



Children's Care Sufficiency Strategy 2023 – 2027

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1. Introduction

“Our ambition to help every child and young person in Norfolk to flourish.”

The needs of children in Norfolk have changed and so our strategy is changing with them. We recognise that the complexity of children's needs is increasing which requires different care solutions.

These changes are not unique to children's services and the increasing complexity of children's needs requires a whole system approach. We think that these new care solutions will need to be a combination of expanding our local authority led services while also forming strong partnerships with providers in the external market and colleagues in health, public health, adult services.

It isn't about the care model that we have in place but also 'how' we work together. The system must collaborate to work with us in the interests of children, young people and families putting them at the centre of the work we do.

What this means in practice is we expect all partners to:

- **Be child focused:** work with a public service mindset and be flexible, creative and tenacious in their work with children, young people and families. We expect partners to put the needs of children first and not hold a child's care hostage as part of negotiations.
- **Enable the voices of children:** show evidence that children are listened to, and their opinions valued within the work you do.
- **Collaborate:** we have invested in teams focusing on supporting children and families to find the right home to meet their needs. We expect partners to work hand in glove with all teams focused on supporting the child and their families.
- **Transparency:** have an open and honest conversation with us, especially when there are difficulties or concerns. This allows us to work together on joint solutions and critically avoid any sudden changes in care for children and families.
- **Outcome focused:** work with us towards the agreed outcomes and trajectories for children so we are always working together to achieve the best we can for each child. This can include developing their independence to support transition into adulthood or supporting emotional resilience and family relationships to support a return home.

The overall cost of care is increasingly unsustainable for all local authorities and Norfolk is no exception. It is essential that we manage this and ensure value for money for all care provided to children, young people and families. Importantly value for money doesn't mean our focus is on simply 'cheaper' provision. We define value for money as being about providing quality provision that meets the needs of children and young people, helps them to achieve good outcomes and provides stability within a reasonable financial envelope.

Whilst individual contracts and arrangements will have their own Key Performance Indicators and quality measures in place, we will consistently be looking for the following measures of quality from all partners:

- Children and young people are telling us they are safe and happy in your care.

- There are consistent strong relationships between your staff and our children.
- The ability, capacity, flexibility and willingness to continue to meet needs and provide stability for children and young people – even when situations are challenging.
- The avoidance of unplanned care moves and breakdowns.
- The successful progression towards and achievement of goals in children's care plans whilst in your care.

We will be focusing relentlessly on outcomes, stability and quality and are looking to collaborate with partners that share our values and can work with us in this way. Equally where we don't see these approaches from system partners, we will provide challenge and seek to work together to improve the care being provided.

We are prepared to pay good money to strengthen our relationships with providers that share our values and approach to care for children and young people and can consistently demonstrate good quality care provision and evidence good outcomes for our children, young people and families.

2. Background

Norfolk Children's Services plays a significant role in improving the lives of children and families in Norfolk, whether through direct help, support and intervention or as a system leader for children across Norfolk. It has a range of statutory duties against which are monitored and measured via strong regulatory frameworks.

Section 22G of the 1989 Children's Act requires local authorities to take strategic action in respect of those children they look after, and for whom it would be consistent with their welfare for them to be provided with accommodation within their local authority area. In those circumstances, section 22G requires local authorities, as far as is reasonably practicable, to ensure that there is sufficient accommodation for those children which meets their needs and is within their local authority area.

The sufficiency duty applies in respect of all children who are defined as 'looked after' under this Act. However, an important mechanism, both in improving outcomes for children and in having sufficient accommodation to meet their needs, is to take earlier, preventive action to support children and families so that fewer children become looked after. This means that the commissioning standard also applies to children in need who are at risk of care or custody (sometimes referred to as children 'on the edge of care').

Although the sufficiency duty lies with each local authority, that duty can be implemented most effectively through a partnership between the authority and its Children's Trust partners. Each local authority has a duty, under section 10 of the Children Act 2004, to decide to promote co-operation with its relevant partners with a view to improving the wellbeing of children in the authority's area. Each of the statutory 'relevant partners' are also required to co-operate with the local authority in making those arrangements.

The duty on local authorities to secure sufficient accommodation should be undertaken within the context of planning and co-operation duties which the 2004 Act places on the Children's Trust partners in order to improve the wellbeing of the child in the area.

The sufficiency duty sets out a requirement for local authorities to collaborate with their partners to:

- Systematically review the current situation in relation to ensuring sufficient accommodation to meet the needs of looked after children and care leavers.
- Assess existing commissioning practice and identify how to ensure any service that are commissioned away from the local authority can be delivered locally.

The sufficiency duty requires local authorities to do more than simply ensure that accommodation is 'sufficient' in terms of number of beds provided – the accommodation and care must meet the needs of the children and young people. Providing the right placement, in the right place, at the right time, is vital for securing stability for each child in care and improve outcomes for this very vulnerable group of children.

3. 2019 – 2023 Strategy Review

During the period of the previous strategy (2019-2023) our priorities were focused on a mix of internal and external providers that provided a blend of opportunities and care. Positive working relationships were built with our providers and colleagues; we recognised that partnerships for quality services required firm relationships with shared views and ambitions for the children and young people within Norfolk.

We have successfully delivered various types of residential settings, including solo placements, provisions for unaccompanied asylum-seeking children (UASC), and the New Roads programme. we continued the development of our fostering services by developing a network of highly skilled carers who can effectively support young people through complex transitions, from their time in care to their transition into adulthood.

We have successfully launched a new Independent Fostering Agency (IFA) framework, which prioritises the individual needs of the child when making placement decisions and is supported by a more flexible and dynamic pricing model.

We continued the development and relationship building with current and potential schools through the Norfolk Assisted Boarding Partnership (NABP). As part of this we have standardised the consultation and referral process ensuring the right children are placed.

We have built, streamlined and integrated Harmful Sexual Behaviour provision within the Intensive Support Service team delivering consultations and upskilling knowledge of professional working through various training programs.

Stronger Families has been operational in Norfolk since February 2019 as a Social Impact Bond with Bridges, a social investor. The intervention successfully reduced the demands on children looked after placements by providing Functional Family Therapy Child Welfare (FFT-CW), an evidence-based manualised model of intervention which aims to rebuild relational functioning between parents and their children.

We have strengthened our countywide offer for UASC doubling its capacity over the past 2 years. Norfolk was recognised for its work nationally for the quality of services provided and the outcomes young people achieved.

4. Vision

At the heart of our sufficiency strategy is the belief that every child and young person in Norfolk can FLOURISH, having the opportunity to feel safe and nurtured enabling them to lead a happy and fulfilling lives.

Our strategy sets out a series of sustainable interventions that are designed to create loving and caring environments where children and young people feel valued, supported and encouraged to reach their potential. Whilst the interventions will vary from short breaks, fostering to corporate parenting our belief will be our guiding star to hold us accountable and raise the standard of sufficiency care throughout Norfolk.

As a corporate parent we have both a legal and moral responsibility towards our children in the same way that any parent would have with their own child. Therefore, we must strive, as with any parent, to fulfil our parental responsibilities to the highest standard. We want our children and young people to have happy and healthy childhoods, enabling them to thrive, pursue their aspirations and to create a strong sense of belonging and self-worth that will continue into their adult life.

This is an ambitious strategy to not only resolve the continuing challenges with sufficiency and the significant spend on placements, but to also improve outcomes for children and young people alongside their families. We want our children in care to experience high quality care and support and stable homes, which supports their emotional wellbeing and provides opportunities where young people can flourish. To reach this ambition we need to work together and make this everyone's business, engaging hearts and minds across the whole council, whilst creating more innovative and collaborative approaches with the market.

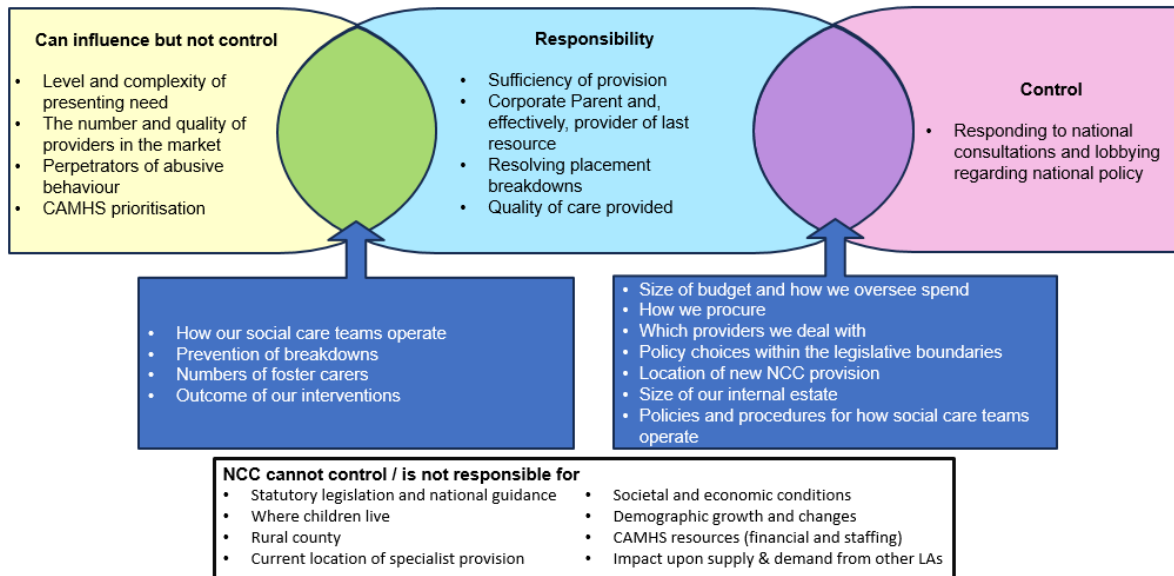
Our strategy ensures we can realise our council priorities, including enabling better opportunities for children and young people and support the Council's ambition to sustain the improvements of "Good" in all areas following our recent Inspection of Local Authority Children's Services (ILACS) and work towards "Outstanding".

We will achieve this vision through working in partnership with our colleagues from the voluntary, statutory and private sectors to plan, develop and deliver a wide variety of services that are needs led, best value and outcome focused. Services will be inclusive and actively promote equality.

5. Strategic priorities and underlying principles

Our priority is to improve children and family's outcomes in Norfolk by optimising the children's social care model and helping to secure greater financial sustainability for the Council. To help achieve this we need to understand the drivers that we can directly control, influence or remain outside of our control.

Our Control and Influence: Placements



(Diagram – Outlines what factors the NCC can and can not control, and their responsibilities)

Our strategy focuses on ensuring that we are working in the areas where we can make the most difference whilst also working to influence the system and support long-term sustainable changes.

We will focus on three key areas:

- **Keeping families together**

A focus on keeping children in their family and community network, where it is safe to do so, aiming to prevent children coming into care and re-uniting families following time spent in care. This will include:

- a. further enhancing prevention early intervention and effective social care with a focus on increasing alignment of partnership working. Ensuring that the offer to children and families operates seamlessly across Norfolk and is flexible and responsive to each child and family situation and that there are no cracks or cliff-edges within or between organisations.

- **For those in care, providing the right care**

Ensuring where children and young people do need to come into care they achieve the outcomes, experiences, and safety of their peers. Our response is based on evidence and data to be innovative and flexible providing high quality care that reflects the age, stage and needs of each individual child or young person. Wherever possible the care is family based and we are working towards children returning to their families and communities, minimising the time spent in care. This will include:

- a. *making fostering recruitment and retention a whole council and whole county priority.*
- b. *expanding and reshaping our in-house residential provision to achieve greater value from this capacity.*

- c. *Creating a more agile and resilient workforce that work with families across our services (particularly residential) to find the right care and best long-term home for our children.*
- **Increasing the financial stability of the Council**
 A focus on improving outcomes for children and young people, preventing escalation of need and a focus on family-based care, and providing the right care over the long term will enable greater financial sustainability of Council budgets. In addition, we plan to commission and work with the market differently to ensure that the market is better aligned to the needs of children and families in Norfolk. This will include:
 - a. *Working in partnership with our colleagues from the voluntary, statutory and private sectors to plan, develop and deliver a wide variety of services that are needs led, best value and outcome focused.*
 - b. *Collaborating with regional partners in the development of regional and partnerships solutions for the most complex cohorts of young people, moving away from hugely expensive spot purchase solutions.*

6. Voice of the child

Children and young people in care in Norfolk have told us that they feel safe and settled where they live and had good and trusted relationships with carers and those supporting them. A common theme throughout all ages was an absence of friendships. Difficulties in this area could impact on other issues such as low self-esteem, lack of confidence and poor emotional well-being, which were more prevalent in the older age groups (Bright Spots Survey Outcome, 2022).

Coram Voice's 10,000 Voices Report (2022) on the views of children in care on their well-being recommends the care systems puts trusting relationships at the heart. In Norfolk County Council we achieve this through FLOURISH and have ensured that we have aligned our sufficiency strategy to FLOURISH promoting family-based care and safety and security of the places where children live.

7. Current Position

Over the past 18 months much has already been written regarding the challenging context in which children's services across the country are operating, including the Stable Homes, Built on Love implementation strategy and consultation, which was published by the Government in response to the Independent Review of Children's Social Care, National Review into the murders of Arthur Labinjo-Hughes and Star Hobson and the Competition and Markets Authority study into Children's Social Care placements and commenced consultation in a range of areas. The proposed social care reforms have started to acknowledge the impact of the additional demand that is being seen across the country and will form the blueprint for children's social care and show a lot of alignment with the local picture in Norfolk.

Norfolk County Council's finance monitoring reports for 2022/23 highlights anticipated pressure on the Children's Social Care placements budget of c.£15m. The overall number of children in care and requiring placements (excluding unaccompanied asylum-seeking children) remains broadly level, which is a better position than in many local authority areas, but budget pressure arises because the cost of providing care to that cohort is increasing substantially and rapidly. Specifically in Norfolk the needs of children and young people and demand for services has shifted.

In this sufficiency strategy we will consider the current presenting needs of these children and young people and how these have changed over recent years considering:

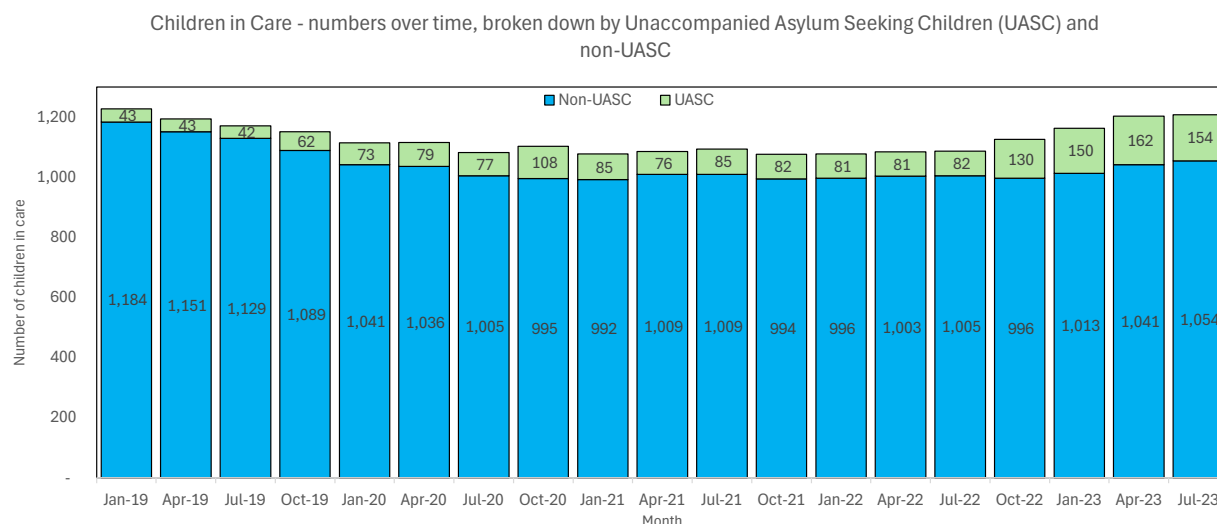
- Numbers of children in care
- Demographics and complexity of need for children in care
- Factors increasing the average cost of care

7.1 Number of children in care:

Key demand messages

At a national level, the numbers of children in care have risen steadily from 75,360 in 2018 to 82,170 in 2022, an increase of 9%. In Norfolk, we have bucked this trend. Between January 2019 and January 2021, we saw a reduction of the number of children in care by 192, a decrease of 16%.

Since this period, the number of children in care has been stable, however recently we have seen an increase of 40-50 children during the first half of 2023. This pattern is shown in the graph below:



(Graph – the number of children in care since January 2019, including migrant children separated from their families (UASC))

During this time, there has been a significant increase in the number of migrant children separated from their families (UASC) from 43 to 154, an increase of 258%, and it's known this will increase further over the remaining months of summer and autumn 2023.

Key sufficiency messages

Investment in 2019 for a new children social care model with a focus on prevention and early intervention has demonstrated significant benefits to reducing the number of children coming into care. However, we feel more can be done in this area to improve outcomes for children and families further.

7.2 Demographics and complexity of need for children in care:

Key demand messages

Over the past 2-3 years we have seen the demographic profile of children in care has changed. This will shape our sufficiency requirements over the coming years. The table below highlights the key changes as at the 31 March 2023.

LAC at 31 March by gender	England 2021-22	SNs 2021-22	East of England 2021-22	2020-21	2020-21	2022-23
Male	56%	56%	58%	58%	56%	61%
Female	44%	44%	42%	42%	44%	39%

(Table – Shows the breakdown of gender of children in care over the years)

LAC at 31 March by age	England 2021-22	SNs 2021-22	East of England 2021-22	2020-21	2020-21	2022-23
Under 1	5%	6%	5%	4%	5%	5.5%
1 to 4	14%	15%	11%	13%	13%	13.6%
5 to 9	18%	18%	16%	17%	19%	16.2%
10 to 15	39%	39%	40%	39%	40%	36.4%
16 and over	25%	23%	28%	27%	23%	28.2%

(Table – Shows the breakdown of age of children in care over the years)

LAC at 31 March by ethnicity	England 2021-22	SNs 2021-22	East of England 2021-22	2020-21	2020-21	2022-23
White	73%	88%	74%	85%	85%	77.3%
Mixed	10%	5%	10%	5%	5%	6.2%
Asian or Asian British	5%	2%	3%	X	3%	7.1%
Black or Black British	7%	2%	6%	5%	4%	4.9%
Other ethnic groups	4%	4%	6%	5%	4%	4.2%
Other	1%	0%	No Data	No Data	No Data	0.2%

(Table – Shows the breakdown of ethnicity of children in care over the years)

There is a steady increase in the proportion of boys in care, currently approximately 60% of the care population are male and 40% female. The majority of children in care are older children and adolescents, aged between 10-17, 66.4% of the total. There has also been a recent increase in the number of young people aged 16+. Additionally, there has been a steady increase in the number of babies under one in care from 4% in 2020-21 to 5.5% in 2022/23.

We have identified four key areas of need that this will focus on and explore demand in these areas:

- Increasing adolescents coming into care
- Separated migrant children
- Children with learning disability, autism and physical disabilities
- Children with complex mental health and/or trauma needs

Key sufficiency messages

Outcomes for older children / young people coming into care are poorer because the profile of need is more complex and harder to address – by age 14 neglect accounts for 42% of entries into care and 45% accounted for by acute family stress, family dysfunction and social unacceptable behaviour.

Needs of young people will be compounded by mental health, special educational needs (SEN), and substance misuse needs. The vast majority of young people will return to their birth family when they leave care.

With a new trend emerging of increasing adolescents coming into care. There is opportunity to further reduce numbers of young people (14+) coming into care through addressing needs earlier.

Where more babies are coming into care, we need to ensure sufficient foster care provision, but also where there is a repeat removal for a family, additional proactive support is provided to prevent further repeat removals.

The percentage of children coming into care who are white decreased in 22/23 compared to previous years, with corresponding increases across all other ethnicity groupings. This will need to be understood further to ensure the placement sufficiency considers specific needs related for each child and young person.

As the number of separated migrant children increases, the requirement for both supported accommodation provision and foster carers is increasing. It is likely that the nationally recognised UASC model will need to increase capacity further.

With this increase in complexity, we can no longer meet the needs of these children and young people with a single agency response and we need to pursue a system approach to realising the vision of a Children and Young People's System Collaborative to tackle the challenges which drive cost and poor outcomes. In particular, it is important to work with colleagues in health services to address the increase in mental health and complex trauma needs seen in children and young people presenting with the most complex needs and largest packages of care.

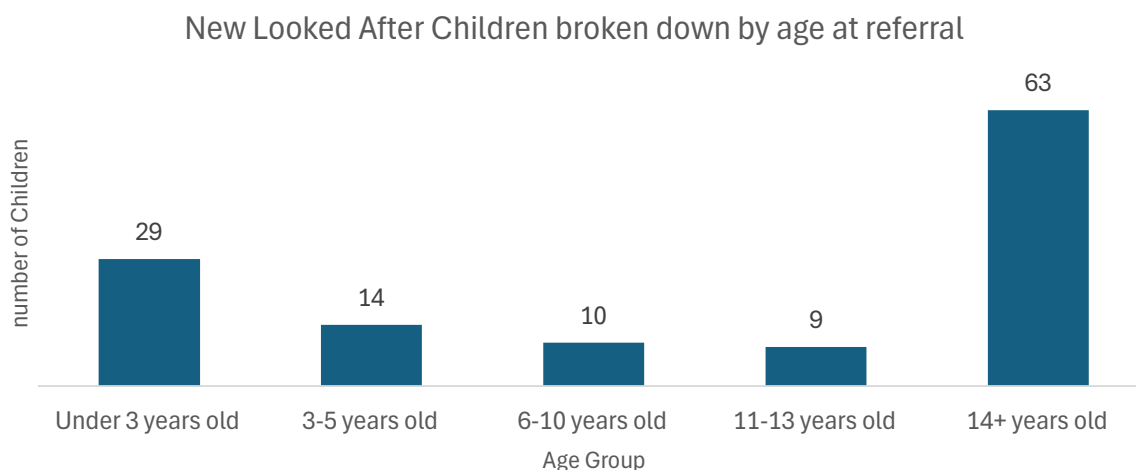
We aim to mitigate the growth in demand by further developing the wrap-around support for children with complex needs to support children staying with families or in specialist family-based care.

We need to ensure the right young people are in residential care based on need. We estimate that thirty children with needs scores that would match with a foster care placement, are currently in residential care due to a lack of foster carers. Fosters carers

will increasingly need additional support to look after children with increasingly complex needs.

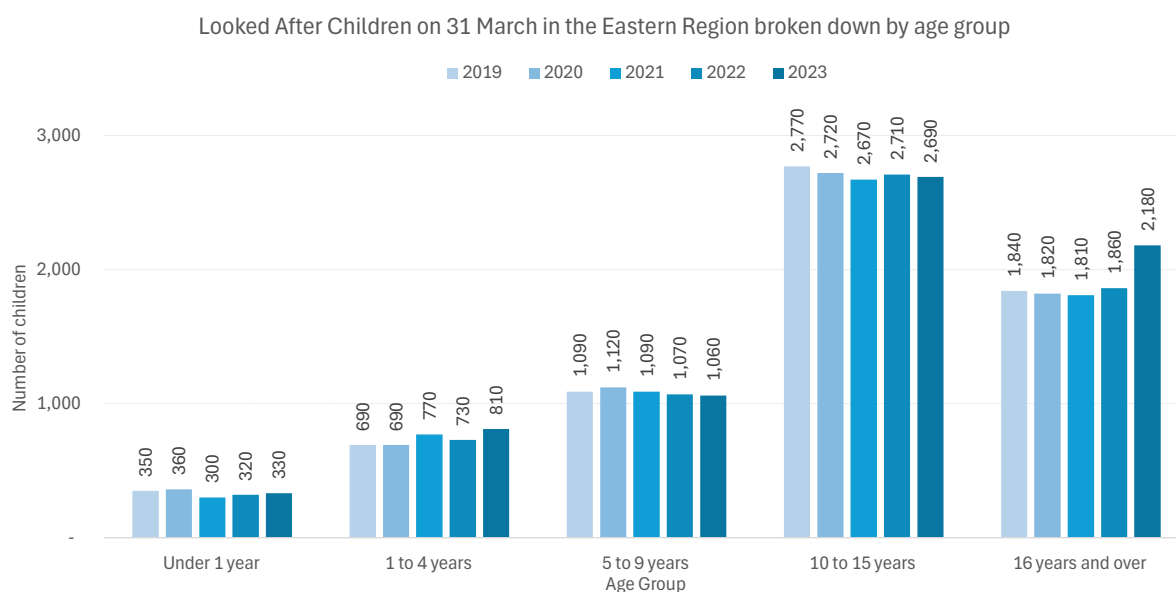
7.2.1 Increasing adolescents coming into care

Nationally, regionally and locally more adolescents are coming into care with a broad range of complex needs including mental health, SEN, risk of exploitation and the impact of parental and young person substance misuse. Typically, outcomes for young people in care are poorer, compared to younger age cohorts. This year 63 young people (14+) started care in Norfolk since January 2023, show in the graph below:



(Graph – shows the number of referrals received for each age cohort)

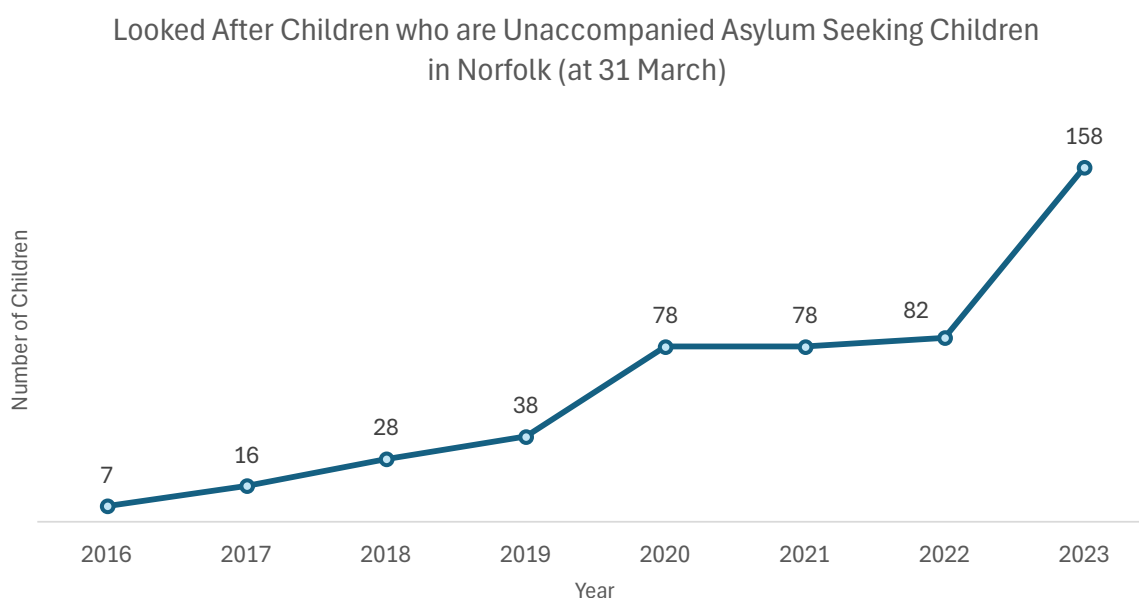
We are also seeing that there has been an increase of over 10% of 16-17 age cohort coming into care seen across the Eastern Region in 2023, shown in the graph below. Relative to the region, Norfolk has lower proportion of 16-17 age cohort (27.8% compared to 30.7%) in care through positive impact of New Roads and Outreach approaches implemented during the last 5 years of the transformation programme.



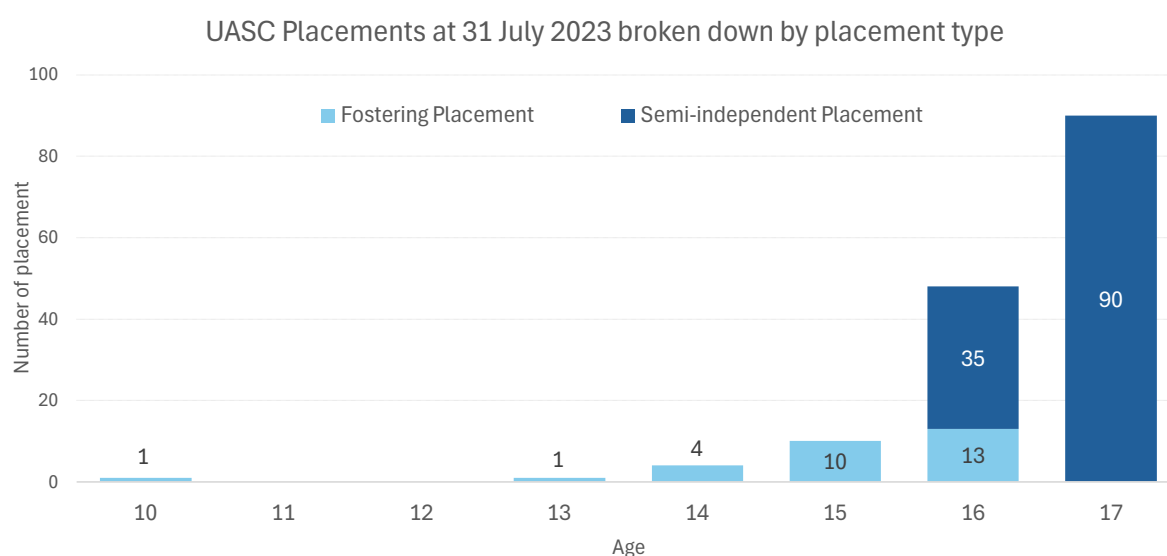
(Graph – Breakdown of each age cohort and how many were looked after over the years)

7.2.2 Separated Migrant Children

As shown in the graphs the number of separated migrant children in Norfolk has increased significantly. As part of the national guidance setting the parameters for the allocation of separated migrant children across the country, the approximate number of children we would be asked to support is 0.1% of our child population, which is approximately 172. If we have a population above this number, we will not be 'directed' to take separated migrant children. However, we have recently taken above to support Kent because we have sufficient provision (which is different from our provision for local population).



(Graph – Shows an upwards trend of looked after UASC)

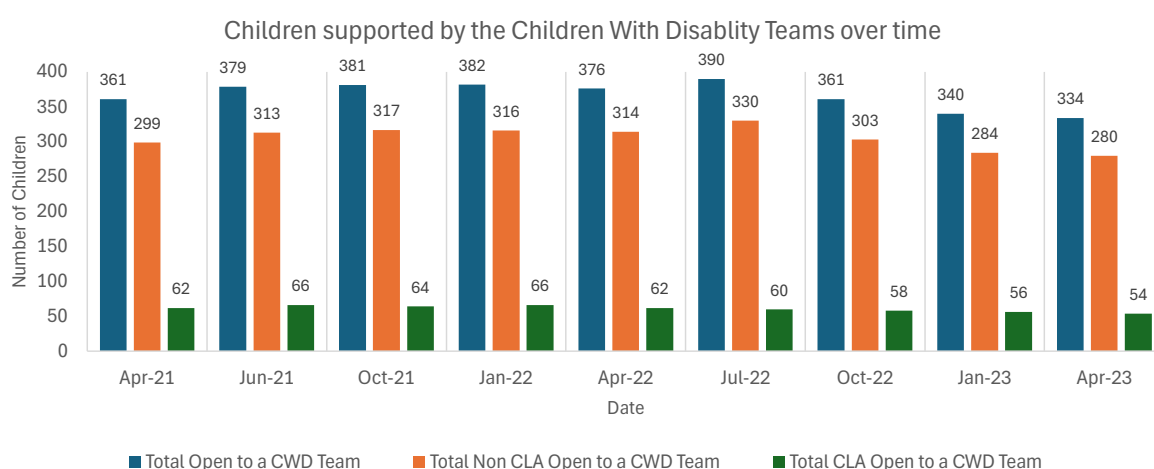


(Graph – Shows the breakdown of placement type and age of UASC)

In general, demand is increasing for external supported accommodation provision and foster carers, which based on CCN research shows 84% of growth in the supported accommodation market is to ensure support for Separated Migrant Children. The Home Office provide additional funding to support separated migrant children, but there is a risk that new regulation for supported accommodation will increase unit costs and the funding won't increase in-line with this increase.

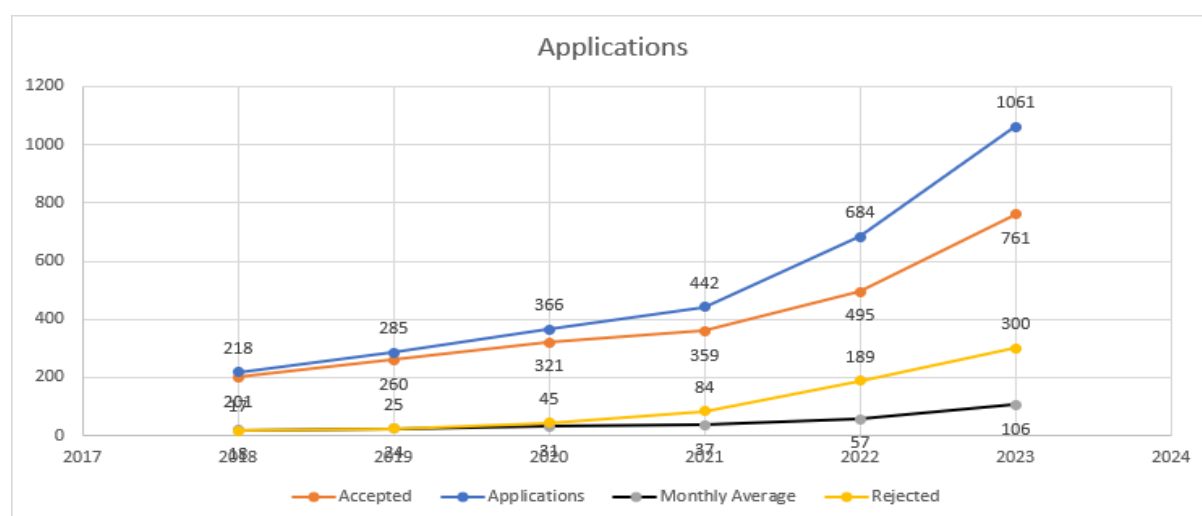
7.2.3 Children with learning disabilities, autism and physical disabilities

The number of children open to our CWD teams has remained around 350 since 2021, with a small decrease recently. However, we are seeing increasing complexity within this cohort of children.



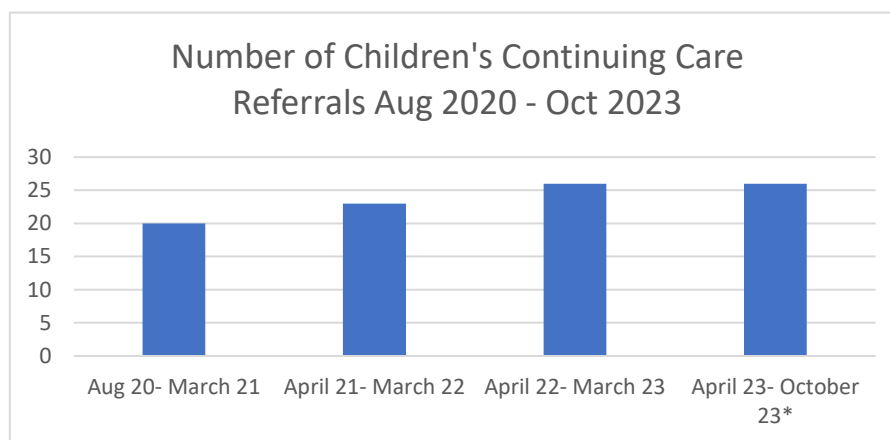
(Graph – Shows the number of children supported by the CWD team over time)

We have also seen an increase in referrals for children with disabilities to our Short Breaks service. Most of these are for lower level of needs but without the right support and intervention now we will see children's needs grow both in number and complexity adding further demand in this area.

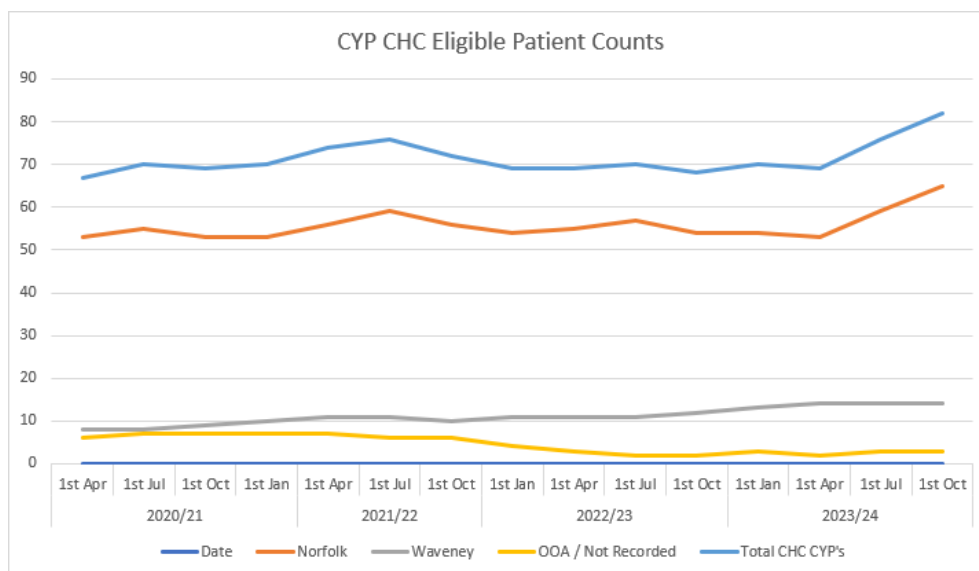


(Graph – outlines the number of applications each year, and how many are accepted or rejected)

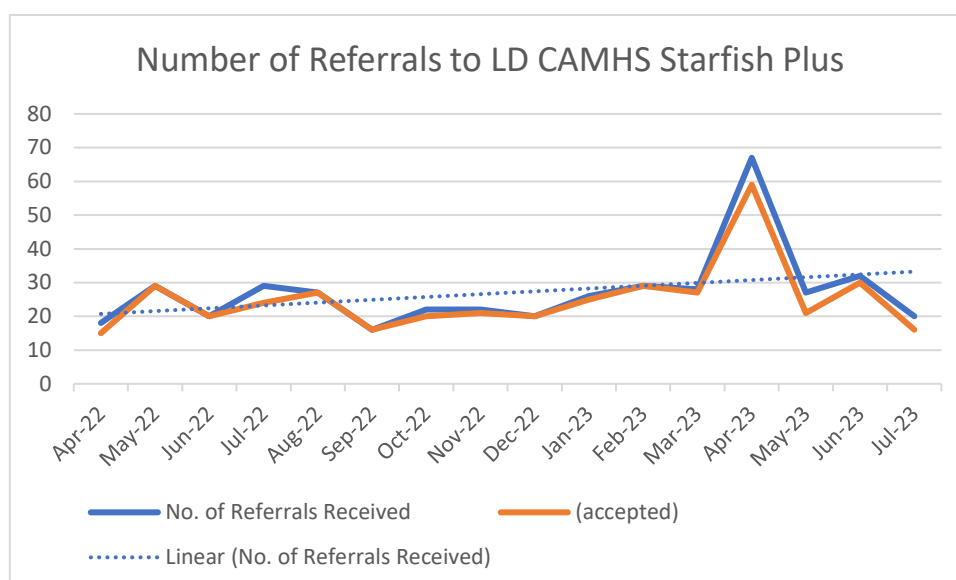
This increase in complexity is also seen elsewhere in the system. Health colleagues have seen increases in both referrals (30%) and eligibility (17%) for children's continuing care and referrals to their specialist learning disability CAMHS service, illustrated below. Please note these percentages will be higher as are currently comparing a full year to seven months.



(Graph – Shows number of referrals for continuing care over the years)



(Graph – Shows the trend of CYP CHC eligible patient)



(Graph – shows the trend of referrals to LD CAMHS Starfish plus and accepted referrals)

Whilst this cohort equates to a small proportion of our looked after population (10%), due to the complexity of their needs, identifying suitable support or care is increasingly challenging. Support can include short break provision, outreach support and personal care. To help illustrate the scale of support sometimes required, there are examples of children requiring 4:1 or even 5:1 support around the clock.

Norfolk currently has CWD homes registered but the current lack of capacity has resulted in some children being placed in multiple occupancy homes, which typically prevents other children being able to use the home due to matching. This has included Short Breaks home being used to support emergency need leading to short break provision being cancelled, which risks reducing preventative early help further to other families, leading to escalated needs, additional support and increased cost.

7.2.4 Children with complex mental health and/or trauma needs

Valuing Care is an approach pioneered by Norfolk to quantify the needs of children in care, using 13 different needs domains. The 13 domains and current prevalence of each type of need is highlighted in the table below:

Criteria	Total valuing care scores for each criterion (data based on snapshot in time)
Needs support to maintain safe, functional and positive family relationships	3,707
Needs support with their emotional health or diagnosed/undiagnosed mental health conditions	3,571
Needs support to manage emotions, respond to stress and to self-regulate or observe appropriate boundaries	3,493
Needs support to understand their identity, their life story and to develop positive self-esteem	3,435
Has a lower level of educational or learning progress and therefore requires additional support	3,185
Needs support and encouragement to form positive and healthy attachments and friendships	2,857

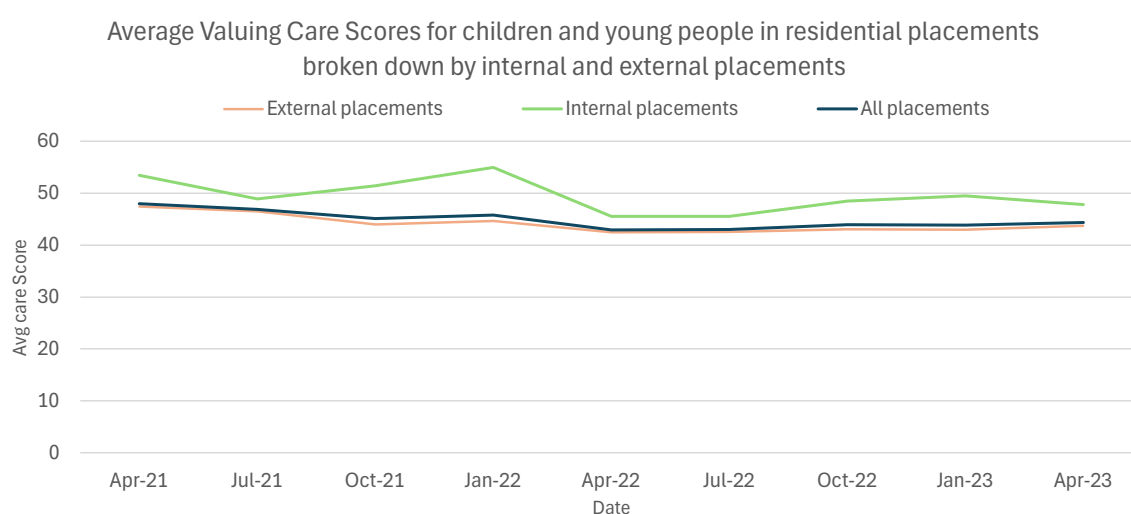
Criteria	Total valuing care scores for each criterion (data based on snapshot in time)
Needs support to ensure wishes, opinions and feelings are known	2,408
Needs support in developing age-appropriate self-care skills, and/or independent living skills	2,082
Needs support to engage in social activities in their community	2,045
Has an assessed/unassessed learning disability of disability and requires additional support to manage this	1,845
Has a physical health need that requires additional support	1,662
Needs support to make safe decisions around appropriate sexual behaviour	1,281
Needs support to make safe decisions around the use of drugs or alcohol	704

(Table – shows how each 13 needs of a child is valued and scored)

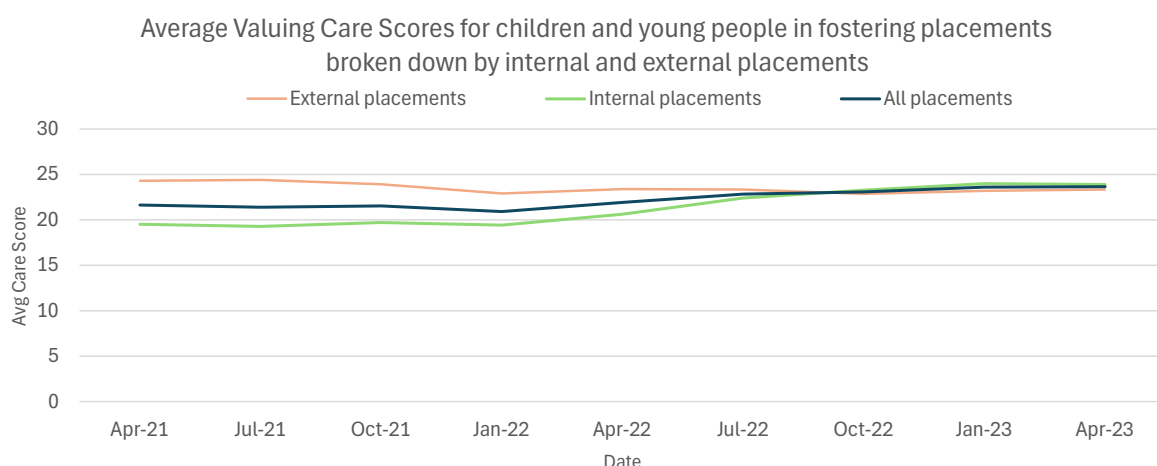
The data held within the Valuing Care dashboard provides information regarding the changing patterns of need. These include:

- Top three need types include support to maintain positive family relationships, mental health and wellbeing, and self- regulation
- Overall complexity of need increased by 5% exc. UASC
- For certain cohorts of children and young people, need has significantly escalated e.g. 19% increase for all internal placements

The valuing care data shows us that children with the most complex needs are looked after through in-house provision and that the complexity of needs in residential settings is reducing whilst in foster care it is rising.



(Graph – Shows the average care score for CYP over time in external and internal residential placements)

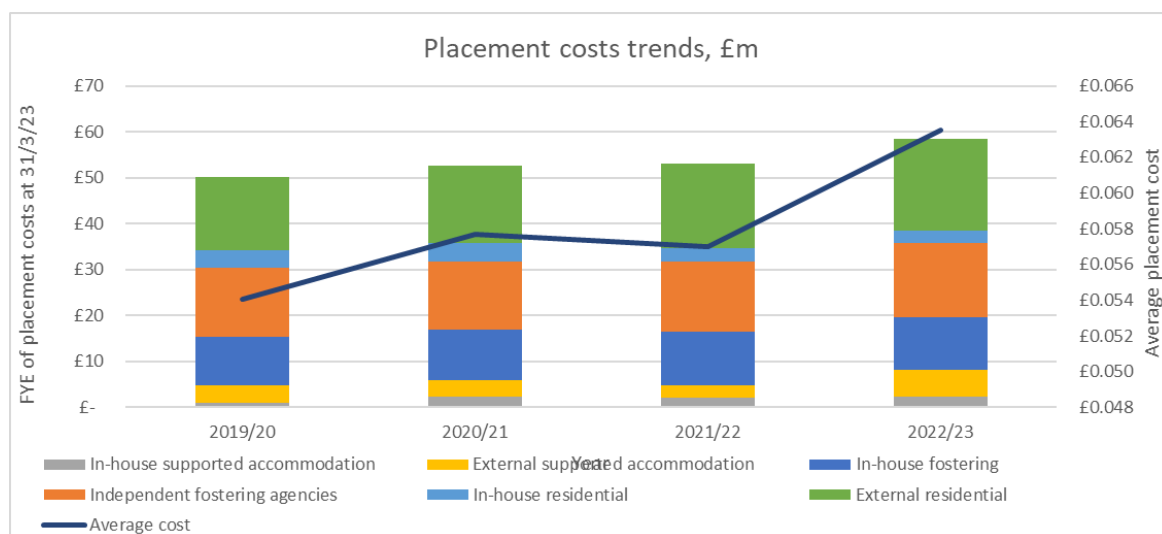


(Graph – shows the average care score for CYP over time in external and internal fostering placements)

7.3 The factors increasing the average cost of care

Key demand messages

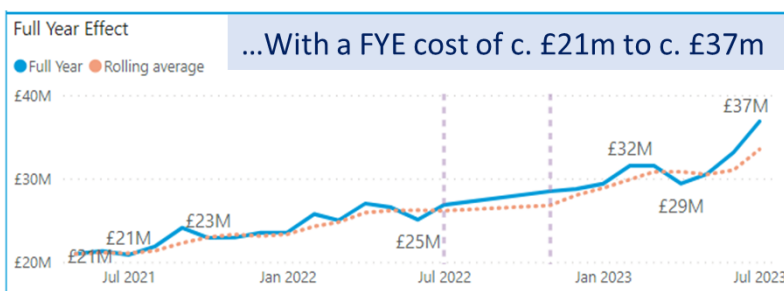
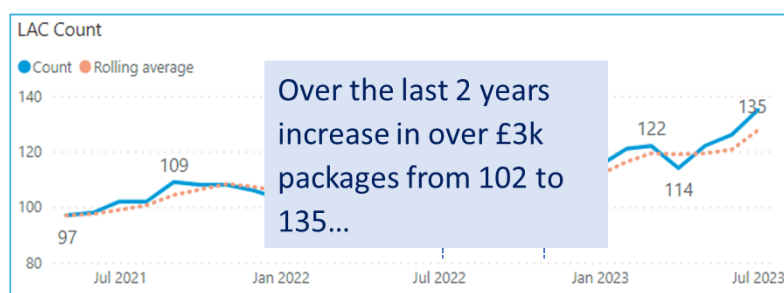
For all children in care (exc. Separated migrant children) weekly costs have **increased by 32%** from £1,310 to £1,728 since April 2021. This has led to the average cost of care increasing from c.£50k to c.£62k per child with the full year effect of these changes showing an increase of costs of c. £16m.



(Graph – Shows the increase cost of placements and the breakdown of the cost)

This can be attributed to the increase of number of children with high-cost packages of care, specifically the number of packages costing more than £3k has increased from 102 to 135.

Breaking this down further the number of very high-cost packages of care (more than £6k) has increased from 13 to 33. With a full year effect of £11m.



In particular, £6k+ packages of care have risen from 13 to 33, (FYE of c. £4m to c. £15m)

The types of need seen for the increase include:

- acute mental health,
- neglect,
- exploitation
- the impact of severe disabilities.

Considering the increase in needs and the compound effect of inflation (18% increase) the cost of internal and external provision has increased. This has been further exacerbated by a reduction of seventy children's residential homes nationally which has reduced supply, while demand increases, putting pressure on prices.

Key sufficiency messages

We need to pursue a system approach to realising the vision of a Children and Young People's System Collaborative to tackle the challenges which drive cost and poor outcomes. Working with health partners and regional local authority colleagues we need to explore how we engage with the market, strengthening relationships and working in a way that puts children and young people, not profits, at the centre of the care and support we collectively provide.

8. Market Shaping

The extent of the financial and workforce challenges means that we can't continue to do what we have always done. We need to work with providers, people who access services, education, health and social care to re-shape the market and ensure that people are clear about what they can expect by way of services and support.

So, factoring in the current position we will review the type/level of provision we have currently to meet the needs of children in each of these groups, what we think is required

to meet the changes we are seeing, and market shaping required in each of the following areas:

- 8.1) Prevention and Early Intervention/Alternatives to Care
- 8.2) Foster Care
- 8.3) Supported Accommodation
- 8.4) Residential Care

In line with our strategic priorities our focus is on intervening early to ensure that children and families get the right support at the right time to prevent needs from escalating. Whilst also recognising that for some children and families more specialist care and support is the right option, and we need to continue to develop these services, so we have an offer to help all children in the way they need.

8.1 Prevention and Early Intervention/Alternatives to Care

8.1.1 Vision

With a focus on keeping children in their family and community network, where it is safe to do so, our aim is to prevent children coming into care in line with strategic priority one “Keeping families together.”

We will continue to further enhance our already successful services in this area and focus on working with health partners to ensure a flexible response to each child and family with no gaps between organisations.

8.1.2 Challenges

Key challenges are continuing to focus on early intervention when we are seeing an increase demand and escalation of need at higher levels of need. It is important that we continue to pursue our proactive response to supporting children and families before needs escalate and not just respond reactively to the increasing demand we are experiencing right now.

8.1.3 Supply and demand

We have two local authority short breaks residential homes one in Norwich (6 beds) one in the west of Norfolk (4 beds). We also commission a residential short breaks service in addition to these as do our health partners.

As mentioned in 7.2.3 we are seeing increased demand for our short breaks service which provides support community short breaks and personal budgets to support children with disabilities and their families.

We have created a Hub for Children with Disabilities (CWD) where we have merged our CWD outreach team with our CWD residential team. This enables the team to work more flexibly with families giving greater consistency of care whilst also increasing workforce resilience.

Our New Roads model has prevented the stark escalation of young people coming into care that other Local Authorities have been experiencing nationally. 114 young people supported have not become looked after since New Roads commenced on 1st June 2021 due to direct interventions from this programme. By having specialist staff embedded in the home our teams are able to build far deeper and nuanced relationships with young people leading to successful outcomes.

Managing access to New Roads is challenging and demand has consistently been rising – alongside the complexities of presentations, especially linked to mental health, that staff need to respond to. We work closely with other call-in wrap around services available to vulnerable families but have had to increase our staff in recent months to respond to demand.

To the end of June 2023, 89% of all cases close, where the YP received New Roads interventions, closed with positive outcomes (Goals either fully or partially achieved). Continuing positive trend for young people supported by New Roads for at least six months, with a reduction in missing episodes and arrests.

8.1.4 Norfolk County Council developments

We are looking to build on the existing services we have in this area that have already proven successful looking at opportunities to:

- Expand community and residential short breaks services to better match the needs of the children and young people that need them, with a particular focus on adolescents (12+) and young people with mental health needs.
- Develop and expand a range of therapeutic outreach and in-reach teams to be able to offer a range of wrap around support to meet the needs of children and young people and support them to achieve their potential.

8.1.5 Message to the market

We want to develop our relationships with those that share our vision of enabling children to live in family-based environments and buy into our model of practice focusing on children's needs and outcomes, working collaboratively with our social workers and support services with the child at the centre.

Wherever possible the care is family based and we are working towards children returning to their families and communities, minimising the time spent in care. We want to work with providers that support children to work towards this and engage with our social workers and support services to actively promote step-down and reunification.

For families requiring additional support, such as short breaks, we want to focus on outcomes for the children and young people promoting independence and improving the resilience of both the child and their family. We want to work with providers that support children to work towards independence (where this is an achievable and realistic goal) and reaching a place where the child no longer need support because they have achieved their goals. You can see more about this in our *Short Breaks Strategy*.

8.2 Foster Care

8.2.1 Vision

In line with strategic priority two *“for those in care, providing the right care”* our vision is that all children and young people in our care should have access to a range of high-quality and stable family-based environments within Norfolk to meet the needs of children coming into care and that no child that could live with foster carers ends up in residential care.

Where the need is identified, we aim to provide the right placement at the right time. Our commitment is that our Fostering Service will always be outcome focused, strengths orientated, and relationship based, and that we will have a whole system and whole

family approach. Norfolk is committed to supporting foster carers retention by taking good care of the people who take care of the children and young people.

8.2.2 Challenges

- The challenges we face in providing foster care for children in care include:
- Less carers being recruited and more carers deregistering leading to a decline in the overall number of foster carers.

8.2.3 Supply and demand

Out of all homes for children in care the majority, c. 75%, will be placed with a foster carer. Thirty-five percent of children in care are placed with Norfolk County Council foster carers and 33% are placed with Independent Fostering Agencies.

8.2.4 Requests for fostering

Between January 2022 and January 2023 there were 730 requests for fostering made (table 1). Out of these 667 were placed in foster care (91%) and sixty-three were placed in residential care (9%).

Type of placement made (following request for fostering)	Volume	January 2022 to December 2022
In-house fostering	431	59.04%
IFA	236	32.33%
In-house residential	22	3.01%
Spot Purchased residential	41	5.62%
TOTAL	730	No data
Fostering	91%	No data
Residential	9%	No data

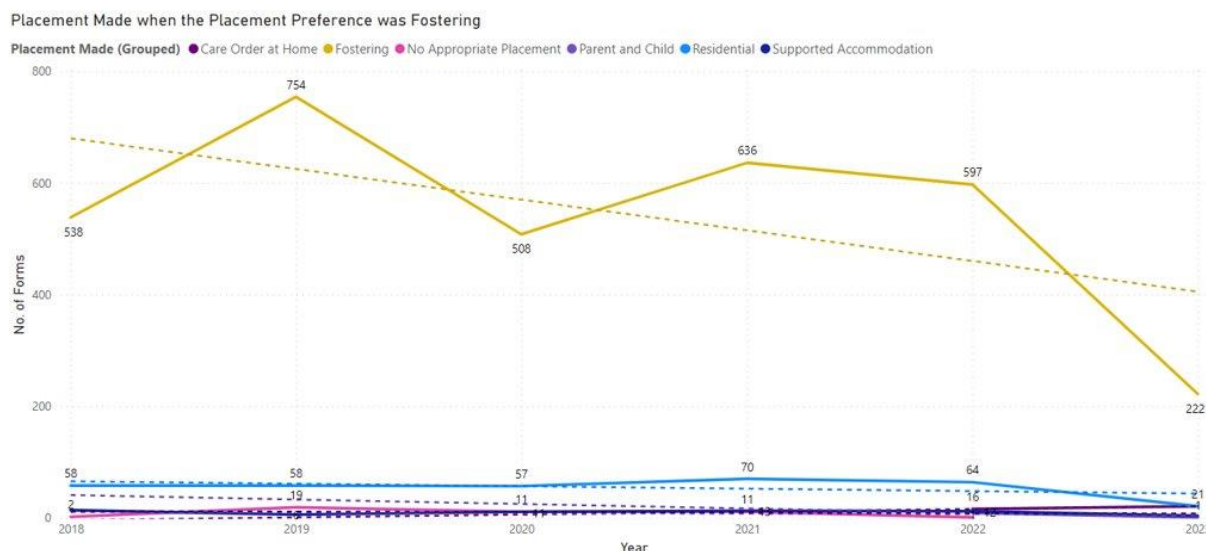
(Table – Break down of requests for each type of placement and between fostering or residential)

Typically, a young person in a residential placement will have a VC score between 45-55 and for foster care below 30. Where children with Valuing Care score of <30, they can typically be placed in foster care. Table 2 highlights that at least thirty children could have been placed with a foster carer if a carer had been available.

No. of CLA with total VC score less than 30 (in Residential)	Apr-21	Jul-21	Oct-21	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23
External Resi	23	23	26	30	32	28	28	25	21
Internal Resi	3	5	4	1	4	5	5	2	3
TOTAL	26	28	30	31	36	33	33	27	24

(Table – breaks down the number of CLA in residential placement with a score less than 30 both internally and externally)

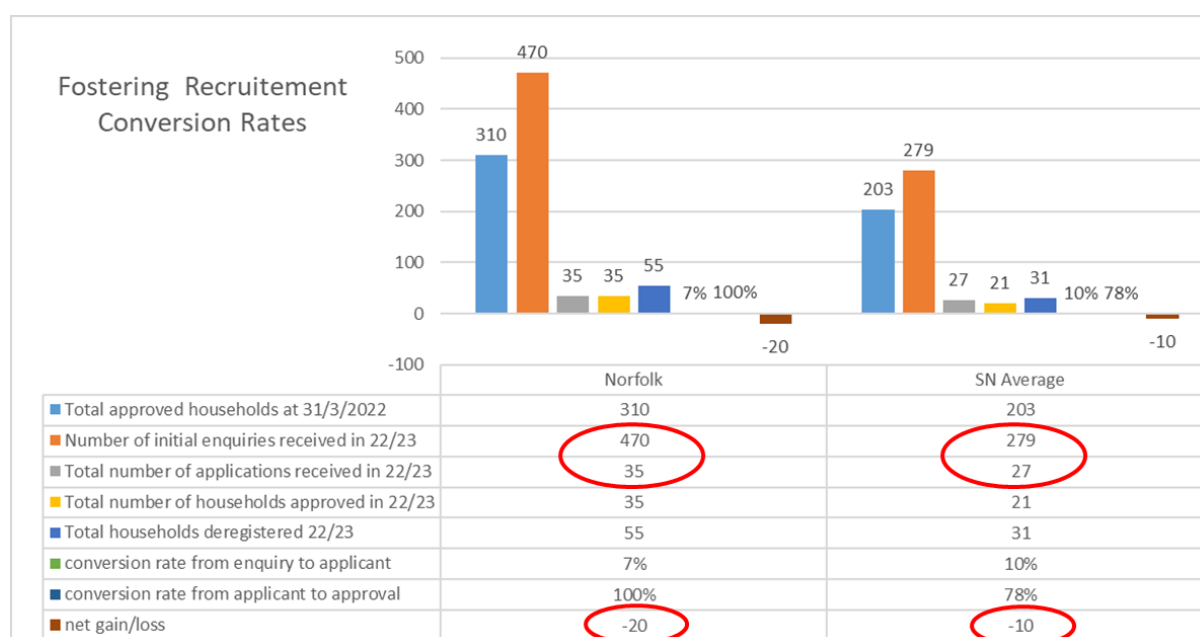
We can see that since 2018 there are a number of children and young people where the first preference is fostering but they end up in other types of accommodation. There are some instances where this might be due to a change in need for the child, but there are others, like those highlighted above where it is due to a lack of sufficiency of suitable foster carers.



(Graph – Shows decrease trend of fostering placement made when preference was fostering)

Foster carer recruitment

Norfolk is above Statistical Neighbours (SN) when considering the average number of enquiries generated and also has a higher application to approval rate. However, Norfolk is below the SN average when comparing the number of enquiries converted into applications.

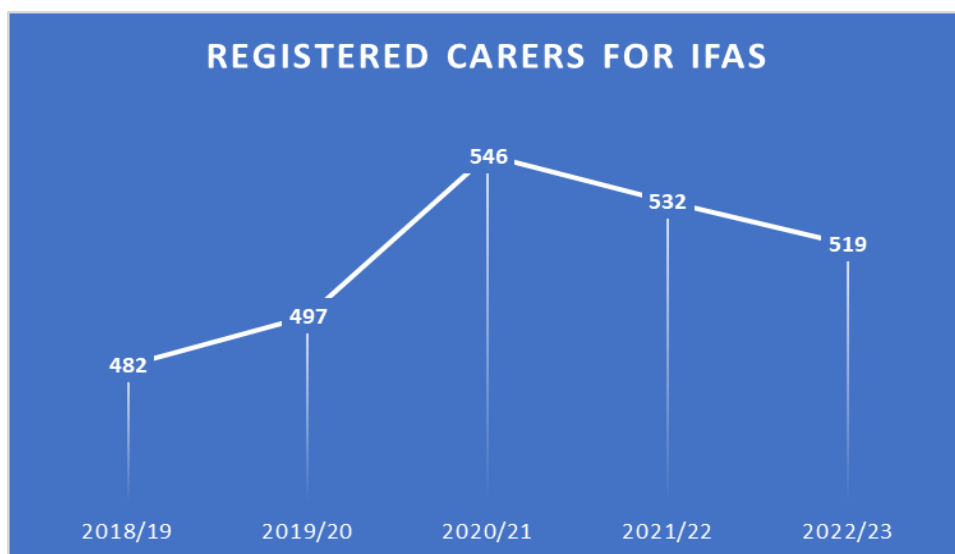


(Table and Graph – Shows amount of enquiries made and converted into applications)

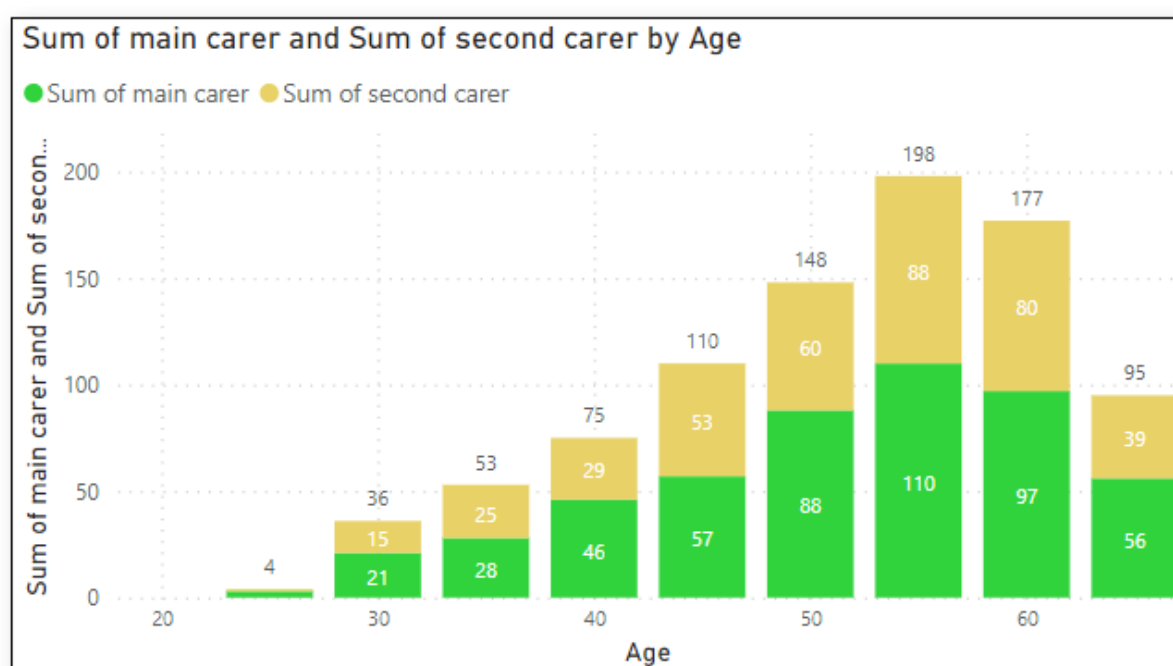
We are seeing that for both Norfolk and Statistical Neighbours, there is currently a net loss of foster carers. The age profile of foster carers shows that the majority, 51%, are over 55 years old and this is seen in the data related to de-registrations that are voluntary where the main reason for leaving include retirement, lack of network support and immediate overnight respite.

This picture is mirrored across independent fostering agencies as well. The graphs below show a decline in the number of registered foster carers within the IFA market for

the past two years and a similar age demographic for foster carers as we see in house with the majority over 50 years.



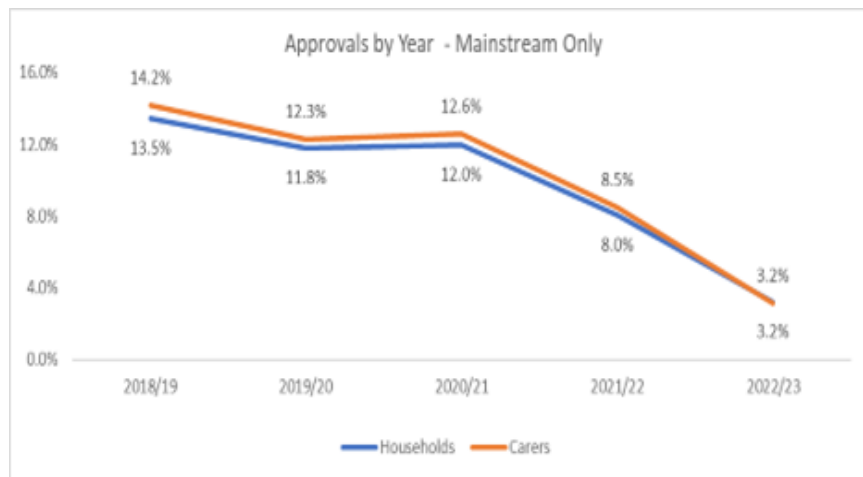
(Graph – Shows trend of amount of registered carers IFAS over time)



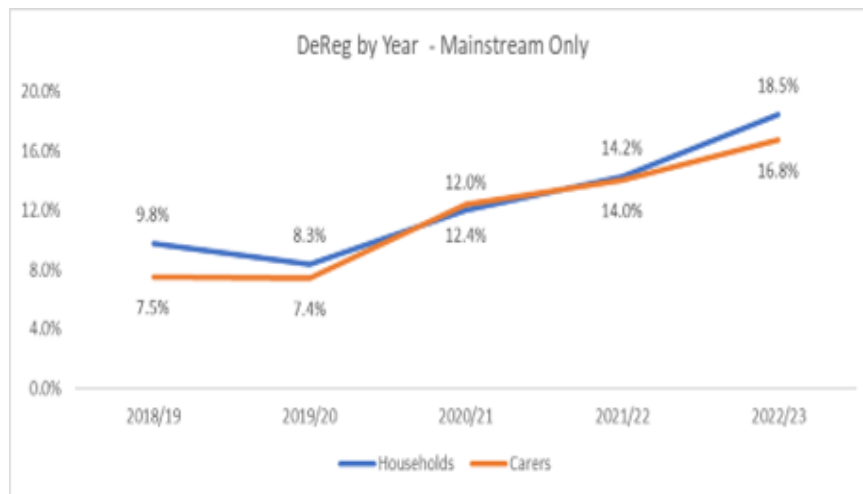
(Graph – Shows breakdown of age of carers and between main or second carer)

Foster carer retention

National statistics reflected a consistent volume of approved foster carer households between 2017 – 2021, but then showed a sharp downturn in 2022. Numbers reduced from an average of 37,300 households to 36,000, which includes an estimated 6,600 newly approved households. This marks a decrease of 27% when compared to 2021's registration figures. The data also suggests there were 5,400 deregistration's, due to carer choice, which is an increase of 12% on the previous year. It is estimated that there is a shortage of nine thousand foster carers across England.



(Graph – Shows the decreased trend of approval rate of household over time nationally)



(Graph – Shows the upward trend of de-reg of foster carers and households over years nationally)

Table: Count of De-Registration by Year by Reason – Mainstream only last 5 years

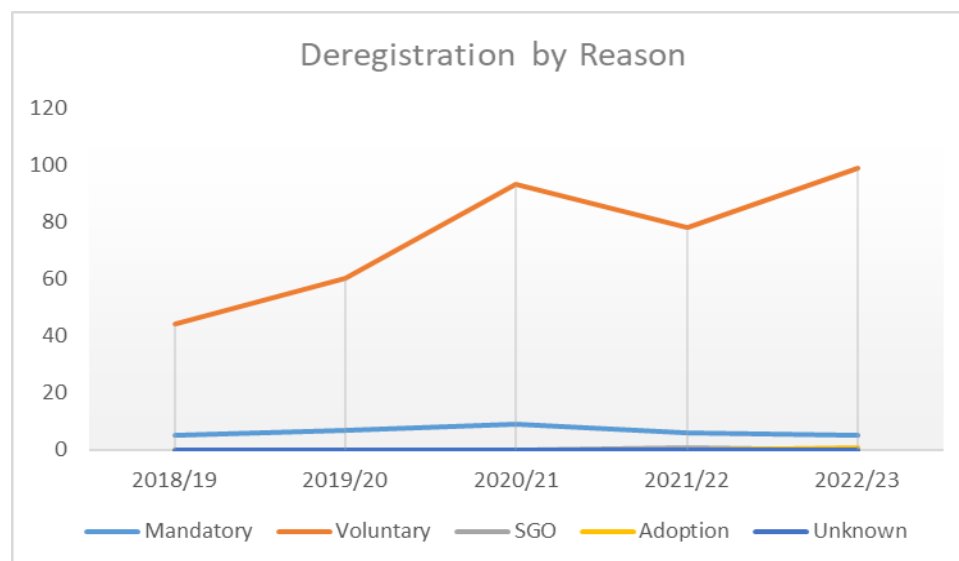
Reason Description	2018/19	2019/20	2020/21	2021/22	2022/23
Mandatory – not carer's decision	1	4	5	9	6
Voluntary – carer's decision	25	22	30	31	40
SGO	No Data	No Data	1	No Data	No Data
Adoption	No Data	No Data	No Data	5	8
Unknown	No Data	No Data	No Data	No Data	1
TOTAL	26	26	36	45	55

(Table – shows the breakdown over the years of reasons and number of de-registration)

In last five years, Norfolk has seen a steady decrease in the number of in house foster carer approvals and a steady increase in the amount of deregistration's (see tables), leading to a tipping point more recently of a net reduction of foster carers. Between 21/22 and 22/23 we have seen:

- Twenty-two percent decrease in foster carer approvals
- Twenty-eight percent increase in de-registrations
 - Mainstream 22% increase
 - Short Breaks – no change
 - Kinship – 58% increase

The vast majority centre on a voluntary decision, which is in line with national statistics that suggested the majority of the 5,400 deregistration's in 2022 were due to carer choice. The main reasons behind this include carers retiring, where need is increasing a lack of support network and lack of immediate overnight respite provision.



(Graph – Shows upward trend of voluntary deregistration of carers compared to other reasons)

This picture is also replicated with Independent Fostering Agencies operating in Norfolk and with Norfolk children placed with them with 80% of registrations being voluntary and the overall number increasing year on year.

If, the current trend of insufficient foster carer placements continues, this would lead to poorer outcomes and significant increase in costs.

8.2.5 Norfolk County Council developments

Our Fostering Service will always be outcome focused, strengths orientated, and relationship based, and that we will have a whole system and whole family approach. Norfolk is committed to supporting foster carers retention by taking good care of the people who take care of children and young people.

We plan to review our current recruitment process and look to identify opportunities to increase conversion of enquiries to applications. We are focusing on recruitment for the 30-50 age range to become carers to mitigate number of carers leaving through retirement, over the long term.

We plan to implement an evidence-based model to provide a structure around the support and relationships an extended family provides. With a focus on nurturing the relationships between children, young people and foster families we aim to build a resilient and caring fostering community that will improve foster carer retention by ensuring the right support is in place.

We are focusing on matching children and young people to foster carers with the right skills and having a targeted approach to the recruitment and matching for children with more complex needs to ensure those that can live in family-based environments are able to do so.

We will explore opportunities to work more effectively as a region considering possibilities for regional marketing and recruitment activities.

We are also working closely with other colleagues in the council to research alternative recruitment and retention approaches. Initial findings suggest focussed recruitment activity targeted at specific underrepresented groups and supporting people through the significant life decision to become a foster carer. Other workstreams are focussing on user centred service redesign to make applying to become a foster simpler and easier and to improve the experience of being a foster carer. This work will be ongoing and based on research, innovation and experimentation to find solutions that are effective in Norfolk and support the outcomes of children and young people.

8.2.6 Message to the market

We recognise that we will continue to need to work closely with independent fostering agencies. We want to develop our relationships with those that share our vision of enabling children to live in family-based environments and buy into our model of practice focusing on children's needs and outcomes, working collaboratively with our social workers and support services with the child at the centre.

We would look to support a community of practice through working together openly, honestly and sharing best practice so collectively we can achieve the best outcomes for children and young people.

8.3 Supported accommodation (SA)

8.3.1 Vision

We are looking to improve overall capacity to ensure there is sufficient provision of supported accommodation to meet a range of needs for children and young people.

For non-migrant 16-17 year olds that often live in supported accommodation we are increasing our focus and support to help them to remain/return to their families where this is right for them.

8.3.2 Challenges

New regulations for supported accommodation came into force from 28 October 2023 increasing the requirements on SA providers. Based on research by the CCN the majority of external providers engaged intend to register all placements under the new regulations. This is endorsed by local market engagement that also suggests this is where providers forecast growth in the market, rather than in residential or fostering placements. The CCN research goes on further to forecast the impact of regulation that could increase costs by 15-30%, with costs forecast to be six times more to Councils over next three years compared to proposed central funding.

8.3.3 Supply and demand

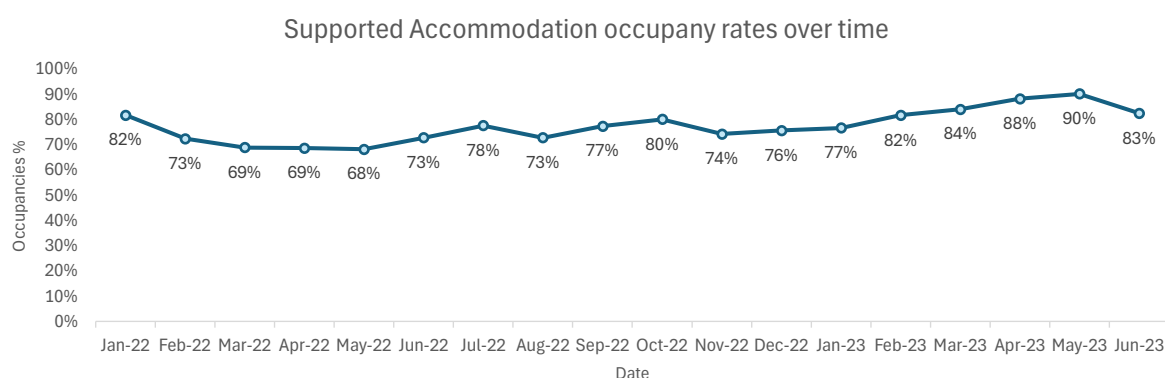
2% of our children in care are living in local authority supported accommodation homes and 13% in external supported accommodation homes. Within our inhouse supported accommodation services, we typically have a high level of demand as shown by our occupancy rates below.

Home	Location	Type of Home	Age Range	Length: Long, Medium, Short Stay	Maximum Occupancy	Current Occupancy	%
Gardeneers Cottage	Hethersett	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	2	2	100%
Heather Cottage	Hethersett	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	2	2	100%
Gurney Road	Costessey	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	4	4	100%
Shell Cottage	Caister On-Sea	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	3	2	67%
Poppy House	Kings Lynn	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	4	4	100%
Lavender House	Sprowston	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	3	3	100%
Tamarind House	Poringland	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	3	3	100%
Jasmine House	Taverham	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	3	3	100%

Home	Location	Type of Home	Age Range	Length: Long, Medium, Short Stay	Maximum Occupancy	Current Occupancy	%
Primrose House	Bradwell	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	3	1	75%
Octarine House	Wymondham	Supported Accommodation 24/7 staff support Mixed Gender	16-18	Long, Medium, Short Stay (max 2 years)	4	3	87%
No data	No data	No data	No data	TOTAL	31	27	87%

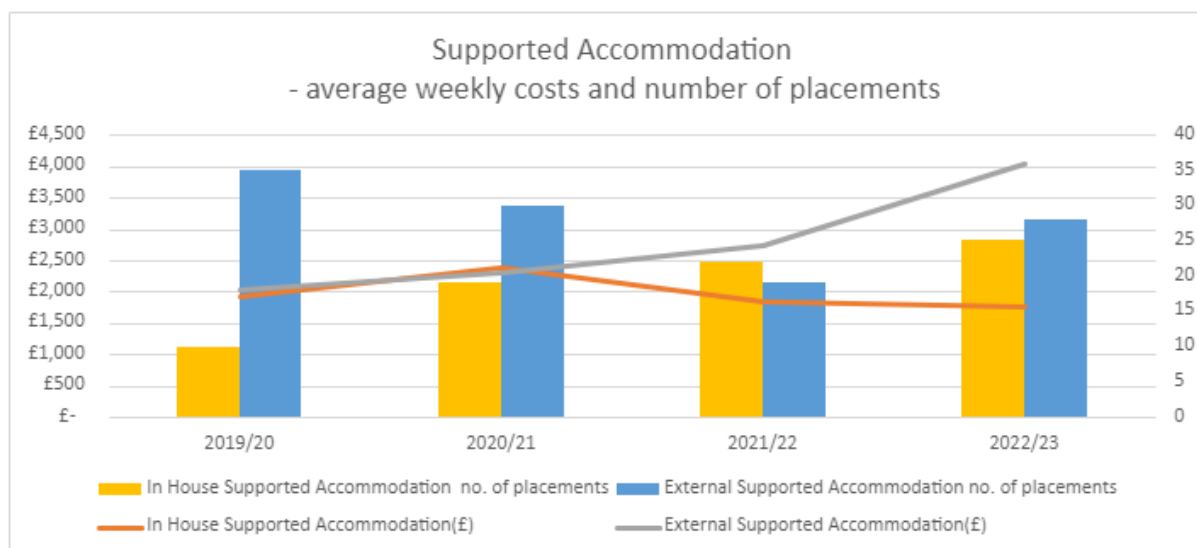
* Occupancy in June 2023

(Table – details each home and their type, along with occupancy capacity and usage)



(Graph – shows supported accommodation occupancy rates over time)

Nationally there has been 23% increase in demand seen over past three years. Locally, numbers of external SA placements have reduced in-line with increase of internal capacity, but more recently has started to increase again (see the graph below). The impact of regulation on supported accommodation forecast to increase costs by 15-30%, following research by the County Council Network (CCN). This could lead to an additional cost pressure of c. £1.1m for the twenty-eight external supported accommodation placements as at the end of 22/23.



(Graph – Shows the average weekly cost and number of placements made over time)

8.3.4 Norfolk County Council developments

We are looking to develop and increase our supported accommodation services to ensure that we have the right types of provision for the needs of children and young people ensuring that our services enable us to match children to the right homes and types of support.

8.3.5 Message to the market

We want to continue our strong relationship with the market providing homes for unaccompanied asylum-seeking children. We want to develop our relationships with those that buy into our model of practice focusing on children's needs and outcomes looking at new opportunities and ways to work together.

Wherever possible the care is family based and we are working towards children returning to their families and communities, minimising the time spent in care. We want to work with providers that support children to work towards this and engage with our social workers and support services to actively promote step-down and reunification.

We also want to work with providers that actively support children and young people's independence and with a focus on outcomes actively work with us for a successful transition in adult services in a timely way.

8.4 Residential Care

8.4.1 Vision

Our residential service is a critical function in our ability to look after some of the most vulnerable children in Norfolk. However, our ethos and approach are to help build community and family resilience, rather than seeing our residential offer as a long-term solution. Therefore, our aim is that only children that need this level of support are living in our residential homes. Additionally, we want all our residential services to offer a range of interventions to help stabilise, assess and develop a longer term, family-based plan. Recognising the importance of this we are looking to improve overall capacity to ensure there is sufficient provision of residential accommodation to meet a range of needs, particularly complex disabilities, as close to home as possible.

Our workforce is essential to the delivery of our residential services, and we aim to have a resilient, agile and responsive workforce that can support children and families across our residential services to find the best long-term home for our children.

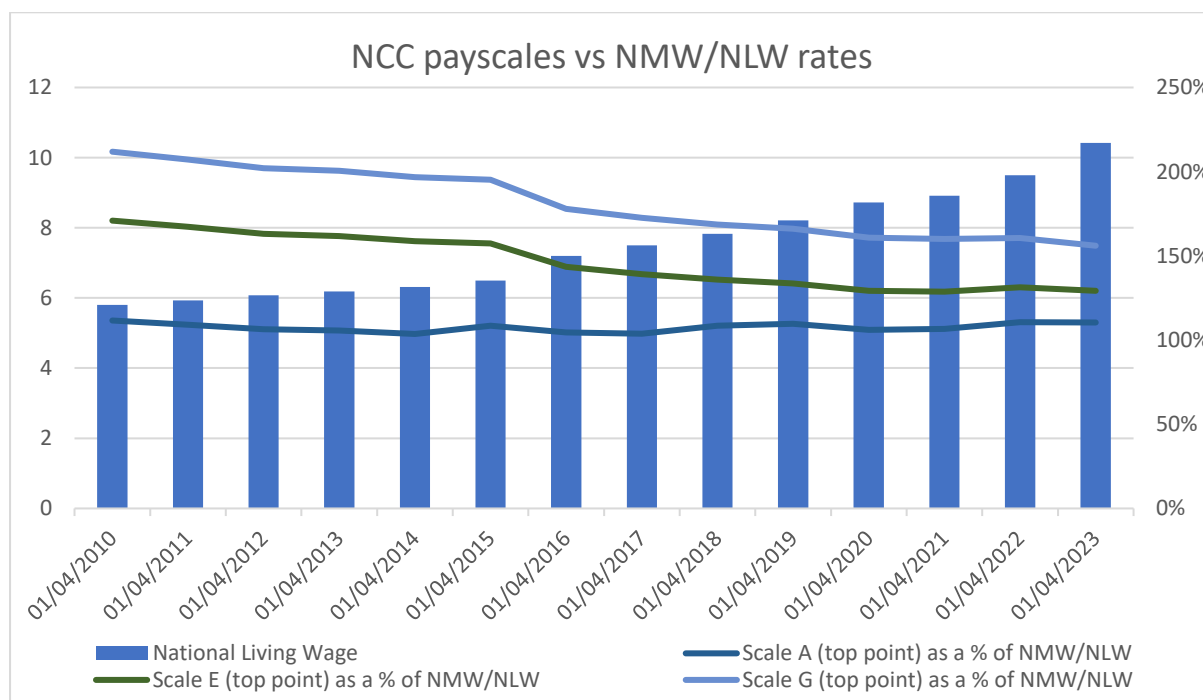
8.4.2 Challenges

Difficulties with sufficiency of foster carers is increasing the use of residential placements for children that could be in family-based homes.

The increased complexity of need for children and young people means it is harder to match children in larger residential units and we are seeing more requests for solo/dual homes. A lack of these homes means children are being placed in larger units and blocking beds reducing the overall sufficiency of residential homes available.

In 2010 a residential worker (scale E) was paid c.75% more than the National Living Wage (NLW) and a senior residential worker (scale G) over 100% more recognising the skills, expertise and challenge of working with the most vulnerable children in Norfolk.

The rate of increase of NLW has closed the pay gap significantly for the residential workforce and is closing in on parity for residential workers. Residential childcare practitioners are now on the “hard to recruit list” – early 2022 demonstrated 17% fill rate for vacancies, which increased use of agency staff.



(Graph – compares NLW against NCC paygrade and NMW)

Workforce challenges aren’t unique to our staff and the market has experienced similar difficulties with workforce sufficiency. This is one of many factors affecting the market that has led to an increase in fees for children placed with them and impacted on the increasing costs to NCC.

8.4.3 Supply and demand

Two percent of our children in care are living in local authority residential homes and 9% in external residential homes. Within our in-house residential service, we experience

low occupancy rates due to the increase in complexity of need for children and young people and the difficulties in matching.

Home	Location	Type of Home	Age Range	Length: Long, Medium, Short Stay	Maximum Occupancy	Current Occupancy	%
Springwood	Norwich	CWD – solo/dual	8+	Short / Medium	2	1	50%
Loki House	Stratton Strawless	Emergency bedded home – emotional and behavioural difficulties	8+	Short / Medium	4	2	50%
New Roads	Norwich	Edge of care and emotional and behaviour	12+	Short / Medium	4	3	75%
New Roads	Dereham	Edge of care and emotional and behaviour	12+	Short / Medium	4	2	50%
Waterworks Road	Norwich	Emotional and behavioural difficulties	8+	Short / Medium	2	1	50%
Well Green	Frettenham	Emotional and behavioural difficulties	8+	Short / Medium	2	1	50%
Easthills	Norwich	Emotional and behavioural difficulties	8+	Long term	4	4	100%
Bridge End	Hindolveston	Solo/Dual home for emotional behavioural difficulties	8+	Short / Medium	2	1	50%
Blueberry Hill	Beetley	Solo/Dual home for emotional behavioural difficulties	8+	Short / Medium	2	1	50%

Home	Location	Type of Home	Age Range	Length: Long, Medium, Short Stay	Maximum Occupancy	Current Occupancy	%
Foxwood	Norwich	CWD	5+	Short Breaks but also has emergency status	6	1	17%
Marshfield's	Kings Lynn	CWD	5+	Short Breaks	4	Variable	No data
Aylsham Road	Norwich	Edge of Care	5+	Short Breaks	4	Variable	No data
No data	No data	No data	No data	TOTAL	32	17	53%

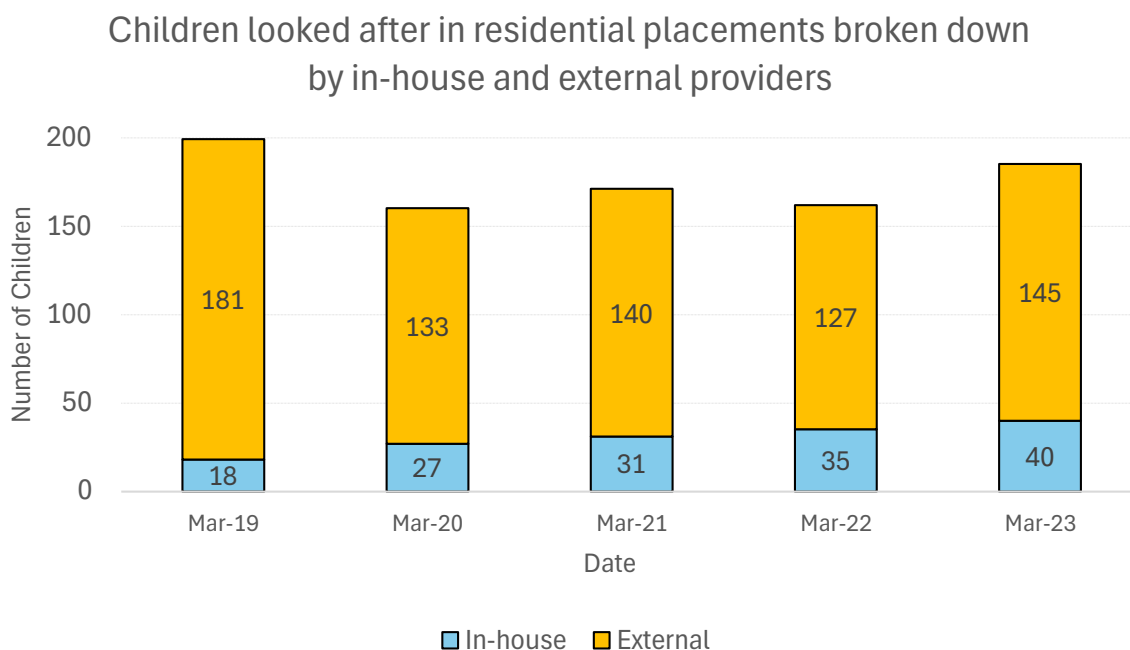
*Occupancy on 30th June 2023

(Table – Details each home and their type, services and occupancy capacity and usage)

Since April 2022 there has been a 14% increase in the use of external residential and SA provision, reflected in internal provision as well (exc. UASC) and correspondingly, the proportion of children placed with a foster carer has also reduced from 76% to 74%.

When drilling into this deeper there is a more recent trend that over the past 9 months there has been an increase in the need for solo placements on average three young people, where they have had to be placed in larger residential settings, reducing the flexibility and capacity of our in-house residential provision.

Increase in adolescent cohort and complexity of need, leads to an increase in requirement for children to live in residential homes.



(Graph – Breakdown of children residential placement by in-house or external providers)

	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23
% Looked After Children in Foster Care	76%	77%	75%	76%	74%

(Table – Details what percentage of children are in foster care over multiple years)

8.4.4 Norfolk County Council developments

We are developing our estate to enable more opportunities for specialist solo placements and wrap around support services to support the sufficiency challenges experiences in this area.

We are exploring opportunities to work with the region to use our data more effectively to forecast demand for placement types; develop a collaborative practice hub model and consider regional options for creating additional provision.

We are looking to increase the stability of the workforce and reduce the level of agency workers to improve outcomes for children and young people and realise financial savings for the council. We will consider:

- Systemwide review to consider governance, training and support, staff development and succession planning of the residential workforce.
- Establishing a clear staff progression pathway linked to the achievement of certain learning and skill goals.
- Deliver consistency for managers, introducing a deputy manager role due to the national shortage of suitably qualified and experienced registered managers (grow our own).
- Offering further training and development linked to providing trauma informed care, clinical support available to staff and other support to reflect impact of the role.
- Ensuring competitive pay for difficult to recruit to roles and to support retention of our existing staff.

8.4.5 Message to the market

We want to develop our relationships with those that buy into our model of practice focusing on children's needs and outcomes looking at new opportunities and ways to work together. In particular we are looking at opportunities for block contracts with residential providers to help us manage our demand and sufficiency challenges.

Wherever possible the care is family based and we are working towards children returning to their families and communities, minimising the time spent in care. We want to work with providers that support children to work towards this and engage with our social workers and support services to actively promote step-down and reunification.

We also want to work with providers that actively support children and young people's independence and with a focus on outcomes actively work with us for a successful transition in adult services in a timely way.