

# Sheffield Placement Sufficiency Assessment for Children in Care 2015 / 16



Contents	Page
Introduction	3
Vision- Sheffield Pledge	3
Needs Analysis and Demand – National Context	5
Local Context	7
Number of Children in care	7
Numbers of children in care by age	8
Gender of children	9
Number of children in Care by ethnicity	9
Migration trends	10
Children in Care by Duration of period in care	10
Placement Stability	11
SEND looked after children	11
Supply	12
Type of Provision	13
Internal Fostering	13
Internal Residential	13
External Fostering Placements (Independent Fostering Agencies –IFA)	13
External residential	14
Learning Difficulties and Disabilities	14
Special Educational Needs	14
Number of children in care by placement type	14
Early Years	15
Leaving Care Provision	15
Adoption and Permanence	15
Consultation which captures the views of children in care	16
Summary of Sufficiency	16
Development	17

# **Summary of Sufficiency**

# **Development**

#### 1 Introduction

This document sets out how Sheffield City Council will ensure that there is sufficient accommodation of all types for children in care and how it will meet its sufficiency duty as laid down in Section 22G of the Children Act 1989. The Act requires local authorities to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area, which meets the needs of children that the local authority are looking after and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty')'. The Statutory guidance on securing sufficient accommodation for looked after children 2010 clearly sets out the Local Authorities responsibilities.

#### What is a looked after child?

Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she:

- is provided with accommodation for a continuous period for more than 24 hours
- is subject to a care order; or
- is subject to a placement order

A looked after child ceases to be looked after when he or she turns 18 years old. The Children (Leaving Care) Act 2000 extends the local authorities responsibilities to care leavers up to the age of 21, or 25 if they are in full-time education.

# 2 Vision – Sheffield Pledge

Sheffield's Corporate Parenting Strategy 2015/17 (<a href="https://www.sheffield.gov.uk/caresupport/childfam/looked-after-children/professionals-info.html">https://www.sheffield.gov.uk/caresupport/childfam/looked-after-children/professionals-info.html</a>) sets out Sheffield's commitment and responsibilities as a corporate parent, which is to provide the best possible care and protection for children and young people who are 'looked after'. This is based on the House of Commons Children, Schools and Family Committee March 2009. At the core of this responsibility is the moral duty to provide the kind of support that any good parents would provide their own children. This includes enhancing the quality of life of looked after children as well as simply keeping them safe.'

This Corporate Parenting strategy describes how the local authority and its partners act as responsible parents to children and young people living under their care. When providing a service for our children and young people in care we should challenge ourselves by asking, 'would this be good enough for my child?'

The Children and Families Services in Sheffield leads alongside its partners, in relation to safeguarding, learning difficulties/disabilities, early intervention and prevention and the city's health strategy for children/young people. It is responsible for the delivery of multi-agency support services for children with additional needs and for social care services for Children in Need (CIN), including those at risk of harm, in need of accommodation and those children in local authority care.

Sheffield City Council's investment into an early intervention and prevention approach aims to promote the early identification of children in need and deliver high quality preventative and support services that enable children to achieve their potential. Through good quality assessments that inform effective plans, children's needs including the need to be safeguarded, will be met and their outcomes will be improved. Services are put in place to support children living within their families wherever possible. However, where children cannot remain in their families, we will make timely decisions to ensure that they are secured in a permanent placement as soon as is possible.

For those children coming into care we aim to ensure that they have access to care provision that is of a high quality and is able to meet the individual needs of the children/young people.

The government has set out in the statutory guidance a definition of what the best practice in securing sufficiency should look like. Therefore Sheffield aims to align to this to ensure that:

- All children are placed in appropriate placements with access to the support services they require in their local authority area, except where this is not consistent with their welfare and/or individual needs.
- The full range of universal, targeted and specialist services work together to meet children's needs in an integrated way in the local area, including children who are already looked after, as well as those at risk of care or custody
- Where it is not reasonably practicable for a child to be placed within his/her local authority area, there are mechanisms in place to widen the range of provision in neighbouring areas, the sub-region or region which is still within an accessible distance
- All children with adoption recommendations are placed with an adoptive family within 12 months of that recommendation
- The Local Authority and partners, including housing, work together to secure a range of provision to meet the needs of those who become looked after at the age of 16 and 17 and support the continuity of accommodation beyond the age of 18

- Services are available in adequate quantity to respond to children, including predicted demand for a range of needs and emergencies. In addition to meeting relevant national minimum standards, services are of high enough quality to secure the specific outcomes identified in the care plans of looked after children
- Services are situated across the local authority area to reflect geographical distribution of need. Statutory guidance on securing sufficient accommodation for looked after children all placement providers (including private, voluntary and public sector providers) are linked into the wider network of services and work with these services to offer appropriate support to deliver identified outcomes for looked after children
- Universal services know when a child is looked after and have good links with the range of targeted and specialist services which support him/her, including placement providers
- There are mechanisms in place to ensure that professionals involved in placement decisions have sufficient knowledge and information about the supply and quality of placements and availability of all specialist, targeted and universal support services within the local authority area
- The Local Authority and its partners collaborate with a number of local authorities across Yorkshire & Humber, to develop the market for services for looked after children and commission on a regional or sub-regional basis (see page 13 for more information).

# 3 Needs Analysis and Demand- National Context

Across England there were 69,540 looked after children as of 31 March 2015. This has increased steadily over the past seven years and it is now higher than at any point since 1985. This is an increase of 1% compared to 31 March 2014 and an increase of 6% compared to 31 March 2011.

Figure 1

 Table 1: Number of children looked after at 31 March 2011 to 2015 Year ending 31 March
 Number of looked after children

 2011
 65,510

 2012
 67,070

 2013
 68,060

 2014
 68,800

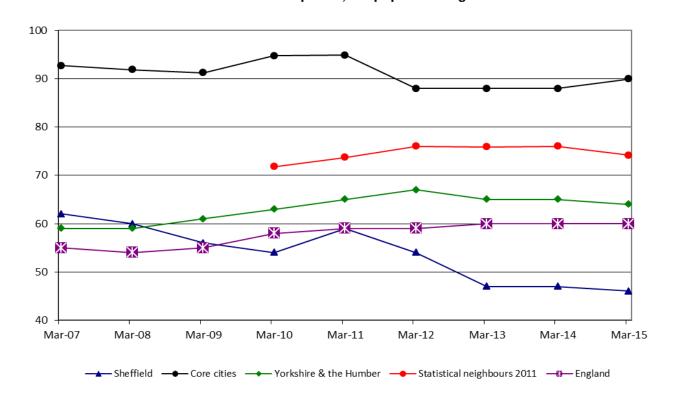
 2015
 69,540

Taken from DFE- children looked after in England (including adoption and care leavers) year ending March 2015)

Whilst the reasons why children start to be looked after have remained relatively stable since 2011, the percentage starting to be looked after due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011). The majority of looked after children – 61% in 2015 - are looked after by the state due to abuse or neglect. It is interesting that although nationally the number of looked after children has increased, Sheffield currently has one of the lowest looked after children rates in the country per **10,000** children. As at 31<sup>st</sup> March 2015, there were 46 children in care for every 10,000 children that lived in Sheffield; this figure has remained stable for the past three years and has remained significantly below the national and statistical averages (60 and 74 children respectively) and is almost half the core city average of 90 children in care per 10,000 children. Figure 2 demonstrates this.

Figure 2

Children looked after per 10,000 population aged under 18



#### **Local Context**

The 2011 census identified Sheffield as one of seven local authorities in the UK that has more than 500,000 residents. The census revealed that 552,698 people lived in the Sheffield Local Authority area in 2011. The national average population increase since the previous census in 2001 was 7.1%. Sheffield experienced an above national average population increase at 7.7%.

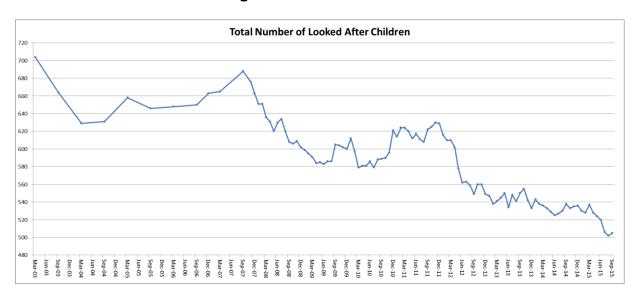
Increases in births, net inward migration and longer life expectancy are all reasons why Sheffield's population has grown. Health Authority data shows that the birth rate has steadily increased over recent years.

Figures from the Office of National Statistics (ONS) estimates the 0-19 population has remained around 134000 from 2011 – 2014, with a slight drop in 2013. 2015 is projected to see a slight increase to above 135000 currently an upward trajectory year on year to hit nearly 138000 at 2020. Within this increase a proportion of these children will present with vulnerability and will be admitted into care.

#### **Number of Children in Care**

Figure 3 below shows the number of children in care which demonstrates an overall downward trajectory over the last 12 years and at March 2015 this figure is 532. This contrasts with the national picture where numbers of children in care have risen steadily from 2010-2014, with the numbers being at the highest since 1985.

# Number of Children in care- figure 3



The ages of children who are in care at 31.3.2015 are depicted below in Figure 4. There are 532 aged between 0-17 years. The largest cohort is the children aged 17 years.

There are 118 young people aged 16+ of these children 26 are currently in independent living arrangements. The remaining children are either expected to 'Stay put', attend University, or have been described as needing a tenancy with floating support.

The number of young people accommodated at the age of 17, includes those who have entered the country as unaccompanied asylum seekers and been age assessed as 17, young people remanded in youth detention accommodation and those accommodated as a result of homelessness.

Figure 4

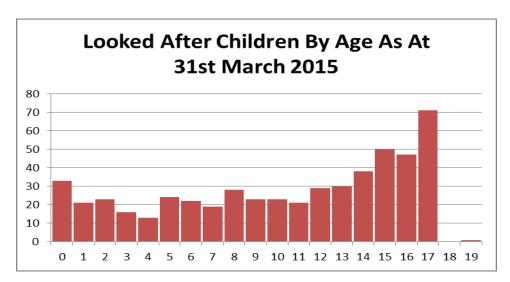
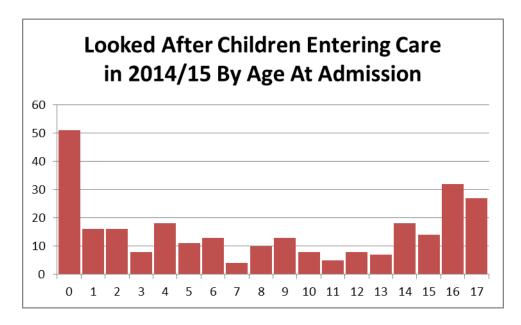


Figure 5 shows that during the period 2014/15 Sheffield has experienced a higher number of children being referred under the age of 1year old and subsequently entering care.

Figure 5

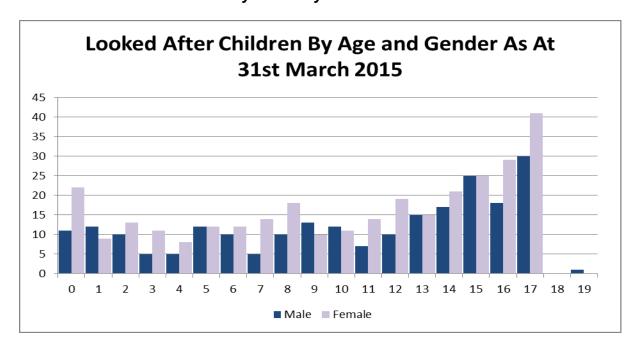


#### Gender of children

The number of Children in Care by gender and admission to care by age can be seen in Figure 5 below. There were 304 females compared to 228 males who entered care during this period. The highest being 41 females at age 17 years of age. This is in line with national trends.

Figure 6

Number of Children in Care by Ethnicity



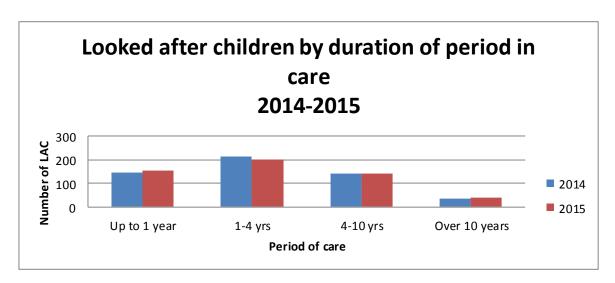
The main language for the majority of the cohort is English or 'Presumed to be English'. White British is in line with ethnicity of children across the city. However Asian children are underrepresented in the LAC cohort in particular Pakistani. Conversely mixed heritage in particular white/black Caribbean are over represented. The prevalence in terms of gender is male. The ethnicity profile of the Children in Care population is much more in line with that of the city; 28.5% BME compared with 30% for the 0 - 17 year old population as a whole.

## **Migration Trends**

Of the 532 looked after children Sheffield was responsible for as at 31<sup>st</sup> March 2015, 362 were accommodated in Sheffield, 170, were placed within other Local Authority boundaries and 97 were placed within 20 miles of where they lived when they entered care.

Figure 7

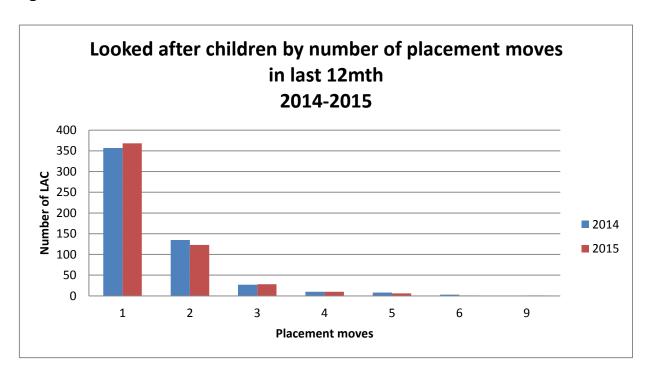
Children in Care by Duration of period in care



Whilst the numbers of children coming into care are declining as shown in Figure 7 the duration of the period of care when a child is in care remains constant across the years. Therefore the indication is that the biggest impact at reducing the number of children in care is in terms of prevention. We are supporting children to remain at home with families by the implementation of a strong early intervention and prevention approach but in order to improve outcomes for children/young people the number of children/young in care for less than a year needs to establish an upward trajectory. This is a key 'window' of opportunity in terms of engaging children/young people back with their families by further increasing adoptions and permanence we would expect to see the periods of care greater than 1 year establish a downward trajectory

# **Placement Stability**

Figure 8



The majority of children in care have experienced one placement in the last year. The cases of the children who have experienced more than one move are monitored carefully, to understand the reasons and from this analysis information is used to inform future placements, with the aim of keeping theses to a minimum. (See Figure 8)

Of the 118 young people aged 16+, 21 young people had 3 or more placements in the last twelve months. Current data suggest that males aged 16+ have greater placement stability than females.

Further information regarding the Sheffield children in care population can be found within the annual Independant Reviewing Service report (<a href="https://www.sheffield.gov.uk/caresupport/childfam/looked-after-children/professionals-info.html">https://www.sheffield.gov.uk/caresupport/childfam/looked-after-children/professionals-info.html</a>)

## **SEND Looked After Children**

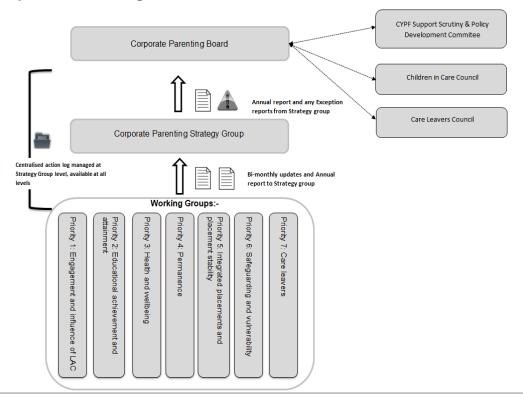
Data gathered on children with additional needs/complex needs shows that on 31.3.2015 there were a total of 54 children with a disability. In respect of looked after children with special educational needs, the latest available data relates to 2014. At this time approximately three quarters of Sheffield's looked after children have had a SEN statement or been considered School Action or School Action Plus; whilst this has only been the case for approximately two thirds of looked after children nationally and in our comparative authories.

# 4 Supply

Sheffield manages monitors and oversees placement sufficiency requirements through priority 5 - Integrated Placements and Placement Stability, of the Corporate Parenting Strategy governance structure.

A Bi-monthly report is provided to the Corporate Parenting Board

# **Corporate Parenting Governance**



In Sheffield, there is a broad range of provision which is available across the city and is provided by both the local authority and private sector. Sheffield will continue to work with providers alongside regional partners to expand what is available, to meet the diverse needs of the children we care for.

Across Sheffield, the rate per 100 places available for children to access currently stands at 121. This means that currently Sheffield is meeting its sufficiency duty where there is a sufficient accommodation accessible of different types, to accommodate the current numbers of children who require a placement. This calculation is based on the number of placements available divided by the number of children, x by 100. However, it is recognised that this figure is variable determined by a number of inter-related factors. The main factor being that the right type of provision available at any given point may not be right for a particular child depending on that child's individual need. Therefore, this needs to be monitored and the impacts assessed on a continued basis. In addition, it has been identified that there is a shortage of foster carer placements in house/in city for teenagers. This appears to be a national trend.

#### **Type of Provision**

#### **Placement Requests**

We offer a service which allows Social Workers to access available resources in Residential, Fostering, 16+ Supported Accommodation, Early Years, Special Educational Needs (SEN) and Disability placements for children and young people in Sheffield. Securing children's placement needs through the Strategic Contracts and Resources Team (SCART) ensures that the Service Providers have achieved accredited status derived through a formal tendering process.

The guidance to assist social workers placement search can be found in Sheffield Children's Services Procedure Manual http://www.proceduresonline.com/sheffield/cs/

## Internal Fostering

Sheffield's Fostering Service is managed and placements brokered from within the Adoption and Fostering service. The service provides a range of different placements from short term task placements, remand placements and intermediate and long term placements. Currently we have a total of **473** beds in the city to accommodate children by **280** registered foster carers.

(https://www.sheffield.gov.uk/caresupport/childfam/fostering.html )

Sheffield City Council is currently the lead authority with regard to the innovation fund project by the DfE. This project is yearlong and will look to establish alongside Barnsley, Rotherham and Doncaster, a South Yorkshire an approach to the development of a regional foster care service for children and young people at risk or experience of CSE. The objective is to establish and then embed this provision into our range of provision.

#### **Internal Residential**

Our internal residential provision has remained static with 5 homes providing 24 placements in LA managed homes. Out of these, one is rated good whilst the other 4 of the homes are rated as adequate.

(https://www.sheffield.gov.uk/caresupport/childfam/looked-after-children/childrensresservice.html)

Aldine House is the Local Authority secure unit which has 8 placements.

## External Fostering Placements (Independent Fostering Agencies – IFA)

Sheffield joined the White Rose Consortium Fostering Framework in February 2014. This is a regionally commissioned framework with a range of providers supplying 11 local authorities. As at 1<sup>st</sup> June 2015 there were 120 placements, with independent fostering agencies.

Where there is no in-house fostering placement available, we will commission an external placement with an Independent Fostering Provider. We always endeavour to place within a 20 mile radius of Sheffield.

#### External residential

Sheffield joined the White Rose Regional Consortium of Residential Providers in July 2013; the Residential Framework is now the first port of call for the commissioning of Independent Residential provision.

There were 26 new placements made during 2013/14. This number increased by 1 to 27, new placements made in 2014/2015, with the current number of Young People in placement remaining static at 21 (as at 31 March 2015).

Where children in care require an external residential provision, we will always endeavour to place within Sheffield, unless their needs are such that for a very specific reason they require a placement outside of Sheffield.

The internal residential homes provide close working links and development opportunities with external residential provision in the city, in order to exchange and share good practice and maintain a consistent level of quality across provision.

#### **Learning Difficulties and Disabilities**

Sheffield has been involved in the commissioning of placements in respect of LDD provision. A List of Providers exists which is divided into categories of those providers within 20, 50 and 100 mile radius of Sheffield.

The current number of young people in independent placements increased from 9 in 2013/14 to 18 (as at 31 March 2015).

#### **Special Educational Needs**

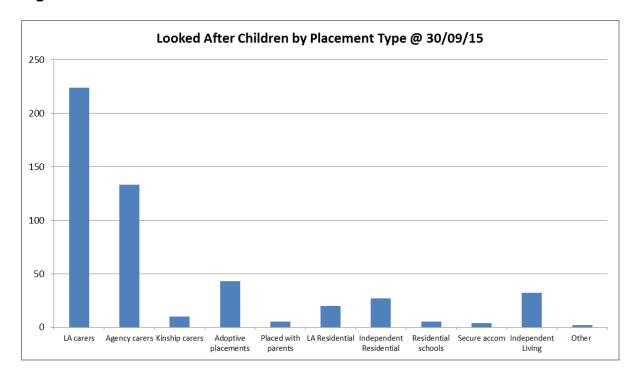
Sheffield City Council has undertaken an audit of the existing Providers which will inform the long term strategy working with the White Rose, to develop a Regional Framework for SEN and LDD Providers (SEND). Once developed, it is envisaged this would enable Local Authorities to have more transparency and understanding of the cost of the placements and to be able to measure outcomes, of our Service Users.

The total number of young people in independent SEN placements has increased from 46 in 2013/14 to 52. (As of 31st March 2015)

#### **Number of Children in Care by Placement Type**

This chart below shows the current placement types at 31.3.2015. Most children in care are placed in foster placements. Nationally 75% of children in care are placed in foster care compared with 70% in Sheffield. This has increased year on year due to a recruitment initiative in relation to the expansion of in-house foster carers. However, we have noticed a fluctuation in the number of Foster Carers registering from 282/2013 to 300/2014, to, 280 in 2015.

Figure 9



# **Early Years**

In addition to being accommodated, in Sheffield a number of children in care benefited from accessing 15 hours free early learning place and either accessed this via a child-minder or nursery provision. The total number of 2 year old CIC in spring 2015 was 22. Of these, 12 took up a placement in Sheffield. This makes a FEL take-up of 67%. The total number of 3 & 4 year old CIC in spring 2015 was 31. Of these, 24 took up a placement in Sheffield. This makes a FEL take-up of 58%.

#### **Leaving Care Provision**

As part of the commissioning of the White Rose Consortium, the care leavers' framework was launched December 2014. There is currently a refresh process ongoing, which enables new providers to join the framework. This approach was taken in order to replenish the care leavers market and allow the stimulation of the market. As at 01/06/2015, there were a total of 38 placements with a range of providers based in Sheffield. These are funded placements for 16 to 18 year olds. Of the 38, 23 young people were placed in supported accommodation, whilst the remainder were placed in a supported tenancy.

#### **Adoption and Permanence**

In 2014/15 73 young people who reached the age of 18 years left care. In addition, out of 94 children and young people, 42 were adopted, 21 were made subject to special guardianship orders and 31 to Child Arrangement Orders.

# 5 Consultation Which Captures the Views of Children in Care

The 'Tell us about you' survey was conducted during 2014, with children in Sheffield who are currently in care. The survey is conducted across two age ranges and is adapted according to the age of the audience. The first survey was carried out with children aged between 13 and 17 years old, the largest response was from 15 year olds. Out of these, 83% of respondents live with foster carers, 15% live in a children's home and 2% live out of city. With regard to the questions related to 'feeling safe', 97% of respondents felt safe at home', whilst 97% felt safe at school' and 91% felt safe in the area where they live.

The second survey was targeted at children between the ages of 0-12 years old. In total there were 73 respondents, with the largest number of respondents aged between 10-11 years old. At this point, 97% of respondents lived with foster carers, none of the respondents were living in children's homes, with the remaining 3% cared for by a family member. In relation to the questions related to 'feeling safe', this mirrors the older age group where, 70% of respondents said they felt really safe at school, 92% said they felt really safe at home, whilst 67% of respondents felt that they felt really safe near their house.

# 6 Summary of Sufficiency

When considering if Sheffield has sufficient provision for children who need to be accommodated, there are a number of considerations which have arisen from this analysis.

Whilst it would appear that Sheffield currently has sufficient placements to support the number of children who need to be accommodated, sufficiency for these children is a complex one. This is because the calculation is not simply about a place being available for a child/young person but relies on whether the place is appropriate. Therefore, calculations need to be treated with caution but for the purpose of this report the places per 100 calculations, provides an indication that sufficient provision is available.

When deciding what accommodation to use when placing a child, Sheffield has a policy wherever possible, to accommodate children and young people with Foster Carers and within the city boundary. Through this assessment, it has been identified that the number of foster carers has slightly decreased. Therefore, we need to monitor this to see if a trend is emerging, whilst continuing to recruit and identify where carers need more specialised training, to support them to work with children and young people with diverse needs.

As the children's population in Sheffield is increasing, compared to the number of children in care reducing, it is again difficult to predict if this trend will continue. However, there will be a continued focus on prevention and early intervention, which will continue to identify the needs of children and families earlier, with the aim of intervening and offering the right level of support which reduce the escalation of situations which result in children being admitted into care. This will be administered through the Strengthening Families: Prevention and Early Help strategy.

It has been identified that recently we have experienced an increase in children aged 0-1yr entering care. As we recognise that the biggest impact at reducing the number of children in care is in terms of prevention supporting children to remain at home with families by intervening earlier needs to be a continued focus within the early help strategy.

As we have a significant number of older children in care we need to work with our in house foster carer's service, to reshape our current expansion and focus recruitment, support and training of carers, who will take specific age groups, particularly the older age group. This strategy will support the shortage of foster carers we have identified for teenage children and ensure that we have sufficient provision in the future.

For those children where it has been highlighted that they have experienced a number of placement moves, it is important that we understand the reasons for this. When we align to the data it suggests that at this time approximately three quarters of Sheffield's looked after children have had a SEN statement or been considered School Action or School Action Plus. Therefore there is a need to undertake a reflective piece of work with colleagues in the region, around placing of children with complex needs. As numbers of children coming into care fall, with children increasingly supported to remain with their families, the complexity of needs of the children coming into care is narrower but by definition on a range of minor to major will skew more to the major end of the spectrum. This provides a further consideration for all provisions in terms of matching and complementing needs of the children. Taking this into account it could be that smaller provisions or single placements may become more desirable.

# 7 Development

Sheffield's Corporate Parenting Strategy 2015-17 presents how we intend to improve the outcomes for our children and young people in care, adopted and care leavers. It lists the actions that are to be completed during this period. These include:

- Continue to monitor placement activity and the stability of placements including the triggers/factors and/or events leading up to a placement breakdown.
- Continue our work with the White Rose Regional Strategic Commissioning project, to increase our range of placements from external providers and opportunities to develop the provider markets.
- Continue to progress the fostering recruitment and retention business case, to ensure our range of in-house foster carers have the skill set and training

required, to meet the current requirements of a focus on older children/young people.

- Continue to monitor, support and develop our in house residential children's homes and the linking to external residential providers in Sheffield, in terms of sharing good practice and training
- Continue to embed the Staying Put agenda
- Implement a regional fostering service for children/young people at risk or victim of Child Sexual Exploitation (CSE) ensuring a clear exit strategy to enable the project to become embedded within the range of provision.
- Further develop the regional commissioning, by looking at opportunities for commissioning for children/young people with complex needs and/or at risk of or victim to CSE.
- Further identify opportunities for regional and sub-regional commissioning, so as to increase the quality of provision, develop the market according to need and demonstrate value for money.
- Monitor occupancy of all areas of provision and continue to review on a regular basis, the costings of various types of provisions against delivered outcomes and placement stability
- The children in care who have experienced three or more moves in the last twelve months, to establish any trends or areas for development.
- To further analysise via case studies, the reasons why children in Sheffield enter care and the circumstances that lead up to this, in order to identy trends and patterns which could inform future practice with a particular focus on the older children/young people coming into care
- The care leaver's provision there is no nationally recognised standards or inspection to regulate this area of the market. Therefore there is need to develop a framework with the market with regard what quality looks like. This needs to be developed regionally and in collaboration with providers.