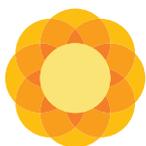


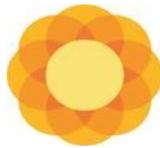


**BIRMINGHAM
CHILDREN'S TRUST
CHILDREN IN CARE
SUFFICIENCY STRATEGY
2021 - 2023**

September 2021



**BIRMINGHAM
CHILDREN'S TRUST**



Children in Care Sufficiency Strategy 2021 - 2023

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1. Introduction

This Strategy sets out how Birmingham Children’s Trust (the Trust) will meet its sufficiency duty as laid out in Section 22G of the Children Act 1989.

The purpose of the strategy is to

- Profile the current looked after population
- Set out the current market position
- Forecast the current and future likely demand.
- Identify the acute and emerging financial challenges
- Set out the commissioning intentions for 2021-23

The main data sources for this Strategy are the

- “Children Looked After in England including Adoptions” published data, 10th Dec 2020.
- Local Authority Interactive Tool Transparency Data (LAIT) published 17th Dec 2020.
- ONS population statistics
- BCC Census projections
- C-CO Assurance and Best Practice review – January 2021
- Various Commissioning Team Needs Analysis (Supported Accommodation, Placement referral analysis and contract monitoring information).

The Trust faces a number of challenges in delivering placement sufficiency. Birmingham is a large and complex area with ten locality districts and varying levels of deprivation and need. There are a high number of children in care and care leavers and market of provision is significantly affected by the numbers of children placed by other local authorities.

Demand for care is rising nationally, at a rate of over 5%. Nationally, growth in Children’s Social Care in 2020-21 was around 8% on average: that equates to £16m in Birmingham.

However, the rate of children in care in Birmingham is significantly below that of statistical neighbours. The Trust has the lowest spend, per child, on children’s social care, across the core cities: 25% below the average (CFO Insights benchmarking, Grant Thornton 2020). This equates to £30m per annum. According to the Child Welfare Inequalities Project (Nuffield Foundation, July 2020), when spend is adjusted to assume deprivation is averaged across the country, then the spend in Birmingham is £468 per child: the average across core cities is £965 per child.

Additionally, the Trust faces a number of system challenges

- Embryonic multi-agency Early Help/ SEND delivery model.
- significant ‘latent’ need and risk with children identified who were not living safely enough in the care of their parents,

- very low support for ‘family and friends’ to care for children unable to live with parents leading to a model of ‘stranger care’ and a preference for children to be placed outside of the family.

Against this backdrop, the Trust has embarked upon its Stronger Families programme which is built on three critical value propositions:

- Children do best when growing up safely in their birth families.
- When parents are unable to care safely for their children, the search for alternative care starts with the child’s family and friends, and if none available, seeks alternative family-based care.
- All of the Trust’s work with families is relationship-based and restorative based on the simple premise that we ‘do with’ children and families, rather than ‘do to’ or ‘do for’.

The initiatives introduced as part of the Stronger Families programme are separated to reflect our approach to

- *Demand*: meeting need at the earliest point and in the most cost-effective way, preventing escalation of need and higher-cost interventions and
- *Supply*: ensuring that the services and care we provide to meet need represent the best quality, deliver the best outcomes, at the best value for money.

The aim of the programme is to produce better outcomes for the city’s most vulnerable children, young people and families. Keeping families together, supporting families’ strengths and their reach, to safeguard children will produce better outcomes.

For children in care, getting them cared for close to home, in stable family-based placements will similarly produce better outcomes. High quality residential care for those unable to live in their families, or in other families, will support their life chances and enable them to grow to become independent, economically active, social connected adults.

Linked to the Stronger Families Programme, a key element of this Sufficiency Strategy is our desire to develop new models of provision particularly for our most complex children, including those who access residential provision. Most importantly, for all children impacted by the strategy, we wish to improve placement stability.

The Sufficiency Strategy sets out the need for improved market engagement and relationships with local suppliers so that Birmingham is a commissioner of choice and more children can be placed locally and close to home, where appropriate.

The key actions identified from this strategy are

- Increase the number of children in care living with family and friends
- Increase number of children placed with Trust foster carers

- Increase number of children placed with Trust adopters
- Work more closely and innovatively with providers to meet gaps in provision around emergency placements and hard to place young people
- Improve supplier relationships with a view to developing flexible purchasing options and securing value for money with current framework providers,
- Improve placement matching processes to secure the right placement first time, create greater placement stability and deliver better outcomes
- Review partnership arrangements to secure timely education and mental health support for children in placements to improve placement outcomes and reduce placement disruptions
- Deliver a value model for high cost placements including the use of tools to measure the impact of care in delivering good outcomes for children and securing a social return in investment
- Embed models of step-down approaches from residential to foster care
- Improve Quality Assurance processes and implement a programme of inspections by “care experienced” young people.

2. Headline messages from data

- There has been a national increase in numbers of looked after children. Birmingham’s Children in Care (CiC) population has grown by 6% since 2015 but is in line with the national average and remains below statistical neighbours.
- The increase can, in part, be attributed to socio-economic issues, an increase in Unaccompanied Asylum-Seeking Children (UASCs), earlier identification of harm and the decline of the national ‘tolerance’ of risk. Since 2016, the number of children in care in England has increased by 14% and by 16% across the West Midlands, compared to 6% in Birmingham
- As at 31st March 2020, there were 1,928 children in care, however there were more than 1,940 children in care for 11 out of the 12 months in 2020 with the highest figure recorded as 2,025 children in care in July 2020. A median figure of around 1960 children in care for the year provides a better reflection of demand.
- Trend data shows that as many children are admitted to care as those that leave care and this pattern has been consistent since 2016. Those authorities that have improved their rates of children exiting care have higher rates of adoption and increased use of Special Guardian Orders (SGOs).
- Of the cohort of 629 children who entered care during 2020, the primary reason recorded for the admission is abuse and neglect (64%) followed by acute family stress (9%), family dysfunction (9%) and absent parenting (9%). 41% of those admitted to care during the year were Voluntary Section 20 admissions. Around 50% of new entrants to care, had been open to social care for over 2 years. Some of these children, had they

been admitted into care earlier, might now be with family or in less expensive care settings.

- Children aged 10-15 years are the largest group of new entrants into care during 2020, forming 28% of the cohort, followed by new-borns (22%) and young people aged 16-18 years (20%).
- Of the cohort of 668 children that ceased to be looked after during 2020, 43% left care upon turning 18 years and 26% of those exiting care returned home to live with parents or relatives. Of those ceasing care during 2020, only 15% were aged 10-15 years. This suggests that those who enter care at an older age are more likely to stay in care until they reach 18 years.
- The combined figures of children in care aged 10-15 years and 16-17 years (61%) shows a care system that is predominantly focused on adolescents and teenagers. More work needs to be done to embed a family resilience model so that adolescents and teenagers can be reunited with their families/relatives enabling them to exit care as soon as possible and prior to their 18th birthday.
- During 2019/2020, around 1,457 children remained in care continuously for 12 months, however there was also a through-put of children who entered and left care after short periods, resulting in 2,556 children requiring intervention and accommodation. This short-term demand must also be factored into sufficiency for placements.
- Placement stability is a priority outcome for children in care and 71% stay in the same placement for at least 2 years. Factors that assist with placement stability include better placement matching, local placements that sustain the child's social networks (where appropriate), timely access to therapeutic and mental health interventions, and regular access to education.
- However, as at 31st March 2020, 149 children (8%) experienced 3 or more placement moves within a 12-month period. Within this cohort, a minority of children with complex needs/complex circumstances experienced between 5-8 placement moves due to disruptions and breakdowns. The frequency of 3 or more moves for 149 children (totalling in excess of over 450 moves) exacerbates issues of placement sufficiency as multiple placement searches need to be undertaken for the same child. The majority of children experiencing placement moves are aged 10-15 years. More work is required to understand whether this is indicative of sufficiency or care planning challenges.
- There are significant discrepancies in the number of children in care across the 3 Social Work areas with the South of the City being almost a third higher than the East of the City and 12% higher than North West & Central. Whilst deprivation may account for this, there may be cultural differences in how communities respond to crises, or localised variation of practice. Greater analysis will be required to understand this profile and any differences.

- The ethnic profile of children in care over a 5-year period appears unchanged. White children are over-represented and make up 51% of the care population, followed by Mixed Heritage (21%), Black (12%) and Asian (12%) children. Birmingham's trend is similar to that of statistical neighbours, however there are twice as many Mixed Heritage children in care in Birmingham (21%), than the national average (10%). Further exploration is required to understand the reasons for the variance and the extent to which early intervention strategies and parenting support might be better targeted to meeting the needs of children from Mixed Heritage backgrounds.
- 20% of children in care have an identified disability or SEN need and 348 (18%) children in care have an Education Health and Care Plan (EHCP). Around 8% have complex health needs and are known to Disabled Children's Social Care. Children with ASD are overly represented and account for 65% of the top 20 most expensive residential care placements.
- Around 3% of children in care are known to Child and Adolescent Mental Health Services, however this is likely to be an underestimate due to the way data on different CAMHS services is collected and reported.
- There are high numbers of adolescents amongst Birmingham's children in care population. Young people aged 10 -15 make up over 39% of all children in care with an even mix of males and females within this cohort. However, there is a marked gender difference in 16-18 year olds in care where almost two thirds are male. An increasing number of Unaccompanied Asylum-Seeking Children (UASC) form part of the adolescent male cohort in care.
- The pattern of placements has been fairly consistent over the last five years. As at 31st March 2020, 1,411 children (73%) were placed in foster care and 254 (13%) were placed in residential settings (children's homes, supported accommodation or secure units).
- The mix of children placed with internal foster carers and Independent/ Agency Foster carers has fluctuated over the last 4 years and the greatest increase in placements with internal foster carers was seen in 2019-20 following improved strategic direction within the service, and an increased recruitment and marketing drive.
- The majority of children in residential settings are placed with independent providers as the Trust has limited internal provision. This is dedicated to disabled children (short breaks and long-term provision for severe disabilities).
- Over half (51%) of the placements requested were made on an emergency basis requiring provision to be sourced on the same day or next day basis. It is well-known that a key influencer of spot purchasing is the number of same day/emergency placements that are required. Confidence needs to be established that this is not the consequence of ineffective care planning.

- 58% of children in care are placed within the Birmingham boundary and within 20 miles of their home. 12% are placed outside of the Birmingham boundary and more than 20 miles from home. This is lower than the national average (16%).
- In terms of the split between residential and fostering, 8% of children in residential care were placed outside of Birmingham with 5% of these being placed in neighbouring West Midlands authorities. 27% of fostering placements were made outside of Birmingham with 24% of these being placed in neighbouring in other local authorities
- A significant number of children in care are from families where previous children have been removed. Current initiatives in relation to Breaking the Cycle are being expedited.
- ONS and census mid-year population estimates forecast a 1% increase in the growth of the children's population in the city by 2025. It shows a decline in the number of children aged 0-4 years (down by 2.5%) and 5-9 year olds (down by 5%). However, there is a predicted increase of 2,500 more young people aged 10-15 years (up by 3%) and 7,300 more young people aged 15-19 years (up by 9%).
- The Trust's working premise is to plan around a care population stabilised at around 2,134 over the next 3 years on the basis of an anticipated 6% rise in care numbers and demand as a result of population growth including UASCs.
- As children aged 10-17 years represent the highest age cohort of children in care, if this projected trajectory materialises it could add around 9,800 more adolescents in the City's overall population of young people. Given that currently, this cohort of adolescents enters care at a later stage and is likely to remain in care until 18 years, it will impact on sufficiency and Trust finances, unless Early Help, prevention and diversionary measures are successfully implemented.

There are currently 984 children from other Local Authorities placed within the Birmingham boundary. 73% of these are from neighbouring West Midlands Local Authorities/Trusts and 27% were from across the country. In addition to the City's own children in care population, this presents an extra pressure on sufficiency and finding the right accommodation locally for Birmingham children.

3. Sufficiency Headlines

The following types of provision are used by the Trust for placements of children in care

- Internal fostering (including out of hours/ Out of Hours foster carers providing access to around 526 fostering households)
- Independent Fostering Agencies providing access to around 432 fostering households
- Internal Residential Children's Homes – the Trust runs and maintains 4 children's homes providing long term care and short breaks for disabled children.
- From 2016 to 2021, the Trust was able to exclusively access up to 42 beds via 2 Block Contracts with Commercial Children's Homes Providers (Priory and Meadows). Both contracts have now ended.
- Independent Residential Children's Homes – as of March 2021, there are 122 providers on the regional framework for residential care (FCA Framework) providing access to 602 homes and a total of 2642 beds.
- Secure Units
- Semi-independent/ Supported Accommodation for 16- 17 year olds (Unregulated). The Trust has access to over 83 providers on the Framework. There are 29 known local providers in the City running over 53 properties.

The following priority placement types are needed in order to meet the gaps in our general sufficiency needs. The Trust's intention is for as much provision to be sourced locally and to work with local providers to secure the best outcomes for young people in high quality provision, that provides value for money:

- Local authority foster placements – there is a gap around adolescents and teenagers. There is also an increasing demand for mother and baby placements and children with complex medical needs and/or life limiting conditions.
- Independent foster placements – as stated above, there is a gap for adolescents and teenagers. There is also an increasing demand for mother and baby placements and children with complex medical needs and/or life limiting conditions.
- Independent residential children's homes – there is a gap for children with complex needs, presenting as high risk and/or in complex circumstances. Some of these children would benefit from solo placements or 2-bedded provision, and most of them are unlikely to be ready for supported accommodation or semi-independently when they turn 16 years of age. They will require a longer transitional phase and step-down support arrangements post-18, and closer working with Adults services.
- Emergency/ same day placements (fostering and residential children's homes) – the gap is for flexible and robust provision that provides a 'safe space' in a regulated environment while a long-term solution for the child is developed, or a bridging placement between moves. Either option could lead to a long-term placement if the child's needs are being met and they are settled. This provision

needs to be able to work quickly and intensively to de-escalate needs, so that any move-on placement gets off to a good start.

- High quality semi-independent provision with providers with demonstrable experience of delivering high quality support for young people, enabling them to build their independence skills, increase their confidence and successfully transition into adulthood and/or manage their own tenancies. This is currently not regulated by Ofsted, however CQC registered providers could be considered.
- Overnight Short breaks in fostering or residential settings for adolescents at the edge of care and children with disabilities.

Providers must be experienced/ accredited in trauma informed practice and able to meet the following types of children and young peoples' needs:

- Criminal, gang affiliation, idolisation or sexual exploitation
- Missing from care
- Sexualised behaviour (male/female victim/perpetrator)
- Violent/aggressive or challenging behaviours
- Self-harming
- Learning Disability/Autism
- Managing a range of behaviours (e.g. substance misuse, criminality) that are symptomatic of underlying needs
- Social, emotional and mental health behaviours

Foster carers and residential staff must be resilient, well trained and supported to manage a range of children's behaviours for example: emotional trauma, neglect, poor parenting and lack of clear consistent boundaries. They must be able to robustly and proactively manage risk, risky behaviours and the triggers that may lead to disruptive behaviours which can destabilise a placement.

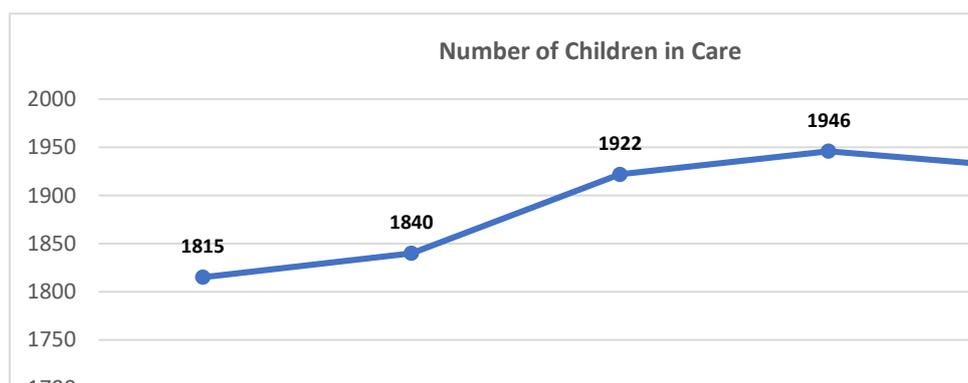
For care leavers we need high quality affordable accommodation within Birmingham for young people aged 16 to 24 who are ready to move on from their care placement/supported accommodation.

4. Children in Care profile

At the 31st March 2020 there were 1,928 children in care representing 0.7% of the Birmingham child population. This represents an increase of 6% since 2015 (Fig 1) and is similar to growth seen nationally and by statistical neighbours. The current rate of 67 per 10,000 population is the same as the national average but lower than average rates across the West Midlands (82 per 10k) and statistical neighbours (80.5 per 10k) (Fig 2).

However, there were more than 1,940 children in care for 11 out of the 12 months in 2020 with the highest figure recorded as 2,025 children in care in July 2020. A median figure of around 1960 children in care for the year provides a better reflection of demand.

(Fig 1)

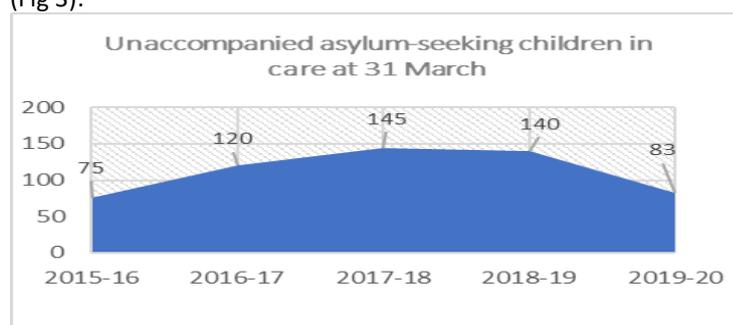


(Fig 2) Rate of children in care per 10k population

	2015	2016	2017	2018	2019	2020	% change	
							from 2019 to 2020	
Birmingham	70.0	64.0	64.0	67.0	67.0	67.0	Same	0%
Statistical Neighbours	78.9	74.6	73.7	77.2	80.2	80.5	Up	0.3%
England	60.0	60.0	62.0	64.0	65.0	67.0	Up	2%
West Midlands	74.0	73.0	75.0	78.0	82.0	82.0	Same	0%

The growth of children in care in Birmingham can, in part, be attributed to socio-economic issues, an increase in Unaccompanied Asylum-Seeking Children (UASCs) (Fig 3), earlier identification of harm and the decline of the national ‘tolerance’ of risk. Since 2016, the number of children in care in England has increased by 14% and by 16% across the West Midlands, compared to 6% in Birmingham. Statistical neighbours have also seen an average increase of 14% in the same period.

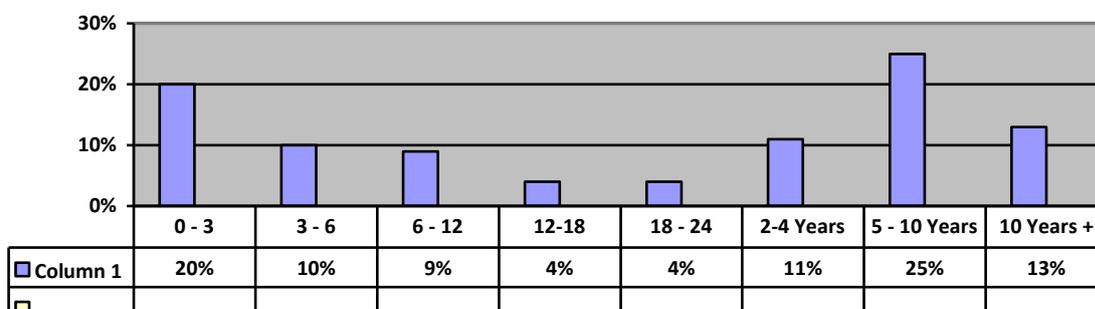
(Fig 3):



Birmingham’s growth in children in care can be attributed in part to legacy. This ‘legacy growth’ comes from taking on a social care system that has been inadequate for more than a decade and a disinvestment in preventative services due to budget cuts and reduced government grants for local authorities. It can also be attributed in the growth of the overall children’s population in the City which has increased by 14% since 2015.

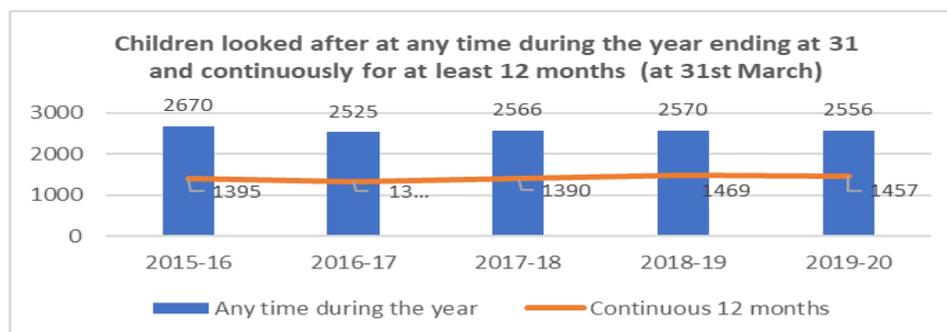
Of the new care entrants since April 2018 when the Trust went live, around 50% had been open to social care for over 2 years (Fig 4). Some of these children, had they been admitted into care earlier, might now be with family or in less expensive care settings. This 'bulge' is expected to work its way through the system but is anticipated to be an additional growth pressure for 3 years.

(Fig 4) Time child open to services prior to accommodation



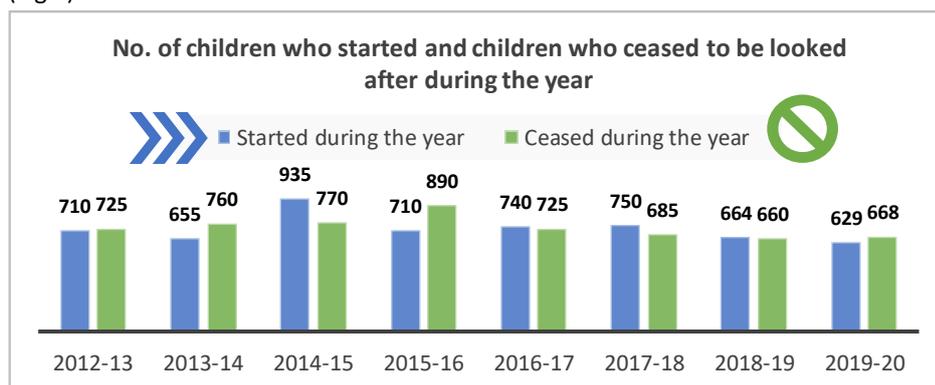
Around 1,457 children remained in care continuously for 12 months during 2019/2020, however there was also a through-put of children who entered and left care after short periods, resulting in 2,556 children requiring intervention and accommodation (Fig 5). This short-term demand must also be factored into sufficiency for placements.

(Fig 5)



Trend data shows that as many children are admitted to care as those that leave care and this pattern has been consistent since 2016 (Fig 6). This is in line with statistical neighbours and the England average. Those authorities that have improved their rates of children exiting care have higher rates of adoption and increased use of Special Guardian Orders (SGOs). In 2020, 1% of SGOs in Birmingham were made to relative(s) or friend(s) and another 1% of SGOs were made to former foster carers. In comparison, Manchester's figures are 4% and 9% respectively. Some of this maybe due to the way the local court and Family Justice system works with the Trust. Our rates of children adopted from care, stands at 16% and is better than the England average of 13% and 14% for statistical neighbours (Source LAIT data, Dec 2020).

(Fig 6):



4.1 Understanding Demand

Analysis of admissions and discharges from care over the past 6 years shows a variable picture. There was a peak of 1985 children in care on 31st March 2014/15, a significant reduction in 2015/16, with gradual increases thereafter with 1,928 children in care on 31st March 2020.

(Fig 7): Admissions and discharges – net growth

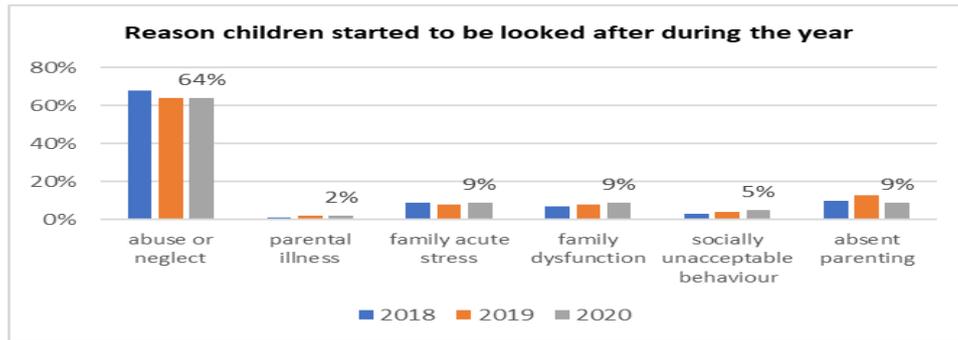
	2014/15	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Admissions (rolling 12 month figures)	935	710	740	750	664	629
Discharges	770	890	725	685	660	668
Net +/-	165	-180	15	65	4	-39
Net % +/-	17.6%	-25.3%	2%	8.6%	0.6%	-6.2%
CiC at 31 st March	1985	1815	1840	1923	1946	1928
Movement		-170	25	83	23	-18

Source: adapted from C-Co review 2020

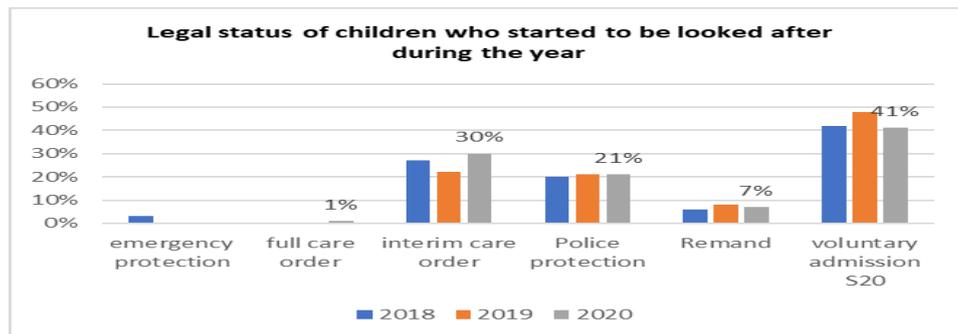
Of the cohort of 629 children who entered care during 2020 (fig 8), the primary reason for the admission is abuse and neglect (64%) followed by acute family stress (9%), family dysfunction (9%) and absent parenting (9%). 41% of those admitted to care during the year were Voluntary Section 20 admissions (fig 9). Children aged 10-15 years are the largest group of those entering care during 2020, forming 28% of the cohort, followed by new-borns (22%) and young people aged 16-18 years (20%). The combined figures of 10-15 year olds and 16-18 years olds shows a care system that is predominantly focused on adolescents and teenagers (fig 10).

The majority of new admissions into care are voluntary admissions (s20), followed closely by children on interim care orders. Some admissions, usually into Supported Accommodation are of young people who are homeless or at risk of homelessness and who meet the Children In Need (s17) threshold. They are assessed by the City's Homeless Hub operated by St Basil's, and may be accommodated as child in care (under s20) due to their level of vulnerability.

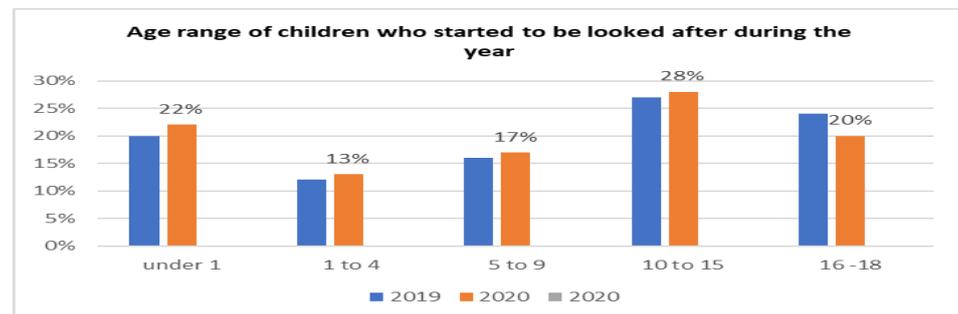
(Fig 8)



(Fig 9)

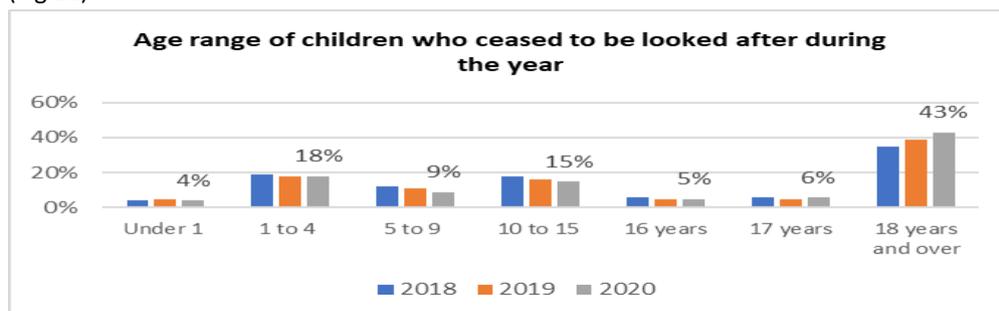


(Fig 10)

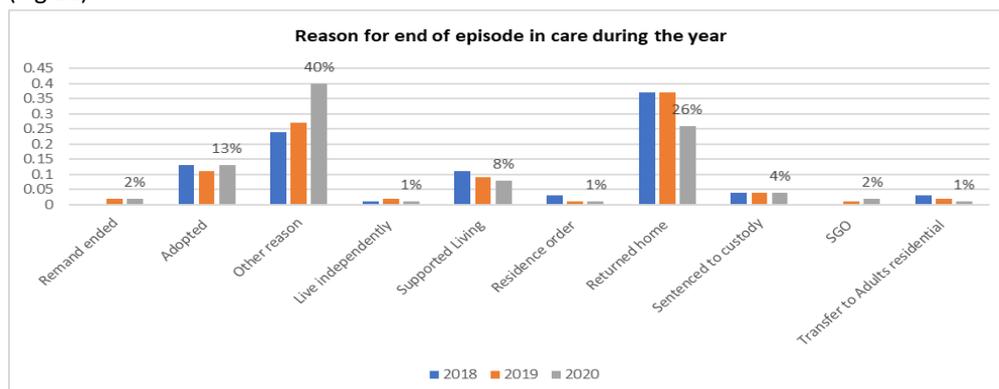


Given that 28% of 10-15 year olds were admitted into care during 2020, only 15% of this age group ceased to be looked after during the year. It suggests that those who enter care at an older age are more likely to stay in care until they reach 18 years (fig 11). Of the cohort of 668 children that ceased to be looked after during 2020, 43% left care upon turning 18 years and 26% of those exiting care returned home to live with parents or relatives (fig 12). This indicates more work needs to be done to embed a family resilience model so that adolescents and teenagers can be reunited with their families/ relatives enabling them to exit care as soon as possible and prior to their 18th birthday.

(Fig 11)



(Fig 12)



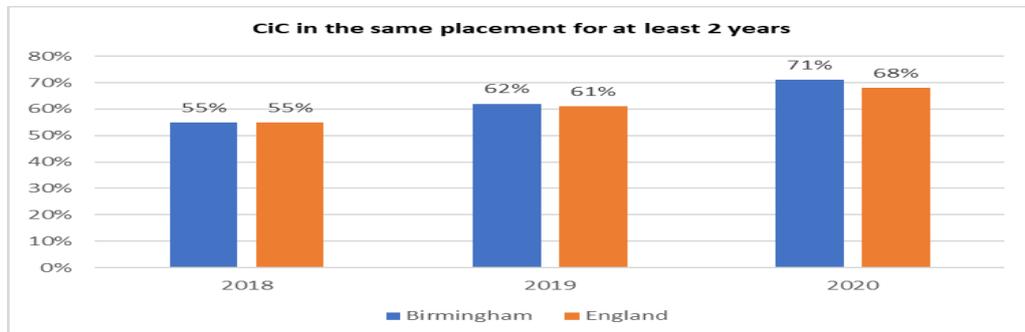
4.2 Placement moves, placement stability and impact on sufficiency

Moving placement whether through an emergency or planned move has an emotional impact on the children and young people and affects trust and relationships with carers, social workers and other significant people involved in the young person's life. Placement stability is a priority as outcomes for children in care are more likely to improve if they are in a stable placement. 71% of our children in care stay in the same placement for at least 2 years, which is better than the national average of 68% (fig 13). Factors that assist with placement stability include better placement matching, local placements that sustain the child's social networks (where appropriate), timely access to therapeutic and mental health interventions, and regular access to education.

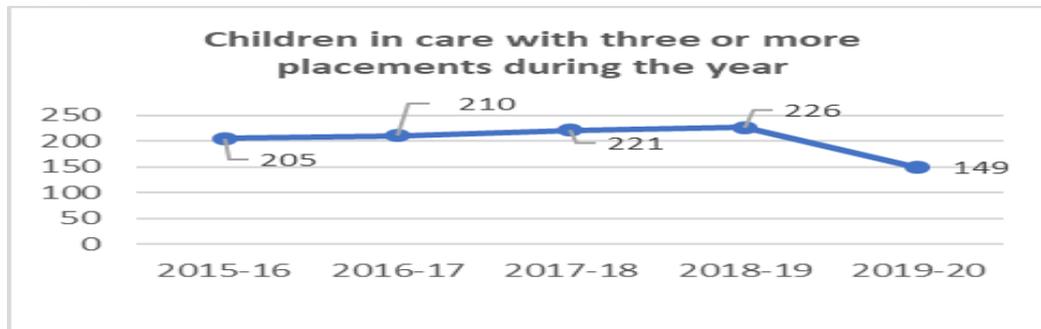
However, as at 31st March 2020, 149 children (8%) experienced 3 or more placement moves within a 12-month period (fig 14). This is lower than the national average of 11% (fig 15). The majority of children experiencing placement moves are aged 10-15 years (fig 16). Within the cohort of 149 children, a minority of children with complex needs/ complex circumstances, experienced between 5-8 placement moves due to disruptions and breakdowns. The frequency of 3 or more moves for 149 children (totalling in excess of over 450 moves) exacerbates issues of placement sufficiency as multiple placement searches need to be undertaken for the same child, each time with fewer responses from the market. It also creates an unsustainable administrative burden on social workers, placements teams, Independent Reviewing Officers (IROs) and providers. More planned placements and better placement matching, flexible packages of support from providers combined with wrap around support from multi-agency partners can assist with reducing placement disruptions.

The Trust is keen to move to a position of integrated working with partners, particularly Education and Health so that there is joint decision-making and timely access to school places and therapies, to assist with placements stability.

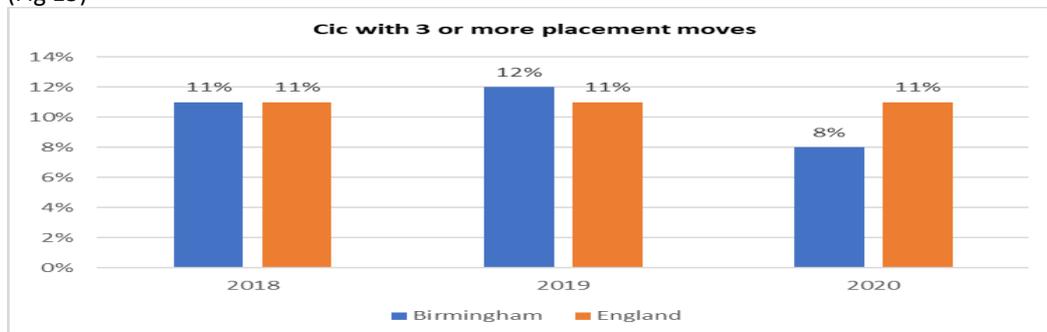
(Fig 13)



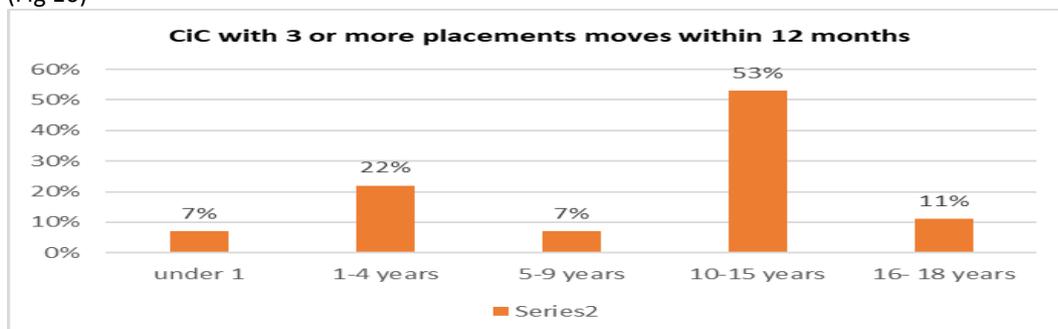
(Fig 14)



(Fig 15)



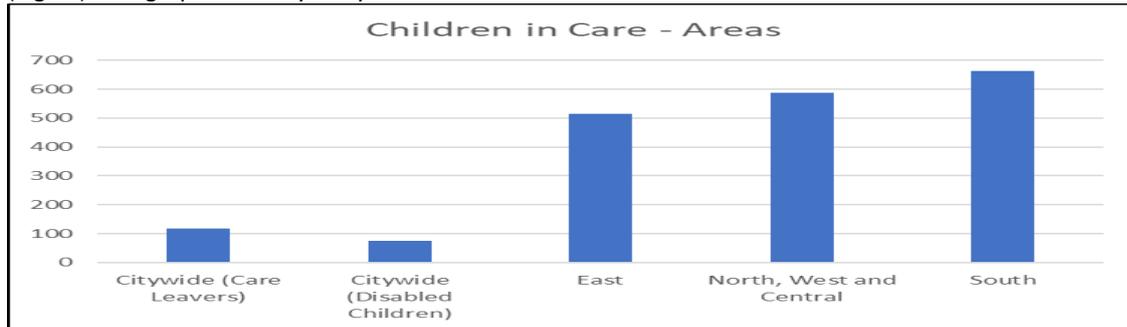
(Fig 16)



4.3 Characteristics and demography of children in care

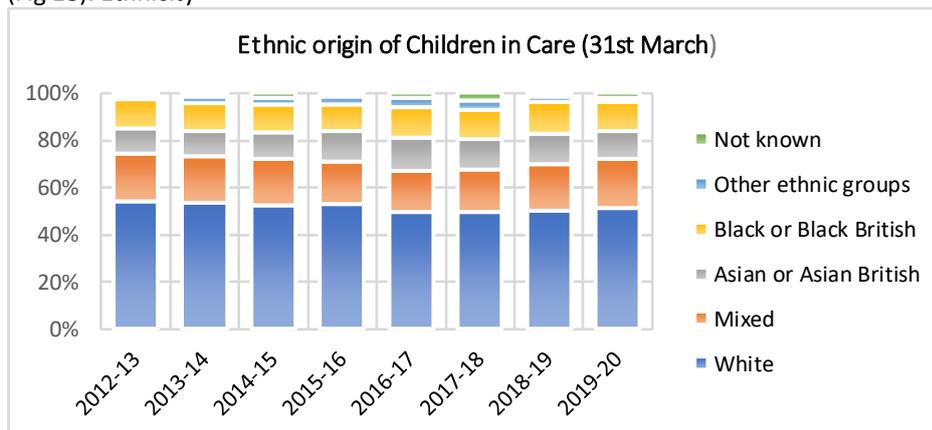
There are differences in rates of children in care within each of the City's 3 geographical social work areas, with the South of the City being almost a third higher than the East of the City and 12% higher than North West & Central. Whilst deprivation may account for this, there may be cultural differences in how communities respond to crises. In Bartley Green the rate per 10k is 120, placing it as one of the highest rates nationally and almost twice the Birmingham rate.

(Fig 17): Geographical analysis by Area

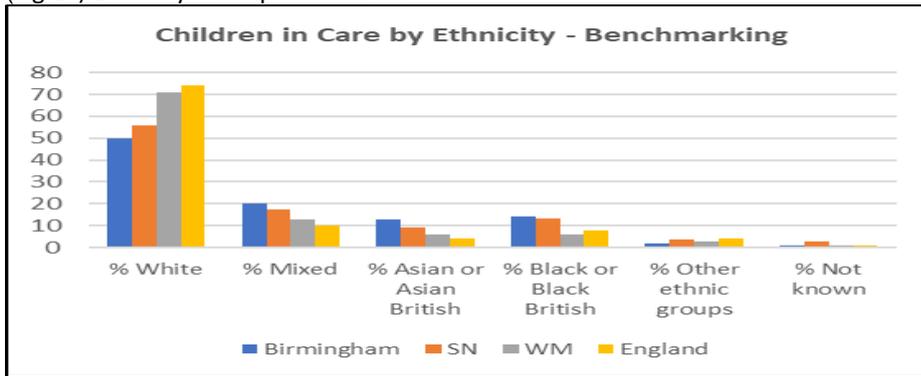


The ethnic profile of children in care over a 5-year period appears unchanged. As at 31st March 2020, White children are over-represented and make up 51% of the care population, followed by Mixed Heritage (21%), Black (12%) and Asian (12%) children. Birmingham's trend is similar to that of statistical neighbours, however there are twice as many Mixed Heritage children in care in Birmingham, than the national average. This may be a general reflection of Birmingham's diverse population but would benefit from further exploration to understand the reasons for the variance and the extent to which early intervention strategies and parenting support might be better targeted to meeting the needs of children from mixed heritage backgrounds.

(Fig 18): Ethnicity

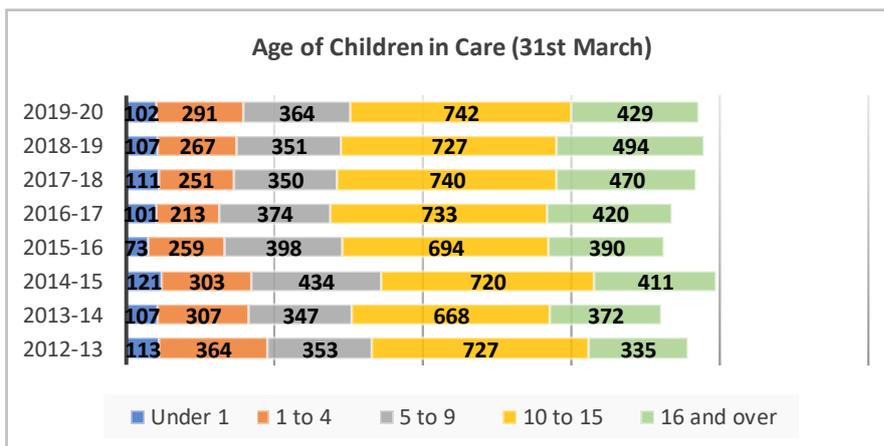


(Fig 19) Ethnicity – comparative data

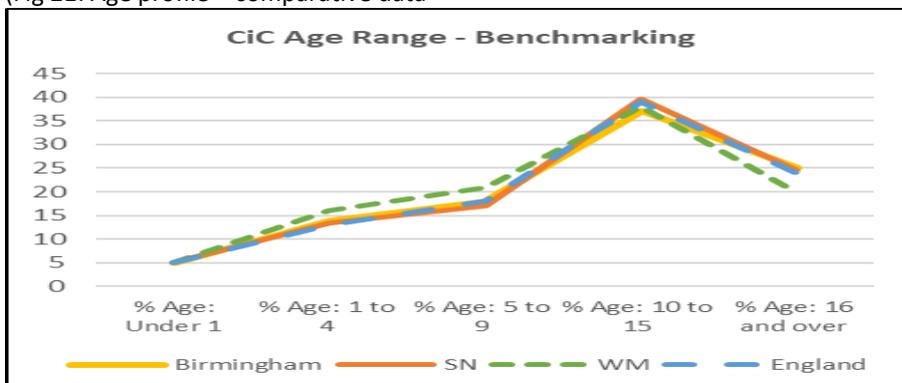


Similar to national trends and statistical partners, there are high numbers of adolescents amongst Birmingham’s children in care population and a changing number of Unaccompanied Asylum-Seeking Children (UASC). Young people aged 10 -15 make up over 39% of all children in care with an even mix of males and females within this cohort. However there is a marked gender difference in 16-18 year olds in care where almost two thirds are male (fig 23).

(fig 20) Age profile

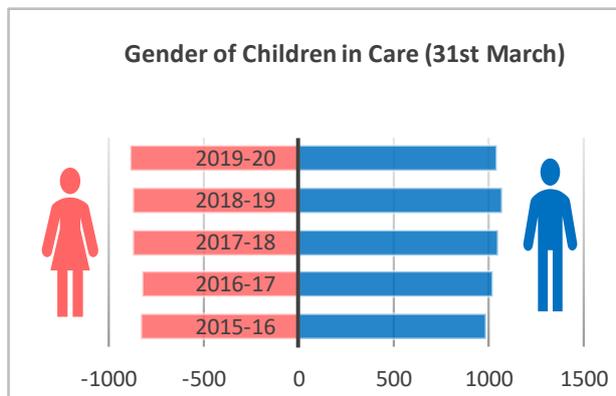


(Fig 21: Age profile – comparative data

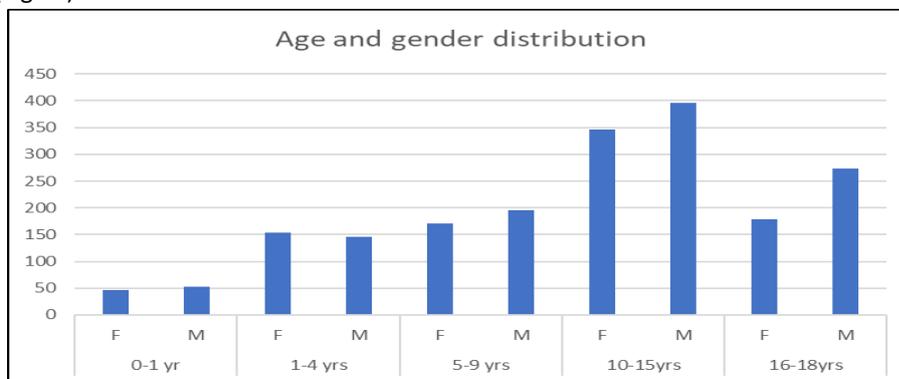


Age and Gender

(Fig 22)



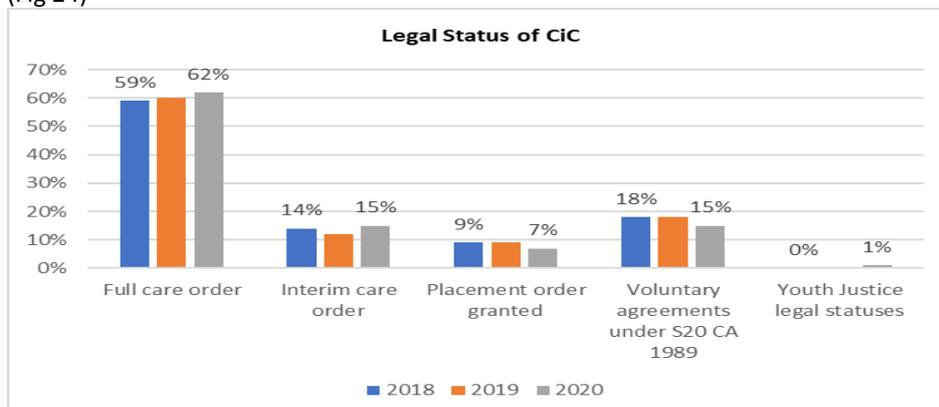
(Fig 23)



Legal status

There has been slight change in the legal status of children in care. The number of children under interim or full care order has increased, whilst the number of children in care under a voluntary agreement (under section 20 of the Children Act 1989) has decreased. This may be as a result of the family court ruling in 2015 on the use of voluntary agreements, greater adherence to securing consent and improved monitoring of children in care to avoid drift.

(Fig 24)



Children with disabilities and Autistic Spectrum Disorder (ASD)

Of the children in care, around 8% have an identified disability or complex need and this is 6% higher than in 2017. There are 348 children in care with an Education Health and Care Plan.

In November 2019 an audit of every child coming into social care residential provision over the last 12 months was undertaken to identify the predominant need. it was identified that

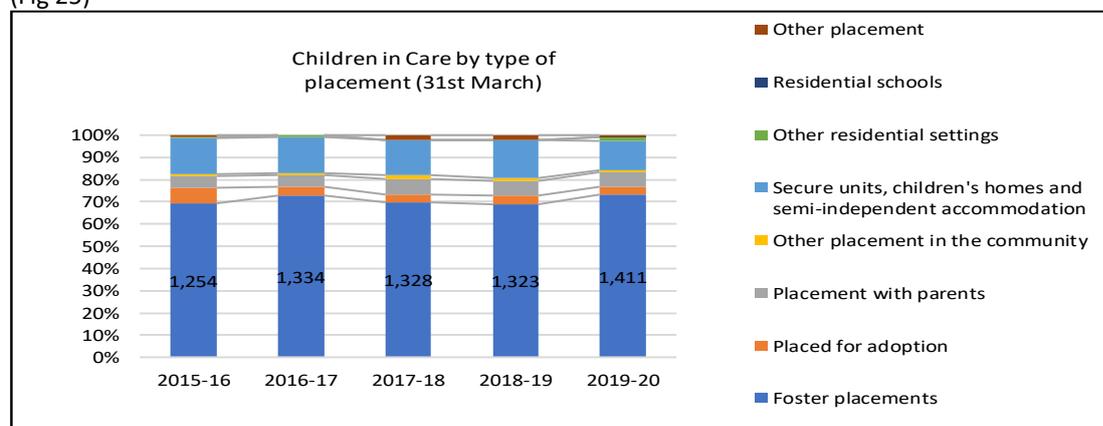
- 46% of Young people accommodated features ASD
- 55% of the top 20 high cost packages features ASD

This emphasises the need for a multi-agency approach to support the placements of children in care so that they have a timely offer from Education and Health for their SEND needs.

Placement type

The pattern of placements has been fairly consistent over the last five years (fig 25). As at 31st March 2020, 1,411 children (73%) were placed in foster care and 254 (13%) were placed in residential settings (children’s homes, supported accommodation or secure units) (fig 26). The mix of children placed with internal foster carers and Independent/ Agency Foster carers has fluctuated over the last 4 years and the greatest increase in placements with internal foster carers was seen 2019-20 following improved strategic direction within the service, and an increased recruitment and marketing drive (fig 27). The majority of children in residential settings are placed with independent providers (fig 28) as the Trust has limited internal provision, which is dedicated to disabled children (short breaks and long-term provision for severe disabilities)

(Fig 25)

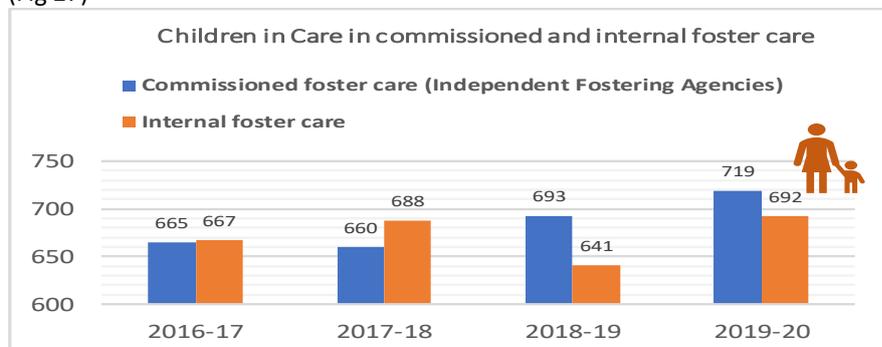


(Fig 26)

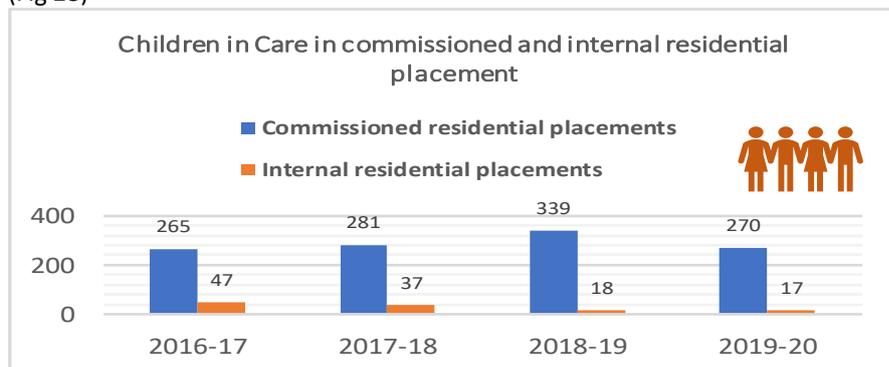
Placement type	2019-20	
	No.	%
Foster placements	1,411	73%
Placed for adoption	65	4%
Placement with parents	130	7%
Other placement in the community	20	1%

Residential, Secure and Supported Accommodation	254	13%
Other residential settings	29	1%
Residential schools	3	0%
Other placement	16	1%
Total	1928	100%

(Fig 27)

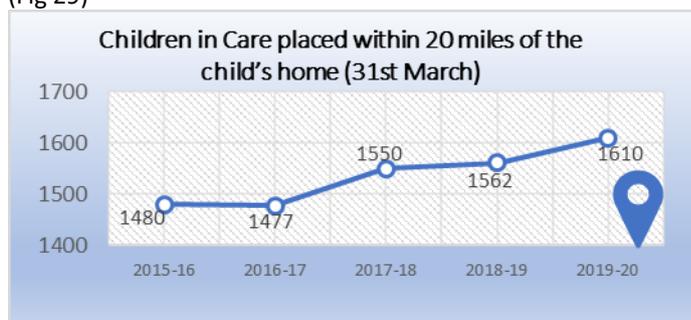


(Fig 28)

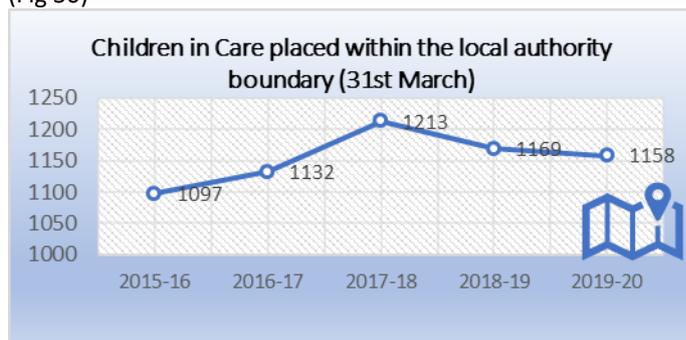


In terms of placement location, 58% of children in care are placed within the Birmingham boundary and within 20 miles of their home. 12% are placed outside of the Birmingham boundary and more than 20 miles from home. This is lower than the national average (16%). In terms of the split between residential and fostering, 8% of children in residential care were placed outside of Birmingham with 5% of these being placed in neighbouring West Midlands authorities. 27% of fostering placements were made outside of Birmingham with 24% of these being placed in neighbouring in other local authorities

(Fig 29)



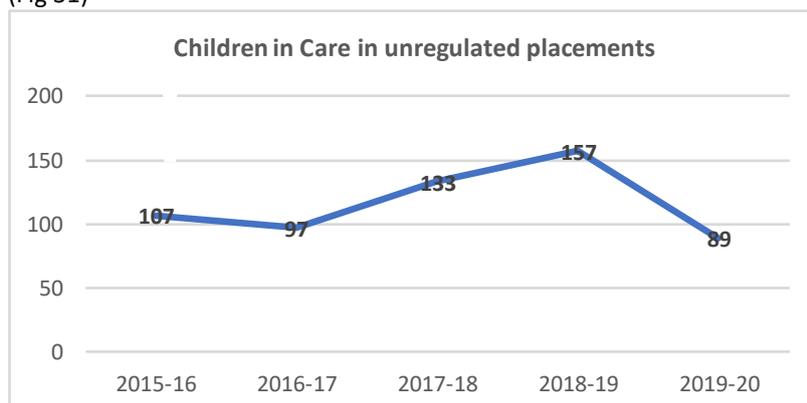
(Fig 30)



Supported Accommodation

DfE statutory return data shows a marked decrease in the number of children in unregulated placements / supported accommodation. Local needs analysis completed by the Commissioning Team in Sept 2020, shows that the numbers of 16-17 year olds in care (excluding UASCs) has decreased by 9.7% compared to 2017/18 figures and the number of new entrants into care aged of 16-17 years (excluding UASCs) also appears to be down by 24%. Further investigation is needed to understand the reason, for this change and any correlations to the increases in children placed in foster care or remaining in residential.

(Fig 31)



(Fig 32 Age on 31st March for each financial year)

	Children in Care Snapshot on 31st March		
	Age 16	Age 17	Total
2017-18	220	252	472
2018-19	212	279	491
2019-20	192	234	426

(Fig 33) New entrants into care aged 16-17 years excluding UASCs)

	New entrants into Aged – 16-17 years (excluding UASCs)		
	Age 16	Age 17	Total
2017-18	89	85	174
2018-19	94	68	162
2019-20	75	57	132

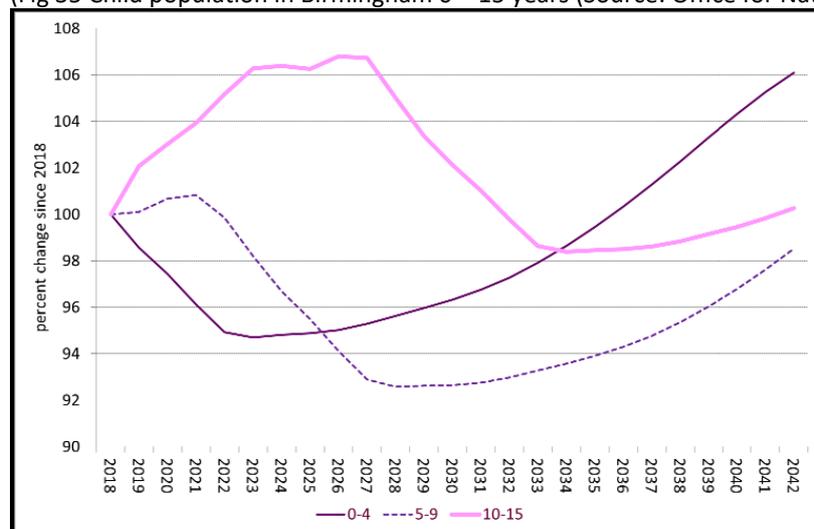
5. Forecasts

ONS and census mid-year population estimates (BCC Census Team) forecast a 1% increase in the growth of the children's population in the city by 2025. While it shows a decline in the number of children aged 0-4 years (down by 2.5%) and those aged 5-9 years (down by 5%), there is a predicted increase of 2,500 more young people aged 10-15 years (up by 3%) and 7,300 more young people aged 15-19 years (up by 9%).

(Fig 34: Census projections and CiC forecasts)

	2020	2021	2022	2023	2024	2025	Impact	
0-4ys	81,400	80,300	79,300	79,100	79,200	79,300	↓ 2100	
5-9 yrs	83,900	80,400	83,200	81,900	80,600	79,600	↓ 4,300	
10-14yrs	80,300	80,600	82000.0	82,400	82,500	82,800	↑ 2,500	9,800
15-19yrs	81,200	82,500	84,200	86,200	87,700	88,500	↑ 7,300	
Total	326,800	323,800	328,700	329,600	330,000	330,200	↑ 3,400	
<i>Forecasts assuming continued CiC rate of 67 per 10k</i>	<i>2,189</i>	<i>2,169</i>	<i>2202</i>	<i>2,208</i>	<i>2,211</i>	<i>2,212</i>		

(Fig 35 Child population in Birmingham 0 – 15 years (Source: Office for National Statistics, 2020))



The Trust's working premise is to plan around a care population stabilised at around 2,134 over the next 3 years on the basis of an anticipated 6% rise in care numbers and demand as a result of population growth including UASCs. Children aged 10-17 years represent the highest age cohort of children in care. If these projected increases materialise it could add around 9,800 more adolescents in the children's population of the City and impact on sufficiency and Trust finances given that currently that this cohort enters care at a later stage and is likely to remain in care until 18 years.

Since Autumn 2020, the Trust has been working with a CIPFA subsidiary company called C-Co which undertook an assurance and best practice review. This explored other mechanisms

to forecast future demand on services with similar results. Conversion rates from assessment, to admissions and the impact on children in care numbers between 2014/15 to 2019/20 were used and showed an average conversion rate of 5.7% in numbers coming into care over the past 5 years. Bringing together increasing population statistics, admissions and discharges trends, modelling shows the future forecast for demand on the service. Based on predicted population growth, future number of assessments can be forecast. Based on an average conversion rate trend of 5.7%, and a median range figure of 1,960 children in care for 2020, numbers of children in care admissions is forecast as follows:

	2014/15	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Assessments	11,500	11,589	11,671	11,755	11,854	11,931
CiC based on average trend line	654	659	664	669	674	679

(Fig 36: Children in Care Forecasts (Source: Birmingham Childrens Trust Medium Term Financial Plan 2020/2021)

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2025/26
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	forecast
Admissions (rolling 12 month figures)	687	556	560	564	469	473	476
Discharges	673	511	471	488	506	539	562
Net +/-	14	45	90	76	-36	-65	-86
Net % +/-	2.0%	20.0%	16.0%	13.5%	11.0%	6.0%	2.5%
CiC at Year End	1960*	2005	2094	2171	2134	2069	1983
Movement		45	89	77	-37	-65	-86
*median range figure for children care during 2020							

Some of the growth in children in care may be mitigated by an effective Early Help system which is being developed with Partners in order to avoid children having to come into care. Other measures include bolstering Family Support & Prevention, implementing the Stronger Families Programme, increasing the use of Lifelong Links (Edge of Care) and Family Group Conferencing, increasing the supply of SGOs and foster carers to minimise the need for residential care, and working with providers to keep costs down.

The impacts of Early Help interventions to manage demand will need time to work through. While this might deliver some reductions, we need to recognise an artificial low base and the need for resource to reflect a larger care population on an ongoing basis.

6. Accommodation Profile and Market Position Statement

6.1 Headlines

The Sufficiency Duty requires the Trust to have a range of appropriate quality accommodation options for children in care and care leavers. The type of accommodation where a child is placed will depend on their assessed needs.

Details of the characteristics, needs profile and forecasts of numbers of children and young people who will require suitable accommodation and support is set out in the Sufficiency Statement.

The following priority placement types are needed in order to meet the gaps in our general sufficiency needs. The Trust's intention is for as much provision to be sourced locally and to work with local providers to secure the best outcomes for young people in high quality provision, that provides value for money:

- Local authority foster placements – there is a gap around adolescents and teenagers. There is also an increasing demand for mother and baby placements and children with complex medical needs and/or life limiting conditions.
- Independent foster placements – as stated above, there is a gap for adolescents and teenagers. There is also an increasing demand for mother and baby placements and children with complex medical needs and/or life limiting conditions.
- Independent residential children's homes – there is a gap for children with complex needs, presenting as high risk and/or in complex circumstances. Some of these children would benefit from solo placements or 2-bedded provision, and most of them are unlikely to be ready for supported accommodation or semi-independently when they turn 16 years of age. They will require a longer transitional phase and step-down support arrangements post-18, and closer working with Adults services.
- Emergency/ same day placements (fostering and residential children's homes) – the gap is for flexible and robust provision that provides a 'safe space' in a regulated environment while a long-term solution for the child is developed, or a bridging placement between moves. Either option could lead to a long-term placement if the child's needs are being met and they are settled. This provision needs to be able to work quickly and intensively to de-escalate needs, so that any move-on placement gets off to a good start.
- High quality semi-independent provision with providers with demonstrable experience of delivering high quality support for young people, enabling them to build their independence skills, increase their confidence and successfully transition into adulthood and/or manage their own tenancies. This is currently not regulated by Ofsted, however CQC registered providers could be considered.
- Overnight Short breaks in fostering or residential settings for adolescents at the edge of care and children with disabilities.

In November 2019 an audit of every child coming into social care residential provision over the last 12 months was undertaken to identify the predominant need. It was identified that

- 46% of Young people accommodated features ASD
- 55% of the top 20 high cost packages features ASD

Providers must be experienced/ accredited in trauma informed practice and able to meet the following types of children and young peoples' needs:

- Criminal, gang affiliation, idolisation or sexual exploitation
- Missing from care
- Sexualised behaviour (male/female victim/perpetrator)
- Violent/aggressive or challenging behaviours
- Self-harming
- Learning Disability/Autism
- Managing a range of behaviours (e.g. substance misuse, criminality) that are symptomatic of underlying needs
- Social, emotional and mental health behaviours

Foster carers and residential staff must be resilient, well trained and supported to manage a range of children's behaviours for example: emotional trauma, neglect, poor parenting and lack of clear consistent boundaries. They must be able to robustly and proactively manage risk, risky behaviours and the triggers that may lead to disruptive behaviours which can destabilise a placement.

Providers must also be committed to working in partnership to embed a family resilience model so that adolescents and teenagers can be reunited with their families/relatives enabling them to exit care as soon as possible and prior to their 18th birthday.

For care leavers we need high quality affordable accommodation within Birmingham for young people aged 16 to 24 who are ready to move on from their care placement/supported accommodation.

The Trust is working with St Basil's on an Accommodation Pathway Support to improve transition planning for care leavers aged 17.5 years in order to progress them into their own tenancy or supported living. The Trust is also involved in a project with St Basil's on Psychologically Informed Environments (PIE) and supporting young people aged 16+ to offer them a long-term placement until they are 25, if they want it.

The Trust is working closely with the Department of Work and Pensions to ensure advance benefit claims are made for care leavers before they turn 18 and they are fully supported by Youth Employment Coaches to access education, training and employment

In addition to placement sufficiency, the following community-based services for all children including children with a disability are a priority:

- Local community play/social activities during the day/early evening (weekends, after school, school holidays) for children and young people and their families/carers.
- Peripatetic care and/or support services in the home and in the community
- Overnight short break activity- based breaks
- Personal Assistants

6.2 Profile of accommodation

The following types of provision are used by the Trust for placements of children in care

- Internal fostering (including out of hours foster carers)
- Independent Fostering Agencies
- Internal Residential Children’s Homes
- Independent Residential Children’s Homes
- Secure Units
- Semi-independent/ Supported Accommodation for 16- 17 year olds (Unregulated)

A position statement on each is provided below

Internal Fostering

Birmingham Children’s Trust’s internal fostering service is registered as an Independent Foster Agency (IFA) since the transfer of Children’s Services from the local authority on 1st April 2018.

The Trust’s Fostering Agency provides all types of placements (except remands) including ‘Connected Persons’ placements and Family Finding.

At 28th February 2021 there were 526 Foster Carers approved to take 877 placements, of which the breakdown was as follows:

Foster Care Type	No of Foster carers	Approved Places
Mainstream	364	650
EDT	6	12
Connected Person	126	169
Reg 24	30	46
Total	526	877

Out of Hours Foster Care: The Trust’s Fostering Agency is committed to providing out of hours foster care to children in an emergency for up to 72 hrs which can be extended in particular circumstances. The Out of Hours Foster Carers are expected to provide

placements to all children and young people aged 0-18 years in an emergency, who have a care plan of foster care. There are at least two fostering households with a minimum of four beds available to respond to the needs of children and young people in an emergency. The out of Hours Foster Carers are available all year around, providing cover on all national holidays, including Christmas and Easter

This is a crucial resource due to the numbers of children requiring placements outside of office hours, preventing the need for children to be placed externally whilst a suitable in-house provision is found.

Our Emergency Duty Team (EDT) system is available all year round and also provides cover on all national holidays including Christmas and Easter periods.

Independent Fostering Agencies (IFAs). The Trust recognises the need for a mixed market approach to foster care and relies on independent provision to ensure sufficiency of supply of good quality care and outcomes for children and young people, while achieving value for money. The usage of IFA placements fluctuates between 45% and 55% of the Trust's overall need.

Birmingham is part of the West Midlands Regional Fostering Framework used by 14 local authorities / Trusts in the West Midlands. Sandwell Children's Trust is the lead contracting body. The Framework comprises of 58 fostering agencies and gives access to over 11,000 independent foster carers. The framework uses a tiered approach to placements and aims to 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. Birmingham's use of 'true' spot IFA purchased placements is less than 4%.

The current framework includes arrangements for 'step down placements' to transition children out of residential care or to avoid entry to residential care for those children that can be fostered with enhanced packages of care and support.

As at 31st March 2019, Birmingham had access to 432 IFA households and 693 children were in independently commissioned foster placements.

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 additional health care needs, some requiring medical intervention and is supported by nurses on shift. Two of the homes are currently rated "Requires Improvement" and two are rated "Good" by Ofsted. The short break homes support children and young people that have short breaks plans. 80% of the cohort is aged 12 – 17 years and likely to require continuing care as they transition into adult services.

Home	Size/Bed capacity	Age range	Type of Care	Ofsted Rating
1.	12 beds	5-18 years	A specialist home providing care for children with a range of learning disabilities or additional 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, foster care or to live in the community. All children have an Education, Health and Care Plan.	Requires Improvement
2	7 beds	5-18 years	A specialist home providing short breaks / respite provision for young people with a range of disabilities, autism, emotional needs, challenging behaviours, additional health conditions and communication needs. Short Breaks are provided under section 17 and 20 of the Children's Act. All children have an Education, Health and Care Plan.	Good
3	10 beds + 6 short breaks places	5-18 years	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 and enteral feeding. Care staff work alongside nursing staff to provide the care to the young people. Short Breaks are provided under section 17 and 20 of the Children's Act. All children have an Education, Health and Care Plan.	Requires Improvement
4	7 beds	5-17 years	A specialist home providing short breaks / respite provision for young people with a range of disabilities, autism, emotional needs, challenging behaviours, additional health conditions and communication needs. Short Breaks are provided under section 17 and 20 of the Children's Act. All children have an Education, Health and Care Plan.	Good

Internal emergency residential unit (Stepping Stones)

The Trust is urgently developing an emergency residential provision for children from 12 to 18 with Emotional and Behavioural Disorder (EBD). The Trust has identified pressures in placing children who have had multiple placement breakdowns making an alternative

placement hard to find. The emergency provision will have 3 beds where children can be placed out of hours or in a situation where a placement has not been identified by the end of the day. The aim of the provision is to provide a short-term placement while a suitable long-term placement is sought.

Independent Residential Children's Homes. Placements for residential children's homes are primarily made through the Regional Residential Flexible Contracting Arrangement (FCA). The FCA Framework is a pseudo-Dynamic Purchasing System (DPS) which was established in December 2018. The contract runs until December 2021 with an option to extend for a further three years. It is the main mechanism for commissioning residential care placements across the West Midlands region and is used by 14 Local authorities/ Trusts. Birmingham Children's Trust is the lead contracting body and is the largest user of this arrangement with 60% of all placements made through the contract. This is an improvement on the previous framework where around 40% of placements were on the Framework.

The key principles of the FCA 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

The FCA 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 majority of beds are available within Category 1, Emotional and/or Behavioural Difficulties and the fewest beds are available in Category 3, Complex Health Needs and/or Physical Disabilities.

There are currently 122 providers on the FCA Framework, 602 homes and a total of 2642 beds. These are split as follows across the 4 categories of care

Category	Number of Homes	Number of Beds
1 – EBD	542	2,175
2 – LD/ASC	149	892
3 – Complex Health	22	110
4 – Mental Health	45	296

Theoretically, there is sufficient capacity (beds) within the FCA providers to cope with the numbers of children requiring residential placements, however in practice, the type of care on offer, coupled with compatibility risk assessments of other children, means that bed capacity is not always proportionate to demand across some categories of care. Over 50% of placements referral requests are for same day/emergency placements and this is a key driver of spot purchasing. Other drivers of off-contract spending include providers being unable to provide placements in the timescale needed, or due to risk and compatibility with other residents, or negative impact on their Ofsted registration. Some emergency/same day placement requests are generated by Ofsted closing or suspending registrations of children’s homes which has led to providers becoming more risk averse.

The demand and types of residential placements required from providers are:

- 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 period of 12 months or more
- Sibling placements
- Solo Placements
- Overnight/short breaks/ respite placements
- Remand/PACE beds

Quality

A key quality criteria of the FCA is that only homes that are Ofsted rated “Requires Improvement” can be accepted on the framework. If they are rated “Inadequate” they cannot join. If providers become “Inadequate” after they have joined, they are temporarily suspended from taking new placements. No placements are made with homes that are

judged Inadequate by Ofsted. Where a child is placed in a home that becomes inadequate, a risk assessment is completed by Social Workers and approved by an Assistant Director to determine whether the child is safe in that placement or whether it is in their best interests to be moved to another placement. Quality Assurance (QA) visits are undertaken by Commissioning Team as a response to feedback from young people, social workers or other professional regarding the quality of care offered in a home, or when “Inadequate” ratings or restrictions are placed by Ofsted.

Quality ratings for the children’s homes on the FCA (as at July 20) are as follows:

- 91 are rated Outstanding
- 345 are rated Good
- 91 are rated Requires Improvement
- 13 are rated Inadequate
- 15 are newly registered and awaiting inspection
- 43 are Welsh Homes and have a different rating system

The majority of residential placements in the region are operated by the private sector (87%) while 9% are local authority-run children’s homes and only 3% are run by the voluntary sector.

Data provided by Ofsted in February 2020 shows there are 61 private children’s homes registered in Birmingham with a total of 227 beds. 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.

Flexible commissioning and contracting for residential placements

Birmingham Children’s Trust has recently exited 2 block contracts and intends to use the learning from these to develop more flexible commissioning arrangements with local providers. Lessons learnt about some of the constraints of the block arrangements include

- Mismatch between Statement of Purpose for the block homes and increasing complexity of need of cohorts of children requiring residential care, creating inflexible response.
- Lack of crisis, bridging or short-term assessment facilities prohibiting emergency or same day placements, or RLAA, PACE placements
- As block beds were attached to fixed homes, placements could not be made even though empty beds were available in those homes, due to compatibility issues with existing residents or the skills mix of staff. This increased the unit cost of beds and did not deliver value for money.
- Additional charges were often incurred for additional staffing or other support which also increased the unit cost of care and did not offer value for money compared to non-block contracted beds.
- When homes were closed/ suspended by Ofsted due to quality or compliance issues, the Trust lost out on capacity and had to pay for beds elsewhere as access to block beds was restricted.

As a result, the Trust has embarked on a process of market engagement to explore the strengths and weaknesses of different forms of “soft-block arrangements” or flexible commissioning. This will be underpinned by improving strategic supplier relationships and market engagement, particularly with local providers. The focus of the engagement is to embed a collaborative partnership approach to placements that provides high quality, outcome-focussed, stable placements in the City for young people, while offering sufficiency, choice and value for money for the Trust. The following cohorts are prioritised for this partnership approach with the market

- Children in challenging circumstances who have experienced multiple breakdowns,
- Children with antagonistic/aggressive behaviours, often with underlying SEND or Mental Health needs
- Children requiring solo or emergency placements

Supported Accommodation/ Semi Independent Living

Supported Accommodation is used for children in care aged 16-17 years who are ready for semi-independent living and to prepare them for leaving care. The Trust is part of a regional framework, managed by Staffordshire County Council and has access to over 83 providers who have a range of properties across the West Midlands, and some nationally. In Birmingham there are 29 known providers between them running around 53 properties in the city. The Regional Framework is due to expire in mid-2021 and the procurement of a new framework is planned for March 2021. The Framework is well used for children in care and UASCs with 82% of all placements for 16-17 year olds requiring supported accommodation, being made on the framework.

While sufficiency of Supported Accommodation is not an issue and there is a steady flow of new entrants to the market. There is a significant number of spot providers in the City who are not part of any contract. 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.

Data for August 2020 showing current placements made by area social work teams identifies Category 5 as the most used category with 47% of all placements followed by 20% for Category 1; there is sufficient supply of Category 5 locally. 75% of Category 5 placements are within Birmingham, 21% are within the wider West Midlands and just two placements are outside the West Midlands; both were specific requests for placements outside of the West Midlands to meet the needs of the young people. This is a similar profile for all categories. 77% of Category 5 placements were made on the framework.

Short breaks

Since 2011, local authorities have had a duty to provide Short Breaks. These are family-based support services for disabled children and their families to help them manage

pressures and prevent crisis. They include overnight residential stays in our internal Disabled Children's Homes, weekend clubs, holiday schemes, family based or contract care (fostering short breaks) and short breaks offered within the home, leisure and play services and home-based services such as sitting and befriending. The Trust's Short Breaks Statement can be found at

[https://www.birminghamchildrenstrust.co.uk/downloads/download/34/short_breaks_statement_2020 - 2021](https://www.birminghamchildrenstrust.co.uk/downloads/download/34/short_breaks_statement_2020_-_2021)

Intensive Family Support is a city-wide specialist service for disabled children and their families referred by Disabled Children's Social Care where a range of emotional, social and behavioural difficulties, compounded by the stress of caring for one or more disabled children is impacting on positive family functioning

There is a high demand for short breaks services for carers of children with autism and challenging behaviour as well as for children with substantial disabilities and complex needs.

The Trust currently commissions annual capacity for around 3000 children and young people to take advantage of short breaks across the City

7. 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 2021/22 This overspend is attributable to the increased use of independent residential, foster care and high-cost supported accommodation for children requiring more intensive support or longer term support with transition. 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 1: Financial Breakdown

Category	Spend (£m)							
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21**
Internal fostering	21.0	18.0	17.0	16.7	17.4	17.4	17.1	17.6
External fostering	22.2	23.6	26.9	24.7	25.3	26.5	27.1	25.7
Internal residential	11.2	9.7	9.1	7.6	5.8	5.4	5.3	5.4
External residential	15.2	20.1	20.1	24.9	27.1	29.3	28.5	28.3
Supported Accommodation	3.1	3.5	5.2	5.0	5.1	5.1	6.3	8.5
Total	72.7	74.9	78.3	78.9	80.7	83.7	84.3	85.5

Category	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Average External Residential (Mainstream)	2,589	2,636	2,960	3,369	3,345	3,706	3,854	4,280
Average Residential Block (Mainstream)	2,328	2,328	2,328	2,632	2,632	2,558	2,636	3,620
Average External Residential (Disabilities)	2,653	2,657	3,229	2,996	4,299	3,320	2,622	3,320
Average Internal Residential (Disabilities)	3,074	3,464	3,450	3,480	3,482	3,911	4,074	4,074***
Average External Fostering (Mainstream)	753	728	739	728	731	733	731	733
Average External Fostering (Disabilities)	835	838	748	829	815	612	597	612
Internal Fostering			443	534	499	510	506	531

Notes

** NIG0 & M1J0- subjective only / UASC includes Staying Put

*** 20-21 assumption based on 19-20 actual cost

8. Commissioning Intentions

We recognise that there is a combined duty on the Trust, commissioned providers and partner agencies to deliver better outcomes for young people, as well as securing efficiency, cost avoidance and savings opportunities, on the demand and supply side.

Demand:

- An effective, multi-disciplinary Early Help system across the city can meet need and support families without needing to refer on to the Trust. The Trust can then also reposition its Family Support resources to offer more intensive services to families at greater and more immediate risk of breakdown, avoiding unnecessary care admissions
- Investing in targeted Family Support: reallocation of resource, combined with DfE Supporting Families funding, to increase the reach and scope of our Family Group Conferences, enabling families to make decisions and find solutions for their children and young people; investment in targeted family support in the community, supporting the most vulnerable families
- Developing our multi-agency Contextual Safeguarding Hub: supporting families and communities to keep young people safe when at risk of exploitation

Supply:

- Increased and improved marketing and recruitment activity leading to a rise in the number of Trust foster carers and adoptive families for our children
- Improved contract management and care commissioning for children and young people
- Increased contributions to placement costs from partners (NHS, Education) reflecting a more equitable share of responsibility
- Providing in-house supported accommodation rather than purchasing placements from the private sector

In light of the above analysis and identified challenges the following represents the key areas of commissioning activity that will form the basis of the Trust's priorities for the following 2 years.

Regional Adoption Agency (RAA)

Under the direction of the Secretary of State local authorities are required to establish Regional Adoption Agency. The Trust's size and sufficiency challenges has meant the local region has declined the opportunity. DfE are supporting an innovation to work alongside a well know VAA.

The Trust is undertaking a procurement exercise, to be concluded by Summer 2021 to secure a VAA collaborative partner to establish a Regional Adoption Agency for Birmingham. The aim of the model is to combine the efficiencies and commercial acumen of a top performing VAA with the secure and predictable revenue stream of a Trust/LA. This will enable greater levels of confidence in terms of innovation, development and delivery.

Supported Accommodation

There are recognised challenges in terms of transitions and costly provision for young people 16-18. There is however opportunity to commission alongside adult services to secure, cost effective and high quality 14-25 pathway to ensure better outcomes for young people leaving care. This will reduce the cost and improve outcomes for these young people at the most critical time in their care journey.

Transforming Residential Care

It is recognised that the current methods of buying care is driven by the market on a bed to bed basis which does not incentivise providers to promote the most appropriate low tariff options for young people in care, particularly those that would have an opportunity to thrive within family based care. It is also evident that block contracts merely pass on the risk of under occupancy and when the dis-benefits of vacancy rates are calculated they do not represent value for money. More generally too many young people experience too many care settings eroding any chance to secure a sense of connection and belonging. Therefore an alternate means of commissioning care and building sufficiency is required.

The model will ensure that young people accommodated in emergencies and presenting high risk on admission can occupy a single bedded home but begin to develop the relationships necessary to transition to the community setting and then to foster care where appropriate.

There will also be a need to commission more broadly against identified need. This will include children with ASD. Big contracts with big providers have not worked well for BCT. The aim now will be to retain smaller proportions of providers' estates but on a larger footprint, thereby spreading the risk and creating a local footprint that can be more dynamic and responsive to the various cohorts of need, and reduce the potential for voids due to issues of placement compatibility.

Fostering Sufficiency

The current recruitment of carers has marginally crossed the line into a net gain position but there remains a significant reliance on independent fostering agencies which account for over 50% of children in foster care. This service does not represent value for money.

The proposal is to support improvement across the fostering service prioritising the need to overcome regulatory inspection which is anticipated early into the new year. This period will give an opportunity to test the extent to which recruitment can be resuscitated. Targets have been set and are tracked via monthly assurance meetings. If performance does not reach these targets or shows no sign of impetus commissioners will go to market to identify an alternative delivery model.

Early Help Development

The Birmingham Children's Partnership Board has identified that there is a significant increase in the need for targeted support provision for children and young people with additional needs in Birmingham. The trigger(s) or incident(s) that makes these children visible can be one or more of many issues, including:

- Exclusion from school
- Special Education Needs and Disability (SEND)
- Mental health issues
- Children and young people involved in crime including gang-related offences such as knife crime
- Exploitation (sexual, labour, county lines)
- Neglect
- Increasing number of young people in care
- Increasing number of children subject to child protection plans

To meet rising demand and the increasing complexity of need within the local area for children and young people with additional needs, there is a requirement to reform the existing Early Help and Prevention operating model across statutory partners, as the current model is no longer sustainable or fit for purpose.

The proposal is to transform existing arrangements for early help and prevention services, reducing the demand for higher-cost interventions for vulnerable children, young people and families by locality-based services and targeted support for our most vulnerable residents.

To meet emerging need and demand it is necessary to develop a new early help and prevention operating model for statutory partner agencies, not just to improve outcomes for vulnerable children, young people and families, but also in light of ongoing financial and service demand pressures.

Children in Care Well Being and Mental Health Offer

Navigating mental health services for children and families is often complex and challenging – the situation in Birmingham is further complicating by the size of the system and the number of agencies that have a stake in commissioning and providing mental health services. Too often the service is patchwork and postcode-orientated or relies on the strength and perseverance of parents and professionals to overcome barriers and navigate the journey.

It is recognised that there are a small number of young people that present with high levels of risk within the context of trauma and poor mental health. This cohort rarely assess as meeting the threshold for inpatient care but challenge the social care system in meeting their needs and keeping them safe. These young people arise infrequently but when they do they expose our system deficits and come at great cost.

The Trust is engaging in collaborative discussions to strengthen well-being and mental health provision for children in care, where possible aligning our services with other key

providers such as Forward-Thinking Birmingham (FTB). The Trust is committed to working closely together with all partners to develop a model that works to support this group and prevent or prepare better for the crisis – averting the need for admission to Tier 4 beds or residential care.

The aim is to introduce a well-being and mental health offer that delivers an integrated pathway of early support and therapeutic interventions for children in care, taking stock of current investment across health and social care and opportunities that exist across the Trust’s internal Therapeutic Emotional Support Service.

Action plan

In light of the above analysis and identified challenges the following represents the key areas of commissioning activity that will form the basis of trust priorities for the following 2-3 years.

Trust Priorities	Initiatives	Objectives	Lead	Next Milestone
1. Sufficiency and supply	IROC Facility	Business Case to deliver an Ofsted registered residential facility, jointly commissioned with FTB, to support young people on the cusp of tier 4/ secure care	DS	30/09/2021
	Internal Emergency Residential Provision	Full Delivery of an in-house emergency residential provision	LJ	30/09/2021
	Flexible Marketing arrangements	Develop market management activity and deliver suite of flexible contracting arrangements to achieve better value purchasing.	NS	30/07/2021
	Integrated Brokerage	Business Case to establish more collaborate placement commissioning & pooled budgets with BCC and CCG in response to high cost tri-partite arrangements	LJ	30/09/2021
	St Basils Pilot (PIE/ Supported Accommodation)	Establish an arrangement with St Basils to deliver high quality, cost-effective supported accommodation using Psychologically Informed Environments.	NS	01/07/2021
	Foster Care Recruitment	Refreshed Recruitment plan - Increase the net recruitment of foster carers to 39 per annum	LJ	28/02/2021 (complete)
2. Service Development	Fostering Development Plan	Develop and deliver plan of improvement across fostering services	LJ	31/01/2021 (complete)
	Regional Adoption Agency	Deliver a Regional Adoption Agency in Partnership with a procured VAA.	CB	31/10/2021

	SGO Support Team	Establish dedicated team and associated support offer for special guardians	LJ	01/04/2021 (complete)
	Domestic Abuse Work Programme	Review trust and partnership arrangements and associated resource allocation in response to domestic abuse	GT	30/06/2021
	IRO QA Program	Develop and deliver a systematic program of QA activity to support practice oversight and improvement.	GT	28/02/2021 (complete)
	Disabled Children's Services Review (Children First Project)	Scope of short breaks offer to be defined - Review and deliver improved services for children with disabilities and the associated residential offer.	LJ	30/09/2021
	Family and Friends Team	Proposal plan and delivery to develop and deliver dedicated team for family and friends' assessment and support	LJ	30/06/2021
3) Corporate Parenting	Children in Care Wellbeing and Mental Health Offer	Through Trust and FTB collaboration deliver a more comprehensive and accessible Mental health and wellbeing offer to looked after children.	GT	30/07/2021
	Apprenticeships offer	Establish a clear and outcomes focussed apprenticeship offer for children leaving care.	Lisa J	30/05/2021
	Participation Strategy	Develop and deliver a trust wide participation offer, engaging the voice of young people and stakeholders in all that we do.	Lisa J	30/06/2021
	Birmingham's Biggest Family	Establish charitable entity to legitimately attract and distribute the good will and resource of partner organisations across the city.	Lisa J	31/03/2021
	Develop and implement an effective Power BI intelligence platform	Develop the capability of Power BI to provide predictive analysis and forecasting data for commissioning and service design	NS	30/09/21
	Develop the 'Trust offer' to ensure that Trust employees and partners understand the services and support that is available to children and families.	Develop intranet pages which houses info on all commissioned services (BCT/ BCC), providers, referral routes and points of escalation.	NS	30/06/21
		Strengthen the interface between commissioned services and Practice	NS	Ongoing
	Implement the recommendations of the C.Co review.	Use CiC admission numbers/ trends to forecast demand	NS	Complete - included within Sufficiency Strategy

		Gather detailed analysis re: emergency/ same day placements to inform practice/ commissioning development	NS	30/07/21
		Use BCT information and intelligence, alongside LA and partner agencies data to improve forecasting of volume and type of demand for care.	NS	30/09/21 - via Power Bi developments
		Review pricing mechanisms of the FCA to introduce more competition	NS	30/07/21 – via market engagement work and FCA review
		Engage and work with providers to develop market solutions to emergency provision	NS	30/07/21 – via market engagement work