Placement Sufficiency and Commissioning Strategy for Children in Care in Birmingham 2016-2019

Providing the Right Support and Accommodation at the Right Time for Children in Care or on the edge of care
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1. Introduction

This Strategy sets out how Birmingham City Council 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 Sufficiency and Commissioning Strategy ensures that the Council:

- 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 the appropriate 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 (2015)
- Birmingham’s Care Leavers’ Strategy (2015-2018)
- Fostering Service Annual Report (2015-2016)
- Adoption Service Annual Report (2015-2016)

The Strategy serves as a single plan that covers requirements for the Children in Care Sufficiency Duty and the Children in Care Strategy. The document will be refreshed annually.

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
- 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, an adoption order is granted or their parents resume parental responsibility. The Children (Leaving Care) Act 2000 extends the local authorities responsibilities to care leavers up to the age of 21, or 25 if they are in full-time education.

**Please note that for the purposes of this report, all data referred to in this document has been collated on the snapshot dates of 31st March 2015 and 31st March 2016 – unless stated otherwise.

Links to other plans

Birmingham’s Corporate Parenting Strategy 2016-18 presents how we intend to improve the outcomes for our children and young people in care, those who are adopted and care leavers. It lists the actions that are to be completed during this period.

Birmingham’s Care Leavers Strategy 2016-18 sets out how we will improve outcomes for this vulnerable group through improving pathway planning for all children in care and embedding the Barnardo’s Care Leaver’s Pathway.
2. 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.

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 on Child Protection Plans and their families, and 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 look after those children and young people for whom being in care is the only 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 vast 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.
• 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.

3. Corporate Parenting Pledge

Birmingham’s Corporate Parenting Pledge sets out Birmingham’s commitment and responsibilities as a corporate parent, 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.

Our Pledge Is:

• We promise to involve you in decisions that affect you and to listen to your views.

• 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

• We promise to make sure that you have every opportunity possible to achieve your best at school

• 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

• We promise to take care of your health and encourage you to be healthy

• We promise to provide you with a good and clear assessment of your needs and an up to date Care Plan.

• We promise that we will do our best to find you the best possible place for you to live

• We promise we will help you stay in touch with your family, friends and other people who are important to you

• We promise we will listen to what you have to say

• We promise to work with you and give you all the help and support you need to successfully move from care to adult life
4. Demographic Context

Birmingham is a young, large and diverse city of 1.1 million people. Over 45% of the population is aged 30 or under. Its 0-19 age group makes up 29% of the total population, equivalent to 316,683 children and young people. 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%). Despite this level of growth, this age band is and looks to remain the smallest of the bands in this population group.

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 of 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 (Fig 3).
5. Children in Care Profile

In line with the national picture, Birmingham’s Children in Care (CiC) population reached 1,970 in April 2015. Due to more relationship-based social work with families, this figure has reduced to 1,817, by 31st March 2016, representing 0.6% of all children.

**Children in Care Rate per 10,000**

As of 31st March 2016, the rate of Children in Care was 66 per 10,000, compared to 72 per 10,000 for the same period in 2015. It is higher than the national average for 2015 which was 60 per 10,000 for England, but is lower than the average for our statistical neighbouring authorities where the figure was 79 per 10,000 in 2015. National figures for 2016 CiC population are not available until Autumn 2016.

There are marked differences in the rates within each of the three geographical 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.

**Fig. 4: rates of CiC per 10,000 (31st March 2016)**

<table>
<thead>
<tr>
<th>Rate of CiC per 10,000 of population</th>
<th>Mar-15</th>
<th>Mar-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>61</td>
<td>55</td>
</tr>
<tr>
<td>North West &amp; Central</td>
<td>57</td>
<td>48</td>
</tr>
<tr>
<td>South</td>
<td>95</td>
<td>87</td>
</tr>
<tr>
<td>City Total</td>
<td>72</td>
<td>66</td>
</tr>
</tbody>
</table>

**Age distribution**

The largest cohort of children in care continues to be the 10-15 age group, representing 38% of the total children in care population. 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 of unaccompanied asylum seeking children (UASC). The Council will need to consider the growth of this particular age group in their commissioning activity over the next 12 months both to prevent entry into care and secure appropriate accommodation if they do come into care.

When compared to Birmingham’s statistical neighbours and the England average, the age profiles for the City are very similar with no notable differences.

**Gender**

In respect of gender, the proportion of boys to girls has remained steady. There are slightly more boys than girls in the care population: 54% compared to 46% as shown in Fig 6 and 7. However this pattern is reflective of the overall 0-17 population in the City.

There are fewer boys in the Birmingham care population compared to statistical neighbours and the England average with a difference of 5.5% and 7.3% respectively.

With regards to placement choices, boys and girls are placed in almost equal proportion in internal fostering provisions. However, within the period analysed, 138 boys were placed in external residential care whereas just 42 girls were placed in this kind of accommodation. This is a large disparity in relation to the relatively small difference in numbers between the two genders. This can partly be attributed to the levels of aggression and challenging behaviours presented by some of these young males. It is also 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 males in the care system. Further research is required by the Council to clarify the reasons for this disparity.
Ethnicity

The ethnic profile of children in care differs to that of Birmingham (Fig. 8). 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. In comparison, the profile for Asian children in care is less than half that of the city profile. 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.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Mixed</th>
<th>Asian</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Care</td>
<td>52%</td>
<td>19%</td>
<td>11%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Birmingham* Total</td>
<td>43.40%</td>
<td>9.00%</td>
<td>34.20%</td>
<td>10.60%</td>
<td>2.80%</td>
</tr>
<tr>
<td>England CIC Total</td>
<td>78%</td>
<td>9.00%</td>
<td>4.00%</td>
<td>7.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>England total</td>
<td>85.97%</td>
<td>2.18%</td>
<td>7.51%</td>
<td>3.33%</td>
<td>1.01%</td>
</tr>
</tbody>
</table>

*Data above shows a breakdown of Birmingham 0-19 population (Census 2011) and DFE (as at March 2015).

Legal Status

At 31st March 2016, 11% of Children in Care were on interim care orders, compared to 14% in 2015. 52% were on Full Care Orders compared to 42% in 2015 and 24% were voluntarily accommodated under s20, compared to 26% in 2015. This pattern is very similar to Birmingham’s statistical neighbours and the England average. 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 that are based on mediation and restoration should be able to prevent more family breakdown amongst adolescents.
Admissions

Across recent years, there has been a fairly consistent pattern of new admissions. The numbers involved has fluctuated between 935 in 2014/15 and 751 in 2015/16. For the 15/16 year to date, the broad percentage split has stabilised, albeit with an increase in the 15 and over age group (including growth in UASC), but the increased challenge and support to entry into care has seen admissions drop in 2015/16.

Length of time in care

Between the period 1st April 2015 – 31st March 2016, 2678 children spent some time in care, with many entering and leaving the system after a short period of time where effective change has been facilitated within the family. 23% of children remain in care for less than a year. This demonstrates that for many children, young people and families, being in care offers a short term solution for difficulties they may be experiencing.

In contrast, 33% of young people that come into care remain for five years or more. This suggests that for many children and young people, 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.

<table>
<thead>
<tr>
<th>Length of time in care</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>423</td>
<td>23%</td>
</tr>
<tr>
<td>1 year to under 2 years</td>
<td>364</td>
<td>20%</td>
</tr>
<tr>
<td>2 years to under 3 years</td>
<td>183</td>
<td>10%</td>
</tr>
<tr>
<td>3 years to under 5 years</td>
<td>246</td>
<td>14%</td>
</tr>
<tr>
<td>5 years and over</td>
<td>601</td>
<td>33%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1817</td>
<td>100%</td>
</tr>
</tbody>
</table>

Fig. 11 Length of time in care
The data illustrates that of the 697 children that are in care for over 5 years, 55% are aged 10-15 and 26% are 16-17 years. Equally of the 423 that are in care for less than a year, 79% are under the age of 16 years.

Further analysis of the 10-15 year old cohort that have been in care for over 5 years shows that 50% were accommodated in external fostering and 35% were in internal fostering. 8% were placed in external residential and only 3% were in internal residential homes. The vast majority first came into care around the ages of 5-9 years (39%) and 10-15 years (38%). Of those in care for over 5 years, 20% of them had been in a stable fostering placement during this time.

This data shows there is scope to improve reintegration home for those in care for less than 2 years. In addition, greater emphasis needs to be placed on permanency planning for 5-9 year olds and 10-15 year olds in care for more than 5 years, and not just those aged under 4 years as is currently the case.

**Reasons for children coming into care**

The main reason for a child going into care is abuse or neglect, both for Birmingham and England. The current data would imply that 75% of children who come into care in Birmingham do so due to abuse or neglect. However, the council understands that this is an approximation as there may be some data anomalies due to the way in which we capture this information. However, this figure is still estimated to be above the England average of 42.7%. The council are working with key stakeholders to improve the way in which we collate this information in future.

**Unaccompanied Asylum Seeking Children (UASC)**

Birmingham has a duty to assess and accommodate anyone entering the City as an UASC. As of 31st March 2015, Birmingham had 13 unaccompanied asylum seeking children accommodated. This has seen a significant increase in the period analysed.

As at 31st March 2016 there were 72 UASC young people accommodated. Another 9 Young People transferred to the 18+ service and there were 4 Young People aged 18+ where there was an age dispute. 38% of those accommodated were under the age of 16.

In March 2016, the majority of unaccompanied asylum seeking children and young people were placed in supported hostel accommodation. However, 36 young people were placed with foster carers and 2 are in residential children’s homes.

Birmingham is currently working towards accommodating young people where appropriate in host families to assist with integration into the community.

The National UASC Transfer Protocol introduced in July 2016, is set to increase the number of UASC coming into the City to approximately 198 per year. This increase will need to be accommodated through the commissioning of appropriate and value for money services following an assessment of need and appraisal of options for this group of vulnerable young people.

**Child Sexual Exploitation**

There has been a steady increase in children in care that have been assessed as being at risk of, or have been subjected to Child Sexual Exploitation (CSE). The level of risk is assessed and reviewed by a multi-agency team following a MASE (Multi Agency Sexual Exploitation) meeting. A contract with the Children Society delivers return interviews for young people who go missing.

The CSE profile for looked after children and young people as at 31/3/16, shows that there were 85 young people that were looked after and had a current risk of CSE. This consisted of 84% females and 16% males aged between 12 and 17 years old. 45% of these young people were placed in children’s homes, 28% in foster care, 26% in supported accommodation and 1% at home placed with parents. It is noted that no males with a risk of CSE were placed in foster care.

The largest group (20 young people) were placed in children’s homes outside of the City. The next largest group (16 young people) were placed in supported accommodation within the City.

Further research and service design will need to be undertaken by the council with regards to the types of placement that are available locally to those young people who are at risk of, or involved in CSE, including their placement trajectory and return to the City.

**Disabled Children**

As of 31st March 2016, Birmingham had 78 disabled children in care, allocated to the Children’s With Disabilities Team. This a reduction compared to the same point in time in 2015, when the total was 90. This reduction is likely to be linked to a change in legislation around the way in which respite arrangements are administered.
On 31st March 2016, 50% of children in care with disabilities were placed in appropriate foster placements. This is an increase compared to 2015 when the figure was just 44%. This may be in part, due to the increase and diversity of carers available through the Regional Fostering Framework Agreement. Birmingham is continuing to build the market around packages of care for these young people and hope to see this increase further.

**KEY MESSAGES:** The data suggests an important narrative for social work and placement practice

- Almost 60% of children in care are aged 10-18 years.
- 38% are aged 10-15 years and 21% are aged 16-18 years
- 55% of 10-15 year olds stay in care for more than 5 years and 20% of these are in stable fostering placements
- Of the cohort of 10-15 years that are in care for over 5 years, 11% are accommodated in residential care (8% external and 3% internal). 39% of them came into care between the ages of 5-9 years and 38% were aged 10-15 years.
- 10-15 year olds also represent the highest group on Full Care Orders and the use of FCOs is growing.
- Three times as many boys than girls are placed in external residential care while more girls than boys are placed in external fostering.
- While there is no gender demarcation within internal provision, there is a need for these services to build capacity to meet the accommodation needs of 10-15 year old boys.
- The increased cohort of 10-15 year olds represents a future demand for Supported Accommodation which is already stretched and needs to grow both to meet demand of care leavers and the potential increase in UASC
- 10% of CIC are in residential care, higher than the national average of 8%.
- 48% of children in foster care are in internal placements and the trajectory is improving so that we achieve 75% like other good Local Authorities.

### 6. Placements Profile

The data analysed illustrates the greater use of family-based care with 81% of children placed in family settings including 66% placed with foster carers (internal and external). Of the children placed in foster care, only 48% are placed with internal foster carers while good authorities achieve 75%.

It is worth noting that there are a larger number of placements with external providers than within the council’s internal provision. Fig. 13 provides a breakdown of this information. Placements with external providers are significantly more expensive and therefore, we acknowledge the need to consider ways in which internal services can be utilised more effectively.

However, in order to seek better value for money for external placements Birmingham has recently tendered a block residential provision for a total of 30 beds to Priory Education Services Limited, a block contract for 19 beds through Meadows Care and also led on a Regional Fostering Framework Agreement, which has led to an overall decrease in the price of external arrangements.

**Fig. 13: Number of young people placed in each placement type.**

The data illustrates an increase in the use of Supported Accommodation arrangements. This has seen a 250% increase over the period analysed. Over one quarter of children aged 16 or over who are in care are placed in Supported Accommodation provision. These are often vulnerable young people with disrupted care histories, young people who have presented as homeless or, unaccompanied
asylum seeking young people. Often young people placed in this type of provision are not yet fully ready for independence and require additional support. 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)

The lack of regulation in supported accommodation placements is a concern for the authority. Therefore in addition to quality assurance work that will be undertaken to ensure the quality of this type of provision, there is also a need to further explore the possibility of regulated, cost effective, family based placements including Shared Lives for some of these young people. For those whom supported accommodation is deemed as the most appropriate option, the council will continue to work towards commissioning individually tailored, value for money support options for these young people.

**Bail and Remand**

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.

Since 2015, Birmingham has seen a significant increase in the number of bail and remand places required. In 2014/2015, 11 young people required a bail and remand placement, in 2015/2016, this number increased to 23, which is an increase of 109%. Birmingham has commissioned capacity through its block contract with Meadows Care and the Council will continue to monitor demand for these services closely. Further data is being collected nationally through the central placement portal for secure beds and with our regional partners.

There is also a demand for PACE beds and with the remit of Police Custody Suites changing, there is a need to explore options with EDT foster carers about meeting the overnight requirements of this cohort of young people.

**Location and distance from home**

The graphic indicates the distribution of children's placements as at 31st March 2016. It is the case that 84% of Birmingham Children in Care placements are made close to home (58%) or within a 20 mile radius but outside of the City (26%) and that this is better than the rates for England in terms of placements close to home and on a par with statistical neighbours. Only 7% are placed much further afield. Where children are placed far from home, this can only be justified by a child’s need for a specialist placement. The analysis shows that foster care placements with independent providers are largely placed within 20 miles. 7% of children are adopted and therefore we are unable to map this group.

**Placement Stability**

The majority of children in care have experienced one placement in the last year. In the period analysed, 9% of young people experienced more than 3 placement moves. However, we acknowledge that this figure may be higher due to the way in which this information is recorded. The cases of the children who have experienced more than one move are monitored carefully, to understand the reasons and from this analysis information is used to inform future placements, with the aim of keeping these to a minimum. Some funding has been secured through the Local Government Association to identify young people who have experienced a number of breakdowns to enable us to undertake some work to stabilise these young people in placement.
7. Provision and Market Analysis

In Birmingham, there is a broad range of provision which is available across the city and is provided by both the local authority and private sector. The Council will continue to work with providers alongside regional partners to expand what is available, to meet the diverse needs of the children in our care. The provision includes:

The internal fostering service has 650 registered places. The council intends to grow this capacity through a 3 year plan to recruit sufficient foster carers to make net gains from September 2016 of 8 new beds per month, rising to 9 from September 2017 and to 12 from September 2018. There is a specific focus on recruiting carers who are able to manage a variety of needs and age bands. Internal foster carers are able to access the Therapeutic Emotional Support Service (TESS) which aims to support placement stability.

As outlined earlier in this report, Birmingham led on the development of the West Midlands Regional Fostering Framework. This is delivered in partnership with 13 other West Midlands local authorities, comprising of 68 fostering agencies and giving 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. 34% of all placements were sourced by independent fostering agencies in 2016. The new 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.

The Council has ten internal residential homes of which 5 are for disabled children (including 3 respite homes) and 5 mainstream homes. The mainstream homes have a capacity for 30 beds, and have recently been tendered to be run by an external provider, Priory Education Services Limited. The contract with Priory will improve quality and reduce costs as the contract manages occupancy rates through a reward payment scheme directly connected to occupancy levels.

In addition to the above, the Council has awarded a block contract to Meadows Care to deliver 5 small residential homes with capacity for 19 beds. One home is dedicated to provide 4 Bail and Remand beds. This contract also manages occupancy rates through a reward payment scheme directly connected to occupancy levels. It is a retendering exercise of a previous block contract which was awarded to Advance Childcare for a similar number of beds. As these homes are all still operational within Birmingham the awarding of a contract to a new supplier is resulting in an increase to the provision within Birmingham that is available to Birmingham children. The Council also has the option to purchase specialist residential beds through the West Midlands Residential Framework and spot purchase arrangements, including 38 homes based in Birmingham.

The Council 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 therefore been developed to support young people to move...
out of residential care into therapeutic fostering. This is a Payment by Results programme funded by the Cabinet Office and Bridges Venture. In the first year, 11 young people were successfully transferred which in addition to allowing these children to live within a family based setting, has also delivered estimated savings of £646k.

Birmingham currently operates 5 internal disabled children’s homes. Three of these provide long term care. Two homes are dedicated exclusively to providing respite care/ short breaks supporting families with their caring responsibilities and preventing the admission of children into care.

Birmingham also commissions 22 external residential placements for children in care with disabilities whose needs cannot be met through fostering or Birmingham’s internal provision, 18 of these have joint funding with health and education. Joint funding is agreed through Birmingham Children’s Complex Care Panel where a local offer cannot be identified for the young person.

8. Financial Analysis

General

Over the past 3 years BCC expenditure on placements for looked after children has consistently exceeded budget, and further overspend (against budget) is anticipated in 2016/17. This overspend is attributable to the increased use and so overspend on the core categories of placement – independent residential and foster care.

Total spend and Unit Costs

The Council will continue to focus on the unit costs of placements, within the context of focussing on quality of provision, improving value for money and delivering the best outcomes for young people.

<table>
<thead>
<tr>
<th>Category</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal fostering</td>
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<td><strong>Internal Fostering</strong></td>
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9. Commissioning Intentions and Action Plan

**Edge of Care Services**
- We will focus on prevention of entry into care, improving the consistency of decision-making and driving the effective use of edge of care services including interventions such as Family Group Conferencing, MST and Think Family.
- We will continue to seek to reduce the numbers of Children in Care by offering more support to enable children to remain safely at home or to return home where it is in their best interests.
- We will further analyse via case studies, reasons why children in Birmingham enter care and the circumstances that led up to this, in order to identify trends and patterns which could inform future practice with a particular focus on the older children/young people coming into care.

**Meeting Specialist Needs**
- We will work closely with providers particularly to develop local and appropriate provision for young people that are at risk of CSE, self-harm and risky behaviours, and endeavour to improve outcomes for these young people.
- We will work closely with the Council’s SEN service and NHS Commissioners to procure and jointly fund the best resources for children with disabilities, conduct disorders and mental health.

**Improving quality**
- We will work to develop a quality assurance framework to continue to manage and monitor quality and establish “What good looks like” in Fostering, Residential and Supported Accommodation services.
- We will work closely with residential providers to improve quality and standards through regular Quality Assurance visits, Regulation 44 visits and visits undertaken by Elected Members. This includes working closely with other Local Authorities to monitor provision where Birmingham has children placed outside of area.
- We will continue to monitor, support and develop our in house residential children’s homes for disabled children and the linking to external residential providers in Birmingham, including sharing good practice and training.
- We will ensure that the internal fostering service and contracted external foster care provision is subject to the same scrutiny of performance and quality.

**Increasing Placement Capacity**
- We will seek to increase our use of family-based options such as foster care and reduce our reliance on residential care for young people.
- We will continue to improve our internal fostering recruitment and retention so that over 60% of foster care placements are in-house.
- We will improve the support, capacity and training of the internal fostering service and recruit more carers that can meet the needs of teenagers, UASC and young people who present with challenging behaviours, in particular 10-15 year old boys and those on bail or remand.
- We will explore options with EDT foster carers to meet the demand for overnight accommodation for those young people referred through PACE.
- We will maximise capacity and value for money through the Regional Fostering Framework
- We will develop better support for foster carers and children in care through access to TESS and increased access and availability of training and development options.
- We will continue to work with Core Assets to deliver increased referrals to the “Step Down Foster Care” programme, providing opportunities for children to move out of residential care and benefit from systemic therapeutic fostering.
We will continue to work with Priory Education Services and Meadows Care to ensure efficient use of residential beds delivered through the two contracts, ensuring a targeted approach to the allocation of residential beds for those young people who need residential care.

We will work with Priory Education Services Ltd to secure “placement of last resort” at capped prices, for the most vulnerable children who are hardest to place.

We will monitor occupancy of all areas of provision including Remand and Supported Accommodation, and continue to review on a regular basis, the cost of various types of provisions against delivered outcomes and placement stability.

We will work closely with Department for Communities and Local Government (DCLG) to implement and design services for care leavers that meets good practice set out in the Barnardo’s Care Leaver’s Pathway.

We will explore external funding opportunities and social finance to further develop innovative options that will deliver placement stability and support more children in residential care to step-down into family based care.

**BCCP – Birmingham’s Complex Care Panel**

We will continue to strive to work in partnership with education and health colleagues and stakeholders with regards to children with complex care needs.

We will commission for good outcomes for children in care with disabilities, including access to a variety of placement options.

**Improve approach to placements**

We will bring the Placements Team and Fostering together to simplify processes and make placement searches more focussed on the needs of the child, and improve collaboration and positive relationships with area social work teams.

We will develop a strengths-based Accommodation Request form to improve placement matching.

We will undertake work to establish trends for those young people who have experienced three or more moves in the last twelve months and identify areas for development.

We will work towards a focused emphasis on tackling placement drift, so that more children are supported into “step-down foster care”, other family-based arrangements, special guardianship orders (or similar) or return home, where possible.

We will endeavour to have fewer placements made at short notice during crisis or emergency.

We will continue to actively address issues that lead to placement breakdown and raise our expectation of providers.

We will improve and develop a robust data collation and monitoring process to ensure that we make good commissioning decisions based on a solid evidence base.

**Continue our work with the West Midlands Regional Strategic Commissioning Group to increase our range of placements from external providers and opportunities to develop the provider markets:**

We will join the Regional Framework for Supported Accommodation for 16-18 year olds, currently being commissioned by Staffordshire County Council.

We will continue to build good relationships with providers on the West Midlands Regional Framework arrangements to improve quality and develop placement capacity in line with need within Birmingham.

We will identify further opportunities for regional and sub-regional commissioning, in order to increase the quality of provision, develop the market according to need and demonstrate value for money. This includes exploring new opportunities for commissioning for children/young people with complex needs and/or at risk of or victim to CSE and children on bail or remand.