

# The Future of Children's Social Care

An optimised model for supporting children in care and on the edges of care: national enablers, local delivery





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# 1. Executive summary

## Introduction

In the context of significant national attention on children's services, of rising numbers of children in care, and the ongoing impact of the pandemic for children, young people, and families, the County Councils Network (CCN), the Association of County Chief Executives (ACCE), and Newton have collaborated on this programme of work to develop an **ambitious, evidence-based view of the future of children's social care** and what actions could be taken to optimise the delivery of this vital public service.

The programme has taken place in parallel with other important conversations across the sector, including the independent review of children's social care, chaired by Josh MacAlister, commissioned by the Department for Education. It seeks to add **additional evidence and insight** to these conversations, including by taking a systemic view of the **full system of support** to children, young people, and families, recognising the crucial contributions of partner organisations.

This report, as one of the outputs of the programme of work, sets out not only an ambitious vision for the future but also what one **'optimised local delivery model'** for achieving it could look like. The vision and model are built with the sole focus of improving the outcomes and experience for children and families.

As a consequence, the model achieves an overall reduction in levels of need and demand on the system, which in turn puts local government finances in a more sustainable position.

This report demonstrates the need to recognise and to build on the strengths that exist within the sector. It also shows that delivering this ambitious, optimised vision and model requires fundamental changes, including addressing variation between how areas currently operate.

In doing so, the aspiration is for readers in local government, in central government, in partner organisations, and in private businesses to learn from good practice and understand their role in delivering an optimised model.





## Scope and methodology

Without significant changes to the system, the trend of rising numbers of children being in the care system is likely to continue. In 2015 there were **69,470** children in care. By 2020 this stood at **80,080**, and analysis conducted through this programme forecasts this could increase to between **86,000** and **95,000** by 2025.

This work programme has focussed specifically on the system around children in the care of local authorities and those children on both edges of care (those at significant risk of being in care and those children who are currently in care but could be supported to return home safely, or otherwise leave the care of the local authority). This scope includes services and support provided by both local authorities and partner organisations, while also considering the role of central government.

The programme has been informed by extensive engagement with national and local children's social care stakeholders including care experienced children, young people, and families.

Conversations were held with over **200** individuals

It included 'deep-dive' reviews with six county authorities; Newton's evidence from change programmes over recent years; analysis of national data sets; and conversations with over 200 individuals.



**2015**

69,470 children in care



**2025**

Forecast between 86,000 and 95,000 children in care

## An optimised model for delivering the ambition for children

The objective of this programme has been to set out an ambitious, sector-led vision for the future, and an optimised local delivery model which could deliver that vision.

The proposed model comprises five underpinning pillars and a set of principles for how these can be delivered by local authorities as the lead agency for children's social care alongside local partner organisations. As described below, for local systems to achieve the proposed model in full, a set of local and national enablers are essential.

It should also be noted that this is proposed as *one example* of an optimised model to deliver the ambition based on the evidence and experience collated in this report.



Children and young people should be safe, well, happy and have the foundations to thrive.

### Keeping families together

Local systems work to keep children in their family and community network, where it is safe to do so. All partners offer timely, effective, relationship-based support to families in a way that builds on their strengths to overcome challenges. Wherever possible this aims to prevent children coming into care and reunite families following periods of time spent in care.

### Aligned partnership working

Elements of the offer to children and families operate seamlessly and with an alignment of purpose. Support from all partners adapts flexibly and responsively to each child and family situation. There are no cracks and no cliff-edges within or between different organisations.

## Children and young people at the heart

The voice, views, and ambitions of children and young people will always be at the heart of what we do. The way we do this is responsive to the age, stage, and needs of each individual.

### For those in care, the right care

Where children and young people do need to come into care they achieve the outcomes, experience, and safety of their peers. The system is innovative and flexible in the pursuit of high quality care that reflects the age, stage, and needs of each individual child and young person. Wherever possible we work towards children returning to their families and communities.

### A great place to call home

Children in the care of local authorities all have the right place to call home. These are loving, stable, and maintain connections with the family, friends, and communities important to them. Local authorities are highly effective in managing the capacity, quality, and value for money of provision supported by the right regulatory and inspection frameworks.

Workforce

Practice

Processes

Partners

IT & Systems

Commissioning

Data & Digital

Leadership

Fair, sustainable funding

Inspection and regulation

All policy and law impacting children and families

Ambition

Underpinning Pillars

Locally Tailored Delivery Systems

Nationally Enabled



## The impact of the optimised model

**Based on extensive engagement and assessment of council practices to date, the following examples evidence some of the benefits that could be achieved if this model of local delivery was fully adopted and implemented.**

The recommendations and enablers included in this report cover those changes needed locally and nationally to deliver the proposed model in full. The complex, multi-agency nature of the changes required to fully implement the model will not be simple or quick to achieve, but this should not prevent all partners from embarking on the journey as soon as possible.

### Impact on children and families

Analysis from this report shows that the proposed optimised model could support more children at home safely, in line with the statutory duty of local authorities, and lower the forecast numbers of children in care. Our analysis suggests once the model is adopted nationally the number of children in care could be **33%** lower than if current trends are allowed to continue. This would mean if the model were adopted immediately without delay, this would lower the growth projections for 2025 to between **64,000** and **77,000** (from the current forecast of between **86,000** and **95,000** children)<sup>1</sup>. This would see tens of thousands of children and young people being properly supported by all agencies to live safely with their families or close communities, and achieving better life outcomes as a result.

In addition, for those children in local authority care, the model would lead to **37% - 41%** fewer children being housed in residential care homes. This would mean if the model were adopted immediately without delay between **3,300** and **4,400** more children would be living in family homes in 2025 compared to current expected trends.

Up to  
**31,000** more  
children living  
safely with  
family



### Impact on practitioners

The working environment described in the delivery model would move towards parity of esteem for social care practitioners in relation to other public sector workers. It would also enable them to spend an additional **25%** of their time directly supporting children and families.

**150,000**  
hours of  
social worker  
time freed-up

Across the workforce of qualified social workers in England, this would equate to **150,000** additional contact hours per week, or more than an hour per week for every child currently on a child protection plan or in the care of local authorities. Not only could this support better outcomes for those children and families, but it could also have a significant impact on staff satisfaction and retention.

### Impact on local authority finances

Without changes to the system, projected expenditure on children in care is set to be **£2.1bn** higher in 2025 compared to 2020. Analysis conducted through this programme shows that delivering the model outlined here across England could mitigate **67% - 95%** of the forecast growth in spend over coming years. This is as a result of fewer children being in care, more children in care living in family settings, such as fostering, and less reliance on expensive residential care, reducing long-term care costs.

**£1.4bn - £2.0bn**  
of spend growth  
on children in care  
mitigated

This would mean that, if the model was adopted immediately without delay, it could help reduce the increased costs for children in care, with expenditure **£1.4bn - £2bn** lower in 2025 compared to current forecasts. Whilst this would significantly reduce the future growth in spend, it would not reduce the underlying funding gap for children services from previous years.

These figures are presented net of an ongoing investment cost of **£205m** required to fund more intensive support for children and families at both edges of care.





## Recommendations and enablers

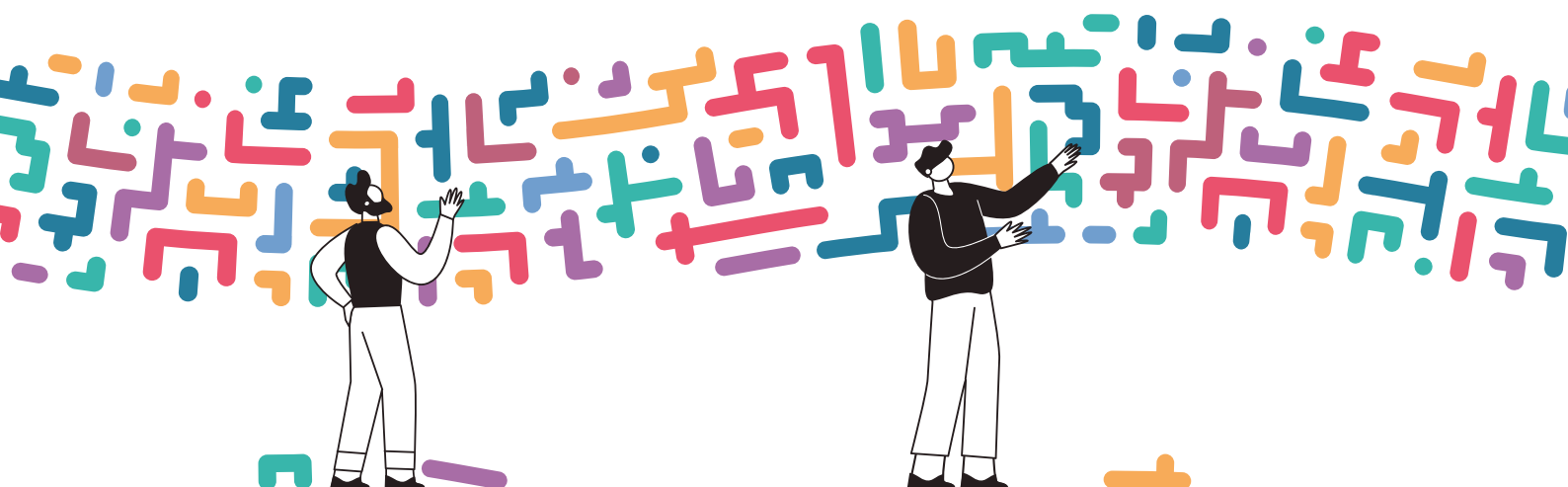
**In setting out an ambitious vision and a model for the future of children's social care, it is clear that significant change is required locally and nationally.**

The following recommendations and enablers (both local and national) are therefore put forward as the basis upon which an overarching reform of the children's social care system could be built. These are required in order to deliver the full benefits of the proposed model in terms of excellent outcomes for children and families, improved working arrangements for staff, and a more sustainable financial position for the sector. However, there are beneficial changes that local systems can start to implement in the short-term, and it is the hope of the authors of this work that there is learning everyone can take from the analysis, insight, and case studies set out in the report.

**The recommendations and enablers are:**

### **1. Local government should remain at the heart of delivering protection and support to children:**

Local government has the intrinsic, democratically accountable understanding of people and 'place' needed to adapt to the local needs of children and families, and to coordinate effectively with partner organisations. There are existing, strong examples of authorities delivering both the 'support' and 'protection' elements of work with children and families which are required to provide the best outcomes. Local authorities' expertise in the delivery of adult social care services enables them to work effectively with the whole family in order to keep children safe, happy, and well, to resolve issues including domestic abuse, substance misuse, mental wellbeing, and financial management.



## 2. A commitment from local government to implement a consistently high standard of evidence-backed, relationship-based support for children and families on both 'edges' of care:

There are children at risk of coming into care who would benefit from receiving support within their family environment and community, and children in care who could be supported to leave care to live safely with family or community. Local authorities need to implement a consistently high standard of evidence-backed, relationship-based support for children and families, linked closely with protective safeguarding duties. There are already highly effective support services operating, including Essex's 'Divisional Based Intervention Team' (DBIT) and Hertfordshire's 'Family Safeguarding Model'.

## 3. An aligned national strategy, including a reframing of Working Together:

While there are many positive local examples of partnership working, children and families often say they face cliff-edges in support between services and organisations. Addressing this requires an aligned, national strategy, consistent with the vision, pillars, and principles outlined in this report. This strategy needs to cover all public bodies working with vulnerable children and families, but especially health (physical and mental), education, judiciary, and police. This would likely lead to legislative changes and a reframing of 'Working Together', underlining the importance of local coordination, and tailored for the needs of local populations.



#### 4. Local and national investment to transform the care market:

Central government needs to intervene in the market supplying residential and fostering homes for children to ensure both sufficiency and stability of provision. For residential care, this should focus on addressing the risk of disorderly exit where providers are carrying too much debt. For fostering, a national programme should be launched, delivering the enablers needed to attract and retain sufficient foster carers to meet demand. Local government has a role in managing demand for homes through effective decision-making; targeted interventions to reduce levels of need; a greater focus on recruitment, utilisation, and retention of foster carers; and maximising local market leverage through strong strategic and operational commissioning.

These commissioning efforts would be significantly enhanced by a commitment from the Department for Education to fund sector-led collaborations between those authorities who at present lack the required economies of scale to manage the market effectively.

#### 5. Local and national changes enabling practitioners to spend more time with children and measure the meaningful impact made on their lives:

Evidence from this project shows an opportunity for frontline social workers to spend 150,000 hours more per week working directly with children and families (equivalent to more than an hour per week for every child in care and on a child protection plan in England) through fundamental changes to ways of working and factors that influence them. This requires local investment and changes to working cultures including digital systems that support efficient case recording; challenging the number of internal meetings attended; and building on the use of remote meetings with other professionals developed through the pandemic. At a national level, the extent to which practitioner behaviour is influenced by the regime of inspections, and focus on casework recording, should be recognised and addressed. Furthermore, disparities between what children and young people tell us is important to them and what is statutorily recorded should change, allowing for a more meaningful, child-focussed approach to measuring the impact of interventions.



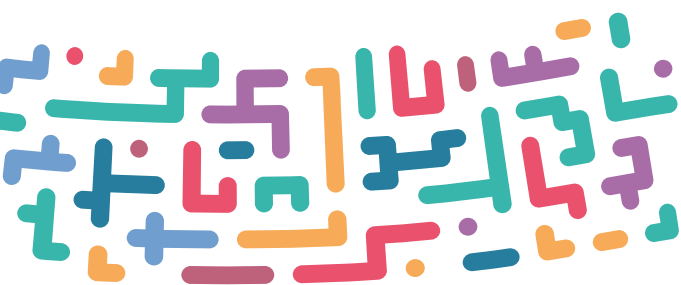
## 6. An inspection and regulation framework that reflects the evidence from this report:

Inspections need to focus equally on children being supported to leave care, (where appropriate and safe), and children entering the care system. It also requires a new approach to risk when making inspection judgements; one that balances both the short-term risks a child or young person faces with the long-term consequences of being separated from their family and community. There is also a requirement for regulatory and inspection changes to support more flexible, innovative responses in two key areas.

- i. An age-appropriate offer for adolescents and teenagers, reflecting the different nature of strengths and risks they typically face when compared to younger children.
- ii. The provision of a sufficient quality and quantity of homes for children in local authority care.

## 7. A fair and sustainable funding model:

A crucial enabler of local, systemic change is a commitment from Government to a fair and long-term funding settlement for local authority children's services and relevant partner services. Many authorities involved in this project cited the beneficial impact that having a longer-term funding plan to work to would provide; enabling them to invest with greater confidence in initiatives with longer payback periods. The model outlined here requires both investment in the significant transformation work needed to deliver the approach, as well as initial investment to support families at both 'edges of care'. Some authorities may be able to fund these themselves; others may not. The scope of this work has not included a detailed analysis of local authority finances and reserves and therefore any funding settlement would need to factor this in. However, it is clear that the investment would not only achieve better outcomes for thousands of children across the country, but also mitigate it could help reduce the increased costs for children in care, with expenditure £1.4bn - £2bn lower in 2025 compared to current forecasts.



## 2. Introduction

**Every child and family will draw upon council-funded services in their lifetimes; for example through support from health visitors, children's centres, school-based initiatives, or making use of local leisure facilities.**

Fortunately, fewer than 1% of families<sup>2</sup> will need to access services and support for children in care. The downside of this is that only a small proportion of the population understands the importance, the impact, or the complexities associated with being a child in care, or a family who has a child in care. However, it is clear from the levels of national interest that society values the importance of getting it right for children. The outpouring of grief in response to the recent deaths of Arthur Labinjo-Hughes and Star Hobson at the hands of their own parents and carers serves as a tragic reminder of this fact.

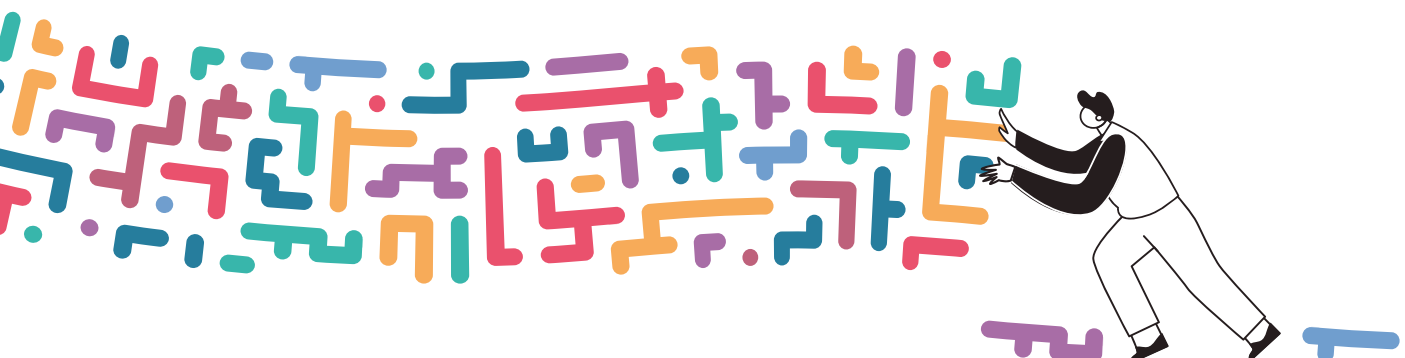
Children have undoubtedly suffered as a result of pandemic-related lockdowns affecting their education, and through the diversion of health services. The trend in recent years of increasing numbers of children coming into the care of councils has also raised questions about the sustainability of the current approach to safeguarding their welfare.

The role of local councils is being reviewed as part of the independent national review of children's social care. CCN and ACCE believe they have a responsibility to contribute to the national debate.

Both organisations have always seen services for children as an extremely important aspect of the work of local government and a number of county councils are among the leading providers of high-quality services across the country.

It is for these reasons that the County Councils Network, Association of County Chief Executives and Newton have collaborated on this project to develop an ambitious, evidence-based view of the future of children's social care and what actions could be taken to optimise the delivery of this vital public service.

The proposals put forward in this paper set out not only an ambitious vision for the future but also what a delivery model for achieving it could look like, alongside the key changes needed from local authorities, partner organisations, and central government. The vision and model are built with the sole focus of improving the outcomes and experience for children and families. As a consequence, the model achieves an overall reduction in levels of need and demand on the system, which in turn puts local government finances in a more sustainable position.





## The scope of this work

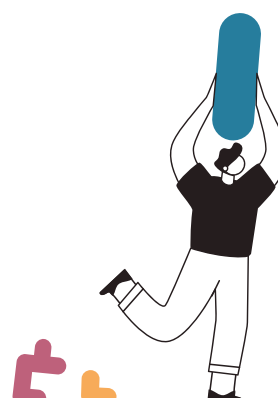
**Children and young people are taken into the care of the local authority when they cannot remain at home. This is either because it is unsafe for them to be there, or because their parents are unable to look after them.**

This can occur at all ages and stages of childhood and adolescence. Local authorities have additional duties to continue supporting children who have been in care to the age of 25. In recent years there has been a significant rise in the number of unaccompanied asylum-seeking children (UASC), who are also in the care of local authorities, although this group was not included in the scope of the report.

Local authority support for children and families is underpinned by a duty to provide a wide range of services – from providing targeted early help to prevent family breakdown and admission to care, through to supporting children in need of help and protection, all the way through to taking a child into care and supporting those young people who have left care. Whilst recognising that this range of services are inter-linked and inter-dependent, this work programme has focussed specifically on the system around children in the care of local authorities and those children on **both edges of care**.

The report specifically and deliberately uses the plural term 'edges' of care. The singular phrase 'edge of care' is common language in children's services and is used to refer to children at risk of coming into care.

As this report will demonstrate, there is an opportunity and ambition to do more for children at the other edge of care; in other words those children who are currently in care but could safely be supported to return home, or otherwise leave the care of the local authority.



Vulnerable children and their families often face multiple challenges in their lives and local authority children's services are required to work within a complex system (in partnership with health, police, courts, schools, and the voluntary and community sector).

Guided by the evidence, this programme has therefore also branched out into other relevant services and support provided by both local authorities and partner organisations.

The intent of this work has been to articulate a systemic approach – an optimised model for delivery – which could ensure the most effective offer of support is available to children at risk of being in care and those already in care, such that the system can provide a childhood experience that provides safety, happiness, emotional and cognitive development, and positive opportunities for their futures.

The scope has not covered in detail the full extent of support for children after they leave care ('care leavers'). This is an important topic in its own right – one in which much progress has been made over the last decade – and was the subject of a recent publication by the Children's Commissioner<sup>3</sup>. The contribution of the present report to the subject of care leavers is describing an offer that ensures whilst children are in care, they receive the safety, experience, and outcomes that set them up for future success.



## Objectives of this work

**This work programme has taken place in parallel to other important conversations across the sector, including the independent review of children's social care, chaired by Josh MacAlister, commissioned by the Department for Education. The work presented here has taken place without sight of the independent review's full findings or recommendations, which are due to be published in the spring of 2022.**

This work programme has sought to add **additional evidence and insight** to these conversations, by bringing Newton's deep local experience working as an improvement and transformation partner to local authority children's services. It has also taken a systemic view of

**the full system of support** to children, young people, and families, recognising the crucial contributions of partner organisations.



This report demonstrates the need to recognise and build upon the good work that already exists across the sector.

However, it is not intended to be a recital of current best practice; it sets out an ambitious future view of what could be achieved for children and young people. It also shows that achieving an ambitious local delivery model requires fundamental changes and improvements to the system. This includes addressing some of the variation that currently exists between how different areas operate, and the outcomes this delivers for children. To this end, there

are changes that local systems can start to implement today, and it is the hope of the authors of this work that there are learnings everyone can take from the analysis, insight, and case studies detailed in the report.

The aspiration is for readers from local government, central government, partner organisations, and private businesses to learn from both the good practice and future ambitions outlined here, to better understand their role in delivering this optimised delivery model and the improved outcomes for children it would achieve.

## Timeline of this work

### **This report sets out an ambitious vision for the future of children's social care and therefore also sets an ambitious, but realistic, timeline for getting there.**

In order to give an indication of the outcomes that the model could achieve, in the projections, forecasts, and recommendations, the end of 2025 has been used as an indicative milestone date. In reality it is likely that some of the national and local enablers may need to be implemented over a longer period. However, there is still much that can be progressed in the shorter-term, including at a local and regional level, helping to realise significant opportunities. Given that the central pillar of the optimised model is about putting children and families at the heart of what the sector does, the expectation is that they would be intrinsically involved in the development of local changes.

For reasons of data consistency, and to provide a full decade-long view of trends, contextual analysis for the report predominantly starts at 2015.

Clearly, the legacy of decisions and events prior to 2015 are still felt in the system now, and therefore where necessary the report draws on evidence from earlier to create a more complete picture.



# 3. Methodology

## This programme has been informed by extensive engagement with national and local children’s social care stakeholders.

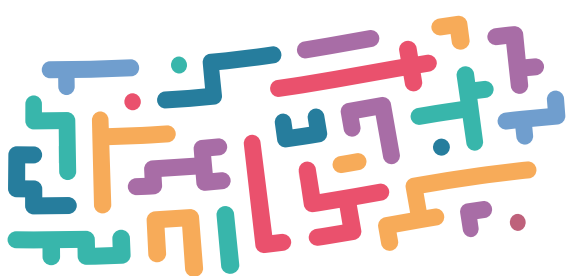
This includes deep dives with six county authorities; Newton’s evidence from change programmes over recent years; analysis of national data sets; and conversations with over 200 individuals. Some 24 authorities have engaged directly in this work through one or more of these means. The programme team are hugely grateful for everyone’s contributions, which have been made during a period of continued pressures arising from the pandemic.

This programme of work has sought to gather evidence from across the system of partners around children in care and those on the edges of care. Supported by Newton, it has engaged over 200 individuals including care experienced children, young people, and families; Chief Executives, Treasurers, Directors of Children’s Services (DCSS) and Elected Members of local councils; practitioners; individuals from health, education, courts, and the police; and importantly the voluntary and community sector.

This report has deliberately engaged a range of stakeholders, including those from non-county authorities, to develop a model of delivery and a set of conclusions that should be relevant to the whole sector.

This report is a product of these many conversations and stories, combined with detailed and rigorous analysis of new and existing evidence. Together, these have informed a set of conclusions and recommendations which are made with the intention that they will have the greatest impact on improving the outcomes and experience for children and families.

As a consequence, the model achieves an overall reduction in levels of need and demand on the system, which in turn puts local government finances in a more sustainable position.



## Each of the critical inputs and evidence sources to this programme of work are outlined in further detail below.

### Care experienced children, young people, and families

Conversations with over 50 care experienced children, young people, and families have been held to seek their experiences and views on the existing care system and to discuss their ideas and priorities for reform.

Care experienced children, young people, and families were engaged in several of the deep dive sites and national feedback from care experienced young people was reviewed.

In addition, Coram Voice (a charity which supports children and young people in care and care leavers) facilitated the reviewing of the entire draft report by several care experienced young people. Each of them provided detailed feedback on the draft report, and also attended an advisory panel meeting to discuss their overarching observations. This feedback was then incorporated into the report.

### National and local data analysis

At a national level, data returns submitted to government by each council were analysed to look at performance and expenditure trends. A data seminar was held with representatives from county authorities to discuss the trends and themes identified, and to test whether these were recognised at a local level.

This national data analysis was supported by analysis of local data from each of the six deep dive authorities, to further test and validate these national trends and identify local variations.

In total, over 450,000 lines of operational and financial data (at national and local levels) were analysed, spanning the last 10 years.



## Deep dives

To build an in-depth picture of current models of delivery and their impact on outcomes for children in care, deep dives were carried out with six county councils. The six authorities were selected to cover a range of geographical locations, political leadership, and Ofsted ratings, as well as a range of operational and financial positions, to ensure that they provided a representative evidence base.



The six authorities where deep-dive work was undertaken are:



\*On behalf of Worcestershire County Council

In each deep dive site, a range of evidence gathering activities was carried out:

- Local data analysis to understand the cohort of children in their care, and trends in performance and expenditure.
- Workshops with practitioners to review the experience and outcomes of over 200 children and young people through their time in care.
- Interviews with children and care experienced families.
- Interviews with social workers, practitioners, leadership teams, and partner organisations including police, health, criminal justice, and education.

In addition to this, evidence was also incorporated from the results of nearly 40,000 person-hours spent by Newton working in partnership with two authorities to design, test and successfully implement local elements of an optimised delivery model.

## Engaging with partners

County authorities deliver care across large, complex, and diverse geographies – often incorporating a mix of urban, rural, and coastal communities. They always work across multiple or overlapping boundaries with other agencies – including health, schools, courts, and the police and support a two-tier democratic delivery system.

Engagement with both local authorities and their partners through this work programme has explored this complexity – uncovering areas where it currently hinders good partnership working, as well as areas where it is providing a catalyst for learning and innovation.

## Wider sector engagement

The programme has involved engagement with a broad range of senior leaders from across the sector, including representatives from CCN's County DCS Forum, the Association of Directors of Children's Services, the Society of County Treasurers, and the Midlands Circuit of Family Courts.

Two round table discussions were held with council officers: one with DCSs, and another with Chief Executives. The purpose of these discussions was to understand their perspectives on the future of children's services and seek their views on the programme's emerging findings and recommendations.

## Ongoing engagement

Following the publication of this report it is intended that these conversations will continue. The aim is to contribute to the independent review, and to inform and support local and national conversations about how best to reform children's services and ensure all children in our care are safe, happy, and given positive opportunities for their future.

## Steering Group

The programme of work has been overseen by a Steering Group of senior leaders from county authorities. They have provided valuable insight, challenge, and direction. CCN, ACCE, and Newton thank the following individuals for their contribution to the programme:

Name	Role	Council
<b>Cllr Keith Glazier</b>	Steering Group Chair; CCN Children and Young People Spokesman	East Sussex CC
<b>Debbie Barnes</b>	Chief Executive	Lincolnshire CC
<b>Nicola Beach</b>	Chief Executive	Suffolk CC
<b>Stuart Carlton</b>	Corporate Director of Children and Young People Service's	North Yorkshire CC
<b>Jenny Coles</b>	Director of Children's Services (now retired)	Hertfordshire CC
<b>John Coughlan</b>	Chief Executive (now retired)	Hampshire CC
<b>Steve Crocker</b>	Director of Children's Services	Hampshire CC and the Isle of Wight
<b>Matt Dunkley</b>	Corporate Director Children, Young People and Education	Kent CC
<b>Richard Flinton</b>	Chief Executive	North Yorkshire CC
<b>Colin Pettigrew</b>	Corporate Director, Children, Families and Cultural Services	Notts CC
<b>Becky Shaw</b>	Chief Executive	East Sussex and West Sussex CCs

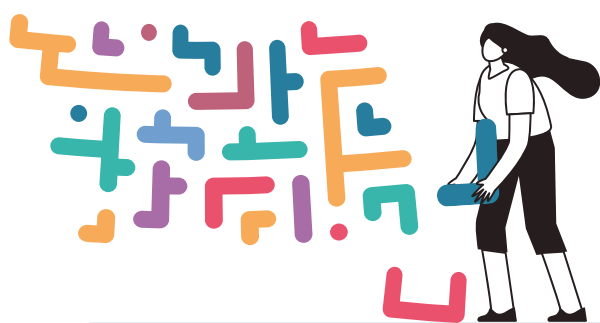
## 4. The current context of children's social care

Much has already been written recently regarding the challenging context in which children's services is currently operating, including in the independent review's early report - *The Case for Change*<sup>5</sup>, as well as in the responses from across the sector and wider system to the review.

This report does not therefore seek to repeat the points that have already been laid out in terms of the **complexity of this context** – for children, young people, and their families, as well as for children's services and the wider system of support.

However, to set the context for **why** the specific scope of this programme has been selected and also **how** delivery of services for children in care might be optimised, it is critically important to consider the trends relating to children in the care of local authorities.

This context was also set out in the project's interim report: *The Future of Children's Social Care: Emerging Findings*<sup>6</sup>.



### Children's services funding

Last year the County Councils Network published *Children's Services Funding and Early Intervention*<sup>7</sup> which emphasised the growing need for a long-term funding settlement and reform of the system by showing:

- Total local authority grant funding for children's social care declined by over 35% for CCN Members between 2015/16-2019/20, compared to just over a quarter across England.
- The cost to counties of providing these services over the same time period increased by £600m.
- As a consequence of this 'perfect storm' of declining funding and rising costs, CCN member authorities say they have had to reduce their total expenditure on preventative and early intervention services (e.g. youth services and children's centres) by 18% in order to meet their statutory duties – such as addressing the 15% increase in looked after children in the last five years.

Grant funding declined by over **35%** between 2015/16 and 2019/20

## Rising numbers of children in care

**The number of children in care has risen steadily both nationally (up 12% between 2015 and 2020) and for CCN member authorities (up 15% over the same period).**

Most of the national increase (78%) is due to there being more non-UASC children in care. As such, this report focusses on these children, though it should be recognised that imbalances in where UASC arrive and settle in the country leads to significant local pressures for certain authorities.

Traditionally, analysis has focussed on the number of children coming into care each year. Figure 1 shows this pattern at a national level from 1994 up to the latest available, validated figures in 2020.

This can be summarised broadly into three periods:

- A decline in the number of children in care between the mid-1990s and 2008.
- A steady rise in the number of children in care over the period 2008 to 2017 (noting that the steep increase between 2008 and 2010/11 coincided with a range of factors including the 2008 financial crash and subsequent austerity, as well as the significant national attention around the tragic death of Peter Connelly, referred to as 'Baby P' during court proceedings).
- The period since 2017, where the rate of children coming into care slowed and even declined slightly.

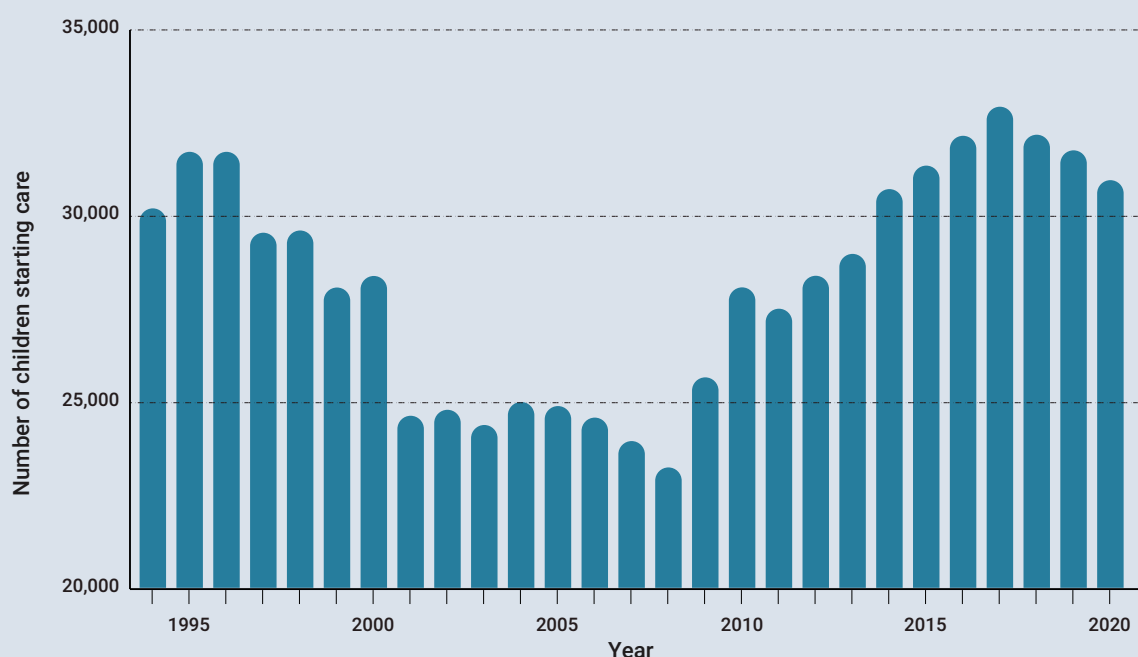


Figure 1: number of children starting care per year in England 1994-2020



Analysis indicates that it is helpful to look beyond the numbers of children coming *into* care to also look at the numbers *leaving* care, since the resulting difference between the two figures is what leads to a change in overall numbers of children in care. Figure 2 below shows that whereas prior to 2016 the two lines tracked each other relatively closely (meaning a similar number of children were entering care as were leaving),

since 2015 there has been a marked difference between the two. Cumulatively between 2015-2020 there were 7,580 more children who came into care than left. It is predominantly this **decline in the number of children leaving care** that is driving the rising overall numbers of children in care at a national level. The factors behind this are explored in more depth in subsequent chapters of the report.

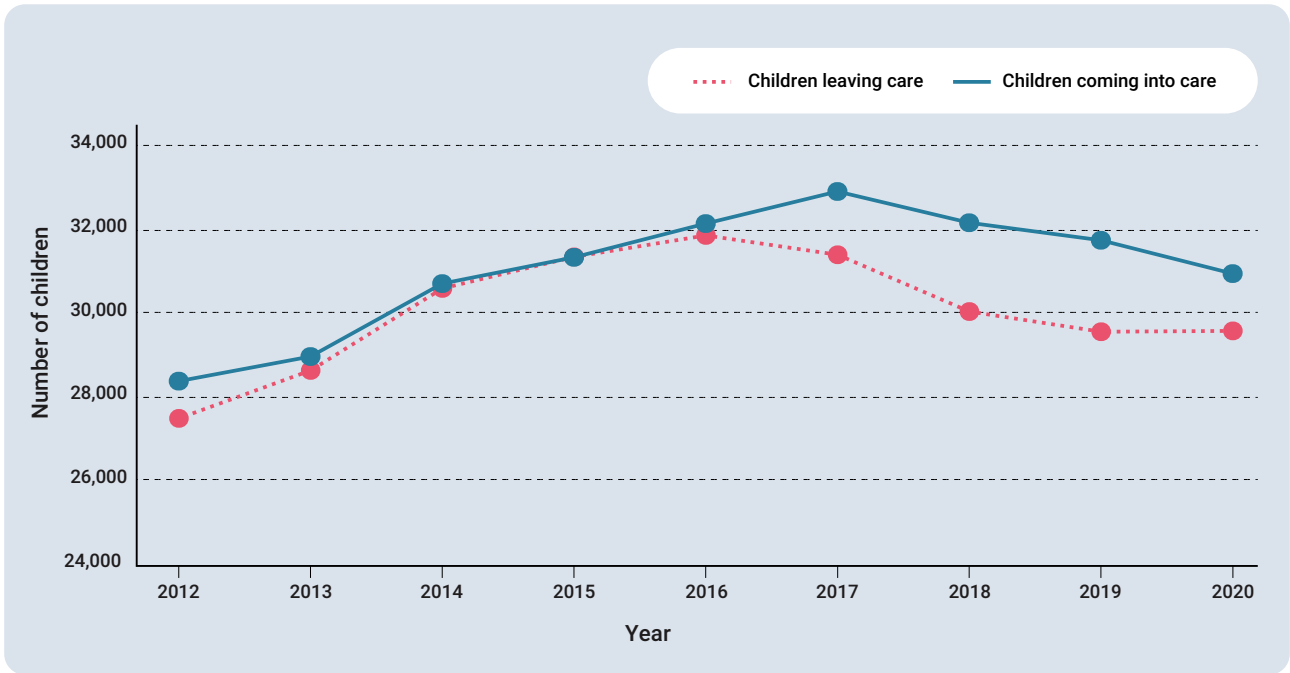


Figure 2: numbers of children entering and leaving care for all authorities in England, 2012-2020

As shown in Figure 3, projecting this growth forward means that, without changes to the system, the number of children in the care system is likely to rise from 69,470 in 2015 to somewhere between 86,000 and 95,000 by 2025<sup>8</sup>.

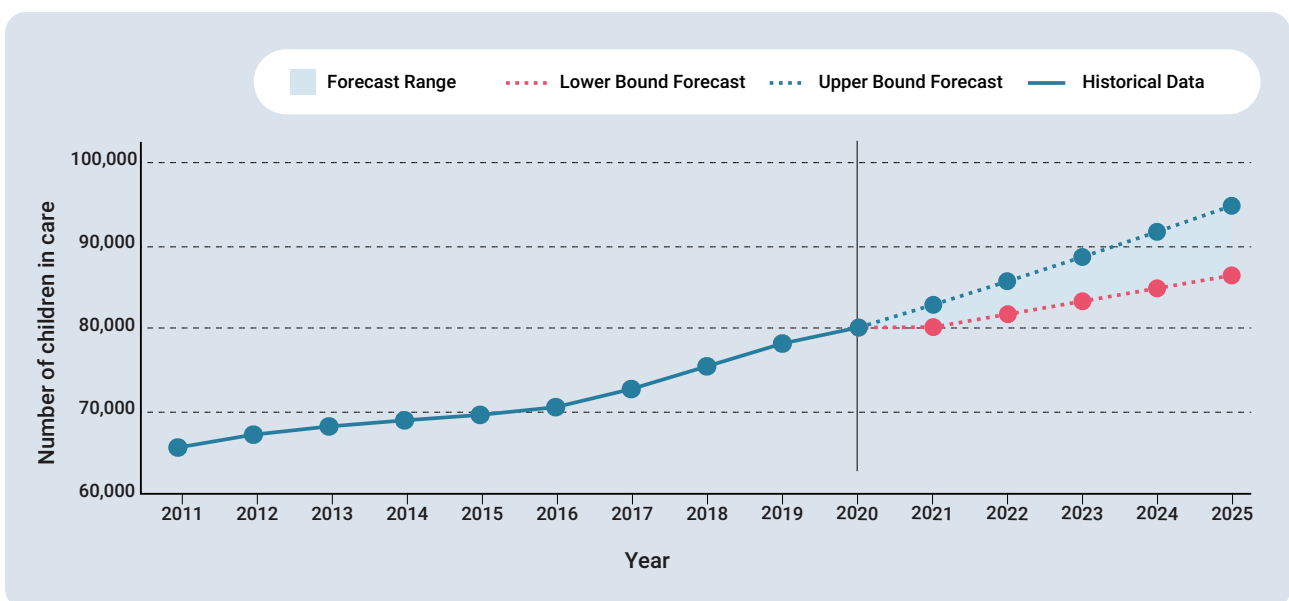


Figure 3: historical trend and forecast range for numbers of children in care across England

Rising numbers of children in care is the biggest single factor behind increased spend on services to support children in care.



Spend on services to support children in care in England rose from £3.8bn in 2014-15 to £5.3bn in 2019-20 (Figure 4). That meant that the spend on children in care by local authorities rose from 42% to 51% as a percentage of their overall spend on children and families.

Analysis conducted through this research has shown no reason why this trend of increasing spend on children in care, both as an overall quantum and proportion of total spend on children and families, will not continue over the coming years unless significant changes are made.

This would mean that without any changes to the system or to demand, by 2024-25, local authorities in England will be spending 59% of their entire children and families' budget (some £7.4bn) on supporting children in care.

By 2024-25, local authorities in England could be spending **£7.4bn** on supporting children in care

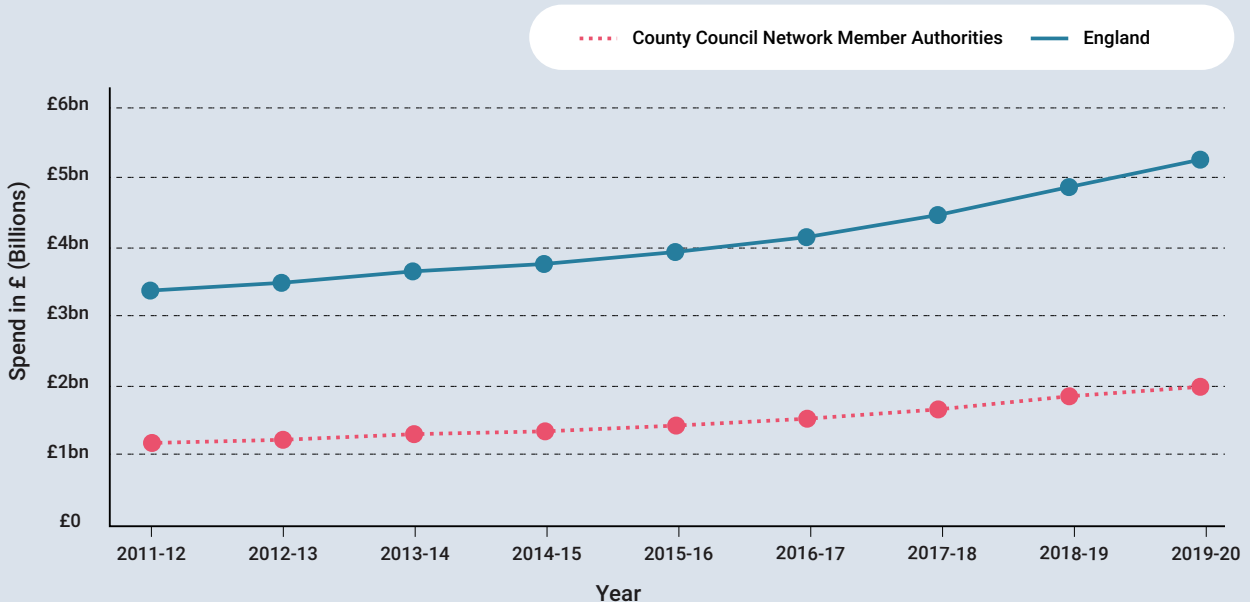


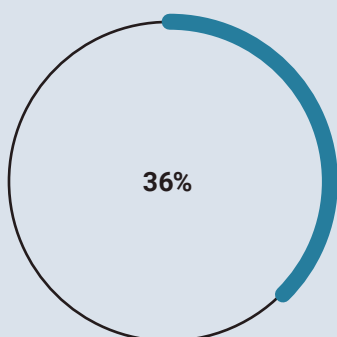
Figure 4 – Annual spend on services to support children in care

## The other factors behind increased spend on services to support children in care

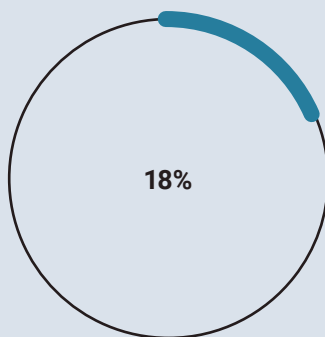
As described above, the biggest factor behind rising spend on support for children in care is the increasing number of children in care, accounting for **38%** of the increase.

**38%** of the increase in spend is because of **the increasing number of children in care**

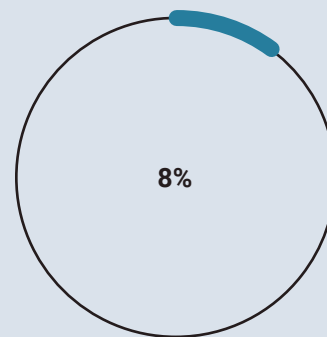
There are three other key factors behind the upward trend in spend on children in care in England between 2014-15 and 2019-20:



**36%** of the increase in spend is because of an increase in spend per child in care per week.



**18%** of the increase in spend is because of price inflation.



**8%** of the increase in spend is because of increases in total child population.

### Insight on the rising spend per child per week

This itself is down to two underlying factors:

**1. The proportion of children placed in different types of homes.**

There are many different types of home setting for children in care, with the most common being foster families; residential homes for children; semi-independent living; and children staying with extended family or friends. The type of home provided for a child has a significant impact on spend – the average cost of a residential home is £4,000 a week compared to less than £1,000 a week on average for a child living with a foster family.

**2. The average cost per week for each of the different types of care setting.**

For each type of home there are trends and variations, both nationally and locally, in terms of the cost to authorities of providing or procuring those homes. The cost of specific types of home provision has risen significantly in recent years, contributing to the overall financial challenge local authorities are facing in meeting their statutory duty to children in their care. For example, residential home places for children have risen from an average of £3,000 per week in 2015 to over £4,000 per week in 2020.

## The change in use of care placements

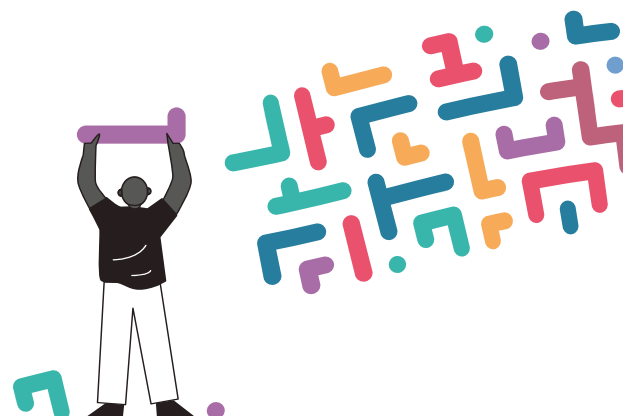
Finding the right home for a child or young person is critical to achieving the best possible outcomes. Fostering has traditionally been the most common home setting for children in care in England, with 75% of children on average supported in this way in 2012. For the majority of children and young people in care, living with the right foster family will most likely be the right option for them to achieve the best outcome.

Both nationally and for county authorities, there has been approximately a 10% rise in the number of children in foster care since 2015. However, the available number of foster families has not kept pace with demand. As such, the overall proportion of children living with foster families has dropped by 4% nationally and 6% within county authorities.

Alongside this drop in the proportion of children living in foster homes, there has been a sharp increase in the use of residential care homes for children (traditionally reserved for older children with higher levels of need), which has risen by 27% across England and by 33% for county authorities between 2015 and 2020. In addition to the poorer outcomes this is associated with for many children, this is also having a significant impact on local authority spend, given that residential care typically costs four to five times more per week than fostering.

## National trends, local variations

The analysis presented above is aggregated at a national level, or for CCN authorities, to highlight overall trends. However, it should be noted that the situation varies significantly between different local authorities. Further exploration of this was undertaken in the work with the six deep dive authorities and is included in subsequent chapters.



## Workforce

**At a national level, children's services benefits from a committed and growing workforce, with latest available figures showing there are 31,854 FTE children and family social workers in England, a rise of 3.7% on the previous year.**

This is contributing to decreasing caseloads, with each worker supporting 16.3 children on average, down from 16.9 in 2019<sup>9</sup>. However, this national position masks significant local staffing challenges and a sense that children's social care workers often face criticism in response to high-profile cases, without recognition for the many more times they go above and beyond to achieve positive outcomes for children<sup>10</sup>.

## 5. An optimised model of delivery

**The objective of this programme has been to define an optimised model which could deliver the ambition that children in care and on both edges of care should be safe, well, happy, and have the foundations to thrive.**

The model comprises five fundamental pillars and a set of principles for how these pillars could be delivered by local authorities as the lead agency for children's social care alongside local partner organisations. As described in Chapter 6, achieving the full benefits of this model requires a set of national and local enablers.

The optimised model was co-created with the programme's Steering Group, as representatives of CCN's member councils. It also became a basis for discussion and challenge throughout the work programme using the breadth of engagement described in the methodology. A particular focus was placed on co-designing the 'underpinning pillars', through which achieving the ambition can be realised.

"There are good things like that there is somewhere you can go if you haven't had it best with your real family. It is like a second family who loves you but that is only if you get a good foster carer."

*Care experienced young person, Coram Voice<sup>11</sup>*



"Listen to me, let me come to my meeting, let me hear what you are saying about me."

*Care experienced person, Coram Voice<sup>12</sup>*

"Home for me is true home, where your heart is. Living with a carer or in a placement is living in a house."

*Care experienced young person, Coram Voice<sup>13</sup>*

“It can be lonely during the harder times, like significant changes, like when you’re first put into foster care. You have just left your family and moving into a place with people you don’t know. Even though I’ve been in care a while, when I think back to that time, it can make those feelings come back and make me feel lonely again.”

*Care experienced young person, Coram Voice<sup>14</sup>*

## Defining the ambition

Through this work programme, the authors have listened to the stories of over 200 individuals – including those working in the care system and those with experience of the care system. These conversations have all had one thing in common – a shared ambition for **all** children, not just for those in care. The ambition is that every young child should be safe, well, happy, and with the foundations to thrive.

It is important to emphasise that whilst safety for children is important, and often a lack of safety is why local authorities become more involved in their lives, support for those in care and on both edges of care aims to achieve much more than this. The experience and outcomes that children and young people have during their journey to

adulthood are crucial building blocks to their future wellbeing, happiness, and life prospects.

Whilst it might be possible to develop universally accepted, minimum standards for what safety, wellbeing, happiness, and future foundations look like for children and young people, the more aspirational view of what ‘good’ looks like will be highly individual to each person. The overall ambition must therefore be that every child and young person is enabled to flourish in a way that recognises their individuality and uniqueness, building on their own strengths, goals, and preferences. The consequence of this is a system that is setup to be sufficiently flexible and responsive to cater for the natural and positive variations that exist.

## An optimised local delivery model to achieve the ambition

For this to be achieved, this work programme has identified a set of five pillars which underpin the ambition. These have been developed, debated, tested, and iterated through the full range of evidence-gathering activities outlined in the methodology. Each pillar is explored in turn through the report, drawing upon the insight and evidence gathered to describe some of the challenges and opportunities. They are also used as the basis for describing the principles of an optimised local model of delivery. This is

deliberately intended to be an ambitious and achievable model of support for children and families. While some areas of the country are delivering elements of the model already, the principles are intended to represent a view of what could be achieved in the next five years and not a recital of current best practice.

In describing this model, the aim has been to be as specific and detailed as possible to provide a practical platform for making meaningful progress

to achieving the overall ambition, whilst avoiding the notion that there is a 'one-size fits all' blueprint to effective service delivery. The proposed model, and the resulting recommendations, are therefore narrow and defined where the evidence suggests they should be and based on broader principles or objectives where evidence suggests there are different ways of achieving the same result. It should also be noted that this is proposed as *one example* of an optimised model to deliver the ambition based on the evidence and experience collated in this report.

Given the complex, interrelated nature of working with children and families, the five underpinning pillars cannot be taken in isolation, nor should the order in which they are presented in this report

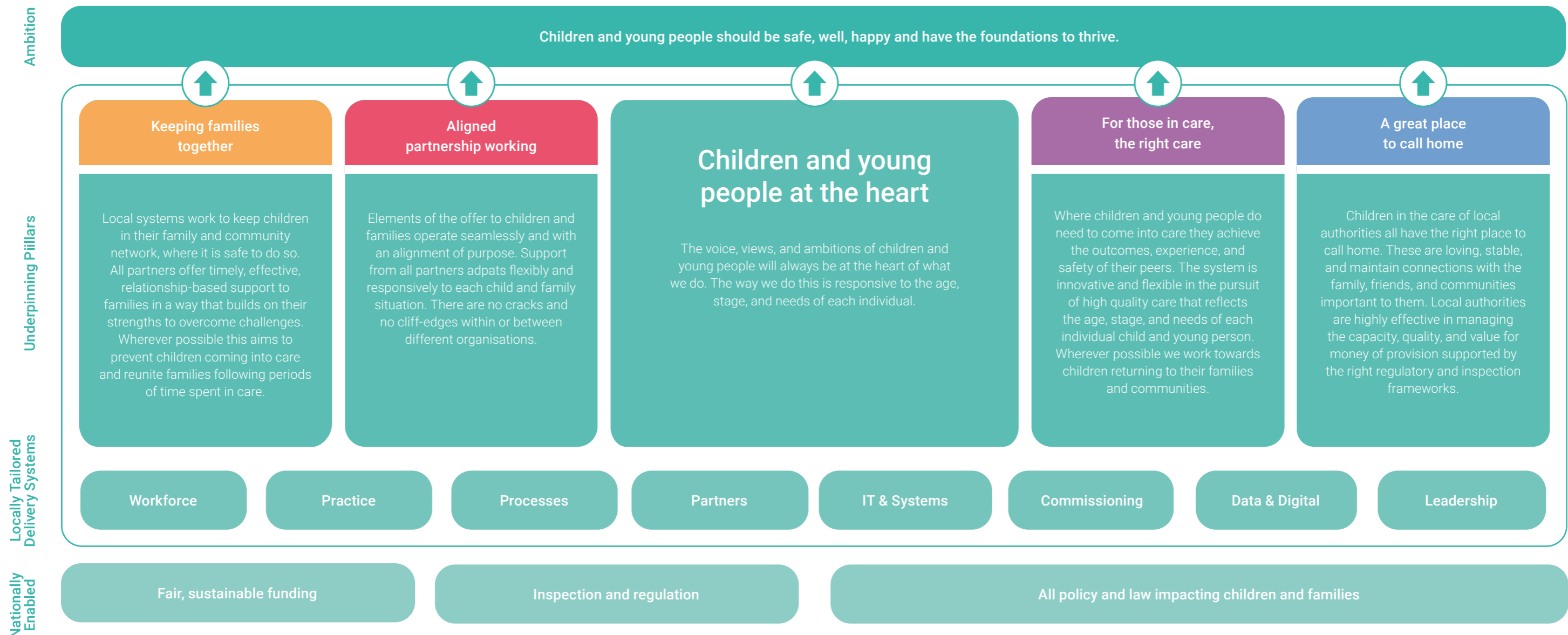
be taken to imply some hierarchy or prioritisation. The one exception to this is the central theme of **'putting children and young people at the heart'**, which has also not been explored separately but is intended to thread through the full report. This pillar must be the primary driving force behind every element of the system working with children, young people, and their families. Unfortunately, the evidence shows that this is not always currently the case and requires significant national and local attention to ensure it truly weaves through the very fabric of the care system – whether that is via training and development; inspection and regulation; leadership; partnership working; or our day-to-day structures, processes, and ways of working.

**“That is what the care system is for, to make sure that you're doing more than just surviving.”**

– Care experienced young person, Deep dive site

**In the following chapters, the five pillars of the model will be explored through the lens of local authorities as the lead agency for children's social care, in collaboration with local partners, and therefore with local delivery at its heart.**

After exploring the evidence underpinning the optimised local delivery model and the benefits that could be achieved, this report concludes by posing a set of conclusions and recommendations aimed at exploring how such an approach can be achieved and maintained consistently, and what changes need to be considered locally and nationally to enable this to happen.





## 5.1 Keeping families together

**Pillar ambition:** Local systems work to keep children in their family and community network, where it is safe to do so. All partners offer timely, effective, relationship-based support to families in a way that builds on their strengths to overcome challenges. Wherever possible this aims to prevent children coming into care and to reunite families following periods of time spent in care.

### Why is this important?

The evidence from this programme supports the belief that family and local community matter to children. This is what children have told us. It is also enshrined in the UN Convention on the Rights of the Child (UNCRC)<sup>15</sup> and in UK legislation.

Although a great deal has changed since the UK 1989 Children's Act came into force, through the many conversations held as part of this programme it is evident that support for its central principle and statutory duty endures: that children are best cared for within their own families and every effort should be made to support that, where possible. Moreover, where that isn't possible, the extended network of family, friends, and community should be explored fully before other options are considered. This principle is further supported by a range of evidence which suggests that for too many children, being in care can also lead to poorer life outcomes<sup>16</sup>.

Throughout this work programme, engagement demonstrated that this principle is equally as important for children who are at risk of coming into care, as for those currently in care but for

whom it may be appropriate to reunite with their family or community (i.e. children at both edges of care). Feedback from care experienced young people indicates that when in care, they want help to stay in touch with family and friends. They want help to enable them and their family to work together to overcome problems and more or longer contact with parents, siblings, friends, and/or grandparents.

Analysis conducted through this work programme demonstrates an opportunity to better support thousands of children and families to stay safely together. Once the model is adopted nationally the number of children in care could be **33%** lower than if current trends are allowed to continue. This would mean if the model were adopted immediately without delay, this would lower the growth projections for 2025 to between **64,000** and **77,000** (from the current forecast of between **86,000** and **95,000** children)<sup>17</sup>.

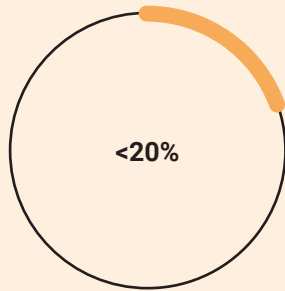
“Could I see my mum every week instead of two weeks please if you can.”

*Care experienced young person,  
Deep dive site*

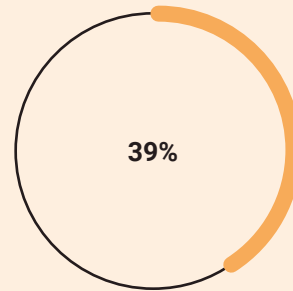
“When I think of care it's coming to save you through a tough time. I never got that, it felt worse than the original problem.”

*Care experienced young person, Coram Voice<sup>18</sup>*

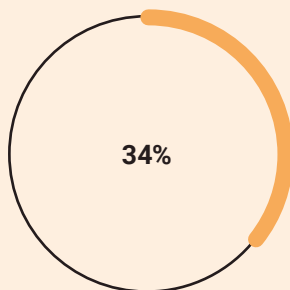
A overview of the challenge based on case reviews with practitioners



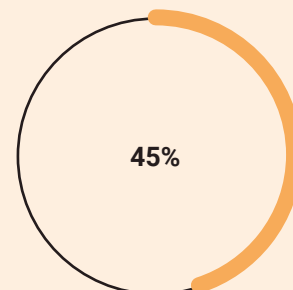
Children's social workers are spending, on average, less than **20%** of their time visiting or speaking directly with children and families.



**39%** of children could have avoided coming into care had the system worked differently.



**34%** of the time the permanency plan was for the child to remain in care, but this was not the right outcome.



**45%** of the time the option to re-connect or reunite the child or young person with their family had not been explored within the last year.

“Support for families in need needs to be more hands on – I wish people would roll up their sleeves and get stuck in to things like helping to get the children to school... that would actually help the family rather than just write another report about us.”

*Adoptive parent*





### The principles of an optimised model which keeps families together

*No child or young person spends any night in the care of local authorities that could safely have been spent elsewhere.*

In a system optimised to achieve the ambition for children set out in this report, each partner organisation that works with children and their families shares a clear, consistent mantra of 'supporting families to stay together', led from the top and actively supported at every level. This mantra is integrated and embedded across culture, practice, processes, and systems, and aligned with other elements of support (both statutory and non-statutory).

### Supporting children and families at both edges of care

Throughout a child's potential journey from being at risk of coming into care, being in care, to being safely back with their family, organisations strive to maintain or re-establish familial living.

The interventions to enable this adapt throughout this journey but are always specific and time-bound, working to a set of achievable outcomes bespoke to that family's needs. Even if a child needs to go into care, authorities

plan for how that care experience is part of the journey, and best adapted to enable re-unification to happen safely.

Evidence from this report underpins the importance of supporting the whole family to ensure the safety, happiness, and wellbeing of children. In an optimised model, this requires the use of different specialists trained in working with children, young people, and adults.

### The importance of relationship-based work with children and families

Practitioners believe that strong, trusting relationships with the child and family are at the heart of enabling interventions to be effective. To keep families together, these dedicated workers draw upon restorative, strengths-based, solution-focused, and trauma-informed practice models. Practitioners are enabled and empowered to spend sufficient time building and maintaining strong, trusting relationships with children and their families.

Professional development is backed by high-quality supervision, often in groups so that a range of diverse ideas and the collective experience of the wider team can be harnessed.

Practitioners take a whole-family approach, which often means multiple practitioners, including

adult specialists, working alongside different family members at the same time, but always in a consistent and unified way. This is delivered in a manner to create resilience and not to build dependency within families or add unnecessary layers of professional involvement into their lives.

A cornerstone of the approach is identifying strengths within the family's environment, for example existing positive relationships or local community resources, working through and alongside these networks wherever possible. Areas where this approach is well-embedded have found that in addition to core children's social work skills, specialisms including youth work, adult and child mental wellbeing, domestic abuse, and substance misuse increase the effectiveness of family support.

### Appropriate capacity of interventions and practitioners

In optimised authorities, data and casework analysis gives clarity on the relative number of children who need support at the edges of care. These authorities size their intervention services accordingly, including the nature, quantum, and provision of specialisms required. Furthermore, the effectiveness of the interventions with young people and their families are measured primarily in terms of outcomes achieved, and secondly in financial terms.

Through a combination of a clear model of case progression, a high-performance culture, and insightful management information, caseloads are managed intelligently. A view of service, team, and practitioner performance is maintained, while ensuring KPIs focus on a combination of quality, outcomes, throughput, and cost measures. This allows practitioners to spend the maximum amount of time working directly with children and families.

Digital tools, as accelerated by the pandemic, are used by authorities to support productive working across meetings, case management, and visits<sup>19</sup>. However, these authorities also know that virtual interactions with children and families never replace frequent, in-person contact as the foundation of relationship building, supporting change, and risk management.



### Seamless support for children and families

The 'supportive' and 'protective' elements of working with families are both vital roles played by the local authority, as with any parent. Optimised authorities seamlessly deliver both parts of the service, ensuring families do not experience cliff-edges in support or have to tell their story multiple times. This is seen as a continuum of support, not discrete services. The culture and relationships within the service enable this way of working; to achieve this some authorities

choose to manage multiple service types geographically, under a unified leadership.

To embed the 'supporting families together' mindset across the children's directorate, staff working at the edges of care conduct 'in-reach' work with other teams. This includes sitting on panels where decisions on whether to initiate care proceedings are taken, ensuring the right children and families receive their specialist input.

### The role of partners and the regulator in enabling families to stay together

Responsibility for supporting and safeguarding children is shared across public sector partners; it is only with the involvement and commitment of local partners that the full benefits for children can be delivered. This offer of support is delivered by integrated teams under the leadership of the local authority, with each partner committing specialist resource as required. In this way, duplication of efforts and competition for scarce specialist skills are avoided. Partnership working is explored further in Chapter 5.2: Aligned partnership working.

At a national level, given the extent to which inspection methods tend to drive practice and behaviours, going forward there is a greater role for the regulator to consider how inspection and measurement can best

promote a culture which goes further to support children to return to families where safe to do so. This would likely see more focus, depth, and detail applied to reviewing permanence plans and whether reconnection and reunification to family, friends, or communities continues to be explored appropriately through a child's time in care, without risking unsettling them. It would also need a different approach to risk: one which recognises the later-life impact on children of being separated from their families alongside the management of the shorter-term risks they face.



## Investment in services to support children and families on the edges of care



**Authorities who have started the journey towards the optimised model and have invested in dedicated services to support children and families on both edges of care have found that not only do they help achieve good outcomes (being up to 91% effective in supporting families to stay together) but also deliver a positive financial return on investment in terms of avoided care costs.**

Evidence-based examples include Hertfordshire County Council's 'Family Safeguarding' model<sup>20</sup> and Essex County Council's 'Divisional Based Intervention Team' offer, covered in the case study below. These models include elements of work not only with young people, but also their adult carers, to help address challenges in the wider family environment that impact upon the children. This often includes supporting carers with areas such as mental wellbeing, domestic abuse, substance misuse, and financial management.

A typical cost of providing this service gathered from deep dive authorities averaged just over £6,800 for each child supported. Analysis conducted as part of this work programme suggests that there are approximately 30,000 children each year across England who would benefit from

**30,000  
children  
would benefit  
from these  
services each  
year**

this support, meaning that if the service was to be provided entirely from additional resource investment it would cost £205m annually. In addition to delivering better outcomes for children, when executed well the investment has a clear and evidenced payback for local authorities, because fewer children in care need costly placements. However, it is important to note that there will be some delay between investment and payback. Some authorities have found the reserves to fund the upfront investment, whilst others have not. The scope of this report does not cover a detailed analysis of each local authority's financial position, therefore any future funding arrangements associated with implementing this model would need to factor in the ability of different authorities to make the necessary investments.



## Case study

# Keeping families together, avoiding entries into care

## *Essex County Council*

**When conducting programme activities in Essex as part of the deep dive work, it was noticeable that if anyone from any part of the service was asked what the strategy was, the response was always the same – around supporting families to stay together.**

Over the last decade, Essex County Council has invested significant time, thought, and resources into a whole-service approach to keeping families together, supported by Divisional Based Intervention Teams working in each of their four geographic 'quadrants'. This is felt to be a contributory factor to Essex having significantly fewer children starting in care each year compared to the CCN average<sup>21</sup>. Time was spent with team members and a focussed workshop was held to understand what made DBITs so effective at avoiding the need for entries into the care system.

### **The key factors identified include:**

- Utilising strength-based, restorative approaches, working respectfully within family norms and culture to support children, young people, and families in identifying their own next steps and building resilience.
- Building and maintaining effective, strong working relationships with the child and young person's allocated social worker and broader professional networks to promote a holistic response.
- Both working with children and families at risk of coming into care, and those who might be reconnected and reunited.
- Promoting evidenced-based practice; the practice framework for DBIT is orientated to a model of family participation and the methodology is solution-focused.
- Offering tailored and targeted training and development opportunities for staff (including achievement of business relevant Solution-focused Practice Training and Diploma Level Qualifications).
- Providing staff with high quality supervision and reflective practice opportunities through a variety of forms, including systemic consultation processes.
- Organising whole service development events and activities to embed DBIT awareness and thinking across all teams.
- A service structured into four geographic quadrants with support for all levels of need in each quadrant coming under one senior leader.







Particularly innovative examples of approaches used to support families were also explored. The team highlighted using other agencies; technology for hybrid sessions; neutral spaces for therapy work; and anger management work as highly effective.

It should be noted that the DBIT service is only one element of a wider system and culture

that embodies the 'supporting families to stay together' approach; creating add-on services like this in all authorities is not a simple solution to what is a complex challenge. Essex has established a wide range of tools, processes, and practice in combination, including strengths-based Child Protection Conferencing, a toolkit to support Public Law Outline (PLO) work, and targeted work by Family Centres.

**"...Being relationally reflexive in conversation with parents is vital... Exploring with parents how to talk with each other, the use of language that affirms a parent's abilities, strengths, and the possibility to change."**

*From DBIT 2020/2021 report*

**"We all feel that communication has improved as a result of the intervention – there have been many improvements [we are] happier and functioning more as a family unit."**

*Parent in family supported by DBIT service*

Insight

## Variation in supporting children and families at both edges of care

**In previous research commissioned by the LGA and carried out by Newton<sup>22</sup>, it was identified that half of the variation in spend on children's services can be explained by a combination of five factors that are largely outside of the control of a local authority.**

Levels of deprivation (as measured by the Income Deprivation Affecting Children Index, IDACI) were found to be the single most important correlator, accounting for a third of variation alone. This leaves half of variation unexplained by external factors, with the hypothesis being that this is more under the control of local authorities and local partners.

As stated earlier in this report, national evidence indicates the need to understand the rates of children both starting and exiting care in greater detail to understand the variation.

### Analysis of both children starting and leaving care is useful for two reasons:

- Although recent changes in overall numbers of children in care have been influenced by fewer children leaving care, the number of children starting in care is still 33% higher than it was in 2008.
- The national trend masks significant differences between what is happening in different local authorities.

The number of children starting in care is **33%** higher than in 2008



## Care order applications

To investigate this further, data on the rates of care order applications by each local authority was analysed. Whilst the decision to take a child into care is ultimately made by a court and is therefore not directly in the control of the local authority, the decision to pursue a care order application is in the hands of the authority.

Figure 5 shows the 2019-20 (pre-pandemic) rate of care applications per ten thousand children in the local population for each authority, plotted against the average IDACI score.

The graph shows moderate correlation<sup>23</sup> suggesting, as would be expected, that higher rates of deprivation are linked to higher rates of care order applications. However, areas with similar deprivation levels still show significant variation. For authorities in the middle range of deprivation (0.15 to 0.20 on the IDACI scale), some made 250% more applications than others during the year, suggesting that more could be achieved by local systems to reduce variation in care applications.

Some authorities with similar deprivation levels made 250% more care applications than others

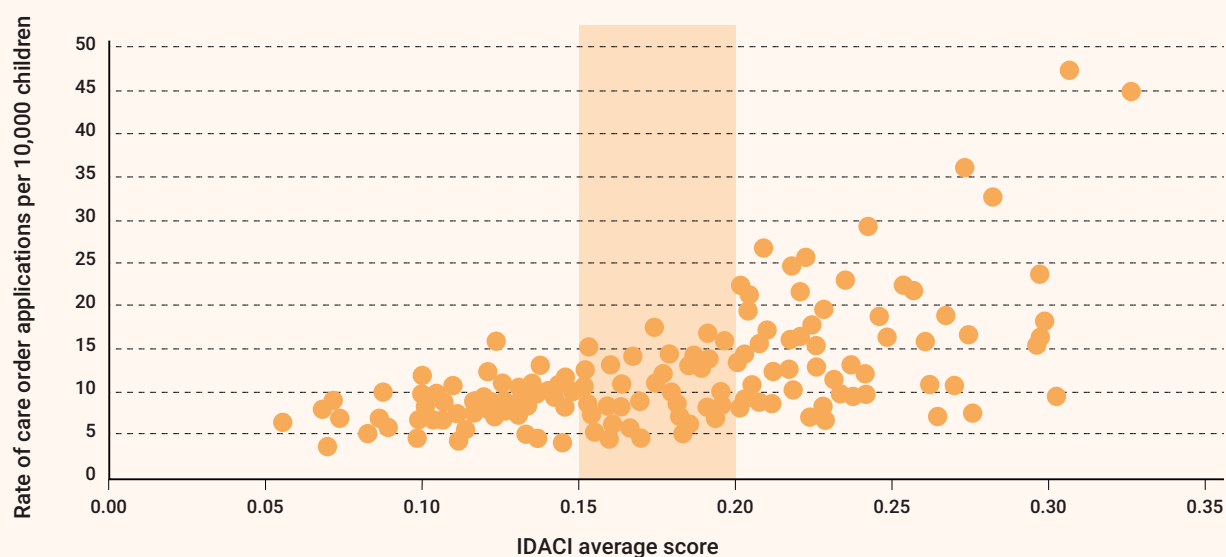


Figure 5: rate of care order applications by authority in 2019-20, plotted against 2019 IDACI measure of average deprivation<sup>24</sup>



To understand why some of this variation exists, as part of the deep dives, multi-disciplinary groups of practitioners looked at 179 examples of recent work with children and young people who came into care. They were asked to consider:

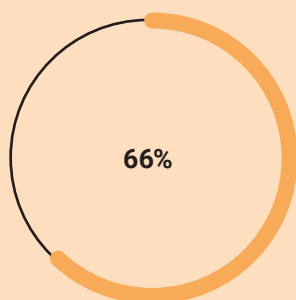
- What the strengths and needs of the child and family were, and what could have been done to work further on these to minimise the risk of the child or young person coming into care.
- In their professional judgement, how likely this would have successfully kept the child with their family.
- Once in care, whether there were plans for re-connecting or reuniting the child with their family and how effectively these plans were delivered.

The results showed a large degree of variation between areas, with a range of 8% to 65% of children whom practitioners confidently felt could have avoided coming into care had the system worked differently. The average across the deep dive authorities was 39%.

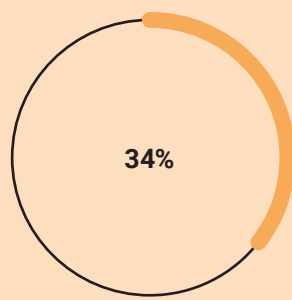
It is important to state that these results do not imply that 39% of the time practitioners are making incorrect decisions. Rather, it suggests that if local authorities and partners can work together differently to support children and families in crisis and on the edges of care, there is a real opportunity to enable a significant number of children and families to stay together.

### Children leaving care

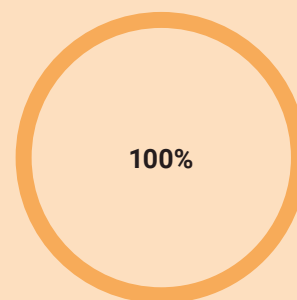
Through these case reviews, when practitioners were asked to reflect on permanency plans for children they said:



**66%** of the time the permanency plan for the child was the right one, be that to stay in care or to move out of care.



**34%** of the time the permanency plan was for the child to remain in care, but this was not the right outcome, highlighting significant opportunities to reunite children with their families or communities.



**All** of the situations where a permanence plan out of care was being progressed were felt to be the best outcome.

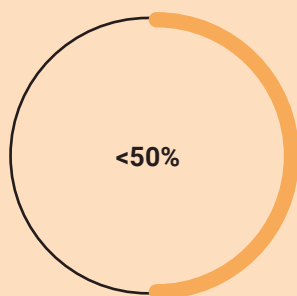
Practitioners stated that 45% of the time the option to re-connect or reunite the child or young person with their family had not been explored within the last year (i.e. not in either of their two most recent, statutory six-monthly review meetings). In contrast to the optimised system described above, practitioners reflected that: *"We often don't want to rock the boat and reintroduce risk to the young person's life. But in doing so we're pre-empting the outcome of an assessment we haven't even done"*.

This illustrates the cultural and environmental nature of the current system and the mindset it can lead to - one which seeks to shield children in care from perceived risks without the balanced view of hidden harm it might create.

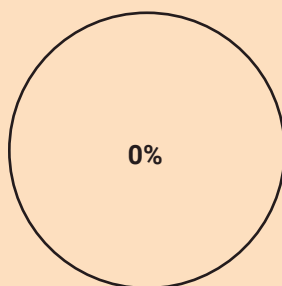
From speaking to a cross-section of managers in different authorities, it is clear that at present there is variation in the clarity and consistency of the mantra of 'keeping families together' driven by the environment in which practitioners find themselves working.

For example, in one authority, practitioners were asked: "What would you say are our top three priorities as a service?". Their most common priorities were case work; getting assessments in on time; ensuring plans are progressed; and staff wellbeing.

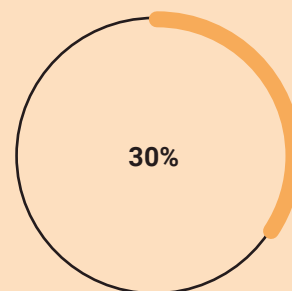
#### What practitioners in one authority told us were priority areas of work for them



less than **50%** spoke about the child's safety.



**0%** referred to preventing care.



**30%** talked about outcomes or improving outcomes.

By exploring this further with the practitioners, it became clear that the prioritisation of more procedural elements of the role is being driven by the environment in which they find themselves practicing, rather than a belief that this is the most value adding use of their time, or what they feel fulfilled by doing.

*"Sometimes I feel like an administrator rather than a frontline family worker. Always a new programme, document, or assessment to 'try'."*

*Frontline practitioner*

## Case study

## Karin's story



### *Essex County Council*

**Karin is 12 years old. DBIT worked alongside Karin's family whilst private court proceedings were taking place, with Karin's mum and dad unable to agree caring arrangements. At the time, Karin was struggling with their gender identity.**

During private proceedings, the judge decided that an Interim Care Order was needed, and therefore Karin came into the care of the local authority, living with a foster family.

Whilst Karin was living with their foster family, all agencies worked together. They received support from mental health, a social worker, and a local girls' group. Their foster family was able to establish better boundaries, and all agencies were involved in Karin's reviews, which was found to be extremely beneficial.

The DBIT service continued to work alongside the family whilst Karin was in care, focussing on repairing the family relationship and boundary settings.

As a result of this focused work to repair relationships and build Karin's parents' skills, after six months they were able to leave care and return home – where Karin remains today.



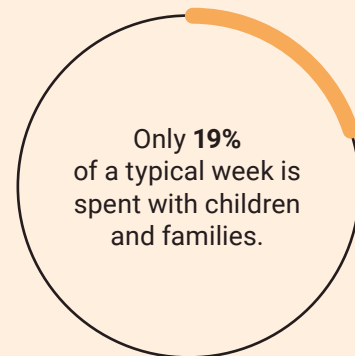


## Insight

# Appropriate capacity of interventions and practitioners

**One factor that practitioners cited in the challenge of keeping families together was the limited time they had available to carry out the type of intensive work with families that is needed.**

Analysis through this work programme shows that children's social workers are spending, on average, less than 20% of their time visiting or speaking directly with children and families. This compares to 50% of their time, or two and a half days of every working week, being spent on administration, completion of forms, or other IT tasks (Figure 6). This situation, driven by a range of factors including the amount of administrative case recording being carried out and the inefficient systems used for record-keeping, is at odds with the type of relationship-based support to children and their families that practitioners want to be able to offer and which underpins the model.



This echoes the findings of Professor Eileen Munro's seminal review of child protection a decade ago<sup>25</sup>.

If improved ways of working could reduce the proportion of time workers spend on recording, administration, and IT from 50% to 25%, this would free-up over 150,000 hours of time each week that could be spent directly supporting children and families across the 16,246 FTE case-holding social workers in England.

This is the equivalent of more than an hour for every child in care or on a child protection plan currently<sup>26</sup>.

## What do we spend the rest of the time on?

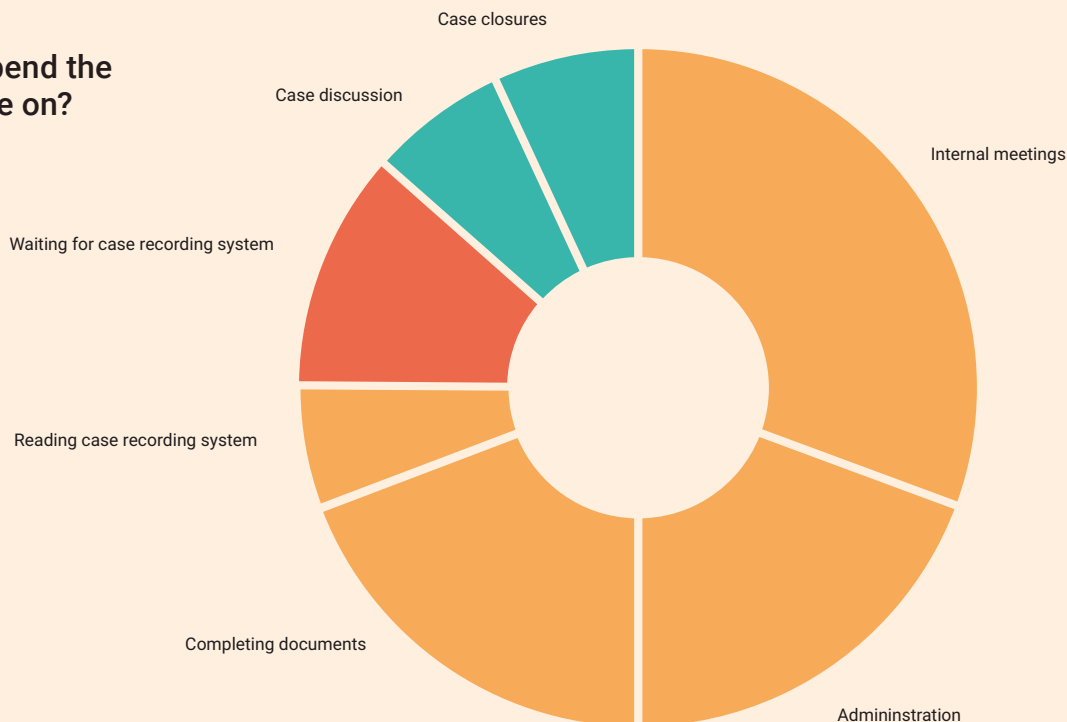


Figure 6: time spent by social workers on different types of activity each week



## 5.2 Aligned partnership working

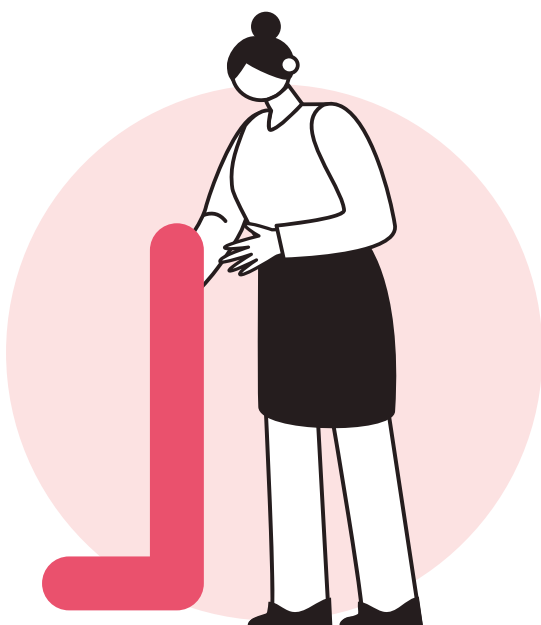
**Pillar ambition:** Elements of the offer to children and families operate seamlessly and with an alignment of purpose. Support from all partners adapts flexibly and responsively to each child and family situation. There are no cracks and no 'cliff-edges' within or between different organisations.

### Why is this important?

Children and families most in need of help often face multiple challenges, including the direct financial impacts of poverty; poor-quality or unsuitable housing; mental and physical health struggles; drug and alcohol misuse; domestic abuse; unemployment; relationship difficulties within the family; and often intergenerational trauma that has had a long-lasting impact on the wellbeing of grandparents, parents, and children. Whilst these challenges, taken individually, might not ordinarily meet the thresholds for support, the compounding impact they have on the capacity of parents to raise children safely is significant.

“There was a month’s waiting list, then I saw someone for six weeks. Then after that there was such a long waiting list and that’s so dangerous for young people with depression or mental health. It’s too late.”

*Child in care, Deep dive site*



“I don’t like it, people treat you differently, like at school, teachers will not tell off a child in care because they’re in care and they feel that’s how children in care behave.”

*Care experienced child, Coram Voice<sup>27</sup>*

Local authorities have the statutory responsibility for acting as corporate parents to children in care, but many other public bodies work with and support children and families – including police, courts, health, and schools.

The key statutory guidance intended to ensure coordination between these different bodies is 'Working Together to Safeguard Children' (2018)<sup>28</sup>, which in its introduction states:

“[The] duties placed on the local authority can only be discharged with the full cooperation of other partners... This co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery.”



“When we approach any service we get bounced around the system so much that I feel dizzy.”

*Adoptive parent*

Subsequent acts of law<sup>29</sup> set out specific, additional duties on the police, clinical commissioning groups, and local authorities to work together under local Safeguarding Partner arrangements.

Children and families engaged through this work programme paint a clear picture of what they need from the organisations involved in their lives. They want to tell their story once; be listened to and heard; and have organisations

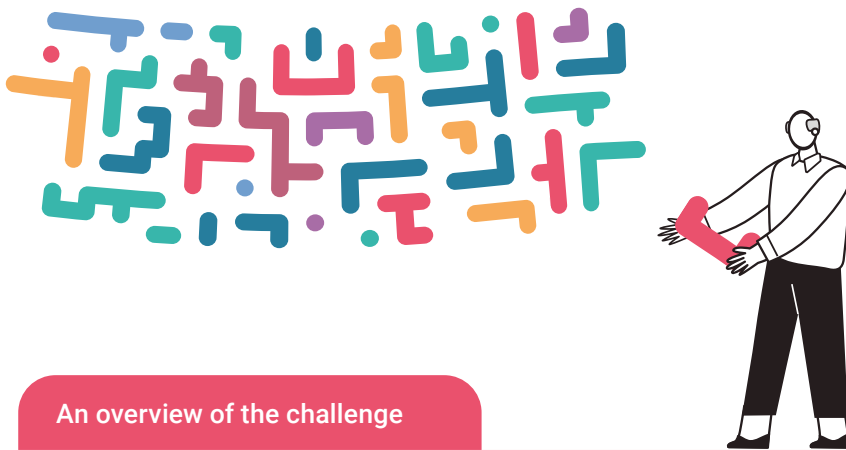
share information proactively, and transparently, with each other. They want to deal with as few people as possible, and they want those people to be aligned and consistent in what they say and do. They want practical, hands-on, timely support when they need it and to be given tips, tools, and techniques to help them overcome difficulties. They want to be involved in any decisions that might impact them, supported to know their rights and how the 'system' works. They don't want to be judged as 'problem families'.

It is clear, therefore, that whether expressed in the views of children and young people or in statutory duties, different public bodies and government agencies have an obligation to work effectively together to support children to be safe, happy, and to thrive.

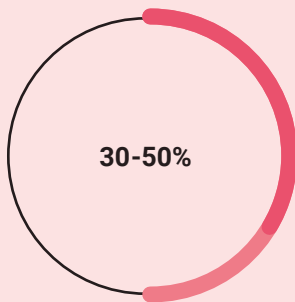
As described in the section above, analysis conducted through this work programme demonstrates an opportunity to better support thousands of children and families to stay safely together, meaning that the numbers of children

in care by 2025 would be between 64,000 and 77,000 rather than the 86,000 to 95,000 range forecast currently. Local, aligned partnership working is a critical enabler of achieving this opportunity<sup>30</sup>.

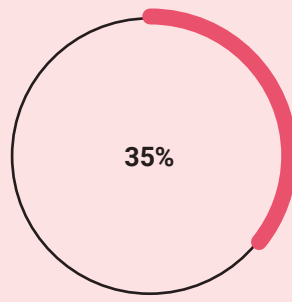
This work programme has sought to explore the complexity of partnership working – uncovering areas where it currently hinders good partnership working, as well as areas where it is providing a catalyst for learning and innovation.



### An overview of the challenge



In **30% to 50%** of cases where children came into care, they, or their parents, had a mental health need that was not being met.



In the year before the pandemic (2019/20) there was a **35%** rise in referrals for children's mental health services, but only a 4% rise in the number of children receiving support<sup>31</sup>.



**Children in care and children in need** have the highest rate of fixed period exclusions

The two groups with the highest rate of fixed-period exclusions out of 25 different characteristics analysed were **children in care** and **children in need**.

## The principles of an optimised model for aligned partnership working

### Local authorities as leaders of place-based support and safeguarding

Alongside effectively leading their own services, optimised authorities also coordinate and influence local partners and community assets in an approach coherent with the five pillars of the model. These authorities leverage both the insight gained from interacting with every child and family and the deep and enduring relationships built across their local area. They utilise their position working across adult social care, including mental health and substance misuse, and children's social care to coordinate support from partners for all relevant family members. The scale of county authorities allows them to meaningfully shape the models of delivery alongside health trusts, education networks, police jurisdictions, and court systems.

### Prioritisation of support based on a holistic understanding of need

In many situations, the individual challenges a child or family faces will not meet the 'thresholds' for support from partner organisations. Effective systems consider the environment for children and their family holistically, not through siloed lenses of individual presenting problems. This results in a more accurate understanding of their strengths and risk factors, as well as insights as to what support is likely to achieve the best outcomes.

In these systems, authorities work with partners to collectively share and allocate resources to enable the most effective interventions for young people and their families. All partners engage fully in this process, but those from mental health, education, housing, the voluntary sector, police, and the judiciary recognise that their involvement is of paramount priority.

### A shared approach to managing the risks facing children

To achieve good, child-focussed outcomes, all partners share a vision and approach to the objective management of risk. Whilst important for children of all ages<sup>32</sup>, this is particularly critical for adolescents and teenagers given the rising numbers of these young people in care. The nature of the risks these young people face, often including factors external to the family environment such as county lines, child exploitation (including sexual), and online abuse, means partner organisations recognise that bringing children into care will not automatically safeguard them from harm.

Consistent with the principle of 'keeping families together', partners apply intelligent and responsive approaches to managing risks within the community. Children are supported to live safely

in the presence of well-managed risk factors within their family or community networks, wherever possible. This starts at a national legislation and policy level, flowing down to those in positions of leadership across social care, health, schools, police, and courts, aligning on the approach of supporting families and communities first. Measures are put in place to ensure the shared ambition translates into the practical reality at the frontline, and hence to children and families. Leaders maintain sufficiently close links to the realities and experiences of children and families that their staff encounter to be assured that this is happening. This approach is reinforced by the Joint Targeted Area Inspection (JTAI) – where the inspection agencies come together to inspect the effectiveness of partnership working.

### Effective team working between organisations

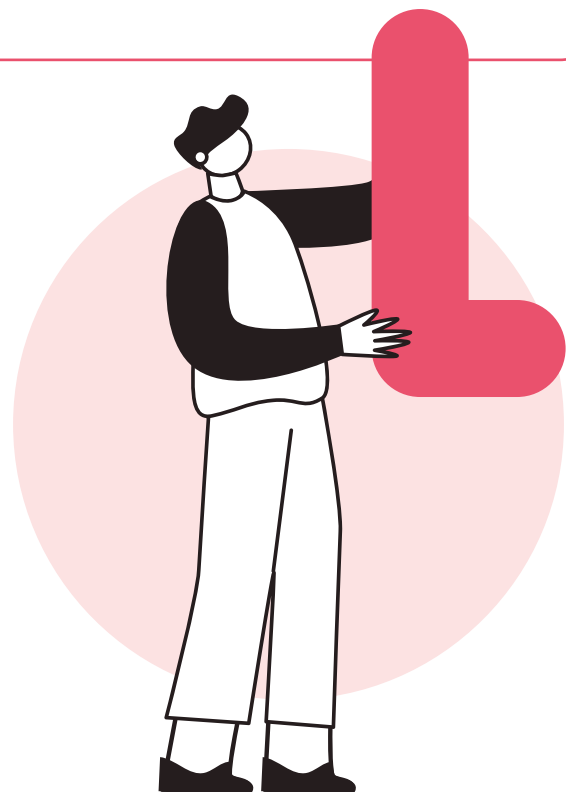
Optimised systems recognise that the story of each child and family is unique, and therefore tailors and customises its offer of support accordingly. The system allows for the dynamic, agile formation and dissolution of partnership teams based on the twin principles of minimising professional intervention in the lives of families and ensuring the right specialist support is offered to address their assessed needs. There exists a culture of close and collaborative working such that children and families feel they are dealing with one team, not a collection of individuals. The individuals within the team remain as consistent as possible, and all have a baseline level of training in key areas including relationship-based working, strengths-based practice, and trauma-informed approaches. Teams are enabled by a digital infrastructure which captures, coordinates, and shares what families tell them in a clear, secure way.

Nationally, achieving the ambition of this model requires a coherent strategy and appropriate prioritisation given to the impact of services on children across relevant central government

departments, based on the pillars outlined in this report. This includes the Department for Education; Department for Health and Social Care; Department for Levelling Up, Housing and Communities; Department for Work and Pensions; Ministry of Justice; and the Home Office. Going forward, this would likely lead to a fundamental reframing of 'Working Together' to enshrine the core principles of improved partnership working, and legislated requirements for partner organisations to prioritise support for vulnerable children and families.

From a funding perspective, many local authorities engaged through this programme spoke about how partnership working is often constrained by the lack of a long-term funding settlement, which they felt prevents them from fully committing to long-term projects or services requiring joint funding.

As such, and in order to fully achieve the optimised model, a long-term and sustainable funding settlement would need to be addressed.



## Insight

# The role of partners in supporting families to stay together

During this work programme, multi-disciplinary groups of practitioners looked at 179 examples of recent work with children and young people who came into care.

They were asked to consider the input and involvement of other partner organisations with the child or young person and their family, and what they believed the impact of that involvement had been. Whilst there were differences and variation between the authorities in some areas, three consistent insights emerged from the case reviews:

In **30% to 50%** of cases where children came into care, they, or their parents, had a mental health need that was not being met.

Where mental health support was being provided, the involvement was **highly variable** depending on local access policies and service provision.

School partners were the most commonly involved, but the nature of that involvement was viewed as highly variable from school to school, with a roughly equal split between it being 'extremely positive', 'mostly positive' and 'mostly negative'.

The input and involvement of **mental health** and **education** partners was most commonly raised, and the programme therefore delved deeper into these specific partnerships. The role of the judiciary, whilst not a 'partner' in the same way given it is an independent body, was also frequently raised.

### Views of practitioners on involvement of partner organisations:

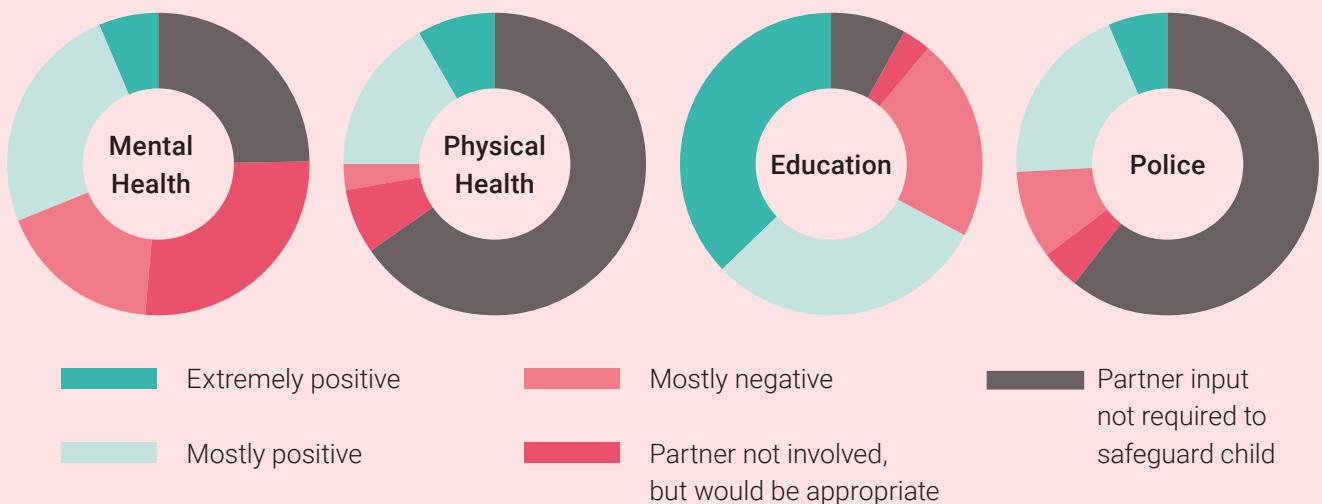


Figure 7: views of practitioners on involvement of partner organisations

## Mental Health

Access to adequate mental health and wellbeing support, for both children and their carers, was raised by each of the six deep dive authorities as a significant and increasing challenge. Senior council officers reported issues all the way from low-acuity mental wellbeing support up to the most acute 'Tier 4' mental health beds. Children's service leaders interviewed also highlighted frequent gaps in step-up/down support existing. They attributed this to the fact that support across Tiers 1-3 is commissioned locally, whilst Tier 4 provision is commissioned nationally. The most recent submission from the Children's Commissioner for England highlights the scale of the challenge; in the year before the pandemic (2019/20) there was a 35% rise in referrals for children's mental health services, but only a 4% rise in the number of children receiving support<sup>33</sup>.

Examples were provided where it was felt thresholds for mental health support were inconsistent; or where services insisted on children being 'stable' before they would be seen; or where appointments would be arranged in locations that required children to travel significant distances or else face being discharged for non-attendance.

Health commissioners and providers engaged in the work programme reported significant demand challenges and a sense of misaligned expectations as to what mental health services could provide.

They recognised that NHS guidelines are to prioritise based on clinical risk for both children and adults, rather than holistic assessments of health and care need within the family environment.

## Judiciary

Courts ultimately decide whether a child comes into the care of local authorities, as well as ruling on whether a child can safely leave care. They must be independent of both the local authority and parents who may be contesting the care order, putting the best interest of the child or young person at the heart of their decision-making. Therefore, whilst it is not a 'partnership' in the sense of other public bodies with statutory

safeguarding responsibilities, there needs to be an effective, professional relationship in place. Directors of Children's Services engaged through this work programme spoke of the variability of these working relationships. An example of a successful approach taken in Worcestershire, balancing trust with appropriate challenge, is highlighted in the subsequent case study.





## Education

A stable, mainstream school environment will provide the best educational experience and attainment outcomes for the majority of children in care and those on the edges of care. However, reviews of work with children and families found significant variation in the response of school partners to the challenges faced by children in care and on the edges of care. Whilst there were examples of effective, inclusive support, there were also a similar number of examples of less inclusive behaviours.

As highlighted by the Timpson Review of School Exclusion in 2019<sup>34</sup>, the two groups with the highest rate of fixed-period exclusions out of 25 different characteristics analysed were children in care and children in need. Children in care are more than five times as likely to be excluded in this way than other children. The same research notes the strong correlation between exclusion and low educational attainment: just 18% of children with multiple fixed-period exclusions go on to achieve good passes in English and maths at GCSE (compared to over 40% for all children in England).



Social care leaders who contributed to the programme recognised that the construct of school league tables; performance measures for school partners; and the influence of the inspectorate are more focussed on attainment than inclusion. They felt this does not create an environment where schools are incentivised to explore all avenues for supporting stability and mainstream education of children in care.

Some of those involved in this project mentioned the positive role Virtual Schools can play for children in the care of local authorities, and their position in helping the partnership dynamic between social care and education providers. Whilst there was positive evidence from the initial trial of virtual schools in 2009<sup>35</sup> and a subsequent report published by Ofsted a decade ago showing good results in some geographic areas<sup>36</sup>, this is an area with relatively little recent, evidenced best practice.

**“Schools need much more support to understand how to deal with children in care who have been exposed to trauma. My son was left alone in his cot by his birth parents for extended periods as a baby – isolation as punishment at school is rarely going to be effective for someone who has experienced that kind of trauma, but the school doesn’t get that.”**

*Adoptive Parent*

## Case study

# A shared approach to managing the risks facing children

## *Worcestershire Children First (WCF) and the Family Court*

**Leaders in Worcestershire have developed a shared vision and approach to managing the risks faced by adolescents and teenagers across the County that can result in them coming into care. This approach is based firmly on the principles of valuing family life and belief in the potential of every child and young person. In practice, this means working in partnership; developing and supporting innovative solutions for keeping young people as safe as possible in their communities; and actively monitoring and managing the levels of risk.**

The strategic safeguarding partnership in Worcestershire is strong and the relationship between the Children's Trust and Family Court is especially positive, spearheaded by the Trust's Chief Executive Tina Russell and HHJ Christopher Plunkett of Worcestershire Family Court.

The authority has put significant effort into tightening its preparations for proceedings as part of building a culture of mutual respect and trust with judicial colleagues, to contribute to achieving the best outcome for the young person. At times, this has required personal intervention by the Director of Children's Services into individual casework and honest admissions of where social work has not been of a sufficient standard. These admissions have been received positively by judicial colleagues, building a virtuous circle of honesty, trust, and continuous improvement. The authority has created designated 'Case Progression Officers' to liaise between the family's social worker, the CAFCASS-appointed guardian, and the court officials to ensure smooth and timely preparations ahead of hearings.

Judge Plunkett makes a point of speaking to young people themselves ahead of hearings to understand their views and wishes, which was not the situation in every area the project visited. Several of the young people who participated in this work programme referenced how important and valuable they found this interaction with Judge Plunkett.

They commented on his approachable manner, willingness to really listen, and desire to make the court process more accessible to them.

This shared vision, combined with respectfully challenging conversations that occur between the Director of Children's Services and HHJ Plunkett on what represents the best interests of the child or young person, contributes to the high proportion of case completed in a timely way with an agreed outcome at final hearing.

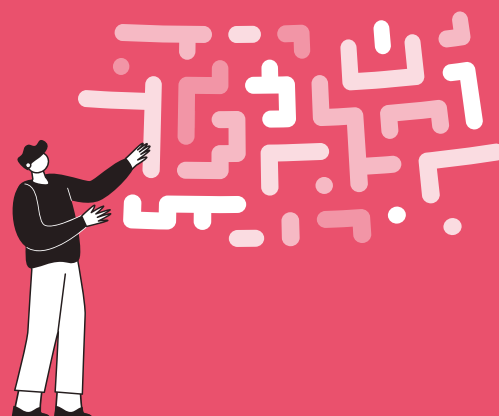


“We began our improvement journey in 2016 following an inadequate judgment from Ofsted and a direction being placed on the council to deliver Children’s Services through an alternative delivery model. To make the changes required to improve the quality of practice and achieve better outcomes for children and families, we needed our partners to engage with us in a shared vision and to build a joint culture of openness to reflection, learning, and change. Our safeguarding partners have been invaluable to the success we have achieved to date. With the support of our legal services and HHJ Plunkett, we were able to build quality of practice and the confidence of social workers involved in care proceedings. We weren’t seen or treated like the problem, instead they saw themselves as having a role in the solutions.”

*Tina Russell, CEO of Worcestershire Children First  
and DCS of Worcestershire County Council*

“The relationship between the judges in the Family Court and the local authorities in the areas they serve is a complex one. A judge’s decision making is independent of any party to litigation and is bound to follow set legal principles. But that simple statement of principle, fundamental as it is, hides a wide variety of factors, which can facilitate or impede progress towards an outcome in the best interests of a young person. Mutual respect is a starting point: respect by the court of the professionalism of Children’s Services, and their intent to ‘get it right’ for children and young people; respect by Children’s Services for the role of the Family Court, and the obligations placed upon it. That respect can and should develop into a form of trust – trust in the court on the part of Children’s Services, enhanced by consistency, transparency, and clarity of reasoning; trust on the part of the court in Children’s Services enhanced by consistent good social work practice, openness to review practice, to reflect upon experience, and to acknowledge when things are not what they ought to be. This process of developing trust is promoted by good in-court communication in relation to specific cases, but also by an uninhibited dialogue on broader issues through the Local Family Justice Board.”

*HHJ Christopher Plunkett, Family Court Judge for Worcestershire and Herefordshire*



## Case study

# The impact on children where partners lack alignment and collaboration

(Sam\* from Worcestershire)

**When he was just 18 months old, Sam's parents started to notice a difference between their experience of raising him and his sister. They went to their GP and over the next three years saw 14 different health and care professionals.**

*"In the first few years we were told Sam needed "psychiatric help", others said he was "naughty", others that he needed "medication", another that he had a "speech and language" delay, then he had "developmental delay". We were told he needed a "special school" to properly thrive by one person and told he needed a "mainstream" school to reach full potential by another." Sam's parents.*

At the age of eight, Sam was finally diagnosed with autism, which brought a period of relative stability – additional funding was made available to meet his needs and a specialist school placement was found for him.

*"This school was great; it was the routine and understanding of the school and staff that worked for Sam. But none of the 'assessed need items' were ever provided. We were told they all cost extra, and no one seemed to know who should pay for them, no one was willing to." Sam's parents.*

As Sam grew older, his parents found his behaviour harder to manage and numerous crises occurred. During this period, the police were called more than 100 times, often leading to Sam being physically restrained or arrested.

*"The social worker told us to enrol Sam in a martial arts group to give him an interest, a way to learn about management of aggression. The police said we were "irresponsible parents turning Sam into a fighting machine"." Sam's parents.*

In 2020, the succession of crisis situations culminated in Sam coming into care, with a placement arranged in Carlisle.

*"We went to visit; it was a 238-mile journey and we had limited time to see Sam when we got there. We wanted him home, home was Worcester if not at our house." Sam's parents.*

A series of five placements with private residential placements over the following eight months ensued, each time in a different location. At one point, 254 placement providers were contacted by the local authority, with 150 of them called directly. Of these, just 20 agreed to review the referral. A Child Psychiatric assessment states Sam needs to be in a therapeutic residential setting.

In January 2021, WCF and the Court worked with parents to find a way Sam could return home and a support plan from the Supporting Families First was put in place.

Today, Sam, now aged 17, is living at home under a shared parental responsibility arrangement between his parents and the local authority. This has only been achieved through the personal involvement and leadership input from the local authority's Director of Children's Services, the Family Court Judge, and the Chief Superintendent of West Mercia Police.



## Case study

# Prioritisation of support based on a holistic understanding of need

*(Mental health commissioning for children, Lincolnshire County Council)*

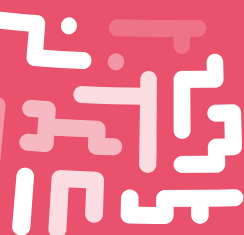
**Lincolnshire has one of the highest performing Child and Adolescent Mental Health Services (CAMHS) in the country, being rated Outstanding overall in its last two inspections by CQC and listed by the Children's Commissioner 2020/21 report as in the Top 10 for children's mental health services in terms of spend per child and waiting times.**

A strong partnership has been forged between Lincolnshire County Council, who act as the lead commissioner on behalf of the ICS, and Lincolnshire Partnership NHS Foundation Trust as the provider. By acting as lead commissioner and choosing to have a separate contract for children's mental health services, as opposed to using an 'all ages' block contract, the authority has been able to maintain a specific focus on support for younger people and work collaboratively with the provider on innovation. This has included establishing the 'Healthy Minds Lincolnshire' service as an 'early-help' offer around mental wellbeing, with strong links into schools in terms of raising awareness, training, and direct intervention support. This, alongside an online offer of counselling support, is credited with reducing referrals pre-pandemic to the next tier of CAMHS support by 5%, freeing up more specialist capacity for those who really need it.

The CAMHS service also prioritises children in care through a lower wait time target of four weeks for assessment, compared to six weeks for other children. Lincolnshire generally has lower numbers of children in care but like many authorities has seen a recent rise in adolescents and teenagers in care and on the edges of care. This has led to closer links being made between the 'Future 4 Me' local youth offending support team and practitioners from CAMHS, in order to take a more holistic approach to supporting older children at risk of criminal exploitation. This innovative work won the Children and Young People Now Mental Health and Wellbeing Award 2021 and was praised for "coordinated working across multiple organisations to support children and young people with complex needs". Like other areas, children's mental health services in Lincolnshire are now seeing increasing demand because of the pandemic, but close partnership working is enabling some dynamic solutions to be put in place to widen access and ensure children are seen as quickly as possible for support.

"We are incredibly proud of our mental health services for children and young people in Lincolnshire. We've worked in partnership to fund and commission services for many years, and we've ensured that children's mental health and wellbeing is embedded in all we do, and that education, health, and care services work seamlessly together to provide support. All partners remain committed to constantly improving and evolving our services to meet the needs of our local children and families; we never stop trying to make our services the very best they can be and supporting our children and young people to thrive."

*Debbie Barnes OBE, Chief Executive of Lincolnshire County Council*



## 5.3 For those in care, the right care

***Pillar ambition:* Where children and young people do need to come into care, they achieve the outcomes, experience, and safety of their peers. The system is innovative and flexible in the pursuit of high quality care that reflects the age, stage, and needs of each individual child and young person. Wherever possible we work towards children returning to their families and communities.**

### Why is this important?

Whilst a key theme and finding from this programme is the need for a greater, system-wide focus on supporting children to live with their families or existing networks, there will always be children and young people for whom this is not the best thing. In those situations, there must be an offer of care from the local authority and partners that **provides a safe, positive experience, and a foundation for their future.**

The sector is dedicated to achieving better outcomes for those children who come into local authority care and recognises the need for systemic changes to address long-standing challenges. This chapter focuses on specific topics that have come to light through the programme's evidence-gathering as particularly important for children and young people when thinking about their safety, experience, and outcomes when in care. Further exploration on the right place for children in care to call home is captured in Chapter 5.4.

“Less social worker switches. I don't think it's necessary to change social worker for every stage that you are in care because it's too hard for the children to then feel like they are understood and known. They lose trust quicker.”

*Care experienced person, Coram Voice<sup>37</sup>*

### The topics covered here are:

#### 1. The role of trusted, stable relationships in the lives of children in care, including with their social worker and foster carers.

Children in care say they want stable relationships with people they can trust, and local authority practitioners have a crucial role to play in this alongside professionals from partner organisations. Children and young people engaged through this programme of work universally said they want someone consistent and caring to be able to turn to in difficult times. When asked who they wanted it to be, the most common responses were social workers, foster carers, and teachers.

“I had a great relationship with my carers and really trusted them. They were amazing to me and helped me so much.”

*Care experienced child, Coram Voice<sup>38</sup>*

“You’re left with someone you’ve never met and they only know you through paper. They judge you through paper and they don’t take the time to see you. New social workers need to spend time getting to know us and they shouldn’t be given any paperwork before meeting us.”

*Care experienced child, deep dive site*

“Listen to me, let me come to my meeting, let me hear what you are saying about me.”

*Care experienced child, Coram Voice<sup>39</sup>*

## 2. Capturing and delivering what children and young people say matters to them.

When children and young people engaged as part of this report were specifically asked to think about how their story is recorded and told, some of the themes they wanted raised were:

- They want to be more involved in discussions relating to their lives and have the ability to co-produce solutions and support they receive.
- For the right language to be used by professionals - checking with them that what’s been written is right.
- To not have to repeat their story to numerous professionals.



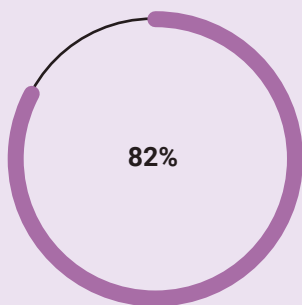
### 3. Approaches to care that are responsive to the risks children face at different ages and stages of their lives, particularly for older children.

The nature of risks that children face, particularly in their adolescent and teenage years, is changing. Since these risks often come from outside of the family and home environment and might involve online abuse or exploitation, bringing young people into care who are experiencing these challenges does not automatically mean that they are safeguarded against them.

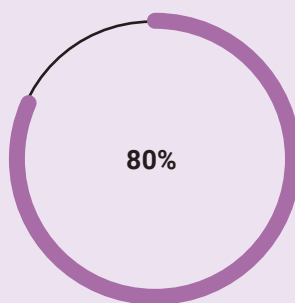
The difficulty of safeguarding these children in care is thought to be linked to the rising use of 'Deprivation of Liberty' (DoL) orders (from 185 in 2019-20 to 358 in 2020-21<sup>40</sup>). It is also thought

to be linked to authorities resorting to the use of placements that are not regulated by Ofsted, which increased by 89% over the decade to March 2020<sup>41</sup>.

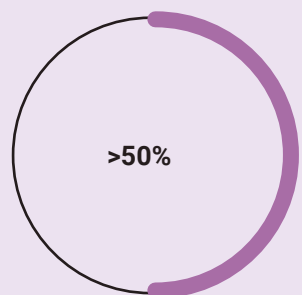
#### An overview of the challenge



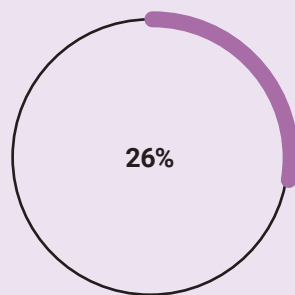
**82%** of children in care experienced some form of social worker change in the previous two years<sup>42</sup>.



Older children and teenagers are **80%** more likely to experience two or more changes to their foster family within a year than the national average<sup>43</sup>.



More than half of children experience a change of foster home over a three-year period<sup>44</sup>.



The number of older children and adolescents in care has risen more than other age groups: nationally there was a **26%** increase in children aged 10-15 in care between 2010 and 2020 and a **38%** rise in those aged 16 and over.

## The principles of a optimised model for those in care, the right care

### The role of stable relationships in the lives of children in care, including with their social worker and foster carers

While the role of quality relationships was explored through Chapter 5.1 – Keeping families together, the role of trusted, stable relationships is also critical, particularly to the lives of children in care. In the proposed model, authorities configure and structure their services in a way that allows workers to continue their journey working alongside a child through different statutory stages, minimising hand-offs between different teams. The frequency that children experience changes in their allocated worker is a key performance measure; this measure is regularly reviewed, and action taken when required. The culture, workload, and practice environment around social workers enables them to spend the time needed to build the type of relationships young people say they value.

These authorities also prioritise their foster carers, by both maximising fostering capacity (as explored in Chapter 5.3) and by ensuring they are supported to care for children as their needs change (including through training and additional support) thereby maximising placement stability. These authorities develop an enhanced and responsive support offer for carers, with a particular emphasis on the different skills and experience needed to care for older children. This valuable resource is closely monitored, with measures around foster carer capacity, utilisation, turnover, and placement stability forming part of regular reviews and improvement cycles.

### Capturing and delivering what children say matters to them

Authorities working to an optimised model go well beyond the statutory guidelines for engaging children and families, capturing their voices and acting on them.

Children in Care Councils are good for those who want to engage in that way. However, optimised authorities have a far wider range of communication routes on offer, based on how their children, young people, and families tell them they want to engage. This will undoubtedly include more innovative use of digital technologies.

These authorities prioritise investment in digital systems for child-centred, proportionate recording, making full use of advances in mobile

technology, automatic voice transcription, and secure cloud data storage. This enables these authorities to record individual outcomes, objectives, and plans in a structured but flexible way that also allows progress to be easily recorded and measured. Authorities use this to measure if they are delivering on those things that each individual child says is important to them. They ensure children are provided with this record such that they have a clear, confident sense of their identity and journey (including why they came into care in the first place), in language the child uses. The three design principles for IT systems set out by Eileen Munro remain a good starting point for the development of any new digital tools to support social work practice<sup>45</sup>.

Any changes in systems are accompanied by a recognition that this will require changes in skills and behaviours in relation to the use of data. Services offer adequate training and support to empower social workers in the interpretation and use of high-quality, data-driven insights to support their work with children and families.

Going forward, achieving this model would likely require central government to review and change the statutory data returns relating to children in care, which local authorities are obligated to submit each year. These would be rebuilt on the principle of putting children, young people, and families at the heart of what they do.



### Approaches to care that are responsive to the risks that children face at different ages and stages of their lives, particularly for older children

Optimised systems recognise the need for a bespoke approach to working with older children, in the context of the evolving potential risks they face. Some authorities have used multiple, shorter periods in local authority care through their journey to adulthood, in order to seamlessly accommodate rapid changes in the young person's needs. This requires dedicated resources, with the right skills, experience, and culture along with flexible provision.

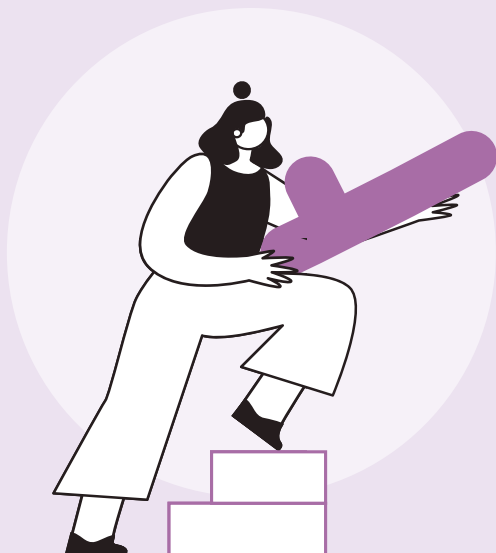
Nationally, whilst the fundamental legislation on bringing children into care remains appropriate, the current system is not necessarily optimised to support children today, particularly those of an older age or facing exploitation; regulation and guidance could better support local authorities to reflect the different nature of risk faced.

## Insight

# The role of stable relationships in the lives of children in care, including with their social workers and foster carers

**Children in care frequently experience changes in their allocated social worker. Data collected in 2018 by the Children's Commissioner highlighted that 82% of children in care had experienced some form of social worker change in the previous two years<sup>46</sup>.**

Over half of these (54%) were the result of the child being 'transferred' to teams working with children in care. Clearly some changes in social worker are inevitable, for example where a case-holding practitioner gets promoted to a non-case-holding position, but many authorities are choosing to structure their services in ways that see social workers support children across different tiers of need to minimise unnecessary changes.



**"Social workers are always leaving. It's not a good thing. You get upset. Get angry. Get used to it."**

*Care experienced young person, deep dive site*

**"Being reminded that foster caring is a job '[they're] paid to look after you, you're not family'."**

*Care experienced young person, Coram Voice<sup>47</sup>*

In terms of building relationships with foster carers, children are also experiencing frequent changes. While the number of children in care experiencing three or more different home locations over the course of a year has remained relatively unchanged in recent years at 11%, and the proportion of children who have been in the

same home for at least two years is similarly stable at 68%<sup>48</sup>, when extended out to a three-year view, more than half of children have experienced a change of home. This is significantly poorer for older children and teenagers, with these groups around 80% more likely to experience two or more changes within a year than the national average<sup>49</sup>.



### Insight

## Capturing and delivering what children say matters to them

**Research conducted as part of this work programme highlighted a current disconnect between the information that is collected and what children and young people say matters to them.**

One of the key statutory data returns local authorities are obliged to submit is the 'SSDA903'<sup>50</sup>. This includes the submission of a range of measures and metrics relating to children in care and those leaving care. These cover areas such as the status of health and dental checks; type of home they are living in; whether they have been missing from their home; and information on adoption.

Compared to what care experienced young people have said is important to them, there are gaps in what gets measured, including:

- The presence and quality of trusted relationships with appropriate adults.
- The number of changes in social worker experienced.
- Whether requested contact with siblings and other relatives is being delivered appropriately.
- Whether young people feel appropriately included in decisions that impact their lives.
- The extent to which their mental health and wellbeing needs are met.

Adding more measures to the already significant statutory data returns does not appear to be the right solution given the already high levels of time spent on recording. Rather, a change to what is captured and reported is needed by adopting an approach based on the principle of putting children and families at the heart and capturing what they say matters to them. Recent work from the Rees Centre on developing outcomes measures is a good example of a more ambitious, meaningful, and child-focussed approach<sup>51</sup>.

## Insight

# Approaches to care that are responsive to the risks children face at different ages and stages of their lives, particularly for older children

**The number of older children and adolescents in care has risen more than other age groups; nationally there was a 26% increase in children aged 10-15 in care between 2010 and 2020, and a 38% rise in those aged 16 and over. The corresponding figures for CCN authorities are even higher, at 29% and 47% respectively.**

Nationally there is evidence of a shift in the age profile of children in care and also a change in the nature of risks that children face, particularly in adolescent and teenage years.

This includes such challenges as:

- Rapid changes to internet usage and new online avenues for abuse and exploitation, which most parents never faced and often find difficult to keep up with. This, set alongside the wide prevalence of smart mobile phones, makes it harder to monitor or control access to online material (80% of children aged 7-16 are now able to access the internet through some device in their own room)<sup>52</sup>.
- Rises in racial, gender and sexuality-related hate crimes.
- The ongoing impact of the pandemic on young peoples' access to education and employment.
- Young people under the age of 18 experiencing homelessness and at risk of exploitation as a result.
- Criminal gangs increasingly targeting vulnerable youngsters through sophisticated 'county lines' schemes (conservative estimates suggest 46,000 children in England are currently involved with criminal gangs)<sup>53</sup>.

These changes in risk, combined with previously mentioned increases in the use of Deprivation of Liberty (DoL) orders and Ofsted-unregulated home placements, suggest that system changes are needed in order to improve the safeguarding, experience, and outcomes for these young people.

**"Safeguarding isn't the same for children as it should be for young people or young adults."**

*Care experienced young person, Coram Voice<sup>54</sup>*



## Case study

# The role of quality, stable relationships in the lives of children in care

*(Philip from a county council)*

### Aged 7

Philip is a 7-year-old living with his grandparents. Concerns about physical aggression between Philip and his carers at home, alongside displays of significant anti-social behaviour outside of the home, leads to him coming into local authority care. He is subsequently diagnosed with trauma-induced ADHD.

Philip's initial home is within a residential setting, as children social services felt he needed some initial support before transitioning into foster care. However, the process of settling in is difficult, leading to six changes of home location in the space of three years.

### Aged 10

The worrying pattern of disruption in Philip's life changes when he is able to build a consistent relationship with a social worker. They get to know each other well, allowing a greater understanding of what Philip wants his home to look like. A bespoke home environment is subsequently created for Philip – living with a foster family on a rural farm.

### Aged 12

Philip has had the same social worker for five years and a consistent specialist trauma support worker alongside them. He is living happily and safely with the same foster family two years later. He is supported to have contact with his birth family and stays with the same carers when his foster family are away from the farm.

**Examples such as Worcestershire's are an important step towards recording what children and families say matters to them.**

The tool is engaging and accessible; captures their own view of progress; and is integrated with other digital systems. A further development would see children and families having the ability to customise the categories on the star to develop a more individualised view of those factors most important in their lives.





Case study

# Capturing and delivering what children say matters to them

## Worcestershire Children First 'WebStar'

**Worcestershire children's services want to know if the work they do with children and their families is making a positive difference to them feeling happy, healthy, and safe.**

They've embedded an outcomes measurement tool to capture how children and families are feeling about areas of their life at different points on their journey. As a minimum, this is used at the beginning and end of the work, but often at mid-point reviews too. It asks young people and their parents to capture how they are feeling about eight specific areas including: mental health and wellbeing; feeling safe; community engagement; and money management. The approach has been integrated into Worcestershire's case management system, allowing the child and family (as well as the practitioner and their manager) to see a simple, visual record of their

journey and progress (Figure 8). Worcestershire has also developed dashboard views to help understand thematic trends on how the service is performing against each of the eight areas, which informs future service developments.

The WebStar is just one component of Worcestershire's efforts to engage children and capture what they say is important to them. The annual 'Fun Day' for children in care attracts over 300 children and foster carers; 'Big Voices' runs weekly activities for children in care aged 0-12 years; and 'Speak Out' is a monthly forum for care experienced young people aged 16 and over.

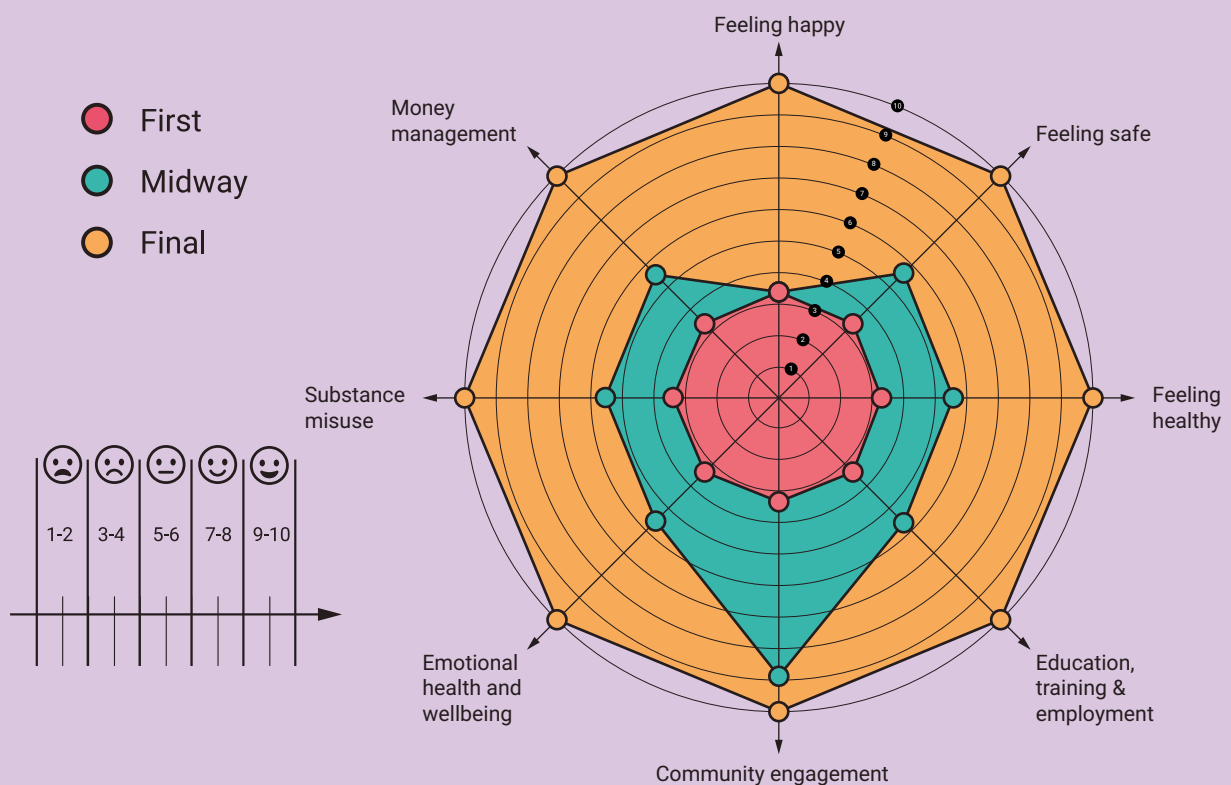


Figure 8: Worcestershire tool for capturing the feelings of children and families

## 5.4 A great place to call home

***Pillar ambition:*** Children in the care of local authorities all have the right place to call home. These are loving, stable, and maintain connections with the family, friends, and communities important to them. Local authorities are highly effective in managing the capacity, quality, and value for money of provision, supported by the right regulatory and inspection frameworks.

### Why is this important?

Through this project, children and young people in the care of local authorities frequently brought up the topic of home. They said they want somewhere that really feels like a home, they want to feel welcome and loved, to be treated like part of the family, and have space of their own. They said that places that felt temporary were hard to settle into and often made things worse, as were homes that meant travelling long distances to school or see friends. Young people often spoke about not being able to do 'normal' things like have friends over to stay, which made them feel different and lonely. Many spoke of living separately from brothers and sisters, which they found particularly hard to cope with.

The Children Act 1989 sets out the key guidelines that local authorities should follow when finding the right place for a child in their care to call home, which are:

- Preference should be given to the child living with a 'connected person' (e.g. relative or friend).
- Allowing children to live near their original home.
- The location of their new home not disrupting their education.
- Enabling siblings to live together.
- Being suited to the child's needs if they have a disability.
- Being within the local authority's area.



The challenge for local authorities is to develop and implement a strategy that provides the right number of homes for children in their care in a way that meets the needs of each individual, is in or close to their family network, and provides value for taxpayer money.

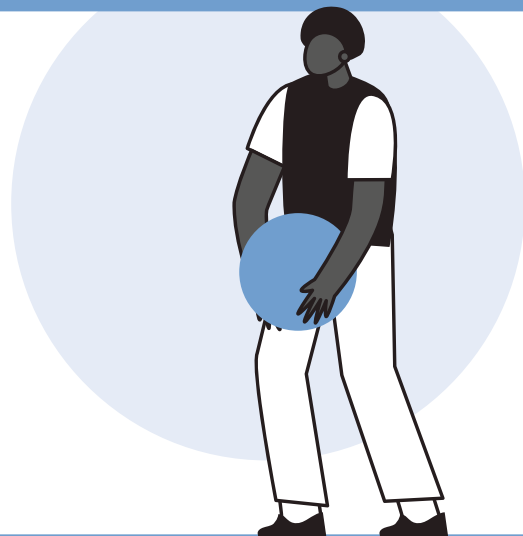


“A home is where you feel safe, it’s homely, comfortable, and decorated nice, you feel part of the family, you’re listened to and you have your own space.”

*Care experienced young person, Coram Voice<sup>55</sup>*

“My first home... I hate that word ‘placement’... my first home.”

*Care experienced young person,  
Deep dive site*



“There are good things like that there is somewhere you can go if you haven’t had it best with your real family. It is like a second family who loves you but that is only if you get a good foster carer.”

*Care experienced young person, Coram Voice<sup>56</sup>*

This chapter covers three core principles to ensuring children have a great place to call home:

### 1. Creating an environment for good decision-making

The role of practitioners is recognised as extremely challenging, as well as rewarding. The experience of authorities engaged in this programme is that, intrinsically linked to the statutory duty they have to provide sufficient quality and capacity of homes, consistently good decision-making from practitioners is also critical to ensuring every child has the right place to call home.

### 2. Strategic delivery of the right quality and capacity of homes

In their recent interim report, the Competition and Markets Authority (CMA) highlighted the challenges and dysfunction of the care market as it currently operates<sup>57</sup>, with particular focus on residential care.

It concluded that:

- There are providers carrying significant levels of debt, which could make them more susceptible to financial pressure and collapse if interest rates were to rise.
- Local authorities lack the scale to effectively deploy leverage into the market, leading to a call for regional or national commissioning models.
- There was no significant difference in average weekly cost or inspection outcomes between private and authority-owned residential homes, despite some private providers making substantial profit margins.

This suggests that there is an opportunity to both optimise the cost of in-house residential care and improve market management of both in-house and private providers to provide the right quality and capacity of homes.



### 3. Flexibility and innovation in providing homes

Many of the young people and service leaders engaged through this programme spoke of how unsuitable traditional care settings were for older children. Children coming into care at an older age can find it hard to settle into fostering placements for a variety of reasons. For example, they are more likely to retain significant relationships and

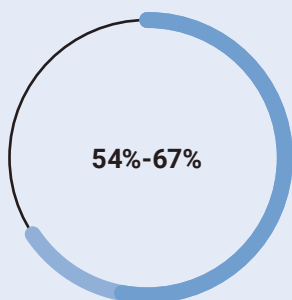
contact with birth families (often returning to live with them after leaving care<sup>58</sup>), which can be a source of tension.

Authorities therefore need to be able to offer flexible, innovative homes for these young people.

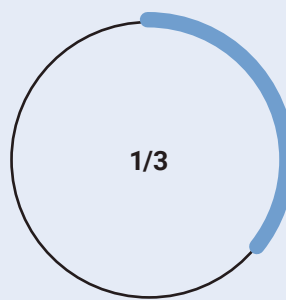
Analysis conducted through this work programme demonstrates that delivering an optimised approach across these three themes could lead to **37% - 41%** fewer children being housed in residential care homes. This would mean if the model were adopted immediately without delay between **3,300** and **4,400** more children would be living in family homes in 2025 compared to current expected trends<sup>59</sup>.



#### An overview of the challenge



In **54%** to **67%** of cases where children were placed in a residential home setting, practitioners had initially requested a different, more family-like setting because they felt this would best meet the child's needs.



The average weekly cost of a residential care placement rose from **£3,000** per week in 2014/15 to more than **£4,000** a week just five years later.

## The principles of an optimised model for a great place to call home

### Creating an environment for good decision-making

Authorities work to a clear and escalating decision-making framework when considering what is the best place for a young person to call home:

- For the vast majority of children and young people, their needs will be best met growing up in a family home, preferably their own.
- Extended family or community provide the next best option, before exploring arrangements through non-connected fostering families.
- In-house fostering options are considered first, where local authorities have greater oversight and control before independent fostering agency options are pursued.
- Only in those most severe situations of need, usually for temporary periods of acute crisis, will residential homes be the right place for meeting a child's needs.
- As children approach their late teens, a decision is made about the right time to start transitioning towards independent living. This may involve 'staying put', which gives the option for a young person to stay with a foster family beyond the age of 18, or the use of supported lodgings.

In optimised authorities, this framework is well understood by all practitioners and reinforced by leaders and managers through supervision and communication, while case records capture the detail of the decision-making process. Key performance indicators that track the usage of each type of home are employed actively in operational management and supervision and drive continuous improvement and practice change. There is close, collaborative working between practitioners, brokers, and commissioners from the authority in order to find a home for each child and quickly progress actions required.

These authorities maintain a consistent social care practitioner throughout a child and family's journey, who leads both elements of support and protection. These practitioners are able and supported to know what is important to the child; what the positives and challenges of their previous home life have been; and are able to involve the child in any decision-making around their new home, as appropriate to their age. Whilst this requires a delicate and difficult balance of support and challenge to families, authorities recognise this is a key enabler to achieving a quick 'match' of the most appropriate home for a child coming into care.



### Strategic delivery of the right quality and capacity of homes

The model requires authorities to have a strong and accurate view of the required capacity of homes for children, projecting forward at least five years. Authorities recognise that effective strategic commissioning capability is fundamental; demand forecasts are built on a bottom-up analysis of what the ideal home would be for every child coming into care, rather than projecting forward the status quo.

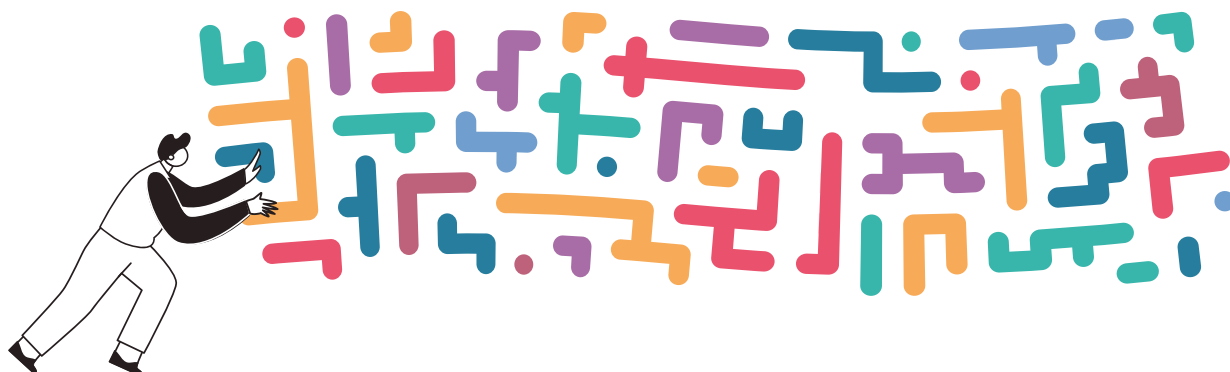
This accurate demand projection is compared to forecast capacity. The capacity forecast includes an understanding of the recruitment rate of new carers and homes, as well as information on retention and leaver rates. This generates plans to procure or develop new capacity.

The majority of fostering provision is provided in-house, including making maximum use of kinship foster arrangements with persons connected to the child, according to the above decision-making framework. Authorities put extensive time, effort, and expertise into the recruitment and retention of good foster carers, recognising the importance of a comprehensive offer of remuneration, support, training, and development opportunities. This would require a new, national drive to recruit and retain foster carers (similar to that for adoptive families).

When it comes to residential provision, authorities know that there is not a 'one size fits all' model. Three models were observed as part of this programme of work, all of which could feature as part of an optimised approach:

- A market without the need for in-house provision (normally reserved for authorities who have the scale and mature commissioning skills to manage this type of approach).
- Authority-led, regional collaborations designed to give smaller authorities the economies of scale needed to manage an effective market.
- A blend of in-house and private residential provision.

Whichever route authorities choose to take, they do so with a clear strategy that is communicated to internal and external stakeholders.





### [In-house residential homes](#)

If authorities opt to provide in-house residential homes, it is likely this will only ever represent a minority of the total residential capacity in the area. In this model, authorities use their in-house capacity strategically to increase their leverage in the market (rather than treating their in-house provision simply as additional capacity). The two key elements of leverage these authorities aim to generate through their in-house offer are:

- 1.** Reducing the time-criticality and short notice of finding a place in a private residential home.
- 2.** Avoiding the need to find a private residential home for a child in crisis or with rapidly changing needs.

For these authorities, this will often mean that in-house settings will only provide temporary homes for children and young people. They recognise the importance of minimising disruption and multiple changes of home, so focus on quickly securing the right, stable home setting for these children and providing the right support to help with any transition.

### [Private provision of residential homes](#)

An optimised approach to effective market management of private residential homes sees a combination of local, regional, and national responsibilities.

At a local level, authorities build accurate, child-by-child models for expected care costs based on individual needs and the support required to meet them and use this modelling when procuring support. Some county authorities may find that they have the required economies of scale, demand management, and local market conditions to be able to run an effective market of local provision on their own. This has the benefit of allowing complete alignment of the authority's overall placement strategy with their commissioning activity.

At a regional level, smaller authorities may find that collaboration is needed to obtain the requisite purchasing power for effective market management. The size and shape of these collaborative groups will vary based on the size, demographics, market conditions, and strategies.

At a national level, achieving the model would involve three key enablers from central government:

- 1.** Intervention to mitigate both the risk and impact of provider collapse. Mitigating the risk of collapse involves particular focus on the levels of debt being carried by some providers. Mitigating the impact of collapse requires the Government to put safeguards in place to manage a disorderly exit from the market of a major provider (learning from the Southern Cross experience<sup>60</sup> in the adult social care market) and the massive disruption to children's lives this would create.
- 2.** Providing investment and support to strengthen local and regional market shaping capabilities, in a similar way to the recent white paper on the adult social care market<sup>61</sup>.
- 3.** Supporting a national drive for fostering recruitment, similar to recent announcements on adoption<sup>62</sup>.

## Flexibility and innovation in providing homes

Optimised authorities will work innovatively, flexibly, and responsively to provide high-quality homes. They benefit from recent, positive developments from the regulator in allowing registration of multiple building children's homes.

Those in unitary and two-tier authorities with responsibility for local housing provision work collaboratively with children's services colleagues to properly prioritise accommodation for children in care, as well as those leaving care, and work compassionately and with flexibility to support innovative ways of meeting their home needs.

Some children's leaders engaged through this work programme suggested this flexibility should extend beyond accommodation to the concept of care more fundamentally, especially for older children. This would see a focus on "permeability rather than permanence", recognising that for some young people the best arrangement might be more fluid – with short periods spent in the care of the local authority, and the rest of the time living with family (so-called 'shared care' arrangements).

To achieve this flexibility and innovation consistently and at scale would require further changes to both regulation and inspection regimes:

- A regulation and registration system that encourages innovative approaches and reduces barriers to entry for new, local providers by focussing on the people leading and managing homes, rather than on physical premises, but with a link that ensures personal accountability on those individuals for quality of provision.
- Use of accurate, consistent inspection as a better method of ensuring quality than regulation on its own, with inspections taking sufficient time to gain a true picture of the home.
- Ensuring a coherence in strengths-based approach between the ILACS inspection regime and inspection of homes.



Insight

## Strategic delivery of the right quality and capacity of homes

**The number of children in residential care rose 27% nationally and 33% for CCN authorities over the five years to 2020.**

As part of this work programme, 135 cases were reviewed where children had come into residential care. In 54% to 67% of those cases, practitioners had initially requested a different, more family-like setting because they felt this would best meet the child's needs. The most common reason why the child was not placed in this ideal home setting was due to a lack of available capacity.

In parallel, whilst numbers of children living in foster homes rose by approximately 10% between 2015 and 2020, with the significant growth in

total numbers of children in care, the proportion of children in care living with foster families has dropped by 4% nationally and by 6% in county authorities. This shows that recruitment of foster families has not kept up with demand.

Across England, average weekly care costs rose from £1,040 in 2014/15 to £1,265 in 2019/20 (an increase of 22%). Most significantly, the average weekly cost of a residential care placement rose from £3,000 per week in 2014/15 to more than £4,000 a week just five years later (Figure 9).

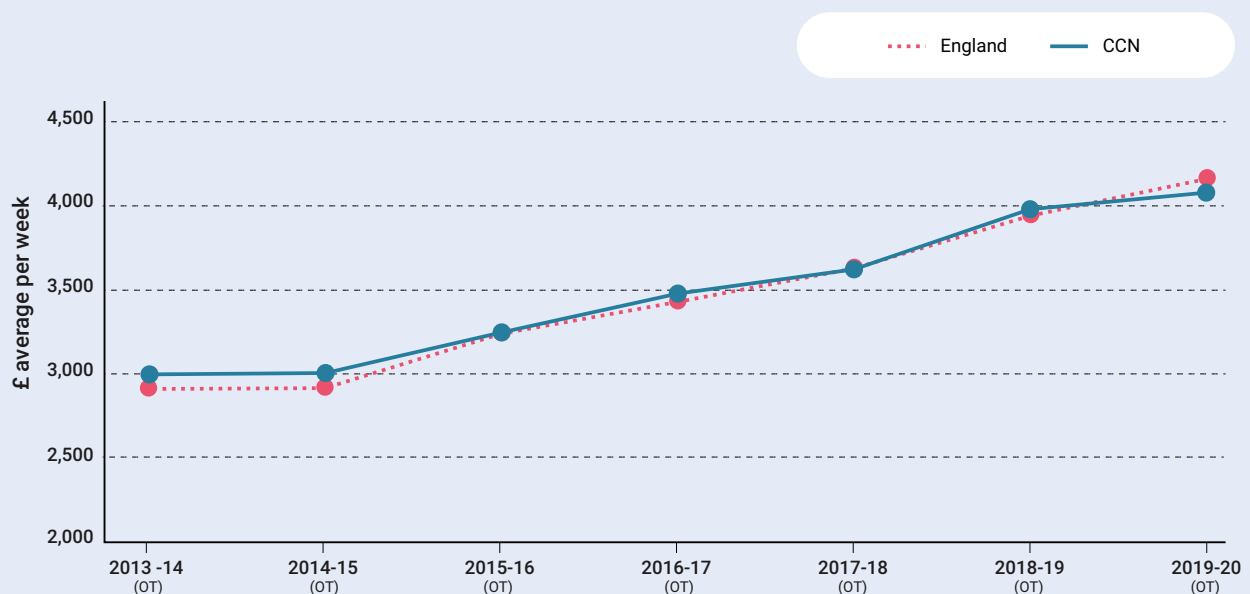


Figure 9: unit cost of children in care residential placements

Whilst this insight indicates the challenges in the private residential home market, there are opportunities to improve commissioning arrangements by developing and using in-house provision more effectively to create leverage.

Insight

## Flexible and innovative approaches to finding the right home

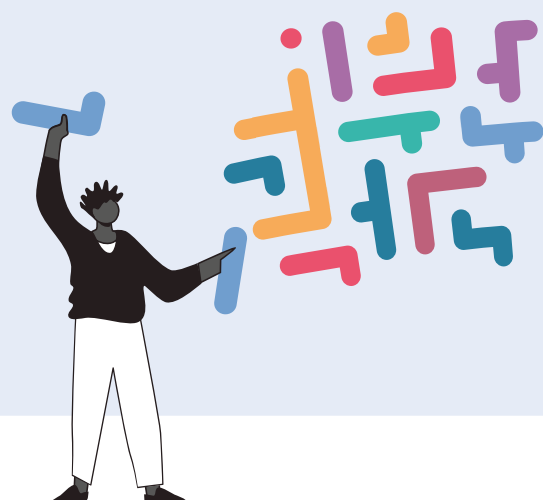
The number of older children and adolescents in care has risen more than other age groups: nationally there was a 26% increase in children aged 10-15 in care between 2010 and 2020, and a 38% rise in those aged 16 and over. The corresponding figures for CCN authorities are even higher, at 29% and 47% respectively.



Fig 10: growth in numbers of children in care by age group between 2010 and 2020

The move to ban the use of unregulated homes for under 16s and towards greater regulation of provision for 16- and 17-year-olds, has attracted a mixed response and some specific criticism from leaders of children’s services<sup>63</sup>. However, engagement with different adolescents through this work programme demonstrated that each often faces a complex, interconnected, and changing set of circumstances. Some leaders of children’s services felt this makes creating generalised guidelines or standards for homes difficult to justify and potentially creates a barrier to entry for new, individualised provision that can flex to the needs of the child or young

person over time. They therefore suggested that flexibility and innovation from providers should be encouraged and enabled to a greater degree by the regulator.



### *Leicestershire County Council*

Over the last year, Leicestershire has embarked on a significant transformation of its offer to children and families, called the 'Defining Children and Family Services for the Future' programme. In-depth case reviews of recent home placements for children showed that only a third of residential placements were the ideal outcome for the child or young person. This was partly down to capacity challenges but also the environment and culture around decision-making. A clear, refreshed, and properly communicated strategy of 'family first' was developed to align culture and behaviours behind the programme, using the evidence from the case reviews as a call to action. Dedicated, weekly 'Risk of Residential' (RoR) forums were set up to review every child needing a home where it was felt that there was a chance they would end up in a residential setting. Monthly 'Residential Review Groups' were created to support children currently in residential care to move, where appropriate, to more family-oriented types of home.

#### **Both forums are attended by a diverse team of practitioners, including:**

- Social workers
- Commissioners
- Service managers
- Staff from the authority's 'virtual school'
- Reviewing officers
- Staff from the fostering service.

Using a collaborative, solution-focussed, constructively challenging approach, they find and deliver alternatives to residential care for children. Grace (real name not used) was one young person who benefited from this new approach.

### *Grace's story*

**1**

After a placement request for fostering was submitted for Grace, the case was discussed at the next weekly Risk of Residential meeting.

**2**

Despite attempts to match Grace to both internal and external foster placements, no viable options were found. This led to the decision to seek permission for a search for residential placement to begin.

**3**

A residential placement with an external provider was secured, but the RoR group and Grace's social worker knew this wasn't the ideal outcome for Grace, so decided to keep discussing her case at the weekly RoR meeting.

As a result of these new ways of working, the number of children moving into residential homes has fallen from 40 per year to 20 per year. This means that 20 more children across the County are living in more family-oriented homes, such as kinship care and fostering. Efforts to support children to move out of residential care, where appropriate, have meant that children spend 10 weeks less on average in those locations before being found family homes.



4

The RoR group kept exploring options that might avoid Grace having to be placed in residential care. After a few discussions, an internal carer was identified who, with additional support from the Fostering Service, would be able to offer a suitable placement for Grace.

5

Grace was placed with this internal carer, and the proposed residential placement was retracted.

Figure 10: Grace's story

## Case study

# Supporting children to move from residential homes into family settings, where safe and in their best interest

## *'Residential to Fostering' service in Staffordshire County Council*

There is recognition that outcomes are typically improved for children who reside in a family environment compared to those in a residential setting. As such, Staffordshire County Council set up a 'Residential to Fostering' service dedicated to identifying and supporting young people to move from residential settings to family homes, such as with foster carers, where this is achievable and in their best interest. The project has input from the fostering service, placements team, and 'Futures Matters' - a service which supports those who are on the edge of care to remain living at home, and young people to return home following a period in care.

The service looks at all children aged 14 or under in residential care to understand whether their best interests might be delivered through a supported move to a family home. If this is the case, then dedicated staff work alongside the young person to build a relationship, undertake preparatory work, plan, and support the transition. Staffordshire has

also been part of the 'Big Fostering Partnership' since 2021, which includes other authorities in the West Midlands. It is one of the UK's largest Independent Fostering Agencies (IFAs). The partnership also includes an investor to support this innovative project. The partnership helps to recruit and support specialist foster carers who have the mindset, skills, and training to offer stable, loving homes for young people leaving residential care. Close working between Staffordshire County Council and the 'Big Fostering Partnership' helps ensure the right home is found for each child and a smooth transition of relationships and home location takes place with a robust package of support.

Currently, 12 children have been successfully moved from residential settings to fostering homes via this project, (which is in addition to those who have made this move outside of the 'Residential to Fostering' service, or been reunified home as an alternative outcome).

**"With the increase of children coming into our care in recent years it has become increasingly challenging to find nurturing family homes for them all. This approach has successfully enabled more of our children to move from residential care to a new family home in a planned, measured, and safe way although we would still like to be able to offer this option to all of our children, if appropriate. The 'Big Fostering Partnership' has played a vital role in enabling us to provide our children with security, safety, and hope."**

*Helen Riley, Deputy Chief Executive and Director  
for Families and Communities at Staffordshire County Council*



## Case study

# Strategic delivery of the right quality and capacity of homes

## *Fostering recruitment in Leicestershire County Council*

As with many local authorities, Leicestershire County Council found itself struggling to keep up with demand for foster carers. Despite the number of children in foster homes rising from 257 in 2011 to 465 in 2020 (an increase of over 80%), the proportion of children in foster homes dropped by 3% over the same period due to demand outstripping capacity.

In response to an evidence-led diagnostic, Leicestershire transformed the way the service operates across the recruitment process, including:

- Search Engine Optimisation to ensure the in-house offer consistently comes up first in searches.
- Granular visibility of the end-to-end recruitment process, the number of potential families at each stage, the target timescales to complete each step, and the reasons why families drop-out along the way.
- Targeted advertisement campaigns based on pen profiles of prospective carers, alongside data-led views of the channels and messages which will have the greatest impact.
- Raised 'refer a friend' bonuses for existing families.
- Faster response times to initial enquiries.

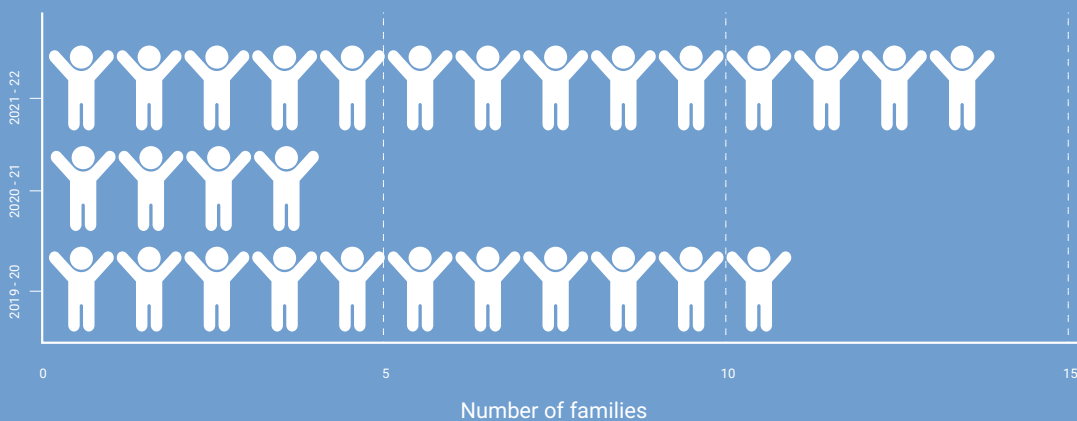


Figure 11: foster families recruited in Leicestershire County Council by year

The year-long transformation programme to test, iterate, and embed these new ways of working has led to Leicestershire successfully recruiting almost as many new carers in 2021/22 as in the last two years combined (Figure 11). This, combined with improvements which have resulted in the utilisation of in-house foster carer places increasing from 67% to 73%, means that there are 12% more children supported in foster homes than a year ago. This represents the first time in a decade that they have been able deliver capacity that exceeds demand.

## 6. Recommendations and enablers

**This report has demonstrated what an optimised model could achieve in terms of better outcomes for children, young people, and families. It has also quantified the significant financial impact this would have, which would mitigate a substantial proportion of the forecast growth in spend over the period.**

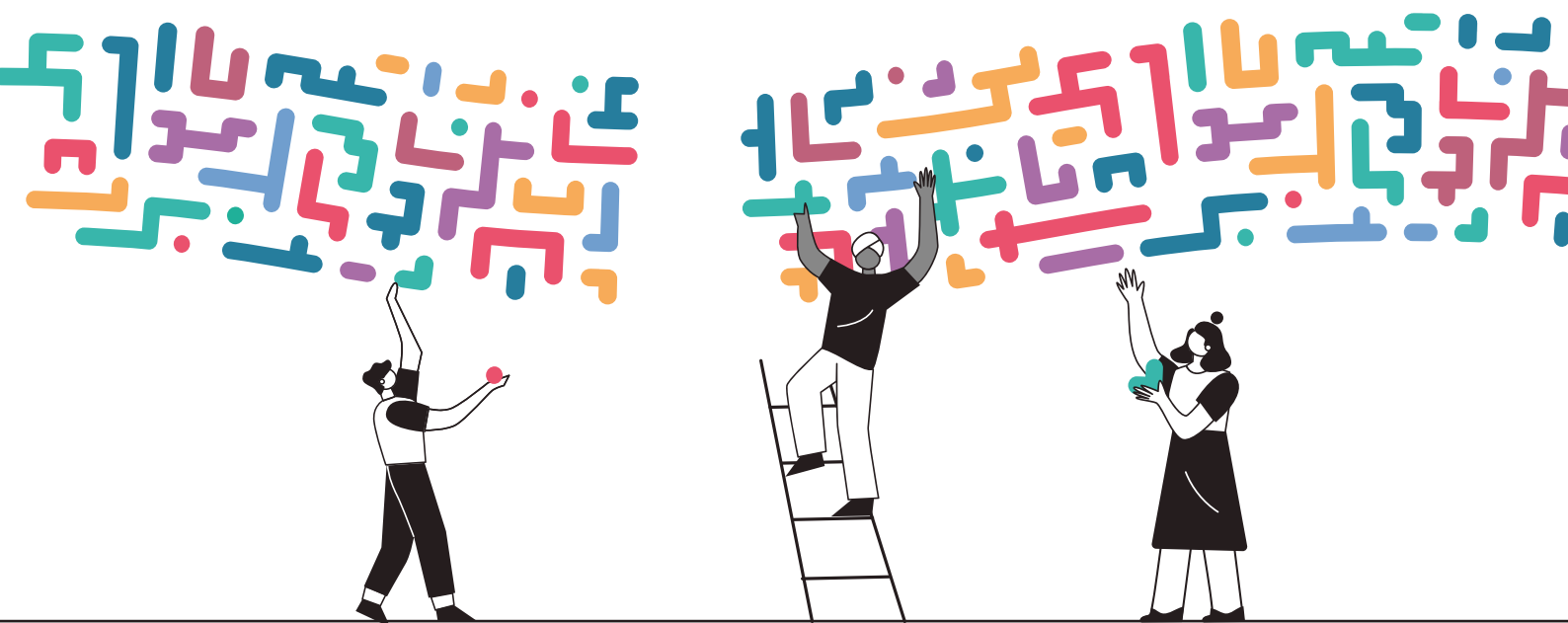
As also outlined in this report, this is a multifaceted and complex challenge, and one that will require a series of local, regional, and national changes. However, there are changes that local systems can start to implement today, and it is the hope of the authors of this work that there are learnings everyone can take from the analysis, insight, and case studies detailed in the report.

The following recommendations and enablers (both local and national) are therefore put forward as the basis upon which overarching reform of the children's social care system must be built and required to deliver the full benefits of this model.



### 1. Local government should remain at the heart of delivering protection and support to children:

Local government has the intrinsic, democratically accountable understanding of people and 'place' needed to adapt to the local needs of children and families, and to coordinate effectively with partner organisations. There are existing, strong examples of authorities delivering both the 'support' and 'protection' elements of work with children and families which are required to provide the best outcomes. Local authorities' expertise in the delivery of adult social care services enables them to work effectively with the whole family in order to keep children safe, happy, and well, to resolve issues including domestic abuse, substance misuse, mental wellbeing, and financial management.



**2. A commitment from local government to implement a consistently high standard of evidence-backed, relationship-based support for children and families on both ‘edges’ of care:**

There are children at risk of coming into care who would benefit from receiving support within their family environment and community, and children in care who could be supported to leave care to live safely with family or community. Local authorities need to implement a consistently high standard of evidence-backed, relationship-based support for children and families, linked closely with protective safeguarding duties. There are already highly effective support services operating, including Essex’s ‘Divisional Based Intervention Team’ (DBIT) and Hertfordshire’s ‘Family Safeguarding Model’.

**3. An aligned national strategy, including a reframing of Working Together:**

While there are many positive local examples of partnership working, children and families often say they face cliff-edges in support between services and organisations. Addressing this requires an aligned, national strategy, consistent with the vision, pillars, and principles outlined in this report. This strategy needs to cover all public bodies working with vulnerable children and families, but especially health (physical and mental), education, judiciary, and police. This would likely lead to legislative changes and a reframing of ‘Working Together’, underlining the importance of local coordination, and tailored for the needs of local populations.

#### 4. Local and national investment to transform the care market:

Central government needs to intervene in the market supplying residential and fostering homes for children to ensure both sufficiency and stability of provision. For residential care, this should focus on addressing the risk of disorderly exit where providers are carrying too much debt. For fostering, a national programme should be launched, delivering the enablers needed to attract and retain sufficient foster carers to meet demand.

Local government has a role in managing demand for homes through effective decision-making; targeted interventions to reduce levels of need; a greater focus on recruitment, utilisation, and retention of foster carers; and maximising local market leverage through strong strategic and operational commissioning. These commissioning efforts would be significantly enhanced by a commitment from the Department for Education to fund sector-led collaborations between those authorities who at present lack the required economies of scale to manage the market effectively.

#### 5. Local and national changes enabling practitioners to spend more time with children and measure the meaningful impact made on their lives:

Evidence from this project shows an opportunity for frontline social workers to spend **150,000** hours more per week working directly with children and families (equivalent to more than an hour per week for every child in care and on a child protection plan in England) through fundamental changes to ways of working and factors that influence them. This requires local investment and changes to working cultures including digital systems that support efficient case recording; challenging the number of internal meetings attended; and building on the use of remote meetings with other professionals developed through the pandemic. At a national level, the extent to which practitioner behaviour is influenced by the regime of inspections, and focus on casework recording, should be recognised and addressed. Furthermore, disparities between what children and young people tell us is important to them and what is statutorily recorded should change, allowing for a more meaningful, child-focussed approach to measuring the impact of interventions.



## 6. An inspection and regulation framework that reflects the evidence from this report:

In inspections this requires equal weighting to be placed on children being supported to leave care, where appropriate and safe, as is placed on children entering the care system. It also requires a new approach to risk when making inspection judgements; one that balances both the short-term risks a child or young person faces with the long-term consequences of being separated from their family and community. There is also a requirement for regulatory and inspection changes to support more flexible, innovative responses in two key areas:

- i. An age-appropriate offer for adolescents and teenagers, reflecting the different nature of strengths and risks they typically face when compared to younger children.
- ii. The provision of a sufficient quality and quantity of homes for children in local authority care.

## 7. A fair and sustainable funding model:

A crucial enabler of local, systemic change is a commitment from Government to a fair and long-term funding settlement for local authority children's services and relevant partner services. Many authorities involved in this project cited the beneficial impact that having a longer-term funding plan to work to would provide; enabling them to invest with greater confidence in initiatives with longer payback periods. The model outlined here requires both investment in the significant transformation work needed to deliver the approach, as well as initial investment to support families at both 'edges of care'. Some authorities may be able to fund these themselves; others may not. The scope of this work has not included a detailed analysis of local authority finances and reserves and therefore any funding settlement would need to factor this in. However, it is clear that the investment would not only achieve better outcomes for thousands of children across the country.

Without changes to the system, projected expenditure on children in care is set to be **£2.1bn** higher in 2025 compared to 2020. Analysis conducted through this programme shows that delivering the model outlined here across England could mitigate **67% - 95%** of the forecast growth in spend over coming years. This is as a result of fewer children being in care, more children in care living in family settings, such as fostering, and less reliance on expensive residential care, reducing long-term care costs. This would mean that, if the model was adopted immediately without delay, it could help reduce the increased costs for children in care, with expenditure **£1.4bn - £2bn** lower in 2025 compared to current forecasts. While this would significantly reduce the future growth in spend, it would not reduce the underlying funding gap for children services from previous years.



## 7. The impact of achieving an optimised system for children and families in care, and on the edges of care

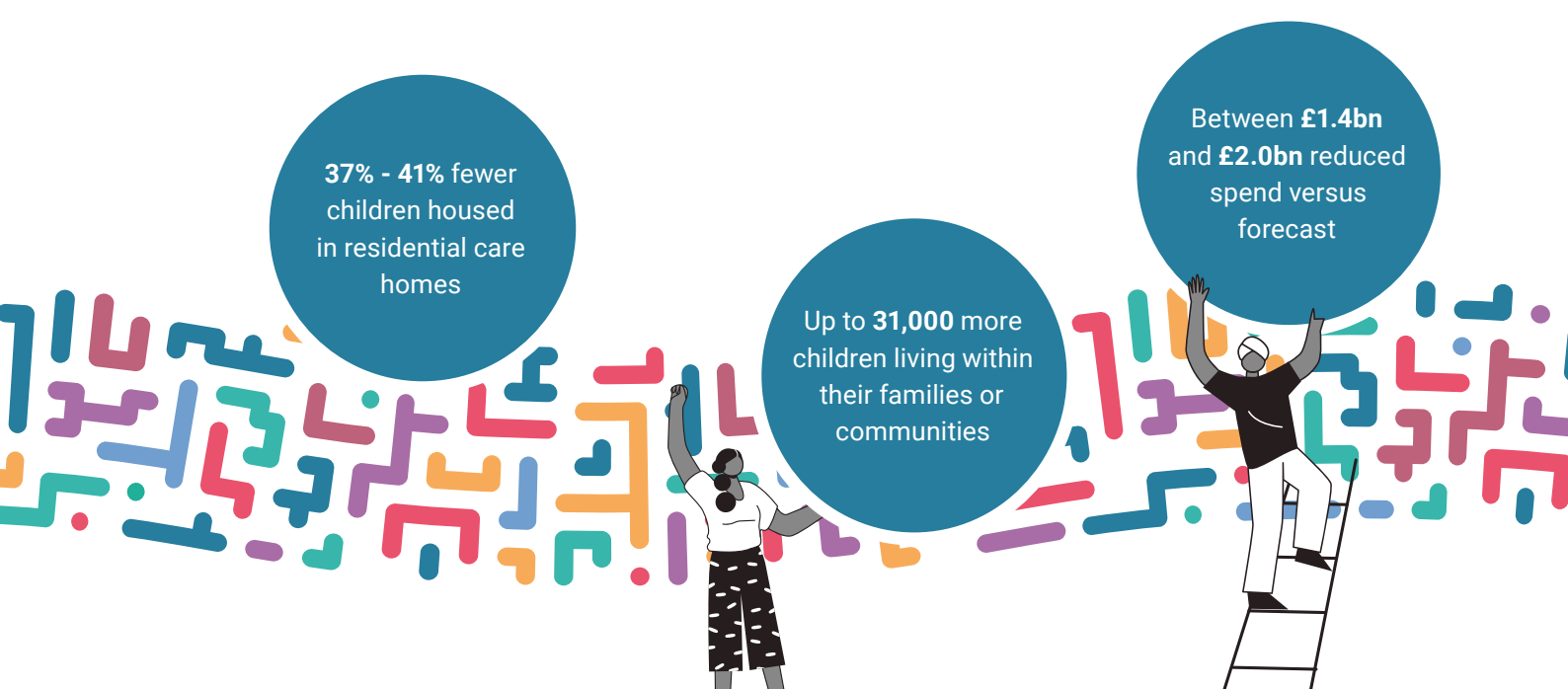
**Based on extensive engagement and assessment of council practices to date, the following examples evidence some of the benefits that could be achieved if this model of optimised local delivery was fully adopted and implemented.**

The recommendations and enablers included in this report cover those changes needed locally and nationally to deliver the proposed model in full. The complex, multi-agency nature of the changes required to fully implement the model will not be simple or quick to achieve, but this should not prevent all partners from embarking on the journey as soon as possible.

### Impact on children and families

Analysis conducted by this programme indicates there could be between **86,000** and **95,000** children in local authority care by 2025 if fundamental changes are not made to the system. Working in an optimised way to support families to stay together and reconnect children with their families or communities after a period in care could mean that more children are able to live with their families or close communities, and achieving better life outcomes as a result (but with other support as needed). This would mean if the model were adopted immediately without delay, this would lower the growth projections for 2025 to between **64,000** and **77,000** (from the current forecast of between 86,000 and 95,000 children).

In addition, for those children in local authority care, the model would lead to **37% - 41%** fewer children being housed in residential care homes. This would mean if the model were adopted immediately without delay between **3,300** and **4,400** more children would be living in family homes in 2025 compared to current expected trends.



**37% - 41%** fewer children housed in residential care homes

Up to **31,000** more children living within their families or communities

Between **£1.4bn** and **£2.0bn** reduced spend versus forecast

150,000  
additional  
contact hours per  
week

### Impact on practitioners

The working environment described in the delivery model would move towards parity of esteem for social care practitioners in relation to other public sector workers. It would also enable them to spend an additional **25%** of their time directly supporting children and families. Across the workforce of qualified social workers in England, this would equate to **150,000** additional contact hours per week, or more than an hour per week for every child currently on a child protection plan or in the care of local authorities. Not only could this support better outcomes for those children and families, but it could also have a significant impact on staff satisfaction and retention.

### Impact on local authority finances

This report has set out the financial context local authorities have faced of reduced grant funding for children's services, increased demand, and an upward forward trajectory of spend. Implementing an optimised model across the system would not only deliver improved outcomes for children and better ways of working for practitioners but would also help address some of the growing financial pressures that local authorities face. However, it is clear that the investment would not only achieve better outcomes for thousands of children across the country. Without changes to the system, projected expenditure on children in care is set to be **£2.1bn** higher in 2025 compared to 2020.

Analysis conducted through this programme shows that delivering the model outlined here across England could mitigate **67% - 95%** of the forecast growth in spend over coming years. This is as a

result of fewer children being in care, more children in care living in family settings, such as fostering, and less reliance on expensive residential care, reducing long-term care costs.

This would mean that, if the model was adopted immediately without delay, it could help reduce the increased costs for children in care, with expenditure **£1.4bn - £2bn** lower in 2025 compared to current forecasts. While this would significantly reduce the future growth in spend, it would not reduce the underlying funding gap for children services from previous years.

Financial benefits for the wider system, such as reduced costs of youth and adult justice, mental health services, and substance misuse services, would be on top of these figures but have not been included in the scope of this programme.

### Journey towards an optimised approach

The breadth and depth of change required nationally, regionally, and locally to move from the current system to the model outlined here should not be underestimated; it spans transformation of culture, behaviours, processes, systems, practice, legislation, policy, and inspection. It must involve co-creation alongside children, young people, families, and practitioners. Whilst the scale of the task should not deter central government, authorities, or their partners from taking action, recognition of the significant investment required to deliver the changes in full is required.





## 8. Glossary

<b>CAFCASS:</b>	Children and Family Court Advisory and Support Service, which represents children in family court cases in England.
<b>CCG:</b>	Clinical Commissioning Group, which commissions most of the hospital and community NHS services in the local areas for which it is responsible.
<b>CiC or Children in Care:</b>	A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care.
<b>County Authorities:</b>	The use of the term 'county authorities' in this report refers not only to the 24 'traditional' two tier counties, but also the 13 unitary authorities governing counties represented in CCN's membership.
<b>DCS:</b>	Director of Children's Services. The Children Act 2004 requires every upper tier local authority to appoint a Director of Children's Services, who is appointed (along with a Lead Member for Children's Services) for the purposes of discharging the education and children's social services functions of the local authority.
<b>DoL:</b>	Deprivation of Liberty. Usually refers to the legal authorisation to deprive a person under the age of 18 of their rights to liberty as set out in article 5 of the European Convention on Human Rights. Note this is different to 'Deprivation of Liberty Safeguards' (DoLS) that relate to those aged 18 and over and have links into adult social care.
<b>Edge of care service:</b>	A service provided by a local authority to prevent family breakdown and children and young people going into care, improve family relationships, and to work with families and other professionals to bring about positive change and reduce risks to children.
<b>Foster care:</b>	Foster care offers children a safe and caring family when their biological parents cannot take care of them, which is usually geographically close to their family home. The foster carer, or foster parents', job is to provide a safe, secure environment for the foster child on either a temporary or more permanent basis.
<b>FTE:</b>	Full Time Equivalent, used in context of staffing numbers.
<b>JTAI:</b>	Joint Targeted Area Inspection. Inspections carried out jointly by Ofsted, Care Quality Commission, HM Inspectorate of Probation and HM Inspectorate of Constabulary and Fire & Rescue services on the multi-agency arrangements for safeguarding children, under section 20 of the Children Act 2004.
<b>Kinship fostering:</b>	When a friend or family member becomes an official foster carer for a child.
<b>MHWB:</b>	Mental health and wellbeing

**PLO:** Public Law Outline. The PLO process takes place when the Local Authority is concerned about a child's wellbeing and unless positive steps are taken to address and alleviate those concerns, the Local Authority may consider making an application to the Court. The PLO process is often referred to as the last opportunity for parents to make improvements to their parenting before care proceedings are issued.

**Residential care:** Residential care is a form of group care for children who are looked after, where care is provided by teams of paid staff. This may be arranged under a care order or a voluntary accommodation arrangement. Residential care is an alternative to foster care or kinship care.

**Semi-independent living:** Accommodation, care and tailored support to help young people leaving care aged 16 to 18 years prepare for independent living and learn life skills.

**SEND:** A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, which often gets shortened to SEND.

**SGO:** A special guardianship order is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement.

**Staying Put:** Since 2014, fostered young people in England have the right to stay with their foster families when they reach 18, if both parties agree. A staying put arrangement is not the same as a foster placement. The young person staying put, who must be a former relevant child, is no longer a looked after child. They are a young adult and a care leaver. The foster carer is no longer acting in the capacity of foster carer for that young adult; they are their 'former foster carer'. The foster placement becomes a 'staying put arrangement' and is not governed by fostering services regulations.

**UASC:** Unaccompanied Asylum-Seeking Children are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.

# 9. Appendix

## Methodology:

### **The benefits of aligned partnership working to keep families together**

The chapters on 'Aligned Partnership Working' and on 'Keeping Families Together' form the foundations of an optimised approach to supporting the needs of vulnerable children in care and families on the 'edges' of care. The benefits of adopting this approach system-wide could have profound, positive impacts on the lives of a significant number of children. To quantify more precisely the impact this could have, the programme triangulated three different sources of analysis:

- 1) Looking at the best-performing statistical neighbour for each local authority area, in terms of the number of children in care per ten thousand of the population aged 0-17<sup>64</sup>.
- 2) The results from analysis and evidence-gathering conducted as part of the deep dive work with the six selected county authorities.
- 3) The results achieved through transformation partnerships between Newton and local authority children's services departments.

By triangulating these different sources, a more robust indication of benefits can be achieved since it combines high-level, national analysis from (1) with much more granular, detailed but localised analysis from (2) and (3).

This triangulated analysis suggests that the optimised approach could support thousands of children and families to stay safely together, meaning that the numbers of children in care by 2025 would be between 64,000 and 77,000 rather than the 86,000 to 95,000 range forecast currently.

## Methodology:

### **The benefits of ensuring every child in care has the right place to call home**

To quantify the potential benefits of giving every child the right place to call home, the same triangulated analysis approach used to calculate the number of children in care was taken, using: the best performing statistical neighbours (in terms of the proportion of children supported in each type of home placement); results from deep dive evidence-gathering and transformation partnerships between Newton and local authority children's services.

This shows that delivering an optimised approach across these three themes could see 37% - 41% fewer children being housed in residential care homes, meaning that between 3,300 and 4,400 more children would be living in family homes in 2025.

## Methodology:

### Calculating financial opportunity

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Forecast numbers of children in care in 2025 based on:

- **Lower estimate:** linear extrapolation based on CiC numbers from March 2011 to March 2020.
- **Upper estimate:** extrapolation based on average growth rate in CiC between March 2017 and March 2020.

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Forecast future spend on children in care based on:

- LGA forecasts of £600m additional spend on children's services as a whole over the time period to FY24/25.
- Linear extrapolation of the percentage of overall children's services spend on CiC.

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Overall opportunity built-up based on:

- Optimised numbers of children in care.
- Optimised average cost of each type of home settings.
- Optimised proportion of children in each type of home.

---

Optimised values for each authority based on triangulation of:

- Performance of each local authority relative to best-performing CIPFA statistical near-neighbour.
- Authority-verified results from Newton-supported diagnostic and transformation programmes with children's services.
- Results of analysis from 6 deep dive authorities.

Ref No	Page No	Reference Source
1	p8	For the methodology, refer to Chapter 9: Appendix.
2	p14	8.15m households in the UK have dependent children. 80,080 children in care. $80,080 / 8.15m = \sim 1\%$ . 'Fewer' is correct because calculation assumes 'one child in care per family', when a family with one child in care is more likely to have other children also in care. Families data from: <a href="http://www.statista.com/statistics/961002/households-in-the-unitedkingdom-uk-by-type">www.statista.com/statistics/961002/households-in-the-unitedkingdom-uk-by-type</a>
3	p16	Children's Commissioner. (2020, October 29). 10 asks for care leavers. Retrieved from <a href="http://www.childrenscommissioner.gov.uk/2020/10/29/10-asks-for-care-leavers">www.childrenscommissioner.gov.uk/2020/10/29/10-asks-for-care-leavers</a>
4	p20	Since October 2019, children's services in Worcestershire County Council have been delivered by Worcestershire Children First, a subsidiary company wholly owned by the council.
5	p22	The independent review of children's social care. (2021, June). The case for change. Retrieved from <a href="http://www.childrensocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf">www.childrensocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf</a>
6	p22	County Councils Network and Newton. (2021, November). The Future of Children's Social Care: Emerging Findings. Retrieved from <a href="http://www.countycouncilsnetwork.org.uk/download/3960/">www.countycouncilsnetwork.org.uk/download/3960/</a>
7	p22	County Councils Network. (2020, May). Children's Services Funding & Early Intervention. Retrieved from <a href="http://www.countycouncilsnetwork.org.uk/download/3003/">www.countycouncilsnetwork.org.uk/download/3003/</a>
8	p24	Historical Data from the 'LAIT - All Local Authorities - Number of Looked After Children' (Updated on Dec 2020) has been used as the basis for the projections. The Lower Bound Forecast is a linear forecast using data from March 2011 to March 2020. The Upper Bound Forecast is calculated applying average growth rate between March 2017 to March 2020 to current number of children in care.
9	p27	DfE data as of September 2020. Retrieved from <a href="https://explore-education-statistics.service.gov.uk/find-statistics/children-s-socialwork-workforce">https://explore-education-statistics.service.gov.uk/find-statistics/children-s-socialwork-workforce</a>
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11	p28	Coram Voice. (2021, October). What children and young people want to tell the care review. Retrieved from <a href="http://www.coramvoice.org.uk/wp-content/uploads/2021/10/What-children-and-young-people-want-to-tell-the-carereview-report.pdf">www.coramvoice.org.uk/wp-content/uploads/2021/10/What-children-and-young-people-want-to-tell-the-carereview-report.pdf</a>
12	28	Ibid
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15	p32	Unicef UK. (1989). The United Nations Convention on the Rights of the Child. Retrieved from <a href="https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf">https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf</a>
16	p32	The percentage of all children achieving a 'pass' (grade 4 or above) in GCSE maths and English was 71.2% in the academic year 2019/20; compared to 23.3% for children who had spent any time in care (DfE data). 25% of homeless people have spent time in care according to data from 2011 <a href="http://www.crisis.org.uk/media/236816/the_hidden_truth_about_homelessness_es.pdf">www.crisis.org.uk/media/236816/the_hidden_truth_about_homelessness_es.pdf</a>
17	p32	See Appendix for methodology
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25	p45	Munro, E. (2011, May). The Munro Review of Child Protection: Final Report, A child-centred system. Retrieved from <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf</a>
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