Gloucestershire County Council

Right Placement First Time

Sufficiency Strategy

2018-2021

Foreword

To prepare a strategy that is meaningful, needs-led and with a clear sense of direction, input is required from a range of stakeholders, without whom this strategy would not be possible.

Gloucestershire's Children's Services Sufficiency [of accommodation] Strategy sets out how we propose to reconfigure our services, both those delivered in-house and those commissioned externally, to meet current and future needs of the children, young people and their families who are reliant on our support. The strategy spans the next 3 years but will be refreshed annually, depending on feedback from all our stakeholders and from service outcomes.

To develop the strategy we used both local and national datasets which gave us evidence of trends and needs around placement provision. But to truly understand current practice, it is imperative we also hear the voices of our children and young people in care and those who have left care, to listen to their real life experiences and what it means to be a child in care in Gloucestershire. To capture this we commissioned some independent consultants to support us with collecting those views, meet with the children and young people concerned and through dialogue, visually represent their views.

We would like to say a huge thank you to the 48 children in care and care leavers who took part in these consultation sessions, and told us their stories. Thank you for giving up your time, for your honesty and your passion to change services for the future. Your comments, graphics and records are all embedded within this strategy and have greatly assisted in the framing of the proposed actions and sense of direction.

For those of you who are still in receipt of services, we hope you will see and feel many of the positive changes being implemented and impacting favourably on you. We also hope that the other children and young people who will continue to need support now and in the future will benefit from the developments and support of all the agencies who we are so reliant upon to drive forward these changes. Thank you.

Cllr Richard Boyles
Lead Cabinet Member for
Children and Young People

Contents

Director's Summary

Introduction from Chris Spencer, Director of Children's Services

This document sets the blueprint for Children's Services in Gloucestershire over the next three years, It covers the whole continuum of need for children and young people, as well as detailing the sufficiency requirements for Gloucestershire.

Section 22G of the Children Act (1989) sets out a 'sufficiency' duty for Local Authorities. The Children Act (2008) defines sufficiency as, "a whole system approach which delivers early intervention and preventative work to help support children and their families where possible, as well as providing better services for children if they do become looked after. For those who are looked after, Local Authorities, and their partners, should seek to secure a number of providers and a range of services, with the aim of meeting the wide-ranging needs of looked after children and young people within their local area." Our strategy gives a clear strategic vision for staff within Gloucestershire Children's Services Directorate and within our multi-agency partners. Whatever your role, whether you are a frontline worker or you are a manger in a partner agency I invite you to use this document as a blue print for how services will be developed across the continuum of need for children and young people in Gloucestershire.

This sufficiency strategy will be delivered through a clear governance structure that will drive improvement and performance of outcomes for all children, young people and families, whilst using our resources in the most efficient manner.

I look forward to us making significant progress over the next three years together as a high performing children and young people's workforce.

Chris Spencer, Director of Children's Services

Background to The Sufficiency Duty

The duty to provide or procure placements for Children in Care (referred to as children looked after in legislation) is explicit in the Children Act 1989. This has since been strengthened by the introduction of Sufficiency Statutory Guidance (2010) and the Care Planning, Placement and Case Review Regulations 2010.

There is a duty of 'sufficiency' that requires Local Authorities and partners to ensure that, through direct provision or commissioned services, a range of placements sufficient to meet the needs of all children in care are available locally, or that there is a plan in place to move towards that position. The regulations require a strategy that describes how Local Authorities intend to provide sufficient care placements for its children in care.

The guidance also requires that the commissioning standards on securing sufficient accommodation for children in care, also apply to children in need who are at risk of care or custody (referred to as children on the edge of care). This is important since it is preferable, where it is in the best interest of the child, to provide support to avoid the need for them to become children in care.

This strategy sets out the overall approach to managing demand, focusing specifically on the right solutions at key points within the 'Continuum of Need'. This includes provision of edge of care services to ensure the best possible outcomes for families. The strategy also focuses upon appropriate planning and delivery of sufficient and high quality accommodation and associated support, so that every child who is looked after away from home achieves their potential.

Methodology

To ensure this strategy is robust, we have drawn on a wide range of available data and evidence. This includes historical trend and comparator data, current service data and the experiences of children and young people at the heart of our service. We have also drawn on evidence around best practice both nationally and from those who have a detailed knowledge of our local services.

The sources used include:

- Statistical analysis of current demands on services for children in care
- Analysis of trends, performance and projected demand
- Interviews with children and young people
- A systematic review of the current situation involving key stakeholders (using the standards for commissioning practice)
- Identification of areas of concern/pressure and areas for improvement with associated recommendations for action.

The full needs analysis is included in Appendix 1 and key information from data sources included throughout the document.

Overview of Gloucestershire Demographics and Data
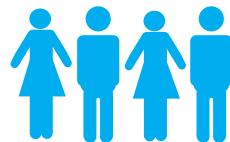
Gloucestershire has a population of
623,100

29%

Higher proportion of re-referrals into care within 12 months than comparators. The proportion currently stands at around 29.2%

90

Over the last 9 months in Gloucestershire there are around 90 children in the system who have had three or more placements in their current period of care
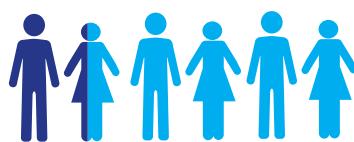
22.6%

The proportion of children and young people aged 0-19 (22.6%) was slightly higher than that for the South West but lower than that for England and Wales

As of March 2018 Gloucestershire had
651
Children in Care

In 2017 there were
46 sibling groups
of 3 or more children, up from 36 in 2013

- On December 3rd 2018 there were 686 children in care
- Children and young people coming into care have or are experiencing: mental ill health; domestic violence, self harm and emergent alcohol and substance misuse
- There has been a doubling of children aged 16 and 17 entering care, yet staying less than six weeks
- It is thought that between 22 and 25% of homeless people have been in care making youth homelessness a real risk for Gloucestershire.
- The largest proportion of children coming into care (35%) are now in the 10-15 age group. The number of children in care in this age band has doubled from 61 to 122 in the last five years.

35% aged10-15 years

The largest proportion of children coming into care (35%) are now in the 10-15 age group. The number of children in this age band has doubled from 61 to 122 in the last five years

Boys are over-represented in the children in care cohort with around
55% being male
This proportion has been stable over time and is in line with comparators

Section 1: Planning for Success

Gloucestershire is committed to ensuring, wherever possible, that children who need to be cared for away from home receive the 'Right Placement First Time'. If we are to achieve this outcome for children in care, we will need to embark on system wide changes that allow us to commission whole pathways for children in care (infancy to young adulthood), service development to address gaps as well as workforce development to empower positive professional practice.

Gloucestershire Children's Services - Building the Best

Supported by **restorative approaches**

A stable, supported and learning workforce

Excellent quality of practice supported by a clear practice model

Strong leadership with clear vision

Make Gloucestershire a child friendly county

Children are heard, participate and their views are taken into account

Gloucestershire **Children's Services Building the Best**

Performance and quality assurance information that effect change and development

Positive culture, values and behaviour

Best opportunities for children in care and care leavers

Effective child focused partnership arrangements

Early and effective interventions with children and families to keep them safe and resilient

Supported by **restorative approaches**

This will also support taking action on Adverse Childhood Experiences.

Why do we want to do this?

We need to reduce the number of children coming into care and reduce the number of emergency placements. We also need to increase placement stability. Wherever possible we will consider ways to increase meaningful family reunification by reducing the stress of Adverse Childhood Experiences and family trauma.

We will need to enable effective and timely assessment; robust and highly individualised plans for each child; needs led and assertive prevention work that involves children, young people, families and carers. We need to build a culture that provides hope and encourages aspiration.

As we make improvements to the way we commission and offer child in care placements, we will need to retain strategic oversight and to learn from what is working and stay flexible in our approach, taking into account the views of our strategic partners, the service offer of our delivery partners and remembering to keep the views and experiences of our children and young people at the heart of our decision making.

Successful Transition to Adulthood

Right Placement First Time

Plan for Independence

Planning for Success
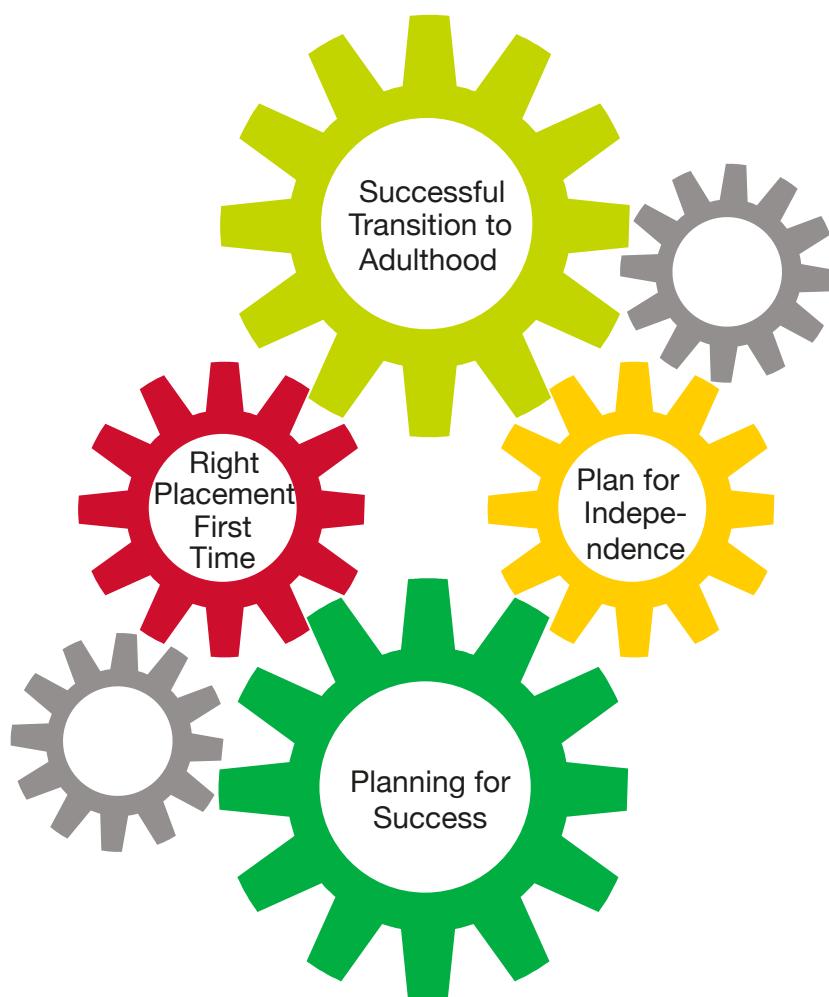
WHY
THIS is really Important

Continuum of Need

PARTNERSHIPS AND POLICY

Gloucestershire Children's Safeguarding Board

Children and Families Framework

Early Years Strategy

Schools Forum

Better Births

Community and Voluntary Sector Strategy

JSNA

Health and Well Being Board

Office for the Police and Crime Commissioner Priority: 'Young People Becoming Adults'

Future in Mind (mental health for children and young people)

Early Help Offer

Early Help Strategy

Trailblazer for Mental Health Support in Schools

universal provision

early intervention

CURRENT NEEDS/INTERVENTIONS

Schools

GPs

Public Health Nursing

Libraries – Community Offer for Children and Families

Voluntary and Community Groups

Leisure Provision

District Councils

Community Police Officers

Families First

Children and Family Centres 0-19yrs model

Parenting Programmes
Triple P
Solihull
You and Me, Mum

Family Group Conferencing

Functional Family Therapy 10-15yrs

Short Breaks for Children with Additional Needs

Working Together 2018

EDGE OF CARE

Locality Partnerships

Capital Strategy

Specialist Police Resource

Corporate Parenting Board and Responsibility

Fostering and Adoption

Care Leavers Offer

PACE and Remand Protocol

Sufficiency Strategy

Reducing Homelessness Strategy

STEP UP

intensive intervention

children in care

STEP DOWN

Young Carers

Diversion from Placement Support Team (DPST)
Offers both edge of care and placement stability

Respite and Shared Lives Services for Children with Disabilities

FDAC

Support Services
At the edge of care
To support placement stability

GARAS - support for UASC children and young people

Family Group Conferencing

Placement Service for Children in Care
In–house fostering
Commissioned placements

Youth Offending Services

Community Social Workers

IRIS project
Multi-agency project for complex young people

Targeted Youth Support

Adoption Service

EDGE OF CARE

Universal Provision

Our Priorities for Gloucestershire

Children's wellbeing and safeguarding

- Make Gloucestershire a child-friendly county
- Intervene effectively to keep vulnerable children safe
- Make sure children in care and care leavers get the best possible opportunities

Gloucestershire **Looking to the Future** 2019-2022 DRAFT

gloucestershire.gov.uk

Where are we now?

Universal services, available to all children and families, tend to be delivered in local communities, and to some extent online communities. We know day to day contact with children can profoundly shape the quality of their lives. Gloucestershire County Council is committed to working with partners in developing provision within our local communities designed by our communities. Using an Asset Based Community Development approach is a great way to do this, by asking what's already working, and what strengths and resources already exist. This is a strength-based premise that communities can respond to challenges themselves and drive development processes by identifying and mobilising often unrecognised local assets and strengths.

The diagram below outlines Gloucestershire County Council's ambition in working with our partners for all our children and families. This focus on safety, quality relationships and thriving are the foundations for a good childhood.

Making Gloucestershire a County where Children and Young People Count; Gloucestershire Children, Young People and Families Partnership Framework

Diagram to show how the building blocks of the strategic plan fit together to achieve our ambition

What do we want to achieve?

Our Ambition
Gloucestershire will:
1. Develop communities that protect children from the things that harm them.
2. Help children develop lifelong resilience through responsive relationships and supportive adults
3. Empower children to develop the core life skills they need to thrive.

Our Priorities

How will we achieve it?

Guiding principles   System-wide partners

Key Work streams

How can we monitor our success?

Outcomes and indicators

Adverse Childhood Experiences (ACEs)

The Gloucestershire Health and Wellbeing Board has formed an ACEs panel to take action across the whole county developing an ACEs Strategy for Gloucestershire.

Adverse Childhood Experiences (ACEs) are specified traumatic events occurring before the age of 18. They can include direct experiences (such as sexual, physical or verbal abuse and emotional and physical neglect) and indirect experiences (such as parental separation, substance misuse, mental illness, incarceration or domestic violence). The more ACEs a person experiences, the higher the risk of poorer health and social outcomes later in life.

Developing resilience through access to a trusted adult in childhood, supportive friends, positive attachments and being engaged in community activities has been shown to improve outcomes even in those who experience high levels of ACEs.

Community
ACEs

More than
ACEs

www.actionaces.org
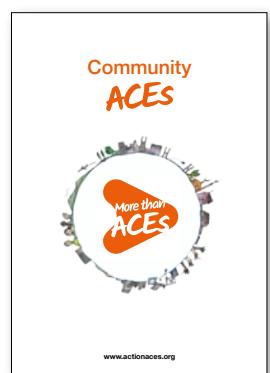
Police and Crime Plan Priorities

Work is developing under the 'Young people becoming adults' priority focussing on the following areas:

- promotional campaigns to get key safety and risk management messages through to young people including internet safety, drug and alcohol use, driving safely, personal safety and sexual exploitation
- reviewing the use of out of court disposals and the effectiveness of restorative justice practice
- reviewing how we work with young people that go missing, child sexual exploitation and young people that are the victims of domestic abuse
- developing a new approach to working with young people who are prolific offenders to reduce offending rates and the numbers of young people becoming adult offenders
- developing community programmes linked to crimes in specific locality areas such as – knife crime, gang crime and sexual exploitation

What do we want to do?

- We want to be able to provide good quality opportunities within local communities that support children, young people and their families to develop and thrive.
- Continue to develop our joint community approach to working with children, young people and their families
- Help all partners to have a good understanding of safeguarding thresholds creating a common shared language, to ensure when support is needed children and families are identified early and receive a timely, appropriate response.
- Ensure the community offer for children and their families is sustained, and continues to develop in line with local needs.
- To become an ACEs aware county, that is trauma informed when delivering support to children, young people and their families.

How do we get there?

- We will offer dedicated support along with our partners to build the capacity and capability of local services, activities and infrastructure, especially in children and family focused services.
- We will optimise the use of existing buildings, centres and settings to support children and families within their local communities.
- We will continue to promote partnership working, with organisations and communities to develop, design and deliver local provision around community needs.
- We will continue to work with neighbourhood policing to stay connected to local needs and jointly developing solutions, including positive activities for young people.
- We will continue to promote a positive approach to children and young people, one that is based on aspiration, individual differences and their need to feel they belong in a community in order to truly thrive.
- Follow up on the success of the ACEs conference in November 2018 that launched Gloucestershire's vision for Action on ACEs.
- ACEs tools will be developed to support and embed a trauma informed approach throughout the Continuum of Need.
- Invite professionals and volunteers to join our programme of workforce development so that we share a common understanding and approaches to promoting family wellbeing.

Providing a brighter future for children and young people
Great strides have been made this year to improve mental health provision for children and young people.

So far, 19 schools have been accredited as part of the Mental Health Champions Award scheme. The 'On your Mind' website, which is designed to help young people cope with lifes ups and downs was launched recently and had 10,000 visitors in its first 12 months.

More than 900 people were seen this year by Teens in Crisis which provides online and face-to-face counselling for young people aged 9 to 21. Of those receiving this support, 88% said they had been helped a lot or totally.

Early Intervention

Where are we now?

Some families have additional needs. These may be needs they were born with or that they developed in childhood. We consider these children to be vulnerable in some way. In Gloucestershire we want to support these children and their families. They too should have opportunities to reach their potential. Whilst we have had an increase overall year on year in children coming into care, we can see from our research that the biggest increase is in the 10 years to 15 years age group. Our research has not been able to tell us exactly why yet.

A complete shift towards Early Intervention

The most effective way to reduce children coming into care is via support at the earliest stage – as soon as any service comes to understand extra help may be needed. This requires a complete shift from children's health, education and care services getting involved when things are bad, to working across the county, with all available partners at the earliest point we can intervene.

We know Adverse Childhood Experiences are significant for children and young people in care

Our research[1] tells us that a number of children in care have already received support from Gloucestershire Children's Services. Our needs assessment[2] demonstrates that children and young people coming into care often have or are experiencing:

- Mental ill health
- Domestic violence
- Self harm
- Emergent alcohol and substance misuse

We can see these issues replicated when we look at the needs of families (adults) at the point their child or children are taken into care:

- Mental ill health
- Domestic violence
- Drug and alcohol misuse

These three factors have been described by a rather forbidding term as the 'Toxic Trio'. These three factors indicate high levels of Adverse Childhood Experiences (ACEs) experienced by the parents. However, these factors in the family home environment produce further childhood trauma (i.e. ACEs) leading to intergenerational cycles of distress.

Our Early Help provision is pivotal to reducing children going into care but also crucially to prevent children becoming 'children in need' – a precursor to care.

We need our Early Help services to reach families experiencing cycles of childhood trauma, by targeting parents experiencing the 'Toxic Trio' of harm.

KEY FACTS

We have experienced an increase in 10-15 year olds coming into care who now make up the largest proportion of 35%.

This has doubled from 61 to 122 10 to 15 year olds in the last five years.

Children and young people coming into care have or are experiencing: mental ill health; domestic violence, self harm and emergent alcohol and substance misuse.

The Windscreen
A diagram to demonstrate the Continuum of Need

HM Government
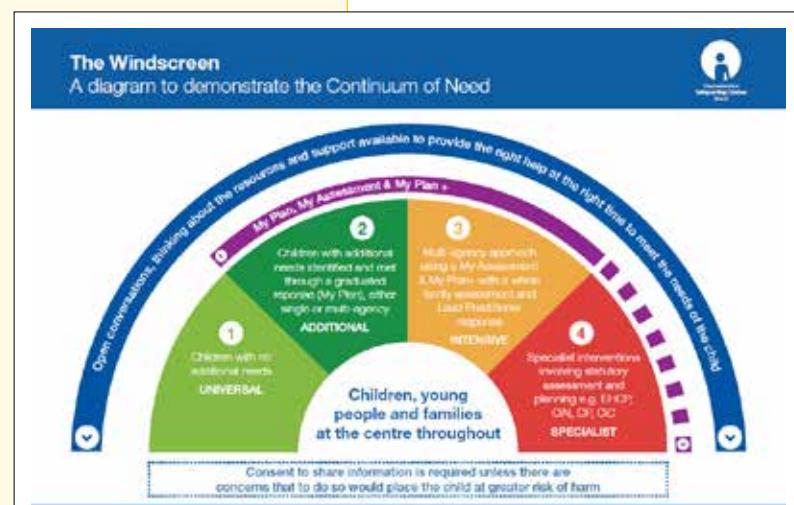
Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of children

July 2018

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[1] Entry into Care Analysis December 2018, Gloucestershire County Council
[2] Needs Analysis for Children in Care 2018, Gloucestershire County Council

What do we want to do?

- Understand why our 10-15 year old population of children in care is increasing and work with partners in Early Help to reverse this trend.
- Carefully target early intervention services so that we offer robust outcomes to families living with the effects of trauma and other difficulties.
- Widely roll out Family Group Conferencing (an internationally recognised, evidence based approach) making it widely available for vulnerable families to access and reduce the risk of children becoming looked after. Also develop referral pathways across health, care and education.
- Consider therapeutic and other support to both repair the damage of childhood trauma and mitigate against its impact via positive, boundaried relationships with professionals and family networks.
- Research, design, deliver and roll out evidenced based interventions to help children and families do well.
- Consider our fullest range of professionals and services that can facilitate family re-unification and prioritise this when family life breaks down.
- Help 'children in need'[3] or children in care to be supported by early intervention as their needs reduce (we refer to this as 'step down' care)

Family Strengths and Assets:

There is a growth in strength-based approaches to working with vulnerable families and tackling tough life transitions. Acceptance and respect are integral values to practitioners. The focus of assessment and intervention is to address risk and protective factors within and outside of the family. This may require a closer look at systems to make sure they are empowering and enable needs led support. Children and young people are supported to feel hopeful and have aspirations, also to understand that they have unique talents and can make a contribution. Positive networks and communities are encouraged to promote resilience and sustain positive change as well as healthy development.

How do we get there?

- We will invest in our workforce, developing front line skills to understand and fully make use of county wide social care thresholds; this will confer a common language describing levels of need and risk identification.
- Our workforce development plan will also enable a consensus on what constitutes childhood trauma or Adverse Childhood Experiences (ACEs) and how these indicate need as well as teaching our practitioners to mitigate against the worst effects of these and promote family reunification
- Ultimately this will allow us to offer trauma sensitive services as a minimum and psychologically informed environments[4] as an aspiration over time.
- We will make time for reflective practice[5], using appreciative enquiry (i.e. what works well in complex and changing circumstances) to promote trust and sharing of good practice across teams.
- Embed outcome-based practice in Early Help and Edge of Care provision, by implementing plans that target interventions and demonstrate distance travelled with a family as well as the impact we are having.
- Embed social work practice into Early Help to reduce and manage the risk of children going into care and help make appropriate, timely referrals when they are needed, reducing the incidence of same day referrals for children in care placements.
- This embedded social work practice will also improve the transition from child in care / child in need back to Early Help.
- Ensure our new process for entry into care yields data to help us understand what preventative work has taken place at the 'Edge of Care', what has worked well as well as insight into resources that might have prevented care, had they been available.
- Develop service specifications that create a culture of early intervention, risk identification and robust decision making for children in need or in care.
- Develop agreements with early intervention services on how we can all enable effective and timely step up and step down support.
- The Programme Management group will develop a communications plan that supports culture change focussed on placement prevention and trauma sensitive provision.

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[3] 'Children in Need' is a term use by social care to denote a child who is at risk of poor or impaired development and/or health or living with a disability according to Children and Families Act 1989

[4] Psychologically Informed Environments, developed for use with homeless people, are conscious of the mental health of people using service so that people feel understood and heard; also making use of psychological approaches, with the support of reflective practice; Social Psychiatry and Social Policy for the 21st Century - new concepts for new needs: The 'Psychologically Informed Environment' By Robin Johnson & Rex Haigh. Nov 2010

[5] Shared and thoughtful learning from experience by professionals working in complex circumstance and with vulnerable people, facilitated by a clinical or professional leader; also offers the opportunity for organisational and system wide learning.

Edge of Care

Where are we now?

As the 'Continuum of Need' progresses, we move across the 'Windscreen of Needs' shown at the start of this strategy, to the point at which prevention activities meet with more intensive support for families at the 'Edge of Care'. At this point families may meet statutory thresholds whereby social care services are mandated to intervene.

Our needs assessment demonstrates that year on year since 2012 the number of children entering care has increased. Here are some of the data:

- Children in care, at end of year snapshots show an increase from 460 in March 2012 to 610 in March 2017 – this is a 32.6% increase overall
- A snapshot taken in December 2018 shows there are currently 686 children in care
- A conservative trajectory proposed in our needs assessment predicted a rise to 628 by 2020
- However the December snapshot shows this estimate has already been exceed by 58 – we urgently need to understand what is behind this acceleration in need
- To make the numbers more concrete, there were a total of 855 children looked after by Gloucestershire in the 12 months up to the 31st March 2013
- Another worrying trend is a doubling of children aged 16 and 17 entering care, yet staying less than six weeks
- Our data demonstrates that more young people are coming into care than are leaving
- A large proportion (22%) of the youth homeless population nationally is made up of care leavers[6] and many young people are considered to be 'hidden homeless' because they are not captured in rough sleeper headcounts

Reducing Children in Care Placements – a county wide undertaking

We already offer a range of services at the 'Edge of Care' including more intensive family support from Early Help. We also provide dedicated and effective services for children and families at risk:

- Functional Family Therapy
- Diversion Placement Support Team
- Family Group Conferencing

Yet, our research tells us we need to do more if we are to slow the current trajectory of numbers of children entering care and keep families together wherever possible.

To do this, all frontline services and professionals will need to be considering how to improve family life and increase healthy child and adolescent development. This challenge requires a system wide effort with all partners coming to understand how they can play their part in this undertaking.

Staying mindful of the reasons why families are breaking down, notably through Adverse Childhood Experiences (ACEs) we can see that we have an upward trajectory of children entering care. We have established preventive and reunification resources that address some of the fundamental needs to having a stable, healthy home life.

However, we must do more as a countywide team of children and family services to build some of these approaches into the way we work, given the right support and focus. We can to this by disrupting patterns of intergenerational trauma and distress, creating solutions to early support from Edge of Care services and ensuring we prevent youth homelessness.

KEY FACTS

On March 31st 2012 there were 460 children in care.

On December 3rd 2018 there were 686 children in care.

There has been a doubling of children aged 16 and 17 entering care, yet staying less than six weeks.

It is thought that between 22 and 25% of homeless people have been in care making youth homelessness a real risk for Gloucestershire.

Two crucial services work to reduce the risk of children coming into care:

Diversion and Placement Support Team (DPST):

- When family life is breaking down, the team supports children aged 11+ and their families to stay together and reduce the likelihood of children entering care
- Work with children (aged 7+) who are in care where their placement is at risk of breakdown
- Help families to be reunited following a time in care

Functional Family Therapy (FFT):

- A countywide service based on evidence that functional family therapy can improve family relationships and increase stability and wellbeing in the home
- This is a short term, high quality intervention that is also effective for young people (aged 10 to 17) who have entrenched offending behaviour and at risk of entering care
- FFT is a strengths base model built on a foundation of acceptance and respect, its core is to focus on assessment and intervention to address risk and protective factors within and outside of the family – this in turn has a positive impact on healthy development

What do we want to do?

- Increase the capacity of specialist edge of care support ensuring the FFT service is able to work with children 0-18, making use of the (American) Child Welfare Model[7], we need to double the capacity of this team by January 2020 with a particular focus on reducing the incidence of children aged 10 to 15 coming into care
- Develop robust and seamless pathways between specialist support such as the FFT and DPST teams as well as considering how these teams liaise with and support early intervention and universal services to increase assertive responses to families at the edge of care
- Understand what is behind the increase in 16 and 17 years olds coming into care for less than six weeks; ensuring we develop assertive and agile Edge of Care provision to prevent youth homelessness
- Analyse activity and support prior to children coming into care so that we address any gaps and shortfalls in provision (using intelligence from our new entry to care process) - setting a framework for Edge of Care practice
- Commission six week placements that support our Edge of Care model so that young people are reunified with their families and if this is not possible to avert homelessness
- Develop frameworks to commission Semi-Independent care, such as supported lodgings and short term accommodation, making use of Independent Fostering Agencies. The first of these will be in place in April 2019.

How do we get there?

- Leaders across the county need to embed practices that promote stable family life and healthy child and young people's development. This will include essential elements of workforce development and partnership working.
- Professionals and practitioners need to be empowered to understand and appreciate what each service can do and where it reaches its natural limits to support.
- Practitioners and service leads need to consider bespoke and highly individualised packages of support to meet the immediate needs of a family and reduce the incidence of Adverse Childhood Experiences
- Specialist support needs to be resourced so that it can offer consultation and liaison, advising and guiding other practitioners and supporting appropriate referrals.
- All services need to be trauma sensitive to maximise family engagement and recovery from Adverse Childhood Experiences
- Attention to pathways, access points and re-entry into services following a period of being in care.
- Mandate frameworks that give us short term, individualised and trauma sensitive placements
- An oversight board will be essential to deliver the necessary service and pathway design which will also measure the outcomes and the impact of these
- Working groups led by experienced practitioners and leaders will be necessary to plan and implement changes
- We will increase the Family Drug and Alcohol Court programme, deliver Family Group Conferencing county-wide and expand the Functional Family Therapy model to include Child Welfare Model

STEP UP

intensive intervention — EDGE OF CARE — children in care

STEP DOWN
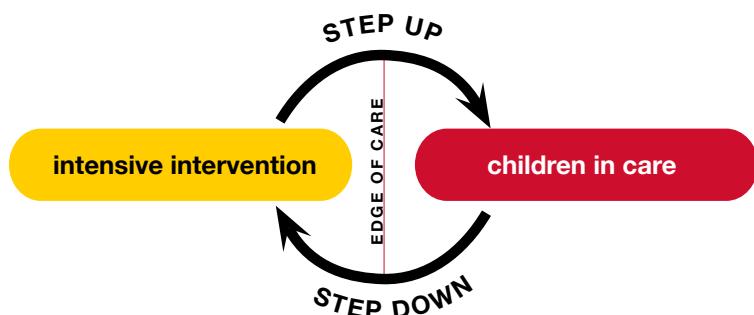
[6] Young and Homeless, 2018 –Homeless Link

[7] Child Welfare Practice Models in the US encourage practice improvement and systems change through the use of practice models that emphasise family-centred practice – www.childwelfare.gov

Intensive Recovery Intervention Service (IRIS)

IRIS is a multi-agency intensive support team, providing co-ordinated care for children, young people and families with complex needs.

Sometimes, children and young people may have been in a secure placement or in a Tier 4 Mental Health inpatient unit for over a year or more, and so a dedicated team to support their social, health and education needs is required when they are discharged. Likewise, those in unstable placements and those who have been in care and looking to return home, require intensive support to be resilient for integrating back into family and community life.

While some young people experience high levels of instability within their placement journeys, this may be due to poor or limited placement planning, as well as escalating behaviours

The ethos of the IRIS team is to promote long term sustainable plans for children and young people, so that they can develop and maintain resilience to become healthy adults.

KEY FACT

There has been an increase in the proportion of children and young people as having identified mental health support needs.

Numbers of children and young people being admitted to a Tier 4 Mental Health inpatient unit are small, however could be reduced further, with co-ordinated multi-agency working in place for young people who could be prevented from being admitted.

The number of young people placed in welfare secure has remained constant over the last few years, with a dedicated multi-agency approach this cohort could be reduced.

In the last five years there has been a 28% increase in number of large (3+) sibling groups coming into care.

In 2017 there were 46 sibling groups of 3 or more children, up from 36 in 2013.

The 10-15 age group of children coming into care has doubled from 61 in 2013 to 122 in 2017.

Where are we now?

As the 'Continuum of Need' progresses, we move across the 'Windscreen of Needs' shown at the start of this strategy, to the point at which most prevention work has been undertaken and either very specialist intensive support needs to step in or a supported placement is needed. IRIS will be designed to help families recover from this very difficult point.

Our needs assessment highlights some interesting factors that go towards supporting the need for a service such as IRIS:[8]

- We've already pointed to the 'Toxic Trio of Harm' by highlighting that our children and young people coming into care are experiencing a combination of mental ill health, domestic violence, self harm and emergent alcohol and substance misuse.
- It is also true that their parents and carers may be experiencing domestic violence, drug and alcohol problems and poor mental health.
- We cannot separate what has happened in a family's past from their current needs, it is highly likely that one has led to the other – this is why we emphasise recovery and reunification.
- We know from our needs assessment that we have a positive trend in children being placed on Special Guardianship Orders[9], and;
- The proportion of children returning home after a care placement has been increasing in Gloucestershire since 2013 and as of 2016/17 was just under 40%. Gloucestershire is an outlier in terms of increasing trend of children returning home and also in the proportion of children who do.
- Nevertheless, Gloucestershire has a higher proportion of re-referrals into care within 12 months than its comparators.

[8] Needs Analysis for Children in Care 2018, Gloucestershire County Council
[9] Legal order where a court appoints a carer – usually a relative as the "Special Guardian' of a child until they turn 18.

What do we want to do?

- To re-design existing provision so that it is highly focussed on
  - Young people discharging from Tier 4 mental health hospital beds
  - Young people being discharged from secure welfare accommodation
  - Young people with complex challenging behaviours with high placement instability
  - Young people in care (for more than 6 months) where the plan is for them to return home - as these young people and their families will need dedicated support for an extended period, to enable a smooth and sustainable transition
- We will work as commissioning organisations to design a service that meets the needs of this very specialist cohort of young people and their families, where health and care needs overlap greatly:
  - Gloucestershire County Council
  - NHS Clinical Commissioning Groups, including leads for children and mental health
  - 2Gether NHS Foundation Trust
  - Providers offering accommodation options
- We want referral pathways agreed by all commissioning organisations, so that this highly specified resource will ensure we help young people and families to both recover and become reunified after a placement or to have stable placements that offer continuity of care.
- The IRIS day provision will offer intensive therapeutic support prior to, during and following placement.
- Where, and if, possible we want IRIS to prevent mental health inpatient admissions in addition to expediting discharges.
- Our team will be a mix of highly trained specialists in children's mental health and complex needs. We will ensure these professionals have access to highly specialist training, development and reflective practice as well as clinical supervision.
- IRIS will be supported with the commissioning of appropriate placements and specialist foster care via the Whole CiC Pathway – Infants to Young Adults, as set out in this strategy.

Reunification and Recovery for Young People and their Families

Some placements are designed to provide a chance for a child or young person to recover, especially from trauma and mental health difficulties. During these placements it can be helpful to have a local specialist team to help the child and family get the best out of the placement and have a place of care to return to. Often these placements are established with the intention that the child will return to the family after a short to medium term stay, often one that is therapeutic in nature.

Multi-disciplinary teams such as the type we are proposing for IRIS are not new. Clinicians, allied health professionals and social care practitioners often work together when their patient's needs are multifaceted. With the specialist support and dedicated capacity we can vastly improve a young persons stability and where possible a family's chance at reunification and recovery.

iris

How do we get there?

- Convene a dedicated multiagency working group to commission and oversee this programme of work.
- Understand the current and potential future cohort of children and young people requiring intensive support in order to plan capacity of the service.
- Work with our Ambassadors for Vulnerable Children and Young People to help shape the service model, and continue to develop the service through involvement of young people.
- Specify a multi-disciplinary team of professionals to provide a programme of evidence based therapeutic interventions focussed on young people's individual needs.
- Work with our commissioning partners to develop a monitoring and outcomes evaluation framework together with review processes.
- Develop the multi-agency workforce so that professionals supporting those young people with the most complex needs, have identified core skills and competencies, in line with evidence based practice.
- Proactively seek out opportunities to secure dedicated premises for IRIS.
- Integrate the redesigned IRIS into the Whole CiC Pathway – Infants to Young Adults with the support of CiC commissioning panels:
  - Access to resources panel
  - Multi-agency resource panel
  - High cost placement panel
  - 16+ pathway panel
  - Transition tracking panel
- Work closely with the Placements team to commission appropriate placements for children and young people, in which their complex needs can be supported to provide the best outcomes.

Children Missing and those at Risk of Exploitation

universal provision | early intervention | intensive intervention | children in care

Where are we now?

Gloucestershire, like many Local Authorities, is working hard with its partners to identify, support, and protect children and young people who are at risk or are victims of criminal exploitation given the rise of activity and identification for this cohort.

There has been a real focus on this area, and all partners have made good progress in working together, sharing information and reacting jointly to identify, assess and protect these vulnerable children and young people.

We still have further work to do, to clearly identify, track and support these children and young people as early as possible. We know there is a strong link between school absence, school exclusion and children going missing. There are considerable risks to these children of exploitation.

Our current data shows we do not meet our target of 70% of children who have been missing having a completed Independent Return Home Interview within 72 hours.

Gloucestershire is a net importer of children being placed in county by other Local Authorities, some of these children contribute to our missing children data.

KEY FACT
During March 2018, 81 children had one or more missing episodes, resulting in a total of 135 episodes.

Serious Violence Strategy

The Serious Violence Strategy sets out the government's response to serious violence and recent increases in knife crime, gun crime and homicide.

Law enforcement is a very important part of the Serious Violence Strategy, but it also looks at the root causes of the problem and how to support young people to lead productive lives away from violence.

Action in the strategy is centred on 4 main themes:

- tackling county lines and misuse of drugs
- early intervention and prevention
- supporting communities and local partnerships
- law enforcement and the criminal justice response

What do we want to do?

We want children and young people in vulnerable circumstances to be safe and protected from exploitation. To prevent this from happening, we need to make sure the right support is available to children young people and their families as early as possible.

Where prevention is not possible, we need to ensure any risk of exploitation is identified, as soon as possible and that a joint timely response is put in place that protects the child or young person.

The development of a detached outreach youth service could help us to reach children at risk and build capacity, knowledge and the ability to act into local communities.

We want all our children and young people who go missing, to have information about, and access to an Independent Return Home Interview (IRHI).

Our systems will have the right processes in place that clearly capture "missing" data, and this is used to generate appropriate trigger plans to manage risk.

We will learn from data analysis of current, identified young people, using this information to redesign services, so that support is offered as early as possible, to divert or protect young people away from exploitation.

We want to create a common language and understanding for identifying and supporting these young people. It is important staff and partners are able to record, respond to and manage the risks these young people might present. We need to create with our partners a joint understanding that is freely discussed, recorded and acted upon.

How do we get there?

We will keep up the current pace and commitment with all parties involved, protecting our young people. This work has demonstrated the strength in multi-agency working, which must be sustained and developed which, in turn, will lead to a multi-agency toolkit being developed including pathways for identification and interventions as well as oversight.

We will work with providers in-county to manage, and where possible reduce the number of young people placed in-county by other authorities that go missing. This might include where young people are at high risk, engaging with the placing authorities to ensure their young people are safe, and where appropriate this could include moving the placement outside of Gloucestershire.

We are currently analysing 29 young people identified, with partners, as being caught up in exploitation. This is an intensive review looking at all areas of the young peoples lives. With the aim of identifying, trigger points and trends, what has led to or caused these young people's vulnerabilities. And more importantly what impact has current support had on their lives? Can we evidence change?

The aim of this work is two-fold; to provide evidence of actual activity, spend between all partners, and information about impact of outcomes and financial commitments. This will drive the development of future services to protect our young people in vulnerable circumstances becoming exploited.

We will commission Independent Return Home Interviews (IRHI), by working with neighbouring authorities to develop reciprocal arrangements, and establish a nationwide contract for all children placed outside of the county. These contracts will drive the quantity of IRHI to ensure the current target of 70% completed within 72 hours is met and extended over the life time of the contract. We will focus on quality, and relevant recording of young people's engagement to ensure the interviews are informative and responsive to risk.

We will instigate threshold training, for all staff and partners to focus on children missing and those at risk of exploitation. This will ensure everyone has good knowledge and understanding of how to identify, record, respond to and protect children and young people from being exploited.

In addition, we will set up and develop a Vulnerability Violence Exploitation (VVE) strategy and Multi-Professional Steering Group to support the development of pathways for identification with partners and the police.

Summary and Highlights

Summary:
Within this area there is such a wealth of commitment and activity that it can feel disjointed and risks projecting a cluttered operational landscape. Therefore, it is important we work together, to establish a common language to support not only thresholds, but process too, to enable all parties and families to understand what support they will receive, and how this will be reviewed and monitored.

These areas of intervention when delivered appropriately, will deliver some of the biggest changes to families, by identifying and responding in a timely manner to their needs, which in turn will reduce the pressures on statutory services. Getting this element of the continuum right is critical to not only turning the curve, on improving, outcomes for children and families, but also for the wider improvement journey in Gloucestershire

Highlights
- Streamline edge of care services, to reduce duplication, and be more responsive to needs earlier both within the child's life and continuum of need.
- Expand the current Functional Family Therapy programme to offer Child Welfare model so that it works with children aged 0-18
- Create a common language around thresholds with all staff and partners through joint delivery of training.
- Review the 29 young people identified by partners as at risk of exploitation - share the learning and use this within future service developments.
- Work with partners to consult on the development of a new 0-19 service.
- Review the IRIS model, taking the learning from the past 18 months and ensure all future placements to be sourced from within the wider children's commissioning service.
- Work jointly with partners to support children young people and their families within their local community, with a particular focus on young people.
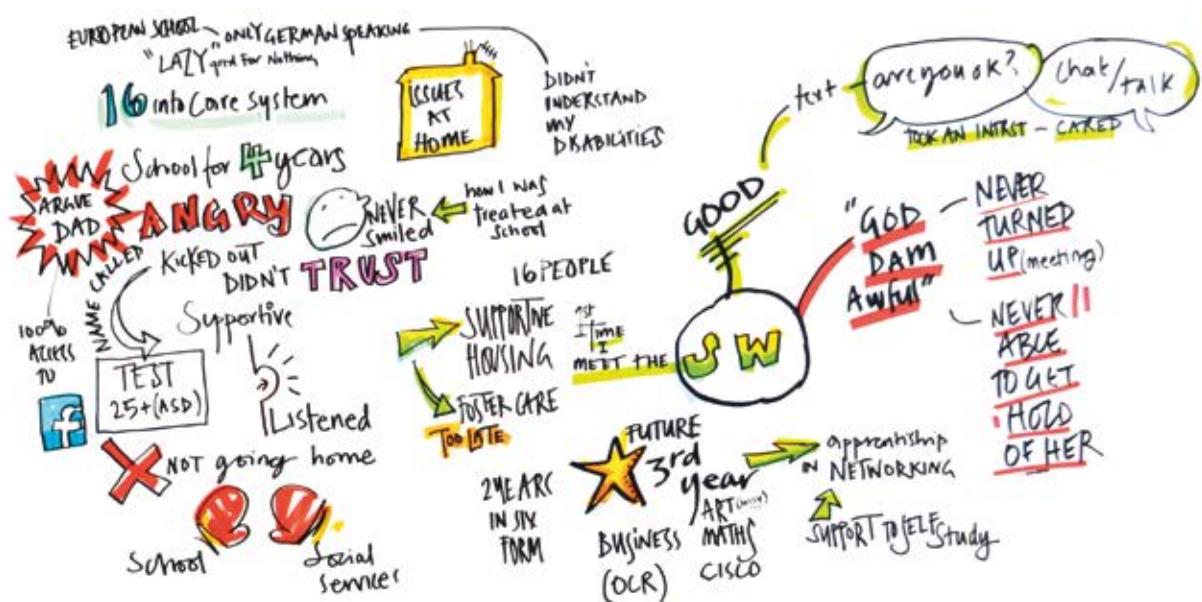
The big picture – national

A total of 72,670 children were in care at the end of March 2017. According to the Department for Education this number of looked-after children is "now higher than at any point since 1985". The table below shows how it has grown.

Year ending 31 March	Number of Children in Care
2013	68,060
2014	68,840
2015	69,540
2016	70,440
2017	72,670

Ofsted's annual children's social care statistics show that at 31st March 2017 there were 2,145 residential children's homes operating in England. This marks a four per cent increase on the previous year's 2,071. However, the number of registered places in children's homes barely changed, increasing from 11,639 to 11,664 - a rise of less than one per cent.

According to Ofsted (2017) there were 44,320 approved fostering households on 31st March 2016, which represented a small decrease (less than 1%) from the previous year (44,625).

Nationally, at any point in time almost 6,000 children in care live in children's homes in England. Children are placed in homes by Local Authorities from around the country and whilst some Local Authorities continue to operate their own homes, the majority (70%) of places in homes are now in the private sector. This is a critical part of Local Authority expenditure on children's services.

Closer to home: Gloucestershire Children in Care

Moving on with the whole system change, in this section we focus on those children and young people who are in care or care leavers. How do we ensure that their placement journey gives them the best outcomes?

To help us gain a better understanding as part of developing this strategy, we commissioned some independent consultation sessions, which engaged with 48 Gloucestershire children and young people in care or care leavers, to share and graphically record their "Placement Journeys" (Appendix 2).

This gave us a clear insight into the challenges faced by our children and young people, like a high number of placement moves, not feeling informed or in control of the process and a real feeling of inconsistency in their care, not feeling wanted or nurtured, both by carers and professionals who work with them. The children and young people also told us "what good would look like" and what would make the difference to their placement journey. The messages we received were very clear.

- **Placement stability**, if they have to move they want to know why and they want the opportunity to be involved.
- **They want to know what information is being shared with carers and organisations;** they understand sharing information needs to take place they want to support the best match to meet their needs.
- **But above all they want continuity of care**, to feel cared for, loved and a sense of belonging, that the professionals who work with them, carers and organisations who care for them, do this because they want the best for them.

We know that to really embed these changes into the placement process, for both in-house and commissioned provision, there needs to be a strong commitment to this. This section shows how during the lifetime of this strategy Gloucestershire will take action to implement change.

Children in care from Ethnic minorities

When looking at the ethnicity of Gloucestershire CiC in the previous 5 years it is clear there has been an increase in the proportion of children in care that are from minority ethnic groups. This proportion has increased from 12.4% to 19.5% in the period. This increase has been largely seen in 2016 and 2017 cohorts.

Unaccompanied Asylum Seeking Children (UASC)

KEY FACT
Gloucestershire currently has 42 unaccompanied asylum seeking children (UASC)

The National UASC Transfer Scheme 2016-17 has proposed a system to provide a fairer distribution of UASC young people across the country. For Gloucestershire this means that in addition to the 42 children in care already placed to date, over the coming months we may need to find homes for UASC who either seek asylum in Gloucestershire or who are dispersed to Gloucestershire as part of the national transfer scheme. As part of the transfer scheme each Local Authority will be required to assist until they reach 0.07% of their children's population in UASC. For Gloucestershire this is 87 UASC.

Many of the UASC, to date, have been over 15 years old and male. In addition these young people are likely to have experienced significant trauma in addition to disruption and dislocation. Specially trained foster carers who can respond to these needs are likely to be required.

Adverse Childhood Experiences (ACEs) for children in care; in light of the growing evidence base around ACEs, it should be noted that all children coming into care will have experienced a number of Adverse Childhood Experiences including neglect, abuse, and living in households affected by parental mental health, substance misuse and domestic abuse. The growing evidence base suggests that if the psychological impact of these experiences is not addressed they can go on to cause long term health, wellbeing and social issues. People who experienced 6 or more ACEs go on to live up to 20 years less than those with one childhood adversity.
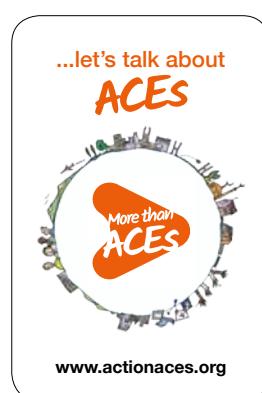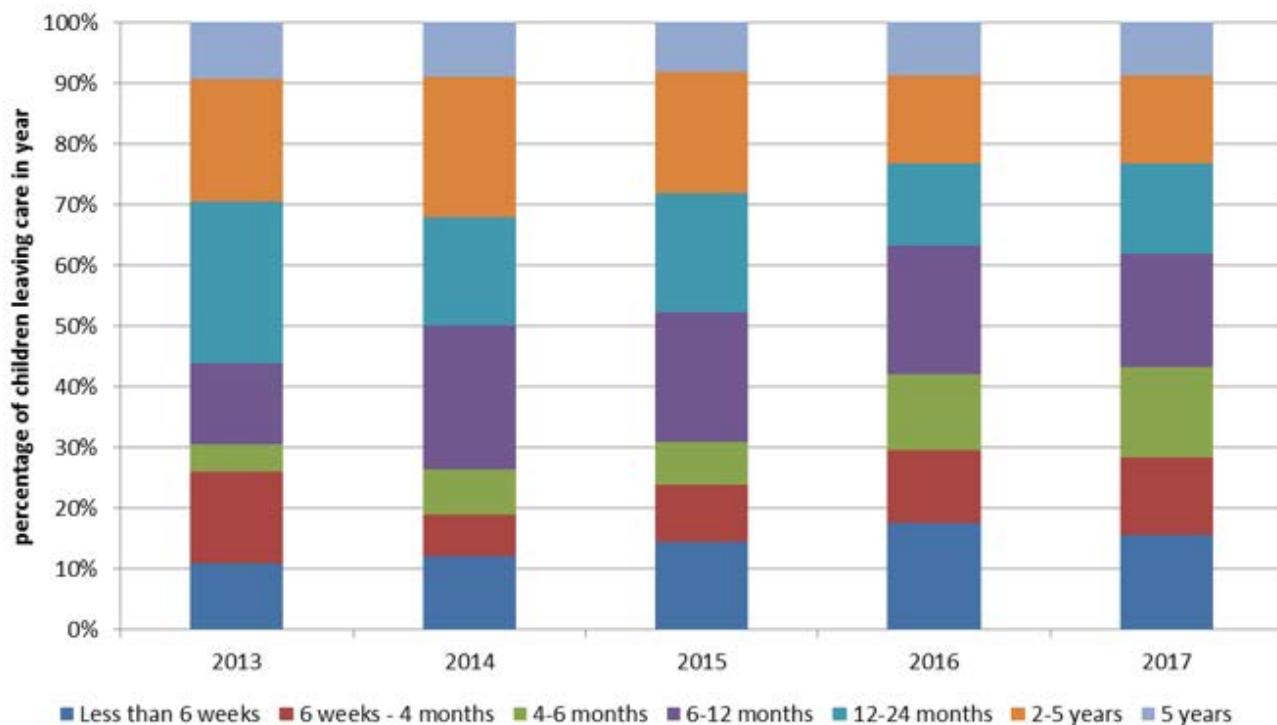
...let's talk about
ACEs

More than ACEs

www.actionaces.org

percentage of children leaving care in year

Legend: ■ Less than 6 weeks ■ 6 weeks - 4 months ■ 4-6 months ■ 6-12 months ■ 12-24 months ■ 2-5 years ■ 5 years

Developing strong relationships and core life skills from successful placements can be effective in boosting resilience and overcoming the impact of the adverse experiences. Poor placements and/or placement breakdown causes further trauma and exacerbates the problems faced by young people. Thus getting the right placement first time is of the utmost importance both to the county and to the future health and wellbeing of the child.

Placement Stability

For the last 9 months since July 2017, in Gloucestershire at any one period of time there are around 90 children in the system who have had three or

more placements in their current period of care. Looking at data around 3 or more placements in the last 12 months over the same time period there does not appear to be a sustained improvement in this indicator.

In terms of proportions the graph above shows that the proportion of less than 6 weeks placements has increased and now lies at around 15%.

Commissioning Arrangements

Gloucestershire County Council are part of the South West Consortium for integrated commissioning, using Dynamic Purchasing Systems to tender for preferred provider lists of:

- Independent Foster Agencies (IFA)
- Residential Children's Homes
- Independent and Non Maintained Special Schools (now part of the West Sussex DPS)
- 6 plus accommodation and support

The consortium is made up of: Bath and North East Somerset Council, South Gloucestershire, Bristol, North Somerset, Swindon, Gloucestershire, Wiltshire and Dorset.

Referrals (by service requested) for 2017/18

The table below shows the types of service request for placement or support on a month-by-month basis:

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Fostering	44	50	56	71	46	37	37	43	39	50	49	76
Sup Living	6	11	7	4	4	7	9	6	6	9	3	12
Residential	4	9	11	3	6	3	3	5	1	5	5	7
Support Package	1	5	1	0	3	6	2	1	1	0	0	0
Total	**55**	**75**	**75**	**78**	**59**	**53**	**51**	**55**	**47**	**64**	**57**	**95**
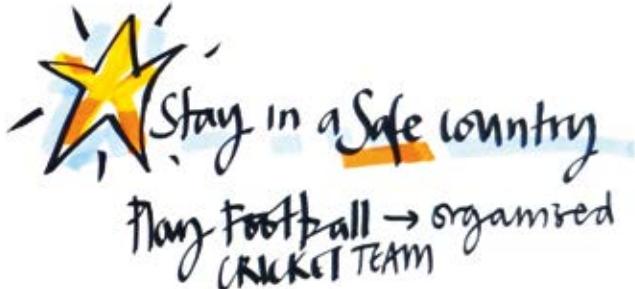
Requests for foster care and residential placements also include referrals for parent and child placements. Over the course of 2017/18 there were 15 requests for parent and child placements, resulting in 9 fostering placements and 6 residential placements. Placements are usually directed by the courts and result in a placement lasting at least 12 weeks. The placements outlined above would equate to a combined average weekly cost of £38k. There is also an increase of both parents being placed, which automatically increases placement costs.

The largest growth area of commissioned placements is Supported living, both in terms of numbers of referrals and the complexity of support, especially for solo packages. In 2017 there were 59 supported living packages; this has increased to 83 by end of March 2018.

Placement out of county – more than 20 miles from home address

Gloucestershire has traditionally performed well in keeping children close to their locality base but in the last 2 years the trend line for children being placed more then 20 miles from home locality has increased faster than for the national or statistical neighbour peers.

There is evidence that, while in some cases, a distant or out-of-authority placement may be the right decision for a child, for many children such placements are not in their best interests. Children placed at a distance from home are likely to achieve poorer educational and other outcomes than those placed within their home area. Local Authorities will find it harder to act as an attentive corporate parent where children are living far away.

An indicator around placement more than 20 miles from locality helps monitor the capacity of councils to have sufficient placements near to home to facilitate contact with natural parent(s), siblings and other relatives and local communities. Apart from in very few cases, the further from home a child is placed, the harder it is to maintain links with their family and for them to return to their community when they leave school or care

Costs 2017/18:

It is **important** to note that **in-house** fostering unit **costs do not** include any additional support, which may be included within care packages. Based on the unit costs below, a reduction of 50 placements from external to internal fostering provision would result in a reduction in costs of £861k per year (based on costs 2017/18) – almost £2.6m over a 3-year period.

Costs per week (Local)

External Fostering	£882
Internal Fostering	£551
Residential Care (Social Care only)	£3,870
Supported Living	£1,385

When comparing these unit costs to the national average, there is a small difference with In-House fostering costs, external fostering has a slightly wider gap, but the real difference in costs is residential. This reflects the lack of market development within the southwest region. There are many small providers, reducing the capability of the framework to develop robust models of cost volume discounts, or for these providers to spread costs and efficiencies. To counter these limitations we need to focus on more assertive commissioning and market development for Gloucestershire, rather than depending solely on framework, in the short term using competitive tenders, and longer term developing a seamless commissioning model at net cost.

Costs per week (National)

External Fostering	£781
In-House Fostering	£484
Residential	£2,669
Supported Living	Not available
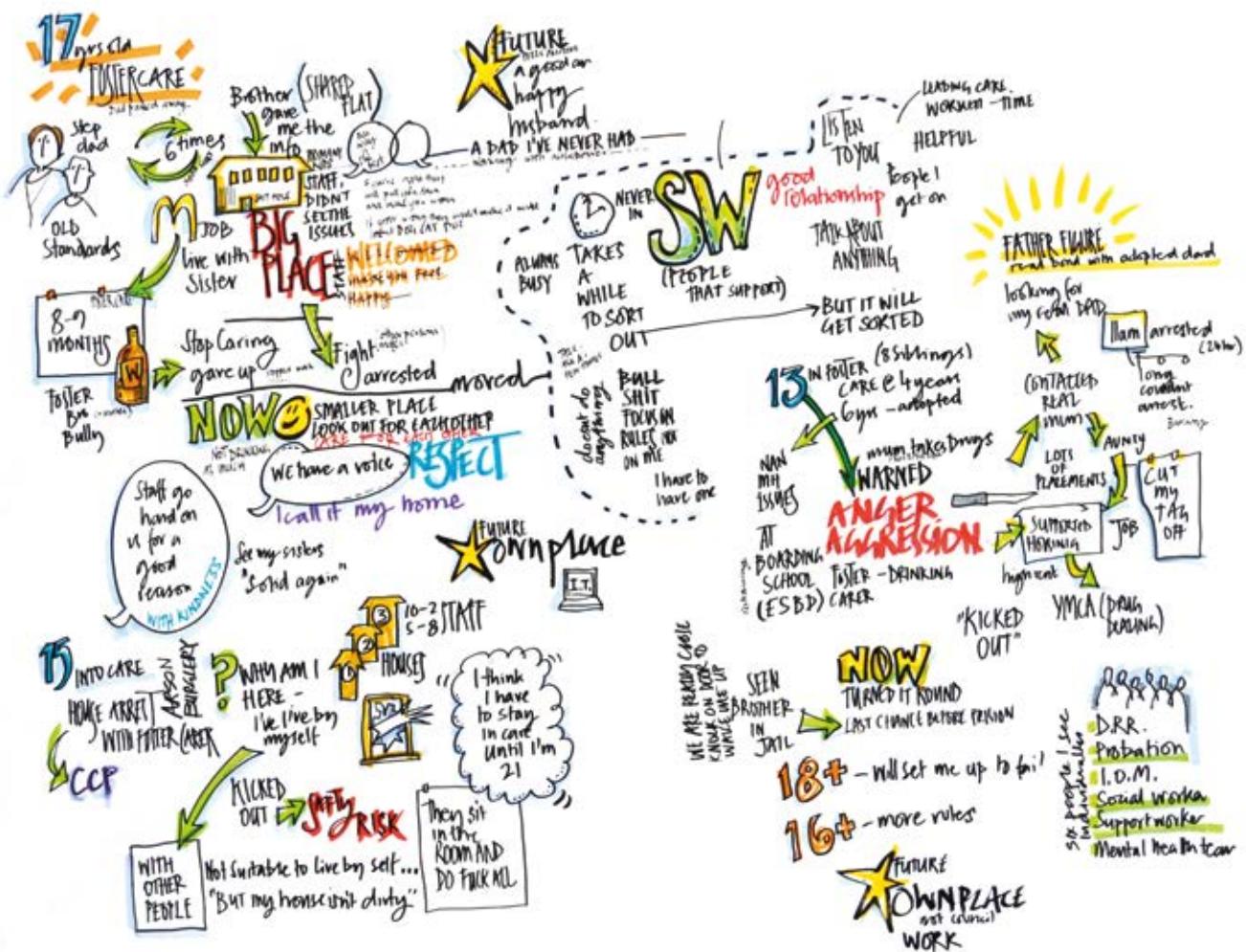
Step Up – Step Down

KEY FACT
In 2017/18 29.2% of referrals to children social care were re-referrals.
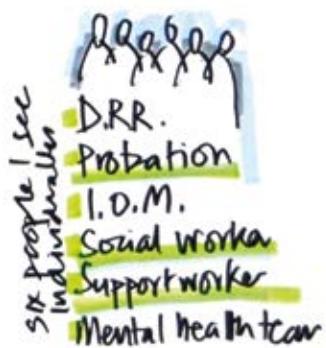
Where are we now?

Our re-referral rate to children's social care is high, 29.2% for 2017/18. This means a number of children, young people and their families are stepped down to Early Help Plans or closed without support and whose needs then escalate causing them to be re-referred to children services.

Thresholds across services and partners are not implemented consistently; which can cause delay or misunderstanding when stepping up cases to children's social care, or down to an Early Help Plan.

Not all cases are stepped down to Early Help Plans; some are just closed by children's social care. This may be due to families not being willing to engage or consent to an Early Help Plan, but does cause a risk of re-referrals.

Many of the children and young people entering care have been known to or referred to services over an extended period of time. These referrals do not always lead to assessments or interventions being put in place.

There are arrangements in place to ensure that the Step Up and Down process is timely and responsive.

six people I see individually
D.RR.
Probation
I.D.M.
Social worka
Support worker
Mental health tear

STEP UP

intensive intervention   EDGE OF CARE   children in care

STEP DOWN
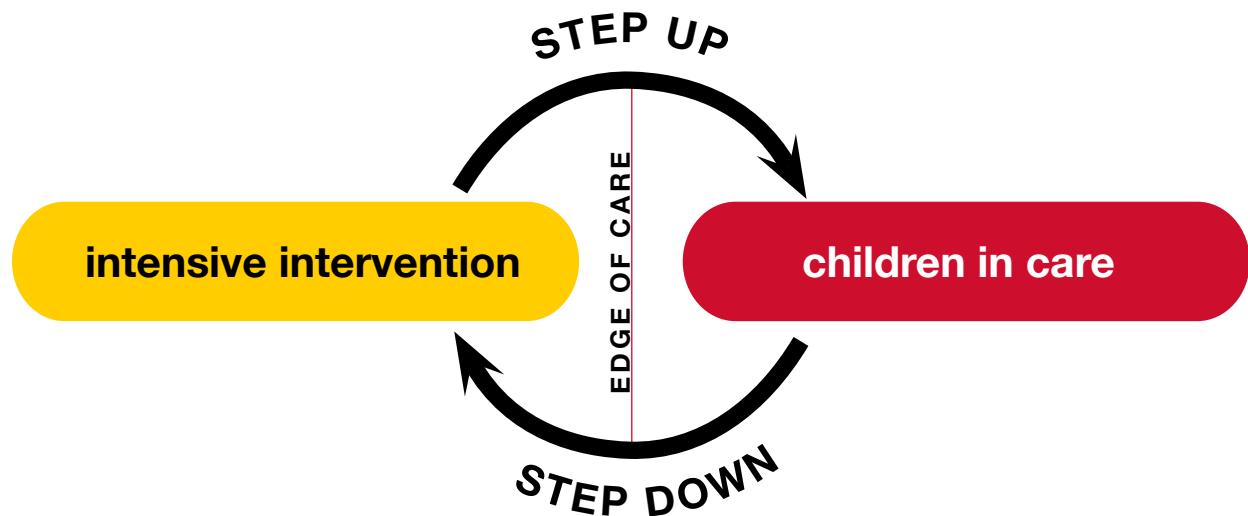
What do we want to do?

Building upon the current step up and down process, we want to ensure serious thought is given as to how all families being stepped down from children's social care are engaged in developing an Early Help Plan. This must be considered at the point of step down and not as a second thought once the case is closed.This plan may be considered more of a 'Resilience or Wellbeing Plan' as the work with families stepping down from social care support is to keep them stable, safe and well. We want them to thrive. Therefore we would anticipate the vast majority of early help step down plans will be from cases closed by children's social care.

We want families to understand and use Early Help Plans as a resource to support their family life, build resilience and sustain the improvements already made. But, these plans must be responsive, timely, monitored and reviewed, it is important families feel supported and to see for themselves evidence of distance travelled.

There must be a seamless process for step up and down arrangements, these should be reviewed to ensure good practice, and that there is no risk or drift with these transfers of care.

Good planning is critical to preventing re-referrals taking place.

We also need to capture systemic data through the MASH to identify children, young people and their families who present numerous times for support, but either disengage or don't meet a threshold to access services.

These families need be targeted and enabled to access Early Help Plans or, if appropriate, children's services. Taking this pro-active approach will reduce the number of re-referral contacts to the front door and putting an appropriate plan in place.

How do we get there?

We will develop a practice standard to stop the closure of cases straight from children's social care without serious consideration to develop an Early Help Plan.

Review current tools in place; do staff feel confident to have these conversations with partners and families about stepping down to an Early Help Plan. If necessary, the tools will be redesigned or developed for this function.

We will establish a process that identifies the families who have had numerous contact with the MASH, in order for them to be targeted and appropriate plans put in place.

Placement Stability

Where are we now?

Placement stability for Gloucestershire's children in care has remained stable at around 70%. However, more recently this has begun to decrease, with children experiencing more placement moves while they are in care. For some children and young people this can equate to more than 4 or 5 placement moves within a short period of time.

Young people who took part in the consultation told us about their many placement moves, which causes a real feeling of instability; they did not want to unpack their belongings because they knew they would be moving again. They also talked about the lack of planning, being moved at short notice and not understanding why.

Our data shows us that on average over 40% of referrals to the placements services are for same day placements. These are not emergency placements, they are for children and young people we know but have not planned for, therefore the placement request becomes "reactive" and same day, removing the opportunity for considered placement assessments and matching to take place.

This also has an affect on in-house fostering provision, as children and young people requiring same day placements, can only be offered time limited options, for one or two nights as a holding placement, to allow for further placement matching to take place. While this is a much-needed support system at the moment, it does contribute to placement instability and childrens' distress.

Finally, we know the placement market in Gloucestershire is not robust with many small providers offering limited size and scope. Therefore, when placements become challenging or begin to deteriorate there is little or no capacity to provide placement stability without additional resources being committed. The wider Southwest framework is also underdeveloped, leading to further challenges, around placement stability and continuity of care.

KEY FACT
45 children experienced 3 or more placements in the last 12 months.

KEY FACT
42% of placement requests are same day - we know the child but have not planned for them.

KEY FACT
The number of placements lasting 4-6 months has quadrupled over the last five years.

See Appendix 3.

What do we want to do?

We need to take a number of actions to support placement stability, and ultimately provide continuity of care for our children and young people. There is no quick fix, this requires a whole system change with both commissioning, in–house provision and operational colleagues working together.

We want to commission whole placement packages of care, especially in county so there is easy access to health and education.

Joint working with the police will assure greater placement safety and reduce inappropriate police call outs and time in custody due to behaviour concerns.

We will develop a new good practice placement guide that will inform and support operational colleagues to understand placement options and process. This will bring a common understanding across services and must be adhered to.

Young people told us they want to own the information that is shared with providers and carers, so we will pilot an asset-based referral process by developing One Page Profiles which will be written with the young person, then shared with providers as part of placement matching.

We will seek to stop any further commissioning of emergency beds for less than 28 days. Through the Independent Foster Agencies (IFA) and Semi-Independent frameworks, we will expand the current 28-day assessment beds commissioning model, offering some stability to children and young people requiring same day or emergency placements.

Our commissioning intentions over the next three years will develop an increased, dedicated accommodation portfolio for Gloucestershire, to enable placement planning, rather than the current reactive approach. These commissioning intentions will include a new Whole CiC Commissioning Model, which we anticipate will stimulate market development for Gloucestershire and dramatically reduce our dependency on the Southwest frameworks.

How do we get there?

The Revised Good Practice Placements Guide will be in place by April 2019. This will be rolled out to all teams during May and June by the placements team, informing all staff as to what placement options are available, and the process to follow, this will also support better planning.

The One Page Profile pilot will take place in April 2019; this is a truly innovative model of engaging with the market for placement matching.

Initial consultation with providers and young people has been very positive, but given the uniqueness of this approach we must test this in practice with providers to ensure its viability.

Using the current placement frameworks, we will hold competitive tenders to expand the current 28-day provision reducing the need for emergency or 24 hour beds, and create block purchase arrangements for placements in Gloucestershire. This will create placement stability, as there will be a planned partnership approach to placement matching, with efficiencies being achieved through financial costs and use of staff time, as provision will be local. These arrangements will be in place for April 2019.

In the longer term in moving away from our reliance on the Southwest framework, we will develop a Whole CiC Pathway Commissioning Model for Gloucestershire, changing the current commissioning landscape. This is an innovative model which has been endorsed by colleagues in commercial and finance, and our conversations with providers has also been positive. We have already begun financial profiling, and anticipate tendering to begin in 2019, with the implementation of this model from April 2020 at the latest.

Fostering – In-house

Where are we now?

Gloucestershire operates a large in-house fostering service that cared for, (as at the end of March 2018), 68% of all the children who are living in foster homes. The service was rated "Good" by Ofsted during their inspection in February 2017.

Social workers within the fostering service are knowledgeable.

Assessment of carers, statutory checks and support for carers are generally of good quality, and foster carer's agreements, visits and training are all up to date and clearly recorded on the foster carer's files. The fostering service helpfully uses an independent person to undertake a standards of care investigation, offering independent scrutiny of assessment of foster carers. Annual reviews of foster carers are undertaken on time.

However, inspectors also acknowledged that Gloucestershire has had some challenges to ensure that all children receive good short-term placement stability and that there is sufficient placement choice available.

The positive Ofsted feedback was welcome, but we cannot be complacent and our challenge in Gloucestershire therefore is to continue to grow the service, to ensure the overall package carers receive exceeds that of our competitors within the region and there is less reliance on the use of external foster placements. We know that it's not all about financial remuneration - comprehensive overall support from Fostering Social Workers, the training package and opportunities for professional development are all aspects of service provision which will attract carers into Gloucestershire.

What do we want to do?

We have a good baseline upon which we can grow and we have set ourselves some challenging and aspirational targets in order to develop further and ensure we are in a position to offer most children their right placement first time.

Improving on the figures above we want to be in a position where 75% to 80% of children and young people are placed with our own GCC carers. We also want to be in a position whereby we have some vacant capacity in order to be able to have some choice and effectively match the needs of those children being referred with the right carer/s.

Our response to those who enquire about fostering has to be timely, helpful and informative. Whilst it is appropriate to "screen out" enquirers who will obviously not meet the required standards, consideration needs to be given as to the role potential applicants could fulfil within the overall cohort of the carer population. There has been consistent investment over the past few years to develop and improve the in-house fostering services, this commitment needs to continue if we are to reach our aspirational figures to expand the service.

How do we get there?

We have identified that there are a range of specific service user groups whose needs we struggle to place in-house. These are as follows:

- Parent/s and child
- Teenagers
- Sibling groups
- Special needs and disabilities (including ASD)
- Offenders
- Trafficked and unaccompanied asylum seekers
- Those who need accommodation in an emergency (including out-of-hours, PACE etc.) to become 28 day beds rather than short 24 to 72 hour beds.
- Respite carers (to support other carers who have children placed with them)
- Those leaving residential placements
- Those who require intensive support due to complex needs and who cannot be placed alongside other children.
- Those who need Semi-Independent placements e.g. supported lodgings

In order to achieve an 80% cohort of children placed within GCC's fostering service, we need to increase vacant capacity to enable choice of placements, address the pressures resulting from 'Staying Put', arrange and consider turnover. We have set targets for recruitment of carers over the next three financial years. It is anticipated we need to place an additional fifty children and young people within in-house resources. Considering current capacity, it is predicted that we will need to recruit the following number of households.

- 2019/20 = 40 (net increase of 30)
- 2020/21 = 45 (net increase of 35)
- 2012/22 = 45 (net increase of 35)
- **Total net increase of 100 households**

These targets are aspirational and far higher than the current increase for 2018/19 which is only for an additional 15 households. Therefore dedicated, focussed work and resources will need to be implemented to ensure success is achieved and sustained.

Independent Fostering Agencies (IFA)

Where are we now?

We know from the referrals for placement in 2017/18 that we struggle to place certain groups within our in-house fostering service. This is due to a lack of capacity, and also the lack of skills required to meet specialist needs.

Gloucestershire is a member of the Southwest Regional Framework for provision of IFA placements. There continues to be an increased reliance on external usage due to the increase in the number of children in care in Gloucestershire. At the end of March 2018 there were 144 children placed within IFA placements, an increase from a 136 placed in IFA's 6 months earlier. At the same time there were 27 children under the age of 10 years placed with external carers.

IFA placements is one of the fastest growing type of placements being purchased, especially for young people over the age of 10 years, given this is our largest group of new care entrances. It is anticipated this trend will continue.

KEY FACT
Gloucestershire uses a higher proportion of Local Authority foster placements compared to peers.

EVERY SUNDAY
(still have lunch)
WITH FOSTER FAMILY

STEP BACK
FOSTER CARE
CRASH PAD
WHY?

HATE
BEING CALLED
A FOSTER CHILD
USE MY NAME
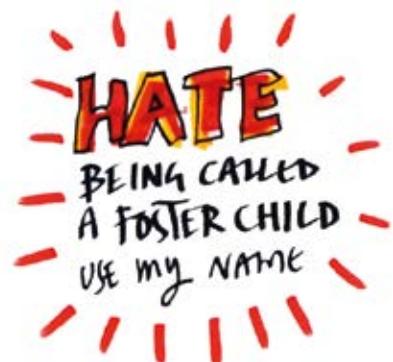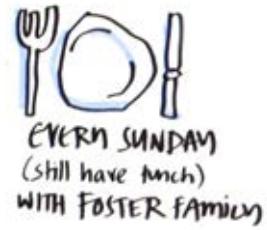
What do we want to do?

Ultimately, we want to build capacity and skills within our in-house fostering services, increasing the percentage of children placed in-house to around 80%. But this is a longer-term plan, as it will take time to recruit, approve and train foster carers, so in the short term we need to continue using IFA's to place our children and young people.

We want to purchase more bespoke and targeted IFA placements to meet the needs of Gloucestershire's children and young people. Working with providers to establish and develop provision in-county or in neighbouring authorities, as well as more specialist provision for teenagers, PACE and remand beds, and short term supported lodgings.

The need for same day placements is also a pressure for children needing foster placements so we will work to increase 28 day beds with providers, as we know this model is successful from the recent pilot.

Further to the identification of in-house priorities it is proposed that the focus for commissioning external fostering placements is as follows

- Placements predominantly for those aged 10+years
- Specialist Parent and Child Placements (to add further choice to those recruited in-house)
- Staying Put (for those already in placement)
- Supported Lodgings (short-term as part of a new edge-of-care programme for 16/17yr olds)
- Continuation and expansion of the emergency 28 day bed contract (encompassing PACE/remand referrals)
- Specialist therapeutic placements for our complex children and young people, particularly to support those within the IRIS project who need placements.

How do we get there?

Provider engagement is essential. We need to stimulate the market to provide the right placements for Gloucestershire. We will hold provider events to inform the market of Gloucestershire's commissioning intentions both short and long term, outside of and in addition to any Southwest events.

Using the Southwest framework, we will carry out competitive tenders to commission services identified as our focus areas for IFA provision, creating a portfolio for Gloucestershire rather than relying completely on the wider Southwest framework.

For children whose plan is permanence via long-term fostering, we will process matching with IFA carers. If children are placed externally, particularly throughout the course of Care Proceedings, we commit to supporting the placement as appropriate. If the carers' skills continue to match the needs of the child, we are also committed to long-term funding to enable children to remain placed. However this is a long-term funding commitment and we want to be in a position whereby we are able to care for more children long-term in-house, particularly younger children.

Longer term IFA foster arrangements will be included as part of our Child's Pathway commissioning model, to support placements stability and continuity of care. This model will generate further direct development of the market for Gloucestershire, and reduce our dependency on the Southwest framework.

Residential

Where are we now?

The average trend for Residential placements has doubled over the past 5 years from 30 placements in 2012, to 64 placements in 2017. These children and young people generally have a high number of placement moves or breakdowns, before residential care is considered as an option of last resort.

Gloucestershire has a number of providers within county offering residential placements; some of these include more specialist placements for children and young people with additional or mental health needs. This is an asset as many of our young people are placed within county, and this in turn supports our low numbers of children and young people living more than 20 miles from home. However, it also brings challenges to the county, as we are a "net importer" of children and young people being placed within these homes from other Local Authorities.

This cohort of children and young people can, and do, put pressure on extended services within the county as they tend to have a high rate of missing episodes, and also require additional resources from school and health provision.

Currently we purchase through the Southwest Regional framework. This is a robust procurement tool but, although GCC along with Bristol are the highest purchaser within the region, there has not been any work to flex the contract for GCC using competitive tenders. This is an under used resource within the framework which, when used appropriately, could deliver more bespoke services to GCC's needs and value for money.

KEY FACT
The average trend for residential has doubled over the past 5 years.
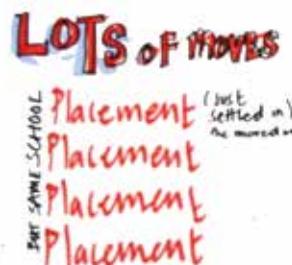
What do we want to do?

To embrace the model of "Right Placement First Time", we need to seriously consider when and where within a child's plan it is right for them to access residential provision. For some children this might be on entry to care, for others as part of their care plan to give stability, for their needs to be met, even if just for a short period as a planned journey towards fostering.

So we need to turn the curve, by ensuring the majority of residential provision is in county, including capacity for any growth in demand. We will need to work with our partners and develop packages of support that enable these children and young people to remain in education, or training and receive responsive health care to meet their complex and sometimes challenging needs.

The key driver to this is good market management. We need to engage with local providers, and those within the Southwest framework, to establish this.

We need to have an asset-based approach to children and young people's profiles going out on the framework, to improve matching, and for children and young people to have a voice.

We still want to monitor these placements closely and the new Multi-Agency Resource Panel has proven to be a good mechanism for this. Through better market management and competitive tenders, the new Multi-Agency Resource Panel will also have the capacity to support and direct better placement planning, as there will be a local portfolio to manage.

It is also important that we ensure that our children and young people feel safe where they live, feel supported by their placement and provider and trust the people they live with which we know is important by what our children and young people have told us. By working closely in partnership with the provider and the Neighbourhood Policing teams, we will be able to reduce the risk or need for police intervention by supporting the highest risk young people to improve their resilience and reduce risk taking behaviours.

How do we get there?

- Better planning for children in care and those entering care, to support any placement decision
- Better engagement with providers in county, and those on the Southwest framework. GCC to hold provider events every 3-6mths
- We will continue to analyse activity data and seek approval for competitive tenders within Southwest framework, to build a local portfolio. This will include where appropriate, planned moves for children and young people to come back into county.
- We will ensure a joined up approach is in place with partners (Education, Health Services and Police)
- The new Multi-Agency Resource Panel will deliver improved placement planning.
- We will implement an asset-based model of "one page profiles" for placement requests.
- We will reduce our dependency on the Southwest Framework for all referrals by creating a placement portfolio for GCC.
- We will monitor this by the Youth Justice Partnership Board through the 'in custody' subgroup

SEN

Where are we now?

Over the past few years Gloucestershire has experienced a large increase in the number of children and young people having Education Health and Care Plans. There have been 700 additional assessments since the Children's Act 2014 took effect.

Many children and young people remain at home with their families, in local schools and receive local support services. However some do require specialist residential placements often with education and health provision included.

Our recent 'Joint Strategy for Children and Young People with Additional Needs'[10] highlights there are 33 children and young people whose needs are such that they receive placement funding from health and social care.

The national average cost of these placements is over £200,000 per year. Gloucestershire's average is slightly higher than this and comes to almost £215,000. The majority of these costs are funded by the High Needs budget (Education) and the Children in Care budget (Social Care). Once these young people transition to adult services the split is more equally shared across health and social care. On average the NHS funds 40% of support costs with social care paying the remaining 60%.

Some children have been able to remain placed in-county as there are some independent residential schools in Gloucestershire, but more recently the local market has changed, with one of our largest providers closing provision. In turn this has led to an increase of placements being sourced outside of county.

There is a good short-breaks offer, which supports many children and families with much needed support and space from caring. But there is a small cohort of complex and challenging young people who need more bespoke packages of support to be commissioned, to reduce the risk of high cost placement and or children becoming looked after.

We know from both local and national data the average trend for children being placed in residential placements is at age fourteen, so we want to be able to monitor and support families to prevent residential placements.
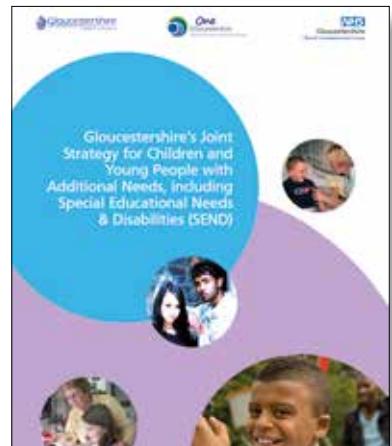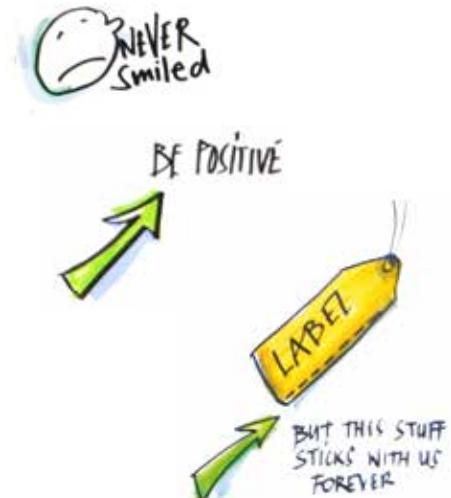
[10] Gloucestershire's Joint Strategy for Children and Young People with Additional Needs, including Special Educational Needs & Disabilities (SEND)

What do we want to do?

Currently there is plenty of work being undertaken by colleagues within Education and SEN, consulting on and reconfiguring provision and planning for children and young people, within county, both in the short and long term.[11]

There is a real commitment to develop the types of support children and their families' need to enable them to remain at home, in-county, reducing the need for specialist high cost placements out of county.

We will track all children from the age of 14 years that are felt meet the threshold for adult services, so that early assessments and planning can take place. Working in partnership with colleagues from adult services, health, education and children's social care.

We will chair a strategic group, led by Children's Commissioning Hub to form a strategic Transition Tracking Panel. This will review, assess and plan for the transition needs of these young people. We need to develop the market for Gloucestershire, and establish more bespoke provision to support some of our most challenging young people in county to ensure, where possible they can maintain positive social networks. This will support smooth transitions to adult services and efficiencies in costs for both the short and long term.

Gloucestershire will implement a Social Impact Bond (SIB) for the Positive Behaviour Support model. This model is well established nationally with the pilot authorities demonstrating real cost savings. The model is designed for the most complex and challenging young people, working with their families, schools and support services to prevent residential placements.

Finally, we want more joint oversight from all parties, in the assessment, planning, funding and reviewing of all joint funded placements. This will take place by reconfiguring current panels (CYPERN and PBENG) to create one Multi-agency Resource Panel.

[11] Gloucestershire's Joint Strategy for Children and Young People with Additional Needs, including Special Educational Needs & Disabilities (SEND)

How do we get there?

Currently we use the Southwest frameworks, for both SEN and residential providers to source placements. We will join up our provider events so we give a constant, consistent message to the market about Gloucestershire's needs.

The new Positive Behaviour Social Impact Bond (SIB) will go out to tender for a delivery partner. This is a six-year contract and will require dedicated commissioning resources, from both the Children's Commissioning Hub and the Disability Hub.

Further work with providers will be undertaken by the Children's Commissioning Hub to model and develop the types of bespoke services required for our most complex children and their families. Some of this work may link to the Positive Behaviour SIB.

Two new panels will be established:
1. Transition tracking panel - strategic panel to identify, assess and track all young people from the age of 14 years that meet the threshold for adult services.
2. Multi-Agency Resource Panel – Multi-Agency decision panel to approve and review all joint funding placement arrangements, this is a reconfiguration of CYPERN and PBENG.

Semi-Independent Accommodation

Where are we now?

This type of accommodation is used to support young people on their journey to independence. Best practice would see this provision as one of many accommodation options for young people leaving care. Currently we have a small amount of in-house provision managed within the leaving care service, which comprised of 2 shared houses and 1 training flat.

There is a real growth in this area both in requests for placements but also in unit costs. The average trend data shows the number of placements has doubled over the past 5 years.

The increase in demand is inline with the increase of children in care and especially the high proportion entering care at 16/17 years; we know this is a key pressure point. But the increase in costs is two fold. Firstly some increase in cost is due to the current market; we do well to place young people in county but the quantity of shared placements, does not always meet demand, therefore smaller or solo placements are created.

In addition to this, there is an expanding cohort of complex challenging young people who require intensive packages of support. These are often bespoke and resource intensive, and are often driven by poor planning or same day requests.

What do we want to do?

We want a seamless and fair offer that gives our Care Leavers choice and control over their accommodation options, Semi-independence accommodation is just one small part of this. There needs to be developments within county to meet current and predicted demand, with a key focus on quality, not just of the provision but also of the support services offered to enable independence. This area of work needs to have robust evidence based outcome tools, which give good baseline assessments of independence skills and needs, and which are reviewed regularly to show impact while also informing the commissioning of support packages.

We want to be confident that what we commission really does give our young people the best life chances as they move into adulthood. The evaluation needs to be embedded within all care leaving contracts, so the impact of services can be evidenced and measured and the service amended if necessary.

We want to develop an agreed package of interventions, that will prepare our young people for independence. These must be accredited, evidence based and appropriate to needs. Once these have been agreed they will be implemented across the whole leaving care offer, to give all our young people the same opportunities no matter what service or provider they use.

Learning from what our Care Leavers told us through the 2018 Brightspots Survey, we need to ensure that our young people feel safe and settled in the accommodation that they are in, which, for many, impacted on their emotional health. In doing this, we will reduce the risk of risk-taking behaviour and the risk of cuckooing and exploitation.

KEY FACT

Boys are over-represented in the children in care cohort with around 55% being male. This proportion has been stable over time and is in line with comparators.

I think I have to stay in care until I'm 21
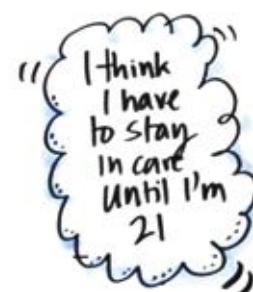
How do we get there?

- We will develop robust edge of care provision especially for 16/17 year olds.
- There will be one referral pathway for placements, Commissioning team to manage GCC whole portfolio.
- We need better engagement with providers in county, and those on the Southwest framework. GCC to hold provider events every 3-6 months
- We will agree and implement an evidence based outcome evaluation framework to be commissioned within all care leaver's accommodation contracts.

- We will analyse activity data and seek approval for competitive tenders within Southwest framework, to build a local portfolio – this will include both shared housing and smaller housing options.
- We will ensure a joined up approach is in place with partners (Education, Employment and training as well as Health Services and Police)
- Placements will be part of the New 16+ Pathway panel - as part of developing young people's pathway plans.
- We will establish a multi-agency resource panel, to

assess approve and review all joint funded placements. High cost solo placements will be reviewed as part of the High Cost Panel.
- We will implement an asset-based model of "one page profiles" for placement requests.
- We will reduce our dependency on the Southwest Framework for all referrals. We will do this by creating a placement portfolio for GCC.
- Working closely in partnership with the Neighbourhood Policing teams to ensure that young people feel safe

Adoption

Adoption West

Gloucestershire has been a partner involved with developing Adoption West since 2013. The Adoption West project developed from a steering group that formed in July 2013 to consider the possibility of more collaborative working to improve adoption delivery across a number of Local Authorities in the South West. Initial work was undertaken by Gloucestershire and Wiltshire before engaging the Institute of Public Care (IPC) to complete more detailed work. During 2014, following extensive staff and user engagement, plans were developed and it was agreed that work should be undertaken to move towards a collaborative model of providing adoption services.

As a consequence of the regionalisation of adoption policy changes in 2015/16 six Local Authorities from the original group (Bath & North East Somerset, Bristol, Gloucestershire,

North Somerset, South Gloucestershire, and Wiltshire) and six Voluntary Adoption Agencies/Adoption Support Agencies revised these plans and began to plan for a more formal alternative delivery arrangement to meet government expectations. South Gloucestershire Council agreed to lead this work on behalf of the other councils.

After deliberation and a full analysis of the options it was agreed the best way forward was a public sector entity, jointly owned by the six councils. This structure and the development plans were agreed with the DfE as part of 'The Regionalisation of Adoption Programme'.

Work has progressed designing and developing the agency with representatives from all six Local Authorities and most recently the recruitment of the Company Director (June 2018). The agency went live in October 2018, but there are some elements of the agency which have already started to function

or will be launched before the 'go live' date. This includes The Adoption Panel and the shared web site.

There is a huge commitment from everyone involved to ensure we maintain a good standard of work and certainly aspire to be an outstanding agency. There is an emphasis on working closely with the six Local Authorities to ensure the local connections are not lost to the detriment of children and families. There is a robust tracking process to understand demand and supply between all Local Authorities and stretched targets for recruitment and Adoption Orders.

The agency will report to a board of trustees which will be made up of Directors of Children's Services from each of the six Local Authorities and each Local Authority will be responsible for ensuring monitoring of the service outcomes and maintaining a strong link with the agency.

Summary and Highlights

Summary

There is a great deal to do in this section, from managing the current demands of placements, creating efficiencies and ensuring value for money. We need solutions that meet both the short and long-term needs for Gloucestershire. There is no quick fix, we need to work on and develop different elements of our placement offer at the same time, and there are few quick wins, because building capacity within this area takes time, commitment, and planning to ensure the provision is of good quality, has value and is sustainable.

We know longer term, increased demand will drive commissioning towards larger commissioning organisations, which can commission efficiently to scale, pool best practice and consistent ways of working. Already some authorities are moving towards more dynamic contract partnerships with experienced providers which can offer "scale and scope" with their services and have a track record of delivering high quality outcomes. This will be considered as we develop our Whole CiC Pathway model from infancy to young adulthood & independence.

Whole CiC Pathway Commissioning:

Currently, commissioning arrangements, to purchase placements for children and young people, sit predominantly within three Southwest framework agreements. There is great national support for framework agreements, as these can achieve good efficiencies through joint buying power which drives down costs, depending on how robust the framework market is. However, the Southwest market is flooded with a growing demand for placements, many of the providers are ill equipped to provide the quality placements we need as they are small, independent and under developed.

Frameworks do offer good, robust procurement processes that ensure Councils meet their legal requirements, but we need to be sure these frameworks also achieve the best outcomes for our children and young people; to do this we need to commission differently.

Moving to a 'Whole CiC Pathway' commissioning model, would dramatically reduce our dependency on the Southwest framework, as we would build a flexible, responsive placement portfolio, that is child and young people centred.

So, we will commission to a "partnership" model, to work with two or three providers, who will offer a whole placement journey encompassing, independent fostering, residential homes and Semi-Independent Accommodation, with Staying Put, Staying Close and floating support also being available.

These providers could be large organisations who offer all these elements within their portfolio, or they could be a consortium of a number of smaller providers who work together, under one lead agency.

The Key Outcomes of Whole CiC Pathway Commissioning:

- **Continuity of care** - the aim is for children or young people to stay with the same organisation for their whole placement journey. In addition staff will be more mobile and able to move with or provide strong transitions as they move through their journey.

- **Financial profiling to be at net cost** - taking this approach will develop more of a risk share model. It will be in the providers best interest to work with us and de-escalate challenging behaviour. This financial model will reduce requests for additional funding.

- **Placement stability** - staying within the same organisation, any moves will be planned, timely and same day notice will only be considered in exceptional circumstances.

- **Matching** - Gloucestershire will work in partnership with the providers to place and match children and young people. This will take away the current challenge within the framework of the ad hoc provider requests/ referrals.

- **Quality Assurance** - in reducing the placement searching time, there will be a new emphasis on QA, with regular monitoring meetings and monthly reviews of all cases, which will drive better outcomes for our children and young people.

- **Market management** - by introducing a Whole CiC Pathway commissioning model, Gloucestershire will champion a whole new way of commissioning. We have consulted with colleagues from commercial and finance and lightly tested the market, all of which has been very positive. We are confident this innovative model will inspire and develop the market for Gloucestershire.

Highlights

- Develop accommodation options to support edge of care provision for 16-17 year olds. Both short and long term, including a prevention pathway into supporting people services.
- Work with Southwest commissioning group to review costing models, making the most of cost volume discounts, sibling discounts etc.
- Better engagement with providers in-county, and those on the Southwest framework. GCC to hold provider events every 3-6 months.
- Market test for Parent and Child provision in-county, liaise with commissioning colleagues within the Southwest, and consider the risk share approach
- In-house fostering will implement the recommendations to create 100 new fostering households within the lifetime of this strategy.
- Expand Staying Put provision to support more care leavers in settled foster placements.
- Offer Staying Close Arrangements for young people settled in residential provision.
- Develop Supported lodgings service, catering for both types of provision.
- Agree and implement accredited programmes for young people's independence skills and training.
- Create a Multi-Agency resource panel, to undertake joint decisions/reviews of placements for Bi and Tri funding.
- Plan for Transition to adult services by creating new Strategic transition tracking panel, for all young people 14yrs+ who need assessments from adult services.
- Prepare children young people and their families for key transition points, to be clear of threshold criteria, reducing risk and delay.
- Deliver the developments required for IFA provision, so they are in partnership and complementary to in-house service developments.

Section 3: Preparing for Independence

National Picture

Around 10,800 young people left care aged 16 or over in the year ending March 2015, an increase of over 40% in the last decade. There are an increasing number of young people who enter care aged 16 or over, accounting for 16% of all those who entered care in the year ending March 2015, compared to 12% in the year ending March 2011. Changes to the law which require young people on remand to become looked after, along with the impact of the Southwark Judgement – which means that 16 and 17 year-olds who present as homeless also become looked after children – have both changed the nature of the cohort of care leavers that Local Authorities must support. Additionally Local Authorities are looking after increasing numbers of Unaccompanied Asylum Seeking Children (UASC) and supporting more care leavers who are former UASC.

Nationally it is well documented that the long-term outcomes for care leavers are much lower than their peers. Statistics show us:

- Emotional health problems (around half of children in care have a Strengths & Difficulties Questionnaire (SDQ) score that is borderline or cause for concern)
- In the year ending March 2015, 39% of 19-21 year-old care leavers were Not in Education, Employment or Training (NEET). Of these, over a third were NEET due to either a disability, or because they were a young parent.
- The impact of placement moves while in care (including the resultant change in school that often occurs) – all contribute to low attainment, with only 14% of children in care achieving 5 good GCSEs

Government guidance acknowledges that going straight from care to living independently will often be too big a step for young people. Local Authorities are advised to commission a range of semi-independent and independent living options with appropriate support, for example Semi-Independent Accommodation schemes, foyers, supported lodgings and access to independent tenancies in the social and private rented sectors with flexible support.

There is an additional challenge for those young people entering care at a later age (16 to17 years) as this cohort have been linked to poorer long-term outcomes than care leavers who have come through from being children in care from a young age. One factor could be because the young person has remained within a household facing difficulty for a longer period. But young people who entered care at 16 or 17 described this period as a 'grey area' as they were entering care at the age when most young people are preparing to leave home. There is little time to settle and receive appropriate support, and some young people just wanted to leave care as soon as possible. This might be a factor for the current increasing trend, in older care leavers' placements lasting only 6 weeks or under a year.

As well as these historical factors, care leavers also face the added challenge of having to cope with the demands of living on their own at a young age: having to manage finances, maintain a home and manage their lives independently, often

without the support from families that most of us take for granted.

The majority of young people remain in care until 18 and are either in foster care or residential care. However, for some young people in care and all care leavers aged 16 or 17 who do not return home to their family, they are normally housed in a range of different types of accommodation settings, including supported lodgings, Semi-Independent accommodation, foyers, supported housing and hostels. Much of this provision is good quality and provides the sort of stepping stone provision, with support, that care leavers need to transition successfully to independent living.

Platform of accommodation options

We aim to develop a complete platform of accommodation options for care leavers and young people in vulnerable circumstances, this is just a visual picture as to what the platform would offer, it is not exclusive and will develop throughout the lifetime of this strategy.

Descriptions

Accommodation/support	Activity
Supporting People: Accommodation Based Support services	**Accommodation Based Support** A variety of supported housing schemes of multiple occupation, with staff on site to support people aged 16+ with complex, multiple and high level needs to prepare for independent living.
Supporting People: Community Based Support services	**Community Based Support:** Community Based Support Services support people in any form of accommodation and across a continuum of need from early intervention and prevention through to intensive support for people in crisis/ high level and complex need.
Staying Put	For young people settled in foster placements to stay with their foster families post their 18th birthday
Staying Close	For young people settled in a residential placement, to be supported by the residential provider to live in Semi-Independent Accommodation close to the residential home.
Floating Support	Outreach support where young people have a tenancy, but need additional support as part of their transition
Semi-Independent Accommodation	This can be a shared house or solo accommodation where staff are on duty 24/7
Shared Housing	Young people live in a shared house or house of multiple occupancy with limited staff support.
Private Rented	Young people may choose to rent from a private landlord.
Training Flats	Usually a block of single flats, with 24 hour staff support, these are used for young people to develop their independence skills as a pathway to their own tenancy.
Supported Lodgings	This is a room within a family home, for young people to stay with some support from the family to develop their independence skills (not a foster placement)

Prevention Pathway

Where are we now?

Current trends show an increase in the number of 16/17 year olds entering care, they also show this cohort of young people can often have short periods in care.

Currently Gloucestershire has a well-established Supporting People Programme, which commissions both Accommodation and Community Based Support services, for adults and young people in vulnerable circumstances from the age of 16 years+.

We want to build upon this great work, by enhancing the offer to young people aged 16-25yrs, so that they have the best possible long term outcomes for adulthood, rather than just using services to prevent homelessness by offering accommodation.

For many of our leaving care young people moving straight into accommodation and/or support services, is not always well planned, timely or seamless. Young people have told us at times there is little planning, decisions are made on the cusp of their 18th birthday, which makes their transition to independence traumatic and scary.

From the national Bright Spots survey of children in care, Gloucestershire's recent care leavers told us, they don't feel safe in their accommodation and many felt their accommodation did not meet their needs.

Providers of Supporting People funded services have told us that there is often limited planning for care leavers moving into their accommodation; information is not shared in advance and plans for many are not completed or reviewed.

As part of developing a new assertive edge of care service for these young people, where appropriate and following assessment, we want to develop the option for some young people who have good connections and the opportunity of a prevention pathway. While these young people will not become looked after, the support and accommodation they need will be managed within an Early Help Plan in partnership with Accommodation Based Support services. These plans will be monitored and reviewed as part of the 16+ Pathway Panel to ensure young people remain supported, safe and listened to.

This prevention pathway will use the commissioning approaches for both Accommodation and Community Based Support services and the childrens Leaving Care Framework.

KEY FACT
Of the 158 16 and 17 year olds in care, 45.5% of care leavers do not have a Pathway Plan in Place.

Ministry of Housing, Communities & Local Government

Department for Education

Prevention of homelessness and provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation

Guidance to children's services authorities and local housing authorities about their duties under Part 3 of the Children Act 1989 and Part 7 of the Housing Act 1996 to secure or provide accommodation for homeless 16 and 17 year old young people.

What do we want to do?

We want to develop a prevention pathway, which joins up both Children's and Supporting People commissioning arrangements for accommodation and support services. We want to provide both care leavers and vulnerable young people, with the right support and accommodation when they need it, and access to develop their independence skills, giving them the best opportunities as they transition to adulthood.

This joint working requires joint oversight, and management of the accommodation available for these young people. We want to ensure this work enhances young peoples aspirations. Therefore it will need to overcome the challenges of housing benefits and support payments. Young people have told us current provision can limit their aspirations as they put their "lives on hold" and feel deterred from seeking and securing employment, training or apprenticeships.

By joining up the current investments, there will be an opportunity to reconfigure resources and assets providing a wider platform of accommodation options that supports these young people throughout their journey into adulthood.

Again, a robust outcome focused model needs to be embedded within and inform commissioning intentions, as well as the approved accredited training programmes, for all young people.

| Department for Communities & Local Government | Homelessness Reduction Bill |

Policy Fact Sheet: Homelessness prevention duty
(Updated following amendments in the Commons)

What is prevention?
Homelessness prevention is about helping those at risk of homelessness to avoid their situation turning into a homelessness crisis. The Homelessness

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| Department for Communities & Local Government | Homelessness Reduction Bill |

Policy Fact Sheet: Local Connection for Care Leavers

What is the local connection for care leaver's measure?
This measure (in Clause 8) amends the definition of a 'local connection' for young people leaving care. Local connection affects which Local Housing

How do we get there?

- We will implement a new dedicated Edge of Care service for 16-17yr, which will include the option of a prevention pathway
- By joining up the commissioning frameworks for children's and Accommodation and Community Based Support services (16+yrs)
- Children's Commissioning Hub will co-produce the specifications for accommodation and support services, and be involved with provider consultation.
- We will create new training flats as an accommodation option for leaving care young people. This will be part of the wider commissioning intentions for children's services
- We will commission short-term six week placements, Supported Lodging and Semi-Independent services to support the new Edge of Care Service.
- We will include the prevention pathway as part of the new Access to Resources panel.
- We will have oversight of Prevention pathways which will be monitored and reviewed, by the 16+ Pathway Panel to ensure young people have the support and accommodation they need throughout their journey to adulthood.

Leaving Care

Where are we now?

Currently our leaving care service supports around 320 care leavers, of these 45 are in education, 114 in employment, apprenticeships and training, and 32 at university. Some care leavers face particular barriers and currently 110 are Not in Education Employment or Training (NEET)

The service manages the placements, accommodation and support provided to care leavers, generally from their 18th birthday. The service directly manages three properties, comprising of two 3 bed houses owned by GCC and one training flat owned by Stroud District Council and leased to GCC. The use of these properties has evolved over the last 18 months, moving away from resolving emergency housing issues to more planned usage giving priority to those young people in low paid employment apprenticeships, college or training.

In addition to this there are also a number of placement extensions via Staying Put. However within the last 12 months there has been an increase in the request to extend supported living placements when young people reach 18. Some of this demand is due to delays in the planning of move on to Accommodation Based Support to Supporting People accommodation, and the timing of vacancies. For young people seeking to move into independent (Council/RSL) accommodation, bidding for properties via Homeseeker moves are delayed, just by the fact they cannot bid until their 18th birthday, automatically causing a delay. Additionally a small cohort of young people have experienced a delay in adult services assessments, which in turn delays their transition pathway.

KEY FACTS
The number of placements in care leavers of less than 6 weeks has doubled in the last 5 years.

Care Leavers Offer 2018
Know your rights, find out what you are entitled to and how you can get help and support

So let's start on your journey to independence
A guide to accommodation options for young people leaving care

Your Pathway Plan
For young care leavers
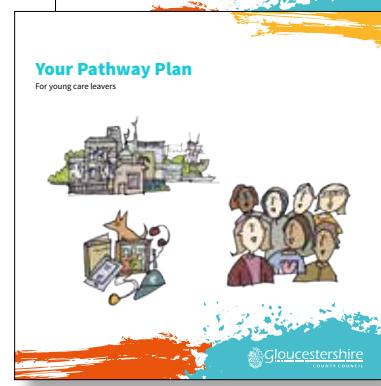
What do we want to do?

We want to have a joined up seamless pathway, that plans for care leavers in advance of their 18th Birthday, so they have choice and control over their pathway, offering continuity and stability rather than an abrupt or disjointed transition.

Planning for our care leaving cohort is a vital part of joint commissioning with our partners, both within GCC and wider partners, as we know some will need comprehensive support, for a number of years to enable them to transition to adulthood.

We need to ensure there is enough of the right accommodation and support to meet the diverse and sometimes challenging needs of these young people.

How do we get there?

- We will develop and commission, with our partners a platform of accommodation options for young people
- We will have one brokerage/placement service for all accommodation and support within Children's Services which will be aligned with allocations Accommodation Based Support
- We will co-ordinate pathway planning via the new Access to Resource panel
- We will track all young people for transition from the age of 16yrs to reduce delays in assessments
- We will embed an outcomes tool into all services for 16-25 year olds.

Staying Put

Staying Put is an arrangement where young people remain with their foster carers following their 18th birthday, and was endorsed by government and formalised in the Children and Families Act 2014. Informal arrangements had been in place for many years, but the legislation brought with it extra funding and a renewed national drive to do better for young people leaving care.
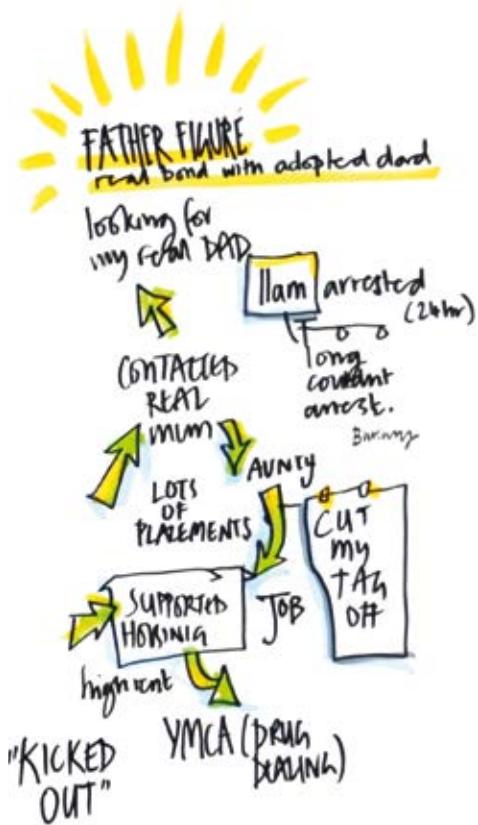
Where are we now?

The national drive has shown the number and proportion of 19- and 20-year olds who ceased to be looked after on their 18th birthday and who were still living with their former foster carers ('Staying Put') increased from 23% in 2016 to 25% in 2017.

In 2017 there were 57 young people in Staying Put arrangements in Gloucestershire, of these the majority were in-house fostering, only 1% were with Independent Foster Agencies (IFA's).

In our consultation with young people in care to develop this strategy, what the young people clearly told us they want most importantly of all was placement stability and continuity of care. For young people in settled foster placements Staying Put provides both these key needs; stability, as young people do not have to move placement on their 18th Birthday and continuity, as they can remain within the care of their foster family. Given this, it is essential that work is undertaken to develop Staying Put options for all our young people in foster placements.

Gloucestershire places approximately two thirds of our total foster placements in-house; the take-up of Staying Put arrangements is very low.

Very few arrangements are in place with Independent Foster Agencies; this is even more concerning as we know the majority of our older children in foster placements are placed with Independent Foster Agencies. Staying Put arrangements must be seen as an integral part of the commissioning process, and not a "bolt on" as a young person approaches their 18th birthday.

The management of Staying Put arrangements is currently undertaken by the leaving care service not children's commissioning and this may explain the lack of Staying Put arrangements with IFA's, as this needs to be contractually negotiated. Therefore, it can be seen by the provider as a separate service and not part of the framework agreement.

What do we want to do?

We need to continue the drive for Staying Put as an option for all young people settled in foster care placements. Ensuring that Staying Put is considered as an option when developing these young people's pathway plans, time can be taken to develop their Staying Put arrangements, rather than it being a late or forgotten option.

We want to increase strategic oversight of Pathway Plans through developing a 16+ Pathway Panel. This will ensure plans are of good quality, the right services are in place to support independence and will gain oversight of the accommodation requirements for young people leaving care. These requirements can be planned in advance, enabling us to manage our accommodation portfolio rather than being constantly reactive, reducing same day requests.

We need to take time to understand the challenges or barriers to developing Staying Put arrangements, so that action can be taken to overcome these where possible. For example is the low take up due to poor commissioning, in that Staying Put is not robust enough within the current frameworks, or is it that Staying Put is not considered within a timely manner so appropriate arrangements can be put in place?
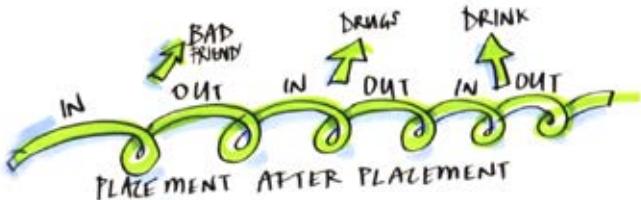
How do we get there?

- We will review current in-house Staying Put arrangements, to establish clear understanding and commitment to the model.
- We will work with our commissioning colleagues within the Southwest to ensure Staying Put is an integral part of the Independent Foster Agency framework.
- We will establish a 16+ Pathway Panel in November 2018 to review Pathway Plans and to capture accommodation needs of young people leaving care.
- We will develop a leaving care pack, which will have comprehensive information for young people to consider their accommodation options as they move to independence. This will ensure information about Staying Put is available to young people settled in foster placements as they develop their Pathway Plans.
- We will also review and provide all young people in stable IFA placements, with the option to consider Staying Put option as part of their pathway to independence.
- Information for staff about Staying Put arrangements will be included within the placement guidance document. This will support all staff but especially those working with young people developing their pathway plans. This will ensure Staying Put is understood, and given serious consideration.
- We will promote placement management so all Staying Put arrangements with IFA's are managed and commissioned by the Children's placements services.
- We will continue to champion Staying Put arrangements over the lifetime of this strategy.

Supported Lodgings

Where are we now?

Supported Lodging Service provides a young person with a room of their own in a private home where they are a member of the household, but are not expected to become a member of the family. The householder, or host, provides a safe and supportive environment, working alongside professional services to help and support the young person in gaining skills for independent adult life.

There are broadly two types of Supported Lodging Service which offer:

1. A response to a crisis in the home life of a young person by housing them for a short time (between one night and six weeks) while efforts are made to resolve the crisis in a way which enables them to safely resume living with their family or move in with extended family or friends.
2. A lodging for up to three years for a young person while they develop skills, confidence and prepare for adult life.

Currently there is no Supported Lodgings Service delivered either by in-house fostering services or commissioned by Gloucestershire as part of our accommodation portfolio.

This is a very efficient and cost-effective model to support young people to either return to their families or to develop their independence skills, supporting a smooth transition to adult life.

Supported Lodgings also offer households, who maybe don't want the full commitment of being a foster carer, the opportunity to support a young person within their home. Also, for some foster parents, it is sometimes considered a "step down" from fostering, which might be more appropriate especially if there is a change in their circumstances.

To deliver a good leaving care offer and prevention pathway for young people to have a smooth transition into adult life, a platform of accommodation options needs to be available, of which Supported Lodgings should be one.

KEY FACTS
The cohort of 16/17yrs has increased by 42% in the last three years and by 89% in terms of new entrants over the same period.

What do we want to do?

We want to develop both types of Supported Lodgings as part of Gloucestershire's accommodation portfolio. We know this is not a quick fix model, and Supported Lodgings Households will need to be recruited, trained and approved before young people can be placed. Therefore in order for parallel developments to take place, this service will be established by using a mixed economy of both In-house developments and external commissioned provision with Independent Foster Agencies (IFAs).

The first type of Supported Lodgings for placements of less than six weeks will support our edge of care services. Providing a "cooling off" period for families that will enable the young person to return home, or to support young people who have good connections, are in education, employment or training to gain accommodation with supporting people services, in a planned manner. Initially this level of Supported Lodgings provision will be developed through a competitive tender process within the Independent Foster Agency (IFA) framework.

In-house fostering will develop the second type of Supported Lodgings service, to allow young people to stay with the Supported Lodgings family for up to three years, as they develop their skills ready for independence. This new service will target and train households for unaccompanied asylum-seeking young people. We know this model of accommodation is particularly supportive of these young people and support Gloucestershire's participation within the national transfer programme.

How do we get there?

We will complete a competitive tender exercise within the Independent Foster Agency (IFA) for the first type of Supported Lodgings service; this will be completed by January 2019, with the service becoming operational later in the year.

In-house fostering service will develop a delivery model for the second type of Supported Lodgings; the delivery plan will be in place for 2019 with the service becoming operational later in the year.

Going forward, from 2020 all future developments will be established within in-house fostering provision. We know there will be continued demand for these placements, even if just to support Gloucestershire's current young people aged 10-15yrs through their journey to independence.

Staying Close

Where are we now?

This is a whole new area for development as recommended in both Sir Martin Narey's report on Children's Residential Care and the Government's new Leaving Care Strategy "Keep on Caring" supporting young people from care to independence both published in July 2016.

Both these papers acknowledged that young people leaving children's homes require as much support, if not more than their counterparts who have been looked after in foster care. These young people very clearly have a strong need for nurturing, consistent relationships, which do not stop when they leave care; more needs to be done to avoid a cliff edge for those leaving residential care.

This new model envisages young people living independently, but in a location close to the children's home they lived in previously. They would continue to have the support of the same key worker and should be able to visit the home frequently, to experience the continuity having a more gradual transition to independence. This is also supported in the new Homelessness Reduction Bill 2018 which supports care leavers to remain within their connected communities, even if that is out of county.

The key elements to Staying Close are that:

- A young person has continuity of care by a staff team who know them well
- Independent accommodation is close to the residential home, so they are able to remain in contact, visit and do planned activities
- There is no change in provider, and therefore no cliff edge
- Young people can avoid repeatedly telling their story
- Young person retains their connections within the local area.
- Given the nature of residential provision, young person has access to 24 hour support at times of crisis or celebration

What do we want to do?

Given this is such a new initiative we need to develop Staying Close as an option for care leavers, as part of their journey to independence. This will be explored as part of our market developments, and commitment to Child's Pathway commissioning.

Currently there are eleven young people aged 16-17 years in a residential setting, all of them projected to stay until their 18th birthday. This would equate to some young people being in placement for up to 4 years while others stay would be as short as 8 months. By offering Staying Close, these young people will have the opportunity to stay with the staff team who know them well, to deliver their independent accommodation close to their current residential home.
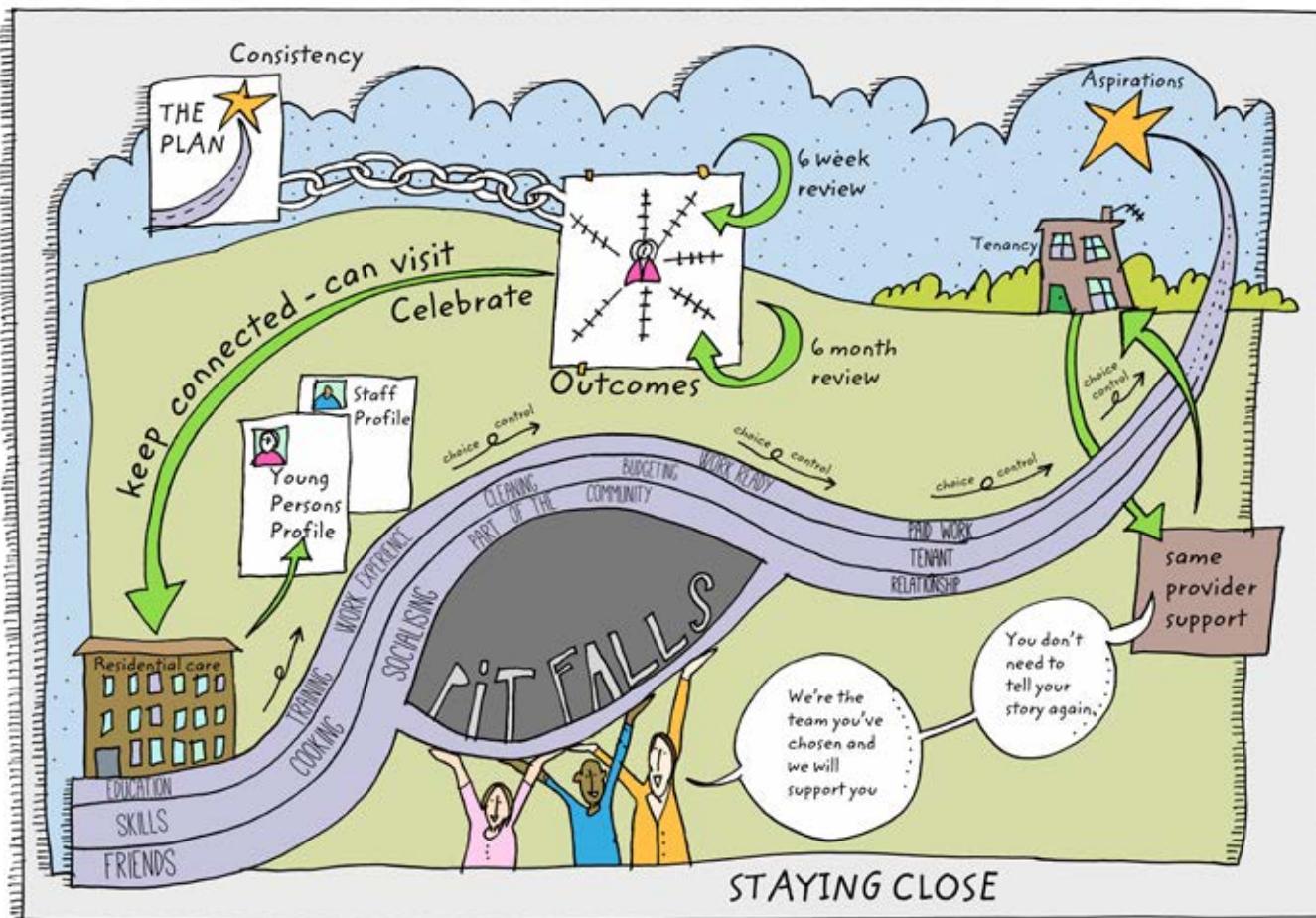
Diagrammatic representation of Sir Martin Narey's report on Children's residential care July 2016 recommended "*The development of Staying Close arrangements designed specifically for young people leaving residential care.*"
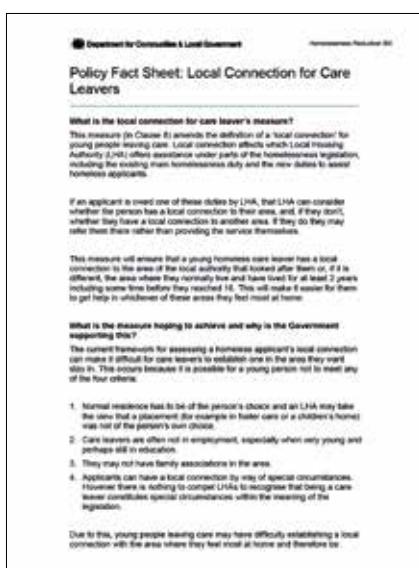
How do we get there?

- We need better engagement with providers in county, and those on the Southwest framework. GCC will hold provider events every 3-6 months
- We will pilot and learn from Staying Close Arrangements for young people 16+ years settled in residential provision
- We will ensure a joined up approach is in place with partners in housing and supporting people
- We will implement an asset-based model of "one page profiles" for placement requests.
- We will pilot a Child's Pathway commissioning model, which supports Staying close developments early within the young person pathway plan, to give continuity of care and a clear sense of stability.
- We will establish a new 16+ pathway panel to monitor and review all care leavers placements.

Summary and Highlights

Summary

Recently the government has acknowledged the need to support young people leaving care past their 18th birthday, this is an exciting time, the market is prime for the development of Gloucestershire services.

There is much work to be done, we want our young people to be as prepared as possible for adulthood. It is vital we take this opportunity to get it right, otherwise many of these young people will continue to need support services way into adulthood.

There are some quick wins within this area, especially when working collaboratively, together we will change the current landscape, already we are beginning joint discussions about young people and offering joint responses.

Highlights

- Work with supporting people services to develop a prevention pathway.
- Develop a 16+ pathway plan panel, to monitor review and commission for young people leaving care.
- Offer staying put arrangements to young people in settled foster placements.
- Offer staying put arrangements to young people in settled residential placements.
- Deliver the leaving care offer as part of the new statutory duty, this will be reviewed and updated for the lifetime of this strategy.
- Commission accommodation options for care leavers which will create a platform of options.
- Develop a leaving care pack for all young people leaving care, so they are well informed and included in the planning for their independence.
- Work with colleagues in supporting people and adult services to develop new joint commissioning opportunities and frameworks.
- Actively engage with the market to develop provision within Gloucestershire, via provider events and joint working with other commissioning hubs.

Section 4: Workforce

Workforce Learning & Development – What does it mean to me?

Everyone working with children, young people and families are at the heart of our Whole Children in Care Pathway, from infancy to young adulthood.

There are already professional standards and practices in place to guide and support you, however, we now need to turn our attention to ensuring you can access locally informed development opportunities. Workforce Development will naturally evolve as part of this Sufficiency Strategy, Right Placement First time, whilst other Workforce Development opportunities will be considered based on ongoing conversations with you over time in the various forums based around the county.

We asked our young people both that had been in care or are currently in care what they want, and they spoke of the need for human connection, to enjoy trusting, honest and compassionate relationships with staff and carers. They want to have professional's full attention, to understand that from their perspective that systems can be confusing and stressful. They asked for staff to hold them and their unique needs as well as having their strengths and aspirations in mind. They want to feel part of something and more importantly to belong. The children and young people that we consulted with didn't want crisis planning and they wanted less placement moves, and to feel more involved. They also wanted to understand and feel more in control of their own emotions, to feel less overwhelmed and reduce behaviours that put their placements at risk. To do this they need staff to understand their triggers and to help them calm down when things get emotionally intense. They want transparent relationships that include challenge as well as support, but above all, **they want a voice.**

Continuum of Need – what does this mean for me?

Key partners across the continuum of need

Police
Neighbourhood Policing, Public Protection, Office for the Police and Crime Commissioner, Gloucestershire Special Constabulary, Police Schools Officers.

Education
Early Years Practitioners, Schools, College, Further Education, Higher Education, Alternative and Specialist Services.

Health
GP's, Primary Care Trust, Health Visitor, School Nursing, CYPS.

Working Together - Keeping Children Sa

Youth Services

Early Years Provision

Family Support/Families First

Alternative Provision

Schools/Colleges

Children and Fa

universal provision

early intervention

Community, Voluntary Services and External Providers
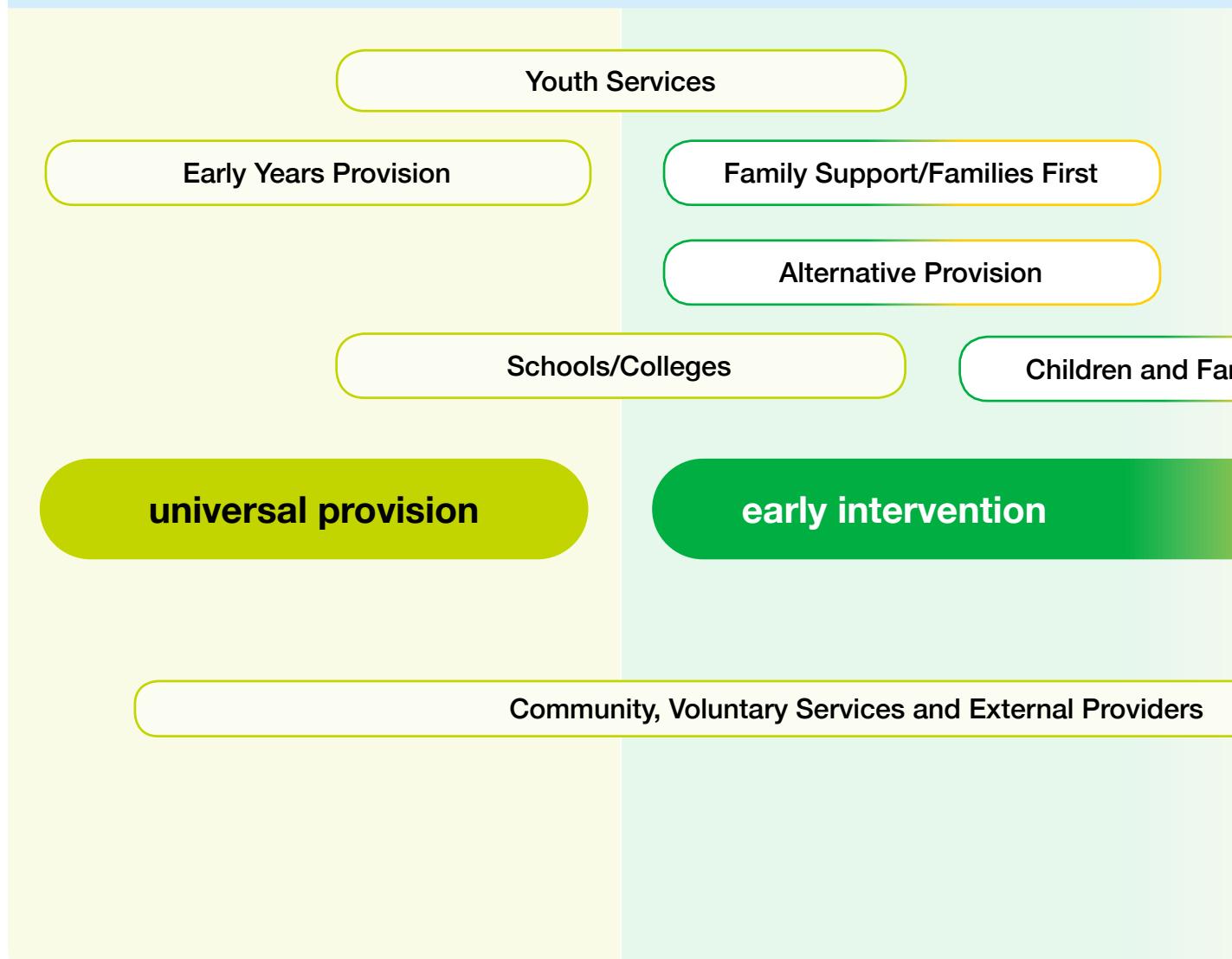
What do we want to do?

- To create a common understanding and language for the needs, pathways and safeguarding thresholds for Children in Care.
- To increase all professionals and partners understanding of the precipitating factors for children coming into care and to help people identify these risk factors early on

- To share what works well through multidisciplinary learning, development and reflective practice
- To place child and family outcomes at the heart of practice, especially for the most vulnerable children and families

- To make early plans that anticipate future risks & make connections along the Whole CiC Pathway so that specialist support can also intervene early
- To reduce the number of children coming into care and for those that do, to increase placement stability

afe in Education – Safer Gloucestershire

Targeted Youth Support

IRIS

Virtual School

Social Worker/Team Manager

Foster Carers

STEP UP

mily Centres

Semi-Independent Accommodation

EDGE OF CARE

intensive intervention

children in care

MASH

Residential Homes

STEP DOWN
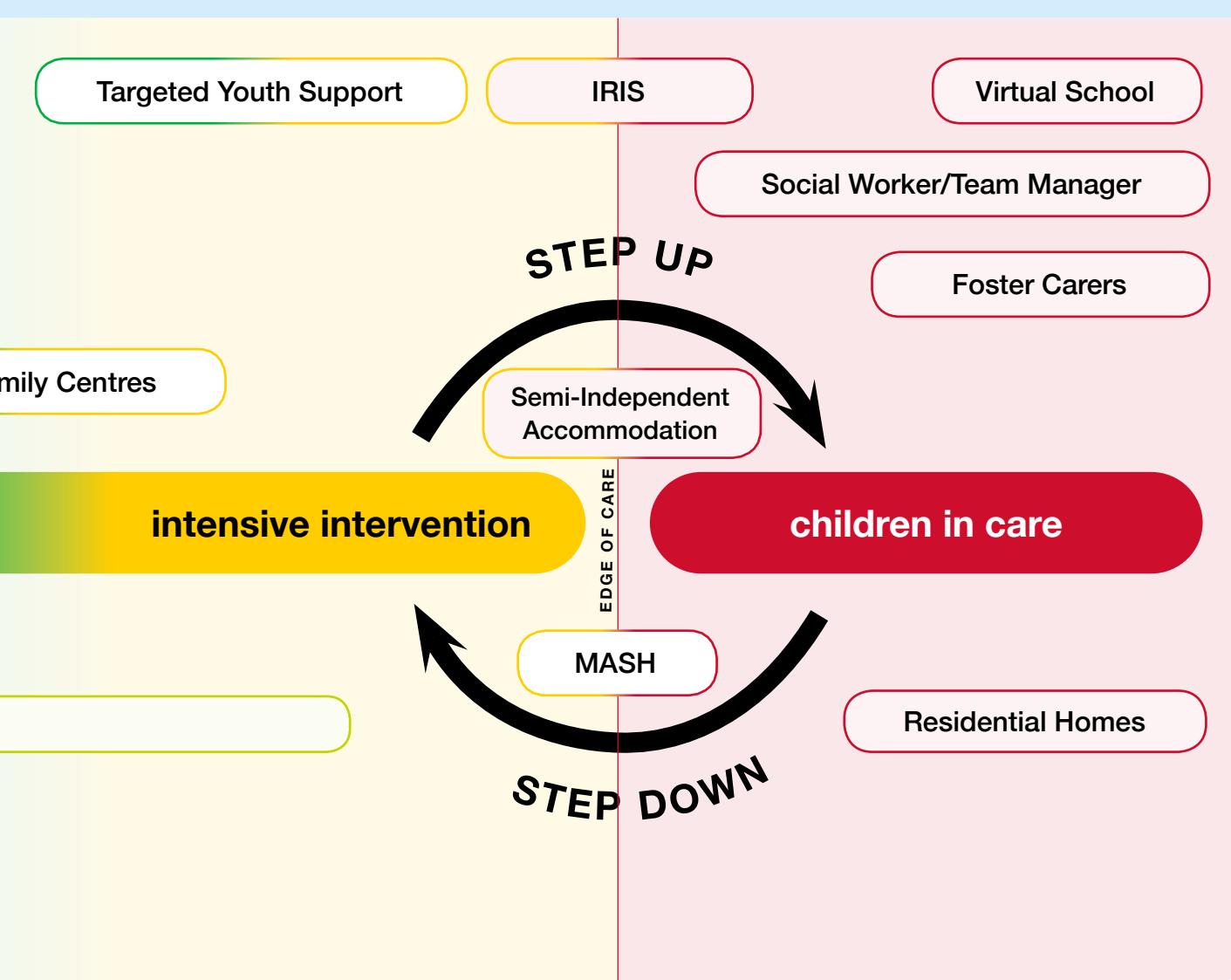
How do we get there?

There will be learning and development opportunities for all staff and partners, from those working behind the scenes to those working day to day with children, young people and their families

Theoretical	Practice	Interventions	Tools
Understanding Adverse Childhood Experiences (ACEs) & their impact on life outcomes	• How practitioners & services can be ACEs informed & work to mitigate ACEs & build resilience • Future in Mind, Mental Health Champion training • Facilitated Reflected Practice in groups • Professional & clinical supervision as appropriate	Psychological approaches for non psychologists	• Community ACEs Toolkit • Trauma informed practice toolkit • On Your Mind website - www.onyourmindglos. nhs.uk - support for mental health for young people in Gloucestershire
Understanding how to use outcomes in family, child & young person centered care	• Gloucestershire Social Work Practice Standards • Gloucestershire Safeguarding Standards • Direct work with children	• Strengths & assets based approaches • Including a focus on aspiration with all children & young people • Family reunification • Systemic social work practice	• Care Plans • My Journey – child friendly version of their plan • One Page Profile – what matters to each young person • Ongoing assessment of risk and anticipation of future needs • Contingency planning • Mind of My Own app for children aged 8 & upwards
Understanding vulnerable children's needs – optional modules to up skill: • Child development and early attachment • Autism • Learning disability • Communication and language delay • Sex and drugs and other risks • Child sexual exploitation • Knife, other crime & gangs • County Lines drug running • Domestic Violence • Family stresses & poverty	Understanding: • Which professionals does what? • What intervention works for whom • Local services that are available & how to access them • Social care thresholds of need • Mental health thresholds	Through the Gloucestershire Safeguarding Children's Board (GSCB) there are a number of training opportunities through e-learning, multi-agency, early years, young people and others	• Criminal Exploitation Toolkit • Neglect Toolkit • CSE Risk Toolkit
Self care for frontline practitioners	Compassionate Mind Training	Breathing, calming and grounding techniques, mindfulness, meditation, self care	• Online resources • Self care practice toolkit

Conclusion

This sufficiency strategy has looked in detail above and beyond future placement needs for Gloucestershire. It has taken a whole system approach, to review and redesign how we plan better for children and young people, so their pathway into care is robust and well thought through, supporting families where appropriate to remain together. For those older young people where living at home is not possible but have good networks, a prevention pathway will support their pathway to independence.

There is a huge amount of work proposed to be implemented over the next three years, both with practice change, as well as in-house and commissioned provision, to develop, manage and drive change within the current Southwest frameworks. While also consulting with and developing the market to provide an 'initiative partnership' approach with providers to deliver seamless services to Gloucestershire children and young people in care

ensuring stability and continuity throughout their care journey.

In taking this approach over the next three years, Gloucestershire County Council will be in a strong position to be providing "Good" provision for its children and young people in care and aspiring to be outstanding.

Finally, again, a huge thank you to the young people and care leavers who told us their stories, thank you for giving up your time, for your honesty and your passion to change services for the future, so just to recap in response to you, the key things you told us we will:

You want placement stability: We will develop and commission placement options which reduce the amount of placement moves, such as more 28 day assessment beds rather than 24 hour emergency beds, and use the current frameworks to create a local offer in county. We will also drive the expansion of 'Staying Put' for young people in foster care post 18 and offer 'Staying Close' arrangements for young people in residential homes post 18.

You want to know what information is being shared with carers and organisations: we will roll out the development of "one page profiles" which will be written with children and young people ensuring information being shared is honest and fit for matching. The first pilot will be for those 90 children and young people with the highest instability, this will then be rolled out to include all placements. Staff, providers and partners will all be trained to support children and young people to develop one page profiles, so everyone knows what good looks like.

But above all you want continuity of care: Both of the above bring some continuity in placements and improved matching, but our commitment is to actively develop Whole CiC Pathway Commissioning, to enable children and young people to stay with the same provider throughout their placement journey.

Our commitment to you is to annually review this strategy in consultation with our young people.

Appendix 1:

Needs Analysis for Children in Care in Gloucestershire

Introduction

This needs analysis aims to provide a review of the available data to inform the production of a sufficiency strategy for Children in Care (CiC). It will outline the demographics for Gloucestershire with a focus on children and young people. It will then review the overall number of children in care, their characteristics and those of the placements they are experiencing. Trend data for the last 5 years and comparator data are also included with analyses and inferences for future sufficiency drawn where possible.

Overview of Gloucestershire Demographics

Overview:

Situated in the South West of England, Gloucestershire has one upper tier and six lower tier councils, with an estimated population of 623,100 people. The main urban centres are Gloucester and Cheltenham, where 39% of the population live.

The district of Gloucester has the largest population in the county and the Forest of Dean the smallest. From 2015 to 2016, Tewkesbury had the fastest rate of growth in the county (2.0%) whilst Cotswold, Cheltenham and Stroud had the lowest rates (0.7%, 0.6% and 0.6% respectively). Tewkesbury's and Cheltenham's growth rates were both higher than their rates for 2014/15, whilst Stroud's growth had slowed compared with 2014/15; the Forest of Dean, Cotswold and Gloucester all had similar rates of growth to those in 2014/15.

Table 1: Gloucestershire and Districts Mid-Year Population Estimates, 2016

	Population 2016	Population 2015	Change 2015 to 2016	% Change 2015 to 2016	% Change 2014 to 2015
Gloucestershire	623,129	617,162	5,967	1.0%	1.0%
Cheltenham	117,530	116,751	749	0.6%	0.2%
Cotswold	85,756	85,162	594	0.7%	0.6%
Forest of Dean	85,385	84,544	841	1.0%	1.0%
Gloucester	128,488	127,158	1,330	1.0%	1.2%
Stroud	117,381	116,627	754	0.6%	1.3%
Tewkesbury	88,589	86,890	1,699	2.0%	1.3%
South West	5,515,953	5,471,160	44,773	0.8%	0.9%
England and Wales	58,381,217	57,885,413	495,804	0.9%	0.8%

Age Structure:

The working age population (aged 20-64) made up 56.6% of the population in Gloucestershire in 2016. This was slightly higher than the figure for the South West, but lower than that for England and Wales. The proportion of people aged 65 or over (20.8%) was lower than that for the South West but higher than that for England and Wales. The proportion of children and young people aged 0-19 (22.6%) was slightly higher than that for the South West but lower than that for England and Wales.

Table 2: Age structure of the Gloucestershire population, Mid-2016

Age	Number of people 2016	% of population 2016		
		Gloucestershire %	South West %	England and Wales %
0-19	140,666	22.6	22.2	23.7
20-64	352,840	56.6	56.2	58.3
65 or over	129,623	20.8	21.6	18.0

Table 3 shows that from 2015 to 2016, population growth in Gloucestershire was fastest in the 65+ age group, which increased by 2.2%; this was faster than the rates for this age group in the South West and England and Wales (1.9% and 1.8% respectively).

The rate of growth in the children and young people (0-19) population in Gloucestershire (1.1%) was also higher than the rates for the South West and England and Wales (0.6% and 0.7% respectively) whilst the growth in the working age (20-64) population of 0.5% was comparable with that for the South West and England and Wales.

Table 3: Population changes for 2015/2016 with regional and national comparators

Age	% of population 2015-2016		
	Gloucestershire %	South West %	England and Wales %
0-19	1.1	0.6	0.7
20-64	0.5	0.5	0.6
65 or over	2.2	1.9	1.8

The age structure of the population in the six Gloucestershire districts in 2016 is shown in Figure 1 below:

- Gloucester had the highest proportion of 0-19 year olds (25.0%) and Cotswold the lowest proportion (20.6%).
- Cheltenham and Gloucester had the highest proportion of 20-64 year olds (58.9% and 58.8% respectively) and Forest of Dean and Cotswold the lowest (54.8% and 54.4% respectively).
- Cotswold has the highest proportion of people aged 65 or over (25.1%) and Cheltenham and Gloucester the lowest (18.5% and 16.2% respectively).

Figure 1: Age structure in the Gloucestershire Districts Mid-2016
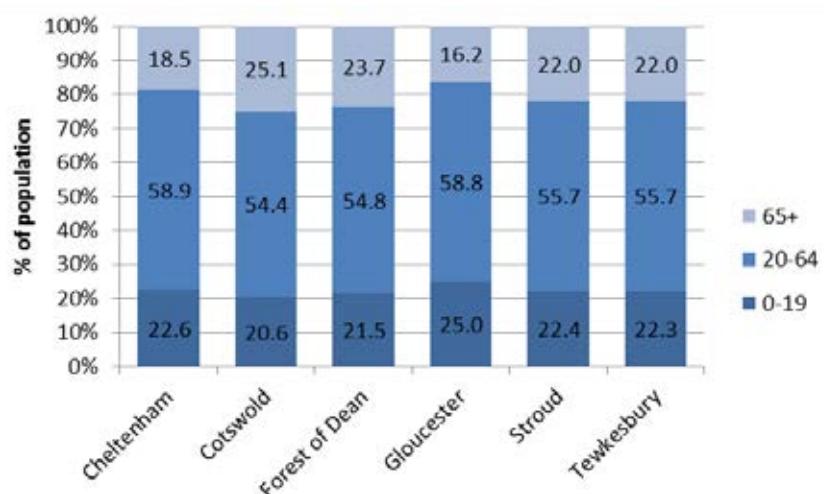
In terms of population growth Tewkesbury, Cheltenham and Gloucester saw the highest growth in children aged 0-19. Cotswold saw a decline in its population of 0-19 year olds. Population growth rates by age band are illustrated in figure 2 below. The older population (65+) is growing fastest in all regions.

Figure 2: Population change in the Gloucestershire Districts by broad age group, 2015 to 2016
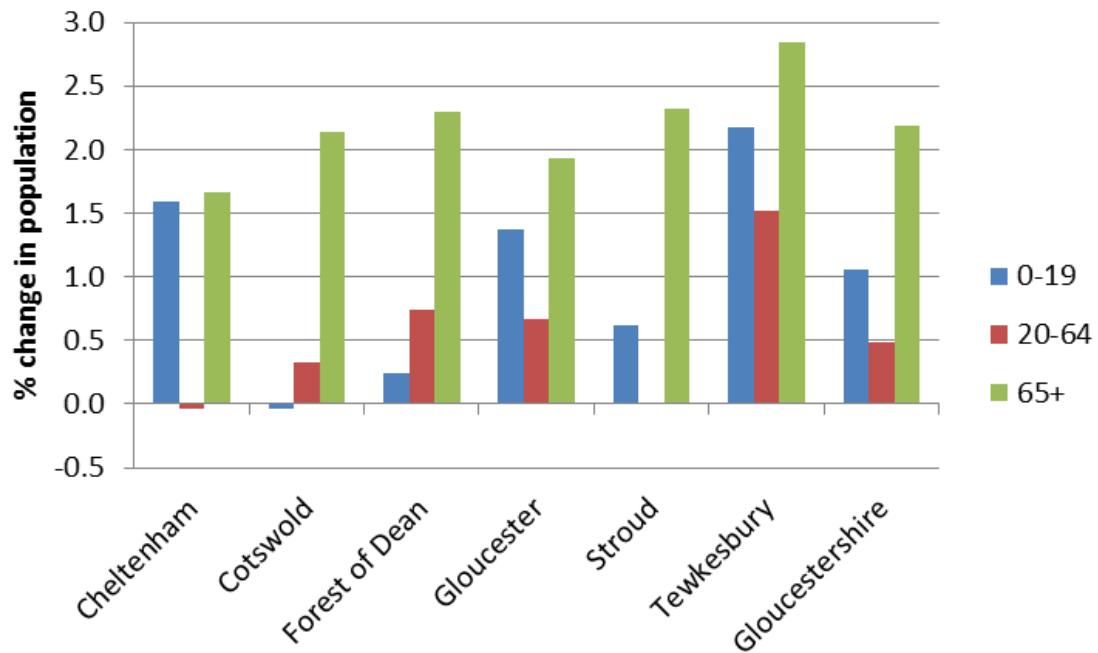
Review of Comparator and Trend Data for Children in Care in Gloucestershire

The aim of this needs analysis is to provide an overview of the available comparator and trend data for Gloucestershire Children in Care (CiC) to allow an informed sufficiency strategy to be written.

The Sufficiency Duty requires Local Authorities to:

- Have 'sufficient' accommodation in terms of the number of beds provided
- Secure a range of accommodation through a number of providers, and have accommodation that meets the needs of its Children in Care

To fulfil these aims the data analysis will be reviewed in three sections. Section A will look at data on the number of places needed currently and the trend over the last 5 years. It will also consider Gloucestershire data in comparison to statistical neighbours and geographic neighbours, as well as in relation to the England average. Comparing trends and performance against peers will facilitate an understanding of the sufficiency need in terms of number of places going forward.

To fulfil the second part of the aim we will also look at the descriptive epidemiological profile of those going into care locally (Section B) as well as the types of the placements they are receiving (Section C). Reviewing this data will enable us to identify the profiles of placement need our children and young people have, where these may not be being met, and also to make recommendations on how to ensure this is fulfilled in the future.

Section A.

Numbers of Children in Care in Gloucestershire

KEY FINDINGS - The absolute number of children in care is rising and the year end snapshot number has gone up by 17% over the last 5 years. A rise in numbers of children in care is being seen in our statistical and regional peers but, since 2014, the rate of children in care per 10,000 population is increasing faster in Gloucestershire than for our peer group.

Methodology:
The number of children in care can be looked at in several ways. This includes looking at the snapshot number in care at any one point in time or the number of children who have had at least one episode of care in a given year. In addition, it is possible to consider the number of children who entered care in a given year or conversely the number who left in a given year. Each of these measures is interrelated and will provide a slightly different insight. All these measures will be used at different points throughout this document to give the fullest possible picture of what is happening.

End of Year Snapshot Numbers and Children in Care Annual Movement Data
One way of looking at the numbers of children in care is to look at the total number of children who have been in care at any point over a 12 month period. The annual figures for each of the last five years for this indicator are given below. This figure is higher than the more commonly looked at year end snapshot number but gives an idea of the overall annual fostering capacity required.

Table to show the total number of children in care looked after in the 12 months up to 31 March for the last 5 years

All children looked after during the year ending 31 March excluding those only looked after under a series of short term placements					
	2013	**2014**	**2015**	**2016**	**2017**
Gloucestershire	705	740	760	840	885

The total number of children looked after per year has increased by 25% between 2013 and 2017. Interestingly, this is greater than the percentage increase in number of CiC at the snap shot year end date which has increased by 17% over the same period. This suggests that there are a growing number of less than 12 month placements taking place. Data around this is explored further in the section on placement duration.

The table below gives headline figures for the number of Gloucestershire children who entered care, left care and the snapshot number of children who were in care at the 31 March year end date.

Table to show the annual movement of children into and out of care during the calendar year and the year end snap shot number

Children in Care annual movement						
Gloucestershire	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
CiC entering care in calendar year	180	250	225	285	330	335
CiC leaving care in calendar year	200	200	275	250	300	
Total CiC 31 March	**460**	**520**	**480**	**520**	**560**	**610**

There has been an 86% increase in the number of children entering care between 2012 and 2017. Although the number of children ceasing to be looked after has also increased, it is not to the same extent (increased by 50%). The relative increase in children entering care appears to be the driver for the increasing numbers in care overall.

The net movement is the difference between the children entering care and those leaving in any one year. If it is positive then more children entered care than left. If it is negative then more children left over the period than entered. The annual net movement figures for Gloucestershire and its statistical neighbours are illustrated below.

Graph to show the net annual movement of children entering and leaving care between 2012-2016 for Gloucestershire and its statistical neighbours
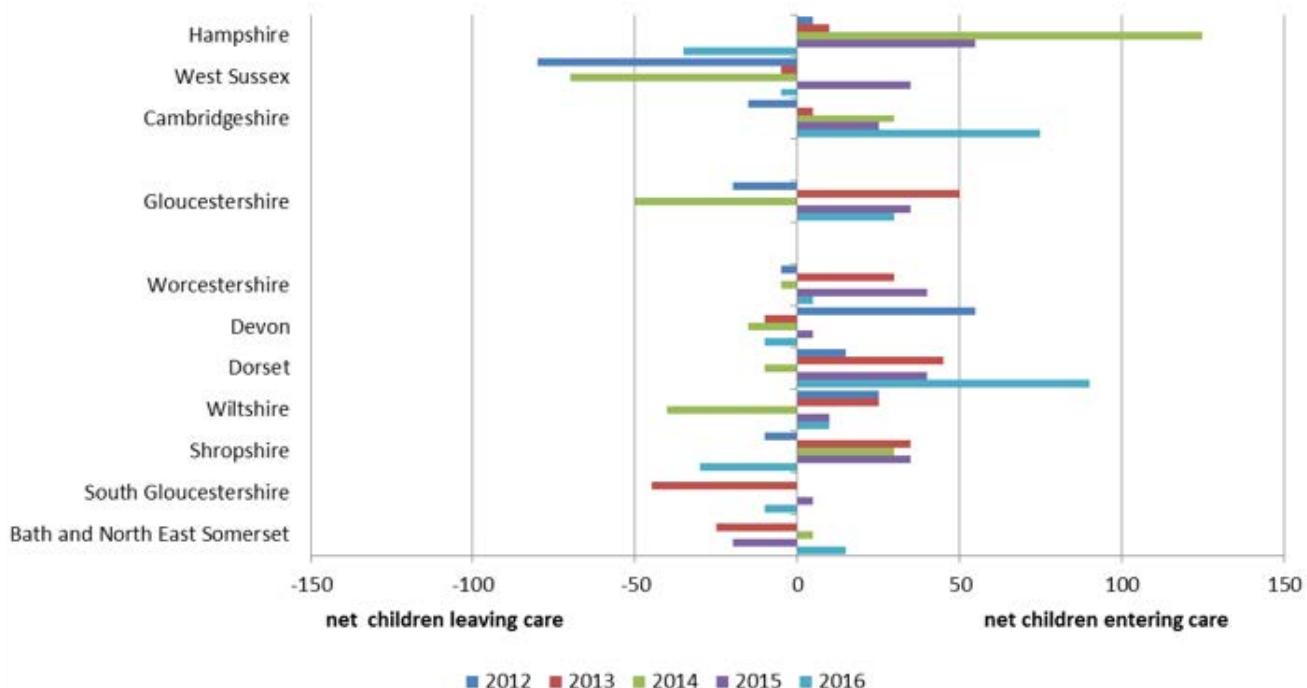
In Gloucestershire only 2 of the years included in the 5 year period shown above had a net outflow of CiC. This pattern is mirrored in that seen for our statistical neighbours.

The monthly snapshot of CiC in Gloucestershire is shown below. It shows that after remaining fairly static between March 2012 and March 2014 the monthly numbers of CiC has risen steadily between 2014 and 2017.

Graph to show monthly change in numbers of CiC in Gloucestershire between 2012 and 2017
The trend in year end numbers of children in care for Gloucestershire and its statistical neighbours is given in the table below and illustrated graphically in the figure below.
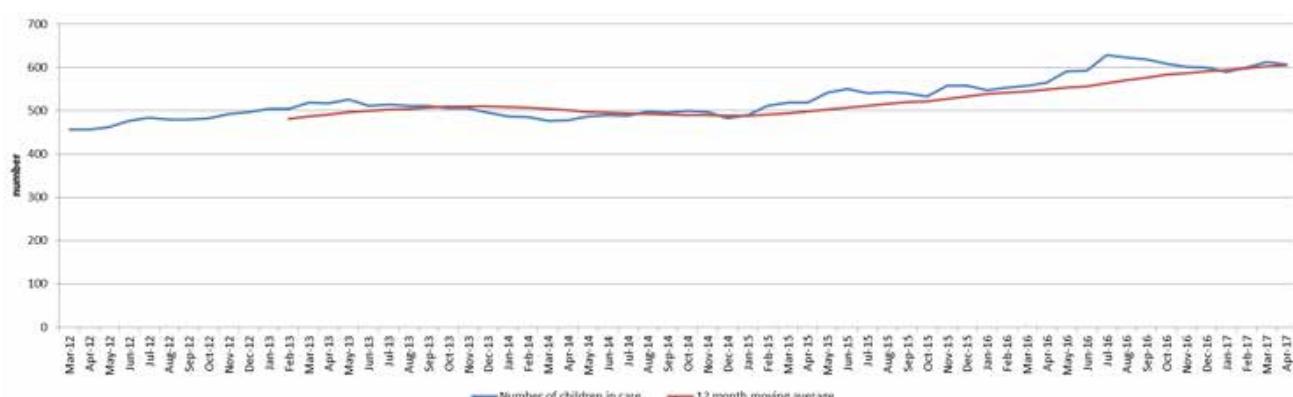
Table to show number of children in care at year end for Gloucestershire and it statistical peers

Local Authority	2011	2012	2013	2014	2015	2016	2017
Bath and North East Somerset	160	165	140	150	130	145	160
Cambridgeshire	470	465	470	500	530	605	690
Devon	645	710	695	685	700	710	680
Dorset	280	300	350	340	380	475	485
Gloucestershire	**480**	**460**	**520**	**480**	**520**	**560**	**610**
Hampshire	1080	1105	1130	1265	1335	1305	1440
Shropshire	220	205	240	270	310	285	290
South Gloucestershire	210	210	165	170	175	165	180
West Sussex	745	670	670	600	645	640	665
Wiltshire	380	415	445	395	405	415	440
Worcestershire	590	600	640	640	690	695	765
Average of Statistical Neighbours	478	484.5	494.5	501.5	530	544	579.5

While this increase in numbers has not been seen for all statistical neighbours (see graph below) a similar pattern of steadily increasing numbers has been seen for many of them.

Graph to show the change in number of children in care for Gloucestershire and its statistical neighbours
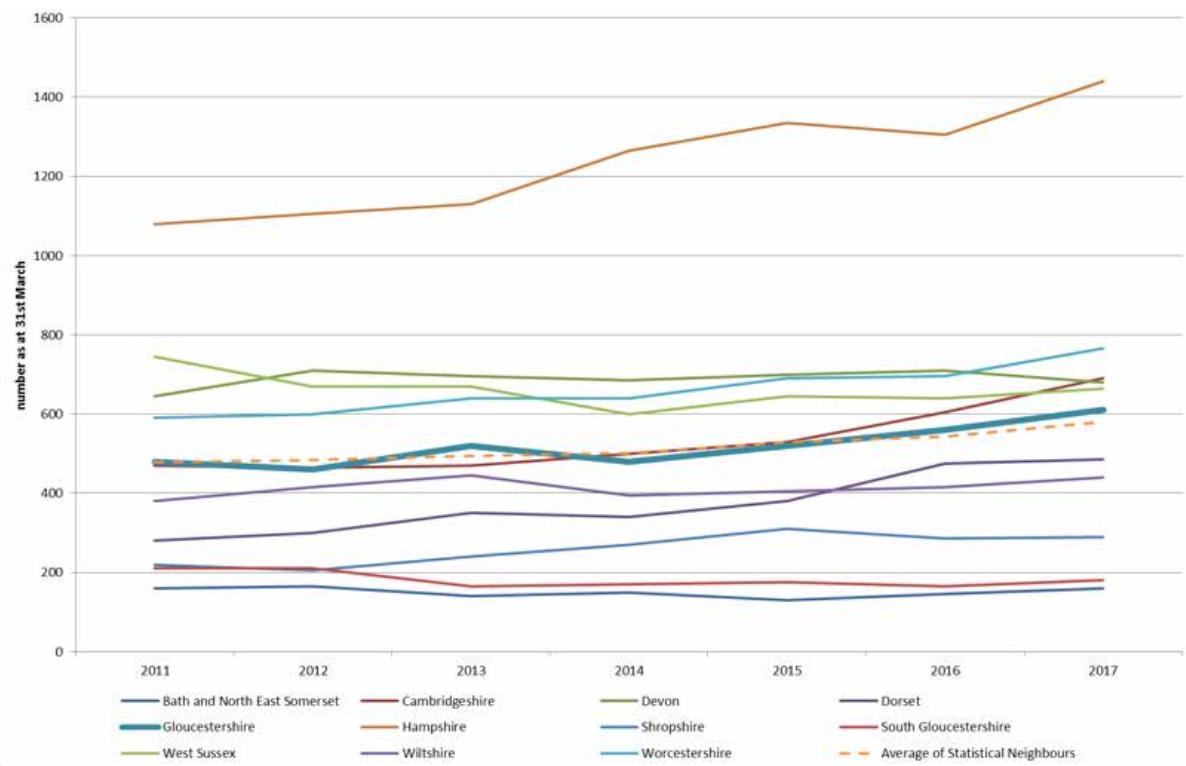
This illustrates that, in terms of absolute numbers, Gloucestershire is broadly in line with its statistical neighbours and the increases observed are in line with a broader trend.

Rates of Children in Care by 10,000 population

As well as looking at absolute numbers above, it is useful to look at the rates of children in care. Looking at rates per 10,000 population gives a standardised indicator which takes into account the fact that different localities may have different numbers of children in their population and allows for a more informative comparison between localities having adjusted for inter locality variations in the numbers of children and young people. The rates of CiC per 10,000 population for Gloucestershire, its statistical neighbours, the South West and England is shown below.

Graph to show rates of children in care per 10,000 population for Gloucestershire and its comparators
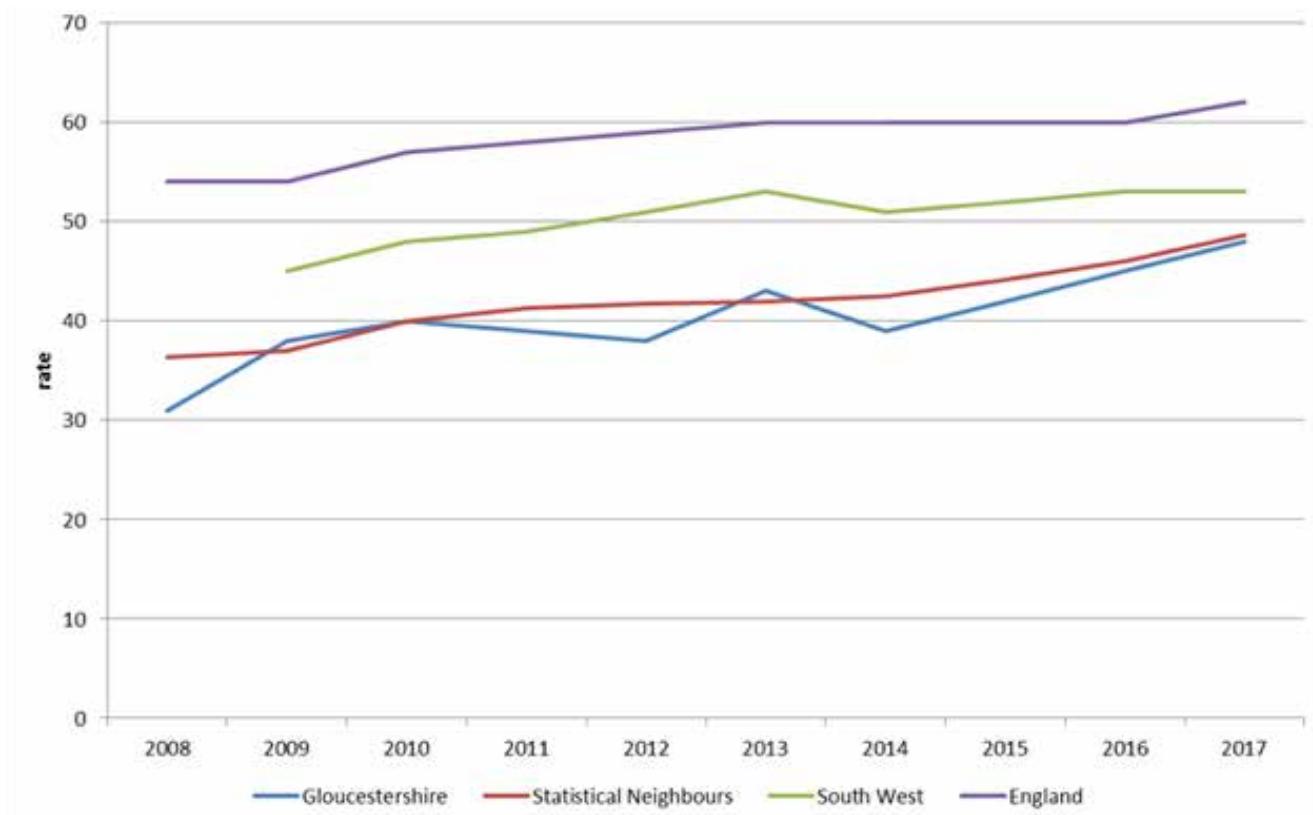
The rate of children in care per 10,000 of the child population has been increasing across all geographies in the last 10 years. Although Gloucestershire is still below the South West and England rates, the recent rise in rate from 2014 in Gloucestershire is steeper than that at the regional and national level meaning that the rate of children in care in Gloucestershire is increasing faster than for its comparators.

This suggests that the growth in numbers of CiC seen locally is not just attributable to general population growth, but also to an increase in the proportion of children coming into care.

Projections

KEY FINDING – If current rates of increase in the proportion of children in care are maintained, then by 2020 there will be an estimated 760 children in care. If interventions to slow the rate of increase are effective, and the proportion of children in care can be maintained at current levels then by 2020 this estimate falls to 628 children in care. Both suggest increased care places will need to be found in the short term.

The chart below shows projections for the numbers of children at various levels of children's services intervention. The projections shown are based on linear trend projections using the 16/17 observed rate of increasing proportion of children in care, in need or on child protection plans.

In practice, the recent Ofsted review is likely to have an impact on this as often after such reviews rates of intervention go up before falling again. However, as an indication of the numbers that can be expected based on linear trends it is worth noting that by 2020, if nothing occurs to disrupt the rate in increase observed and this is maintained at the 2016/17 level, then there would be an estimated 760 children in care in Gloucestershire in 2020. At the more conservative level, assuming interventions are effective and the proportion of children in care can be kept at the current level, there would be an estimated 628 children in care in 2020.

Graph to show projections for the future rates of Child Protection Plans, Children in Need and Children in Care per 10,000 population.
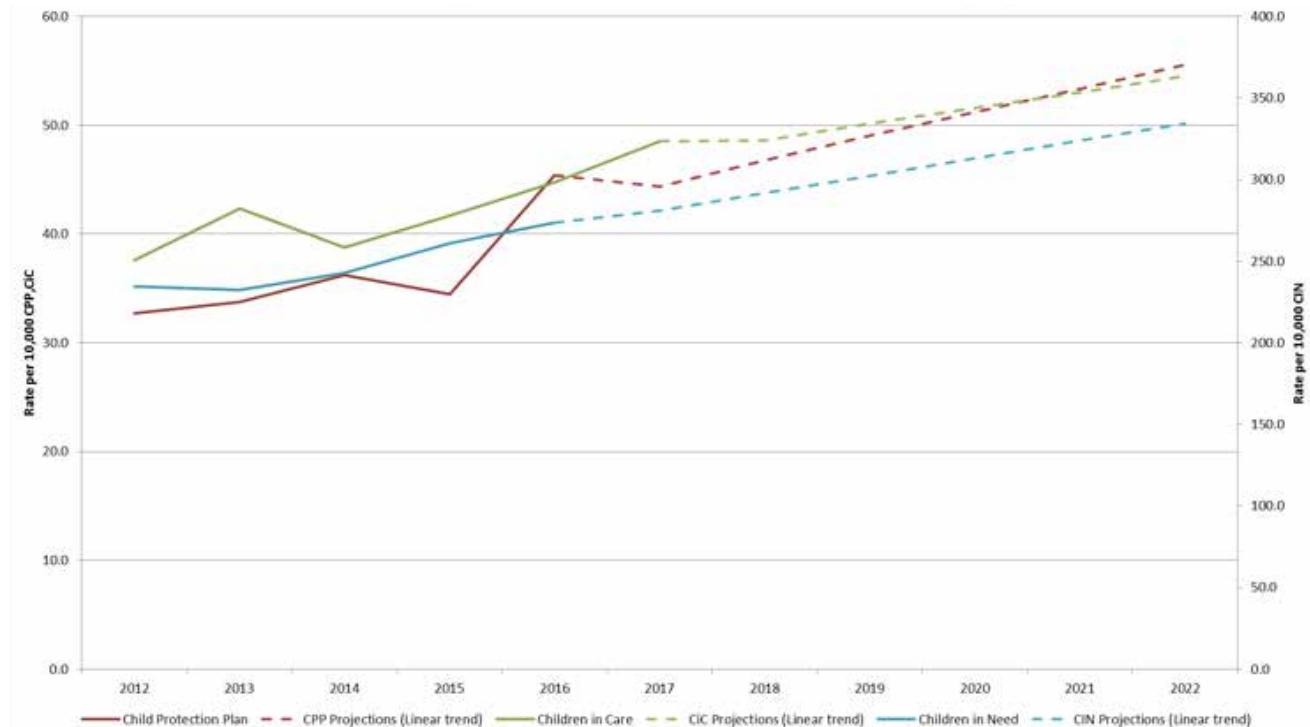
Section B

Characteristics of children going into care

In this section we will look at the characteristics of the children who are going into care in terms of age, gender, ethnicity, where they come from and whether they are part of sibling groups. In this section we have chosen, where possible, to focus on the characteristics of those going into care each year (rather than the characteristics of the year end cohort) as it is likely to be more indicative of future trend and less impacted by the characteristics of the historical cohort. By looking at the profile of those coming into care and the changing patterns and trends, we can draw inferences about the likely future profile of those coming into care and plan accordingly.

Age

KEY FINDING – The largest proportion of children coming into care (35%) are now in the 10-15 age group. The number of children in this age band has doubled from 61 to 122 in the last five years. Historically the largest proportion (45%) of children coming into care was 0-5 year olds. The numbers in this 0-5 age group have remained stable at just under 120.

Analysis of cohort entering care over last 5 years:

There have been some changes in the age profile of those coming in to care in Gloucestershire in the last 5 years. In terms of proportions, in 2013 0-5s dominated and were almost 45% of the cohort. By 2017 this proportion had shrunk to around 30%. The relative proportions by age band of children coming into care is shown below.

Chart to show proportion of children coming into care in Gloucestershire by age band over time
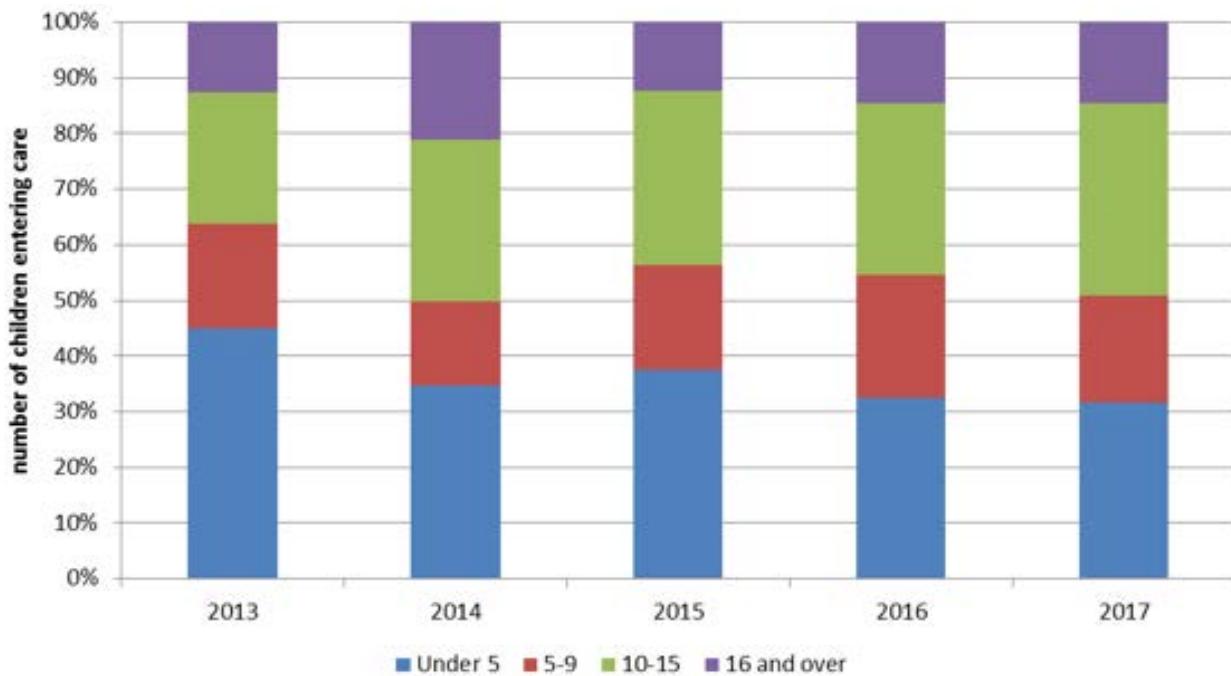
By looking at the absolute numbers coming into care rather than the proportions above, it can be seen that this decrease in proportion of 0-5 year olds is not due to falling numbers in this age group (it has remained stable) but rather to increases in other age groups. The most notable increase has come in the 10-15 age group which has doubled from 61 in 2013 to 122 in 2017.

Chart to show numbers of children coming into care in Gloucestershire by age band over time
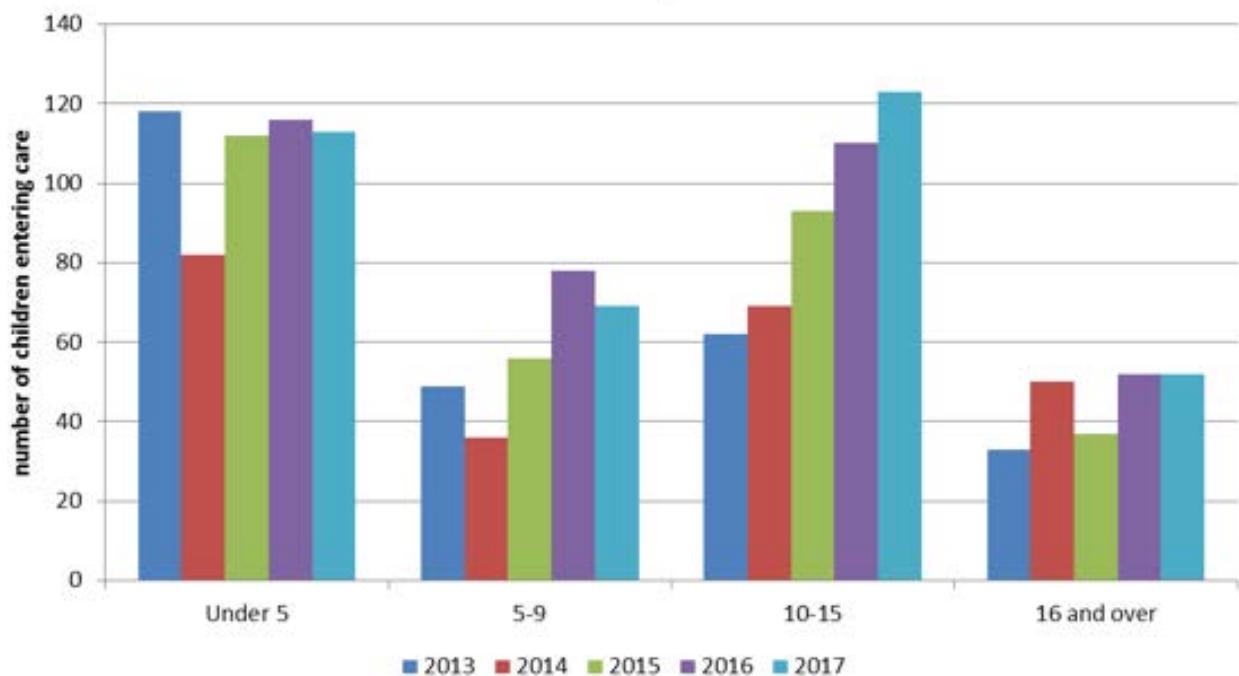
The increase in the size and relative proportion of the 10-15 age group is likely to have significant implications for the type of placement required as the support needed for older children is different to that needed for under 5s.

Analysis of Age at 31st March year end snapshot numbers:

National comparator data is not available for the annual data on children coming into care. However, if we use the year end snapshot cohort then it is possible to make national and regional comparators. The data shows that the age group of CiC in Gloucestershire in 2015 was in line with England but slightly younger than the regional averages and many of the statistical neighbours. This is illustrated below.

Graph to show 2015 proportions of children in care by age bands at year end for Gloucestershire and its comparators
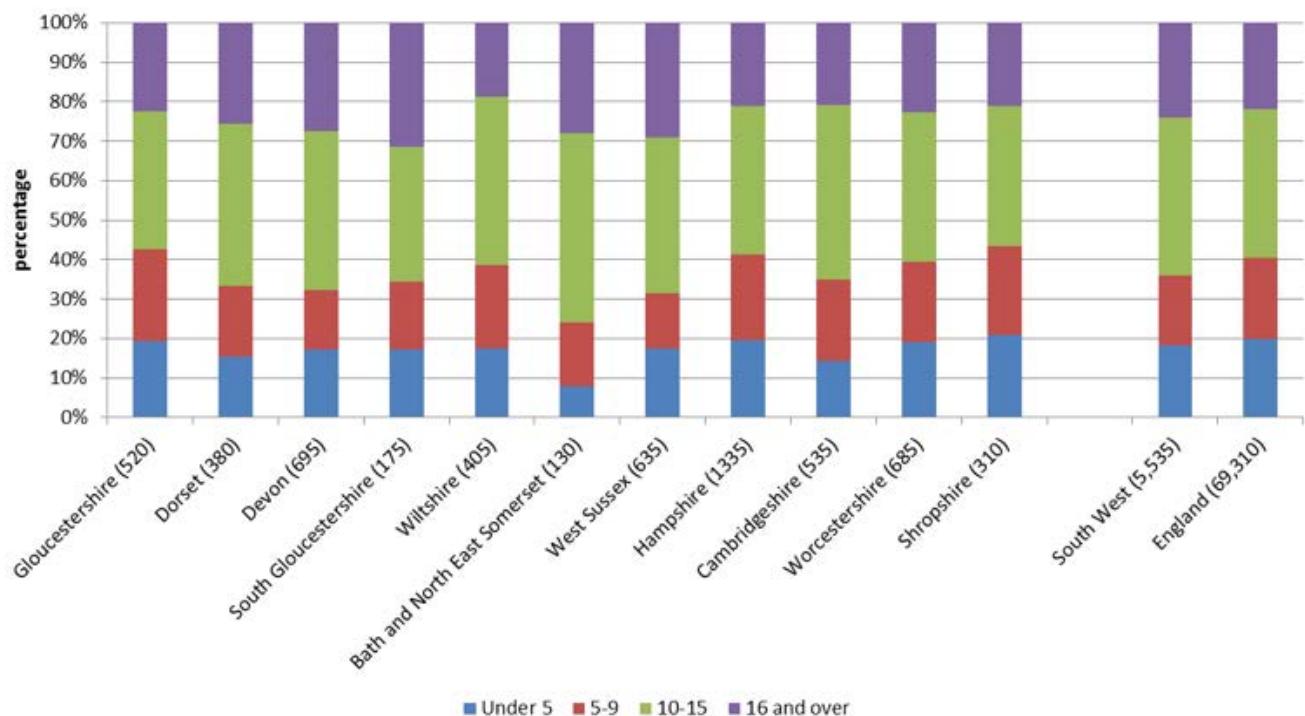
The age at the start of current placement in 2015 in Gloucestershire was inline with the England ages. More recent national comparator data is not available so it is not possible to see if the recent increase in 10-15 year olds has been mirrored in other places, or if the Gloucestershire increase now brings us into line with statistical comparators.

Gender

KEY FINDING – Boys are over-represented in the children in care cohort with around 55% being male. This proportion has been stable over time and is in line with comparators.

The two figures below show the proportion and then absolute numbers of male and female children in care in Gloucestershire over the last five years.

There is roughly a 55% to 45% split with boys making up the majority of children in care. The gender split of CiC in Gloucestershire has remained broadly stable for the previous 5 years.

Graph to show proportion of children in care by gender over time for Gloucestershire
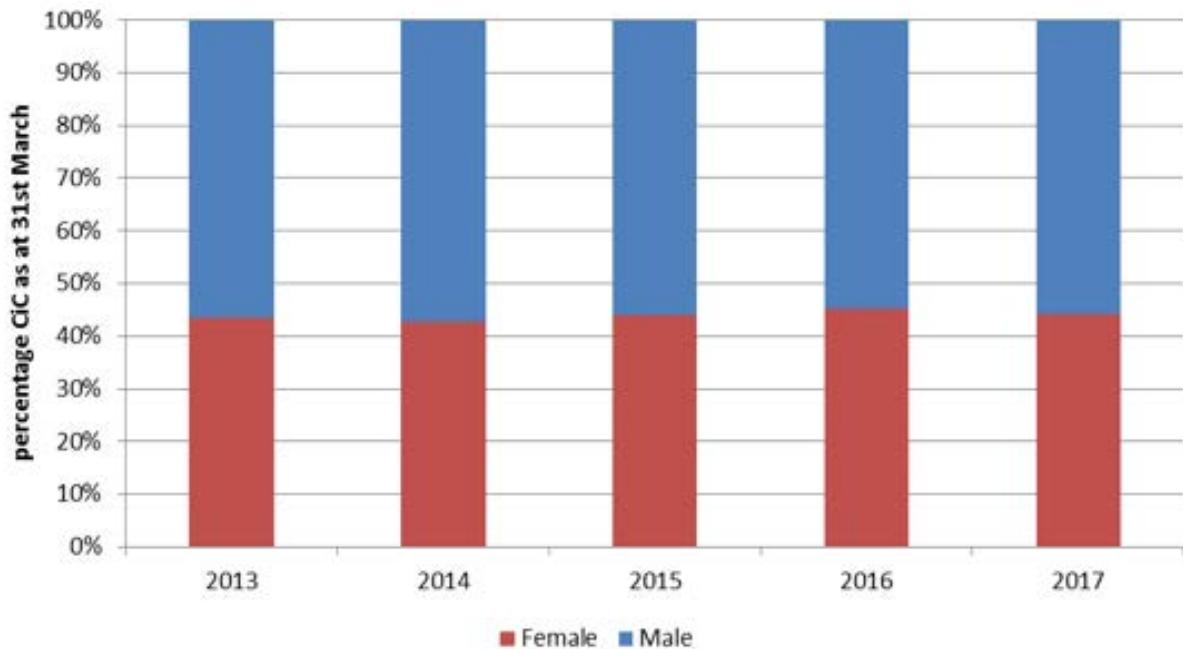
As can be seen in the chart below, the numbers of male and female children in care in Gloucestershire have both increased in absolute number terms. However the rate has been broadly similar which has resulted in the proportions staying the same.

Graph to show number of children in care by gender over time for Gloucestershire
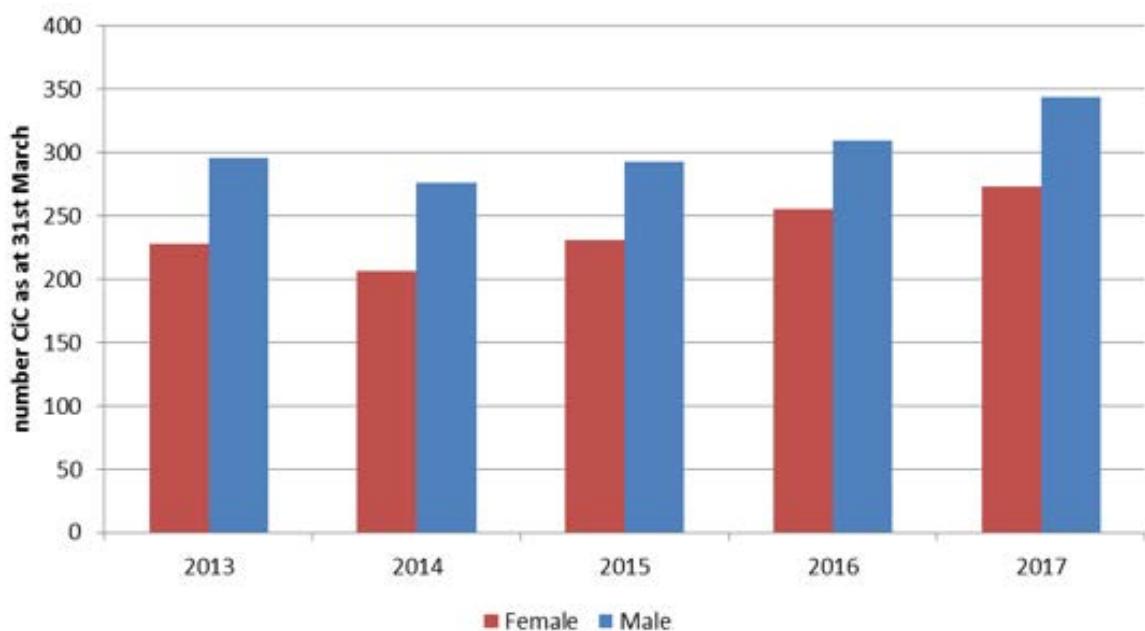
The over representation of boys in care is also seen nationally, regionally and amongst our statistical neighbours. This is illustrated in the graph on the next page.

Graph to show 2015 proportion of children in care by gender for Gloucestershire and its statistical neighbours
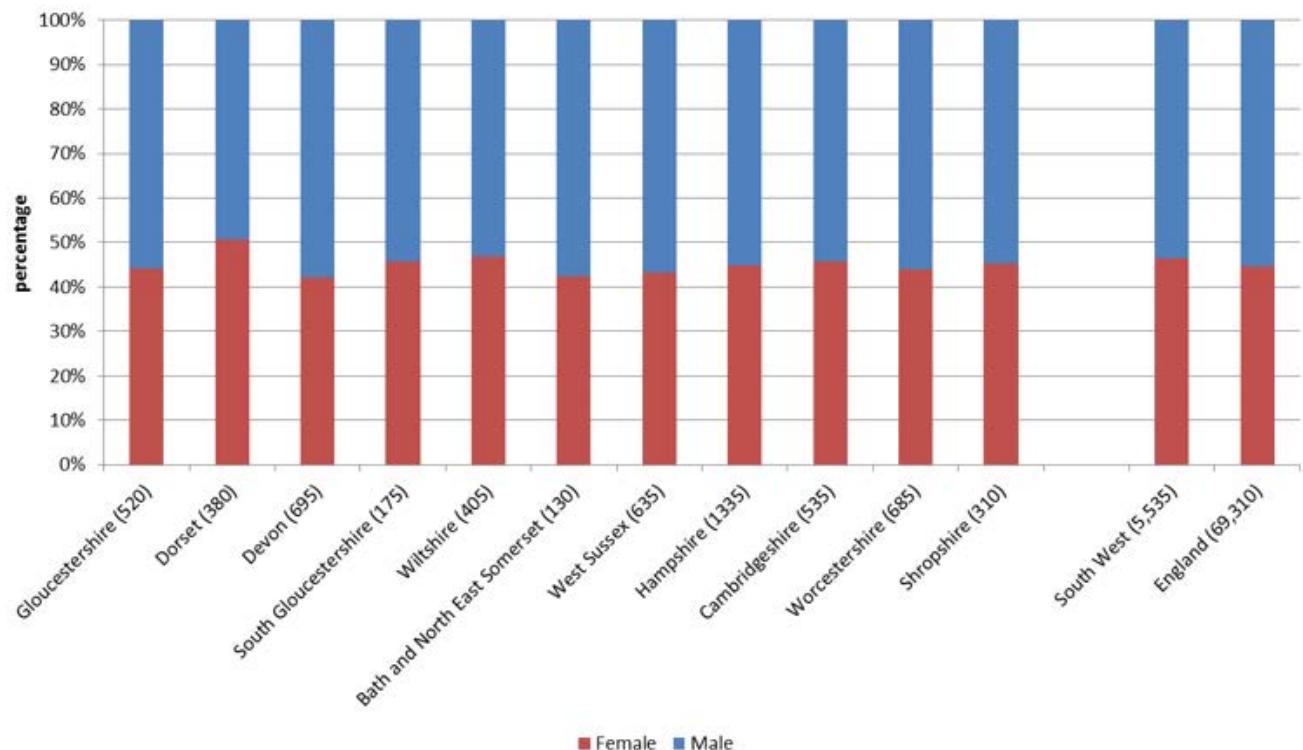
Ethnicity

KEY FINDING – Over the last 5 years there has been an increase in both the number and proportion of minority ethnic children coming into care in Gloucestershire. In 2017 there were approximately 20% of children from minority ethnic backgrounds which is an increase from around 12% in 2013. This is a 67% increase over 5 years and is an over representation compared to the local population.

In 2015 the ethnic split of CiC in Gloucestershire was inline with the regional average but had proportionately fewer minority ethnic and more white children in care than the England rate. This is likely to be linked to the wider ethnic profile of the general population of Gloucestershire and the region which has a lower proportion of minority ethnic residents than that seen nationally.

Graph to show 2015 proportions of children in care by ethnicity for Gloucestershire and its statistical neighbours
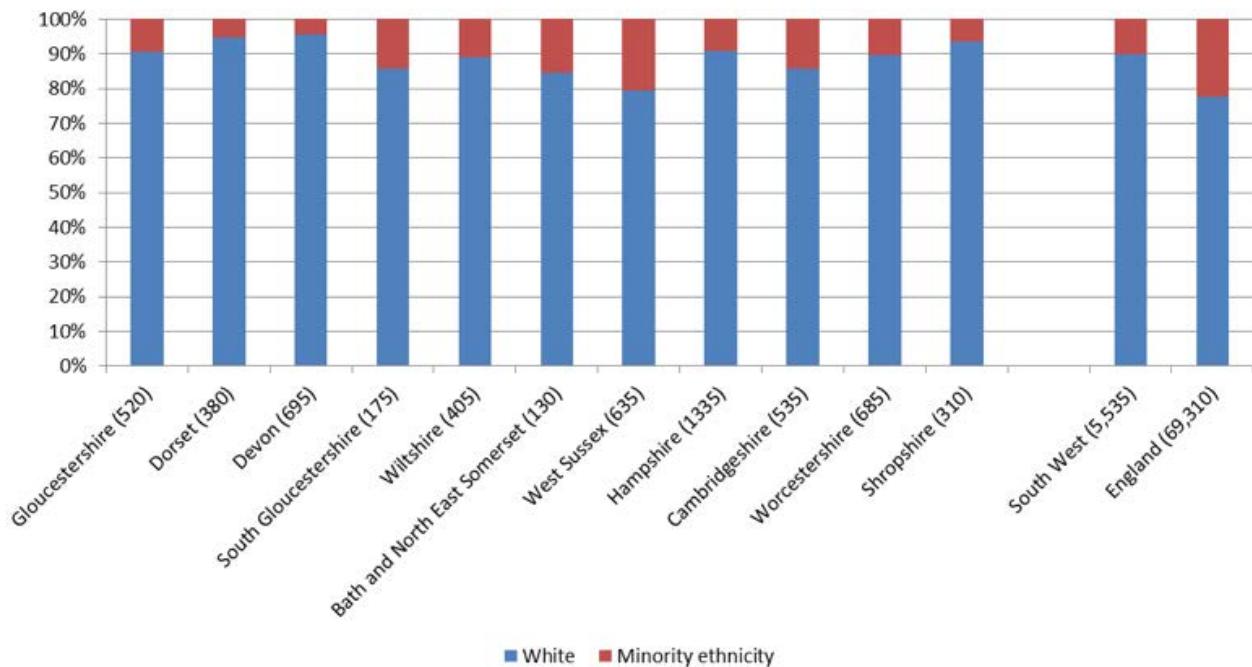
When looking at the ethnicity of Gloucestershire CiC in the previous 5 years however, it is clear there has been an increase in the proportion of children in care that are from minority ethnic groups. This proportion has increased from 12.4% to 19.5% in the period. This increase has been largely seen in 2016 and 2017 cohorts.

Graph to show proportion of children in care by ethnicity for Gloucestershire over time
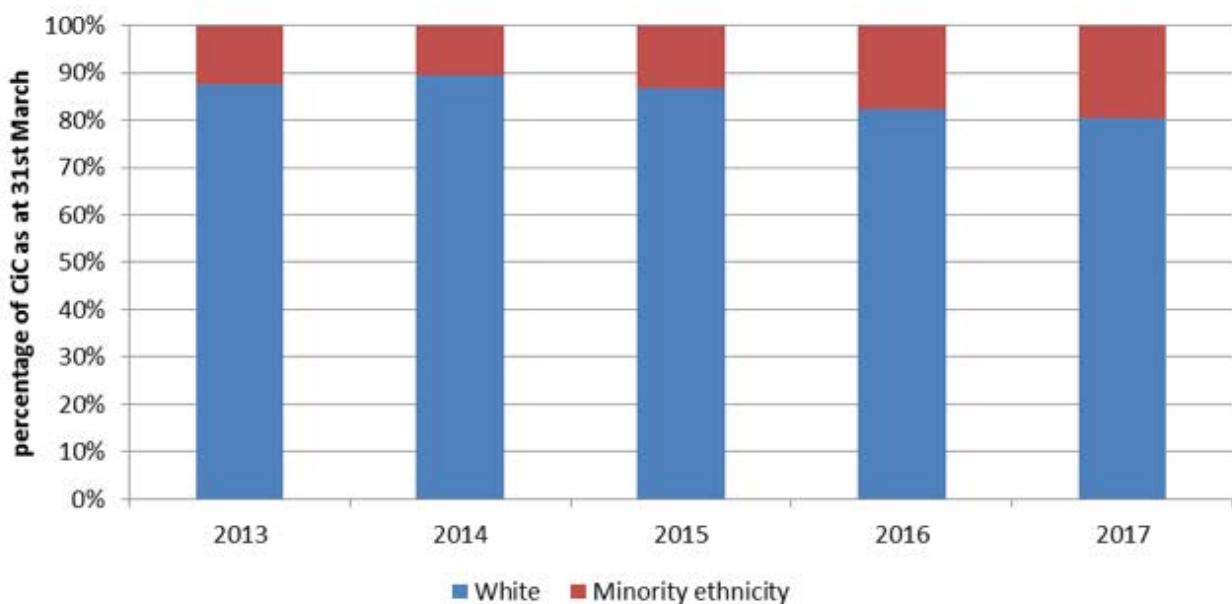
Graph to show proportion of children in care by ethnicity for Gloucestershire over time
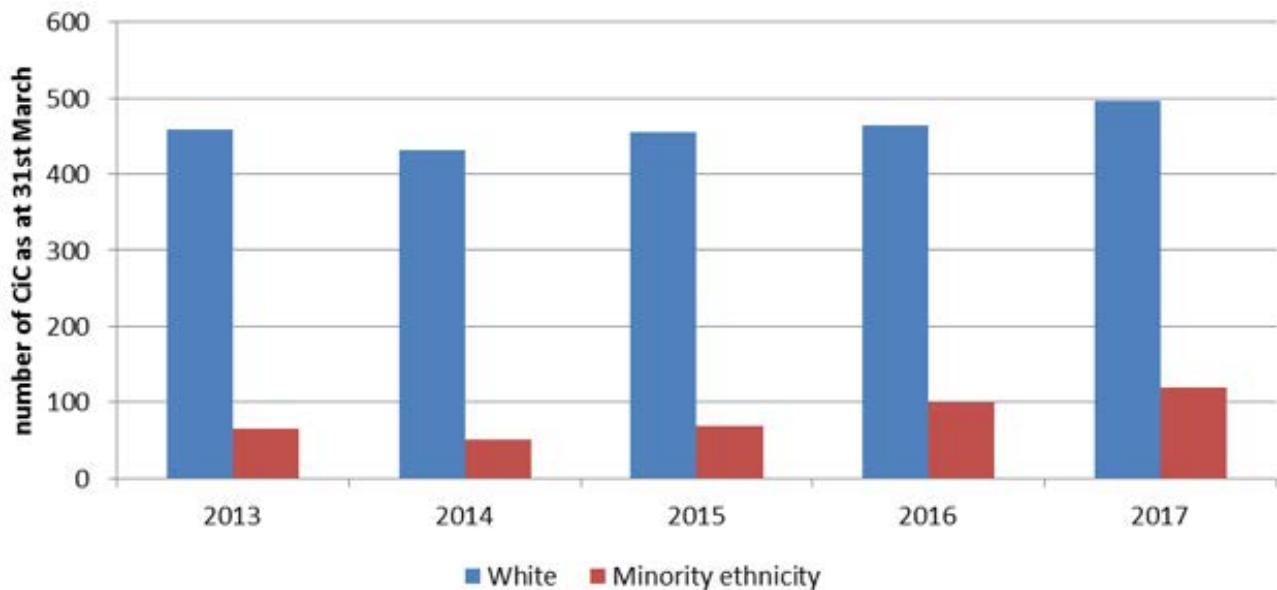
Again, looking at the absolute numbers by ethnicity, the chart shows that while the numbers of both white and ethnic minority children in care have increased locally, the rate of increase for minority ethnicity children has been greater and this is what has driven the increase in the proportion of minority ethnic children in care.

This finding may have implications for the type of foster homes needed. If this trend continues then it is likely that more foster homes suitable for minority ethnic children (e.g. language capabilities) may be required to meet the needs of children in care locally.

Sibling Groups
KEY FINDING – In the last five years there has been a 28% increase in number of large (3+) sibling groups. In 2017 there were 46 sibling groups of 3 or more children, up from 36 in 2013… Sibling groups containing 5+ children have remained stable over the last 5 years at around 5 to 8.

In the majority of cases, when a sibling group is taken into care, unless there are special circumstances, it is desirable for the sibling group to be placed together. Not every foster carer can accommodate three or more children at a time and achieving the aim of keeping the sibling group together requires placements with capacity for large groups.

The figure below shows the rise in sibling groups of three or more over the last 5 years. In 2017 46 such groups required placement; this is a 28% increase in the last 5 years.

In addition to groups of three or more, there are also groups of 5 or more siblings requiring care placements. The number of such groups has remained stable at around 5-8 each year.

Graph to show number of large sibling groups taken into care annually for 2013-2017
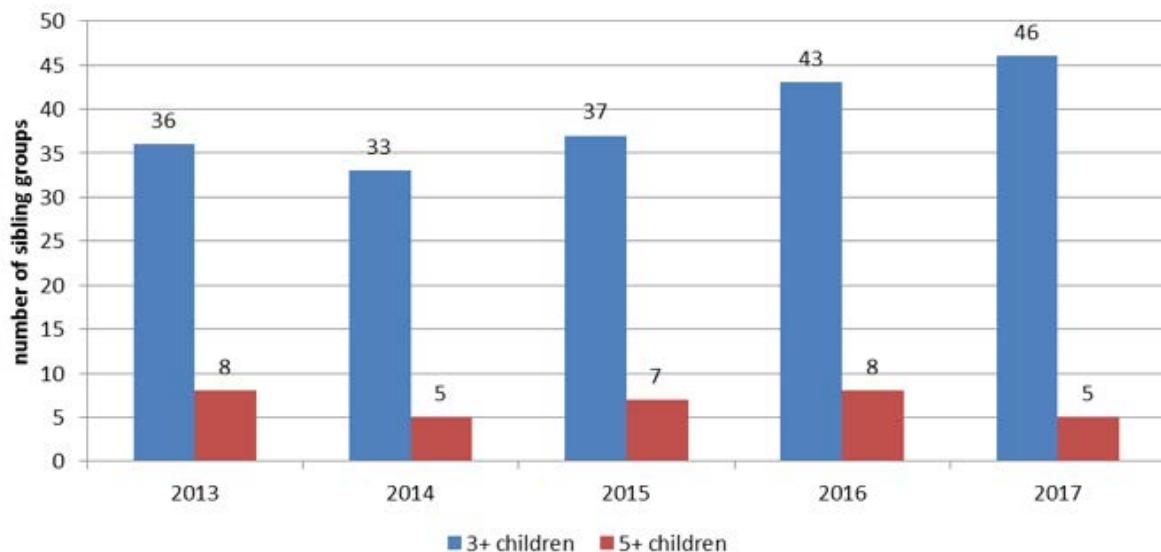
Unaccompanied Asylum Seeking Children (UASC)

KEY FINDING – There has been an increase in numbers of UASC from 0 in 2015 to 21 UASC currently placed in Gloucestershire. Under the terms of the Interim National UASC Transfer Protocol 2016-17 this number could grow to a maximum of 87 (0.07% of the local child population). These CYP are likely to have specialist support needs.

There was a decline in the number of unaccompanied asylum seeking children in Gloucestershire between 2011 and 2015, since then there as been a rise in numbers but it is much less dramatic than the regional increase. At year end 2017 there were 15 unaccompanied child asylum seekers.

Graph to show change in number of unaccompanied asylum seekers over time for Gloucestershire and comparator regions
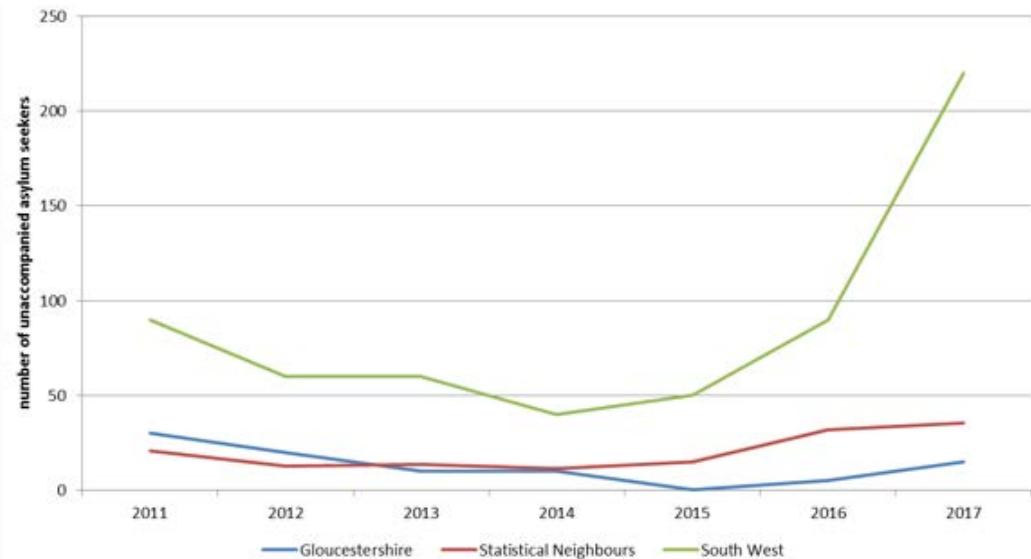
Table to show change in number of unaccompanied asylum seekers in Gloucestershire

Number of unaccompanied asylum seekers							
	2011	**2012**	**2013**	**2014**	**20^5**	**2016**	**2017**
Gloucestershire	30	20	10	10	-	5	15

The Interim National UASC Transfer Protocol 2016-17 has proposed a system to provide a fairer distribution of UASC young people across the country. For Gloucestershire this means that in addition to the 21 children in care already placed to date, over the coming months we may need to find homes for UASC who either seek asylum in Gloucestershire or who are dispersed to Gloucestershire as part of the national dispersal scheme. As part of the dispersal scheme each Local Authority will be required to assist until they reach 0.07% of their children's population in UASC. For Gloucestershire this is 87 UASC.

Epidemiologically many of the UASC to date have been over 15 and male. In addition these young people are likely to have experienced significant trauma in addition to disruption and dislocation. Specially trained foster carers who can respond to these needs are likely to be required.

Needs of the Children Coming Into Care

KEY FINDING – There has been an increase in the proportion of children identified as having mental health support needs. The number with substance misuse problems or contact with the criminal justice system has fallen since 2009. All children coming into care are likely to have experienced a number of adverse childhood experiences and this will need to be addressed to stop these adverse experiences having lifelong negative social, health and wellbeing impacts.

Children coming into care will have a number of needs that will need to be met by their placement. In 2017 the biggest identified need for CiC was mental health issues, with experience of living with domestic violence the next highest factor. Between 2016 and 2017 mental health represented the biggest growth in proportion with domestic violence showing the biggest decline in proportion. Interestingly the decline in domestic violence as a proportion of parental need over the same period is not seen (see next section). This suggests that the decline in its relative contribution for children is likely to be driven by an increase in the number of other issues recorded rather than a decline in incidence. The proportional requirement for support around physical difficulties fell but learning difficulties stayed at roughly the same percentage.

In the light of the growing evidence bases around adverse childhood experiences, it should be noted that all children coming into care will have experienced a number of adverse childhood experiences including neglect, abuse, and living in households affected by parental mental health, substance misuse and domestic abuse. The growing evidence base suggests that if the sequela from these experiences are not addressed they can go on to cause long term health, wellbeing and social issues for the children and young people. Developing strong relationships and core life skills from successful placements can be effective in boosting resilience and overcoming the impact of the adverse experiences. Poor placements and/or placement breakdown causes further trauma and exacerbates the issues. Thus getting the right placement first time is of the utmost importance both to the individual and to the future health and wellbeing of the county.

Chart to show the proportions of children in Gloucestershire having a specific need recorded on entry into care
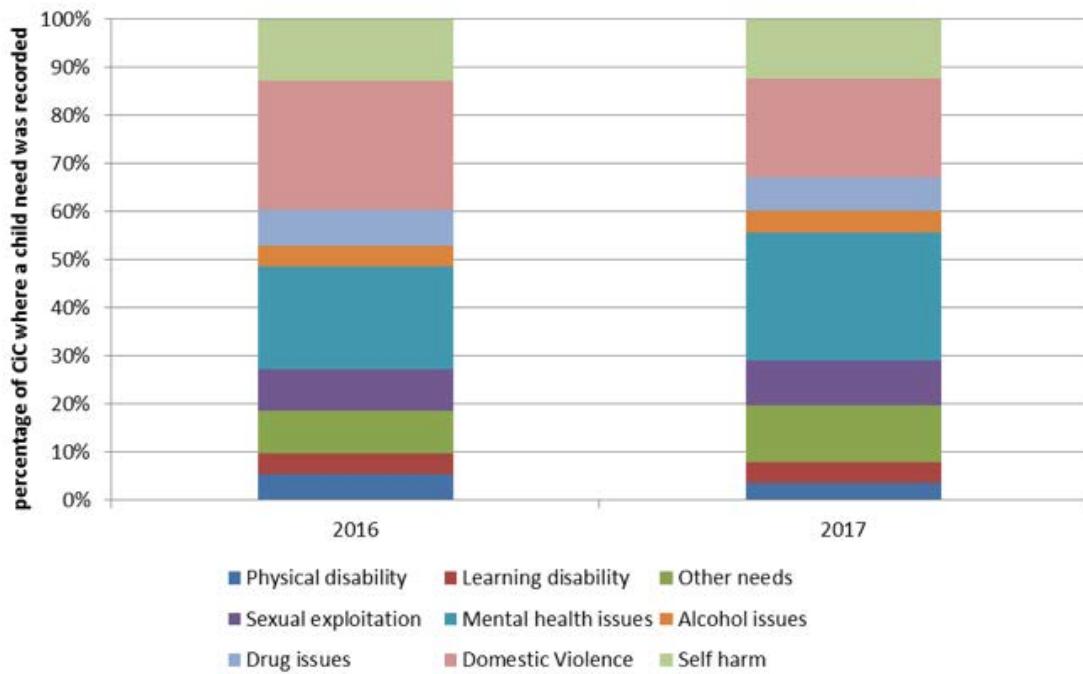
NB children can have more than one need recorded.

**Reasons for Children Coming Into Care – Recorded Parental Needs**
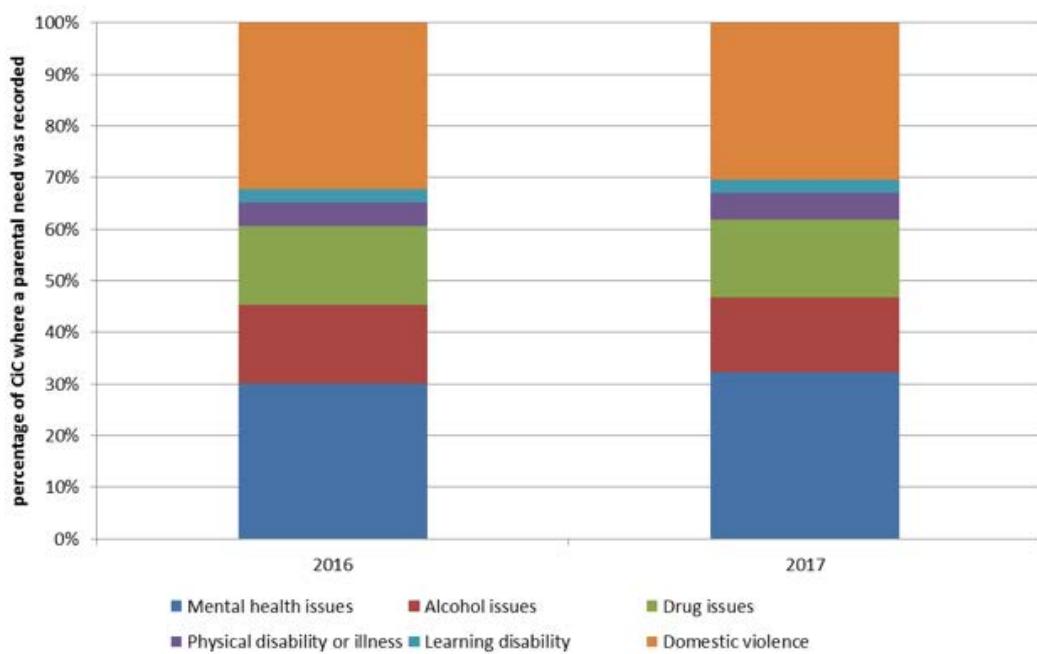
The parental need which is causing children to come into care has remained broadly constant between 2016 and 2017. Mental health and domestic violence remain the two largest issues proportionately.

Emotional Health of our Children in Care

The emotional health of all children in care is assessed using the Strengths and Difficulties Questionnaire (SDQ). This is brief behavioural screening questionnaire suitable for 3-16 year olds. It is a validated tool and can be used for comparisons. A score of 0-13 is considered normal, 14-16 is border line and 17-40 is cause for concern. The mean scores over time are shown below.

Chart to show mean SDQ score for children in Gloucestershire and comparators over time
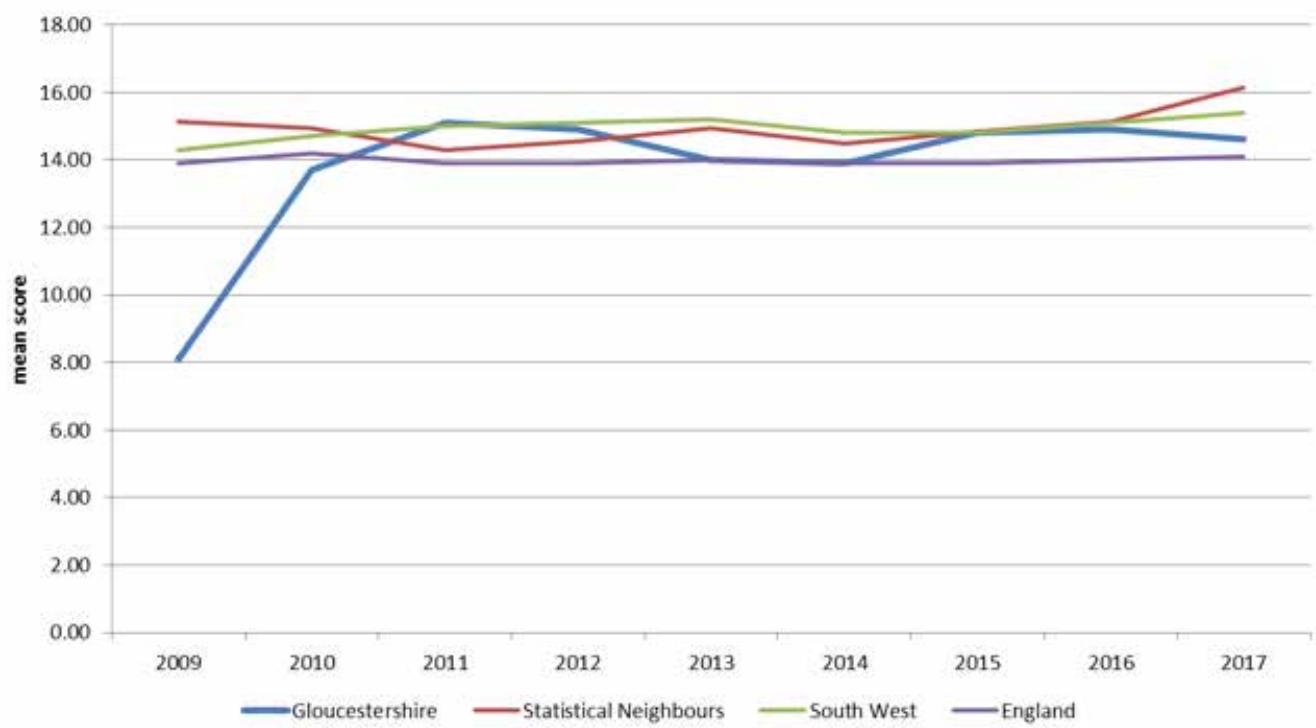
Since 2011 the mean scores for Gloucestershire CiC have remained around 14-16. This is in the borderline range and is fairly consistent with our comparators. It should be kept in mind that this is a mean score and many children may have high scores with high needs while others achieve low scores.

Substance Misuse in Our Children in Care

The data around this indicator is not complete and so is hard to draw firm conclusions from. There is some evidence that this indicator is showing a downward trend since 2009 and is roughly in line with the UK. The national average runs at around 4% of the children in care population. Again this represents a cohort that needs specialist care and placements able to support their needs. During the course of a year 4% roughly equates to between 25 and 35 children in care in Gloucestershire with substance misuse problems.

Graph to show proportion of children in care in Gloucestershire with substance misuse problems over time
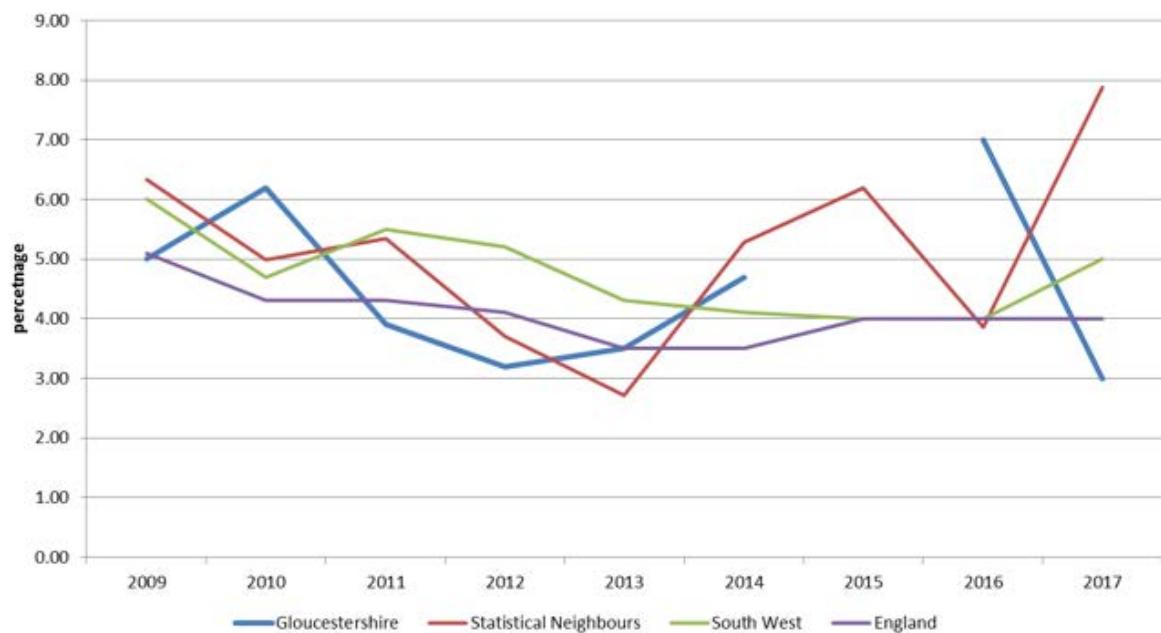
Contact with the Criminal Justice System

As can be seen in the graph below the percentage of children in care who are in contact with the criminal justice system has decreased since 2009 and remains broadly in line with the national trend.

Graph to show change in proportion of children in care in Gloucestershire and comparators in contact with criminal justice system over time
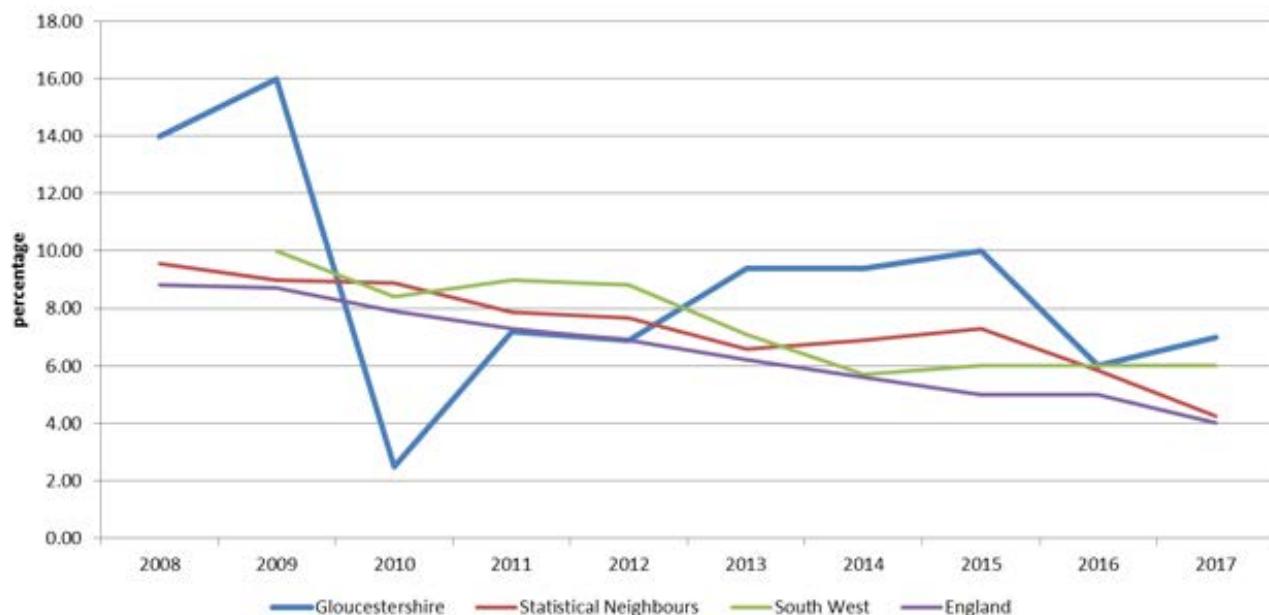
Section C

Type of Placement

In the previous section we looked at the characteristics of the children going into care. In this section we will look at placement characteristics.

Placement type

KEY FINDINGS – Gloucestershire uses a higher proportion of Local Authority foster placements compared to peers. Gloucestershire also uses a lower proportion of "other non-Ofsted placements" and residential homes than peers

There are a number of placement types available for children in care and the chart below shows how the relative proportions by type of placement vary in Gloucestershire and compare to the South West region and England averages.

The chart below shows Gloucestershire placed a higher proportion of children in Local Authority fostering agency placements (60%) than both the South West (58%) and England (50%) averages in 2015 (latest available comparator data). Correspondingly, it placed a smaller proportion in independent fostering agencies. This difference is particularly marked compared to the England pattern.

Gloucestershire also used "other placements not inspected by Ofsted" options (often with family or friends) in proportionately fewer cases than the regional and national averages. Residential special schools were over represented compared to the South West of England picture.

Chart to how 2015 proportion of placement provision by type for Gloucestershire and comparators
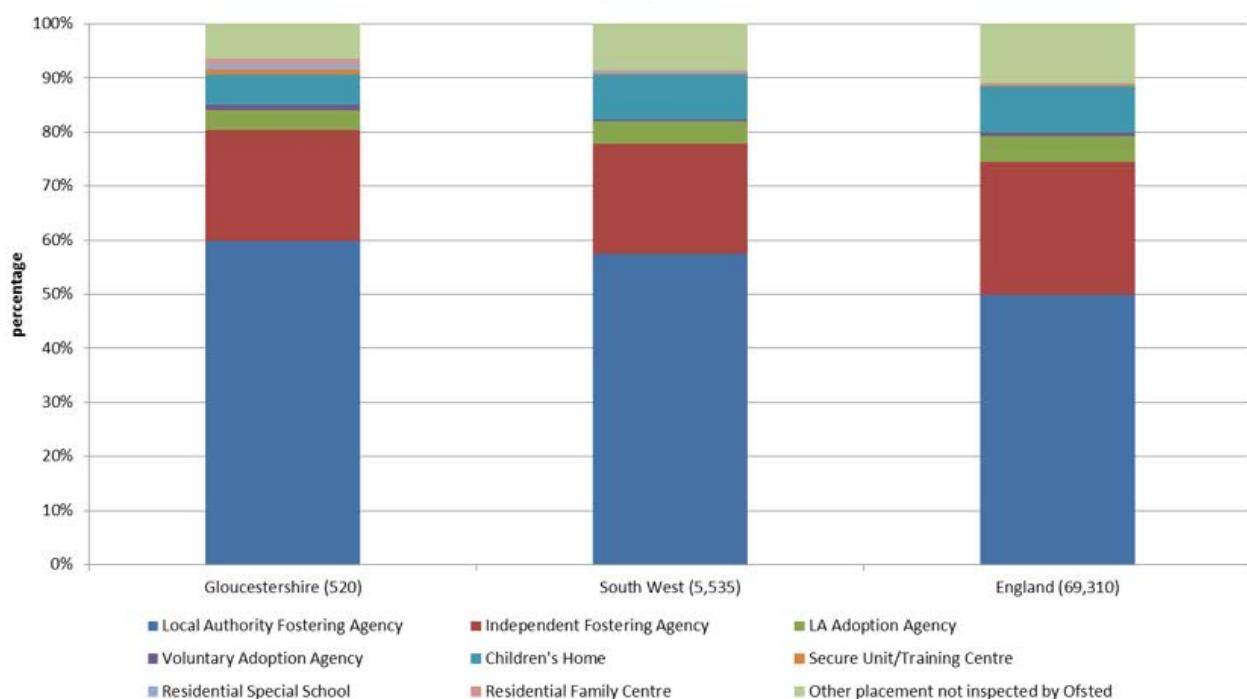
The 2015 data set is the latest data set for which the comparator data is available for this indicator. It should be kept in mind that the picture may have changed in the last 2 years. To aid with this, the Gloucestershire trend data by placement type is presented in a later section.

When looking at the 2015 data for Gloucestershire in comparison to its statistical neighbours the difference between use of different placement types is marked. Only Dorset and South Gloucestershire use a similar proportion of LA fostering placements, all other LAs are using more independent fostering agency placements. All the statistical neighbours use proportionately more placements in children's homes than Gloucestershire. This is illustrated in the chart below.

**Chart to show 2015 proportion of placements by type for Gloucestershire and statistical peers**
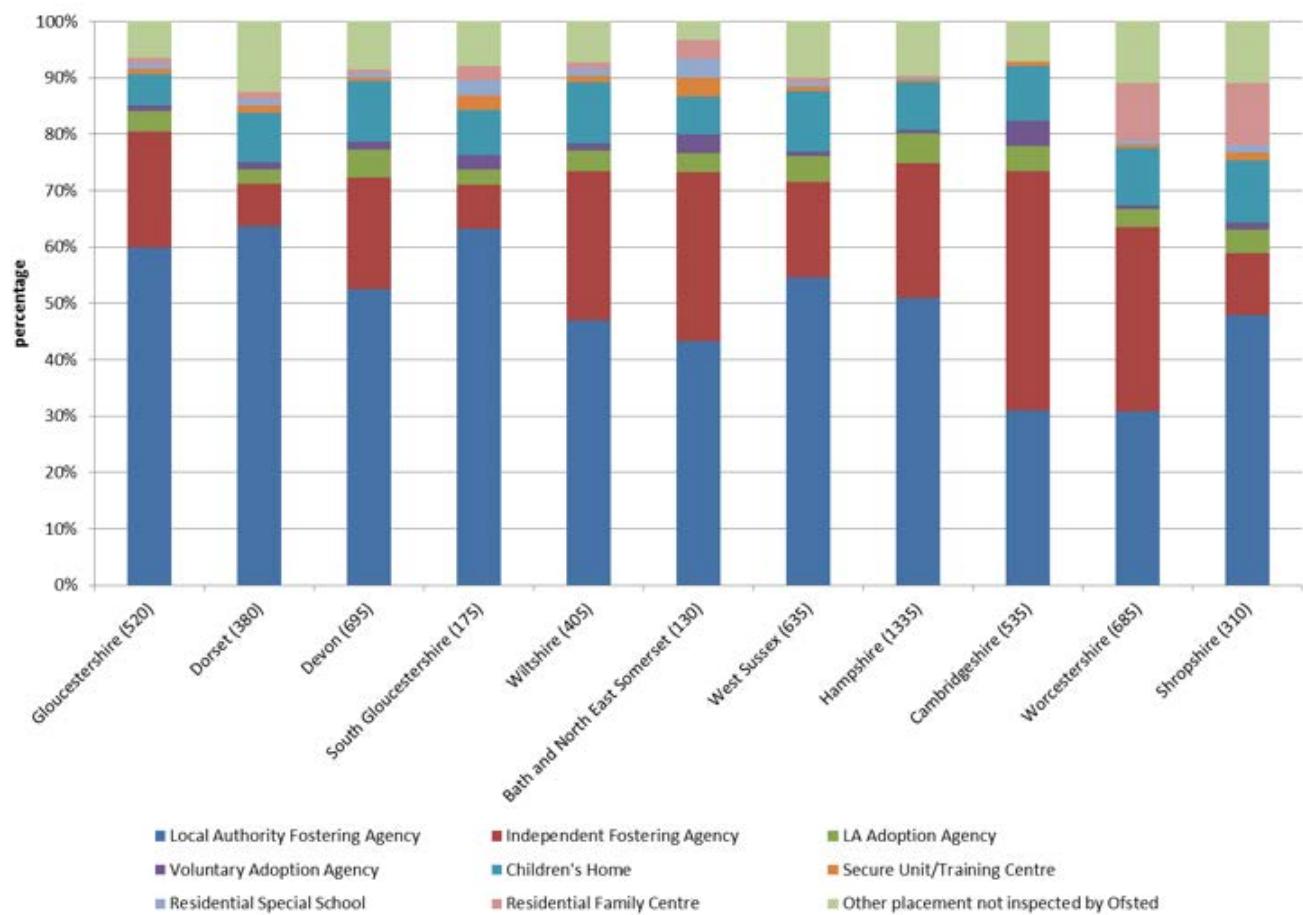
As mentioned in the previous section, it is also helpful to look at how the trend by placement type has changed for Gloucestershire over the last 5 years . During the previous 5 years the proportional use of different providers for placements has remained fairly stable. The use of placements in children's homes seems to have increased in Gloucestershire from 3.8% to 7%. There has also been a slight increase in placements in Residential Special schools in the period from 0.4% to 1.6%. This may be attributed to the opening of a new special school in county.

Graph to show proportion of placements by type for Gloucestershire for 2013-2017
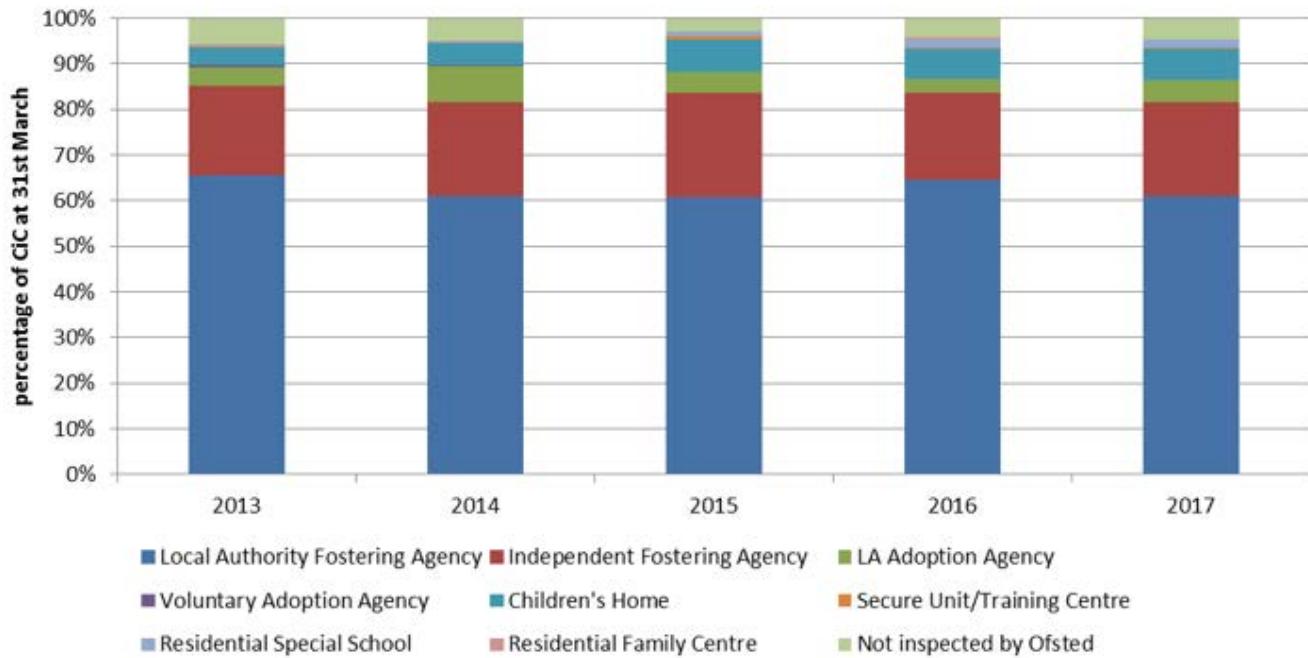
As well as looking at the relative proportions above we can also look at the absolute numbers in each type of placement. The numbers of children placed in each provision type has also been increasing since 2013 in all but LA adoption agency which has been more inconsistent. This is illustrated in the chart below.

Graph to show change in numbers by placement type for Gloucestershire for 2013-2017
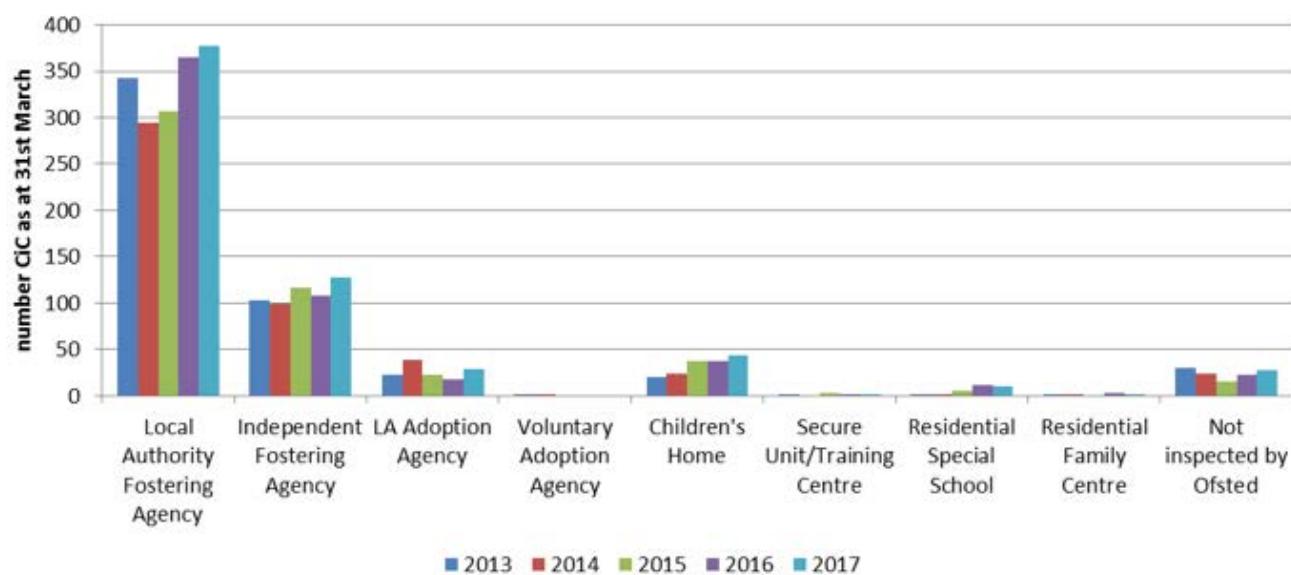
Placement Distance From home

KEY FINDING – Gloucestershire has traditionally performed well in keeping children close to their locality base but in the last 2 years the trend line for children being placed more then 20 miles from home locality has increased faster than for the national or statistical neighbour peers. This is a concerning trend.

The table below shows the top 10 areas in Gloucestershire where children are taken into care from.

10 LSOAs with highest origin postcodes for CiC	2016	IMD
Barton And Tredworth 4	11	1
Westgate 1	10	1
Barton And Tredworth 2	9	1
Barton And Tredworth 7	9	1
Elmbridge 2	9	1
Lydney East 1	9	1
Matson And Robinswood 6	9	1
Moreland 3	8	1
Kingsholm And Wotton 2	8	1
Bream 1	8	2

There is evidence that while in some cases a distant or out-of-authority placement may be the right decision for a child, for many children such placements are not in their best interests. Children placed at a distance from home are likely to achieve poorer educational and other outcomes than those placed within their home area. Local Authorities will find it harder to act as an attentive corporate parent where children are living far away.

An indicator around placement more than 20 miles from locality helps monitor the capacity of councils to have sufficient placements near to home to facilitate contact with natural parent(s), siblings and other relatives and local communities. Apart from in very few cases, the further from home a child is placed, the harder it is to maintain links with their family and for them to return to their community when they leave school or care. The chart below shows that in 2015 a higher proportion of CiC in Gloucestershire were placed within the LA in comparison to all its statistical neighbours and the regional and national averages.

Graph to show placement distance from locality for Gloucestershire and peers
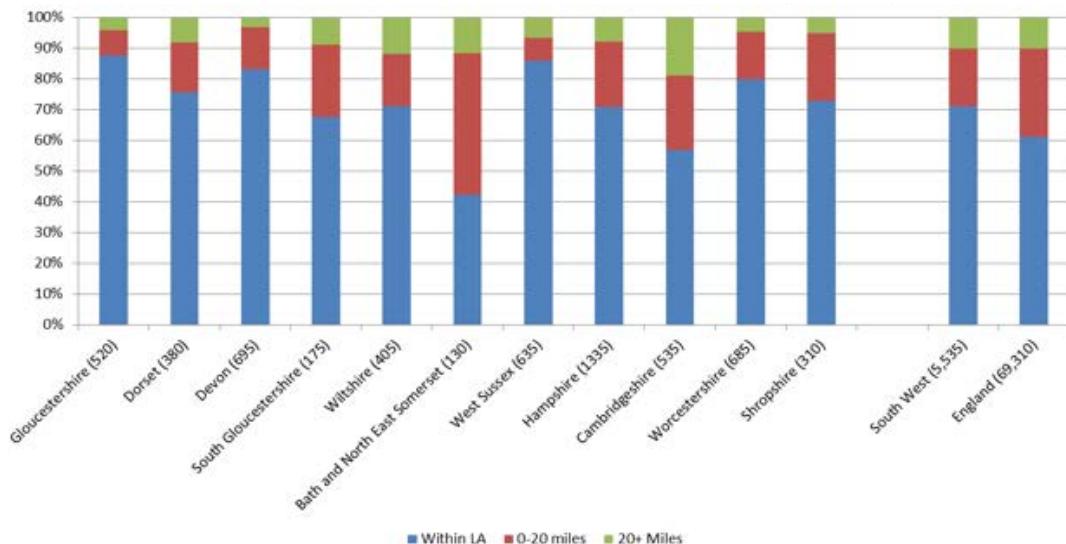
However, although Gloucestershire had a lower percentage of CiC placed more than 20 miles from their home locality in 2015, the recent trend since 2012 shows a sharp increase in comparison to our statistical neighbours and the England average in the same period.

Chart to show change in proportion of children placed more than 20 miles from home locality
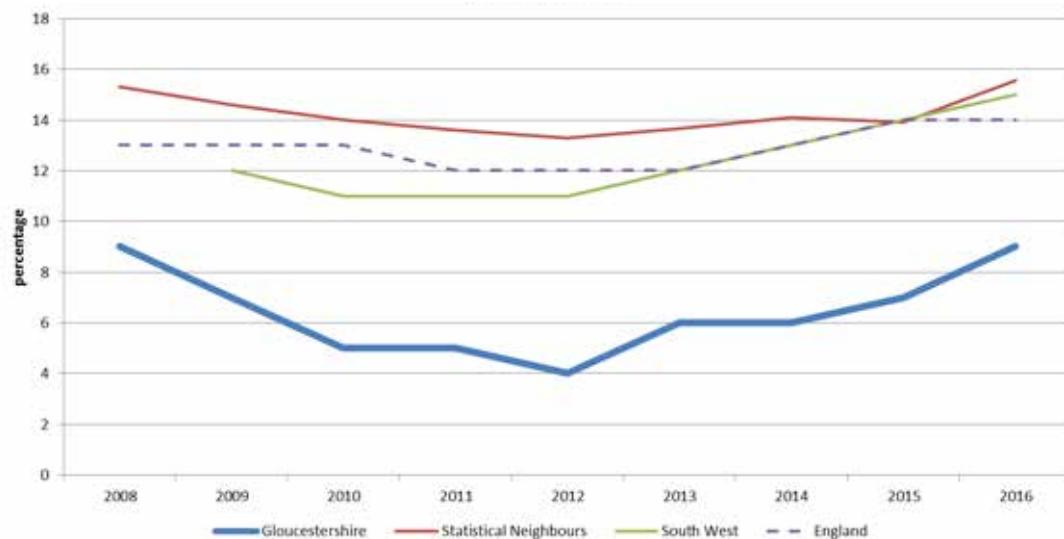
To analyse the trend in more detail 3 year averages can be looked at. The increase, when looking at the 3 year average, is more pronounced in Gloucestershire than statistical neighbours, regional and England averages. This suggests Gloucestershire is getting worse at placing children near home at a rate faster than its comparators and that is relatively strong performance in this indicator is being eroded.

Chart to show three year average for the proportion of children placed more than 20 miles from home locality
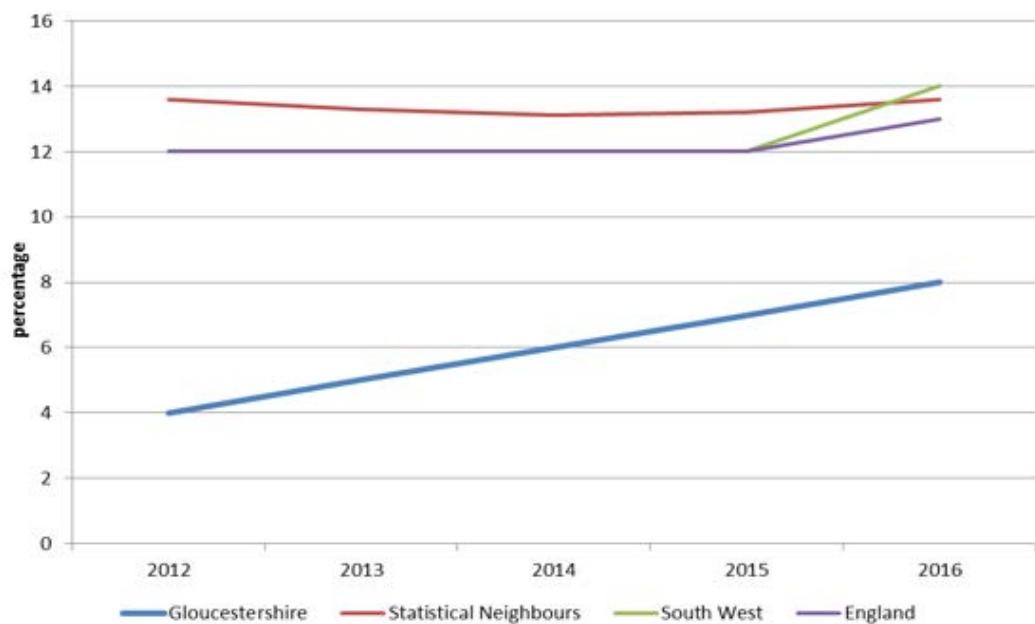
Urban/Rural split of placements

KEY FINDING – The majority of placements are classified as urban with roughly three quarters of children being placed in urban locations

While the majority of placements are urban, Gloucestershire had a higher proportion of CiC placed in rural placements than the England average but is inline with the regional average in 2015. The top 10 locations for place of origin for CiC are urban.

Chart to show rural/urban placement split for Gloucestershire and statistical peers in 2015
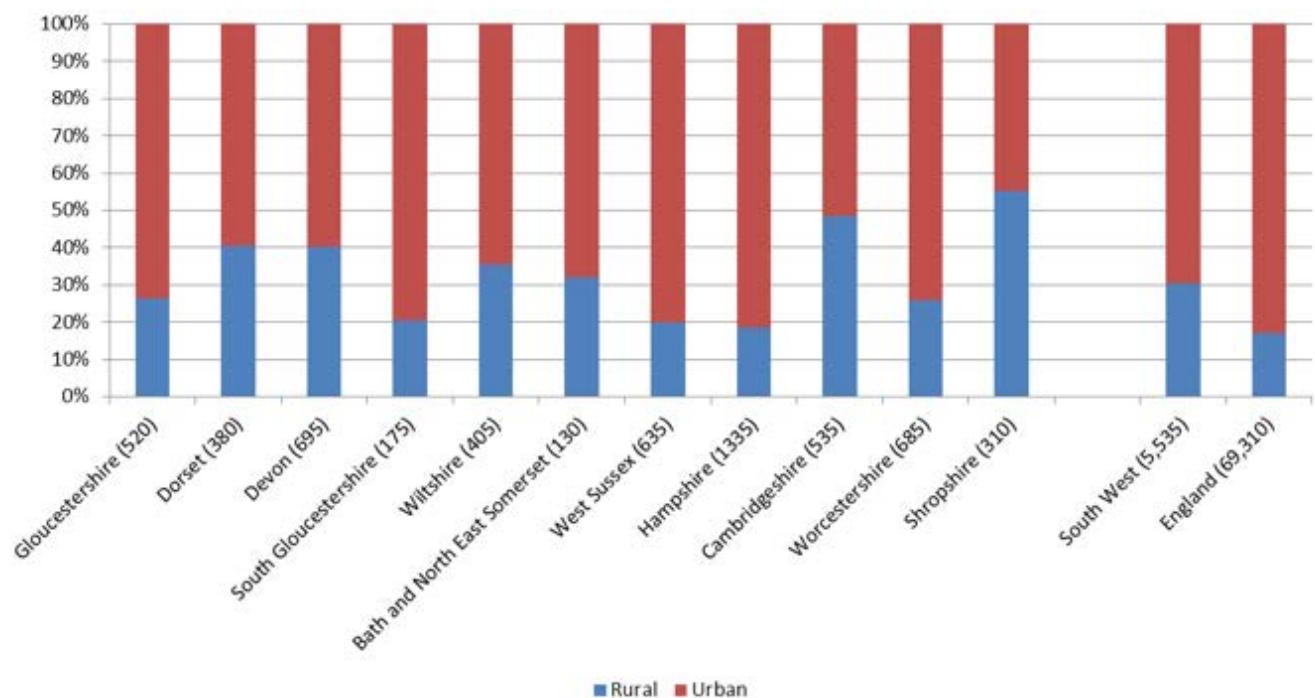

The proportion of placements in rural areas has remained roughly stable between 2013 and 2015 and both have grown proportionately in terms of increased numbers.

Graph to show proportion of placements in Gloucestershire by location between 2013 and 2015
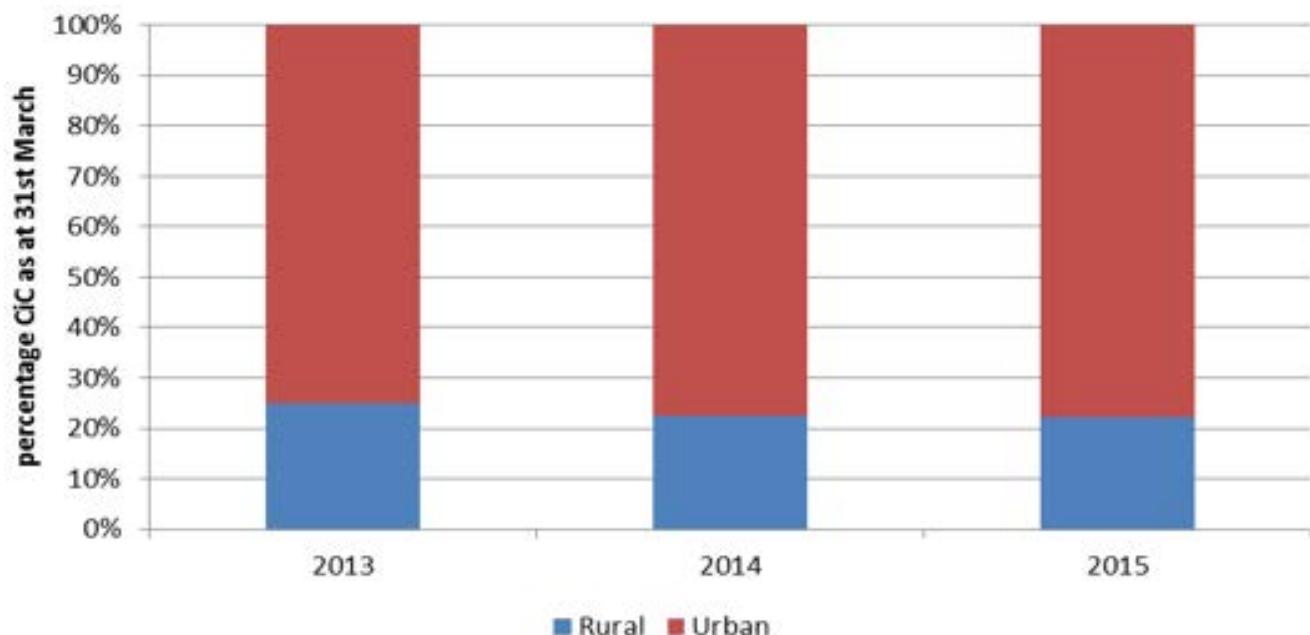
Graph to show number of placements in Gloucestershire by location between 2013 and 2015
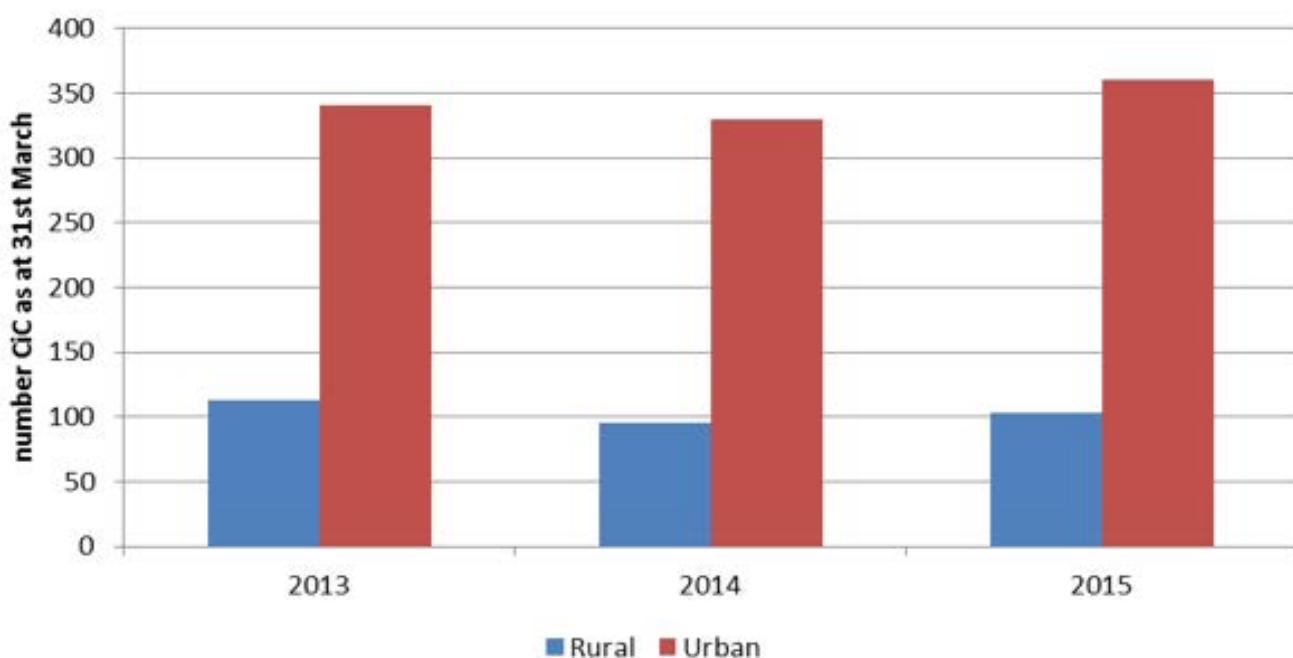
Placement Duration

KEY FINDINGS – There has been a large increase in numbers of short term placements of less than 12 months. In the care leaving cohort, this proportion has increased from 42% to 62% over the last 5 years. Most notably the number of placements in care leavers of less than 6 weeks has doubled in the last 5 years to around 45, and the number of placements lasting 4-6 months has quadrupled over the same period to 42.

As when looking at the characteristics of those in care data on changes in the year end cohort can be looked at or it is also possible to look at changes in the characteristics of placements for those who leave care in any given year. Both statistics are presented in this section but, when considering trends, more weight has been given to those for the care leaving cohort as they are more likely to represent future trends.

Placement stability can be an important part of ensuring children feel cared for and flourish in their placements. The proportion of CiC in Gloucestershire in each placement length group was similar to the England average in 2015.

**Placement duration data based on year end cohort analysis**

If year end cohort data is used then it is possible to look at comparator performance in terms of 2015 data and also to compare this to trends for the same indicator in Gloucestershire over time. This data is illustrated in the following graphs.

Graph to show placement length as of 2015 year end for Gloucestershire and statistical peers
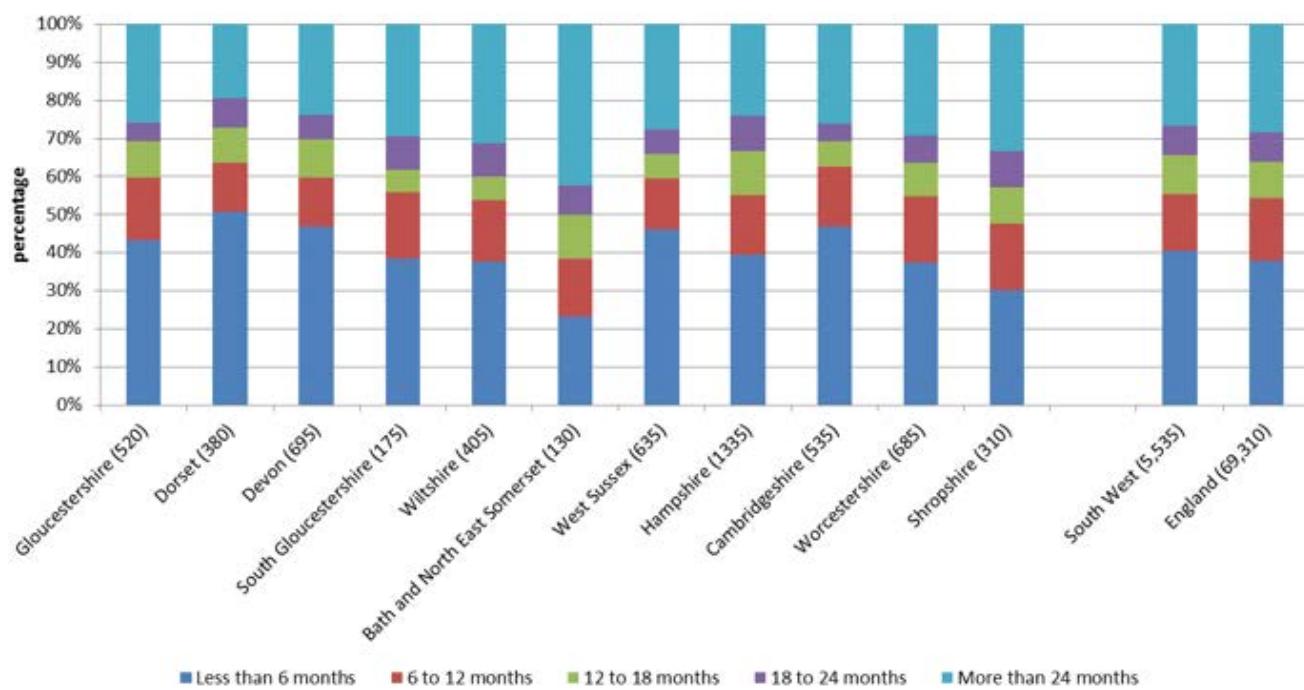
In terms of proportions the placements durations for the year end snap shot cohort have remained broadly similar over the last 5 years and this is shown below.

Graph to show change in proportions in placement duration for those in care at year end in Gloucestershire between 2013-2017
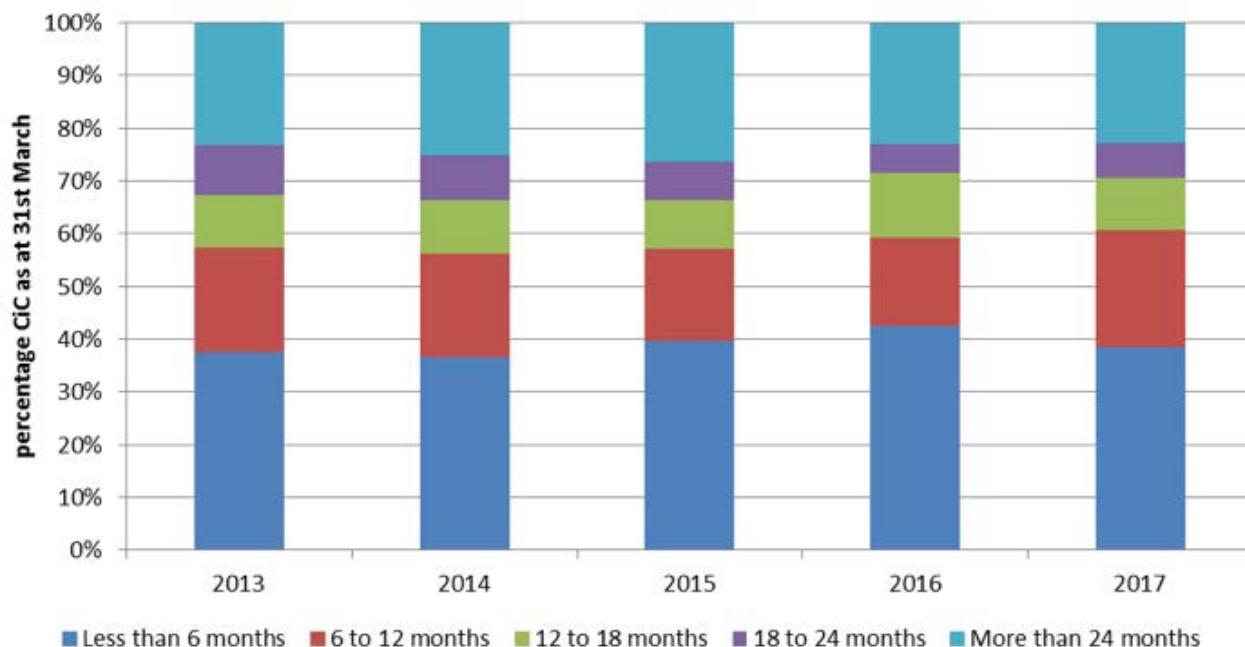
Graph to show numbers by placement duration of current placement for those in care in Gloucestershire at year end by time
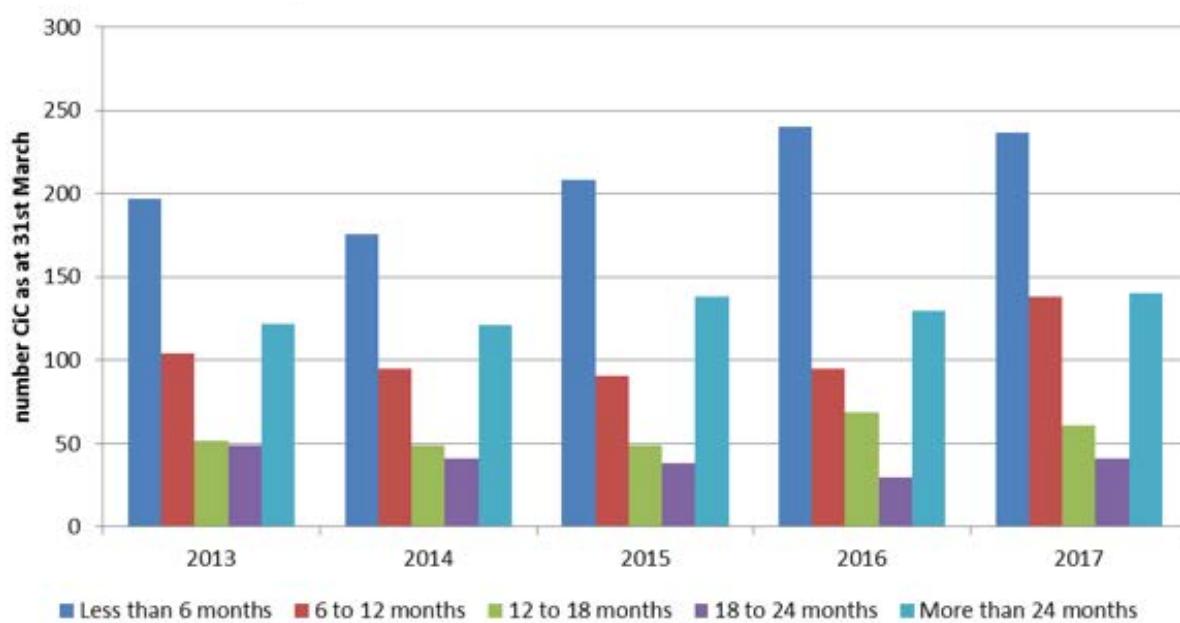
In terms of absolute numbers, the most striking change is the increase in placements of less than six months duration and also in those of 6-12 months duration.

Placement duration data based on those leaving care during the year.

The data presented to date in this section so far has been based on snapshot year end numbers. Another way of looking at placement duration is to review the duration of placement for care leavers. Again this helps us understand what is happening for episodes of care currently without the artefact of those still in placements that is seen in the year end figures.

The graph below shows that, broadly speaking, number grew for placements of less than 6 weeks, 6 weeks to 4 months and 4-6 months as well as for over 5 years and remained static in other placement durations except for 18- 24 months where number fell.

Graph to show changes in number by time for duration of last care placement for Gloucestershire children leaving care in successive financial years
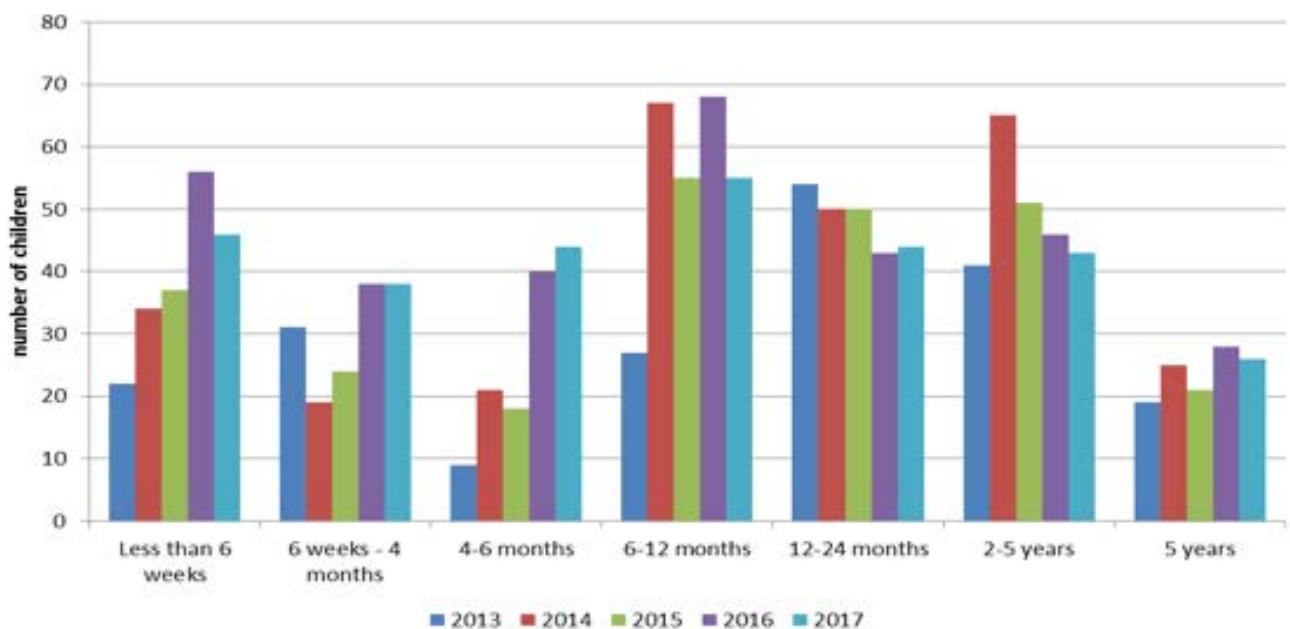
In terms of proportions the graph below shows that the proportion of less than 6 week placements has increased and now lies at around 15%. The proportion of 4-6 month placements has also grown substantially and now accounts for over 10% of placements. The greatest reduction in placement duration is in the 12-24 month category which accounted for around a quarter of all placements in 2013 and is now closer to a tenth.

Graph to show changes in proportion by time for duration of last care placement for Gloucestershire children leaving care in successive financial years
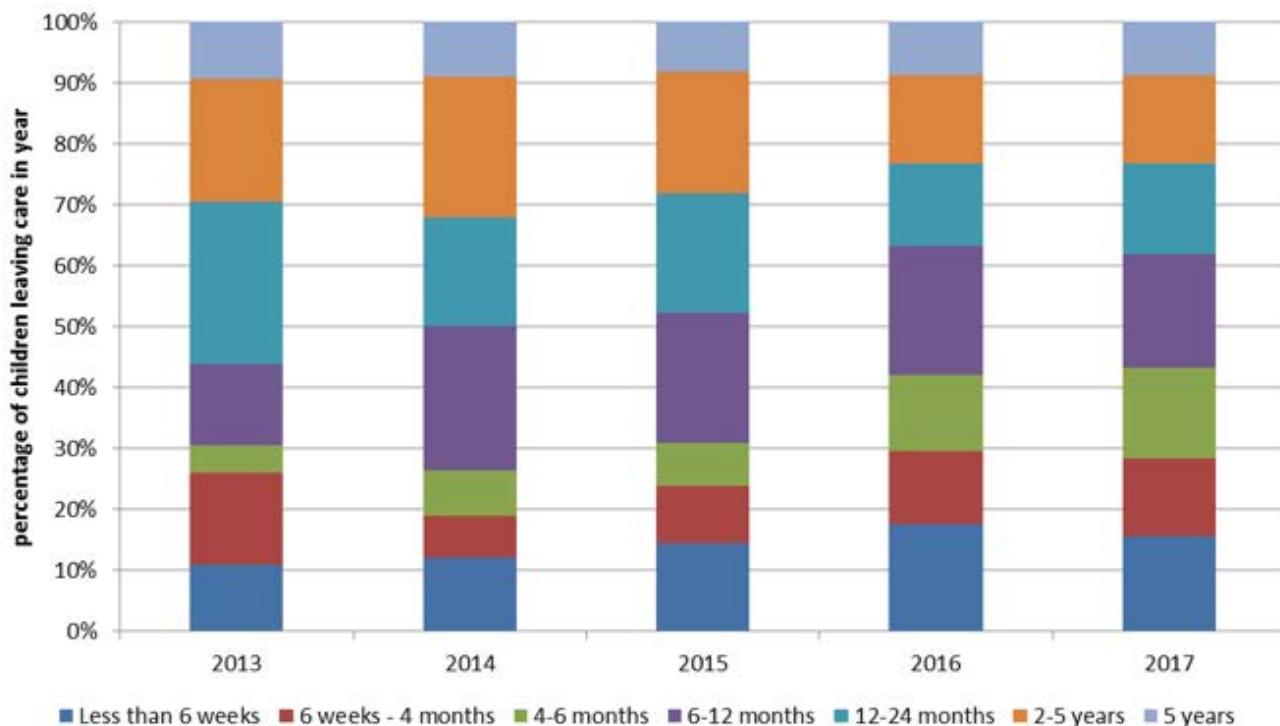
Proportion of Children returning home after a period of care

KEY FINDINGS – The proportion of children returning home after a care placement has been increasing in Gloucestershire since 2013 and as of 2016/17 was just under 40%. Gloucestershire is an outlier in terms of increasing trend of children returning home and also in the proportion of children who do.

In terms of where children go at the end of a placement the single largest group return home. In Gloucestershire, this proportion has been growing steadily since 2013 and is the opposite of the trend seen in regional, and statistical neighbours as well as the national trend. The reasons for Gloucestershire bucking the trend are not clear. This may represent a positive trend or, if children are bouncing back into care, this may show that Gloucestershire is returning children home too optimistically.

Graph to show proportion of children returning home at the end of a placement in Gloucestershire and comparators
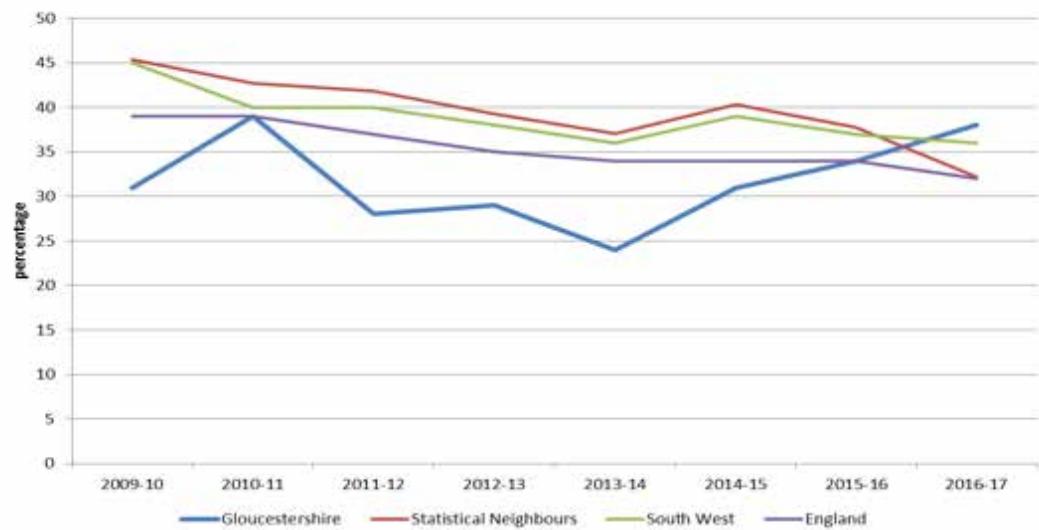
Special Guardianship Orders

KEY FINDING – In 2017 35 children ceased to be in care due to special guardianship orders. This number is rising year on year and Gloucestershire is performing better on this indicator thatn statistical neighbours.

A number of children end their period in care through a special guardianship order. Since 2010 this number has been on an upward trend. The relatively small numbers make the graph look rather jerky. A linear trend line has been inserted to show the trajectory more clearly. This suggests that Gloucestershire is performing better than its statistical neighbours on this indicator.

Graph showing the number of children in care for Gloucestershire and statistical neighbours who leave care due to a special guardianship order
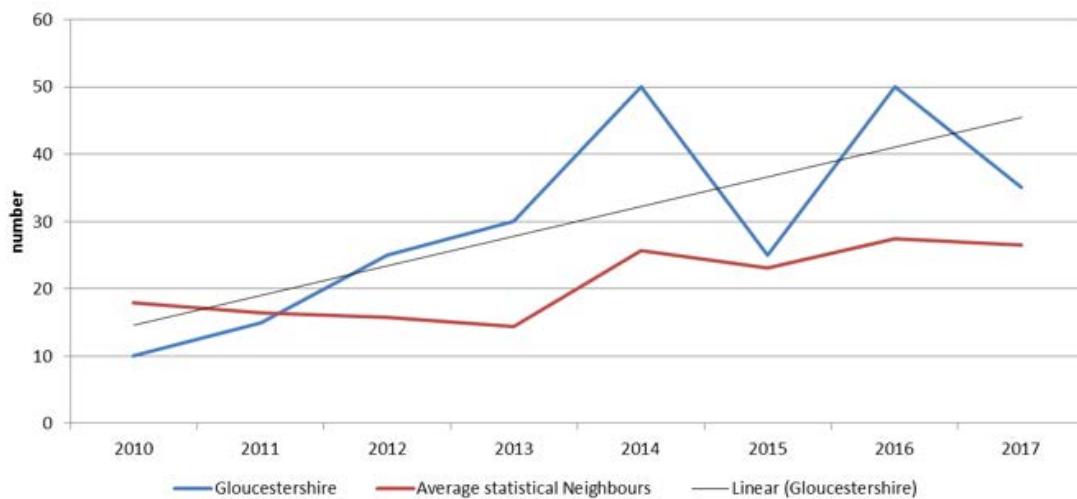
Re-referrals

KEY FINDING - Gloucestershire has a higher proportion of re-referrals into care within 12 months than its comparators. The proportion currently stands at around 25%. In the last 4 years the re-referral number within six months has decreased slightly but over the same time period the number of re-referrals within 12 months has increased slightly. This is an area of concern.

The graph below shows that Gloucestershire has a higher percentage of re-referrals to children's social care within 12 months of the previous referral than our statistical neighbours, regional neighbours or the national average.

Graph to show proportion of re-referrals to children's services within 12 months of end of previous placement

The trend in re-referrals since 2014 has been that those happening within 6 months has decreased slightly but those happening within 12 months has increased slightly.
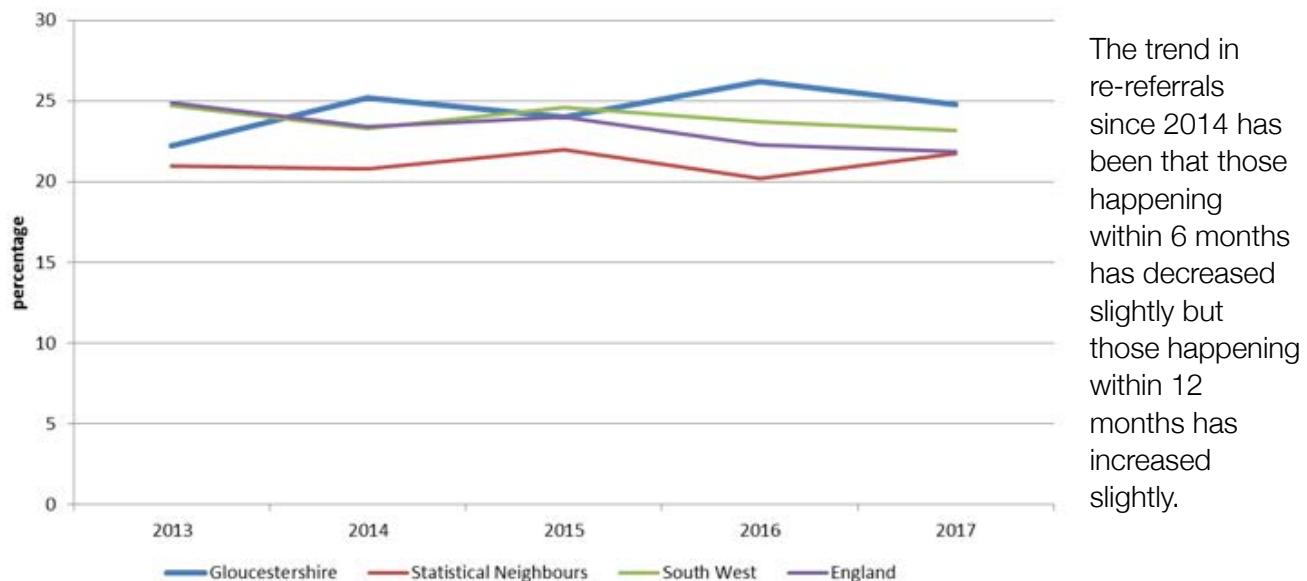
Graph to show number of children in Gloucestershire re admitted to care following a previous episode of care within the last 6 or 12 months
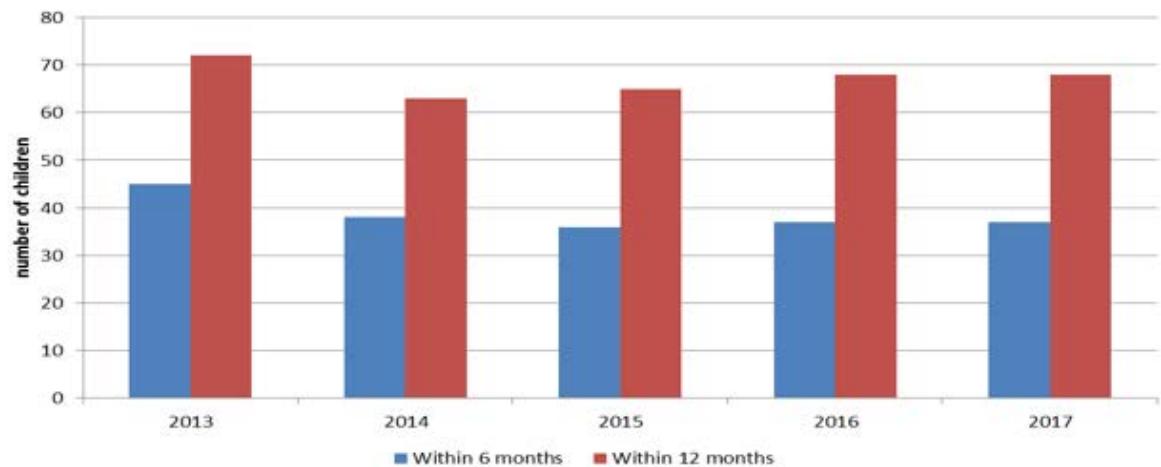
The high rates of re-referral are of concern and it is important that the reasons that underlie it are investigated and addressed. In the light of the unusually high rates of return home after care it would be interesting to understand if premature return to the family situation is involved in the high re-referral rate.

Multiple placements in episode of care

**KEY FINDINGS – For the last 9 months in Gloucestershire at any one period of time there are around 90 children in the system who have had three or more placements in their current period of care. Looking at indicators around 3 or more placements in the last 12 months over the same time period there does not appear to be a sustained improvement in this indicator.**

Multiple placements within an episode of care can cause significant issues for the child. The chart below shows the monthly snap shots over the last 10 months for multiple placements. The number of children experiencing 3 or more placements in the current period of care has remained fairly constant at around 90 since August 2017. For children experiencing 3 or more placements in the last 12 months, the number fell from 53 in August 2017 to 33 in November 2017 but has since risen to 47 in January 2017.

Graph to show numbers of children in care in Gloucestershire experiencing 3 or more placements in the current period of care

■ 3 or more placements during the current period of care

■ 3 or more placements in the last 12 months during the current period of care

■ Children who have had 3 or more placements and moved placement in the current month
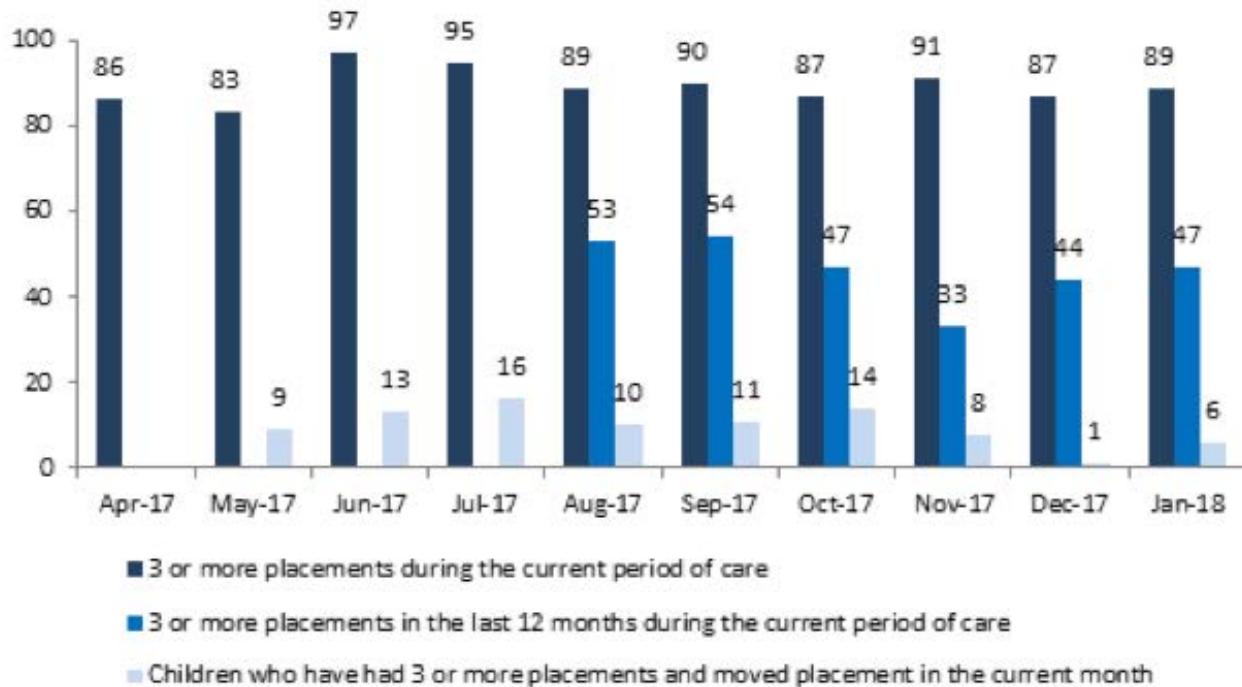
Due to methodology changes it is hard to look at a meaningful benchmarking time series of placement stability[1]. What we can say is that, in 2016, 9% of CiC locally experienced 3 or more placements which was in line with the England level (9%) and below our statistical neighbours (10.9%) and the South West (12%).

[1] In previous publications of Performance Tables, CiC who go missing from their placement for a period of 24 hours or more had their missing period included as a placement, therefore if a child went missing from care and then returned within a year this counted as three separate placements. From 2015 the way missing episodes were recorded changed so they were no longer counted as an episode. From 2016 the reason for a new episode was collected so it was possible to distinguish between placement changes that involve staying with the same carer. If a child does not change carer in a new placement this does not now get counted as an additional placement. Due to the methodology changes earlier years are not comparable.

Graph to show monthly changes in placement stability for children in care in Gloucestershire
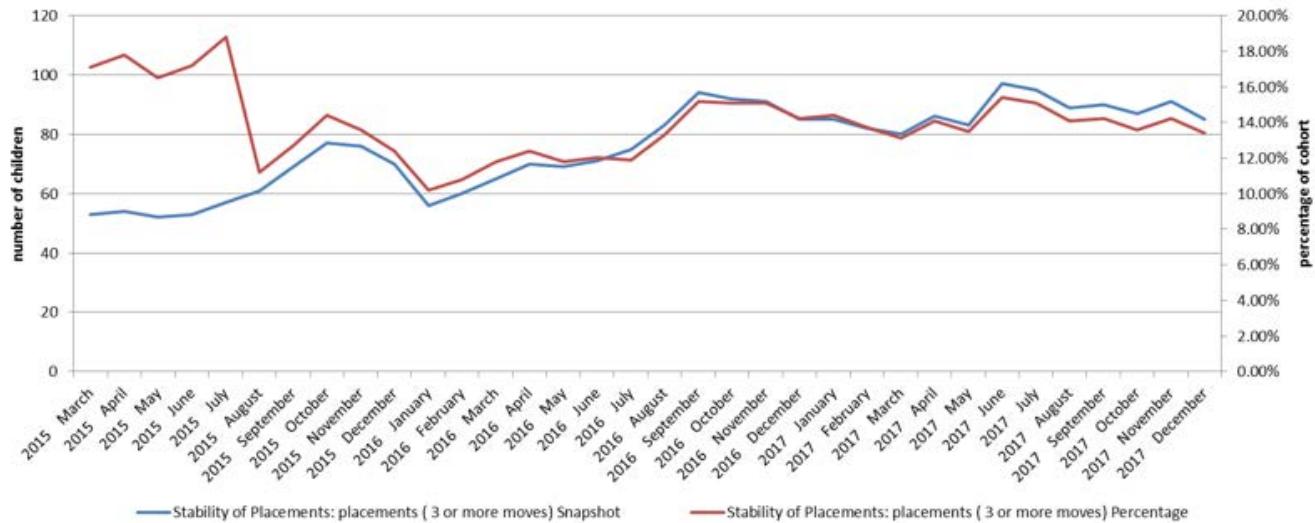
Conclusions

This analysis has looked at the available data and where possible looked at changing trends in the characteristics of the children going into care and also the nature of the placements they are experiencing. A number of key findings have been highlighted throughout the document and these can be used to inform a sufficiency strategy for children in care.

Missing

Of the 885 CiC in 2017 8% had a missing incident during the year. The average number of missing incidents per looked after child who went missing was 5.3. Of the 75 children who had at least one missing episode in the year 45 had multiple episodes.

Speed of Assessment
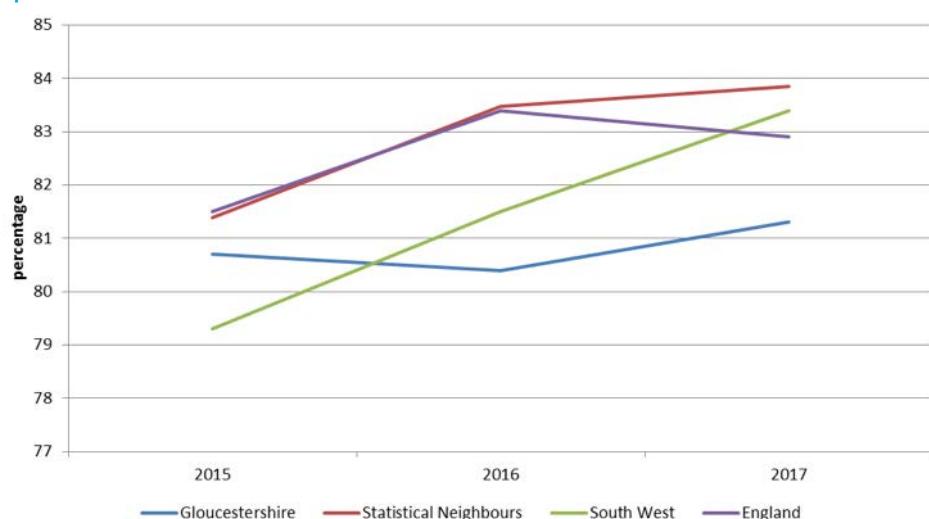
When a child enters care it is important all their needs are assessed as soon as possible to ensure the right care and placement is delivered. The percentage of children in care receiving an assessment within 45 days of entering care in Gloucestershire is below statistical neighbours, regional and national averages.

Suitable accommodation for care leavers
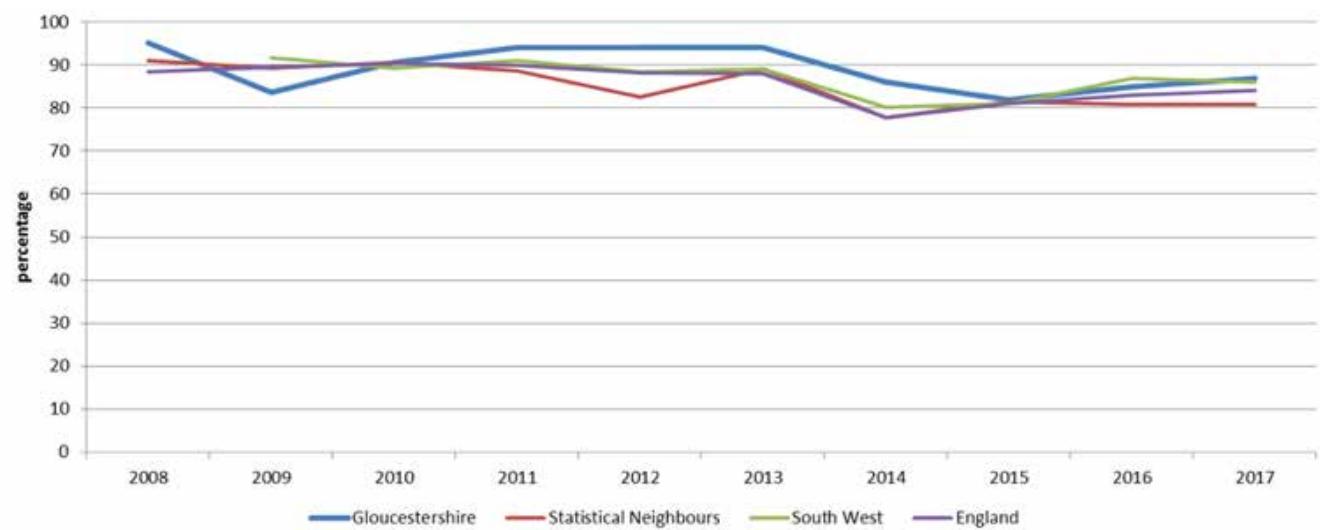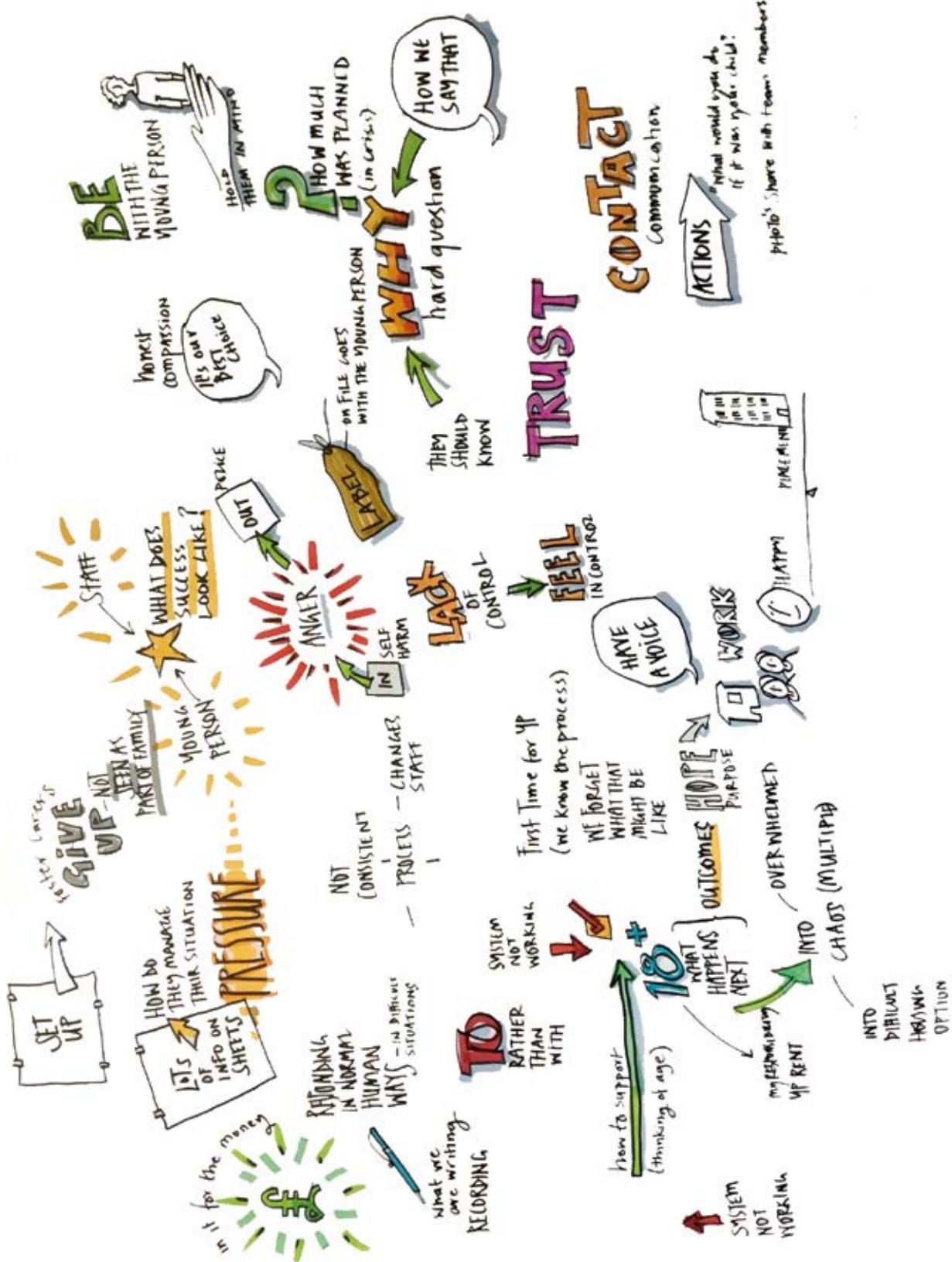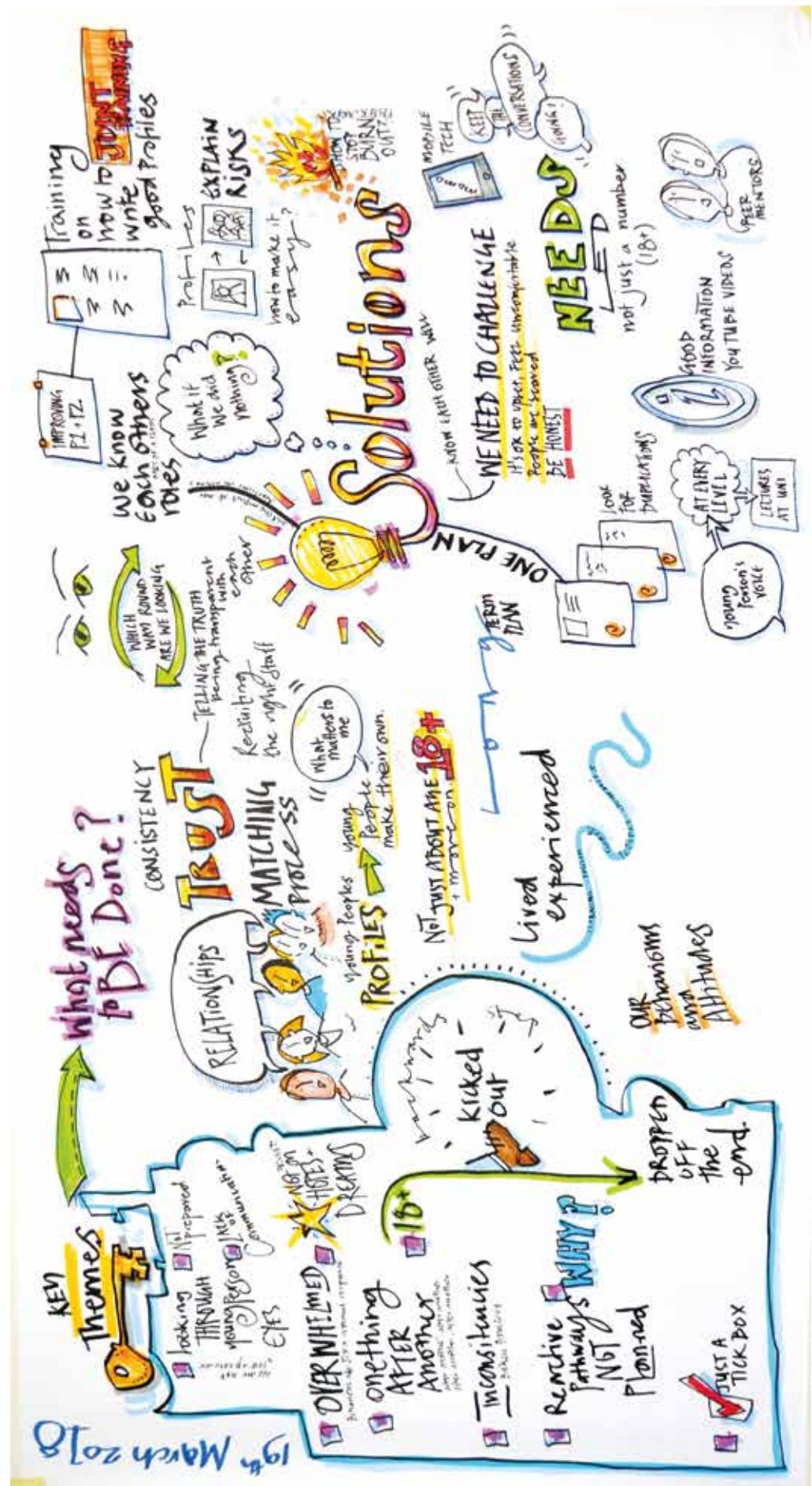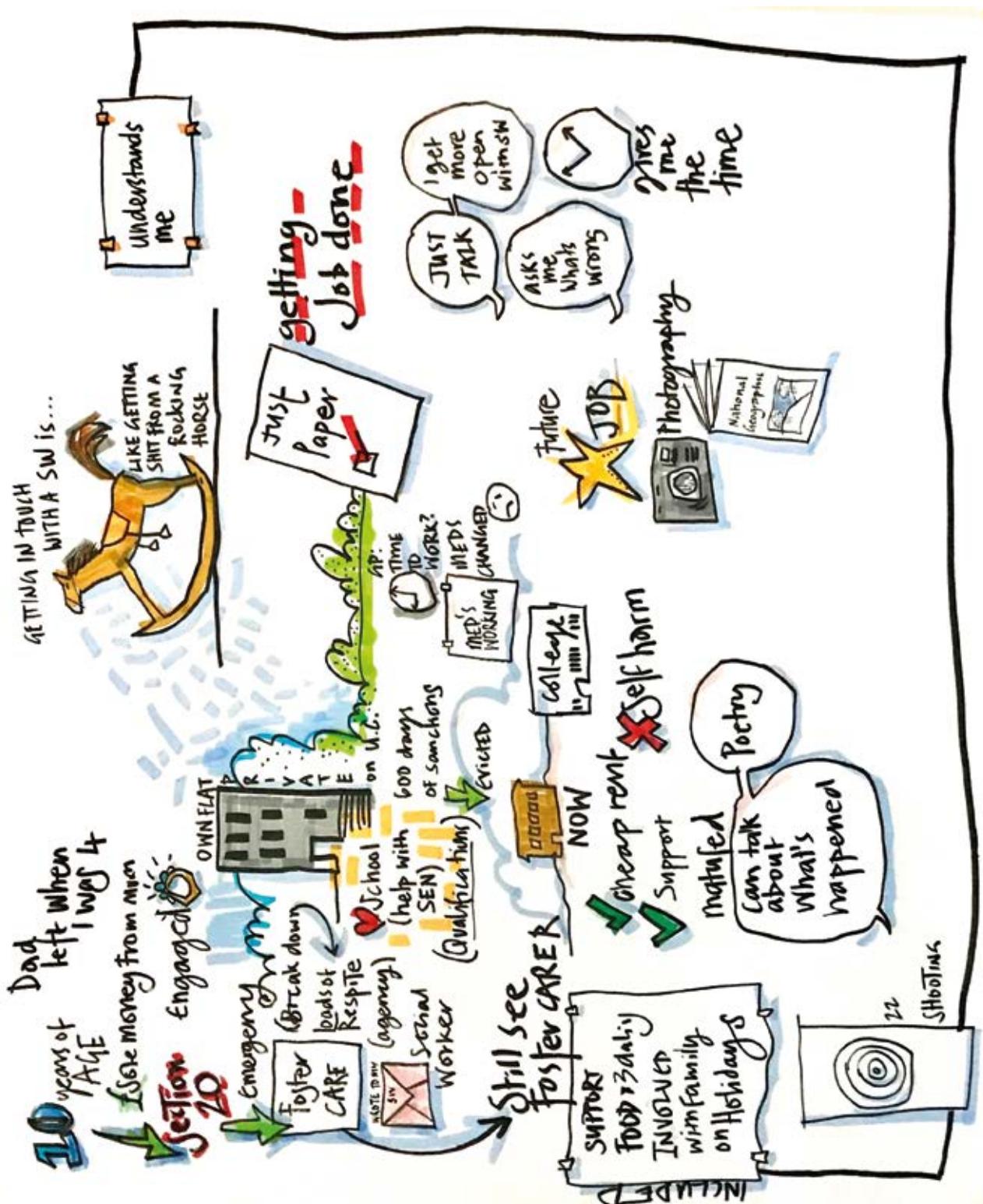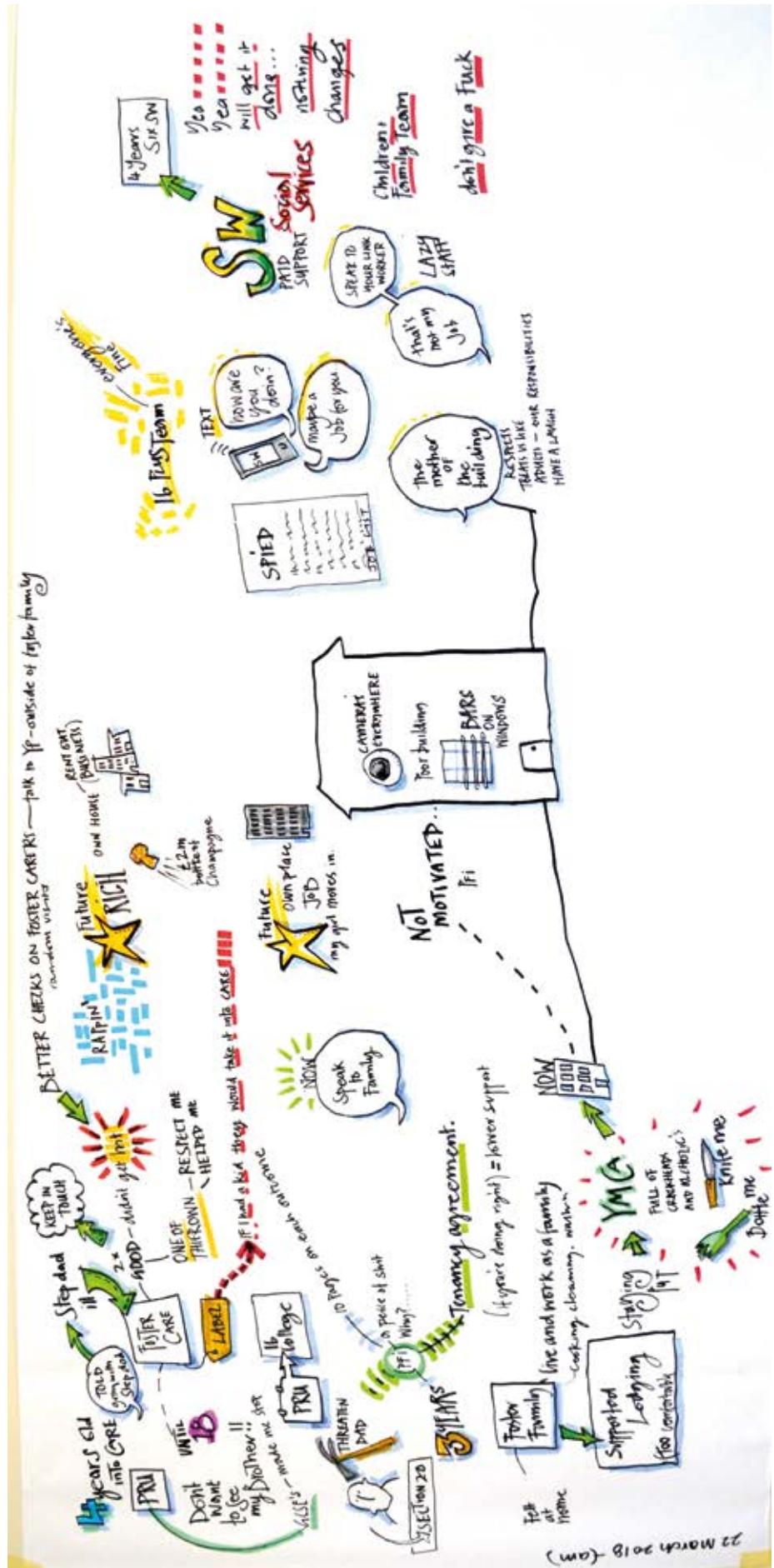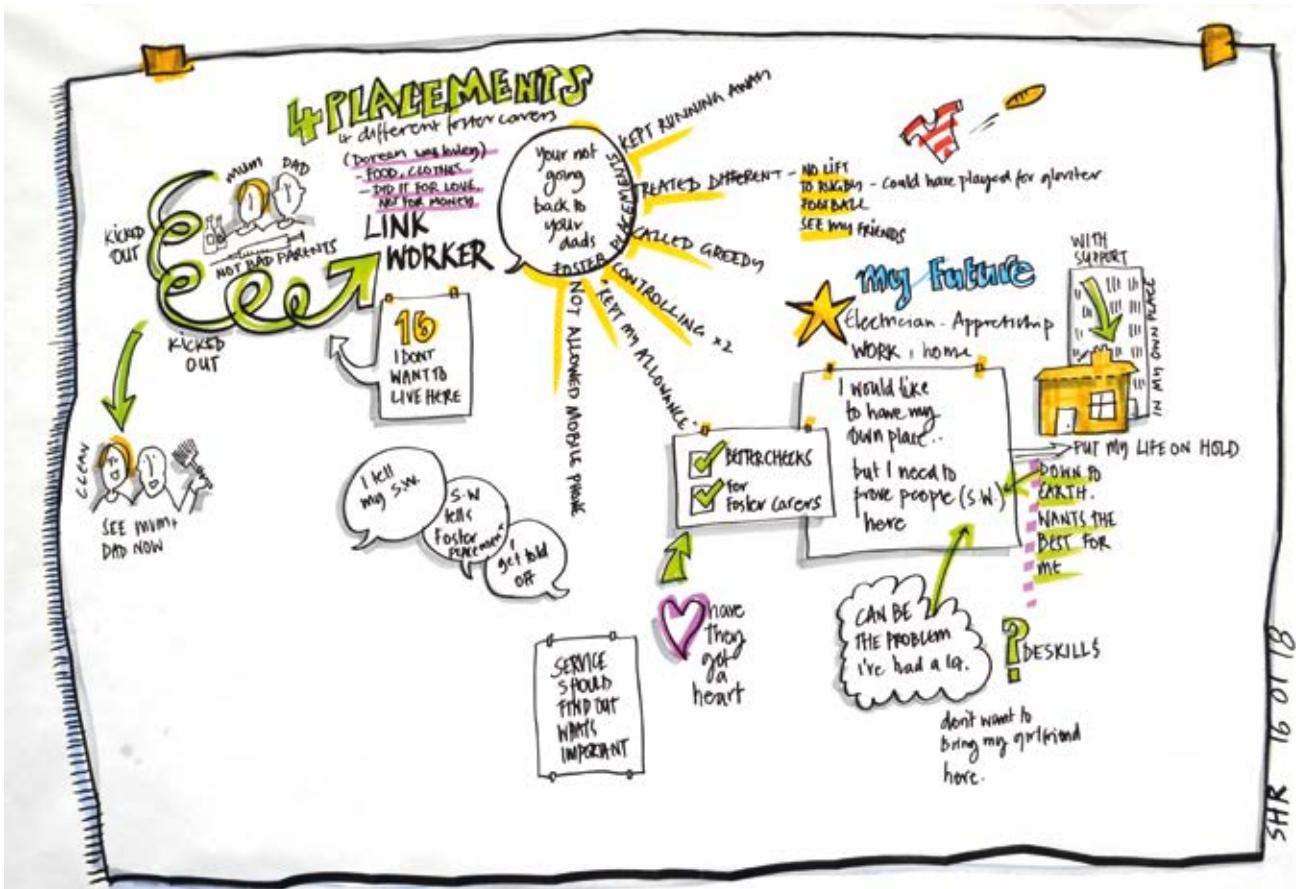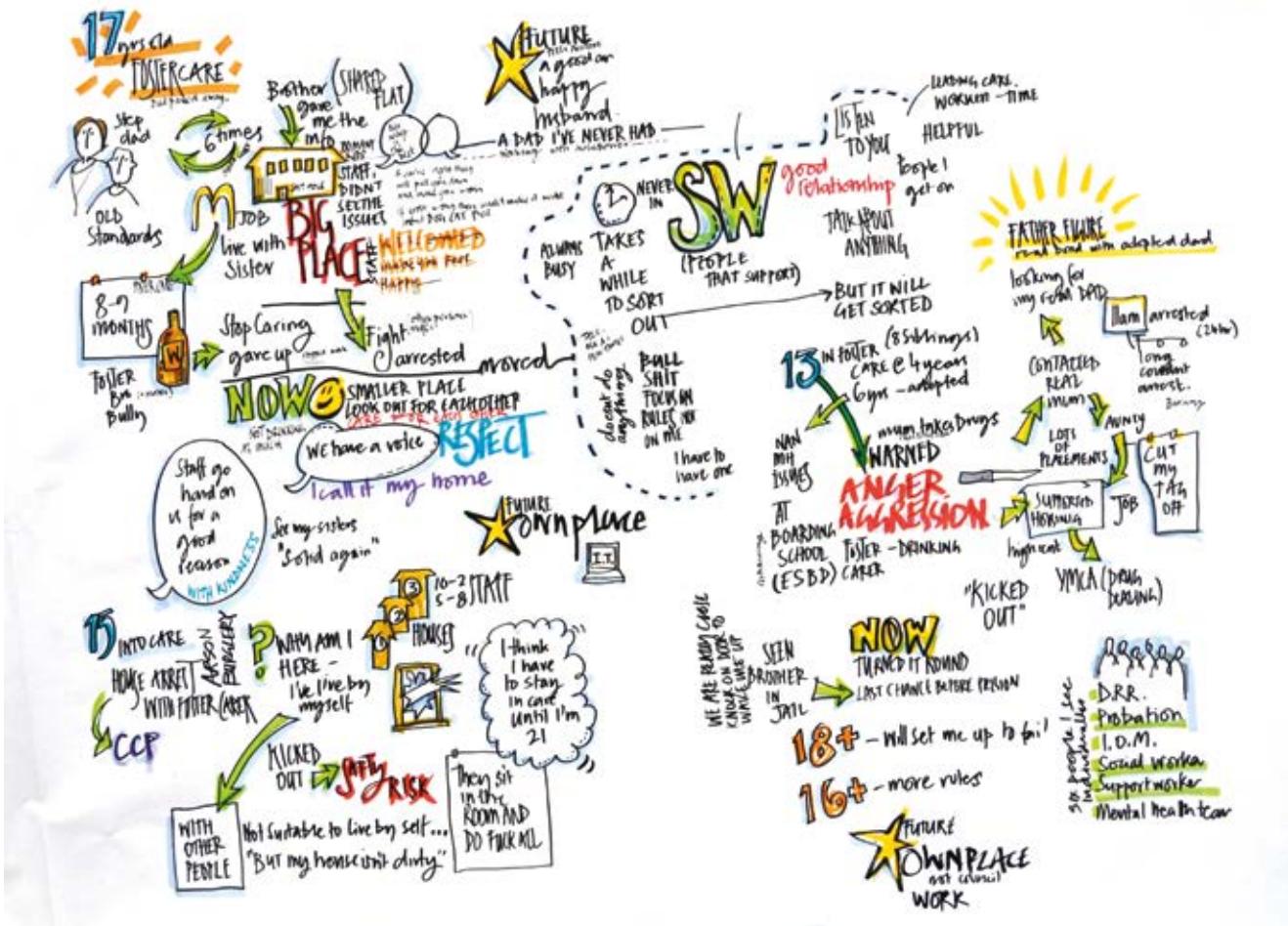
Appendix 3:

One Page Profiles

One Page Profile

One
Page
Profile

What people like and admire about me:
- Creative
- Loving
- A great eye for a picture
- Articulate

What matters to me now:
- To continue my education and complete my AS / A Level photography
- To keep in contact my old foster family.
- To feel included in the decisions that affect my life.
- To keep the hope that I might see my dad one day.
- For people to treat me as a mature adult
- My mobile phone and the images I can share on it.

What matters to me in the future:
- To continue my skills in 22 shooting and join a shooting club.
- To develop my writing skills and publish my poetry.
- To develop my photography skills using 35 mm film..
- To get a job, an internship would be a great start.
- To publish my landscape photographs in National Geographic.

How best to support me:
- If I'm quite please ask me what's wrong. If I blank you it doesn't mean I don't want you to ask me again at another time.
- To make time and spend time to talk with me outside of needing support or when I'm in crisis. It helps me build trust in you.
- It's ok to talk about my self harm. Be sensitive but please do not ignore it.
- Be mindful my Asperger's is individual to me. See me as a young adult first and my 'label' second.
- Give me the full information about any medication changes you recommend but please let me have the final say in any med change around my mental health needs or Asthma.
- If I contact you please return my calls/ emails. If you can't do if straight away let me know when you can, don't leave me guessing.
- Make sure you check my budgeting and how I'm managing my money. If I get snotty with you remind me of my previous experiences.

WHAT IS A ONE PAGE PROFILE

A one-page profile is a starting point to summarise what we know matters to a Young Person and how to support them well. The expert on the content of the one-page profile is the Young Person themselves and people who love, care and know most about them. It also shares what others appreciate about the person.

WHY DO WE NEED A ONE PAGE PROFILE?

We can often start off recording the problems, negative behaviours and risks attaining to a Young Person this can be a lot of negative information that does not give a holistic picture.

A one-page profile is a quick summary of who the Young Person is; like the blurb on the back cover of a book, you get a sense of the content very quickly. A one page profile starts with the Young Person's assets and qualities. What people like and admire or appreciate about them. Then describes what matters to them. What people, things and activities are essential for a good day. Finally how the Young Person should be supported to keep them healthy and safe.

Photo

Put your photo to make your one page profile more personal. This is particularly helpful if you are sharing your profile with people before you meet them.
Put your name on top of the profile.

What people like and admire about me...

• This needs to be a proud list of your positive qualities, strengths and talents.
• Make it clear and avoid using words such as 'usually' or 'sometimes' - be positive.
• It is helpful to ask staff, colleagues, friends and family what they like and admire about you.

name: date: review date:

One Page Profile

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- Loving
- A great eye for a picture
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- Make sure you check my budgeting and how I'm managing my money. If I get snotty with you remind me of my previous experiences.

What matters to me...

• This section needs to have enough detail that someone who does not know you could understand what matters to you, and if you took the names off the profile they know it would be you.
• Add things about your whole life that are important to you; who's important, things or objects that are important, your hobbies, interests, passions.

• Add detail that will help give people an idea of who you are and what you value most.
• It's the same ideas for 'what matters to me in the future'.

How to support me well...

This section includes information on:
• What is helpful? What is not?
• What others can do to make your time more positive and productive.
• Specific areas you want to identify for support. For example, you may be working on being better organised and have specific things that others can do to support you.
• The help you need to create the best environment and outcomes for you.

One Page Profile

What people like and admire about me:
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- A great eye for a picture
- Articulate

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Appendix 4:

Panel Plan

Panel Plan - This plan sets out the different panels as described within the Sufficiency Strategy. Taking into account current panels that are in place, and where appropriate reconfiguring them, moving away from the current retrospective approval and review process. To establish a new model which will provide both financial grip on the allocation of resources, as well as management oversight for decision making, monitoring arrangements and reviews.

Panel	Description of Panel Activity	Detail	Outcomes
Access to Resources Panel	To approve and review section 17 spend, early help purchased services, support packages, assessments and therapeutic interventions	Revised Panel replacing current Access to Resource Panel and will be chaired by SLT	To support the implementation of new Section 17 funding guidance Establish processes and appropriate commissioning frameworks to support spend
Multi-Agency Resource Panel	Multi-agency decision panel to approve and review all joint funding placement arrangements	Revised panel to amalgamate both CYPERN and PBENG, creating one decision making panel for all Bi and Tri funding agreements The panel will consider "options" prior to approval and review cases To be chaired by AD for Integrated Commissioning	Establish one clear process for all agencies to assess, approve and review joint funding arrangements To review historic cases and ensure appropriate joint assessments have taken place that support funding allocations
Transition Tracking Panel	Strategic tracking group that will identify all children from the age of 14yrs who might meet the threshold for adult services	To be chaired by children's commissioning. This is a multi-agency panel, with partners from health, children's services, adult LD and mental health as well as education colleagues The panel will assess, review and plan for children for their transition into adult services	To have an agreed cohort of 14yrs + young people who will be tracked and have planned transitions Develop joint commissioning arrangements to support seamless transitions To work with families early and prepare for adult services
16+ Pathway Panel	The panel will review all Pathway Plans for all young people from the age of 16 years. Allocating resources for independence and accommodation	New panel, to have grip and oversight of young peoples pathway plans, monitor and allocate resources to support their pathway to independence. The panel will be chaired by Children's Commissioning	To improve the quality of pathway planning for all leaving care young people To plan for and purchase accommodation and support to meet future needs To work jointly with supporting people and housing partners.
High Cost Placement Panel	Review panel of high cost placements, to seek clarity of purchasing and efficiencies	This is a new panel and has shown some success in achieving efficiencies Currently chaired by the DCS - with the success of this new suite of panels, it is anticipated better grip on funding approvals and monitoring will make this panel a short-term requirement	Additional oversight of high cost placements has identified efficiencies - short and longer term Senior management spotlight on packages and complexities within Gloucestershire and the Southwest

Appendix 5

First Three Years Action Plan – Right Placement First Time

Given the system wide nature of this work to create the right placement the first time as well as commission along a **'Whole CiC Pathway – Infancy to Young Adulthood & Independence'**, we first need to establish governance and accountability. We want to move at pace and make rapid improvements whilst working on longer term commissioning arrangements. This action plan is therefore a mix of both, but the emphasis from the outset will be good governance and communications within the Integrated Children and Families Commissioning Team, as well as other key stakeholders.

Priority Area/Action	Service Lead	Outcomes	Timeframe
Programme Governance			
Establish a Programme Management Group – Develop project documentation, initiate weekly project group for project / commissioning leads to report into. Establish 4-6 weekly programme oversight group to include director, associate directors Register of programme risks Develop business cases and proposals as necessary Develop accountability framework for commissioners and internal / external providers to drive change	Wendy Williams (Group Chair)	Commissioning arrangements for 'Whole CiC Pathway – Infancy to Young Adulthood & Independence'	January 2019 onwards – for on-going review
Establish and Develop Placement Commissioning Panels			
Five new multi professional panels to be established to provide oversight, joint planning and review of cases: • Access to resources panel • Multi-agency panel resource panel • High cost placement panel • 16+ pathway panel • Transition tracking panel Weekly 'Placement Tracking Review Group' with lead commissioner and associate director. Weekly communications between 'Placement Tracking Review Group' and other associate directors re improving outcomes for vulnerable families	Wendy Williams (Group Chair)	Reduce emergency placements, prevent and shorten length of 1st time placements, reduce multiple placements per household and increase opportunities for support at leaving care, improve leaving care health and wellbeing outcomes	Initial phase of panel set up and 6 month review/financial stocktake by September 2019

Priority Area/Action	Service Lead	Outcomes	Timeframe
Build Capacity, Capability and Accountability for Edge of Care Services			
Commission extended scope for Functional Family Therapy to adequately meet current demand and open the service to all 0-19 children who are considered to be on the edge of care. Also, extend scope to include sufficient advice, consultation and liaison with Early Health and intervention provision across the county.	Wendy Williams	An increase in specialist support to all families at Edge of Care; increased incidence of family unification and reunification; Improved recovery from family intergenerational trauma	Initial re-commissioning by May 2019; referral and joint working protocols with early help and placement providers by September 2019; consultation, advice and liaison to be fully operational by December 2019.
Develop robust and seamless pathways between specialist support such as the FFT and DPST teams	Wendy Williams Eugene O'Kane	Increase assertive responses to families at the edge of care; Improved recovery from ACEs and reunification via timely access.	December 2019
Review interface between Edge of Care and Early Help as well as non statutory early interventions. Create plan to optimise joint working, assessment, review as well as pathway design.	Wendy Williams Eugene O'Kane	Increasing Edge of Care liaison and support to Early Help professionals so that we can: • Reduce families reaching Edge of Care levels of need; • Improve wellbeing and school attainment outcomes	January to June 2019

Priority Area/Action	Service Lead	Outcomes	Timeframe
Understand what is behind the increase in 16 and 17 years olds coming into care for less than six week; ensuring we develop assertive and agile Edge of Care provision to prevent youth homelessness. Develop business case to provide service solution to reduce 16-17 short-term placements.	Gill Horrobin Kat Aukett	Improved targeted support for young people aged 16 to 17: Great family reunification and wellbeing.	June to December 2019
Analyse activity and support prior to children coming into care so that we address any gaps and shortfalls in provision (using intelligence from our new entry to care process)	Gill Horrobin	Greater knowledge about precipitating factors to CiC.	January – December 2019
Commission six week placements that support our Edge of Care model so that young people are reunified with their families and if this is not possible to avert homelessness.	Wendy Williams	Improved family reunification; reduced episodes of youth homelessness. Greater support for homeless young people.	October 2019 – March 2020
Develop frameworks to commission semi-independent care, such as supported lodgings and short term accommodation, making use of Independent Fostering Agencies. The first of these will be in place in January 2019.	Wendy Williams	Greater choice for young people needing housing solutions.	January 2019 – December 2020

Priority Area/Action	Service Lead	Outcomes	Timeframe
Whole CiC Pathway Commissioning			
Develop and capacity build in-county placement providers for infancy to young adulthood and independence: • Single pathway (16+) for supported housing • Supported lodgings (host families) • Trainer tenancy flats • Staying put into adulthood (foster carers) • Staying close into adulthood (residential) • Shared housing • Floating support	Wendy Williams	Improve placement stability for all children and young people, reducing the number of placement changes they have to adjust to; increase continuity and thereby wellbeing and ability to thrive in line with non CiC peers.	Initial work plan to commence January – December 2019 – details will be available in February 2019.
Workforce Development			
Support Right Placement First Time transformation programme by establishing countywide plan that offers a graduated approach to staff development from public facing administration through to specialist therapeutic staff, early help, community based and social care practitioners. Plan to focus on four key areas: • Understanding childhood trauma and it's impact of life outcomes • Guidance for practitioners, for good practice in placement planning, matching and monitoring • Psychological approaches to support those experiencing childhood trauma • Guidance for staff and partners about the Early Help model, tools, assessments, risk management and the role of lead professionals • Understanding, accessing and working with social care, especially Edge of Care and Children in Care • Understanding child exploitation and what to do about it • Reflective practice for frontline professionals and developing communities of practice to sustain and improve professional skills as well as reducing risk of staff burnout	Andy Dempsey Julie Rzezniczek	Increased family, child and young person engagement; improved recovery from childhood trauma; greater partnerships with social care and the police and an increase in appropriate referrals / joint working; Increased community capacity to meet families needs. Greater understanding of wide range of needs for staff; improved wellbeing of staff; Increased sense of professional community of C&YP practitioners	Rollout through to March 2021

Priority Area/Action	Service Lead	Outcomes	Timeframe
Communications			

Support Right Placement First Time transformation programme through countywide communications plan.
 	
Plan series of communications and engagement work, including:
 	
• Countywide community engagement events and meetings to enable sharing and gathering of information about service improvements / training opportunities etc
• Regular news items for professional stakeholders
• Information packs on:
  - How to work with children's social care to support children and young people at risk of coming into care
 	
  - How to support and work with families experiencing trauma/ACEs to improve wellbeing
 	
  - Understanding childhood exploitation and what to do about it
 	
  - How the Windscreen of services work in Gloucestershire
 	
• Social media communications to raise awareness of precipitating and risk factors associated with CiC
• Social media to raise awareness of ACEs and where to get support
• Professional online forum to share events/ training/activities news about services e.g. facebook group
	Children Services Senior Leadership Team, and Communications Lead	Increased awareness among partners of risk factors associated with children coming into care and how to respond to these; increased uptake of Edge of Care support to reduce likelihood of placements; greater engagement with wider children and young people's services and other professionals such as primary / community and urgent care, policing, community, safety, schools and colleges, voluntary and community sector organisations.	March 2019 onwards

ACCOUNTABILITY EXPECTATIONS — GOOD LOOKS LIKE

PLACEMENT
- ONE PERSON CO-ORDINATES
  - Specialist when needed
  - *effective transitions
  - ↓ MINIMISE MOVES
- UNDERSTANDS THE WHY
- risking behaviours
- age / balance — support
- accurate Recording
- OUTCOME FOCUSED
- aspirations / potential
- YOUNG PERSON DRIVEN (not service driven)
- BUILDS PEER SUPPORT

SKILLS
- STAY SAFE
- LIFE SKILLS BEFORE SUPPORTED ACCOMODATION

FOSTER CARERS
- FEELS PART OF THE FAMILY
- FEELS THE Same as Bio children
- KNOWS WHAT MATTERS
- Follow YP interests
- ENTITLEMENTS: CLOTHING
- Saw me AS A PERSON
- VALUES DRIVEN (not money driven)
- CLEAR ROLES / responsibilities can / cannot do Choice - (app to age)
- OPPORTUNITIES:
  - share emotional issues
  - Learn practical Skills - Washing

PROFESSIONAL ENGAGEMENT
- sit with me no agenda no phones (undivided attention)
- Quality TIME
- OUTCOME FOCUSED
- BANTER
- WANTING THE BEST FOR ME
- Responsive
- Do what you Say you're going to do
- CONSISTENT DECISIONS
- GIVING INFORMATION
  - accessible understandable
  - ✓ TIME
  - ✓ PLACE
  - ✓ WAY
- TOUGH LOVE
- YOUNG PERSON FIRST
  - not just behaviour
  - not just judgement
  - no Re-assumptions
  - Not a tick list
  - A LABEL
- EQUAL PARTNERS
  - YP ⇌ PROF ⇌ PROVIDER ⇌ FAMILIES
- WORKING WITH
- Joint Training

STAFF
- CREATES "Family"
- do WITH — doing stuff together
- Engages (out of office)
- FLEXIBLE
- CONFRONT WITH KINDNESS
- ROTA's
- SUPPORT MOVES TO YOUNG PERSON

SUPPORTED ACCOMODATION
- INFRASTRUCTURE (that works) WIFI / HOT WATER
- Single room Small Property
- Personalise Rooms (Personal budget)
- CHOICE
  - ✓ room
  - ✓ localization
- WELCOMED
- CLEAR PRE-PLAN
- EXPECTATIONS
  - RULES
  - PURPOSE
  - BUDGET RENT / BILLS
- Progression
- FREEDOM NOT A Prison
- KNOW HOW TO BE SAFE
- CCTV SYSTEM USED CONSISTENTLY