

INFORMATION
ANALYSIS
DIRECTORATE



Children in Care

in Northern Ireland 2022 - 23

Statistical Bulletin



Department of
Health
An Roinn Sláinte
Máinnistrie O Poustie
www.health-ni.gov.uk



NISRA
Northern Ireland
Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Talghde

Published 3 September 2024

Content

Reader Information	4
Key Findings	6
1. Introduction	8
1.1. The Children Order	8
1.2. The OC2 Community Information Return	8
1.3. Data collection 2022-23	9
2. Children in Care 2022-23	10
2.1. Number of children in care	10
2.2. Age and Sex	11
2.3. Religion and Ethnicity	11
2.4. Disability	12
2.5. Dependants	14
2.6. Trust Profile	14
3. Health	17
3.1. Immunisations	17
3.2. Dental Checks	17
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, absenteeism and suspensions	30
5.6. School changes	30
6. Educational Attainment	31
6.1. Exams and Assessments	31
6.2. GCSEs	32
7. Cautions / Convictions and Substance Misuse	34
7.1. Children and young people cautioned or convicted	34
7.2. Substance misuse	35
Appendix A – Technical Notes	36
Appendix B – Coverage of OC2 2022-23	40

Appendix C – Placement definitions.....	41
Appendix D – Tables	43
Appendix E – OC2 data collection form 2022-23	44

Reader Information

Theme	Children in care in Northern Ireland
Document purpose	For information
Reporting period	1 October 2022 to 30 September 2023
Authors / statisticians	Heidi Rodgers and Deborah Kinghan
Publication Date	3 September 2024
Issued by	Community Information Branch Information & Analysis Directorate Department of Health Stormont Estate, Belfast, BT4 3SQ, Northern Ireland Tel: (028) 90522580 Email: cib@health-ni.gov.uk www.health-ni.gov.uk/articles/looked-after-children
Target Audience	Directors of Children’s Services, Chief Executives of Boards and HSC Trusts in Northern Ireland, health care professionals, academics and social care stakeholders.
Main uses of document	The main uses of these data are to monitor the delivery of social care services to children, to help assess Trust performance, corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions. The bulletin is also used by academics/ researchers, the voluntary sector and those with an interest in children in care.
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.
Price	Free

Statistics and research for the [Department of Health](#) is provided by the [Information and Analysis Directorate](#) (IAD). IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

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](#).

IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis. This publication is produced by Community Information Branch.

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 2023, 3,024 children and young people had been in care continuously for 12 months or longer. This is 46% higher than ten years ago (2,071 children in 2013);
- Of these, just over one sixth (16%) had experienced a placement change during the previous 12 months, which is similar to the previous three years;
- Having a statement of Special Educational Needs (SEN) continues to be more prevalent among the children in care of school age (28%) compared with the general school population (7%); and
- Some 92% of young people in care for twelve months or longer and who were in Year 12 attained one or more GCSE at grades A* to G. Although not directly comparable, 98% of the general school leaver population (Year 12 – Year 14) attained one or more GCSE at grades A* to G.

Children in Care in Northern Ireland 2022–23

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.

1.3. Data collection 2022-23

The data collection for year ending 30th September 2023 was impacted by action short of strike by social workers and school staff in Northern Ireland. This was the case in particular for Belfast HSC Trust where some 20% of the manual part of the OC2 return were not completed. It is set out in each section how the missing information has been handled for the analysis.

The missing information also meant that there was a lack of linking information for Department of Education (DE). In these circumstances, where possible, last year's linking variables with DE were used where these were missing for the current year. It was therefore possible to achieve a relatively high linking rate of 92%. Please see the technical notes for further analysis of the linking rate.

The OC2 receives two years of linked data from DE. For OC2 2022-23, the 2023 school census is used for Special Educational Needs analysis and the 2024 school census is used for attendance analysis. Due to the action short of strike by schools, no attendance information was shared this year hence this analysis could not be included in this publication.

It is expected that the action short of strike by schools for the 2024 School Census will further impact next year's OC2 data collection for attainment and Special Educational Needs analysis.

2. Children in Care 2022-23

2.1. Number of children in care

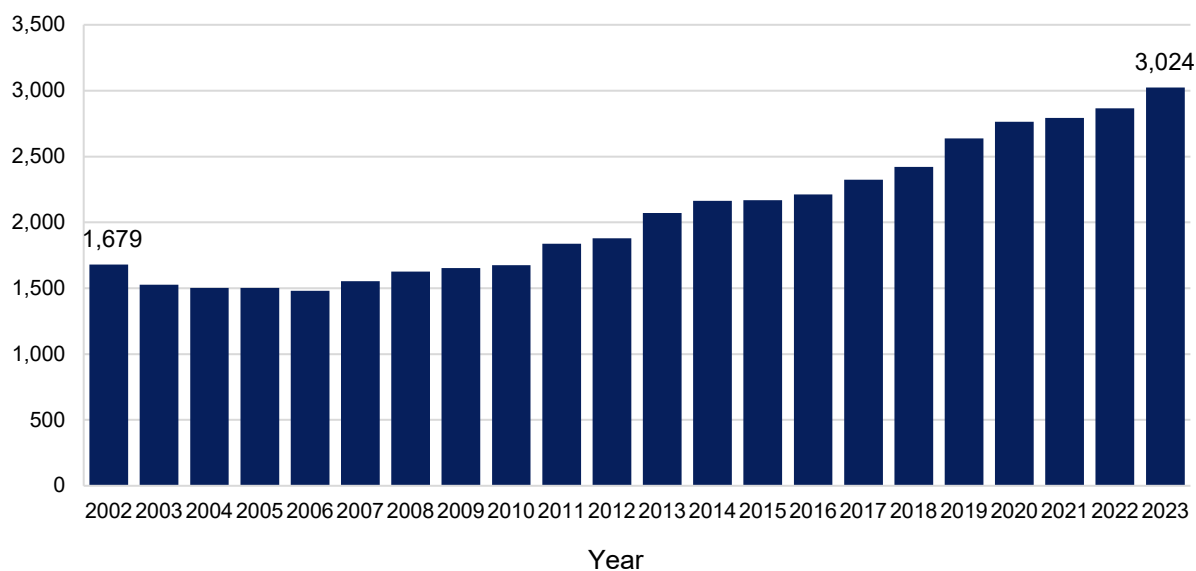
At 30 September 2023, 3,024 children and young people who were in care in Northern Ireland had been continuously in care for more than a year³. Figure 2.1 outlines how the number of children in care for at least 12 months has risen year on year since 2006. The number of children in care in 2023 was 5.5% higher than the previous year, and more than double that of 2006 (104% increase), when the number was the lowest of recent years (1,480).

The 3,024 children and young people that had been in care continuously for at least 12 months represented a rate of 69 children per 10,000 population aged under 18⁴. 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 1. Number of children in care continuously for 12 months or longer at 30th September (2002 – 2023)

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

Number of children and young people



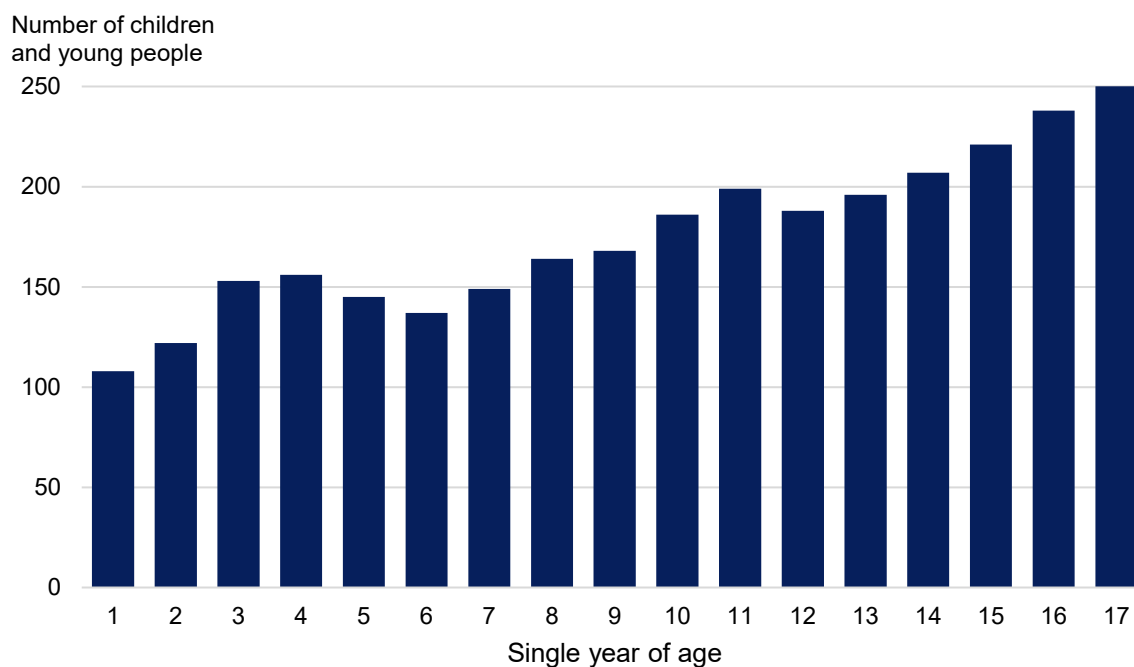
³ This figure may differ slightly from other sources due to categorisation and exclusions.

⁴ 2022 Mid-Year Population Estimates, NISRA 2023.

2.2. Age and Sex

At 30 September 2023, 54% of the children and young people who had been in care for 12 months or longer were male (1,638) and 46% were female (1,386). Similar to 2022, 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 17% were 16 years or older. There were only minor differences in the age breakdown between males and females.

Figure 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 2023



2.3. Religion and Ethnicity

There was a higher proportion of looked after children from Catholic background (49%) than Protestant backgrounds (38%) in 2022/23, with 398 (13%) 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 Trust having Catholic background (81%), compared to one quarter (24%) in the Northern Trust. The Northern HSC Trust had the highest proportion of 'No', 'Unknown' or 'Other' religion (23%), whereas the equivalent figure in the Western HSC Trust was 4%.

The ethnic grouping of the children in 2022/23 indicated that 93% (2,801) were White, and of the remaining 7% (223), 46 were Irish or Roma Travellers, 43 were Black and 134 were of Mixed, 'Other' or 'Unknown' ethnic backgrounds. Belfast HSC Trust had the lowest

⁵ See tables for details.

population of white ethnic background (88%) whereas the Western HSC Trusts had the highest at 96%.

2.4. Disability⁶

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, 20% (599)⁶ of the children in care for more than 12 months were reported as disabled in 2022/23, two percentage points higher than the previous year (18%). Although not directly comparable, the NI Census 2021 found that 8% of children in Northern Ireland had a health problem or disability (long-term) where their day to day activities were affected⁷. It would therefore suggest that having a disability is more prevalent among looked after children than the general child population.

In 2022/23, a higher proportion of males (25%) than females (15%) were disabled. A similar trend has been observed in previous years.

Table 1 below sets out the frequency of different disability types. The majority of the children looked after who had a disability had autism (45%) followed by a learning disability (22%) and severe learning disability (18%). Some 237 children (40%) had other⁸ disabilities, including ADD/ADHD, sensory and physical disabilities – either on its own or in combination with autism and/or learning disabilities.

⁶ The disability analyses exclude 48 children from Belfast HSC Trust where no information had been recorded. This represents 5.8% of the children in Belfast HSC Trust and 1.6% of the children regionally.

⁷ Findings from the Northern Ireland Census 2021.

⁸ “Other” includes physical and sensory impairments, chronic illness, Foetal Alcohol Syndrome, Attention Deficit Hyperactive Disorder, epilepsy, and other disabilities.

Table 1. Children in care continuously for 12 months or longer with a disability and type of disability (2022/23)

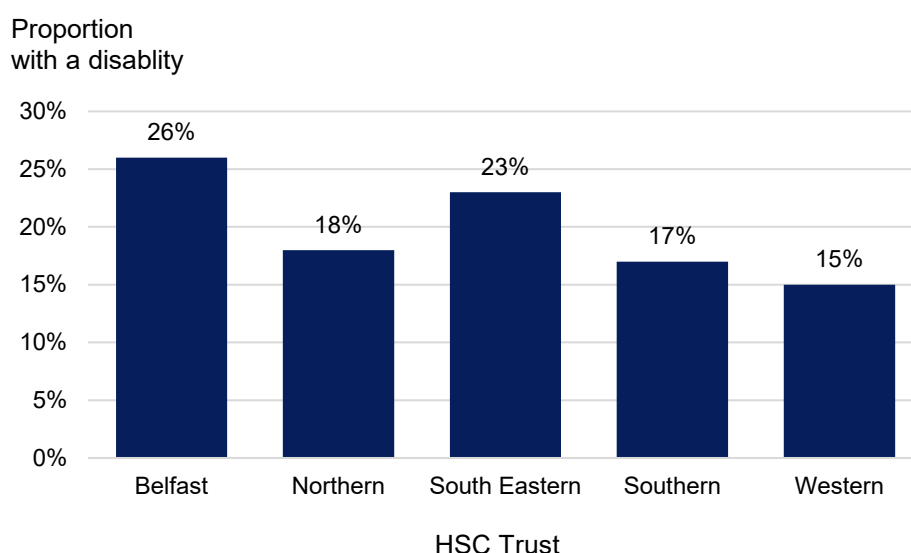
Note1: 599 children were recorded as having a disability. Of these, 131 were recorded as having multiple disabilities and are therefore included in more than one category in the table below.

Note 2: ADD/ADHD is included in 'Other disability'. However, due to the way Trusts record disability, a small number of children with ADD /ADHD may have been recorded as having Autism and is captured in the Autism category.

Type of disability	Proportion of children and young people with disability
Autism	45%
Learning disability	22%
Severe learning disability	18%
Physical disability	7%
Visually disabled	4%
Hearing impaired	2%
Other disability (including unknown disability)	29%

A quarter (26%) of the children in care in Belfast HSC Trust were noted to have a disability, followed by 23% in the South Eastern HSC Trust. In the Northern, Southern and Western HSC Trusts the proportions ranged between 15% and 18% ⁹.

Figure 3. Proportion of children in care continuously for 12 months or longer in each HSC Trust with a disability (2022/23)



⁹ Some of the HSC Trust proportions differ from last year's figures, which may be down to how disability is recorded and shared for this data collection. Please see the technical notes.

2.5. Dependants¹⁰

Becoming a parent may impact on educational and other outcomes for young people. In 2022/23, less than five young people in care had a dependent child, which is a lower number than the previous year¹⁰.

2.6. Trust Profile

Table 2 sets out the number of children in care for 12 months or longer at 30 September 2023 by Health and Social Care (HSC) Trust. Overall, the Belfast HSC Trust had the largest proportion of these children and young people (27%).

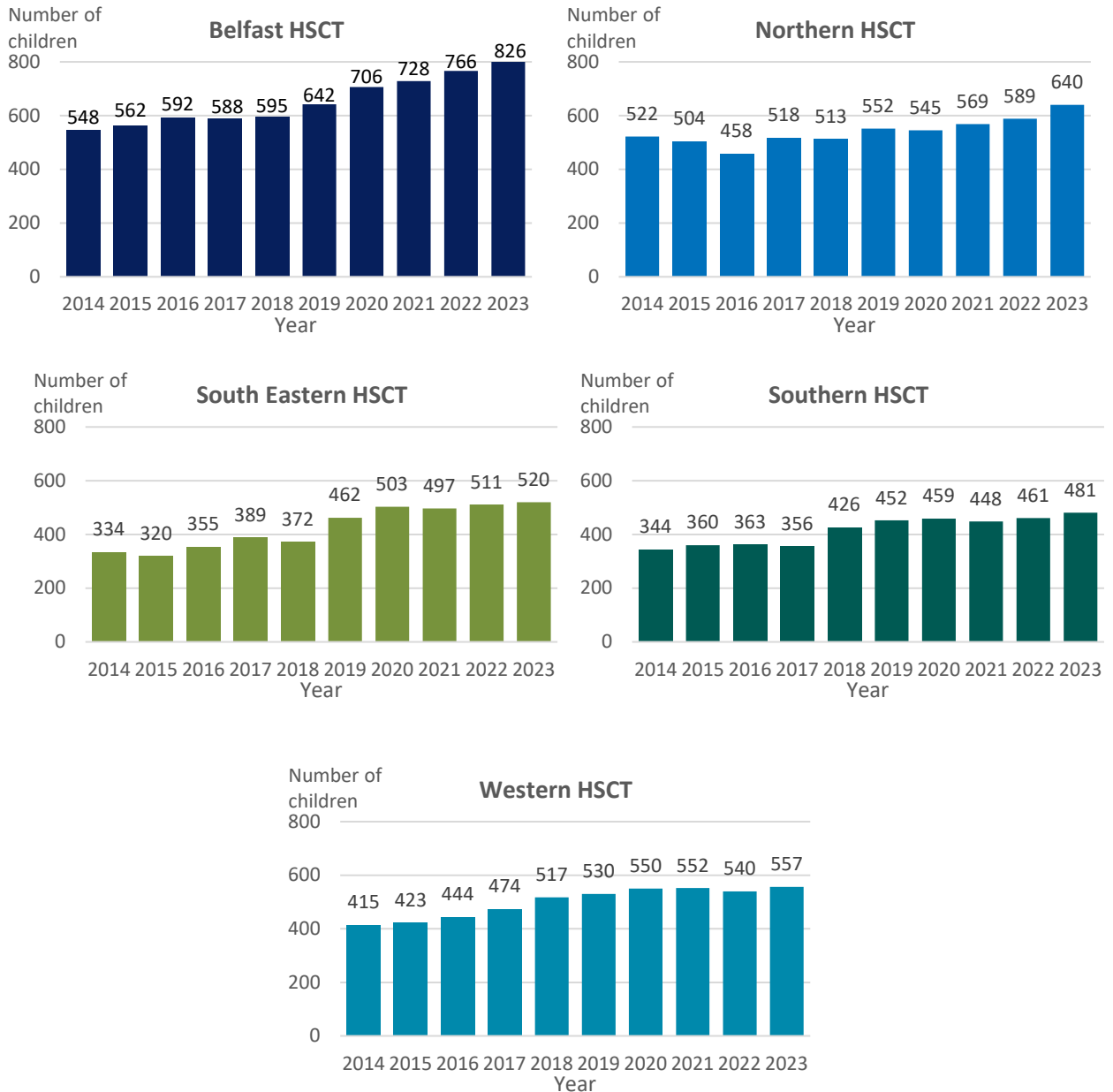
Table 2. Number of children and young people in care continuously for 12 months or longer at 30 September 2023 by HSC Trust

HSC Trust	Number of children in care for 12 months or longer (30 September 2023)	Change from last year (30 September 2022)
Belfast	826	+60
Northern	640	+51
South Eastern	520	+9
Southern	481	+20
Western	557	+17
Northern Ireland	3,024	+157

¹⁰ Some 45 young people over the age of 13 did not have information recorded against this variable.

Figure 4 sets out the trend figures of looked after children between 2013/14 to 2022/23. 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 (2021/22), the Belfast, Northern, South Eastern, Southern, and Western HSC Trusts saw an increase in the number of children in care for 12 months or longer, by 8%, 9%, 2%, 4% and 3% respectively.

Figure 4. Number of children in care continuously for 12 months or longer between 30 September 2014 and 2023 by HSC Trust



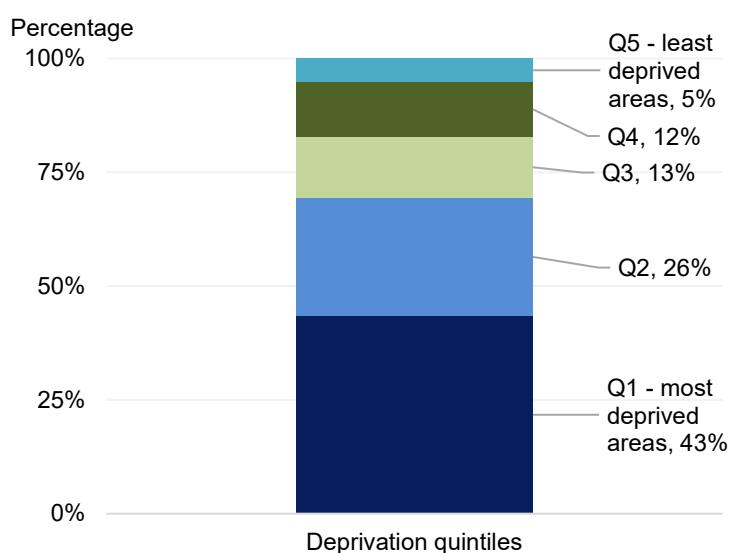
2.7. Multiple Deprivation Measure and Rurality

The home location of the looked after child prior to entering care was linked to the Northern Ireland Multiple Deprivation Measure 2017¹¹ (MDM) and the Urban-Rural Classification 2015¹².

For the children where geographical information was available¹³ in 2023, some 81% were living in a predominantly urban area before entering care, with 19% originating from rural areas¹⁴.

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 three previous years. Some 5% of the children originated from the least deprived quintile.

Figure 5. Multiple Deprivation Measure - Level of area deprivation prior to entering care for children in care continuously for 12 months or longer (2022/23)



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

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

13 Geographical information prior to entering care was collected for 95% of the children.

14 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

As set out in the introduction, a proportion of the returns that this publication is based on were not fully completed. This was mainly due to action short of strike in Belfast Trust. However, a number of returns from the other HSC Trusts were also missing data on developmental and health assessments. It was therefore deemed that the data coverage was not high enough to supply the analysis as these are based on specific age group cohorts. Therefore, for 2022-23, only analysis on immunisation and dental checks will be reported on. These are based on all age groups.

3.1. Immunisations¹⁵

Information on immunisations relates to all looked after children covered in this bulletin, and not just to those that were due immunisations in 2022/23. 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 2023. From the information provided, 97% of children in care had their immunisations up-to-date at 30 September 2023, the same proportion as last year¹⁵. This was considerably higher than looked after children in England¹⁶, where 82% had their immunisation up to date.

Immunisation rates for the whole Northern Ireland children population are not published on a client basis but rather by type of immunisation¹⁷ and are therefore not comparable with the way the immunisation rates are collected within this publication.

3.2. Dental Checks¹⁸

This relates to all children and young people in care who had their teeth checked during the year ending 30 September 2023. 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.

¹⁵ Some 308 children did not have information recorded in regards to immunisation in 2022/23. This represents 10% of the cohort. These have been excluded from the analysis.

¹⁶ "Children looked after in England including adoption. Reporting year 2023".

¹⁷ Public Health Agency Core Tables <http://www.publichealth.hscni.net/>.

¹⁸ Some 207 children did not have information recorded in regards to dental checks in 2022/23. This represents 7% of the cohort. These have been excluded from the analysis.

Of the children in care for 12 months or longer at 30 September 2023, 94% had their teeth checked the previous year; which is back up to pre-covid levels ¹⁸. The figure is higher than the corresponding level for England¹⁹ where 76% had their teeth checked by a dentist.

¹⁹ "Children looked after in England including adoption. Reporting year 2023".

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 needs²⁰. 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 adoption²¹), **kinship foster care**²² (including emergency foster care), **residential care** (including secure care), **placed with parent** and **‘other’ placement types**.

At 30 September 2023, 39% (1,168) of the children in care for 12 months or longer were placed in non-kinship foster care, 46% (1,382) were placed in kinship foster care, 6% (191) were placed with a parent, 7% (197) were in residential care, and 3% (86) were in ‘other’ placement types. There was an increase in numbers in kinship foster care compared with the previous year (154 children), whereas the figures were similar for the other placement categories.

Of the 1,168 children in non-kinship foster care, 67 were placed for adoption.

Table 3. Placement type for children in care continuously for 12 months or longer by HSC Trust year ending 30 September 2023

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	39%	41%	33%	43%	48%	30%
Kinship foster care	46%	47%	50%	40%	37%	52%
Placed with parent	6%	5%	6%	6%	8%	7%
Residential care	7%	7%	5%	8%	4%	8%
Other	3%	0%	7%	2%	2%	3%
Total	100%	100%	100%	100%	100%	100%

Table 3 above shows the main placement categories, broken down by HSC Trusts. For South Eastern HSC Trust, the most prevalent placement was non-kinship foster care whereas kinship foster care was most prevalent in all the other 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 46% since 2010, and has the last two years been higher than the proportion of children placed in non-

²⁰ Appendix C sets out descriptions of different placement types.

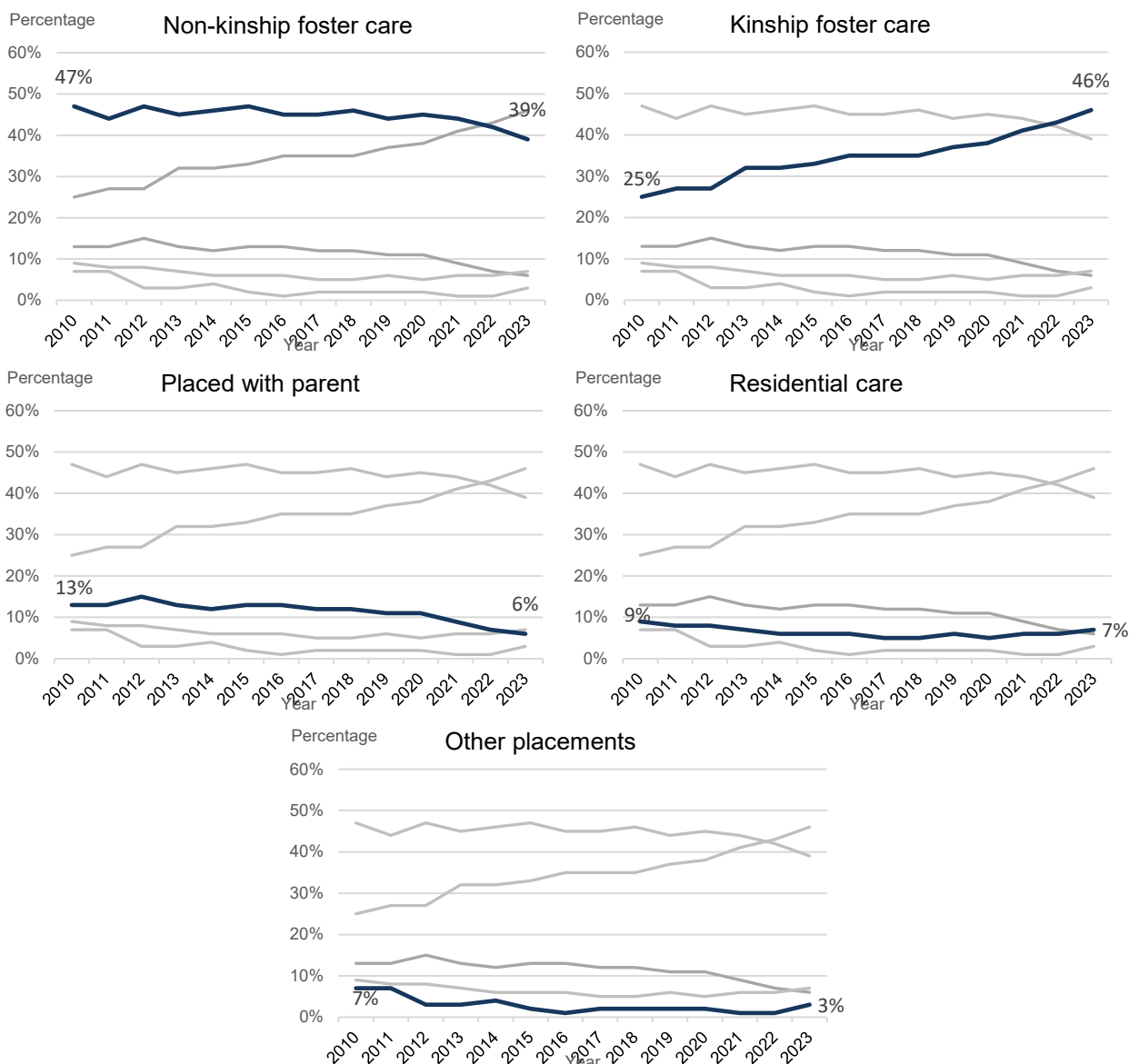
²¹ Being placed for adoption is a stage in the adoption process and a child will still be considered as looked after until the granting of an Adoption Order.

²² 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.

kinship foster care. There has been a slight decrease in the proportion of children placed with parents, which has fallen from 13% in 2010 to 6% in 2023. Although the proportion of children placed in residential care was never large, it has still reduced slightly from 9% in 2010 to 7% in 2023. The proportion of children placed in other placements has reduced from 7% to 3%, which may be partly due to improved recording of placement categories.

Figure 6. Placement of children in care continuously for 12 months or longer at 30 September 2010 – 2023

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 12 children under the age of eleven years old were in some type of residential care at 30th September 2023. Those aged 16 and over, as may be expected, showed the greatest variation in placement type.

Table 4. Placement type by age group for children in care continuously for 12 months or longer at 30 September 2023

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	45%	38%	40%	32%	39%
Kinship foster care	50%	54%	39%	34%	46%
Placed with parent	3%	5%	8%	9%	6%
Residential care	0%	2%	12%	15%	7%
Other	2%	1%	1%	10%	3%
Total	100%	100%	100%	100%	100%

4.2. Placement Changes²³

The Figure below 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^{24, 25}. It shows that the proportion with no placement change has gradually increased over this period. In 2022/23, 84% of all children did not have a placement change, similar to the last few years.

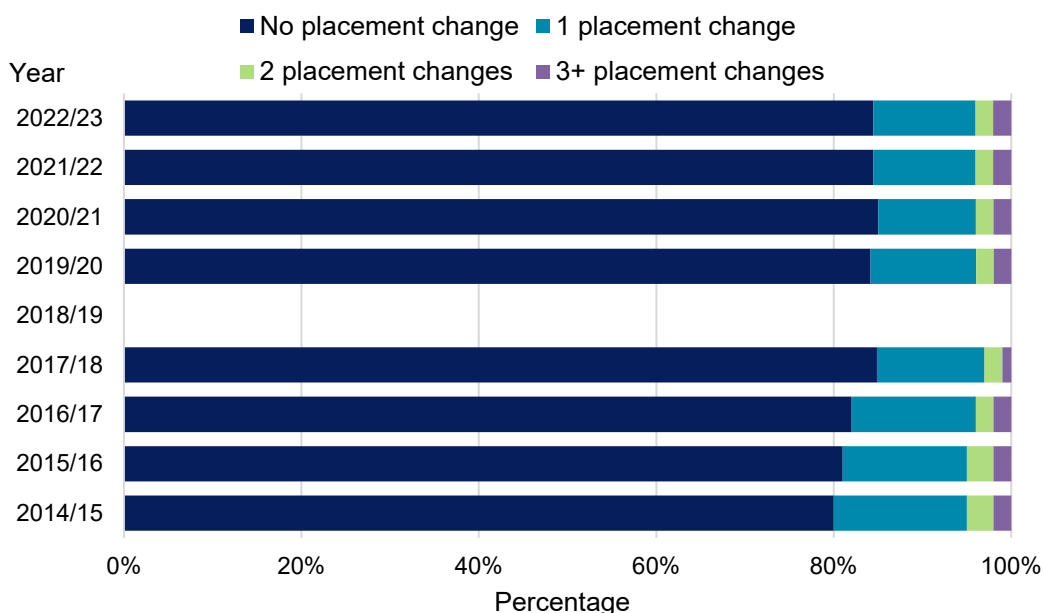
²³ Placement change information was not completed for 198 children in 2022/23, mainly from Belfast HSC Trust. These have been excluded from the analyses. This represented 7% of the overall cohort and 20% from Belfast HSC Trust specifically.

²⁴ Excludes placement changes that were due to short breaks.

²⁵ Includes those whose placement change was to be placed for adoption.

Figure 7. Placement changes for children in care continuously for 12 months or longer during the year ending 30 September (2015 – 2023)

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



Some 16%, or 447 children, of all children in care for 12 months or longer changed placement at least once during the year ending 30 September 2023. Of those with a placement change, 75% moved once only, 13% twice only, and 13% had changed placement three times or more. Of those with a placement move, over two-thirds (69%) had been in care less than five years, whereas 8% had been in care for ten years or more.

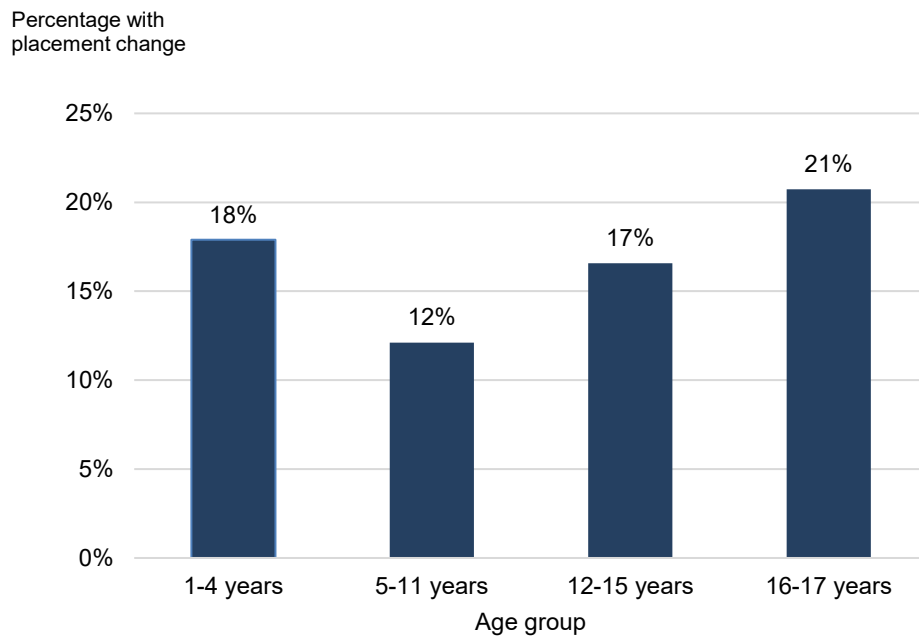
A similar proportions of females than males experienced placement changes (16%). The Northern HSC Trust had the lowest proportion of children with placement moves during the last year (13%), whereas the other four Trusts had between 15% and 19% of children with a placement change.

Children aged between 5-11 years of age saw the lowest proportion of placement changes during 2022/23 (12%), whereas the other age groups had between 17% to 21% with placement changes (Figure 9).

Of the children under five years of age, 12 children (16%) had a move which represented being placed for adoption²⁶.

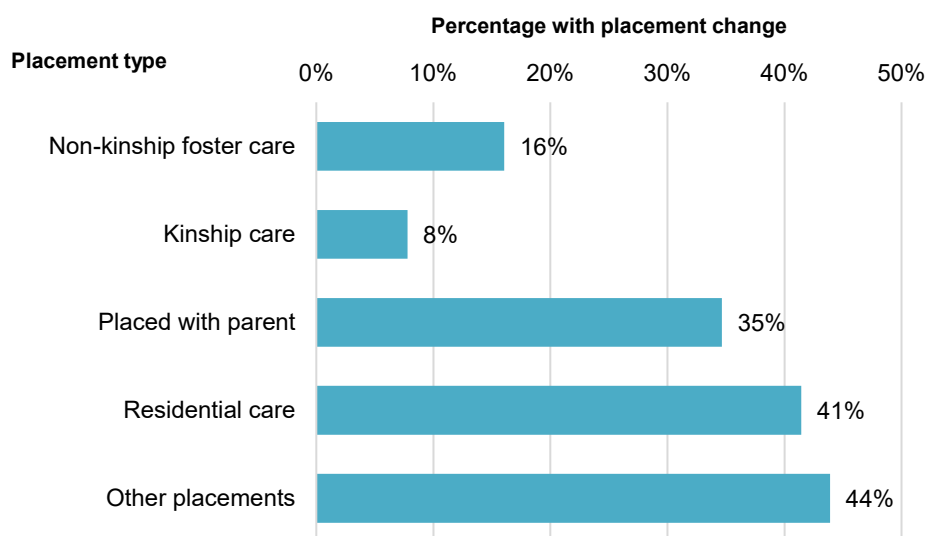
²⁶ Being placed for adoption is a stage in the adoption process and a child will still be considered as looked after until the granting of an Adoption Order.

Figure 8. Percentage of children in care continuously for 12 months or longer who experienced a placement change during 2022/23 by age group



The Figure below sets out the proportion of placement changes by the child's current placement type at 30 September 2023. Of the children in care for more than 12 months, children who were in kinship foster care at 30 September 2023 had the highest stability during the previous year (8% with a placement change) followed by non-kinship foster care (16%). Some 41% of the children in Residential care and 44% in 'Other placements' had experienced a placement change, which may be due to the nature of the placements included in these categories (see appendix C for details).

Figure 9. Percentage of children in care continuously for 12 months or longer who had experienced a placement change during 2022/23 by their current placement type at 30 September 2023



Many placement moves are planned as part of the child’s care plan. Other moves are the result of a placement breakdown. Of the 447 children with a placement move during 2022/23, 48% of cases the latest placement change was planned, 45% were due to a breakdown, and 8% for other reasons²⁷ (Table 5).

There were only small differences between males and females in regards to reason for placement move; some 46% of females and 44% of males had a placement move due to a placement breakdown. Almost two-thirds of all placement moves for the 12 - 15 age group related to a placement breakdown (64%). In comparison, 22% of the placement changes for the under five year olds related to a placement breakdown.

Of the 447 children who experienced one or more placement changes during 2022-23, 41% originated from non-kinship foster care prior to the latest move (Figure 10). Just under half of these (49%) were planned—including 13 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 (60%).

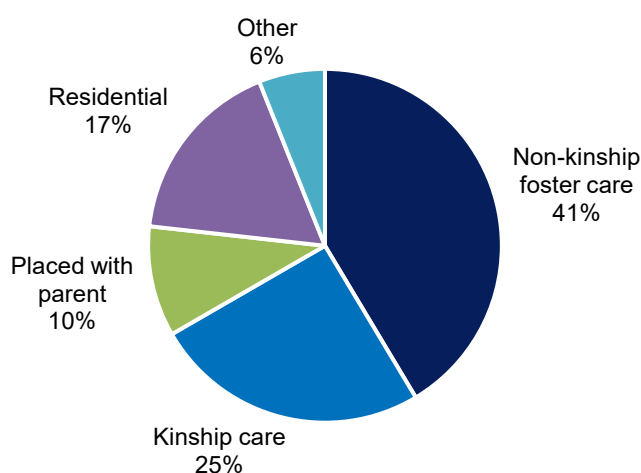
²⁷ Other reasons include safeguarding issues of the child/young person, young person remanded or in secure care, health concerns/death of carer, young person decided to return home and other reasons.

Table 5. Reason for last placement move by type of last placement for children in care continuously for 12 months or longer (2022/23)

[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	184	49%	49%	2%
Kinship care	110	37%	50%	13%
Placed with parent	45	42%	47%	11%
Residential care	77	60%	30%	10%
Other placement	31	[S]	[S]	[S]
All placements	447	48%	45%	8%

Figure 10. Placement prior to the latest placement change for children in care continuously for 12 months or longer (2022/23)



4.3. Statutory reviews²⁸

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 2022/23, 99% (2,802) of children and young people in care continuously for 12 months or longer at 30 September 2023 had a statutory review take place²⁸. Of those children and young who had a statutory review take place, some 13% (360) of children invited attended their last statutory review in person. A further 32% of children invited did not attend but sent views in writing to the review panel or briefed an advocate to speak on their behalf. Some 44% were considered to be too young to understand and fully participate in the process, and a further 5% could not engage in the review due to the level of their disability. A small proportion of the children and young people (6%) were either invited but did not attend or share their views or were not invited. The majority of these were down to the children expressing that they did not wish to take part or engage in Statutory Reviews.

Table 6. Participation in last Statutory Review prior to 30 September 2023

Note: The below table is based on 2,802 children and young people for whom Statutory Review information was completed.

Placement type	Percent
Not appropriate due to age of the child	44%
Not appropriate due to disability (i.e. learning disability) or child/young person's mental health.	5%
Invited and did attend in person.	13%
Invited and did not attend in person, but did send views / briefed advocate.	32%
Invited but did not attend or send views	4%
Not invited	2%
Total	100%

²⁸ Statutory Review information was not completed for 186 children, mainly from Belfast HSC Trust. These have been excluded from the analyses. This represented 6% of the overall cohort and 21% from Belfast HSC Trust specifically..

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 2006 and 1 July 2018, 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 2023 was 2,225. Of these, 174 children in care identified in the OC2 returns could not be linked with school data provided by the Department of Education²⁹. The total number of school aged children included in the following analyses is therefore 2,051.

Of those children of compulsory school age in care continuously for at least 12 months at 30 September 2023, 49% attended Primary School the previous school year, 38% were at Non-Grammar School, 8% were at Special School and 4% attended a Grammar School.

5.2. Personal Educational Plans³⁰

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.

²⁹ A number of these children were either not attending mainstream school or attending school outside of Northern Ireland. Please see [Technical Notes](#) for further details.

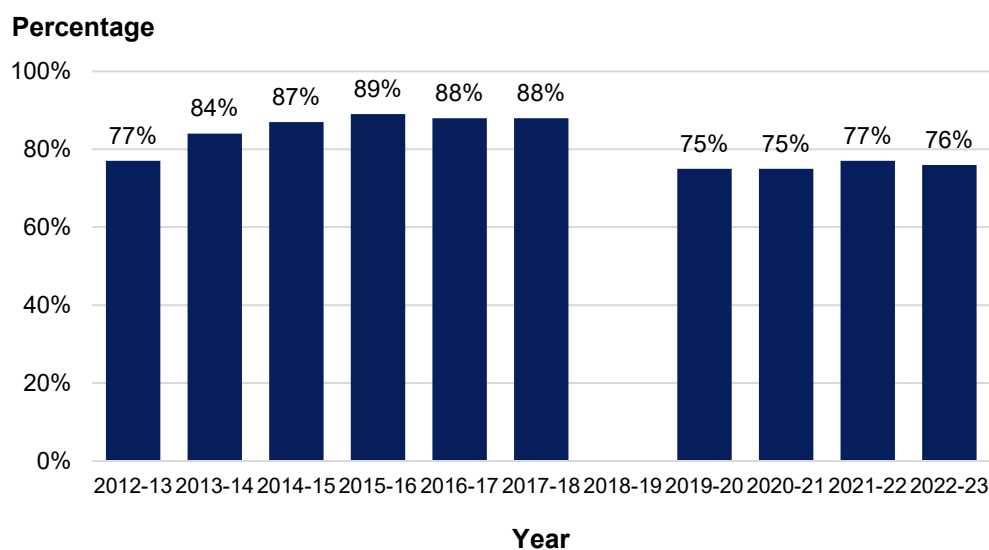
³⁰ Personal Educational Plan information was not completed for 95 school aged children, mainly from Belfast HSC Trust. These have been excluded from the analyses. This represented 5% of the overall cohort and 13% from Belfast HSC Trust specifically.

Of the school-aged children in care for 12 months or longer at 30 September 2023, 76% had a Personal Education Plan (Figure 5.1)³⁰. Of those children who had a PEP, 77% had it reviewed within the previous six months. PEP levels have not returned to pre-covid levels.

The proportion of children with a PEP ranged from 63% in the South Eastern HSC Trust to 84% in the Southern HSC Trust. PEP Reviews within the last six months ranged from 73% in the South Eastern HSC Trust to 82% in the Western HSC Trust.

Figure 11. Proportion of children in care continuously for 12 months or longer with a Personal Education Plan at 30th September (2013 - 2023)

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. A 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 NI^{31, 32}.

Of the children who had been in care for twelve months or longer and were of compulsory school age in 2022/23, 55% received some form of special educational needs support in school (SEN stages 1-3). This was substantially higher than the general school population in Northern Ireland³³ (19%); however, similar to children in care in England³⁴ (58%).

³¹ [Special educational needs:Code of Practice](#), Department of Education NI.

³² 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](#).

³³ Department of Education NI, [School enrolments - overview | Department of Education \(education-ni.gov.uk\)](#) 2022/23.

³⁴ Outcomes for children in need, including children looked after by Local Authorities in England, Reporting year 2023 – DfE.

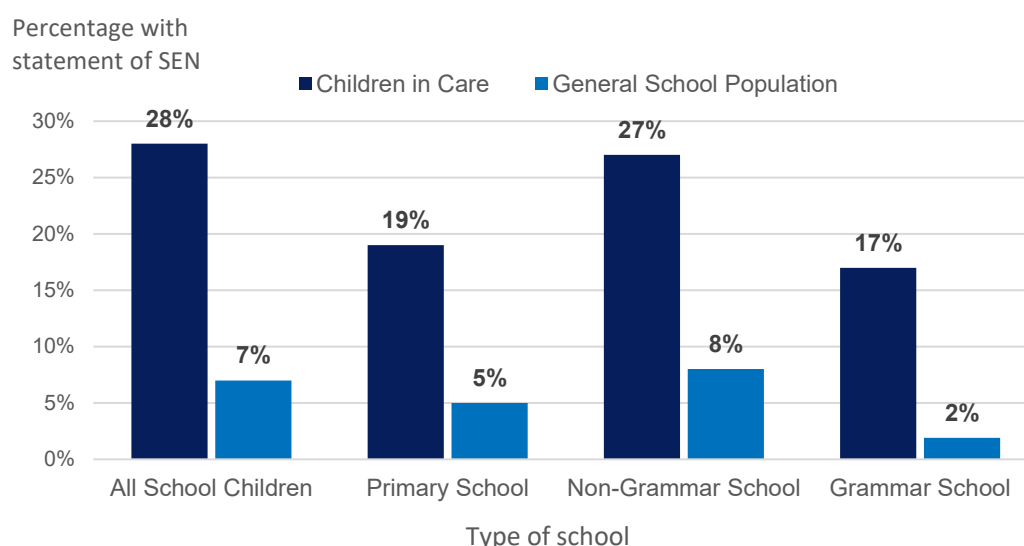
In 2022/23, just over a quarter (28%) of children and young people in care were covered by a Statement of SEN; 35% of males and 18% of females. With the exception of Special Schools, where 99% of the children had statement of SEN, the proportion of children in care with a statement of SEN was most prevalent in non-grammar schools (27%).

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 2022/23 (28% compared with 7%³⁵). 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 13 sets out a comparison with the general school population by school type.

Figure 12. 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 (2022/23)

Source: "Annual enrolments at schools and in funded preschool education in Northern Ireland, 2022/23", DE.

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



5.4. Education Other Than At School (EOTAS)³⁶

Of all looked after children of compulsory school age, 5% (96) were educated somewhere other than at school sometime during the school year^{36, 37}. 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.

³⁵ Department of Education NI, [School enrolments - overview | Department of Education \(education-ni.gov.uk\)](https://www.education-ni.gov.uk/school-enrolments-overview)

³⁶ EOTAS information was not completed for 192 school aged children, mainly from Belfast and Northern HSC Trusts. These have been excluded from the analyses. This represented 9% of the overall cohort, 20% from Belfast HSC Trust specifically and 8% from Northern HSC Trust specifically.

³⁷ This relates to all children of compulsory school age, and not only the cohort linked with Department of Education information.

5.5. Attendance, absenteeism and suspensions

The data used to analyse attendance, absenteeism and suspensions is supplied by Department of Education. Due to action short of strike by teachers, this information has regrettably not been collected for 2023. Last year's analysis can be found here: [Children in Care in Northern Ireland 2021-22 \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/children-in-care-in-northern-ireland-2021-22)

5.6. School changes

Some 115 of children in care for 12 months or longer and of school age had changed school at least once during the 2022/23 school year^{38, 39}.

There can be many reasons leading to a change of school. One reason for looked after children can be a placement move. Of the 313 children of compulsory school age who experienced a placement move during 2022/23, the move resulted in a change of school due to travel distance for 60 young people (19%)⁴⁰.

³⁸ 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.

³⁹ School change information was not completed for 174 school aged children, mainly from Belfast and Northern HSC Trusts. These have been excluded from the analyses. This represented 8% of the overall cohort, 18% from Belfast HSC Trust specifically and 7% from Northern HSC Trust specifically.

⁴⁰ Placement change information was not completed for 123 school aged children, mainly from Belfast HSC Trusts. These have been excluded from the analyses. This represented 6% of the overall cohort, 18% from Belfast HSC Trust specifically.

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 were suspended⁴¹. 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 7. 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 (2022/23)

Source: [Qualifications and Destinations of Northern Ireland School Leavers 2022/23](#)

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	92%	98%
5 or more GCSEs: A* - G	82%	97%
5 or more GCSEs: A* - C	65%	90%
5 or more GCSEs: A* - C including English and Maths	43%	76%

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

⁴¹ Please see [Department of Education's statement](#) regarding the suspended data collection.

6.2. GCSEs

Some 131 young people who had been in care for more than a year sat GCSE exams in 2022/23. A further 54 were eligible to sit exams (e.g. they attended Year 12 in 2022/23) 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, 19% (25 young people) had a statement of SEN, a similar proportion to last year (20%).

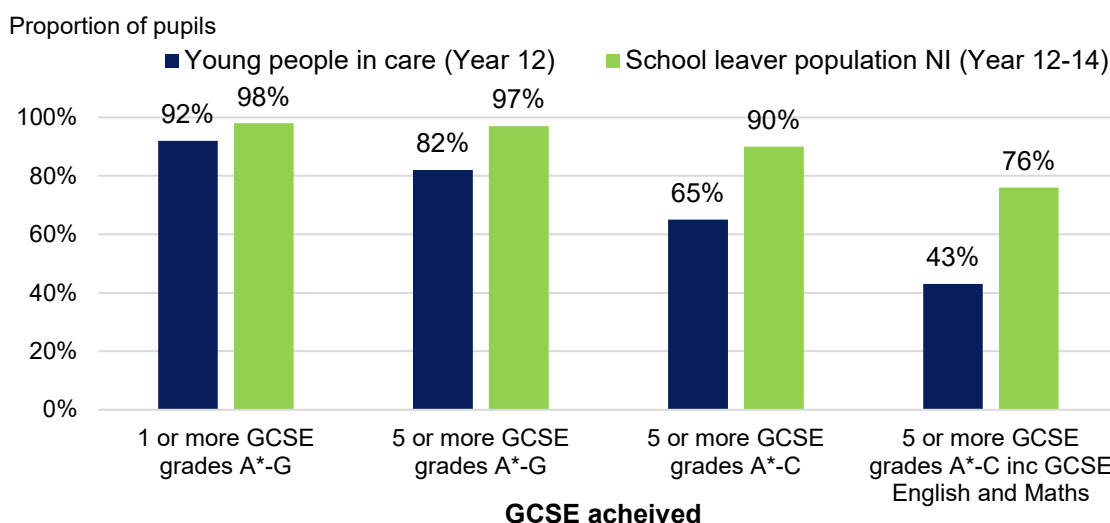
The Figure below details the percentage of young people in care who sat exams and attained GCSE or equivalent qualifications in Year 12. It shows that 92% of the young people attained at least one GCSE at grades A* - G⁴². This compares with a slightly lower proportion of the school leaver population in Northern Ireland (Year 12-14)⁴³.

Almost two-thirds (65%) of young people in care attained five or more GCSEs at grades A* - C, with 43% 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 2022/23, with 90% achieving 5 or more GCSEs at grades A* - C and 76% achieving this feat including GCSE English and Maths.

Figure 13. Proportion achieving GCSE or equivalent passes for young people in care in Year 12 and the NI school leaver population Year 12-14 (2022/23)

Source: Destinations of Northern Ireland School Leavers 2022/23.

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 (64%), however a slightly higher proportion of males than females achieved GCSEs at grades A* - C included GCSE English and Maths (46% and 40% respectively).

⁴² Includes equivalent qualifications.

⁴³ [Qualifications and Destinations of Northern Ireland School Leavers 2022/23](#), DE 2024.

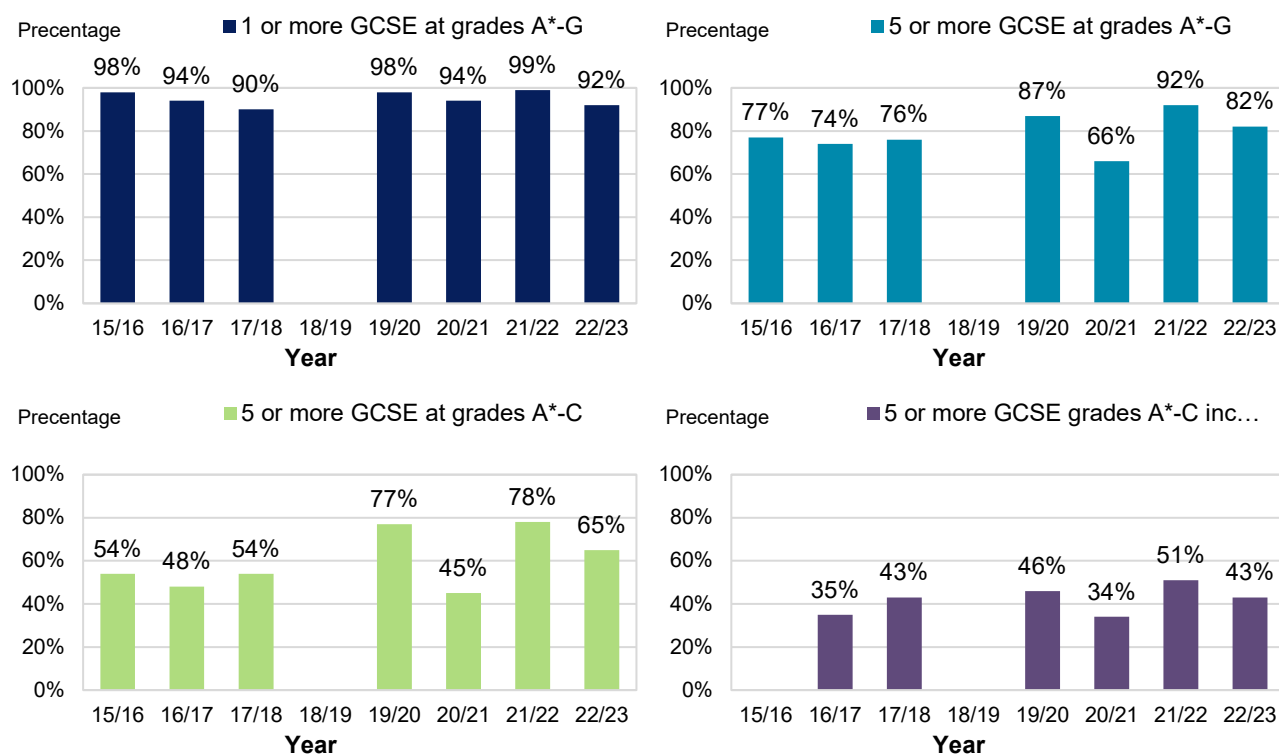
Young people in care in 2022/23 seemed not to perform as well as in the previous year⁴⁴ (see Figure below). It should however be noted that the number of young people assessed each year for these tests is small and the trend therefore may be subject to volatility due to small numbers. Furthermore, the general school population also saw a slight drop in results between the two years⁴⁵.

Figure 14. Young people in care continuously for 12 months or longer achieving GCSE Passes (2015/16 – 2022/23)

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 stated that given the alternative methods of awarding grades in 2019/20 and 2020/21, and the various assessment adaptations in place for 2021/22, 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 processes for awarding qualifications in these years rather than reflect a change in underlying performance.



⁴⁴ Department of Education has informed that given the alternative methods of awarding grades in 2019/20 and 2020/21, and the various assessment adaptations in place for 2021/22, 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 processes for awarding qualifications in these years rather than reflect a change in underlying performance

⁴⁵ [Qualifications and Destinations of Northern Ireland School Leavers 2022/23](#), DE 2024.

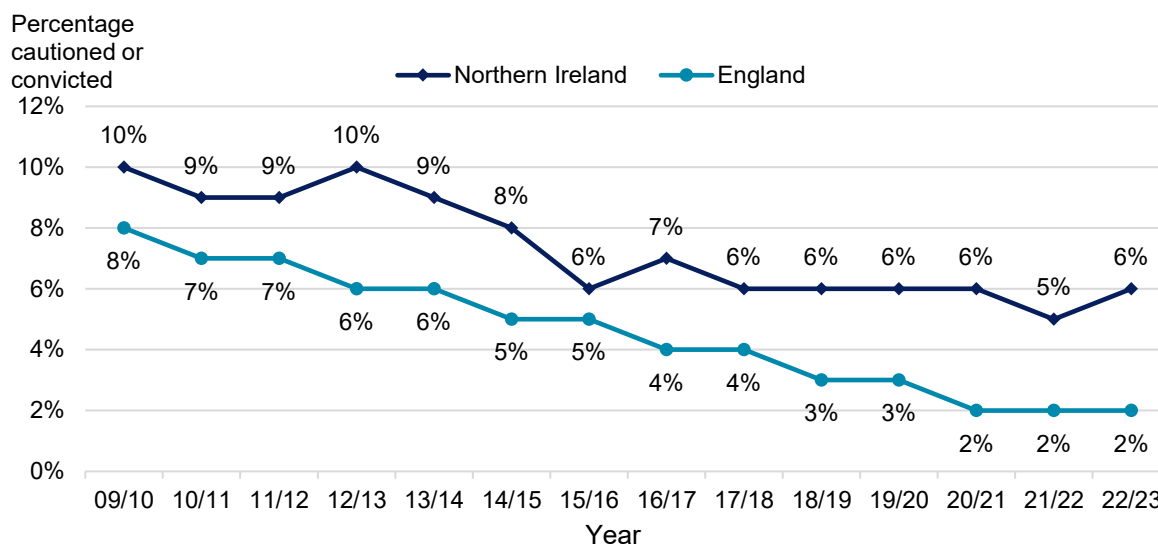
7. Cautions / Convictions and Substance Misuse

7.1. Children and young people cautioned or convicted⁴⁶

Of children and young people in care aged ten and over at 30 September 2023, 6% (84) had been cautioned or convicted of an offence while in care during the year. The equivalent figure for England was four percentage points lower at 2%^{47, 48}. Although the Northern Ireland rate has been stable over the last eight years, for both England and Northern Ireland, the proportion of young people in care cautioned or convicted has reduced since 2009/10 (see Figure below).

Figure 15. 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 – 2022/23)

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 2022/23. Cautions and convictions were very

⁴⁶ Cautions and conviction information was not completed for 235 children in care aged 10 or over, mainly from Belfast HSC Trust. These have been excluded from the analyses. This represented 14% of the overall cohort and 28% from Belfast HSC Trust specifically.

⁴⁷ [Children looked after in England including adoptions.](#)

⁴⁸ 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.

unlikely to occur in the younger age groups; some 1% of children aged under 13 compared with 8% of young people aged 13 and over.

Children placed in foster care were the least likely to be cautioned or convicted in 2022/23 (1%) compared with just under a third of young people in residential care (32%). 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 84 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 misuse⁴⁹

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

Of the 3,024 children in care for twelve months or longer at 30 September 2023, 92 (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 12% 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 2022/23 were offered intervention (90%), with less than half (40%) having accepted this offer.

⁴⁹ Substance misuse information was not completed for 200 children in care, mainly from Belfast HSC Trust. These have been excluded from the analyses. This represented 7% of the overall cohort and 20% from Belfast HSC Trust specifically.

⁵⁰ Children looked after in England including adoptions, Reporting year 2023.

Appendix A – Technical Notes

The information presented in this bulletin derives from the fourteenth 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. Once received by DoH, 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 2023. 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 2022 to 30 September 2023. 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

Removal of Year 12 questions: 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, a consultation was completed in 2023 in regards to the collection of specific questions relating to children in care for 12 months or longer who have completed Year 12 and are eligible for GCSE assessments. It was suggested that these questions were better covered elsewhere. The consultation was concluded in favour of this suggestion, and the Year 12 questions were removed from the 2022-23 data collection.

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 and onwards, CIB has received the OC2 information held on the local IT management systems electronically. This information is linked with information inputted manually through the web-based application. This reduces 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.

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 in the data sharing agreement 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 2022-23

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

Of the 2,225 children of compulsory school age (5-16):

- 2,051 (92%) were matched (linked) between the OC2 and DE datasets.
- 50 (2%) 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.
- 117 (5%) were not matched as no or only partial matching variables had been supplied.
- 7 (<1%) were matched for the 2023-24 school year only.

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.

Furthermore, the data received from HSC Trusts has been validated or adjusted against data received by DE, eg disability and attainment.

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.

An Accredited Official Statistics Publication

These official statistics were independently reviewed by the Office for Statistics Regulation in November 2013 (Report 265). They comply with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#) and should be labelled 'accredited official statistics'.

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 2022-23

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

OC2 return 2022/23	
Subject	Which children are included?
Scope of OC2	All children who were looked after on 30 September 2023 and on that date had been looked after continuously for at least a year.
Compulsory school age	Children whose birth dates are between 02/07/2006 and 01/07/2018 inclusive.
Pre-school provision	Children whose dates of birth are in the range 02/07/2018– 01/07/2019.
HCHF development reviews and 6 monthly statutory health reviews	Children aged 4 years or younger at 30 September 2023, i.e. whose dates of birth are 01/10/2018 or later.
Annual statutory health review	Children aged 5 years and over at 30 September 2023, i.e. children whose date of birth is 30/09/2018 or earlier.
Offending	Children aged 10 and over at 30 September 2023, i.e. whose date of birth is 30/09/2013 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. Independent foster care providers are included within non-kinship foster care counts.

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 2022-23

The 2022-23 data collection form can be found on the [DoH website](#).
