MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN AND YOUNG PEOPLE
(STARTING WELL AND DEVELOPING WELL)

CHAPTER: Key Groups

TOPIC: Looked after Children

Why is this important?

The term 'looked after' is defined in the 1989 Children's Act and refers to children who are in the care of the local authority accommodation under a voluntary arrangement, or who are accommodated by the local authority under compulsory measures decided by a children's hearing or a court.

Promoting the Health and Wellbeing of Looked after Children (2015) advises that the needs of the Looked after Children population should be identified through the Joint Strategic Needs Assessment process.

The majority of children and young people who become looked after do so following experiences of abuse or neglect; latest figures from the Department for Education (2014) show that nationally this accounts for 62% of Looked after Children's entry into care.

Looked after Children have statistically poorer health and education outcomes. This is partly due to difficult early experiences of neglect, poverty, abuse, prenatal exposure to drugs and alcohol and parental mental health difficulties. Poor planning and frequent placement moves can also contribute to ongoing health and education difficulties (British Association for Adoption and fostering (BAAF) 2015). Health and education concerns should not be addressed in isolation and should be addressed with partners and carers.

From a public health perspective, difficulties in early life can mean that Looked after Children are more vulnerable to high risk taking behaviours such as smoking, alcohol and substance misuse (Chief Medical Officer 2012). They are also at greater risk of teenage pregnancies and more likely to be vulnerable to child sexual exploitation.

In terms of mental health and emotional well being, Looked after Children are four times more likely to have a mental disorder than children who live with their birth parents (NSPCC 2015). The NSPCC recommends a whole system approach to supporting Looked after Children's emotional wellbeing and concludes that this will improve placement stability and is ultimately more cost effective.

Approximately two thirds of looked after Children have an identified Special Educational Need and Disability (SEN'D) (Department of Education, 2014). The Children and Families Act 2014 introduced new measures to protect the welfare of SEN'D children this means that the local authority and health commissioners

have a duty to ensure they commission and plan services for SEN'D Looked after Children potentially up to the age of 25

The act also states that there needs to be sufficient mechanisms in place to improve the availability and timeliness of adoptions.

Nationally there has been a steady increase in the demand for safeguarding services.

The Manchester Picture

<u>NB:</u> Data for 2015/16 is provisional pending year end data assurance processes and publication by the Department for Education in late 2016. Please contact the JSNA lead jsna@manchester.gov.uk before citing figures given. The paper will be updated when verified data becomes available.

<u>Placement Needs Analysis</u>

1. Current Profile of Looked After Children

1.1 We have a high number of looked after children compared to the national average and the average in other core cities and amongst statistical neighbours. However, the total number of looked after children has reduced considerably, from 1,406 in July 2014 to 1,291 at the end of 2014/15 and still further to 1,236 at the end of March 2015/16. Our rate of looked after children per 10,000 of the population peaked at 128 per 10,000 and is now 108 per 10,000 at the end of 2015/16.

We are projecting further reductions in the looked after children population in 2016/17. This strategy is informed by and seeks to contribute to that projected

reduction.

1.2 The gender split in the looked after population is 56% male and 44% female.

1.3 In relation to ethnicity, 61% of the looked after population is White British, 18% is mixed race, 14% is Black or Black British, 5% are Asian or Asian British and 2% are categorised as other. This compares to the make up of the whole population of 0 to 17 year olds in Manchester which is 51% White British, 22% Asian or Asian British, 13% Black British, 10% mixed race and 4% categorised as other.

1.4 This perhaps indicates an under-representation of children of Asian heritage in the looked after population, with 5% compared to the 22% that make up the whole population, and an over-representation of mixed race children, with those children making up 18% of the looked after population but just 10% of the general population.

1.5 The number of looked after children who are recorded as having a disability as their primary need is 88 at the end of 2015/16. This has increased from the 38 recorded as such at the end of 2014/15. It is felt that this is much more likely to be a result of under recording of disability previously and an improvement in recording rather than such a significant increase in the number of children with a disability in care.

1.6 At the end of 2015/16 the looked after population broken down by age was as follows:

- Age 0 to 4 - 197 children equalling 16% of the looked after population. (The average nationally is 20% in this age group).
- Of these, 52 children, or 4% were aged under 12 months (national average is 5%) and 145 children, or 12%, were aged 1 to 4(national average is 15%)
- Age 5 to 9 – 302 children, equal to 24% (the national average is 21%)
- Age 10 to 15 – 497 children, equal to 40%, (national average is 38%)
- Age 16 and over – 241 children, equal to 20 %(national average is 22%)

1.7 As at the end of March 2016, 60% of the looked after population is aged 10 or older and just 16% are aged 4 or under.

1.8 In relation to admissions broken down by age, in 2015/16, despite admissions in total decreasing considerably, the number of children aged 11 to 17 admitted to care increased slightly from 198 in 2014/15 to 204. There was a reduction in admissions to care in all three age groups below that, with those admitted to care aged 5 to 10 reducing from 115 to 87, 1 to 4 year olds admitted reducing from 106 to 79, and those under 12 months admitted reducing from 75 to 52.

1.9 The single biggest recorded cause for children admitted to care is for neglect and abuse, although the percentage has reduced from 58% in 2014/15 to 46%

in 2015/16. Admissions as a result of family dysfunction and absent parenting have both increased proportionately this year compared to last and these are the categories likely to be associated with adolescent admissions.

1.10 The percentage and number of children discharged from care to adoption increased from 12% (67 adoptions) in 2014/15 to 18% (87adoptions) in 2015/16.

1.11 Children moved towards adoption more quickly in 2015/16 compared to 2014/15 by over 100 days on each of Adoption Scorecard measure 1 and 2.

1.12 The percentage and number of children discharged from care as a result of Special Guardianship Orders increased from 6.2% (34 SGOs) to 9.9% (49 SGOs)

1.13 The number of unaccompanied asylum seeking children looked after increased from 16 at the end of 2014/15 to 26 at the end of 2015/16

2. Placement Composition and Placement Resources

2.1 Almost 90% of all our looked after children were living in a family at the end of March 2016.

2.2 In total, 74% of all looked after children were living in a foster placement. This compares to 75% nationally. Broken down further, 43% were placed with independent fostering agency carers, 16% with in-house recruited foster carers, and 15% were placed with connected persons foster carers.

2.3 The above figures indicate that we are over reliant on independent sector fostering agency placements. However, the number of children in placement with independent fostering agencies reduced from 617 at the end of 2014/15 to 534 at the end of 2015/16.

2.4 At the end of 2015/16 7% of the population were placed in residential care. This is just under the 8% average nationally There were 35 young people placed in internal residential care at the end of 2015/16 compared to 30 at the end of 2014/15. The numbers placed in independent sector residential care have reduced considerably from 71 at the end of 2014/15 to 52 at the end of 2015/16.

2.5. Although 7% of the whole population were in residential care, there were 27.6 % of children with disabilities placed in residential provision (inclusive of residential schools) at the end of 2015/16.

2.6 As at the end of 2015/16 there were 54 children placed for adoption, equal to 4.4% of the looked after population.

2.7 9.8% of the looked after population at the end of 2015/16 were in care but placed with parents. This compares to just 5% nationally. This represents 121 children, and is an increase of 12 on the 109 placed with parents at the end of 2014/15.

2.8 Of our care leavers, at the end of 2015/16 there were 78 living in Staying Put foster care arrangements. This is equal to 7.8% of care leavers. This compares well with statistical neighbours who provide staying put for 4.6% of their care leavers and core cities who on average provide it for 5.1%. At the same time we had 57 young people placed with Supported Lodging carers.

2.9 The in-house fostering service has 210 mainstream recruited foster carers. Of these, a small number are salaried emergency foster carers, and a small number are TOPS therapeutic foster carers.

2.10 In addition the service has 14 short break foster carers for children with disabilities

2.11 The in-house residential service operates 4 children's homes. One is a 5 bed emergency home and the other 3 offer 6 beds each for 'medium/long term' placements

2.12 The local authority has in addition commissioned two homes each offering 6 'medium/long term' placements.

2.13 As at February 2016 there were 14 independent sector residential children's homes (plus the two commissioned by ourselves) located in the Manchester City boundary. In total, inclusive of the four in-house run children's homes, the two commissioned homes and the 14 other independent children's homes, there are 88 residential beds across the city area. Of the 55 beds not provided or commissioned by the Council, only 6 were being used by Manchester children as at the end of February 2016.

2.14 None of the four in-house or two commissioned homes offers specialist placements for children with disabilities. Of the 14 other independent homes in Manchester three provided placements for children with disabilities.

2.15 Manchester is part of the regional Placements Northwest Regional Framework for commissioning residential and fostering placements from the independent sector.

2.16 The independent fostering sector offered up to 977 placements as at December 2015. These will be used by other local authorities as well as Manchester.

2.17 Our use of such placements is reducing. In the first 3 quarters of 2015/16 we made 54 new placements with independent sector foster carers. This is much lower than the 148 new placements made for the whole of 2014/15.

2.18 We have separately commissioned Action for Children to run a Treatment Foster Care Service for us with the remit to divert adolescents away from or out of residential care. At the end of 2015/16 there were 7 young people placed in such placements.

2.19 The in-house adoption service recruited and approved 32 adoptive families in 2015/16. There were a considerable number of adoptive families recruited in 2014/15 who were not matched with children until 2015/16. In total, we placed 59 children with our own approved adoptive families in 2015/16.

2.20 In addition, we placed 26 children for adoption with adoptive families approved by voluntary adoption agencies and 6 with families approved by other local authorities.

2.21 In relation to young people leaving care we have a total of 63 approved Supported Lodging carers.

2.22 There is a range of other supported accommodation for care leavers, some offering 24 hour support, and others offering more limited support. An example is the 36 beds offered by 'Manchester Settlement' for care leavers with a 3 hour per week support package.

3. Placement Location

3.1 At the end of 2014/15, (our most recent figures) we had 55.4% of our looked after population placed outside of the Manchester City area. However, we did have a high percentage of children, 84.9%, placed within 20 miles. This is above the national average at the time of 76.9%.

4. Placement Stability

4.1 On the short term measure of placement stability, performance is strong with just 7.5% of children having 3 or more placements in the year in 2015/16. This compares favourably with the national average of 10%

4.2 On the long term placement stability measure performance is just under the national average performance with 67% of our looked after children who had been in care for 2.5 years or more being in the same placement for the last two years in 2015/16. The national average for 2014/15 was 68%, although the core cities average was 66.1% and statistical neighbour's performance was similar to ours at 67.1%.

5. Projected Looked After Children Population and Profile

5.1 We are projecting a continuing reduction in our looked after population over the next three years. This strategy aims to safely contribute to that reduction and react to it in relation to the reduction in placement need.

5.2 In particular we will be seeking to reduce admissions of adolescents.

5.3 We are not projecting a further reduction in young children aged under 4 coming into care given the steep reduction already over the last two years. We will be seeking to secure very early permanence for all young children admitted to care and anticipate needing a similar number of adoption placements this year compared to last.

5.4 We are projecting a reduced reliance on both the independent residential and fostering sector provision. We will be looking to reduce the number of independent residential placements down to 37 by the end of 2016/17 and to reduce independent sector fostering placements by a further 100 to 434 by end of March 2017. It should be noted that these are stretch targets and are ambitious projections. We will seek to meet them via a combination of reducing the overall population through successful edge of care work and securing permanence outside of care for children, and through a rapid expansion of in-house fostering service provision**.** We do know that there are 19 young people in independent residential care who will turn 18 in 2016/17 and 19 in independent fostering provision who will become 18 and leave care in the year.

5.5 We are anticipating that there may be a continuing increase in unaccompanied asylum seeking children in Manchester given the on-going instability in the world, and Manchester's attractiveness as a core city location for unaccompanied asylum seeking children. We will aim to cater for these young people primarily in family based placements.

5.6 We anticipate demand for leaving care accommodation to remain relatively stable over the next year given we have similar numbers of children in care aged 16 plus this year compared to last. However as we succeed in reducing our looked after population overall and in particular in reducing admissions of adolescents, the result will be less care leavers and a corresponding reduction in demand for care leaver accommodation. We are projecting that we will be able to provide Staying Put foster care and Supported Lodgings placements for increasing numbers of care leavers.

6. Gap Analysis

6.1 Edge of care services to prevent admissions of adolescents appear not to have been successful over the last year as admissions of 11 to 17 years olds increased in 2015/16 at the same time as overall admissions and admissions for all age categories below age 11 declined.

6.2 We have almost double the percentage of children in care placed with parents (9.8%) compared to the national average (5%). Further work is needed to analyse the reasons for this and to address any arising practice issues.

6.3 The high number of looked after children placed in connected persons foster carer placements potentially indicates a lack of sufficient progress in appropriately securing permanence for children with those extended family member carers outside of care through Special Guardianship Orders.

6.4 We currently have a significant gap in the number and range of in-house recruited foster carers. We have an insufficient number of foster carers for all types of placement except for babies.

6.5 There is a particular gap in provision of in-house foster carers for adolescents, sibling groups, and parent and child placements.

6.6 There is a gap in the provision of in-house approved adoptive families with only 32 approved in 2015/16. In particular we need to increase provision for hard to place children.

6.7 More adoptive families prepared to offer foster to adopt placements are required in order to increase the number of early permanence placements.

6.8 There is insufficient provision of foster care and of in city residential placements for children with disabilities.

6.9 While the provision of so much Staying Put and Supported Lodging provision is a strength, further provision of this kind is still required.

6.10 A wider and different range of supported and semi supported accommodation is required to meet the diverse needs of care leavers, for example those with learning difficulties.

6.11 The over reliance of independent sector fostering placements is expensive given the unit cost differences compared to in-house fostering.

7. Children Placed by other Authorities in Manchester

At 31st March 2014, 215 children were known to be placed in Manchester by other local authorities. These children have the same vulnerabilities as all Looked after Children and receive the same universal services as all children in Manchester. Coffey (2014) stressed that Looked After Children are particularly vulnerable to Child Sexual Exploitation (CSE) in Greater Manchester due to their higher levels of emotional health difficulties and higher rates of special educational need. Coffey highlighted that, despite legislation, independent children's home often fail to notify the local authorities when children move in from other areas.

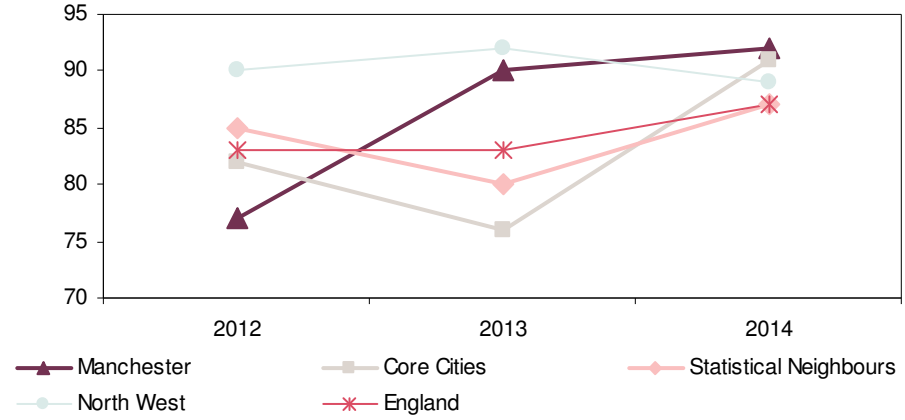
Health

Prior to entering care early experiences of neglect and maltreatment means that they are at considerable risk of missing out on routine health surveillance such as immunisations or regular health care (Ward et al 2002).

Immunisations
Immunisation programmes can offer prevention from diseases.

Manchester currently does not achieve international targets for vaccination, and performs less well than is the norm for England, or for Greater Manchester, overall. Please see the immunisation topic of the JSNA for further detail at population level. However the percentage of Looked after Children receiving their immunisations compares favourably with the national average.

Percentage of children looked after for at least 12 months whose immunisations were up to date



Source: Department for Education © Crown Copyright 2014

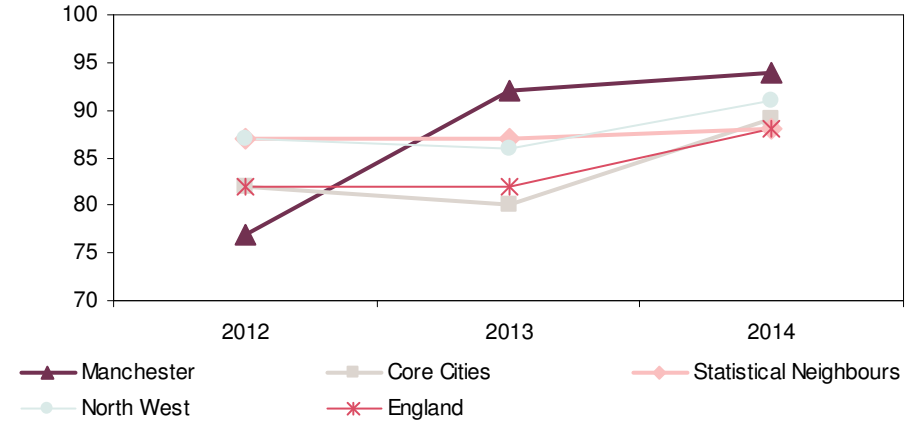
% Immunisations up to date	2012	2013	2014
Manchester	77	90	92
Core Cities	82	76	91
Statistical Neighbours	85	80	87
North West	90	92	89
England	83	83	87

Dental checks

Oral health is poor in Manchester's child population and tooth decay continues to affect children and young people's lives, although it is largely preventable. Poor oral health is strongly linked to social deprivation and tooth decay is caused by diet, lack of hygiene and lack of exposure to fluoride. It may be associated with a higher risk of obesity, diabetes, cardiovascular disease and some cancers in later life.

Please see the oral health topic of the JSNA for further detail at population level.

Percentage of children looked after for at least 12 months who had their teeth checked by a dentist



Source: Department for Education © Crown Copyright 2014

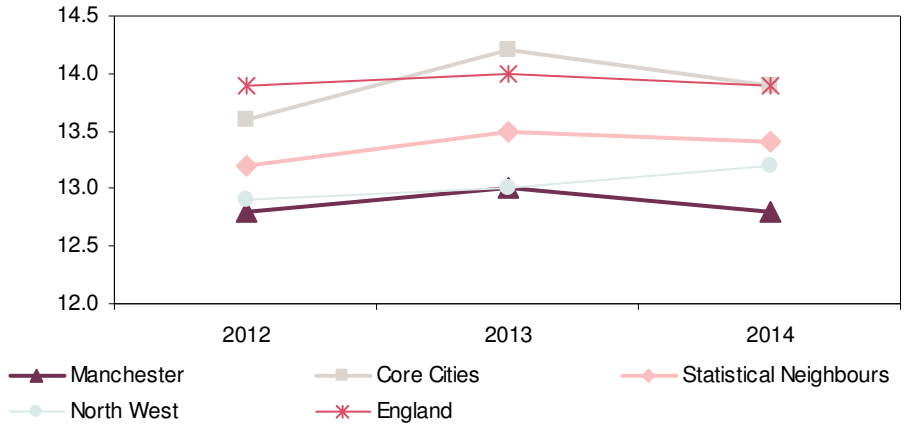
% Dental checks up to date	2012	2013	2014
Manchester	77	92	94
Core Cities	82	80	89
Statistical Neighbours	87	87	88
North West	87	86	91
England	82	82	88

It is important that Looked after Children have regular dental check-ups to monitor dental health. Placement changes can impact on continuity of treatment. In 2014, 94% of Manchester children looked after for continuously for more than 12 months had a check up in the last year. The percentage who have had their teeth checked by a dentist has improved significantly in recent years and Manchester's performance is now higher than the percentages for Core Cities, our Statistical Neighbours, the North West region and England.

Strengths and difficulties questionnaire (SDQ) score

The strengths and difficulties questionnaire, or SDQ, is a brief screening tool that gives an indication of a child's social, emotional and behavioural difficulties. Looked after children who meet the age criteria for an SDQ (5-16 years) should have an SDQ completed once a year.

Emotional and Behavioural Health of Looked After Children - Average SDQ score



Source: Department for Education © Crown Copyright 2014

Average SDQ score	2012	2013	2014
Manchester	13	13	13
Core Cities	14	14	14
Statistical Neighbours	13	14	13
North West	13	13	13
England	14	14	14

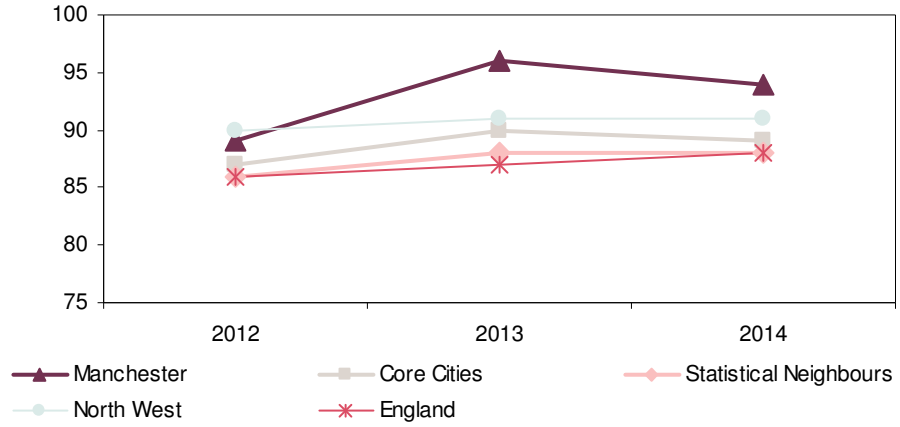
58% of children looked after for a year or more in Manchester on 31st March 2014 had an SDQ score that indicated no concerns. 12% of children/young people had an SDQ score that was borderline, and 30% had a score that was a cause for concern. From this it would appear that Manchester's Looked After Children have fewer social, behavioural and emotional difficulties compared to

children looked after from areas that are deemed statistically or geographically similar, and the national average. This may indicate marginally better emotional health.

Annual health assessment

Local Authorities have a responsibility for ensuring that a health assessment of physical, emotional and mental health needs is carried out and a health plan developed for every child who becomes looked after. This plan must be reviewed six monthly for children under 5 years of age and annually for those aged 5 and over. These statutory health assessments support the identification of health needs that might otherwise be unrecognised and inform the overarching care plan for the child.

Percentage of children looked after for at least 12 months with completed annual health assessment

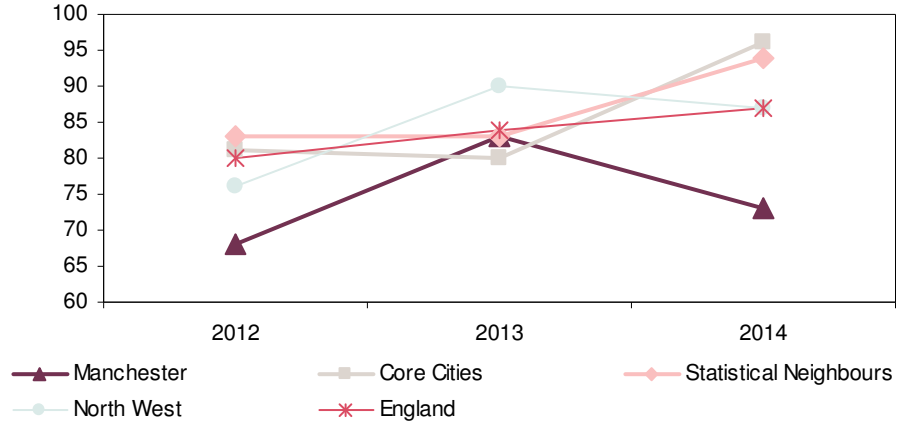


Source: Department for Education © Crow n Copyright 2014

% Annual health assessment	2012	2013	2014
Manchester	89	96	94
Core Cities	87	90	89
Statistical Neighbours	86	88	88
North West	90	91	91
England	86	87	88

In 2014, 94% of Manchester children looked after continuously for at least 12 months had a completed annual health assessment, a small decrease from 96% the previous year. Manchester's performance in 2014 was higher than the percentages for Core Cities, our Statistical Neighbours, the North West region and England.

Percentage of children aged 5 or younger looked after for at least 12 months with up to date development assessments



Source: Department for Education © Crown Copyright 2014

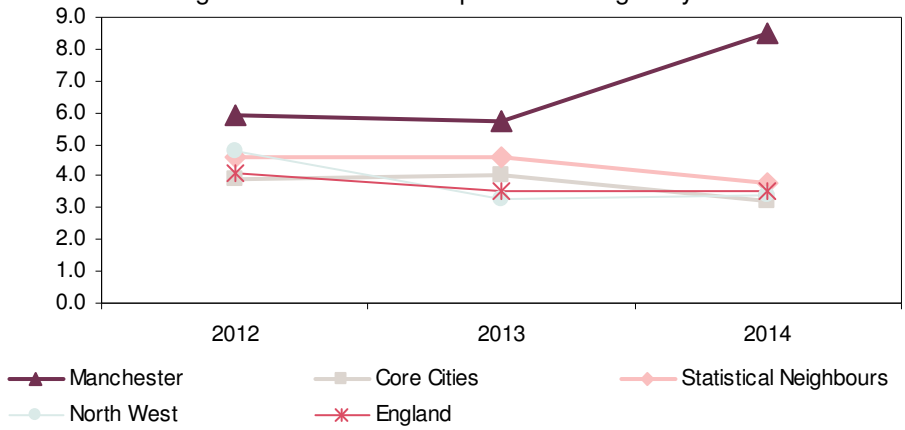
% Development assessments	2012	2013	2014
Manchester	68	83	73
Core Cities	81	80	96
Statistical Neighbours	83	83	94
North West	76	90	87
England	80	84	87

There is a statutory requirement to report developmental checks as specified in the National Healthy Child Programme. This supports the early identification of additional needs and subsequent interventions and care pathways. Manchester's performance in 2014 was lower than the percentages for Core Cities, our Statistical Neighbours, the North West region and England. Performance has been impacted by reporting difficulties in the 2014 data; further investigation is taking place to resolve this.

Child identified as having a substance misuse problem

Substance misuse is defined as intoxication, regular excessive consumption, or dependence leading to social, psychological, physical or legal problems. The term covers a range of substances including volatile substances, new psychoactive substances ('legal highs'), alcohol, and illegal drugs. In Manchester, young people accessing substance misuse services are more likely to be a looked after child (21%, compared to 10% nationally). Please see the Substance Misuse JSNA topic for further information.

Percentage of children looked after for at least 12 months identified as having a substance misuse problem during the year



Source: Department for Education © Crown Copyright 2014

% Substance misuse problem	2012	2013	2014
Manchester	6	6	9
Core Cities	4	4	3
Statistical Neighbours	5	5	4
North West	5	3	3
England	4	4	4

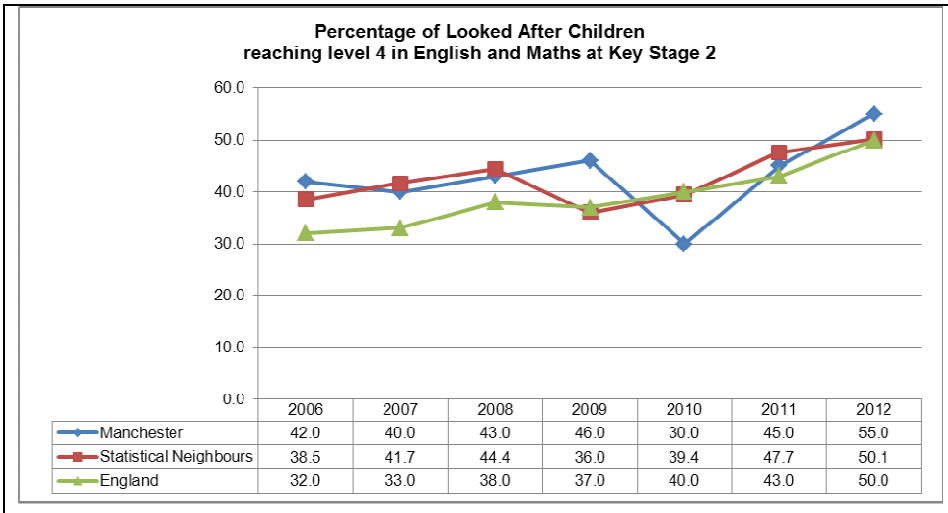
Data relating to substance misuse and Looked after Children must be interpreted with caution as young people might be reluctant to report difficulties. This data is collected at a young person's LAC review, which may not be an environment in which a young person feels comfortable enough to share that they are experiencing difficulties. It is also difficult to obtain reliable data for children and young people who are placed outside of the local authority area. The increase seen in Manchester in 2014 may be in relation to better recording that a young person has a substance misuse problem, rather than a rise in substance misuse.

Manchester's Eclypse service (part of the Lifeline organisation) offers substance misuse services to Looked after Children and Care Leavers through both individual and group work. They also provide training, support and consultation to foster carers and residential homes.

Education

Key Stage 2 Attainment

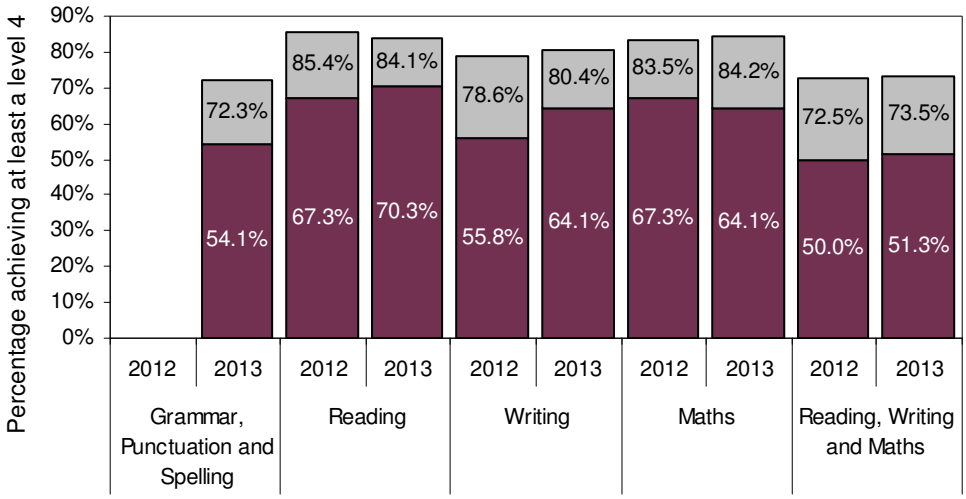
The results for Manchester LAC who have been in care for 12 months or more are above the similar cohort of LAC nationally for all indicators and above that of statistical neighbours.



	2006	2007	2008	2009	2010	2011	2012
Manchester	42.0	40.0	43.0	46.0	30.0	45.0	55.0
Statistical Neighbours	38.5	41.7	44.4	36.0	39.4	47.7	50.1
England	32.0	33.0	38.0	37.0	40.0	43.0	50.0

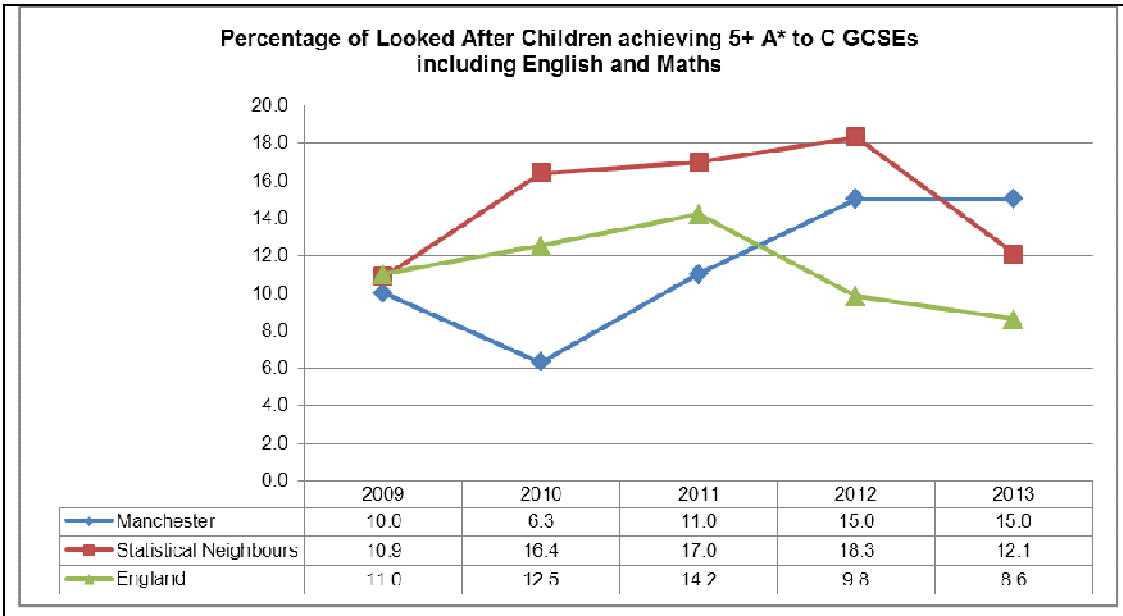
The graph below shows the percentage attaining at least a level 4 for Manchester LAC compared to all pupils in Manchester schools and how the attainment gap narrowed in all subjects except mathematics.

Attainment of KS2 Looked After Children and all Manchester pupils



Key Stage 4 Attainment

The percentage of Manchester LAC who have been in care for 12 months or more who achieved at least 5 A*-C grades including English and Maths (%5+A*-C inc. E&M) increased in 2012 to 15% and then remained the same in 2013. This result was above that for both statistical neighbours and England.

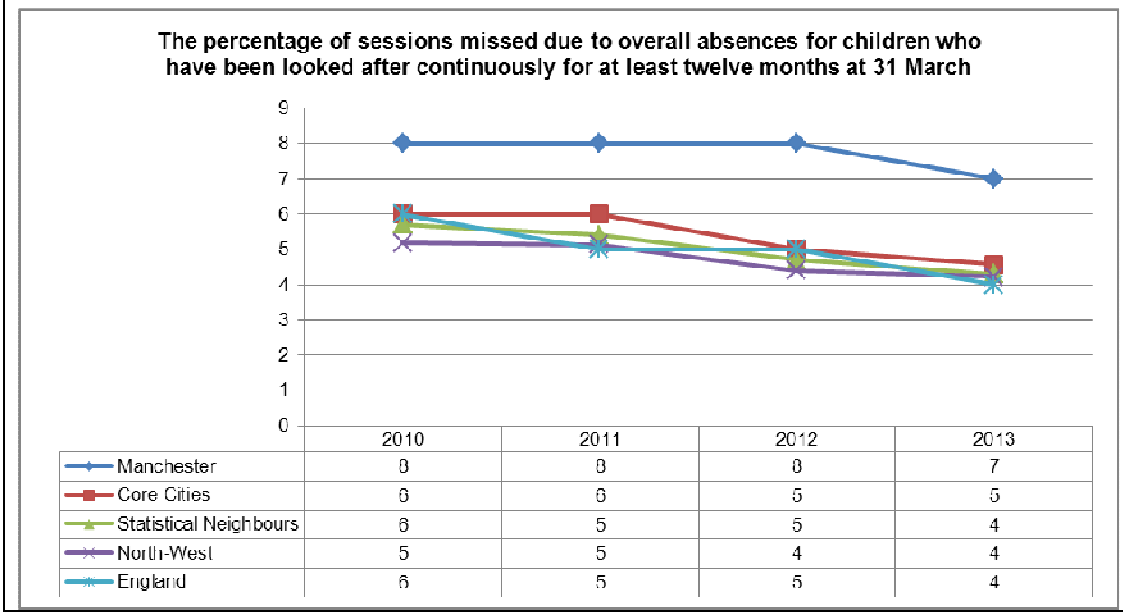


The table below shows that there is a significant gap between LAC and all pupils locally and nationally.

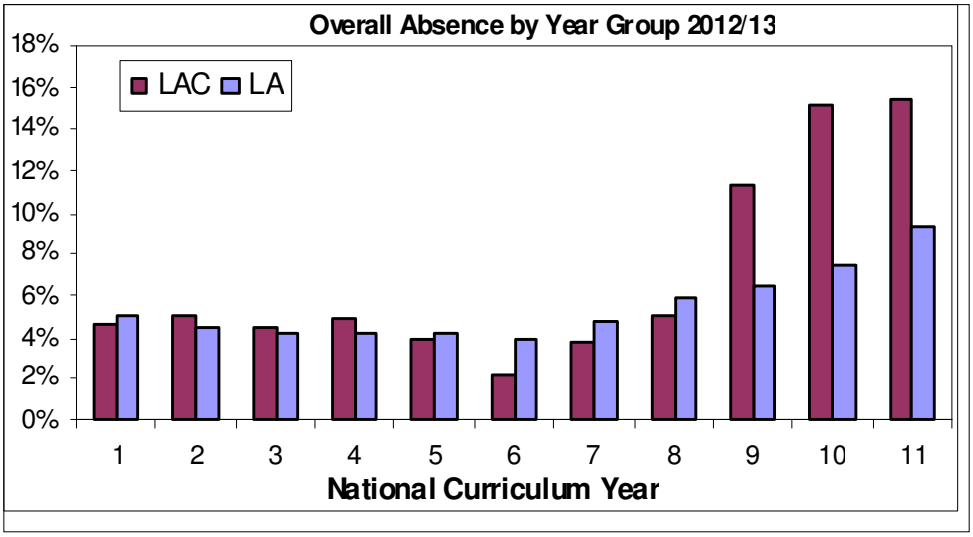
		2012	2013
Manchester (All Pupils)	%5+A*-C inc. E&M	53.1%	51.4%
	%5+A*-C (Level 2)	81.3%	60.2%
	%5+A*-G (Level 1)	92.6%	89.4%
England (All Pupils)	%5+A*-C inc. E&M	59.2%	53.4%
	%5+A*-C (Level 2)	81.8%	63.8%
	%5+A*-G (Level 1)	94.3%	89.7%

School Absence of LAC

The percentage of sessions missed due to overall absence for LAC who have been in care for twelve months or more reduced in 2013.

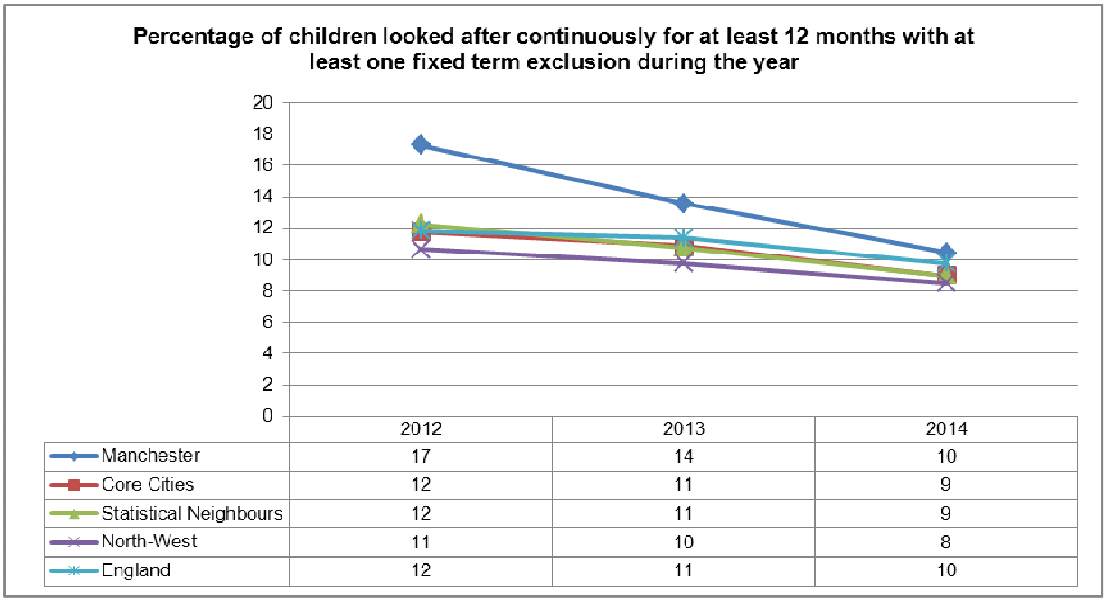


The table below demonstrates that the overall absence of Manchester LAC is similar to or less than that of all Manchester pupils up to Year 9 when the absence of LAC significantly increases. Data earlier in this report shows that Manchester has a significant number of young people admitted to care between the ages of 10-15 years. Many young people admitted to care during Key Stage 3 and 4 already have well established patterns of poor attendance and significant periods of lost learning time.



Exclusions

Since 2012 there has been a decrease in fixed term exclusions for Manchester LAC who have been in care for at least 12 months. Manchester has a slightly higher rate of fixed term exclusions than statistical neighbours and is in line with that of England.



	2012	2013	2014
Manchester	17	14	10
Core Cities	12	11	9
Statistical Neighbours	12	11	9
North-West	11	10	8
England	12	11	10

What would we like to achieve?

To improve the overall outcomes for Looked after Children, a holistic Multi – Agency Partnership approach is required. The starting point for this is an integrated Looked After Children's strategy. The Looked After Children and Care Leavers Strategy 2016/19 is now in place. This strategy will inform a framework so that all agencies will work towards a set of shared priorities.

Health partners will strive to:

- Ensure that the voice of the child is embedded in commissioning and decision making
- Ensure that Looked after Children's health and emotional wellbeing is integrated in all statutory processes.
- Ensure that young people are prepared for and supported in their transition to permanence or adulthood.
- Ensure that statutory health assessments are requested in timescale to meet the statutory requirements.
- Support and improve the emotional health and wellbeing of Looked after Children with particular emphasis on those children placed beyond a reasonable traveling distance for Child and Adolescent Mental Health Services (CAMHS) LAAC and those children placed in Manchester from other authorities.
- Embed the Strengths and Difficulties Questionnaire (SDQs) in the statutory health assessments

Education partners will strive to:

- Ensure that the voice of the child is embedded in commissioning and decision making
- Ensure that Looked After Children, wherever they are placed, are fully supported to have good attendance at school and to participate fully in their learning and to achieve good educational outcomes.
- Ensure that children and young people's statutory personal education plans (PEPs) are implemented effectively, reviewed termly and completed to a high standard in a timely way
- Ensure that through the PEP process that Pupil Premium funding is used effectively to support Looked After Children to achieve good educational outcomes.
- Ensure that young people are effectively supported at each stage of educational transition.
- Ensure that young people progress into positive Post 16 and Post 18 education, training or employment destinations

Social Care partners will strive to:

- Ensure that the voice of the child is embedded in commissioning and decision making

- Ensure that Manchester's children will be supported to stay with or return to their families and communities wherever it is safe to do so (in line with LAC Strategy Priority Objective 1 – 'only children who need to be in care are in care')
- Ensure that for those children who cannot return home, we will achieve permanency through adoption, special guardianship and permanent fostering in a timely manner (in line with LAC Strategy Priority Objective 2 - 'children achieve placement stability and timely permanence in family based settings')
- Ensure that the vast majority of children will live in a family placement as opposed to a residential one, and most of Manchester's children will live locally, in the city area boundary or within 20 miles
- Ensure that children with disabilities will have the same access and opportunity to live in family placements, to be placed locally, and to achieve permanency outside of care via adoption and special guardianship
- Ensure that as many young people as possible leaving care will be able to access 'Staying Put' foster care beyond age 18, or supported lodgings provision or other supported or semi-independent accommodation
- Improve the timeliness of care planning and utilise commissioning and partnership working to support the development of sufficiency and to ensure we achieve cost efficiencies

What do we need to do to achieve this?

- Education, health and social care will work together with Public Health to agree and collate a broader range of health data than the national reporting requirements to inform commissioning.
- Integrated social care and health systems and procedures to be effective in improving the statutory health assessment process.
- Improved timeliness of requesting statutory health assessments to aid placement decisions and identify unmet health needs.
- Improve multi-agency planning, systems and communication with a focus on those children placed outside the local authority.
- The Virtual School for Looked after Children will continue to work with social workers, Independent Reviewing Officers (IROs), carers, health colleagues, education settings, schools, colleges and providers to ensure the education of every Looked After Child and young person is being effectively supported through the Personal Education Planning (PEP) process.
- The Virtual School will work with social workers and carers to ensure that school placement stability is prioritized and that where a school move is required that only schools judged to be good or better are applied for.
- The Virtual school will work with social workers, post 16 providers and the Leaving Care Service to ensure all young people are effectively supported through their PEPs and Pathway Plans into positive Post 16

and Post 18 education, training or employment destinations.

- The Virtual School will report on the educational outcomes of Looked After Children and provide data to inform commissioning and decision making.
- Social care will improve edge of care services especially for adolescents
- Social care will recruit and commission a sufficient number of in-house adopters and foster carers to meet need for family placements and permanence
- Social care will pro-actively recruit and commission sufficient placement resources to meet disabled children's placement needs
- Social care will recruit more staying put and supported lodgings carers for care leavers
- Social care will work together with all relevant partners to improve placement commissioning and planning

Manchester's 2015 State of the City report shows a focus on reducing the number of looked after children by supporting children and young people at an earlier stage through the Early Help Offer. Children who are at risk of becoming looked after will be provided with specific support to remain at home and in their own communities.
Read the State of the City report here:
http://www.manchester.gov.uk/downloads/download/6359/state_of_the_city_2015_complete_document

What are we currently doing?

Universal Provision

Initial Health Assessments

All children entering care will receive an Initial Health Assessment by a registered Medical Practitioner.

The majority of Looked after Children will have a Lead Health Professional who will be either a School Nurse or a Health Visitor. They will:

- Support the statutory health requirements by undertaking the health assessments six monthly for those children under 5 and annually thereafter
- Carry out developmental assessments, co-ordinate care and provide support to the child and carer
- Support care planning and quality assurance processes by providing advice or reports as necessary

Carers and young people will also be registered with a G.P. and can access all Manchester universal services via Central Manchester Foundation Trust University Hospitals (C.M.F.T.)

http://www.cmft.nhs.uk/community-services/childrens-community-services

Universal Education Provision

All children of statutory school age are entitled to and required to attend full time education. All young people between the ages of 16-18 years are required to participate in education or training up to their 18th birthday.

Looked After Children

- All children entering care up to the age of 18 will have a Personal Education Plan which will be reviewed termly and quality assured by the Virtual School.
- All children in care aged 3-16 years will receive appropriate pupil premium funding through the PEP process and the Virtual School will monitor the impact on improving their educational outcomes.
- All children in care in Reception to Year 11 will have a Designated Teacher for LAC in their education setting to champion their needs and to ensure that effective planning and provision is in place for them.

Targeted Provision

Looked after Children Specialist Nurses

The 3 Manchester Clinical Commissioning Groups (CCGs) have commissioned a specialist nursing team with a remit to:

- Provide care for Looked after Children with a school attendance of less than 50%
- Provide care are for Unaccompanied Asylum Seekers
- Provide care for Care Leavers
- Support Residential Children's Units
- Provide support and training to professionals and carers
- Quality assure statutory Health Assessments
- Review the health plans of children placed for adoption

Emotional Health

Child and Adolescent Mental Health Services for Looked After Children (CAMHS LAC) is a Consultation and Therapeutic Service for Looked after Children, carers and professionals and is commissioned by the CCGs and Manchester Council. This service:

- Delivers direct therapeutic work.
- Provides training for professionals and carers
- Provides consultation to professionals and carers
- Provide intensive support to Manchester Local Authority Children's Homes.
- This service extends to those children placed outside Manchester

where they are either close enough to be brought to appointments or within a reasonable travelling distance for the CAMHS practitioner. Assessment and consultation is available for those children placed further away. However the service is not provided to Looked after Children placed in Manchester from other areas. These children and young people have access to generic CAMHS.

Child Sexual Exploitation

The Phoenix Protect Team provides services for children in Manchester who are at high risk from sexual exploitation. The Child Sexual Exploitation Nurse (employed by CMFT) is an integral member of this team and is working with the Looked After Children's health team to improve services.

Education

The Manchester Virtual School has the remit to:

- Ensure that every young person has a high quality personal education plan (PEP) which is effectively supporting them to attend and achieve well and to progress into positive Post 16 and Post 18 destinations.
- Manage the effective use of Pupil Premium through the PEP process
- Deliver education training to all partners including schools, social workers, Independent Reviewing Officers and carers.
- Ensure appropriate additional support is put in place to support school placement stability where a young person is at risk of exclusion.
- Support education placement stability and application to only good or better schools

Care Placements

- 90% of looked after children are placed within a family
- 75% are placed in foster carer
- 7% are placed in residential care
- 87 children were adopted from care in 2015/16
- Work is ongoing now to achieve all the things that are listed above as social care aims and what we have to do to achieve them

Community and Stakeholder Views

Consultations and user feedback are being used to develop health and education services for Looked after Children and Care Leavers.

'The Group' (previously referred to as the 2 Change Council) is made up predominantly of young people in foster care. Recent work with this group has focused on identifying the key issues for young looked after children and designing campaign projects to raise awareness of the issues and encourage change.

Other related JSNA topics

- Safeguarding
- Alcohol and Substance Misuse
- Mental Health and Emotional Wellbeing
- Sexual Health
- Child Sexual Exploitation
- Oral Health
- Immunisations

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