

# Children and Family Services

## Children's Social Care Market Position Statement

2015/16



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# Executive Summary:

This document is the first children's social care Market Position Statement and Commissioning Strategy (referred to as MPS) produced by Leicestershire County Council, Children and Family Services. It is intended to provide a comprehensive foundation for the delivery of safeguarding, fostering, adoption and placement services aligned to the County Council's sufficiency duty. The evidence provided in this document will help the Council and its commissioning partners to take a strategic approach to understand and meet the needs of Leicestershire's most vulnerable children. A climate of reduction in resources, public service reforms and the growth of personalisation require a shift in thinking. Therefore, a new approach and concept of managing these interfaces is now critical.

The context takes account of the wider statutory duties and policy decisions in which children's social care and support services are commissioned and delivered (Appendix 2). It includes detailed intelligence on types of need, current level of need and forecasts future demand from a range of sources at specific points in time (Appendix 1).

The MPS will inform planning and decision-making by children's social care service commissioners and business providers, who will be looking to develop quality, efficient and cost-effective approaches. Commissioning activities in order of priority will be set out in service delivery plans.

## **This document has five main objectives:**

It brings together a range of material and views from a range of sources such as Joint Strategic Needs Assessment, population demographics/ statistics, health, police and education providers into a single document, presenting the data that the children's social care market needs to know and will help service providers to develop effective business plans.

- It is an analytical document that provides an evidence base to articulate the future direction the Council is taking and offers a clear rationale in our approach.
- It presents a picture of need across the county, by identifying groups of vulnerable children, young people and families and it also identifies gaps in provision.
- It describes what the future might look like and how the strategic commissioners will support and intervene in a local and regional market in order to meet priority need.
- It is the start of a process of market development and facilitation that will be frequently reviewed and updated to ensure relevance and alignment with the Council's priorities.

## 2.1 Our vision, mission and principles

Our vision is that Leicestershire is the best place for children, young people and their families. We place a particular focus on vulnerable children and families such as children in care, children with special educational needs and/or disabilities, families with particular complex problems including children living in poverty. Increasingly we will look to intervene early and prevent problems occurring through targeted early help and preventative services – to improve outcomes for families and reduce demands on specialist provision.

Our vision:	Our mission:
Leicestershire is the best place for children, young people and their families.	Children and young people are safe and living in families where they can achieve their potential and have their health, well-being and life chances improved within thriving communities.

The following principles will be integral to the way we work:

- a. Making commissioning choices that recognise and improve the journey of the child through services and life stages
- b. Moving from control to influence and promoting independence
- c. Collaborating through partnerships
- d. Maintaining commitment to early help services that divert need, providing the right support at the right time, and managing the demand to specialist services
- e. Retaining what works locally and recognising where we need creative and new ways of working to improve outcomes
- f. Integrating service planning and delivery to maximise impact
- g. Listening and responding to the voice of the child, young people and families.

## 2.2 The changing interface of Children and Family Services

The County Council delivers services to children and young people in accordance with statutory duties under the Children Act 1989. This Act requires the provision of services to those children and young person's deemed Children in Need and those at risk of significant harm. These children typically present with injuries, significant health and developmental needs and complex social/emotional/behavioural needs who without the provision of a service would not be able to meet basic developmental outcomes. These children receive services from children's social care teams and improved outcomes for children, young people and their families.

After a series of national child protection tragedies between 2008 and 2009 all local authority children's social care services experienced a profound increase in the demand for social care intervention. 2010 saw the overall review and restructure of Leicestershire's Locality Social Work Services with the purpose of addressing this increase in demand and to meet the departmental, local and national drivers for change including consistency and equity of services, integrated working and ensuring services provide value for money and improved outcomes for children, young people and their families..





In line with Professor Eileen Munro's recommendations about child protection, a clear case for preventative services to offer early help to children and families before any problems are apparent was made and the strategy embraced. Embedded in this thinking is the cost of specialist services and the inherent savings achieved if family's needs are addressed before their complexity escalates to requiring specialist intervention. In addition to transforming the way we work, the efficiency agenda introduced a new challenge which required the County Council to be innovative in the way we design services to meet the continued demand and likely increase of demand on statutory and targeted early help services. Leicestershire's operating model is set out below:

**a. Leicestershire's Early Help Offer, Supporting Leicestershire Families** - Our aim is to provide high quality targeted early help and prevention for families at the earliest point possible to ensure that children and young people are safe, live in thriving communities, are healthy and better prepared to achieve their potential. We will do this by delivering of services across level of need:

- Preventing the occurrence of problems
- Preventing problem escalation
- Reducing the severity of problems

We will also focus on the most vulnerable children and families by delivering an internally commissioned targeted service through an extended Supporting Leicestershire Families offer, including social work expertise.

**b. Safeguarding** - We will focus on the identification of children whose needs are complex or deemed as being at risk of significant harm. This will be achieved by the delivery of child protection or child in need plans that ensure they are protected from harm and that address the children or young people's education, health and emotional wellbeing. The following safeguarding services will continue to be delivered by internally commissioned services:

Leicestershire's single 'front door' First Response Children's Duty – this service's primary role is the identification of the most vulnerable children and where appropriate, working with parents to determine the most appropriate support pathway. This service operates 24-7 to ensure a continuum of risk management across the week for the most vulnerable children.

Child Protection Service – teams based within localities that hold responsibility for the protection of children at risk of harm and those who require protection through legal mechanisms.

**c. Children in Care and Adopted Children** - We believe that children are best brought up in their own family as set out in our permanence strategy, Choices for Children and Young People 2013. Where this is not safely possible, we will seek to ensure alternative high quality care arrangements. We anticipate for most, and when appropriate, this will be a family placement within Leicestershire. We will continue to support our foster families, adoptive parents and extended family members who take on the care of vulnerable children.

By developing a marketing plan for promoting fostering and adoption we will ensure that:

- Children and young people in care experience emotional attachment, physical stability and long-term commitment – known as 'permanence'.
- Children and young people in care do well in school and achieve the skills they need for work and a happy life.
- Children and young people in care have good health and have a sense of security, continuity, commitment and identity.

**d. Disabled Children's Service** – Children and Family Services has one team who deliver services across the county for disabled children and young people who are defined by Section 17 of the Children Act 1989 as 'Children in Need' (including the need for Occupational Therapy support), children in need of protection, children in care, children who are likely to be adopted or subject to care proceedings. This service will be redesigned on the basis of the needs of the disabled children's population of Leicestershire and aligned with the principles of a 'Whole Life Disability' approach in the future. During the review of this service we will work with children, parent carers and partners to co-produce a model that seeks to:

- Supports children and families to manage their care and wellbeing as successfully as possible, with maximum independence and control.
- Work across organisational boundaries and in partnership with other organisations to improve efficiency of services and deliver highest standards of excellence.

**e. Integrated Adoption, Fostering and Placements Service** – the functions of an adoption, fostering and placements service have been brought together under one service to promote a shared understanding and ownership of the child's placement needs. Within the new service there is a strong emphasis on commissioning the right placements for children based on robust assessment of the care needs, educational needs and relationship needs. We are committed to maintaining a child within their local community or as close to their local community as possible, giving the child access to supportive relationships, networks and familiar services. In-house fostering provision remains the placement model of choice for most children in care. As such the Integrated Fostering, Adoption and Placement Service will seek to achieve a dominant market position share. Efforts will need to be focused on meeting the demand and supporting carers to help children and young people reach their full potential. To this end, new processes have been developed from the government's commissioning standards to meet the sufficiency duties for both children in care and children leaving care:

- Individual assessment and care planning
- Strategic needs assessment
- Placement commissioning decisions
- Market Management
- Collaboration, and
- Securing services.

We recognise that permanence decisions play a significant role in enabling children to commit to carers, friends, networks within their universal and targeted provision. We are committed to achieving permanence for children within an appropriate timescale either within their family networks or where this is not possible, in long term placements. We will also implement changes in response to the Department for Education paper 'An action plan for adoption: tackling delay'. Where the permanence plan is through adoption, we will aim to avoid delay including the use of placement options such as foster to adopt, where these options are appropriate.

## 2.3 The likely level of future resourcing:

Like most local authorities, Leicestershire County Council operates within the context of reductions to public sector funding, increasing demographic pressures (e.g. population growth) and relevant statutory responsibilities.

The Provisional Local Government Settlement was issued on 18th December 2015. Compared with 2014/15 overall central funding has reduced by £16.4m, representing a 12.8% reduction.

The County Council is considered as both a low funded and low spending, but high performing local authority. On average other similar County Councils (who do not provide fire services) receive £81 (15%) more per head of population in funding (through the Council Tax and the Government Grant).

The reduction in funding from a low baseline means that the financial position faced by the County Council is considerably more challenging than other local authorities. Of particular concern is the increasing spend on externally commissioned placements for children in care. Addressing in-house foster placement sufficiency and implementing stronger commissioning strategies will be a particular focus over the next year.

Spend increase per year for all externally commissioned placements are summarised below:



## 2.4 Future service delivery practices and models:

Over the forthcoming years the children's social care service will be concerned with the delivery of good or better safeguarding services and the development of services to meet agreed priority safeguarding needs. To do this we will have to harness the full potential of our Children and Family Services and our partners who have a duty to Children in Need. The following have been identified as priority operating practices and models for service development:

### a. Local Safeguarding Children's Board

We will continue to work in close partnership with the Local Safeguarding Children's Board to implement strong interagency arrangements for the protection of children from harm. We will implement the statutory requirements of Working Together to Safeguard Children 2015 and ensure compliance with Ofsted Regulations.

### b. County Council's Quality Assurance Improvement Framework (QAIF)

We will monitor performance quality and outcomes for children through the County Council's QAIF, which delivers and coordinates improvement activity across the Children and Family Services department within an agreed framework (as it is aligned to the department's Commissioning Framework and Performance Framework).

### c. Growing Safety

'Growing Safety' is our chosen practice mechanism which sits within QAIF for ensuring quality is delivered and maintained and is our way of working with children and families. It uses Signs of Safety and other agreed ways of working to improve outcomes, involve children and families and increase consistency across the five service areas outlined above.

### d. An Improved Commissioning Approach

More work is required to build a coherent departmental commissioning approach to improve the commissioning intelligence base for robust decision-making and the bringing together of knowledge, data and analysis from commissioning bodies and all contributors of the market.

### e. Systems Leadership

Systems leadership is a way of working that shares the leadership to achieve large-scale change across communities and is characterised by:

- Establishing a compelling shared vision across our stakeholders with shared accountability for achieving outcomes
- Making new connections
- Adopting an open, enquiring mind set

- Embracing uncertainty and being positive about change
- Drawing on as many different perspectives as possible
- Ensuring leadership and decision-making are widely distributed
- Promoting the importance of shared values.

**f. Co-production**

Co-production is a means of delivering public services through an equal and reciprocal relationship between professionals, people using services and their families and includes making the better use of each other's assets and resources. A combined effort and coordination helps to achieve better outcomes and improved efficiency. For example the voice of the child/young person is important and valued as part of our service improvement activities. Therefore we would welcome providers to consider how they might build co-production into their business models.

**g. Personalisation**

Children and Family Services is committed to enabling children, young people and families to be as independent from the state as possible. This requires the development of operating models which encourage personalisation, whether the support is self-directed and funded by them or provided by Children and Family Services. Operating models will have to promote choice and enable the family's ability to shape the support they require.



## **h. Whole Life Disability, - Whole Person, Whole family thinking**

Looking at people's whole life is essential if everyone, particularly the most marginalised in our society, are to feel that their individual circumstances and requirements are fully recognised. Looking at a person's whole life will help them take control of their physical and emotional health. Key relationships and experiences play a vital role in this approach as families and/or informal networks are a familiar, reliable and form of support.

The approach requires the implementation of co-produced service structures and processes which takes ownership and embeds a 'Whole Life Disability' approach.

## **i. Ages and Stages Framework:**

Developmental milestones are an important guide to help us know what to expect for children along their journey but also to help us understand what their needs are going to be. Whilst every child is unique, using an 'Ages and Stages' framework will ensure we provide parents or carers with the most useful general information so that they can support their children in the best way they can. Where the children have particular needs or disabilities, the framework will help provide parents, carers and other professionals with the more specialist information they need to support children and ensure they access the right services at the right time.

New practices and commissioning activity will be aligned with the significant milestones in a child and family's life, whether that child is living with their family or in a foster or adoption placement. Within this framework service provision will be measured against outcomes for children. Three developmental stages will set the parameters for practice changes and outcomes sought from providers of the placement:

- 0-5 Ready for school, ready to learn
- 5-14 Ready to choose a path
- 14+ Ready for adulthood.

Social care resources will fundamentally be prioritised to 'narrow the gap' or improve the rate of progress for better outcomes for children who are at most risk of underachievement. These are children and young people whose development or educational attainment may be affected by complex social factors or where parental needs or behaviours are significantly impacting on the child's life chances and safety.

## **j. Improved purchasing and brokerage options**

It is the County Council's ambition to improve the current placement arrangements for our children in care, where possible moving away from residential placements towards family based care approaches. There is research to support a move to this approach, for example, compared to children in foster care in England, children in residential care feel they have generally poor wellbeing. They feel significantly less safe, more at risk of drug and

alcohol use, less healthy and more likely to be physically injured or have mental health and emotional needs (The Children's Care Monitor report 2013/14).

Ensuring that there are sufficient high quality placements that offer a breadth of choice for children and young people is crucial, as is ensuring that the resource available is efficiently used. We are introducing a new e-tendering system that will offer opportunities to purchase children's placements from the social care and independent market that improves the commissioning cycle of the right placement at the right time.

Secondly, attaining permanence for children and young people has to be a major service provision and procurement driver, whether it is through planned and supported return home, family and friends care (known as 'connected care'), long term foster care or through a legal order such as residence, special guardianship or adoption.

#### **k. Decommissioning of provision**

Strategic service reviews may conclude a service should be decommissioned. This is a significant, sensitive decision as it impacts on both users and service providers. We need to have a successful approach to decommissioning that ensures everything we do supports and impacts upon the specific priorities of our community and therefore should be seen as part of the strategic commissioning cycle. Options appraisal is crucial in this process to ensure service designs and chosen interventions are fully informed and based on robust evidence. This goes beyond financial analysis and picks up broader social, environmental and economic effects, including impact assessments related to staff and the community we serve.

However the sensitivity of this should not deter commissioners from considering decommissioning if it is the right course of action to secure or improve outcomes.

Decommissioning can create opportunities for in-house and external providers to offer new and different business models.



## 2.5 Key commissioning intentions and service development priorities 2014/15:

	Service	Commissioning priorities
1.	<b>Statutory services – First Response Children's Duty</b>	<p>We will ensure that practices and process to identify the most vulnerable children, provide advice to families and implement immediate safeguarding measures for those who are at risk of harm, remain of a good standard. We acknowledge that safeguarding is a complex area and professionals often need advice to best to help families.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Ensure that the resource to support professionals remains available.</li> <li>• Provide professionals with further guidance about what levels of need should be referred for safeguarding or targeted early intervention consideration.</li> </ul>
2.	<b>Statutory services – Child Protection</b>	<p>We are proud of the good safeguarding services we provide to children, young people and their families and are committed to continual improvement and innovative safeguarding practice.</p> <p>We will aim to:</p> <ul style="list-style-type: none"> <li>• Improve intervention and outcomes for children through the introduction of clinical challenge to POD (weekly case discussion) meetings.</li> <li>• Improve intervention and outcomes to children through the introduction of educational challenge to POD meetings.</li> <li>• Improve intervention and outcomes to children through consistency of social work engagement with children, young people and families using 'Growing Safety' methodology.</li> <li>• Develop and strengthen local partnership arrangements between children's social care, partners and communities to extend the use and effectiveness of the Growing Safety model.</li> </ul>

	Service	Commissioning priorities
3.	<b>Statutory services – Placement Sufficiency and Children in Care</b>	<p>We will be aspirational in desired outcomes for our children in care, creating an outcomes framework which will include health, educational and wellbeing measures.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Narrow the achievement gap between looked after children in Leicestershire and 'all' pupils.</li> <li>• Improve progress over time in relation to the already disadvantaged looked after child cohort</li> <li>• Raise end of key stage attainment levels</li> <li>• Reduce numbers of looked after and leaving care children aged 16+ years who are not in education, employment and training (NEET).</li> </ul> <p>We will ensure that the right expertise are available to provide sufficient and quality placements through the implementation of an integrated Adoption, Fostering and Placements service</p> <p>We will ensure the right care is in place for children through improved contract management and annual review meetings. We will ensure that there are the right placements at the right time for children and young people through the introduction of an e-tendering system to commission children's placements from within social care and the independent market.</p> <p>This will also evidence a fair and transparent mechanism for engaging with a commercially competitive market.</p> <p>We will improve placement stability by increasing placement choice through escalated and targeted recruitment of foster carers or identification of provision of appropriate carers.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Meet the sufficiency requirement of mainstream carers level 1- 6.</li> <li>• Identify specialist placement options for our most vulnerable children in care including children with complex emotional and behavioural needs and/or a disability, foster to adopt placements for babies, mother and baby assessment placements.</li> <li>• Increase respite care capacity for disabled children including those with emotional behavioural disorders.</li> <li>• Consider the opportunities within the external provision for block contracting level 3-6 foster carer.</li> <li>• Increase supported lodgings and independent provision.</li> <li>• Increase use of Connected Carers as a preferred placement to foster care.</li> </ul>

	Service	Commissioning priorities
		<p>3. <i>Statutory services – Placement Sufficiency and Children in Care: continued</i></p> <ul style="list-style-type: none"> <li>Review children’s care plans with the view of considering return to parental or family care, where this is the right decision for the child.</li> <li>Explore the use of education provision as an alternative to care e.g. private education, independent living solutions.</li> </ul> <p>We will work with partners to consider the needs of our most vulnerable children and how these needs can be best met across the services.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>Look at support options for children with complex emotional and behavioural needs, a disability or learning difficulty.</li> <li>Seek to co-produce a permanency arrangement framework for children placed in external provision.</li> <li>Develop a ‘Golden Offer’ for children in care and their carers to improve our children’s educational, health and wellbeing outcomes.</li> <li>Delivery of a co-produced post permanence support offer and complex care offer (Adoption, Special Guardianship Order and Residence Order)</li> </ul>
<p>4.</p>	<p><b>Statutory services – Safeguarding Improvement Unit</b></p>	<p>We will review the service provision to ensure the resource is deployed appropriately to meet priority need.</p> <p>We will work with partners including the police and care homes to minimise the number of children that run away or go missing from care and implement the Joint Missing Child Protocol.</p> <p>We will work to identify, protect and support children who have been or at risk of being sexually exploited through a related LSCB action plan.</p> <p>We recognise the impact of domestic abuse and parental drug or alcohol misuse on the emotional wellbeing and educational progress of children.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>Influence the Domestic Abuse Strategy based on priority needs and geographic areas identified in the analysis as being priority vulnerable areas, seeking partnership opportunities to address needs as they arise during a child’s journey to adulthood.</li> <li>Influence the Alcohol and Substance misuse Strategy group based on priority needs and geographic areas identified in the analysis as being priority vulnerable areas, seeking partnership opportunities to address needs as they arise during a child’s journey to adulthood.</li> </ul>

	Service	Commissioning priorities
		<i>4. Statutory services – Safeguarding Improvement Unit: continued</i>
		<p>We recognise the impact of parental needs (including mental health, drug and alcohol misuse) on the emotional wellbeing and educational progress of children. We will work with partner commissioners of services for adults and communities to:</p> <ul style="list-style-type: none"> <li>• Provide information to parents and carers about the impact of their mental health needs on their children and how to access support services.</li> <li>• Raise awareness about the impact of parental alcohol and drug misuse at all stages of a child's development.</li> </ul>
5.	<b>Statutory services – Disabled Children</b>	<p>We recognise that children with disabilities and their families have limited support options and the structure of the County Council's services makes it difficult to access the right service at the right time.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Work to improve the continuity of planning for disabled children during their childhood, as they are preparing to become adults.</li> <li>• Review our short breaks offer for young people and families.</li> <li>• Review of the Direct Payments offer. Develop a Personal Budgets offer.</li> <li>• Work with parent carers and partners to produce a parent carer Local Offer.</li> <li>• Influence and shape the Early Help Offer for children with a disability and their families.</li> </ul> <p>Review of services to determine future priorities and operating model to address the functions required, and co-dependent developments in SEND reform or the children's elements of the Better Care Together programme.</p> <p>Contribute to the joint commissioning for disabled children or children with special educational needs with NHS and education commissioners across intensive, targeted and collaborative support needs. Co-production of a complex need support service for families to prevent the dependency on high cost services and placements.</p> <p>Influence and shape the design of the child and adolescent mental health offer. These activities will be monitored and reviewed 12 months following publication.</p>

## 2.6 Conclusion:

Addressing the welfare needs of the most vulnerable children, young people and families of Leicestershire can only be delivered in partnership with other commissioning partners and service users. A co-production model that works towards identifying the vulnerable groups offers Leicestershire's families and communities better opportunities to be resilient and less dependent. Providers of services, including social workers, Independent Reviewing Officers, placement commissioners and providers will be expected to evidence that services are being delivered in accordance with these priorities and that Leicestershire's vulnerable children have the opportunity to progress as any other Leicestershire child would do.

In the context of placement commissioning the most vulnerable children are those children for whom the local authority have difficulty in meeting the children's need, whether living at home or in a foster placement. The children/young people deemed most vulnerable are:

- a. Those who experience multiple complex family problems, particularly domestic abuse and parental drug or alcohol use. These children are more likely to engage in risk taking behaviour such as missing from home and care or be at risk of child sexual exploitation. Children who have experienced difficulties over a longer period of time have more difficulty settling in placements or engaging with universal providers such as schools to make the most of their opportunities.
- b. Other cohorts of children deemed most at risk include sibling groups requiring local authority or adoption placements; babies for whom return home is unlikely; children aged 12 years without permanency agreement within their placement; children/young people with emotional behavioural needs requiring enhanced carer skill.

Where state support is required, resource allocation will be underpinned by a sound understanding of the life experiences of the child. We will use this knowledge to:

- a. Provide care that works with the emotional and security needs of the child rather than focusing on the presenting need e.g. missing from home/care, behavioural incidents.
- b. Focus on the developmental potential of the child/young person, having aspirational goals for that child and in doing so understand what skills and knowledge they require to help the child meet their potential.

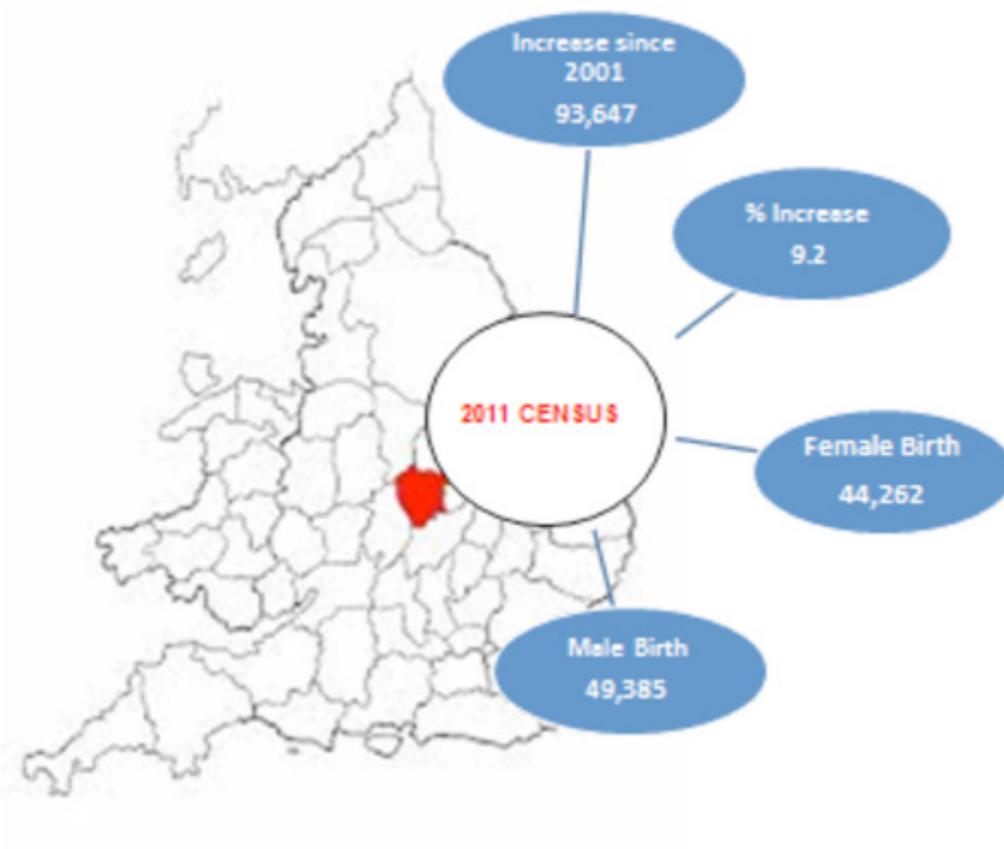
We have the highest aspirations for children and young people in Leicestershire and want them to grow up safe, healthy and happy. We want them to enjoy and benefit from educational and social opportunities that enable them to prepare for adulthood, have a productive working life to and can reach their full potential as citizens and parents of the future.

# Appendix 1- The Local Context

## What do we know about Leicestershire's population?

Leicestershire has a population of (2011 Census) 1,017,697 people. The estimated 2015 population is 1,073,670. Between 2001 and 2011 the population grew by 93,647, an increase of 9.2 %.

17.7 % of Leicestershire's population are children aged 0-19 years with the most children (6%) being in the aged 0-4 years.



## How do we know what vulnerable looks like in Leicestershire?

The County Council is responsible for completing statutory assessments for children and young people to establish whether they are children in need. Of the assessments completed in 2014, a quarter of children were deemed to require statutory children social care services with the most common contributing factors being:

- Parents abusing alcohol or drugs
- Parental domestic abuse
- Parental mental health needs and/or
- Child mental health need, physical or learning disability.

An analysis sample has been extracted from the demographics to gain an in-depth snapshot of the level of need and groupings of need. The methodology identified eight clusters to represent children and families primary presenting needs.

Key findings are:

- Most children in the sample group have parents who have alcohol or drug misuse needs or domestic abuse as a feature in their household.
- Children who live in these environments are more likely to experience sexual abuse, child sexual exploitation and be children who have a physical disability or parents with mental health needs.
- Where parents have 2 of these factors - mental health, alcohol misuse issues or domestic abuse - children are more likely to have a learning disability and mental health needs.
- Children who experience significantly more domestic abuse are more likely to have a physical disability and display socially unacceptable behaviour.
- Older children are more likely to be referred for their behavioural needs (alcohol misuse, substance misuse, poor behaviour and self-harm) rather than for concerns arising from their parent's issues.
- Where children have a learning difficulty and mental health need, there is a higher likelihood of the family not receiving a service or a Child in Need plan.
- Where children have a learning difficulty or physical disability, early help services are significantly more likely to escalate the case for children's social care intervention.
- Children with 'complex cases' who progress to child protection plans are more likely to have 5 or more risk factors (most likely risk factors being domestic abuse, physical harm, parental alcohol and substance misuse)
- Older children are more likely to be privately fostered.

The impact of poverty levels - Compared to other areas of the country, Leicestershire has low levels of poverty and deprivation. 1,700 children in Leicestershire are living in poverty. Statistics show that young people living in Charnwood and North West Leicestershire are more likely to be in this category than other Leicestershire areas, and there is a correlation between poverty and poor educational outcomes, special educational needs and teenage pregnancy.

In line with national trends, there is a greater number of violent offences in high deprivation areas and more unintentional and deliberate injuries to children, although the rate is significantly lower than the England average. Violent offences across the county are evenly split between domestic and non-domestic incidents.

Other clusters of need correlated to children and families living in high deprivation areas are listed below:

- Children living with parental domestic abuse are more likely to live in North West Leicestershire.
- Children with a risk of child sexual exploitation and sexual abuse are more likely to live in Charnwood and North West Leicestershire.
- Children whose parents have substance abuse issues are more likely to live in Charnwood.
- Parents with mental health needs are more prevalent in Charnwood and Hinckley and Bosworth which has pockets of high deprivation.
- Children deemed as 'complex cases' (5 or more risk factors) are more likely to live in Hinckley and Bosworth.



**Disability and Special Educational Needs profile** - The needs of residents were explored across Leicestershire in the 2012 Joint Strategic Needs Assessment (JSNA), of which a chapter looked specifically at the needs of children and young people in Leicester, Leicestershire and Rutland. The JSNA found that:

- There is a trend for increasing numbers of children and young people with complex health needs – the report estimates that there are between 4,300 and 7,800 children and young people in Leicester, Leicestershire and Rutland that are experiencing some form of disability.
- The Leicestershire Vision Support Service works with approximately 400 children and young people with a visual impairment between 0-19 years, resident in Leicestershire and Rutland. The majority of these children and young people attend their local early years setting, mainstream school or special school. Only 3 had out-of-county educational placements. On average between 45 and 50 new referrals are received every year.
- The Leicestershire Hearing Support Service receives approximately 150 new referrals each year across the County and Rutland. There has been an increase in the number of cases open to the Hearing Support Service from 401 in 2009 to 801 in 2011. It is estimated that up to 40% of deaf children also have additional needs.



- The prevalence of mental health problems in children and young people is increasing nationally.
- Around 15% of lifetime mental illness starts before the age of 14 and it continues to have a detrimental effect on an individual and their family for many years.
- The diagnosis of children with Autism Spectrum Disorder (ASD) has increased ten-fold in the last 10 years. For Leicestershire, one educational consequence is a significant increase in specialist units and classes for children and young people with autism.
- The number of children with statements of special educational needs (SEN) in special schools has risen sharply.
- In particular, there has been a significant increase in pupils with learning difficulties attending local authority maintained special schools, many have additional speech and language therapy, physiotherapy and occupational needs. There is also an increase in the number with complex needs requiring medical interventions e.g. epilepsy interventions and specialist eating and drinking regimes, postural management requiring increasingly complex equipment.
- The number of children with behavioural, emotional and social difficulties has also increased, many of whom are known to Child and Adolescent Mental Health Services (CAMHS). Much of the growth in specialist placements for ASD and Behavioural, Emotional and Social difficulties (BESD) has implications beyond the education service. For example, many of the families struggle to deal with the children at home, and seek additional support to care for the children.

Leicestershire has 3603 children with SEN Statements (based on 2014/15 data). The predominant SEN need is situated in the South of the County (aligned with children social care locality 3 Blaby, Oadby, Wigston and Market Harborough):

District	Number of SEN Statements
North West Leicestershire	504
Hinckley and Bosworth	313
Charnwood and Melton	1066
Blaby, Oadby and Wigston	1517
Market Harborough	203

The breakdown of SEN by need is set out below:

SEN category	Number SEN Statements
Autistic Spectrum Disorder	538
Emotional and Behavioural difficulties	285
Hearing impairment	62
Moderate learning difficulty	340
Multisensory impairment	6
Physical disability	152
Profound learning difficulty	12
Severe learning difficulty	115
Speech, language or communication difficulty	520
Specific learning disability	287
Visual impairment	74

A consultation on proposed changes to Voluntary and Community Sector (VCS) support was undertaken with VCS providers between September and November 2014, including parent carer respondents of disabled children.

Those accessing services for disabled children were more likely to talk about having individual support, a break from caring which enabled them to continue to care for their child at home, help to access other services and apply for funding and opportunities for their children to socialise and make friends. Parent carers are worried about the reduction of support resources and worry about the wider impact of this on their family members.

The Children's Commissioner for England has commissioned a range of reports that consider the needs and aspirations of children and young people on relevant issues. The 2013 'What We Say We Need' report considered important items, opportunities and aspirations for children and young people, surveying over 1,300 children and young people nationally. Key themes identified by respondents were:

- Money
- Access to services
- The importance of family and friends
- Basic items that people could not live without.

Disabled children and young people placed greater emphasis on opportunities for sport, holidays and travel, and valued a good social worker (where appropriate) and good transport as important.

Further consultative work was undertaken with Leicestershire parent carers between January and March 2015 in relation to their views of priority areas of service delivery. On the whole they felt that services provided were good but felt there was insufficient resource to meet need and waiting lists were too long. They were able to identify the following priority areas (not in order of importance):

- Bereavement support provision
- Parent to parent support opportunities
- Occupational therapy assessment, including sensory processing disorder assessment
- Specialist after school clubs
- Specialist child-minders
- Parent carer volunteer run stay and play for 0-5 years
- Increase Children Centre provision of services for children with a disability, particularly stay and play groups.
- In county after school provision for children with emotional behavioural disorders.
- Confidence of universal and targeted professionals to address the mental health need so that families are not referred to CAMHS.

**Safety** - During 2013/14 Leicestershire's children social care and early help duty team, called First Response Children's Duty, received 15,228 contacts from children, families, the public and professionals seeking support for children and their families or raising concerns for the welfare of children. The majority of these were offered advice or signposting to universal or targeted services. Cluster analysis based on child need profiling identifies a distinct group of referrals which significantly result in no further action and identifies the need to work with partners about appropriate support services.

Of the 15,228 enquiries in 2013/14, an average of 3,807 per quarter were identified as contacts and further enquiries made to establish the level of need and most appropriate service to meet that need. A significant number of these contacts were received from the police and most of these related to domestic abuse incidents. Of these contact, 39% were escalated to referral for children social care assessment and 13% for early help intervention.

16% of these referrals originated from health, 19% from education and 21% from the police. Referrals from the police are more likely to result in no further action following completion of an assessment.

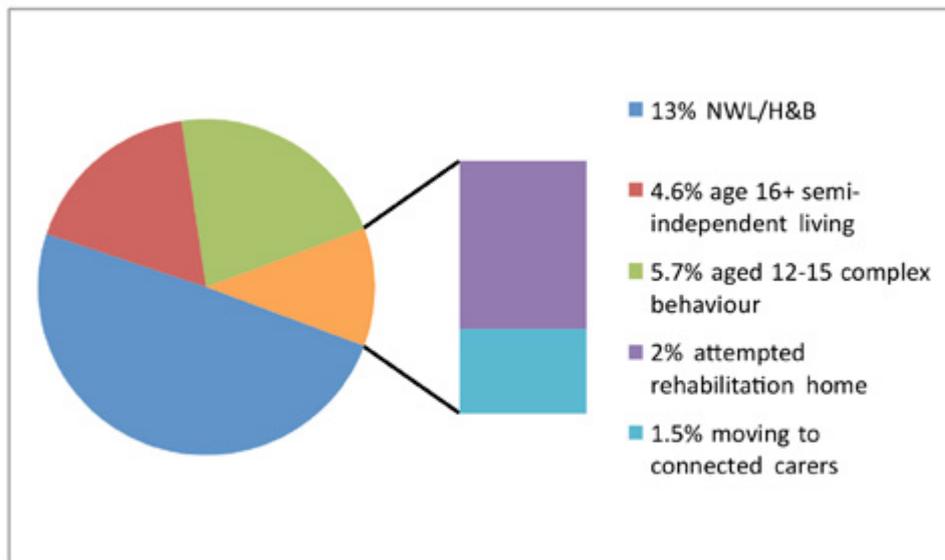
During the course of the 2013/14, 406 children (average) were subject to child protection plans. Half of these children were aged 0-4 years and the second largest age group (36%) were aged 5-10 years. Children requiring protection plans has increased steadily with an average of 439 children subject to child protection plans in 2014/15 (quarter 1 and 2). This is an 8% increase which is largely in line with the population growth.

On average 458 children were looked after by the local authority during 2013/14. Leicestershire's average looked after child rate per 10,000 is 34 and is significantly lower than that of statistical neighbours (46) and England (60). During this period 68% of Leicestershire's looked after children were in their permanent placement, a further 15% had agreed permanence plans, 11% were in the assessment period (to determine the best care pathway) and 6% were in transition to independent living. The total number of remand into custody cases during April to June 2014 were 16 days compared to 112 days in the same period last year (relating specifically to one young person's remand into custody needs). The need for remand into custody provision will continue in line with the Leicestershire's work with partners to deliver robust, personalised support packages to young people on bail.

There are issues with placement stability. This issue has an age and need correlation. 14.8% of looked after children had 3 or more placements. Most of these children originated from North West Leicestershire or Hinckley and Bosworth which are high deprivation and 'complex need' geographic areas. 21 children aged 16 years and older, found settling difficult and moved on to semi-independent living; 26 children were between the ages of 12-15 years with complex behaviour needs (including Child Sexual Exploitation risks) where neither Independent Fostering Agency Placements or residential settings were able to meet their needs.



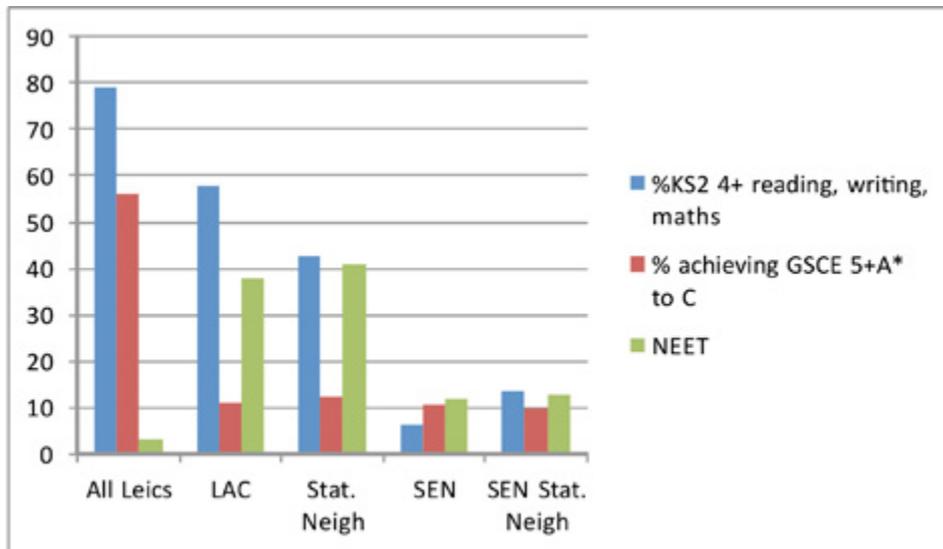
## Looked after Children with 3+ moves:



**Achieve** - The percentage of children across Leicestershire achieving a good level of development when entering school is below national performance (with the exception of Oadby and Wigston whose children achieve nominally above the national performance) and 58% of Foundation Stage children achieve a good level of development (12% increase over 3 year period). 83.6% of early years provision is deemed good (comparator authority average is 77%). The district breakdown of good or better (as deemed by Ofsted) early years' setting provision ranges from 78.3% (Blaby) to 90.3% (Melton Mowbray). The figures for good or better in high deprivation areas is similar to the whole county figure. The take up of 3 year old funding is good (94%) and only just below the departmental objective (95%) but the take up of 2 year old funding is significantly lower (62%). Comparator authority information is not available for 2 year old funding.

What is evident from analysis is that the gap in education attainment between Leicestershire's children in care and 'all' children widens as children move from Early Years to Primary and from Primary to Middle/Secondary schools. This pattern is also reflected across Leicestershire's statistical neighbours:

## The gap between Children in Care and 'all' children:



In relation to young people not in education, employment or training (NEET), Leicestershire faces a challenge in the proportion of 16-19 year olds who are NEET from disadvantaged backgrounds or from vulnerable groups including children in care, young offenders and teenage parents. 39% of Leicestershire's care leavers are not in education, employment or training. Although this performance is within the top quartile nationally, in comparison to the 3% of 'all' Leicestershire NEET young people, the outcomes 'gap' in achievement for care leavers is quite evident.

### Children and Family Services priorities for children in care are:

- Narrowing the achievement gap between looked after children in Leicestershire and 'all' pupils.
- Improving progress over time in relation to the already disadvantaged looked after child cohort
- Raising end of key stage 3 and 4 attainment levels
- Reducing numbers of looked after and leaving care children aged 16+ years who are not in education, employment and training (NEET).

**Health** - Looked after children have many of the same health risks as their peers however the majority of these children and young people come into care as a result of abuse and neglect. Health, educational and social outcomes for looked after children remain poor with a high rate of:

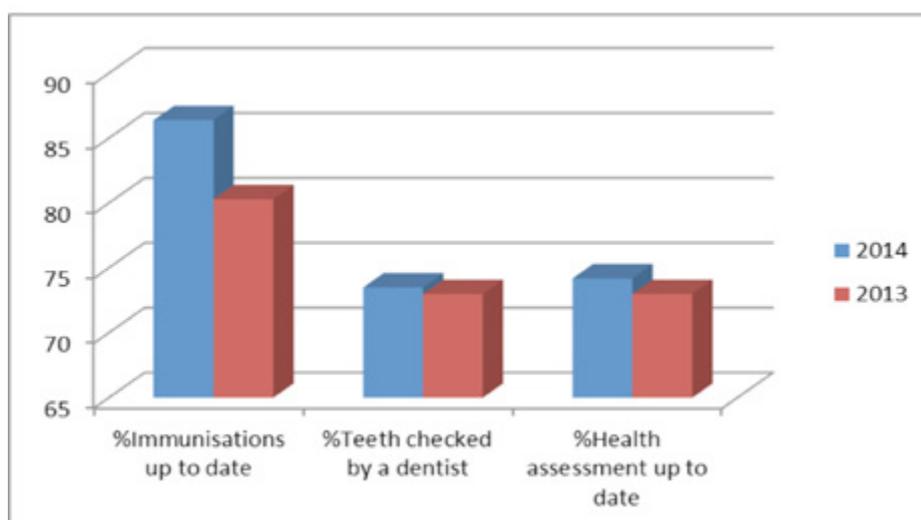
- Teenage pregnancies
- Smoking
- Substance misuse
- Mental health problems
- School dropout rates
- Poor education attainment and
- Criminality.

In conjunction with local authorities and other partner agencies health providers have a responsibility to try to improve the health and well-being of these children and young people. The following health need priorities were identified in the Annual Report on the Health of Looked After Children (across Leicester, Leicestershire and Rutland 2013-14):

- An increase in statutory initial health assessments (IHA) for children 0-4 years.
- Number of LAC referred to Specialist CAMHS has significantly increased from 58 in 2012/13 to 101 in 2013/14.

In relation to key baseline activity to promote looked after children's health, Leicestershire's performance over the past two years has been fairly stable, with some improvement across two areas and a significant improvement in the number of children with up to date immunisations.

### Activity to promote LAC health





**Smoking cessation** – Based on a study to look at smoking in care homes in Leicester, Leicestershire and Rutland 2013 and the Looked After Child Nurse information from May 2014 it is evident that the smoking prevalence in residential care is higher than for looked after children in other accommodation types. Children in special needs provision were much less likely to smoke. Children in other residential homes have a 70% occupant smoking rate.

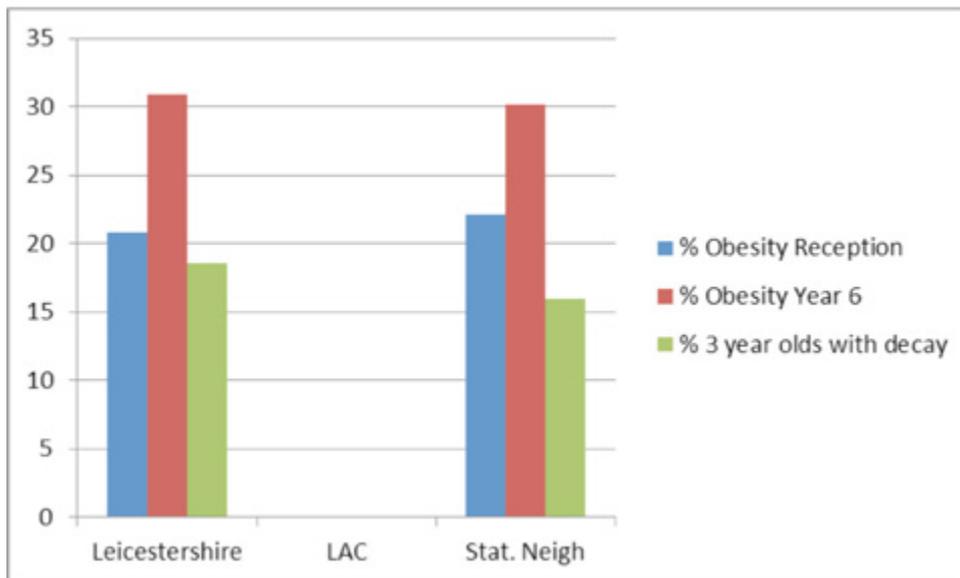
In 2013 the Specialist Looked after Children Nurses helped children and young people in care complete a dietary questionnaire. The results were generally positive indicating healthy diets, with most children and young people indicating that their carers promoted health eating and that they were encouraged to have shared meal time with their carers.

The following improvement areas were identified:

- Daily fruit and vegetable intake (10% report having 5+ portions a day)
- Reduction in fatty food intake required (42% have 2 or more portions a day)
- Reduction in drinks with high sugar and acid (12% drink fizzy beverages and 12% fruit juices regularly)
- Physical activity (36% exercising 1-3 days a week; 40% 4-6 days; 16% daily)
- TV/video games (28% up to 4 hours a day, 2% more than 4 hours, 70% 1-2 hours)

Leicestershire child obesity rates and dental decay rates are available by age (see below) but comparator information for children in care is not available.

## Leicestershire obesity and dental decay rates



The local authority's picture of the current state of care provision supply covering strengths and weaknesses within the market -

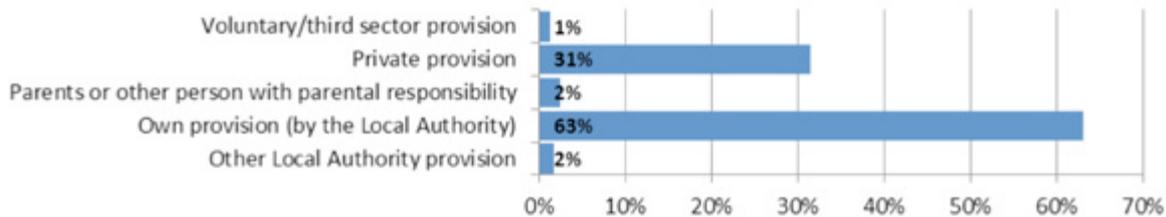
Over a 2 year period (between 2013/14-2014/15), Leicestershire has had a relatively stable child in care population (average 456). The service has 190 mainstream foster carers (including 38 Connected Carers and 15 Supported Lodgings providers). Children and young people are placed by attempting to make a best match decision. Knowledge of our individual children is central to this process. The Fostering, Adoption and Placement Service will use the information about the child's needs to match to a carer. The Service does this by categorising carers based on skill level (1 to 6), by understanding the strengths and developmental needs of that carer or provision.

The carer skill breakdown is outlined below:

Level 1: 5%	Level 2: 18%	Level 3: 43%
Level 4: 24%	Level 5: 7%	Level 6: 2%

The skill level is fairly proportionate across carer age ranges and no significant trend can be identified. However, it is worth noting that Leicestershire's mainstream provision has an aging carer profile, with 34% being between the ages of 60 and 70 years of age.

Most placement matches are made from within mainstream provision (63%), with 'private provision' being sought for 31% of placements. The graph below provides an overview of placement providers:



The majority of children are either 3-5 years from their 18th birthday (36%) or 5-10 years from their 18th birthday (26%). There is still a large group (21%) of children who are 10 or more years from their 18th birthday.

There are 54 placements (30 are female and 24 male) for young people aged 16-24 years who are staying put. Currently 52 are between 16-20 years. Seven kinds of provisions are used for these children (hostel, network provider, section 24 accommodations, staying put, Supported Lodgings and accommodation for Unaccompanied Asylum Seeking Children). Most are in supported accommodation and lodgings (33) and 13 are with staying put provision. The average cost of these placements is £257 per week with higher costs (£300 per week) attached to supported accommodation provision. The variance in cost is not deemed significant and appears to be appropriately linked to additional support that is commissioned to meet the needs of the young person.

The age profile of children placed in externally commissioned placements (based on July 2014 profiling) shows that the majority of children and young people placed were the average age of 8 years. The largest child population by age placed in externally commissioned placements is 15 years (16%) followed by children aged 12-13 years. Most children in care have been in care 1-2 years (86%). These children are mostly in externally commissioned placement (73%). The majority of placements (70%) are made with 8 suppliers and of these 42% of children are currently placed with 3 suppliers. There are 35 children for whom permanency has been agreed with an externally commissioned placement. The cost per week ranges from £520-£989 indicating significant variance within a supplier and across suppliers.

Spend increase per year for externally commissioned placements are summarised below:

During 2013/14 151 placements cost the local authority £8 million with a budget of £5 million. Issues contributing to overspend include:

- The lack of a commissioning approach to procuring the placement for looked after children
- The lack of a robust joint commissioning arrangement between key partners
- The lack of local in-house placements



- The use of Independent Fostering Agency placements
- The use of residential placements
- The use of externally commissioned placements for disabled children and children with challenging behaviour.

Adoption context: Leicestershire County Council undertakes statutory responsibilities relating to adoption and has a Service Level Agreement with Rutland County Council to deliver statutory adoption duties on their behalf. These responsibilities do not include care planning and decision making for children from Rutland.

In the period 1st April to 30th September 2014, 26 Leicestershire children were presented to the Agency Decision Maker for an adoption plan, compared to 25 in the previous six months and 28 (23 for Leicestershire and 5 Rutland) children were placed with their prospective adopters during this period. Most of the adopters were approved by this agency (Leicestershire and Rutland Adoption Agency). Two placements were made through inter-agency adopters. Both of these were considered specialist placements because they were sibling groups. All of the children placed during this period were White British.

There were 28 children awaiting adoption placements. 'Foster to adopt' assessments were underway for 4 of these children, with match considerations pending for 20 children. For the remaining children, sibling adoption placements are being sought through family finding activities.

Overall, the recruitment of adopters is deemed successful. There were 16 adopter approvals during this period and 12 households waiting for a child. All were approved within the statutory 6 month timescale. Based on our knowledge of adoption activity over the last year, there is a need for targeted adoption recruitment i.e. families who are able to provide a home for disabled children, older children and sibling groups.

## Appendix 2 - Supporting references, policy framework, guidance and reports

- a. Leading Leicestershire: Transforming Public Services (Leicestershire County Council Strategic Plan 2014-18)  
[http://www.leics.gov.uk/leics\\_strategic\\_plan.pdf](http://www.leics.gov.uk/leics_strategic_plan.pdf)
- b. Children Act 1989  
<http://www.legislation.gov.uk/ukpga/1989/41/contents>
- c. Care Standards Act 2000  
<http://www.legislation.gov.uk/ukpga/2000/14/section/11>
- d. Adoption and Children Act 2002  
<http://www.legislation.gov.uk/ukpga/2002/38/contents>
- e. Children Act 2004  
<http://www.legislation.gov.uk/ukpga/2004/31/contents>
- f. Safeguarding Vulnerable Groups Act 2006  
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- g. Children and Young Person's Act 2008  
[http://www.legislation.gov.uk/ukpga/2008/23/pdfs/ukpga\\_20080023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2008/23/pdfs/ukpga_20080023_en.pdf)
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- k. Care Planning, Placement and Review Regulations 2010  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/336072/The\\_Children\\_Act\\_1989\\_Care\\_planning\\_placement\\_case\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336072/The_Children_Act_1989_Care_planning_placement_case_review.pdf)

- l. Child Poverty Act 2010  
[www.gov.uk/government/publications/securing-sufficient-accommodation-for-looked-after-children](http://www.gov.uk/government/publications/securing-sufficient-accommodation-for-looked-after-children)
- m. National Minimum Standards for Adoption, Fostering and Children's Homes 2011  
<http://www.minimumstandards.org/contents.html>
- n. Ofsted inspection framework for children in need of help and protection, children looked after and care leavers 2013  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/386375/Framework\\_and\\_evaluation\\_schedule\\_-\\_children\\_in\\_need\\_of\\_help\\_and\\_protection\\_CLA\\_and\\_care\\_leavers\\_-\\_lscbs.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386375/Framework_and_evaluation_schedule_-_children_in_need_of_help_and_protection_CLA_and_care_leavers_-_lscbs.pdf)
- o. Children's care monitor 2013/14  
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- p. 'An action plan for adoption: tackling delay'  
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- q. Munro Review, Final report - a child-centred system  
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[http://www.leicestershiretogether.org/index/strategy\\_and\\_delivery-2/leicestershires\\_strategic\\_outcomes.htm](http://www.leicestershiretogether.org/index/strategy_and_delivery-2/leicestershires_strategic_outcomes.htm)
- u. School Health Profiles 2014  
<http://www.leicestershirehealthyschools.org.uk/en/content/cms/blog/school-health-profil/>
- v. Looked After Child Nurse information from May 2014
- w. Fostering Activity Costing Report 2014
- x. Commissioning Placement Report 2015
- y. Service User Feedback on Voluntary and Community Sector Provision, 2014
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## Acronyms and definitions

<b>MPS</b>	Market Position Statement and Commissioning Strategy
<b>LSCB</b>	Local Safeguarding Children's Board
<b>QAIF</b>	County Council's Quality Assurance Improvement Framework
<b>NEET</b>	Not in education, employment and training
<b>SEND</b>	Special Educational Needs and Disability
<b>NHS</b>	National Health Service
<b>SEN</b>	Special Educational Needs
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>ASD</b>	Autism Spectrum Disorder
<b>BESD</b>	Behavioural, emotional and social difficulties
<b>VCS</b>	Voluntary and Community Sector
<b>LAC</b>	Looked After Children
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>Connected Carer</b>	A relative, friend or other person connected with a child. The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child. It could be someone who knows the child in a more professional capacity such as (for example) a child-minder, a teacher or a youth worker.
<b>Supported Lodgings</b>	'Hosts' rent a room in their home to a young person and give them support, encouragement and guidance to develop the practical skills and confidence to live independently.
<b>Staying Put</b>	In circumstances where a young person remains with their former foster carer/s after their eighteenth birthday, the arrangement should therefore be deemed an 'age eighteen and older arrangement' or "Staying Put" arrangement.
<b>Fostering to Adopt</b>	Places a child during the period of temporary local authority care with foster carers who are also approved as adopters. If the court agrees that the child should be adopted and the adoption agency approves the 'match' between the carers as adopters and the child, the placement becomes an adoption placement.

<b>Family Finding activity</b>	Refers to a range of events hosted by an agency to support family finding in adoption e.g. adoption activity days are events where adopters can meet children waiting to be adopted in a prepared, supported, safe and fun environment.
<b>Agency Decision Maker (ADM)</b>	The ADM makes decisions about whether a child is suitable to be placed for adoption without reference to the Adoption Panel, before the Local Authority can put adoption before the court as the final Care Plan. The ADM also considers recommendations from the Adoption Panel.



Notes:





