

Medway Council's Outline Sufficiency Strategy 2020-2025

Children on the Edge of Care, Children in Care and Care Leavers

Produced by: Medway Council's Partnership Commissioning Team

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1 Introduction

1.1 Purpose of this document

- 1.1.1 Each year we produce a Sufficiency Report in October/November which provides a comprehensive review of the support and care provided to looked after children ("CLA") and care leavers ("CL"), with reference to data which is made available at the end of September.
- 1.1.2 This year, we have created this Outline Sufficiency Report as we mobilise towards a five year strategy. This report sets out our high level **outcomes** for the service. However, its main purpose is to provide the Council and Corporate Parent with early indications of the **challenges and trends** affecting our CLA and CL, to set out our **priorities** to address those challenges and to recommend our **proposed programmes of work** to deliver on those priorities.

1.2 Outcomes

We have identified five high level outcomes, which our priorities will seek to achieve:

- 1.2.1 Safely reduce the number of CLA, through prevention, reunification or leaving care to other permanent families
- 1.2.2 Meet the needs of our CLA and provide the best environment in which they can thrive
- 1.2.3 De-escalate the needs of our CLA, wherever possible
- 1.2.4 Increase the number of CL who are equipped for adulthood
- 1.2.5 Sustainably reduce Medway Council's expenditure

1.3 Challenges and Trends

We have identified the following challenges and trends, which our priorities will seek to address:

- 1.3.1 The number of CLA is increasing
- 1.3.2 The number of in-house foster carers is dropping, causing an over-reliance on IFA placements and external arrangements
- 1.3.3 The number of distant placements is increasing
- 1.3.4 The number of complex children and harder to place children is increasing
- 1.3.5 The cost of placements is increasing

1.4 Priorities

We have identified the following priorities which will be delivered through our proposed programme of work:

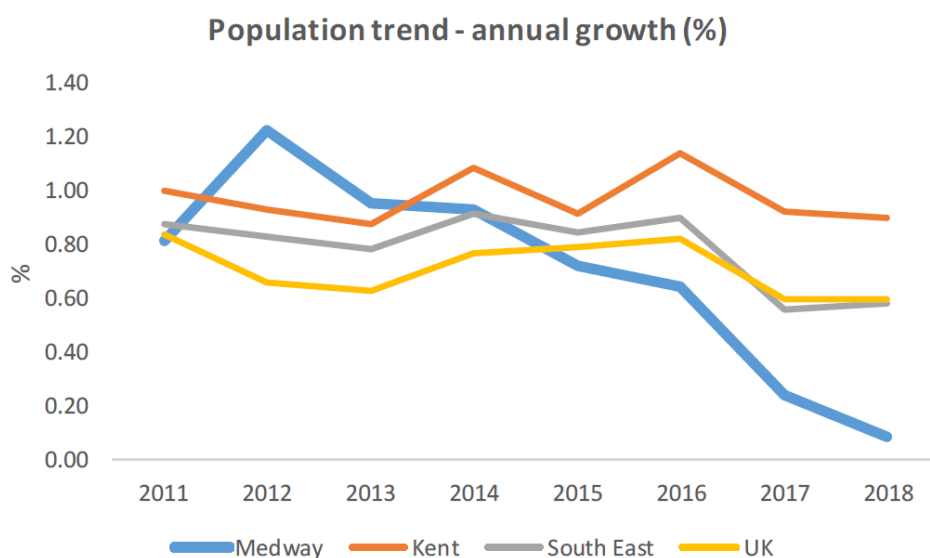
- 1.4.1 Seek to improve family resilience and the ability of families to care for their own children through early intervention
- 1.4.2 Reduce the need for repeated removals of children into care
- 1.4.3 Facilitate children safely returning home
- 1.4.4 Facilitate children leaving care to other permanent families
- 1.4.5 Improve the number of in-house foster carers in Medway and their capacity to take on more complex or hard to place children
- 1.4.6 Provide specialist high intensity support for complex CLA within Kent and Medway

- 1.4.7 Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need
- 1.4.8 Improve the range and quality of accommodation for our care leavers within Medway

2 Demography

- 2.1.1 As of 31 August 2020, there are 467 children in care (age 0-25) which represents a rate of 74 per 10,000 0-17 year olds and is the highest that Medway has ever seen.
- 2.1.2 Medway's care population is predominantly white British with a small but growing BME population. There is a majority of boys and the most significant age group in care is the 10-15 year old population.
- 2.1.3 The fastest growing age group of young people in care is the 10-15 year olds. The most significant prevalence of disabilities present in the cohort are:
- Autism/ADHD,
 - Social Emotional & Mental Health needs ("SEMH"), and
 - Learning Disabilities.
- 2.1.4 As can be seen from
- 2.1.5 Figure 1, Medway's population growth continues to slow and has fallen to its lowest level in the past fourteen years:

Figure 1: Population growth (2011 to 2018)¹



A full assessment of the demography as at September 2019 can be found in 2019-20 Sufficiency Report² or at www.medway.jsna.gov.

3 Placement Mix

3.1 Placements

¹ [Populations 2018](#), Medway Council

² [Sufficiency Report 2019-20](#), Medway Council

3.1.1 Medway Council meets the placement needs of CLA through a range of internal and external providers based within and outside Medway. Data provided by Medway Council's Performance & Intelligence Team (see Figure 2) allows this to be analysed alongside figures for England, Medway's statistical neighbours³ and the South East.

Figure 2: CLA at 31 March 2019 by Placement⁴

Placement	Eng 18-19	SNs 18-19	SE 18-19	Good is	MW 17-18	MW 18-19	Predicted MW 19-20*		Num	Denom
Foster placements	72%	73%	73%	Higher	82.6%	84.2%	84.0%	↓	357	426
Concurrent planning foster placements					0.3%	0.3%	0.3%	–	1	358
Foster placements with relative(s) or friends(s)	13%				11.7%	9.0%	8.4%	↓	35	358
Foster placements confirmed as permanent				Higher	20.5%	26.3%	34.4%	↑	55	358
Placed for adoption*	3%	3%	3%		5.6%	2.4%	3.3%	↑	10	426
Placement with parents	7%	6%	5%		1.0%	1.4%	0.9%	↓	6	426
Other placement in the community	4%	6%	4%		-	-	0.5%	↑	0	426
Children's homes, secure units and hostels	12%	13%	14%	Lower	9.7%	11.8%	10.6%	↓	50	426
Other residential settings	1%	3%	1%		1.2%	0.2%	0.7%	↑	1	426
Residential schools	x	0%	x		-	-	-	–	0	426
Other placements	1%	0%	x		-	-	-	–	0	426
Unaccompanied Asylum Seeking Children	6%	9%	9%		0.7%	2.6%	1.9% Actual: 3% ⁵	↓	8 Actual: 11	426

(*Up to date figures for 2019-20 are being collated by Medway Council's Performance and Intelligence team for the full Sufficiency Report.)

3.1.2 Medway has a higher percentage of CLA who are accommodated in foster placements (84%) than the average for the South East (73%) and England (73%). However, within this cohort Medway has a markedly smaller percentage of CLA who are placed with relatives or friends (9.0% in March 2019) than the England average (13%).

3.1.3 There has been a significant increase in the percentage of foster placements confirmed as permanent (from 20.5% (2017-18) to 26.3% (2018-19) and this was predicted to increase further to 34.4% (2019-20)). The percentage of CLA placed for adoption (3.3%) is in line with the England average (3%).

3.1.4 The number of CLA placed with in-house foster carers has remained relatively constant, although the number of CLA placed with external foster carers, sourced through independent foster agencies ("IFAs"), has increased markedly. This is analysed further in section 4.2.

³ Medway's statistical neighbours (as per the [Local Authority Interactive Tool](#)) are Havering, Kent, North Lincolnshire, Northamptonshire, Swindon, Thurrock, Southend-on-Sea, Telford and Wrekin, Dudley and Rotherham.

⁴ Medway Council's Performance & Intelligence Team

⁵ [Children looked after in England including adoption: 2018 to 2019, National Statistics](#)

- 3.1.5 It is also worth noting the new government arrangements will see a higher proportion of unaccompanied asylum seeking children joining the cohort. Figures provided nationally⁶ show that 11 unaccompanied asylum seeking children joined the Medway cohort in 2018-19 (3%).
- 3.1.6 Limitations in the report mean that it does not accurately identify the number of children placed in a residential school, as opposed to a residential home. We have therefore collated information from different sources in Figure 3 to provide a more representative snapshot as at May 2020⁷.

Figure 3: CLA per placement type (May 2020)⁸

CLA Placement Type	Number	% of all placements	Internal /External	% of internal / external (as applicable)	
In House Foster Care	189	42%	Internal: 230 (52%)	82%	100%
Connected Carers	28	6%		12%	
Other (internal) placement	13	3%		6%	
IFA	149	33%	External: 215 (48%)	69%	100%
Parent & Child (external)	10	2%		5%	
Residential Home	23	5%		11%	
Residential School	15	3%		7%	
Supported Accommodation	18	4%		8%	
Total	445	100%			

3.2 Placements at a distance from home

⁶ [Children looked after in England including adoption: 2018 to 2019, National Statistics](#)

⁷ The number of external placements was provided by Medway Council's Finance Team. The total number of placements, the number of in-house foster care placement and the number of connected carer placements was reported using Medway Council's MOSAIC reporting.

⁸ Medway Council's Performance & Intelligence Team

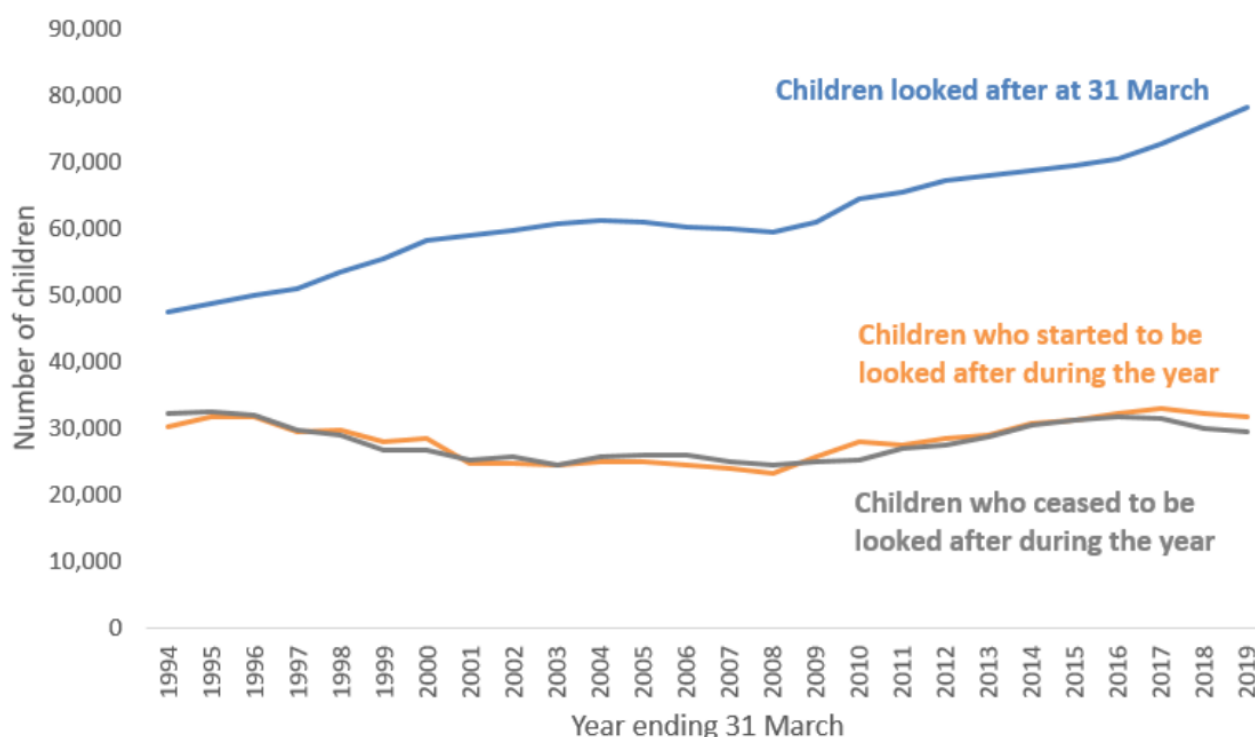
- 3.2.1 It has been noted⁹ that there are many reasons why some looked after children live away from their home authority¹⁰. However, the Government has indicated that the routine use of this practice should be discouraged¹¹ and has taken steps to ensure local authorities are held more accountable for their decisions to send children to live far from home¹².
- 3.2.2 Historically in Medway, a high percentage of new placements have been made within 20 miles of the LAC's home and inside the local authority's boundaries. However, data from the last few months suggests that a higher percentage of placements are now being made outside the local authority's boundary.
- 3.2.3 This is analysed further in section 4.3.

4 Challenges and Trends

4.1 Number of CLA is increasing

- 4.1.1 There has been a general and prolonged increase in the number of CLA across England, with a 4% increase over the 12 months leading up to 31 March 2019 (see Figure 4).

Figure 4: Numbers of looked after children in England at 31 March 2019¹³



- 4.1.2 This overall trend has been felt slightly more acutely in Medway, which has seen an average of 5% annual increase over the last two financial years, as shown by Figure

⁹ [From a distance: Looked after children living away from their home area \(Apr 2014\) Ofsted](#)

¹⁰ For example, some may need to live out of area to help keep them safe from harm or from dangerous influences closer to home. Others may need specialist care that is not available in all local authority areas.

¹¹ See Edward Timpson, [Daily Telegraph](#), 24 April 2013; Michael Gove, [Daily Telegraph](#), 12 September 2013.

¹² [Out of authority placement of looked after children: Supplement to The Children Act 1989 Volume 2: care planning, placement and case review guidance](#), July 2014, Department of Education

¹³ [Children looked after in England \(including adoption\)](#), y/e 31 March 2019, Department of Education

5. Similarly, Figure 6 illustrates how this overall trend is also evident across the South East and among Medway's statistical neighbours¹⁴.

Figure 5: Numbers of looked after children in Medway¹⁵

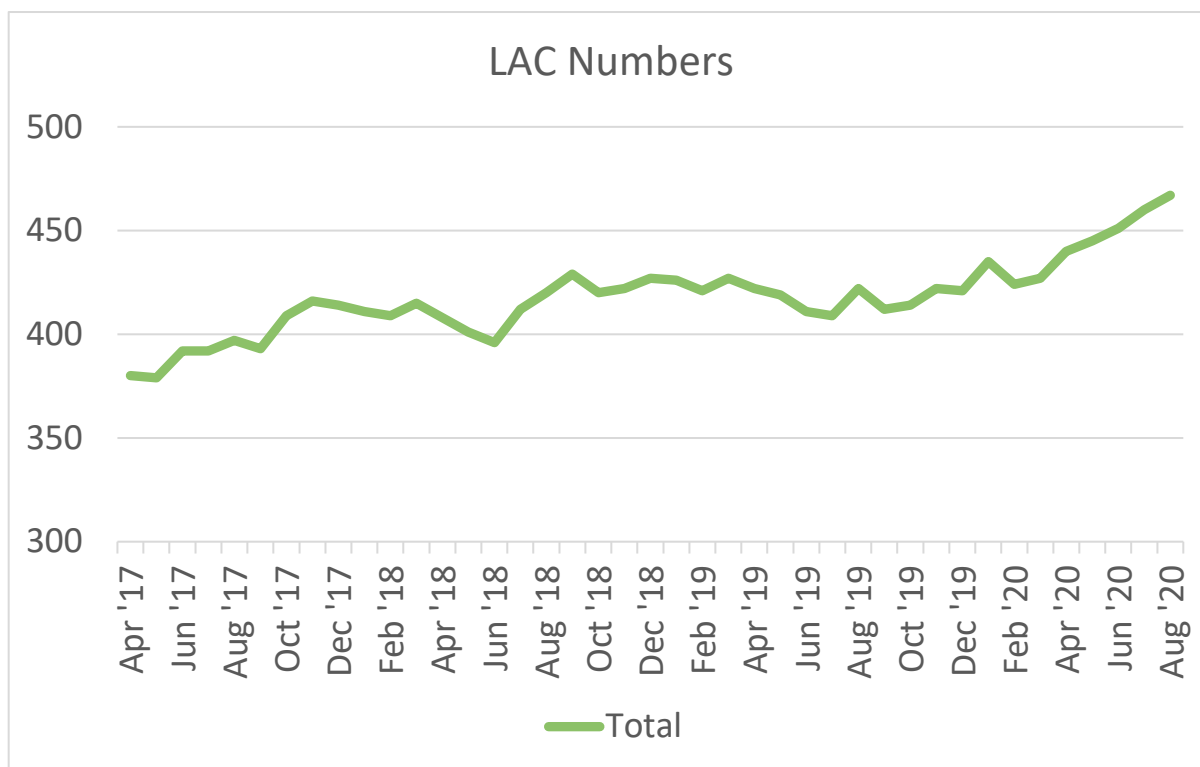
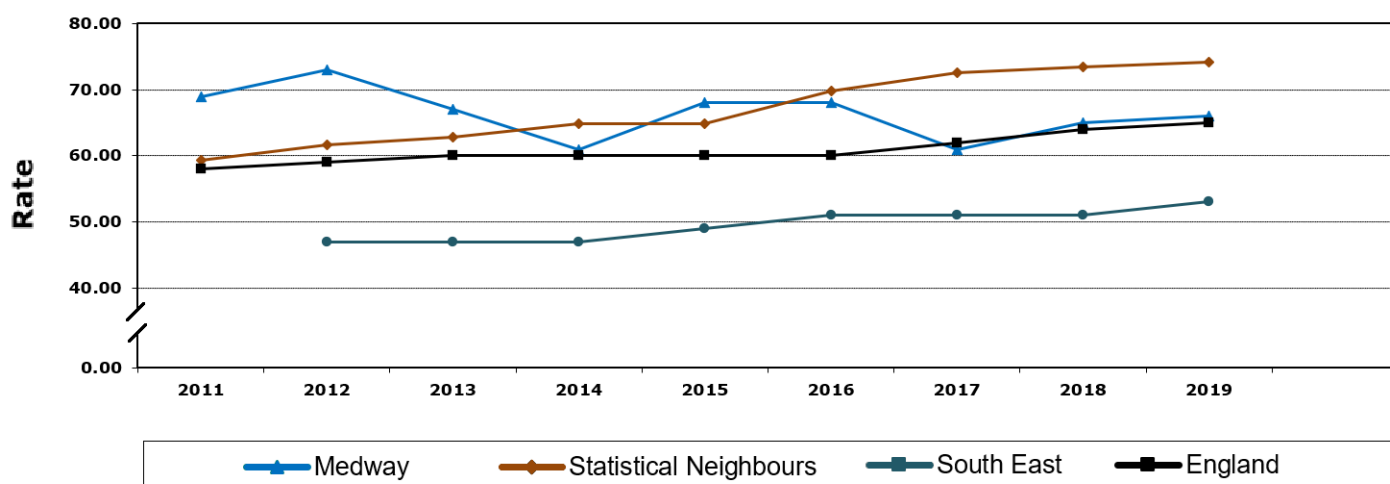


Figure 6: CLA rate per 10,000 children aged under 18¹⁶



4.1.3 Importantly, however, this trend has significantly accelerated over the last six months, as can be seen from Figure 5. The number of CLA increased from 425 CLA in March 2020 to 467 by August 2020, representing a 10% increase over that 6 month period

¹⁴ See footnote 3.

¹⁵ Medway Council's Performance & Intelligence Team

¹⁶ [Local Authority Interactive Tool](#) (2020) Department of Education

alone. Similarly, Medway's current rate of CLA per 10,000 children has increased from 63 per 10,000 children in 2019 to 74 per 10,000 children as at August 2020. This is the highest rate on record for Medway.

- 4.1.4 In recent years, Medway has seen fewer children ceasing to be looked after than the number of children who start to be looked after each year – hence the overall nett increase in CLA over recent years shown in Figure 7. While this nett increase is certainly a cause for concern in its own right, since April 2020 there has been a significant increase in the number of children who have started to be looked after and a significant drop in the children who cease to be looked after. On average this has equated to a nett increase of 8 CLA each month since April 2020.

Figure 7: Numbers of children in Medway starting and ceasing to be LAC¹⁷

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20 ¹⁸	Apr – Aug 2020 ¹⁹
Start to be LAC	238	208	145	175	167	179 (TBC)	85 (in 5mths)
Cease to be LAC	195	210	187	159	158	179 (TBC)	43 (in 5mths)
Approx ²⁰ nett change	43	-2	-42	16	9	0 (TBC)	42 (in 5mths)

What are the underlying causes for this increase? Is this likely to continue?

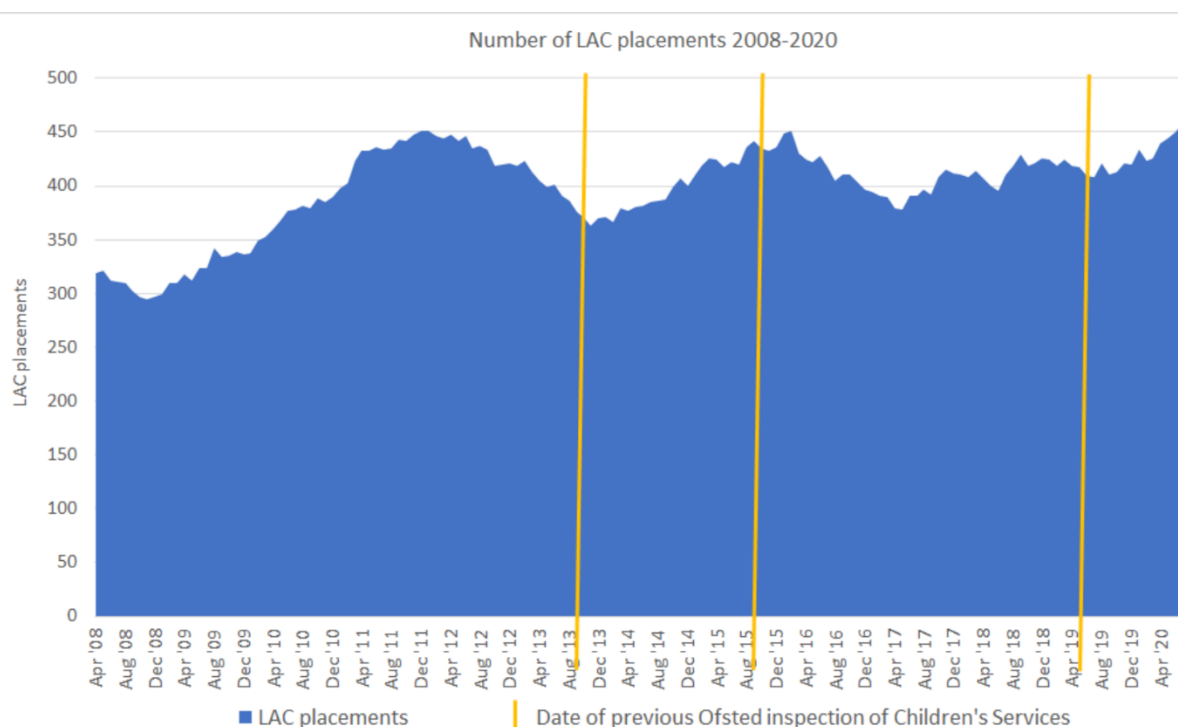
- 4.1.5 Figure 8 shows the number of CLA placement in Medway since 2008 and helps to illustrate a number of different national and local factors which have affected the number of children in care.

¹⁷ [Children looked after in England including adoption: 2018 to 2019, National Statistics](#)

¹⁸ Provided by Medway Council's Performance & Intelligence Team

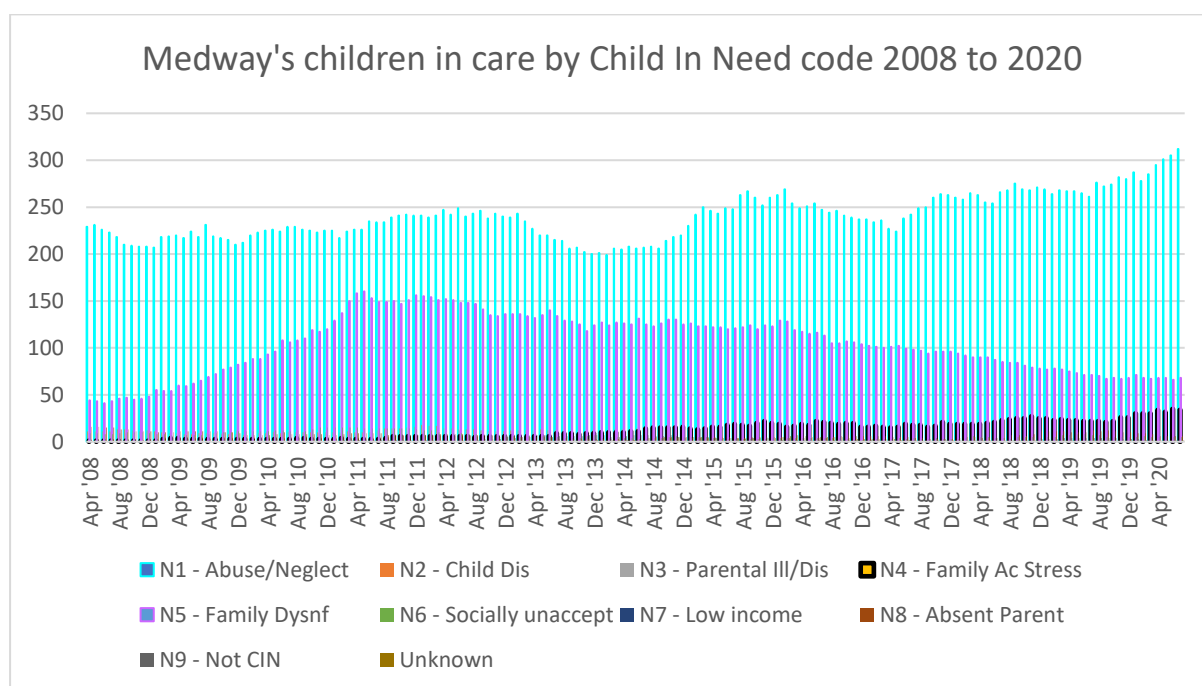
¹⁹ Prediction for 2018/19 provided by Medway Council's Performance & Intelligence Team

²⁰ The DfE definitions for CLA starts and CLA ends do not mirror each other, so this is only an approximate figure.

Figure 8: Numbers of CLA Placements in Medway (2008-2020)²¹

- 4.1.6 The global economic crisis in 2008 was followed by the biggest rise in children coming into the care system. As can be seen from Figure 9, this rise went hand-in-hand with an increase in the number of children who came into care having been living in a family where the parenting capacity was chronically inadequate (recorded as 'family dysfunction').
- 4.1.7 By comparison, the number of children in care as a result of or because they were at risk of abuse or neglect ('abuse/neglect') remained relatively static during that period (although worryingly it has increased markedly in the last few years). One might therefore surmise that the socio-economic fallout from the 2008 crisis placed additional burden upon families on the edge of care and was linked to the rise in 'family dysfunction'. It is also worth noting that we have also seen increasing numbers of children in care from families recorded as being 'families in acute stress' – this means that they are going through a temporary crisis that diminishes the parenting capacity to adequately meet some of the children's needs.

²¹ Provided by Medway Council's Performance & Intelligence Team

Figure 9: Number of CLA shown by their Child In Need code (2008-2020)²²

- 4.1.8 It is well understood that Ofsted inspections of children's services can result in a spike in referrals and an increase in the number of children coming into care²³. These spikes can be seen on Figure 8 and this is particularly evident in relation to the inspections carried out in 2013 and 2019.
- 4.1.9 There has been a national drop in the number of children leaving care to new families, with fewer special guardianship orders ("SGOs") being made, and fewer families looking to adopt²⁴. Figure 10 shows that the percentages of children who left care for adoption and those who left care because of a SGO has decreased. The fall in adoptions is mainly due to a smaller pool of adoptive parents and is a trend seen nationally. The fall in SGOs also follows the national trend and is likely to be caused nationally by a number of serious case reviews which have been critical of assessments undertaken of potential family members. This has led to more robust assessment being undertaken with fewer SGOs resulting²⁵.

²² Provided by Medway Council's Performance & Intelligence Team

²³ See [What happens if your children's services are judged inadequate by Ofsted?](#), February 2019, Local Government Association

²⁴ There was a 7% drop in the number of adoptions across England in the year up to 31 March 2019. See [Children looked after in England \(including adoption\), y/e 31 March 2019, Department of Education](#)

²⁵ See [Recommendations to achieve best practice in the child protection and family justice systems: Special guardianship orders](#), June 2020, Public Law Working Group

Figure 10: Percentage CLA who ceased to be looked after due to adoption / SGO (31 March 2019)²⁶

	Eng 18-19	SNs 18-19	SE 18-19	Good is	MW 17-18	MW 18-19	Predicted MW 19-20*		Num	Denom
Percentage who ceased to be looked after who were adopted	12%	14%	12%	High	23.6%	15.7%	13.5%	↓	23	170
Percentage who ceased to be looked because of a SGO	x	15%	x	High	12.8%	16.3%	13.5%	↓	23	170

4.1.10 In addition, the situation is highly likely to have been exacerbated by Covid-19. Since April 2020, there has been a sharp drop in the number exiting care, while lockdown measures were in place. In addition, the requirement for families to stay at home might also have placed additional pressures on family life, leading to more children coming into care.

4.1.11 On the face of it, it might therefore be hoped that the relaxation of Covid-19 restrictions and the return to a more 'normal' way of life will see a return to a lower rate of increase in the numbers of children in care. It is worth stating that even this lower rate of increase is undesirable for the families and children involved and places on-going pressures on the Council. While it is still too early to judge the medium term impact of Covid-19, this view is likely to be overly optimistic.

4.1.12 Firstly, it is unclear whether a more 'normal' way of life is likely to return in the short to medium term. This may, for example, continue to affect the availability of respite support for families. Indeed, in the short to medium term, it is likely that the number of children being brought into care will continue to increase without urgent intervention. This is evident from Figure 11 which shows a continuing rise in the number of cases currently in proceedings to bring a child into care.

Figure 11: Number of Medway cases in proceedings (March 2020 to August 2020)²⁷

	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20
Number of cases in proceedings	100	129	129	132	138	163

4.1.13 Secondly, it is possible that the pandemic's economic aftershock may be significant. In the medium to long term, we might therefore expect to see a repeat of some of the increases in CLA as were seen following the 2008 global economic crisis, perhaps again fuelled by a rise in the levels of 'family dysfunction' or perhaps a further rise in the number of children in care from 'families in acute stress'²⁸.

4.1.14 In addition to the analysis presented above, we intend to conduct further analysis to assess any apparent trends from the progression of children from being children in need ("CIN") to being children in need of protection ("CP") to then coming into care.

To address increasing numbers of LAC, we will adopt the following priorities:

- Reduce the need for repeated removals of children into care

²⁶ Medway Council's Performance & Intelligence Team

²⁷ Medway Council's Performance & Intelligence Team

²⁸ See Figure 8 and Figure 9 above.

- Seek to improve family resilience and the ability of families to care for their own children through early intervention
- Facilitate children safely returning home
- Facilitate children leaving care to other permanent families

4.2 Number of in-house foster carers is dropping, causing an over-reliance on IFA placements and external arrangements

- 4.2.1 At the end of March 2020, Medway Council had 142 in-house foster carers (and 20 Connected Carers²⁹) who are based in Medway and are approved to provide placements for children across a range of categories (including 'parent and child' placements and respite placements). In recent years we have targeted recruiting 10 new foster carers each year (nett), however the number of foster carers has dropped over recent years, as shown in Figure 12.

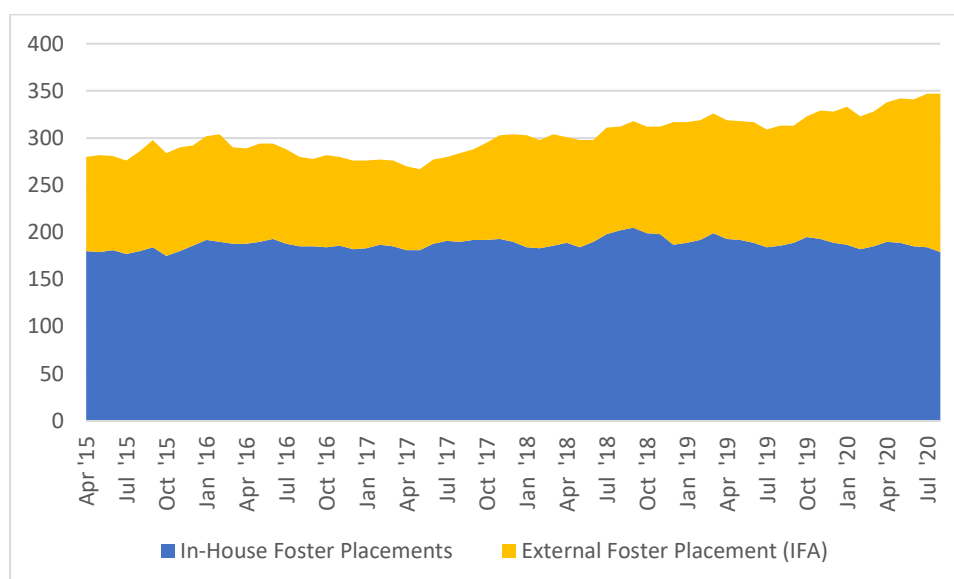
Figure 12: Numbers of In-House Foster Carer approvals/terminations (2018-2021)³⁰

	2018/19	2019/20	2020/21	
			Predicted	Actual: Apr-Jun
New approvals	14	8	8	2
Terminations	14	16	10	4
Nett change	0	-8	-2	-2

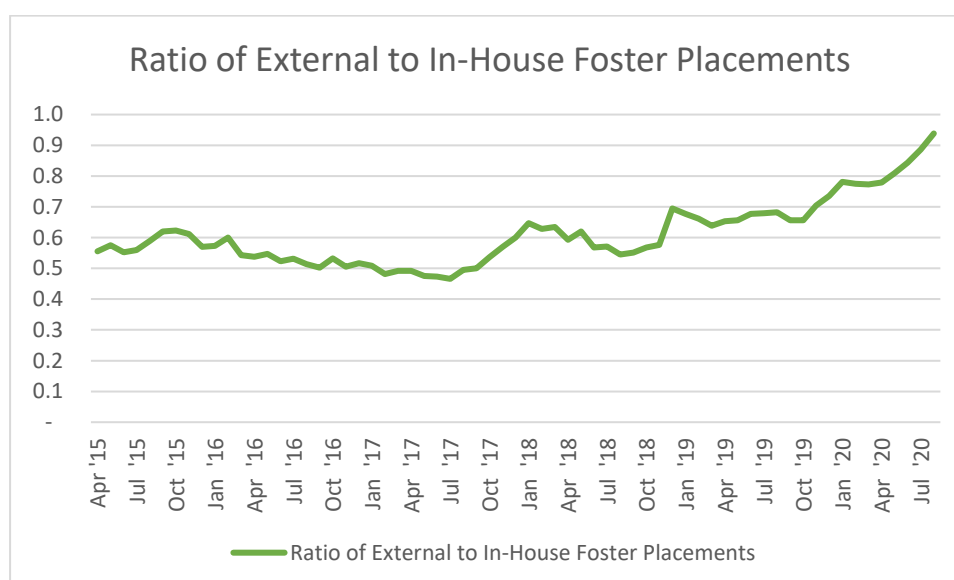
- 4.2.2 Currently, these in-house foster carers are providing placements for approximately 180 children and young people. This figure has remained relatively stable over recent years. (In addition, there are approximately 30 placements with foster carers who are friends, family or connected persons.)
- 4.2.3 As the number of CLA has increased, the number of in-house foster placements has not increased capacity to keep pace. Consequently, we have needed to make up the shortfall through the use of external foster carers who are sourced through independent foster agencies ("IFAs"), as can be seen by Figure 13.

²⁹ i.e. Foster carers who are friends or relatives of the LAC

³⁰ Provided by Medway Council's Performance & Intelligence Team

Figure 13: Number of Foster Placements split between in-house and IFA (2015-2020)³¹

- 4.2.4 As Figure 14 illustrates, the ratio of external foster placements to in-house foster placements is now at near-parity. This places an increasing financial burden on the Council as the cost of placements with external foster carers is higher than with in-house foster carers³².

Figure 14: Ratio of external to in-house foster placements (2015-2020)³³

- 4.2.5 The decline in the number of in-house foster carers has been analysed. There is little indication that foster carers are leaving Medway Council to become IFAs, with no cases recorded over the last two years. The Fostering Service team has indicated anecdotally that around half of those ceasing to be foster carers chose to do so for personal reasons, while the other half found the role overly demanding or were unable to receive the required levels of support they needed. Findings from the recent Partner In Practice diagnostic, conducted by Essex Children and Families, identified high caseloads for supervising social workers and a confused structure and responsibilities in the fostering service as a whole. These factors suggest that retention of foster

³¹ Provided by Medway Council's Performance & Intelligence Team

³² See section 4.5.4.

³³ Provided by Medway Council's Performance & Intelligence Team

carers could be improved if the Council provides a more comprehensive level of support.

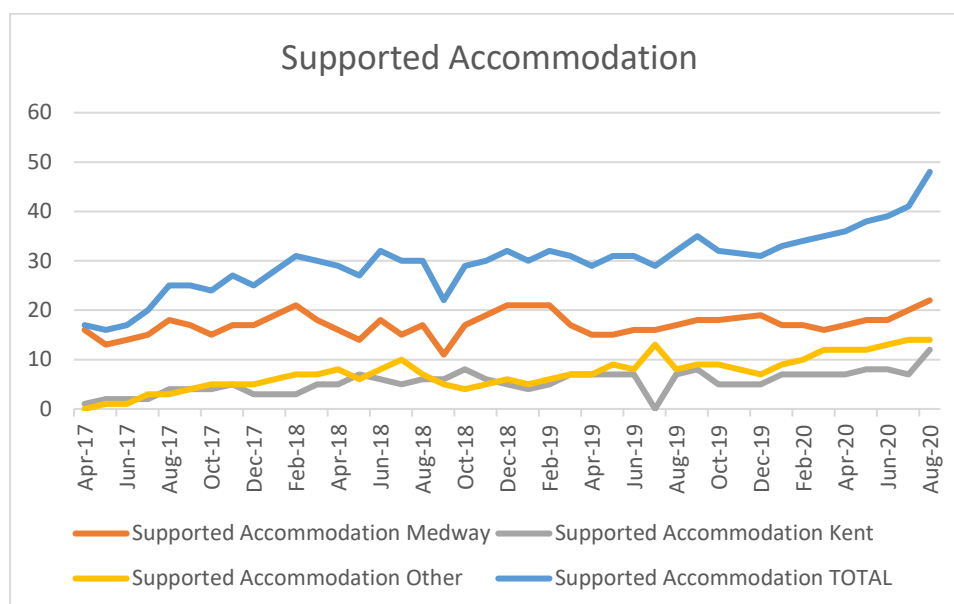
- 4.2.6 The recruitment of new foster carers has proven difficult and highly competitive, with 81 national and regional IFAs who recruit carers from the Medway area. The Partner In Practice diagnostic highlighted the disparity between the fees paid by Medway Council and IFAs or neighbouring local authorities. However, feedback from prospective foster carers suggest that the package of support and care is a more important factor than the fees alone.
- 4.2.7 While there is a need to increase the overall number of in-house foster carers, we have identified a particular need for the following types of placements³⁴:
- older children (aged 10+)
 - larger sibling groups
 - children with higher complex needs
 - parent and child placements
 - emergency placements.
- 4.2.8 These placements are more difficult to secure and often require external placements to be found. This is discussed further in section 4.4.
- 4.2.9 It is worth noting that while Medway has a high number of foster carers approved to provide in-house parent and child placements (“P&C”) compared to other regions³⁵, the demand continues to outstrip the in-house supply. There are 15 in-house foster carers who are approved for P&C placements: 6 are full, 3 are vacant, and 6 are not currently taking placements. There are currently 7 P&C placements with IFAs (plus 2 in a residential mother and baby unit). Further investigation is underway to establish why the three vacant placements were not filled in preference to the external placements. However, it is anticipated that this is either a timing issue or may have been due to the placement being for two parents and a child, which usually cannot be provided in-house at this time. Over the last two years (August 2018 to July 2020³⁶), the average number of external P&C placements in place each month was 6.
- 4.2.10 It is also worth noting that the number of external supported accommodation placements has increased markedly over recently months. As can be seen from Figure 15, much of this additional demand has needed to be met using supported accommodation located outside Medway.

³⁴ We intend that the full Sufficient Statement will provide a breakdown to show what number of each of these placements types are currently provided in-house / externally.

³⁵ This was specifically praised by the Partner In Practice, Essex Children and Families.

³⁶ Medway Council's External Placement Team.

Figure 15: Number of supported accommodation placements split by placement location (2017-2020)³⁷



To address the falling number of in-house foster carers, we will adopt the following priority:

- Improve the number of in-house foster carers in Medway and their capacity to take on more complex or hard to place children

4.3 Number of distant placements is increasing

4.3.1 Historically in Medway, a high percentage of new placements have been made within 20 miles of the CLA's home and inside the local authority's boundaries, as shown in Figure 16. However, the percentage of placements over 20 miles and outside the local authority's boundary has increased over the last few years.

Figure 16: New placements over/under 20 miles from home and within/outside LA boundary³⁸

Location of new placement	England 2018-19	SNs 2018-19	SE 2018-19	Medway 2016-17	Medway 2017-18	Medway 2018-19	Medway 2019-20 ³⁹
Under 20 miles and inside LA boundary	50%	48%	45%	48.3%	55.7%	54.4%	52%
Under 20 miles and outside LA boundary	21%	19%	13%	25.2%	22.7%	22.3%	21%
Over 20 miles and inside LA boundary	5%	3%	7%	-	0.2%	-	0%
Over 20 miles and outside LA boundary	16%	16%	20%	16.9%	16.9%	20.4%	20%
Distance not known or recorded	9%	19%	15%	9.7%	4.4%	2.9%	7%

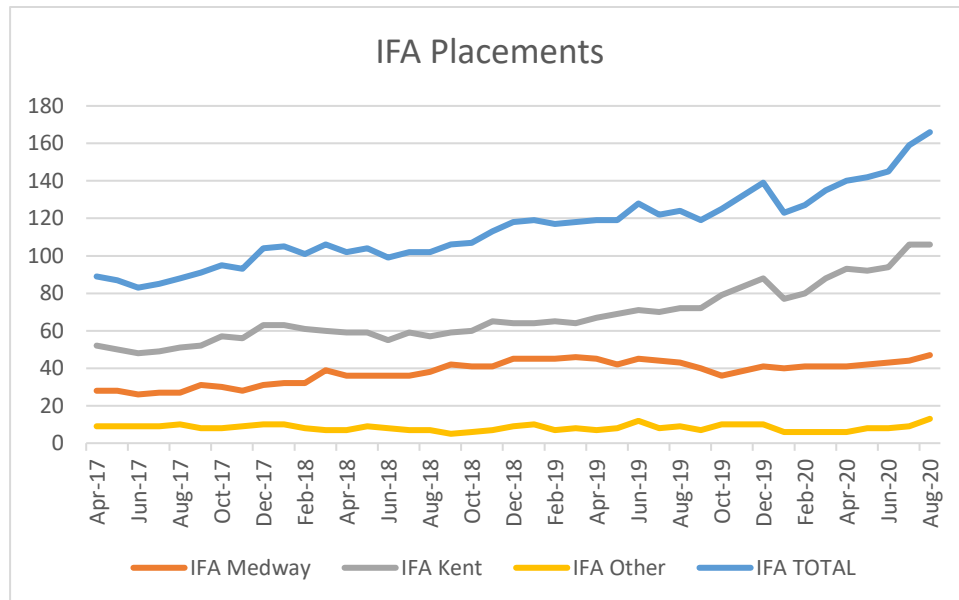
³⁷ Provided by Medway Council's Placements Team

³⁸ Provided by Medway Council's Performance & Intelligence Team

³⁹ Figures obtained from [Children looked after in England \(including adoption\), y/e 31 March 2019, Department of Education](#)

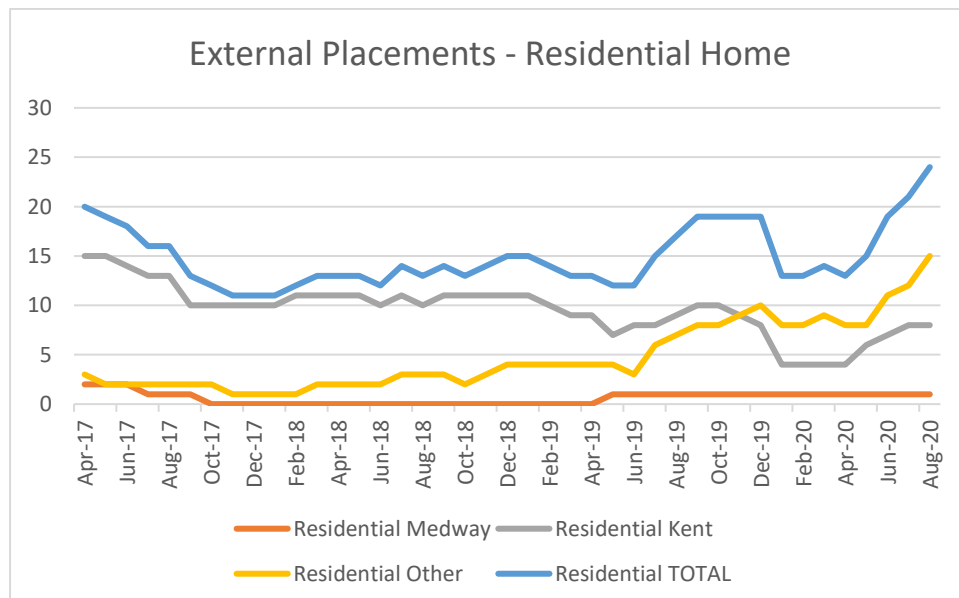
- 4.3.2 Looking at more recent data, it is also apparent that these IFA placements are increasingly being found in Kent rather than Medway, as shown by Figure 17. It may be that these placements are still relatively close to the child's home. However, they may still cause additional difficulties for the child or young person, especially where a change of school is then required.

Figure 17: Number of IFA placements split by placement location (2017-2020)⁴⁰



- 4.3.3 In relation to external residential home placements, it is clear from Figure 18 that more CLA are being placed at a distance during 2019/20. For the first time, more CLA are being placed in residential homes outside of Kent and Medway than within Kent and Medway. This is a cause for concern⁴¹.

Figure 18: Number of external residential placements split by placement location (2017-2020)⁴²



⁴⁰ Provided by Medway Council's Placements Team

⁴¹ We are conducting further analysis to confirm that the increase in CLA being placed at a distance is primarily driven by a lack of placements within Kent and Medway.

⁴² Provided by Medway Council's Placements Team

To address the increasing numbers of children placed at a distance from home, we will adopt the following priorities:

- Improve the number of in-house foster carers in Medway and their capacity to take on more complex or hard to place children
- Provide specialist high intensity support for complex CLA within Kent and Medway

4.4 Number of complex children and hard to place children is increasing

4.4.1 Children aged 10-15, sibling groups, those with a disability and those with complex needs (such as emotional and behavioural issues) are considered harder to place. Foster carers may be unwilling to take on children in this group or may not have the appropriate skills or accommodation to look after these children. This cohort is more likely to be placed with an IFA or in residential care out of borough.

4.4.2 Older Children

4.4.2.1 Looking at the demography of CLA as shown in Figure 19, there has been a significant increase in the proportion of CLA who are aged 10-15 years, with Medway having a higher proportion in this age band than its statistical neighbours⁴³ and this trend is predicted to continue. This age group is the hardest to place with foster carers.

Figure 19: CLA at 31 March 2019 by Age⁴⁴

Age	England 2018-19	SNs 2018-19	SE 2018-19	Medway 2016-17	Medway 2017-18	Medway 2018-19	Medway Sept 2019	Medway Trend
Under 1	6%	6%	5%	6.2%	7.0%	7.1%	6.6%	↓
1 to 4	13%	13%	11%	13.1%	13.8%	12.5%	12.0%	↓
5 to 9	19%	19%	18%	22.3%	20.3%	17.5%	17.6%	↑
10 to 15	39%	39%	40%	40.3%	41.3%	42.2%	43.7%	↑
16+	23%	24%	26%	18.2%	17.6%	20.8%	20.2%	↓*

*data taken since this report was written (Dec 2020) suggests that this is higher (26%) and the trend is increasing.

4.4.3 Complex Needs

4.4.3.1 Children who are taken into care have increased physical, emotional and behavioural needs and increased vulnerabilities to substance misuse, self-harm, teenage pregnancy, exclusion from education and criminality⁴⁵.

⁴³ See footnote 3.

⁴⁴ Medway Council's Performance & Intelligence Team

⁴⁵ Looked after children (who have been looked after for at least 12 months) are five times more likely to offend than all children according to [Criminal Justice System statistics quarterly: December 2017 - GOV.UK](#). In England in the year ending 31 March 2018, 4% of children aged 10 years or over (1,510 children) who were looked after for at least 12 months were convicted or subject to youth cautions or youth conditional cautions during the year.

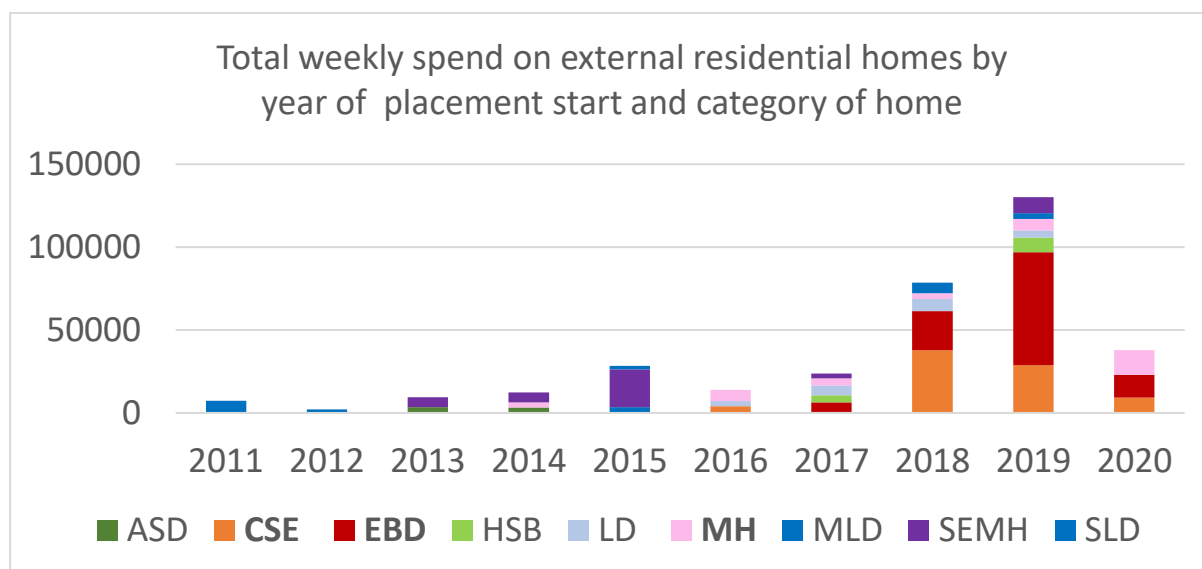
4.4.3.2 Looked after children are more likely to experience mental health problems. Whereas 1 in 8 (12.8%) of 5 to 19 year olds in England in 2017⁴⁶ met the criteria for one or more mental health disorders, around half of CLA in England may have a mental health issue based on their SDQ scores⁴⁷.

4.4.3.3 In Medway, the nature of needs is predominately in relation to attachment problems, depression, deliberate self-harm, anxiety, post-traumatic stress, trauma through previous sexual abuse and other post abuse problems⁴⁸. (Further work is underway to gather a breakdown of this information for analysis.)

4.4.3.4 In both recent and current times it is accepted that children and young people face a number of challenges to their safety and wellbeing. Of these, arguably none is more complex and damaging than exploitation. Being drawn into exploitative situations, where children can be both victims and perpetrators of serious harm, can have severe consequences for them and for their families, friends, and communities.

4.4.3.5 Anecdotally, the placement teams in Medway and other local authorities have indicated these difficulties have intensified over recent years for this age group, in line with a rise in emotional and behavioural concerns and child exploitation. This is illustrated by Figure 20 which shows that increasing amounts are being spent with external residential homes to support emotional and behavioural difficulties (EBD), mental health difficulties (MH) and those at risk of child sexual exploitation (CSE).

Figure 20: Weekly spend on external residential homes split by category of home⁴⁹



4.4.3.6 Data from the National Crime Agency⁵⁰ showed in 2018 that 41% of all referrals to the National Referral Mechanism (used to identify victims of modern slavery) were children who were being exploited. There was also a sharp rise in the number of UK national children identified (32% of the total number of all child victims). This is due, in part, to a rise in referrals of children exploited by 'county lines' gangs, where children are exploited to transport drugs from major UK cities to sell in small towns and rural areas.

⁴⁶ [Mental Health of Children and Young People in England \(2017\), NHS Digital](#)

⁴⁷ [Children looked after in England including adoption: 2017 to 2018, National Statistics](#)

⁴⁸ See [Medway Local Transformation Plan for Children and Young People's Mental Health and Wellbeing](#), 2019/20, Medway CCG / Medway Council / North East London NHS Foundation Trust

⁴⁹ Medway Council's Performance & Intelligence Team

⁵⁰ [National Referral Mechanism Statistics – End of Year Summary 2018](#), National Crime Agency

4.4.3.7 Locally, there has been a significant rise in all concerns reported to the Council's Single Point of Contact / Multi Agency Safeguarding Hub, as shown in Figure 21.

Figure 21: MASH contacts/referrals for Child Sexual Exploitation (CSE), Missing, Gangs⁵¹

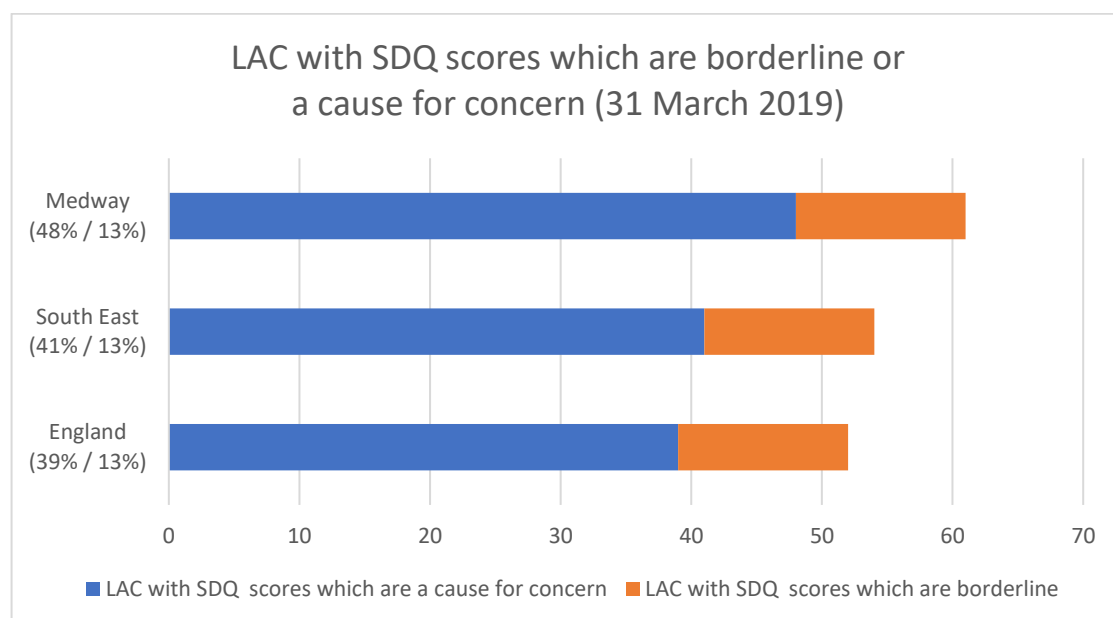
	Contacts			Referral		
	CSE	Missing	Gangs	CSE	Missing	Gangs
2018-19	222	100	104	127	49	66
2019-20	356	201	207	214	117	127
% increase	60%	50%	99%	69%	139%	92%

4.4.3.8 There is evidence from Strengths and Difficulties Questionnaires ("SDQ") that Medway has a more complex cohort of CLA than England and the South East.

4.4.3.9 Where SDQs are completed, they provide a useful insight into the emotional and behavioural wellbeing of children and young people. Medway has a high percentage⁵² of CLA who have completed the SDQ.

4.4.3.10 Figure 22 shows that, in the year up to 31 March 2018, only 39% of CLA in Medway have SDQ scores in the "normal" range. 13% have SDQ scores which are "borderline" and 48% have SDQ scores which are "a cause for concern". This is significantly higher than the average across England, where 39% are "a cause for concern", and the South East, where 41% are "a cause for concern".

Figure 22: Percentage of looked after children with SDQ scores which are borderline or a cause for concern⁵³



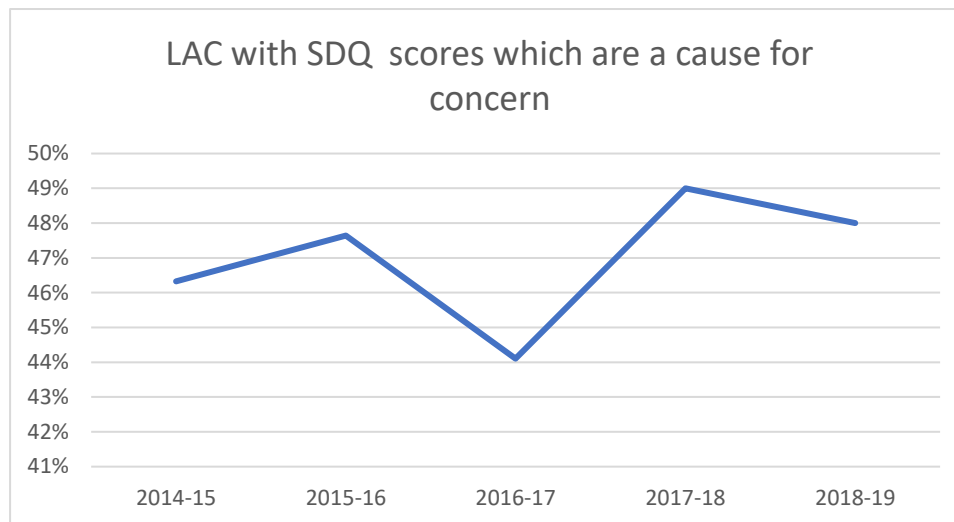
4.4.3.11 In addition, it is clear from Figure 23 that this high percentage of CLA in Medway who have SDQ scores which are "a cause for concern" has persisted for several years.

⁵¹ Medway Council's Adolescent Service

⁵² 92% in Medway, compared to 78% in England and 77% in the South East as at 31 March 2019 (see [Children looked after in England including adoption: 2018 to 2019, National Statistics](#))

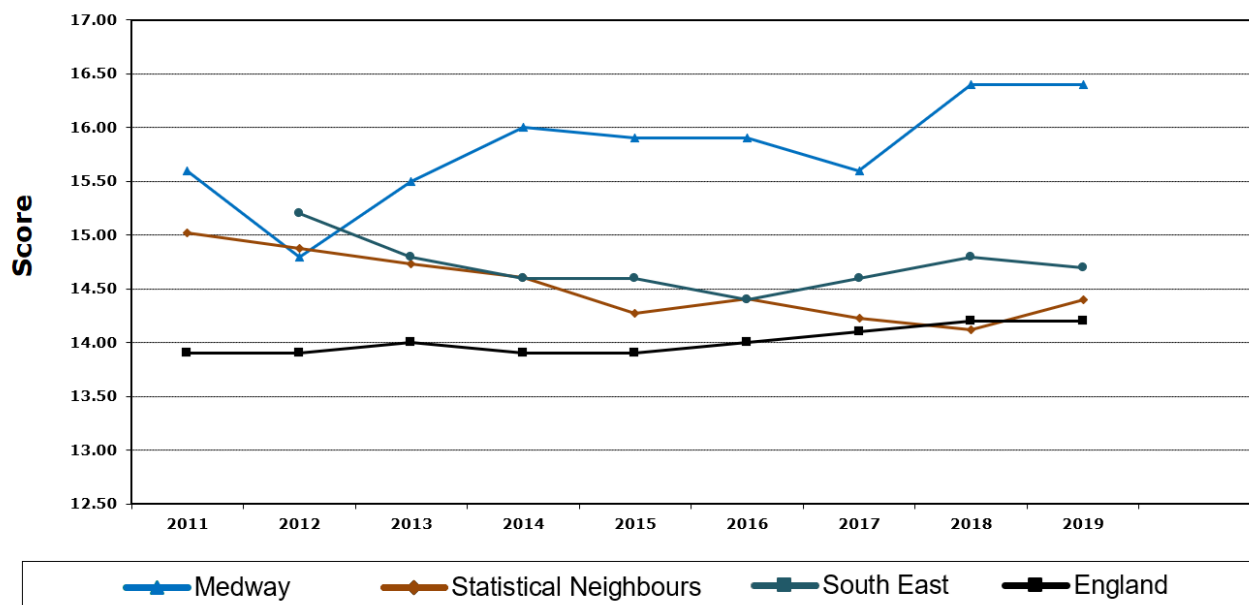
⁵³ [Children looked after in England including adoption: 2017 to 2018, National Statistics](#)

Figure 23: Percentage of looked after children in Medway with SDQ scores which are a cause for concern 2014/15 to 2018/19⁵⁴



4.4.3.12 Figure 24 shows that the CLA in Medway have a significantly higher SDQ score⁵⁵ on average, than its statistical neighbours⁵⁶, the South East or England. Medway is ranked 143 out of 151 local authorities on this indicator⁵⁷.

Figure 24: Mean average SDQ score for each CLA (4 to 16) who has been looked after for a year⁵⁸



4.4.3.13 There are several possible explanations for why Medway has a cohort with more complex needs than its statistical neighbours. To develop a deeper understanding of these issues, the Council plans to undertake a detailed review of children and young people who have accessed Tier 4 (therapeutic) mental health services⁵⁹ and further analysis is being undertaken of the more recent impact of Covid-

⁵⁴ [Statistics: looked-after children, Department for Education](#)

⁵⁵ An SDQ score of 0 to 13 is considered normal; 14 to 16 is borderline; and 17 to 40 is a cause for concern.

⁵⁶ See footnote 3.

⁵⁷ [Local Authority Interactive Tool](#) (2020) Department of Education

⁵⁸ [Local Authority Interactive Tool](#) (2020) Department of Education

⁵⁹ The review will include engaging with people who have expert knowledge and experience of children and young people's mental health services (into and out of tier 4 therapeutic services), bring the child and young person's voice to the heart of the review process to understand experiences of

19. Nevertheless, programmes across the country⁶⁰ have demonstrated how early identification and appropriate intervention can prevent needs from escalating, with bespoke therapeutic packages of care used to help de-escalate need.

4.4.4 Complex Needs: Placement Breakdowns

4.4.4.1 On the face of it, the placement stability figures for Medway are broadly positive compared to the national picture. Figure 25 shows a drop in the percentage of children with 3 or more placements in the year and a rising percentage of CLA living in the same placement for at least 2 years.

Figure 25: Stability of CLA placements at 31 March 2019⁶¹

	England 2017-18	SNs 2017-18	SE 2017-18	Good is	Medway 2017-18	Medway 2018-19	Medway 2019-20 Prediction	MW Trend
Children looked after at period end with three or more placements during the year	10%	12%	12%	Low	9.9%	9.7%	9.6%	↓
CLA in care at least 2.5 years at period end living in their current placement for at least 2 years	69%	66%	68%	High	66.5%	68.6%	69.9%	↑

(*Up to date figures for 2019-20 are being collated by Medway Council's Performance and Intelligence team for the full Sufficiency Report.)

4.4.4.2 However, analysis of data relating to external residential placements between March 2018 and March 2019 (as shown in Figure 26) reveals a high number of breakdowns for this type of placement, with many only lasting for a short duration. During that 13 month period, there were 10 breakdowns (affecting 4 LAC) across the 13.5 active residential placements⁶². This equates to a breakdown rate of 68 breakdowns per year for every 100 CLA that are in external residential placements. The average length of stay for each of the placements had been only 50.4 days. A remarkably high proportion of these placements had broken down within just a few weeks: 60% ended within four weeks and 80% ended within three months. Every one of those placements was terminated at the provider's request, noting an increase in challenging behaviour from the LAC.

4.4.4.3 We have identified that the referral in preparation for their placement search is not yet good enough leading to inappropriate matching and providers being set up to fail as they are not ready for the child with the presenting needs. This is under review for the service. We are also aware that our external providers need to be more resilient and better supported in their training to ensure our children with complex needs can settle into an environment where they can build trusted relationships and be prepared for longer term arrangement (ideally with a family if not their own).

4.4.4.4 The table below reflects the importance of matching and getting this right first time for the child to have a period of stability.

care, accessibility and support offered, and identify opportunities and recommendations to build a strong and supportive interface between health, social and education.

⁶⁰ See [The Children's Social Care Innovation Programme](#) which has been funded by the Department for Education (2014-2020)

⁶¹ Medway Council's Performance & Intelligence Team

⁶² This is the average number of placements across that period.

Figure 26: Duration of Residential Placements which broke down (March '18 to March '19)⁶³

Residential Duration	Mar '18	Apr '18	May '18	Sep '18	Oct '18	Nov '18	Jan '19	Grand Total	%
4 weeks or less	1	1	1	2	1			6	60%
5 to 12 weeks	1			1				2	20%
over 3 months						1	1	2	20%
Grand Total	2	1	1	3	1	1	1	10	

4.4.4.5 A similar picture is apparent for Kent County Council, which provided details of external residential placements⁶⁴ between August 2018 and July 2019. During this 12 month period, there were 80 breakdowns across the 104.5 active residential placements⁶⁵. This equates to a breakdown rate of 77 breakdowns per year for every 100 CLA that are in external residential provision (compared to a breakdown rate of 68 in Medway).

4.4.4.6 The situation is less extreme for placements with independent fostering agencies ("IFAs"), although again over the same period there is a high percentage of placements which broke down within the first 3 months, as shown in Figure 27.

4.4.4.7 There were 28 breakdowns across the 108.7 active IFA placements between March 2018 and March 2019⁶⁶. This equates to a breakdown rate of 24 breakdowns per year for every 100 CLA that are in IFA placements. While the majority of those breakdowns occurred in relation to placements lasting over 3 months, 43% of breakdowns occurred within the first 12 weeks. Every one of those placements was terminated at the foster carer's request, noting an increase in challenging behaviour from the LAC.

Figure 27: Duration of IFA Placements which broke down (March '18 to March '19)⁶⁷

IFA Duration (excl. P&C)	Mar '18	Apr '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Total	%
4 weeks or less			1	1	1	2		1	1			7	25%
5 to 12 weeks		1				1		1		1	1	5	18%
over 3 months	2	3	1	3	1		3		1		2	16	57%
Grand Total	2	4	2	4	2	3	3	2	2	1	3	28	

4.4.4.8 Again, a similar picture is apparent for Kent County Council, which found between August 2018 and July 2019 that there were 61 breakdowns across 223.5 active IFA placements⁶⁸. This equates to a breakdown rate of 27 per year for every 100 CLA that are in IFA placements (compared to a breakdown rate of 24 in Medway).

⁶³ Medway Council's External Placement Team

⁶⁴ This category included:

- K1 - Secure children's homes (when the provider code is PR4 - Private Provision)
- K2 - Children's Homes subject to Children's Homes Regulations (where the provider code is PR4 - Private Provision or PR5 - Voluntary/Third Sector Provision)
- R1 - Residential care home (when the provider code is not PR1 - Own provision by LA)
- H5 - Semi-independent living accommodation not subject to children's homes regulations (when the provider code is not PR1 - Own provision by LA)
- R3 - Family Centre or Mother and Baby Unit
- S1 - All residential schools, except where dual-registered as a school and children's home (when the provider code is PR4 - Private Provision)

⁶⁵ This is the average number of placements across that period.

⁶⁶ This is the average number of placements across that period.

⁶⁷ Medway Council's External Placement Team

⁶⁸ This is the average number of placements across that period.

4.4.4.9 Having conducted further analysis, it is clear that breakdowns in Medway are disproportionately related to CLA aged 15 years old, with 90% of external residential placements (9 out of 10) and over 40% of IFA placement breakdowns (12 out of 28) relate to CLA aged 15.

4.4.4.10 It is important to note, however that this data relates to 2018-19. More up to date information is being collated and analysed, and will be included in the full Sufficiency Report.

4.4.5 Complex Needs: Emergency Placements

4.4.5.1 Emergency placements (namely those requiring a same day or next day placement) can arise for a number of different reasons, including where a child or young person requires urgent child protection. It can also arise where a planned placement search fails to find an appropriate placement within the available timeframe, or where a placement breaks down (although typically a period of notice should be given by the provider in those cases).

4.4.5.2 A detailed analysis of emergency placements was undertaken in 2019. The number of external placements was tracked between December 2018 and June 2019, and Figure 28 shows there is significant increase in the proportion of external placements which were emergencies over that period.

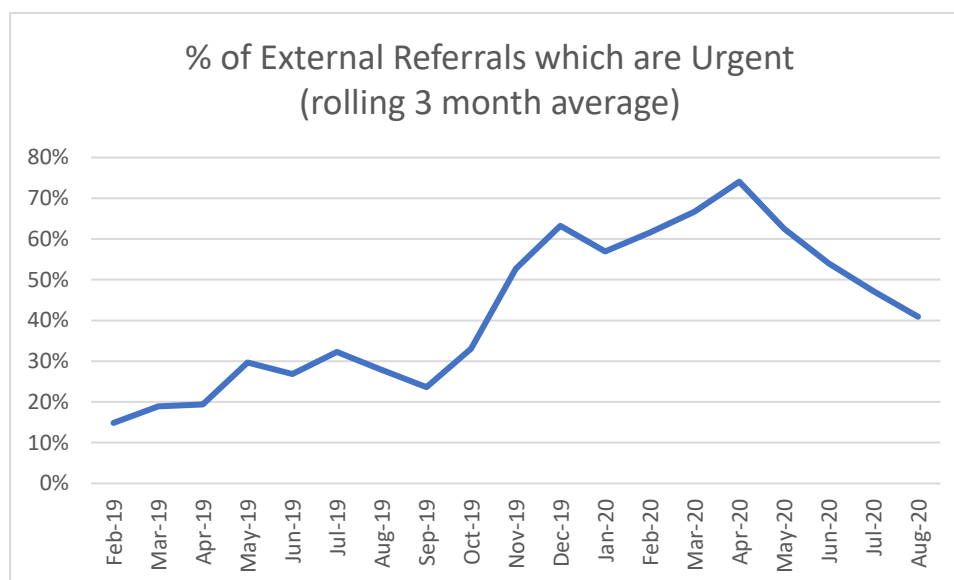
Figure 28: Number of emergency external placements found (December '18 to June '19)⁶⁹

EMERGENCY PLACEMENTS Placement Type	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Total
38 week school placement		1			1			2
52 week school placement					1	1	1	3
Residential		1				3		4
Floating support					1	1		2
IFA	1	4		1	2	4	4	16
IFA Sibling group							1	1
Parent and child IFA	2		2	5	2	3		14
Respite IFA	1							1
Supported accom	2	1		3	1	1	2	10
Total Urgent Referrals	6	7	2	9	8	13	8	53

4.4.5.3 Figure 29 is based on more recent data (December 2018 to August 2020) and demonstrates a spike in the percentage of emergency referrals for external placements over recent months. While this appears to be returning to a more 'normal' level, the percentage is still high and significantly higher than 18 months ago. We intend to conduct further analysis to assess any correlation between a placement which was found at short notice (i.e. an emergency placement) and a subsequent breakdown of that placement within a short timeframe.

⁶⁹ Medway Council's External Placement Team

Figure 29: Percentage of referrals for external placements which are an emergency, based on 3 month rolling average (December '18 to August '20)⁷⁰



4.4.6 Disabilities and SEN

4.4.6.1 As of September 2020, there are 41 CLA in Medway who are listed as having a disability. This represents 11% of all CLA and appears to be a stable figure. It is important to note that these young people are frequently ones who remain in care for long periods of time. Medway has identified this as an area to develop our knowledge base for future planning and we are keen to improve the quality of the data recorded for this cohort.

4.4.6.2 Medway is in line with the average for England in terms of the percentage of children entering care because of the child's disability (Medway 2%; England 2%). While the number of children in this category is small⁷¹ (2 in 2017-18, 6 in 2018-19, 3 in 2019-20), they typically represent some of the hardest children to place and will often require a special school placement with an element of boarding either over term time (38 weeks) or for the full 52 weeks a year.

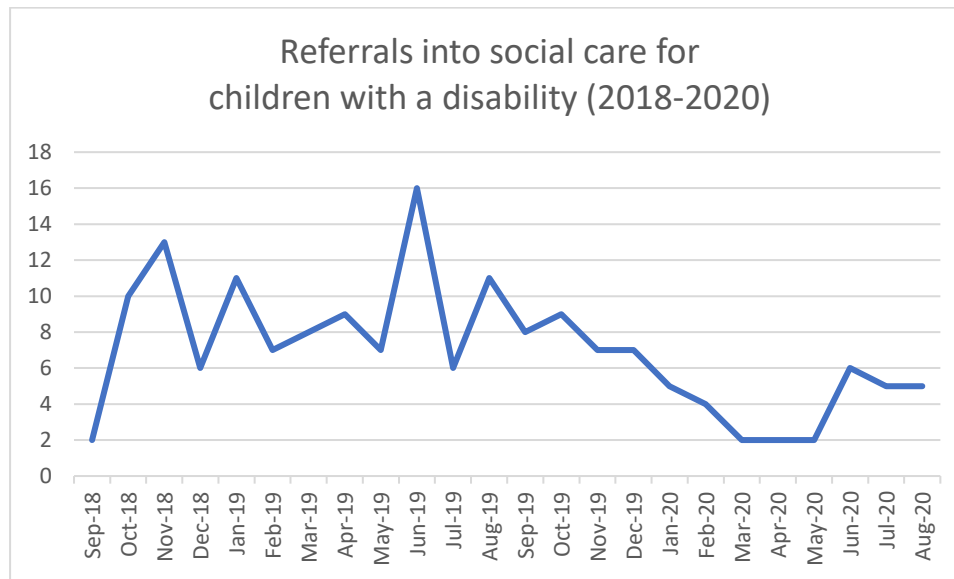
4.4.6.3 Feedback from Medway Parent Carers Forum indicated that Covid-19 has placed additional pressures on families ability to cope. This is because the Covid-19 lockdown has reduced the availability of the routine peer support services and respite activities (e.g. after-school clubs, school holiday clubs and peer support groups) which had helped to alleviate the pressure on families.

4.4.6.4 Currently, as shown by Figure 30, there does not appear to be an immediate spike in demand from this cohort. However, in line with Children's Services Commissioner's report⁷², we will develop further system to monitor and predict demand – and will keep this situation under close review.

⁷⁰ Medway Council's External Placement Team

⁷¹ Medway Council's Performance & Intelligence Team

⁷² [Report on ways forward for Children's Services in Medway](#), December 2019, Commissioner for Children's Social Care in Medway

Figure 30: Referrals to social care in Medway for children with a disability (2018 to 2020)⁷³

4.4.7 Sibling Groups

4.4.8 Up to date figures on sibling groups are still being collated for 2020. Of 589 children who became subject to Child Protection (“CP”) plans in the year ending September 2019, 80% were part of a sibling group. This is both an increase in children subject to a CP plan (373 in 2018) and an increase in the amount of sibling groups (71% in 2018) from the previous year.

4.4.9 There are few in-house foster carers in Medway who are able to house larger sibling groups. It may be difficult to address this issue as it is probably linked to constraints on the typical number of bedrooms within urban housing stock. However, the underlying cause of larger sibling groups of CLA can be addressed through reducing the need for repeated removals of children into care.

To address the increasing numbers of complex / hard to place children, we will adopt the following priorities:

- Provide specialist high intensity support for complex CLA within Kent and Medway
- Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need
- Reduce the need for repeated removals of children into care

⁷³ Medway Council's Performance & Intelligence Team

4.5 Cost of placements is increasing

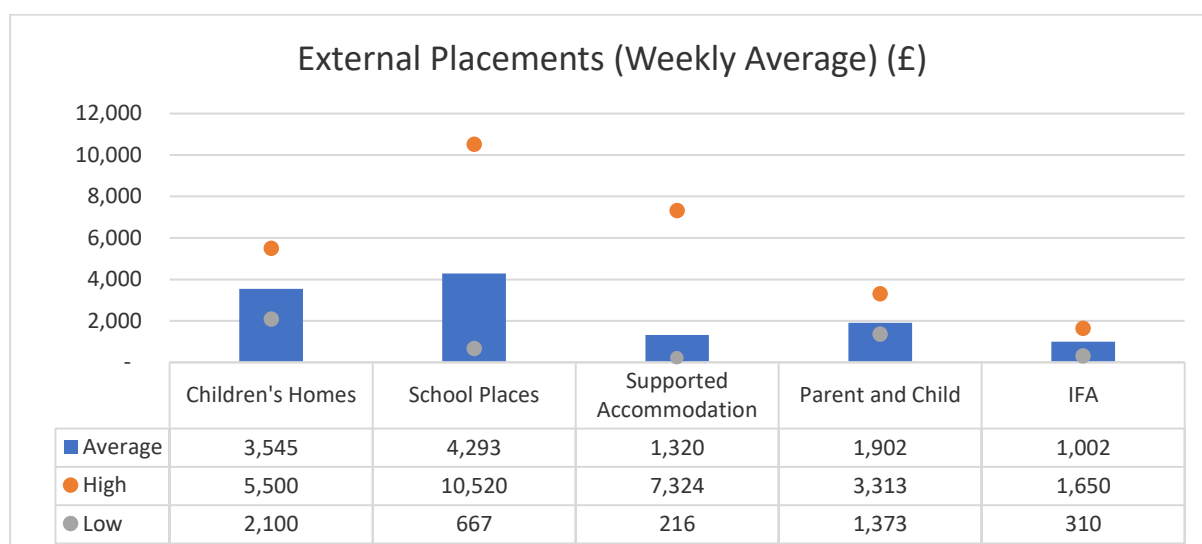
- 4.5.1 As shown by Figure 31, placement costs have increased significantly in recent months, with the greatest percentage increases affecting the more complex cohorts, namely, those in external residential care (24.6% increase) or external residential SEN care (65.3% increase).

Figure 31: Change in Placement Unit Costs 2018/19 – 2019/20⁷⁴

Placement Type	2018/19 Unit Costs per week	2018/19 Unit Costs per year	2019/20 Unit Costs per week	2019/20 Unit Costs per year	% Change
In-house Fostering	349.60	18,179.20	361.67	18,806.84	3.5%
In-house Residential	2,503.51	130,182.34	2,262.66	117,658.32	-9.6%
External Residential	2,914.00	151,528.00	3,630.46	188,783.92	24.6%
External Residential SEN	1,686.52	87,698.78	2,787.09	144,928.68	65.3%
External Residential 0-25	4,026.00	209,352.00	4,100.00	213,200.00	1.8%
External Secure	6,000.00	312,000.00	6,000.00	312,000.00	0.0%
Independent Fostering Agency	850.43	44,222.36	930.14	48,367.28	9.4%
Family placements	951.00	49,452.00	1,603.26	83,369.52	68.6%
Supported Accommodation (LAC & CARE LEAVERS)	957.00	49,764.00	811.45	42,195.40	-15.2%
Supported Lodgings (LAC & CARE LEAVERS)	189.00	9,828.00	223.69	11,631.88	18.4%
Special Guardianship orders (POST LAC)	230.00	11,960.00	150.61	7,831.72	-34.5%
Residence Orders	163.00	8,476.00	118.72	6,173.44	-27.2%
Child Arrangement Orders	168.00	8,736.00	130.71	6,796.92	-22.2%
Adoption Allowances (POST LAC)	133.00	6,916.00	173.00	8,996.00	30.1%

- 4.5.2 Medway Council's Finance Team reviewed and updated these costs in May 2020, as part of the first round of the development of the Mid Term Financial Strategy.

⁷⁴ Medway Council's Performance & Intelligence Team

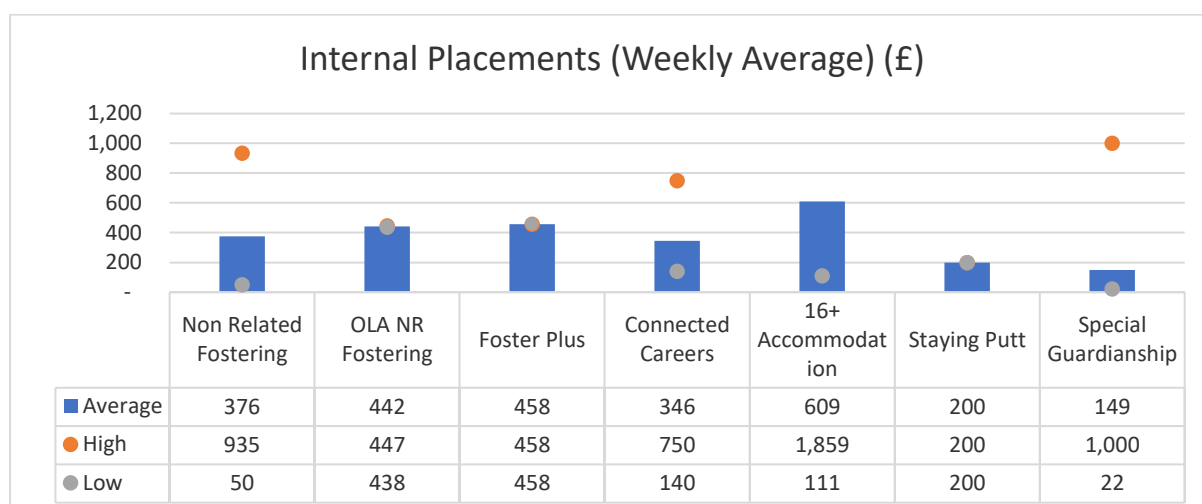
Figure 32: External Placement Costs (May 2020)⁷⁵

4.5.3 Figure 32 shows that the average weekly cost of residential homes and residential schools remains high (£3,545 and £4,293, respectively), with some residential school places costing substantially more than others (i.e. more than twice the average cost)⁷⁶. The weekly cost of external foster care (IFA placements) has continued to increase from the costs shown in Figure 31, rising from £850 (2018/19) to £930 (2019/20) and to £1,002 (May 2020). Similarly, the weekly cost of parent and child placements (family placements) has continued to increase from £951 (2018/19) to £1,603 (2019/20) to £1,902 (May 2020). Supported accommodation weekly costs, which had dropped to £811 in 2019/20, have rebounded to £1,320.

4.5.4 Figure 33 shows the average weekly cost of internal fostering: £376 for general (non-related) fostering and £458 for advanced foster care (foster plus). This highlights the disparity with the IFA placements (£1,002) which cost between two and three times the cost. In addition, while these figures do not separate out the costs for in-house parent and child ("P&C") placements, it is clear that even the most expensive in-house (non-related) fostering placement cost £935. This is still less than half the average cost of an external P&C placement (£1,902). What this does not take into account however is the cost to the Council of providing the in house service. Out of hours support, social worker support to families, insurance, Ofsted registration, recruitment, training, pensions, therapeutic support (not provided by the Council anyway) are not included in the calculation of the inhouse price but are factored in to the external costs.

⁷⁵ Medway Council's Performance & Intelligence Team

⁷⁶ The costs quoted for residential schools relate solely to social care costs and do not include any health related costs contributed by the CCG.

Figure 33: Internal Placement Costs (May 2020)⁷⁷

- 4.5.5 Medway Council's Finance Team has continued to monitor these costs since May 2020, as part of the second round of the development of the Mid Term Financial Strategy. This appears to show a further increase in the costs of external residential care, with the average cost in August 2020 now being around £4,300 per week (when averaged across both residential home placements and residential school placements). Further work is ongoing to validate these figures.
- 4.5.6 Medway Council has also commissioned CareCubed – an NHS cost tracker. This will enable us to cross check placement costs against national bench-marked figures, which will help to inform our discussions with external providers and have greater confidence that placements are delivering the best value for money. Where this system was implemented in Essex County Council for adult care packages, it produced savings of £367,000 per annum on new placements made and a further cost avoidance of £143k per annum on negotiated uplifts with providers for adult social care.

Seven of our priorities support our outcome of sustainably reducing Council expenditure.

While this is an outcome in its own right, it can only be achieved in conjunction with two other outcomes: (i) safely reducing the number of CLA and (ii) de-escalating the needs of CLA (wherever possible).

Our priorities to address the increasing cost of placements are:

- Reduce the need for repeated removals of children into care
- Seek to improve family resilience and the ability of families to care for their own children through early intervention
- Facilitate children safely returning home
- Facilitate children leaving care to other permanent families
- Improve the number of in-house foster carers in Medway and their capacity to take on more complex or hard to place children

⁷⁷ Medway Council's Performance & Intelligence Team

- Provide specialist high intensity support for complex CLA within Kent and Medway
- Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need

5 Developing Models to Assess the Effect of these Trends

- 5.1.1 Medway Council's Business Change (Transformation Team) are conducting further analysis and developing a model which takes into account the cumulative effect of the trends on the number and cost of placements.
- 5.1.2 This model will reflect the rise in the number of children entering care. It is anticipated that it will analyse and reflect how these new CLA are distributed between different types of placement and how existing CLA move between different types of placement. This will allow accurate planning of anticipated demand across the system.
- 5.1.3 The model will undertake predictive analysis and demonstrate how the increasing cost of placements will impact future budgets.
- 5.1.4 While this model is being developed, the Finance Team has created a financial projection based on the existing number of in-house and external placements and which will be used to model existing expenditure.

6 Programmes of Work – Safely reducing the Number of Children In Care

6.1 Introduction

- 6.1.1 This section sets out a number of proposed programmes of work which are primarily designed to achieve the **outcome** of:

“Safely reducing the number of LAC, through prevention, reunification or leaving care to other permanent families” by focussing on the following **priorities**:

- Reduce the need for repeated removals of children into care
- Seek to improve family resilience and the ability of families to care for their own children through early intervention
- Facilitate children safely returning home
- Facilitate children leaving care to other permanent families

6.2 Parenting Strategy

Priority: Seek to improve family resilience and the ability of families to care for their own children through early intervention

- 6.2.1 Medway Council is developing a parenting strategy that will address parenting needs at a universal level across Medway. It will examine how a change of culture can be achieved to encourage families and communities to develop their own resources for supporting each other. It will identify strategies for supporting the parenting ability of key groups, especially:

- families where there has been severe violence (including linking to the ACE⁷⁸ strategy and YOT NVR⁷⁹),
- families with adult mental health issues,
- families with adult substance abuse,
- families with children with autism and ADHD,
- families with young people at risk of CSE,
- families with young people with MH conditions,
- families where the young person has presented as homeless to Housing services,
- Special Guardianship arrangements,
- adoptive parents,
- parents whose children are on the edge of care or custody,
- parents who have already had a child removed from their care.

6.2.2 In addition, we will undertake a project to develop an asset-based community parenting project to work directly with parents to establish how they can support themselves and their communities without requiring intervention from services.

6.3 **Repeat Removals Project**

Priority: Reduction in the need for repeated removals of children into care

- 6.3.1 The Public Health team has proposed implementing a package of support to tackle the issue of numerous children being taken into care from the same birth mother.
- 6.3.2 One in four birth mothers who appear as respondents in care proceedings in England have had children removed from their care in previous instances, and 42% of mothers who appeared in recurrent care proceedings were likely to have had four or more children⁸⁰. The demographic can vary but typically these women are young (u25) from low socio economic backgrounds, are disadvantaged with emotional, environment and health-related needs. In Medway, an assessment of this cohort in 2018 shows that between April 2012 and April 2017, a cohort of 58 women in Medway had 218 children removed. It also showed that the average number of children removed per woman in Medway was 3.8 (slightly higher than in other areas which ranged from 3 to 3.6).
- 6.3.3 The Public Health proposal envisages delivering interventions through a “team around the person” model, where a dedicated multi-disciplinary group of professionals work together intensively to support the woman/family aligned to a peer support model to stop repeat pregnancies – but also to work towards the ability to potentially keep or regain a child in the future (if appropriate). In parallel, the team would work with other high risks groups to develop evidence of what drives the mothers’ changes in behaviour (i) to enable them to keep their child and (ii) to decide to stop having children which are taken into care. These proposals are designed improve the outcomes for these women, while substantially reducing the number of children coming into care and the costs associated with this.

⁷⁸ Adverse Childhood Experiences

⁷⁹ Youth Offending Team’s non-violent resistance programme

⁸⁰ [Broadhurst et al.](#) (2017)

- 6.3.4 In addition, it has been recognised that there has been, in some cases, insufficient exploration of parenting capacity before panel. This can delay permanency decisions while family group conferencing is undertaken and the courts have several times requested that both parents enter a Parent and Child (“P&C”) placement with their baby for assessment. This can accentuate demand for P&C placements (especially where both parents need to stay) to a level which outstrips our internal supply so the Council must therefore resort to purchasing these placements from IFAs at a significantly higher cost. The Public Health proposal will provide a multi-agency response to support the family and would continue to provide support until *all* children in the household have permanency. Where a child was taken into care, this support would also continue beyond then to try to break the cycle of repeated removals.
- 6.3.5 The proposal adopts a different model from the PAUSE⁸¹ programme, which has previously been considered in Medway. The PAUSE programme involves the creation of a bespoke team and, as such, proved to be very expensive per head (£500,000 per annum for 58 women) and was not considered as having a robust enough evidence base to justify the expenditure.
- 6.3.6 The Public Health team’s costed proposal envisaged costs of £725,000 over three years (Year 1: £325,000, Year 2: 240,000, Year 3: £160,000). It has not provided an indication of the number of pregnancies which it anticipates being avoided through its proposed project nor has it provided details of the costs that would be avoided by its implementation.
- 6.3.7 To provide some context on the number of pregnancies which might be avoided, it may be helpful to refer to the Department for Education’s evaluation⁸² of the PAUSE project. This predicted that between 8 and 18 pregnancies would be avoided per year per 100 women.
- 6.3.8 The Department for Education’s evaluation also sets out its analysis of the yearly cost savings attached to the avoidance of each child removal. This found that the yearly cost saving in the first year was £57,102 per avoided child removal and £52,676 in each subsequent year⁸³.
- 6.3.9 On this basis, if the Public Health’s proposal avoided just two child removals each year, it would cover the cost of the intervention within three years and would deliver substantial on-going saving thereafter.

⁸¹ [Pause Creating Space for Change](#)

⁸² [Evaluation of Pause](#) (2017) Department for Education

⁸³ This is comprised (i) £52,676, which was the mean yearly cost of a child in care across a range of placement types based on 2015 figures (excluding ongoing wider costs to social care associated with looked after children), (ii) £1,151 for a children protection core assessment (one-off cost), and (iii) £3,275 for the legal cost per care proceedings (one-off cost).

Figure 34: Projected savings for Repeat Removals Project

	Year 1	Year 2	Year 3	Year 4
Cost of Project	£325,000	£240,000	£35,000	£35,000
Initial Savings – avoiding 2 child removals this year)	£114,204	£114,204	£114,204	£114,204
Ongoing savings – avoiding child removal previous years	n/a	2 x £52,676	4 x £52,676	6 x £52,676
Savings (Cost) – this year	(£113,879)	(£20,444)	£289,908	£395,260
Savings (Cost) – cumulative	(£113,879)	(£134,323)	£155,585	£550,845

6.3.10 In addition to helping the women involved avoid the trauma associated with having a child taken into care, it is anticipated that the proposal would also lead to a reduction in their exposure to domestic violence, a reduction in drugs and alcohol issues and improvements in psychological wellbeing. However, it is difficult to quantify the financial savings associated with these improved outcomes.

6.3.11 We understand that it has recently been agreed that the project is being taken forward with some funding provided by the CCG only. The project will sit in Early Help and there will be an initial cohort of 20 families. We are tendering for a private provider to complete a quantitative and qualitative analysis of the client group and we are in the process of reaching out to commissioned providers (i.e. midwifery, Turning Point, etc) to scope their availability to participate in the project. Once we have completed the data analysis of this cohort (to aid understanding of future needs and likely demand), we will establish the service model. It is anticipated that this may be structured in three parts: prevention, statutory intervention and post intervention.

6.4 Early Help, Edge of Care and Adolescent Offer

Priority: Seek to improve family resilience and the ability of families to care for their own children through early intervention

Priority: Provide specialist high intensity support for complex CLA within Kent and Medway

Priority: Facilitate children safely returning home

6.4.1 As described in section 4.1.5, it is recognised that following the economic crisis in 2008, we saw an increase in the number of children who came into care from a family where the parenting capacity was chronically inadequate (recorded as ‘family dysfunction’). We are therefore expecting a further spike in CLA following Covid-19’s economic aftershock. It is also recognised that we are already seeing increasing numbers of children in care from families that are going through a temporary crisis that diminishes the parenting capacity to adequately meet some of the children’s needs (recorded as ‘family in acute stress’).

6.4.2 Early Help

6.4.2.1 Medway has developed its Early Help offer to provide assessments and targeted interventions to families in need of support but who do not meet the statutory thresholds. This includes help with issues such as domestic violence, anti-social behaviour and emotional wellbeing. Support is delivered through the four Children and Family Hubs and 9 satellite wellbeing clinics most of which are based at schools.

6.4.2.2 The Children's Services Commissioner's report⁸⁴ noted that:

"The role of early help needs urgent review and attention to become a skilled service which prevents situations escalating and needing social care involvement, and to enable cases to be stepped down from social care when appropriate. The capacity of early help staff has been reduced by recent unhelpful changes which created separate assessment and intervention teams. Several years ago, early help were given responsibility for finding accommodation for families deemed intentionally homeless and responsibility for families with no recourse to public funds resulting in some staff dealing with difficult housing and finance issues. Some families are placed at a considerable distance from Medway but are then visited every 6 weeks. Early help services are unlikely to be the most appropriate service to respond to these issues."

6.4.2.3 Work is ongoing to strengthen this offer. The recent Partner In Practice diagnostics work has indicated that the team is appropriately resourced and the focus is now on improving its effectiveness through practice improvement.

6.4.2.4 From Figure 35, there appears to have been a fall in those receiving Early Help support over the last 12 months. This requires further investigation, although this may reflect data quality issues. (Improvements in data quality are being made to support the service.) However, on the face of it, this fall may have been due to Early Help providing enhanced support to children in need ("CIN") or children in need of protection ("CP") in preference to focussing on those children who do not meet those statutory thresholds. If this is the case, this would carry the risk that interventions are not being put in place at an early enough stage for that cohort, which may lead to further escalations of need.

Figure 35: Numbers of On-Going Early Help cases for under 18s and families (Aug '19 to Aug '20)⁸⁵

	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20
U18s	1330	1213	1101	1015	987	960	940	892	856	736	665	646	648
Families	566	520	472	441	425	410	397	368	358	312	298	294	293

6.4.2.5 The EH strategy is being developed which will be taken forward by the EH Partnership Board. The EH Hub went live in May 2020 within the Medway's Single Point of Access ("SPA") and the EH team has expanded its Parenting Offer. This now includes Incredible Years and Triple P.

6.4.2.6 Work is ongoing to improve the interface between EH and Children's Social Care. However, it is recognised that more needs to be done, including through the provision of additional support to the EH team's Family Group Conferencing capacity.

⁸⁴ [Report on ways forward for Children's Services in Medway](#), December 2019, Commissioner for Children's Social Care in Medway

⁸⁵ Provided by Medway Council's Performance & Intelligence Team

6.4.3 Edge of Care and Adolescent Service

Edge of Care

- 6.4.3.1 Medway Council recognised the importance of developing a service to support children and young people on the 'edge of care'. These are children for whom entry into care is being considered by the local authority, either on a voluntary basis or through legal proceedings. The term 'edge of care' has become understood as referring to children and young people who are at risk of entering the care system but where assessment has indicated that with delivery of the right intervention at the right time, care can be avoided without compromising the safety of the child.
- 6.4.3.2 In March, we commissioned Innovate CYPS to deliver, at pace, a 12 month Edge of Care programme to support 40 children and young people aged 7-16 years. This programme was designed to prevent these children and young people from entering care and promote positive outcomes.
- 6.4.3.3 The Edge of Care programme was delivered by a multi-disciplinary team to provide targeted interventions to the cohort. The team included senior social workers, family support workers, therapeutic parenting practitioner, family group conferencing and youth workers. Phase 1 of the project, over the first six months, involved a programme of direct interventions with the young person (at least 3 hours per week) and their family (at least 2 hours per week), including therapeutic support. Phase 2, over the second six months, focussed on sustainable change through group work, home-based mentoring, family group conferencing and a transition back to the Council's social worker teams.
- 6.4.3.4 Importantly, the programme was designed to operate alongside Medway's newly formed in-house Adolescent Service. This was designed so that the in-house staff could be upskilled by Innovate CYPS, therefore leaving a legacy of long term sustainable change.

Adolescent Service

- 6.4.3.5 Adolescence is a time of great physical and emotional change for all children. In both recent and current times, it is accepted that children and young people face a number of challenges to their safety and wellbeing. Of these, arguably none is more complex and damaging than exploitation. Being drawn into exploitative situations, where children can be both victims and perpetrators of serious harm, can have severe consequences for them and for their families, friends, and communities.
- 6.4.3.6 Medway has been developing its new Adolescent Service since March 2020. The service works with young people (typically 11-18 years old) facing a range of difficulties and challenges that are commonly associated with the 'state of adolescence', recognising that the more vulnerable the young person is as a result of the difficulties they are experiencing, the greater the risk that they may be exploited.
- 6.4.3.7 Its overall goal is to ensure that Medway's response to adolescent need/risk are timely, targeted and intense – to prevent family and placement breakdown, reduce the risk to self and others, raise expectations, self-esteem and community opportunities. In time, the service will develop into a single integrated service that can offer therapeutic interventions, multi-agency safety planning, family group conferencing, parent/carer support services, youth work intervention, exit custody support, immediate health/education assessment, community responses to external familial risks / contextual safeguarding, joint housing assessments and reunification back home (wherever safe to do so).

- 6.4.3.8 The practice approach within the service is creating consistency of worker/intervention and building quality relationships between the worker and the young person and their family. This requires the worker to hold lower case-loads with the service targeting 12 cases per social worker.
- 6.4.3.9 The multi-disciplinary team has grown quickly and includes a team manager, senior social worker, social workers, early help workers and youth workers, with plans in place to recruit mental health practitioner (to provide therapeutic interventions), an education inclusion officer and a joint-funded housing officer. The team is currently supporting around 100 young people across all case-holding staff. Much work has been undertaken to realign team structure and improve partnership working⁸⁶ and plans are in place to develop the Elaine Centre as the hub which can house the service.
- 6.4.3.10 Importantly, however, it should be noted that the level of demand for these services appears to be increasing⁸⁷. The team will therefore need to continue their preventative work with the Police⁸⁸ and other agencies to try to address the environmental factors and the processes through which young people are becoming exploited, as well as providing support to those young people who are currently exploited.
- 6.4.3.11 Despite the team being newly formed this year, there are already signs that it is having a positive effect. We have received positive feedback from stakeholders (such as schools and the YOT team) and directly from young people themselves. For example:
- “I/W has been refusing to drink any water and was making herself very dehydrated, so they had to fit her with a canular and give her fluids that way. I/W was quite hard to engage at first, but I brought loads of things with me and she soon perked up a bit- we made some bracelets, had lunch together, went on a little walk, did some arts and crafts stuff and spent some time in the sensory room. I/W did ask me to say that even though she is getting annoyed she really appreciates everything everyone is doing for her in terms of looking for a new placement and wanted me to pass that on to you all- she said to say thank you.”
- 6.4.3.12 Financially, intensive work undertaken with two high risk and high cost young people has enabled one to remain with his family and one to return to the care of a parent. Both had residential placements identified and were on the verge of being placed, one several hundred miles from Medway. This situation is more positive for the young people concerned and for each week that these situations hold, the Council avoids spending £9k per week. If these situations hold for a year, the total spend avoided will be £467,700. This is more than the entire cost of the commissioned Edge of Care service.
- 6.4.3.13 In addition, there have been several young people currently subject to child protection plans that the teams believe can be de-escalated. There is also evidence of reduced missing episodes and re-engagement with education for some of our most hard to reach young people. It will be important for these outcomes to be tracked, to continue to evidence the benefits delivered by this service.

⁸⁶ Including improving the Missing Coordinator's role to ensure the response is statutory, compliant and robust; updating the Missing Protocol; implementing a Young People Plan Profile and Trigger Plan; and working with our colleagues in Kent to reflect multi-agency ways of working and develop tools for practitioners to recognise harm and how to report them.

⁸⁷ See Figure 21.

⁸⁸ Plans are in place to co-locate police staff at the Elaine Centre, as part of a multi-agency approach to support adolescents.

6.4.4 Family Group Conferencing

6.4.4.1 Family Group Conferencing (FGC) is tool which is used to support families with a child at risk of entering care. It is used to bring together parents/carers, the rest of the family, extended relatively, close friends and the child / young person, to discuss the issue they are facing, make plans and decide how to resolve the situation. It was noted in the Children's Services Commissioner's report⁸⁹ that Medway needs to develop the use of FGC, and we will implement plans to demonstrate the wider use and effectiveness of FCG in Medway. There are indications FGC could be used more routinely to pro-actively explore parenting capacity issues for pregnant women who have had a child taken into care previously. The FGC can also provide a useful tool through which these families can make positive changes which might avoid the need for their unborn children to subsequently come into care.

6.5 Targeted support for families to avoid breakdown

Priority: Seek to improve family resilience and the ability of families to care for their own children through early intervention

Priority: Provide specialist high intensity support for complex CLA within Kent and Medway

6.5.1 Following on from the previous section, there are a number of initiatives which the Council is implementing to provide additional targeted support to families which is designed to prevent children entering or returning to care.

6.5.2 Training and upskilling Special Guardians and Connected Carers

6.5.2.1 Special Guardianship ("SG") support has recently moved from the adoption team to the Connected Team, due to the creation of the Regional Adoption Agency which does not cover SG support.

6.5.2.2 This has been a much-neglected group nationally and there is much more additional work that could be done with this group of carers with more resource, including training and preparation, and increased support after placement. In part, this is because funding is only available for SGs where the child was in care immediately prior to the Special Guardianship Order ("SGO"). The current lack of support means that these placements are more likely to breakdown, leading to a return to care with all the associated costs, or more frequently the child or young person is passed round family members which is very damaging to their emotional well-being. It is proposed that additional support after placement is provided to all SGs, although further work will be required to cost this proposal.

6.5.2.3 The current 'Skills to Foster' course will be tailored to specifically meet the learning needs and circumstances of Connected Carers and Special Guardians.

6.5.3 Providing floating support to Edge of Care settings

⁸⁹ [Report on ways forward for Children's Services in Medway](#), December 2019, Commissioner for Children's Social Care in Medway

6.5.3.1 Floating support covers a range of interventions which is typically deployed to help stabilise placements. However, there are opportunities to provide floating support to families on the 'edge of care' and thereby avoid a child entering into care in the first place. The placement team will work with the 0-25 team, Early Help and the Adolescent Service to consider whether these additional interventions are appropriate.

6.5.3.2 There is anecdotal evidence that some long-standing adoptions broke down when the adopted child reached their adolescent years, resulting in the young person being taken into care. We are gathering further data on this and will assess to what extent early adoption support was provided or whether more could have been done to support the family and prevent this breakdown.

6.5.4 Facilitating peer support and respite care to families (including SEN)

6.5.4.1 When children with disabilities come into care they are more likely to require a special school placement with an element of boarding over term time or for the full 52 weeks a year. Families are usually extremely reluctant to have the child go into care and will do their utmost to prevent this as demonstrated by the predominance of Section 20s rather than Care Orders. In the period October 2019 to August 2020, four of the five young people with SEN brought into care came in on a voluntary Section 20 and only one on an Interim Care Order.

6.5.4.2 Families will often only agree to this when they are absolutely no longer able to cope. Frequently this occurs around the time the young person achieves puberty and very challenging behaviours surface, sometimes leading to aggression and violence towards family members placing them at risk.

6.5.4.3 As explained in section 4.4.6.3, feedback for Medway Parent Carers Forum has indicated that Covid-19 had placed additional pressures on families ability to cope. There has been severe reductions in the availability of routine peer support services and respite activities (e.g. after-school clubs, school holiday clubs and peer support groups) which had helped to alleviate the pressure on families.

6.5.4.4 This presents a significant risk in relation to breakdowns, which can result in children entering care for the first time. Once in these placements, children will rarely return to the care of their family and the placements in the school setting with often last through into young adulthood. As these placements are very specialised, they are very expensive and represent a significant and sustained cost.

6.5.4.5 Medway will be working with families to ensure these peer support and respite activities can be restarted safely as soon as possible. However, further consideration of this issue will be required if Covid-19 lockdown measures return for any significant length of time.

6.5.4.6 In addition, there is a lack of family-based respite care in Medway, with only one (six bed) in-house respite unit in Medway. This requires Medway to fund respite placements out of the area (e.g. Lewisham) at an inflated cost (e.g. £400 per night). We will therefore look to upskill a selection of specialist in-house foster carers to be confident to provide respite to this cohort.

6.5.4.7 We will supplement this work through a number of self-directed support (SDS) initiatives to adopt a strength-based approach. This will look to provide a platform that allows families in receipt of direct payments to make best of use the funding and develop a kite-marked list of floating support providers for parents to access the support directly.

6.5.5 Providing support to CLA with emotional wellbeing and mental health needs

- 6.5.5.1 Medway's Young People's Wellbeing Service has a commitment to provide the specialist mental health and behavioural support services that looked after children and care leavers are likely to need, following periods of maltreatment and/or neglect.
- 6.5.5.2 The Young People's Wellbeing service has reported⁹⁰ that Medway's looked after children have complex psychological needs; but that these are well within the skills and capability of their staff. The service works with our education and social work partners, including the leaving care team, to ensure that looked after children are able to access services, particularly where challenging behaviours in adolescence, themselves a response to their experience, are impacting on placement stability.
- 6.5.5.3 However, reducing waiting times for all children is a priority for Medway with particular issues identified with the neurodevelopment pathway.
- 6.5.5.4 Medway's Children's Services Ofsted report⁹¹ highlighted concerns with access to health services when children come into care and for children experiencing emotional and mental health problems. Through Medway's improvement plans, performance meetings and the LTP project board, these areas are being addressed.
- 6.5.5.5 In other parts of the country⁹², services have been commissioned to support looked after children who do not reach the threshold for Child and Adolescent Mental Health Services (CAMHS) but are assessed by a health and wellbeing panel as needing an intervention. Alternatively, a targeted approach can be adopted whereby therapeutic staff are placed within teams (such as the Adolescent Service) to provide interventions for that particular cohort.

6.6 Re-assessing Permanency: Reunification, Adoption and Special Guardianship

Priority: Facilitate children safely returning home

Priority: Facilitate children leaving care to other permanent families

6.6.1 Adoption and SGOs

- 6.6.1.1 As noted in section 4.1.9, there has been a national drop in the number of children leaving care to new families, with few SGOs being made and fewer families looking to adopt. Anecdotally, we are aware that the drop in prospective adoptive families has resulted in the permanency plans of some young children needing to be updated to long term fostering, whereas, historically, adoption would have been the selected permanency option.
- 6.6.1.2 The Regional Adoption Agency ("RAA") is going live in November 2020 covering the region of Kent, Medway and Bexley. It is understood that the proportion of CLA with adoption plans is lower in Bexley. It is therefore hoped that the RAA's larger pool of adoptive families will facilitate the adoption of more CLA in Medway.

⁹⁰ See [Medway Local Transformation Plan for Children and Young People's Mental Health and Wellbeing](#), 2019/20, Medway CCG / Medway Council / North East London NHS Foundation Trust

⁹¹ [Medway Children's Services – Inspection of children's social care services](#), July 2019, Ofsted

⁹² E.g. Cheshire West and Chester. See [Children In Care and Care Leavers JSNA](#), December 2018

6.6.2 Adoption: Fostering for Adoption and Early Permanence Placements for Siblings

6.6.2.1 We use Fostering for Adoption (“FfA”) placement in order to reduce the number of placement moves for children and ensure they are placed with their prospective adoptive family at the earliest opportunity⁹³. This involves placing a child in a foster placement with foster carers who are also approved prospective adopters where adoption is likely to be the outcome. Although the courts have occasionally proven reluctant to approve these placements, we will continue to encouraging more approved adopters to become approved foster carers in order to speed up the process of placing suitable children with them. Currently, the average number of days between becoming CLA and placement in an adoptive placement is 575 days (2019/20)⁹⁴.

6.6.2.2 Other local authorities have looked to implement other types of early permanence placement. Rotherham MBC has approached families who have adopted CLA in the past to see whether they would wish to be considered in relation to adopting a sibling of that CLA who is also being brought into care. If so, the family could become a foster carer for the sibling. This then allows the sibling to be placed with the family prior to the court approving any plan of adoption. This carries risks for the family (as there is no guarantee that the adoption of the siblings will occur) but can produce better outcomes for the sibling as they would not have the disruption of being placed with a different foster carer while the adoption process was ongoing. Given the known difficulties in placing sibling groups, this model should be explored more fully.

6.6.3 Permanency

6.6.3.1 Permanency is fundamental to a child’s emotional security, stability and wellbeing. For children it means they know where they are going to be living for the rest of their childhood and who their day-to-day parents are going be. Where children are brought into care, their permanency should be decided within the first six months and ideally by their second review (4 months).

6.6.3.2 The Ofsted report⁹⁵ noted that improvements were needed in “the effectiveness of managers’ formal permanence planning and decision-making at every point in the child’s journey.” We have therefore implemented plans to improve the tracking and oversight of permanence planning for looked after children to reduce drift and delay. This has included updating permanence procedures to more clearly set out when permanency planning should commence, relaunching the terms of reference for the permanency panel and monitoring evidence of timely permanency planning through monthly reporting. We now have 59% of children with their long-term fostering plan matched and confirmed (as at July 2020) up from 20% in May 2019⁹⁶.

6.6.3.3 It is proposed that permanency should be reviewed annually (following the Child & Family Assessment) to look for opportunities where the situation has changed and opportunities are presented for re-unification or special guardianships.

Re-assessing Permanency: Reunification

6.6.3.4 Other local authorities have implemented similar initiatives to re-evaluate a LAC’s discharge options as the child grows up, with a view to safely discharging them from care where appropriate. For some LAC, the nature of the risk can be re-evaluated as

⁹³ We anticipate that our full Sufficiency Statement will include details of the number of FfA placements we have made, together with details of early identification of prospective adopters.

⁹⁴ Medway Council’s Performance & Intelligence Team

⁹⁵ [Medway Children’s Services – Inspection of children’s social care services](#), July 2019, Ofsted

⁹⁶ Medway Children’s Services Improvement Plan (Updated July 2020), Medway Council

the child becomes older. Where this was implemented in Rotherham MBC, this proved successful with over 20 children being discharged in 2018/19 (around 3% of the CLA cohort). If this was equally successful in Medway as a one-off exercise, this percentage would equate to 14 CLA being discharge from care. It would be reasonable to assume that these children would mainly be discharged from foster care and that any in-house foster care placement vacancies would be refilled ahead of IFA placements. This would therefore mean that 14 IFA placements would no longer be required (each costing £1,002 per week on average) and could generate savings of up to £729,456 over the course of that year.

Re-assessing Permanency: SGOs

6.6.3.5 Rotherham MBC reviewed the care plan of every CLA to determine the correct permanency of that child, as part of their 'Right Child Right Care' programme⁹⁷. This revealed opportunities to support children in long term foster placements to achieve permanence. Conversations were held with foster carers (many of whom were external foster carers) to discuss SGO options. The outcome was highly successful with 111 children being discharged from care. This equated to approximately 18% of their CLA cohort⁹⁸. If this was equally successful in Medway, this percentage would equate to 84 CLA being discharged from care. The cost of an IFA placement is on average £1,002 per week, whereas an SGO placement costs £149 per week. Further investigations would be required to understand whether enhanced payments might need to be made to support the SGO, perhaps reflecting the level of payment the foster carers currently receive. However, even if the cost was increased to £500 per week, this would still represent a weekly saving per LAC of £502 per week and might therefore generate savings of up to £2,192,736 per year across 84 LAC. Even if this programme only resulted in a handful of discharges, it would still present significant savings.

7 Programmes of Work – Meeting Needs in the Best Environment & De-escalation

7.1 Introduction

7.1.1 This section sets out a number of proposed programmes of work which are primarily designed to achieve the **outcomes** of:

“Meeting the needs of our CLA and providing the best environment in which they can thrive” and

“De-escalate the needs of our CLA, wherever possible”

by focussing on the following **priorities**:

- Increasing the number of in-house foster carers in Medway and their capability to take on more complex or challenging children
- Provide specialist high intensity support for complex CLA within Kent and Medway
- Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need

7.2 Improved Foster Care Offer

⁹⁷ [Right Care Right Child report](#), January 2018, Rotherham MBC

⁹⁸ Rotherham had 619 CLA as at 31 March 2018.

Priority: Increasing the number of in-house foster carers in Medway and their capability to take on more complex or challenging children

- 7.2.1 As noted in section 4.2, the number of in-house foster carers is dropping, causing an over-reliance on expensive IFA placements and external arrangements. We have identified the shortage in all foster care placements and in particular, placements for:
- older children (aged 10-15)
 - larger sibling groups
 - children with higher complex needs (primarily presenting as challenging behaviour)
 - emergency placements
 - parent and child placements
- 7.2.2 Findings from our Partner In Practice diagnostic, conducted by Essex Children and Families, identified two key areas of improvement: (i) the offer to foster carers, and (ii) the structure of the service.
- 7.2.3 We have developed proposals to address these areas, in line with recommendations from Ofsted⁹⁹, with the express aim of recruiting 15 additional foster carers (nett) each year.
- 7.2.4 It is clear that the package of support offered to foster carers is the most important factor both for families who are considering becoming foster carers and for those who are considering switching from IFA provision. We have therefore developed an enhanced package of support which includes support to birth children, out of hours support, training and induction, timely assessments and therapeutic support for the placement. This package must be underpinned by a strong team of supervising social workers with manageable caseloads who can provide the support needed to retain, develop and upskill the families into therapeutic foster carers.
- 7.2.5 A secondary factor, especially affecting those IFA foster carers considering switching, is the level of fees offered to foster carers. While we cannot match the IFA level of fees, we can provide a proposal which aligns with neighbouring local authorities, and which is enhanced by offering a number of Council concessions which cannot be matched by IFAs.
- 7.2.6 The improved offer and operational structure is intended to increase the number of in-house foster carers in a sustainable, service-appropriate manner that will better meet needs of vulnerable children in Medway. It will deliver improved placement choice and, through better local coverage, will reduce the distance from the placement to the child's home. By providing therapeutic support for families, it is anticipated that foster carers will be better placed to respond to and de-escalate needs, which, in turn, should help to reduce the risk of placement breakdown and more intensive placements at higher cost.
- 7.2.7 In the 17 months between 1 April 2019 and 31 August 2020, 23 enquirers¹⁰⁰ confirmed they would be applying to IFAs instead of Medway Council Fostering. This represents, on average, a rate of 1.35 per month over that period. The reasons given were the lower fees paid by Medway Council and better packages of support from their chosen

⁹⁹ The [Ofsted inspection](#) in July 2019 recommended "Leadership direction and assertive action to improve and develop the services to foster carers and prospective adopters".

¹⁰⁰ There may have been more than 23. These are the ones of which we are aware.

agency. Whilst it is not possible to determine whether these enquirers would have been approved by our in-house fostering team or for which type of placement(s), these figures do support a realistic target of recruiting 15 new carers per year if we are able to increase our fostering rates and enhance our packages to fostering families.

- 7.2.8 Recruiting these carers to Medway Council the following approvals could have generated the savings shown in Figure 36:

Figure 36: Projected savings from recruiting 23 in-house foster carers rather than using IFAs¹⁰¹

Age Band	Number of Carers	Possible Saving to LA per week:
0 - 2	3	£2074.17
2- 4	4	£2765.56
5 - 8	6	£4148.34
9-10	5	£3456.95
11- 15	2	£1382.78
16 – 18	2	£1382.78
P&C	1	£691.39
TOTAL	23	
TOTAL SAVINGS:		£15,901.97 per week
		£826,902.44 annually

- 7.2.9 On the basis that we have targeted recruiting 12 foster carers each year (rather than 23), the projected savings would therefore be £10,370.85 per week (£421,000 per year).
- 7.2.10 To avoid the impact of emergency placements (which are difficult to source and expensive), the improved model for the foster service will allow placements to be blocked-out to cover unexpected requests for emergency placements. To make best use of this resource, it would be sensible to place high-end children with these foster carers, as they can be the most difficult to place at short notice. The risk with this approach is that the foster carer will need to be sufficiently upskilled to deal with that type of high-end emergency placement. However, this might also provide opportunities to use these specialist foster carers to provide assessment placements. This is considered further in section 7.4.5.
- 7.2.11 Beyond this offer, more can be done to improve our understanding of how our in-house foster carers can meet the needs of our children in care. We already track the approval type of our foster carers, so we know which types of placements they are approved to deliver. However, we should develop this system further, so we can track their capabilities and preferences on an ongoing basis. This will allow us to encourage and

¹⁰¹ Ibid. The table provides the number of looked after children and the number who ceased to be looked after for each six month time frame. Some young people will have experienced a care episode that spanned more than one six month timeframe.

support our foster carers to develop the capabilities and obtain the approvals needed to meet the specific demands of our local cohort as they change over time.

- 7.2.12 Where a new placement is required for a child whose needs cannot currently be met by our in-house foster carers, we should record what additional support would have been required to enable our in-house foster carers to have delivered that placement in-house. We could then use this information to shape the ongoing training and upskilling of our foster carers to ensure they have the support and capability to meet the needs of our children in care.

7.3 Community Hubs for Foster Carers

Priority: Increasing the number of in-house foster carers in Medway and their capability to take on more complex or challenging children

- 7.3.1 We provide further support to our foster carers through our therapeutic community hubs. The first hub (for younger children, aged 5-11 years) opened in November 2019. The second hub (for adolescents) is due to open in November 2020. They are inspired by the 'mockingbird model'¹⁰² of building families and communities to assist children and young people with attachment and relationship building. Other local authorities (such as Kent County Council) have also implemented a similar model and have reported equally positive results.
- 7.3.2 We have two carers who have the hub house. They have no other children in placement and are paid a fee as hub carers. The carers work alongside our therapeutically trained social workers and fostering family support workers to support a constellation of up to six children at one time. The children are offered play dates with the hub carers, community events with the hub carers and their own carers (constellation carers) in addition to staff. The terminology 'respite care' is not used. The children and young people are each offered two nights 'sleep overs' per month. The sleep overs could be two consecutive nights or separate, always conducted at the pace of the child/young person. (Due to Covid-19, we needed to suspend these sleep overs for a time but we have adapted how the hub operates in light of the restrictions.) Sensory play and therapeutic books are incorporated into the hub time. The support of staff ensures that the hub carers and therapeutic carers are all parenting in line with the PACE model of therapeutic parenting. We are also ensuring that our hub and constellation carers are trained in Reflective fostering to enable them to understand and appreciate what the child's behaviour is telling them and not showing them.

7.4 Assessment Placements

Priority: Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need

Priority: Facilitate children safely returning home

Priority: Provide specialist high intensity support for complex CLA within Kent and Medway

- 7.4.1 When young people and families are struggling to resolve issues on the edge of care, or children in care are experiencing repeated placement breakdowns, there is an

¹⁰² See [Mockingbird family model: evaluation](#) (November 2016) Department of Education

opportunity to properly assess the needs of the child / young person and put in place interventions which can have a dramatic positive impact on their life journey. Where placement breakdowns do arise, another placement must be found as a matter of urgency – often at higher cost¹⁰³. This can give rise to a vicious circle, with hastily arranged alternative placements failing to fully address the needs of the CLA and carrying an increased risk of placement breakdown. Assessment placements provide an opportunity to break this cycle by creating time and space for assessments to be undertaken and for appropriate focussed interventions to be put in place. This can present opportunities for reunification or for enhanced placement plans to be developed which improve the chances that a well-matched care placement can be found.

- 7.4.2 Medway Council has developed plans to repurpose the building which had previously been used as its in-house residential unit (the Old Vic). From this redeveloped hub, a commissioned service provider could deliver assessment placements and intensive support for more complex children in care or on the edge of care.

7.4.3 Assessment Hub: Edge of Care / CLA with placement breakdowns (NWD)

- 7.4.3.1 An initial specification has been prepared which envisages a rolling programme of assessment placements (4 beds) and outreach support, together lasting a maximum of six months. The service will aim to support (i) adolescent young people and their families who are at risk of care or custody, and (ii) adolescent young people in care who have experienced previous placement or accommodation breakdowns. It envisages support being provided by a multi-disciplinary team, which may include therapeutic workers, youth workers, family workers, clinical psychologist, educational psychologist and support workers. It is envisaged that this team would also support the developing Adolescent Service – providing additional capacity and specialist support for that team. (It will be important for Medway Council to link this work in with the police, as part of an integrated approach to address issues related to exploitation and serious youth violence, as was recommended by the Children's Services Commissioner's report¹⁰⁴.)

- 7.4.3.2 Each placement will look at stabilising the situation and building trust with the young person, before working with them to assess their needs and provide referrals / interventions. An exit plan will be developed and support provided to help transition the young person – either back home, into a foster care placement or to independence.

- 7.4.3.3 In many ways, this proposal is similar to the No Wrong Door ("NWD") model¹⁰⁵ which provides an intensive integrated residential care provision to those on the edge of care, edging into care or already in care – with a focus on building resilience and de-escalating need. In that model, a 'hub' is established with a team that consists of a manager, 2 deputy managers (one responsible for the residential element of the hub and the other the outreach service), NWD hub workers, a communications support worker who is a speech and language therapist, a life coach who is a clinical psychologist and a police liaison officer. The integrated team supports the young person throughout their journey to ensure that they are not passed from service to service but instead are supported by a dedicated team. Some young people are placed

¹⁰³ Medway Council's Finance team cited an example of a residential placement which started in January 2019 (at a weekly cost of £2,107) but which broke down four times in quick succession with escalating costs each time (£4,000pw, £4,150pw, £4,500pw, £5,850pw).

¹⁰⁴ [Report on ways forward for Children's Services in Medway](#), December 2019, Commissioner for Children's Social Care in Medway

¹⁰⁵ [Evaluation of the No Wrong Door Innovation Programme Research report](#) (July 2017) Department for Education

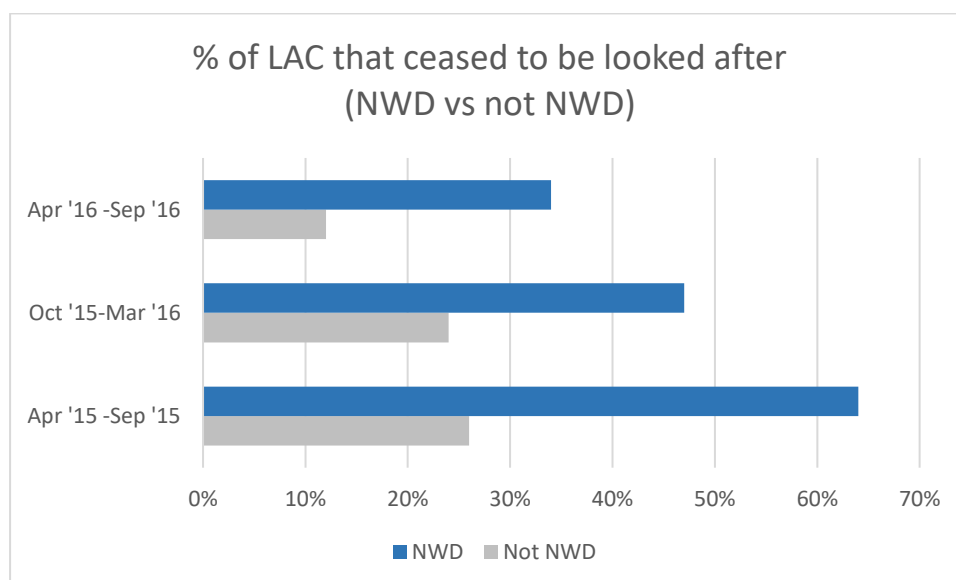
in the hubs, and others are supported by outreach while either in foster care, or living with their families. The model aims to improve accommodation stability and resilience, while reducing high risk behaviours such as criminal activity, CSE and drug and alcohol misuse. The average intervention time is 3 months.

7.4.3.4 When the NWD was assessed by the Department for Education between April 2015 and September 2016 a total of 290 young people were supported. 277 of these referrals (77%) were for young people edging to or on the edge of care. The majority of these (86%) remained out of the care system with the support from NWD. Of the 67 young people who were already looked after when referred to NWD to support their placement stability, 40% ceased to be looked after. Figure 37 compares the outcomes of the cohort of looked after children referred to NWD against a matched cohort of young people not referred to NWD. This shows that a considerably higher percentage of the NWD group ceased to be looked after. (This is represented diagrammatically in Figure 38.)

Figure 37: Number of young people (aged 12 to 17) that ceased to be looked after¹⁰⁶

	Apr 2015 – Sep 2015		Oct 2015 – Mar 2016		Apr 2016 – Sep 2016		Total	
	NWD	Not NWD	NWD	Not NWD	NWD	Not NWD	NWD	Not NWD
No. LAC	33	38	36	34	62	49	131	121
No. that ceased to be looked after	21	10	17	8	21	6	59	24
% that ceased to be looked after	64%	26%	47%	24%	34%	12%	45%	20%

Figure 38: Percentage of young people (aged 12 to 17) that ceased to be looked after¹⁰⁷



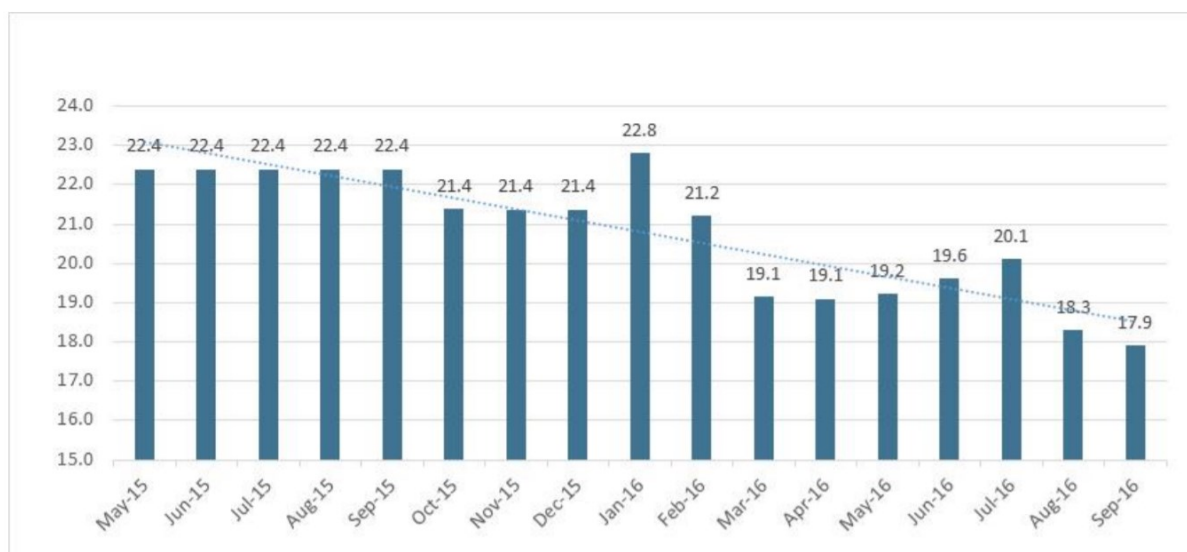
¹⁰⁶ Ibid. The table provides the number of looked after children and the number who ceased to be looked after for each six month time frame. Some young people will have experienced a care episode that spanned more than one six month timeframe.

¹⁰⁷ Ibid.

7.4.3.5 Importantly, re-entries to care for young people who experienced NWD were rare. Only 15% (25 out of 164) re-entered care during the 18 months from April 2015, and only 7 experienced more than one return to care.

7.4.3.6 Over the course of the evaluation, the SDQ¹⁰⁸ score for young people under NWD reduced from 19.5 to 16.8 (whereas a comparison cohort remained static at 11.7 and 11.5). Figure 39 below shows the SDQ scores for a sub-sample of NWD young people that were placed in the hubs at some time (and were therefore more likely to receive direct work from the life coaches). This sort of intervention may be particularly useful for CLA in Medway, who show significantly higher SDQ scores than those in Medway's statistical neighbours or England¹⁰⁹.

Figure 39: SDQ scores for NWD residential young people aged 12 to 17 (May 2015 to Sep 2016)¹¹⁰



7.4.3.7 The NWD model also provided evidence of a reduction in the number of days young people spend in care¹¹¹. There is also evidence that the NWD model supported a reduction in the number and proportion of young people experiencing 3 or more placement moves (reducing from 32% to 24%). The evaluation of this model also included evidence of a number of other positive outcomes which were achieved including reductions in criminal activity and high risk behaviours (such as substance misuse, missing from home incidents, CSE and crisis presentations).

7.4.3.8 It is difficult to use the NWD model figures to reliably calculate the outcomes that might be anticipated from Medway's proposed Assessment Hub model, not least because there may be slight differences in the proposed models and the throughput of young people at the Old Vic (with 4 beds) may be considerably smaller than in the NWD model (which converted two children's homes).

7.4.3.9 That said, the initial modelling (shown in 'box 1', below section 7.4.4.4) suggests that a similar approach to the NWD model could provide a cost-effective solution in Medway providing that a relatively high throughput of CLA can be achieved and that the Assessment Hub can ensure a similar percentage of young people avoid coming into

¹⁰⁸ An SDQ score of 0 to 13 is considered normal; 14 to 16 is borderline; and 17 to 40 is a cause for concern.

¹⁰⁹ See section 4.4.3.12.

¹¹⁰ [Evaluation of the No Wrong Door Innovation Programme Research report](#) (July 2017) Department for Education

¹¹¹ Prior to NWD, and in the first year of NWD, the modal placement length was 'more than 180 days' in care placement. In the second year of NWD, it reduced to 'between 32 and 180 days'.

care as a result of the intervention. Our initial modelling suggests the costs avoided would be around £1,000 to £2,000 per week for each young person for whom care could be safely avoided, and that around 1 in 4 young people in the programme would achieve this outcome by virtue of being on the programme¹¹². On this basis, the cost avoidance would be £250 to £500 per week for each young person on the programme.

7.4.4 Assessment Hub: De-escalating Residential LAC

7.4.4.1 As an alternative approach, Medway Council could implement an Assessment Hub model but rather than mainly focussing on children on the edge of care, it would instead primarily focus on complex CLA who are already in residential care.

7.4.4.2 If this model were successful in de-escalating the levels of need for this high-end cohort and the CLA could be safely placed with a foster family, this would be more likely to deliver a higher level of savings per week than focussing primarily on the Edge of Care cohort.

7.4.4.3 The average cost of a residential home placement is £3,545 per week. The average cost of an IFA placement is £1,002 per week. If the Assessment Hub could deliver interventions which enabled the young person to move to a stable and positive family environment with the foster carer without the need for ongoing high cost interventions, this might result in savings of c.£2,500 per week.

7.4.4.4 Of course, there are a limited number of young people in residential placements for whom the Assessment Hub's support might be appropriate at any one time. Indeed, it is anticipated that this support would be primarily focussed on those placements at higher risk of breakdown. For those times where no immediate support is required for this higher-end cohort, the Assessment Hub could focus on supporting those children on the edge of care. In addition, the Assessment Hub might also consider blocking out a bed to deal with emergency placement breakdowns for the high-end CLA cohort in residential care, so that opportunities are not missed to support those CLA in an emergency.

Box 1: Modelling the cost/benefit of NWD

The cost of delivering NWD across two hubs (including all staffing, specialist roles, non-staffing costs and packages of care) was around £2.25m per year. The programme supported 290 young people over 18 months. The packages of care varied substantially, with some young people requiring intensive, tailored outreach support, with daily face-to-face contact with their outreach worker. For other young people, the level of outreach support was much lower – for example, around 3 hours per month. The highest unit cost for NWD was to provide a short term, usually 28 days, bespoke package which was estimated to be in the region of £5,000 per week.

Based on these figures, around 16 young people were helped each month on average across the 18 month period, at an average total weekly cost of £43,000. (This equates to £2,700 per young person per week.)

Over the 18 month period, 35 CLA ceased to be looked after over and above the control group. Proportionately this equates to 23 CLA per year. If it is assumed that 3 of these CLA would have been placed in residential care with the remaining 20 placed in IFA foster placements, the costs avoided would equate to $(£3,500 \times 3) + (£1,000 \times 20) = \text{c.£30,000}$ per week. The cumulative effect of this cost avoidance alone would therefore be expected to cover the expenditure within two years, as shown in Figure 40 below. (It is also worth noting that NWD delivers substantially more benefits

¹¹² See Figure 37: 45% ceased to be CLA whereas 20% in the control group also ceased to be LAC. The difference is 25%.

than simply costs avoided though not bringing these CLA into care. These additional benefits are not modelled here.)

Figure 40: Costs and costs avoided based on NWD Model

	Year 1		Year 2		Year 3	
	Weekly cost	Annual Cost	Weekly Cost	Annual Cost	Weekly Cost	Annual Cost
Costs	£43k	£2.25m	£43k	£2.25m	£43k	£2.25m
Costs avoided in respect of that year's CLA cohort	£30k	£1.55m	£30k	£1.55m	£30k	£1.55m
Ongoing costs avoided in respect of previous years' CLA cohort	n/a	n/a	£30k	£1.55m	£60k	£3.1m
Costs avoided this period (nett)	(£13k)	(£0.70m)	£17k	£0.85m	£47k	£2.4m
Cumulative costs avoided (nett)	(£13k)	(£0.75m)	£4k	£0.15m	£51k	£2.55m

7.4.5 Assessment Foster Placements

7.4.5.1 In addition to the Assessment Hub, Medway Council might also consider whether it can use foster carers to provide targeted assessment placements. For example, Kent County Council piloted a 12 week assessment placement using in-house carers, which they now intend to roll-out more widely. They have targeted CLA who were likely to have multiple placements (as identified by the service manager) and placed these children and young people with a specified in-house foster carer. During the first six weeks, multi-agency work is undertaken to formulate an assessment of the LAC, with input from social workers / supervising social worker, the foster carers, youth officers and the schools. The second six weeks is used to help identify the right placement, using that assessment to write the placement plan (which forms part of the placement referral form) to ensure the final plan is of the highest quality.

7.5 Greater choice of specialist residential placements in Kent and Medway

Priority: Create time and space to assess the needs of CLA and ensure that placements and support meet those needs to avoid repeated breakdowns and escalating need

Priority: Provide specialist high intensity support for complex CLA within Kent and Medway

7.5.1 Children coming into care may have complex needs which can impact on their ability to live in a family setting. This means they may be placed in a residential home, where this can best meet their needs. We are aware that an increasing number of placements in residential homes are outside of Kent and Medway¹¹³, which may not always be the ideal outcome for the child or young person and can present logistical difficulties for the placement.

¹¹³ See section 4.3.3.

- 7.5.2 Medway Council is seeking to improve the availability of external residential placements in Kent and Medway, to avoid the need to place CLA at such a distance from home and to provide specialist support to our children in care.
- 7.5.3 We have been working with 4 or 5 supported accommodation providers who are looking to establish small (e.g. 2 or 3 bedded) children's residential homes locally.
- 7.5.4 One provider has secured premises and staff in Medway and is just awaiting Ofsted approval.
- 7.5.5 Another provider is looking to open residential provision in Medway, which is registered both with CQC and Ofsted and provides both children's residential accommodation and adult's residential accommodation in different parts of the premises. This has been designed to support a smoother transition from children's to adult's services.
- 7.5.6 Other providers are actively looking at options in the property market.
- 7.5.7 Medway senior leadership team will continue to work across provider forums and will use the sufficiency review to better plan and develop a range of provision to meet the needs of Medway's looked after children. This may include commissioning local provision which will work intensively with the CLA to deliver actions in relation to the child's plan. In relation to supported accommodation, we will also continue to develop our local provision of specialist supported accommodation for complex young people, young people with ASD and those exiting custody.

7.6 Supporting Education Outcomes and Re-engagement

- 7.6.1 Children in care have a statutory right to appropriate full time education. This schooling could be delivered in a mainstream, independent or special school, or through alternative provision including Pupil Referral Units ("PRU"). Children are supported by the Virtual School which tracks the progress of young people from term to term using the Personal Education Planning process ("PEP"), which is monitored at regular PEP meetings. As children move into care or between placements, it is important that they can still access schooling and this can pose challenges. If they were previously home educated they will have to wait for a school place to be allocated. If they move geographically they may no longer be able to access their existing school. Figure 41 shows the school year distribution for the CLA cohort for September 2020. There are 17 pupils arriving that month. Finding a school (nursery) place for the youngest children will be straightforward. However five places need to be found for teenagers, three being over the statutory school year 11. This is far more problematic.

Figure 41: Pupil profile and distribution for Medway Virtual School ("MVS") 1 September 2020¹¹⁴

MVS	Below N1	N1	N2	YR	Y1	Y2	Y3	Y4	Y5	Y6	Y7	Y8	Y9	Y10	Y11	Y12	Y13	count
All looked after children -	age 0-2	age 2-3	age 3-4	age 4-5	age 5-6	age 6-7	age 7-8	age 8-9	age 9-10	age 10-11	age 11-12	age 12-13	age 13-14	age 14-15	age 15-16	age 16-17	age 17-18	
cohort	72	13	14	11	19	15	16	18	24	22	36	31	43	44	48	48	3	477
SEN support	0	0	0	2	4	4	9	7	10	8	10	7	8	13	11	11	1	105
EHCP	0	0	0	0	1	2	3	4	3	6	11	9	17	11	12	17	1	97
no SEN support	0	1	5	7	12	3	4	6	8	7	13	12	15	14	21	10	1	139
SEN need unknown	72	12	9	2	2	6	0	1	3	1	2	3	3	6	4	10	0	136
Counting cohort for 2019-20 ¹¹⁵	11	7	7	4	10	5	10	12	16	15	26	21	33	36	30	33	3	279
No pupils leaving (this month)	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	3
No pupils arriving (this month)	5	0	1	1	0	2	0	0	1	0	0	2	1	0	1	3	0	17
Total number leaving in year	30	8	4	6	7	2	4	2	1	2	2	1	3	2	5	3	55	137
Total number arriving in year	65	10	8	8	9	9	6	4	4	4	10	8	12	9	16	13	2	197

7.6.2 We will routinely look to place our children in care in good or outstanding schools, wherever a change of school is required. However, we will always consider the needs of the child holistically when making these decisions.

7.6.3 The Virtual School has identified a funding stream issue which affects CLA when a school move is required. In the most straight-forward example, where these children move schools (and they are neither subject to an Education, Health and Care Plan ("EHCP") nor are they excluded from school), it will take a minimum of 20 days before they can attend their new school. However, the position becomes more challenging where the child is placed out of area, has complex needs (but no EHCP), has a high fixed term exclusion and/or has a history of non-engagement. In all these situations there is need for tuition but may be no associated funding stream or process for resolving the lack of attendance. This can affect the education and stability of the CLA and also places a cost pressure on the education budget to fund tuition during that

¹¹⁴ Medway Council's Virtual School

¹¹⁵ Over 12 months in care - this figure could reduce within the year should the status of the pupil change within the school year.

The counting cohort is defined as a 'looked after child' is a child who has been continuously looked after for at least 12 months up to and including 31 March 2020. This definition is used by the DfE because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment. However, note that a child may not have been in the care of a local authority for the whole of a key stage period

period. Even in a straight-forward case, 2 hours of daily tuition might cost around £500 per week.

- 7.6.4 The Virtual School has also identified the need to put in place a package of intensive work to re-engage young people (age 13+) in education. There are opportunities to work with the Adolescent Service on this package of support.

8 Programmes of Work – Care Leavers

8.1 Introduction

- 8.1.1 This section sets out a number of proposed programmes of work which are primarily designed to achieve the **outcomes** of:

“Increase the number of CL who are equipped for adulthood”.

- 8.1.2 The Ofsted report¹¹⁶ noted that improvements were needed in “the services to help care leavers access suitable accommodation, education, employment and training and to understand their rights and entitlements”. In light of this, we have set as a priority that:

“Care Leavers will have improved outcomes in relation to education, employment, training, health and accommodation”¹¹⁷.

- 8.1.3 This means that:

- CL are living in suitable accommodation with the right level of support to meet their need
- CL in education, employment or training increases to over 70%
- CL tell us that they can access appropriate health provision, including mental health support.

- 8.1.4 There is good evidence from feedback received from some Care leavers about the quality of support they receive, although it is clear from the data that there is more to do to ensure many more of our young people are accessing education, employment or training.

- 8.1.5 Plans are in place to create a multi-agency steering group (health, education/employment and accommodation). This will focus on the areas set out below.

8.2 Accommodation

- 8.2.1 We will focus on improving the range and quality of accommodation for CL through commissioning and housing development. This will ensure there is demonstrably an increase in choice of accommodation and providers. We will track the number of Council tenancies held by care leavers to ensure this increases month on month. Figure 42 below provides a snapshot of CL who are currently in suitable accommodation as at September 2020. There is continued good performance on this metric. The average percentage of CL in suitable accommodation is 92%, which is the same as for the year ending June 2019. In comparison, nationally 84% of CL aged 19-21 were in suitable accommodation in the year ending March 2018.

¹¹⁶ [Medway Children's Services – Inspection of children's social care services](#), July 2019, Ofsted

¹¹⁷ Medway Children's Services Improvement Plan (Updated July 2020), Medway Council

Figure 42: Care Leavers in suitable accommodation (September 2020)¹¹⁸

Age	Number is suitable	Care Leavers	% Suitable
16	1	1	100%
17	2	2	100%
18	57	58	98%
19	40	43	93%
20	26	29	90%
21+	45	53	85%
All ages	171	186	92%

8.2.2 We will work with colleagues in Housing and Adult Social Care to scope the need for different categories of accommodation, improve our ability to predict need, plan for accommodation and transition at different life stage, and develop a flexible menu of housing options in Medway across all levels of need. It is envisaged that this will include:

- Working with the Shared Lives team to better identify and plan for Shared Lives placements for young people exiting care or returning from residential school placements
- Recruit to the Supported Lodgings in-house provision to improve capacity
- Increase and improve the Foyer¹¹⁹ offer locally, capitalising on Foyer's ability to provide additional attractive options to young people through their national and international networks of accommodation and support
- Develop options for independent living pathways
- Develop a local market of stepdown supported accommodation
- Develop the market for supported living and employment schemes for young people with SEN

8.2.3 To support the transition to adulthood, we will work with IFAs and in-house foster carers to promote the Stay Put policy and clarify the remunerative offer within our revised foster care offer for in-house foster carers.

8.2.4 We plan to embed the use of Advocates to advise young people during the Joint Housing Assessment process.

8.3 Education, Employment and Training

8.3.1 We will develop and implement training and employment opportunities and apprenticeships for CL with partner agencies. We will track performance in the number of CL in education, employment or training ("EET") to ensure this shows improvement each month, and that the percentage of CL who are EET increases to 70%.

8.4 Health

8.4.1 We will ensure CL have ready access to a range of mental health support, are able to access treatment for substance misuse issues, contraception and sexual health advice, and provide dedicated parenting support for those CL who are or will shortly become parents. We will also empower CL to manage their own health. We will track performance through the number of CL accessing a range of mental health services.

¹¹⁸ Medway Council's Performance & Intelligence Team

¹¹⁹ The Foyer Federation offers a network of learning and accommodation centres, known as Foyers, which provide a home, a holistic development plan and a nurturing community for young people who can't live at home.

We will also gather feedback from leaving care practitioners and the CL themselves to ensure this shows an improvement in access to a range of mental health and substance misuse services.

- 8.4.2 We plan to undertake a moderated piece of scoping work with colleagues in Adult Social Care to understand the need and potential accommodation pathways for young people requiring high level of support with their emotional health and well-being, and transition.

- 8.4.2.1 Medway has also recently provided young people (age 10-25) across Medway with free access to an online community of peers and a team of experienced counsellors¹²⁰. This is a place where young people can go to get advice, information and support 24/7, and can chat to a qualified counsellor Monday to Friday between 12pm and 10pm and Saturday and Sunday between 6pm and 10pm. The service was opened up to the 18+ age group to try to provide additional support for CL.

¹²⁰ It is accessed at www.kooth.com