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Children in Care

in Northern Ireland 2021 - 22

Statistical Bulletin



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Content

Content 2	
Reader Information	4
Key Findings	6
1. Introduction	8
1.1. The Children Order	8
1.2. The OC2 Community Information Return	8
2. Children in Care 2021-22	10
2.1. Number of children in care	10
2.2. Age and Gender	11
2.3. Religion and Ethnicity	11
2.4. Disability	12
2.5. Dependants	13
2.6. Trust Profile	13
3. Health	16
3.1. Development & Health Assessments	16
3.2. Immunisations	17
3.3. Dental Checks	18
4. Placement	19
4.1. Placement Types	19
4.2. Placement Changes	21
4.3. Statutory reviews	26
5. School Age Children	27
5.1. Compulsory School Age	27
5.2. Personal Educational Plans	27
5.3. Children with Statements of Special Educational Needs (SEN)	28
5.4. Education Other Than At School (EOTAS)	29
5.5. Attendance and absenteeism	30
5.6. Suspensions	32
5.7. School changes	34
6. Educational Attainment	35
6.1. Exams and Assessments	35
6.2. GCSEs	36
7. Cautions / Convictions and Substance Misuse	38
7.1. Children and young people cautioned or convicted	38

7.2.	Substance misuse	39
8.	Young people who finished compulsory schooling in 2021/22	40
8.2.	School changes	40
8.3.	Gaps in Mainstream Education	41
8.4.	Current Activity	41
	Appendix A – Technical Notes	42
	Appendix B – Coverage of OC2 2021-22	46
	Appendix C – Placement definitions.....	47
	Appendix D – Tables	48
	Appendix E – OC2 data collection form 2021-22	49
	Appendix F – Consultation on removing questions from the OC2 data collection	50

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The statisticians within IAD are out posted from the [Northern Ireland Statistics & Research Agency](#) (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the [Code of Practice for Official Statistics](#).

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About Community Information Branch: The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services by providing quality information and analysis.

We collect, analyse, and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions. All publications can be found on the [Department of Health's website](#).

Our Vision and Values

- Provide up-to-date, quality information on children and adult social services and community health;
- to disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and
- be an expert voice on social care information.

Key Findings

This statistical bulletin presents findings from annual information returns of children and young people who have been in care continuously for twelve months or longer. It details analyses relating to the child's placement and health, schooling and educational attainment. It also covers cautions and convictions and current activity for those that finished compulsory schooling.

- At 30 September 2022, 2,867 children and young people had been in care continuously for 12 months or longer;
- Of these, just over one sixth (16%) had experienced a placement change during the previous 12 months, which is similar to the previous two years;
- Having a statement of Special Educational Needs (SEN) continues to be more prevalent among the children in care of school age (27%) compared with the general school population (6%);
- Some 4% of school aged children and young people had full attendance through the 2021/22 school year, while 19% missed 25 or more school days for any reason (authorised or unauthorised absence); and
- Some 92% of young people in care for twelve months or longer and who were in Year 12 attained five or more GCSE at grades A* to G. Although not directly comparable, 97% of the general school leaver population (Year 12 – Year 14) attained five or more GCSE at grades A* to G. The equivalent figures for those achieving five GCSE at grades A* to C were 78% and 92% respectively.

Children in Care in Northern Ireland 2021–22

1. Introduction

1.1. The Children Order

[The Children \(Northern Ireland\) Order 1995](#) (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It affects all those who work and care for children, whether parents, paid carers or volunteers. The Children Order emphasises the unique advantages to a child being brought up within his or her own family. In practice, this means that the Order sees families as a major way of supporting and helping children. Health and Social Care (HSC) Trusts have the power and in some circumstances the duty, under the Children Order, to help children by providing services to their families.

A child can be referred to social services for a variety of reasons. When a child is referred, social services undertake an initial assessment to determine if that child is a 'child in need' as defined by the Children Order. If a child is considered to be a child in need, services should be offered to assist the child's parents/carers to meet that identified need. Should there be concerns that a child may be suffering or at risk of suffering 'significant harm', Social Services will conduct an investigation under Article 66 of the Children Order and respond appropriately. A Child Protection Case Conference may be convened and the child's name included on the Child Protection Register and a Child Protection Plan drawn up to safeguard the child. If there are significant concerns that indicate authoritative intervention is required Social Services may make application to the Court for a Legal Order to enable them to afford an appropriate level of safeguarding to the child. This may include removing a child from its family and into the care of the HSC Trust.

Children are taken into care for a variety of reasons, the most common being to protect the child from abuse or neglect. In other cases their parents could be absent or may be unable to cope due to disability or illness.

1.2. The OC2 Community Information Return

This publication presents the latest figures on children and young people in care in Northern Ireland. The OC2 community information return is specifically designed to collect information on children while they are in care, expressly for those who have been in care continuously for 12 months or longer. Together with two additional returns, OC1, which collects information on educational attainment of care leavers aged 16 to 18, and OC3, which covers the circumstances of care leavers at the time of their 19th birthday¹, they provide a comprehensive series of data on children and young people in care in Northern Ireland.

The OC2 return, first published in 2004, collects information relating to the educational qualifications², health and other key areas of children in care continuously for 12 months or

¹ Please see Appendix A: Technical Notes for further details on the OC publications

² From 2015/16, the majority of the educational information has been received from Department of Education NI.

more at 30 September each year. Comparisons are included where possible with the general Northern Ireland population and with looked after children in other UK countries. However, these should be treated with caution as they may relate to very different cohorts of children, or differing time periods.

2. Children in Care 2021-22

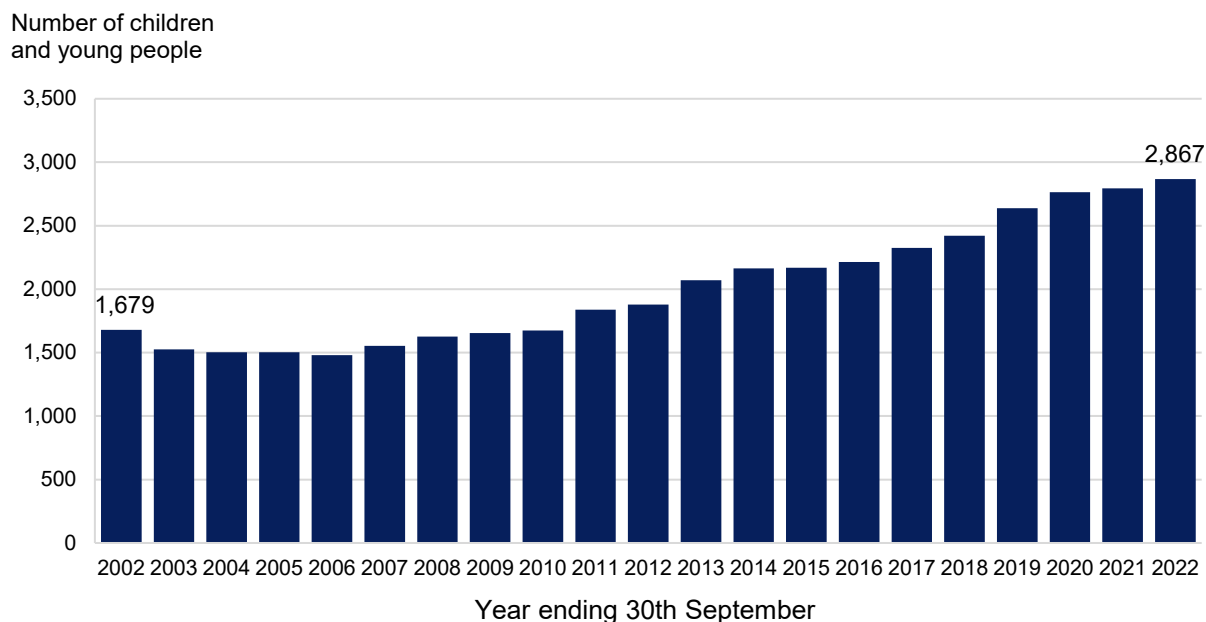
2.1. Number of children in care

At 30 September 2022, 2,867 children and young people who were in care in Northern Ireland had been continuously in care for more than a year³. Figure 2.1 outlines how the number of children in care for at least 12 months has risen year on year since 2006. The number of children in care in 2022 was 2.6% higher than the previous year, and almost double that of 2006 (94% increase), when the number was the lowest of recent years (1,480).

The 2,867 children and young people that had been in care continuously for at least 12 months represented a rate of 66 children per 10,000 population aged under 18⁴. The rate of looked after children in 2022 was higher than that in 2021 (63 children per 10,000 population aged under 18), which may in part be down to adjusted population estimates following the 2021 Census. Of recent years, the lowest rate occurred in 2006 when 34 children per 10,000 population had been in care for 12 months or longer.

Figure 2.1 Number of children in care continuously for 12 months or longer at 30th September (2002 – 2022)

Note: Numbers are estimated for 2004, 2005 and 2007.



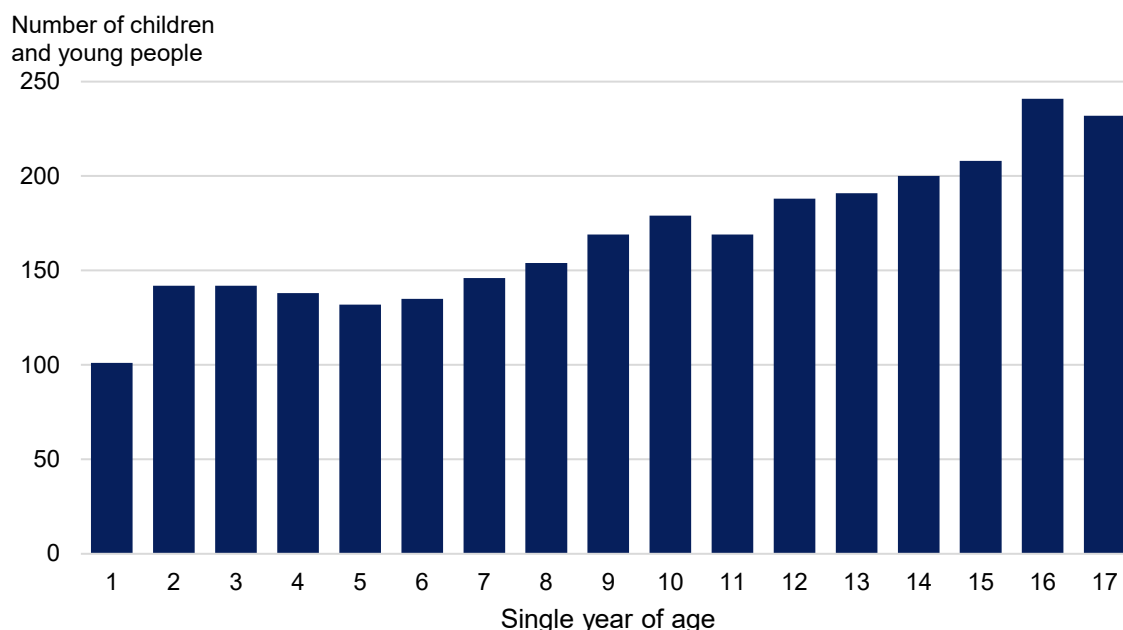
³ This figure may differ slightly from other sources due to categorisation and exclusions.

⁴ 2021 Mid-Year Population Estimates, NISRA 2022.

2.2. Age and Gender

At 30 September 2022, 54% of the children and young people who had been in care for 12 months or longer were male (1,550) and 46% were female (1,317). Similar to 2021, some 18% of the children were of pre-school age (1-4 years), 38% were of primary school age (5-11 years), 27% of post-primary school age (12-15) and 16% were 16 years or older. There were only minor differences in the age breakdown between males and females.

Figure 2.2 Number of children and young people in care continuously for 12 months or longer by single year of age (1 – 17 years) at 30 September 2022



2.3. Religion and Ethnicity

There was a higher proportion of looked after children from Catholic background (50%) than Protestant backgrounds (39%) in 2021/22, with 326 (10%) reported as having either 'No', 'Unknown' or 'Other' religious denomination⁵. These figures are similar to the previous year.

HSC Trust differences were observed in relation to religion, with more than four fifths of the children in the Western HSC Trusts having Catholic background (82%), compared to one quarter (24%) in the Northern Trust. The Northern HSC Trust had the highest proportion of 'No', 'Unknown' or 'Other' religion (24%), whereas the equivalent figure in the Western HSC Trust was 3%.

The ethnic grouping of the children in 2021/22 indicated that 93% (2,669) were White, and of the remaining 7% (198), 49 were Irish or Roma Travellers, 26 were Black and 123 were of Mixed, 'Other' or 'Unknown' ethnic backgrounds. Belfast HSC Trust had the lowest population of white ethnic background (89%) whereas the Western HSC Trusts had the highest at 97%.

⁵ See tables for details.

2.4. Disability

HSC Trusts were asked to indicate if children were disabled in accordance with the definition below:

“The child has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities”.

Using this definition, 18% (509) of the children in care for more than 12 months were reported as disabled in 2021/22, a 2 percentage point increase from the previous year. Furthermore, a higher proportion of males (23%) than females (12%) were disabled. Although not directly comparable, the NI Census 2021 found that 9% of children in Northern Ireland had a health problem or disability (long-term) where their day to day activities were affected⁶. It would therefore suggest that having a disability is more prevalent among looked after children than the general child population.

Table 2.1 below sets out the frequency of different disability types. The majority of the disabled looked after children had autism (35%) either on its own or in combination with another disability. This was followed by a learning disability (30%) and severe learning disability (15%). A further 15% of the disabled children fell into ‘Other’ categories⁷.

Table 2.1 Children in care continuously for 12 months or longer with a disability and type of disability (2021/22)

Note: 51 of the 509 children with a disability were recorded as having multiple disabilities and are therefore included in more than one category.

Note 2: Autism may include children with ADHD.

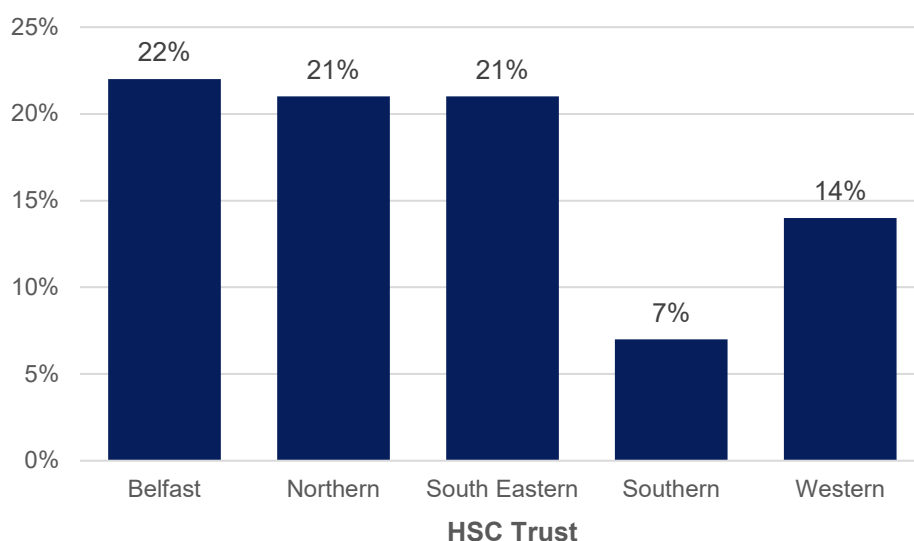
Type of disability	Proportion of children and young people with disability
Autism	35%
Learning disability	30%
Severe learning disability	15%
Physical disability	6%
Visually disabled	4%
Hearing impaired	2%
Mental health disability	2%
Other disability (including unknown disability)	15%

A third (33%) of the children in care in Belfast were noted to have a disability, compared with a quarter (24%) in Northern HSC Trust, 22% in the South Eastern HSC Trust, 14% in the Western HSC Trust and 7% in the Southern HSC Trust.

⁶ Findings from the Northern Ireland Census 2021.

⁷ “Other” includes chronic illness, Foetal Alcohol Syndrome, Attention Deficit Hyperactive Disorder, epilepsy, and other disabilities.

Figure 2.3 Proportion of children in care continuously for 12 months or longer in each HSC Trust with a disability (2021/22)



2.5. Dependants

Becoming a parent may impact on educational and other outcomes for young people. In 2021/22, 7 young people in care had one or more dependent children, three less than the previous year.

2.6. Trust Profile

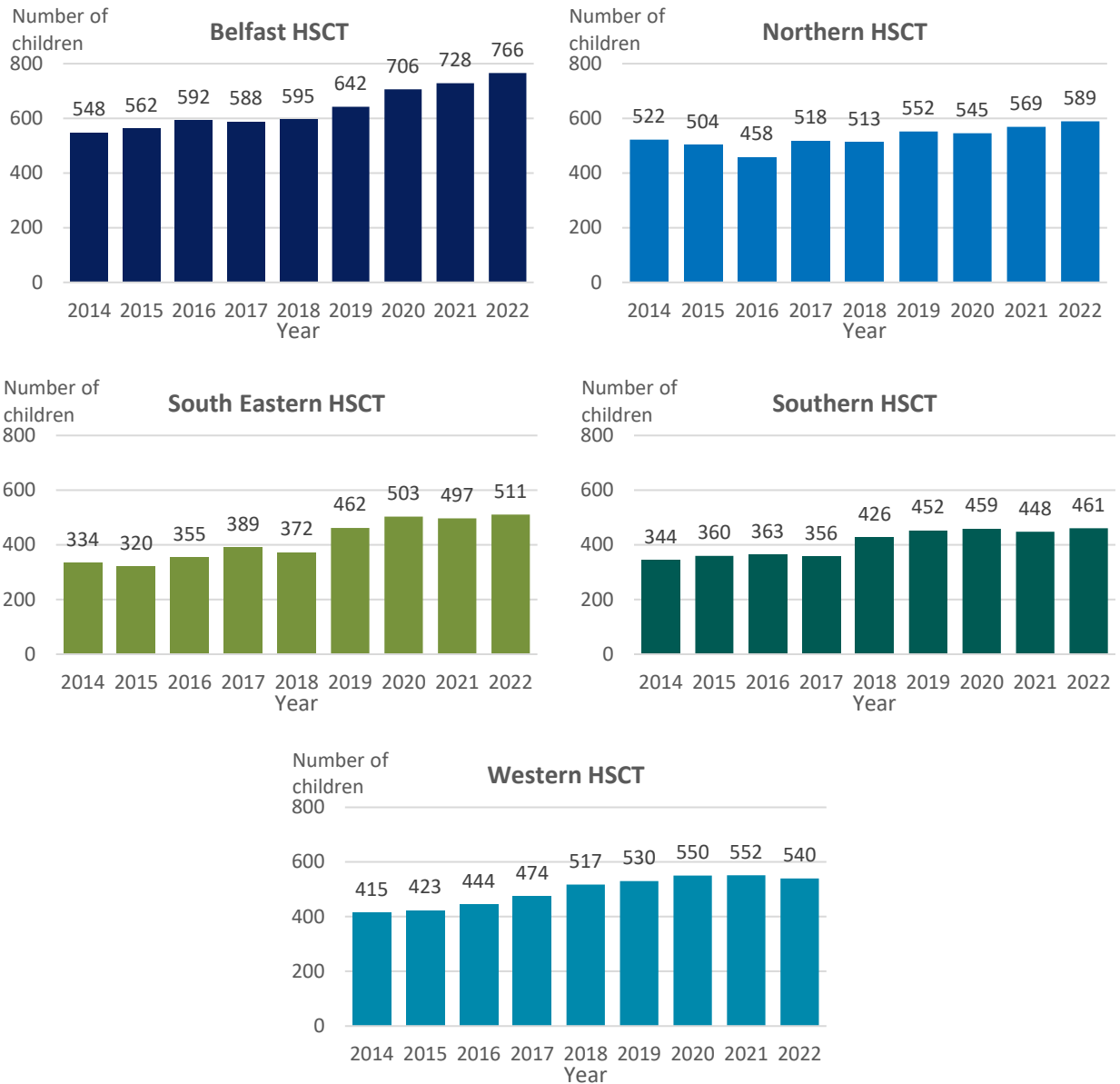
Table 2.2 sets out the number of children in care for 12 months or longer at 30 September 2022 by Health and Social Care (HSC) Trust. Overall, the Belfast HSC Trust had the largest proportion of these children and young people (27%).

Table 2.2 Number of children and young people in care continuously for 12 months or longer at 30 September 2022 by HSC Trust

HSC Trust	Number of children in care for 12 months or longer (30 September 2022)	Change from last year (30 September 2021)
Belfast	766	+38
Northern	589	+20
South Eastern	511	+14
Southern	461	+13
Western	540	-12
Northern Ireland	2,867	+73

Figure 2.4 sets out the trend figures of looked after children between 2013/14 to 2021/22. It shows that all HSC Trusts have seen an increase in numbers of children in long-term care over this period. Furthermore, from the previous year (2020/21), the Belfast, Northern, South Eastern, and Southern HSC Trusts saw an increase in the number of children in care for 12 months or longer, by 5%, 4%, 3%, and 3% respectively, whereas, the Western HSC Trust decreased by 2%.

Figure 2.4 Number of children in care continuously for 12 months or longer between 30 September 2014 and 2022 by HSC Trust



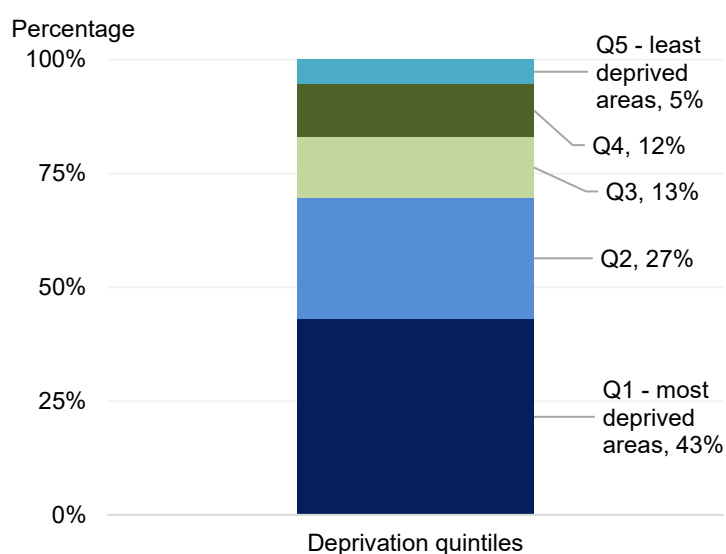
2.7. Multiple Deprivation Measure and Rurality

The home location of the looked after child prior to entering care was linked to the Northern Ireland Multiple Deprivation Measure 2017⁸ (MDM) and the Urban-Rural Classification 2015⁹.

For the children where geographical information was available¹⁰ in 2022, some 82% were living in a predominantly urban area before entering care, with 18% originating from rural areas¹¹.

An analysis of the MDM quintiles showed that 43% of the children had been taken into care from the 20% most deprived areas within Northern Ireland, a similar proportion to the two previous years. Some 5% of the children originated from the least deprived quintile.

Figure 2.5 Multiple Deprivation Measure - Level of area deprivation prior to entering for children in care continuously for 12 months or longer (2021/22)



8 Source: Northern Ireland Statistics and Research Agency – www.nisra.gov.uk/statistics/deprivation.

9 “Review of the Statistical Classification and Delineation of Settlements”, NISRA 2015.

10 Geographical information prior to entering care was collected for 96% of the children.

11 Calculations using Super Output Area to urban-rural classification. Annex B of “Technical Guidance on production of official statistics for Settlements and Urban-Rural Classification”. NISRA 2015.

3. Health

3.1. Development & Health Assessments

Figure 3.1 sets out the uptake of development and health assessments by children looked after for 12 months or longer. Although completed health reviews and assessments have increased in the last year, they are not yet at pre-covid levels. Development Assessments and Six Monthly Assessments relates to the children who were aged four and younger at 30 September (18% or 523 of the children in 2022). Annual Health Assessments relates to children aged five and over (82% or 2,344 of the children in 2022).

Healthy Child Healthy Future Development Assessments The majority of children aged under five (471 of 523, 90%), had their development assessments up-to-date at 30 September 2022. Some 35 children were reported to not have their development assessments up-to-date at 30 September 2022. A response was not captured for a further 17 children aged four and younger. The 2022 figure was marginally higher than the corresponding figure for looked after children in England¹² (89%).

Six Monthly Assessments Of the children aged under five, 88% (458) had their six-monthly assessments up-to-date at 30 September 2022. Some 47 children were reported to not have their development assessments up-to-date at 30 September 2022. A response was not captured for 18 children aged four and younger.

Annual Health Assessment Of the 2,344 children aged five and over, where a response was supplied, 73% (1,706) had their annual health assessment up-to-date at 30 September 2022, a sharp increase from the previous year. Some 591 children were reported to not have their annual health assessment completed at 30 September 2022. A response was not captured for a further 47 children and young people.

Additionally, it is worth noting that of the young people aged 16 and over, 48% did not have an up to date assessment; compared with 16% of those aged 5-11.

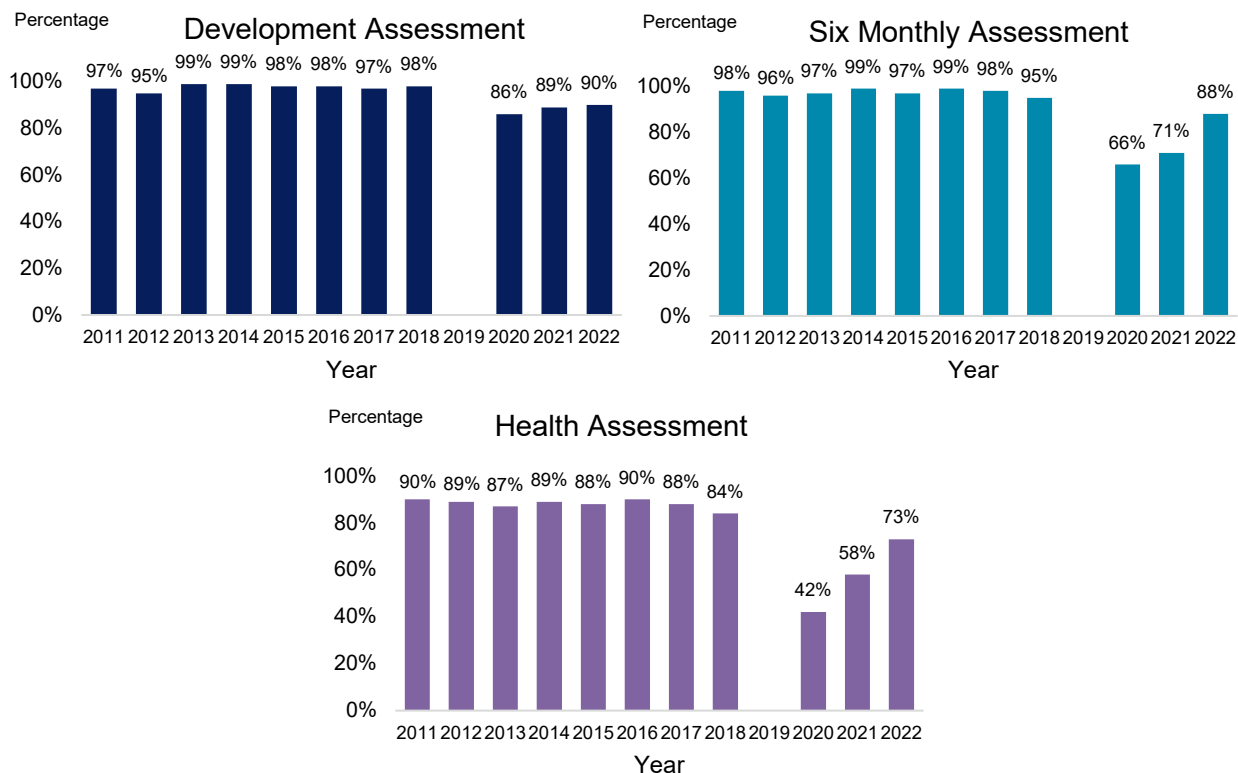
Some 89% of looked after children in England aged five and over had their health assessment up-to-date¹³.

¹² "Children looked after in England including adoption. Reporting year 2022".

¹³ "Children looked after in England including adoption. Reporting year 2022".

Figure 3.1 Development and Health Assessments for children in care continuously for 12 months or longer at 30 September (2011 - 2022)

Note: Information on development and health assessments was not collected in 2019.



3.2. Immunisations

Information on immunisations relates to all looked after children covered in this bulletin, and not just to those that were due immunisations in 2021/22. It includes immunisations due before admittance into care and during time spent in care. For the purpose of this survey, children who did not receive immunisations for health reasons or because parents refused consent, were counted as children whose immunisations were not up-to-date.

A child’s immunisation record was considered up-to-date if the HSC Trust indicated that all relevant immunisations had been administered by 30 September 2022. From the information provided, 97% (2,767) of children in care had their immunisations up-to-date at 30 September 2022. This was considerably higher than looked after children in England¹⁴, where 85% had their immunisation up to date.

Some 77 children did not have their immunisations up-to-date at 30 September 2022 and a response on immunisations was not captured for 23 children.

¹⁴ “Children looked after in England including adoption. Reporting year 2022”.

Immunisation rates for the whole Northern Ireland children population are not published on a client basis but rather by type of immunisation¹⁵ and are therefore not comparable with the way the immunisation rates are collected within this publication.

3.3. Dental Checks

This relates to all children and young people in care who had their teeth checked during the year ending 30 September 2022. For very young children, these checks may be undertaken by a dentist, a paediatrician or other health care professional and these would count as dental checks.

Of the 2,867 children in care for 12 months or longer at 30 September 2022, 89% (2,544) had their teeth checked the previous year; which is back up to pre-covid levels. The figure is higher than the corresponding level for England¹⁶ where 70% had their teeth checked by a dentist.

Some 300 children did not have their dental checks up-to-date at 30 September 2022, and a response on dental checks was not captured for 23 children.

¹⁵ Public Health Agency Core Tables <http://www.publichealth.hscni.net/>.

¹⁶ "Children looked after in England including adoption. Reporting year 2022".

4. Placement

4.1. Placement Types

Children in care can be cared for in a variety of placement types depending on the individual child’s situation and needs¹⁷. For the purpose of this report, five main placement categories will be used; **non-kinship foster care** (including independent foster care providers and children placed for adoption¹⁸), **kinship foster care**¹⁹ (including emergency foster care), **residential care** (including secure care), **placed with parent** and **‘other’ placement types**.

At 30 September 2022, 42% (1,208) of the children in care for 12 months or longer were placed in non-kinship foster care, 43% (1,228) were placed in kinship foster care, 7% (215) were placed with a parent, 6% (180) were in residential care, and 1% (36) were in ‘other’ placement types. There was a slight increase in numbers in kinship foster care compared with the previous year (78 children), whereas the figures were similar for the other placement categories.

Of the 1,208 children in non-kinship foster care, 67 were placed for adoption.

Table 4.1 Placement type for children in care continuously for 12 months or longer by HSC Trust year ending 30 September 2022

Note: Non-kinship foster care includes children placed for adoption and independent foster care providers.

HSC Trust	Northern Ireland	Belfast	Northern	South Eastern	Southern	Western
Non-kinship foster care*	42%	46%	38%	47%	47%	33%
Kinship foster care	43%	43%	48%	36%	35%	51%
Placed with parent	7%	6%	8%	7%	11%	7%
Residential care	6%	5%	5%	9%	6%	7%
Other	1%	0%	2%	1%	1%	2%
Total	100%	100%	100%	100%	100%	100%

Table 4.1 above shows the main placement categories, broken down by HSC Trusts. For Belfast, South Eastern and Southern HSC Trusts, the most prevalent placement was non-kinship foster care whereas kinship foster care was most prevalent in the Northern and Western HSC Trusts for children in care for 12 months or longer.

The proportion of children placed in kinship foster care has increased from 25% to 43% since 2010, whereas the proportion of children placed in non-kinship foster care has remained

¹⁷ Appendix C sets out descriptions of different placement types.

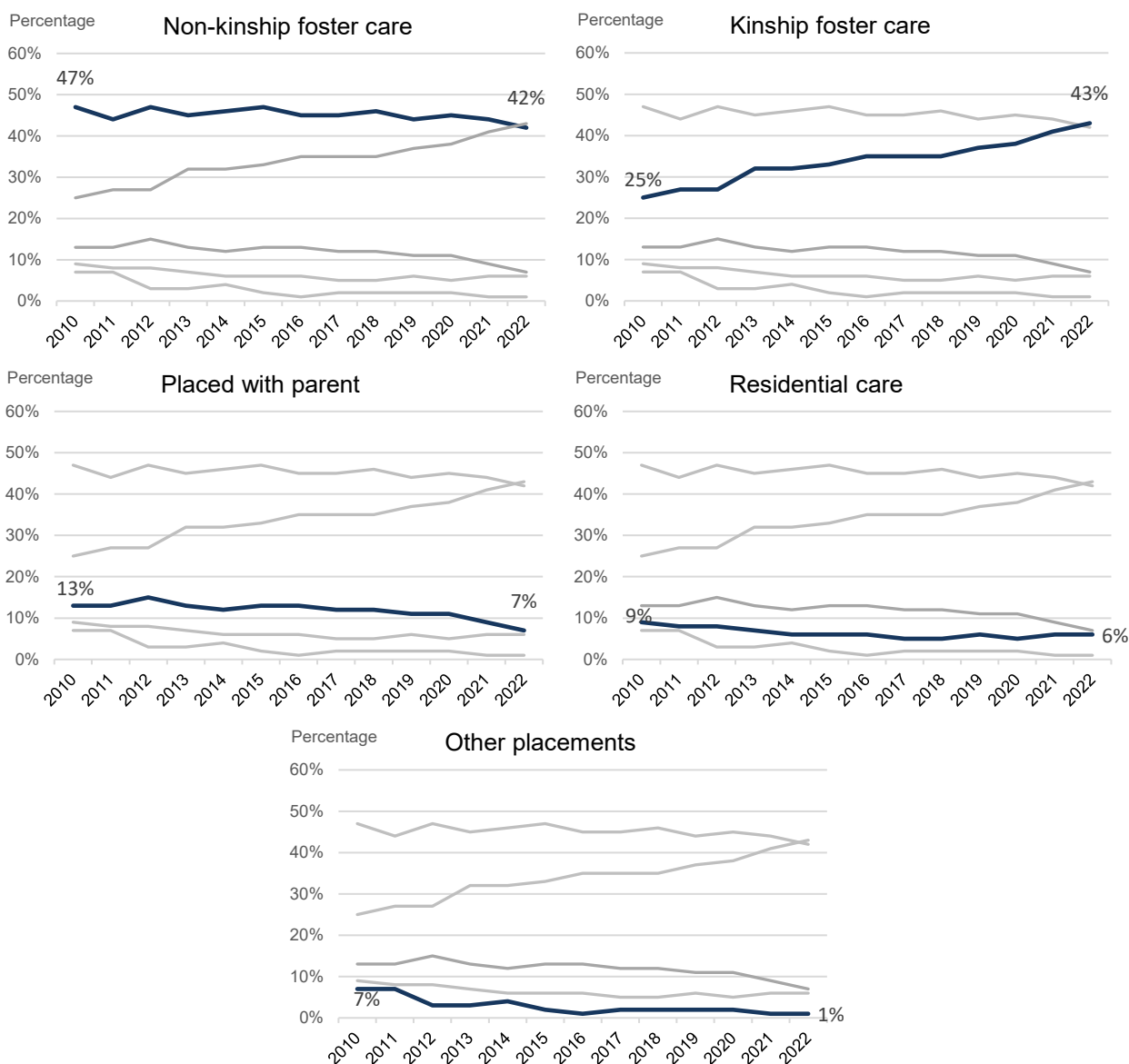
¹⁸ Being placed for adoption is a stage in the adoption process and a child will still be considered as looked after until the granting of an Adoption Order.

¹⁹ In this publication “kinship foster care” covers formal kinship care arrangements as opposed to informal kinship care which are private arrangement. Please see appendix C for further details.

relatively stable, between 42% and 47%. There has been a slight decrease in the proportion of children placed with parents, which has fallen from 13% in 2010 to 7% in 2022. Although the proportion of children placed in residential care was never large, it has still reduced slightly from 9% in 2010 to 6% in 2022. The proportion of children placed in other placements has reduced from 7% to 1%, which may be partly due to improved recording of placement categories.

Figure 4.1 Placement of children in care continuously for 12 months or longer at 30 September 2010 – 2022

Note: Non-kinship foster care includes children placed for adoption and independent foster care providers.



The age of the child in care may influence the suitability of placement types. For all age groups, non-kinship foster care and kinship foster care were the main placement types. The circumstances of every child are unique; however, it is generally understood that where possible children under eleven years old will not be placed in residential care. However 14 children between the age of six and eleven years old were in some type of residential care at

30th September 2022. Those aged 16 and over, as may be expected, showed the greatest variation in placement type.

Table 4.2 Placement type by age group for children in care continuously for 12 months or longer at 30 September 2022

Note: Non-kinship foster care includes children placed for adoption and independent foster care providers.

Placement type	1-4 years old	5-11 years old	12-15 years old	16 years and older	All ages
Non-kinship foster care	47%	41%	43%	39%	42%
Kinship foster care	47%	51%	37%	29%	43%
Placed with parent	5%	7%	8%	12%	8%
Residential care	0%	1%	12%	13%	6%
Other	0%	1%	1%	7%	2%
Total	100%	100%	100%	100%	100%

4.2. Placement Changes

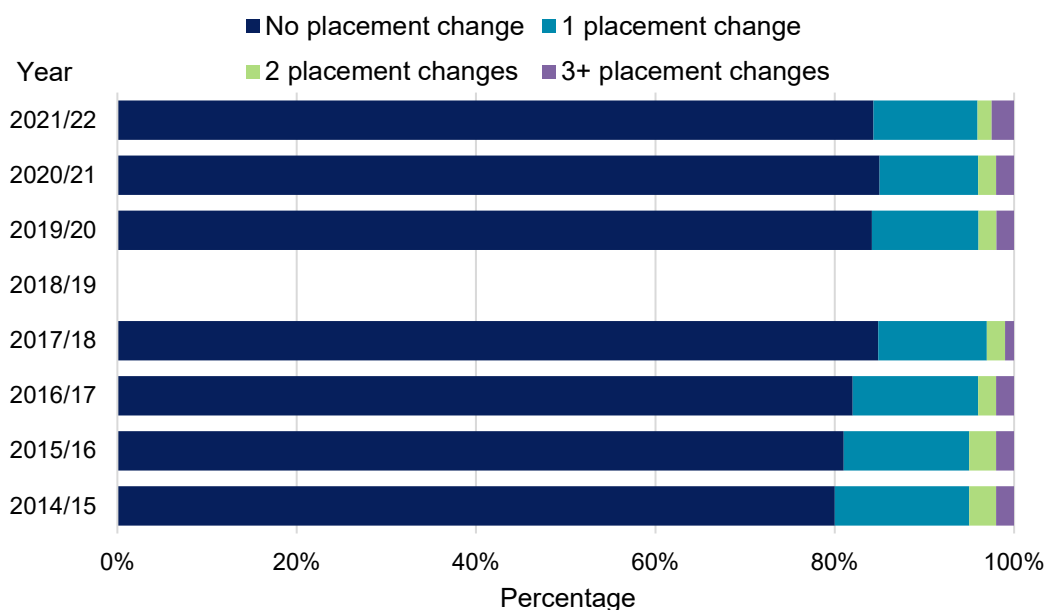
Figure 4.2 shows the proportion of children and young people who did not have a placement change during the year, and those who did have a placement change for any reason since 2014/15^{20, 21}. It shows that the proportion with no placement change has gradually increased over this period. In 2021/22, 84% of all children did not have a placement change, similar to the last years.

²⁰ Excludes placement changes that were due to short breaks.

²¹ Includes those whose placement change was to be placed for adoption.

Figure 4.2 Placement changes for children in care continuously for 12 months or longer during the year ending 30 September 2022

Note: Information was [not collected for the year 2018/19](#)



Some 16%, or 449 children, of all children in care for 12 months or longer changed placement at least once during the year ending 30 September 2022. Of those with a placement change, 74% moved once only, 10% twice only, and 16% had changed placement three times or more. Of those with a placement move, two-thirds (67%) had been in care less than five years, whereas 8% had been in care more than ten years.

A slightly higher proportion of females than males experienced placement changes (17% and 15% respectively). The Belfast and Western HSC Trust had the lowest proportion of children with placement moves during the last year (13%), whereas the other three Trusts had between 16% and 19% of children with a placement change.

Children aged between 5-11 years of age saw the lowest proportion of placement changes during 2021/22 (11%), whereas the other age groups had 18% or 19% with placement changes (Figure 4.3).

Of the children under five years of age, 14 children (14 %) had a move which represented being placed for adoption. In total, 17 children’s moves represented placements for adoption²².

²² Being placed for adoption is a stage in the adoption process and a child will still be considered as looked after until the granting of an Adoption Order.

Figure 4.3 Percentage of children in care continuously for 12 months or longer who experienced a placement change during 2021/22 by age group

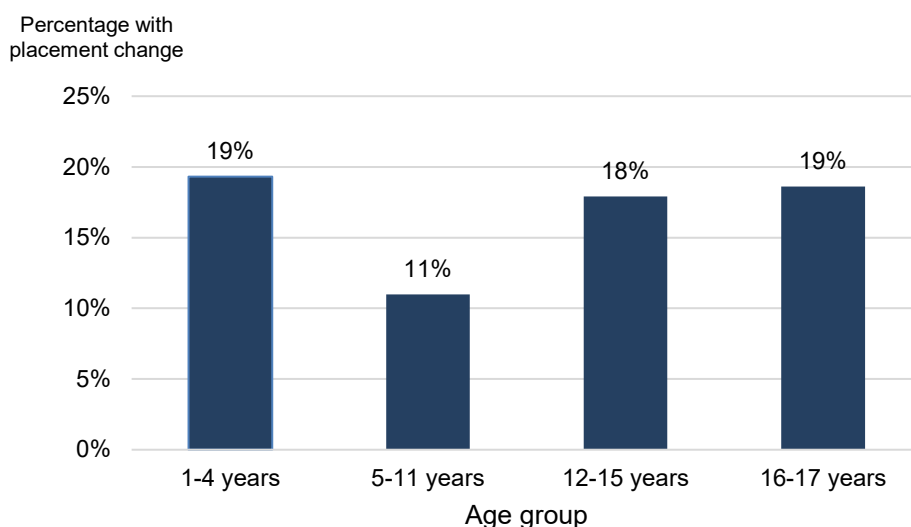
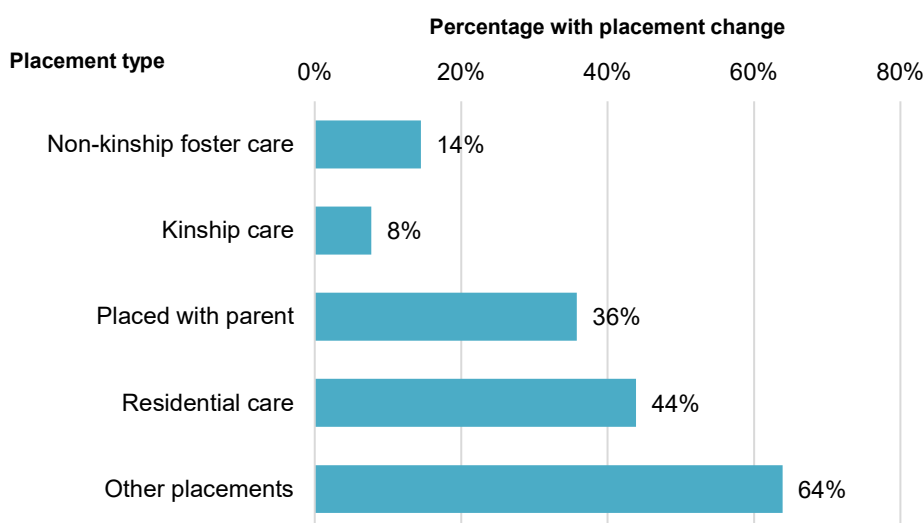


Figure 4.4 sets out the proportion of placement changes by the child’s current placement type at 30 September 2022. Of the children in care for more than 12 months, children who were in kinship foster care at 30 September 2022 had the highest stability during the previous year (8% with a placement change) followed by non-kinship foster care (14%). Some 64% of the children in ‘Other placements’ had experienced a placement change, which may be due to the nature of the placements included in this category (see appendix C for details).

Figure 4.4 Percentage of children in care continuously for 12 months or longer who had experienced a placement change during 2021/22 by their current placement type at 30 September 2022



Many placement moves are planned as part of the child’s care plan. Other moves are the result of a placement breakdown. Of the 449 children with a placement move during 2021/22,

in 45% of cases the latest placement change was planned, 46% were due to a breakdown, and 9% for other reasons²³ (Table 4.3).

There were only small differences between males and females in regards to reason for placement move; some 47% of females and 45% of males had a placement move due to a placement breakdown. Almost three-fifths of all placement moves for the 12 - 15 age group related to a placement breakdown (59%). In comparison, 23% of the placement changes for the under five year olds related to a placement breakdown.

Of the 449 children who experienced one or more placement changes during 2021/22, 49% originated from non-kinship foster care prior to the latest move (Figure 4.5). Just under half of these (45%) were planned—including 17 moves relating to children placed for adoption. Those who had been placed in residential accommodation had the highest proportion of planned moves as their last placement change (55%).

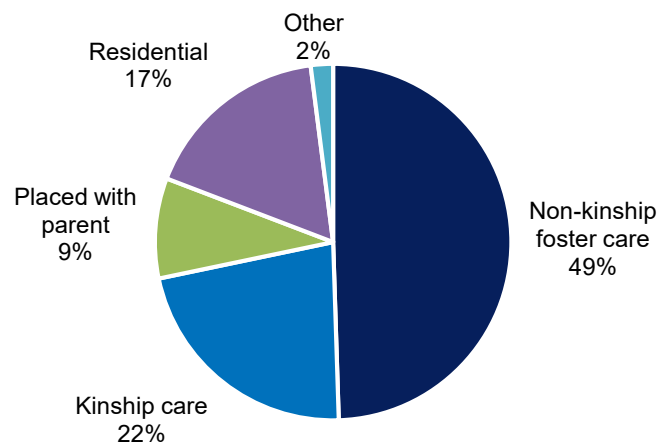
Table 4.3 Reason for last placement move by type of last placement for children in care continuously for 12 months or longer (2021/22)

[S]: Reason for placement change for “Other placement” has not been provided due to small numbers.

Placement prior to last placement move	Number of children with at least one placement move	Proportion whose last placement move was planned	Proportion whose last placement broke down	Proportion whose last placement move was for other reasons
Non-kinship foster care	221	45%	51%	4%
Kinship care	100	44%	47%	9%
Placed with parent	42	31%	57%	12%
Residential care	76	55%	26%	18%
Other placement	10	[S]	[S]	[S]
All placements	449	45%	46%	9%

²³ Other reasons include safeguarding issues of the child/young person, young person remanded or in secure care, health concerns/death of carer, closure of residential home and other reasons.

Figure 4.5 Placement prior to the latest placement change for children in care continuously for 12 months or longer (2021/22)



4.3. Statutory reviews

Health and Social Care Trusts are obliged to carry out reviews of the arrangements of looked after children. The first review must be carried out within two weeks of the child becoming looked after, with the next review no later than three months after the initial review. Each subsequent review should take place on a six monthly basis.

The review records the implementation of the 'Care Plan' establishing whether agreed steps have in fact been taken or not. It also records both positive and negative developments in the child's life including, health, education, developments within the birth family, and the child's relationship with members of their family.

During 2021/22, 42% (1,212) of children and young people in care continuously for 12 months or longer at 30 September 2022 were invited to attend their latest statutory review. Some 25% (304) of children invited attended their last statutory review. A further 22% of children invited did not attend but sent views in writing to the review panel, while 40% did not attend but briefed an advocate to speak on their behalf. Some 12% of children invited did not attend their review or convey their views to the review panel²⁴.

Of the 57% (1,639) children who were not invited to attend their review, 70% were considered to be too young to understand and fully participate in the process. A further 7% could not engage in the review due to the level of their disability, while 6% did not want to participate in the review. Some 16% were not invited due to being in school at the time of the review.

²⁴ Some 28 children and young people who were invited to their review did not attend for 'other' or unknown reasons.

5. School Age Children

“Education is a vital component of all children’s lives and can impact on their chances for future employment and their general wellbeing. This applies particularly to looked after children who continue to have lower educational achievements than their peers in the general school population. There are a number of initiatives in place to maximise the benefit of education and make real improvements in outcomes for these children and young people.”

*Family & Children’s Policy Directorate
Department of Health*

5.1. Compulsory School Age

Compulsory school age in this publication refers to all children whose date of birth fell on or between 2 July 2005 and 1 July 2017, whether or not the child was in a position to attend school, i.e. any child who received or should have received full-time schooling during the school year.

The number of children and young people of compulsory school age, who had been in care for 12 months or longer at 30 September 2022 was 2,130. Of these, 143²⁵ children in care identified in the OC2 returns could not be linked with school data provided by the Department of Education. The total number of school aged children included in the following analyses is therefore 1,983²⁶.

Of those children of compulsory school age in care continuously for at least 12 months at 30 September 2020, 49% attended Primary School the previous school year, 38% were at Non-Grammar School, 8% were at Special School and 5% attended a Grammar School.

5.2. Personal Educational Plans

A Personal Education Plan (PEP) is a continuous record of the child/young person’s school history. It identifies what needs to happen for a child/young person in care to fulfil their potential by planning and establishing clear targets for the child/young person relating to learning achievements. A PEP should be completed for all looked after children/young people of statutory school age, including children/young people in secure accommodation and in custody, at the three month Looked After Child Review, six month Looked After Child Review, and at six monthly intervals thereafter to coincide with Looked After Child Reviews.

Of the school-aged children in care for 12 months or longer at 30 September 2022, 77% had a Personal Education Plan (Figure 5.1). Of those children who had a PEP, 78% had it reviewed within the previous six months. PEP levels have not returned to pre-covid levels.

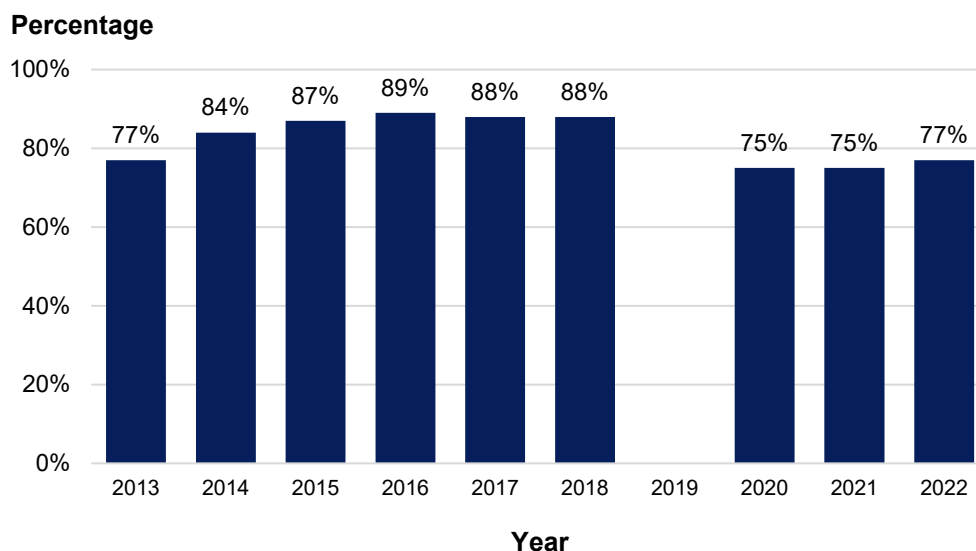
²⁵ A number of these children were either not attending mainstream school or attending school outside of Northern Ireland.

²⁶ Please see [Technical Notes](#) for further details.

The proportion of children with a PEP ranged from 65% in the South Eastern HSC Trust to 85% in the Southern HSC Trust. PEP Reviews within the last six months ranged from 69% in the Northern and South Eastern HSC Trusts to 92% in the Western HSC Trust.

Figure 5.1 Proportion of children in care continuously for 12 months or longer with a Personal Education Plan at 30th September (2013 - 2022)

Note: Information for year 2018/19 was not collected.



5.3. Children with Statements of Special Educational Needs (SEN)

Children have special educational needs if they require special educational provision. Learning difficulty means the child has significantly greater difficulty in learning than children of similar age, and/or has a disability which hinders using everyday educational facilities. Special educational provision is different from, or additional to, that made for children of comparable age. Further information is provided in the Code of Practice on the Identification and Assessment of Special Educational Needs (SEN) published by the Department of Education NI²⁷.

Of the children who had been in care for twelve months or longer and were of compulsory school age in 2021/22, 53% received some form of special educational needs support in school (SEN stages 1-3²⁸). This was substantially higher than the general school population in Northern Ireland²⁹ (18%); however, similar to children in care in England³⁰ (57%).

In 2021/22, just over a quarter (27%) of children and young people in care were covered by a Statement of SEN stage 3; 34% of males and 17% of females. With the exception of Special

²⁷ [Special educational needs:Code of Practice](#), Department of Education NI.

²⁸ From spring 2021, the five stage approach to identification, assessment and provision of Special Education Needs (SEN) was replaced with [three stages of special educational provision](#).

²⁹ Department of Education NI, [School enrolments - overview | Department of Education \(education-ni.gov.uk\)](#) 2021/22.

³⁰ Outcomes for children in need, including children looked after by Local Authorities in England, Reporting year 2022 – DfE.

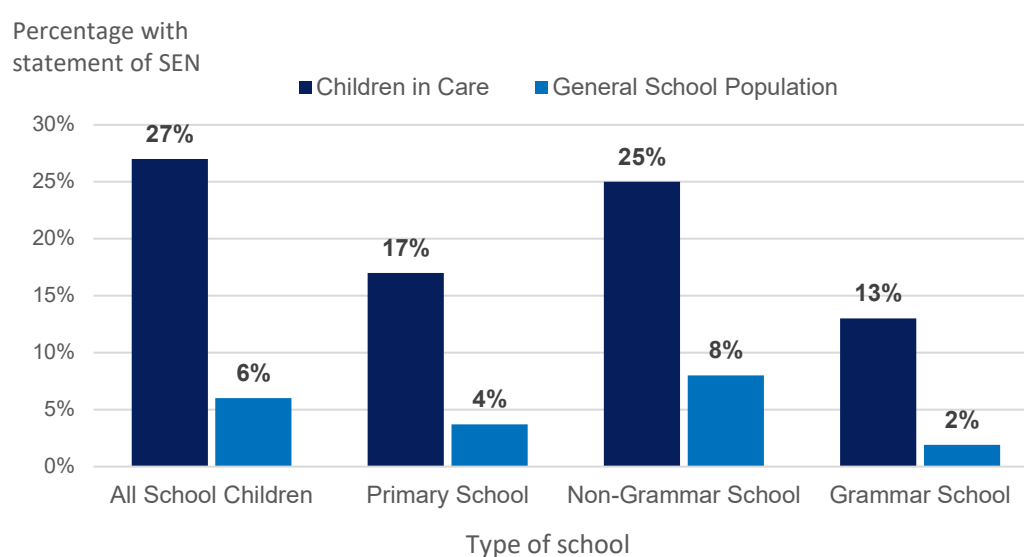
Schools, where 99% of the children had statement of SEN, the proportion of children in care with a statement of SEN was most prevalent in non-grammar schools (25%).

A substantially larger proportion of children in care of school age had a statement of Special Educational Needs (SEN) than the general school population in 2021/22 (27% compared with 6%³¹). Having SEN can affect the educational outcomes for these children as well as inflate the educational attainment gap between looked after children and their peers. Figure 5.2 sets out a comparison with the general school population by school type.

Figure 5.2 Proportion of children in care continuously for 12 months or longer and the general school population with a statement of Special Educational Needs, by school type (2021/22)

Source: "Annual enrolments at schools and in funded preschool education in Northern Ireland, 2021/22", DE.

Note: "All school children" includes children in Special Schools.



5.4. Education Other Than At School (EOTAS)

Of all looked after children of compulsory school age, 4% (75) were educated somewhere other than at school sometime during the past year^{32, 33}. The reason for these children being educated outside of school was mainly due to mental health, social or behavioural problems that made it difficult to cope in mainstream school or refusal to attend mainstream school.

³¹ Department of Education NI, [School enrolments - overview | Department of Education \(education-ni.gov.uk\)](https://www.education-ni.gov.uk/school-enrolments-overview)

³² This relates to all children of compulsory school age, and not only the cohort linked with Department of Education information.

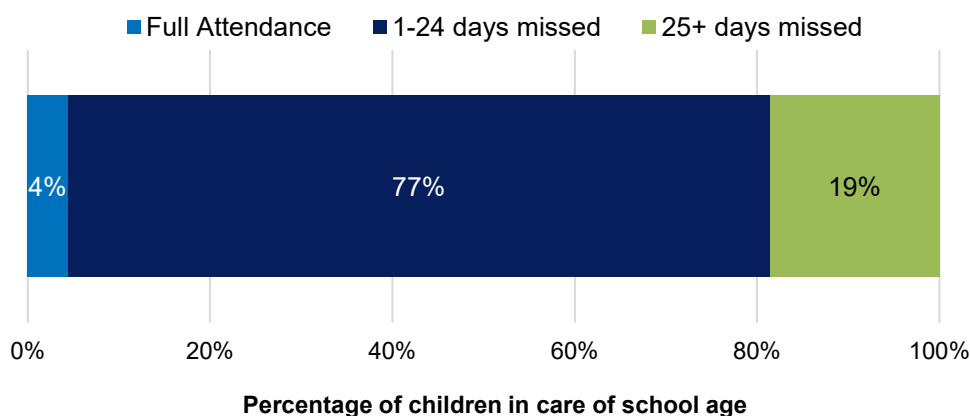
³³ Please note that where no response was given, this has been interpreted as the child not being educated other than in school.

5.5. Attendance and absenteeism

Absenteeism from school, whether authorised or unauthorised, can be detrimental to a child's educational progress. Reducing the levels of school days missed can aid in enhancing the educational attainment of children in care.

During the 2021/22 school year, 4% of the looked after children of school age had full attendance at school^{34, 35, 36} (Figure 5.3). Some 77% had missed between 1 and 24 school days. A further 19% of children in care had missed 25 or more school days for any reason, a higher proportion than in 2020/21 (13%). More females than males in care missed 25 days or more (21% and 17% respectively).

Figure 5.3 Percentage of children in care continuously for 12 months or longer of compulsory school age who missed school days for any reason (2021/22)



Placement stability may influence school attendance. Of the school-aged children with no placement moves during 2021/22, 17% had missed 25 or more school days for any reason. The corresponding figure for children who had experienced a placement move was 29%. This analysis cannot confirm if placement moves caused the school absence, only that there is a correlation between the two.

Note: The Department of Education reports school absence in half day units recorded as authorised or unauthorised. The following section is comparable with this data examining absence data for looked after children by half day units.

The overall absence rate for school aged children looked after for 12 months or longer at 30th September 2022 was 9.8%, only slightly higher than the figure reported for the general

³⁴ Please note that Department of Education also publish attendance information for looked after children, however they use a slightly different methodology. Please see the Technical Notes for details.

³⁵ Full attendance in this report includes anyone whose total absence is less than one full day.

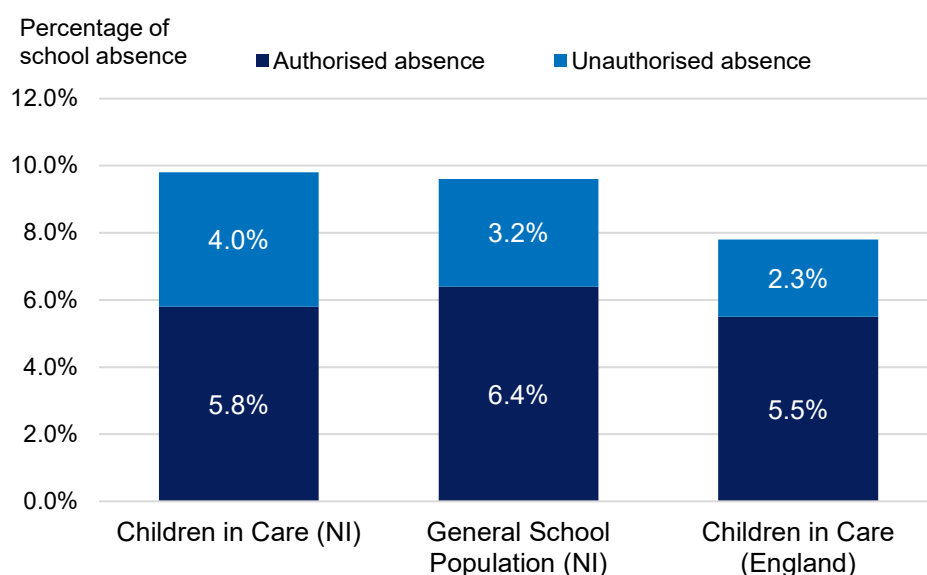
³⁶ The attendance analysis in this chapter excludes 14 young people who did not have complete linked attendance data.

school population of 9.6% during the same period³⁷ (Figure 5.4). Authorised absence accounted for 5.8% of half days missed with the remaining 4.0% considered to be unauthorised. In comparison, the unauthorised absence was somewhat lower for the general school population (3.2%). Furthermore, the overall absence rate for looked after children in England³⁸ during 2021/22 was lower than looked after children in Northern Ireland, at 7.8%, with authorised absence accounting for 5.5% and unauthorised absence 2.3%. Please note however that the methodology is slightly different³⁹.

Figure 5.4 Percentage of half days missed for children in care continuously for 12 months or longer in Northern Ireland and England and the general school population in Northern Ireland (2021/22)

Sources: School Census; “Attendance at grant-aided primary, post-primary and special schools in Northern Ireland 2021/22”; and “Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2022”.

Note: Figures for England relate to autumn school year only.



For the children in care of school age in Northern Ireland, the absence rate for females (10.7%) was slightly higher than males (9.1%), with authorised absence accounting for 6.0% and 5.7% respectively. Unauthorised absence accounted for 4.7% of all half days missed for females and 3.5% of all half days missed for males.

The absence rate for looked after children varied by school type. In primary schools 7.1% of all half days were missed comprising 5.2% authorised absence and 2.0% unauthorised absence. Secondary grammar schools had similar absence levels whereas non-grammar schools had 13.8% absence, with 6.6% authorised and 7.3% unauthorised (Figure 5.5).

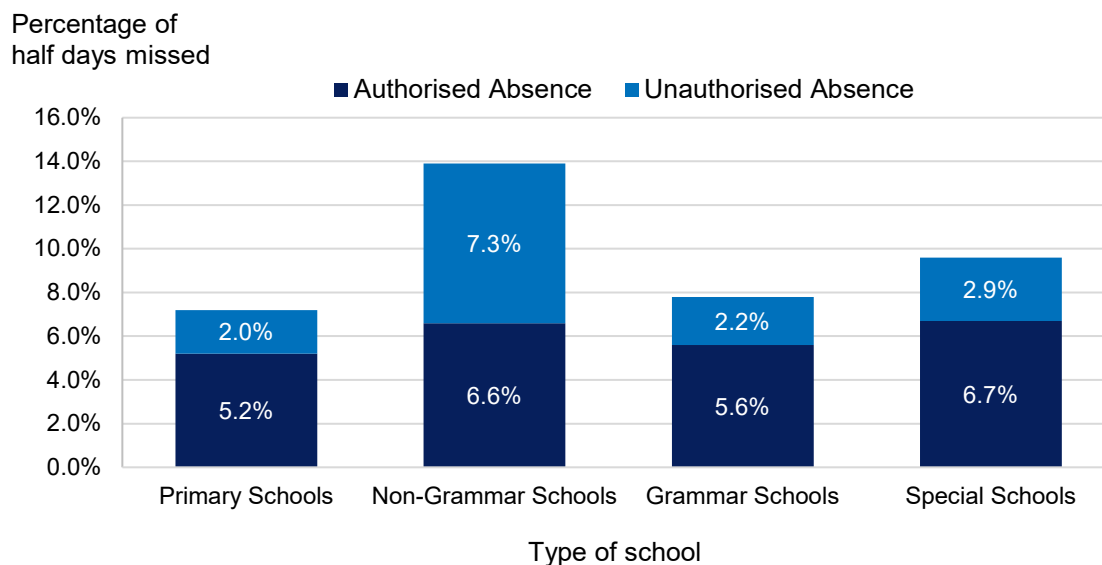
³⁷ Attendance at grant-aided primary, post-primary and special schools in Northern Ireland 2021/22: DENI 2023.

³⁸ Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2022.

³⁹ Children looked after for 12 months or longer in England – relates to autumn school year only.

Figure 5.5 Children in care continuously for 12 months or longer; proportion of half day absence by school type (2021/22)

Note: Total absence will not add to the totals quoted in the main text due to rounding.



Illness was the most common reason for absence⁴⁰ in all school types. Illness is an authorised absence and accounted for 57% of absences in primary schools, 29% in non-grammar schools, 52% in grammar schools and 42% in special schools.

5.6. Suspensions

NOTE: Suspensions are included in absence statistics and are treated as authorised absence

Children in care were more likely to be suspended from school than children in the general school population; 10% (194) of children in care had been suspended in 2021/22, compared with 1.6% of the general school population in Northern Ireland⁴¹. The proportion of children in care suspended during 2021/22 was higher than in 2020/21 (7%).

As in previous years, a higher proportion of males in care were suspended from school during the academic year; 12% of males compared with 7% of females had been suspended at least once during 2021/22.

Some 22% of children in care attending Non-grammar Schools were suspended during 2021/22, compared to 16% of those attending Grammar School, 3% of those in Special School and just 1% of children attending Primary School.

Children in residential care were more likely to be suspended than children in any other placement types (Figure 5.6). This should be considered in conjunction with the fact that most children suspended were in older age groups (attending post-primary schools), and the majority of children in residential care were also in older age groups.

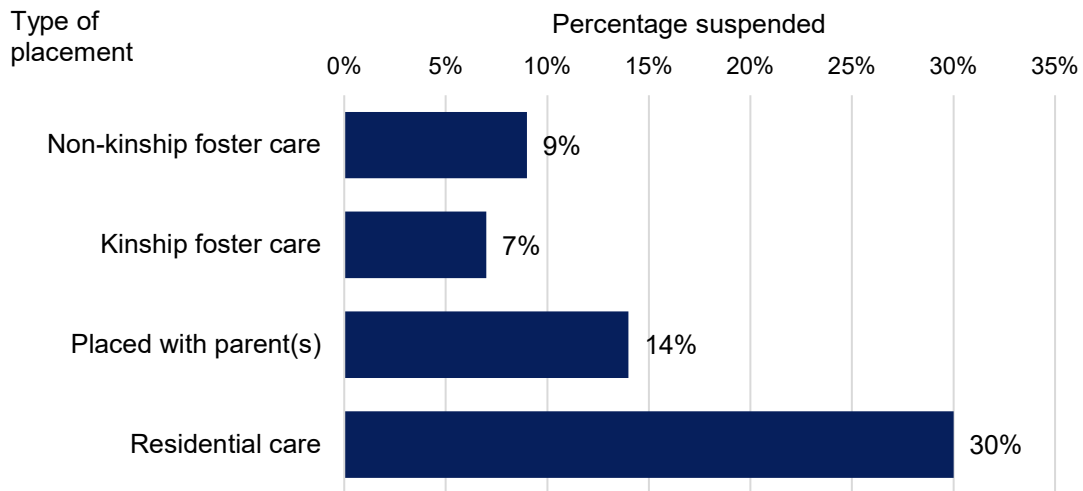
⁴⁰ See technical Notes for [all reasons for absence](#).

⁴¹ Pupil suspensions and expulsion, Department of Education NI 2021/22.

Figure 5.6 Proportion of school age children in care continuously for 12 months or longer suspended from school by placement type (2021/22)

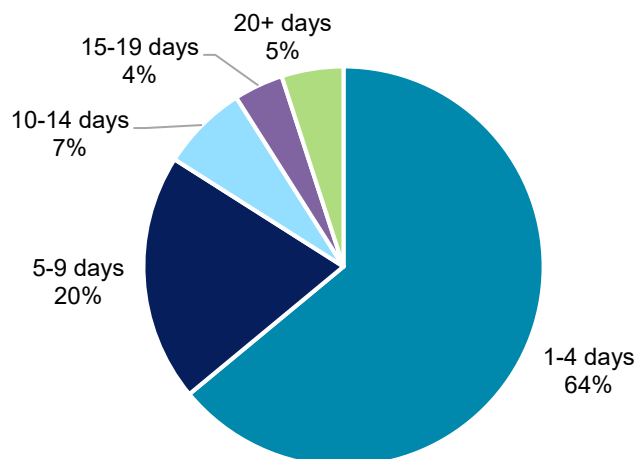
Note: Excludes 5 young people for whom no absence data was recorded.

Note: 'Other' placements is not included in the figure due to low numbers.



During 2021/22, 64% of the 134 children in care who had been suspended were suspended for less than five days; whilst 5% had been suspended for 20 days or more (Figure 5.7). This was similar to last year.

Figure 5.7 Children in care continuously for 12 months or longer who were suspended; school days missed through suspension (2021/22)



5.7. School changes

Some 105 of children in care for 12 months or longer and of school age had changed school at least once during the 2021/22 school year⁴².

There can be many reasons leading to a change of school. One reason for looked after children can be a placement move. Of the 300 children of compulsory school age who experienced a placement move during 2021/22, the move resulted in a change of school due to travel distance for 59 young people (20%).

⁴² These figures are based on all children of compulsory school age and not only those that could be linked with the School Census. This is due to the fact that a school change may hamper the linking process.

6. Educational Attainment

6.1. Exams and Assessments

In this chapter, attainment for young people in care for 12 months or longer will be analysed for Year 12 GCSE results. These assessment results have in previous years been compared with the results from the general Year 12 school population in Northern Ireland. However, the collection of these results have been suspended⁴³. Instead, Northern Ireland School Leaver data has been used as a proxy comparison. The school leaving cohort comprises of year 12, 13 and 14 pupils leaving mainstream grant-aided post-primary schools, and as such will not be a direct comparison to the children in care Year 12 information.

Table 6.1 Educational attainment for children in care continuously for 12 months or longer in Year 12 and the Northern Ireland school leaver population Year 12–14 (2021/22)

Source: [Qualifications and Destinations of Northern Ireland School Leavers 2021/22](#)

Educational attainment	Children in Care for 12 months or longer attending Year 12	General School Leaver Population (Year 12 – 14)
1 or more GCSEs: A* - G or other qualifications	99%	99%
5 or more GCSEs: A* - G	92%	97%
5 or more GCSEs: A* - C	78%	92%
5 or more GCSEs: A* - C including English and Maths	51%	78%

Note: Department of Education has not collected data on Key Stage assessments as these statutory assessments were dis-applied due to the Covid19 pandemic. No analysis can therefore be supplied for Key Stage assessment results.

⁴³ Please see [Department of Education's statement](#) regarding the suspended data collection.

6.2. GCSEs

Some 114 young people who had been in care for more than a year sat GCSE exams in 2021/22. A further 57 were eligible to sit exams (e.g. they attended Year 12 in 2021/22) but did not sit these exams due to special educational needs, having been placed on the EOTAS scheme, or other welfare issues. Of those who sat exams, 20% (28 young people) had a statement of SEN. This was substantially lower than the previous year, when 33% had a SEN statement.

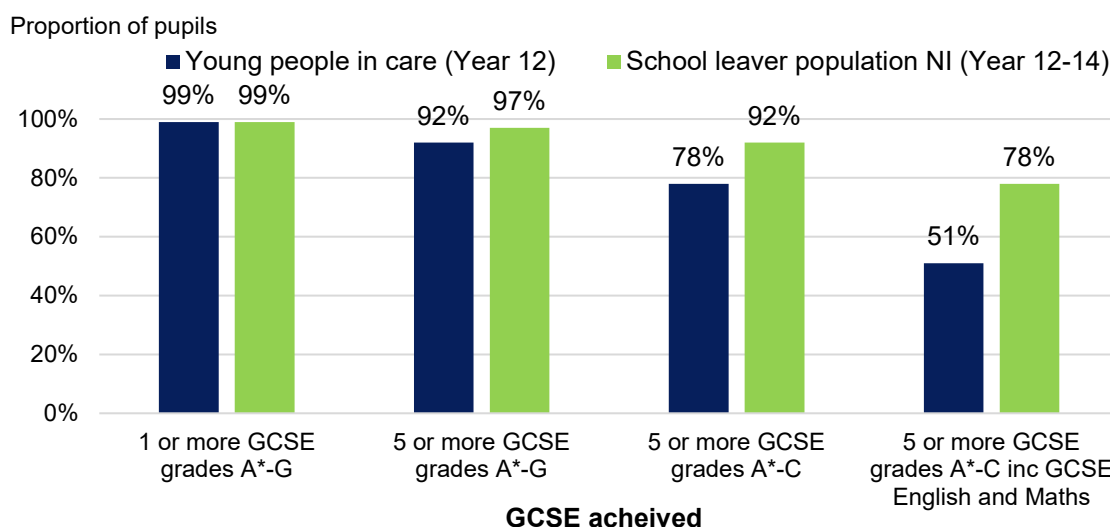
Figure 6.1 details the percentage of young people in care who sat exams and attained GCSE or equivalent qualifications in Year 12. It shows that 99% of the young people attained at least one GCSE at grades A*- G⁴⁴. This compares with the same proportion of the school leaver population in Northern Ireland (Year 12-14)⁴⁵.

Over three quarters (78%) of young people in care attained five or more GCSEs at grades A* - C, with 51% achieving five or more GCSEs at grades A* - C including GCSE English and Maths. These figures were lower than for the school leaver population in 2021/22, with 92% achieving 5 or more GCSEs at grades A* - C and 78% achieving this feat including GCSE English and Maths.

Figure 6.1 Proportion achieving GCSE or equivalent passes for young people in care in Year 12 and the NI school leaver population Year 12-14 (2021/22)

Source: Destinations of Northern Ireland School Leavers 2021/22.

Note: Young people in care continuously for 12 months or longer.



Similar proportions of females and males achieved five or more GCSEs at grades A* - C (84% and 80% respectively). Furthermore, 53% of females and 20% of males achieved GCSEs at grades A* - C included GCSE English and Maths.

⁴⁴ Includes equivalent qualifications.

⁴⁵ [Qualifications and Destinations of Northern Ireland School Leavers 2021/22](#), DE 2023.

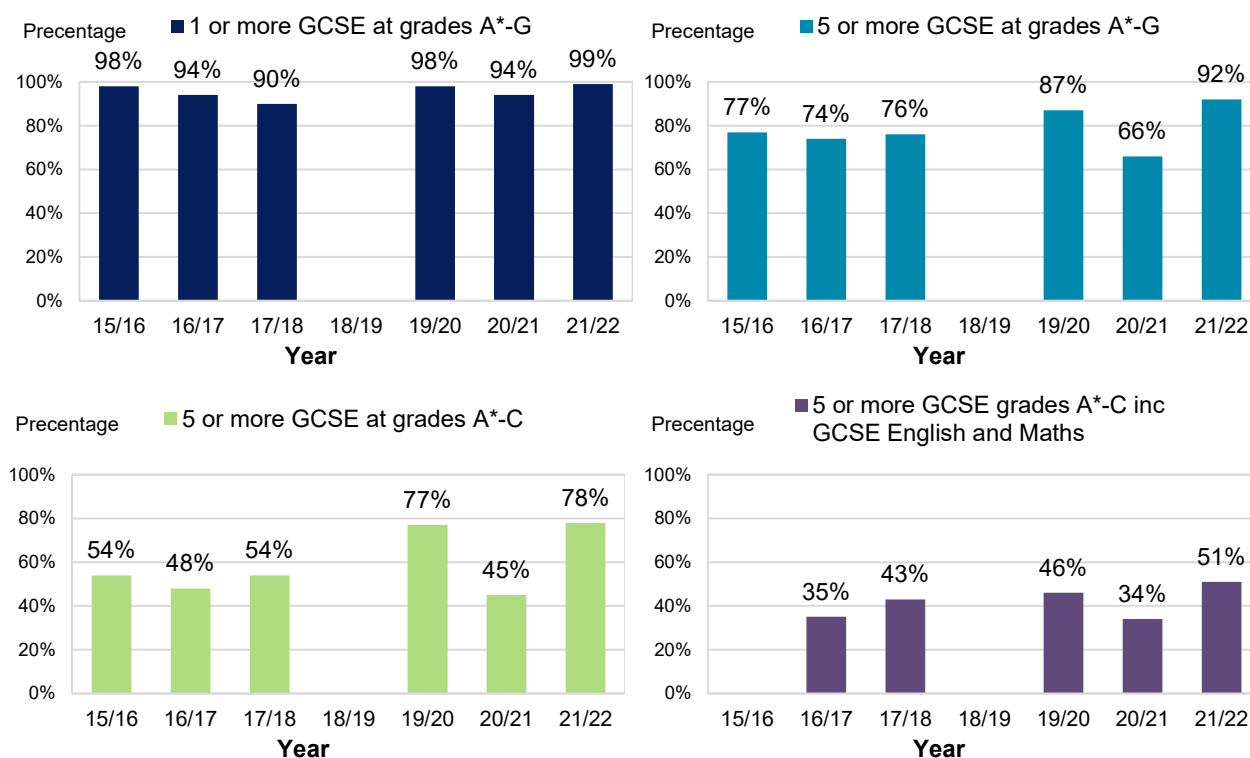
Young people in care in 2021/22 seemed to perform better than in the previous year⁴⁶, and more in line with performance in 2019/20 (see Figure below). It should however be noted that the number of young people assessed each year for these tests is small and the trend therefore may be subject to volatility due to small numbers. Furthermore, a much higher proportion of the Year 12 students in 2020/21 had a statement of SEN compared with 2021/22 (33% compared with 20%).

Figure 6.2 Young people in care continuously for 12 months or longer achieving GCSE Passes (2015/16 – 2021/22)

Note1: Figures for 5 or more GCSE grades A* - C including GCSE English and Maths were not available for 2015/16.

Note2: GCSE results were [not collected in 2018/19](#).

Note3: Department of Education has informed that given the new method of awarding grades in 2019/20 due to Covid19, caution should be taken when drawing any conclusions relating to changes in student performance.



46 Department of Education has informed that given the new method of awarding grades in 2019/20 due to Covid19, caution should be taken when drawing any conclusions relating to changes in student performance. Year-on-year changes might have been impacted by the different process for awarding qualifications in 2019/20 rather than reflecting a change in underlying performance.

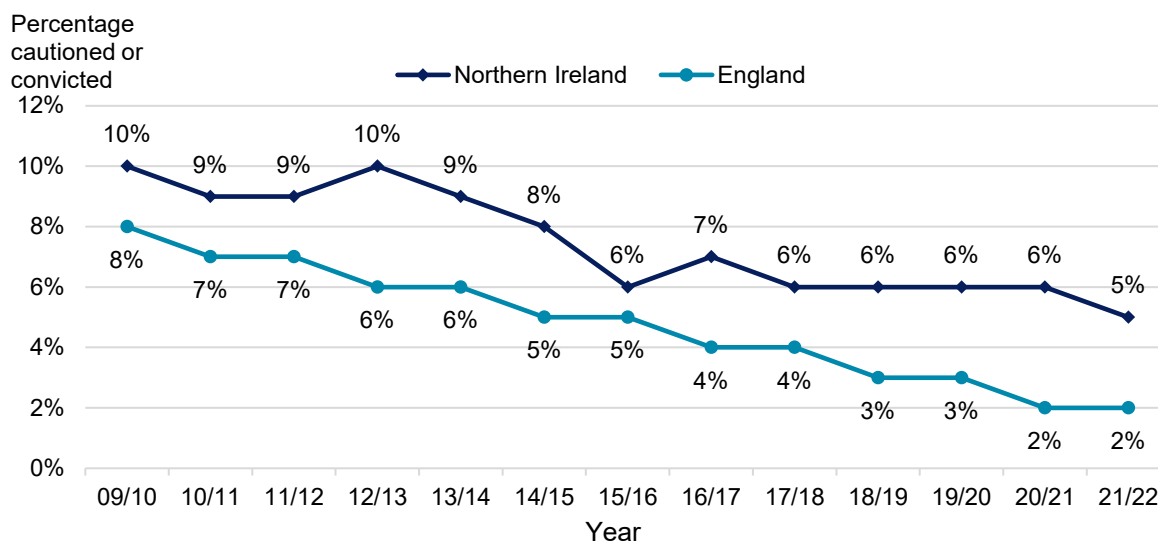
7. Cautions / Convictions and Substance Misuse

7.1. Children and young people cautioned or convicted

Of children and young people in care aged ten and over at 30 September 2022, 5% (82) had been cautioned or convicted of an offence while in care during the year⁴⁷. The equivalent figure for England was four percentage points lower at 2%^{48, 49}. Although the Northern Ireland rate has been stable over the last four years, for both England and Northern Ireland, the proportion of young people in care cautioned or convicted has reduced the last ten years (Figure 7.1).

Figure 7.1 Children and young people in care continuously for 12 months or longer, aged 10 and over, cautioned or convicted in Northern Ireland and England (2009/10 – 2021/22)

Source: Children looked after in England including adoptions.



For young people in care aged ten and over, a higher proportion of males (7%) than females (4%) had been cautioned or convicted during 2021/22. Cautions and convictions were very unlikely to occur in the younger age groups; some 1% of children aged under 13 compared with 7% of young people aged 13 and over.

⁴⁷ Percentage excludes those with no recorded information.

⁴⁸ [Children looked after in England including adoptions.](#)

⁴⁹ It has been noted that the numbers of children convicted in England may have been affected in 2020/21 by court delays during the pandemic.

Children placed in foster care were the least likely to be cautioned or convicted in 2021/22 (2%) compared with just under a third of young people in residential care (29%). This must however be seen in conjunction with the older age profile of those placed in residential care, and that higher proportions of older children were cautioned or convicted.

Of the 82 looked after children cautioned or convicted, offences included theft, burglary, criminal damage and behaviour, assault, possession of illegal substances, and possession of weapons.

7.2. Substance misuse

Substance misuse in this publication is defined as 'substance taking which harms health or social functioning'

Of the 2,867 children in care for twelve months or longer at 30 September 2022, 86 (3%) were identified as having a substance misuse problem; the same proportion as that for England⁵⁰ (3%). A higher proportion of males (4%) than females (2%) had been identified as having a substance misuse problem.

Substance misuse was most common among older children, with 11% of young people in care aged 16 and over identified as having a problem.

The majority of children identified as suffering a substance misuse problem in 2021/22 were offered intervention (97%), with just over half (53%) having accepted this offer.

⁵⁰ Children looked after in England including adoptions, Reporting year 2022.

8. Young people who finished compulsory schooling in 2021/22

8.1. Proposal to discontinue data collection

Official Statistics Code of Practice places the responsibility on data collectors to only collect data that is necessary and of value. In that respect, we would like to consult our readers on the continued need to collect the information covered in this section (section 8). Please see Appendix F for the background for this consultation and how to respond.

8.2. School changes

Standard school progression expects children to finish compulsory schooling at age 16 after having completed Year 12. Of the young people who had been in care for 12 months or longer and information was available, 140 completed Year 12 in 2021/22⁵¹.

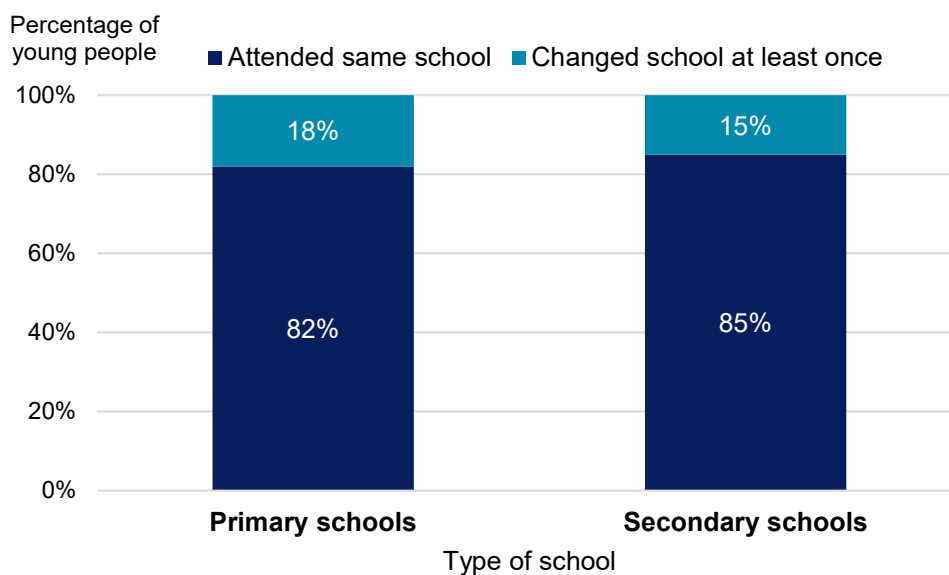
Of the young people who completed Year 12 in 2021/22, 82% had attended one primary school only and 18% had changed primary schools at least once (Figure 8.1). A similar proportion of females (16%) and males (19%) looked after had changed primary schools at least once.

Some 85% of the young people attended a single secondary school, whilst 15% had changed secondary schools at least once. A slightly lower proportion of males than females changed secondary schools at least once during their post primary school years (12% and 18% respectively).

⁵¹ This relates to young people whose linked DE school census information indicated that they attended Year 12 in 2021/22. It excludes young people in Special Schools.

Figure 8.1 Primary Schools and Secondary Schools changes by young people in care continuously for 12 months or longer who had completed Year 12 in 2021/22

Note: Figures exclude young people where data was not recorded.



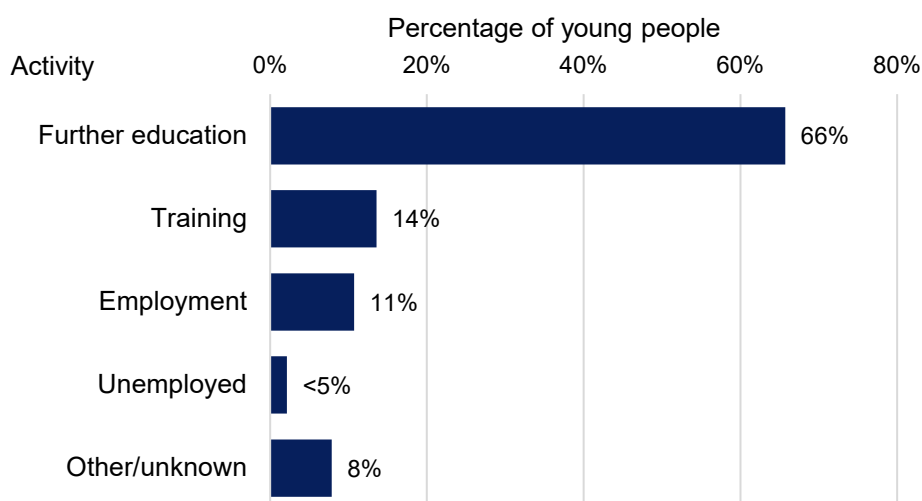
8.3. Gaps in Mainstream Education

Some 5% of young people aged 16 in 2021/22, had at some stage during their school years been out of mainstream education and continued to be educated in other ways.

8.4. Current Activity

Figure 8.2 details the activity of young people in care who completed Year 12 in 2021/22. Some 66% of these were still in education, and 14% were attending full or part-time training.

Figure 8.2 Activity of young people in care continuously for 12 months or longer who had completed Year 12 during 2021/22 in Northern Ireland (30 September 2022)



Appendix A – Technical Notes

The information presented in this bulletin derives from the thirteenth collection of ‘OC2’ annual returns of children and young people in care in Northern Ireland. The returns were provided by each of the five Health and Social Care Trusts in Northern Ireland to Community Information Branch (CIB) in the Department of Health (DoH).

Information is entered online by nominated HSC Trust staff using a secure web-based application. Records are pseudoanonymised to ensure confidentiality and to protect the identities of individual children. Guidance notes and other documents associated with the OC2 data collection are available to view or download from the [DoH website](#).

Looked after children included in this publication

For inclusion in the OC2 returns, children had to be looked after continuously for at least 12 months at 30 September 2021. Children looked after under an agreed series of respite placements were excluded from the survey. As such, the reference period for the present survey was 1 October 2020 to 30 September 2021. This is distinctly different from other statistical collections by the DoH, which are based on the year ending 31 March. The period chosen for OC2 is designed to align with the academic school year.

The main aim of the OC2 returns is to inform on educational outcomes for children in care, however it also collects information on a range of other areas such as religion, ethnicity, disability, placement, health assessments, economic activity and criminal convictions (see appendix E for the full questionnaire). Together with its companion surveys OC1 (care leavers aged 16-18) and OC3 (care leavers at their 19th birthday), it provides a comprehensive series of data on children and young people in care in Northern Ireland.

Changes to the OC2 data collection 2020-21

Partial Electronic Data Collection: The OC2 data collection is manual and CIB is constantly working to find ways of easing the data collection burden for the HSC Trusts. For the 2020-21 data collection, CIB liaised with the five HSC Trusts to receive information held on the local IT management systems electronically. This information was linked with information inputted manually through the web-based application. This reduced the number of data items having to be completed manually and subsequently, the risk of manual input errors have been reduced.

The information held on the local IT management systems may not be as disaggregated as the traditional OC2 collection, and some of the granularity of specific items may therefore be lost (eg only main disability recorded instead of all disabilities) in exchange of improved data quality and reduced data collection burden.

OC2 Data collection 2018-19

The 2018-19 “Children in care” data collection could not be completed in full due to a number of reasons, including IT issues, industrial action and Covid-19 resource restrictions. Although all children in the cohort were included in the data collection, limited information was available for two-fifths of the children. The number of analysis completed were therefore significantly reduced compared with previous years.

Change of data source

Historically, school related information reported in this publication has been obtained from the child’s school by social workers. To both ease the data collection burden on the social workers as well as streamlining information with that published by Department of Education (DE), and through this ensure improved quality and consistency of data, a data sharing agreement was put in place in

2016 between DE and DoH in regards to children in care. The data supplied from the DE relates to three sources; the School Census; Attendance and School leaver survey.

The information shared covers:

- Attendance (including suspensions)
- Special Educational Needs (SEN)
- Medical record (new in 2020/21)
- School type
- School year

The attendance, suspension and SEN information will be reported on the same way as in previous publications. However, where the new source of information allows for more scrutiny of the figures, additional analysis will be supplied. For example, reason for non-attendance can now be analysed. It also allows for comparison with the general school population on a like for like basis.

Linking rate between OC2 returns and DE data 2021-22

Unique linking variables were used to match the OC2 returns with the DE school data without compromising children's identity.

Of the 2,130 children of compulsory school age (5-16):

- 1,983 (93%) were matched (linked) between the OC2 and DE datasets;
- 814 (4%) who were not matched, were identified as not attending school in Northern Ireland, either because they were in school outside of this jurisdiction, because they were disabled, home schooled or because they had chosen to leave education. These will be included in educational analysis only where appropriate;
- 26 (1%) were not matched as no or only partial matching variables had been supplied and these will be excluded from the education analysis within this report;
- 40 (2%) were not matched for unknown reasons and will be excluded from the education analysis within this report.

Attendance

Department of Education (DE) publish [attendance information](#) for children in care. DE attendance figures relate to all children who were looked after at a specific point in time. In contrast, the "Children in Care" publication includes only children who have been looked after for a minimum of 12 months. As such, the annual school attendance figures should relate, as much as possible, to a time when the child was continuously in care. The difference cohorts of children included in the two publications will therefore result in different attendance figures.

Attendance or absence is measured for every pupil in half day sessions (am and pm). Absence can be either authorised or unauthorised.

An authorised absence is absence with permission from an authorised school representative on provision of a satisfactory explanation. This includes:

- Artistic endeavour
- Bereavement
- Suspension
- Agreed family holiday (in very exceptional circumstances)
- Illness
- Medical / dental appointments
- Other exceptional circumstances (includes an exceptional event outside control of the school, for example, travelling children, court appearance)

- Religious observance

An unauthorised absence is absence without permission from an authorised school representative due to unexplained or unjustified absence. This includes:

- Family holiday not agreed
- Other absence (includes absence not covered by any other code or a reason which is not acceptable to the school, for example, pupil's / parent's or sibling's birthday).
- No reason provided for absence
- Late (after registration closed)

Further information on attendance and absence can be found in the readers notes of DE's Pupil Attendance publications ([Department for Education: Pupil Attendance weblink](#)).

Special Educational Needs (SEN) Assessment Stages

From spring 2021, the five stage approach to identification, assessment and provision of Special Education Needs (SEN) was replaced with [three stages of special educational provision](#):

Previous SEN Five Stage Approach	Current SEN Three Stage Approach
Stage 2*	Now stage 1 - school delivered special educational provision.
Stages 3 and 4	Now stage 2 - school delivered special educational provision plus external provision.
Stage 5	Now stage 3 - statement of Special Educational Needs.

*Note: previous SEN stage 1 has now been removed.

Data Quality

The data quality of the results presented in this bulletin is considered to be high. CIB performs vigorous logical validation checks as well as comparison with historic data to ensure the data input is correct. Further checks using historical data are used to assess annual variations in analyses of the data.

Using DE data for school information removes elements of manual recording and ensures inter-departmental consistency of information.

A detailed quality report for children's community statistics is available on the [DoH website](#).

Rounding/Disclosure Conventions

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

It has been necessary to suppress other figures whenever it would be possible to calculate the value of a suppressed number by means of simple arithmetic. The rule applied in these circumstances has been to suppress the next smallest data item.

A National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Services Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- are trustworthy;
- have high quality; and
- are of value to the public.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed. The most recent assessment of these statistics is set out in [Report 265](#).

If you have any comments on this publication, please contact:

Community Information Branch
Department of Health
Annexe 2, Castle Buildings
Stormont, BT4 3SQ
Email: cib@health-ni.gov.uk
Tel: 028 90522580

Related Publications

Other statistics produced by the DoH relating to looked after children and other areas of children's social care in Northern Ireland are detailed below:

[Children's Social Care Statistics for Northern Ireland](#)

[Northern Ireland Care Leavers](#)

[Children Adopted from Care in Northern Ireland](#)

[Quarterly Child Protection Statistics for Northern Ireland](#)

Statistics on children and young people in care published by other countries in the UK (United Kingdom) can be found as detailed below.

Scotland

[Children's Social Work Statistics](#) are produced annually by the Scottish Government.

[Educational Outcomes for Scotland's Looked After Children](#) is an annual summary of the educational outcomes of Scotland's looked after children.

Wales

[Children Looked After by Local Authorities in Wales](#) is published annually by the Local Government Data Unit and the Welsh Assembly Government.

England

[Outcomes for children in need, including children looked after by local authorities in England](#), is produced annually by the Department for Education.

[Children looked after in England including adoptions](#) is published annually by the Department for Education.

Appendix B – Coverage of OC2 2021-22

The table below specifies the subset of children and young people covered by each category of the OC2 data collection.

OC2 return 2021/22		
Definitions of the groups of children covered by each data item		
Data item on OC2	Subject	Which children are included?
	Scope of OC2	All children who were looked after on 30 September 2022 and on that date had been looked after continuously for at least a year.
	Compulsory school age	Children whose birth dates are between 02/07/2005 and 01/07/2017 inclusive.
38	Pre-school provision	Children whose dates of birth are in the range 02/07/2017 – 01/07/2018.
41 & 42	HCHF development reviews and 6 monthly statutory health reviews	Children aged 4 years or younger at 30 September 2022, i.e. whose dates of birth are 01/10/2017 or later.
43	Annual statutory health review	Children aged 5 years and over at 30 September 2022, i.e. children whose date of birth is 30/09/2017 or earlier.
49	Offending	Children aged 10 and over at 30 September 2022, i.e. whose date of birth is 30/09/2012 or earlier.

Appendix C – Placement definitions

Below are explanations of different types of care placements.

Foster care is when a child is placed by a HSC Trust, or by its parents (or those with parental responsibility), with other persons who will care for, and rear the child. Foster Carers are approved by a Health and Social Care Trust and receive an allowance for their caring responsibilities from the approving Trust. In this publication it will be differentiated between those foster care placements that are kinship foster care arrangements and those that are non-kinship foster care arrangements.

Kinship care (formal) is when a looked after child is placed by a HSC Trust with a relative (eg. grandparents, sibling, aunt/uncle), friend or other person with a prior connection to the child, who will care for and rear the child. A person with a prior connection could be someone who knows the child in a professional capacity such as a child-minder, a teacher or a youth worker although these are not exclusive categories. Kinship carers are approved by a Health and Social Care Trust and receive an allowance for their caring responsibilities from the approving Trust. Kinship care (informal) is when a child who is not 'looked after' is placed with a relative or friend on a voluntary basis with no involvement of social services. This group of children is not covered in this publication.

Placed for adoption refers to a child that has been approved to be adopted and is placed with his/her prospective adoptive parents pending affirmation from the courts. Unless otherwise stated, children placed for adoption will be included in 'Non-kinship foster care' in the analysis in this report.

Residential care is when a looked after child is placed by a Trust in a children's home. Residential care for children / Children's Homes are there to ensure that the needs of children are met when they cannot live with their own family. They are a place for children to develop and grow, as well as providing food, shelter, and space for play and leisure in a caring environment. Children's Homes look after children with many different needs.

Secure accommodation is provided for children on a short term basis when it is likely that the child, in any other setting, will injure him/herself or abscond and is likely to suffer significant harm when absconding. Unless otherwise stated, children in secure accommodation will be included in 'Residential care' in the analysis of this report.

Placed with parent refers to children for whom a Care Order exists and who are placed with their parents, a person who is not a parent but who has parental responsibility for the child or where a child is in care and there was a Residence Order in force with respect to him/her immediately before the Care Order was made, and who are placed with a person in whose favour the Residence Order was made.

Independent living arrangements refers to children placed in independent accommodation. This would refer to young people between 16-18 years old. Unless otherwise stated, children in independent living arrangements will be included in 'Other placements' in the analysis of this report due to the small number of children in these living arrangements within the cohort studied.

Other placements refers to any placement reported that are not covered by other categories given. This may include children in hospital, assessment centres, boarding schools etc. and also special or bespoke arrangements relating to one Trust. The categories included may therefore change from year to year.

Appendix D – Tables

All tables can be found in excel format at: www.health-ni.gov.uk/articles/looked-after-children.

Appendix E – OC2 data collection form 2021-22

The 2021-22 data collection form can be found on the [DoH website](#).

Appendix F – Consultation on removing questions from the OC2 data collection

Official Statistics Code of Practice places the responsibility on data collectors to only collect data that is necessary and of value. Furthermore, GDPR legislation sets out that only the minimum of data should be collected. In that respect, as the data collectors, we would like to ascertain the use of some specific questions within the OC2 data collection that is used to populate the publication “Children in Care in Northern Ireland”. These relate to children in care for 12 months or longer who have completed Year 12 and are eligible for GCSE assessments. The questions are set out in the box below and the output is covered in Section 8 of this publication.

For children who were in Year 12 in 2021/22 and who were eligible for GCSE (or equivalent) examinations/assessments

52. Had the young person completed Year 12 at 1 July 2022?
Yes No

If 'Yes':

53. What was the young person's activity at 30 September 2022?

Not known	<input type="checkbox"/>
Full-time further education (up to 'A' level or equivalent standard)	<input type="checkbox"/>
Part-time further education (up to 'A' level or equivalent standard)	<input type="checkbox"/>
Higher education	<input type="checkbox"/>
Full-time training	<input type="checkbox"/>
Part-time training	<input type="checkbox"/>
Full-time employment with planned training	<input type="checkbox"/>
Full-time employment with no planned training	<input type="checkbox"/>
Part-time employment with planned training	<input type="checkbox"/>
Part-time employment with no planned training	<input type="checkbox"/>
Part or full-time volunteering	<input type="checkbox"/>
Parent – full-time carer	<input type="checkbox"/>
Other full-time carer	<input type="checkbox"/>
Unemployed as a result of ill-health or disability	<input type="checkbox"/>
Unemployed for other reason	<input type="checkbox"/>
Other activity (please specify below)	<input type="checkbox"/>

.....

54. How many different schools has the child attended during his/her school years?
Total number of primary schools attended
Total number of secondary/grammar schools attended

55. Was the child ever out of mainstream school and continuing to receive education (e.g. a period or periods in EOTAS and/or at a Pupil Referral Unit)?
Yes No

We would like to point out the following:

1) The cohort covered

- a) The above questions relate to a very small cohort which excludes a large proportion of the in care population and cover:
- i) only those who have been in care for 12 months or longer;
 - ii) only those who were attending school; and
 - iii) only those eligible for GCSE.

2) Other questions within the OC2 return cover school changes and EOTAS:

- a) Did a change of school occur during the year and was the change due to a placement move → this is asked of all school aged children (in care for 12 months or longer). (Page 33 of the publication)
- b) Was the child out of mainstream school and continued to receive education (EOTAS), including reason for EOTAS → this is asked of all school aged children (in care for 12 months or longer). (Page 28 of the publication)

3) Questions within the OC1 care leaver return cover economic activity

- a) The annual OC1 care leavers returns asks for economic activity of all care leavers aged 16-18, hence a similar age group to the Year 12 population. (Page 20 of the [Care Leavers in Northern Ireland publication](#)). However, the OC1 gives a complete picture of the specific population (all care leavers) and not only a very restricted cohort (Year 12). When comparing the economic activity of the two publications, the Care Leavers data shows a much more varied picture.

4) Resource strains from collecting the information

- a) The OC2 data collection continues to be a large resource burden on the HSC Trust staff, despite efforts to make as many of the questions as possible electronically downloadable. The above questions on the number of school changes and periods of EOTAS for a young person's complete school history is not held electronically and will remain a manual data collection exercise of going through paper files.
- b) CIB spends a considerable amount of time validating these questions and a high proportion are returned to Trusts for checking and updating, which adds further resource burden on both CIB and Trusts.

We would welcome your comments and views on:

- **How you currently use the Year 12 information;**
- **If these questions can be removed from future OC2 data collections; and**
- **Any other issues you would like to raise in regards to these data items.**

Kindly respond by Friday 22 September 2023 to CIB@health-ni.gov.uk .

