

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

Minutes of a meeting of the Children and Young People Scrutiny Committee held on Tuesday, 22nd May 2012 at 6.00 pm in the Scrutiny Meeting Room, Civic Offices, Telford

PRESENT: Councillors G Green (Chair), M. Ion, A. Mackenzie, C. Turley and Co-optees S. Ali, A. Atkinson.

Attending: Clive Jones, Assistant Director Family & Cohesion Services; Di Partridge, Service Delivery Manager Children's Specialist Services; Michael Bennett, Lead Joint Commissioning and Contracting Manager; Stephanie Jones, Scrutiny Group Specialist; Tracy Clarke, Scrutiny Officer.

CYPSC-51 MINUTES

RESOLVED – that the minutes of the meeting of the Children and Young People Scrutiny Committee held on 19th April 2012 be confirmed and signed by the Chairman.

CYPSC-52 APOLOGIES FOR ABSENCE

Cllrs. S. Burrell, J. Greenaway, K. Guy, J. Loveridge and Co-optees S. Harris, M. Ward.

CYPSC-53 DECLARATIONS OF INTEREST

None

CYPSC-54 CHILDREN IN CARE MONITORING INFORMATION

Members considered the standing monitoring information for children in care which had been circulated with the papers for the meeting and made the following observations:

- That the Committee should continue to monitor information relating to children in care at each meeting, but that data needed to be analysed, set in context and challenged.
- The Committee should link into the cross-party Corporate Parenting working group and the Children and Families Board, and requested that their action plans be brought to a future meeting.
- The Committee will need to agree its priorities for scrutinising corporate parenting issues during 2012/13 as part of its work planning.

CYPSC-55 CHILDREN'S AUTISM STRATEGY

The Telford & Wrekin All Age Autistic Spectrum Conditions Strategy 2012-2015 had been reviewed by the Health Scrutiny Committee in March, and had been referred to the Children & Young People Scrutiny Committee to look at the elements for children in more detail. The Strategy, various public information packs and the Telford &

Wrekin ASD Referral Pathway for school age had been circulated to Members before the meeting.

Michael Bennett, Clive Jones and Di Partridge made some introductory points:

- The Autism Act had placed a requirement on local authorities to develop an Autism Strategy for adults by March 2012. In Telford & Wrekin a decision had been taken to develop an all-age Strategy had this work had been overseen by a Strategic Steering Group including Shropshire and South Staffordshire Health NHS Foundation Trust (the mental health trust) and local partners. The Carers' Forum and other stakeholders had been involved. The Strategy had been signed off at the end of March, but further work was on-going especially around the transition pathways from children's to adult services. The Transition team covered age 14-25.
- Some key issues were identified as:
 - The difficulty in identifying and diagnosing Autistic Spectrum Conditions (ASC) - the spectrum is wide, and behaviour exhibited may be the same as children with language, behavioural, social or emotional difficulties.
 - The need for early recognition so that the right support can be provided, and the need for clear pathways from children to adult services where young people can lose support or fall through the net.
 - The lack of special school provision within the borough - children placed out of borough can be "hidden" and difficult to repatriate, and the costs are high.
 - Lack of awareness amongst parents about how to access support.
 - The need to support parents to help them manage ASC.
 - Difficulty of collecting accurate data to inform provision and measure progress - children may be misdiagnosed or undiagnosed.
 - Potential lack of awareness within schools.
- Michelle Troth was the Autism Co-ordinator in Telford & Wrekin. The responsibilities of the role included supporting parents with information and sign-posting, co-ordinating work with partners, supporting training and awareness raising, liaising with schools and data collection. An early intervention, multi-disciplinary unit had been set up to support children age 2-5 and their families. Work was done with schools and the ASD referral pathway had been developed for school age children.

Members considered the information provided, and the following additional information was given in response to further questioning:

- It was agreed early intervention was key. The early intervention, multi-agency hubs included mental health practitioners, and support would be put in wrapped around the child. Michelle Troth supported multi-agency working by collecting information from assessments and passing it on to diagnosticians. There was a good diagnostic unit at Stepping Stones.
- The Autism Co-ordinator provided information and sign-posting so parents know where to access help, and can be supported to help them manage ASC behaviour. A range of professionals could be involved such as educational psychologists,

speech therapists etc. Parent support groups were being set up. A record of children with disabilities was being built up so that information and support could be provided, and provision planned. The impact on siblings was also important and CAMHS had been involved in helping siblings to develop coping strategies. Members could refer parents and carers in their wards to the Autism Co-ordinator and contact details would be circulated after the meeting.

- Training and support was being put in place to bring schools across the borough up to a consistent standard. Teachers needed to be vigilant to notice the signs of autism, and to help children and young people diagnosed with ASC learn how to cope with situations they find difficult and to prepare them for life outside school. The secondary schools in Telford & Wrekin were generally good, and some had put in extra training for staff and were getting accreditation. Outreach workers delivered training in schools. Primary schools were generally aware of the issues and head teachers tended to know which secondaries would be sympathetic to the needs of the child so that they could be referred appropriately. However, the approach to the transition between years 6 and 7 was patchy and there was a need to improve communication links and share best practice. Members suggested this could be discussed at meetings of primary and secondary heads.
- Historically, the typical referral pathway had been from GPs direct to CAMHS, but the ideal pathway was for GPs to refer to the Early Intervention hubs to access the multi-agency teams including mental health practitioners. Progress is monitored and if necessary, a referral can then be made to CAMHS. More work needed to be done with GPs because this referral pathway was not always followed.
- With regard to quantifying the number and needs of children with ASC, this was problematic. Children on School Action Plus (SAP) or assessed as having Special Educational Needs (SEN) was a starting point, but some children with Behavioural, Emotional and Social Difficulties (BESD) may have been statemented as ASC because they exhibited the same signs, and children with multiple needs may have been statemented as ASC when they had more complex needs. There had also been a “labelling trend” towards ASC as a relatively new condition which further skewed the picture. It was therefore not possible to quantify the actual number of children with ASC from these records. Quantifying the number of children with ASC diagnoses was also problematic as there were three diagnostic centres - Children’s Development Centre, paediatricians and CAMHS - and the information was not centralised. Accurate data collection was a national problem and other authorities were in the same position. This made it difficult to target support, plan provision and measure progress. To address the issue, the Autism Co-ordinator was working with professionals to pull this information together and build up the record of disabilities which would give a more accurate position. The aim was to develop one plan which would be trialled in the Children’s Development Centre and the Council’s restructure supported this joined-up approach.
- Adults with ASC could apply for Disability Living Allowance although it was not easy to make the claims because the forms were so long. In many cases, people diagnosed with ASC were quite capable of living working and living without support.

- The Committee had previously received the Cabinet report on the proposed changes to Jigsaw. The aim was to develop Jigsaw as a school for Autism. In the short-term, the contract with the existing education provider had been extended while detailed plans were worked up but an intensive programme had already started and the intention was to gain accreditation as a centre of excellence for Autism.
- The Transition team was planning ahead to reduce the risks that happen when a young person moves into adult services. The loss of structures when a young person leaves school or moves to adult services can be very challenging and lead to worse behaviour. This is also a difficult time for parents and some are not able to cope with the extra pressure. Parents Opening Doors (PODS) is a forum for parents and carers of children with disabilities which supports parents in these kinds of situations. Housing can become an issue at this time and the Homelessness service has been brought into the Cohesion Team to integrate services.
- The Autism Co-ordinator post was funded by the PCT and there was no reason to think that the funding would be withdrawn. The Council was looking to strengthen the commissioning relationship with the Clinical Commissioning Group which would be the commissioning body once the PCT was abolished. Any issues with the funding would be flagged up to the Council. It was felt that there was sufficient capacity with a single post because of the level of support available across the team.

Members requested examples of where the Autism Co-ordinator post had saved money from early intervention.

CYPSC-56 WORK PROGRAMME

Cllr. Green reminded members that this was the last meeting of the municipal year and that the work programme would be agreed by the Committee early in the new municipal year.

Austin Atkinson on behalf of the Committee thanked Cllr. Green for Chairing the Committee over the last year and for the way she had handled some sensitive matters. The Chairman thanked Tracy Clarke for her hard work in supporting the Committee and members wished her well in her new role.

The meeting ended at 8.15 pm

Chairman:

Date:

SCRUTINY BRIEFING NOTE: Children in Care Commissioning Strategy and Sufficiency Duty

Our strategy (2010 – 2013) outlines our plans to meet the placement needs of Children and Young People in Care (CIC) and on the edge of Care.

The strategy covers the service vision for CIC placements, our local needs analysis, identification of service development areas, recommendations and an action plan.

The sufficiency duty is a duty on the LA under the Children & Young Person Act 2008 to ensure that there are sufficient local placements (so far as reasonably practicable) to meet the needs of children in care, to stimulate and support the market to deliver placements, and to provide placements which meet the needs of CIC (targeted, complex and acute).

The key objectives of our strategy are to:

- Improve placement stability (*through the skills of foster carers and by utilising appropriate, good and well matched provision*)
- Promote use of special guardianship or residence orders as alternatives to care where appropriate
- Develop and strengthen early intervention and prevention services and safeguarding (*through the Council's Service restructure*)
- Develop local foster care provision, particularly internal provision (*by having a targeted recruitment campaign*)
- Increase capacity of local residential and appropriate provision and stimulate the market (*through the framework tenders and market development activity*)
- Ensure robust information and tracking of education requirements
- Ensure that placements and resources have good effective evidence models to improve outcomes for CIC (*through the framework tender, contracted outcomes, reporting and monitoring*)
- Collaborate with multi agency partners to provide flexible packages to prevent admission to care, support the needs of CIC in care and provide support to return home.
- Identify permanence planning options earlier in care planning

CYP Scrutiny Committee Briefing 18th September 2012

Areas of Scrutiny:

- For children placed in residential homes, how the quality of the homes is assessed – at minimum the Ofsted rating.
- Quality assurance arrangements (by whom and how) for monitoring the progress and safety of children placed out of borough.

1. Regulatory Body Inspections - Ofsted

The judgements used by Ofsted in relation to registered children's homes are:

- Outstanding
- Good
- Adequate
- Inadequate

Residential Care Homes

In July 2012, the children in residential care were placed in 24 registered care homes. One of those was a secure unit and 4 in independent special schools. Of the residential care homes none of the 24 homes are judged as less than good.

The secure unit is adequate but if placed as a result of a court order then we have to use that provision. The school placements are good but one Welsh school (not Ofsted) does not have a defined rating.

2. Contracting/Commissioning - Our QA actions

All residential care providers and foster care agencies are contracted to the Council via either:

1. A block contract
2. The West Midlands Regional Residential Framework Contract (implemented in May this year)*
3. Spot Contracts using the West Midlands Regional residential Contract
4. The sub regional foster care framework contract (implemented in April last year) *
5. The West Midlands foster care spot contracts
6. Supported Accommodation contracts

*Both of these were subject to recent tenders and as such a comprehensive validation process was undertaken to quality assure the provider and the individual provision using Ofsted reports, financial validation, insurance validation etc. We also carried out our own quality evaluation of the providers as part of that tendering process. Involving Young People

Providers are signed up the West Midlands Database which stores information on the providers including their most recent Ofsted inspections which the providers are asked to upload. As part of our placement process we also double check the most recent Ofsted judgement via the Ofsted website using the homes URN prior to a placement being made. The service providers are also contractually obliged to

advise us of any changes in their Ofsted judgements. All block contracts also have this obligation.

We have two Quality monitoring officers recently appointed who have commenced a schedule of quality monitoring visits to provision. The risk matrix will identify amongst other risk areas the location of the home in relation to distance from the Borough if out of area.

If we have a concern with the standard of provision either through the Ofsted report or through other local or regional intelligence (we have robust links with all 14 West Midlands authorities and share soft and hard intelligence on a regular basis) then we will either contact the provision to follow up/ liaise with our regional partners and the "Lead Authority" or undertake a visit to the home/provider. We will also ask for a copy of the relevant action plan and follow this through. We have an agreed suspensions procedure which we use when we make a judgement that it is not safe to place for any reason.

We have currently suspended use of one foster care agency due to practice issues and organisational management issues and have one suspension with a care home due to financial viability concerns.

3. Role of the Case holding Social Worker

Social Workers have the same responsibilities to children whether the child is placed in residential care, external or internal foster care, or within a pre-adoptive placement. Social Workers have clear professional and statutory obligations and responsibilities for all children and young people in care. There is a statutory written care plan developed in consultation with children and young people, parents, carers and professionals that is subject to regular review. This plan states the aims and objectives of the placement, promotes education and the health needs of young people, and addresses their emotional and psychological needs. It outlines practical contact with family members and, where appropriate, preparation for leaving care.

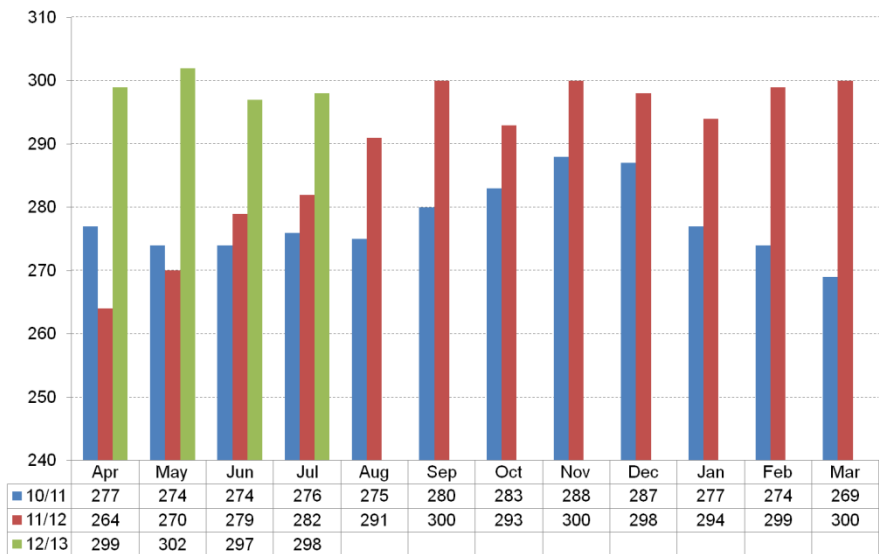
The key responsibilities of social workers are to ensure that young people are safe, their rights protected and that their care plans are relevant and regularly reviewed. In relation to C&YP in residential care, social workers should:-

- Provide sufficient background information about the child to the residential unit.
- Seek a copy of the last inspection and monitoring report where available. Speak with the Brokerage Team to get their view of the residential Unit.
- Visit the residential unit prior to placement of the child, and check that the unit is suitable for the child in terms of the other young people already there.
- Prepare a care plan as required as the delegated authorised person.
- Make arrangements to hold care plan reviews.
- Ensure that young people and parents are invited and their views are represented during the review and are reflected in decisions.
- Visit the child within statutory requirements.
- Be aware of all significant events involving the child and take appropriate action on receipt of written notifications. These would include self-harm attempts, medical assistance required, criminal activity and others.
- Be satisfied that the child is safe and well cared for in the Unit.

- Keep in regular contact with the child through phone calls and visits.
- Always meet the child or child whose placement you supervise in private, even briefly, to give them an opportunity to express any concerns.
- Make arrangements to visit the child separate from access visits, meetings and reviews.
- Consult with the young people and their families about decisions that affect their life and future.
- Encourage contact with family members taking into account court stipulations and wishes of the children.
- Maintain the original educational placement for the child and ensure educational assessment is carried out if needed.
- Give the child a good understanding of being in care and the wider care system including your role as a social worker and safeguarding responsibilities.
- Know the local process for making a complaint and seek to resolve complaints in accordance with this process.

CHILDREN IN CARE – MONTHLY PERFORMANCE DASHBOARD 31/7/2012

Children In Care at Month End



The average number of children in care (monthly) for Aug 2010-Jul 2011 was 277. For the same period in 2011/2012 the average number of children in care monthly was 297. This is a 7.2% increase.

New Children In Care by Age Group and by percentage of CIC population (Based on a rolling year)

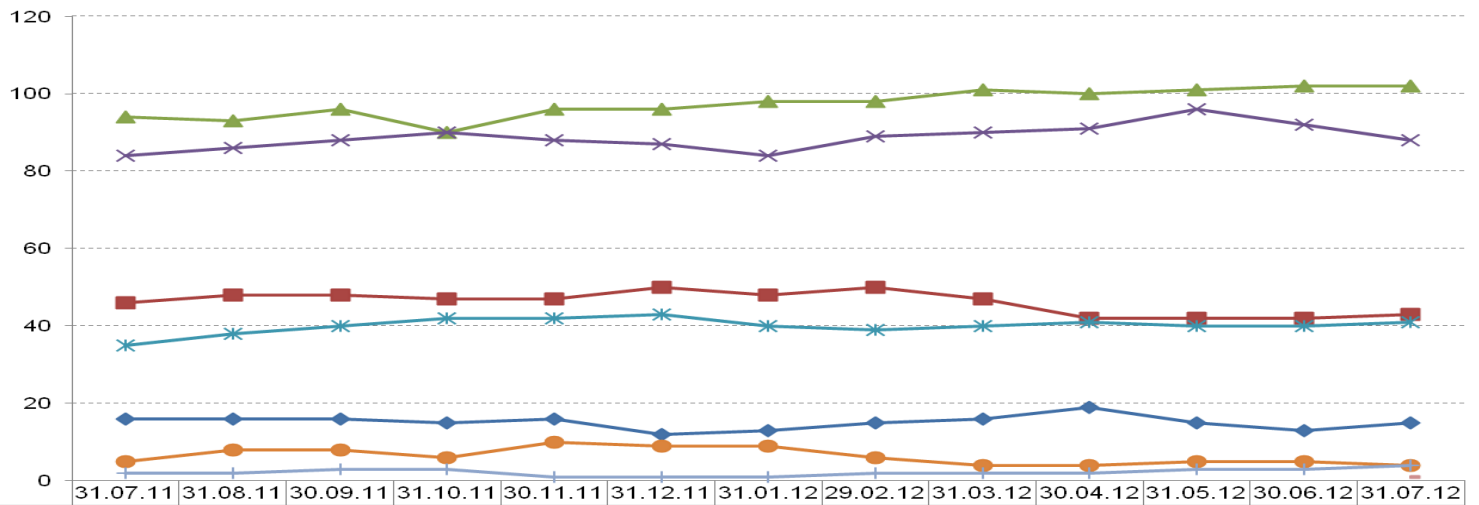
	01/08/09 - 31/07/10	% of new CIC	01/08/10 - 31/07/11	% of new CIC	01/08/11 - 31/07/12	% of new CIC
Under 1	36	34.3%	30	24.8%	33	24%
1-4 Years	12	11.4%	26	21.5%	36	26%
5-9 Years	9	8.6%	30	24.8%	23	16%
10-15 Years	43	41.0%	32	26.4%	45	32%
16+ Years	5	4.7%	3	2.5%	3	2%
	105		121		140	

Based on data for a rolling year the percentage of children coming into care aged 10-15 between 10/11 and 11/12 has increased from 26.4% to 32%, (13 young people). Overall numbers of new episodes of care have increased significantly in 2011/12, but the running total remains stable since Sept 2011 as we are better at moving on their care plans to a return home or other permanent alternative to care. The number of under 5's coming into care has risen slightly in comparison to previous years in the same period (Previously approx 45-46% and now account for 50% of new CIC)

Cessations in 2011-2012 split by age and reason

	Cessations in 2011-2012 split by age and reason						Total Cessations Apr-Jul 2012	
	Under 1	1-4 Years	5-9 Years	10-15 Years	16+ Years	Grand Total		% of total cessations
E11 - Adopted – application unopposed	1	4	1			6	4.8%	3 (7%)
E12 - Adopted, consent dispensed with		19	1			20	16.1%	5 (12%)
E4 - Returned home to live with parents (no order)	5	15	12	27	2	61	49.2%	18 (43%)
E41 - Returned home - Residence order				1		1	0.8%	2 (5%)
E43 - Special guardianship order made to former foster carers		6				6	4.8%	2 (5%)
E44 - Special guardianship order made to carers other than former foster carers							0%	1 (2%)
E5 - Independent arrangement with formalised support					18	18	14.6%	7 (17%)
E6 - Independent arrangement (no formalised support)		1			2	3	2.4%	
E7 - Transferred to adult social services					2	2	1.6%	1 (2%)
E8 - CLA ceased for any other reason	1	1	2	1	1	6	4.8%	3 (7%)
E9 - Sentenced to custody				1		1	0.8%	
Grand Total	7	46	16	30	25	124		42

**Children In Care / Supportive Accommodation at Month End
by Placement Type (based on a rolling year)**



	31.07.11	31.08.11	30.09.11	31.10.11	30.11.11	31.12.11	31.01.12	29.02.12	31.03.12	30.04.12	31.05.12	30.06.12	31.07.12
Placed for Adoption	16	16	16	15	16	12	13	15	16	19	15	13	15
Q1 - Rel/Friend	46	48	48	47	47	50	48	50	47	42	42	42	43
Q2 - Local Auth Carer	94	93	96	90	96	96	98	98	101	100	101	102	102
Q2 - Agency Carer	84	86	88	90	88	87	84	89	90	91	96	92	88
Residential Placements	35	38	40	42	42	43	40	39	40	41	40	40	41
P1 - Placed with Parents	5	8	8	6	10	9	9	6	4	4	5	5	4
P2 - Supportive Lodgings	2	2	3	3	1	1	1	2	2	2	3	3	4
Z1 - Other Placement													1

Placement Type	Children in Care at 31.03.12	Weekly Unit Cost 2011/12	Children in Care at 30.04.12	Weekly Unit Cost April 2012	Children in Care at 30.06.12	Weekly Unit Cost June 2012	Children in Care at 31.07.12	Weekly Unit Cost July 2012
Placed for Adoption	16	N/A	19	N/A	15	N/A	15	N/A
Relative/Friend Carer	47	£225	42	£237	42	£234	43	£233
LA Carer	101	£279	100	£291	102	£274	102	£278
Agency Foster Carer	90	£798	90	£808	92	£809	88	£808
Residential Placements	40	£3,493	40	£3,141	40	£3,097	41	£3,054
Placed with Parents	4	N/A	4	N/A	5	N/A	4	N/A
Supportive Lodgings	2	N/A	2	N/A	3	N/A	4	N/A
Other Placement							1	N/A
TOTAL =	300	*£832	299	*£804	299	*£813	298	*£800

34.2% of children were placed in LA foster Care at end of July 2012 which is a slight increase from the same point last year (33.3%).

Overall 78.2% (232) of our looked after children are placed in foster care, including relative/ friend carers, in comparison to 79.4% (2011) who were in foster care at the same point last year

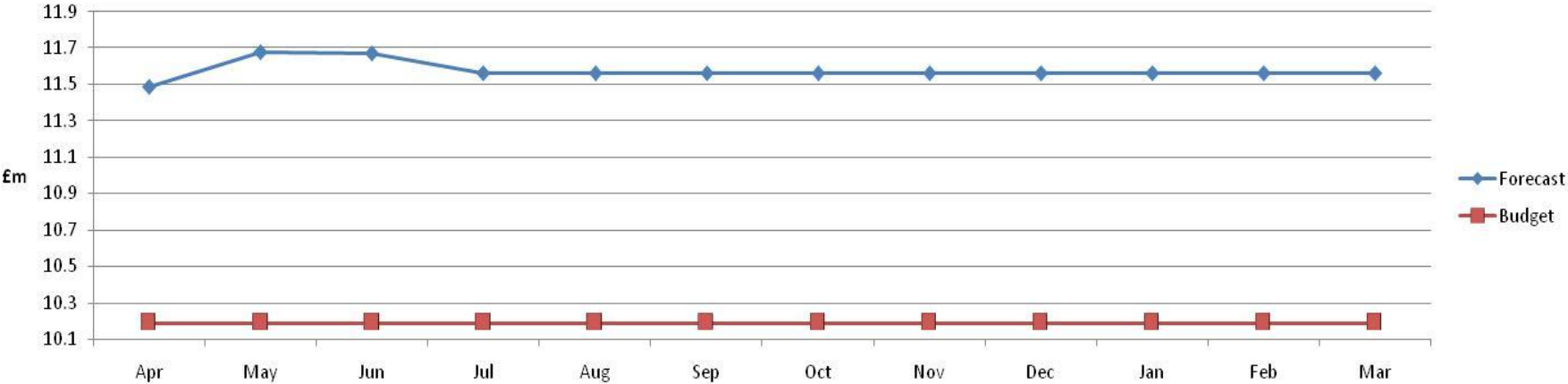
Of the 41 children and young people in residential placements, 16 are in specialist care, including 2 in hospitals and 2 in secure.

The 'other placement' referred to in the table is for a young person who is due to turn 18 who has moved to a placement supported by adults services.

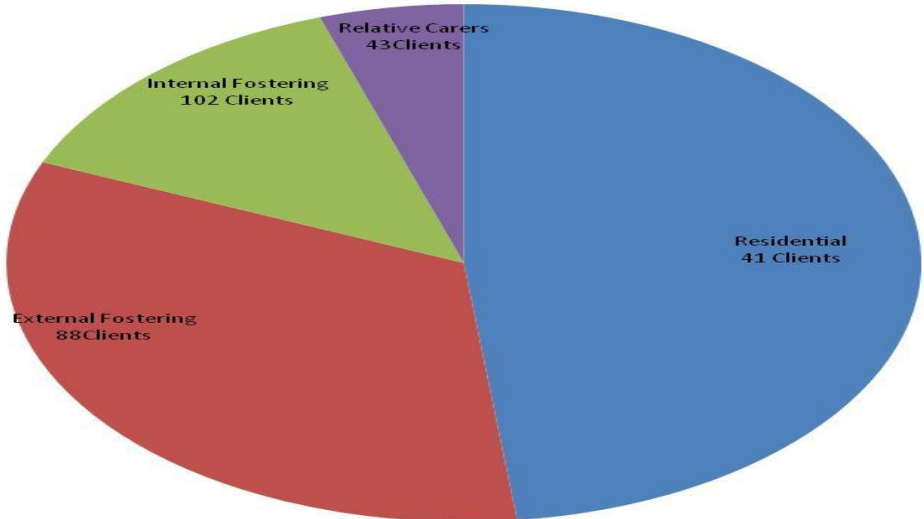
* **The Total weekly unit cost** is calculated by dividing the full year forecast for all placements by the total number of weeks forecast for all placements.

Placement Cost Analysis – Year 2012/2013

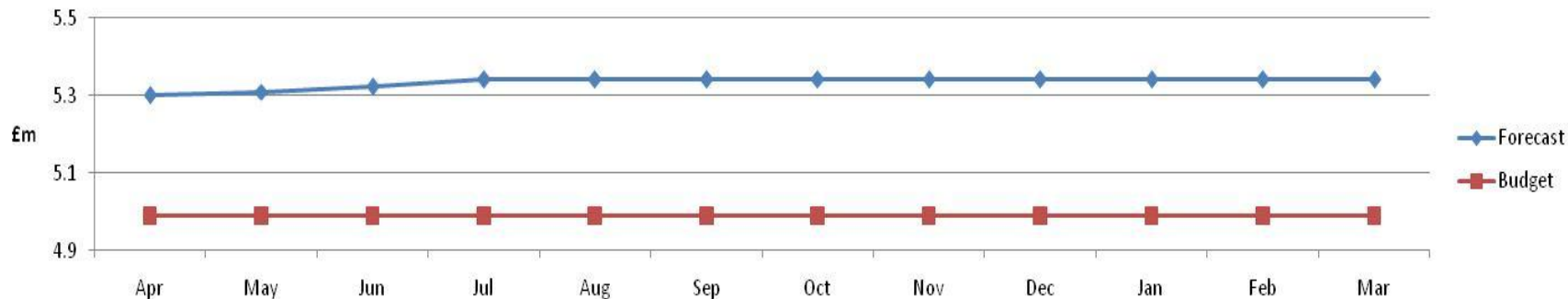
Total Placement Costs



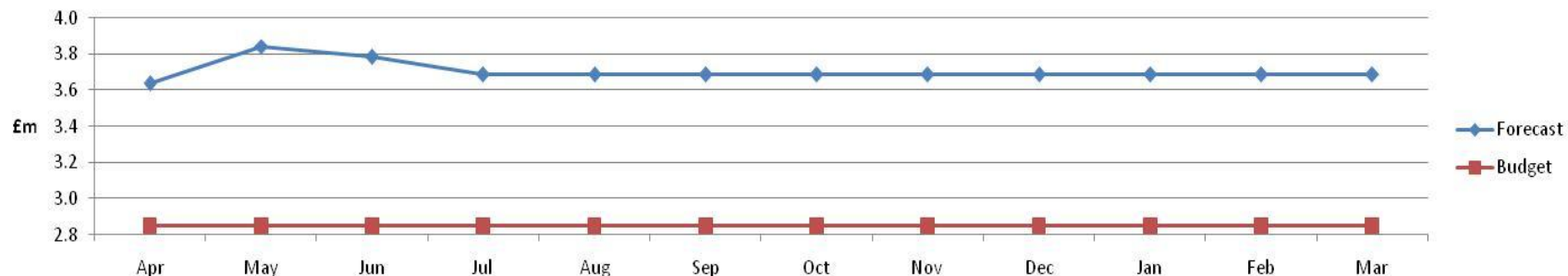
Total Cost of Placements 2012/13



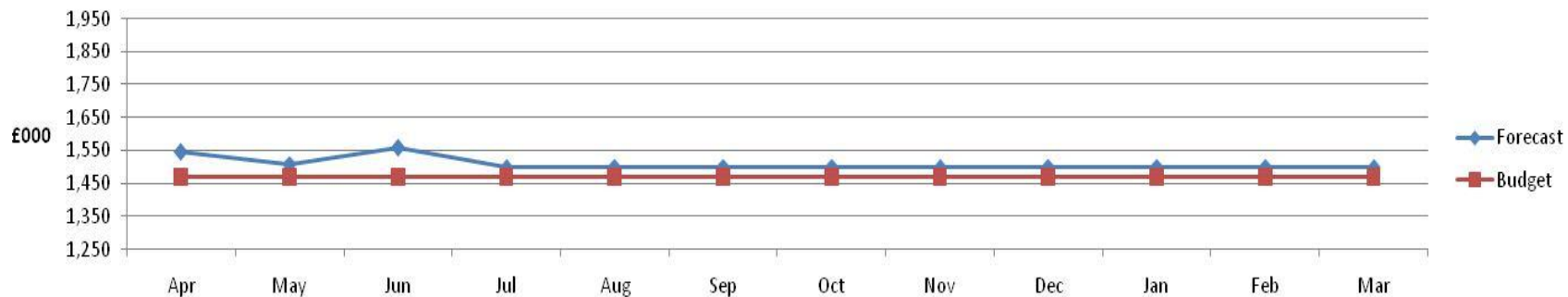
Residential



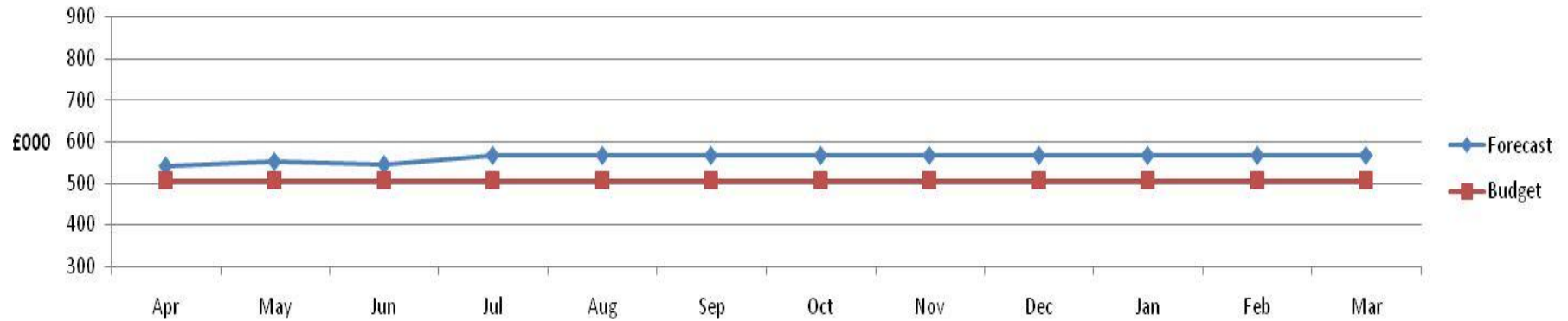
External Fostering



Internal Fostering



Relative Carers



Key examples of progress on delivery of action plan to reduce numbers of CIC and costs

Early Intervention

Analysis of issues being referred to the Helpdesk and case audits by children's Service Delivery Managers shaping implementation of Family Connect and access to other Family and Cohesion services. Family Connect base established, Helpdesk relocated and rebranded within Family Connect. Triage being implemented within FC from October 2012.

Commissioning and Procurement

Regional residential placements Contracting Framework now in place (reduced costs of individual placements) Renegotiation of care costs of Jigsaw complete. Two Quality Monitoring Officers have now been added to the team to check that contract terms are being met. Working group set up to remodel previous long term residential care home at Jigsaw to develop into a short term assessment home.

Safeguarding and Corporate Parenting

Workshops planned to develop new model of working for Child Protection conferences which focuses on the child's lived experience. Agreement within safeguarding of planned analysis of themes to speed up care planning to achieve some kind of permanent placement for children in care – including safe return home. Weekly challenge by AD regarding care plans for new CIC

Improvements in Internal Provision

Review of reports to Foster Panel completed to release additional staff capacity to assess and support council foster carers Report to Cabinet to increase allowances for internal foster carers equivalent to competitors

Performance Area	Target	July 2012	Rolling Year Data	Status and Comments	2011/2012	Good performance direction
% of LAC aged 10-16 in foster placement or placed for adoption	80%	77.5% (86/111)	N/A	The percentage of children placed in a foster placement or for adoption is slightly lower than at year end.	78% (89/114)	Higher = Better
The percentage of sessions missed due to overall absences for children who have been looked after for at least twelve months at 31 March	No Target Set	Not yet available	N/A	Information taken from adoption scorecard. Latest data available is March 2011, where T&W were ranked 17 th (Best performance ranked as number one)	3%	Lower = Better
Number of looked after children adopted during the year as a percentage of the number of children looked after 6 months plus as month end	12%	4.3% (11/258)	Number adopted 01/08/10 – 31/07/11 39 01/07/11 – 31/07/12 26	At the same point last year 7.4% (17 children) had been adopted between 01/04/2012 and 31/07/2012. (This includes 3 Special Guardianship Orders) As at 31 July 15 children are placed for adoption. Further Analysis is being done to understand whether we will meet our target and if not, why not	12.8% (32/250)	Higher = Better
Adoptions within best interest timescales	100%	100% (8/8)	N/A	Please note that the 11 in the previous indicator (number of adoptions includes three special guardianship orders which is the criteria for that indicator)	96.1% (25/26)	Higher = Better
New foster care households approved in the year)	14 New households 18 new places	Net Approvals 1 Households 1 Placements	Net - 01/08/10 – 31/07/11 01/08/11 – 31/07/12	Between 01/04/2012 and 31/07/2012 we approved 7 households – 3 Mainstream and 4 Kinship. (7 Kinship and 2 Mainstream were de-registered). Therefore this shows a net gain of 1 Mainstream household. 6 of the 7 deregistration of kinship carers are households who have not cared for a child since 2011. Further analysis is being completed to predict likely approvals for the remainder of this year. (Deregistrations are harder to predict)	Net Approvals 12 Households 11 Places	Higher = Better
% of children with 3 placements plus in the year (this includes repeat episodes of care)	8%	1% 3/298	01/08/10 – 31/07/11 9.7% (29/298) 01/08/11 – 31/07/12 8.9% (25/282)	As at the end of July 2012, 3/298 children had three placements plus This mirrors the same point last year when 3/284 children had three placements plus. (There were 31 children on 2 placements as at 31/07/2012).	8.3% (25/300)	Lower = Better
CIC for 2.5 years with same placement for 2 years	79%	77.8% (81/104)	N/A	As at the same point in the previous year (July 2011) 73% of children who had been looked after for 2.5 years were in placement for two years.	79.2% (84/106)	Higher = Better

Ethnicity of Children In Care

	No of BME	Population	%
Children in Care from a BME background as at 31/07/2012	40	298	13.4%
Foster Carers from a BME background as at 31/07/2012	9	229	3.9%
% of BME children placed with LA Foster Carers from a BME background as at 31/07/2012	5	38	7.9%
% of children in T&W from a BME Group taken from 2010 School Census	2721	21926	12.4%

At the end of July 2012, 31 children in care were from a Black or minority ethnic (BME) background.

24 of these children are placed in LA foster care. Of these 5 are placed with BME carers.

7 of these children are placed with agency foster carers, 2 of which are placed with BME carers.

There are nine carers from a BME background this relates to 7 households.

12.8% of the CIC population are from a BME background and 3.9 % of fostering households are from a BME background.

Disabled Children that are looked after, with placement breakdown

Type of Placement	Mar-10	Mar-11	Mar-12	Jul-12
LA Foster Carer	51.72%	53.57%	37.14%	41%
Agency Foster Carer	3.45%	7.14%	17.14%	15.4%
Homes & Hostels	31.03%	28.57%	37.14%	33.3%
Relative/Friend	13.79%	10.71%	8.57%	7.7%
Other Placement (Adult placement)				2.6%

As at the end of July 2012, there were 39 children with a disability who were looked after. 64.1% are placed in foster care in total (including relative carers). 2 children are allocated to the Children In Care team and the rest are allocated to workers in the Disabled Children's Team.

Of the 13 placed in residential care, 5 have been in care for less than a year, 2 have been in care for between 1-2 years, 1 has been in care for just over 2 years and 5 have been in care for 3 years plus, Of these children 7 have been in the same placement for more than 1 year.

Of the 25 children in foster care, 3 have been in care for under 1 year, 2 have been in care for 1-2 years, 3 have been in care for between 2 and 3 years and 17 of the children have been in care for three years plus. Of these, 22 have been in the same placement for one year plus.

The young person in an 'other placement' has recently been moved to an adults supported placement as she is due to turn 18.

Percentage of Children in care reaching level 4 in English at Key Stage 2					
Year	07/08	08/09	09/10	10/11	11/12
Telford and Wrekin	50	66.7	50	29	
National	46	46	45	50	
Compared to outcomes for all children:					
Telford and Wrekin	77	78	78	81	
National	81	80	80	81	

Percentage of Children in care reaching level 4 in mathematics at Key Stage 2					
Year	07/08	08/09	09/10	10/11	11/12
Telford and Wrekin	60	55.6	50	14	
National	44	46	44	48	
Compared to outcomes for all children:					
Telford and Wrekin	75	76	78	80	
National	79	79	79	80	

Percentage of Children in care reaching level 4 in English and Maths at Key Stage 2					
Year	07/08	08/09	09/10	10/11	11/12
Telford and Wrekin				14	
National					
Compared to outcomes for all children:					
Telford and Wrekin				73.7	
National				74	

Percentage of Children in care achieving 5+ A*-C GCSE (or equiv.) at KS4 incl. English and maths					
Year	07/08	08/09	09/10	10/11	11/12
Telford and Wrekin	23	7	10.5	20	
National	8.6	9.8	11.6	12.8	
Compared to outcomes for all children:					
Telford and Wrekin	44.6	47.7	55.9	57.6	
National	47.3	50.7	55.3	58.4	