NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Looked-after children and young people (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

During the development of the draft scope the following potential equality issues were identified:

- Disability:
    - In terms of the most effective ways to deliver interventions to improve health and educational outcomes in looked after children, consideration will need to be given to those with:
        - Special educational need (SEN); in 2017 SEN was found to be almost four times higher in looked after children (56.3%) than all children (looked after and non-looked after children) with SEN (14.4%). In 2015, academic outcomes were found to be much poorer for children in England with an autism spectrum diagnosis who were in care (approximately 3%), compared to those not in care. Mental ill health; almost half of children in care have a diagnosed mental health condition.
    - In terms of the most effective ways to support care placement stability and to promote sibling relationships in looked after children, consideration will need to be given to those with physical disability. This group of looked after children may experience greater challenges in attaining appropriate, stable and permanent care placements. Compared to all looked after children they are almost five times as likely (59% vs 12%) to be in a residential placement, with most in

children's homes and residential special schools. They are also more likely to be placed out of area than other looked after children, making contact with family and community harder to maintain.

- Pregnancy and maternity:
    - The rates of becoming a teenage mother are three times more likely in looked after children and care leavers than peers who have not been in state care. This makes it more likely that they will experience poorer outcomes, compared to their peers, in relation to education and health as well a social and economic difficulties.
- Race/ethnicity:
    - The majority of children living in state care in England in 2017 were 'white' (47%), followed by children of mixed ethnicity (9%), followed by 'black' or 'black British' (7%), 'Asian' or 'Asian British' (4%) and other ethnic groups (3%). However, proportionately, there are a greater numbers of black children in care, 87 in 10,000, followed by white children, 64 in 10,000, and then Asian children, 22 in 10,000. This pattern shifts though when deprivation is taken into account; in the most deprived 40% of neighbourhoods; white children were more likely to be in care than black children – 120 in 10,000 compared with 91.
    - A disparity exists between the proportions of foster carers who are from black, Asian and minority ethnic groups and the proportion of fostered children who are from black, Asian and minority ethnic groups. This can challenge the finding of suitable placements. At the end of March 2017, 14% of all foster carers were from black, Asian and minority ethnic groups, compared to 24% of fostered children.
    - The proportion of children looked after who are adopted is significantly lower from black, Asian and minority ethnic groups. In 2017, the ethnic origin of looked after children who were adopted was 84% of white origin, 11% mixed, 2% black or black British and 1% each of Asian or Asian British, other ethnic groups and other.

Other potential groups who may need specific consideration in the guideline:

- Refugees and asylum seekers:
    - The number of looked after children who were classified as 'unaccompanied asylum-seeking children' and refugees is rising each year. Interventions to improve health, placement and educational outcomes of looked after children may need to give consideration to the specific needs of this group. These include fluency in English, as well as cultural beliefs, values and customs.
    - Former looked-after children who require, but have not been granted, leave to enter or remain when they turn 18 are not entitled to receive

assistance under the Children Act 1989 including accommodation; financial support; funding for education or training; and 'staying put' with foster carers.

- Travelling communities: While absolute numbers of Gypsy, Roma and Traveller children recorded as being in state care in England are low, the rise in numbers between 2009 and 2017 has been disproportionate compared to the rise in the overall number of children in care. The rise for Gypsy or Roma children was 933%, and 400% for Irish travellers, compared to an overall average rise of 19%. Interventions to improve the health and wellbeing looked after children and young people, as well as interventions to support young people transitioning out of care in independent living, may need to give consideration to the specific needs of this group, including maintaining culture and identity.

- Adoption/special guardianship/long term placement breakdowns: The number of adoption breakdowns during initial placement increased from 93 in 2012/13 to 150 in 2016/17. The trend also occurred for adoptions that had been finalised, up from 87 in 2012/13 to 132 in 2016/17. Looked-after children experiencing placement instability are nearly three times more likely to experience a midyear school move, and nearly five times more likely to experience repeated school instability, than children who do not experience placement stability.

- Homeless care leavers: In 2010, 25% of those who were homeless had been in care at some point in their lives and up to 20% of those in care experience homelessness within 2 years of leaving.

- Children placed outside of their home local authority: Nearly a third of children in care are in placements outside the local authority area which cares for them. An impact on educational attainment has been found with 55% of children placed out of authority failing to achieve any GCSEs compared to 48% of those in their local authority. Living away from friends and family has also been found to negatively impact social relationships.

- Socioeconomic groups:
  o Neighbourhood deprivation is correlated with an increase in looked after children rates. A study between 2015 and 2017 found that children in the most deprived 10% of neighbourhoods nationally had a 12 times greater chance of being looked after than children living in the most affluent 10%. However, rates of intervention were substantially higher in neighbourhoods of equivalent deprivation in more affluent local authorities.
  o A positive correlation between neighbourhood deprivation and looked after children rates was identified for white children and children of mixed ethnicity. There appeared to be no difference between

socioeconomic groups and looked after children rates for black and Asian communities, which may show a difference in service delivery for children in different communities.

- Other groups:
    - o Age – the committee raised that younger children may need specific consideration
    - o Sex/gender - A greater proportion of looked after children in England are boys than girls (at the end of March 2108, 56% versus 44%). The committee raised that it can be harder for boys to get care placements.
    - o Gender identity/gender reassignment - the committee raised that children and young people who are transgender may experience poorer outcomes compared to children and young people who are not transgender the committee raised that this can influence the success of care placements
    - o Sexual orientation – children and young people who identify as lesbian, gay, bisexual may experience specific challenges such as stigma, discrimination, bullying and mental health difficulties. The fear of rejection and placement breakdown prevents some young people coming out.
    - o Religion/belief – the committee raised that this can influence the success of care placements
    - o Children with cognitive, developmental and behavioural issues – the committee raised that looked after children often display symptoms of health issues that fall just below the threshold for diagnosis and therefore treatment. This group may experience poorer outcomes and less success in terms of care placements than looked after children without health issues that fall below the threshold for diagnosis and treatment.
    - o Children placed in residential care homes - the committee raised that this group may experience poorer outcomes compared to children and young people looked after in other types of residential placements.

    - o Children and young people not in school – compared to all children, looked after children are over five times more likely to have a fixed exclusion from school. They are also more likely to be permanently excluded; in 2016 0.10% of looked after children were permanently excluded from school, compared to 0.08% of all children. Consideration will need to be given to the most effective ways to deliver interventions to improve health, wellbeing and educational outcomes in looked after children who are excluded from school.

    - o Children and young people in the criminal justice system – the committee raised that this group may experience poorer outcomes compared to children and young people who are not in the criminal

justice system
- o Children and young people with current or previous substance misuse behaviour – the committee raised that this group may experience poorer outcomes compared to children and young people who have not misused substances.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Positive outcomes are known to be more difficult to achieve in these population groups and therefore specific recommendations in these groups may need to be made to address this.

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Approved by NICE quality assurance lead: Simon Ellis

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