Appendix 6: Children's social care placements working group
20 February 2023

Introduction

1. The children's placements working group met for the first time on 12 December 2022 to consider existing evidence and potential areas of inquiry. A series of questions were raised at the meeting, which form the basis of this briefing.

2. An additional briefing has been provided outlining government commitments on children's placements that were made in the children's social care implementation plan ("the CSC Plan"). Some of these commitments relate to issues discussed by the placements working group; these are highlighted in this briefing.

3. Members are asked to consider this additional evidence and discuss the next steps for the working group.

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What are the barriers to the provision of in-house residential care and how can we get past these?

4. In 2020, the LGA commissioned SEC Newgate to investigate the barriers to establishing and maintaining children's homes. The final report was published in January 2021. The following barriers were identified:

5. One: The perceived role of children's residential care as part of the wider system of support for children and young people.

    5.1. Stakeholders and research found that residential care was often seen as a "last resort", with children only placed in children's homes until a "proper home" could be identified. This stigma impacted the objectivity within which such provision is viewed by policy makers and commissioners, leading to a non-committal approach to residential care as part of the overall support structures available to children and young people.

    5.2. This stigma was further compounded as children were often only placed in childrens homes after several failed foster care placements (due to the 'foster care first' approach). These failed placements had an impact on children's longer-term outcomes, and contributed to a perception that children's homes were "not very good", reinforcing a perception that they should only be used as a last resort.

    5.3. The report found that on average, residential care was 5-6 times more expensive than foster care, creating a financial incentive to focus on foster care over residential care.

6. Two: Making a robust business case for investing in children's residential care.

    6.1. A common challenge identified was in predicting the 'flow' of placements. Establishing and maintaining residential provision, especially that which offers specific educational or therapeutic support, is a significant financial commitment and being unable to guarantee that all placements in such provision would be consistently needed (thereby guaranteeing income) was a substantial barrier.

    6.2. The research also found that a lack of accurate and up-to-date data on the needs of children (particularly given that any such data will by its nature be out of date as soon as published as needs are changing all the time) made it difficult to build a strong business case about the best type of provision to invest in.

    6.3. **Note:** The CSC Plan has committed to investing in support for councils to help with forecasting, including the publication of data held by government that will help with forecasting.

7. Three: Having the necessary infrastructure, management and staffing in place.

    7.1. Identifying suitable properties was found to be a significant challenge, and even when these were found, it could be very difficult to get planning permission due to considerable opposition from local communities. Significant investment could then be required to ensure properties met legal requirements.

7.2. Staffing presented a considerable challenge, particularly the lack of suitably skilled children's homes managers.

7.3. The requirement to have everything set up within a children's home prior to its registration with Ofsted, and the length of the registration and approval process itself, was widely seen to be too onerous (though it was recognised that this was also linked to whether applications were correctly completed when submitted). A time-consuming process places significant financial pressures on providers (including councils), with all work needing to be done with no income or guarantee of future income (if registration is refused) and this can impact on councils' or smaller providers' ability to establish provision.

7.4. **Note:** The CSC Plan commits to a Ministerial Statement to clarify the national policy position on planning permission for children's homes. A workforce census of the children's homes workforce will be undertaken in 2023 and 2024. A programme will be developed to support improvements in the quality of leadership and management in the children's homes sector. The DfE will also explore the development of proposals for introducing professional registration of the residential childcare workforce and a leadership programme for new children's home managers.

8. <u>Four: Complexity of presenting needs</u>.

8.1. There is broad consensus that the complexity and severity of children's needs is increasing, which places additional pressure on placements. For example, children's homes providers have a responsibility to balance individual needs of children within a home, ensuring that children can live together well in a home. This may mean that places go unfilled rather than risk a child moving into a home and negatively impacting on other children already living there.

8.2. Providers also raise concerns that they believe Ofsted has a lack of flexibility when it comes to recognising that supporting children with very complex needs may not look like "standard practice" for a time, and may therefore rate provision as inadequate if providers offer places to children with the most complex needs. At a national level Ofsted has [tried to reassure providers](#) that its inspectors will recognise where risk is managed well, however there remains concern amongst providers many of whom continue to refuse to offer placements to some children.

9. <u>Five: Co-ordinated and strategic commissioning practices.</u>

9.1. A lack of co-ordinated and strategic commission of children's home provision at a sub-regional, regional or national level was considered a barrier to ensuring that the right provision for children was available in the right places, with a lack of understanding of what was needed over an extended period.

9.2. A lack of robust data on outcomes for children cared for in residential homes was also considered a challenge, with foster care not providing a suitable comparator group because of different presenting needs and a recognition that children's homes are typically the last step on an often-turbulent path through care.

9.3. The nature of local authorities was also identified as a barrier given that establishing residential provision requires recognition of the long-term nature of the investment commitment and subsequent returns on that investment.

Four-year electoral cycles, annual local authority finance settlements and year-on-year budget reductions were not seen as conducive to longer-term planning.

9.4. **Note:** The CSC Plan commits to two Regional Care Cooperative pathfinders to improve sub-regional commissioning.

What are the barriers to a thriving in-house foster care service and how can we get past these?

10. Marketing and recruitment: The [Foster Care in England](#) review by Sir Martin Narey and Mark Owers (2018) argues that "much recruitment practice looks a little old fashioned with many local authorities continuing to use traditional recruitment techniques", however it also noted some more innovative approaches such as a behavioural insight approaches. The report notes that some councils reported significant reductions in marketing budgets for recruitment, while IFAs can have access to more fostering-specific marketing expertise than some councils, whose fostering departments have to rely on corporate services for marketing support.

11. Fragmented market: The review notes that strategic recruitment of foster carers, targeted to ensure the right skills in the right places, can be hampered by 152 councils and around 300 IFAs all competing against each other. The report urged councils to consider combining recruitment efforts, while the LGA and others have consistently called for a national recruitment campaign to reach more people and make better use of resources.

12. Responding to enquiries: The review also noted challenges in recruitment driven by challenges in responding to inquiries. In a blind shopping exercise, the review found that organisations were not always good at following up initial inquiries, including promising to email more information yet failing to do so, or the provision of poor information. Initial discussions from most organisation (councils and IFAs) tended to focus on reasons why someone might not be suitable, rather than being welcoming.

13. Exit interviews: The review suggests that retention of foster carers has actually improved since the 1980s and that retention may not be as significant an issue as is sometimes believed. However, the review does point to issues consistently raised by foster carers, which are outlined in the following section. The review also notes that exit interviews are rarely conducted with foster carers, and that this may be something councils wish to consider to help them to understand where improvements could be made.

14. **Note:** The CSC Plan has committed to £27m of investment in fostering recruitment, including trialling a regional model.

What does "good" look like in the provision of in-house residential provision, recruitment and retention of foster carers and managing sufficiency? Are there examples we can consider?

15. The Fostering Network carries out a triennial "State of the Nation" survey of foster carers which provides insight into the views of foster carers and fostering providers. The last survey was carried out in 2021.

16. Some key information in the State of the Nation report that may support retention of foster carers includes:

    16.1. Over a third of foster carers state that their allowance does not cover the cost of looking after a child

    16.2. 70 per cent of foster carers state that they do not receive any retainer payments between placements and nearly half of fostering services said they do not pay these.

17. The Fostering Network survey asked fostering providers what would help to retain foster carers. Responses included:

    17.1. Support from social workers

    17.2. Valuing the contribution foster carers make to a child's life and having good relationships with the team around the child

    17.3. Providing fees and allowances that cover the cost of looking after a child

    17.4. Learning and development opportunities

    17.5. Out of hours support

    17.6. Access to psychological support/therapy

18. The key issues that both foster carers and fostering providers stated would make foster care better were:

    18.1. Foster carers to be treated as equal in the team around the child, and improving the status of foster carers

    18.2. Better communication with children by social workers, including ensuring their voices are heard in decision making

    18.3. Improved matching by providing better referral information and improving sufficiency

    18.4. Consistency in social work support for children

19. Both the Foster Care in England review and the Fostering Network have highlighted challenges around how allegations against foster carers are dealt with and the impact this can have on foster carer retention. In 2021-22, there were 3,010 allegations of abuse made against foster carers, with 52 per cent of these resulting in no further action. A thematic report by the Fostering Network made recommendations including more national and regional focus on fostering to drive improvements in the sector, the use of a foster carers' charter, ensuring compliance with national guidance on allegations and support for foster carers during the allegation investigation.

20. The Fostering Network has been campaigning for the [introduction of a national register](#) of foster carers so that foster carers who move to a different area or wish to move to a different agency do not have to re-register, supporting retention and avoiding lengthy delays through re-registration processes. A register would also ensure that foster carers who had had their approval removed could not re-register somewhere else. The Foster Care in England report agreed that there is merit to the idea, suggesting that it would allow matching to be informed by up-to-date information about carers' experience, skills and availability.

Good practice examples

21. **Fees:** The Foster Care in England review noted that Leeds and Hampshire both have a tiered, skill-based fee system for foster carers, which was endorsed by the report. Such a system enables foster carers to progress through the tiers as they meet skills and competency requirements, with the report suggesting such models can drive greater consistency in fostering, aid better matching between child and carer, and provide improved knowledge about the skills of the foster carer population.

22. **Recruitment:** (quoted from Foster Care in England) "Hertfordshire have driven up carer recruitment using a behavioural insight approach from which other local authorities have benefited. The approach seeks better to understand the values and behaviours of potential carers, when making the decision to foster. They believe that marketing materials should use a personal tone; that word-of-mouth methods of communication are likely to be more successful; and that prospective foster carers will respond more positively when hearing from carers themselves. The Hertfordshire fostering manager stressed:

    Overwhelmingly, foster carers want to help children and they are such good champions, they live and breathe it, it's what they do, [so] who better to hear it from.

    The use of foster carers as an effective means of recruiting carers is well founded in the literature. It has long been established that people frequently come to fostering through meeting or knowing other foster carers as a child or adult or, less often, through contact with a fostered child.86 Hertfordshire believe that their approach has seen a greater than 60% increase in the conversion rate of enquiries (to being approved as carers) and has delivered a net increase of 94 carers, sufficient to look after approximately 120 foster children."

23. **Retention:** The [Mockingbird model](#), led by the Fostering Network, has been shown to increase rates of foster carer recruitment and retention, with improvements in foster carer wellbeing and positive experiences for children. In the programme, a hub home carer (experienced foster carers) support six to ten "satellite" foster families, providing peer support, guidance, learning and development, social activities and sleepovers. This helps to empower families to support each other and overcome problems before they escalate.

How can we be clear to the Treasury why services cost more in some areas than others?

24. The LGA's 2018 work with Newton Europe, "Making Sense", clearly demonstrated the challenges in comparing spend on children's services. The impact of deprivation was significant, while larger 0-25 populations correlated with lower spend. The report also identified differences in accounting practices making financial "like-for-like" comparisons unreliable.

25. The CMA report also highlighted challenges in making like-for-like comparisons, including due to differences in provision for different children and differences in accounting for overheads.

26. The Government recognises the different costs of supporting children in different areas of the country when it sets the minimum weekly allowance for foster carers, setting different allowances for foster carers in London, the South East and the rest of England.

27. The Education Select Committee has noted the different costs associated with delivering services in different areas and the impact of this, noting "children's homes are often located more deprived areas of the country where the accommodation is cheapest", with Ofsted telling the committee that "the uneven spread of children's homes across the country […] means that some of our most vulnerable children are often living far from home in unsuitable provision, risking further instability and difficulties."

28. The current children's social worker workforce consultation acknowledges that the costs of service delivery may be different in different areas, specifically asking whether agency price caps should vary between councils or regions, noting that there may be challenges around different local or regional markets, or associated with individual council circumstances such as poor inspection results.

29. The Independent Review of Children's Social Care noted that "The funding formula for children's services is out of date, relying on statistics dating back to 2001 and it has not been significantly updated since 2013/14. Since that time our understanding of what drives local need for children's social care services has moved on substantially". The review recommended that that Government update the funding formula be updated to ensure resources are focussed where they are most needed.

30. The CSC implementation strategy states: "Over the next two years, before the next Spending Review period, we will update, consult on and publish a new formula for children and young people's services funding. We will work with DLUHC to identify opportunities for implementing the new formula."

31. **Recommendation:** It is recommended that the LGA uses this opportunity to highlight both the driving factors behind need in children's services and the varying costs of delivering services in different areas.

How can we make a clear argument around profiteering? More transparency is needed in the costs of placements, particularly for very expensive placements. A lack of transparency also leads to less accountability.

32. The [LGA's work](#) to demonstrate the increasing level of profit being made by large providers of children's social care placements was a key driver for national work on this, with the [Competition and Markets Authority report](#) in 2022 confirming and building on the LGA's work.

33. Neither the CMA nor the Independent Review of Children's Social Care recommended a ban on profit-making, instead arguing that increasing sufficiency of placements and therefore competition would bring down prices and profits.

34. In its children's social care implementation strategy, the DfE states: "Local authorities are sometimes paying too much for placements, and our view is it is not right that council taxpayers are footing the bill. *We will seek to bring greater transparency, for example on ownership, debt structures and profit making* across both independent fostering agencies and residential children's homes. We will make an assessment, with colleagues across government and the sector, on what impact changes in the strategy have on the capacity in the market and the cost of placements to inform our future policy." [emphasis added]

35. **Recommendation:** It is recommended that the LGA engages in national work on improving transparency in pricing and profit-making to ensure that this enables councils to understand how funding is being used to improve children's outcomes.

The biggest increase in numbers of children in care is in the 10-15 age group; how much of this is linked to insufficient SEND provision? (Note: the largest *proportionate* increase is in the 16+ age group)

36. Children who have been looked after for at least 12 months is the social care group with the highest proportion of children with a special education need, at 56.2 per cent compared to 48.7 per cent of children in need and 15.7 per cent of all pupils (source).

37. The primary type of SEN for children who have been looked after for at least 12 months was:

Type of SEN	Children with SEN support	Children with an EHCP
Social, emotional and mental health	49.2 per cent	48.8 per cent
Moderate learning difficulty	18.1 per cent	11.3 per cent
Speech, language and communication needs	13.6 per cent	8.6 per cent
Specific learning difficulty	8.1 per cent	2.6 per cent
Autistic spectrum disorder	1.9 per cent	12 per cent

38. In May 2022 the DfE published a report on "drivers of activity in children's social care". This found that:

    38.1. For adolescents (13+), children's mental health is the most common factor in children's social care assessments, while domestic violence with a parent/carer subject is the second most common. After 12 years old, there is a sharp growth in the percentage of assessments including child alcohol/drug misuse, child sexual exploitation, trafficking, gangs, socially unacceptable behaviour and self-harm.

    38.2. While the number of children starting to be looked after has fallen since 2017, the number of children ceasing to be looked after has also fallen, leading to overall increases in the number of children in care. This also means children are spending longer being looked after.

    38.3. Between 2013 and 2015, the most common age to leave care was age 1-4. Since 2016, the most common age to leave is 18.

    38.4. The age profile of children **entering** care has changed since 2013, with over 16s accounting for 20% of entrants in 2021, compared to 13% in 2013 (some of this can be explained by increasing numbers of UASC coming into care). Under 1s, children aged 1-4 and children aged 10-15 have all experienced falls (2-3 percentage points) in proportions of entrants.

39. The report also found that the increase in number of children in care was concentrated disproportionately in some areas, with researchers commenting:

    "Analysis of the number of looked-after children at local authority level showed that nearly three quarters (71%) of the increase between 2013-2021 was driven

by a fifth of local authorities. They accounted for 9,000 of the 12,700 total increase in children over the 8 year period examined. This is not due to their population sizes, as this fifth of local authorities contained only slightly more than a fifth (24%) of the total looked after population analysed. However, they were also mixed in terms of rurality, deprivation markers and regions in the UK, making it difficult to draw straightforward conclusions around a cause for the increase in looked-after children in certain local authorities."

What do we know about particular challenges for individual councils?

40. Some regions and councils have higher rates of children in care than others:

Average rate of children in care per 100,000 children in England: 70

Regions	
North East	110
North West	97
Yorkshire and the Humber	81
East Midlands	65
West Midlands	88
East of England	50
Inner London	64
Outer London	46
South East	56
South West	60

Councils – highest rates*	
Blackpool	218 (NW)
North East Lincolnshire	186 (Y&H)
Stoke-on-Trent	175 (WM)
Liverpool	172 (NW)
Hartlepool	155 (NE)
Kingston upon Hull	150 (Y&H)
Middlesborough	150 (NE)
Halton	134 (NW)
Stockton-on-Tees	133 (NE)
Tameside	130 (NW)

* City of London has been excluded due to its size

41. Some of these challenges are in relation to levels of deprivation. Of the ten councils with the highest rates of children in care, 8 are in the lowest quartile in the "Income Deprivation Affecting Children Index" (IDACI), while the other two are just outside the lowest quartile (source).

42. Supporting unaccompanied asylum-seeking children also has a disproportionate effect on different councils. Across the country, 7 per cent of looked-after children are UASC. However, this figure is 16 per cent in London but only 2 per cent in the North East (source).

43. There is also significant difference across councils; those councils supporting the most and fewest UASC are shown below (it is important to note that these figures should not be considered in isolation; some councils support fewer UASC due to high adult asylum seeking populations for example, or because of specific challenges locally while others may support more due to their location or demographic make-up):

Council	Number of UASC	UASC as percentage of looked-after population
Kent	370	21
Hillingdon	139	34
Manchester	138	10
Essex	136	12
Surrey	119	11

Rutland	7	28
Hartlepool	6	2
Blackburn with Darwen	6	2
North Lincolnshire	6	3
Torbay	6	2

Do we need to consider a more radical distinction in how we support unaccompanied asylum-seeking children? Their needs are very different to those of children who grew up here and the current approach often doesn't work for the children or councils, so a more regional or national approach could work better.

44. Unaccompanied asylum-seeking children are supported and accommodated by councils under section 20 of the Children Act 1989 because there is no person with parental responsibility for them (s20(1)). Councils' legal responsibilities towards these children, including in terms of providing appropriate accommodation and care/support are therefore the same as to resident children in care. Statutory guidance on the placement of children emphasises the importance of considering children's views, wishes and feelings in placement decisions, as well as meeting the individual needs of children; some of this may look different from UASC than for resident children.

45. There has been no comprehensive review of the needs of unaccompanied asylum-seeking children to better understand how best to support them (recognising that support should be individual to each child); the collation of such evidence is something the LGA has been calling on the Home Office and the Department for Education to carry out. However the [Social Care Institute for Excellence (SCIE)](#) suggests that the primary needs of these children are likely to be:

   * basic needs for a place to live and for and assistance in destitution cases
   * needs for security and belonging
   * access to healthcare
   * access to, and support with, education and career
   * opportunities to develop social networks and to be active in the community
   * legal advice and support with their asylum claim
   * support with needs related to their refugee or asylum status
   * support, and as appropriate, access to psychological interventions and social support in relation to experiences of forced migration, torture and/or trauma including bereavement
   * Post-traumatic stress disorder may affect unaccompanied asylum seeking children
   * Cultural and linguistic sensitivity in the way in which they are received, and in which services are planned and delivered.

46. Strategic Migration Partnerships are local government-led partnerships funded by, but independent of, the Home Office. Their role is to coordinate and support delivery of national programmes in asylum and refugee schemes as well as agreed regional and devolved migration priorities. They work with stakeholders in the statutory, voluntary, private and community sectors to provide a strategic leadership, advisory and coordination function, including facilitating collaboration between central and local government. The SMPs have a role in supporting regional support for UASC, including coordinating referrals received via the National Transfer Scheme.

47. Some councils have highlighted that the UK adopted a "crisis mentality" when developing plans to allow unaccompanied children from the Ukraine to enter the UK, which allowed a different approach to be taken. Children arriving from the Ukraine were allowed to join a named sponsor (subject to notarised parental

consent) under a specific scheme, with councils carrying out checks on arrangements in a similar approach as private fostering.

48. Given the current crisis on the south coast, some have questioned whether we can take a similar crisis approach which takes a more flexible approach to supporting children. Critics, including some councils, have argued that this could create a "two tier" care system, with resident children afforded more protection than asylum-seeking children.

49. However the experience of co-producing flexible solutions at pace across central and local government and with support from the voluntary sector could be used as a model for work in this space, and some elements of the Ukraine model could be looked at in relation to UASC – for example, could UASC be allowed to travel to the UK to stay with relatives (subject to appropriate safeguarding processes) or family friends rather than having to enter the UK on small boats and entering the care system?

Why are there now fewer third sector providers?

50. Children England is the membership body for children's charities, first founded in 1942 as 'The Constituent Societies of the National Council of Associated Children's Homes'. Its chief executive, Kathy Evans, produced the following analysis of the withdrawal of the third sector from children's homes provision in a wider paper entitled "[Residential Child Care: The 21st Century Challenge](#)", following discussion with Children England's members:

Looking many decades back into the history of residential child care and how we came to today's situation, we must acknowledge the almost complete withdrawal of charities from their formerly dominant role. It is of course true, and certainly not irrelevant, that when the state took on the full statutory care and protection duties for children in the form that that they still hold today, the leadership initiative and responsibility for providing care for children shifted from charities to the state. That might suggest that charities simply stepped back as the state took over. However, the withdrawal of most charities from residential care since then has been far more nuanced and varied in its motives , and perhaps more significant in impact on the remaining care sector, than such a straightforward view would at first suggest. It also doesn't explain the entry into and subsequent domination of the market by private sector providers. Some of the factors in the withdrawal of charities from residential care:

- *The growing belief (across all those interested in children's care in voluntary, statutory and academic fields) that residential care was outmoded and not good for children. Some charities positively chose to stop being care home providers on this principled basis. Others received the message loud and clear that care commissioners were aiming to stop funding and using residential care as soon as possible.*

- *Throughout the 20th Century, and particularly after WWII, a steady loss of charitable fundraising appeal for the 'cause' of running children's homes, impacting on both general public donations and the wealthy philanthropists' contributions that had in previous centuries helped to equip charities with the properties they were using for children's homes. Even those people who were strongly committed to continue their charitable giving came to share the prevalent (and well-founded!) belief that the state's costs of looking after children in care were something they, and everybody else, already paid for through taxation.*

- *For some charities, the embedding of the state's responsibility to provide care for any child in need of it meant that they felt it was no longer an appropriate continued 'charitable purpose' to become a contracted supplier to the state for their services. Some charities' mission and purpose expressly asked of them to focus their attention and resources on unmet needs and new/emerging social problems. And as grants came to be replaced with contracts some were prohibited by their governing covenants from entering into commercial contracts with the state, or from subsidising any public contract with the charity's assets.*

- *As 'de-institutionalisation' from large homes and orphanages progressed, many charities continued to try to adapt to the emerging preferences for more 'family-like', smaller homes. While some have been successful for others it proved unwieldy and unsuccessful to redesign and redevelop existing children's homes. Some sold up and reinvested proceeds in new, more appropriate children's home sites. For many though, the unsuitability of those ageing premises that had usually been left in trust to*

them meant that 'stay or go' organisational decisions about whether to continue running children's homes were being triggered by 'estates management' dilemmas, and were affected by legators' restrictions on the charity selling, returning or redeploying entrusted assets.

- *The increasingly strenuous requirements of inspection and regulation and a 'standardising' effect on what a children's home should be, do and look like, that were (and still can be) inflexible to some of the models and philosophies for care that had been developed within the voluntary sector.*

The impacts of charity withdrawal and the absence of a significant voluntary sector role in the market today are far more significant than many in the sector (statutory and voluntary) might have foreseen or recognised at the time:

- *The slow but steady withdrawal of the sheer volume of charities' capital assets (human and financial) left a significant 'hole in the iceberg' of the capital resources left available for looking after children.*

- *Most local authorities were not keen to invest significantly in buying up, or otherwise investing to replace the capacity lost by charity withdrawal, when they were strategically keen to reduce their use of care homes as much as possible too. Those practitioners and managers (often coming out from careers in the charity residential care sector) who saw a continuing need and wanted to offer good quality, small scale children's homes, essentially had to set up as companies and seek private financial backing and investment to do so – whether through commercial bank loans or business partnerships with supportive corporate investors and businesspeople.*

- *The vital 'non-cash currencies' that charities can marshal for children in care - of gift and philanthropy , volunteering, community support and engagement - have largely disappeared from circulation in the residential care sector (with a handful of notable exceptions). The longstanding and unique capacity of charities to 'add value' (in cash, property or in kind) to the state's budgets for children's services is now almost entirely missing from the equation in residential care - and that 'added value' is missing at a time when those local authority budgets are under severe strain from cuts and increased service demand.*

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