Placement Sufficiency and Commissioning Strategy for Children in Care in Birmingham 2018 -2020

Providing the right support, first time for children in care or at the edge of care
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1. Introduction

This Strategy sets out how Birmingham Children’s Trust (the Trust) will ensure that there is sufficient accommodation of all types for Children in Care (CiC) and how it will meet its sufficiency duty as laid out in Section 22G of the Children Act 1989. The Children Act 2008 defines Sufficiency as “a whole system approach which delivers early intervention and preventative work to help support children and their families where possible, as well as providing better services for children if they do become looked after. For those who are looked after, Local Authorities, Children’s Trusts and their partners should seek to secure a number of providers and a range of services, with the aim of meeting the wide-ranging needs of looked after children and young people within their local area.” The scope is not restricted to just making good quality placements; the intention is to co-ordinate the range of activity across Children’s Services, including a clear focus on supporting families to stay together, wherever it is safe to do so, thus minimising the need for children to come into care, or supporting their timely return to their families or a speedy routes to adoption.

This is the second sufficiency strategy. It refreshes data from the previous strategy (published in 2016) and incorporates additional data on CiC based on intelligence held by the Trust and available through national datasets. It enables the Trust to effectively prioritise and plan for CiC, work with the market to improve capacity and provision, secure value for money and improve outcomes overall. It recognises the volatility of the Children in Care cohort, and that provision needs to be both scalable and flexible enough to react to this.

The Sufficiency and Commissioning Strategy ensures that the Trust:

- Supports and maintains a range of services that meet the needs of children in care and those who, without support, might be accommodated.

- Works with partners to ensure that only the children and young people who need to come into care are accommodated.

- Supports the market to deliver appropriate placements within the Local Authority area.

- Has suitable mechanisms in place for the commissioning of appropriate placements and additional support outside of the local area, where the child’s needs require this.

The Strategy should be read in conjunction with the following documents:

- Birmingham’s Corporate Parenting Strategy (2018)
- Birmingham’s Children in Care Strategy (2018-2020)
- Fostering Service Annual Report (2017-2018)
- Adoption Service Annual Report (2017-2018)
2. Headline messages

A summary of key messages is provided in this section and supplemented with a detailed action plan at the end of the document.

Birmingham’s Children in Care (CiC) population is increasing to a similar peak seen in 2015 with a rate of 67 per 10,000 population 0-17 years. This is higher than the national average but lower than the averages for the region or statistical neighbours. As at 31st March 2018 there were 1,922 children in care; a 4% increase since 2017 (1,840 CiC). This is in line with the national trend. More children are entering care than leaving care and some of this is attributable to high rates of 16-17 year old Unaccompanied Asylum Seeking Children (UASC). At the time of writing this strategy, the numbers of CiC had fallen to 1904 of which 148 were UASC. The Trust is committed to improving our work with families so fewer children enter care, and when they do; they return to their parents or other family members more quickly, wherever possible.

The overall 0-19 year population in the City continues to increase. The 10-14 age group is expected to see an 11% increase during the next ten years. This growth, combined with a trend for this cohort to have higher risk of entry into care, signals the need for a demand management strategy and greater preventative work to stem the flow of 10-15 year olds in the care system. Learning from best practice shows other cities have reduced their CiC population by improving edge of care interventions and increasing the rates of discharge from care into adoption or special guardianship placements. The Trust is making a concerted effort to reduce numbers entering care by increasing direct social work with families and a greater emphasis on relationship-based practice. Through the systematic use of Edge of Care interventions and Family Meetings/ Family Group Conferences, the Trust aims to develop bespoke solutions with families, tailored to meet their specific circumstances and building family resilience.

White children are over-represented in the care population. Between 2014-2018, there was a decrease in the proportion of white females in care (from 49% to 45%) and an increase in white males from 51% to 55%. However white females have a higher frequency of episodes in and out of care, partly characterised by placement moves or changes in legal status. A similar pattern is emerging for Asian males, showing an increase of 12% to 16% over a 4-year period. There are more males than females in care, and an over representation of males within the 10-14 age cohort.

20% of Children in Care have an identified disability or SEN need. 4.6% have complex health needs and are known to Disabled Children’s Social Care.

There are marked differences in rates of CiC within each of the City’s 3 geographical social work areas, with the South of the City being two thirds higher than the North West & Central. Whilst deprivation may account for this, there may be cultural differences in how communities respond to crises.

13% of children in care are aged 0-4 years and 61% are aged 10 and over. The largest cohort remains 10-14-year olds (31%). Younger children are more likely to stay in care for less than a year, while 41% of 10-14-year olds are in care for 3-5 years. The Trust is working to embed a consistent use of “entry to care panels” and external placement panels to monitor, guide and improve the delivery of earlier interventions to families of teenagers or those at risk of coming into care.
Most children (69%) are placed in fostering placements, however this is lower than the national average (73%). The internal fostering service is more likely to look after younger children, while Independent Fostering Agencies can look after teenagers. 8% of children are placed in residential care and 19% are in supported accommodation (aged 16-18). There is a higher rate of males (61%) in external residential provision, and a higher rate of males aged 16-17 years in Supported Accommodation (68%), most of whom are UASCs. The Trust intends to grow its internal fostering capacity through a 3-year plan to recruit sufficient foster carers to make net gains from September 2018 with the intention that it should deliver 75% of our requirements for foster placements. There is a specific focus on recruiting carers who can manage a variety of needs and age bands, with a particular gap around recruiting foster carers with the skills to care for children 10-16 with a range of needs and behaviours.

40% of children in care are subject to Full Care Orders, most of whom are aged 5-15 years. This is higher than the national average (35%). The numbers of children looked after through S20 have decreased from 37% in 2014/15, to 26% in 2017/18 with the majority of this cohort are aged 10-15 or 17 years.

Birmingham’s performance in terms of placement stability has improved and we are now in line with national averages. 65% of children are placed within the Birmingham boundary (better than the national average of 59%). However, 10% of children are placed more than 20 miles away which is an increase of 3% compared to 2017 figures.

12% of placements end due to children going to live with their parents or other family members. The primary reason for placement moves is due to changes in the child’s care plan.

Placement referral data for the Trust shows that 49% of placement requests are planned, however far too many placement moves are unplanned (51%) requiring provision to be sourced as an emergency or next day basis. The Trust aims to reduce this to 30% by June 2019. Of all the referrals, 37% were new requests for placements with most children residing with friends or family at the point of referral. However, 62% are re-referrals of children residing in fostering placements, specifically internal (17%), Independent Fostering Agency (25%) or emergency (EDT) foster carers (20%). A further 14% are referrals from children in independent residential homes and 18% are residing in Supported Accommodation. This high rate of re-referrals suggests that the “right placement first time” is not always being sourced and that more needs to be done to sustain placements and prevent disruptions. Interestingly, 12% of referrals were necessitated due to providers serving notice on placements. Providers are increasingly reporting fears about their Ofsted registration as a reason to discharge a young person from their care. A further 12% of placement requests resulted due to review or disagreement of costs/ funding associated with the placement. Improved communication and relationships with providers is crucial in resolving some of these issues and ensuring a whole system approach to preventing re-referrals and mitigating against sourcing of multiple and repeated placements for the same children. Improved joint working with Ofsted is also being considered to address providers’ fears about risks to their Ofsted registrations by taking on placements of challenging or traumatised children.

In line with national trends, most children enter care due to abuse and neglect, family dysfunction, or families in acute distress or absent parenting. However, there are seasonal variations for entry into care with peaks during June – September and dips during December – February. In contrast to the high number of unplanned placements request, the seasonal data suggests some demand can be anticipated. Further work is required with schools, the police and multi-
agency partners to understand these seasonal patterns and the relationships with academic cycles, transition periods and identification of SEN needs which may give rise to emotional or behavioural changes for young people.

In 2017 Birmingham Children’s Services undertook analysis of data with the national Pause service to identify the extent of repeat removals of children into care from the same women who were in a cycle of repeat pregnancies. A refresh of that data trawl in 2018 produced a dataset of 332 women who between them have 840 children who are currently in care. Within this cohort, there are 278 women who between them have 297 children aged 0-3 removed from their care. 93% had one child removed and 7% had 2 children removed. There is a clear case for change and opportunities to work with these women to break the cycle of repeat pregnancies. The Trust is exploring options to pilot an evidence-based programme to tackle this issue in Birmingham.

At the time of writing, there were 984 children from other Local Authorities placed within the Birmingham boundary. 73% of these were from neighbouring West Midlands Local Authorities/Trusts and 27% were from across the country. In addition to the City’s own CiC population, this presents an extra pressure on sufficiency and finding the right accommodation for local children. The Trust is committed to working with the market in order to increase fostering and residential capacity, particularly in relation to placements for some of our more traumatised children, to create step-down provision from residential care into fostering, and the provision of local placements for local children including facilitating the safe return of children placed outside of the Birmingham boundary. The recently tendered Regional Residential Flexible Contracting Arrangement aims to deliver some of these strategic intentions.
3. Data sources

The primary data source used to develop this strategy is the SSDA903 data which is returned to the Department for Education annually. This data return provides a rich resource which provides insight into the numbers of children and young people in care and key demographic characteristics of needs and data on key outcomes. The data set used covers 4 years to provide a basis of seeing the effects of changes over time in demand and the effect of both social work practice in placing children in care and commissioning. Where relevant the data in this report is contrasted with the most recent national report on children in care which details national trends. The SSDA903 forms the basis of national statistical reports and is drawn by the Trust from data inputted onto the CareFirst system. Where appropriate, reference has been made to local placements data and the Trust’s Children’s Services Analysis Tool (ChAT), however for consistency throughout the document the primary source is the SSDA903.

This data should be used routinely to query and understand the impact that placement sufficiency, choice and quality have on children’s lives and their long-term outcomes.

4. Children in Care

Under the Children Act 1989, a child is legally defined as ‘in care’ by a local authority if he or she:

- is provided with accommodation for a continuous period for more than 24 hours under S.20 (voluntary agreement with parent or with the young person if he/she is over 16 years old)
- is subject to a care order (made by the Family Court); or
- is subject to a Police Protection Order, Emergency Protection Order or Remand to care
- is subject to a placement order (pre-adoption)

Within this document we will refer to young people who meet these criteria as ‘children in care’ (CiC).

A young person ceases to be in care when he or she turns 18 years old, when an adoption order is granted or when their parents or other family members resume parental responsibility. The Children and Social Work Act 2017 extends the local authority’s responsibilities to all eligible care leavers up to the age of 25.

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5. Birmingham Children’s Trust Vision

In Birmingham we are committed to supporting children to remain within their family, wherever possible. We do so by working with and supporting families to bring about change so that parents and carers are able to provide good parenting, firm boundaries and emotional support to ensure children are protected from significant harm. Our aim is to ensure the following outcomes are achieved for children and their families:

- Healthy, happy and resilient children living in families
- Families (especially parents, but also young people) who are able to make positive changes to their behaviour
- Children are able to attend, learn and achieve at school
- Young people are ready for and able to contribute to adult life
- Children and young people are protected from significant harm

We strive to ensure that there is a continuum of services to address the various and complex needs of children and families so that these families are supported to care for their own children and prevent unnecessary entry into care or repeat admissions. This includes the services below and we continue to explore further innovative ideas:

- Intensive Family Support (including Think Family)
- Multi-Systemic Family Therapy (MST)
- Family Group Conferencing
- Edge of Care Services

The aim of any intervention is to achieve stability, improve parenting and family functioning in a way that keeps each child safe and allows that child to develop.

Where this is not possible we seek to provide high quality substitute care within family settings as near as possible to the child’s home to maintain links with birth parents and their communities.

We are proud of our children and young people in Birmingham. We want the same for the children and young people in our care as any good parent would want for their child. We want our children to be healthy and happy in childhood. We want them to feel valued for who they are and to feel loved. We want them to enjoy learning and to have a good experience of education to help them fulfil their aspirations for the future.

Our aim is for children in our care to grow up to be emotionally balanced individuals who will experience positive relationships, be responsible citizens and achieve their full potential. We will achieve this by working with and listening to children and their families to find the best care arrangements that can meet their specific and individual needs.
The following will help drive and deliver our vision:

- We work collaboratively with families and our partners to support and enable children and young people to be cared for within their own families, wherever possible.

- All children and families benefit from integrated and co-ordinated services enabling full participation in universal and mainstream services in their local communities.

- A suite of Early Help services are used to support children and their families including those on Child Protection Plans and Children in Need Plans, and to prevent entry into care. This includes; Family Support Teams, Think Family Service, Family Group Conferencing, Multi Systemic Therapy (MST), Edge of Care interventions and other locally based, targeted services.

- Direct social work interventions are used with families, to support those with parental responsibility to meet the needs of their children safely.

- Through robust assessment, planning and case review, we ensure that we only have those children and young people in care for whom this is the best way of ensuring their safety, protection and development.

- We continue to work with those with parental responsibility to help a child in care return home safely wherever this is possible.

- Where children cannot be cared for by their birth parents we provide placements in family settings, as close to the child’s home area as possible that meet each child’s individual needs.

- Where children cannot return home, we aim to secure legal and emotional permanence, preferably through adoption, Special Guardianship, Family Arrangement Orders, or where this is not possible, Long Term Foster Care.

- As we aim to place the clear majority of children within a family setting, we always maximise the use of internal fostering resources first before using local external fostering resources. We avoid using residential care except when it is the best way of providing support to meet a child’s complex therapeutic and educational needs. We work to ensure that residential care has a positive impact on outcomes for the child.

- Children in care should be as physically and emotionally healthy as they can be and have access to the right health and leisure resources, opportunities for early years and statutory education and participation in further education, employment and training.

- The needs of young people leaving care and those that have left care will be assessed and these young people should receive the appropriate level of support and advice to enable the transition to adulthood. This includes ‘staying put’ with their foster carer, access to suitable, high quality housing and opportunities to engage in education, employment and training.

- Feedback is routinely sought from children, young people, parents and carers to inform any decisions made relating to service delivery to drive continuous improvement.
6. Corporate Parenting Pledge

Birmingham Children’s Trust Corporate Parenting Pledge sets out the Trust’s commitment and responsibilities as a corporate body which is to provide the best possible care and protection for children and young people in care. At the core of this responsibility is the moral duty to provide the kind of support that any good parents would provide their own children. This includes enhancing the quality of life of Children in Care as well as simply keeping them safe.

Table 1: Corporate Parenting Pledge

<table>
<thead>
<tr>
<th>Our Pledge</th>
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<tbody>
<tr>
<td>We promise to involve you in decisions that affect you and to listen to your views.</td>
</tr>
<tr>
<td>We promise that you will have your own Social Worker who visits you regularly and give you details about how to contact them or someone else if they are away when you need them</td>
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<tr>
<td>We promise to make sure that you have every opportunity possible to achieve your best at school</td>
</tr>
<tr>
<td>We promise to encourage you to take part in all available activities that the city has to offer to ensure that your talents, hobbies and interests are met and will support you to do the things you enjoy</td>
</tr>
<tr>
<td>We promise to take care of your health and encourage you to be healthy</td>
</tr>
<tr>
<td>We promise to provide you with a good and clear assessment of your needs and an up to date Care Plan.</td>
</tr>
<tr>
<td>We promise that we will do our best to find you the best possible place for you to live</td>
</tr>
<tr>
<td>We promise we will help you stay in touch with your family, friends and other people who are important to you</td>
</tr>
<tr>
<td>We promise we will listen to what you have to say</td>
</tr>
<tr>
<td>We promise to work with you and give you all the help and support you need to successfully move from care to adult life</td>
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</tbody>
</table>
7. Demographic Context

Birmingham is a young, large and diverse city of 1.1 million people with 45% of the population aged 30 or under and the 0-19 age group makes up 29% of the total population (estimated 316,683). In comparison, the figure for England is 24% and 25% across the West Midlands.

Over the past 10 years, the 0-19 population has grown by almost 10%. By 2024, it is expected to reach an estimated 336,400, a further increase of 5.9%. Whilst the youngest age group are predicted to see the most limited growth during the same period (3.2%), children aged 0-4 years are set to remain as the largest age group within the 0-19 population. The 10-14 age group is expected to see the largest growth during the next ten years, rising from 72,122 to 81,100 (11.1%). This growth, combined with a trend for this cohort to have higher risk of entry into care, signals the need for a demand management strategy and greater preventative work to stem the flow of 10-15 year olds in the care system and to reduce the long term financial impact on the Trust.

Birmingham’s population is super diverse. Residents are from a wide range of national, ethnic and religious backgrounds, making Birmingham one of the most diverse cities in England. The largest ethnic group in Birmingham is White British (53.1%) which is lower than the average in England (79.8%). 22% of Birmingham residents were born outside of the UK, compared with 14% in England and 11% in the West Midlands. 42% of the population are non-white and 30% of the population is Muslim. 43% of school children have a first language other than English.

When compared to national deprivation levels, Birmingham is the sixth most deprived Local Authority in England (IMD 2015) with 30.5% of children in the City living in income deprived households (IDACI 2015). More than three quarters of Birmingham wards (77.5%) are in the most deprived 20% of the country. All the top 5 most deprived wards in the City have a higher proportion of children and young people aged 0-19 than the Birmingham average (29%) which means there are more children and young people living in deprived areas than nationally.

Figure 1: Birmingham Population 0-17 yrs. by Age and Ethnicity

![Birmingham Population 0-17 yrs by Age and Ethnicity](image)
8. Children in Care Profile

The rate of Children in Care (CiC) is calculated annually by the Department for Education and refreshed in October/November each year. Birmingham’s CiC population is increasing to a similar peak seen in 2015 with a rate of 67 per 10,000 population 0-17 years (figure 2). This is higher than the national average but lower than the averages for the region or statistical neighbours. As at 31st March 2018 there were 1,922 children in care; a 4% increase since 2017 (1,840 CiC). At the time of writing this strategy, the numbers of CiC had fallen to 1904 of which 148 were UASC. On average 20% of children in care have an identified disability and 4.6% have complex health needs\(^2\). The rate of CiC varies across the City with a greater number and proportion of CiC originating from more deprived areas, demonstrating the link between poverty, adverse childhood experiences and links to the care system. There are marked differences in the rates of CiC within each of the three geographical Social Work areas of the City with the South of the City being two thirds higher than North West & Central. Whilst deprivation and associated high levels of abuse and neglect could account for some of this, there are likely to be cultural variances in how different communities respond to social crisis and/or their access to extended family and support networks. Additionally, there are growing numbers of children at risk of criminal exploitation where they are need of protection from negative external influences and not suffering abuse/ neglect within the family.

The Trust is committed to improving our work with families so fewer children enter care, and when they do; they return to their parents or other family members more quickly, wherever possible.

Figure 2 CiC Rate per 10,000 0-17 Yrs.

\[^2\] Birmingham Children’s Trust CHAT data, November 2018
Figure 3 shows the numbers in care at 31\textsuperscript{st} of March each year and the number in care overall during the year. The fluctuations show a 4% increase since 2017 following a downward trend from 2015. Figure 4 shows the numbers of children commencing and ceasing care in each year. This clearly identifies that in 2015, there were more children entering care than leaving care during that period, while in 2016 the trend appeared to be reversed and then evened out in 2017. However in 2018, the figures have reverted to more children entering care than have been discharged. The 4% increase is similar to the trend reported nationally over the same period. Learning from best practice in Core Cities such as Manchester and Leeds shows that these authorities have reduced the CiC populations by increasing the rates of children discharged from care into adoption and into special guardianship placements. Birmingham has been undertaking similar work to improve those discharged from care, but the flow of new entrants continues to rise. Those who become looked after and care leavers are influenced by the unaccompanied asylum-seeking children cohort who tend to be non-white British, older children, with a main category of need of absent parenting.
8.1 Age

Figure 5 gives the age profile averaged over a 4-year period (2014-18) which shows that children aged 0-1 years and those aged 13 and upwards present the highest percentage of children in care. 61% of CIC are aged 10 or older with the largest cohort being young people aged 10-15 years (31%). The Birmingham profile by age cohorts (fig 6) differs from the national profile with a larger proportion of children 0-4 years in care at 24% (Eng. 18%); a lower proportion of 5-9-year olds at 16% (Eng. 18%) and a higher proportion of 10-15-year olds at 31% (Eng. 28%). There is a higher proportion of 16+ year olds in care at 30% (Eng. 18%). There is also a significant increase in the number of 16-17-year olds entering care which has seen a 5% increase and represents the 3rd largest cohort of young people who are accommodated. Increasingly this group consists largely of male unaccompanied asylum-seeking children (UASC).

Figure 5: Single Year age profile of CIC 2014-18

Figure 6: CIC by age and sex 2014-18
8.2 Gender

There are more males (55%) than females (45%) in the CiC population which is reflective of the overall 0-17 population in the City. This trend is similar to the national average. The balance has remained consistent over the last 4 years. The largest cohort of males are aged 10-14 years and 17-18 year olds – the latter group largely consisting of unaccompanied asylum-seeking children. The majority of children are placed in foster care with more placements made with the in-house fostering service than independent provision. However the Trust also places a higher proportion of males in residential care (61%) and supported accommodation (68%) compared to females where 31% are in Supported Accommodation and 38% in residential care. The gender difference can partly be attributed to the levels of aggression, challenging behaviours or involvement in crime/ exploitation by some of these young males. It is acknowledged that there needs to be greater scrutiny of accommodation requests for residential provision for males and that more work is required with fostering providers (internal and external) to ensure sufficient capacity to meet the needs of teenage males in the care system. Strategies to increase the number of children ceasing care, need to be focussed on interventions to improve behaviours (male and female) while children are in the care system, improving placement stability and promoting their opportunities for step-down into fostering, reunification home or adoption. It also signals the need for all providers to be better equipped to develop young people’s skills for independence, and preparing for the transition to adulthood including meaningful engagement in education, employment and training.

Children under 5 are placed foster care, however in the last 12 months there have been a higher incidence of children under 10 being placed in residential care.

Figure 7 CiC by gender and year

Figure 8 CiC by gender and placement type
8.3 Ethnicity

The ethnic profile of children in care differs to that of the overall population of young people in Birmingham (Fig. 9). There are almost 10% more white children in care compared to the general population in the city and more than double the amount for mixed ethnic groups. Non-white children, particularly those of mixed and black ethnicity also appear to be slightly over-represented in the looked after children population. This pattern is similar across the West Midlands and nationally. Children of Asian ethnicity are slightly under represented. While deprivation and associated high levels of abuse and neglect may account for some of this, there may also be cultural variances in how different communities respond to social crisis and their access to extended family and support networks. It is also possible that children from Asian and Other White backgrounds are not being identified by the social care system and are consequently under-represented in both CIN and CIC populations. Figures 10 and 11 show the episodes of CiC by gender and ethnicity and by age and ethnicity. Between 2014-2018, there was a decrease in the proportion of white females in care (from 49% to 45%) and an increase in white males from 51% to 55%. White females have a higher frequency of episodes in and out of care, partly characterised by placement moves or changes in legal status. A similar pattern is emerging for Asian males, showing an increase of 12% to 16% over a 4-year period. Episodes in and out of care for white males reduced from 54% to 49% during the same periods. Most children in care in the age cohorts up to 14 years are white, however this reduces significantly for the cohorts from 15 - 18 years. This may partly reflect the use of care as a response to family crises in some communities more than others.
8.4 Disability

On average 20% of Children in Care have an identified disability or SEN need and 4.6% have complex health needs, with the latter group known to the Disabled Children’s Social Care (DCSC). Of the cohort with complex needs, 60% are males and 40% are females. This is slightly higher than the gender split in the overall children in care population. There is little gender variation in the cohort of white disabled children (50:50), however there are twice as many disabled Pakistani males (28%) than disabled Pakistani females (14%) who are looked after. This may be partly due to cultural reasons. A high proportion (65%) of disabled children are aged 10 and over with 17% of these young people aged 17 years old and requiring effective transition planning into adulthood. 61% of disabled children have been in care for less than a year, however 13% are in care for 1-2 years and 11% are in care for 5 years or more demonstrating the need for long term care for some disabled children with enduring needs. Most disabled children (52%) are in care due to abuse and neglect and 17% are in care due to acute family stress. For a further 27%, the primary reason for entering care is due to their disability.

8.5 Unaccompanied Asylum Seeker Children (UASC)

Birmingham has a duty to assess and accommodate anyone entering the City as a UASC. Under the National UASC Transfer Protocol introduced in July 2016, the city has seen an increase the number of these vulnerable children coming into care, at approximately 198 per year (figure 12). This increase was anticipated and has largely been met by Birmingham joining the regional framework for Supported Accommodation which has delivered additional localised capacity to meet this need. 86% of UASCs are over 15 years of age and the majority are male. At the time of writing, the number of UASCs in the care system had reduced to 148.
8.6. Legal Status

In line with national trends, the numbers of children looked after under a care order continue to increase and the number who are looked after through a voluntary arrangement continues to decrease. The majority of Birmingham’s CiC are under a full care order (40%) and 16% are under an interim of care order. This is much higher than the England average of 35%. The numbers under Section 20 have decreased from 37% in 2014/15, to 26% in 2017/18. This figure is lower than the England average of 50% and in part can be attributed to the increase in the UASC population. In terms of age breakdown, the highest proportion of children under Full Care Orders are in the cohorts 5-9 years, 10 -15 years and 16 year olds, while the majority of those under Section 20 are aged 17 years. Further analysis about children on Full Care Orders, the length of time known to Children’s Services and previous legal status should help with better targeting of edge of care interventions. The high proportion of older children accommodated under s20 underlines the case for edge of care services for adolescents and the better targeting of preventive services for this cohort, as highlighted in the ADCS publication “What is Care For” (2012). Family focussed interventions such as Family Group Conferencing that are based on mediation and restoration should be used to prevent more family breakdown amongst adolescents.

![Legal Status of CiC 2014-18](image)

![Age and legal status](image)
8.7 Reasons for admissions into care

In line with the national trends, the primary reasons on admission into care are abuse or neglect, family dysfunction, families in acute stress and absent parenting, with little variation over time (figure 15). However, the incidence of abuse and neglect is higher in Birmingham with 72% of children who come into care doing so due to abuse or neglect, compared to the national average of 62%. The Trust understands that this is an approximation as there may be some data anomalies due to the way data is captured and recorded.

Figures 16 and 17 show seasonal variances around the entry of children into care with peaks during the summer (June –September) and dips during the winter months (December – February). Placements data shows that on average, there are 95 placements per month which includes new entrants into care and changes of placements of children already in care. It should be noted this has been as high as 118 in July 2015 or as low as 81 in January 2017. Figure 18 shows the impact of the seasonal variations on residential, fostering and adoption placements. This data signals that there are opportunities to work directly with families experiencing acute distress during pressure points, perhaps coinciding with school holiday periods, and to deliver interventions that help with relationship building, parenting support and increasing resilience in order to prevent crises. It also highlights opportunities to work with providers to around addressing a range of needs including short term placements, short breaks/ respite provision and an emphasis on reunification home, where this safe and appropriate.

Figure 15: Children in Need Category

<table>
<thead>
<tr>
<th>Children In Need Category at point of becoming a Child in Care 2014-18</th>
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<tbody>
<tr>
<td>Source BCT SSDA903 data return</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse or neglect</td>
<td>72.21%</td>
</tr>
<tr>
<td>Child's disability</td>
<td>4.48%</td>
</tr>
<tr>
<td>Parental illness or disability</td>
<td>0.08%</td>
</tr>
<tr>
<td>Family in acute stress</td>
<td>2.13%</td>
</tr>
<tr>
<td>Family Dysfunction</td>
<td>7.43%</td>
</tr>
<tr>
<td>Socially unacceptable</td>
<td>4.48%</td>
</tr>
<tr>
<td>Lost income</td>
<td>0.08%</td>
</tr>
<tr>
<td>Absent Parenting</td>
<td>9.51%</td>
</tr>
</tbody>
</table>

Figure 16 Commencements of CiC average rate per month

<table>
<thead>
<tr>
<th>Commencement of Episodes of CiC per month: Rate per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-18 combined years</td>
</tr>
<tr>
<td>Source BCT SSDA903 data return</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>16</td>
</tr>
<tr>
<td>May</td>
<td>14</td>
</tr>
<tr>
<td>Jun</td>
<td>12</td>
</tr>
<tr>
<td>Jul</td>
<td>10</td>
</tr>
<tr>
<td>Aug</td>
<td>8</td>
</tr>
<tr>
<td>Sept</td>
<td>6</td>
</tr>
<tr>
<td>Oct</td>
<td>4</td>
</tr>
<tr>
<td>Nov</td>
<td>2</td>
</tr>
<tr>
<td>Dec</td>
<td>0</td>
</tr>
<tr>
<td>Jan</td>
<td>2</td>
</tr>
<tr>
<td>Feb</td>
<td>4</td>
</tr>
<tr>
<td>Mar</td>
<td>6</td>
</tr>
</tbody>
</table>

Average rate per month: 8.7
8.8 Repeat removals

Every local authority within the UK has women with complex and challenging needs to whom many children are born and subsequently removed into care. These women are typically disadvantaged and living with intersecting social, emotional, environmental, and health-related challenges. The resultant children are often born with short and long-term physical and emotional difficulties and many become vulnerable adults requiring significant interventions from public services throughout their lives. The numbers of women per authority may be relatively small, however the children they give birth to are numerous and their life course outcomes are significantly marginalised not only by a traumatic start in life, but also years of disruption and professional intervention with poor long-term prospects.

In 2017 Birmingham Children’s Services undertook analysis of data with the national Pause service to identify the extent of repeat removals of children into care from the same women who were in a cycle of repeat pregnancies. A refresh of that data trawl in 2018 produced a dataset of 332 women who between them have 840 children who are currently in care. Within this cohort, there are 278 women who between them have 297 children aged 0-3 removed from their
care. 93% had one child removed and 7% had 2 children removed. There is a clear case for change and opportunities to work with these women to break the cycle of repeat pregnancies.

Figure 19: Repeat Removals of children(2018)

These women have many complex and often inter-linking needs. In Birmingham, 40% of the cohort was identified as having drug and alcohol issues, 37% had experienced domestic violence, 33% have mental health needs, 17% have had a history of contact with the criminal justice system, and 14% have themselves been Looked After Children; and without intervention, 20 women within this cohort would be likely to give birth to 11 children over an 18 month period.
9. Placements

9.1 Numbers placed and length of time in care

Between the period 1st April 2016 – 31st March 2017, there were 2525 episodes of care recorded (earlier ref in fig 3), with many appearing to enter and leave the system after a short period of time. DfE guidelines require care episodes to be recorded in specific ways, therefore some entries relate to changes in a child’s legal status or changes in placement moves, rather than short durations in care. At 31st March 2018, there were 1,922 children in care and the time of writing this strategy, this figure had reduced to 1,904 children in care. Figure 20 shows that 30% of children remain in care for less than a year (it was 23% in 2015) and 43% stay in care for 1-2 years with more males than females that are affected. In contrast, 13% of young people that come into care remain for four years or more. Figure 21 provides a breakdown of duration of care by age with young children, aged under 9 staying in care for less than a year and older children aged 10-15 spending 2-3 years in care. This demonstrates that for many younger children, young people and families, being in care offers a short-term solution for difficulties they may be experiencing and there is scope for to implement alternative edge of care strategies and options for family reunification. While for some children aged 10 -15 years, being in care is a long-term solution. Greater use of Edge of Care services, reducing case drift and improving permanency planning can all help in shifting this position.
9.2 Placement stability and number of placement moves

Birmingham’s performance in terms of placement stability has improved and we are now either in line or performing better than the national or statistical neighbour averages. As at 31st March 2018, 70% of CiC had only had one placement during the year (England average 68%), and 9% had 3 or more placements (England average 10% and statistical neighbours, 9.3%). Although significant improvements may be evidenced, more work needs to be done to better understand when and why 30% of children have numerous placement moves.

9.3 Location and Distance from home

65% of children are placed within the Birmingham boundary which is better than the national average of 59%. However, 10% of children are placed more than 20 miles away from Birmingham which shows an increase of 3% compared to 2016 figures. Some of this maybe due to increasing numbers of children at risk of exploitation for whom a placement out of authority is deemed to be the best option. In many cases, the lack of placement sufficiency and poor responses from local providers to placement requests, can result in a wider national search and thereby out of borough placements being made.

Figure 22: Proportion of young people placed outside of the Birmingham area

9.4 Placements data

Placement referral data for the Trust for April 2018-October 2018 shows that 49% of placement requests are planned, however, far too many placement moves are unplanned (51%) requiring provision to be sourced as an emergency or next day basis. The Trust aims to reduce this to 30% by June 2019. Of all
the referrals, 37% were new requests for placements with the most children residing with friends or family at the point of referral. However, 62% are re-
referrals of children residing in fostering placements – internal (17%), Independent Fostering Agency (25%) or emergency (EDT) foster carers (20%). A
further 14% are referrals from children in independent residential homes and 18% are residing in Supported Accommodation. This high rate of referrals
suggests that the “right placement first time” is not always being sourced and that more needs to be done to sustain placements and prevent disruptions.
Interestingly, 12% of referrals were necessitated due to providers serving notice on placements. Providers are increasingly reporting fears about their Ofsted
registration as a reason to discharge a young person from their care. A further 12% of placement requests resulted due to review or disagreement of costs/
funding associated with the placement. Improved communication and relationships with providers is crucial in resolving some of these issues and ensuring a
whole system approach to preventing re-referrals and mitigating against sourcing of multiple placements for the same children.

9.5 Where children are placed – types of provision

In common with other areas, the majority of Children in Care in Birmingham are in a foster placement (69%) with generally half placed with Independent
Fostering Agencies (IFAs) and the remainder placed with the internal fostering service (figure 23). However this figure is still significantly lower than the
England and Statistical Neighbour average of 73%. The age breakdown of foster placements (figure 24) shows that the majority of children placed with IFAs
are aged 10 to 15 years while children under 4 and those aged 5-9 years are more likely to be placed with internal foster carers. In order to shift this balance
and reduce the reliance on IFAs, the Trust needs to successfully recruit more in-house carers who have the skills and motivation to work with teenagers,
particularly those for whom a positive family-based care experience could result in reunification home or improved relationships with their birth families.
Consistent with previous years, 8% of children are placed in residential care and 19% are placed in other settings, primarily supported accommodation which
is unregulated. More males than females are in residential placements, which may be due to their aggressive or challenging behaviours.

The rise in the numbers of CiC accommodated in unregulated provision, consisting mainly of male teenagers aged 17+, is consistent with the national profile
of CiC placements. Whilst the market provides some packages that reflect the specific needs of young people, there is not the breadth of service, the required
quality or the link to Registered Social Landlords (RSLs)

Figure 25 provides a 4 year average of placements during 2014 – 2018. There is a general consistency in the distribution of placements by provider type and
placement each year. However, there have been some small shifts over this period as shown in figure 26 which may reflect either changes in children’s
needs, demographic changes, sufficiency and availability of provision, or changes in social work or placement practices, for instance, the continued increase
in the use of unregulated placements.

The lack of regulation in supported accommodation placements is a concern for the Trust. There has been an increased emphasis on quality assurance work
to address quality concerns with providers. There are also plans underway to use of other forms of regulated, family based placements including Shared
Lives and Host Families which are contracted by Adults Services. For those whom supported accommodation is deemed as the most appropriate option, the
Trust will continue to work towards commissioning individually tailored, value for money support options for these young people using the regional framework
for Supported Accommodation.

There has continued to be a fall in children placed with prospective adopters.
9.6 Secure Children’s Homes and Young Offender Institutions (YOI) during 2017/18

All local authorities have a legal duty under Section 21 of the Children Act 1989 to provide accommodation for all children and young people remanded to local authority accommodation. These young people automatically have children in care status. There was a significant increase (almost double) in the number of young people in YOIs compared to the previous year, as shown in figure 27. Over the 4 years the total number of females in either secure or YOI was 29 compared to 261 males a ratio of 1:9. The age range is shown in (fig 28)

![Figure 27 No of CYP in Secure Residential accommodation or Young Offenders Institutions 2014-18](image)

![Figure 28 Secure and YOI by age 2014-18](image)

9.7 Reasons for placements ceasing and placement changes

According to figure 29, 70% of placements end and a new episode starts on the same day. However this is largely down to administrative reasons as the DfE requires all changes in legal status or changes in placements to be recorded as new episodes. The next significant figure is that 12% of placements end as children return to live with their parents or relatives or another family member. Further analysis is required to drill down into the data set to understand what works in increasing the numbers discharged from care, in particular to assist family reunification. The primary reason for placement moves is due to changes in the child’s care plan.

![Numbers of CY P in Secure residential accommodation or YOI 2014-18](image)

![Age of CYP in Secure residential and YOI 2014-18](image)
9.8 Episodes of missing from care

Over the 4 year period since 2014, on average 3% of males and 4% of females in care have a recorded missing episode. 71% of missing episodes are resolved in 1 day or less (fig 31) and 78% in 2 days or less which contrasts with 82% nationally. The number of days recorded as missing appears to have reduced substantially in 2017/18, however this may be due to better identification of authorised/ unauthorised absences (fig 32). 60% of all missing episodes (including those not in care) are recorded as female.
9.9 Placements of other local authority children in Birmingham.

At the time of writing, there were 984 children from other Local Authorities placed within the Birmingham boundary. 73% of these were from neighbouring West Midlands Local Authorities/Trusts and 27% were from across the country. In addition to the City’s own CiC population, this presents an extra pressure on sufficiency and finding the right accommodation for local children.
10. Outcomes

10.1 Strengths and Difficulties Questionnaire (SDQ)

The SDQ is completed for all CiC between 4-17 years of age who are accommodated for at least a year. Overall 76% of these are completed on average with 16% not completed with a valid reason coded. Valid reasons can include the child declining (fig 33). The general population average for normal scores is 80%; on average 65% of CiC in Birmingham record a normal score which is significantly better than the nationally average at 48% (fig 34). Figure 35 shows recorded normal scores by individual age, and consideration should be given to exploring the marked reduced rates at aged 7 and 13 years.
10.2 Health
Health Outcomes results in Birmingham are better than national averages. Annual health assessments completed for children in care are at 94% versus the national figure of (85%), immunisations are at 94% compared to 90% nationally, and 93% of dental checks are completed compared to 84% nationally (fig 36).

Figure 35: SDQ Normal Scores by single year age

Figure 36: Health Outcomes

10.3 Substance Misuse and Offending
Birmingham tracks the national average for the percentage of CiC identified with a substance misuse issue (fig 37) but is behind the national average of 46% receiving an intervention. Birmingham has a slightly higher rate of offending recorded at 5% rather than the national average of 4%.

Figure 37: Substance Misuse and Offending Outcomes
11. Analysis of current provision and market capacity

11.1 Residential provision

**Internal children’s homes:** Birmingham Children’s Trust has four internal children’s homes providing specialist residential and short breaks provision for disabled children. One home is for children with profound disabilities and medical needs and jointly staffed with complex care nurses. Two of the homes are currently Ofsted rated as “Requires Improvement” and 2 are rated “Good”. The respite homes support children in care as well as those that have short breaks plans. As at 31st March 2018, there were 19 children in care accessing this provision with twice as many disabled boys than girls. 80% of the cohort is aged 12 – 17 years and likely to require continuing care as they transition into adult services.

<table>
<thead>
<tr>
<th>Home</th>
<th>Size/Bed capacity</th>
<th>Age range</th>
<th>Type of Care</th>
<th>Ofsted Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>12 beds</td>
<td>5-18 years</td>
<td>A specialist home providing care for children with a range of learning and physical disabilities or health and behavioural conditions. The home delivers support and interventions to develop skills and establish daily routines for possible re-integration into the family home or to live in the community. All children have a statement of special educational needs or Education, Health and Care Plan.</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>2</td>
<td>7 beds</td>
<td>5-18 years</td>
<td>A specialist home providing short breaks/ respite provision for young people with a range of disabilities, autism, emotional needs challenging behaviours, health conditions and communication needs. Short Breaks are provided under section 17 and 20 of the Children’s Act. All children have a statement of special educational needs or Education, Health and Care Plan.</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>10 beds +6 short breaks places</td>
<td>5-18 years</td>
<td>This home provides specialist long term care for children with a range of learning and physical disabilities as well as health needs. The home provides short breaks for children with disabilities, complex medical conditions requiring nursing care, tracheotomy care and enteral feeding. Short Breaks are provided under section 17 and 20 of the Children’s Act. All children have a statement of special educational needs or Education, Health and Care Plan.</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>4</td>
<td>7 beds</td>
<td>5-17 years</td>
<td>A specialist home providing short breaks/ respite provision for young people with a range of disabilities, autism, emotional needs challenging behaviours, health conditions and communication needs. Short Breaks are provided under section 17 and 20 of the Children’s Act. All children have a statement of special educational needs or Education, Health and Care Plan.</td>
<td>Good</td>
</tr>
</tbody>
</table>
**Block Contracts**: Birmingham Children’s Trust operates two block contracts for children’s homes with 2 providers. Priory Education Services are contracted to run 5 ex-council children’s homes providing capacity of 30 beds for children with a range of emotional and challenging behaviours. Meadows Care are contracted to deliver 4 residential homes with a capacity for 12 beds.

**Regional Residential Flexible Contracting Arrangement**: A regional residential framework has been in existence since 2014, accessed by 14 local authorities in the West Midlands. This will be expiring in December 2018. Birmingham Children’s Trust is the largest user of this framework and has therefore taken on the role of lead contracting body for the tendering of a new flexible framework which commences on 14th December 2018.

National evidence shows that framework contracts have traditionally not been as successful as anticipated in the children’s residential care market and this is true of the expiring framework. During the life of that framework the number of providers has reduced from 130 to 93. This is generally associated with the maintenance of 2014 prices with no uplift. There is also agreement between commissioners and residential providers that the expiring framework is restrictive because, whilst providers can be de-registered during the life of the contract new providers cannot be admitted and deregistered providers cannot be readmitted. There are also challenges related to placement matching, placement delays and frequent placement breakdowns have not been resolved through previous framework contracts. As a result, there has been an increasing use of spot purchased providers which presents further challenges around contractual compliance and lack of controls on price or quality. Sufficiency and provider relationships have been adversely affected.

Data on Birmingham’s usage of the expiring framework shows that during 2017-2018, 45% of Birmingham’s external residential placements (excluding block contract, YOI, secure and disabilities) were made through the framework contract. 50% of the placements made through the framework contract were within Birmingham and a further 30% were within the wider West Midlands region. Of the placements made outside of the contract, 61% were made within Birmingham and a further 17% within the wider West Midlands region. An average 8% of Birmingham’s CiC population are placed in residential care.

Work undertaken for the West Midlands Children’s Services Strategic Commissioning Network in October 2017 showed that the majority of residential placements in the region are operated by the private sector (73%) while 19% are local authority-run children’s homes and only 8% are run by the voluntary sector. The increasing trend is for LAs/Trusts to close or out-source their internal provision and this creates further pressures for securing placements. Many private sector organisations operate nationally and can provide beds to those authorities that are prepared to offer the best rate. As a result, while there are over 356 providers across the West Midlands and 1,328 beds capacity, a large proportion of the capacity is taken up by children placed by LA’s from outside the region. In 2017, the demand from West Midlands LAs/Trusts was for 785 residential beds. In a concerted effort to work with the market, rebuild relationships and improve sufficiency, a regional Flexible Contracting Arrangement has been developed to enable West Midlands local authorities and Trusts to reclaim local capacity for local children. The key principles of the Flexible Contracting arrangement are

- Local provision for local children - maintaining links with families, where safe to do so, and supporting re-unification or transition to planned long term placements
- Supporting local authorities to reclaim capacity within their area
- Partnership working – developing relationships with local partners, providers and support services
• Placement matching and stability by improved targeting of referrals
• Flexible provision with the ability to respond to specialist need – emergency, short term, long term, permanent, sibling, solo, short breaks
• Encouraging innovation and creative solutions to managing children with complex needs
• Market development and regular engagement with providers to ensure they are aware of needs and gaps in provision
• Framework is continually open and providers can join at any time
• Annual review of fees
• Enables mini-tenders and block commissioning by local authorities/Trusts when required.

Figure 37: No residential Children’s Homes and No of Places

Figure 38: West Midlands Children’s Homes by provider type

The Residential Flexible Contracting Arrangement aims to secure sufficient accommodation against four categories with staff who have expertise to manage the needs of children who are victim of abuse and/or neglect, child sexual exploitation, mental health needs, eating disorders, self-harm, alcohol / substance misuse, criminal behaviour and criminal exploitation, violent / aggressive behaviours, sexualised behaviours, fire setting, Disabilities/SEN needs
• Category One – Provision of Placements in Residential Children’s Homes for Children with Emotional and/or Behavioural Difficulties (EBD)
• Category Two – Provision of Placements in Residential Children’s Homes for Children with who have a Learning Disability and/or Autistic Spectrum Condition (ASC) with Challenging Behaviour
• Category Three – Provision of Placements in Residential Children’s Homes for Children with Complex Health Needs and/or Physical Disabilities
• Category Four – Provision of Placements in Residential Children’s Homes for Children with Specialist Mental Health Conditions

The types of placements required from providers are specified as:
• Emergency such as those required on the same day, including out of hours placements.
• Short term such as those that can allow support and interventions to be delivered and plans put in place for an identified move-on placement or reunification home;
• Long term placements that are likely to be required for an on-going for a period of 12 months or more
• Sibling placements
• Solo Placements
• Overnight/short breaks/ respite placements
• Remand/PACE beds

At the time of writing this strategy, 81 providers had joined the Residential Flexible Contracting Arrangement (FCA), providing access to over 530 children’s home and 2,29 beds to Local Authorities/Trusts in the West Midlands. Further providers have indicated their interest to join the FCA. In terms of the Birmingham-based homes, data provided by Ofsted in October 2018 shows there are 49 private children’s homes registered in Birmingham with a total of 184 beds. Of these, 9 homes (45 beds) are part of the block contract arrangement with Priory and Meadows and 27 homes (94 beds) have applied to join the Flexible Contracting Arrangement. Ongoing market engagement is assisting with regular dialogue with providers so that they are aware of needs and demand and are willing to work in partnership to deliver local placements for Birmingham children.

11.2 Fostering

Internal fostering: on 1st April 2018, as part of the transfer to Birmingham Children’s Trust, the internal fostering service was required to be registered with Ofsted as an Independent Fostering Agency. The service has 650 registered places. Birmingham Children’s Trust intends to grow this capacity through a 3-year plan to recruit sufficient foster carers to make net gains from September 2018 with the intention that it should deliver 75% of our requirements for foster placements. There is a specific focus on recruiting carers who can manage a variety of needs and age bands, with a particular gap around recruiting foster carers with the skills to care for children 10-16 with a range of needs and behaviours. Internal foster carers can access the Therapeutic Emotional Support
Service (TESS) which can assist with supporting placement stability. The Trust will always look to place a child within our internal fostering service as the first option. Even if a child goes to a residential provider, the Trust will always seek to develop an outcomes based programme that delivers a family based placement for the child.

In order to improve the local placement prospects for children in care within Birmingham, the Trust has embarked on an extensive marketing campaign to recruit a diverse range of foster carers and adopters who are able to meet the needs of teenagers and sibling groups. This includes Foster Care Fortnight 2018, promotional posters throughout the City and the West Midlands, information events, promotional videos and awareness-raising through social media.

**Emergency Foster Care:** The Trust has an-house team of salaried foster carers to cover emergency placements. There are ten foster carers with five on duty each week. Six foster carers are approved to take 3 children 0-18yrs and four foster carers are approved to take 2 children 0-18yrs. These carers work on a rota of 4 weeks on-duty and 2 weeks off-duty providing emergency cover all through the year including public holidays.

**Regional Fostering Framework:** Birmingham is the lead contracting body for the West Midlands Regional Fostering Framework which is accessed by 14 local authorities/ Trusts. The Framework comprises of 67 fostering agencies and gives access to over 11,000 independent foster carers. This is an increase on the previous Birmingham–only Framework which had 37 providers and has significantly widened the resource base. 33% of all fostering placements were sourced by Independent Fostering Agencies in 2018. In contrast to the internal service, Independent Fostering Agencies perform better at accepting placements of children aged 10-14 with challenging behaviours. The framework uses a tiered approach to placements and will reduce the use of spot purchased placements ensuring these are only used where the specific needs of the children are so complex that they require a bespoke service rather than simply due to a lack of local provider responsiveness.

**Step Down Fostering:** The Trust is also aware of a cohort of young people who remain within residential care based on a lack of suitable fostering placements, rather than from a need for a residential placement. A Step-Down Fostering Scheme programme with Core Assets has been operating since 2014 to support young people to move out of residential care into therapeutic fostering. This innovative “Payment by Results” programme funded by the Cabinet Office and Social Investment (Bridges Venture) is now been successfully emulated in several other local authorities in the Country. Since the programme’s inception, 28 young people have been successfully “stepped down” from residential care into fostering placements. In addition to enabling these children to have a positive care experience in a family-based setting, it has also delivered estimated savings of £2m in cash avoidance.

**Return to Fostering Project** – The Trust has embarked on the next evolution of step-down fostering. Learning from the first project, commissioners are creating an innovative project to facilitate placement matching for children with complex needs who are in residential care to enable them to step down into fostering. The project works collaboratively with a range of providers in a solution-focussed way, ensuring open and transparent exchange of information about the needs of the young person, what support/ interventions are required and how these are best delivered. The objective is to develop a bespoke placement and package of care specific to the individual child which has a greater chance of stability and meeting desired outcomes. The project works with existing providers who are already part of the Regional Fostering Framework.
Connected Persons Foster Care (Kinship Care) - The number of approved Connected Persons Foster Carer households in Birmingham continues to increase and is higher than the national average (11%). At the time of writing, there were 80 approved Connected Persons Foster Carers who had a combined total of 91 “known children” placed. There was a 16% increase in Connected Person approvals over a 12 month period and a 14% increase in 2018 on the number of “known children” placed with Connected Person Foster Carers compared to the same period last year, when there were 69 approved Connected Persons Foster Carers who had a combined total of 80 “known children” placed.

11.3: Supported Accommodation/ Semi Independent Living

As at 31st March 2018, there were 187 children aged 16-18 years living in Supported Accommodation, 70% of whom were male and 30% female. Most of the children were accommodated under section 20 (72%) and 25% were under a Full Care Order. 2% were placed under bail and remand conditions. Approximately half of those residing in Supported Accommodation are UASCs (51%) while 38% were care leavers. The average duration of placements for these children was 8 months.

In March 2017, Birmingham joined the regional Framework for Supported Accommodation which gave access to over 83 providers across the West Midlands. The previous local framework only had 20 providers. While sufficiency of Supported Accommodation is not an issue and there is a steady flow of new entrants to the market, this is unregulated provision and therefore quality remains an issue, particularly given the vulnerability of the children being accommodated, such as risk of exposure to child exploitation, substance misuse and risk of poor mental health. The Trust has increased its scrutiny of this type of provision and is working with providers to improve quality, safeguarding and secure better outcomes for young people.
12. Financial Analysis

Over the past 3 years expenditure on placements for looked after children has consistently exceeded budget, and further overspend (against budget) is anticipated in 2018/19. This overspend is attributable to the increased use and independent residential, foster care and supported accommodation. Birmingham Children’s Trust will continue to work with the market place to ensure best value within the context of focussing on quality of provision and delivering the best outcomes for young people.

Table 2: Financial Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal fostering</td>
<td>21.0</td>
<td>18.0</td>
<td>17.0</td>
<td>16.7</td>
<td>17.4</td>
</tr>
<tr>
<td>External fostering</td>
<td>22.2</td>
<td>23.6</td>
<td>26.9</td>
<td>24.7</td>
<td>25.3</td>
</tr>
<tr>
<td>Internal residential</td>
<td>11.2</td>
<td>9.7</td>
<td>9.1</td>
<td>7.6</td>
<td>5.8</td>
</tr>
<tr>
<td>External residential</td>
<td>15.2</td>
<td>20.1</td>
<td>20.1</td>
<td>24.9</td>
<td>27.1</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>3.1</td>
<td>3.5</td>
<td>5.2</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72.7</strong></td>
<td><strong>74.9</strong></td>
<td><strong>78.3</strong></td>
<td><strong>78.9</strong></td>
<td><strong>80.7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average External Residential (Mainstream)</td>
<td>2,589</td>
<td>2,636</td>
<td>2,960</td>
<td>3,369</td>
<td>3,345</td>
</tr>
<tr>
<td>Average Residential Block</td>
<td>2,328</td>
<td>2,328</td>
<td>2,328</td>
<td>2,632</td>
<td>2,632</td>
</tr>
<tr>
<td>Average External Residential (Disabilities)</td>
<td>2,653</td>
<td>2,657</td>
<td>3,229</td>
<td>2,996</td>
<td>4,299</td>
</tr>
<tr>
<td>Average Internal Residential (Mainstream)</td>
<td>2,719</td>
<td>3,542</td>
<td>3,138</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Average Internal Residential (Disabilities)</td>
<td>3.074</td>
<td>3.464</td>
<td>3.450</td>
<td>3.480</td>
<td>3.482</td>
</tr>
<tr>
<td>Internal Residential ALL</td>
<td>2.921</td>
<td>3.496</td>
<td>3.316</td>
<td>3.254</td>
<td>3.291</td>
</tr>
<tr>
<td>Average External Fostering (Mainstream)</td>
<td>753</td>
<td>728</td>
<td>739</td>
<td>728</td>
<td>731</td>
</tr>
<tr>
<td>Average External Fostering (Disabilities)</td>
<td>835</td>
<td>838</td>
<td>748</td>
<td>829</td>
<td>815</td>
</tr>
<tr>
<td>Internal Fostering</td>
<td></td>
<td></td>
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<td></td>
<td>443</td>
<td>534</td>
<td>499</td>
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</tbody>
</table>
## 13. Commissioning Intentions and action plan

<table>
<thead>
<tr>
<th>Key Message</th>
<th>Implication (So What)</th>
<th>What we will do about it</th>
<th>When</th>
<th>Strategic Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham’s Children in Care (CIC) population is increasing to a similar peak seen in 2015 with a rate of 67 per 10,000 population 0-17 years. This is higher than the national average but lower than the averages for the region or statistical neighbours. As at 31st March 2018 there were 1,922 children in care; a 4% increase since 2017 (1,840 CIC). This is in line with the national trend. At the time of writing this strategy, the numbers of CiC had fallen to 1904 of which 148 were UASC.</td>
<td>Increase in numbers of CiC leads to poor outcomes, increased financial pressures and slowed improvement for the Trust overall.</td>
<td>The Trust is committed to improving our work with families so fewer children enter care, and when they do they return home more quickly where ever possible.</td>
<td>June 2019</td>
<td>Director of Practice and Assistant Directors</td>
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<tr>
<td></td>
<td>More children are entering care than leaving care and some of this is attributable to high rates of 16-17 year old Unaccompanied Asylum Seeking Children (UASCs)</td>
<td>We will implement a demand management strategy by making a concerted effort to reduce numbers entering care by improving direct social work with families, embedding relationship-based practice to work with families to develop bespoke solutions tailored to meet their specific circumstances.</td>
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<td>We will increase the use of Edge of care interventions and the systematic use of Family Group Conferences/ family meetings to meet this aim</td>
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<td>We will improve the consistent use of entry to care panels and external placement panels to monitor, guide and improve better direct social work with families of teenagers etc.</td>
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<td>We will improve discharges from care through reunification of children back to their parents or other family members, increasing adoption or special guardianship/ Connected Persons</td>
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</tbody>
</table>
placements.

Turning UASCs population into a positive in respect of employment, training and skills. Make better use of supported lodgings/ host families

Continue with improve discharge rates into adoption, SGOs

Develop and enhance the current edge of care offer to 7 days a weeks and extended hours

The overall 0-19 year population in the City continues to increase. The 10-14 age group is expected to see an 11% increase during the next ten years. This growth combined with a trend for this cohort to have higher risk of entry into care signals the need for greater preventative work to stem the flow of 10-15 year old in the care system.

Projected increase in 10-14 year old entrants into care as a proportion of population increase will have a detrimental financial impact on the Trust.

As above – implement a demand management strategy and undertake preventative work

Increase use of Edge of Care interventions focussed on 5-9 and 10-14 year olds in deprived areas (white children, mixed heritage)

Increase use of FGC directly linked to preventing entry into care and discharges.

Develop reunification projects working closely with residential providers to reduce duration of time in residential provision, build resilience skills for children and their and parents/families

White children are over-represented in the care population. Between 2014-2018, there was a decrease in the proportion of white females in care (from 49% to 45%) and an increase in white males from 51% to 55%. White females

Do we have predictive analytics aimed at identifying characteristics of those communities that are over represented/ under represented

Are there cultural differences in how communities respond to crises

Increase awareness and use of Think Family/ Intensive Family Support

Work with voluntary sector to understand needs of under-represented communities and their responses to family crises.

Practice issues – consider whether we are more
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Date</th>
<th>Signatories</th>
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<tbody>
<tr>
<td>Have a higher frequency of episodes in and out of care</td>
<td>Partly characterised by placement moves or changes in legal status. A similar pattern is emerging for Asian males, showing an increase of 12% to 16% over a 4 year period.</td>
<td>November 2018</td>
<td>Director of Practice and Director of Public Health</td>
</tr>
<tr>
<td>20% of Children in Care have an identified disability or SEN need.</td>
<td>4.6% have complex health needs and are known to Disabled Children’s Social Care.</td>
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<td>There are marked differences in rates of CiC within each of the City’s 3 geographical social work areas, with the South of the City being two thirds higher than the North West &amp; Central.</td>
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<tr>
<td>13% of children in care are aged 0-4 years and 61% are aged 10 and over</td>
<td>The largest cohort remains 10-14 year olds (31%). Younger children are more likely to stay in care for less than a year, while 41% of 10-14 year olds are in care for 3-5 years.</td>
<td>November 2018</td>
<td>Director of Commissioning</td>
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<tr>
<td>There are more males than females in care, and an over</td>
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<tr>
<td>Children should be in care for the least time as possible and at the lowest level of intervention</td>
<td>Decrease the proportion of CiC accommodated for more than 2 years via the use of edge of care prevention services, outcomes focusing residential provision to enable children to successfully return to family based living.</td>
<td>Ongoing with review in March 2019</td>
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<tr>
<td>Analysis of needs of families in South of the City and impact of Adverse Childhood Experiences (ACES) – produce needs analysis on Vulnerable Children</td>
<td>Improve strategies to increase the number of children ceasing care</td>
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<tr>
<td>Focus on interventions to improve behaviours and improve placement stability while children are in care in order to afford the best chances of</td>
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</table>
representation of males within the 10-14 age cohort.

Needs of UASCs – different vulnerabilities – prefer group-based care. Options to use supported lodgings/ host families and focus on transitions into employment so they have better life chances.

Greater scrutiny of accommodation requests for residential provision for males and that more work is required with fostering providers (internal and external) to ensure sufficient capacity and choice to meet the needs of teenage males in the care system.

Strategies to increase the number of children ceasing care, need to be focussed on interventions to improve behaviours (male and female) while children are in the care system, improving placement stability and promoting their opportunities for step-down into fostering, reunification home or adoption. It also signals the need for all providers to be better equipped to develop young people’s skills for independence, and preparing for the transition to adulthood including meaningful engagement in education, employment and training.

| Most children (69%) are placed in fostering placements, however this is lower than the national average (73%). The internal fostering service is more likely to look after | Continue to increase children in family based care where appropriate | Increase Foster Placements 75% of all CiC placements (Baseline 68% average 2014-18) | Increase the number of internal Foster Placements to 70% of total fostered (Baseline 61% average) | Ongoing with review in March 2019 | Director of Commissioning and Assistant Director (Provider) |
younger children, while Independent Fostering Agencies can look after teenagers. 8% of children are placed in residential care and 19% are in supported accommodation (aged 16-18). There is a higher rate of males (61%) in external residential provision, and a higher rate of males aged 16-17 years in Supported Accommodation (68%), most of whom are UASCs.

40% of children in care are subject to Full Care Orders, most of whom are aged 5-15 years. This is higher than the national average (35%). The numbers of children looked after through S20 have decreased from 37% in 2014/15, to 26% in 2017/18 with the majority of this cohort are aged 10-15 or 17 years.

Placement referral data for the Trust shows that 49% of placement requests are planned, however far too many placement moves are unplanned (51%) requiring provision to be sourced as an emergency or next day basis. Of all the referrals, 37% were new requests for placements with most children residing with

<table>
<thead>
<tr>
<th>Placement referrals</th>
<th>Reduction in S20 – good but why the increase in Full Care Orders</th>
<th>Linked to Edge of care interventions and direct work with families to assist reunification.</th>
<th>June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Practice and Assistant Directors</td>
<td>The “right placement first time” is not always being sourced leading to breakdowns and referrals. Multiple placements are being sought for the same children and they are getting harder to place with each move</td>
<td>Increase the number of planned placements – use seasonal variations and info from care planning to anticipate demand</td>
<td>March 2019</td>
</tr>
<tr>
<td>Director of Commissioning</td>
<td>Increasing use of spot purchased placements which are high cost</td>
<td>Reduce emergency/ unplanned placements - The Trust’s target is to reduce this to 30% by June 2019.</td>
<td></td>
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</table>
friends or family at the point of referral. However, 62% are re-referrals of children residing in fostering placements, specifically internal (17%), Independent Fostering Agency (25%) or emergency (EDT) foster carers (20%). A further 14% are referrals from children in independent residential homes and 18% are residing in Supported Accommodation. Interestingly, 12% of referrals were necessitated due to providers serving notice on placements. A further 12% of placement requests resulted due to review or disagreement of costs/ funding associated with the placement.

<table>
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<tr>
<th>In line with national trends, the majority of children enter care due to abuse and neglect, family dysfunction, or families in acute distress or absent parenting. However there are seasonal variations for entry into care with peaks during June – September and dips during December -</th>
<th>Providers are increasingly reporting fears about their Ofsted registration as a reason to discharge a young person from their care.</th>
<th>Learn from disruption meetings and ensure this shared with prospective providers to help identify triggers and behaviours management strategies. Increase use of sustainability meetings prior to placement disrupting.</th>
</tr>
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<tr>
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<td></td>
<td>Learn from funding reviews and impact this has on causing increased referrals.</td>
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<tr>
<td></td>
<td></td>
<td>Improved communication and relationships with providers is crucial in resolving some of these issues and ensuring a whole system approach to preventing re-referrals and mitigating against sourcing of multiple and repeated placements for the same children.</td>
</tr>
<tr>
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<td></td>
<td>Improve joint working with Ofsted to address providers’ fears of risks to their registration if they take children with challenging behaviours.</td>
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<td></td>
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<td>Consider the use of risk sharing protocols with providers.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Is this a practice issue or something we can address in partnership with schools. Given that 40% of placements are unplanned, we should be able to anticipate demands.</th>
<th>Evaluate SW practice with aim to increase more planned admissions – predictive solutions around school holidays/ pressures that may cause family stress or placements disruptions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work with providers on sufficiency and anticipating pressure points.</td>
</tr>
<tr>
<td></td>
<td>Work with placements team re anticipating costs.</td>
</tr>
</tbody>
</table>

| March 2019 | Director of Practice and Director of Commissioning |
February

Further work is required with schools and multi-agency partners to understand these seasonable patterns and the relationships with academic cycles, transition periods, identification of SEN needs which may give rise to emotional or behavioural changes for young people.

Birmingham’s performance in terms of Placement stability has improved and we are now in line with national averages. 65% are placed with the Birmingham boundary (better than the national average of 59%). However 10% are placed more than 20 miles away which is an increase of 3% compared to 2017 figures.

We end of placing more children out of area due to local sufficiency and complexity of need

Work with the market to increase localised supply including specialist provision - FCA should assist this
Reduce the proportion of CiC in Spot purchased placements
Increase the number of private and voluntary sector providers on the new Flexible Contract Arrangements

12% of placements end due to children going to live with their parents or other family member. The primary reason for placement moves is due to change in care plan

Should be able manage emergency placements if more move were planned moves

Reduce the proportion of CiC with an unplanned placement change in year
Evaluate practice issues relating to placement changes due to change in care plan. Consider can this be anticipated and what work done with providers well in advance? How can this reduce costs?

In 2017 Birmingham Children’s Services undertook analysis of data with the national Pause service to identify the extent of

There is a clear case for change and opportunities to work with these women to break the cycle of repeat pregnancies.

Implement a programme similar to Pause or Breaking the cycle to work intensively with these women,
There is a clear case for change and opportunities

<table>
<thead>
<tr>
<th>Director Of Commissioning</th>
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June 2019

Director Of Practice and Director of Commissioning

October 2019

Director of Practice
Repeat removals of children into care from the same women who were in a cycle of repeat pregnancies. A refresh of that data trawl in 2018 produced a dataset of 332 women who between them have 840 children who are currently in care. Within this cohort, there are 278 women who between them have 297 children aged 0-3 removed from their care. 93% had one child removed and 7% had 2 children removed.

| Working with 20 women within this cohort could prevent at least 11 children coming into care over an 18 month period. | to work with these women to break the cycle of repeat pregnancies. |

At the time of writing, there were 984 children from other Local Authorities placed within the Birmingham boundary. 73% of these were from neighbouring West Midlands Local Authorities/Trusts and 27% were from across the country.

| In addition to the City’s own CiC population, this presents an extra pressure on sufficiency and finding the right accommodation for local children. | Work with the market in order to increase fostering and residential capacity, particularly in relation to placements for some of our more traumatised children
Create step-down provision from residential care into fostering
Deliver the flexible Contracting arrangement to increase the provision of local placements for local children including facilitating the safe return of children placed outside of the Birmingham boundary. | December 2018 | Director Of Commissioning |