over used cannabis.

Responses also showed that workers were aware of 104 LAC and care leavers who drank alcohol. However, most workers were unsure how much or how often they drank. Ten questionnaires had responses that indicated that workers did not know whether the young people on their caseloads drank alcohol.

This data from the Looked After Children and After Care Team, suggests that the number of LAC who use drugs and alcohol is much higher than those given by Dept for Education (2016c).

2.5.5 Smoking

Levels of smoking among LAC in Bristol are not routinely reported. Nationally smoking levels among LAC are higher than in the rest of the young population (Huddlestone, et al., 2016; Meltzer, et al., 2003; Samuel, et al., 2012). This leaves a gap in knowledge about risky behaviour and also means that opportunities for health promotion may be missed.

Responses to the health questionnaire given out to the Looked After Children and After Care team in Bristol City Council showed that workers had knowledge of at least 160 LAC and care leavers who smoked. Six responses were unsure about whether young people smoked.

2.5.6 Offending behaviour

Between 1 April 2015 and 31 March 2016, 11% of LAC in Bristol, aged 10 or over, were convicted or subject to a final warning. This is over double the national proportion, which is 5% (Department for Education, 2016b). LCS assessment data from Bristol City Council records that 19.5% of children looked after at 1 February 2017 were involved in socially unacceptable behaviour and 6% were involved in gangs. There is no information on whether these young people had been convicted or subject to a final warning.

3) What are the relevant national outcome frameworks indicators and how do we perform?

The Public Health Outcomes Framework contains several indicators relating to the health of LAC. These are:

1. Indicator ID 90803 Rate of Children in Care per 10,000 population.

Bristol currently has a high rate of LAC at 73 per 100,000 population, compared to 63 nationally (Department for Education, 2017d)

2. Indicator ID 91516 Percentage of children looked after continuously for at least twelve months at the end of March (excluding children in respite care) who achieved 5 or more GCSEs at grades A*-C including English and mathematics.

This indicator will help measure progress in educational attainment among LAC. There is currently no value available for this indicator. Data of attainment in English and maths GCSE at grades A*-C among LAC in Bristol is available but is too low to be recorded (Department for Education, 2017c).

3. Indicator ID 92270 The number of children aged 0-4 looked after by local authorities during the year expressed as a rate per population aged 0-4. Children at this stage of development are at risk because being in care can affect their ability to form healthy attachments, which can lead to poor mental and physical health outcomes. Performance against this indicator has improved in recent years from 38.8 per 10,000 population in

2014/15 to 27.6 per 10,000 population in 2016/17. This compares to a national rate of 36.9 per 10,000 (Department for Education, 2017d)

4. Indicator ID 92693 Rate of looked after children aged 10-15. Bristol has a high rate of LAC in this age group with 109.6 per 10,000 population compared to 75.3 per 10,000 population nationally. (Department for Education, 2017d)

5 Indicator ID 90401 Looked after children aged under 18. This indicator will help measure improvements in mental health needs as being in care is a determinant of adult mental health status, and is associated with increased levels of antisocial behaviour, emotional instability and psychosis. The rate of LAC in Bristol has reduced from 82 per 10,000 population in 2012/13 to 73 per 10,,000 in 2017 but is worse than the national performance of 62 per 10,000 (Department for Education, 2017d)

6. Indicator number 2.08i Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March. This indicator identifies the level of poor mental health among LAC. Since 2010 Bristol has consistently had an average score which indicates a borderline cause for concern (Department for Education, 2017d).

7. Indicator number 2.08ii The percentage of LAC in Bristol who have scores that indicate a cause for concern. The proportion of LAC in Bristol whose SDQ scores indicate a cause for concern is high and has risen in recent years from 40% in 2014 to 44% in 2016. This compares to respective scores of 37% and 38% for England. (Department for Education, 2016b)

8. Indicator ID 811 Children in care with up to date immunisations. The proportion of children in care for at least 12 months in Bristol whose immunisations were up to date has increased from 78.8% in 2014 to 92.9% in 2017. This is higher than the national proportion of 84.6%

Other indicators that do not specifically measure outcomes for LAC and care leavers but to which LAC and care leavers will contribute are :

9. Indicator number 2.04 Rate of conceptions per 1,000 females aged 13-15. The rate of conceptions among this age group in Bristol is 2.6 per 1,000, less than the rate for England which is 3 per 1,000. The rate in Bristol has fallen steadily since 2011. (Office for National Statistics (ONS), 2016)

10. Indicator number 2.04 Rate of conceptions per 1,000 females aged 15-17. The rate of conceptions among this age group in Bristol is 17.2 per 1,000, close to the rate for England which is 18.8 per 1,000. Again, this rate has fallen steadily in recent years (Office for National Statistics (ONS), 2016)

11. Indicator ID 90811 Teenage mothers-0.3% of deliveries in Bristol are to young women under 18. This is lower than the England proportion, which is 0.8% (NHS Digital, 2017b)

12. Indicator number 1.04 - Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population. Bristol has 480.2 young people per 100,000, significantly higher than the national rate of 327.1 per 100,000. (Ministry of Justice, 2016)

13. Indicator ID 92695, Homeless young people aged 16-24 years . Bristol has a high rate of 1.2 per 1000 population compared to a national rate of 0.56 per 1000 (Ministry of Housing, Communities and Local Government, 2018)

14. Indicator ID 90813, Hospital admissions as a result of self-harm (10-24 years). The rate of hospital admissions as a result of self-harm among 10-24 year olds in Bristol is 608.6 per 100,000 population. This is much higher than the national figure of 404.6 per 100,000. The rate is particularly high among those aged 15-19, at 889.1 per 100,000 compared to 619.9 per 100,000 nationally (NHS Digital, 2018)

4) What is the evidence of what works (including cost effectiveness)?

NICE Public Health Guideline 28 (PH28) was updated in May 2015.

This guideline covers how organisations, professionals and carers can work together to develop a strategic response to the needs of LAC, commissioning and delivering high quality care, stable placements and supporting the development of nurturing relationships for looked-after children and young people. It emphasises the need to address both health and educational inequalities.

NICE Quality Standard 31 (QS31)

This quality standard draws on the evidence from PH28 to identify the high-priority areas for quality improvement for looked after children and care leavers aged 0-18. The standards are

1. Looked-after children and young people experience warm, nurturing care.

This is based on evidence that fulfilling a child's need to be loved and nurtured is essential to achieving long-term physical, mental and emotional wellbeing.

This quality statement builds on the principle of encouraging warm and caring relationships between the child and carer that nurture attachment and create a sense of permanence.

2. Looked-after children and young people receive care from services and professionals that work collaboratively.

This is based on evidence that collaborative working between professionals and services, including carers, promotes high-quality and consistent care and a stable experience of placements for looked-after children and young people.

3. Looked-after children and young people live in stable placements that take account of their needs and preferences.

This is based on the evidence that well-planned care that takes account of the needs and preferences of looked-after children and young people promotes stability and can reduce the need for placement changes and emergency placements.

4. Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.

This standard is based on the evidence that developing a positive identity is associated with high self-esteem and emotional wellbeing.

5. Looked-after children and young people receive specialist and dedicated services within agreed timescales.

This is based on the evidence that LAC have particular emotional needs, and often behavioural needs relating to their experiences before entering care and during the care process. Access to an appropriate level of services when needed is essential to meet their emotional, physical, behavioural and educational needs (including specialist educational needs).

6. Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.

This is based on evidence of the importance of stability and good and timely communication.

7. Looked-after children and young people are supported to fulfil their potential.

Looked-after children and young people should enjoy the same opportunities as their peers. Like other children and young people, they should receive support to recognise, develop and achieve their full potential. Stable education that is built on high aspirations and encourages individual achievement is central to improving immediate and long-term outcomes among looked-after children and young people. This includes encouragement and support to progress to further and higher education or training.

Taking part in activities that promote wellbeing and participation in the wider community provides an opportunity to meet and interact with others and can help improve social skills and self-esteem.

8. Care leavers move to independence at their own pace.

The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care will benefit from being able to move to independence at their own pace. This needs effective pathway planning and discussions.

Evidence of Cost Effectiveness

NICE reports that it is unable to identify sufficient UK controlled trials that are robust or transparent enough to

provide definitive evidence of cost effectiveness relating to system-level changes, training, auditing/monitoring, multi-agency working and information sharing. However, based on the evidence that it was able to find, they advised that their existing recommendations are likely do more good than harm compared with current practice. They also judged that many of the recommendations were likely to have low or no additional cost, and so were very likely to be cost effective.
However, they expected that some of the recommendations were likely to be expensive but they did not have enough evidence to inform them about cost effectiveness. They were able to estimate that interventions that support the transition of looked-after children into adulthood are likely to make long-term cost savings, especially those that help them to find employment or to continue with higher education.
They also advised that their recommendations would in many cases be less expensive and more effective than current practice.

5) What services / assets do we have to prevent and meet this need?

5.1 Early Help

Early Help has been set up in Bristol to enable earlier interventions with vulnerable families, including those where there are safeguarding concerns and where children are at risk of becoming looked after. This approach ensures that support has a preventative focus and one of the anticipated outcomes therefore, is that fewer children will enter care.

Support is delivered by three multi-disciplinary teams, aligned to the three areas of the city. They are a point of contact for schools, Children's Centres and other local services. They work with partners to complete and respond to the Single Assessment Framework and have pathways into social care for children and families who have more complex needs.

5.2 Corporate Parenting Panel

In its role as corporate parent, Bristol City Council has a broad responsibility to ensure that LAC and care leavers are safe, happy, and that they are given the opportunity to achieve their full potential. The Bristol City Council Corporate Parenting Panel is a cross party, multi-agency working group of elected members, senior officers, partner agencies, children in care, care leavers and foster carers, which has been set up to ensure that the Council effectively carries out its corporate parenting duties.

This includes a responsibility to oversee the implementation of the Bristol Corporate Parenting Strategy and of national and local policy for children in care and care leavers. They scrutinise performance against key performance indicators and taking action to achieve improvement when relevant. They also have responsibility for ensuring effective participation arrangements for children in care and care leavers in City Council and partnership work.

5.3 Community Children's Health Partnership

The Community Children's Health Partnership (CCHP) is made up of services that are commissioned to provide specialist healthcare for children and young people across Bristol, North Somerset and South Gloucestershire. The partnership is led by Sirona Care and Health, and includes Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), who deliver the Child and Adolescent Mental Health Service (CAMHS).

This partnership also includes **Off the Record**, which is a voluntary sector mental health service commissioned to work with young people in the early stages of mental ill health. This includes specialist LGBTQ+ support, recovery navigators, group work and resilience building. In addition CCHP includes **KOOTH**, an online counselling service for young people.

Although neither of these services are specifically targeted at LAC and care leavers they are both available for this group. Neither of these services record LAC status among their service users.

Barnardo's is also included in this partnership, supporting young people and their parents and carers to be involved in participation.

5.3.1 Looked After Children's Designated Doctor and Designated Nurse

As part of the CCHP contract, Sirona employs a Designated Doctor for Looked After Children, a Designated Nurse for Looked After Children and an additional Looked After Children's Nurse. All children have a holistic health assessment within 28 working days of coming into care in Bristol, carried out by the designated doctor. This is informed by additional health information from GPs, health visitors and school nurses. An individual health plan is then developed for each child.

Review health assessments are carried out by community paediatricians every 6 months for children who are under five. Those who are 5 and over are seen every 12 months by the looked after children's nurses, or by a community paediatrician if they have complex needs.

This team is also able to offer health promotion advice, and work in partnership with carers and other professionals.

The designated nurse also has a responsibility for working at strategic level with commissioners to improve the health of looked after children.

Recently this team have not been at full capacity and the proportion of completed review health assessments is low.

5.3.2 Thinking Allowed

Thinking Allowed is a specialist team in Child and Adolescent Mental Health Service (CAMHS). It is commissioned within the CCHP contract to provide mental health support for looked after or adopted children who are under the age of 18. This team works directly with some of these children, especially when they do not meet the referral criteria for mainstream CAMHS. They also provide consultation with social workers, carers, parents and families on the therapeutic needs of the children in their care, especially in relation to parenting needs. They offer training, including attachment focused training, and group work for carers.

5.3.3 Be Safe

This team within CAMHS offers support to young people who demonstrate sexually risky behaviour. It is not specific to LAC but they are able to access this service.

5.3.4 Learning Disability Team

This team provides short term work with children with moderate to severe learning disabilities and their families.

5.3.5 Other Sources of CAMHS support

Within CCHP, AWP provides a CAMHS service which responds to a higher threshold of mental health needs among children and young people. Snapshot data from AWP show that in April 2016 there were 179 LAC in their wider CAMHS services, making up 13% of the overall caseload. In April 2017 this number was much higher at 291, making up 18% of all caseloads and in September 2017 the service engaged with 210 LAC, making up 14% of the overall caseload.

However, AWP also expressed a concern that some LAC had not been identified as such on the reporting system, meaning that the actual numbers and percentages are likely to be higher than this snapshot suggests.

5.4 Education Assets

5.4.1 UNESCO Learning City

LAC and care leavers are one of five groups identified as a focus for improved attainment under this work. This includes overcoming challenges relating to inequalities in attainment, high numbers of SEND children and young people and the high proportion of young adults who are NEET.

5.4.2 The HOPE Virtual School

The HOPE's staff team support LAC and care leavers by monitoring and tracking attendance, progress and attainment in individual subjects and identifying additional support for pupils to help young people improve their outcomes. In addition they ensure that schools receive Pupil Premium funding for LAC in their schools. They have targets set for each key stage to guide schools and colleges to support higher performance among LAC and care leavers in Bristol.

The Hope team also offer advice, guidance and training on the education needs of LAC and care leavers to

schools and education settings, social care staff and foster carers. This includes raising awareness of LAC with special educational needs, of which there are high numbers in Bristol. In addition they provide support directly to LAC and care leavers, according to individual identified need, such as organising visits to universities to encourage their aspirations to go on to higher education, arranging specific resources to improve reading and number skills and sometimes organising extra tutors.

New targets and aims for 2017 onwards include, at Key Stage 1, a focus on reading and maths, extra support in specific schools, and extra support in year 3. Children with higher scores in their SATs will also have extra support. A best practice forum has been set up allowing best practice to be shared across each primary school, within special resource packs and through training.

The HOPE plan for 2017-18 for Key Stage 2 includes making writing a key focus of support for boys.

At GCSE a target has been set to increase the proportion who achieve maths and English grades A*-C (or the equivalent new GCSE grades) by 5% each year.

Support at Post 16 level includes collaborative work with the Children in Care Steering Group at City of Bristol College and the Learning Coach for Children in Care at the college to improve attainment. Closer relationships are also being developed with South Gloucestershire and Stroud post 16 colleges' learner support teams.

The HOPE school plans to develop a Post 16 data tool which will include all LAC and Care Leavers in Years 12 and 13, all young people in Higher Education and any others in education beyond the compulsory years 12 and 13. This will increase their ability to monitor, track and support these young people in terms of their education stage and needs, as opposed to their chronological age, enabling more appropriate needs led support for the young people and more reliable data.

5.5 Leaving Care team

The Leaving Care Team is part of Bristol City Council and delivers the statutory requirements for children who are leaving or have left care. The team helps each child to make a pathway plan for transition into independence. When the child leaves care at 18 they are allocated a personal advisor (PA), who supports them according to statutory duties described in section 1.

Each care leaver is entitled to a statutory review meeting, where needs relating to housing, employment, education and training are considered.

The Leaving Care Company, is a voluntary sector organisation that works in partnership with BCC to support care leavers and provide some of the statutory duties, including finding accommodation and developing life skills. They also promote health by supporting young people to develop an understanding of healthy relationships, engage in positive activities and to develop an awareness of personal safety.

5.6 The Drugs and Young People Project (DYPP)

The Drugs and Young People Project (DYPP) is part of Children and Family services in Bristol City Council. This service is funded from the Public Health grant and provides specialist treatment to young people aged 17 and under in the social care system, including LAC, who use drugs and alcohol. It also offers support to those who are affected by a parent or carer's substance misuse, through its Children Affected by Substances (CABS) service. An evaluation of the CABS service (Bristol City Council, 2014) showed statistically significant positive outcomes in terms of building resilience with these young people.

5.7 Training for Foster Carers

Bristol City Council offer training to foster carers including promoting attachment, life story work, promoting educational achievement and first aid.

In addition, The Drugs and Young People Project offer training to foster carers to increase resilience and reduce substance misuse among LAC and to identify referral pathways into substance misuse treatment.

5.8 The Voice of Children in Care and Care Leavers

5.8.1 Children in Care Council

The Children in Care Council represents all LAC in Bristol. It is made up of approximately 20 young people who are from a diverse cross section of the LAC community. The council meets monthly to discuss relevant issues. They also meet with the Corporate Parenting Panel to speak on behalf of all LAC in Bristol. The Corporate Parenting panel has a responsibility to take the Children in Care Council's issues forward.

5.8.2 R-Voice

R-Voice is a website and magazine which is produced and written by and for LAC and care leavers in Bristol. It aims to ensure that all LAC and care leavers have an input into issues that affect them. This includes consultation about subjects that are to be taken to the Corporate Parenting Panel, feedback from the Corporate Parenting Panel meetings and feedback from the Children In Care Council meetings.

The website contains a wide range of information about being in care, including legal rights. It also contains links to news and information about interesting events and positive activities in and around the city. This includes information about how individuals can engage further with expert experience groups like the Children in Care Council.

It also gives advice about issues like bullying and links to games, apps and interactive sessions requested by website users.

The site is regularly updated and has a link for feedback, questions and comments.

5.9 Integrated Personal Commissioning for Looked After Children (IPC LAC) Project

Integrated Personal Commissioning (IPC) is led by NHS England and aims to promote better integrated services across health, social care and the voluntary and community sector. In Bristol a new IPC pilot has been set up for LAC and care leavers aged 14-21 who meet specific criteria. Small budgets will be allocated to support equipment and activities aimed at improving their mental health and wellbeing. Those who are engaged at the earlier stage will be encouraged to participate in the ongoing design of the project.

5.10 Other Small NHS Grants

BCC has been able to use other NHS funding on projects aimed at promoting health and empowering LAC and Care leavers in a variety of ways. Examples include The Square Food Foundation, which helps vulnerable groups to develop cooking skills, which was commissioned to work with a small group of care leavers who were identified as hard to reach.

Another small NHS grant BCC supported for a group of care leavers who reported experiencing isolation and loneliness to make a film on this subject for other care leavers and stakeholders.

A further small NHS grant enabled the Children in Care participation group to develop a campaign on body image and safety. This campaign was launched in Autumn 2017.

5.11 Barnardo's BASE

Barnardo's Against Sexual Exploitation (BASE) supports young people who are at risk of sexual exploitation and has high numbers of service users who are in the care system. It targets young people to reduce risks and works in partnership with Unity, who provides sexual health services in Bristol.

5.12 1625 Independent People

1625IP supports young people aged 16 - 25 who are at risk of becoming homeless or are already homeless. They support a large number of care leavers and have an additional interest in the mental health status of these young people, including 3 recovery navigator posts.

5.13 Other Voluntary Sector Support

There is a wide range of voluntary sector organisations supporting health issues for young people in Bristol, including mental health and counselling services and Brook sexual health services. These are not specifically

targeted at LAC and care leavers, but they may offer a service that is relevant to this group and can be accessed by them. They are supported by a variety of funders.

6) What is on the horizon?

The number of UASC has increased in recent years and the wider international political environment suggests that this will continue. This will put extra pressure on mental health resources and accommodation needs both for LAC and care leavers.

CCHP services are in the early stages of a new contract. Monitoring of use by LAC will help track whether they are easily accessible to this group.

Financial cuts to local authorities are beginning to result in reductions to commissioning funds. Recently this has included youth services in Bristol and early intervention substance misuse services, which may have an impact on LAC.

7) Local views

Views were collected from a range of professionals working with LAC and care leavers in Bristol including some commissioners, the Looked After Children and After Care team, CAMHS specialist health providers for LAC within Sirona, 1625 Independent People, Off the Record and the HOPE school head. All of these professionals were most concerned about the high level of mental health needs among the young people they were working with and felt that until these needs were addressed, children were at higher risk of sexual exploitation, drug and alcohol use, carrying weapons and involvement in violence. There was a general frustration at the perceived difficulty in accessing CAMHS. There was also a lack of knowledge about other mental health support and how to make referrals and a lack of knowledge about the mental health directory of services in Bristol.

CAMHS staff were clear that their service was not necessarily going to change the level of need for some young people, especially those who had experienced high levels of abuse and neglect. There was also a perception that professionals relied too heavily on referring LAC to CAMHS and did not understand the importance of these children having good relationships with trusted adults to underpin good mental health. There was also concern raised about the mental health needs of UASC, which were often associated with post-traumatic stress. One concern was voiced that low mood can leave these young people vulnerable to radicalisation.

There was a worry about young people who experienced long waits for foster placements, especially younger children aged around 7, who may be particularly vulnerable to the negative outcomes from longer waits.

Some social workers were concerned that schools had insufficient awareness of the health needs of LAC.

Additional concerns included a need for better preparation for leaving care. There was also a strong feeling that services to support the mental health needs of care leavers were inadequate.

B: What does this tell us?

8) Key issues and gaps

Views of LAC and care leavers have not been included in this report. Other consultations have taken place with these young people and rather than continuing to ask them about the same issues, their views should be added from these reports.

Mental health needs are a key issue for both LAC and care leavers. There appears to be inadequate specific provision of mental health support for care leavers.

9) Knowledge gaps

Data about the development of LAC aged 4 and under is not available

There is no data available through National Child Measurement Programme to identify levels of obesity among LAC.

Voluntary sector services, including those commissioned as part of CCHP, do not record LAC status of the young people they work with.

There is a gap in knowledge about the mental health needs among LAC who are under 5. This group do not complete SDQs and it is not clear whether health visitors know all the under 5s who are LAC.

There is a gap in the evidence about what type of intensive support will contribute to the prevention of risky behaviour

C: What should we do next?

10) Recommendations for consideration

Recommendation 1: Health visitor checks on the development of LAC should be carried out and recorded for children aged 4 and under

Recommendation 2. Identify data to inform levels of obesity among LAC.

Recommendation 3: Improve data collection on LAC for all services within the CCHP contract

Recommendation 4: Develop a targeted plan to support the completion of health assessments. LAC designated nurse should send bullet points about the changes to this service to increase number of assessment

Recommendation 5: investigate how Children Looked After Nurse works with health visitors and school nurses to ensure adequate support for work with LAC

Recommendation 6: Ensure that training for foster carers, PAs and others has a consistent approach to support attachment.

Recommendation 7: Plan training for the wider workforce to support looked after children, to include staff in schools, children's centres, health visitors and school nurses.

Recommendation 8: Promote the online directory of services to social care staff so that they are aware of referral pathways into a broad range of support services.

Recommendation 9: Ensure that SEND JSNA chapter and LAC/Care leavers chapter are linked.

Recommendation 10: Incorporate a standard request in equalities monitoring of children and young people's services to collect information about whether service users are LAC.

Recommendation 11: Develop CCHP data system to ensure that health outcomes and risk behaviours, currently collected on Children Looked After nurses paper notes, are entered on the computerised data.

Recommendation 12: Ensure closer working between LAC nurses and Youth Offending Team nurses.

11) Key contacts

Joint Health Outcomes Group:

Chair: Dr Jo Williams
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Glossary

UNESCO Learning City

UNESCO Learning Cities are a world-wide group that promotes learning as a way to transform lives, communities, organisations and cities. The Learning City Partnership is governed by the Partnership Board, which is made up of senior city leaders, including the Mayor of Bristol, senior figures from Bristol City Council, Bristol primary and secondary schools, the Universities of Bristol and the West of England and businesses associated with learning and the arts in the city. There are three Learning Challenge Groups looking at Learning in Education, Learning for Work and Learning in the Community. Over 70 local partners are involved in delivering activities to tackle inequality and identified priorities.

HOPE Virtual School

Local authorities in England have a statutory duty to promote the educational achievement of LAC and to reduce the gap in educational attainment between LAC and non LAC. They must also appoint a Virtual School Head, to make sure that this duty is properly fulfilled (Department for Education, 2014). In Bristol this is carried out through the HOPE virtual school, which supports LAC and care leavers from the age of 2 to 18+ years. This also includes Bristol children who are cared for in other local authority areas.

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