Walsall Council

Walsall children..... Safe, Happy, Learning Well...

LAC Transformation Programme

Work stream 1: Needs Assessment

FINAL DRAFT

1 2 3 4 5 6

Philip Brocklehurst and Carole Brooks – December 2017

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1   Introduction

A detailed strategic review was undertaken from December 2015 to March 2016 to identify what was required to reduce the prevalence and cost of looked after children. As a result, '*reduce the number of looked after children, safely*' has been a priority for Walsall Children's Services, as part of their **RISE**[1] agenda since then.

Actions to achieve this were instigated through increased social workers to reduce caseloads, tracking and in-borough placements, with some actions still in progress of being completed. The number of looked after children has remained high whilst these actions were being undertaken, and the cost of looked after children's services in 2016/17 was £17.0 million. However, we know from other authorities experiences, and from research that change takes time, tenacity, a whole systems change and an evidence based approach to 'do things differently'.

A council-wide LAC transformation programme has therefore commenced in the second half of 2017, utilizing a whole systems approach to further drive this priority under six workstreams.

Outcomes for the programme (what we want to change) are:

The right children... in the right placement... at the right time... for the right amount of time.

This means:

- Better assessment, decision making, planning and intervention
- Opportunity to reduce expenditure through value for money placements and reducing the number of looked after children
- Effective shared use of data and intelligence
- Children in the system for less time
- Fewer children and young people in the system
- Improved outcomes for vulnerable children and young people
- Early action and prevention especially for children on the edge of care
- A skilled and stable workforce, well supported and well managed.

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[1] Current Children's Social Care and Early Help priorities: Reduce the number of looked after children safely; improve quality of practice; stable and skilled staff; early help…early on.

The objective of the first workstream is to provide a comprehensive analysis of the 'as is' demand and need (from data, professionals working in the system and research of what works); which children come into care (child profile); why (root cause); and what could be done to reduce demand appropriately.

Carole Brooks Associates has been commissioned to support this workstream to conduct a needs assessment which will help Walsall to understand this. Evidence has been gathered from a range of sources including:

- Analysis of quantitative and qualitative data (local and national)
- The voice of professionals, gathered through a series of workshops, interviews and meta-analysis of audit results
- Review of relevant research and application of expertise gathered through similar projects.

Further evidence proposed by the authors, but not included at this stage is to capture the voice of the child and family and also partners, and to ensure they are active stakeholders in the programme.

This report synthesises the key findings and messages from this phase of work. The approach, whilst originally intelligence centered and 'forensic' rather than phenomenological or outcomes based, has inevitably led to recommendations for process and practice developments. It provides evidence to underpin other work streams of the transformation programme which will consider the child's experience in more detail. To this end, analysis has been grouped into specific areas following different aspects of the looked after child's journey in Walsall, with conclusions included in a table of key messages for the each of the six workstreams to take forward:

- Child protection and edge of care
- Entry into care (becoming looked after)
- Care proceedings
- Placement
- Exit from care and permanence
- Finance and resources
- Cross cutting and impact of other factors

Appendices provide more detailed five year breakdowns of children starting care by age, placement and need to augment data and narrative within the report itself.

Analysis of outcomes for looked after children in terms of their health and education are outside the scope of this research.

With all the insights from the three workshops that are included here, we need to be mindful that there are examples of very good and successful practice, and the insights provided by managers and staff are by no means the case for every child. Understanding and learning from those cases that do work well (an appreciative inquiry approach) will further assist in understanding and applying 'what works'.

2 Existing evidence

This needs assessment does not attempt to restate existing and historic evidence, but provides a current and deeper forensic look at child level data over recent years and a 'stocktake' of current provision and views so that future plans and actions are based on the most up to date information available.

Current key targets are:

- Reduce the number of children in external residential provision from 36 children to a maximum of 24 over the next three years. Reduce by 4 in 2016/17 and 2018/19 and 8 thereafter.

- A reduction of a further 100 over the next 3 years and to reduce children looked after safely.

- Increase the recruitment of foster carers leading to an increase in the number of fostering households and the number of children placed in internal fostering. The target of 25 new foster carers in 2017/18.

For completeness, key existing evidence and documents are listed below, however this list is not exhaustive. A finding of the need assessment was that information is being collected and analysis undertaken, but intelligence is not always shared or used to best advantage, the right people are not always involved and there is some duplication. The Council Insights programme, and Children's Services work on developing improved business intelligence should help to address this but recommendations have also been made to improve intelligence.

- Reducing need for LAC strategy – improving outcomes and reducing cost (March 2016)
- The latest Joint Strategic Needs Assessment (2016), includes a chapter about looked after children, however it appears incomplete and a further revision is recommended as a result of this needs assessment
- Toxic Trio needs assessment (2017) and Public Health analysis to understand demand and potential referral volumes of substance misuse services, which was reported to Scrutiny in December 2017
- Corporate Parenting Strategy 2017-2019 and The Pledge
- Children's Services Children in Care Placement Commissioning and Sufficiency Strategy 2016-2018
- Children's Social Care Service Plans 2017-2019
- Fostering Recruitment and Marketing Strategy 2016- 2018
- Reducing LAC progress report to Corporate Parenting Board Report (25 July 2017)
- Placement Sufficiency Strategy (2017)
- Monthly performance reports and scorecards

3 Social care activity

3.1 Trend data and comparisons with other authorities

Walsall has experienced gradual and significant increases in the number of looked after children at 31st March since 2008. Between 2010 and 2012, following an Ofsted inspection and subsequent inadequate judgement suggesting thresholds for children entering the care system being too low, these numbers began to significantly increase and the largest increase is between 2012 and 2014. Whilst there have been recent slight decreases in September and October 2017, the number of looked after children remains higher than ever, and higher than statistical neighbours (figure 1).
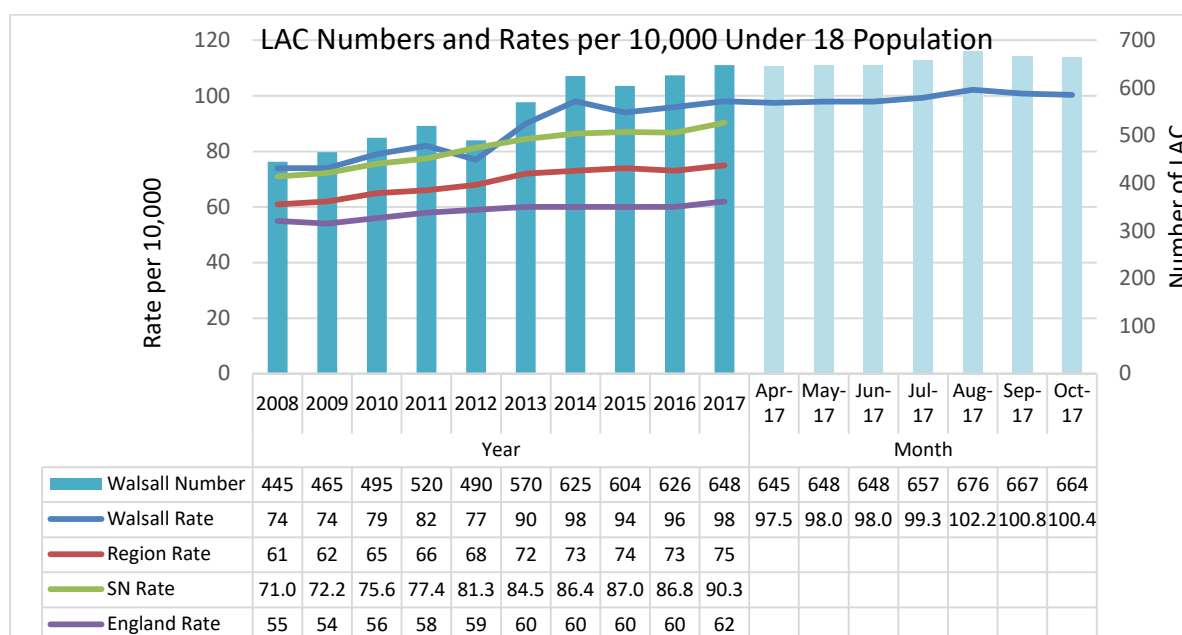

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Walsall Number	445	465	495	520	490	570	625	604	626	648	645	648	648	657	676	667	664
Walsall Rate	74	74	79	82	77	90	98	94	96	98	97.5	98.0	98.0	99.3	102.2	100.8	100.4
Region Rate	61	62	65	66	68	72	73	74	73	75							
SN Rate	71.0	72.2	75.6	77.4	81.3	84.5	86.4	87.0	86.8	90.3							
England Rate	55	54	56	58	59	60	60	60	60	62							

Figure 1 - LAC numbers and rates per 10,000 with comparators. Source DfE and MOSAIC.

The England rate per 10,000 0-17 population had remained static, at 60, since 2012. It has increased to 62 in 2016/17, which is a 3.3% increase. The West Midlands rate has also been increasing year on year since 2013, and the annual increase in 2016/17 is 2.7%. Walsall's statistical neighbor (SN) rate has increased by 4%. Whilst the rate of looked after children per 10,000 0-17 population in Walsall is higher than any of these comparators, the annual increase of 2.1% in 2016/17 was smaller than for all comparators, and is half that of the SN group.
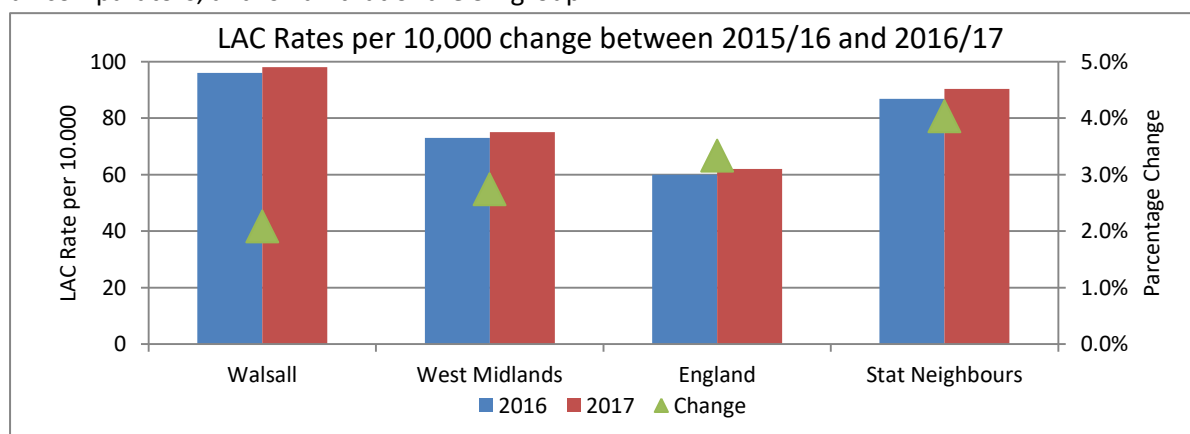

Figure 2 - LAC Rates per 10,000 change between 2015/16 and 2016/17. Source DfE.

These national and SN averages mask a wide range of rates and change in individual LAs, some of whom have experienced a reduction in their number of looked after children. Any ambition to reduce LAC numbers is only desirable when done safely, hence the aim to have the right children, in the right placements, at the right time, for the right amount of time. If we look at the local authorities who have reduced their LAC number by more than 10% between 2012 and 2017, there is wide variation in the graded judgments for overall effectiveness, LAC and adoption in their most recent Ofsted SIF inspections[2] but the majority of these authorities are either good or outstanding. It is also critical to note that some of these have been in receipt of DfE innovation grant or other funding sources to achieve these reductions.

We know that visits by Walsall staff to some of these authorities are in progress or planned, and recommend that when considering whether to mirror an approach of one of these LAs, that careful attention is paid to understanding if the presenting issues and root problems are the same, and implementing any models with fidelity (in other words, ensure we are 'fixing' the same problem for high numbers of looked after children, in the same way).

LA	LAC at 31 March					Change	Trajectory	SIF OE	SIF LAC	SIF Adoption
	2013	2014	2015	2016	2017					
Camden	265	225	190	190	200	-24.5%		good	good	outstanding
Kensington and Chelsea	100	95	105	105	80	-20.0%		outstanding	outstanding	outstanding
Essex	1255	1135	1025	1005	1010	-19.5%		good	good	good
Haringey	540	510	455	405	445	-17.6%		RI	RI	RI
Lambeth	500	530	485	460	415	-17.0%		inadequate	inadequate	inadequate
Hounslow	300	315	295	280	250	-16.7%		RI	RI	RI
York	245	220	190	190	205	-16.3%		good	good	good
East Riding of Yorkshire	335	310	290	260	285	-14.9%		good	good	good
South Tyneside	320	305	295	290	275	-14.1%		good	good	outstanding
Greenwich	575	540	520	520	495	-13.9%		good	good	good
Hillingdon	360	355	335	340	310	-13.9%		RI	RI	good
Ealing	400	385	355	370	345	-13.8%		good	good	good
North Yorkshire	490	460	445	410	425	-13.3%		good	good	good
Hertfordshire	1040	1010	1005	1010	905	-13.0%		good	good	good
Wigan	510	495	505	485	445	-12.7%		good	good	outstanding
Nottinghamshire	880	825	840	815	775	-11.9%		good	good	good
Wokingham	85	70	75	80	75	-11.8%		RI	RI	good
Kingston Upon Thames	130	115	115	110	115	-11.5%		good	good	good
Cornwall	465	440	440	430	415	-10.8%		good	good	good
Southwark	560	550	500	475	500	-10.7%		good	RI	outstanding
Manchester	1300	1380	1310	1250	1165	-10.4%		inadequate	RI	inadequate

Figure 3 - Ofsted SIF Judgments for Overall Effectiveness [OE], LAC and Adoption, for LAs with LAC reduction of 10% or more. Source see footnote 2

It is important to consider how many looked after children there are, against volumes of work coming into the department and other ways in which children and their families are supported, for example through early help, subject of a child protection plan or as a child in need. Walsall experienced a significant rise in referral and child protection activity in 2013/14 and 2014/15, although child protection plans have been more in line with statistical neighbours until mid-2017.

Looked after children rates per 10,000 population have always been higher and have not experienced such a fluctuation as other safeguarding activity since 2013. Individual LA rates are more likely to show a greater variation between periods due to smaller numbers.

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[2] Source DfE https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017, ADCS http://adcs.org.uk/inspection/article/sif-outcomes-summary and Ofsted https://reports.ofsted.gov.uk/

Walsall

	2012/13	2013/14	2014/15	2015/16	2016/17
Referrals	694	1026	955	599	693
Section S47s	121	207	229	204	219
CIN	424	443	359	409	392
CP Plans	39	51	55	58	50
LAC	90	98	94	96	98

Statistical Neighbours

	2012/13	2013/14	2014/15	2015/16	2016/17
Referrals	672	677	600	663	732
Section S47s	134	146	149	175	225
CIN	401	410	414	397	437
CP Plans	50	51	48	52	60
LAC	85	86	87	87	90

West Midlands

	2012/13	2013/14	2014/15	2015/16	2016/17
Referrals	521	615	613	559	655
Section S47s	100	126	158	166	182
CIN	361	380	369	359	353
CP Plans	42	45	46	43	45
LAC	72	73	74	73	75

England

	2012/13	2013/14	2014/15	2015/16	2016/17
Referrals	521	573	548	532	548
Section S47s	112	124	138	148	157
CIN	332	346	337	338	330
CP Plans	38	42	43	43	43
LAC	60	60	60	60	62

Figure 4 – Relationship in change in social care activity – Walsall compared to SN, region and England. Source: DfE LAIT

This year, at the start of 2016/17, there has been a more marked increase where numbers of contacts, referrals and assessments were rising sharply. After a seasonal reduction over the summer holidays, contacts and referral numbers had plateaued closer to previous levels, before rising again in October. The number of assessments undertaken, whilst decreasing, will normally track referral numbers though with a slight lag. In October 2017 the numbers of contacts, referrals and assessments were respectively 16%, 27% and 32% higher than in April 2017.
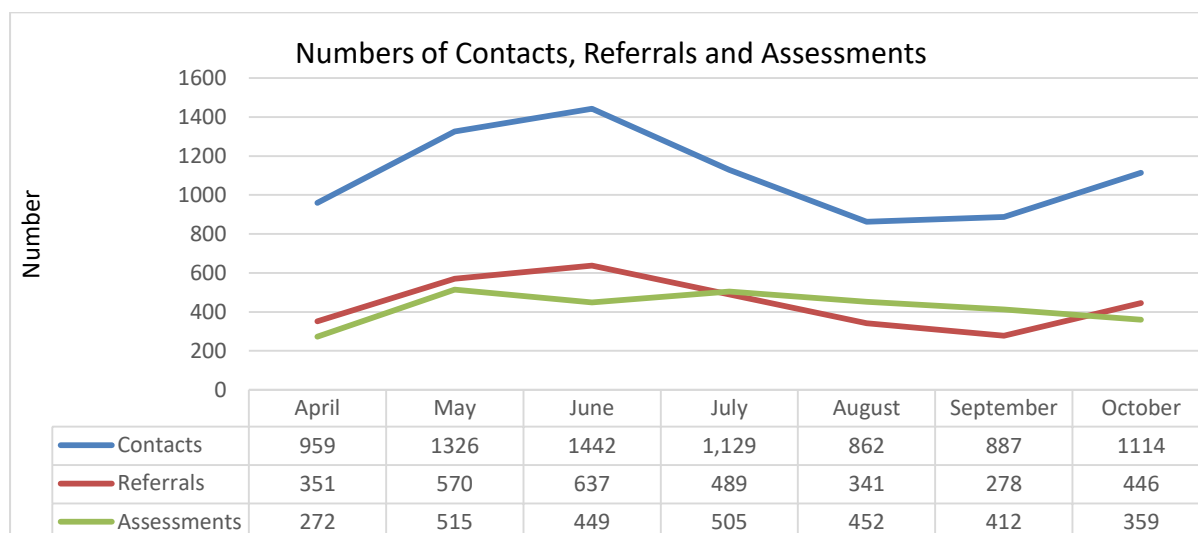

Numbers of Contacts, Referrals and Assessments

	April	May	June	July	August	September	October
Contacts	959	1326	1442	1,129	862	887	1114
Referrals	351	570	637	489	341	278	446
Assessments	272	515	449	505	452	412	359

Figure 5 - Numbers of Contacts, Referrals and Assessments 2017/18 to date. Source MOSAIC.

There have been bigger increases in the number of children who are subject of child protection plans than looked after. The smallest change, a 2.5% increase is in the number of looked after children . The number of children in need has decreased by 21.9%, whereas the number of children subject of a child protection plan have increased by 44.4%.

The October figures equate to a rate per 10,000 of:

Contacts	168.4
Referrals	67.4
Assessments	54.3

This increase in children who are subject of a child protection plan is likely to result in a much higher increase in children becoming looked after, as the average conversion rate for Walsall (see section 5.1) could equate to another 58 children looked after.
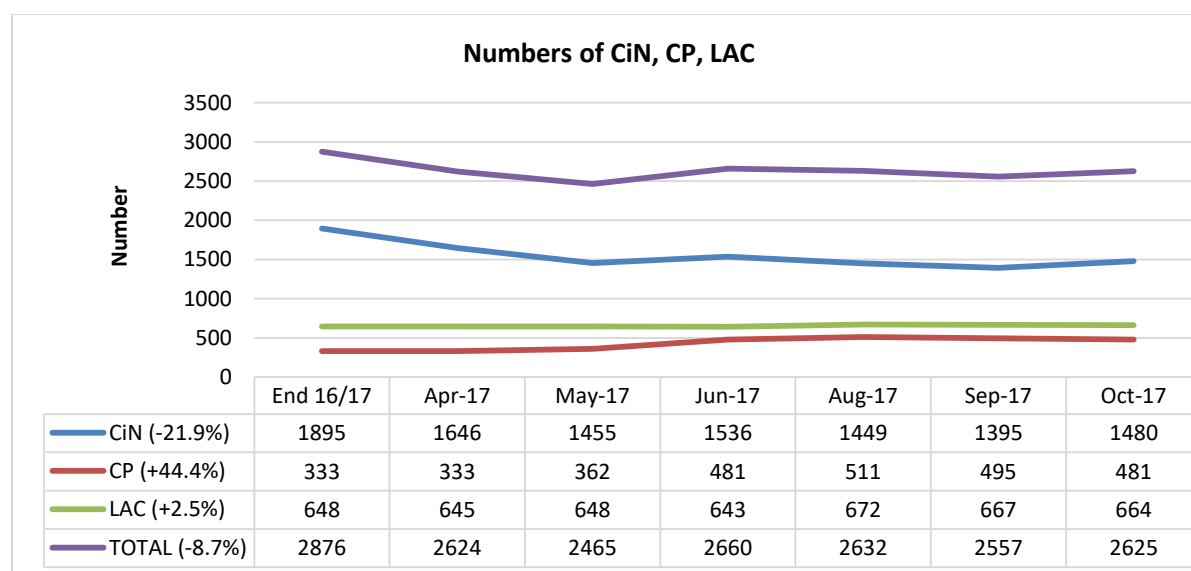

Numbers of CiN, CP, LAC

	End 16/17	Apr-17	May-17	Jun-17	Aug-17	Sep-17	Oct-17
CiN (-21.9%)	1895	1646	1455	1536	1449	1395	1480
CP (+44.4%)	333	333	362	481	511	495	481
LAC (+2.5%)	648	645	648	643	672	667	664
TOTAL (-8.7%)	2876	2624	2465	2660	2632	2557	2625

Figure 6 - Numbers of CiN, CP and LAC 2017/18 to date. Source MOSAIC

Proportions of CiN, CPP and LAC

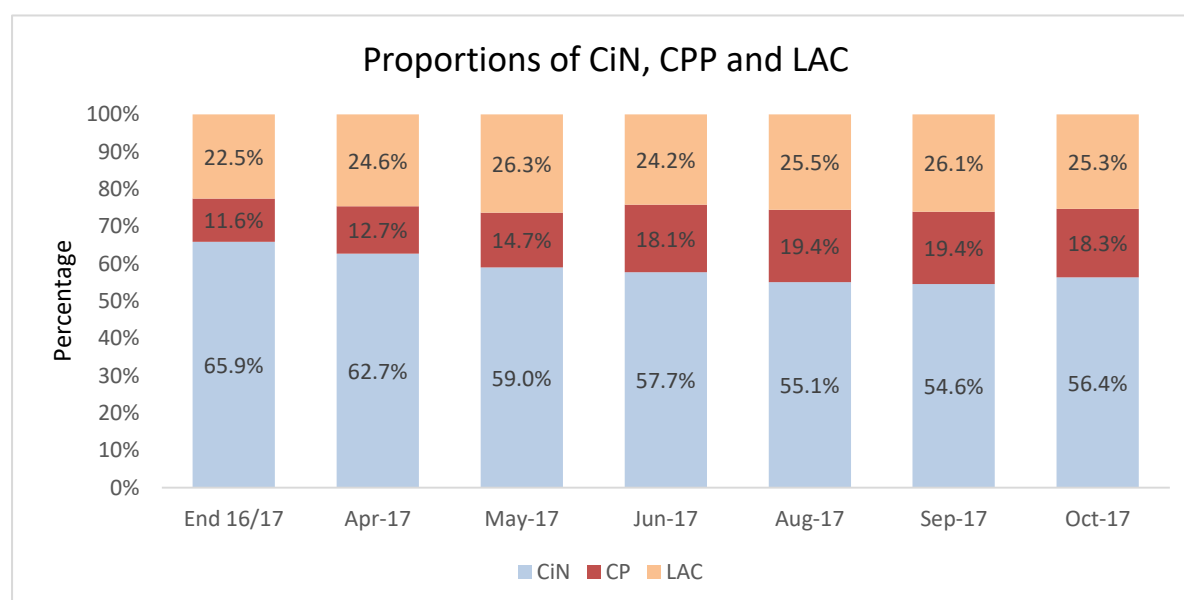|	End 16/17	Apr-17	May-17	Jun-17	Aug-17	Sep-17	Oct-17
LAC	22.5%	24.6%	26.3%	24.2%	25.5%	26.1%	25.3%
CP	11.6%	12.7%	14.7%	18.1%	19.4%	19.4%	18.3%
CiN	65.9%	62.7%	59.0%	57.7%	55.1%	54.6%	56.4%

Figure 7 - Proportions of CiN, CPP and LAC. Source - MOSAIC.

The overall effect of these changes means that as with previous years, as a proportion of all Walsall's vulnerable children, the percentage of LAC has been relatively stable during the current year.

Again, the October figures equate to a rate per 10,000 of:

CiN	223.8
CP	72.7
LAC	100.4

4 Profile of Looked After Children

4.1 Gender and Age

There has been virtually no change in the gender of looked after children at the end of the year for the past three years, being 54% male to 46% female at 31st March 2017. The national proportion is 56% male, 44% female. Whilst CSE affects both boys and girls, there is anecdotal evidence from some LAs that more girls are becoming LAC as a result of CSE concerns.

Walsall	2014/15	2015/16	2016/17
Male	54%	54%	54%
Female	46%	46%	46%

The age profile of all looked after children has however changed significantly. There have been increases in the youngest (under 1), reduction in proportion aged 1 to 4 from 23% to 17% in August 2017, and to a more marked extent, an increase in the proportion of older children (aged 10 to 17) who are looked after from 33.1% in 2014/15 to 37.4% in August 2017. Over half of all looked after children are over 10 years of age. Further analysis of this age group is provided later in the report.
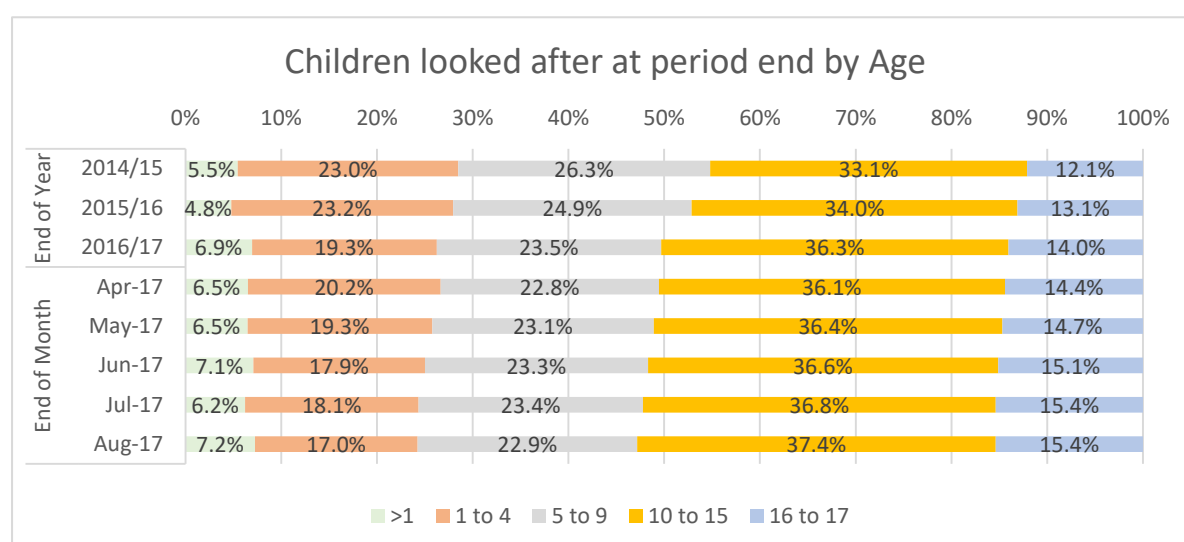
Figure 8 - LAC by age group at the end of a period. Source – MOSAIC

4.2 Ethnicity and Unaccompanied Asylum Seeking Children (UASC)

There has been almost no change in the broad ethnic composition of children looked after at 31st March over the past three years, When compared to ONS estimates of Walsall's overall population and data from the DfE schools census, children from mixed ethnic backgrounds and, to a lesser extent, black children, are over –represented in the LAC population.

	LAC			All Walsall	Walsall School Children
	2014/15	2015/16	2016/17	2015 ONS Population Estimates[3]	2017 School Census[4]
White	73%	73%	72%	77.7%	64.9%
Mixed	16%	16%	17%	3.1%	6.1%
Asian or Asian British	7%	7%	6%	16.0%	22.9%
Black or Black British	3%	4%	4%	2.4%	4.6%
Other ethnic groups	1%	0%	1%	0.9%	1.5%

Figure 9 - Ethnicity of LAC compared to Walsall Population and Walsall School Children

Whilst these broad categories can mask changing demographic profiles, such as European immigration, information recorded on Mosaic as at 12th October 2017 shows that for looked after children whose nationality is recorded, the overwhelming majority are described as *British* or *English*. This does not therefore suggest that immigration is a significant inflationary factor, with no other nationality representing as much as 1% of the total. This also triangulates with the low number of unaccompanied asylum seeing children (UASC) in Walsall.

NATIONALITY	TOTAL	%
British or English	579	86.81%
NULL or Not Known	*39*	*5.85%*
Nigerian	6	0.90%
Polish	6	0.90%
Irish	5	0.75%
Other	5	0.75%
Bangladeshi	4	0.60%
Afghan	3	0.45%
Hungarian	3	0.45%
Pakistani	3	0.45%
Romanian	3	0.45%
Slovakian	3	0.45%
Indian	2	0.30%
Congolese	1	0.15%
Greek	1	0.15%
Italian	1	0.15%
Somalia	1	0.15%
Sudanese	1	0.15%
Vietnamese	1	0.15%
Grand Total	**667**	100.00%

Figure 10 - Nationality of LAC. Source – MOSAIC

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[3] See ONS 2015 Population Estimates by Ethnicity for raw data.
[4] https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2017

One significant pressure for many children's services departments has been the rise in numbers of UASC, but despite the anticipate effects of the Lord Dubs amendments and the National Transfer Scheme, Walsall has not yet seen a significant increase in the number of UASC. The regional picture is complex, and the significant recent regional increase in numbers of UASC – from 170 in 2015 to 370 in 2016 – has impacted very differently on LAs within the region. In the West Midlands in 2016, UASC as a percentage of the child population ranged from 0% [no UASC] to 0.15% - more than double the national goal of an equitable dispersal rate of 0.07%. Walsall has committed to take more UASC over the coming three years which will impact not only on the number of LAC, but costs and services to meet their specific needs. Research and commentary on this was provided by ADCS in November 2016 which is a valuable reference guide for LAs. (ADCS 2016a)

4.3   Category of need

Each child has a 'category of need' recorded in line with DfE guidance. In common with most local authorities, *Abuse and Neglect* is the largest needs category, and has accounted for a relatively consistent proportion of looked after children over time, being between 57% and 59% in the last three and a half years. However, the proportion at 31st March 2017 was 59%, less than the England average of 62%. The biggest difference between Walsall and the England average is the significantly higher proportion of looked after children whose category of need is recorded as family reasons: family in acute stress, or family dysfunction. These account jointly for 24% nationally, and 32% in Walsall.

The low proportion of UASC is reflected in the lower proportion of absent parenting than nationally. However, as more UASCs come into Walsall, we know this proportion will increase.

Figure 11 – Category of need – England and Walsall. Source – MOSAIC and DfE SFR 2017/50
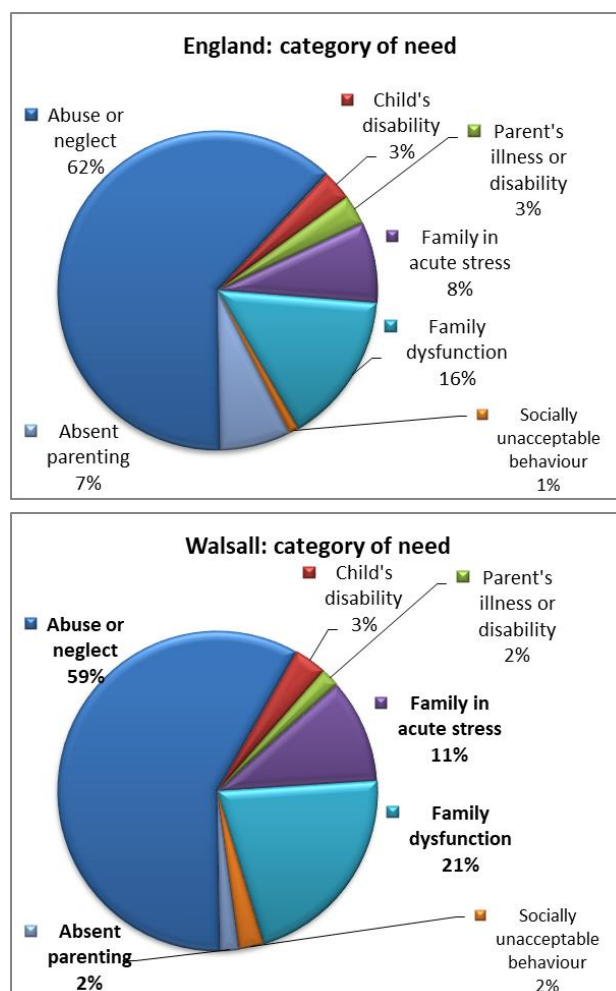
In terms of changes of categories in Walsall, the increases in *Parental Illness / Disability* (+93.6%) and *Absent Parenting* (+287.2%) seem substantial, but absolute numbers are small and are not a concern. A large decrease in the category *Family in Acute Stress* (a 46% reduction between the end of 2014/15 and the end of August 2017) is partially offset by an increase in *Family Dysfunction* (28.7% rise over the same period). Considering the finding above that Walsall is currently much higher than the national average for these two categories, this warrants further investigation as to

whether it may either be a recording phenomenon, or a result of changes in practice, or the needs of children whereby families are not able to cope with caring for their children.
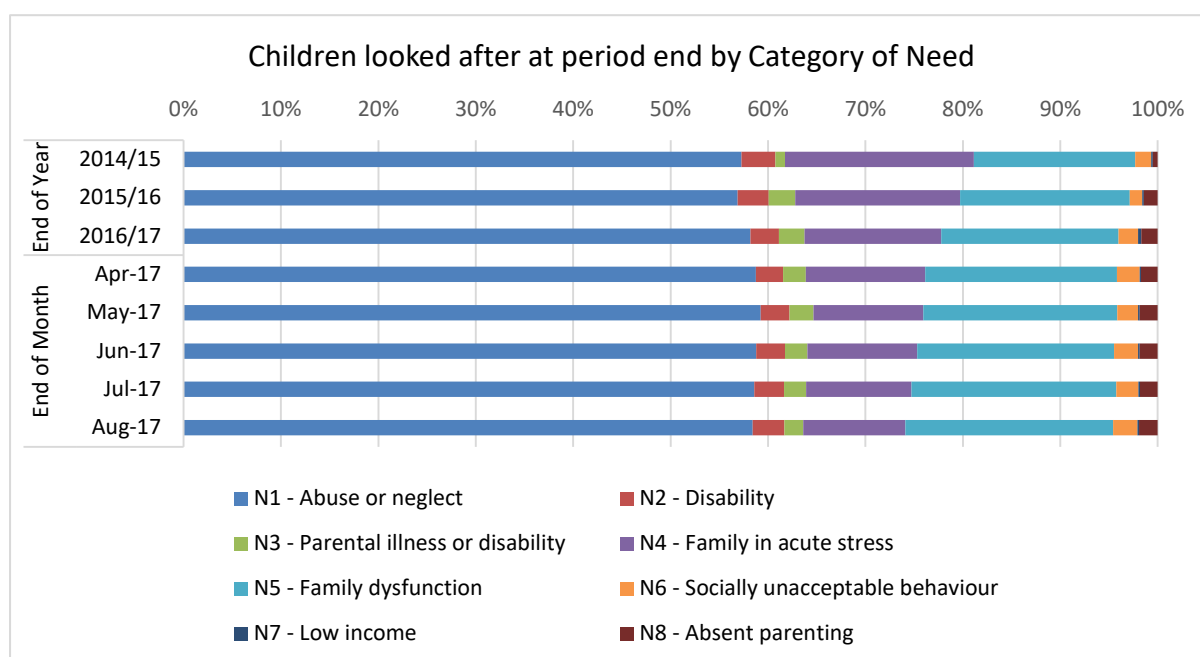

Figure 12 – Looked after children by Category of Need at the end of a period. Source - MOSAIC.

4.4   Presenting factors in assessment

There are options for 21 presenting factors collected as part of assessment, stipulated by the Department for Education[5]. Factors can be attributed to the parent, child or other, and there is often more than one factor present. This is especially the case with the 'toxic trio': Alcohol and drug use by children and young people, parents, and other household members, domestic violence and mental health. The published data, however, aggregates the person element and gives just a percentage of assessments where alcohol or drug use is identified, irrespective of who is the user. As these factors are identified at the point of a C & F Assessment, there may be other presenting factors which become apparent after the assessment has been undertaken, if the assessment has been undertaken some time before the child started to be looked after and had not been updated. These factors are therefore a good indication of why children require social care services (e.g. as child in need, child protection plan or looked after), but not specifically what was the underlying reason which led to them becoming looked after.

According to published data (see figure below), 15.9% of assessments had a presenting factor of alcohol misuse and 17.9% had a factor of drug misuse. Walsall has a lower proportion than national and regional averages and these have been increasing steadily over the past three years. There is a possibility that this is due to improved identification and recording, rather than an increasing prevalence. Only the percentage of domestic violence in 2017 is higher for Walsall than for these comparators – where it was a factor n 62.8% of all assessments. The significantly higher proportion than England and WM averages is more an area for attention than the increases.

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[5] See section 3.9 of the [CiN Census Guide 2016/17](#) for full details, and Appendix 14.9 for a list of the factors specified.

Assessment Factor Comparison over 3 Years

	England			West Midlands			Walsall		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
■ Alcohol misuse	17.8%	18.4%	18.0%	18.0%	22.1%	19.6%	6.3%	12.0%	15.9%
■ Drug misuse	17.8%	19.3%	19.7%	18.9%	20.4%	21.2%	7.5%	15.1%	17.9%
■ Domestic violence	48.2%	49.6%	49.9%	52.3%	53.3%	56.5%	22.9%	46.4%	62.8%
■ Mental health	32.5%	36.6%	39.7%	30.8%	34.6%	38.0%	9.1%	19.2%	28.3%

Figure 13 - Assessment Factors. Source - DfE.

Of the 310 children who became looked after in the 18 months from 1st April 2016, 116 children did so within three months of an assessment, and had assessment factors recorded. The most common factors were neglect, emotional abuse, domestic violence, drug misuse, mental health, and alcohol misuse. It is very common for emotional abuse or neglect to appear in common with other 'toxic trio' factors and the prevalence of different factors together is illustrated in the figure below where each column represents one child and their factors, with the total provided on the right. It should nonetheless be noted that there may be a variance between the factors identified in the assessments and the reasons why the child subsequently became looked after. A summary of the most prevalent factors is provided in the table below this figure, and scrutiny of the factors highlights that there appears to be a correlation between learning disability and some form of abuse or neglect. Of the 22 children who started to be looked after within three months of an assessment with learning disability as a factor, further investigation or audit may reveal how much impact either parental or child's learning disability was a cause of abuse resulting in becoming looked after.

Abuse or neglect - neglect	55
Abuse or neglect - emotional abuse	50
Domestic violence	49
Drug misuse	48
Mental health	45
Alcohol misuse	32
Learning disability	22
Abuse or neglect – physical abuse	22
Other	17
Socially unacceptable behaviour	11
Abuse or neglect - sexual abuse	11
Missing	8
Child Sexual Exploitation	8
Physical disability or illness	6
Gangs	4
Self harm	4
Trafficking	3
Privately fostered	1

Figure 14 - Factors in assessments where children became looked after within three months. Each column represents one child. Source - MOSAIC.

Assessments with Factors	116	100.0%
Emotional abuse, or neglect	92	79.3%
Toxic Trio, 1 or more of	89	76.7%
Both of the above	*77*	*66.4%*
Alcohol use	32	27.6%
Drug Use	48	41.4%
Any substance Use	*61*	*52.6%*
Domestic Violence	49	42.2%
Mental Health	45	38.8%

To further understand prevalence of these factors attributed to adults (parents or 'other'), we examined all 2,441 assessments undertaken in 2016/17, where the factors had been recorded against adults. Alcohol and drug use separately account for a fifth of the factors, and one or the other is present in just over a third. Domestic violence amongst adults is present in two thirds of these assessments, and mental health in over a third.

Assessments with factors	2,441	100.0%
Alcohol misuse	502	20.6%
Drug misuse	504	20.6%
Any substance use	*859*	*35.2%*
Domestic violence	1,597	65.4%
Mental health	884	36.2%

If the children becoming looked after within three months of an assessment is a representative sample, and the data quality is sufficiently high throughout, this gives us a range within with which we can estimate the probability that looked after children have experienced these specific issues, themselves, or affecting adults in their lives:

- For substance use, between 35% and 53% of cases
- For domestic violence, between 42% and 65% of cases
- For mental health, between 36% and 39%

However, even these proportions could be an under-estimate, as the issues may come to light post assessment, as workers become more familiar with families.

Housing and Homelessness

There is no factor in assessment relating to housing or homelessness and therefore this key data is not available. However, we know from other evidence that it may be a root cause of social care activity. ADCS (2016) found that homelessness and housing were factors that affected increases in early help and social care activity, in different ways. They reported that in some cases lack of affordable housing resulted families moving into areas of cheaper housing, commonly from areas of

high cost rent. In addition, they reported that families with children or pregnant women who were statutorily homeless[6] increased by 9% to 31st March 2016.

More recently, the National Audit Office (2016)[7] reported that there were 77,240 households in temporary accommodation in England in March 2017, including 120,540 children, an increase of 60% since March 2011. They report that homelessness at present costs the public sector in excess of £1 billion a year. More than three quarters of this – £845 million – was spent on temporary accommodation.

There is other relevant research, for example (Smeaton, 2014)[8], which describes the reasons why young people are made homeless and the impact on their lives emotionally, economically and socially, that continue into adulthood.

Whilst it has not been possible from this desk based research to identify those children starting to be looked after where homelessness or housing issues have been a contributory factor to either families being in acute stress, it may warrant further investigation.

4.5 Key Messages from this section

Ref	Messages	Related Work-stream[9]					
		1	2	3	4	5	6
1	When considering whether to mirror an approach of another LA, careful attention is paid to understanding if the presenting issues and root problems are the same, and implementing any models with fidelity (in other words, ensure we are 'fixing' the same problem for high numbers of looked after children, in the same way).	✓	✓	✓	✓	✓	✓
2	There is an increase in babies and adolescents who are looked after.		✓	✓	✓	✓	✓
3	There are a lower than average number of UASC. We know this will be increasing as Walsall has committed to take UASC over the next few years, and this will impact on the number of LAC (more LAC).				✓	✓	✓
4	*Family in Acute Stress* and *Family Dysfunction* are much higher than the national average. Further investigation what the root cause behind this may identify what preventative services can be put in to prevent family breakdown.	✓	✓		✓	✓	
5	Domestic Violence is a bigger factor in Walsall than elsewhere and a factor in 62.8% of all assessments. This may be linked to 4) above.	✓	✓				
6	Increasing complexity of needs and multiple issues appear to be experienced, with an increase in children where toxic trio has been an factor, sometimes with neglect.	✓	✓				✓
7	There appears to be an increase in parental learning disability linked to Neglect.	✓	✓				✓
8	Identify to what extent homelessness and housing are stress factor / root causes of family dysfunction and as a result, children becoming looked after.	✓	✓				

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[6] A statutorily homeless household is one that is unintentionally homeless and in a priority need category.
[7] https://www.nao.org.uk/report/homelessness/
[8] https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Living%20on%20the%20edge%20-%20The%20experience%20of%20detached%20young%20runaways.pdf
[9] See Page 1 for description of each workstream

5   Child Protection Plans and Edge of Care

5.1   Conversion from Child Protection Plan to Looked After

Between April 2015 and December 2017, 1,554 children ceased to be subject of a Child Protection Plan (CPP). Of these 198 (13%) were recorded as having a reason for cessation of the plan as 'became looked after'. However, the proportion of those with an end reason of 'became looked after' has more than tripled, from 6.2% in 2015/16, to 19.5% in the current year to December 2017. This could indicate that child protection plans are not as effective in reducing risk, although there is no national data to compare with.

	Blank	Looked After	No longer at risk of significant harm	Transferred Out
2015/16	0.4%	6.2%	87.5%	5.9%
2016/17	1.0%	13.7%	80.5%	4.8%
2017/18 to December	1.7%	19.5%	74.8%	4.0%
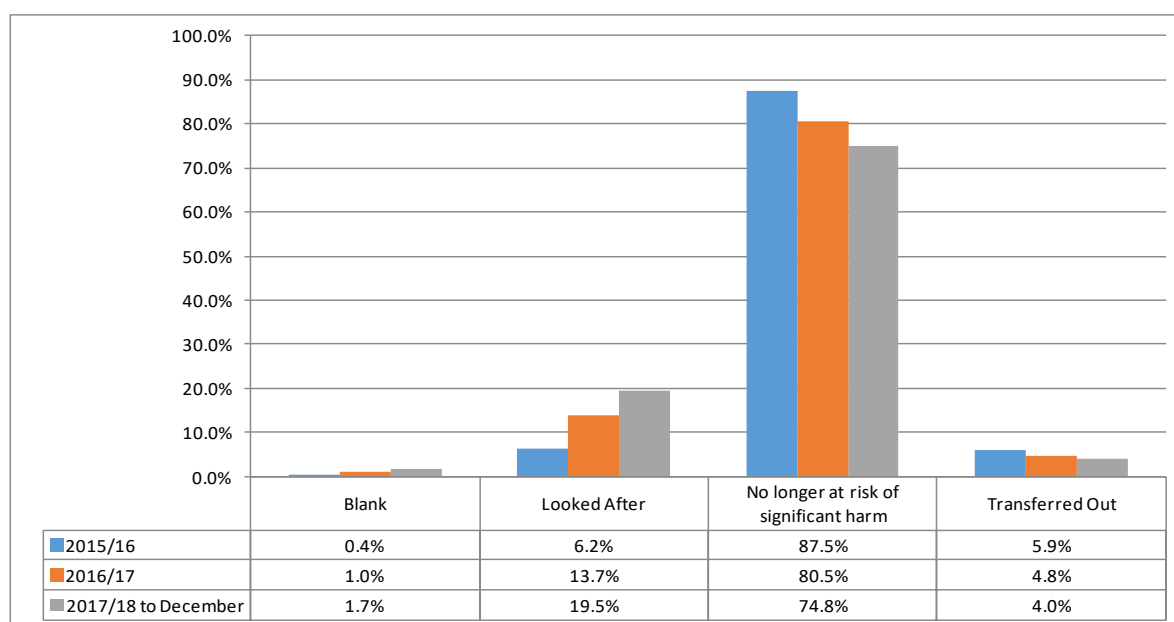
Figure 15 - Percentage reasons for cessation of CP Plan. Source - MOSAIC.

The table below shows the ages of the children coming into care when the plan ceased, and the duration of the child protection plan. 41% of the children were under one. A number of these will undoubtedly be cases where pre-birth CPPs were in place, and the plan was for the child to become looked after from birth.

Duration of CPP	\multicolumn{17}{c}{Age when CPP Ceased}	Grand Total	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
3 months or less	39	2	7	1	3	4	1		2	3	4	1	3	1	3	4	2	**80**	40.4%
3 to 6 months	30	1	4		1	2	1	3	1	1	1	2	2	1	5	2	1	**58**	29.3%
6 months to 1 year	12	2	6	2	1	3			1	1	1	1	3		2		1	**36**	18.2%
1 to 2 years	1	3	3	3		1	1	1		3	1	1	1	1	1	1	1	**23**	11.6%
2 years and over														1				**1**	0.5%
Grand Total	82	8	20	6	5	10	3	4	4	8	7	5	9	4	11	7	5	198	

Figure 16 - CP Plans ceasing for reason 'became looked after' by age and duration of plan. Source - MOSAIC.

Auditing those cases which had been subject of a CPP for more than 1 year and then came into care, especially older children, will provide further intelligence about why it appears child protection plans appear to be less effective than before in meeting children's needs, in what circumstances, and whether entry to care could have been avoided. With the increase in child protection plans in 2017, this factor could be a major indicator of a future increase in children becoming looked after if the same proportion (19.5%) is applied to all children currently subject of a child protection plan.

5.2   Edge of Care

Edge of care [EoC] services work with families, often intensively, to provide evidence based interventions, with the aim of preventing admissions to care, and supporting reunification and return home. A strategic briefing from Research in Practice, *Building a business case for investment in edge of care services[10]*, describes a model of how they might be most effective, and the characteristics of effective services.

Edge of care services have a number of common characteristics. They work intensively with families to address the wide range of needs that put young people at risk of entering care. This holistic and intensive approach recognises that:

- poor family relationships are often at the root of children and young people's difficulties; family members can improve their relationships by understanding the causes of conflict and how to deal with them.
- parental substance addiction or poor mental health will impact on parenting capacity; it is important to remember that addressing these issues will not in itself improve parenting function.
- strengths-based approaches seek to build on resources a family can access, from the wider family and within their community, to support change.
- the daily stresses of parenting and frequent crises relating to family life can distract families from making sustainable changes.

Edge of care services, therefore, offer families help to:

- explore and improve family dynamics and relationships through family therapy.
- offer evidence-based interventions to address specific needs, such as substance misuse or anger management.
- extend social networks and sources of support through involving the wider family or making use of mentors or peer groups.
- provide practical help with issues such as housing and debt.
- offer support at times when families need it, including out of office hours to help with establishing a routine and, at times of crisis, often at short notice.

Characteristics of effective edge of care services include:

- strong and stable relationships between practitioners and families.
- 'high dose' interventions, involving regular visits and usually lasting over six months.
- persistence in engaging families who are resistant to receiving help.
- being authoritative and clear about the consequences if families fail to change.
- identifying and building on family strengths.
- coordination of additional services as appropriate.

Walsall provides or commissions a range of services supporting families with children on the edge of care (including early help). The key services and interventions are listed below with further information provided overleaf.

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[10] https://www.rip.org.uk/resources/publications/strategic-briefings/building-a-business-case-for-investment-in-edge-of-care-services-strategic-briefing-2014

Services	Evidence based interventions
0-19 Family Support Teams Edge of Care team Safer Families Black Country Woman's Aid Accord housing Locality Panels Elements of the Youth Justice Service FDAC Solutions Panel	Family Group Conferences (FGC) Mellow Parenting Graded Care Profile Triple P Restorative practice

This information is as complete as possible at the time of undertaking the needs assessment, but it needs to be the subject of a more qualitative review which includes new and proposed developments. For example, the council's own Edge of Care Team and FGC service have already been identified for further development as part of the transformation programme, with the intention of providing more intensive family support. The 'Solutions' Panel identified at the start of this needs assessment is now in place.

In undertaking the needs assessment, researchers found, in line with Ofsted SIF inspection report, that evidence about edge of care services was patchy and in some cases unavailable. It was stronger in early help services. Further, fuller evaluation of each service and evidence based intervention which goes beyond data is recommended and has commenced to include thresholds/referral pathways, and measures of success, including standard measures about diversion from care where appropriate. In some cases, this evaluation will have been undertaken as part of contract management, but identifying 'what works' within a review across all services based on similar outcome measures and methodology will allow interventions to be compared for effectiveness.

Preventative / Edge of Care Services (Draft)

Name of initiative or intervention	Service description/target group	Resource	Capacity	Evidence based programme used	Lead contact
0-19 Family support Teams	4 multi-disciplinary locality teams delivering group work programmes and one to one support to children and young people aged 0-19 and their families. 20% of the work by the locality teams is to support children on CiN or CPP The teams also benefit from partner collocated resources including Police, CAMHS tier 2 service, IMPACT and Welfare advice	£2,478,797 3 direct delivered teams of 3Team managers, 6 Senior Practitioner and 60FT staff 1 commissioned team (600K)	Each family support worker can have a case load up to 10 families (or 20 children).	Intensive parenting yearly provision: Mellow mums – 7 group work programmes – 70 mums Mellow dads – 4 group work programmes -40 father Mellow bumps – ongoing delivered by Health Other evidence based programmes include – one to one parenting, play in the home, use of Graded care Profile, FRIENDS (cognitive Behaviour support programme)	Group Manager, Early Help
Edge of Care team	Intensive support to children and their families who are at immediate risk of coming into care. All children are on CiN or CPP One worker is based in SFS to prevent young people coming into care. Both EoC and FGC has been identified for development as part of transformation programme.	500K	3 FGC workers (2 permanent FT, 2 PT Agency) 4 FT, 1 Agency EoC workers 6 parenting practitioners offering intensive family support 2 Agency EoC workers 1 vacancy (2 workers are positioned in IRS, the others are based at – for support to SFS teams. LAC Teams have no access to EoC support.	Family Group Conference Intensive Family Support Parenting assessment and support Substance misuse	Group Manager, SFS
Safer Families	Befriending/hosting and sourcing resources. Works with families with children under the age of 10.	60K a year (end in March 2018) 75 families			Commissioning Team

Name of initiative or intervention	Service description/target group	Resource	Capacity	Evidence based programme used	Lead contact
Black Country Woman's Aid	5/6 IDVA 1 X Child Advocacy worker See DV pathway framework	200K/Year (re - commissioned next year)	500 high level DV		Commissioning Team
Accord housing	Commissioned programme called - Brighter futures - Perpetrator Programme Working with Cases who are assessed as High Risk DA	£80K (ends June 2019)	150 Perpetrators	Delivery of 8 X 12 week group work programmes Delivery of one to one based programme for 50 perpetrators	Commissioning Team
Locality Panels	Weekly multi agency solution panel brokering packages of support focused on prevention and early intervention and therefore reducing the need for statutory interventions or repeat statutory intervention. Following agencies are involved: Police, Housing, Health Visiting, School health, education, adult social care, children social care, CAMHS, etc	Partnership resource One off funding resource through school forum (ending July 18)	No limit		Group Manager, Early Help
Youth Justice Service	Statutory Service working with children and young people who are at risk of offending and re-offending, subject to Police Disposal or Court Orders. Target Group for LAC reduction: Children and young people at risk of involvement with Criminal Justice System or at risk of becoming a First Time entrant (Youth Caution or Court conviction). Ability deal with ACE and emerging issues early. Young people who are subject to Court Orders where there is family breakdown, or children subject to CIN or CP Ability deal with ACE and emerging issues	Partnership budget. Local authority contribution currently approx £300K. Reducing to £250K in 18/19 and then to £200K in 19/20.	Multi-agency team including NPS, Police, CAMHS, substance misuse (The Beacon), YEI and Virtual Schools Education PA. Youth Justice Officers Crime Prevention Workers Support Workers	Restorative justice Restorative approaches Triple P Intensive Supervision and Surveillance Youth Justice Board effective practice library interventions Street Doctors- knife crime Precious Lives- knife crime ASDAN Offending behaviour programmes Parenting Orders	Group Manager, Youth Offending

Name of initiative or intervention	Service description/target group	Resource	Capacity	Evidence based programme used	Lead contact
	within the process. Children and young people at risk of being remanded, or who are remanded, into the secure estate and therefore become looked after. Opportunity to minimise or reduce complex LAC placements, particularly following a remanded episode or custodial sentence where family home is not an option. Children and young people who are arrested by the Police and a transfer to local authority accommodation is requested under PACE. Potential increase in secure and non-secure overnight LA placements.				

Edge of Care Team

The Edge of Care Team in Walsall has previously focused on assessment, and there are plans to refocus this into intensive family support work.

Family Group Conferences (FGCs)

Numbers of FGCs recorded on Mosaic have decreased dramatically. During 2016/17 there were 167 and between April and November 2017, there were only 6. It is not clear whether this is a recording issue or a reflection of practice. Information about the number diverted has been requested by not yet received. We heard repeatedly from stakeholders in the workshops that better use needs to be made of FGCs, supported by my more comprehensive information about families and the use of genograms. Understanding family dynamics through, for example, genograms, and effectively involving family in solution focused approaches was reported to be underdeveloped.

Solutions Panel and Decision Making

An early recommendation of this work, the solutions panel, has been implemented, and the first two meetings have considered eight cases. The aim is to provide an early focus on children on the edge of care and to think creatively about what support might be available to prevent admission. Early indications are that this is an effective way of identifying packages of support to improve outcomes and reduce drift, and early analysis of its effectiveness as well as presenting issues and solutions should inform future workforce development as well as commissioning. During the Edge of Care workshop two extensions of this solutions approach were proposed:

- **Solutions Outreach** – surgeries / floor-walking / other information sharing activities where services spend time with SW teams explaining what they can offer, as there is a lack of knowledge about what is available.
- **Solutions Exchange** – a forum, be it real or virtual or both is needed for practitioners to share their own examples of good practice and solution finding. The 'practice light bites' model used in Coventry was cited as an example, where people came together over food to share good practice examples.

5.3 Summary of Workshop Messages

Messages from the three workshops held to date have been assimilated under each heading within the report.

Child Protection - clarity re: pre-proceedings in plan: Preparation for pre-proceedings and the role of child protection conference and core group was reported to not always be effective. During the first workshop, the effectiveness of Child Protection Conference chair and core group in recommending legal action at the right time, and discussion with parents about the possibility of legal action and permanency options is sometimes too late (i.e. at Permanency Planning Meeting). Permanency options and required action if the situation does not change (within child's timeframe) needs to be openly discussed with parents at Conference and Core Group.

Viability assessments are not completed early enough, are sometimes too lengthy and are not of an acceptable quality.

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Menu of interventions and when to use them to best effect: There are some interventions, e.g. Family Group Conferencing that are not being used effectively and recording of these interventions means that we do not always know which ones a child/family has had and the impact of them. In the workshops, participants related some cases where it was felt the professionals were thinking about use of these interventions too late. There was also a general consensus that workers were not aware, or indeed there are not sufficient resources to support placements around the needs of the children to prevent placement breakdown or maintain children in their homes, or in foster care rather than specialist provision. This includes services and support available through early help services (which also supports social care service users), mental health and behavioural services. This was a major factor and suggestion to come out of the workshops to both prevent children coming into care, and supporting placements to prevent placement breakdown or specialist placements.

School placements: when bringing children back into Walsall from external placements, or moving placements within Walsall, availability of school places has been an issue, with social workers not always using the Virtual School to assist in this. One idea was to have a virtual school for all vulnerable children in Walsall.

More creative solutions and analytical thinking – less following a set pathway. Workshop attendees talked about how much social work staff and managers followed a set route (although not always following the right procedures) through the child's journey and pre-proceedings resulting in inevitable admission to care. Some social workers would benefit from improving skills about engaging with families and using solution-focussed methodologies in partnership with them.

5.4   Key Findings from this section

Ref	Messages	Relevent Work-stream					
		1	2	3	4	5	6
9	An increasing proportion of children looked after are immediately following a CP Plan. Auditing those cases which had been subject of a CPP for more than 1 year and then came into care, especially older children, will provide further intelligence about why it appears child protection plans appear to be less effective than before in meeting children's needs, in what circumstances, and whether entry to care could have been avoided.	✓	✓				✓
10	Pre-proceedings are not timely or comprehensive. Consider whether pre-proceedings is discussed with parents of children subject of a child protection plan at the right time, effectively.		✓				✓
11	Improve collective information about children accessing edge of care services and evaluate effectiveness – including successful diversions or entries into care. Fuller evaluation of each service and evidence based intervention which goes beyond data is recommended and has commenced to include thresholds/referral pathways, and measures of success.	✓	✓			✓	
12	Family Group Conferences appear under used. Investigate low recording of FGCs this year.	✓					
13	Staff and managers are not always aware of what support is available for families. Ensure all staff and managers are fully aware what		✓				✓

	interventions are available, the referral pathways and they are used effectively (e.g. virtual school).					
14	Learning from the solutions panel needs to be captured and disseminated.	✓				✓
15	Other forums / methods for sharing good practice need to be developed.		✓			✓
16	Commissioning required services is not always undertaken at present. Ensure the right services are available to meet the needs of children and young people at the earliest stage, and throughout their journey. Mental Health services were cited as an example.	✓			✓	✓

6   Entry into Care

In 2011/12, fewer children were starting to be looked after than the national or regional average. Whilst comparators have seen a steady year on year increase during the past five years, Walsall does not follow this pattern. There were significantly more children starting to be looked after in Walsall in 2012/13 than the previous year, followed by a reduction in children starting to be looked after so that in 2016/17, the rate of children becoming looked after in Walsall is on a par with England and the West Midlands averages (see figure below). This is an important finding, especially given the levels of deprivation in the town which we know from research is linked to higher numbers of children looked after, and also chimes with Ofsted SIF inspection finding that thresholds for children coming into care are generally appropriate.

Of concern, which is likely to impact detrimentally on the future number of looked after children, is the increase in children starting to be looked after during 2017, following the 'bulge' in referrals and other social care activity earlier in the year.

Rate per 10,000 children starting to be looked after

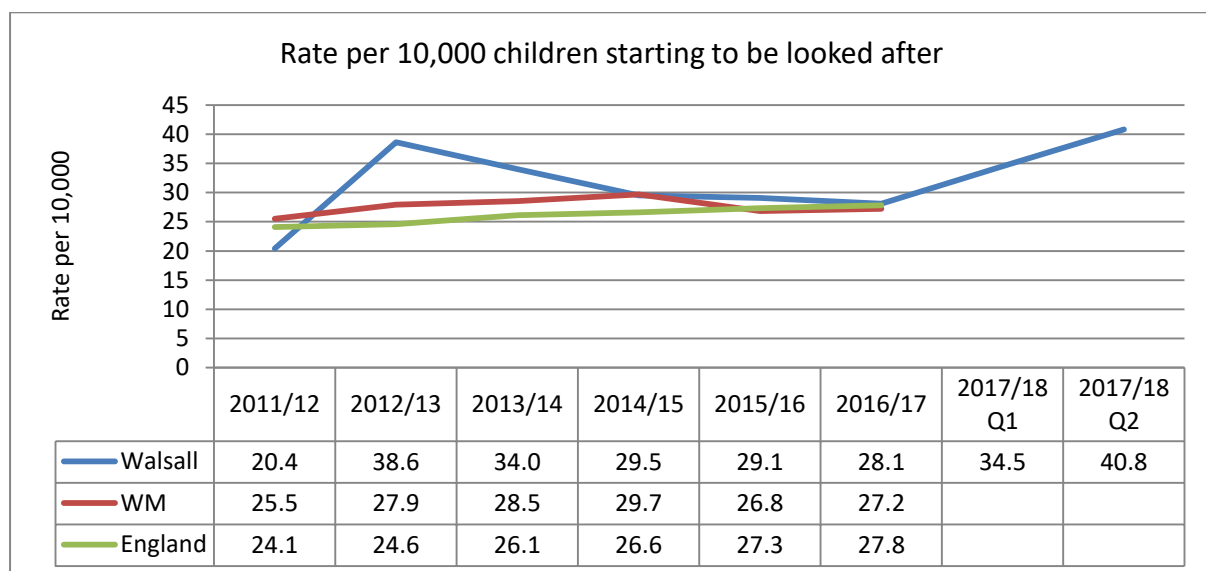|	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 Q1	2017/18 Q2
Walsall	20.4	38.6	34.0	29.5	29.1	28.1	34.5	40.8
WM	25.5	27.9	28.5	29.7	26.8	27.2		
England	24.1	24.6	26.1	26.6	27.3	27.8		

Figure 17 - Rate per 10,000 children starting to be looked after. Source – DfE and Walsall monthly Scorecard

6.1   Starting by age

The profile of children starting to be looked after by age has been changing over recent years, with increases in the under 1s and in 12-14s, and 16-17 year olds. The increase in children starting to be looked after who are babies and reduction in 1-8 year olds could be as a result of better identification, but the increase in adolescents who are starting to be looked after is a significant area for further investigation in terms of reasons and what can be done to prevent this, if appropriate.

Age	2012/13	2013/14	2014/15	2015/16	2016/17	Change
0	19.8%	21.0%	16.5%	20.4%	26.0%	31.3%
1	6.2%	5.7%	5.3%	7.3%	4.3%	-31.4%
2	6.8%	8.2%	7.5%	10.5%	5.8%	-14.2%
3	5.1%	6.0%	5.9%	5.5%	3.5%	-31.4%
4	6.8%	4.3%	4.3%	4.7%	4.3%	-37.1%
5	6.2%	5.7%	5.0%	6.9%	5.0%	-18.9%
6	5.6%	5.7%	5.9%	4.0%	3.1%	-45.1%
7	5.4%	4.8%	5.3%	4.0%	3.1%	-42.2%
8	3.4%	5.1%	4.7%	3.6%	1.6%	-54.3%
9	3.7%	4.0%	4.3%	3.3%	4.7%	26.7%
10	3.1%	2.3%	3.7%	2.5%	2.3%	-25.2%
11	4.0%	3.7%	4.3%	1.5%	2.3%	-41.2%
12	3.4%	4.5%	4.0%	4.0%	3.9%	14.3%
13	2.0%	3.1%	2.8%	4.0%	3.9%	96.0%
14	4.8%	4.3%	5.9%	4.0%	5.8%	21.1%
15	6.5%	6.5%	6.5%	6.9%	6.2%	-4.6%
16	4.2%	3.1%	3.4%	4.4%	9.7%	128.7%
17	3.1%	2.0%	4.7%	2.5%	4.7%	49.7%

Figure 18 - LAC starting by age. Source - MOSAIC.

Analysis over five years of looked after children starting by age and first placement (Appendix 16.1) illustrates the decrease in the use of homes/hostels and secure and increase in other residential settings., especially for babies (an increase from 4 in 2012/13 to 15 in 2016/17). These are often the most costly placements.

The change in profile of children's age is against the context of a different pattern to the England average, whereby in 2016/17, Walsall still had more babies and fewer adolescents starting to be looked after.

% starting to be LAC in 2016/17 by age group

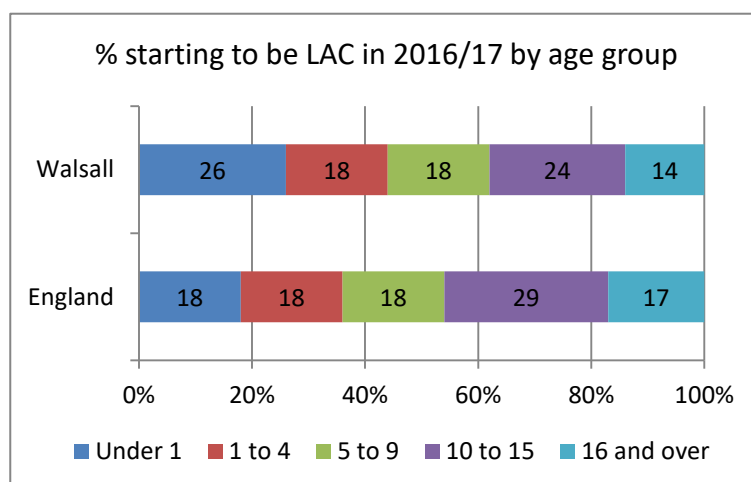|	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Walsall	26	18	18	24	14
England	18	18	18	29	17

Figure 19 - Starting to be looked after by Legal Status. Source - DfE.

Further investigation of these changes should be undertaken to understand the reason for change and variation from the England average. Evidence from the stakeholder workshops and analysis of presenting need would tend to suggest the potential hypotheses below:

- Could the increase in under 1s be related to better pre-birth or earlier identification of need, or repeat removals (i.e. parents having multiple children removed)
- Do the reductions children aged 1 to 11 [with the exception of 9 year olds] reflect more effective interventions for these children?
- What has changed in that there are more adolescents starting to be looked after?

6.2 Legal Status on starting to be looked after

There has been a significant increase in the proportion of children starting to be looked after on an Interim or Full Care Order and a reduction in the proportion who are Accommodated under Section 20. Whilst this pattern follows the national trend, the variances are significantly greater in Walsall to the point that just under half of children starting to be looked after in 2016/17 were subject of a care order compared to just over a quarter in 2012/13.
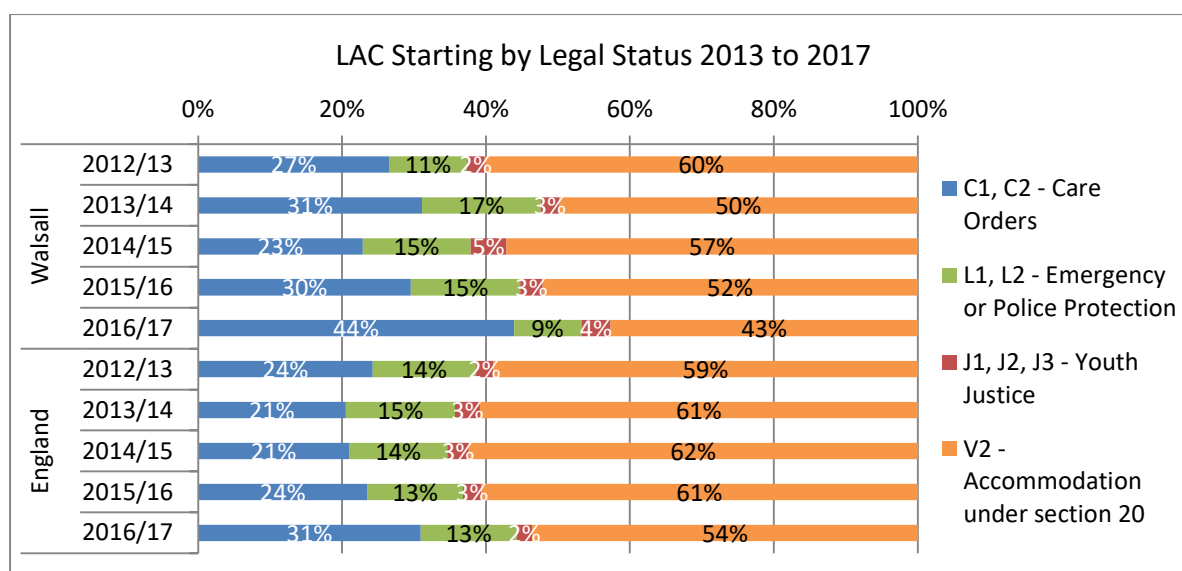

Figure 20 - Starting to be looked after by Legal Status. Source - DfE.

When compared to England averages, there are significantly more children starting to be looked after on care orders than the England average of 31%; fewer than the England average of 13% who are detained for child protection (EPO, PP, LASPO or Child Arrangement Order) but a similar proportion to the 53% who are Accommodated under section 20.

The different profile of orders versus voluntary accommodation is not necessarily an indication of a systemic problem. For instance, robust diversions from entry into care where possible, and a focus on vigorously pursuing care orders for the most vulnerable, could produce a similar effect. However, triangulation with the voice of professionals from the stakeholder workshops does not yet support the view that this is the case for Walsall's looked after children.

6.3   Starting to be Looked After by Category of Need

Whilst Neglect remains the largest needs group for children starting to be looked after, the proportion in the year to date is lower than in the past three years. After three years at 0%, child's disability accounted for 4.2% of entrants in the first five months of the year (5 children). As with the profile of looked after children at the end of the period, there has been a marked reduction in children starting to be looked after due to families in acute stress but an increase in those starting to be looked after due to family dysfunction, and an increase for socially unacceptable behavior.

	During the Year			To Aug
	2014/15	2015/16	2016/17	2017/18
N1 - Abuse or neglect	55.6%	61.8%	58.6%	47.5%
N2 - Disability	0.0%	0.0%	0.0%	4.2%
N3 - Parental illness or disability	0.0%	8.8%	1.1%	3.3%
N4 - Family in acute stress	13.9%	5.9%	5.9%	3.3%
N5 - Family dysfunction	22.2%	17.6%	18.8%	30.0%
N6 - Socially unacceptable behaviour	5.6%	5.9%	10.8%	9.2%
N7 - Low income	0.0%	0.0%	0.5%	0.0%
N8 - Absent parenting	2.8%	0.0%	4.3%	2.5%

Figure 21 - LAC starting by Need. Source - MOSAIC.

Analysis over five years of looked after children starting by age and need on entry (Appendix 14.2) illustrates the increase in babies starting to be looked after for 'abuse or neglect', and increase in 'socially unacceptable behaviour' in adolescents. Whilst there are a high number of children looked after at 31st March 2017 for family in acute stress and family dysfunction, the proportion who have started to be looked after for these reasons has reduced greatly, indicating that the children currently looked after for these reasons have generally been so for some time.

There are some differences to the England profile of children starting to be looked after by category of need. Whilst the percentage of children starting to be looked after for abuse or neglect is the same, more children start to be looked after due to family dysfunction and socially unacceptable behavior in Walsall than nationally. The lower proportion for 'absent parenting' reflects the fewer than average number of UASC in Walsall.
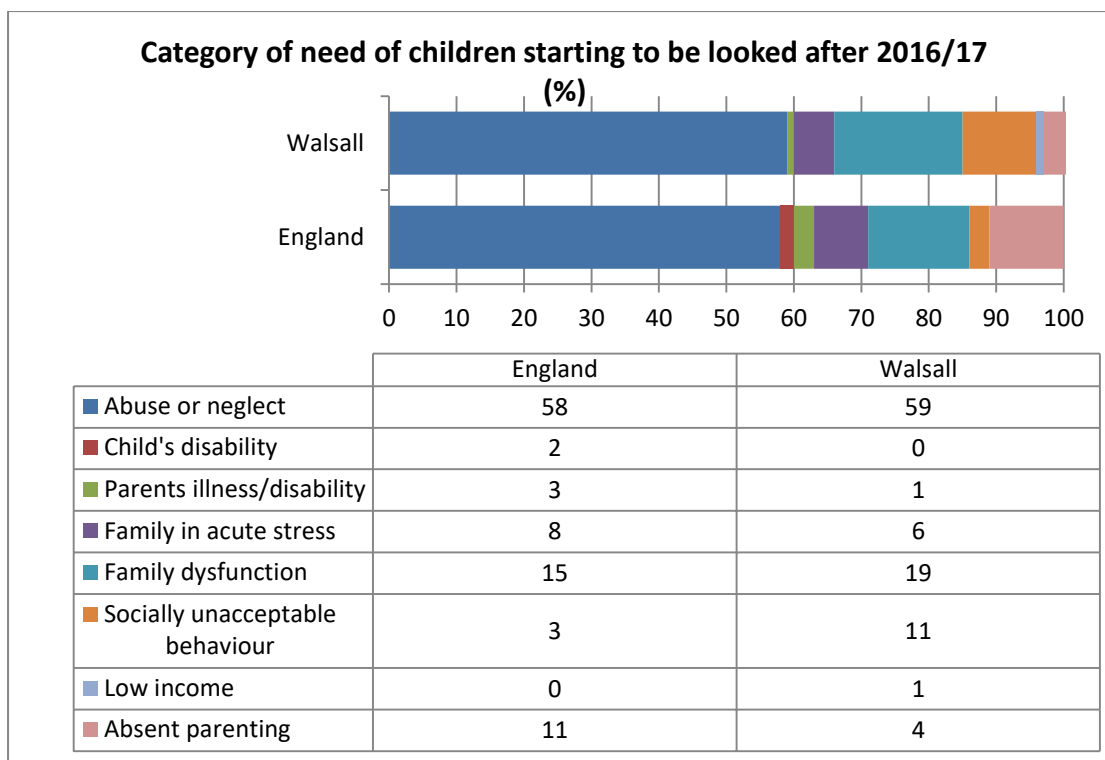
Category of need of children starting to be looked after 2016/17 (%)

	England	Walsall
■ Abuse or neglect	58	59
■ Child's disability	2	0
■ Parents illness/disability	3	1
■ Family in acute stress	8	6
■ Family dysfunction	15	19
■ Socially unacceptable behaviour	3	11
■ Low income	0	1
■ Absent parenting	11	4

Figure 22 - LAC starting by Need. Source – DfE SFR 50/2017

6.4   Children returning to care for a second or subsequent time

In the past five years 1,200 children have started at least one episode of care and the majority, 76%, have only done so once during that time. 19% have had two entries, 4.3% have had three entries in five years. Few children have been in care repeatedly (four children have had four entries, three have had five, and one child has had six entries into care in five years). Clearly the numbers with more than two entries are small, but there is likely to be some value in conducting case studies on some of the children with multiple entries as to whether this was an appropriate way to meet their needs, under a series of shorter term placements, as some LAs do, or whether it is a result of returning children home too early without sufficient support to prevent re-entry to care.

Entries into care	Number	%
1	912	76.0%
2	228	19.0%
3	52	4.3%
4	4	0.3%
5	3	0.3%
6	1	0.1%

Esme DeMay, a Walsall newly qualified social worker, has recently completed an MA dissertation which focused on children returning to care. The research used a cross-sectional design to sample all

children exiting the care of Walsall Council and returning home to birth families between 2011-2014, and tracked each case for re-entry up to the current fiscal year.[11]

The number of children in the care of Walsall Council is increasing year on year and many of those entering the care of the local authority are not doing so for the first time. Re-entry to care is attributed to failed reunifications which involve the return of a child to their birth families in a poorly assessed, supported or monitored manner. Re-entries come at a high cost, to both children and local authorities. Given the national pressure on local authorities to reduce expenditure on LAC services, coupled with the evidence that re-entries to care assume a large proportion of these costs, the local authority would reap the financial benefits of reducing the rate of re-entry.

Re-entry rate within the sample was 23%, indicating that almost a quarter of all reunifications failed and children subsequently re-entered care. When all variables were combined, those predictive of re-entry included;

- age at reunification
  - those aged between 12-17 accounted for the majority of re-entries, followed by those aged between 0-5 and 6-11 respectively
- placement instability (number of placement changes experienced)
  - number of placement changes experienced by children in care positively predicted their likelihood of returning to care post-reunification
- legal status
  - remanded to local authority care and Interim Care Order were the most predictive legal statuses of re-entry

These findings inform our understanding of which children are most at risk of reunification breakdown, enabling practice and case management to be redirected to better meet the needs of these children and reduce the re-entry rate. Consequently, scarce resources can be distributed more effectively, and according to level of need. Additionally, findings can inform case management through the allocation of high-risk re-entry cases to practitioners trained or specialised in reunification practice. Doing so will facilitate successful reunification and reduce the rate of re-entry, bringing with it financial benefits for the local authority and promoted welfare of children returning home from care.

6.5 Key Findings from this section

Key findings for children starting to be looked after are similar to those mentioned in the previous section about children looked after at 31st March.

		Relevent Work-stream					
Ref	Messages	1	2	3	4	5	6
17	There has been a signficiant increase of children starting to be looked after this year despite a 'levelling' trend over the past few years. Review the type of plan for all children currently looked after, especially those who started to be looked after in the last six months to ascertain whether new entrants to care are likely to be short or long term in care.	✓			✓	✓	✓
18	An increasing proportion of children re-enter care and reasons from research appear to be due to failed reunification. Reviewing research and auditing cases where appropriate to identify what an be done o prevent children re-entering care for negative reasons.	✓	✓				✓

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[11] For more information on this research contact esme.demay@walsall.gov.uk

7   Pre-Proceedings and Care Proceedings

7.1   Children in Proceedings and legal status of looked after children

As at 31st July 2017:

- 84 children were in pre-proceedings,
- 96 were in care proceedings (15 of which were more than the 26 week timescale)
- 15 children were in court with a plan of SGO
- 214 applications for an Adoption Order had been lodged with Court, and hearing dates were awaited for 21 adoption orders and 14 Celebration hearings.

Over 80% of Walsall's children looked after at 31st March are subjects of Care Orders compared to 65% nationally. Relatively few (10%) are accommodated under Section 20, compared to 25% nationally. The proportion of children who are subjects of Placement Orders is in line with the national average.
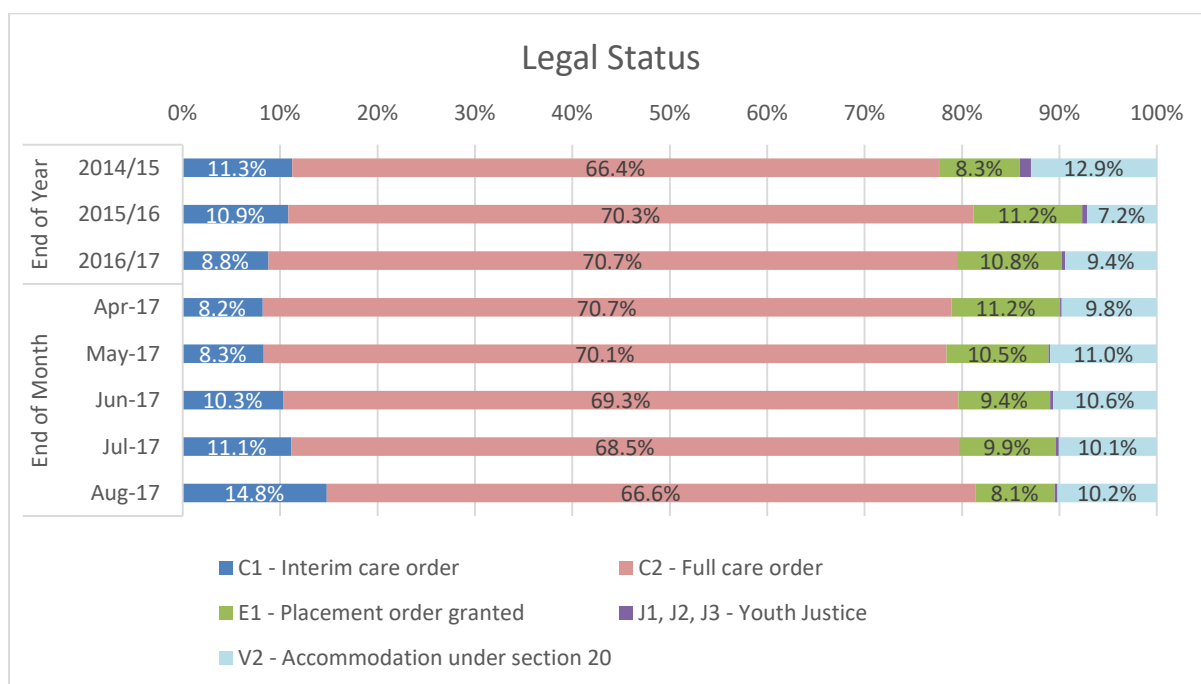
Figure 23 - LAC by Legal Status at the end of a period. Source - MOSAIC.

Walsall's rate of care applications per 10,000 children has exhibited considerable volatility in recent years. At 14.1 in 2016/17, it is higher than the England average of 12.5, but well below the SN rate of 16.4. In 2016/17 if ranked from highest to lowest, the rate in Walsall is the 58[th=] highest of 152 local authorities. However, we have evidenced that a greater proportion of Walsall's looked after children enter care on care orders than the England average. This has been consistently the case for the past five years, but in 2016/17 the difference was even more marked, with 43.9% on orders in Walsall compared to an England average of 30.9%. There is a corresponding difference in the proportions starting under voluntary section 20 arrangements. In 2016/17 these accounted for 42.7% of entries in Walsall, compared to 53.6% nationally. The proportions on youth justice or child protection orders, whilst closer to the national averages, show more year on year variability in Walsall.

Rate of care applications per 10,000 chilldren

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Walsall	8.80	11.10	8.90	7.90	13.50	15.50	9.70	14.30	14.10
Statistical Neighbours	8.93	12.33	12.97	14.14	14.31	13.84	12.92	14.00	16.35
England	5.90	8.00	8.30	9.00	9.70	9.20	9.70	11.00	12.50

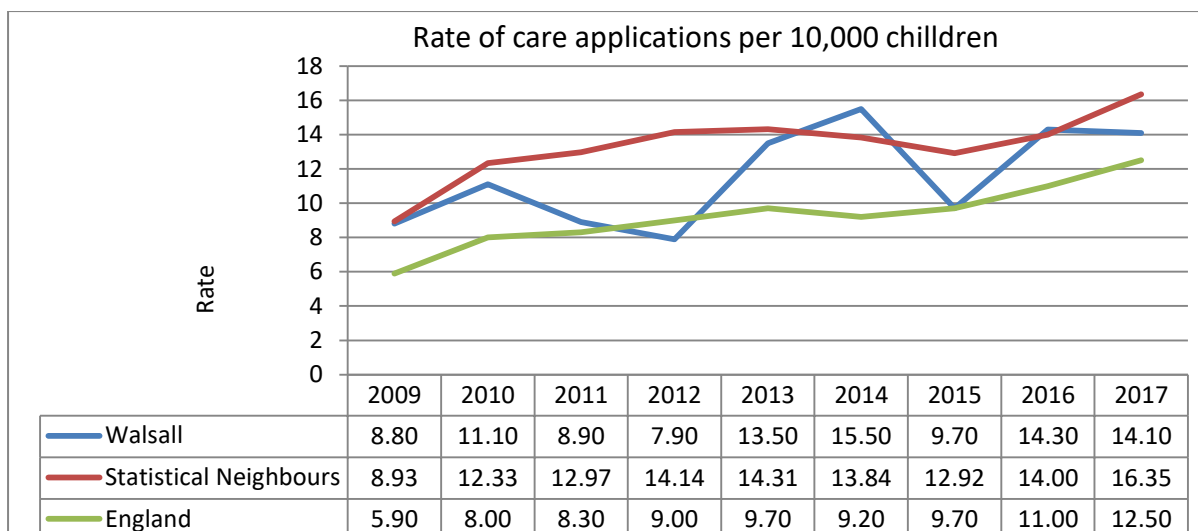*Figure 24 - Rate per 10,000 children of care applications. Source - CAFCASS data in LAIT.*

New research published by CAFCASS[12] examines repeat PLO cases. From an analysis of the 40,599 applications received by CAFCASS in 2016/17, 30% were returns [i.e. at least one previous application had been made in respect of the eldest child]. The returning cases were classified using a taxonomy which could easily be adopted for any local research. The categories are:

- Conflicted adults
- Safeguarding concerns
- Changes in life circumstances
- Child's wishes and feelings

Understanding further how many, and reasons for repeat PLO cases in Walsall, and how these compare to national may be a pointer for future practice.

7.2   Key Messages from Workshops

Workshop attendees raised questions of timeliness, and consistency of practice of social work staff, legal services as well as Courts and Guardians ad Litem. There was considerable discussion about the effectiveness of pre- and care proceedings and whilst it was recognised that improvements have been made in this area, and following an independent review of PLO, there is more to do to ensure Courts receive good quality, timely reports and plans which are evidence based, and drift is reduced.

PLO Procedures and Panel: Some social workers and managers were reported to have a poor understanding of purpose of PLO, and function of PLO Panel and Supervision or discussion with Group Manager is not taking place in all cases to ensure only the essential cases come to PLO Panel. Social Worker and Team Manager are not always well prepared for PLO Panel and quality of evidence and plan presented is not robust enough, which impacts on legal advice given and decision making. In some cases, the PLO Panel is used inappropriately as case management when the worker is not clear why they want pre-proceedings, or what the objectives or plan are. Legal department are

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[12] https://www.cafcass.gov.uk/media/355390/private_law_cases_that_return_to_court_-_cafcass_research_november_2017.pdf

only able to give 'tentative' advice on thresholds – which results in legal advice changing outside of Panel when assessment is seen / updated. There can also be inconsistent response from Panel Chairs to accept or reject cases due to gaps in information. When chair requests that a case is returned to Panel this often does not happen

Pre-Proceedings timescale of 12 weeks is not adhered to – work within pre-proceedings is not always progressed / frontloaded which causes difficulties at point of issue and adds to delay in care proceedings. Legal department do not always receive the required evidence from pre-proceedings work to issue application without a clear plan in place, including completed genograms and chronologies, and this builds in delay and the LA loses credibility in court.

The relationship between legal services and CSC could be strengthened to jointly identify the issues and improvements required. Improved communication and collaboration is key, for example, sharing or understanding respective tracking systems for pre and care proceedings, and improving information sharing. At present, Court bundles are not electronic and legal systems for allocation / tracking were reported to require further development.

Court timescales of 26 weeks are challenging, and therefore robust assessments and plans are required to ensure best outcomes for the child are obtained.

7.3   Key findings from this Section

Ref	Messages	Relevant Work-stream					
		1	2	3	4	5	6
19	Genograms are essential in care proceedings and are not always present. These need to be included in all assessments routinely, with eco map for every child. Consider whether family support workers or other non-qualified can support in these tasks at the time of assessment.		✓				✓
20	Analysis could be undertaken of detailed care proceedings data, including timescales, and of those with drift, identify what could have been done better and apply learning.	✓	✓				✓
21	PLO and care proceedings procedures and standards are not always understood. Ensure all staff are aware of the procedures for pre and care proceedings and that delay is avoided.						
22	Parents are not always aware that pre-proceedings is an option until too late. Ensure there is a clear message to parents re: pre-proceedings in child protection plans and core groups, and that action is followed through.		✓				✓

8   Placements

8.1   Children looked after at 31st March by placement type

Whilst Foster Care placements account for almost three quarters of placements (in line with the national average), the proportion has seen a gradual decline. Children who are Placed for Adoption have generally been on the rise. The proportion placed for adoption at 31st March 2017 was twice the England average (3%).
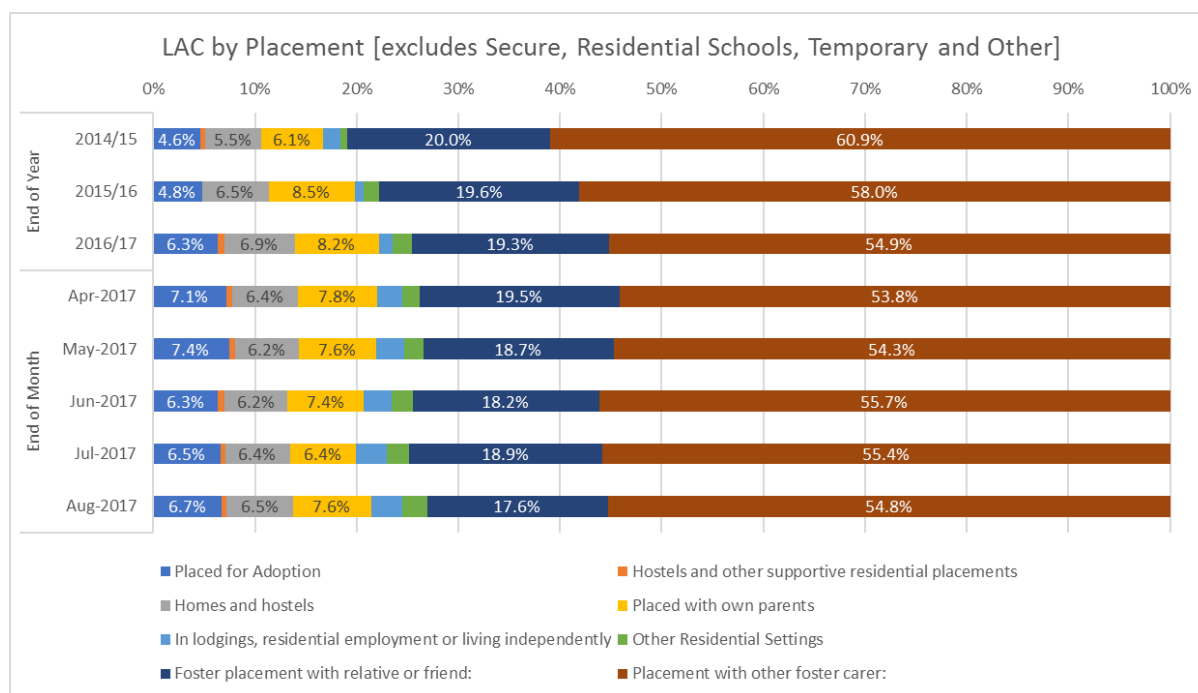
Figure 25 - LAC by Placement at the end of a period. Source - MOSAIC.

Analysis over five years of looked after children by placement and category of need at 31st March (Appendix 16.3) illustrates that nearly all children who are suffering, or at risk of suffering 'abuse or neglect' are in foster care placements. Most disabled children are placed in a home or hostel. Again, the increase in 'other residential settings' is illustrated, mainly for 'abuse or neglect'.

8.2   Children placed at home with parents

The proportion of children placed with their own parents in Walsall (8.2% at 31st March 2017) is higher than the England average of 5%. Of children placed with their parents when viewed by age and need, over the years 2013 to 2017:

- As mentioned elsewhere, there are significant numbers of younger children. 53% over the five year period were aged under five.
- In 57% of cases the presenting need was abuse and neglect.
- *Family in acute stress,* and *family dysfunction* each account for approximately a fifth of cases. Other needs account for 1% or less of these cases

Age	N1 - Abuse or neglect	N4 - Family in acute stress	N5 - Family dysfunction	N7 - Low income	N2 - Child's disability	N3 - Parental disability or illness	N8 - Absent parenting	N6 - Socially unacceptable behaviour	Total	%
0	41	8	14						63	14%
1	25	8	14						47	11%
2	21	19	9						49	11%
3	28	17	2						47	11%
4	18	6	3			1			28	6%
5	18	9	4				1		32	7%
6	13	1	4			1			19	4%
7	11	7	2						20	5%
8	6	2	3	2					13	3%
9	8	2	3	4	1				18	4%
10	2	5	3		3				13	3%
11	7		2						9	2%
12	6	1	3						10	2%
13	5								5	1%
14	5	2							7	2%
15	12	3	3					1	19	4%
16	15	4	4						23	5%
17	9	4	5						18	4%
Total	250	98	78	6	4	2	1	1	440	
%	57%	22%	18%	1%	1%	0%	0%	0%		

Figure 26 - Children PWP by age and need, five year totals. Source - MOSAIC.

Appendix 14.4 shows age and need for children placed with parents, by year, and illustrates that the pattern of need is broadly similar, although the balance has shifted over the last couple of years to the point where abuse and neglect accounts for 65% of needs, with family dysfunction and family in acute stress each at 15%.

8.3   Days by placement type

When looking at volumes of care (days in care) over five years, the total numbers have increased, from 204,129 in 2012/13 to 235,783 in 2016/17, but there has been little significant change in the proportions of the total. The percentage of time spent in *adoptive placements* has increased and, whilst the increase is smaller, so has the percentage of time spent *at home with parents. Other residential settings* have seen the biggest change, from 829 days to 5,097, a greater than four-fold increase. Even though they represent a small proportion of the total, we know that these are high cost placements.

	Number					Percentage				
	2012/13	2013/14	2014/15	2015/16	2016/17	2012/13	2013/14	2014/15	2015/16	2016/17
Foster placement with other carer	108,508	126,755	132,119	133,362	128,469	53.2%	55.5%	55.4%	57.0%	54.5%
Foster placement with relative or friend	42,832	43,948	49,322	46,603	46,217	21.0%	19.3%	20.7%	19.9%	19.6%
Homes, Hostels, Secure	21,276	24,069	23,805	18,378	19,703	10.4%	10.5%	10.0%	7.9%	8.4%
Placed with parents	16,199	17,908	16,775	18,569	19,347	7.9%	7.8%	7.0%	7.9%	8.2%
Placed for adoption not with former FC	7,693	7,315	10,501	9,456	13,892	3.8%	3.2%	4.4%	4.0%	5.9%
Other placement in the community	4,444	4,983	3,602	3,544	2,290	2.2%	2.2%	1.5%	1.5%	1.0%
Other residential settings	829	1,852	1,230	3,268	5,097	0.4%	0.8%	0.5%	1.4%	2.2%
Place for Adoption with former FC	1,133	429	522	506	494	0.6%	0.2%	0.2%	0.2%	0.2%
Residential schools	1,029	770	654	366		0.5%	0.3%	0.3%	0.2%	0.0%
Other Placements		26	52		253	0.0%	0.0%	0.0%	0.0%	0.1%
Missing	186	112				0.1%	0.0%	0.0%	0.0%	0.0%
Temporary		18	38	10	21	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	204,129	228,185	238,620	234,062	235,783	100.0%	100.0%	100.0%	100.0%	100.0%

Figure 27 – Placement volumes by type

8.4 Average length of placements by type of placement

Over the past five years, residential placements are on average generally the longest in duration (days). Residential schools, when used, can also be lengthy, but these have been few in number. It is perhaps more surprising to see that more often than not in the past five years placements with parents have on average been of longer duration than adoptive or foster placements.

	Year in which placement ends					
	2012/13	2013/14	2014/15	2015/16	2016/17	5 Year Average
Homes, Hostels, Secure	677	323	402	658	678	548
Residential schools	282	423	793			499
Placed with parents	249	419	377	331	493	373
Placed for adoption	354	271	300	378	309	322
Foster placements	275	243	259	273	352	280
Other placement in the community	119	136	139	146	122	133
Other residential settings	73	56	57	68	72	65
Other Placements			8		62	35

Figure 28 - Average length of placements by year and type of placement (days). Source - MOSAIC.

Drilling down further to split residential provision by provider, illustrates that whilst more children are in external residential placements (see finance and resource section), those in internal placements spend significantly longer on average in those placements in most years, and over the past five years in total.

	Year in which placement ends					
	2012/13	2013/14	2014/15	2015/16	2016/17	5 Year Av
Own Provision						
Homes, Hostels, Secure	1282	701	551	1312	1394	1048
Other placement in the community		96	130	173	72	118
Other residential settings				129		129
Private Provision						
Homes, Hostels, Secure	218	178	326	253	310	257
Other placement in the community	119	137	137	135	136	133
Other residential settings	54	71	54	86	137	80
Vountary Provision						
Homes, Hostels, Secure			242		1305	774
Other placement in the community			64	261		163
Other residential settings				13	64	38

Figure 29 - Average length of placements for residential settings by provider. Source - MOSAIC

For a complete breakdown of placement by provider see appendix 14.5.

8.5   Reason for Placement Change

Reasons for placement change over two years show some variation, but this is a relatively new data collection item. The most tolerable reason for change is that the care plan implementation changed, and this has increased as a proportion of the total. There is a somewhat concerning increase in placement changes due to s47 allegations. 'Other' is high in 2016/17, and could be an indication of data quality and recording issues, or poor grip of care planning / placement breakdown for varying reasons.

	2015/16	2016/17
Allegation (s47)	1.5%	3.5%
Carer requests placement end due to child's behaviour	19.0%	16.7%
Carer requests placement end other than due to child's behaviour	2.9%	3.5%
Change in the status of a placement only	36.6%	13.8%
Change to/Implementation of Care Plan	12.7%	21.3%
Child requests placement end	4.9%	4.6%
Resignation/closure of provision	1.5%	0.0%
Responsible/Area authority requests placement end	1.5%	3.5%
Standards of Care concern	2.4%	1.2%
Other	17.1%	27.6%
(blank)	0.0%	4.6%

Figure 30 – Reason for change of placement

8.6   Summary of workshop messages

Placements were a subject of much discussion in all three workshops, either as a process, sufficiency, quality and support for carers. It is difficult to capture the myriad of points raised, which workstreams 3 (faster adoption), 4 (more internal carer provision) and 5 (strengthened commissioning and better placements) will provide. A synopsis of messages is provided below.

Crisis at placement referral stage: in some cases, children were reported to be 'bouncing around' the system and by the time they reach referral, they are at crisis stage and need a placement on the same day. Some LAs, e.g. Leeds, were reported to 'hold the line', and in Walsall, can we avoid these situations and employ better planning / risk management for these children.

Improve the quality and timeliness of placement requests: Workshop attendees acknowledged that requests for placements to the commissioning / fostering team were not outcome focused, did not describe risk factors accurately, or sufficiently described the needs of the child, which made finding the most suitable placement more challenging. Workers may benefit from a 'how to' guide or examples of what a good placement request looks like. Improving these is a quick win for the organisation. The outcome of this may be placements that better meet the child's needs and fewer placement breakdowns. It was also suggested that the request form be re-designed, to be more focused on the child's own wants and needs for the placement, and to accurately and proportionately describe risk. The use of photographs and pen pictures of children for placement finders to get a better understanding of what a good match would be was also raised.

Assessing quality and appropriateness of independent placements: Workshop attendees spoke about the need for 'subject matter experts' to assist social workers in assessing the quality of specialist placements, for example where there are health or mental health elements. "A glossy brochure does not necessarily deliver" was one comment. There is a standing offer from internal residential placement services for their workers to visit potential placements with social workers, and better use could be made of this. Joint visits to new placements between health and social care was raised. Many attendees felt that there needs to be better monitoring and quality assurance of placements and providers, which should be multi-faceted with social work and commissioning team. Fostering sitting with the commissioning team together was felt to be needed.

Notice periods of placement changes: Workshop attendees stated that notice period of external providers can be too short. Workers are not always aware of these, or giving sufficient notice to children themselves or preparing them for changes.

Placement breakdown: Workshop delegates proposed that in some cases, we may be too risk averse in persevering with placements which appear to be breaking down, and not solution focused enough. For example, who do we send in, and what support is there for the social worker and carer when issues in the placements start to appear, and can we do more to prevent breakdown?

Commissioning: There were reported to be blurred lines between commissioning and social work teams on some occasions.

Market growth: growing and developing our own providers, and the perception of Walsall as a good local authority to work with. How do we market ourselves with providers so that if the provider has limited beds, they will prioritise our children over other LAs – market 'warming'

Supported lodgings: These are unregulated placements and those provided by YMCA were reported to have some good outcomes, but other provisions do not always deliver and quality of support can be improved. There have historically been occasions where referral pathways are blurred, for example what TLC do, housing (for example), and assessment and care planning on a multi-agency basis are critical for success. Better links with a smaller number of providers, growing relationships

and warming the market should be developed. There should be earlier planning and referral to adult services (i.e. at 16) for those YP who will require their support.

Secure Unit: Exit strategies and alternative plans following placement in a secure unit are not always effective, and workshop attendees reporting that social workers are not always familiar with the youth court.

Impact of staying put, when the child has been in an IFA placement in terms of cost, and on the availability of in-house foster carers.

Sufficiency of foster carers: The pressure on internal foster care placements has grown with the increase in number of looked after children, staying put, and could be further challenged by admission of UASC in the future.

Children placed out of borough: Once children are placed out of borough, it is difficult to bring them back in and exit strategy for specialist placements is not always thought of early enough, generating drift and children left in IFAs out of borough. We know there is a gap in placements for children coming back to Walsall, teenagers and CSE.

Appropriate management of risk: Workshop attendees talked about a 'fear of bringing children back into Walsall' from specialist placements for a number of reasons. The first related to managing risk and resilience of children and young people in moving children from specialist placements to different in-house provision, and the second relating to bring young people back who may be at risk of CSE and ensuring children are safe in their own neighbourhoods. Better disruption activity in Walsall to remove risks and being clear there is enough being done across the partnership especially by the police, to disrupt activity in Walsall removing the need for placing at a distance. Training and specialist support to foster carers in certain factors such as CSE was mentioned, dealing with traumatised young people, peer mentoring, and look at how other 'subject matter experts' can support foster care placements, for example Early Help youth workers.

Consistency and clarity around **regulation 24 placement** needs to be improved, and would benefit from clear legal advice and case studies.

8.7 Key Findings from this Section

		Related Work-stream					
Ref	*Messages*	1	2	3	4	5	6
23	Placement breakdown: More detailed look at placement breakdowns by IFA or our own carers, and what could be done to prevent them.	✓				✓	
24	A high number of children are placed at home with parents, especially for 'abuse or neglect', and duration of placements is longer than expected.		✓			✓	
25	A high proportion of placements change for 'other' reasons or because the carer requests placement change due to child's behaviour. It is important to understand the detail of why placements change and further audit of a sample of cases where placements have changed which could have been avoidable should					✓	✓

	produce learning for future improvement.					
26	Placement request process, commissioning (of all placement types) and exit strategies/planning can be improved.				✓	
27	Market warming, recruitment and relationships with providers are important, and clear messages of expected standards and raising aspirations for looked after children and care leavers will assist in sufficiency and quality of placements.				✓	

9   Permanence and Exit from Care

The Ofsted inspection report (July 2017) noted that "For some children, permanence is achieved by default and not as a result of care planning driven by children looked after reviews and the permanence panel. For other children, who are living in their permanent homes, there has been significant drift to secure formal approval from the permanence panel."

9.1   Type of plan

Ofsted praised adoption performance in the latest inspection and adoption performance continues to be strong. 34 children have already been adopted between April and August 2017 and there are high numbers of children placed with family members where there may be potential to convert to Special Guardianship Orders.

Data for the past two years shows that for children in foster care, approximately a third are in placements classed as long term, with two thirds in placements which are not intended to be long term. Partial data on care plans for children coming into care (partial because the data item is not mandatory in Mosaic) shows the following breakdown for the year 2016/17:

What is the Care Plan for this child / young person	Number	%
Adoption	16	8%
Eventual return to birth family	20	10%
Long term placement with foster carer (no return home envisaged)	19	9%
Long term placement with relatives / friends	54	26%
Other	38	19%
Remain with birth family supported by shared care / short term breaks	7	3%
Residential placement until independence	7	3%
Return to birth family within one month	12	6%
Return to birth family within six months	23	11%
Supported living in community (with view to independence)	9	4%
Grand Total	**205**	
Shading indicates plans leading to permanence		

Figure 31 – Type of plan – children looked after

This would suggest that for just over a quarter of these children (27%) the plan is to return home at some point, but 38% will remain in a foster care placement, placement with relatives / friends, or residential placement until independence, which means that these children are likely to remain looked after until they reach the age of 18. There will always be a core cohort of looked after

children who remain looked after for the duration of their childhood. Understanding who the remaining 19% 'other' plans are would be helpful, and consideration of this as a mandatory field on Mosaic would assist in monitoring and planning.

9.2   Children ceasing to be looked after – trend

165 children ceased to be looked after in 2016/17, the same as in 2015/16 but less than previously, although 107 children have ceased to be looked after in the first six months of 2017/18.

Figure 32 - children easing to be looked after. Source – DfE and Walsall monthly Scorecard

Children ceasing to be looked after

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 ytd (6m)
Walsall	175	175	220	165	165	107
England	28,650	30,590	31,330	31,830	31,250	
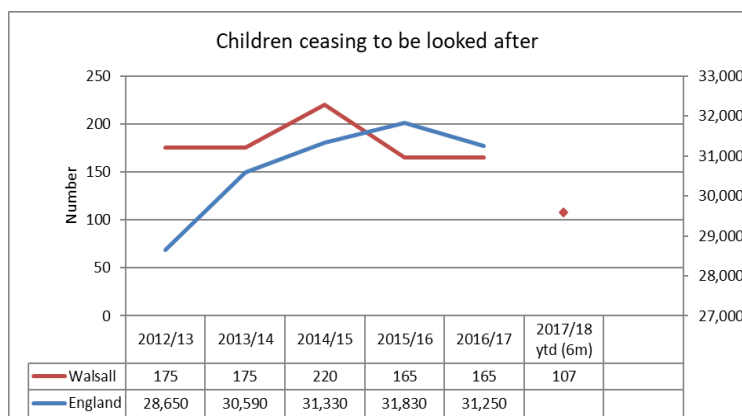
9.3   Children ceasing to be looked after by age

There has been considerable volatility in the patterns of children ceasing to be looked after by age over the past five years. In 2016/17 there were more under 1 and children ceasing on their 18th birthday across England than in Walsall.

LAC Ceasing by Age

	2012/13	2013/14	2014/15	2015/16	2016/17	ENGLAND
18 or over	27%	15%	17%	21%	24%	28%
16 to 17	8%	18%	9%	11%	14%	11%
10 to 15	19%	19%	18%	11%	13%	16%
5 to 9	15%	14%	16%	21%	17%	14%
1 to 4	26%	28%	33%	33%	28%	23%
Under 1	5%	7%	6%	3%	3%	8%

Figure 33 – LAC ceasing by age

9.4   Children ceasing to be looked after by reason

Between 27% and 41% of looked after children leave care to return home annually, compared to the 25% for whom this was the initial care plan in 2016/17, and around 30% returned home last year.

This compares to over 40% four years ago and 32% nationally in 2016/17. There is no age pattern regarding children returning home to parents, although there it appears there are some who return home to parents on their 18th birthday, and adolescents returning home to parents (Appendix 14.5).

The percentage of children ceasing to be looked after via adoption has increased year on year and is above the England average of 14% in 2016/17. The percentage in the year to date (2017/18) is exceptionally high at 28%, as would be expected with the current strong adoption performance. The general trend for SGOs is upward (25 children in 2016/17). The percentage moving into independent living has decreased sharply and is lower than the England average of 15%

The proportion of 'any other reason' in 2016/17 seems high at 22.1% and should be subject of further exploration to identify what the reasons were.
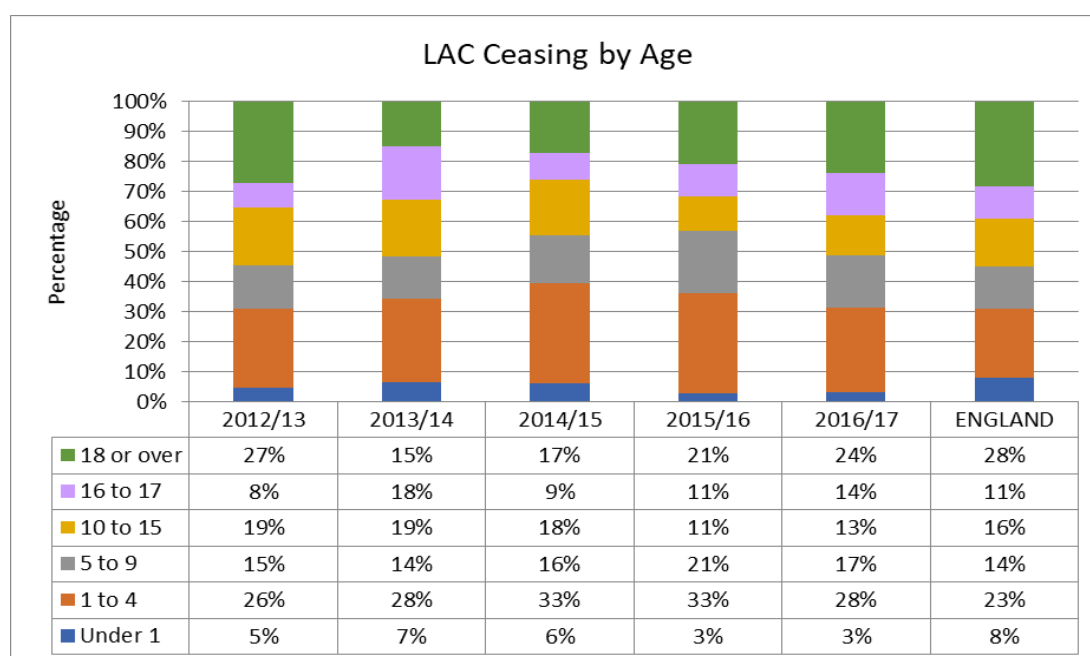
| | Walsall | | | | | England |
	2012/13	2013/14	2014/15	2015/16	2016/17	2016/17
Adopted	14.1%	14.4%	17.0%	19.0%	18.0%	14.0%
Returned to parents / relatives	41.3%	40.6%	34.1%	38.1%	27.9%	32.0%
SGO	7.6%	12.8%	13.5%	12.5%	14.5%	11.0%
Residence Order / Child Arrangement Order	4.9%	7.2%	5.8%	4.8%	3.5%	4.0%
Independent living	18.5%	13.3%	14.3%	11.9%	8.7%	15.0%
Sentenced to custody	2.2%	3.3%	2.7%	1.2%	2.9%	1.0%
Accommodation on remand ended	0.0%	0.0%	0.4%	1.2%	1.7%	0.0%
Care taken over by another LA in the UK	0.0%	1.1%	0.9%	0.0%	0.0%	2.0%
Transferred to Adult Social Services	6.5%	1.7%	2.2%	3.0%	0.6%	2.0%
Died	0.5%	0.6%	0.4%	0.0%	0.0%	0.0%
Any other reason	4.3%	5.0%	8.5%	8.3%	22.1%	18.0%

Figure 34 – LAC ceasing by reason

9.5   Duration in care

Historically, Walsall has had high proportions of episodes of care (from entry to exit) which have lasted less than one year (from 63% in 2012/13 to around 40% in the next three years and declined in 2016/17 to just 25% of children that had been in care for less than a year, compared to 54% nationally.   This pattern of children spending more time looked after compared to previously and compared to nationally is a significant factor, possibly indicating drift in some cases, although there could be other reasons. 26% of children had been looked after for between 1 and 2 years compared to 19% nationally, and duration is longer generally, including 5.6% of children ceasing who were looked after for more than 10 years compared to 4% nationally.

More children exhibit this longer term pattern at the extreme ends of the age range which is to be expected, as younger children achieving permanence with new families, and that older young people were 'ageing out' of the system. However when we look at the destinations of those leaving in less than one year we see that that the overwhelming majority, between 60% and 70% in the past five years, have returned home.

Percentage ceasing to be LAC by years looked after

Year	0	1	2
2012/13	73.37%	11.41%	4.89%
2013/14	72.22%	11.11%	7.22%
2014/15	73.99%	13.00%	5.38%
2015/16	67.86%	13.10%	4.76%
2016/17	55.23%	18.02%	10.47%
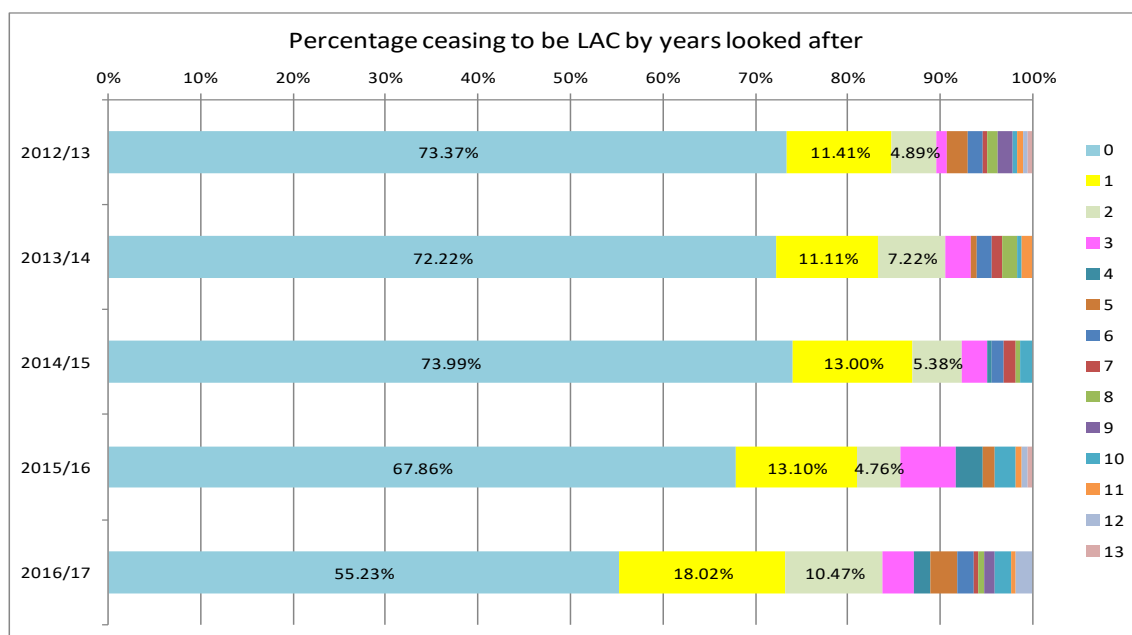
Figure 35 – LAC ceasing by reason

If the increase in time looked after, and the decrease in swift exits, is an indication of identifying more clearly children who need to be looked after, then this could be a positive picture. However, triangulation with other evidence on starting and ceasing can neither confirm nor refute this. Further evidence is needed to confirm both that the reduction in short periods of time looked after, and that more children are spending longer looked after, are the result of effective practice.

9.6 Messages from workshops

The workshop planned for exit from care and SGOs is no scheduled until the end of January 2018, but there has been discussion about care planning and reasons for ceasing to be looked after at the previous workshops.

Adoption performance is strong and the service was rated as Good by Ofsted. Inspectors praised the strategic priority given to adoption, the management of the service, and the quality of social work practice, including direct work with children. Family finding was seen as a strength, and adoption support described as excellent by adopters.

However, looking at the age profile, no children in Walsall have been adopted before the age of one in the five years to March 2017[13], and of the 34 children adopted so far this year only one was aged under one. Whilst numbers are also low nationally the percentage of children adopted, who were adopted before the age of one, in England has been increasing steadily from 2% in 2013 to 7% in 2017. This could suggest that more could be done to progress the timely adoption of children for whom it is clearly in their best interests from before birth. This was supported by comments made in WS1 which indicated that earlier consideration of permanence options, including parallel planning and FFA placements, is needed. Increasing the use of FFA was also a recommendation from the SIF inspection, which acknowledged the authority's understanding of this as a priority.

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[13] See appendix 14.6

Some of the feedback from WS1 suggested that expected timelines should be established and agreed, to be based first and foremost on the child's journey, whilst taking account of associated legal / national / local timescales. This would also aid understanding of what different people need to do, and when. All professionals involved in the planning process need to be clear about the need for their timely contributions, especially when proceedings or any other interactions with the courts are involved.

Disconnect in care planning – CPP and PLO. Identification and progression of cases for early permanence is not always effective with a lack of fixed timeframes / deadlines set in parallel planning process to identify viable permanency options to ensure timely permanence for children. It was clear from feedback from participants in workshop 1 that there is a lack of clarity amongst professionals about what constitutes effective permanence planning and that procedures could be strengthened.

Impact of Court Decisions: Some decisions by the Courts do not always appear to be in the best interests of the child, recommend costly and un-necessary specialist assessments/placements.

Transition: Adult services report that children's social care refer late and transition care planning is not always strong enough, with clunky transition processes. This is especially the case in mental health, as sometimes social work staff do not know who to talk to in other services.

IROs: The footprint and role of the IROs is not always strong enough, and they are not always aware of changes in care plan or involved in panels.

9.7   Key Findings from this Section

		Related Work-stream					
Ref	*Messages*	1	2	3	4	5	6
28	Majority of those ceasing do so in under 1 year. Is this an indicator of effective moves to permanence, or of unnecessary admissions?		✓			✓	
29	Too many children have a plan of 'other'. Should the 'care plan' type be a mandatory field in MOSAIC and this information used more routinely to predict and manage demand in the system.	✓					✓
30	Some adolescents and children at their 18th birthday return home to parents, and a higher than average proportion of reason for return home is 'other' which may be masking key reasons why children cease to be looked after which could inform service provision and practice.	✓					✓
31	Children were remaining in care longer in 2016/17, compared to previously and England average. It is unclear at present what this means and whether actions currently in place with reduce this, or whether the length of time is appropriate.	✓					✓
32	Explore the reduction in children leaving care to move to independent living and increase in 'other'.	✓					
33	Children are being looked after for longer, and fewer children are looked after for just a short period of time before returning home/other (under a year duration).	✓					✓
34	There could be better use of parallel/earlier permanency planning ,	✓					✓

	connection between child protection and permanency plans and clearer responsibilities for actions. The role of the IRO could be strengthened.					
35	Earlier, more effective transition to adult services					✓

10 Finance and Resources

The forecast spend on looked after children services and placements in 2017/18 is £17.6 million, £2.1 million more than budget. This compares to £17.0 million in 2016/17. Spend has increased each year since 2011/12.

Budget and Actual/Forecast Spend on Looked After Children Services

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Qtr 1 Forecast 2017/18	Qtr 2 Forecast 2017/18	P8 - Nov
Budgeted	12.875	11.782	11.226	12.346	11.518	11.627	14.537	16.557	16.557	16.557
Forecast	13.958	11.745	12.308	13.276	14.294	15.431	17.035	17.838	17.718	17.613
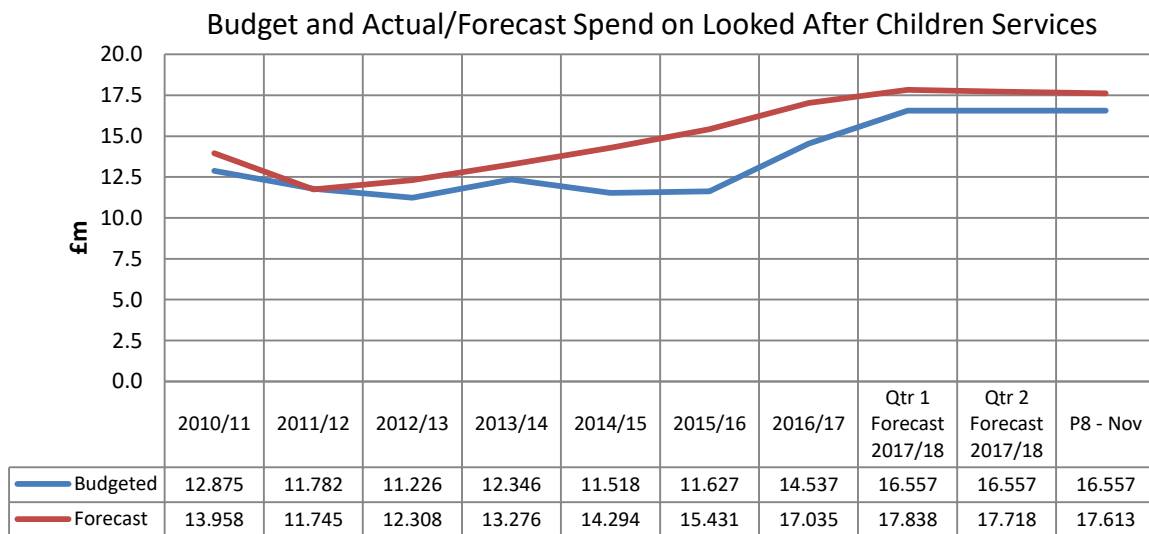
Figure 36 - LAC budget and forecast (actual spend or forecast spend) to Period 8 2017/18 November). Source - Finance. NB: These are terms used by Finance and Forecast relates to actual spend.

The most recent LAC Financial Monitoring Report notes that although the increase in the number of looked after children is increasing more slowly, the associated costs and overspend have increased significantly. A combination of more care dependent complex children, limited lower cost internal placements, increased dependency on higher cost external placements and undelivered savings/cost reductions over recent years were reported to have all led to contributed to this position.

Finance monitoring data shows that whilst more fostered children are placed with internal foster carers than with IFAs the gap is narrowing. Family and friends placements appear to have remained at roughly the same level for some time. As at November 2017 the average weekly cost of these placements for all children who have been in them at any point in the year to date is:

Internal Fostering	£349
Family & Friends	£210
IFA's	£705

Monitoring for residential placements shows that despite a significant reduction during this year in external residential placements (from 39 to 30) there are still twice as many such placements as internal residential. During this year there have been between two and five young people in secure placements at any one time. No more than two young people at any point have been placed in mother and baby units.

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External Residential	£2,930	
Mother & Baby Units	£1,231	
Secure Units / Remands	£2,508*	
Internal Residential	£3,311	

Secure unit costs appear lower than normal due to some unexpectedly low cost placements.

The Placement Sufficiency Strategy, refreshed in May 2017, provides further information about placements and costs, commissioning aspirations, and analysis. This content of the strategy is not repeated here, apart from a summary of the difference in actual unit costs showing that "our LA Homes are £1,200 pw lower than the CIPFA average £3,043 (2015/16) in 2016/17– a marginal difference of 39%, and our foster care is a substantial £80 pw less and External Residential care is £108 (3.1%) more – reflecting our much lower use for higher need children - and is IFA £179 less reflecting our use for lower need children based on SDQ. However, in 2016/17, the unit cost has decreased to £692 due to the decreased costs of our foster care (up £21 pw) and residential home (down £1,297 pw) and the increased uses of IFA and external residential".

	Walsall 16/17	Walsall 15/16	Walsall 14/15	CIPFA Average 15/16	CIPFA Average 14/15
LA Homes	£1,842	£3,139	£2,934	£3,043	£2,856
Independent Homes	£3,554	£3,376	£3,448	£3,446	£3,228
LAC Foster Care	£360	£381	£371	£480	£474
Independent Foster Care	£732	£777	£837	£911	£894
Average Weekly Cost	**£692**	**£720**	**£668**	**£919**	**£921**

Figure 37 - The Average Weekly Cost of Services to Looked After Children

The Placement Sufficiency Strategy includes some messages and aspirations align to the workshops, and this strategy and it's successors are an integral part of the LAC transformation programme.

The LAC cost reduction strategy for 2017/18 to 2019/20 includes plans to increase use of internal placements and reduce use of higher cost external alternatives, in both fostering and residential. As at September 2017 the following changes to placement numbers and costs were planned. Numbers of external residential placements have already reduced by more than was forecast for 2017/18, though this number can be prone to considerable volatility.

| | £ | | | | Number | | | | | |
	2017/18	2018/19	2019/20	TOTAL 2017/18 TO 2019/20	Current Number @ Sept 16	2017/18	2018/19	2019/20	TOTAL 2017/18 TO 2019/20	Number of Placements 2019/20
External Residential Children - Out of Borough Placements - 4 Per Year	0	300,000	600,000	900,000	36		-4	-8	**-12**	24
Internal Residential							4	8	**12**	12
Recruit and additional 7 Foster Carers reducing higher cost LAC placements such as IFAs	135,044	135,044	135,044	405,132		7	7	7	**21**	21
IFA						-7	-7	-7	**-21**	-21
Reduce overall LAC Numbers by 75 placements	545,000	327,000	1,088,000	1,415,000	600		-15	-60	**-75**	525
	680,044	**762,044**	**1,823,044**	**3,265,132**	**636**	**0**	**-15**	**-60**	**-75**	**561**

Figure 38 - Planned changes to numbers and costs of residential placements. Source - Finance.

We know from research (ADCS supplementary report about refugee and asylum seeking children) that the costs recouped from the Home Office for UASC does not cover the actual costs average cost per UASC (£67,634 in 2016) and this could be a future pressure as the number of UASC is set to increase.

Further financial information is being collected but is not yet received at the time of writing this report. It is proposed that this forms a second report aligned to commissioning.

In terms of costs for children's social care nationally, the National Audit Office has identified that over recent years, local authorities have mostly protected spending on statutory services but have significantly reduced spending on some discretionary services. And a recent report by the Local Government Association looking at children's services more broadly estimates that a minimum of £2 billion will be required by 2019/20 to fund the additional pressures on children's services brought about by a growing population and inflation. Looking forwards, the LGA warns that, *"ongoing reductions to local authority budgets are forcing many areas to make extremely difficult decisions about how to allocate increasingly scarce resources."* The LGA identifies a £2 billion funding gap as a result of 90 children per day coming into care.[14]

10.1 Key Findings from this section

		Related Work-stream					
Ref	Messages	1	2	3	4	5	6
36	Improve alignment of activity and finance monitoring of all placements, with closer working between performance, finance and commissioning to create a single monitoring report each month.	✓					
37	Ensure all strategies align with the LAC transformation programme and there is clarity behind the purpose between them.	✓	✓	✓	✓	✓	✓
38	Consider current activities, and new activities to maintain or improve commissioning of all placements.					✓	

[14] https://www.local.gov.uk/about/news/90-children-day-entering-care-urgent-cash-injection-needed-childrens-services

11 Cross cutting and impact of other factors

11.1 Population Changes

ONS population projections for England project an 8.4% increase in children and young people under 18 between 2017 and 2039, but regional projections vary considerably. The future projected rise, which increases most steeply between now and 2023, will undoubtedly have further consequences for numbers of children requiring support from all services, including looked after children. ADCS (2016) Safeguarding Pressures Research Phase 5 reported that of the 75 authorities providing information about changes in population and demographics, a third confirmed that changes to date have had an impact on safeguarding activity.

Walsall's child population has increased by 6.3% between 2007 (62,198) and the latest 2016 mid-year estimates (66,142) which is a greater percentage increase than in both the national and regional population. This means **3,944 more children** living in Walsall over this period.

Figure 39: Change in 0-17 population (2007-2016)
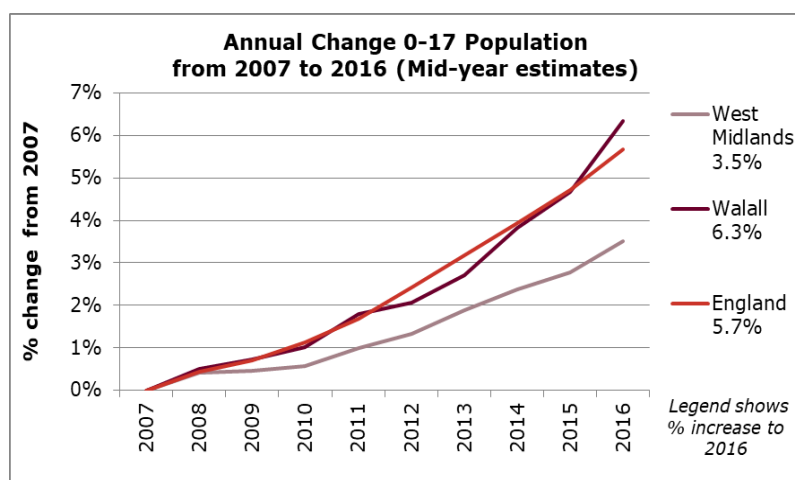
The effect of population change is not simply a change in volume, as families new to the area may also be social isolated and unaware of services available. Families moving into Walsall may also have different social-economic characteristics or needs for support to those leaving, which may influence the nature of the demand for services

The child population in Walsall is projected to increase by 10.5% between 2017 and 2039 – representing almost 7,000 more children living in Walsall in 20 years time. This is higher than the projection for England (8.4%) and for the West Midlands (8.0%).
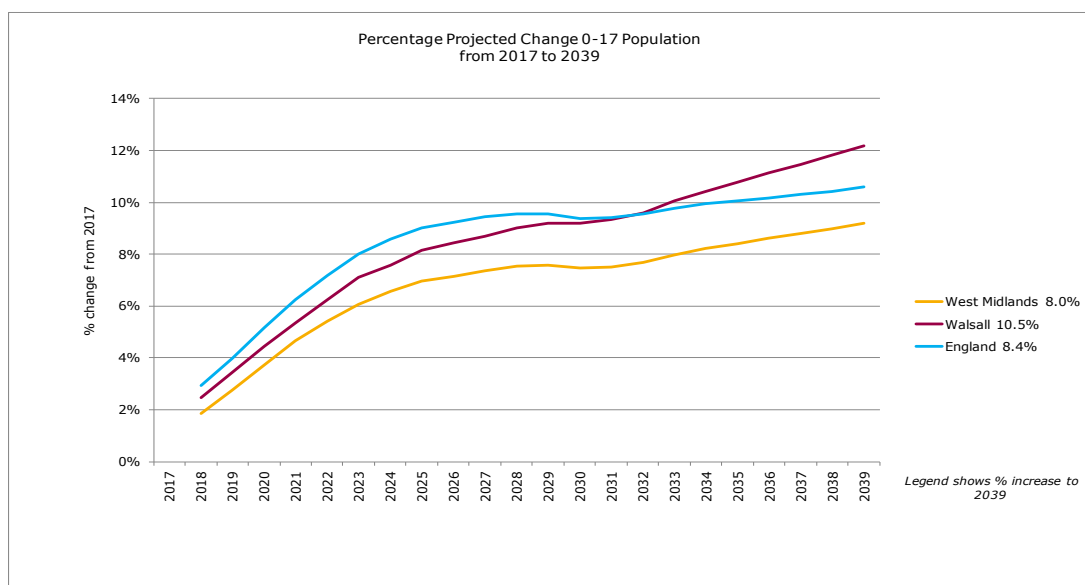
Figure 40: Percentage change in population (Projected, 2017 - 2039). Source - ONS

Applying the 5.5% projected population changes in the five years between 2017 and 2013 to the numbers of referrals, children looked after, children in need, and children subjects of child protection plans, and assuming no further relative change per head of population, Walsall *could* expect the following increase in demand for social care services:

0-17 population increase 2017 to 2023: 3,584 (5.5%)			
Numbers of:	**In 2016/17**	**increase by:**	**In 2023**
Referrals	4586	252	4838
Numbers of:	**In Oct 2017**	**increase by:**	**In 2023**
Child Protection Plans	481	26	507
Children in Need	1480	81	1561
Looked after Children	664	37	701

Figure 41: 0-17 population increase 2017 to 2023

In the next phase of workstream 1, predictive analytics will be applied looking at a range of factors, including this population increase, to better predict future numbers of looked after children.

Child poverty in Walsall is at a record level, with 23% of lower super output areas in the top 10 deprived in the country, and 28.4% children experiencing deprivation (IDACI 2015). The LAC Reduction Strategy states that demand is likely to increase further due to impact of Welfare Reform Programme. The new benefit cap from autumn 2016 will reduce income of around 900 families in Walsall, in addition to Walsall already being the 20th most deprived council nationally.

The ADCS position paper "A country that works for all children?" notes that: "There are four million children living below the poverty line currently, two thirds of whom live in working households, this is a relatively new phenomenon and it is concerning for ADCS members that England does not have a child poverty reduction strategy, particularly in light of the Institute of Fiscal Studies prediction that the number of children living in poverty will increase to a staggering five million by 2020/21."[15]

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[15] http://adcs.org.uk/assets/documentation/ADCS_A_country_that_works_for_all_children_FINAL.pdf

11.2 Cross-cutting themes

Throughout this work a number of key themes emerged repeatedly, and are clear priorities to be addressed as the transformation programme progresses.

The quality of assessments and plans, including for Court, was one of the most frequently mentioned issue. There is a need to ensure that assessments are timely, thorough, identify needs and include comprehensive information about families, to which end better use should be made of genograms. MOSAIC has genogram creation functionality. Good analytical assessments are critical and have, in the past, not always been of the quality to create an effective care plan, interventions, or for Court. This includes getting information from partners. This has already been recognised by the LA and is part of current improvement work.

Skills and knowledge of practitioners and managers. With many new social workers and managers in place there are gaps in knowledge about locally available services, and some internal services. Skills gaps were also mentioned in relation to engaging with families, needs based assessment, and reflective supervision.

Working with partners. It has been widely acknowledged throughout the project that effective partnership working will be essential in achieving the required transformation. There is also work to be done to ensure that partners are aware of the different levels of support available, and that they are confident about, and have trust in these. At the same time, partners need to understand their role in assessing needs, whilst it is up to social workers to be confident in finding placements and services which meet them.

Creatively meeting the needs of teenagers was another recurrent theme, clearly supported by the data. Teenagers form an increasingly large and challenging proportion of the LAC population. The Solutions panel work is likely to focus largely on this group, finding innovative alternatives to high cost placements.

Multiplicity of tracking systems. There is an over reliance on stand-alone trackers and spreadsheets, and intelligence that comes from these. Every effort should be made to concentrate on maintaining Mosaic as the single version of the truth, with good data quality and fit for purpose reports which replace spreadsheets. Similarly, from pre-proceedings to adoption, tracking processes need to be tightened so that there are no delays at key milestones or panel/meeting dates that could impact on the length of time that a child is looked after before achieving permanence. These actions will create greater efficiencies in the system, and provide better intelligence.

Data quality. Some findings raise questions over the quality of data both in spreadsheets and MOSAIC. Monitoring of anomalies and the building of accurate reports can be supported by the Performance Team, but the quality of recording the right information in the right place is an operational responsibility. Social workers and their managers are ultimately accountable for the quality of their case recording, and not only from the perspective of the improvements in data quality this brings. In 2018 the use of electronic systems to record work with children and families should be considered the norm, and the quality of that record should be a matter of professional pride. At the same time, systems development should above all be focused on helping social workers to do their jobs.

Panels and decision making points are not always clear in purpose and responsibility, and how much should be delegated decision making to managers. A discussion about the number, purpose and effectiveness of existing Panels, overlap and whether they create delay in the system may be useful.

Aspirations and achieving good outcomes for children in our care were raised and challenging whether we are aspirational enough for children in our care as corporate parents, as foster carers, as other professionals involved in their lives. For example, do social workers challenge quality of placements and care sufficiently, and do we need to raise aspirations of providers, especially supported lodging providers.

Ban the word 'therapeutic'!: There was universal agreement in all workshops that recommendations for, and availability of 'therapeutic' placements was a major issue. Starting with specialist assessments and recommendations from other professionals, especially health professionals and CAMHS, to Court for 'therapeutic placements' was unhelpful and unnecessary. There is a need to change culture so that the *needs* of the child are outlined rather than a single *solution,* and how best to meet them requires discussion by all professionals, which may be via a range of interventions. Consequences of professionals recommending a 'therapeutic placement' when one is not always required are: it is not always in the best interests of the child when considering other elements such as education. CCG do not fund the placements, and may not know what placements are available, and are making recommendations about specialist placements without talking to the social worker or other professionals. These tend to be high cost placements. In addition, there was discussion about lack of exit strategies from these placements, so children could remain in high cost therapeutic placements longer than necessary. Better care plans, which have clear exit strategies which are planned for well in advance will assist. There were clear messages from all workshops that we need to do things differently where the needs of the child require specialist support. Ways to mitigate this could be 'training' of CAMHS about the other needs of the child and social work practice so that they develop a greater understanding outside of their profession.

Examples to workers: Use case studies or examples for workers of when to use different approaches, and ensure there are opportunities for all staff to see, digest and talk about these. For example, in light of poor use of Regulation 24, Legal department are writing example to clarify scenarios, decision making. These should include references to the evidence base of what works, as well as links to legislation and internal procedures.

11.3 Considerations and challenges

Children may still require social care or other support if they are diverted from care, unless the root causes such as domestic violence, substance misuse, neglect, mental health, family issues are addressed before they impact on the child's life. Attention needs to be paid to where these children will be getting their support and ensure they are equipped to do so - in other words, moving the need to a different level of service provision needs to be effective and planned, and not just moving the problem.

We need to be clear that this is a whole systems issue, and the language that we are using at present (for example 'LAC Transformation programme') does not always facilitate working together to get the best outcomes for children and young people, focussing on procedural or 'label' rather than 'what does this child need and how can we best meet these needs, in the best way. Seeing the high number of looked after children and associated costs as a whole local area, all professionals and community approach is essential. We recommended a visioning event where all stakeholders listen to the findings of this needs assessment, plans of the local authority and joint ownership is achieved.

In the new ILAC inspection framework, quality of practice, decision making and how we are assured of the quality is a key component.

11.4 Key Findings from this section

Ref	Messages	1	2	3	4	5	6
		Related Work-stream					
39	Review and update JSNA section, and ensure there is a clear plan about how this can be updated annually, by whom, to support the LAC transformation programme and provide a method of identifying new and emerging pressures, systems and sufficiency. This needs to include a range of professionals.	✓	✓			✓	
40	Recognise the impact of the increase in population on social care, as well as other activity, and the costs associated with this.	✓	✓				
41	Consider how quality of assessments, plans, workforce development and partnership engagement can improve outcomes for children and young people.		✓				✓
42	Language is a barrier. Consider title of programme and other terminology (including 'therapeutic') so that it facilitates the right conversations, engagement and activity.	✓	✓	✓	✓	✓	✓
43	Staff learn better with examples. Consider whether it is clear 'what good looks like' and share examples where possible.						✓
44	New Process maps needed and ways of sharing these with staff and ensuring they are adhered to, but allow for creative options – balance between following a process and being creative	✓	✓	✓	✓	✓	✓
45	Ensure that reducing the number of looked after children is seen as part of a whole systems approach and there is a focus on the right support, in the right place, at the right time, for the right amount of time.	✓	✓	✓	✓	✓	✓

12 Conclusion

The number of looked after children in Walsall has continued to increase since 2012 and the historic rise can be attributed to an Inadequate Ofsted inspection and longer term effects of this. Actions put in place in 2016/17 to reverse this are not yet having the desired effect due to other attributable factors and the significant rise in the latter part of 2017 has added additional pressure.

In summary, children's needs are more complex and not addressed as part of preventative or child protection systems, and they have been staying in care for longer. Processes are not always clear, and staff are not always aware what support is available and to 'think differently' about achieving the best outcomes for children. There are more adolescents in the system, but also indications that abuse and neglect are identified earlier (under 1). Permanency routes such as adoption and SGOs continue to be strong. Findings from this needs assessment can be grouped into three main areas:

1) **Demographic and economic changes:** population growth and impact of welfare reforms and poverty have, and will continue to impact on children and families needing social care services, as well as the latter being a root cause of other presenting issues such as domestic abuse, neglect etc.
2) **Complexity and prevalence of needs** which are not addressed prior to referral to children's social care. Until the presenting needs of children and their families can be addressed at earlier point, prior to referral to children's social care, children will continue to need to be looked after. This includes increase in behavior and toxic trio.
3) **Failure demand**: The system from referral to permanency is not as effective as it can be.

The progress report to Corporate Parenting Board in July 2017 concluded that *"Whilst improvement is evidenced in less children coming in to care this year despite a significant pressure on most LAs to take additional unaccompanied asylum seeking children and increased LAC, the actions agreed to reduce LAC such as recruitment of staff, reduction of caseloads, are either still in progress, or recently complete. Ensuring this bedrock of skilled, sufficient staff and processes in place before evidencing a reduction is expected. It is anticipated that with these actions now complete or underway, progress will begin to be seen more rapidly".*

As part of year two activities for this workstream, information collected will be developed into a predictive model whereby future demand management based on a range of scenarios can be compiled. We recommend that a timeline as undertaken by ADCS in their Safeguarding Pressures research is drawn up to determine attribution and deadweight and impact of various factors, and better measure outcomes over time.

Walsall is one of many LAs who have been tackling this issue, some of whom have done so successfully as we reported earlier. The pressure on all areas of children's social care was first raised by the Association of Directors of Children's Services (ADCS) in 2010 in Phase 1 of their Safeguarding Pressures Research, concluding that "add conclusion" *Many of the reasons for the increase in the volume of safeguarding activity over the past two years will continue: the effects of the Southwark Judgement; increased public and professional awareness and improved multi-agency training; and better awareness of complex cases where parental factors are affecting the children such as domestic violence, substance misuse and mental health. One authority stated that "Given the current economic climate, it is likely that these pressures will continue to grow"*

Phase 5 of the ADCS Safeguarding Pressures Research, published in 2016, notes that: *"...the research now, in 2016, presents a much clearer view of reducing budgets, increasing and more complex needs of children, young people and their families together with a growing sense that a tipping point is being reached, despite planned and thoughtful action by authorities."*[16]

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[16] http://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-5

One result of the national increase in number of LAC has been the instigation of a high profile, sector-led review entitled the 'Care Crisis Review' by the Family Rights Group[17], which will be steered by a notable group of professionals, local politicians, and academics from the field of children's social care, including the voluntary sector and the legal profession. The review includes a call for contributions which Walsall may wish to contribute to.

12.1 Next Steps

The LAC Transformation Board will consider the next steps to ensure evidence here forms the bedrock of future work across all workstreams. Year 2 activities already agreed for this particular workstream are listed below.

Key Actions – Workstream 1: Better information, intelligence and understanding			
Year 2 (2018/19)	Year 2 (2018/19)	Year 3 (2019/20)	Year 4 (2020/21)
• Use analysis to support partnership working and draw on appropriate resources. • Agree evidence based interventions and approaches in working with families to be utilised in Walsall. • Capture voice of the child - Focus groups with Care Leavers – learn from their experience • Link into the Transformation Insight Project (Emma Thomas)	• Develop predictive analysis modelling / demand management model. • Focus groups with Care Leavers – learn from their experience. • Develop information based intelligence to support future need (commissioning / budget)	• Embed information based intelligence. • Focus groups with Care Leavers – learn from their experience • Refine and validate predictive analysis model	• Embed information based intelligence. • Focus groups with Care Leavers – learn from their experience • Refine and validate predictive analysis model

In addition to these activities, the project has in several instances highlighted the benefits of using case studies, whether to communicate with partners, or to inform practice development and solution finding. Proposed case sampling has been provided in Appendix 14.11.

A summary of the key findings is provided below. This is not an exhaustive list of what the root causes of high numbers of looked after children and what can be done to reduce effectiveness. Indeed, some of the evidence points to 'sticking plaster' solutions when a whole system transformation based on the needs identified if required.

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[17] http://www.frg.org.uk/involving-families/reforming-law-and-practice/care-crisis-review#purpose-of-the-review

Ref	Messages	Related Work-stream					
		1	2	3	4	5	6
1	When considering whether to mirror an approach of another LA, careful attention is paid to understanding if the presenting issues and root problems are the same, and implementing any models with fidelity (in other words, ensure we are 'fixing' the same problem for high numbers of looked after children, in the same way).	✓	✓	✓	✓	✓	✓
2	There is an increase in babies and adolescents who are looked after.		✓	✓	✓	✓	✓
3	There are a lower than average number of UASC. We know this will be increasing as Walsall has committed to take UASC over the next few years, and this will impact on the number of LAC (more LAC).				✓	✓	✓
4	*Family in Acute Stress* and *Family Dysfunction* are much higher than the national average. Further investigation what the root cause behind this may identify what preventative services can be put in to prevent family breakdown.	✓	✓		✓	✓	
5	Domestic Violence is a bigger factor in Walsall than elsewhere and a factor in 62.8% of all assessments. This may be linked to 4) above.	✓	✓				
6	Increasing complexity of needs and multiple issues appear to be experienced, with an increase in children where toxic trio has been an factor, sometimes with neglect.	✓	✓				✓
7	There appears to be an increase in parental learning disability linked to Neglect.	✓	✓				✓
8	Identify to what extent homelessness and housing are stress factor / root causes of family dysfunction and as a result, children becoming looked after.	✓	✓				
9	An increasing proportion of children looked after are immediately following a CP Plan. Auditing those cases which had been subject of a CPP for more than 1 year and then came into care, especially older children, will provide further intelligence about why it appears child protection plans appear to be less effective than before in meeting children's needs, in what circumstances, and whether entry to care could have been avoided.	✓	✓				✓
10	Pre-proceedings are not timely or comprehensive. Consider whether pre-proceedings is discussed with parents of children subject of a child protection plan at the right time, effectively.		✓				✓
11	Improve collective information about children accessing edge of care services and evaluate effectiveness – including successful diversions or entries into care. Fuller evaluation of each service and evidence based intervention which goes beyond data is recommended and has commenced to include thresholds/referral pathways, and measures of success.	✓	✓			✓	
12	Family Group Conferences appear under used. Investigate low recording of FGCs this year.	✓					
13	Staff and managers are not always aware of what support is available for families. Ensure all staff and managers are fully aware what interventions are available, the referral pathways and they are used effectively (e.g. virtual school).		✓				✓
14	Learning from the solutions panel needs to be captured and disseminated.	✓					✓
15	Other forums / methods for sharing good practice need to be developed.		✓				✓

Ref	Messages	1	2	3	4	5	6
16	Commissioning required services is not always undertaken at present. Ensure the right services are available to meet the needs of children and young people at the earliest stage, and throughout their journey. Mental Health services were cited as an example.		✓			✓	✓
17	There has been a signficiant increase of children starting to be looked after this year despite a 'levelling' trend over the past few years. Review the type of plan for all children currently looked after, especially those who started to be looked after in the last six months to ascertain whether new entrants to care are likely to be short or long term in care.	✓			✓	✓	✓
18	An increasing proportion of children re-enter care and reasons from research appear to be due to failed reunification. Reviewing research and auditing cases where appropriate to identify what an be done to prevent children re-entering care for negative reasons.	✓	✓				✓
19	Genograms are essential in care proceedings and are not always present. These need to be included in all assessments routinely, with eco map for every child. Consider whether family support workers or other non-qualified can support in these tasks at the time of assessment.		✓				✓
20	Analysis could be undertaken of detailed care proceedings data, including timescales, and of those with drift, identify what could have been done better and apply learning.	✓	✓				✓
21	PLO and care proceedings procedures and standards are not always understood. Ensure all staff are aware of the procedures for pre and care proceedings and that delay is avoided.						
22	Parents are not always aware that pre-proceedings is an option until too late. Ensure there is a clear message to parents re: pre-proceedings in child protection plans and core groups, and that action is followed through.		✓				✓
23	Placement breakdown: More detailed look at placement breakdowns by IFA or our own carers, and what could be done to prevent them.	✓				✓	
24	A high number of children are placed at home with parents, especially for 'abuse or neglect', and duration of placements is longer than expected.		✓			✓	
25	A high proportion of placements change for 'other' reasons or because the carer requests placement change due to child's behaviour. It is important to understand the detail of why placements change and further audit of a sample of cases where placements have changed which could have been avoidable should produce learning for future improvement.					✓	✓
26	Placement request process, commissioning (of all placement types) and exit strategies/planning can be improved.					✓	
27	Market warming, recruitment and relationships with providers are important, and clear messages of expected standards and raising aspirations for looked after children and care leavers will assist in sufficiency and quality of placements.					✓	
28	Majority of those ceasing do so in under 1 year. Is this an indicator of effective moves to permanence, or of unnecessary admissions?		✓			✓	

Ref	Messages	1	2	3	4	5	6
29	Too many children have a plan of 'other'. Should the 'care plan' type be a mandatory field in MOSAIC and this information used more routinely to predict and manage demand in the system.	✓					✓
30	Some adolescents and children at their 18th birthday return home to parents, and a higher than average proportion of reason for return home is 'other' which may be masking key reasons why children cease to be looked after which could inform service provision and practice.	✓					✓
31	Children were remaining in care longer in 2016/17, compared to previously and England average. It is unclear at present what this means and whether actions currently in place with reduce this, or whether the length of time is appropriate.	✓					✓
32	Explore the reduction in children leaving care to move to independent living and increase in 'other'.	✓					
33	Children are being looked after for longer, and fewer children are looked after for just a short period of time before returning home/other (under a year duration).	✓					✓
34	There could be better use of parallel/earlier permanency planning , connection between child protection and permanency plans and clearer responsibilities for actions. The role of the IRO could be strengthened.	✓					✓
35	Earlier, more effective transition to adult services						✓
36	Improve alignment of activity and finance monitoring of all placements, with closer working between performance, finance and commissioning to create a single monitoring report each month.	✓					
37	Ensure all strategies align with the LAC transformation programme and there is clarity behind the purpose between them.	✓	✓	✓	✓	✓	✓
38	Consider current activities, and new activities to maintain or improve commissioning of all placements.					✓	
39	Review and update JSNA section, and ensure there is a clear plan about how this can be updated annually, by whom, to support the LAC transformation programme and provide a method of identifying new and emerging pressures, systems and sufficiency. This needs to include a range of professionals.	✓	✓			✓	
40	Recognise the impact of the increase in population on social care, as well as other activity, and the costs associated with this.	✓	✓				
41	Consider how quality of assessments, plans, workforce development and partnership engagement can improve outcomes for children.		✓				✓
42	Language is a barrier. Consider title of programme and other terminology (including 'therapeutic') so that it facilitates the right conversations, engagement and activity.	✓	✓	✓	✓	✓	✓
43	Staff learn better with examples. Consider whether it is clear 'what good looks like' and share examples where possible.						✓
44	New Process maps needed and ways of sharing these with staff and ensuring they are adhered to, but allow for creative options – balance between following a process and being creative	✓	✓	✓	✓	✓	✓
45	Ensure that reducing the number of looked after children is seen as part of a whole systems approach and there is a focus on the right support, in the right place, at the right time, for the right amount of time.	✓	✓	✓	✓	✓	✓

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14.1 LAC starting by age and first placement

Placement / Year	Age																		Grand Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Foster placements																			
2012/13	61	19	21	17	21	14	15	14	7	9	9	9	11	4	14	16	10	2	273
2013/14	59	18	26	20	13	16	16	9	12	10	6	8	12	9	11	13	7	4	269
2014/15	47	15	23	14	11	11	14	10	10	10	10	10	8	7	12	12	6	5	235
2015/16	44	19	27	15	10	14	8	7	9	7	7	3	7	8	7	11	6	2	211
2016/17	50	10	13	8	7	9	5	5	3	9	6	4	8	6	9	10	11	6	179
Homes, Hostels, Secure																			
2012/13				2		6	3	5	1	3	2	4	1	3	2	6	4		42
2013/14				1		4	2	7	4	3	2	4	4	2	3	7	2	1	46
2014/15				1		5	3	6	5	3	2	3	5	2	5	4	2	3	49
2015/16				1		4	2	3	1	1		1	2	2	4	2	2	1	26
2016/17						3	2	2	1	1		2	1	2	4	3	3	1	25
Other residential settings																			
2012/13	4														1			3	8
2013/14	8	1	1											1	1	2	2		16
2014/15	3	1		1											2	4	3	5	19
2015/16	11												1	1		5	3	3	24
2016/17	15													2	2	2	6	2	29
Other placement in the community																			
2012/13																	6		6
2014/15																	2		2
2015/16																1	1		2
2016/17																5	3		8
Placed with parents																			
2012/13	5	3	3	1	1	2	2		4	1									22
2013/14	6	1	2	1	1	2	1	2		1					1				18
2014/15	3	1	1	2	2		1	1		1					1				13
2015/16	1	1	2		2	1	1			1			1		1				11
2016/17	2	1	1	1	4	1	1	1		2			1		1				16
Residential schools																			
2012/13												1			1		1		3
2013/14												1							1
2014/15												1							1
2015/16								1											1
Other Placements																			
2013/14															1				1
2014/15				2			1												3
2016/17			1																1
Grand Total	319	90	121	82	77	90	78	72	59	62	44	51	62	48	77	102	74	52	1560

Need	Year									Age										Grand Total
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Abuse or neglect	2012/13	25	9	9	6	7	5	7	7	4	3	4	3	6		4	6	3		108
	2013/14	31	6	15	10	7	8	8	4	6	4	3	2	5	3	4	5	4	1	126
	2014/15	33	11	16	9	6	6	11	6	5	4	3	3	2	2	7	5	3	1	133
	2015/16	37	11	20	10	6	10	5	5	7	6	7	1	6	7	5	7	4	1	155
	2016/17	53	6	10	3	8	7	4	6	3	9	6	1	3	7	5	3	8	3	145
Child's disability	2012/13	1			2	3	8	4	6		3	2	4	2	1		1	1		38
	2013/14					2	4	3	7	3	2	2	4	5	1	2	2			37
	2014/15				2	5	4	5	5	2	2		4	5	1	4	1		2	42
	2015/16					1	4	2	4	1	1		1	1	2	2				19
	2016/17						3	2	2	1	1		2		2	1		1		15
Parental illness or disability	2013/14				1										1					2
	2014/15	1			1								1		1					4
	2015/16	6	1	2		1	3			1					1					15
	2016/17		1		1			1												3
Family in acute stress	2012/13	20	5	11	4	6	3	3	4	2	6	3	4	2	1	7	10	6	4	101
	2013/14	26	7	9	3	2	5	6	4	6	4	2	2	4	5	4	7	4		100
	2014/15	8	2	4	4	3	2	3	3	2	1	2	1	4	3	5	7	4	3	61
	2015/16	2	1	5	1	2	1		1	1	1			1		1	3	1	1	22
	2016/17	3		1		1								2		2	2	3	4	18
Family dysfunction	2012/13	22	8	4	6	8	6	6	2	5	1	2	3	2	3	3	4	4	3	92
	2013/14	15	7	5	6	4	3	3	2	2	4	1	5	2	1	3	5	2	5	75
	2014/15	11	4	3	4	3	2	1	2	1	6	4	3	2	2	2		3	2	55
	2015/16	10	7	2	3	3	1	2		1	1		2	2	1	2	1	2		40
	2016/17	11	4	4	3	2	2	1			1		2	3		1	3	3	2	42
Socially unacceptable behaviour	2012/13	2													1	2	2	1	3	11
	2013/14	1														1	4	1	1	8
	2014/15			1						1	1					1	7	1	7	19
	2015/16							1						1		1	7	3	2	15
	2016/17				1						1		1	2	1	6	5	5	1	23
Absent parenting	2012/13														1	1			1	3
	2013/14	1			1											1				3
	2014/15			1		1		1	1		1	2				1				8
	2015/16	1			1			1									1	2	3	9
	2016/17				1		1										2	5	2	11
		320	90	121	82	77	90	78	72	57	62	44	51	62	48	77	101	74	52	1558

14.3 Placement and need at end of year

Placement / Year	Abuse or neglect	Child's disability	Parental illness or disability	Family in acute stress	Family dysfunction	Socially unacceptable behaviour	Low income	Absent parenting	Grand Total
2012/13									
Foster placements	237	13	3	102	89	4		3	451
Homes, Hostels, Secure	17	24		13	5	1			60
Other placement in the community	6			3	1	2			12
Other residential settings					2				2
Placed for adoption	11			8	5				24
Placed with parents	26			10	7		1		44
Residential schools					2				2
2013/14									
Foster placements	260	6	4	138	83	4		2	497
Homes, Hostels, Secure	17	31		12	5				65
Other placement in the community	5			6	1	1			13
Other Placements				1					1
Other residential settings	1	1		2	1	2			7
Placed for adoption	7		1	4	9				21
Placed with parents	26			17	8		1		52
Residential schools	1				1				2
Temporary					1				1
2014/15									
Foster placements	268	8	4	130	88	3		2	503
Homes, Hostels, Secure	15	34		13	7	2			71
Other placement in the community	5			2	1	1			9
Other residential settings		1		1					2
Placed for adoption	10			8	4	1		1	24
Placed with parents	19	1		11	4		1		36
Residential schools	1								1
2015/16									
Foster placements	274	11	13	82	90	2		8	480
Homes, Hostels, Secure	20	16		6	5	2		1	50
Other placement in the community	2			1	1	1			5
Other residential settings	6	1		3	1	2			13
Placed for adoption	16	2	4	4	4	1			31
Placed with parents	37	1		10	8		1		57
Residential schools		1							1
2016/17									
Foster placements	289	9	12	75	86	3	1	6	481
Homes, Hostels, Secure	25	10		3	8	5			51
Other placement in the community	2			1	3			3	9
Other Placements								1	1
Other residential settings	7	2		2	2	2		1	16
Placed for adoption	21	1	3	4	12				41
Placed with parents	33	1	2	7	9		1		53
Grand Total	**1664**	**174**	**46**	**678**	**551**	**42**	**6**	**28**	**3189**

14.4 Placed with Parents by age, need and year

Year and Need	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total	
2012/13																				
N1 - Abuse or neglect	9	5	4	4	2	4	4		2	2		3	1	2	1	5	2	1	51	58.0%
N5 - Family dysfunction	2	5		1	1	2	1		2							3	2	1	20	22.7%
N4 - Family in acute stress	1	2	4	2		2	1	2		1								1	16	18.2%
N7 - Low income									1										1	1.1%
2012/13 Total	12	12	8	7	3	8	6	2	5	3		3	1	2	1	8	4	3	88	
2013/14																				
N1 - Abuse or neglect	9	3	6	5	1	4	4	1	1	1		1	1	1	1	2	3	2	46	48.4%
N4 - Family in acute stress	4	3	5	4	1	2		3	1	1	1				1	2			28	29.5%
N5 - Family dysfunction	5	2		1	1	3	1	1	1								2	2	19	20.0%
N7 - Low income									1	1									2	2.1%
2013/14 Total	18	8	11	9	3	7	7	5	4	4	1	1	1	1	1	3	7	4	95	
2014/15																				
N1 - Abuse or neglect	6	8	3	3	3	2	2	2	1	1		1	1	1	2		5	1	42	47.7%
N4 - Family in acute stress	3	1	4	4	3	3		2	1		2				1	2	2	2	28	31.8%
N5 - Family dysfunction	3	3	2			1		1		1	1							2	14	15.9%
N8 - Absent parenting					1														1	1.1%
N7 - Low income										1									1	1.1%
N2 - Child's disability											1								1	1.1%
N6 - Socially unacceptable behaviour																1			1	1.1%
2014/15 Total	12	12	9	7	6	7	2	5	2	3	4	1	1	1	2	2	7	5	88	
2015/16																				
N1 - Abuse or neglect	9	5	4	8	5	4	2	4	1	1	1	1	1		1	3	2	4	56	66.7%
N4 - Family in acute stress		1	3	4	1	1					1			1	1				13	15.5%
N5 - Family dysfunction	2	2	4							1	1	1	1						12	14.3%
N2 - Child's disability										1	1								2	2.4%
N7 - Low income										1									1	1.2%
2015/16 Total	11	8	11	12	6	5	2	4	1	4	4	2	2		2	4	2	4	84	
2016/17																				
N1 - Abuse or neglect	8	4	4	8	7	4	1	4	1	3	1	1	2	1		2	3	1	55	64.7%
N4 - Family in acute stress		1	3	3	1	1					1		1		1			1	13	15.3%
N5 - Family dysfunction	2	2	3	1	1						1	1	2						13	15.3%
N3 - Parental disability or illness					1		1												2	2.4%
N7 - Low income										1									1	1.2%
N2 - Child's disability											1								1	1.2%
2016/17 Total	10	7	10	12	10	5	2	4	1	4	4	2	5	1	1	2	3	2	85	
Grand Total	63	47	49	47	28	32	19	20	13	18	13	9	10	5	7	19	23	18	440	

14.5 Placement by average duration

Provider and Placement	Year					5 Year Av
	2012/13	2013/14	2014/15	2015/16	2016/17	
PR0 - Parents or Person with PR						
Placed with parents	249	419	377	331	493	373
PR1 - Own Provision						
Foster placement with other carer	241	191	266	248	368	263
Foster placement with relative or friend	272	382	425	409	563	410
Homes, Hostels, Secure	1282	701	551	1312	1394	1048
Other placement in the community		96	130	173	72	118
Other residential settings				129		129
Place for Adoption with former foster carer	181	331	137	1035	246	386
Placed for adoption not with former foster carers	269	249	297	404	313	306
PR2 - Other LA						
Foster placement with other carer	546	477	60	1302	241	525
Foster placement with relative or friend			98			98
Homes, Hostels, Secure		106	163	7	50	82
Other placement in the community			50		1	26
Other residential settings	254					254
Place for Adoption with former foster carer		169				169
Placed for adoption not with former foster carers	336	191	232	282		260
PR3 - Other Public Provision						
Homes, Hostels, Secure					27	27
Other placement in the community			274			274
Other residential settings	57	49	59	53	47	53
PR4 - Private Provision						
Foster placement with other carer	368	263	202	237	240	262
Foster placement with relative or friend			67		104	85
Homes, Hostels, Secure	218	178	326	253	310	257
Other placement in the community	119	137	137	135	136	133
Other residential settings	54	71	54	86	137	80
Residential schools	282	423	793			499
PR5 - Voluntary / Third Sector Provision						
Foster placement with other carer	173			211	297	227
Foster placement with relative or friend			138		222	180
Homes, Hostels, Secure			242		1305	774
Other placement in the community			64	261		163
Other residential settings				13	64	38
Placed for adoption not with former foster carers	587	432	2223			1080

[excludes accommodation on remand ended, died, and care taken over by another authority]

Destination	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Grand Total
Adopted																				
2012/13		7	5	3	4		1	2		2		1	1							26
2013/14		9	7	4	3	1	1	1												26
2014/15		17	5	3	5	2	3	2			1									38
2015/16		10	9	4		4	1	2	1	1										32
2016/17		15	7	3		1	3	2												31
Returned to parent / relatives																				
2012/13	5	5	3	6	2	6	4	2	4	3	2	3	4	4	7	5	6	2	3	76
2013/14	6	2	3	3	3	2	1	3	2		1	2	5	3	5	9	13	8	2	73
2014/15	7	5	2	5	6	2	2	4	4	4	1	4	3	2	7	7	6	3	2	76
2015/16	3	5	4		5	3	3	4	6	2	2	2	1	3	1	6	5	2	7	64
2016/17	5	3	1	2	2	4	2		2			1	3	2	1	5	5	4	6	48
SGO																				
2012/13	2	1	1	4	3			1				1	1							14
2013/14	3			4	1	1	4		4	2		2				1	1			23
2014/15	3	4	5	4	5	1		1	2		1		1	2		1				30
2015/16	1	1	2	2	5	1		2	1	3				1	1		1			21
2016/17	1	2	2	4		4	1	2	2	1	1	1		1	2			1		25
RO / CAO																				
2012/13	1	1		1	1	1	1								1	1	1			9
2013/14	1	3	1	3	1	1			1			1				1				13
2014/15	3	1		1	1	1	2	1	1			2								13
2015/16	1	3	1	1	1		1													8
2016/17			1	1	2					1		1								6
Independent Living																				
2012/13																		1	33	34
2013/14																		5	19	24
2014/15																	1	3	28	32
2015/16																	1	2	17	20
2016/17																			15	15
Sentenced to custody																				
2012/13															1	1	1	1		4
2013/14															2	1	2	1		6
2014/15														1		1	1	2	1	6
2015/16																	1		1	2
2016/17																	3	2		5
Transferred to ASC																				
2012/13																			12	12
2013/14																			3	3
2014/15																			5	5
2015/16																		2	3	5
2016/17																			1	1
Other Reason																				
2012/13	1				1						1	1	1			2			1	8
2013/14	1	1	1				1								1			1	3	9
2014/15	1		2	1	1		3				1				2	3		3	2	19
2015/16		2		1							1		1				1	1	7	14
2016/17			1		2	3	1	1				1		1	1	1	2	5	19	38
Grand Total	45	97	63	60	54	38	35	30	30	19	12	20	23	21	31	42	53	50	191	914

14.7 Leavers by age and length of time in care

Years LAC	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Grand Total	
2012/13																					
0	9	10	7	6	6	7	5	2	4	3	3	4	5	4	7	6	10	4	14	116	63.0%
1		4	1	6	2		1	1		2			2	1		1		1	9	31	16.8%
2			1	1	2		2												7	13	7.1%
3				1	1														3	5	2.7%
4																			1	1	0.5%
5												1			1				2	4	2.2%
6																			4	4	2.2%
7																			1	1	0.5%
8																			2	2	1.1%
9																			3	3	1.6%
10																			1	1	0.5%
11																			1	1	0.5%
12																			1	1	0.5%
13																			1	1	0.5%
2012/13 Total	9	14	9	14	11	7	6	5	4	5	3	5	7	5	8	7	10	5	50	184	
2013/14																					
0	12	6	3	6	1	3	2	2	3		1	2	4	3	7	9	7	2	1	74	41.1%
1		9	6	6	3	1	3	2	1			1	2			1	7	7	6	55	30.6%
2			3	3	4	1	2		2	2			1			2	1	1	6	28	15.6%
3																	2		6	8	4.4%
5									1											1	0.6%
6																	1		3	4	2.2%
7																	1		1	2	1.1%
8																			3	3	1.7%
9																1	1			2	1.1%
10																			1	1	0.6%
11															1				1	2	1.1%
2013/14 Total	12	15	12	15	8	5	7	4	7	2	1	3	7	3	8	12	16	16	27	180	
2014/15																					
0	14	5	4	5	4	3	5	4	3	2	2	4	2	3	5	7	5	7	6	90	40.4%
1		23	4	2	2	1	1		1				1	2	4	2	1		3	47	21.1%
2			6	6	7	2	1	3	3	1		1			2		1	3	9	45	20.2%
3				1	4	1	2	1		1	1		2					1	5	19	8.5%
4					1		1							1					4	7	3.1%
6											2								2	4	1.8%
7																1			3	4	1.8%
8																			2	2	0.9%
10												1							4	5	2.2%
2014/15 Total	14	28	14	14	18	7	10	8	7	4	5	6	4	5	9	12	8	12	38	223	
2015/16																					
0	5	8	5	2	3	3	2	3	5	4	3	2	2	3	1	4	5		4	64	38.1%
1		13	2	1	2	3		2									3	1	4	31	18.5%
2			9	2			1	2	1							1	2	2	3	23	13.7%
3				3	5	1	2	1	2	1				1		1		1	3	21	12.5%
4					1					1					1		1		8	12	7.1%
5						1												1	4	6	3.6%
6																	1			1	0.6%
7																			1	1	0.6%
9																			1	1	0.6%
10																		1	3	4	2.4%
11																			2	2	1.2%
12																			1	1	0.6%
13																			1	1	0.6%
2015/16 Total	5	21	16	8	11	8	5	8	8	6	3	2	2	4	2	6	11	7	35	168	
2016/17																					
0	6	3	2	4	1	4	1	1	1			1	3	1	3	5	1	4	2	43	25.0%
1		17	8	2	2	3	1		1	1		1		1	1		3	1	2	44	25.6%
2			2		2	1		2			1	1		1			1	3	4	18	10.5%
3				4	1	4	4	1						1		1	1	2	2	21	12.2%
4							1								1				9	11	6.4%
5							1	2	1			1					1		5	11	6.4%
6																	1		5	6	3.5%
7																		2	2	4	2.3%
8																1			1	2	1.2%
9																			2	2	1.2%
10																	2		3	5	2.9%
11																			2	2	1.2%
12																		1	2	3	1.7%
2016/17 Total	6	20	12	10	6	12	7	5	4	2	1	4	3	4	5	6	10	14	41	172	

14.8 Leaving in under 1 year by age and destination

Destination	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Grand Total	
2012/13																					
Returned to parent / relatives	5	5	3	3	2	6	4	2	4	3	2	3	4	4	6	5	6	2	1	70	60.3%
Adopted		4	4	2	2															12	10.3%
Independent Living																		1	10	11	9.5%
RO / CAO	1	1		1	1	1	1								1	1	1			9	7.8%
Other Reason	1			1							1	1	1				2		1	8	6.9%
Sentenced to custody																	1	1	1	3	2.6%
SGO	2																			2	1.7%
Transferred to ASC																			1	1	0.9%
2012/13 Total	**9**	**10**	**7**	**6**	**6**	**7**	**5**	**2**	**4**	**3**	**3**	**4**	**5**	**4**	**7**	**6**	**10**	**4**	**14**	**116**	
2013/14																					
Returned to parent / relatives	6	2	3	2	1	2	1	2	2		1	2	4	3	5	8	7	1		52	70.3%
RO / CAO	1	3		3		1		1												9	12.2%
Sentenced to custody															2	1		1		4	5.4%
SGO	3																			3	4.1%
Other Reason	1	1				1														3	4.1%
Independent Living																		1		1	1.4%
Died				1																1	1.4%
Care taken over by another LA	1																			1	1.4%
2013/14 Total	**12**	**6**	**3**	**6**	**1**	**3**	**2**	**2**	**3**		**1**	**2**	**4**	**3**	**7**	**9**	**7**	**2**	**1**	**74**	
2014/15																					
Returned to parent / relatives	7	4	2	3	2	2	1	3	2	2	1	3	2	2	4	5	4	2		51	56.7%
Other Reason	1		2	1	1		3				1				1	2		3		15	16.7%
SGO	3	1		1	1				1											7	7.8%
RO / CAO	3						1	1				1								6	6.7%
Independent Living																		1	3	4	4.4%
Transferred to ASC																			3	3	3.3%
Sentenced to custody														1			1	1		3	3.3%
Care taken over by another LA					1															1	1.1%
2014/15 Total	**14**	**5**	**4**	**5**	**4**	**3**	**5**	**4**	**3**	**2**	**2**	**4**	**2**	**3**	**5**	**7**	**5**	**7**	**6**	**90**	
2015/16																					
Returned to parent / relatives	3	4	4		3	3	1	2	5	2	2	2	1	3	1	4	3		1	44	68.8%
RO / CAO	1	3	1				1													6	9.4%
SGO	1			1				1		2										5	7.8%
Other Reason		1		1							1		1				1			5	7.8%
Independent Living																			2	2	3.1%
Sentenced to custody																			1	1	1.6%
Accommodation on remand ended																	1			1	1.6%
2015/16 Total	**5**	**8**	**5**	**2**	**3**	**3**	**2**	**3**	**5**	**4**	**3**	**2**	**2**	**3**	**1**	**4**	**5**		**4**	**64**	
2016/17																					
Returned to parent / relatives	5	3	1	2	1	2	1		1			1	3	1	1	5	1	2		30	69.8%
Other Reason		1			1		1								1				1	5	11.6%
SGO	1			1	1															3	7.0%
Accommodation on remand ended															1			2		3	7.0%
RO / CAO				1																1	2.3%
Independent Living																			1	1	2.3%
2016/17 Total	**6**	**3**	**2**	**4**	**1**	**4**	**1**	**1**	**1**			**1**	**3**	**1**	**3**	**5**	**1**	**4**	**2**	**43**	

1A -Alcohol misuse: concerns about alcohol misuse by the child.

1B -Alcohol misuse: concerns about alcohol misuse by the parent/carer.

1C -Alcohol misuse: concerns about alcohol misuse by another person living in the household.

2A -Drug misuse: concerns about drug misuse by the child.

2B -Drug misuse: concerns about drug misuse by the parent/carer.

2C -Drug misuse: concerns about drug misuse by another person living in the household.

3A -Domestic violence: concerns about the child being the subject of domestic violence.

3B -Domestic violence: concerns about the child's parent/carer being the subject of domestic violence.

3C -Domestic violence: concerns about another person living in the household being the subject of domestic violence.

4A -Mental health: concerns about the mental health of the child.

4B -Mental health: concerns about the mental health of the parent/carer.

4C -Mental health: concerns about the mental health of another person in the family/household.

5A -Learning disability: concerns about the child's learning disability.

5B -Learning disability: concerns about the parent/carer's learning disability.

5C -Learning disability: concerns about another person in the family/household's learning disability.

6A -Physical disability or illness: concerns about a physical disability or illness of the child.

6B -Physical disability or illness: concerns about a physical disability or illness of the parent/carer.

6C -Physical disability or illness: concerns about a physical disability or illness of another person in the family/household.

7A -Young carer: concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities.

8A -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child (prior to April 2016).

8B -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Overseas children who intend to return

8C -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Overseas children who intend to stay

8D -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children in educational placements

8E -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children making alternative family arrangements

8F -Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Other

9A -UASC: concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child.

10A -Missing: concerns that services may be required or the child may be at risk of harm due to going/being missing.

11A -Child Sexual Exploitation: concerns that services may be required or the child may be at risk of harm due to child sexual exploitation.

12A -Trafficking: concerns that services may be required or the child may be at risk of harm due to trafficking.

13A -Gangs: concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs.

14A -Socially unacceptable behaviour: concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour.

15A -Self-harm: concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm.

16A -Abuse or neglect - 'NEGLECT': concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

17A -Abuse or neglect - 'EMOTIONAL ABUSE': concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

18A -Abuse or neglect - 'PHYSICAL ABUSE': concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

19A -Abuse or neglect - 'SEXUAL ABUSE': concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

20 -Other.

21 -No factors identified - only use this if there is no evidence of any of the factors above and no further action is being taken.

22A -Female genital mutilation (FGM) - concerns that services may be required or the child may be at risk due to female genital mutilation.

23A -Abuse linked to faith or belief - concerns that services may be required or the child may be at risk due to abuse linked to faith or belief.
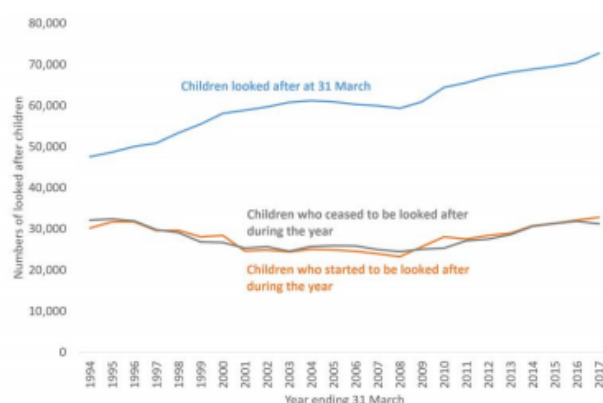
14.10 National trends (Department for Education)

DfE official statistics show that the number of looked after children in England continues rise.[18]

SFR 50/2017, 28 September 2017

The number of looked after children continues to increase

Number of children looked after at 31 March and starting and ceasing to be looked after during the year, 1994 to 2017

The number of looked after children continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016.

The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year.
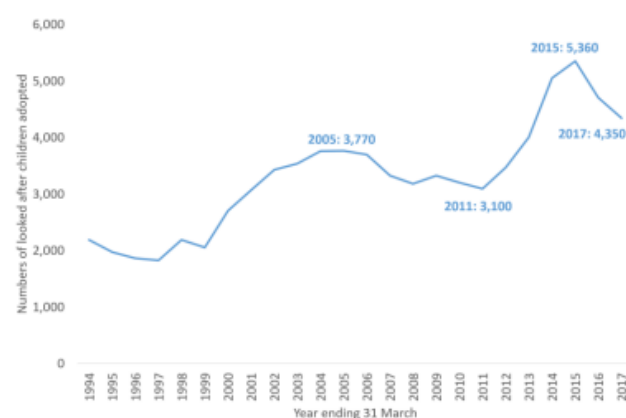
The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.

Source: SSDA 903

Figure 42 - LAC in England time series. Source - DfE.

Adoptions have fallen for a second year, down from a peak in 2015

Number of children looked after who were adopted, 1994 to 2017

The number of looked after children ceasing to be looked after due to adoption increased between 2011 and 2015 from 3,100 to a peak of 5,360. Last year the number of adoptions fell for the first time since 2011, by 12% and in 2017 the number of looked after children adopted have fallen again, by 8% to 4,350.

Source: SSDA 903

Figure 43 - Adoption time series. Source - DfE.

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[18] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647852/SFR50_2017-Children_looked_after_in_England.pdf

14.11 Case Studies - suggested sampling

- A child who had a long period of stability [3 years or more], which suddenly broke down causing multiple placements in a short space of time, and may have required a secure placement. They will probably have come into care relatively young, and breakdown may have coincided with their adolescence, but not necessarily.

- A child who has experienced more than one return home and subsequent re-entry into care [see also Esme DeMay's research].

- A child who came into care on an emergency order, who has achieved good placement stability and is experiencing good / improved outcomes. The plan for this child is long term care, if such a combination exists.

- A child for whom the plan was adoption, but for whom the decision was reversed for any reason other than 'child's needs changed'.

- A child where the pre-birth plan was removal and adoption, their mother having been subject to this previously, potentially multiple times.

- A child who was placed with relatives on an order, who then became the subject of an SGO which remains in place.

- As above, but where the SGO broke down and the child returned to care.

- A child who is placed their own parents, on an order, where positive change is being achieved as a result.

- A care leaver who engaged with leaving care services, and with their support obtained a good degree and is pursuing professional qualifications / any other relevant positive outcomes which demonstrate high aspirations for the young person.

- A child who was placed at a distance due to welfare concerns, and who is responding positively to the move OR whose behaviour is becoming increasingly difficult to manage.

- A child of any age, in any type of placement, whose outcomes [beyond safeguarding] have significantly and demonstrably improved, and where there is also evidence that partner services have clearly contributed to this.

- A child who is receiving statutory services [at any level] but whose outcomes have improved following early help support.