CHILDREN & YOUNG PEOPLE WITH CARE EXPERIENCE IN LEICESTER: A HEALTH NEEDS ASSESSMENT

January 2025

Pooja Bakhshi-Thaker, Public Health Registrar
Gurjeet Rajania, Principal Public Health Intelligence Analyst
Clare Mills, Sexual Health, and Children's Lead Commissioner

Contents

List of figures

List of tables

Note on statistical comparators:

To help benchmark Leicester's performance the city is often compared to the national average/rate. However, given the significant differences between Leicester local authority and England in terms of demographics and deprivation it is more suitable to compare Leicester against similar areas. Comparator areas used are from the DfE children comparator dataset. Leicester's comparators include Blackburn with Darwen, Birmingham, Coventry, Hillingdon, Hounslow, Sandwell, Slough, Southampton, Walsall, and Wolverhampton.

Acronyms

CAMHS	Child and Adolescent Mental Health Service
CAHMS YPC	Child and Adolescent Mental Health Service Young Peoples Team
CEC	Care Experienced Consultants
CYP	Children and Young People
DfE	Department for Education
HNA	Health Needs Assessment
ICB	Integrated Care Board
IHA	Initial Health Assessment
LA	Local Authority
LCC	Leicester City Council
LLR	Leicester, Leicestershire, and Rutland
LPT	Leicestershire Partnership Trust
NHSE	National Health Service (NHS) England
OOA	Out of area
OCIC	Out of area children in care: Children who originate from another local authority but are placed into care in LLR
OLAC	Other Looked After Children, UASC
RHA	Review Health Assessment
SEND	Special Educational Needs and Disability
SDQ	Strengths and Difficulties Questionnaire
UASC	Unaccompanied Asylum-Seeking Children
VCSE	Voluntary, community and social enterprise

1.0 Executive Summary

The following Health Needs Assessment (HNA) focuses on Children and Young people with care experience cared for by Leicester City local authority. Additional information has been included in the HNA for the following population groups; Out of area children and young people placed in Leicester, Unaccompanied Asylum Seeking Children (UASC) and young people aged 18 and above who are care experienced (care leavers).

A child or young person with care experience will have been in the care of a local authority for more than 24 hours. The overall number of children and young people with care experience have been increasing over the past decade as are the number of young people leaving care. This places a huge demand on health services to ensure that the physical and mental health services are accessible. In Leicester the number of care experienced children has gradually increased over the last few years, and the rate of care experienced children has remained similar to the national. Local Leicester data has been provided in this report, in addition to Initial Health Assessment (IHA) and review Health Assessment (RHA) information.

Although this HNA focuses on Children and Young people with care experience cared for by Leicester City Local authority it is worth noting that Health services for Children and Young people with care experience, cover Leicester, Leicestershire and Rutland (LLR) areas. As per national guidance[1] there are a list of statutory responsibilities of health services for children and young people with care experience, that local authorities and ICBs should provide.

Children and young people in care have a number of health needs, and these will range in the types and level of need from each service provider. Early life experiences and trauma are likely to influence mental health concerns, and this is often impacted by the instability and relocation that occurs within the care system. There is a national pressure on suitable placements for children and young people with care experience, and for those with complex needs this can entail moving to locations far away from their originating local authority.

The UASC population will have their own sets of health needs, due to the range of physical and emotional trauma experienced prior to moving to the UK. Information has been collected regarding local UASC data, and discussions have also occurred with local teams working with this population group. Service provision needs specifically for this cohort have been identified, and further work looking into the health needs for these young people has been recommended.

During the work conducted for this HNA, discussions with programme managers and local services provided detailed and insightful knowledge regarding current service provisions and areas in which improvements could be made. These have been included and listed within this report, and recommendations have been made as a result to ensure that unmet needs can be addressed.

Focus group work was also conducted with the care experience consultants, a group of young people with current care experience and care leavers. The large majority of young people in this group stated that mental health was the most important concern, and they provided their thoughts and opinions on the current CAMHS services that are available. Concerns were also highlighted around

substance use, smoking and vaping and oral health provisions for care leavers. The majority of the group were aware of local sexual health services and were able to describe and list current service providers. The overall consensus amongst this group was that improvements could be made to local healthcare services with particular focus given for mental health and substance use services.

As a result of the HNA work, 16 recommendations have been made to address the unmet needs and gaps in service provisions. These have been made in relation to improve system working for all professionals involved in the care of children and young people with care experience. Further recommendations have also been made to improve the quality of local data, in terms of data collected as part of the Initial and Review Health assessment process.

Health service improvement recommendations have also been made for tobacco control, this in view of the increase in vaping and concerns of increased marketing and promotion of vapes to young people. Oral health recommendations include ensuring dental health access is available to all children and young people with care experience and recognising the need for ongoing dental healthcare support for care leavers. Sexual health service recommendations including ensuring that specific young people services continue, including specific young people specific sexual health clinics. Further work is required for substance use services, as the number of children and young people with care experience in treatment for substance use remains low. The gaps in service provisions for substance use have been identified and recommendations have been made to improve these unmet needs.

In addition to physical health needs, mental health needs have been seen as a precursor to poorer health outcomes later in life. It is therefore essential to ensure that children and young people with care experience are able to access mental health support in a timely manner and have ongoing mental health support. Mental health service recommendations have been identified, as this is an area of concern and of importance to children and young people with care experience. With a predicted demand on children and adolescent mental health services (CAMHS), local services will need to ensure that adequate, accessible and timely support is available.

Lastly, the opinions and perspectives of children and young people with care experience throughout this HNA report is paramount, and their insightful views have provided many considerations for service improvements to be made. It is therefore important to ensure that ongoing work in areas affecting children and young people with care experience, warrants their voices being heard and for changes to be made to improve their health needs.

1.1 Previous HNA Recommendations (2021 HNA)

Historically, the children and young people with care experience HNA was conducted on a yearly basis, however the decision was made to complete these on a three yearly basis, following the previous HNA. The last HNA was completed in 2021, and the list of recommendations and progress made can be seen in the table below.[2]

Recommendation	Progress on recommendation
1. Establish systems to ensure Strengths and Difficulties Questionnaires are completed, scored, dated and signed by carers in time for the Review Health Assessment. This will allow timely analysis and action on the information provided by the Strengths and Difficulties Questionnaires.	A video for support workers and carers is in development, LPT have provided technical support to create the animated video. There was a significant delay in identifying young people to provide voice-over for the video. This is now complete and the video in the final editing stage. Launch is expected late 24/early 25. This will be used to educate social care staff and carers and will be launched alongside the Leicester, Leicestershire and Rutland Children and Young Peoples Directory of services, to provide a link to support and services available to carers and young people to meet their Health and Wellbeing needs.
2. Improve the transition of Care Leavers with specific emphasis on emotional and mental health by ensuring a robust link between CAMHS and Adult Mental Health.	Transitional care is a key area of work within health services. The LPT CAMHS Young People's Team have employed a transitions worker to support young people and in their initial period of treatment in adult services. LPT Looked After Children's Team Care Navigators have mapped the transition pathways for some of the key services within UHL, and further work is planned to identify the most prevalent health conditions of our Looked After young people through Population Health Management data tools, in order to target our understanding of transition processes and work with the adult clinicians in these areas to better understand our Care Leavers.

Recommendation	Progress on recommendation
	The existing care navigators (1.2wte posts) have compiled a database of transition processes with key links in University Hospitals Leicester, which will be used prior to RHA's from year 9 to commence transition planning, in line with NICE guidelines. One of the Children and Young Peoples clinical leads in the ICB has commenced working on transition pathways throughout Leicester, Leicestershire and Rutland, and links have been made to include this cohort as part of this work.
3. Smoking cessation commissioners and providers should ensure that smoking cessation services consider the needs of Looked After Children and their carers by: a) Exploring the adoption of a comprehensive Smoke Free Homes & Carers Policy for children's homes, including private homes where beds are purchased and foster homes. b) Making training around safeguarding and e cigarettes available.	After discussions with partners, residential settings and foster homes will be included as key element of Step Right Out smokefree homes campaign, aiming to launch before the end of 2024. Training on safeguarding an e-cigarettes has not been provided, will be considered as part of support for children with care experience going forward. Information on how to quit e-cigarettes has been created How to quit e-cigarettes or vapes (leicester.gov.uk) Currently, there is a lack of data around the prevalence of smoking and vaping in this cohort. This will become available through Read Codes to be built into the RHA form redesign in SystemOne which will allow for reports to be run on key areas including smoking, vaping, alcohol use and substance misuse.
4. Explore possible methods to increase uptake of Turning Point substance misuse services by children who are looked after and carers.	This recommendation has not progressed due to capacity issues, although it continues to be discussed within Initial Health Assessments. Work has been undertaken by Public Health commissioners to ensure increased engagement with Children and Young people, but not with a specific focus on Care Experienced children.

Recommendation	Progress on recommendation
5. Ensure links are made on databases (System one) so that all relevant information about a child who is looked after is available as part of Education Health Care Plans.	This recommendation has been actioned and completed. All care experienced children in Leicester, Leicestershire and Rutland have a code applied to their SystemOne record, to ensure any clinical practitioner accessing their notes are aware of their status. As part of the RHA, nursing staff will review all contacts in the past 12 months, which will include Educational Health Care Plan's.
6. Ensure that Initial Health Assessment and Review Health Assessment data for Children who are looked after and placed out of area (outside of Leicester, Leicestershire and Rutland) is included in future Health Needs Assessments so that their health needs can be considered alongside their peers.	This recommendation has been actioned and completed. ALL IHA's and RHA's undertaken for Leicester, Leicestershire and Rutland Children placed Out of Area are reviewed by the Designated Nurse for Looked After using the Coram BAAF Annex H form for quality checking. In addition to this, a spreadsheet of key information about this cohort is collated and has been used to inform the 2024 HNA. Future plans are to build the QA tool into SystemOne to allow for better quality data production and analysis. A change request has been submitted of this work to take place in LPT.
7. Provide evidence in the health care plan of health promotion and delivery of health care packages and pathways of children who are looked after through the Looked After Childrens Nursing Standard Operating Guidance (SOG).	Following a successful business case for the Looked After Children's nursing team, the model of delivery of the nursing service has been reviewed. The team is anticipated to be fully recruited by winter 2024, with work underway to allocate nurses geographically, make 6-month interim contacts with young people to ensure health needs continue to be met and update health care plans, and deliver specific packages of care including continence, mental health and smoking cessation.

Recommendation	Progress on recommendation
	Data is being analysed in the ICB to understand the health inequalities of the Leicester, Leicestershire and Rutland cohort to ensure that packages of care are meeting the identified known health needs of our young people. The IHA and RHA forms on SystemOne are being reviewed, to include a wide range of Read Codes which will enable timely data analysis of areas to address such a dental issues, use of vapes, drug misuse and CE risks. The nursing team are delivering a pilot to support this cohort and their carers to access an enhanced NHS dental practice where they have otherwise been unable to find an NHS dentist.

1.2 New HNA recommendations (2024 onwards)

Listed below are the new HNA recommendations (2024 onwards), which have been created as a result of the HNA work. These actions will sit with the Looked After Children and Care Leavers Strategic Group, with responsible organisations also listed below for each recommendation.

Item Number	Organisation Recommendation	Leicester City Council	ICB	NHS Trusts/Other
1	**System Working (Items 1 to 5)** Evaluate the impact of the previous HNA, and to consider if those recommendations had the impact desired on this cohort. Key partners to identify what "good looks like", including considering the use of Looked After Children's Health Workplan and action log for bench marking.	Public Health Team		
2	For all relevant partners to continue to maintain strong links between partners across Leicester who work with children and young people with care experience. This will improve knowledge across the organisations and help improve the support of children and young people with care experience.	Corporate Parenting Board & Participation and Engagement Team	Looked After Children's Strategic Health Group	
3	Develop and work on systems for information sharing between different local authorities and between health partners involved in the care of children and young people with care experience.	Corporate Parenting Board	Looked After Children's Strategic Health Group	Leicestershire Partnership NHS Trust
4	To ensure all relevant organisations are notified on time of the children and young people under their care (including those who are out of area, and children from abroad seeking safety).	Corporate Parenting Board	Looked After Children's Strategic Health Group	Leicestershire Partnership NHS Trust and LLR Care Records Team
5	Ensure a co-ordinated approach is utilised to engage with children and young people with care experience, to prevent duplication or omission of work that is consulted upon.	Corporate Parenting Board & Participation and Engagement Team		

Item Number	Organisation Recommendation	Leicester City Council	ICB	NHS Trusts/Other
6	**Data Quality (Items 6 to 7)** Improvement of data collection, including reviewing IHA & RHA forms. This will ensure national consistency whilst allowing for unique local questions dependent on local needs. Routine information to be collected on children and young people who miss or do not attend health assessments, to be included with reasoning.		Designated Nurse & Doctor for Looked After Children	
7	Data to be collected on the number of young people who have their health records when they leave care. Identify trends and actions to move towards the majority of young people leaving care with their health records.	Corporate Parenting Board	Looked After Children's Strategic Health Group	
8	**Tobacco Control (Items 8 to 9)** Further local data to be collected on smoking and vaping rates for children and young people with care experience in Leicester. The information gained can help to improve current smoking cessation support for children and young people with care experience, with consideration of specific services specifically for this group.	Public Health Smoking cessation Team in partnership with residential settings & foster carers.	Looked After Children's Strategic Health Group	
9	Ensure children with care experience are a priority group and focus for residential homes and foster care homes to become smokefree.	Public Health Smoking cessation Team & The Step Right Out smokefree campaign (LCC)		
10	**Oral Health (Item 10)** Children and young people with care experience and care leavers to be a key population included in the development of the Dental Access Plan. Improve dental access for care leavers, and ensuring appropriate support is provided for care leavers that may require financial support for dental appointments.	Oral Health Partnership Board	Looked After Children's Strategic Health Group	
11	**Sexual Health (Items 11 to 13)** Work with Integrated Sexual Health Services to explore the possibility of topics such as female genital mutilation, rape and domestic violence being spoken about with young people. Ensuring information sharing, and discussion can occur in schools and interactions with the sexual health services team.	Public Health Team (Commissioner)		Midlands Partnership NHS Foundation Trust (Provider)

Item Number	Organisation Recommendation	Leicester City Council	ICB	NHS Trusts/Other
12	Work with Integrated Sexual Health Services to explore the possibility of collecting data on care experienced children using sexual health services.	Public Health Team (Commissioner)		Midlands Partnership NHS Foundation Trust (Provider)
13	Consider the unique sexual health needs of children from abroad seeking safety and identify gaps in provision and work towards addressing these.	Public Health Team (Commissioner)	Looked After Children's Strategic Health Group	Midlands Partnership NHS Foundation Trust (Provider)
14	**Substance Use (Items 14 to 15)** Review the referral pathways for substance use services (Turning Point) for children and young people with care experience and consider how potential barriers could be identified and removed to encourage appropriate, structured treatment plans.	Public Health Team (Commissioner)		Turning Point (Provider)
15	Review the current community drug and alcohol treatment offer for young people with care experience, including referral routes in/out of treatment and the wider treatment offer. Consideration of a dedicated post or nominated specialist role for outreach work in residential settings and working with foster carers.	Public Health Team (Commissioner)		Turning Point (Provider)
16	**Mental Health (Items 16 to 17)** Improve the current access and support provided for CAMHS services for children and young people with care experience.		ICB (Commissioner)	Leicestershire Partnership NHS Trust (Provider)
17	Consideration of restarting mental health training package support for social workers, foster carers and residential home workers to ensure appropriate resources and guidance are shared with professionals caring for children and young people with care experience. Attention to be placed on seeking a new funding source (previously funded by Leicester City Council).		ICB (Commissioner)	Leicestershire Partnership NHS Trust (Provider)

2.0 Introduction

2.1 Definition of care experience

As per the United Nations Convention on the rights of the child (UNCRC), every child should be recognised, respected, and protected as a rights holder and as a unique and valuable human being. This applies to all persons under the age of 18 years[3].

This HNA focuses on children and young people with care experience in Leicester City. The term care experience in this report will refer to children and young people, who are or have been in care at some point in their childhood[4]. Although this term is not defined in law, it is being increasingly used and is also a term which has been consulted and advocated through the collaboration of this HNA with the Care Experienced Consultants (CEC) forum which consists of young people with care experience in Leicester City.

There may be occasions in the report when the term child in care is written but this is due to the information corresponding to published data. Additionally, the term Looked After Children may also be listed, but this will predominantly be when the roles of certain professionals, i.e., Looked After Children Nurse is referred. Although, where possible the terms children and young people with care experience will be utilised for this report.

A child or young person with care experience will have been in the care of their local authority for more than 24 hours. The overall number of children and young people with care experience have been increasing over the past decade and there are a variety of reasons as to why a child or young person may be placed into care[5].

2.2 Reasons children may be placed in the care of the local authority

There can be many reasons why a child may be placed in the care of the local authority, and these can include:

- The child or young person being at significant risk of harm or abuse. If this is the case children's services may become involved, and there may be legal proceedings and court orders as part of a compulsory measure[5].
- If the child or young person's parents agree to the child being placed in care under a voluntary agreement, for example due to the parents being too unwell to care for their child or young person[5].
- The child or young person may have no one with parental responsibility that is able and available to care for them such as in the case of unaccompanied asylum-seeking children[5].

2.3 Types of accommodation for children in the care of the local authority

A child or young person with care experience may reside in different forms of accommodation, which can include[6]:

- Remaining with parents under a compulsory supervision order, with the local authority visiting regularly to ensure the terms of the order are being met.
- Kinship care which refers to children being cared for by the local authority, and staying with close relatives or close friends as a temporary measure until they can return to stay with their parents.
- Foster family in which case the child will live with foster carers in their own home, this can be for a short term or longer period.
- Residential homes which are run by local authorities or in some case by private or voluntary organisations.
- Residential schools
- Supported living accommodation

2.4 National pressures on suitable placements

There is a growing demand for placements that are Office for Standards in Education (Ofsted) registered children's residential homes with specialist or therapeutic provisions, and these exceed in capacity and capability of providers nationally. Placements are able to be selective in respect of which children are offered placements, and children with particularly complex needs who are seen as "challenging" can be refused placements. The placements that are available, are often a very lengthy distance away from the child or young person's home, which prevents family contact, disrupts positive support networks and meaningful support from social workers. There can also be legitimate reasons for this, as residential homes must balance the competing welfare needs of all the children and young people in the placement, in addition to potential risks to staff[7].

2.5 Purpose of the HNA

As per statutory guidance for local authorities, the health needs of children and young people with care experience, should be considered in developing the local Health Needs Assessment (HNA)[1].

Children and young people with care experience are likely to have many of the same health issues as their peers, although the extent of these may be greater due to their past experiences[1], and there may be specific health needs, with varying severity related to children and young people with care experience.

This HNA aims to summarise current local knowledge on the health of children and young people with care experience, that are living in Leicester City, and children and young people with care experience that originate from another Local Authority but are placed into Leicester City. The HNA aims to capture quantitative information regarding the data available for children and young people with care experience, in addition to qualitative information in the format of interviews with programme managers and service providers, focus group work and survey responses from children and young people with care experience. Key recommendations have been identified through the work done in creating this HNA, and the aim would be for these to be implemented to improve health outcomes for the children and young people with care experience in Leicester City.

The previous HNA was published in 2021, and was LLR wide covering 2020 data, as previously the HNA was completed annually although a decision was made to change the HNA to a 3 yearly basis.

The data aspect of this HNA will therefore focus on the period 2021 – 2023.

2.6 Data sources

There are a variety of data sources that have been used for this HNA and they include:

- Office for National Statistics; Population estimates – Census 2021
- Children looked after in England (including adoption), year ending 31 March 2023. Department for Education, UK Government
- Outcomes for children in need, including children looked after by local authorities in England, year ending 31 March 2023. Department for Education, UK Government
- Leicester City Council Children and Young People Services 2024
- Statutory health assessments (IHA and RHA) from Leicestershire Partnership Trust (2021-23)
- Leicester Children and Young People Health and Wellbeing Survey 2021/22, Leicester City Council
- Office for Health Improvement & Disparities (OHID) Fingertips tool
- Various local Health Service data

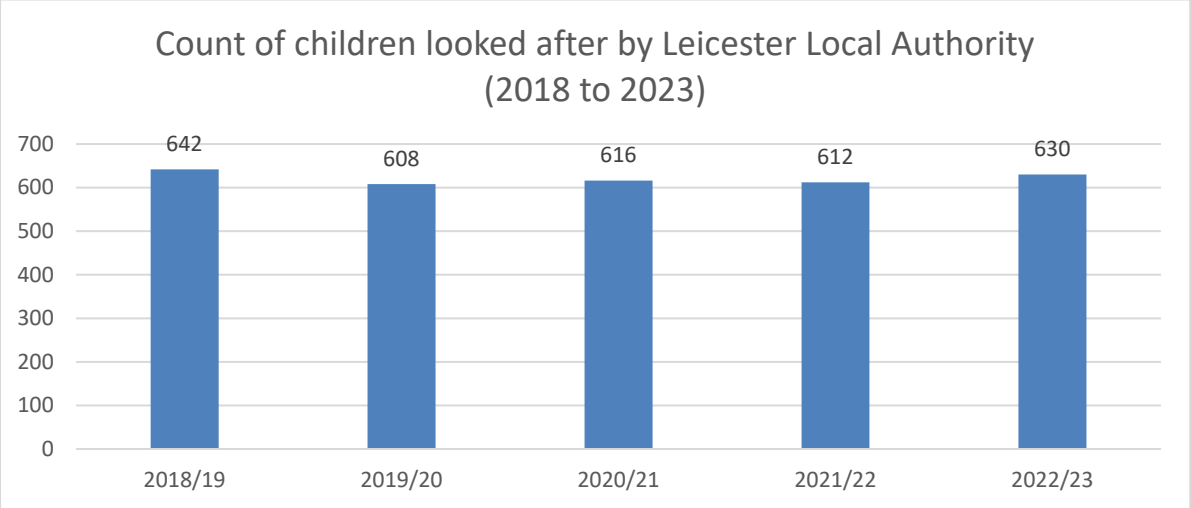
3.0 Data on current care experienced children in Leicester

The following section is detailing information for children currently in care and uses the descriptive language used in data publications such as Children in Care (CIC).

3.1 How many CIC children are looked after by Leicester local authority?

There are 630 children and young people looked after by Leicester local authority as of 31st March 2023[8]. Figure 1 shows the number of CIC has generally been just over 600 in Leicester. The number declined from 2018/19 to 2019/20 but has gradually increased since 2019/20.

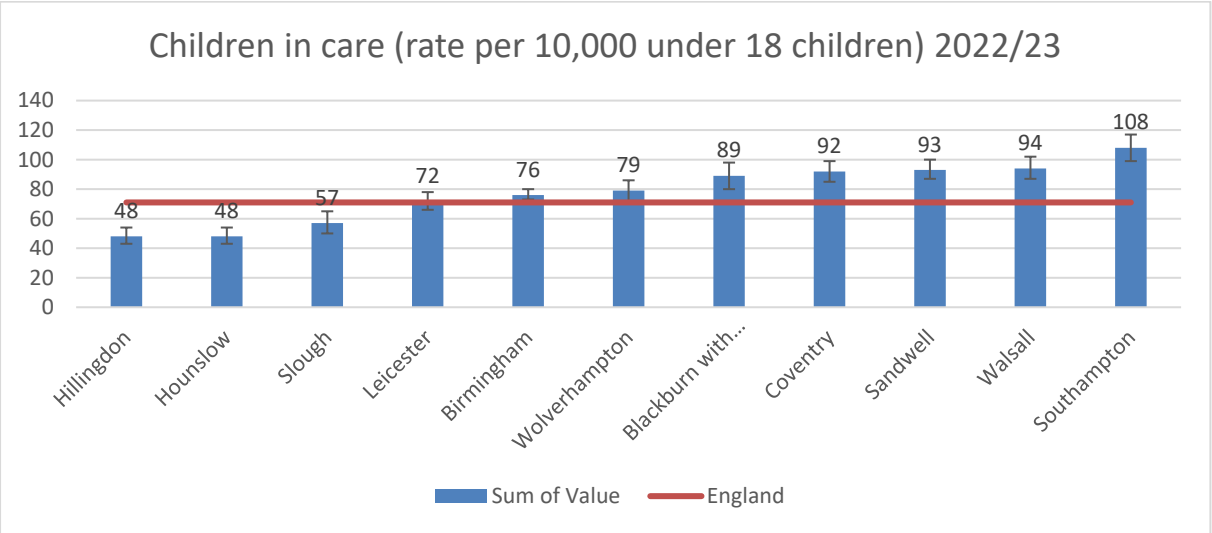
Figure 1. Count of children looked after by Leicester Local Authority, 2018 to 2023 (DfE)



3.1.1 How does the number of Leicester CIC compare to similar areas?

To compare Leicester CIC numbers against similar areas and the country a rate has been calculated. Figure 2 shows there are 72 CIC for every 10,000 children in Leicester. This is statistically similar to the national rate of 71. Leicester's rate of CIC is lower than many of our comparator areas.

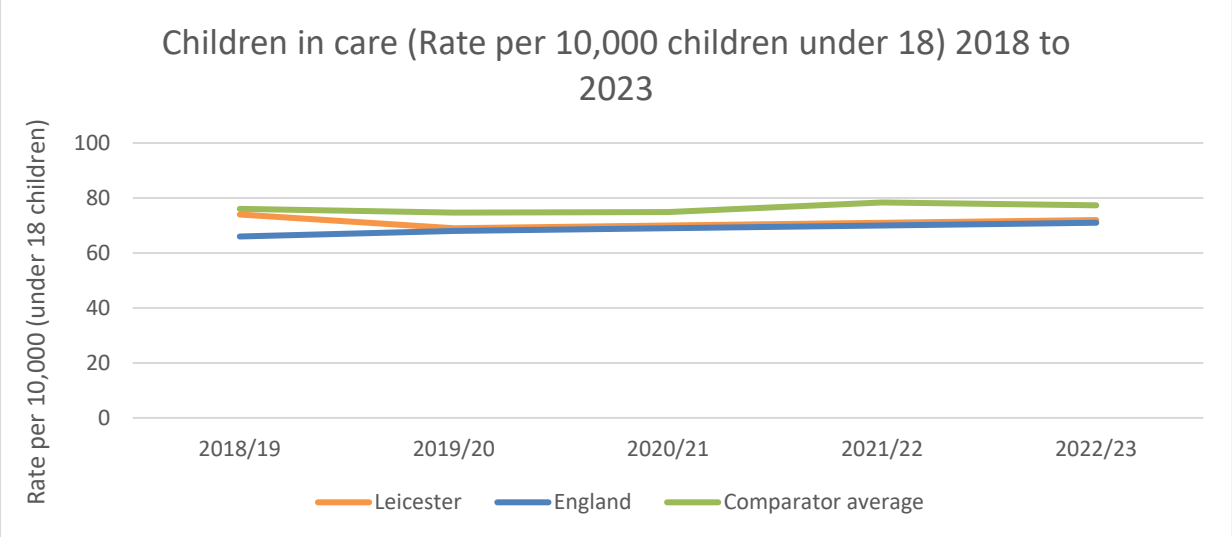
Figure 2. CIC rate per 10,000 under 18 children for Leicester and comparators, 2022/23 (DfE)



3.1.2 How has the rate of CIC in Leicester changed over time?

While the rate of CIC in Leicester appears to be stable there has been a gradual increase over the last few years. Figure 3 shows that in Leicester the rate fell from 74 to 69 from 2018/19 to 2019/20 but has gradually increased to 72 in 2022/23.

Figure 3. CIC rate per 10,000 population for Leicester and comparators, 2019 to 2023 (DfE)

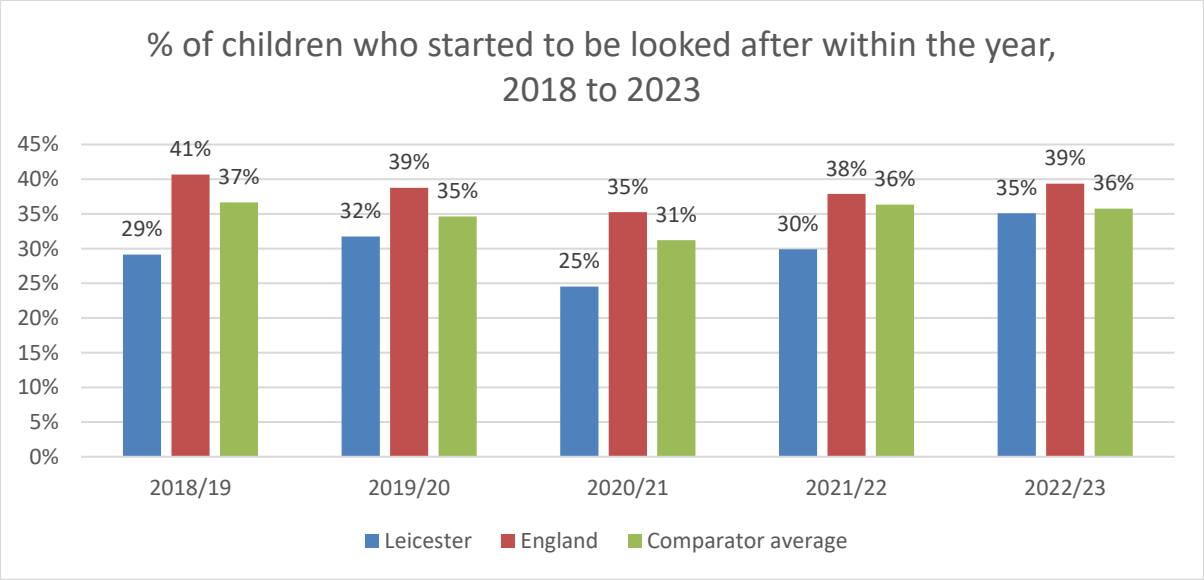


3.1.3 How many CIC started to be looked after this year?

The number of children who have started to be looked after this year (2022/23) in Leicester is 221, this is 35% or all Leicester CIC. Figure 4 shows the percentage of children who have started to be looked after within the year in Leicester has tended to fall between 25% and 35% between 2018 and

2023, with an increase over the last couple of years. The Leicester figures are below the national and comparator areas.

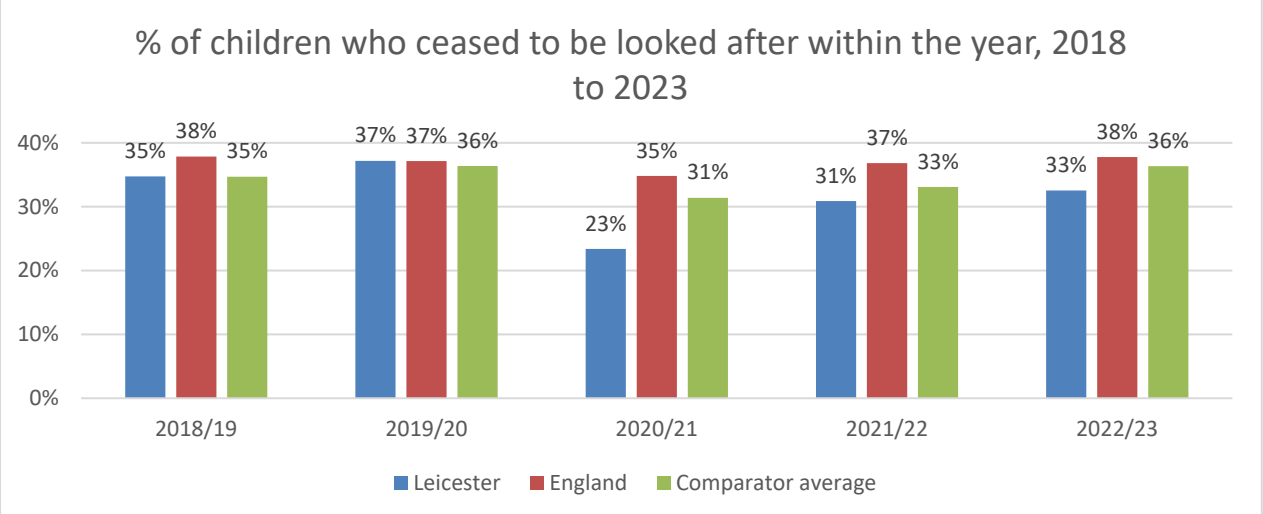
Figure 4. Children who have started to be looked after within the year, Leicester and comparators, 2018 to 2023 (DfE)



3.1.4 How many CIC ceased to be looked after?

The number of children who have ceased to be looked after this year (2022/23) is 205, this is 33% of all Leicester CIC. Figure 5 shows the percentage of children ceasing to be looked after within the year fell during the COVID year of 2020/21 for Leicester and our comparators. The percentage of children that cease to be looked after by Leicester local authority has fluctuated over the years from 37% to 23%. Leicester tends to report lower rates than the national and our comparators.

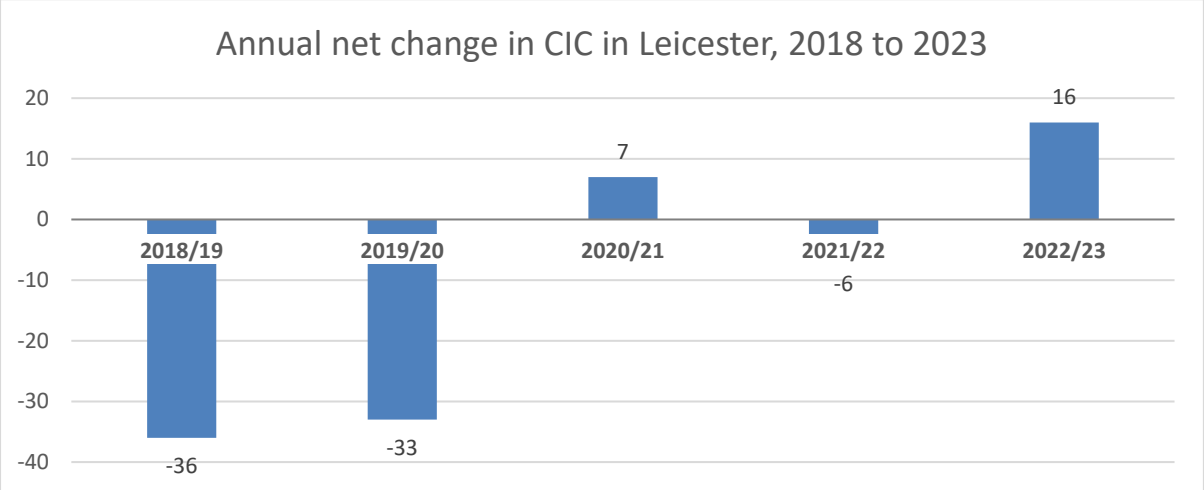
Figure 5. Children who have ceased to be looked after with the year, Leicester and comparators, 2018 to 2023 (DfE)



3.1.5 What is the annual net change in CIC?

When considering both the numbers of children starting to be looked after and the numbers of those that have ceased to be looked after by year, we can get a better view on pressures in the service. Figure 6 shows that from 2018 to 2020 we had a decrease with more children leaving care than entering, and in more recent years we have had an increase with more children entering care then leaving. In 2022/23 16 more children entered then left care in Leicester leading to increased pressure on services.

Figure 6. Annual net change in CIC for Leicester Local Authority, 2018 to 2023 (DfE)



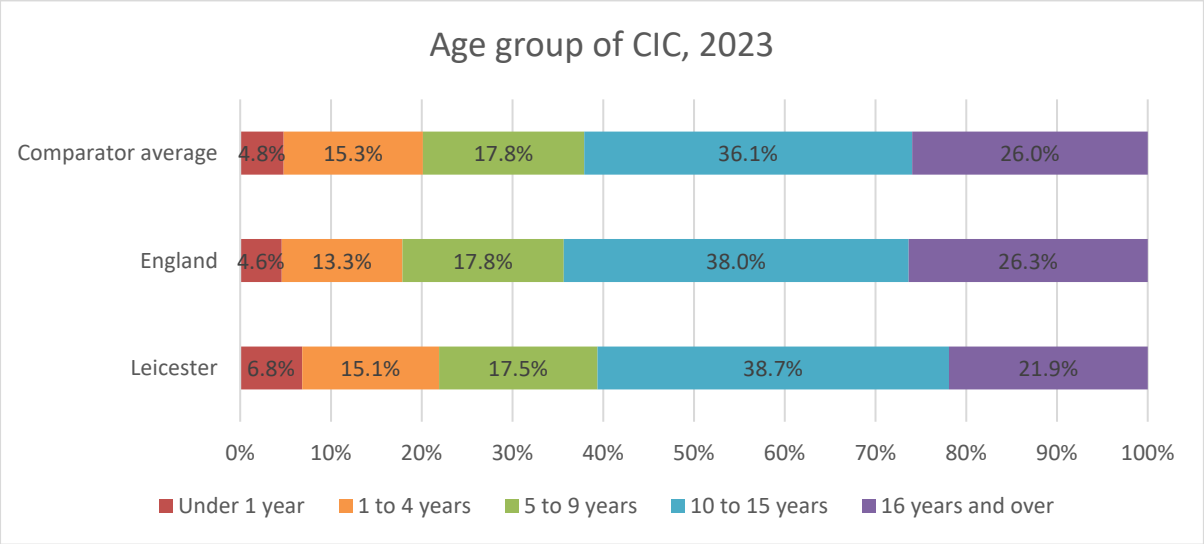
3.2 What are the characteristics of CIC?

The characteristics of CIC is collected annually by local authorities in England. The following figures show the age, gender, and ethnicity of the 630 Leicester CIC.

3.2.1 Age breakdown of CIC

Figure 7 shows that Leicester has a slightly higher proportion of under 1 year olds and 10 to 15 year olds amongst our CIC compared to our comparator areas and England.

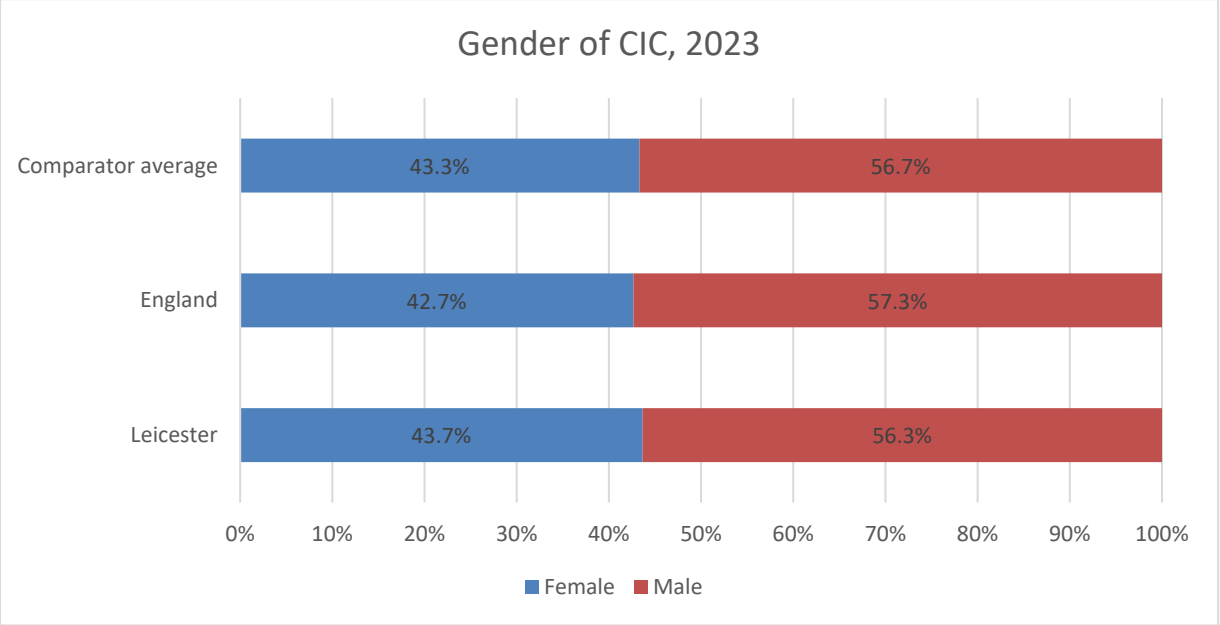
Figure 7. Age group breakdown of CIC in Leicester, Comparator Areas and England, 2023 (DfE)



3.2.2 Gender breakdown of CIC

Figure 8 shows the gender split between Leicester's CIC is similar to the national and comparator areas with a higher proportion of Males.

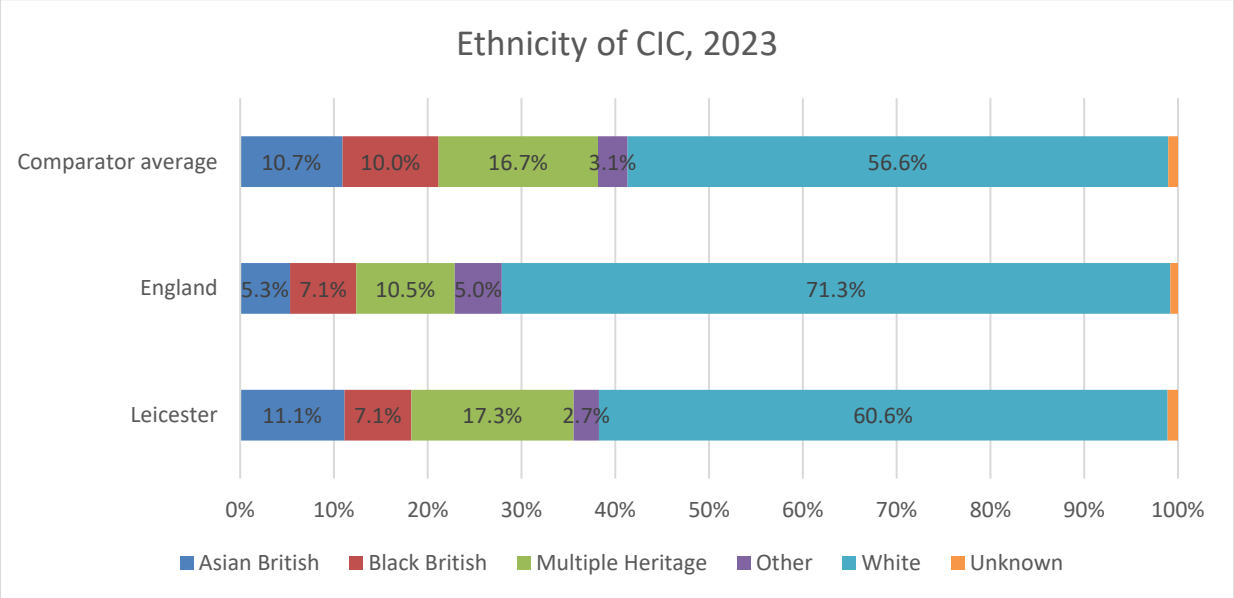
Figure 8. Gender of CIC in Leicester, comparator areas and England, 2023 (DfE)



3.2.3 Ethnicity breakdown of CIC

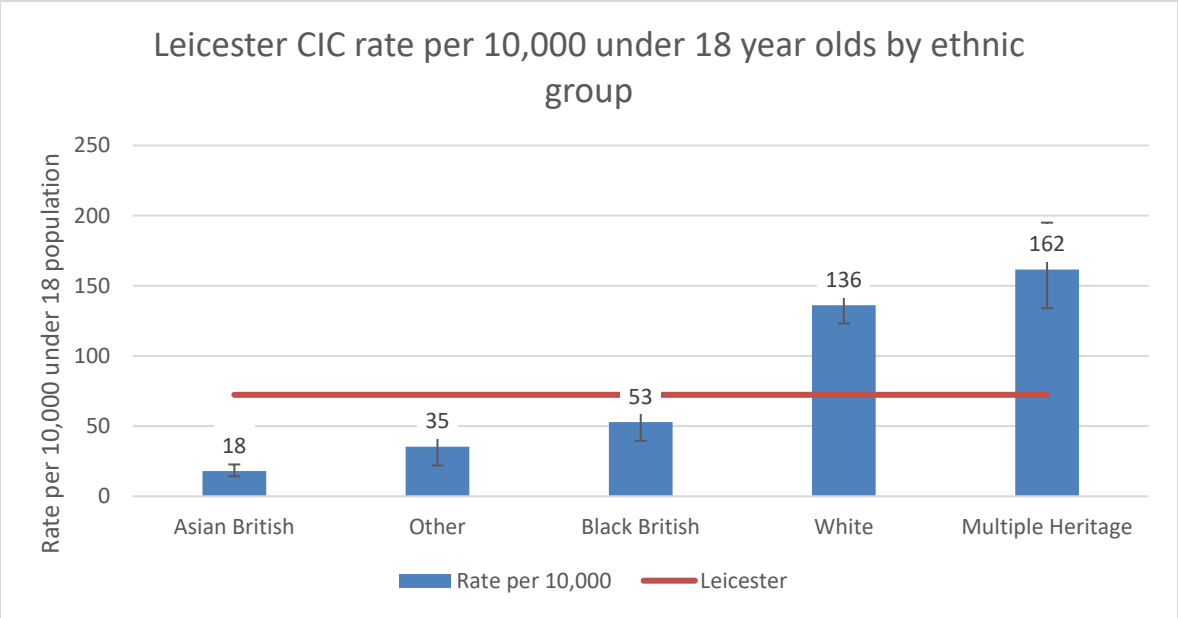
The broad ethnic group is reported in the DfE release of statistics on CIC. Figure 9 shows the majority of CIC are from a White background for Leicester, England and Comparator areas. Leicester and comparators do have higher proportions of CIC from ethnic minority groups (excluding white minorities).

Figure 9. Broad ethnicity of CIC for Leicester, comparator areas and England, 2023 (DfE)



Overall, in Leicester there are 72 CIC for every 10,000 children under 18 in the city. When exploring the data by ethnic group we can see that some groups are more or less likely to have CIC. Figure 10 reveals that there is a significantly lower rate of CIC amongst the city Asian and Other ethnic group populations, and a significantly higher rate of CIC amongst the White and Multiple Heritage populations.

Figure 10. Leicester CIC rate per 10,000 under 18 population by ethnic group, 2023 (DfE/Census 2021)



3.3 Where do CIC live?

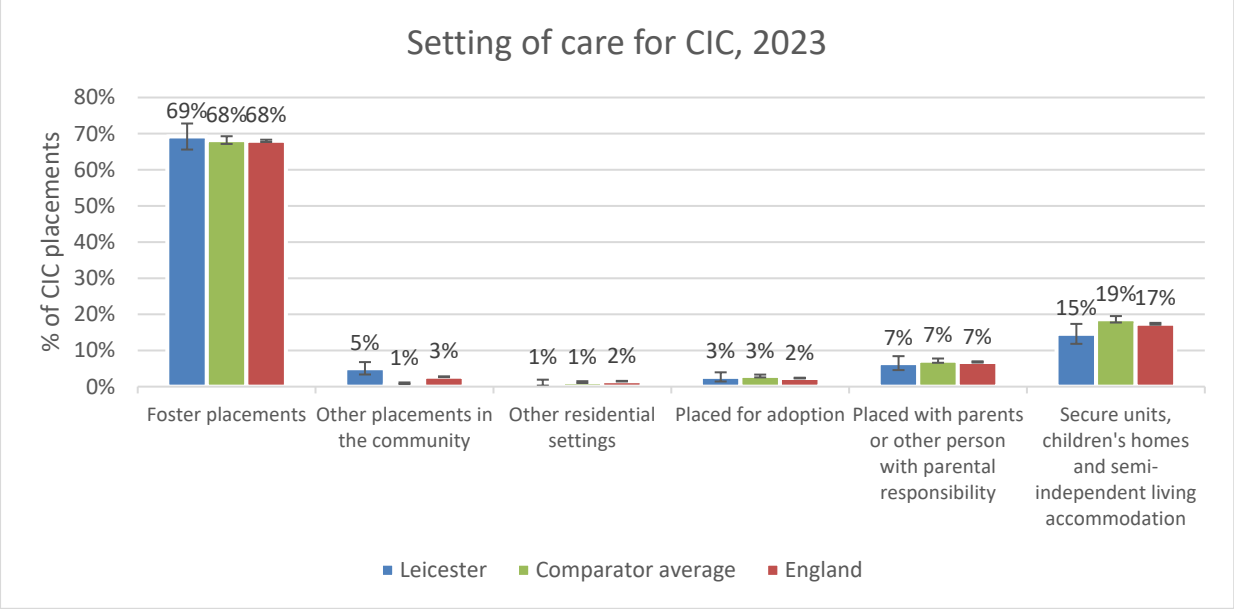
The living arrangements of CIC is collected annually by local authorities in England. The following figures show the setting type, local authority placement location, distance from origin location, and the deprivation residence of the 630 Leicester CIC.

3.3.1 What settings are CIC placed?

There are several settings where children can be placed in care; this can include with their birth parents (for example, if parenting is being assessed in a mother and baby placement or where the parent is escaping domestic abuse). Those children placed "within the community" include children living in semi supported housing where support is not provided 24 hours a day. Children's homes include secure children's homes and residential special schools.

Figure 11 reports that the majority of CIC are placed in foster placements. The distribution of the 630 CIC in Leicester is broadly similar to the national and our comparators.

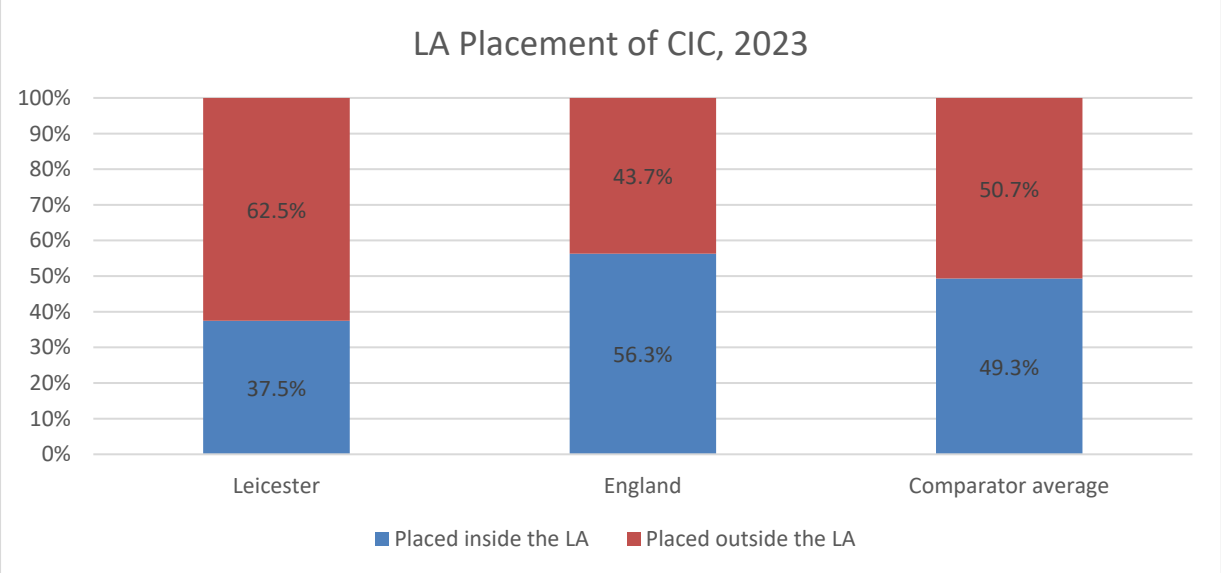
Figure 11. Placement of CIC by setting for Leicester, comparators and England, 2023 (Dfe)



3.3.2 What is the local authority placement for CIC?

Data is collected on the location of placement. Figure 12 shows that CIC for Leicester local authority are less likely to be placed within the local authority compared to our comparators and England.

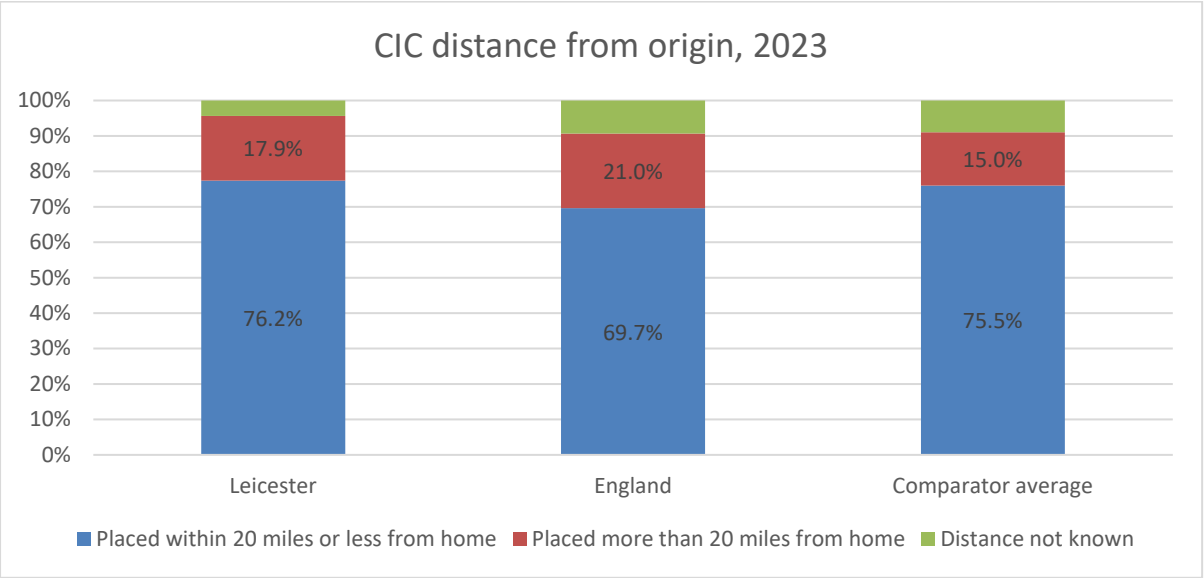
Figure 12. Local authority placement of CIC in Leicester, Comparator area and England, 2023 (DfE)



3.3.3 How far are Leicester CIC placed?

The distance from home is also amongst the data collected for CIC. 480 (76%) of the 630 Leicester CIC are placed within 20 miles of their origin. Figure 13 shows that Leicester CIC are more likely to be placed within 20 miles or less of their home compared to England.

Figure 13. Distance from home for CIC in Leicester, comparator areas and England, 2023 (DfE)

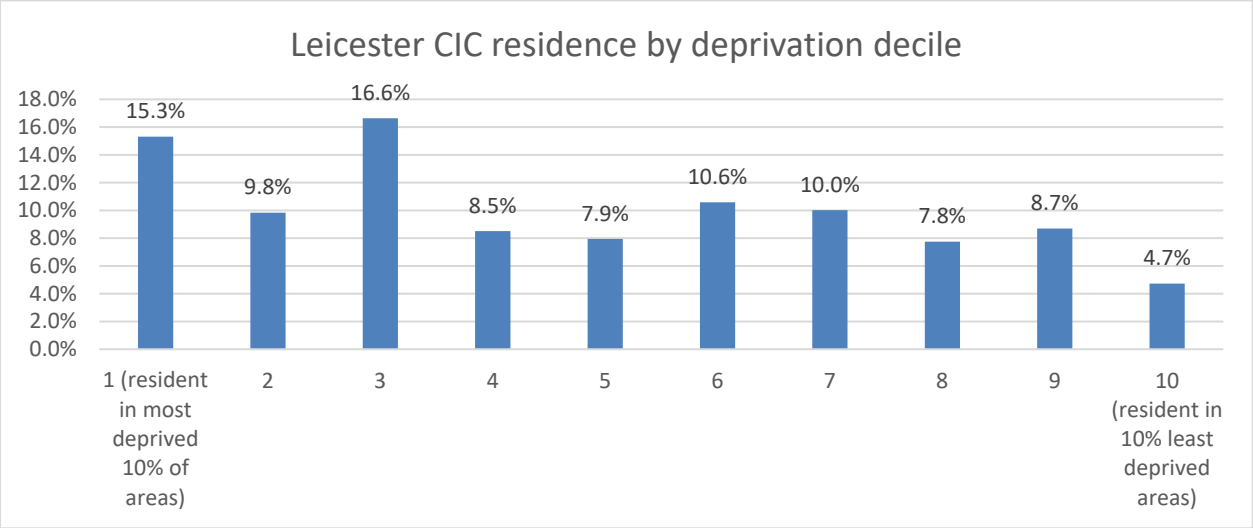


3.3.4 How many Leicester CIC are resident in deprived areas?

A local data extract allows us to map the deprivation profile of Leicester CIC placements in Leicester, Leicestershire and the rest of England[9]. Deprivation data is available for 87% of Leicester CIC (for some CIC the address is not disclosed). Figure 14 shows that about 15% of Leicester CIC are resident in the most deprived 10% of areas in the country, and there are higher proportions of CIC in the higher deprivation deciles. About 5% of Leicester CIC are placed in a residence in the least deprived 10% of areas.

Areas of high deprivation usually have relatively low income, few good employment opportunities, and a high prevalence of poor health and disability compared to less deprived places. Deprivation is associated with a range of poor health behaviours and outcomes such as high smoking rates, high obesity rates, and experience of dental decay in children. Resulting ultimately in reduced life expectancy for males and females.

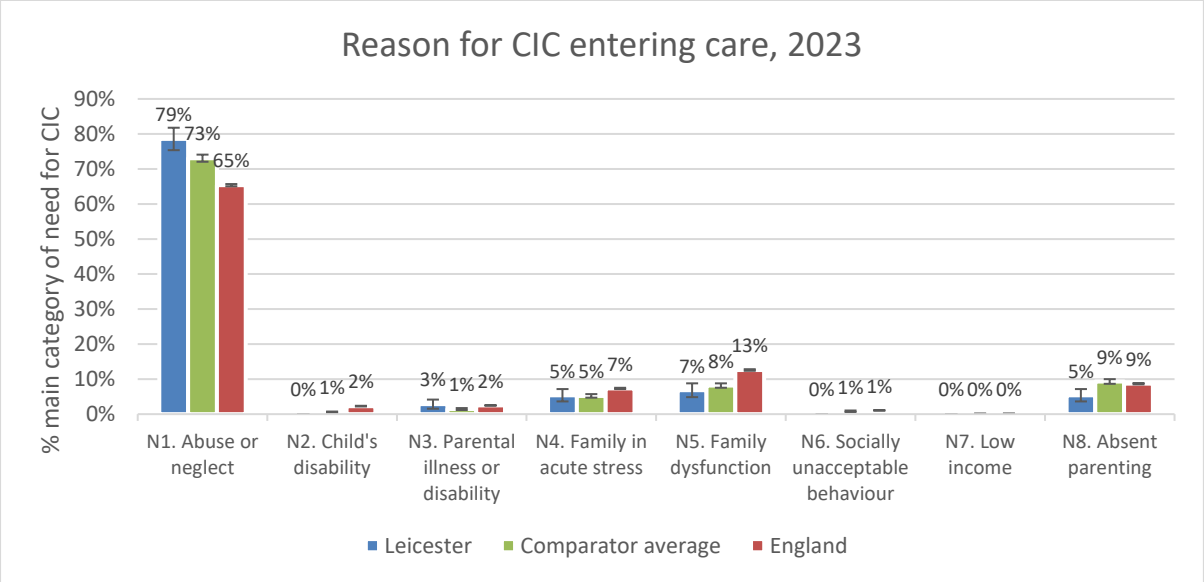
Figure 14. Leicester CIC residence by deprivation (LCC CYP Services)



3.4 What is the main category of need for CIC?

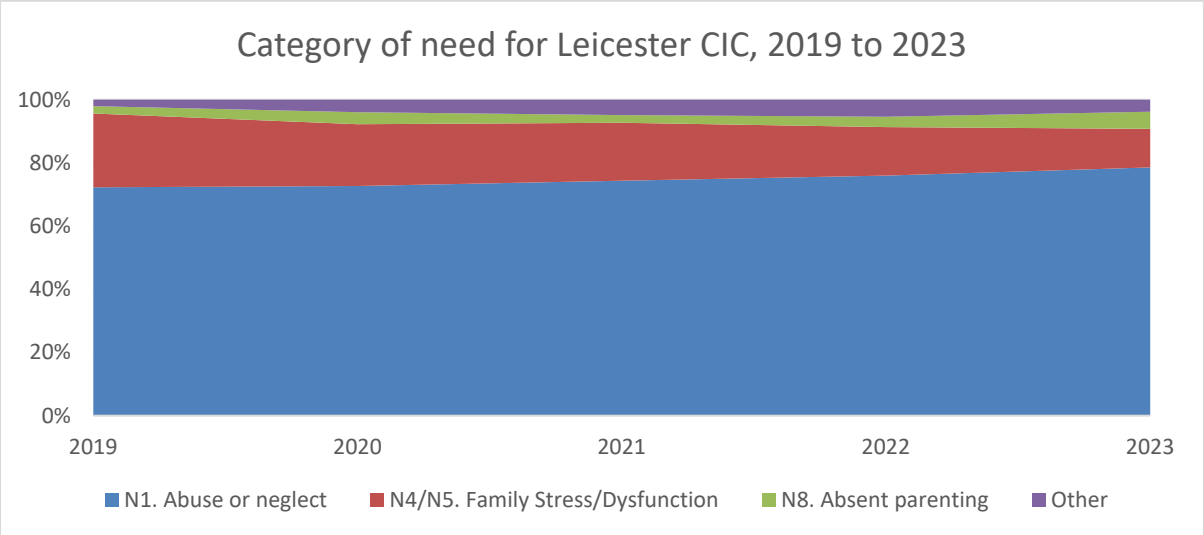
CIC have been assessed by a social worker and found to need help and protection because of risks to their development or health, such as neglect, domestic abuse in the family, or because they are disabled. Figure 15 reveals that most children enter care because of abuse or neglect, and in Leicester this was significantly higher than our comparators and England. Family dysfunction, family in acute stress, and absent parenting are also noted has reasons for children entering care.

Figure 15. Main category of need for CIC in Leicester, comparator areas and England, 2023 (DfE)



The main category of need for CIC entering care has remained fairly similar over the last five years in Leicester. Figure 16 shows the main categories of need have remained fairly consistent over the last five years. Abuse or neglect being the main factor and rising from 72% in 2019 to 79% in 2023. Family stress and dysfunction has reduced from 23% in 2019 to 12% in 2023. Absent parenting has increased from 2% to 5%.

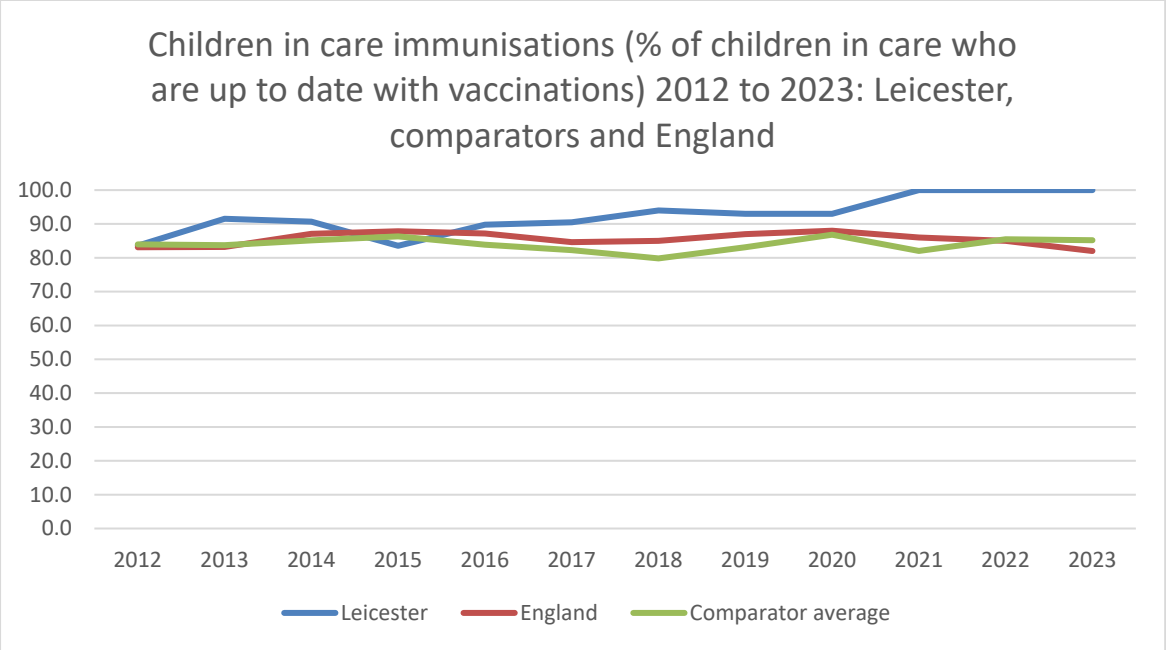
Figure 16. Category of need for Leicester CIC, 2019 to 2023 (DfE)



3.5 Have CiC had all their immunisations?

Children in care can be at a higher risk of missing out on childhood vaccinations. This indicator measures the percentage of children in care who are up to date with the vaccinations in the NHS routine list. Figure 17 shows the improvement in the city for the percentage of Leicester CiC who are up to date with their vaccinations. Over the last three years 100% of CIC in Leicester are up to date with their vaccinations. This is significantly better than our comparators and England.

Figure 17. CIC who are up to date with their vaccinations (OHID Fingertips)



3.6 How many OLAC are placed in Leicester?

There are also some other local authority children that are placed within the Leicester local authority boundary. As of 31st March 2023, 176 OLAC children under the care of another local authority were placed within the Leicester local authority boundary, this includes children placed in the city by Leicestershire, Rutland and Local Authorities further away. Table 1 shows the breakdown of Leicester CIC and whether they are placed in or outside of the LA, and also the number of other LA CIC placed in Leicester.

Table 1. CIC Leicester residential status, 2023

Leicester CIC status	Number 2023
Leicester CIC placed within Leicester LA	236
Leicester CIC placed outside of Leicester LA	394
Total Leicester CIC	***630***
Other LA children placed within Leicester LA	176
Total CIC resident in Leicester LA	***412***

A local data extract from Leicester City Council Childrens Services (LCC CYP services)[9] reveals that about 45% of Leicester CIC are resident in the city. A further 30% are resident in Leicestershire, and about 10% are resident beyond Leicester and Leicestershire. The remainder do not have their residence disclosed. Therefore only 10% of Leicester children in care are outside of the local LLR health services boundary.

4.0 Health assessment data

Children in care come from a range of different backgrounds and have varied experiences of care. Each child has their own different and specific sets of needs. This can include previous experiences of abuse and trauma, separation from family and friends, instability, and violence. Children in care are also at higher risk of going missing. Research suggests that when children in care are compared with children who have not been in care, they tend to have poorer outcomes in a number of areas such as educational attainment and mental and physical health[5].

4.1 How do we assess the health needs of our children in care and what information is collected?

Children in care have an initial health assessment and routine review health assessments to keep track of their health issues. To better understand the health issues regular health assessments are complete, and there are statutory timeframes attached for when these should be complete. They provide data on physical, mental and emotional health needs.

An **Initial Health Assessment (IHA)** is completed by a registered medical practitioner within 20 working days of a child entering care. Further **Review Health Assessments (RHA)** are complete during the course of the year. For children under five years another health assessment should occur at least once every six months, and for those over five it should occur at least once a year.

The health assessments collect information on a range of issues including vision, hearing, oral health, immunisations, sleeping habits, continence, smoking, alcohol and drug use, relationships, and trusted adults.

4.2 How many children complete their health assessments?

The majority of care experienced children have their IHA and RHA. These are carried out locally by the LLR ICB or by another ICB if the child is placed significantly beyond the LLR area. Data has been sourced on 362 children who over the past 3 years of data, have received an Initial Health Assessment, and 667 children who have received an annual or bi-annual Review Health Assessments. Further data shows that some Care Experienced children have missed an IHA/RHA over the last three years. There are a variety of reasons for this including: children declining the service, non-engagement with the service offered and other factors that ultimately result in a child did not attend (DNA) appointment. Table 2 shows the numbers of children in Leicester LA care who have had their initial or review health assessment.

Table 2. IHA and RHA participation of Leicester CIC 2021 – 2023 (Leicestershire Partnership Trust)

Leicester CIC health assessment	2021	2022	2023
IHA LLR ICB	109	117	136
RHA LLR ICB	421	405	358
IHA DNA	3	7	6
RHA DNA	19	10	39
Total	**552**	**539**	**539**

Please note that the cohort of children completing the IHA is not the exact cohort that completes the RHA, there is likely to be some crossover. This should be considered with any comparisons of IHA and RHA.

IHA and RHA data for those children out of area is available for all LLR care experienced children but has not been segmented by responsible authority. This includes 118 out of area IHAs and 613 out of area RHAs.

The following analysis is based on the health assessments of Leicester children in care by LLR ICB. A child in care is likely only to have had one IHA, and then receive an RHA at 6-month intervals until aged 5 years, and at 12 month intervals from the age of 5 to 18 years. Table 3 shows the unique health assessments completed by LLR ICB. By age band the IHA's have a higher proportion of younger children and the RHAs have an older age profile for CYP.

Table 3. Care experienced children health assessments by age band, Completed by LLR ICB (LPT 2021-23)

Age Band	IHA	RHA
00-00	29.0%	8.1%
01-04	20.4%	21.6%
05-09	15.2%	15.8%
10-14	16.0%	30.0%
15-19	19.3%	24.5%
Unique assessments complete	**362**	**667**

4.2.1 Strengths and difficulties questionnaire completion

Understanding the emotional and behavioural needs of Children in Care is important so that the right support can be put in place, and each young person is given the opportunity to achieve their full potential. It is important to routinely assess the emotional wellbeing of children in care.

Local authorities are required to use a strengths and difficulties questionnaire (SDQ) to assess the emotional wellbeing of individual Children In Care aged 4 to 17 years.

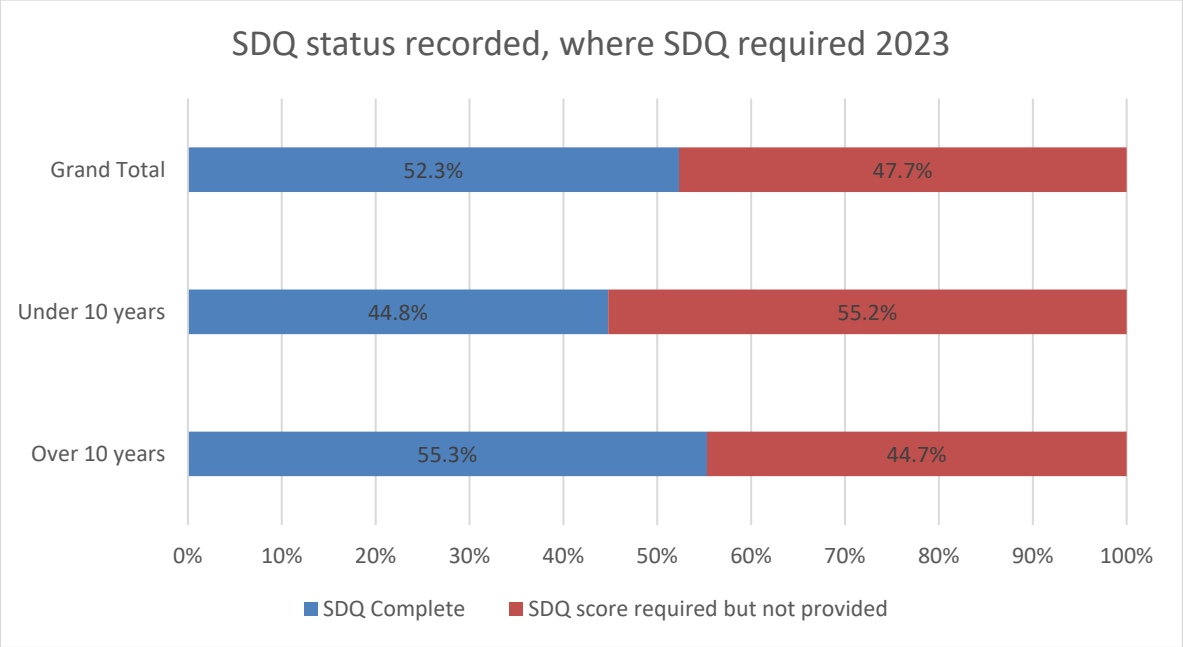
The SDQ is a brief behavioural screening questionnaire. The number of SDQs completed by the local authority fir children in their care is reported nationally each year to show that Social Workers and professionals working with children in care are considering emotional and behavioural difficulties.

The SDQs must be completed by the main carer after the child or young person has bene looked after for 12 months, for most children/young people this will be their foster carer, family and friends, carer, or residential worker. For children/young people who have changed placement during the past year, the Social Worker should assess which carer is bets placed to carry out the assessment.

Each child in care aged 4-17 years must have a questionnaire completed within the last 12 months and this should be no more than 3 months old at the time of the annual RHA.

The RHA includes information about the SDQ score and whether it is required. In 2023, just over half (52.3%) of those who require an SDQ had one available to the health team from the Local Authority at the RHA appointment. Figure 18 shows the SDQ completion by broad age band, with older children slightly more likely to have an SDQ score complete. There continues to be a large proportion of children who do not have a completed SDQ score.

Figure 18. Strengths and Difficulties Questionnaire completion status (LPT 2023)



4.3 What information is gathered from the Initial Health Assessment (IHA)?

The following analysis reviews data collected from 362 IHAs completed between 2021 to 2023 for Leicester CIC by LLR ICB.

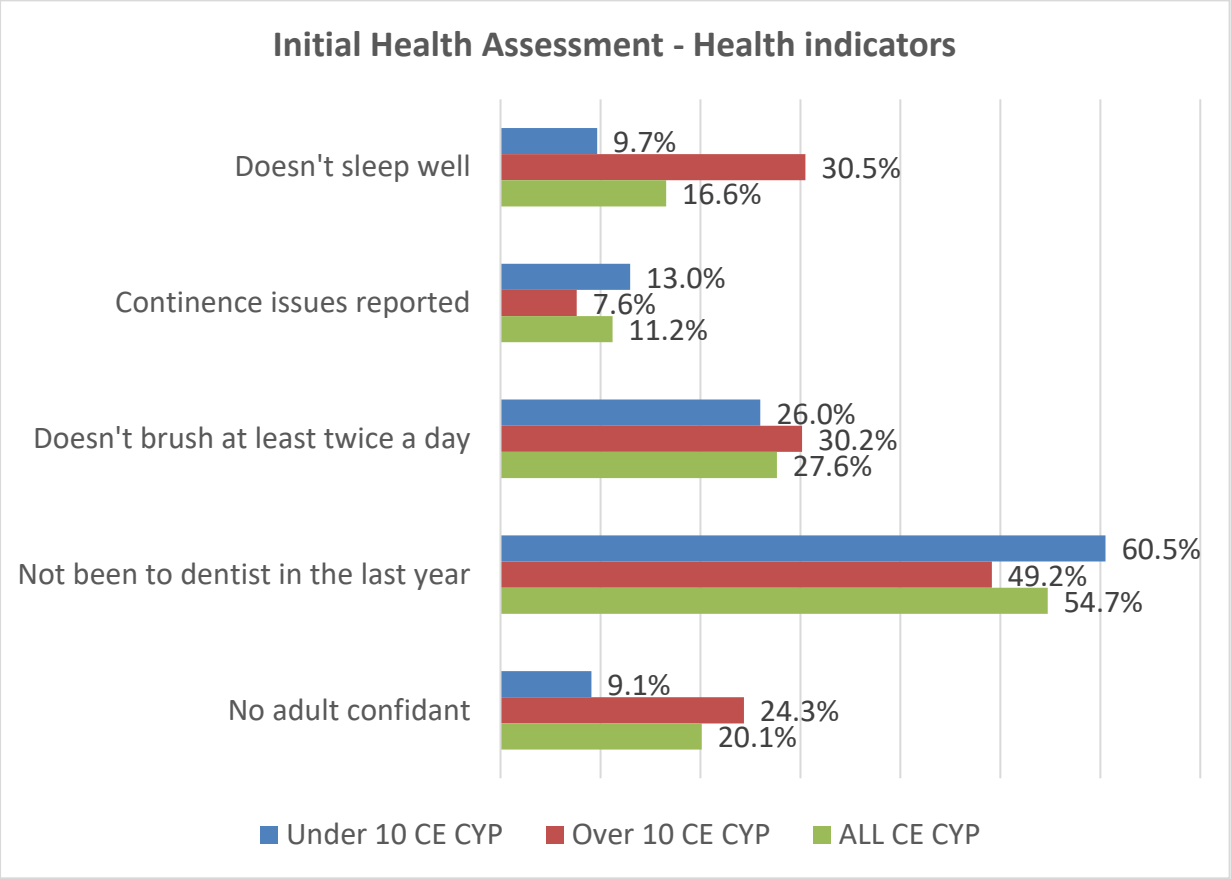
4.3.1 IHA overview indicators

The IHA data shows there are a number of issues that affect children in care and there are some differences by age band. Figure 19 shows data for Leicester children in care who had their IHA completed by LLR ICB. It reveals:

- **Oral Health:** that over half (54%) of children (who are old enough to visit the dentist) had not been to the dentist in the last year, and younger children were even more likely to not have visited the dentist.

- **Oral Health:** Over a quarter of children also do not brush their teeth at least twice a day, with older children even more likely to have poor oral health routines.
- **Continence:** Issues were more like to be reported for younger children, with just over one in ten reporting these issues.
- **Sleep:** Older children are more likely to have trouble sleeping compared to younger children.
- **Adult confidant:** About one in five children do not have a trusted adult to speak to, older children are more likely not to have a trusted adult.

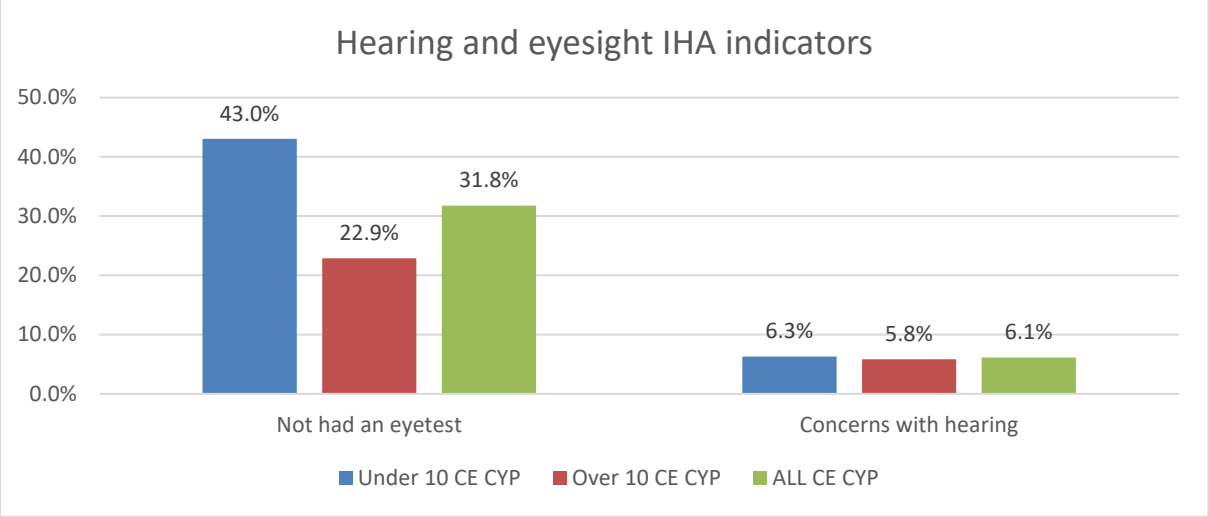
Figure 19. Initial Health Assessment for Leicester CIC (LPT 2021-23)



4.3.2 IHA vision and hearing

The initial health assessment reviews whether a child has had an eye test or whether there are any concerns with hearing. Figure 20 reveals that for those children old enough to be tested many have not had an eye test, including about 43% of under 10 year olds. Concerns about hearing for about one in twenty (6%) children was raised in the IHA.

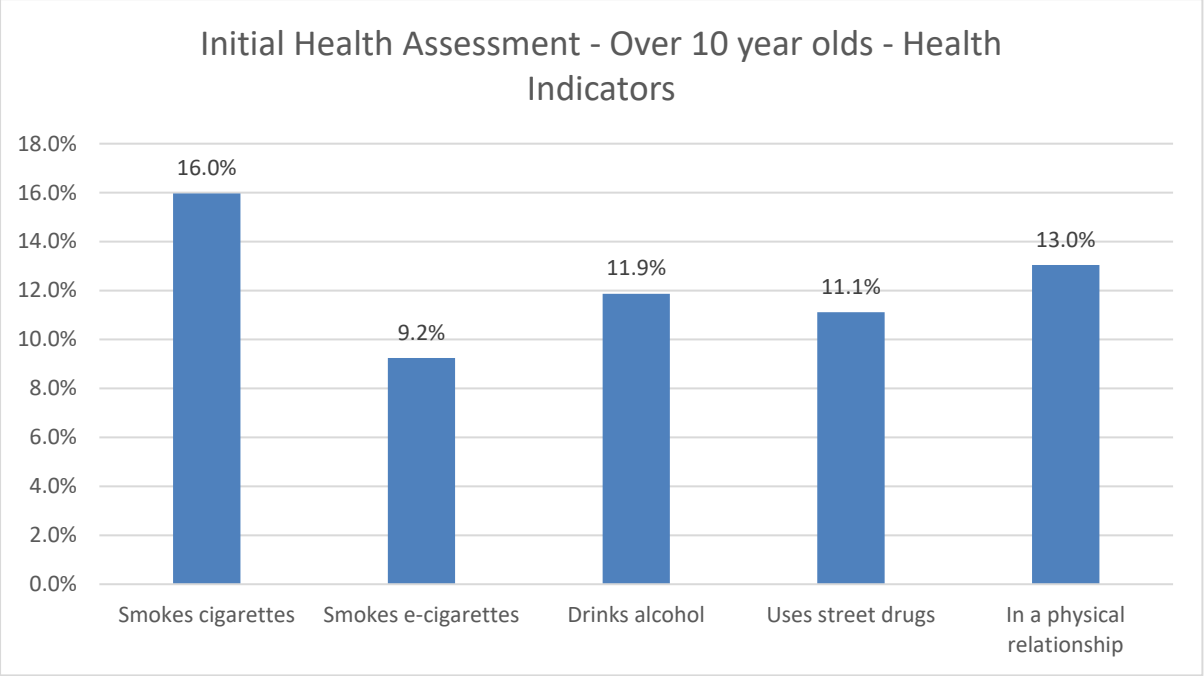
Figure 20. Hearing and eye tests for care experienced children (LPT 2021-23)



4.3.3 IHA over 10 year old indicators

There are a collection of questions on smoking, alcohol, drugs and relationships that the over 10 year olds are asked. Figure 21 shows that some children have disclosed their smoking, alcohol, drug use and relationship status.

Figure 21. Over 10-year-olds IHA Health Indicators (LPT 2021-23)



4.4 What does the IHA tell us about the health of children entering care?

The main reason for children entering care is abuse/neglect and the Initial Health Assessment includes evidence of children whose needs are not being neglected:

Table 4. Health needs of children entering care (LPT IHA 2021-23 and LCC CYP Health Survey 2021)

Health needs of children entering care	Data from the Initial Health Assessment reveals…
Less likely to engage with health services	About one in ten (10.7%) over 10-year-olds are not registered with a GP and one in three (32.0%) are not registered with a dentist. Out of all children entering care about one in three (31.8%) have never had an eye test.
Report poor oral health habits	Over half (54.7%) of children have not been to the dentist in the last year, and a quarter (27.6%) are not brushing their teeth at least twice a day.
Immunisation status behind schedule or status unknown	For about one in four (26.8%) children their immunisations are behind schedule or unknown. This is significantly higher for the older children over 10 years old (44.3%).
Less likely to have an adult confidant	About one in five (20.1%) children state they do not have a trusted adult to speak to about their problems. This increases to one in four (24.3%) of children over 10 years old. This is more than double of what is reported by the general children population in Leicester, where the Children's Health and Wellbeing survey revealed that 10.1% of 10-15 year olds in Leicester do not have an adult confidant.
Poor sleeping habits	Poor sleeping habits are especially reported for the older children, with about a third (30.5%) of over 10 year olds reporting concerns with sleep.
More likely to not be attending education	When entering care children are more likely to not be attending education. The IHA reports that 9.0% of 5 to 15 year olds do not attend education whereas the RHA sees this fall to less than 1%. Nearly half (41%) of 16 to 18 year olds entering care do not attend education, this falls to 20% in the RHA.
Substance use is not uncommon (10 years and over)	About one in six (16%) 10 years old and over entering care are smoking cigarettes regularly, this is far higher than figures reported for all children (less than 1%). This is a similar pattern for drinking alcohol regularly, which is 14% for children entering care, compared to about 3% for all 10 to 15 year olds in Leicester.

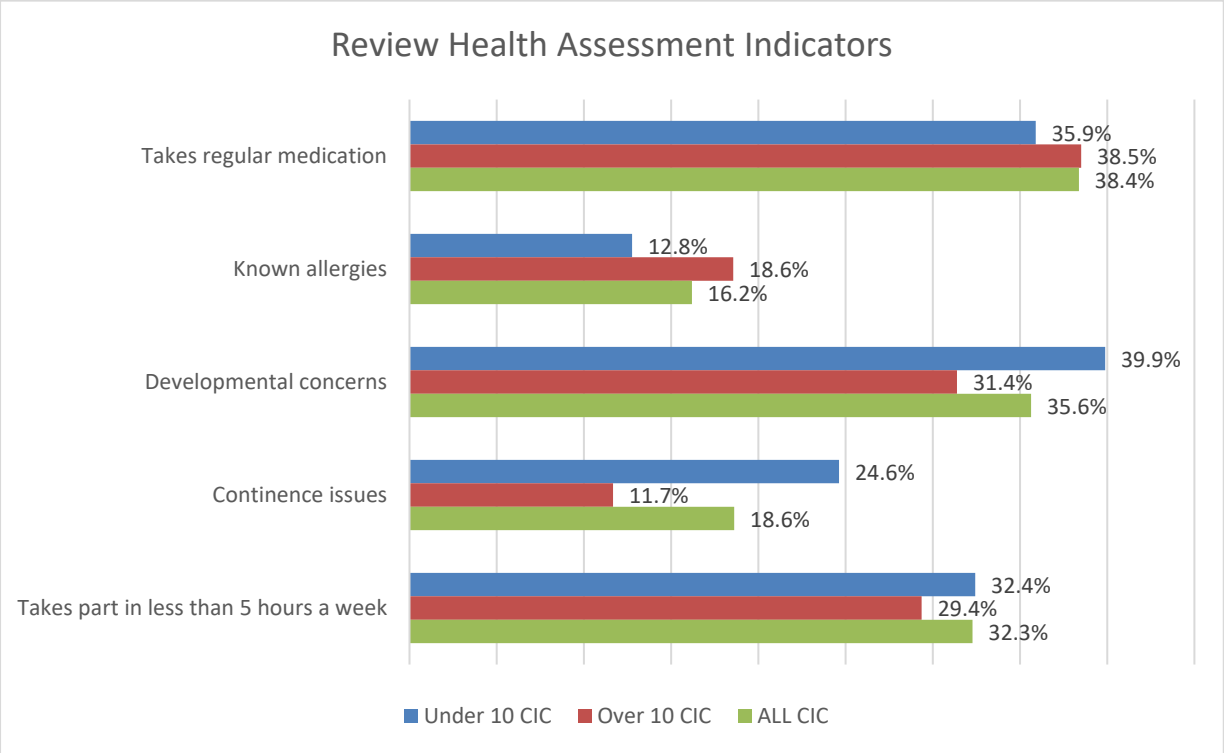
4.5 What information is gathered from the Review Health Assessments (RHA)?

The following analysis reviews data collected from 667 unique RHAs completed between 2021 to 2023 for Leicester CIC by LLR ICB. Many children have completed more than one RHA. The following data considers the latest RHA complete.

4.5.1 RHA overview indicators

Figure 22 shows some overview indicators for children in care revealing that about a third take regular medication, nearly one in five have known allergies, there are developmental concerns for about a third of children, younger children are more likely to have continence issues, and about a third of children engage in very little physical activity.

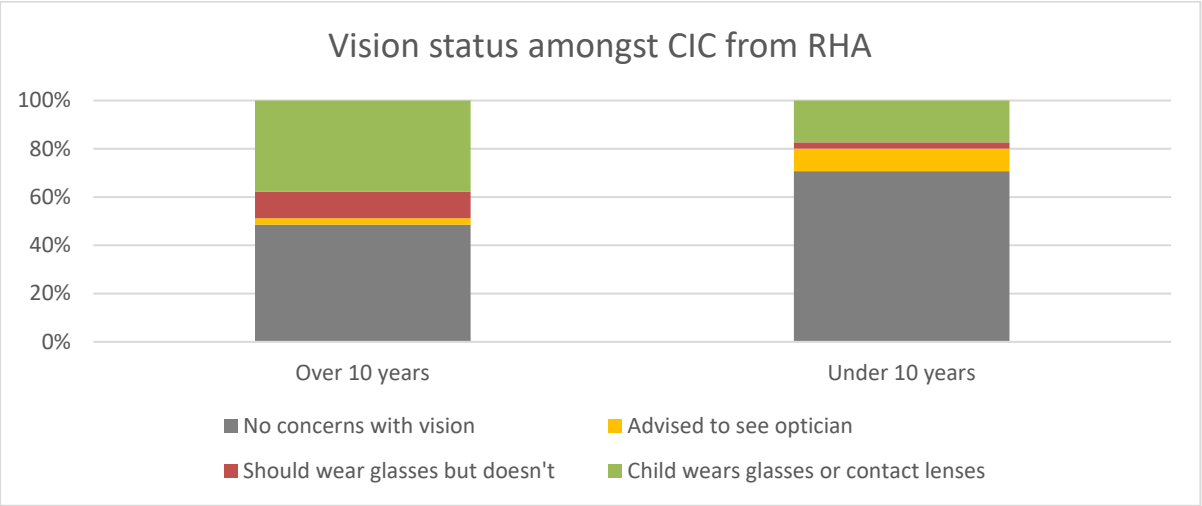
Figure 22. Review Health Assessment for Leicester CIC (LPT 2021-23)



4.5.2 RHA vision and hearing

The RHA reviews the hearing and vision of children. It highlights that there are concerns with hearing for 9% of children, for younger children under 10 years (13%) there is a higher proportion of hearing concerns. Figure 23 reveals that there are differences by age regarding vision issues. The under 10's have fewer children currently wearing glasses but there is a higher proportion of children advised to see optician. Amongst older children there are more wearing glasses and a higher proportion (13%) who should wear glasses but don't.

Figure 23. RHA and vision status of CIC (LPT 2021-23)



4.5.3 What health information is there on OLAC?

There are 176 CIC who are placed in Leicester by other local authorities. In 2023, an RHA was carried out by LLR ICB for 44 CIC who were cared for by another local authority but resident in Leicester. Over the last three years there has tended to be between 40 and 50 RHAs completed for CIC cared for by another local authority. The following analysis considers the 112 unique RHAs complete by CIC living in Leicester but looked after by another local authority.

Table 8 shows some health indicators for CIC who are placed in Leicester by another local authority a (where the health assessment was carried out by LLR ICB). A third of these CIC take regular medication, and there are development concerns for a quarter of these children. Nearly half drink fizzy drinks, and over one in five do not brush their teeth twice a day.

Table 5. Health indicators for CIC who are cared for by another local authority and resident in Leicester (LPT 2021-23)

Health indicators	OOA CIC in Leicester
Takes regular medication	36.6%
With allergies	11.6%
Development concerns	25.0%
Continence problems	11.6%
Drinks fizzy drinks	42.0%
Drinks energy drinks	11.6%
Behavioural issues relating to food	6.3%
Doesn't brush teeth twice a day	21.4%
Less than 5 hours a week physical activity	27.7%
Exposed to smoke	13.4%

4.6 Does the RHA show an improvement in the (health) outcomes of children in care (a comparison with the IHA)?

Please note that the cohort of children completing the IHA is not the exact cohort that completes the RHA, there is likely to be some crossover. This should be considered with any comparisons of IHA and RHA.

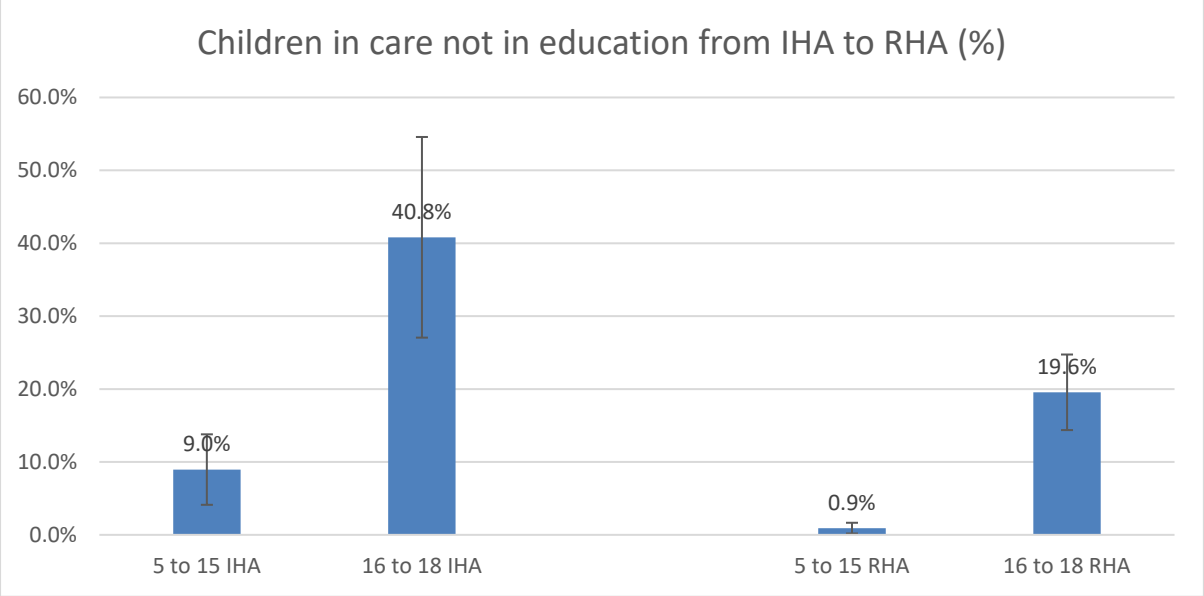
Review Health Assessments are completed to monitor the health and wellbeing of children in care. Some data in the RHA can be compared against IHA data to monitor any changes. The RHA shows that improvements are made in the following areas:

1. Attendance to school and further education.
2. Better engagement with health services including improvement in vaccinations
3. Improvement in oral health habits
4. Identification of other health issues and concerns.

4.6.1 IHA and RHA comparison of education attendance and SEND recording.

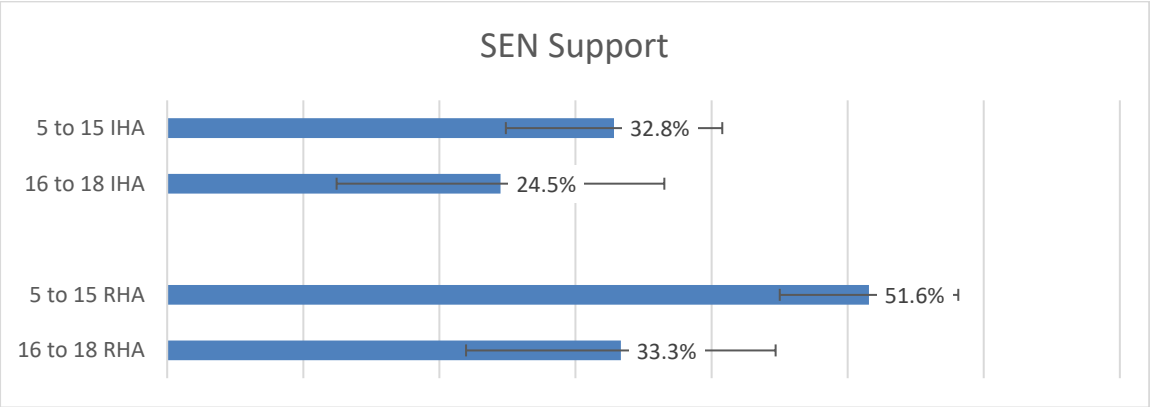
From the Initial Health Assessment (IHA) to the Review Health Assessment (RHA) the proportion of children not in education significantly falls for both 5 to 15 year olds and 16 to 19 year olds.

Figure 24. Children in care not in education at time of entering care (IHA) to time in care (RHA) (LPT 2021-23)



The proportion of 5 to 15 year old children receiving SEN support significantly increases from the period of IHA to RHA. There is also an increase in SEN support for 16 to 18 year olds. Suggesting that during a child's time in care learning concerns are raised and addressed with special educational needs being reported.

Figure 25. SEN support for children in care at time of entering care (IHA) compared to RHA (LPT 2021-23)



4.6.2 IHA and RHA comparisons of health indicators.

Review Health Assessments are completed to monitor the health and wellbeing of children in care. RHA data can be compared against IHA data to monitor any changes. The RHA shows that issues such as continence and allergies are more likely to be reported/identified. The RHA reports that both these issues are significantly more likely to be reported in the RHA compared to the IHA. It also reveals that children are more likely to have visited health services such as the optician and dentist, with the percentage of children never having had an eye test, and not visited a dentist in the last year both significantly falling. Oral health habits also improve with the proportion of children not brushing twice a day significantly falling.

Table 6. Comparing health indicators in the IHA and RHA (LPT 2021-23)

Health Indicator	Leicester IHA	Leicester RHA
Continence issues (under 10 year olds)	13.6%	**24.6%**
Known allergies	6.9%	**16.2%**
Concerns with hearing (under 10 year olds)	6.3%	12.8%
Never had an eye test	31.8%	***11.2%***
Not visited a dentist in the last year	54.7%	***12.7%***
Doesn't brush teeth twice a day	27.6%	***16.2%***

Statistical significance compared to IHA	Significantly higher	Similar	*Significantly lower*

Please note that the cohort of children completing the IHA is not the exact cohort that completes the RHA, there is likely to be some crossover. This should be considered with any comparisons of IHA and RHA.

The IHA and RHA include questions related to substances for those 10 years and older. They both show that use of substances is not uncommon amongst children in care. There are also no significant changes in the use of substances from the IHA to RHA.

Table 7. Comparing health indicators on substance use in the IHA and RHA (LPT 2021-23)

Health Indicator – Substance questions to 10 years old and over	Leicester IHA	Leicester RHA
Exposure to smoke	19.80%	23.30%
Smoke cigarettes (regularly)	16.00%	14.10%
Use of e-cigarettes (regularly)	9.20%	10.00%
Drinks alcohol (regularly)	11.90%	14.10%
Takes illicit substances (regularly)	11.10%	10.20%

Statistical significance compared to IHA	Significantly higher	Similar	*Significantly lower*

Please note that the cohort of children completing the IHA is not the exact cohort that completes the RHA, there is likely to be some crossover. This should be considered with any comparisons of IHA and RHA.

4.7 How does the health of Leicester care experienced children compare with Leicester children overall?

There are a number of health indicators collected on care experienced children via the health assessments that we can broadly compare against Leicester children overall. However, some caution is advised because these are not direct comparisons given that other children do not complete a health assessment. Some notes below and in Table 8 should be considered.

- **Leicester children overall:** The comparator data for Leicester children overall is taken from the Leicester Children and Young People Health and Wellbeing Survey 2021/22. This surveyed children aged 10 to 15.
- **Leicester Children in Care:** The data for Leicester Children in Care is taken from the RHA 2021-23 and only includes the responses of the over 10 year old care experienced children.

Table 8 shows that there are some health indicators where there are similarities and differences amongst care experienced children and other children. Results show:

- Fizzy drink and energy drink consumption for care experienced children and all children is similar.
- Care experienced children are more likely to have visited a dentist in the last year.
- Poor oral health practice (not brushing teeth at least twice a day) is at similar levels for both care experienced children and all children.
- Cigarette use and e-cigarette use is higher amongst care experienced children compared to all children.
- Alcohol consumption is higher amongst care experienced children compared to children overall.
- Taking illicit substances is higher amongst care experienced children compared to children overall.

Table 8.Comparison of children in care (10+) and children overall (10 to 15), (LPT & LCC 2021-23)

Health indicators	Leicester CIC	Leicester CYP ALL
Drinks fizzy drinks	**80.7%**	**36.6% (more than once a week)** **38.5% (once a week or less)**
Notes on question and commentary from Review Health Assessment for children in care and Leicester Children's Health and Wellbeing Survey 2021/22	*General question on whether child drinks fizzy drinks.* *80.7% of over 10 year olds stated they drink fizzy drinks.*	*Question asking about how often you drink fizzy drinks.* *75.1% of 10 to 15 year olds in Leicester drink fizzy drinks.*
Drinks energy drinks	**21.9%**	**17.9% (more than once a week)** **25.0% (once a week or less)**
Notes on question and commentary	*General question on whether child drinks energy drinks.* *21.9% of over 10 year olds stated they drink energy drinks.*	*Question asking about how often you drink energy drinks.* 42.9% of 10-15 year olds drink energy drinks.
Not visited dentist in the last year	**8.1%**	**33.3%**
Notes on question and commentary	*Provides detail on last visit to the dentist*	*Use of services question determines when child last visited the dentist*
Doesn't brush teeth twice a day	**22.4%**	**18.7%**
Notes on question and commentary	*Overview question on oral health concerns with notes*	*Question on frequency of brushing teeth*
Less than 5 hours a week physical activity	**29.4%**	**69.2%**
Notes on question and commentary	Question asks whether child participates in more than 5 hours a week	Question asks how many minutes of physical activity completed last week, to determine whether CMO guidelines are met.

Health indicators	Leicester CIC	Leicester CYP ALL
Exposed to smoke	**23.3%**	**30.2% (parent/carer smokes)** **12.1% (someone smokes indoors at home)**
Notes on question and commentary	Open question on whether child is exposed to smoking or alcohol or illicit substances	Questions whether child's parent/carer smokes, does anybody smoke indoors at home?
Smoke Cigarettes	**14.1%**	**0.9% (smoke at least weekly)** **2.9% (tried but don't smoke weekly)**
Notes on question and commentary	Question on whether child smokes (assumed regular)	Question on smoking use frequency 3.8% of Leicester children have tried smoking.
Smoke E-cigarettes	**10.0%**	**3.3% (vape at least weekly)** **8.9% (tried but don't use weekly)**
Notes on question and commentary	Question on whether child smokes (assumed regular)	Question on smoking use frequency 12.1% of Leicester children have tried vaping.
Drinks alcohol	**14.1%**	**1.5% (drink alcohol at least once a week)** **15.5% (have tried alcohol but don't consume more than once a week)**
Notes on question and commentary	Question on alcohol consumption (assumed regular)	Question on alcohol use frequency 16.9% have tried alcohol
Takes illicit substances	**10.8%**	**2.4% (use at least once a week)** **6.8% (tried but don't use weekly)**
Notes on question and commentary	Question on illicit substances (assumed regular)	Question on drug use were asked for those 12 to 15 9.1% have tried drugs

5.0 Current services and engagement work

As part of the HNA work, it was important to understand the current services that are available to children and young people with care experience in Leicester City, and discussions therefore occurred with Leicester City Council Public Health programme managers and service providers. The following sections of this HNA will therefore aim to outline the current services addressing specific health needs in Leicester City for children and young people with care experience.

Additionally, it was vital to ensure that the focus was not solely on data and quantitative aspects. Work was therefore also done in a qualitative manner to ensure that children and young people with care experience had an opportunity for their perspectives and views to be heard and shared as part of this report. This element of the HNA provides insightful views and thoughts on the health aspects and services available for children and young people with care experience in Leicester.

5.1 Focus Group work – Care Experienced Consultants (CEC)

Within Leicester City Council, the Rights and Participation team work to support and empower young people to be involved and shape decisions affecting their lives. This includes how services for children, young people and parents are planned, delivered and evaluated[10].

The Rights and Participation team run several youth groups to support young people meet with decision makers of the local authority. These groups are important to help decision makers understand children and young people's experience that the local authority work with, to help improve services. The Care Experienced Consultants (CEC) group is for young people aged 16 – 25 years old who are cared for by the local authority, or who are care leavers. The group represent young people by attending the Corporate Parent forum, help recruit staff by sitting on interview panels and support with delivering youth work sessions for people with care experience[11].

This CEC group was approached for their valuable contribution to this HNA, and very kindly agreed to meet and collaborate on the HNA report. An in person meeting was arranged, and a small group of CEC members attended, a 1 hour focus group which was held at Leicester City Hall in June 2024. Two members of the Rights and Participation team were also in attendance, and the session was led and facilitated by two members of the HNA working group based at Leicester City Hall Public Health team. Information regarding the HNA report was provided to the group, and verbal consent was provided by CEC members, who were also informed that they could withdraw their consent at any point. The session was not recorded, to ensure that views and opinions could be shared freely in the group and to ensure anonymity was always maintained for the CEC members. Key discussion points and quotations were documented by group facilitators and a thematic analysis was conducted following the session, which will be shared below.

5.1.1 Views on language and terms used by Professionals for children and young people with care experience

There was a strong consensus amongst the focus group that the term "Looked after child" and the abbreviation LAC was not appropriate, and one that the group did not like to be used when referring to them as individuals. One group member mentioned an occasion when a teacher at their School had announced to the class, that the young person had a "LAC meeting coming up", this then led to classmates asking the young person what the term meant. The consensus of the group was that this should not have occurred, and discussion occurred about how certain events had reinforced their feelings for the LAC term. *"I am not embarrassed by it – but it sort of hits hard the word".*

Previously meetings involving young people with care experience, to discuss their care plans were known as LAC Meetings although the name has now changed to "All about me" meetings which the group stated they preferred.

Other terms that the group mentioned a strong dislike for were: "respite" – due to the associations that this word had, as a particular example was shared for one individual being placed into respite when their foster carer went away on a family holiday. Another term that was mentioned was "Children's homes" – due to the negative impact this term has had in the past, and how it can be portrayed in media.

The preferred term for children and young people in care was discussed and the consensus amongst the group was **care experience.** This was reflected in the name of this youth group, and they also stated this would be their preference for this HNA title, which has been followed.

5.1.2 Further work with the CEC

The focus group session was incredibly insightful to understand the viewpoints of young people with care experience and care leavers.

The CEC group have kindly agreed to work with the authors of the HNA report to adapt the written report into a young person version, to ensure that young people with care experience are able to gain an overview of the points raised within this report.

5.2 Oral Health

Oral health is important in children and young people, and maintaining good oral hygiene and looking after teeth is important to[12]:

- Help with chewing foods.
- Support speech and language development.
- Make space for and help guide adult teeth formation.
- Help to provide confidence when smiling.

A recent published review of the literature around the oral health of children with care experience in the UK, assessed evidence on the dental health needs of this group in the UK. This review found poor oral health and unmet needs were far more prevalent in children with care experienced compared to those who are not care experienced. This was likely due to a range of barriers including lack of dental care and irregular attendance, lack of integrated working between health and social care team, lack

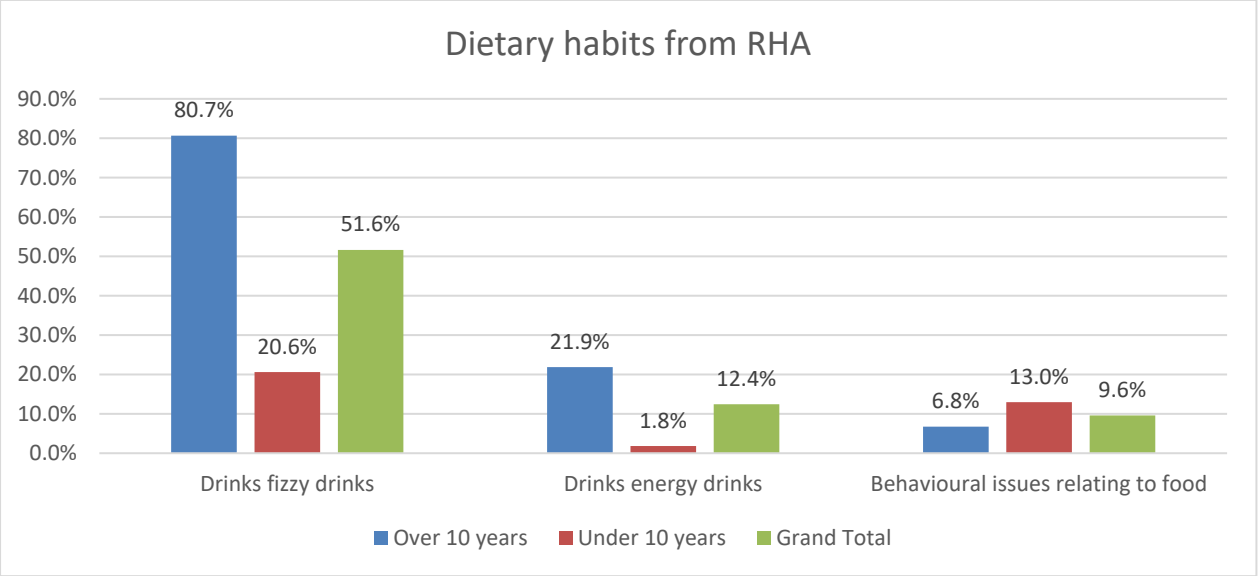
of self-care and oral health promotion and psychological issues complicating dental treatment[13]. It is vital to ensure that children and young people with care experience, have access to dental care.

Key areas recommended include care navigation, facilitated access to dentists, non-dental led oral health triage and multi-agency information sharing. Whilst much data is collated on attendance to a dentist for care experienced children through their statutory reviews, there is little to no data nationally looking at the outcomes of attendance and the detail of their oral health.

5.2.1 RHA data on diet and oral health

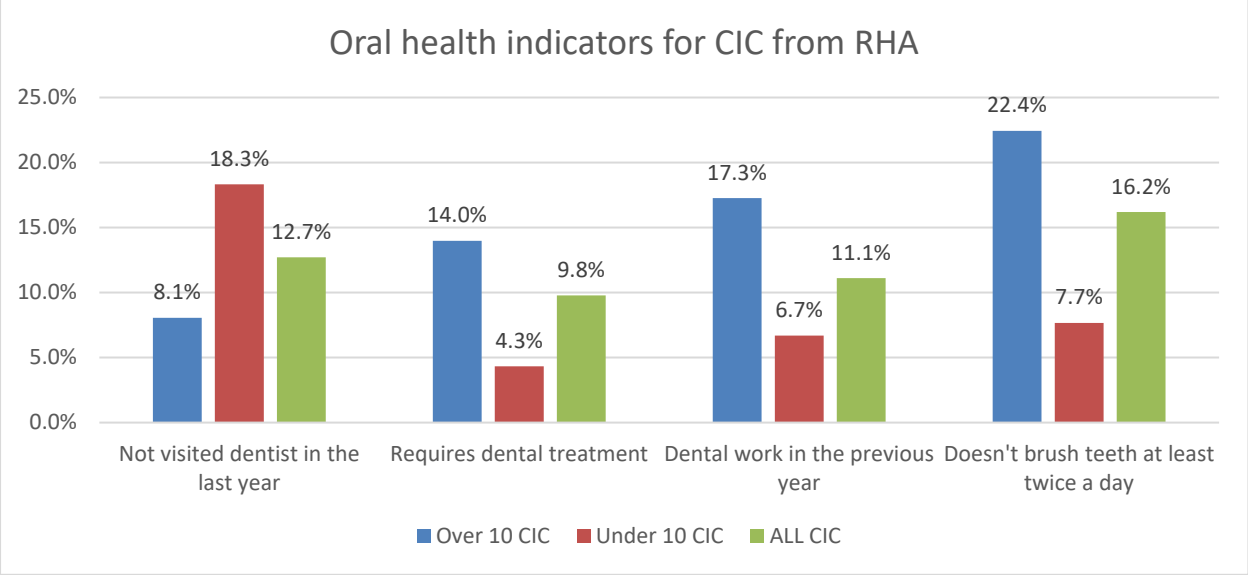
Children in care are asked about their dietary habits. Figure 24 highlights that older children are more likely to drink fizzy drinks and energy drinks. Younger children are more likely to have behaviour issues related to food.

Figure 26. RHA - dietary habits indicators (LPT 2021-23)



The RHA has a series of questions about oral health, and it reveals that there is a minority of children in care who have required dental work, not been able to access a dentist and have poor brushing practices (brushing less than twice a day). Figure 25 shows that about 13% of children have not visited the dentist in the last year with younger children more likely to have not had visited a dentist (if they were old enough to). About one in six children do not brush their teeth at least twice a day and older children had poorer oral health habits.

Figure 27. RHA - Oral health indicators for CIC (LPT 2021-23)



5.2.2 Oral Health services in Leicester

The oral health needs assessment 2022 for Leicester City[14] highlighted issues that carers were experiencing problems arranging appointments for children and young people with care experience, in particular routine appointments at practices that the child or young person had not attended previously, and if appointments were longer than 6 months following the oral health assessment. Recommendations were therefore made within the oral health HNA to improve access to dentistry for children and young people with care experience beyond the urgent care pathway.

The Looked After Children's Health Team in Leicester, Leicestershire, and Rutland (LLR) have developed a pathway to support young people with care experience, access to an NHS dentist, which was launched in April 2024. This utilises the NHSE funding for general dental practices to become enhanced dental practices with additional support and funding, which in turn supports the Community Dental Services to clear their backlog post-pandemic. This funding is confirmed to continue in 2024-25.

The Nursing team act as a single point of contact for social care staff, other health staff and carers to refer a child or young person with care experience living in LLR who cannot access an NHS dentist, either for a routine check-up or specific treatment. The nurse will triage the request and where appropriate, refer on to the dental practice. The dental practice will contact the carers directly and the allocated social worker is informed of the appointment details. The nurse receives feedback from the appointment which is then updated on their health record and fed back to the social worker. This new pathway is currently being embedded with good success and will be audited through the year, ensuring children and young people with care experience can access the oral health support they need.

Work is also being done by the LLR ICB Designated Health Professionals for Looked After Children to scope the feasibility, of providing pre-paid prescription cards for those care leavers in Leicester, Leicestershire and Rutland who would not be eligible for NHS Medical Exemption certificates.

5.2.3 CEC Views on oral health

Discussion then moved onto oral health, and the views of oral health services for children and young people with care experience was discussed. Most of the group reported having dentists and attending dental check-up appointments with their carers.

Care leavers amongst the group stated they had not seen a dentist for a few years, mainly as they were unsure if they were entitled to free dental care. This then led to discussion amongst the group about dental care eligibility, with some members thinking that dental care was free up to the age of 18 years old, and others thought dental care was free until the age of 25 years old.

5.3 Tobacco Control

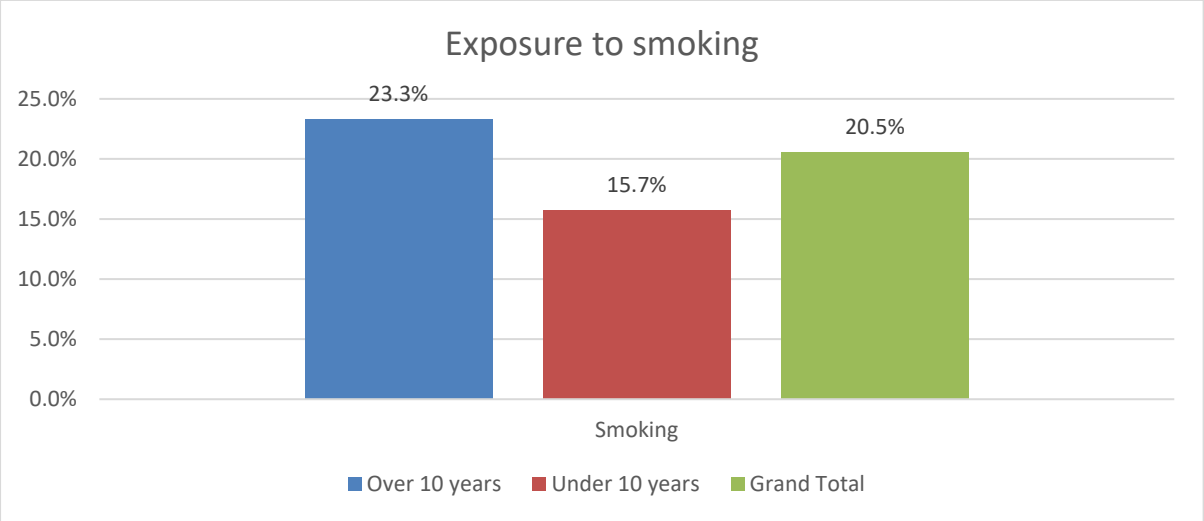
Smoking amongst young people is twice as common among those from disadvantaged backgrounds, resulting in a transfer of inequalities in smoking rates from generation to generation[1]. Young people and children that grow up in households where people smoke, are 4 times as likely to become smokers themselves[15]. In addition to smoking cessation, preventing smoking initiation is vital, especially as figures suggest every day in England 280 children under 16 start smoking.

The Tobacco and Vapes Bill 2024[16] was due to become law before the 2024 general election and has been included in all the main party manifestos. When enacted, anyone who turns 15 or younger in 2024 will never legally be sold tobacco products, providing powers to ministers to regulate the flavours, packaging and displays of vapes. Enforcement authorities in England and Wales will also have the power to issue Fixed Penalty Notices of £100 for the underage sale of tobacco products and vaping products.

5.3.1 RHA Data on smoking

Information on exposure to smoking is collected in the RHA. Figure 26 reveals that smoking is the most common exposure issue, with about one in five children in care declaring they are being exposed to smoking. The true figure could therefore be higher.

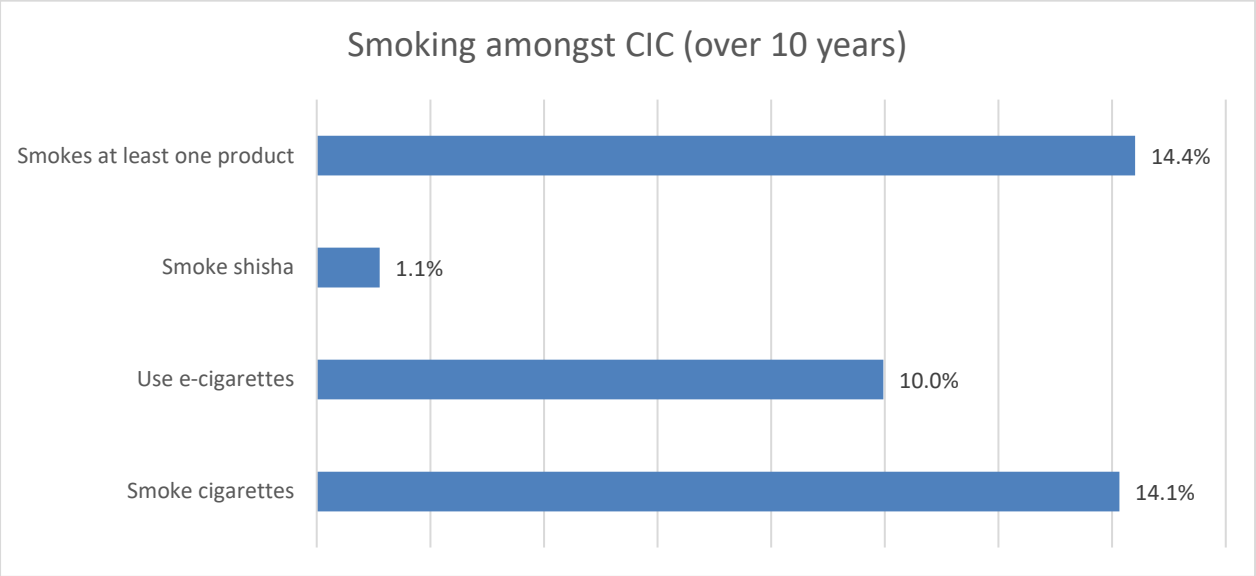
Figure 28. RHA - Exposure to smoking (LPT 2021-23)



Further questions were asked to those children aged 10 years and older on more sensitive topics including substance misuse. Figure 27 shows that about 14% of over 10 year old CIC smoke, vape or

use shisha. The use of shisha is less common compared to cigarette and e-cigarette use. Advice on smoking is given to these children but support to stop smoking is often refused.

Figure 29. RHA - Smoking amongst CIC over 10 years of age (LPT 2021-23)



5.3.2 Tobacco Control services in Leicester

There is limited data on smoking rates for children and young people with care experience in Leicester, although work is being done in this area to capture more information on smoking rates, with future work planned in the format of survey and questionnaires.

A working group between the corporate parenting team, tobacco control and Looked after Children Nurses, is the main forum for all discussions and actions related to tobacco control and children with care experience. The group has delivered "making every contact count (MECC)" training[17] and tobacco control training to 11 children with Looked After Children Nurses. The MECC training is an e-learning programme designed to support learners to develop an understanding of public health and the factors that impact an individual's health and wellbeing and is a short 1-hour e-learning module. There are further ambitions to train foster carers and school nurses in the future.

The Step Right Out smokefree campaign[18] is also due to be re-launched soon, and children with care experience are a priority group to ensure residential homes and foster care homes are smokefree.

The Live Well Integrated Lifestyle Service[19] offers smoking cessation support for residents (aged 12+) in Leicester, providing 12 weeks of behavioural support and free nicotine replacement therapy.

Whilst tobacco control amongst children and young people remains a priority, the increase in children and young people vaping is also an area to monitor. Although local data around youth vaping is currently limited, it is estimated that 12% of those aged 10-15 have tried e-cigarettes[20]. Vapes are recommended as an aid to quit smoking, but if someone does not smoke, they should not vape. For people who want to quit vaping, local guidance is available[21].

5.3.3 CEC Views on Tobacco control and Vaping

The consensus amongst the group was that smoking and vaping was not healthy, and discussion occurred about how vaping had become more visible, with many in the group knowing a friend or young person of similar age that vaped. *"Everyone vapes around us".*

Accessibility of purchasing vapes was also mentioned, and the group discussed how vapes were available to those who were underage. Another theme was the concept that marketing of vapes seemed targeted to attract children and young people, with mention given to the colours and flavours available. One member also mentioned that they had seen a fidget spinner (sensory toy) which could also be used as a vape.

When the concept of smoking support was mentioned to the group, the group discussed how they felt this would be more for those who were addicted to smoking and vaping. The group was also asked if they were aware of any particular stop smoking services that were available to them, and they mentioned general services such as GPs and pharmacies.

The live well service was not mentioned by the group, and they did not mention any specific stop smoking service.

5.4 Substance Use

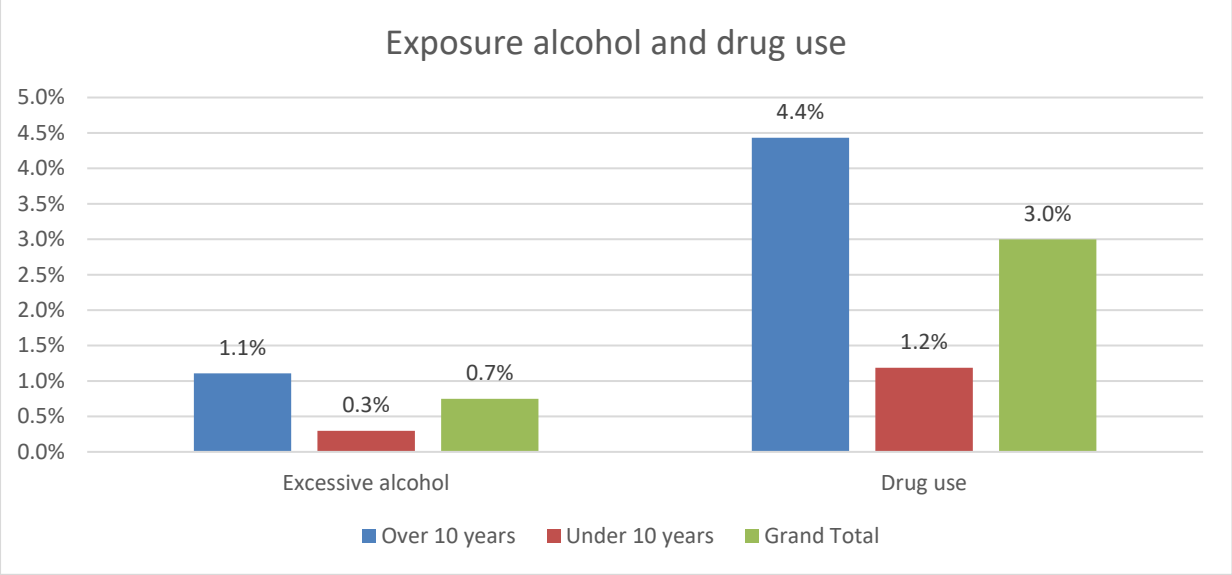
Between April 2022 – March 2023, there were 12, 418 young people under the age of 18 years, in contact with alcohol and drug services across the UK. This was a 10% increase from the previous year (11,326), but a 13% reduction in the number in treatment since 2019 – 2020 (14,291). There are a range of problem substances reported by young people, although the most common substances are cannabis, alcohol and nicotine[22].

Young people with care experience are a known vulnerability for substance use, and despite high prevalence rates of substance use in the care experience population, some studies have found that there are low levels of engagement in services resulting in unmet needs emerging from substance use[23].

5.4.1 RHA Data on alcohol and drugs

Information on exposure to alcohol and drugs is collected in the RHA. Figure 28 shows the percentage of children who declared exposure to excessive alcohol consumption and drug use is less than smoking at below 1% for alcohol and 3% for exposure to drug use.

Figure 30. RHA - Exposure to alcohol and drugs (LPT 2021-23)



About 10% of over 10 year old CIC revealed that they have taken illicit substances, a similar proportion have stated they have drunk alcohol.

5.4.2 Current substance use services in Leicester

Substance use services for young people with care experience, are provided by the Turning Point integrated substance use service. Within this organisation, there is a specialist young people's service which works with all children under the age of 18 years old and up to 25 years old[24].

Referrals to the young people's team can come from a variety of different routes including:

- Self-referral
- Professional referral (via social workers)
- East Midlands Ambulance Service (EMAS) – as young people may be seen in a crisis (acutely intoxicated or under the influence of substances).
- School referral

There is no central location or drop-in clinics specifically for young people requiring substance use services in Leicester City. Historically, there was a previous young people's substance use service which was in a different location to the adult services, but following re-commissioning a decision was taken to integrate this within the main treatment service.

The young people's team can now deliver services to a location that suits the young person and provide information regarding drug and alcohol use, and work with the young person to make changes if they choose to[24]. This can include short term informal support, and a longer term therapeutic relationship with an allocated keyworker. Locations that the team have met young people with care experience for substance use support include schools, residential homes, children and young people's centres, and cafés and other public spaces. Turning point is unable to provide exact numbers of young people with care experience that have utilised this service, although this information is recorded at the time of initial referral and assessment.

In addition to providing support to young people directly affected by drug and alcohol use, the team are also able to support those affected by parental or other adults' substance use[24]. This includes young people aged 11 – 17 years old that may have been impacted by substance use. These young people are allocated a specialist young people's staff member to work with them to examine the impact that substance use exposure may have had on the young person.

Additionally Turning point provides in person training for alcohol and substance use support to professionals including, social workers and family support workers. These events provide an opportunity for training and networking to occur.

Future work is being conducted at Turning Point, and one of the Young People's recovery workers is due to be allocated as a care experience person lead. This will ensure that if a young person is identified as having care experience, the allocated staff member from Turning Point can offer a bespoke service and work on building a rapport with other professionals and multi-agencies that also work with young people with care experience. The aim would then be to increase the number of young people with care experience, accessing treatment.

Collaborative work is being conducted with the Drug and Alcohol team in LCC and Turning Point services, to work together on the Health Conversations skills website[25] to update the information and resources available, regarding substance use. There is also ongoing focus on prevention for substance use for young people, and future work aims to focus on social media posts, podcasts, and specific media content for young people. The LCC team and Turning Point will be working together with regards to the communication and marketing, to increase community engagement and develop targeted messaging for children and young people.

5.4.3 CEC Views on Substance Use

Following discussion on substance use, the group mentioned that there were certain substances that they had heard of young people taking. *"Smoking weed is common".* Cannabis use was mentioned, and the group also stated they were aware of young people that were using steroids.

The group was then asked if they were aware of any services that provided support for young people with substance use, and they mentioned the following: GPs, Pharmacies and Hospital (A&E). The facilitators then mentioned Turning point, and enquired if the group were aware of this service – the focus group stated they were unsure what the service was for. One group member enquired if it was for "rehab". Another group member then recalled that they had seen an advertisement for Turning Point online but had been unsure what the service was for.

5.5 Mental Health

Children and young people with care experience are more likely to experience mental health concerns, in comparison to those without care experience. Early life experiences and trauma are likely to play a major influence in this, as does the instability that is often found with moving and relocating within the care system. Additionally, unaddressed mental health needs are seen as a key driver for poorer outcomes in later life such as unemployment, homelessness and contact with the criminal justice system. It is therefore essential to ensure that children and young people with care experience, can access mental health support in a timely manner, to prevent these difficulties and related complexities from occurring[26].

5.5.1 Current mental health services in Leicester

Within the Child and Adolescent Mental Health Services (CAMHS), there is a specific Young People's team which works with young people deemed to be at high risk of a mental health illness due to social circumstances and/or adverse childhood experiences. This team works specifically with children and young people with care experience, unaccompanied young asylum seekers, young people known to youth offending services and young people experiencing homelessness[27].

The team works in partnership with corresponding social care systems to provide advice, consultation, liaison and training to other professionals and carers that are involved in the care of these groups of young people.

Specialist mental health assessment and intervention is provided to these children and young people referred to them for assessment of a mental health illness. The team accepts direct referrals from the local authority and health care professionals working directly with these groups of young people[27] including GPs and Looked After Children Nurses. Self-directed referrals through an online portal service, are also reviewed by the team. This service is aimed at supporting young people up to 18 years with moderate to severe mental illness. Support for children and young people with care experience, is available for a range of conditions including:

- Trauma
- Attachment disorder
- Attention deficit hyperactivity disorder (ADHD)
- Suicidal thoughts
- Self-harm
- Mood disorders
- Emerging personality disorders

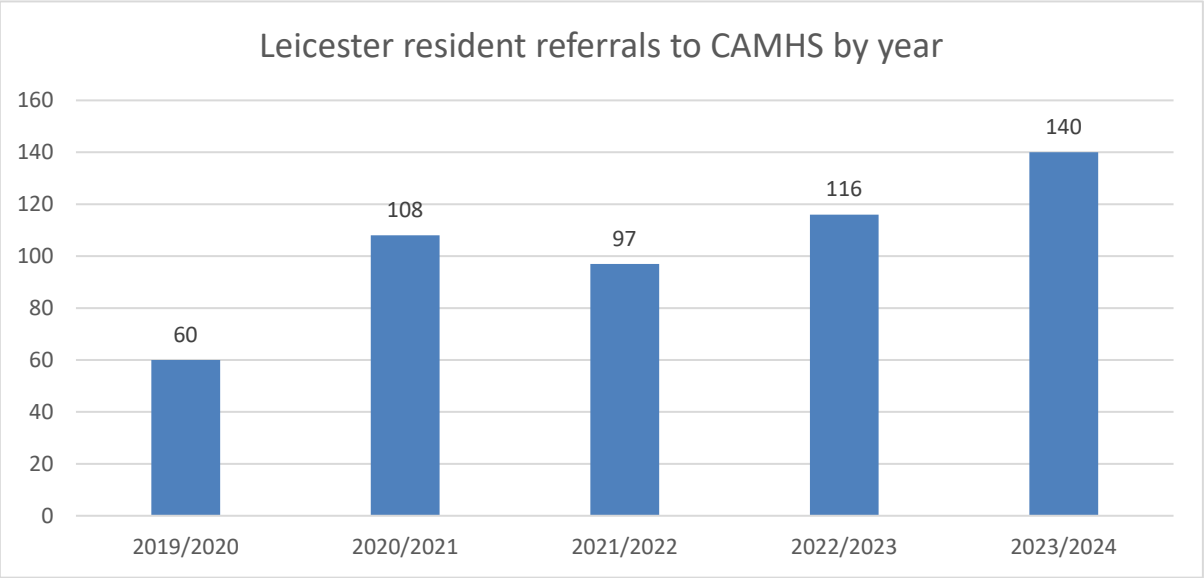
Previously training packages for social workers, foster carers and residential home workers were provided on mental illness, trauma, and self-harm, in addition to a mental health practitioner that would visit residential homes and support staff and young people with mental health illness. However, both these services were de-commissioned, in early 2024.

There is a current pilot scheme[28] which is running in Leicester City "Staying close, staying connected" which has been designed with young people to support care leavers (up to the age of 25 years old) as they move into adulthood in all aspects of their lives, including accommodation, education, employment, mentoring, befriending and mental health. This includes a senior mental health practitioner and two assistant psychologists to work with children and young people with care experience, and care leavers.

5.5.2 Current service data – Young People's team CAMHS

The following data shows the number of referrals of children and young people with care experience to CAMHS service[29]. It is collated and collected by Leicestershire Partnership Trust. Figure 29 shows the number of referrals for Leicester care experienced children to CAMHS has increased in recent years.

Figure 31. Referrals of children in care resident in Leicester to CAMHS by year (LPT CAMHS YPT 2024)

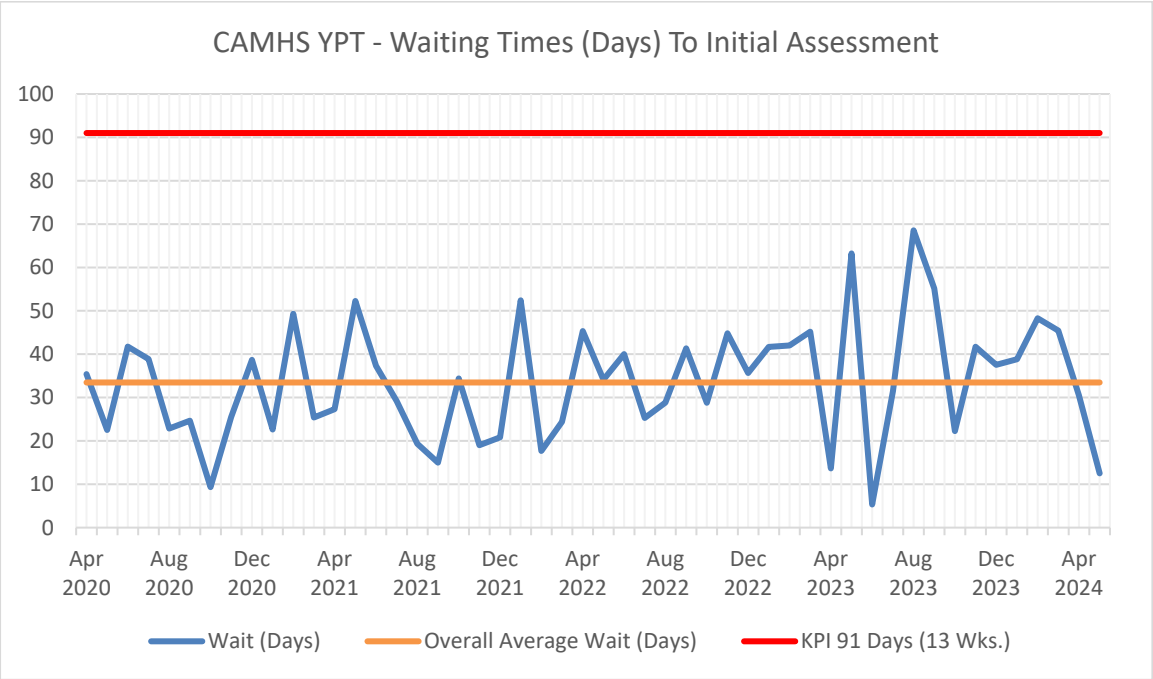


Further analysis of these referrals show that:

- Less than 5% are under 10 years old (4.2%), a third are aged 10 to 14 (33.1%), and just short of two thirds are aged 15 to 17 (62.7%)
- About half of these referrals are children from White British backgrounds (51.4%), just over a third are from ethnic minority communities (36.4%), over one in ten (12.1%) have an unknown/not stated ethnicity.

The wait time to initial assessment is also measured and recorded in days. It is expected that referral wait times do not exceed 13 weeks or 91 days. Figure 30 shows that the average wait time over the last few years has been fairly consistent at just over 30 days.

Figure 32. CAMHS YPT referrals wait times in days (LPT CAMHS YPT 2024)



5.5.3 CEC Views on Mental Health

When the group was initially asked to rank all five health aspects (listed above) in order of importance, they felt mental health was the most important followed by smoking and vaping. The reasons why they felt mental health for young people with care experience was important was they felt it impacted other decisions such as smoking and could lead to serious events such as suicide. A group member stated that mental health caused the most issues.

Discussion then occurred regarding mental health services and if the group were aware of any services. A few members of the group mentioned CAMHS, and either had firsthand experience of using the service or knew of friends that had been referred to the service. Discussion around CAMHS was complex, with some young people mentioning they had found some benefit from the service in the past but did not feel the same currently. *"CAMHS are supposed to be the best, so if they can't help you then you think nothing else can".* Another theme which was identified through discussions, was with regards to the focus group feeling a sense of frustration of retelling their story, and this would have to be told on multiple occasions, with a few in the group mentioning they felt fed up with hearing it themselves.

Other locations for mental health support that were mentioned by the group included, mental health access points and The Beacon a CAMHS Inpatient unit based in Leicester City.

Discussion then moved onto how the group felt talking about any mental health concerns. Some group members felt they were aware of mental health support, and felt they could speak to their foster carers, family members and college tutors and felt there was more than one place they could go to for support. Some members of the group stated they preferred talking to someone that did not know them, as this meant there was no judgement and therefore no one that could be disappointed. Alternatively, some members of the group felt it was harder to talk to someone that was new, as this

usually meant they had to tell them everything from the start, whereas confiding in someone they knew meant they could just share parts of information that they wanted too.

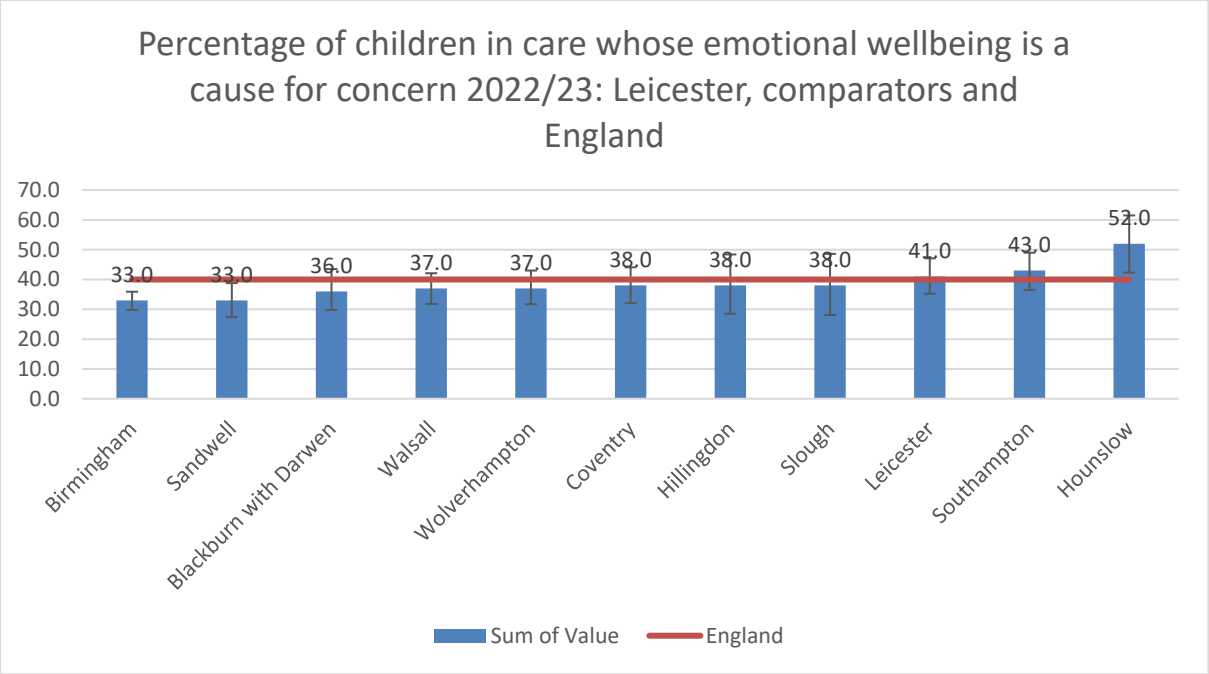
The theme of trauma was then brought up by a group member, who mentioned that there was a lot to work through as a young person with care experience. In the past this group member had tried to talk to someone about their trauma, but it did not help and now felt that there was no point talking to anyone. *"People who hurt us, are the ones closest to us, someone that knows you and that you trust can hurt you the most".* Another group member mentioned the concept of a "lost childhood" as they had reflected on earlier childhood memories and due to trauma and adverse childhood events felt they had missed out on being a child.

5.6 Emotional Wellbeing

Understanding the emotional and behavioural needs of CiC is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential. The Strengths and Difficulties Questionnaire (SDQ) is used to identify the emotional wellbeing of CiC, and earlier data shows that about half of children who require an SDQ score have not had one.

Figure 31 shows that 41% of Leicester CiC have an emotional wellbeing that is a cause for concern. This is similar to the national average and our comparator areas; however, we are at the higher end.

Figure 33. CIC whose emotional wellbeing is a cause for concern (DfE)



5.7 Sexual Health

Research suggests that young people with care experience, encounter poorer sexual health outcomes than adolescents who do not have care experience, and this may be due to cumulative exposure to factors which are independently associated with increased sexual risk-taking including previous exposure to poverty, family breakdown, domestic violence, and parental mental illness and/or substance use. The sexual health vulnerability of young people with care experience, may be

exacerbated by limited access to sexual health and relationship education, alongside the known barriers to sexual health services for young people[30].

5.7.1 Sexual health provision project

A previous project looking at sexual health provision for young people with care experience in Leicester City, was undertaken in 2022 by University of Leicester medical students based at Leicester City Council Public Health team. The project was developed in response to concerns raised regarding a few young people with care experience (aged 15 at the time), who wanted sexually transmitted (STI) tests but were reluctant to go to the local sexual health clinic.

The project entailed discussions with staff working in sexual health and those involved in the care of young people, and a questionnaire that was sent to young people with care experience. Issues identified included the need to promote the sexual health service provision to young people, particularly those not in education, and acknowledging that young people when accessing services may feel uncomfortable verbally informing staff that they are in care. Another issue identified was unaccompanied asylum seeking children not routinely receiving cultural education regarding sexual health.

Possible solutions that were stated because of the sexual health service provision project included:

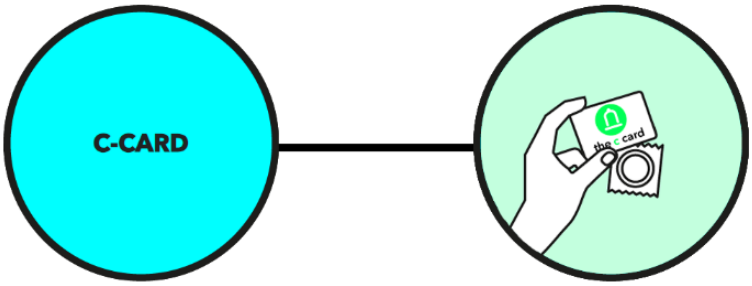
- Having standard operating guidance for multi-agencies involved with caring for young people with care experience.
- Identifying and circulating data regarding young people with care experience that are accessing services and the prevalence of STIs (being mindful of confidentiality and small numbers of individuals).
- Provision of condoms in young people's residential homes, with monitored and regulated uptake.
- The ability to fast track sexual health referrals following routine health assessments.

5.7.2 Current Sexual health services

Sexual health services for young people with care experience, are provided by Midlands Partnership Foundation Trust (MPFT) at Haymarket Health, located within the Haymarket shopping centre[31].

The service is open to walk-ins (for 18 years and under only) on Wednesday afternoons[31], this time of the week was chosen due Wednesday afternoons being predominantly free study time for those in higher education, with attendance noted to fluctuate with the academic year. This clinic previously was for those aged 25 and under, however the clinic found that these appointments were predominantly taken up by university students, and there were potential access difficulties for those aged under 18 and most at need. The service was therefore amended 3 years ago for those aged 18 and under. Discussions with the service, highlighted that it will be the same nursing staff members at this clinic, with a separate young people's waiting area to that where adults utilising the service at the same time will wait. No appointments are required for this clinic, and young people can attend alone, with the service also being accessible to those with additional neurodiverse needs. Data regarding young people with care experience utilising this clinic is limited, although anecdotal conversations have found that young people with care experience are utilising the service.

The C-Card[32] is a scheme that is available to young people which offers free condoms, and information and support from a range of venues in Leicester, Leicestershire and Rutland including clinics, schools, colleges, and pharmacies. Online registration is available or attendance at approved venues, and once processed the C-card will need to be taken to a local distribution venue to collect the condoms without questions or judgement, and trained workers will be available to offer advice on sexual health and relationships. A regularly updated list of venues is accessible from the Leicester Sexual Health service website[31].



Looked after Children Nurses have been trained by the Leicester Sexual Health (LSH) team to deliver the C-Card scheme, which is included in the routine health assessments where appropriate. Provision from staff at residential homes has been very mixed, with the feedback received being that the service works better via the Looked after Children Nurses.

Following routine health assessments, sexual health referrals that are fast tracked is in place and working well. Professionals can refer into the service with the Leicester Sexual Health referrals pathway.

Other services offered at Haymarket Health include oral contraception – also via online registration and medication posted to the young person (aged 16 and above) free with no postage charge. STI testing and advice is also offered at the clinic, and there is an online option to those aged 16 and above. Emergency contraception is available from the clinic and is also available from a small group of pharmacies, that are commissioned by the Local Authority (including those aged under 16 if eligible) who can be seen on a walk-in basis.

Additional specific services offered for young people with care experience, includes a LSH staff member that visits care experience residential homes, to maintain a link between the sexual health clinic and accommodation setting. Sexual health training packages are also offered to residential home staff and e-learning and training can be provided on sexual health topics. Additionally, the LSH service will offer a domiciliary service if required, and a nurse has previously attended group sessions with young people which led to a number of clinic attendances.

Following the issues highlighted in 2022, when a young person wants STI testing and is under 16 and unwilling to attend the service, Leicester Sexual Health has STI testing kits that can be used by a professional who assesses the young person as Fraser Competent[33]. This is usually via a school nurse who will approach the service directly.

There are also annual network events for clinical and non-clinical staff, enabling training and networking to occur.

5.7.3 CEC Views on sexual health

Discussion then moved to sexual health services that were available to young people with care experience. The group was asked if they knew of any services that they could go to for sexual health support and advice, with the following services mentioned: Sexual health clinic (Haymarket) with the walk in service mentioned and sexual health workers visiting youth centres. Other locations included pharmacies, colleges/schools, and Hospitals.

The group were prompted by a member of the rights and participation team regarding healthy relationships and asked if this was a topic that was discussed at schools and colleges. Some members of the focus group mentioned that they had been in talks at school on healthy relationships, however they had not found them useful, and this was not expanded on further by the group.

One member of the group also brought up issues relating to Female genital mutilation (FGM) and rape and discussed how these were not spoken about much. *"FGM happens and rape, but it is not spoken about".* This then led to the group discussing if there were locations that young people could attend related to serious issues and wondered if Haymarket Sexual health clinics had services for rape and FGM.

6.0 Education

Children with care experience generally have lower educational attainments, in comparison to other pupils. Although the educational achievements for children and young people with care experience have improved slightly in recent years, an attainment gap between those with care experience and other pupils remains[34].

The outcomes of children with care experience are routinely monitored. This includes absence, exclusions, Key Stage 2 and Key Stage 4 performance data.

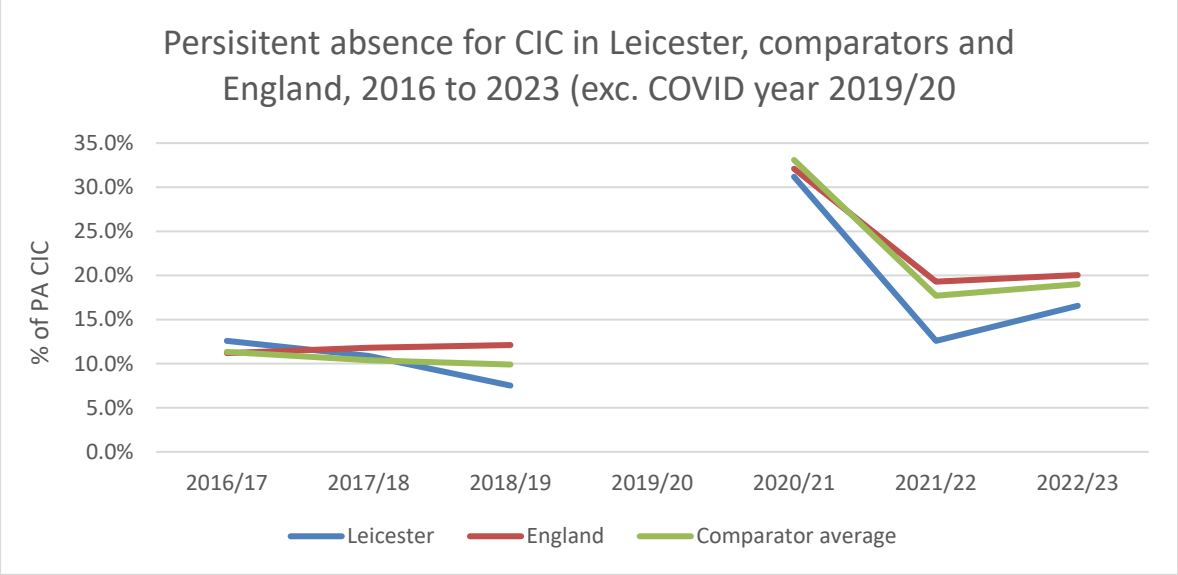
6.1 School absences, suspensions and exclusions

Being in school is important to a child's academic achievement, wellbeing, and wider development. Regular school attendance is a key mechanism to support children and young people's educational, economic and social outcomes. Schools can facilitate positive peer relationships, which contributes to better mental health and wellbeing. Attendance at school is crucial to prepare young people for successful transition to adulthood, and to support their longer term economic and social participation in society[35].

6.1.1 Persistent absence from school

A child with an attendance below 90% is categorised as persistently absent. Figure 32 shows the percentage of CIC who are persistently absent from school. Data was not submitted during the COVID-19 year of 2019/20. What is clear is the change pre and post COVID with a greater percentage of children more likely to be persistently absent. The 2022/23 percentage of persistently absent CIC in Leicester (16.5%) is below the national (20%) and comparator average (19%).

Figure 34. Persistent absence for CIC, 2016 to 2023 (DfE)

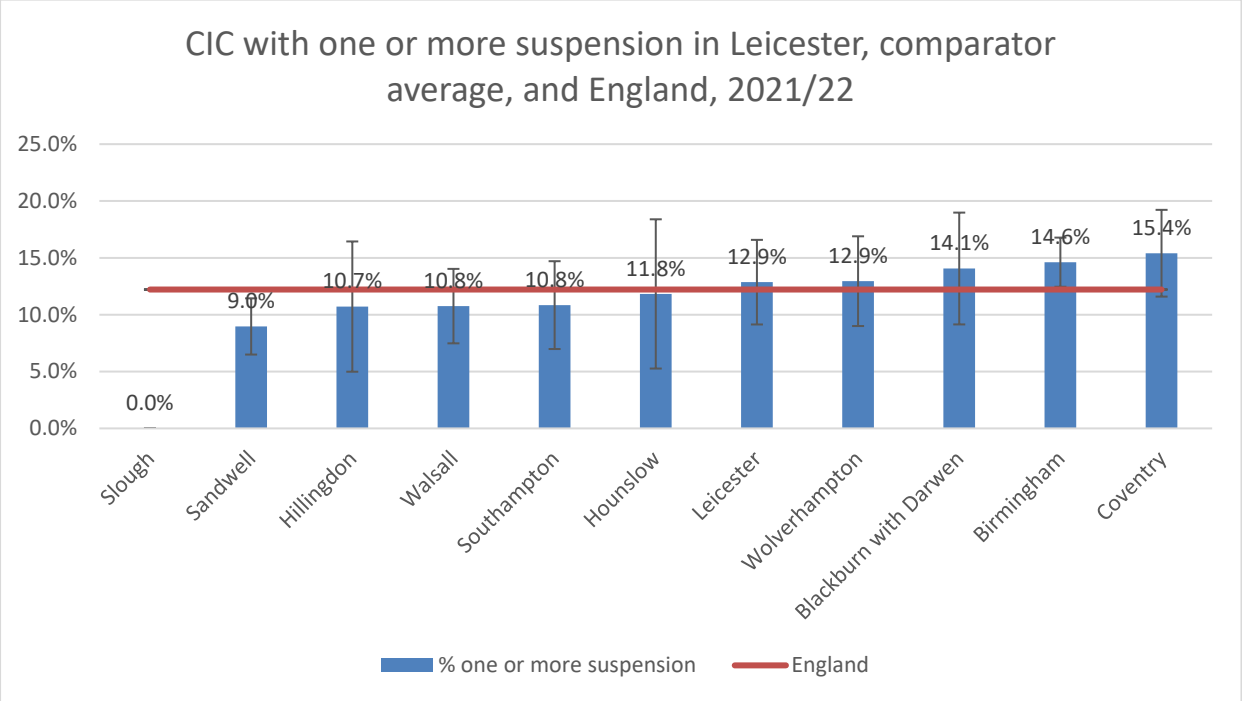


6.1.2 Exclusions or suspensions

Suspensions and permanent exclusions data is collected two terms in arrears, which means the latest available data for the full academic year is 2021/22. It is recommended that schools and headteachers should avoid permanent exclusions of looked after children. The reported data also shows it is a rare event with only 0.06% of CIC nationally being permanently excluded[36]. In Leicester there have been no permanent exclusions of CIC.

Suspensions are more common for CIC. Figure 33 shows the percentage of CIC with one or more suspensions in Leicester (12.9%) is similar to England and our comparators.

Figure 35. CIC with one or more suspensions, 2021/22 (DfE)



6.2 Educational performance

The key education performance monitoring points at Key Stage 2 (10-11 year olds) and Key Stage 4 (15-16 year olds) are stages to monitor the educational progress of CIC. The figures below show that Leicester CIC perform at similar levels to CIC in England and our comparators.

Figure 36. CIC Key Stage 2 outcomes, 2016 to 2023

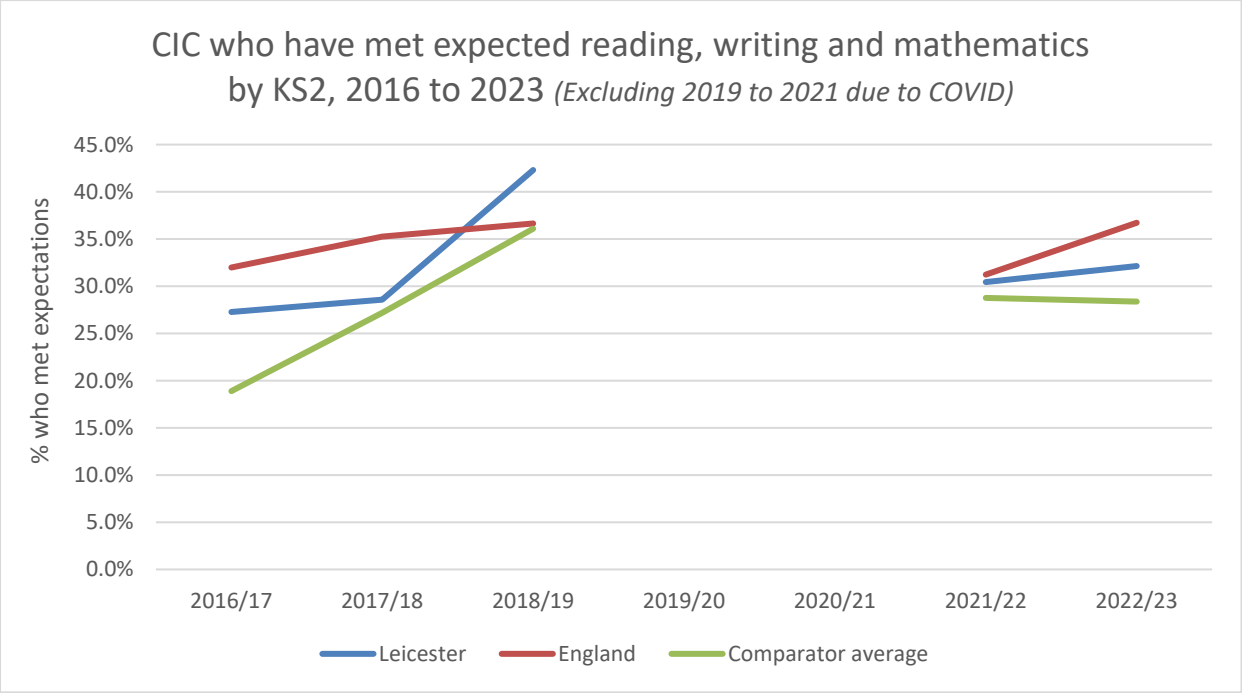
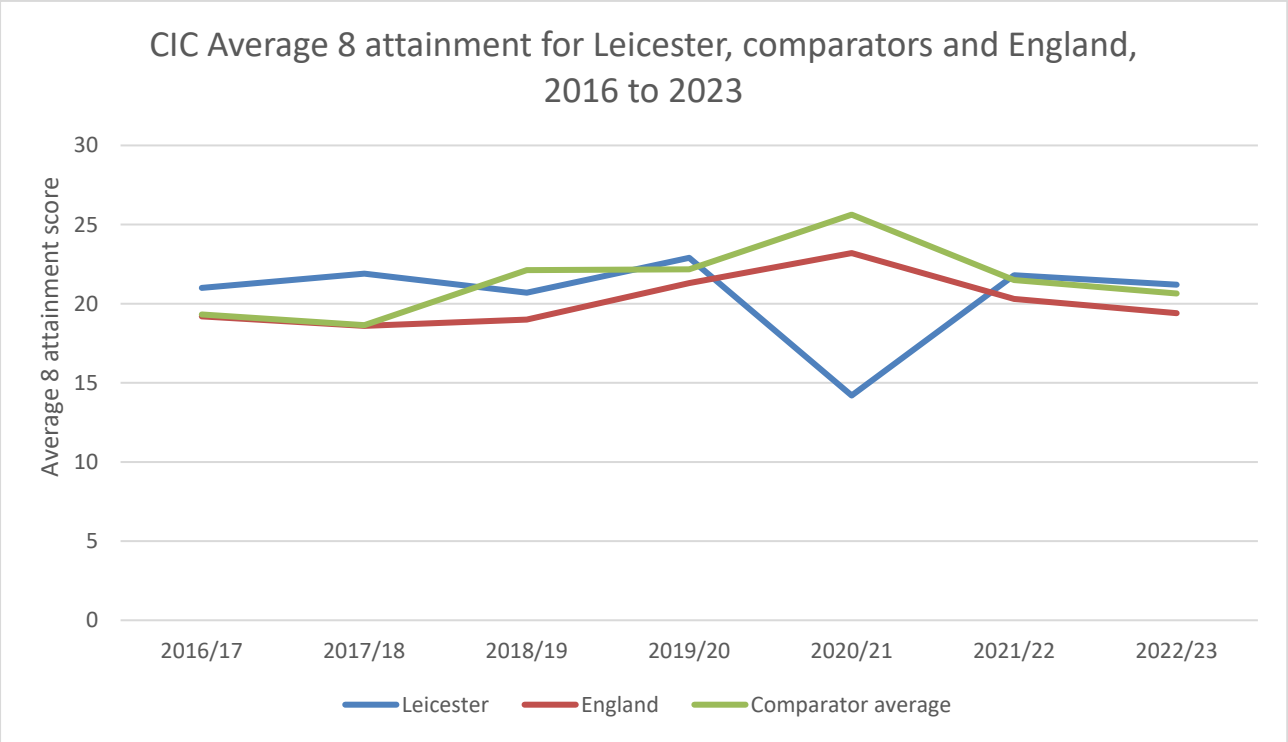


Figure 37. CIC Average 8 attainment score, 2016 to 2023 (DfE)



6.2.1 CIC outcomes against all Leicester children

Leicester CIC outcomes are similar to CIC outcomes across the country and comparators. In some cases, performance is better than the national. However, it is also important to note that for this vulnerable group of children outcomes tend to poorer than outcomes for all children. Table 6 shows that Leicester CIC are less likely to be persistently absent compared to all Leicester children. However, Leicester CIC also report a higher percentage of pupils with one or more suspensions. The educational performance of Leicester CIC is worse than Leicester children overall, with significant differences in both KS2 and KS4 performance.

Table 9. Leicester CIC and all Leicester children's outcomes

Outcome 2022/23	Leicester CIC	Leicester children overall
Percentage of pupils that are persistently absent – attendance below 90% of sessions.	16.5%	21.6%
Percentage of pupils with one or more suspensions (2021/22)	12.9%	2.5%
Percentage of KS2 pupils who met expected reading, writing and mathematics.	32.1%	58.0%
Average 8 attainment score (KS4)	21.2	44.8

Local councils are responsible for the education of Children with care experience. It is the role of a "virtual school head" to ensure that social workers and others involved in the care of children with care experience, receive the correct attention to their education whilst in care. Additionally, there are also "designated teachers" who are responsible for all the children with care experience at their school. Children with care experience will have an overall care plan, which will include education and ensure that the school has also made a personal education plan[37].

Social care groups, include children in need, children on a child protection plan and children looked after by local authorities in England. National research has shown that pupils in all social care groups were over twice as likely to have a special education need (SEN) than the overall population. For all children in need on 31st March 2023 – half had SEN compared to 17.1% of the overall pupil population[38]. Additional educational support will therefore be required for this group of pupils.

6.3 Local educational services in Leicester

Leicester City Council has corporate parenting responsibilities for children with care experience and believe that valuing and supporting children's education is one of the most important contributions the council can make to their lives. The virtual school has a role to set high aspirations for these children to achieve their full potential. Although the virtual school does not exist in real terms, or a building as the child remains the responsibility of their school, it is a statutory service that co-ordinates educational services at a strategic and operational level[39]. Each child and young person (of

school age) that is cared for by the local authority, will have a personal education plan (PEP). The PEP is initiated by the child's school in partnership with the social worker, virtual school office and carer[40].

Locally, pupil premium plus funding which should be used to narrow the gap between the attainment of children in care and their peers and accelerate progress as identified in the child's PEP, is managed by the virtual school. It can be used for direct interventions such as supporting improvements in literacy and numeracy or can be used for psychological and emotional wellbeing support such as building confidence and self-esteem[41]. This support is also provided to those children who are placed out of area, as the responsibility will remain locally with Leicester City Council.

Discussions with the virtual school head, included the difficulties that can occur for those children with care experience and SEN accessing specialist settings. Long delays can occur, especially for those children placed out of area, despite referrals being made over a year in advance, delays can lead to children waiting for a SEN school place, and delayed school starts. This has led to an increasing number of children not having school places and therefore being unable to access education.

Additional challenges have included laptop provision for children with care experience, as these require monitoring software to be installed, which due to internal limitations have required external outsourcing services. Another difficulty that can occur when children with care experience relocate to another area, is that the educational setting changes and access to certain provisions including the laptop (which are utilised for online learning) is not available in the new location.

7.0 Children from abroad seeking safety

It is important to note that there are specific groups of children and young people with care experience, that may have specific health and additional needs.

The next section of the HNA will therefore aim to identify these groups, and explore the additional needs and services required.

Children seeking safety who arrive in Leicester, having arrived from abroad seeking safety are often referred to technically as "unaccompanied asylum seeking children (UASC)". However, the term Children from abroad seeking safety is the term that has been agreed locally as being more appropriate for this cohort.

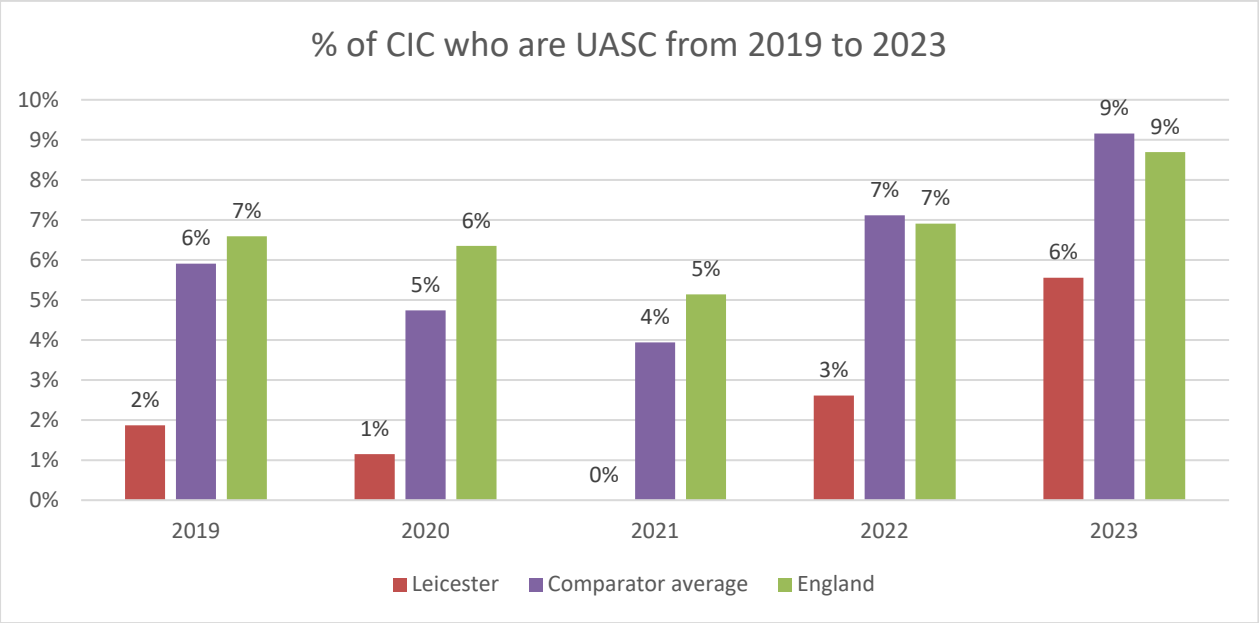
Children from abroad seeking safety, are young people aged under 18 years who have travelled from another country for asylum due to fear of persecution in their home country and have become separated from their usual parent or carer[42]. This vulnerable group of young people will vary in their diverse backgrounds, and range of experiences prior to and during their asylum journey and may have experienced significant trauma prior to arriving in the UK including the loss of a parent or carer[43].

7.1 Published data and local Leicester data

Published data on looked after children notes whether a child from abroad is seeking safety. The number of children from abroad seeking safety in England has increased from 5,150 in 2019 to 7,290 in 2023, over the same period Leicester has seen an increase of 12 to 35.

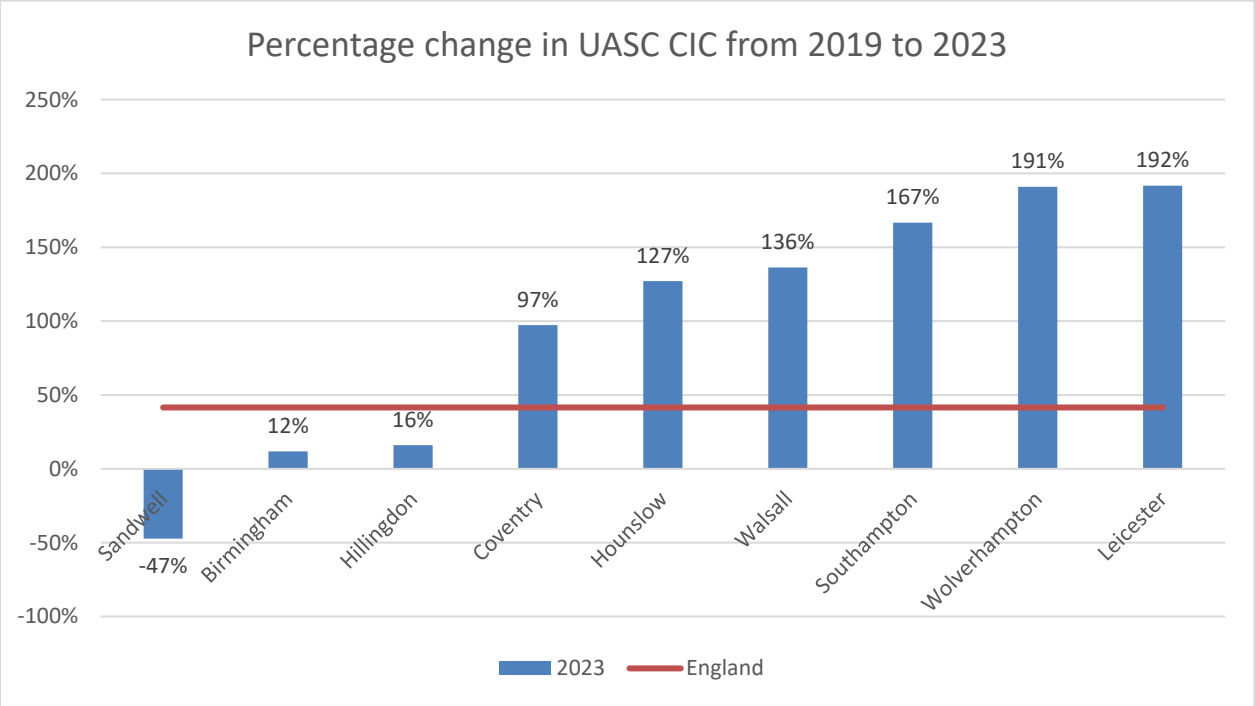
Figure 36 shows the percentage of CIC who are noted as children from abroad seeking safety. It reveals that this group of children, contribute a greater proportion of CIC compared to previous years for Leicester, comparators, and England.

Figure 38. UASC amongst CIC in Leicester, comparators, and England, 2019 to 2023 (DfE)



To better appreciate the change in children from abroad seeking safety that are CIC in Leicester and comparators a percentage change has been calculated for change from 2019 to 2023. Figure 37 shows that Leicester has experienced a far higher percentage change in children from abroad seeking safety CIC from 2019 to 2023 compared to England and many of our comparators.

Figure 39. UASC CIC percentage change, 2019 to 2023, for Leicester, comparators and England (DfE)



Published data is up to 31st March 2023, additional data from the East Midlands Strategic Migration Partnership data[44] from April 2024 (compared with April 2023 data) shows for Leicester City:

- Children from abroad seeking safety (UASC) 36 (40)
- Former children from abroad seeking safety (UASC) care leavers: 62 (49)
- Other Looked After Children (OLAC) UASC: 81 (68)
- Leicester City UASC placed out of area: 4 (Unknown for 2023)

This vulnerable cohort can come under the care of the local authority from a range of routes, including:

1. The National Transfer Scheme (NTS) – the most common route of entry into care. Since December 2021 the previously voluntary scheme became mandated, with a cap of 0.07% of the Local Authority child population being taken in as Looked After through the NTS[45]. This cap is always under review. With fluctuating numbers of young people entering the UK through small boat crossings, it cannot be predicted what number of young people will be requested for transfer on each cycle from the ports.
2. Contingency Hotels - All asylum-seekers are age-assessed on arrival and if deemed to be an adult, will be transferred to a contingency hotel. There are increasing numbers of people in hotels claiming to be under 18 years, which requires Local Authorities to conduct an age assessment. If deemed under 18 years, the Local Authority is responsible for providing appropriate accommodation as a Looked After Child.
3. Spontaneous arrivals - A small number of young people will arrive through other informal routes, such as presenting themselves at police stations or having arrived in lorries. These

numbers are low but require significant involvement from local authority staff to find appropriate placements in a short timescale with no notice.

4. Other Local Authority Children - Due to the multi-cultural nature of Leicester City, a significant number of children from abroad seeking safety, are placed into Leicester City by other Local Authorities. It is a statutory requirement for the originating Local Authority to notify the host Local Authority immediately of transfer of a young person to the area, though no intervention is required of the host Local Authority. The Looked After Children's Health Team in LLR provide equitable health services to all Looked After Children residing in LLR, irrelevant of their originating Local Authority.

It is worth noting that there are seasonal fluctuations in the number of arrivals, in part due to certain migrant routes being favourable during the summer and warmer periods. Age profiles locally for children from abroad seeking safety, were predominantly older adolescents aged 16 – 17, and the majority were male. Nationalities of children from abroad seeking safety, were mainly from countries in conflict zones such as Afghanistan, Iran, Syria, Iraq, and Sudan, and in terms of heritage many were of Kurdish origin[43].

Children from abroad seeking safety, are immediately deemed Looked After on arrival, with Leicester City Council therefore responsible for accommodating these young people when in their area. A small number were placed into foster care, or residential homes with the majority placed into supported living[43].

Children seeking safety via the UASC process are entitled to the care leavers services provided to local children with care experience once they reach the age of 18 years.

Whilst children from abroad seeking safety as Looked After Children have to be notified by the placing local authority to the host local authority[46] when placed out of area, there is no requirement for children from abroad seeking safety care leavers to be notified. There are likely many more care leavers who are children from abroad seeking safety in Leicester City than known to services. Several young people are also awaiting decisions from the Home Office on their legal status and right to remain in the UK, making this group more vulnerable as they may be unable to access public funds during this time[43].

7.2 Local services for children from abroad seeking safety

The Designated Health Professionals ensure the quality and provision of health services for all Looked After Children in their area[47]. An initial health assessment (IHA) is conducted for all children from abroad seeking safety, as per the process for local children with care experience.

There are certain observations that have been made by the clinical team conducting the IHA, and through discussion with the team the findings have been listed below.

7.2.1 Health needs

Children from abroad seeking safety and the general children and young people with care experience population both face unique health challenges due to their circumstances. However, the children from abroad seeking safety population tend to have distinct and often more severe health concerns compared to their counterparts of the general children and young people with care experience population. The key health issues in this population are:

- Infectious diseases – including vaccine preventable disease, blood borne viruses, Tuberculosis, and parasitic infections
- Undiagnosed chronic conditions
- Nutritional deficiencies
- Trauma and PTSD
- Separation and loss
- Adjustment Disorders
- Healthcare access barriers
- Continuity of care

In addition, with the majority of children from abroad seeking safety entering care at an older age (16 or 17 years) their time in child services and under the care of the Looked After Children's Health Team is limited. The majority will not have transition planning to adult health services, and only a limited number will be in care for more than 12 months before turning 18 years. It is therefore vital to follow up identified health actions from the IHA to ensure they are being progressed to meet the young person's needs as early as possible.

7.2.2 Language Barriers

It has been noted that all appointment letters for IHAs are sent in English, and some children from abroad seeking safety, are unable to read the letter which can lead to a lack of understanding regarding the importance in attending their appointments. This has led to some appointments being missed.

Where indicated, a face to face interpreter will be arranged by the social worker to attend the statutory health assessments to ensure a thorough assessment with the young person. Use of an interpreter adds to the time taken to assess the young person, and so a double appointment slot is used to undertake an IHA on a child from abroad seeking safety.

Certain tests which are required such as stool samples, urine samples and blood tests cannot always be conducted due to a lack of written or verbal information in the language spoken by the young person. This can result in investigations not being done, which can result in certain conditions remaining untreated.

7.2.3 Cultural differences

The clinical team have noted that issues related to sexual health education had arisen in clinic appointments, due to cultural differences including concepts such as sexual consent. A suggestion by the team was that sexual health education, may be more well received by male children from abroad seeking safety, if they were provided from a male perspective. Currently in the clinic, this is mainly delivered by female staff.

Certain cultural beliefs regarding the importance and prioritisation of certain aspects, such as education and college had led to these being prioritised rather than clinic appointments in some cases, resulting in missed health appointments.

7.2.4 Risks of movement in placement

Due to the rapid transfer processes of UASC on the National Transfer Scheme, there are regularly incidents of duplicate NHS numbers being assigned to a young person, with differing dates of birth or spelling differences in name. There have also been incidents of second IHA's being undertaken,

repetition of testing and duplication of vaccination schedules, alongside the risk of treatment programmes not being completed.

7.2.5 Funding Implications

There is national funding towards the provision of services by Local Authorities from the Home Office to Local Authorities for children from abroad seeking safety (UASC) until they turn 18 years. However, there is currently no additional funding within the NHS from the Department of Health to specifically support the provision of additional health services to this increasing cohort of young people, with complex health needs as identified above.

This additional pressure on Looked After health services and those services frequently referred to, such as blood borne virus testing and infectious diseases clinics, has an impact on the provision of services to all children and young people with care experience.

8.0 Care Leavers

As per government guidance, when young people with care experience reach the age of 16 years, plans are made to help the transition from care to independent living. At the age of 18 years, local councils must provide these young people with support including personal advisors (called Leaving Care Advisors in Leicester City) and pathway plans. The role of personal advisors is to carry out assessments and prepare pathway plans, which will include information and planning regarding health, education, training and development, contact with family, accommodation, and financial management[48].

Support can also be provided to young people with care experience to continue living with their foster parents if they choose to, until the young person turns 21. Pathway plan reviews will occur until the young person turns 21, or until they are 25 if they want the support to continue[48].

8.1 Local Leicester services for Care Leavers

In Leicester City, there is a leaving care team[49] that works with care experienced young people aged 17 – 25 years old. The care leaver offer, outlines support in many areas including accommodation, financial management, education and employment, health and wellbeing, family and relationship support, community interaction opportunities, and transport – including financial assistance with driving lessons, and information regarding public transport[49]. Pathway planning meetings for care leavers occur every 6 months, and these are ideally in person although can also occur virtually. Personal advisors will also travel to areas where out of area care leavers are living.

Local service data from the leaving care team for the week commencing 24th June 2024, is that there are 293 open cases (care leavers receiving support from the team aged 18 – 25 years old). There are 142 young care leavers aged 21 – 25 years old that do not require any immediate support but can contact the team at any time. There are 73 young people aged 17 years old, that the leaving care team are meeting and informing about the care leaver offer. Thus totalling 508 care experienced young people, that the team is supporting. This number can change on a weekly basis, as more young people leave care and those who turn 25 years old no longer utilise the service (the upper age limit that the team will support).

For young care leavers that are thinking of higher education, employment or training, help will be provided by the care leavers team to access careers advice, this can be through their college, higher

education setting or through local advice centres[50]. Care leavers have access to support from the duty worker team, which is available if the young care leaver is unable to contact their own personal advisor. This is also available to post 21 year care leavers who do not have an allocated worker, that can come back to the team for additional advice and support until they reach 25 years of age.

Care leavers who have immigration or asylum status from the Home Office, will also be supported by the leaving care team and this can include forms that need to be completed and support regarding the legal process[51]. Additional support is also provided to care leavers in the criminal justice system.

Personal advisors also provide support and assistance for health reasons, including attending GP and Hospital appointments with care leavers. A higher demand for mental health services has been noted by the leaving care team, who assist young people with their transition from CAMHS to adult mental health services.

9.0 Care experienced young people survey

A recent 3 month engagement project which approached and listened to children, young people, their families and carers and healthcare professionals to collect insight into what was needed to improve the health outcomes of children and young people in Leicester, Leicestershire and Rutland has been conducted by the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB). The work titled "*What you saying? Young voices on Healthcare 2024*" included findings of CEYP[52].

The survey was targeted at Children and Young people (CYP) aged 11 – 25 years old, and the survey was open from November 2023 – March 2024. In total 1,622 CYP responded to the survey, of which 257 CYP responded yes to the questions asking, "Have you ever been looked after or are currently in care". The following data will therefore focus on the responses of these 257 CYP.

The ICB worked with partners across LLR local authorities, who have care experienced young people voice groups and social workers who were able to encourage their care experience young people to participate in the survey. The ICB also commissioned voluntary, community and social enterprise (VCSE) organisations who work with vulnerable and seldom heard young people, including care experience young people. The survey was distributed online and also via hardcopies. A large scale communication push through ICB partners including local authority networks, NHS, education (schools, colleges and Universities) promoted the online survey. Additional promotion was done through sports settings, VCSE newsletters, posters and flyers. Hardcopies were handed out in healthcare settings, and waiting rooms, and VCSE organisations went to public events and promoted the survey.

The survey found that the majority of young people had a positive view of health services and reported having positive experiences in their last encounter with them. Parents and carers were generally less satisfied with healthcare for children compared to young people. Health concerns which were raised included mental health which they felt was the more important, and they did not feel that there were the right range of services in place to respond to their mental health needs. They also felt more needed to be done, to help young people with their mental health. Similar feelings were also raised amongst parents and carers. The most common complaint made by young people in relation to health services was long waiting times for both primary and secondary healthcare services, with young people also reporting difficulty accessing GP appointments.

Additional findings from the survey was that young people felt being listened to by healthcare practitioners was integral to their views to assess the quality of healthcare. Findings from professionals that participated in the survey showed that the majority of professionals did not feel they had everything they needed to help them in their role in supporting young people.

Insights were also provided by Unaccompanied asylum seekers, which explored their health needs and ability to access services due to the requirement of translation services and accessing mental health support.

Further details regarding the survey can be found in the appendix of this HNA report.

10.0 Projected service use and outcomes

During the work for this HNA and engagement with professionals working with children and young people with care experience, information has been shared regarding projected service use and outcomes predicted for the next few years.

These include the number of care leavers that will increase in the city, due to there being a current large amount of young people with care experience aged 16 – 17 years old. These young people will become care leavers upon turning 18 years old, which will place a greater demand on the care leavers team, and services utilised in the city by this group of young people.

Another rising amount is likely to be the number of Unaccompanied asylum seeking children and children from abroad seeking safety. These numbers are likely to rise over the coming years, due to a combination of factors including rising worldwide conflicts. This vulnerable group of young people will also need to be accounted for with regards to the demands of services in Leicester City for young people with care experience, and care leavers.

Mental Health services are also likely to experience an increased demand for CAMHS support. Services will therefore need to ensure accessibility and support is available for this cohort, and this includes assessment and treatment options and outreach support. It will therefore be of significant importance that CAMHS services for children and young people with care experience, are available and services are improved.

Concerns about substance use and vaping are also likely to increase, and work is being done to support the increase in children and young people with care experience utilising these services. The demand for treatment services is also likely to increase, and services will therefore need to ensure that facilities are in place to accommodate the increased demand.

11.0 Recommendations for consideration by Commissioners

System Working (Items 1 to 5) Evaluate the impact of the previous HNA, and to consider if those recommendations had the impact desired on this cohort. Key partners to identify what "good looks like", including considering the use of Looked After Children's Health Workplan and action log for bench marking.
For all relevant partners to continue to maintain strong links between partners across Leicester who work with children and young people with care experience. This will improve knowledge across the organisations and help improve the support of children and young people with care experience.
Develop and work on systems for information sharing between different local authorities and between health partners involved in the care of children and young people with care experience.
To ensure all relevant organisations are notified on time of the children and young people under their care (including those who are out of area, and children from abroad seeking safety).
Ensure a co-ordinated approach is utilised to engage with children and young people with care experience, to prevent duplication or omission of work that is consulted upon.
Data Quality (Items 6 to 7) Improvement of data collection, including reviewing IHA & RHA forms. This will ensure national consistency whilst allowing for unique local questions dependent on local needs. Routine information to be collected on children and young people who miss or do not attend health assessments, to be included with reasoning.
Data to be collected on the number of young people who have their health records when they leave care. Identify trends and actions to move towards the majority of young people leaving care with their health records.
Tobacco Control (Items 8 to 9) Further local data to be collected on smoking and vaping rates for children and young people with care experience in Leicester. The information gained can help to improve current smoking cessation support for children and young people with care experience, with consideration of specific services specifically for this group.
Ensure children with care experience are a priority group and focus for residential homes and foster care homes to become smokefree.
Oral Health (Item 10) Children and young people with care experience and care leavers to be a key population included in the development of the Dental Access Plan. Improve dental access for care leavers, and ensuring appropriate support is provided for care leavers that may require financial support for dental appointments.
Sexual Health (Items 11 to 13) Work with Integrated Sexual Health Services to explore the possibility of topics such as female genital mutilation, rape and domestic violence being spoken about with young people. Ensuring

information sharing, and discussion can occur in schools and interactions with the sexual health services team.
Work with Integrated Sexual Health Services to explore the possibility of collecting data on care experienced children using sexual health services.
Consider the unique sexual health needs of children from abroad seeking safety and identify gaps in provision and work towards addressing these.
Substance Use (Items 14 to 15) Review the referral pathways for substance use services (Turning Point) for children and young people with care experience and consider how potential barriers could be identified and removed to encourage appropriate, structured treatment plans.
Review the current community drug and alcohol treatment offer for young people with care experience, including referral routes in/out of treatment and the wider treatment offer. Consideration of a dedicated post or nominated specialist role for outreach work in residential settings and working with foster carers.
Mental Health (Items 16 to 17) Improve the current access and support provided for CAMHS services for children and young people with care experience.
Consideration of restarting mental health training package support for social workers, foster carers and residential home workers to ensure appropriate resources and guidance are shared with professionals caring for children and young people with care experience. Attention to be placed on seeking a new funding source (previously funded by Leicester City Council).

12.0 Recommendations for future needs assessment work

- Smaller pieces of work focussing on Children and young people with care experience to be conducted in between 3 yearly HNA.
- Care leavers HNA
- Unaccompanied Asylum Seeking Children and Children from abroad seeking safety HNA
- Work to be conducted focussing on the transition to adult health care services for Children and Young People with care experience.

13.0 Key Contacts

- Dr Pooja Bakhshi-Thaker, Public Health Registrar
- Gurjeet Rajania, Public Health Analyst
- Clare Mills, Sexual health and Children's lead commissioner

14.0 Acknowledgments

- Katharine Bouch, Designated Nurse for Looked After Children, NHS LLR ICB
- John Scaysbrook, Named Nurse/Family Services Manager: Looked After Children, Leicestershire Partnership Trust

- Dr Lynn Snow, Designated Doctor Looked After Children LLR
- Sameer Thanki, Place Based Intelligence & Performance Lead, Leicestershire Partnership NHS Trust

Information for the HNA was also provided by the following teams:

- Tobacco Control, Leicester City Council – Public Health
- Oral Health, Leicester City Council – Public Health
- Sexual Health, Leicester City Council – Public Health
- Substance Use, Leicester City Council – Public Health
- Live Well Integrated Lifestyle Service
- Turning Point Services (Substance Use)
- Leicester Sexual Health Services
- CAMHS Young People's Team
- Nursing team for UASC and CSS
- Leaving Care Team, Leicester City Council
- Virtual School Head - Leicester City Council
- Rights and Participation Team - Leicester City Council
- Care Experienced Consultants, via the Rights and Participation Team
- Children, Young People and Families Engagement Team, LLR ICB

15.0 Appendix

15.1 ICB Survey pack

[Young voices on healthcare - LLR ICB]

CYP%20Engagment_
Report%20of%20Finc

15.2 IHA + RHA Template Forms

IHA%20PART%20B%
20-%20Appendix%20

RHA%20full%20repo
rt%20-%20Appendix9

RHA%20PART%20B
%20-%20Appendix%2

[1] Department of Health & Department of Education. Promoting the health and wellbeing of looked-after children, 2015.
[2] Leicester City Council, Leicestershire County Council & Rutland County Council, Health needs assessment for children in care in Leicester, Leicestershire and Rutland 2021.
[3] Information Commissioner's Office. The United Nations Convention on the rights of the child and what it means for online services. https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/childrens-information/childrens-code-guidance-and-resources/how-to-use-our-guidance-for-standard-one-best-interests-of-the-child/the-united-nations-convention-on-the-rights-of-the-child/ [Accessed 14th June 2024]
[4] Care inspectorate. The Guide – key terms. https://www.careinspectorate.com/index.php/publications-statistics/9-professional/5163-the-guide-key-terms [Accessed 14th June 2024]
[5] National Society for the Prevention of Cruelty to Children. Children in care. https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children [Accessed 14th June 2024]
[6] Citizen's advice Scotland. Children who are looked after by the local authority. https://www.citizensadvice.org.uk/scotland/family/children-and-young-people/children-who-are-looked-after-by-the-local-authority-s/ [Accessed 14th June 2024]
[7] Southend Safeguarding Partnership (SSP). Local Child Safeguarding Practice Review, 2024.
[8] Department for Education. Children looked after in England including adoption: 2022 to 2023 https://www.gov.uk/government/collections/statistics-looked-after-children [Accessed 14th June 2024]
[9] Leicester City Council Children and Young People's Services, Children in care/Looked After Children data extract, 2024.
[10] Leicester City Council. Rights and participation service. https://www.leicester.gov.uk/health-and-social-care/support-for-children-and-young-people/rights-and-participation-service/#:~:text=Our%20rights%20and%20participation%20team,children%2C%20young%20people%20and%20parents. [Accessed 24th June]
[11] Leicester City Council. Participation youth groups. https://www.leicester.gov.uk/health-and-social-care/support-for-children-and-young-people/rights-and-participation-service/participation-youth-groups/#careexperiencedconsultants [Accessed 24th June]
[12] Department for Education. Oral health. https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/oral-health [Accessed 14th June 2024]
[13] Hurry K, Ridsdale L, Davies J and Muirhead V. The dental health of Looked After Children in the UK and dental care pathways: a scoping review. Community Dental Health. 2023; 40:154-161. doi:10.1922/CDH_00252Hurry08
[14] Leicester City Council. Oral Health Needs Assessment. https://www.leicester.gov.uk/media/1ucbbapq/oral-health-needs-assessment-2022.pdf [Accessed 14th June 2024]
[15] Action on smoking and health. Youth smoking. https://ash.org.uk/health-inequalities/youth-smoking [Accessed 14th June 2024]
[16] Gov.uk. Tobacco and Vapes Bill 2024. https://www.gov.uk/government/collections/tobacco-and-vapes-bill-2024 [Accessed 14th June 2024]
[17] Healthy Conversation Skills. What is MECC? https://www.healthyconversationskills.co.uk/what-is-mecc [Accessed 14th June 2024]
[18] Leicester City Council. *Step Right Out.* https://www.leicester.gov.uk/health-and-social-care/public-health/get-help-to-stop-smoking/step-right-out/ [Accessed 14th June 2024]
[19] Leicester City Council. Live Well Leicester. https://mychoice.leicester.gov.uk/Services/2994/Live-Well-Leicester [Accessed 14th June 2024]
[20] Leicester City Council. Leicester Children and Young people's Health and Wellbeing Survey 2021 – 2022. https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/leicester-health-and-wellbeing-surveys/ [Accessed 14th June 2024]
[21] Leicester City Council. How to quit e-cigarettes or vapes. https://www.leicester.gov.uk/health-and-social-care/public-health/get-help-to-stop-smoking/e-cigarettes-or-vapes/how-to-quit-e-cigarettes-or-vapes/ [Accessed 14th June 2024]

[22] Office for Health Improvement & disparities. Young people's substance misuse treatment statistics 2022 to 2023: report. https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report [Accessed 14th June 2024]
[23] Alderson H, Brown R, Copello A, Kaner E, Tober G, Lingam R et al. The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for Looked After Children and Care Leavers: a qualitative exploration with young people, carers and front line workers. BMC Medical Research Methodology. 2019;19(38). doi: 10.1186/s12874-019-0674-3
[24] Turning Point. Leicester. https://www.turning-point.co.uk/services/leicester#about [Accessed 14th June 2024]
[25] Healthy Conversation Skills. Substance misuse. https://www.healthyconversationskills.co.uk/alcohol-and-drugs [Accessed 14th June 2024]
[26] The Association for Child and Adolescent Mental Health. Mental health and care-experienced young people: are our mental health support services appealing and accessible? https://www.acamh.org/blog/mental-health-children-in-care/ [Accessed 14th June 2024]
[27] NHS Leicestershire Partnership Trust. Child and Adolescent Mental health Services (CAMHS). https://www.leicspart.nhs.uk/service/child-and-adolescent-mental-health-services-camhs/ [Accessed 14th June 2024]
[28] Break charity. Staying Connected. https://www.break-charity.org/charity/our-work/staying-connected/#:~:text=Staying%20Close%2C%20Staying%20Connected&text=The%20project%20was%20designed%20with,shared%20housing%20across%20the%20region [Accessed 14th June 2024]
[29] Leicestershire Partnership Trust: CAMHS YPT Team, CAMHS service data, 2024.
[30] Nixon C, Elliott L and Henderson M. Providing sex and relationships education for looked-after children: a qualitative exploration of how personal and institutional factors promote or limit the experience of role ambiguity, conflict and overload among caregivers. BMJ Open. 2019;9(4). doi: 10.1136/bmjopen-2018-025075
[31] Leicester Sexual Health. Haymarket Health. https://leicestersexualhealth.nhs.uk/location/haymarket-health-10 [Accessed 14th June 2024]
[32] Leicester Sexual Health. C-Card. https://leicestersexualhealth.nhs.uk/c-card [Accessed 14th June 2024]
[33] Isle of Man Childcare. Fraser Competent. https://isleofmanchildcare.proceduresonline.com/local_keywords/fraser_comp.html#:~:text=Fraser%20Competent%20is%20a%20term,without%20parental%20knowledge%20or%20consent . [Accessed 14th June 2024]
[34] Nuffield Foundation. Educational attainment of children in need & children in care. https://www.nuffieldfoundation.org/project/educational-attainment-of-children-in-need-children-in-care [Accessed 28th June 2024]
[35] Department for Education. Why is school attendance importance and what support is available? https://educationhub.blog.gov.uk/2023/09/28/what-are-ghost-children-and-why-is-school-attendance-important/ [Accessed 14th June 2024]
[36] Department for Education. Outcomes for children in need, including children looked after by local authorities in England. https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england [Accessed 14th June 2024]
[37] Gov.uk. If your child is taken into care. If your child is taken into care: Educating children in care - GOV.UK (www.gov.uk) [Accessed 28th June 2024]
[38] Gov.uk. Outcomes for children in need, including children looked after by local authorities in England. https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england [Accessed 28th June 2024]
[39] Leicester City Council, Schools' Extranet. Virtual School. https://schools.leicester.gov.uk/services/virtual-school/ [Accessed 28th June 2024]
[40] Leicester City Council, Schools' Extranet. Personal education plan. https://schools.leicester.gov.uk/services/virtual-school/personal-education-plan/ [Accessed 28th June 2024]
[41] Leicester City Council, Schools' Extranet. Pupil premium and pupil premium plus funding. https://schools.leicester.gov.uk/services/virtual-school/pupil-premium-and-pupil-premium-plus-funding/ [Accessed 28th June 2024]

[42] Kent Public Health Observatory. Health Needs Assessment – Unaccompanied children seeking asylum. https://www.kpho.org.uk/__data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf [Accessed 28th June 2024]
[43] Leicester City Council. Children seeking Safety. https://cabinet.leicester.gov.uk/mgAi.aspx?ID=119169 [Accessed 28th June 2024]
[44] East Midlands Strategic Migration Partnership data, April 2024. Local service data.
[45] Department for Education & Home Office. National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children, 2023.
[46] Department for Education. Care of unaccompanied migrant children and child victims of modern safety, 2017.
[47] UASC health. Public health information. https://www.uaschealth.org/resources/public-health/#1469194469008-0a021bc4-f9e6 [Accessed 28th June 2024]
[48] Gov.uk. Leaving foster or local authority care. https://www.gov.uk/leaving-foster-or-local-authority-care [Accessed 28th June 2024]
[49] Leicester City Council. Leaving care support. https://www.leicester.gov.uk/health-and-social-care/adoption-and-fostering/children-looked-after/leaving-care-support/ [Accessed 28th June 2024]
[50] Leicester City Council. Work and learning. https://www.leicester.gov.uk/health-and-social-care/adoption-and-fostering/children-looked-after/leaving-care-support/work-and-learning/ [Accessed 28th June 2024]
[51] Leicester City Council. Life in the UK. https://www.leicester.gov.uk/health-and-social-care/adoption-and-fostering/children-looked-after/leaving-care-support/life-in-the-uk/ [Accessed 28th June 2024]
[52] Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB). What You Saying? Young Voices on Healthcare, 2024