



Children and Young People's Placement Sufficiency Strategy 2023-26



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Introduction

The Sufficiency Duty (Section 22G of the Children Act 1989) requires all Local Authorities (LAs) to take strategic actions to secure, so far as is reasonably practicable, sufficient accommodation for children in their care within their local authority area, and for those children who require accommodation to promote their welfare; that meets their needs.

Whilst, the Sufficiency Duty lies with each Local Authority (LA), it is recognised that the duty is most effective by working in co-operation with our partners. Moreover, Section 10 of the Children Act 2004, places a duty on LAs to 'make arrangements to promote co-operation with its relevant partners', to improve the wellbeing of children in their local authority area. Each of the statutory relevant partners, determined under Section 10, are also 'required to co-operate with the local authority in making those arrangements. Therefore, the duty placed on LAs to secure sufficient accommodation for the children in their local authority area should be undertaken within this context, of both planning and co-operation duties.

The Children Act 2004 defines sufficiency as "a whole system approach which delivers early intervention and preventative work to help support children and their families where possible, as well as providing better services for children if they do become looked after. For those who are looked after, LAs and partners should seek to secure several providers and a range of services, with the aim of meeting the wide-ranging needs of looked after children."

In 2010, the 'Statutory Guidance for the Sufficiency Duty' was issued. The guidance is explicit in the duties to act strategically to address gaps in provision by ensuring that they include, relevant commissioning strategies and their plans for meeting the sufficiency duty, for children in their local area. Slough Children First and Slough Borough Council are committed to ensuring our sufficiency duties are fulfilled, in addition to our collective responsibilities, alongside partners to be the best Corporate Parents we can be and that children in Slough are provided with **the right home, in the right place, at the right time.**

Vision

The sufficiency strategy aligns with SBC's Corporate Plan in which children are a stated priority, SCF's Business and Improvement Plan and the emerging Corporate Parenting Strategy. SCF's vision is that all children in Slough will be:

Happy, Safe and Loved, Thriving

When providing a service for our children and young people in care we should always challenge ourselves by asking, 'would this be good enough for my child?'

It is our responsibility to make sure that children and young people for whom we are responsible feel safe and secure, have stability in their lives, and that they are supported to achieve their full potential and fulfil their ambitions and aspirations.

The strategic priorities for our children looked after and care experienced young people are shaped and influenced by local and national priorities and we will focus our sufficiency approach through the lens of doing the right things for children.

1. Supporting engagement and achievement in education, training, and employment.
2. Ensuring that our children looked after and care experienced young people have stable homes and the right help.
3. We will listen and respond to the voice of our children, young people, and care experienced young people. They will help to develop and shape our strategic plans and delivery of services.
4. Ensuring that our children, young people, and care experienced young people are healthy. We will help our children and care experienced young people to have access to help for their physical needs and emotional wellbeing.
5. Developing a highly effective Care Leavers partnership to provide ongoing help in a variety of ways for them.
6. Supporting children, young people and care experienced young people to have fun and have new experiences to develop their own interests.

We will work together with families to support them in looking after their own children and we will only use care options when it is necessary. We will start to look after children at the right time and we will work tirelessly to understand children's individual needs and match these to a suitable place to live, as close as possible to their family and social networks.

Recent evidence shows that too many older children aged 13 and above have entered care and we know well that when that happens there is an increased risk that these children will remain in care until they reach adulthood. It is a priority that we reverse this trend which will also impact over time on the number of care experienced young people requiring a service. It is equally important that children are in care for the shortest time possible.

When possible, permanent placements will be achieved quickly, or children will return home supported by an edge of care team (to be developed) to ensure that reunified families have the best possible support in the early days of resuming their lives together.

We want our care experienced young people to have all the necessary skills and support to make a successful transition to adulthood and independence at a time that is right for them. For those with disabilities and enduring needs, we aspire to ensure they have a planned and effective transition to adult social care and receive the care and support they need in adult life.

Key to supporting children and young people is our ability to effectively listen to them and to understand their views, wishes and feelings. We are committed to acting on the views of children and young people, their parents and carers and empower them to make positive choices over their own lives.

We recognise the key role partner agencies and independent providers play in the mixed economy which provides homes (placements) and support for the needs of cared for and care experienced children and young people. We are committed to working in partnership with good providers to shape and develop the market for sufficiency of homes in Slough and surrounding areas to enable us to develop the range of provision that our children need. We will also build our knowledge base of specialist provision so that children with particularly complex needs do not have their life chances compromised by drift and delay.

Executive Summary

Delivering sufficiency across children’s social care is about meeting the individual needs of children and young people, and promoting good outcomes for them, at important points throughout their childhood and early adulthood.

Our strategic priorities for sufficiency in Slough are split into five key priority areas, which cover the experience of children and young people at different points in their interaction with children’s social care. Whilst each priority is distinct in the actions it represents, they do not work in isolation. Rather our progress against each outcome is dependent on the others.



1

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Edge of Care

Fostering Recruitment & Retention

Commissioning

Achieving Permanence

Leaving Care

Protecting children and young people, strengthening families, so that they can live safely at home

Providing safe, stable and loving homes so that children and young people are able to be happy, thrive and succeed

Providing a range of homes in Slough, that provide the right care and support, at the right time to a child or young person dependent on their individual needs.

Supporting children and young people to be where they need to be in life so that they can experience stability and reach their potential

Ensuring that our care experienced young people have a range of transition options available to live independently, at the right time for them

Outcome:

Outcome:

Outcome:

Outcome:

Outcome:

Fewer children and young people coming into care and more children returning home

More children, while in our care, live in family homes in Slough

Children and young people in care have their individual needs supported in the right home, at the right time, and in the right location

More children move to homes that are most suited to them, providing stability, safety and security, near to home

Our care experienced young people with have access to a range of suitable and affordable homes to live to support their independence

Sufficiency Priorities

In summary, the strategic priorities to respond to the Sufficiency Strategy are:

1. To strengthen Early help and develop Edge of Care and reunification

We are working with the partnership to develop our wider approach to early help, intervention and prevention services. As a service we will provide more intensive 'targeted' support, including multi-disciplinary interventions, to vulnerable individuals and families to prevent escalation. We will also develop our support offer for those children and families with significant need to provide practical help early on to reduce family breakdown.

For children judged to be at the edge of care we intend to develop a range of intensive support to prevent the necessity for long term care. This provision will consider the potential of a short period of accommodation with a clear objective to return home following intense work within an agreed timeframe (edge of care). We will extend the edge of care definition to include children and young people returning home from care. It will be expected that all plans for children in this circumstance will include a provision from the edge of care service in recognition that children in the early stages of reunification remain vulnerable to further disruption. The wrap around support will seek to prevent the 'revolving door'.

Key priorities

Provide proportionate early help and edge of care services that will support families to make changes and sustained improvements in their lives, preventing their situation from worsening further to the point that they require specialist services or intervention, for example their child/ children being taken into care.

We will create an edge of care team to support children and families to stay together and to support the successful reunification of children from care arrangements back home.

Through the provision of intensive edge of care services, we will seek to resist all admissions to care for children aged 15+ years in recognition of compelling research that care solutions do not positively impact upon this cohort unless there are significant and critical child protection issues to address.

Intense edge of care services will also be used to support re-unification of children to their family homes. This will enable us to positively impact and reduce the numbers of children in the 8-13 age group who have 'return home' plans.

2. To address Recruitment & Retention within Fostering

We will revise our communication and marketing strategy for the recruitment of foster carers and adopt an ambitious and targeted approach to increase the number of in-house carers. This will also include the potential to further develop collaborative approaches with neighbouring boroughs, and the creative use of media.

We will also develop a fostering model specifically focused for children with more complex needs with the intention of preventing the need for placement in residential care, or to support children 'stepping-out' of residential care.

Key priorities

- To increase the number of 'in house' specialist care foster placements to meet the needs of sibling groups; children over the age of 10 including adolescents with more complex needs and / or high levels of safeguarding concerns; and children with disabilities.
- To ensure foster carers reflect the diversity of the looked after population.
- Increase training and development opportunities for foster carers to strengthen their skill set and to support them to care for children with more complex needs.
- To ensure assessments of connected persons are timely and robust and that children, young people and their carers receive appropriate support.
- To reduce, where possible, the number of agency foster placements purchased by increasing and maximising the use of our internal capacity.
- Develop and put in place a 'step-forward/ Resilience' fostering model to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care
- Re-brand our fostering service to create a clear vision and imagery to support our recruitment. 'Our Slough Family'

3. To provide a robust commissioning approach and reduce use of out of area placements

26% of children looked after are placed more than 20 miles from the borough. Most of these placements are commissioned fostering and residential placements which have been steadily increasing over the past 3 years.

We will introduce a robust commissioning framework for all provision types; to improve arrangements with local providers to meet the needs of children looked after and decrease reliance on placements beyond 20 miles. The council will significantly reduce its reliance on spot purchased provision.

We will aim to provide homes for children and young people in Slough and its local area (within 20 miles) to ensure they are not isolated from their friends and family and ensure they have access to services and networks to improve their outcomes. If a child must be placed out of the borough, we will ensure they are not disadvantaged and have the same chances as all our children and young people.

Key priorities

- To work in close partnership with local providers to re-shape the market and increase the availability of all placement types for Slough children at the point of need.
- To improve the commissioning and contract monitoring of all care placements through an External Placements Panel and tracking process.
- To work with residential care providers to improve standards of care.
- To work with health partners and providers to develop a range of appropriate services that ensures that the emotional and mental health needs of children and young people are met appropriately.
- To review CHC contribution for all children in care
- To reduce the number of residential placements purchased, and to develop and increase the number of highly skilled resilient foster placements, through closer

working with local providers across the mixed economy of council and independent service providers.

4. To ensure that we achieve permanence for our children

Where possible we want all our children to be in homes which will provide them with long-term placement stability, and where appropriate to leave care, return home or seeking legal permanence via other arrangements such as special guardianship. We describe this as achieving permanence for that child. Although it is sometimes necessary to move a child to provide them with a home more suited to their individual needs our aim is to minimise the number of times each child moves home as this can be very disruptive. To achieve permanence, it is essential that all our teams work effectively together to support each child in their home ensuring high quality of care attuned to their individual needs.

Permanence can be achieved in a number of ways, not simply through adoption, for example a child can move to a special guardian or be matched for long term fostering. Each of these options gives the chance for the child to achieve stability and achieve their potential.

- We will review and redesign our placement finding service.
- Our assessment of connected carers at the point of viability will be strengthened (review of Reg. 24 process)
- Implement a new centralised Permanency Monitoring Group.
- Review stability meeting process in practice.
- Ensure transition planning arrangements with adults' services are robust and provide early identification of need.

5. To provide young people who are leaving care with a variety of placement choices and support to independence.

There is a need to further develop effective partnerships with housing providers across the borough and a joint strategy for the provision of cost effective, safe, and good quality housing for care experienced young people, as well as increase the range of supported accommodation options to develop their skills for successful transition into adult life and independence. There is also a need to develop out of borough options for those who are unable to remain in the borough and for those who have settled outside of Slough.

Key priorities

- To develop a Care Leavers Strategy to include commissioning intentions, in partnership with housing providers; and to improve the range of supported accommodation to support independence, as well as improving the quality of shared accommodation for care leavers.

- To support and encourage young people to remain in their placements at least until the age of 17 ½ or until they are ready to move on. For a number this will mean ‘staying put’ with their foster carer. At the other end of the spectrum, it is anticipated that there will be a small cohort of young people for whom earlier transition to supported accommodation is in their best interests.
- To ensure transition planning for children with complex needs commences at 16 or before and involves partnership working with the adult services.
- Develop our Staying close offer
- Undertaken market warming and look for opportunities to support access to private let homes for care experienced young people recognising that access to social housing is limited at this time. This will include the provision of a ‘protected’ time period where those people can re access the homeless route if problems arise.

Local Context

Children and Young People’s Placement Sufficiency strategy for **2023-2026** sets out our Corporate Parenting approach to meet the statutory responsibility to provide secure, safe, and appropriate accommodation to children in need, children in care and care experienced young people, over the next three years.

Slough’s Children’s Services delivered by Slough Children First (SCF) were last inspected in January 2023 and were rated overall ‘Requires Improvement’ with Leadership and Management being inadequate.

We need to do more to meet children’s needs at the earliest possible opportunity, safeguard them from the risk of significant harm, ensure they live in stable and loving homes and move into adulthood with confidence and the skills and knowledge they need to live successful and fulfilling lives.

Exciting times are ahead as there are now unprecedented opportunities to work across SBC and SCF on a shared agenda for improving children’s lives and we see everyone’s clear and resolute determination to enable all Slough’s children to achieve their full potential.

In Slough we have a rising childhood obesity issue in an already complex system where healthy life expectancy is ten years younger than neighbouring Boroughs. These factors require a whole council, all partnership and community approach sharing an ambition for Slough’s children and delivering a continuum of support particularly at an Early Help level but also through to more intense statutory services. Our business plan aligns with the Council plan for the Borough and our success will be clearly evidenced in clear key performance indicators.

We recognise that almost all children and their families will need some help at some point in their lives, and given the national challenges faced by families, we want our families to know that we are here to help. In addition, Slough has a significant transient population with vulnerable families migrating into Slough from elsewhere in the country and from other parts of the world where they may have faced extreme danger and are now living with significant trauma. We do this through our partnership arrangements and relationships with other organisations, such as the Council, Schools including Early Years Providers, the Health Integrated Care Board, Health providers, the police, the Community and Voluntary Sector and faith communities.

This sufficiency strategy provides an overview of the needs of our children on the edge of care, and those who are looked after by us in formal cared for arrangements and those who have left care or are 'care experienced'. The data helps us to understand the needs of our children and families and informs the strategy on what we need to do to ensure we have enough or 'sufficient' services and places for our children to live.

We acknowledge the importance of living within our means and ensuring that we evidence best value for money. This will mean doing more for less and having an increased level of scrutiny over our commissioned services to ensure that children have the right home, and that is its value for money and meets their needs.

Whilst Slough is a small unitary authority with varying levels of deprivation and need, we are fortunate to be a community minded borough. Therefore, a key intention of this strategy will be to build on those connections to support residents to consider fostering Slough children, alongside partnership working with local providers to provide creative housing options for our care experienced young people.

The current market is competitive and complex. For example, in July 2022, Ofsted reported a 6 % (167) National increase in children's homes, as of 31 March 2022, from the previous year. However, this represents a smaller increase in the number of children's homes places than the previous 2 years of 1% (166). This compares to a 5% increase between 2020 to 2021, seeing a drop down to the levels in 2019.

The South East have seen an increase in children's homes of 9% (23) between 2021 and 2022. This represents an increase in children's homes places of 6% (67). Whilst there is an increase in this sector of the market (providing care for children with greater complexity of need), with the number of children's homes and children's homes places increasing, Slough borders a number of local authorities, with approximately 22 LAs being within a 20 miles radius. This makes competition for children's home places great (there are currently 55 children from other LAs placed in Slough), supporting our strategy to work with local providers regarding commissioning activity to ensure our children remain local and close to home, as far as practicable.

The rate of children looked after per 10'000, has seen a gradual increase over a five-year period, in England this has risen from 64 per 10'000 in 2018 to 70 in 2022. The same is true across the South East, rising from 51 (2018) to 56 (2022). This is within a provider led market, where suitable homes and places for our children are not increasing in line with the demand or always locally accessible. Often, external provision is at high cost, with over 80% of children's homes being provided by private companies (Nationally), consequently increasing the financial burden experienced by many Local Authorities. Of greater concern is the variable quality of care provided, therefore our commissioning strategy aims to ensure local marketing strategies, competitive tendering processes, robust quality assurance mechanisms, achieving demonstrable impact and outcomes for our children.

Needs Analysis

Slough demography, child population and future growth

Slough is a small unitary Borough in the County of Berkshire bordering Greater London. Slough lies in the Thames Valley, 20 miles west of central London and 19 miles north-east of Reading, at the intersection of the M4, M40 and M25 motorways. It is part of the historic county of Buckinghamshire. The location of Slough means that there are several local authorities within a 20-mile radius, thus leading to increased competition in an already saturated children's accommodation market.

We have appointed our first dedicated Principal Social Worker in order to promote excellent professional practice, leading on practice improvement and providing a bridge between professional and managerial responsibilities.

Population

Slough has a population of 158,495 and has increased by over 13% over the last 10 years.

Slough's population is one of the youngest in England with nearly 28% of the population aged under 18, compared to 21% nationally. Consequently, there is an increased pressure on both schools, education, and social care services to meet the growing population demand.

While the proportion of working-aged adults in Slough is higher (63%) than England's (61%), the proportion of people aged 65 and over is significantly lower at only 10% of the population.

People aged 65 and over make-up 18% of the population nationally (Office for National Statistics 2023).

There are approximately 43,800 children and young people (aged under 18) live in Slough (Office for National Statistics 2023). This is 28% of Slough's total population, which is the 2nd highest proportion in England.

Population Growth

Between the last two censuses (held in 2011 and 2021), the population of Slough increased by 13.0%, from just over 140,200 in 2011 to around 158,500 in 2021.

The population in Slough increased by a greater percentage than the overall population of the Southeast (7.5%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).

In 2021, Slough was home to around 34.8 people per football pitch-sized piece of land, compared with 30.8 in 2011. This area was the third-most densely populated local authority area across the South East (after Portsmouth and Southampton). This creates an additional dynamic when seeking to recruit foster families within borough given that there is high demand for housing and often, siblings share bedrooms, thus limiting households able to offer a spare room to care for children looked after.

Diversity

Slough is proudly one of the most ethnically diverse local authorities in England with 64% of the population coming from ethnic minority backgrounds (excluding white minorities) in 2021. A further 12% of the population were from a white non-British background.

In comparison, 19% of England's population were from ethnic minority groups (excluding white minorities) and 8% from a white non-British background. People from an Asian background make up 47% of Slough's total population and are the largest ethnic minority group. The challenge for Slough Children First is to ensure that our workforce is representative of Slough' rich diversity and that we increase access to

families/providers that can meet our children's cultural, ethnic, and religious needs. In addition, continued access to high quality interpreter services is a must.

Health

5.7% of Slough mothers were smokers at the time of delivery in 2021/22. 4.4% of term babies born in Slough were a low birth weight (under 2,500g) in 2021.

Childhood obesity is measured through the National Childhood Measurement Programme for children in primary school Reception and Year 6. Slough's prevalence of obesity continues to be worse than national figures and is the highest rate in the Southeast for Year 6.

Mental Health Estimated prevalence in children (2022): Nationally, 18% of children aged 7 to 16 and 22% of those aged 17 to 24 are estimated to have a probable mental health disorder.

Education

13.2% of pupils in Slough had special educational needs (SEN) in 2018, which is 3,995 pupils.

Slough's school readiness and attainment levels are generally better than England's for all pupils and those eligible for free school meals.

Attainment 8 scores (Key Stage 4) in Slough's state-funded schools continue to be significantly better than England's and 5th most deprived decile comparator group.

A key strength in Slough is the number of good and outstanding schools in which our children have access enabling them to achieve high standards of education. However, young people 16+ are below the national average for post-16 education and qualifications.

Deprivation

Slough's overall deprivation ranking sits within the 5th most deprived decile in England. None of Slough's SOAs are in the 10% most deprived in the England, however 7 out of Slough's 80 SOAs fall within the 10%-20% most deprived neighbourhoods nationally.

22.0% of Slough's under 16s lived in relative low-income families in 2020/21. This is over 8,700 children and continues to increase. Research has shown that financial pressures, leading to social deprivation, can be contributing factors to families requiring additional support regarding need, protection from harm and/or care outside of the family home.

Fuel Poverty

A household is considered to be fuel poor if they are living in a property with an energy efficiency rating of band D or below and are left with a residual income below the official poverty line once they have spent the required amount to heat their home.

Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups (Office for Health

Improvement and Disparities 2022) In 2020, 5,180 households in Slough were fuel poor.

Housing

There are 55,300 residential properties in Slough, primarily made up of flats or maisonettes (35%) and terraced houses (34%). The number of properties in Slough is projected to increase to 57,504 by 2030 and to 59,262 by 2040 (Office for National Statistics 2020).

All property types in Slough are more expensive than the England average and are also higher than the South East average for semidetached houses. The proportion of people who own their house in Slough is lower than England and the South East region with a higher proportion of people renting, both social renting and private.

In 2021, the average household size in Slough is 3.0 people, compared to 2.4 in England.

Nearly 8,300 households in Slough were estimated to be overcrowded in 2021. This means that there are fewer bedrooms than would standardly be required for the number of people in the house.

There is extensive research that shows the relationship between overcrowding, low/reduced income, economic shock and socio-economic circumstances affecting families, as contributory factors influencing the number of children from different backgrounds experiencing harm and neglect. This can also lead to an increase in some children entering the care system or requiring support and protection due to family stress and/or breakdown.

Crime

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children and public health services have an important role to play in tackling violence to help focus on interventions that are effective and target prevention and treatment.

51 children (aged 10 to 17) were in the youth justice system in Slough at a rate of 2.8 per 1,000 population (2020/21).

23 children (aged 10 to 17) were first time offenders in Slough at a rate of 125 per 100,000 population (2021).

In 2021/22, there were 6,383 violent offences recorded in Slough at a rate of 43 per 1,000 population. 455 of these were sexual offences at a rate of 3 per 1,000.

There were 255 admissions from violent crime in Slough during the latest 3 year period (2018/19 to 2020/21). This was a rate of 55 per 100,000 population.

Slough has high levels of crime, including violent crime.

Children Looked After demography

There were 255 children looked after (not including those children looked after as part of a respite care arrangement) by the local authority at the end of March 2023. This is an 9% increase (21 children) from March 2022 (Table 3.2.1).

Over a five-year period, there has been an increase in the number of children looked after by local authorities in England rising from 64 per 10'000 in 2018 to 70 in 2022 (8.6% increase). This is similar for the South East where a rise from 51 per 10'000 to 56 is observed, over the same period (8.9% increase). Our statistical neighbours' rates per 10'000 have remained quite static with only a 1.7% increase. However, during this five-year period our statistical neighbours' rates per 10'000 have been higher than the South East, whilst being lower than England rates.

Up until 2023, Slough has been an outlier regarding rates of children looked after. For example, in 2018 the rate was 49 per 10'000, remaining lower than all comparator groups over a five-year period. This highlighted a disparity with statistical neighbours and may suggest unmet need in the community, as this is below the level expected, particularly against statistical neighbours. However, as the number of unaccompanied children seeking asylum (UASC) has increased over the last 2 years, following a transfer of children to Slough via the National Transfer Scheme (since 2021) and more recently via Home Office detention centre dispersals (since 2022), Slough now equals that of our statistical neighbours, as highlighted in the tables below (3.2.2).

The increase in the number of UASC has created additional pressure on Slough children's services relating to increased referral demand, in particular presentations requiring timely age assessments and associated accommodation need. There have been 43 UASC admissions into care during 2022/23.

Table 3.2.1 Number and rates of children looked after in Slough – trend

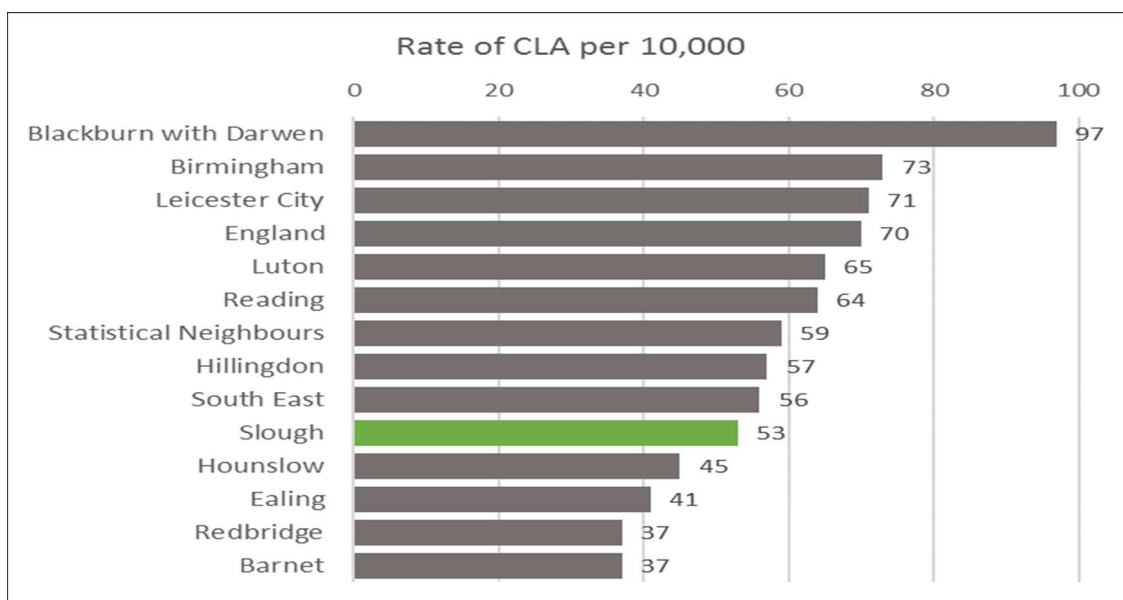
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of CLA	206	213	196	223	234	255
Slough Rate of CLA per 10,000	49	50	45	51	53	58.4
Year on year % change in CLA	8%	3%	-8%	14%	5%	9%

Table 3.2.2 Rates of children looked after comparisons

Rate of CLA per 10,000	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough	49	50	45	51	53	*58.4

Statistical Neighbours	58	59	58	56	59	
South East	51	53	53	53	56	
England	64	65	67	67	70	

Table 3.2.2.*Rates of children looked after compared to statistical neighbours 2021/22



Although there has been a steady increase of children becoming looked after from 2018, the numbers of children in care in Slough as of 31 March 2023 (Table 3.2.2.) remains below national and benchmark averages. Slough is ranked 5th (Table 3.2.3.) amongst its statistical neighbours in 2022 above Hounslow, Ealing and Redbridge and Barnet.

Whilst Slough rates per 10'000, of children becoming looked after is below comparator groups for the 5 year period demonstrated above, it is important to recognise the local context, as the numbers of children becoming looked after in Slough are continuing to increase driven largely by the demand as a result of children requiring accommodation as a result of fleeing their country of origin. The last two years has observed a 14% increase in the rate per 10'000, equating to 32 children. As of March 2023, for the first time, Slough has observed rates per 10'000 (provisional) in line with statistical neighbours and higher than the South East (as of 2022).

Consequently, Slough are experiencing increased demand within our Provider Services and in sufficiency strategy, to provide the right homes, at the right time, in the right place for our children.

Category of need

Based on the snapshot in table 3.3.1 below, 68% of children are looked after because of abuse and neglect (based on identification of need at point of referral), across all ages. However, 55% of these children are aged between 11 and 17 years, demonstrating increasing need as children are getting older; supporting the need for

targeted early intervention and support to families, as we know from national research that the impact of abuse and neglect significantly impacts children’s overall development, ability to reach their full potential in all aspects and future life chances, without necessary support to recover. This is also in the context of Slough being one of the 5th most deprived authorities in England, and 22% of under 16’s living in low-income families (2021).

The second primary category of need for children becoming looked after is absent parenting at 16%. Significantly, this relates to teenagers, aged 16 and 17 years. Slough have seen a significant rise in the number of 16- and 17-year-old young people becoming looked after during 2022-23, rising by 7% on the previous year. This is much higher than our comparator groups however, we know that this relates to our unaccompanied asylum-seeking children (UASC) which were 41 at the end of March 2023. The sufficiency strategy will consider the accommodation and support needs of this cohort of children to ensure that their specific needs are met and planned for.

11 children (4%) becoming looked after were children with disabilities, with the highest numbers being children aged between 11 and 17 years.

Table 3.3.1. Slough children in care at the end of March 2023, by category of need and age

% of CLA	Abuse or neglect	Child's Disability	Parental illness or disability	Family in acute stress	Family dysfunction	Socially Unacceptable Behaviour	Low income	Absent Parenting	Other than Children in Need
a) aged less than 1	18	0	0	0	0	0	0	0	0
b) aged 1 to 4	25	1	1	0	4	0	0	0	0
c) aged 5 to 10	38	1	2	2	0	0	0	1	0
d) aged 11 to 15	49	4	3	4	0	2	0	3	0
e) aged 16 to 17	47	5	1	2	2	2	0	38	0
Total	177	11	7	8	6	4	0	42	0

The largest number of children in the under 1 and 1 - 4-year cohorts are becoming looked after due to abuse and neglect and this represents 18 and 25 children respectively. Whilst this will require further analysis via our themed audit cycle, the recent Legal Gateway review (May 2023) has identified specific themes. For example, there is an observed lack of pre-birth assessment and planning, leading to urgent consideration to enter pre-proceedings (PLO) and/or to initiate care-proceedings, when the Court take over care planning often leading to delay as front-loading assessments are absent.

Of overall age groups, there is a smaller number of children with specific categories of need becoming looked after due to 'family dysfunction' (6), relating to parental illness (7) or acute stress in the family (8). As category of need is identified at the point of referral, further work needs to take place within our management information and Liquid Logic teams to ensure that there is accurate recording of need at the point a child becomes looked after. The identification of need must relate to individual need and not be grouped by sibling group. This will enable greater forensic analysis of need to ensure resource/interventions are aligned accordingly.

As a result of children coming into care much later, there is limited opportunity to intervene and support children to recover from their life experiences, of abuse, neglect and trauma to support them in readiness to become adults equipped with independent life skills. Again, this provides evidence to support the need for much earlier intervention and prevention, and edge of care support.

Age Profile

Nearly 40% of children in the care population are teenagers aged 16 & 17-years. Children aged 11 to 15 years accounts for 25.5% of the cohort as of March 2023, this has been a significant decrease from 34% the previous year, although there has been a reducing trend over a three-year period, by an average 3% per year. However, the current numbers of children in this cohort group are significantly lower than our comparator groups, by 10 to 13% which may be attributable to our high shift to over 16's driven by our Unaccompanied children.

The age distribution of children in care in Slough is skewed towards older children, 16 and 17-years compared with national and benchmark groups. Whilst 38 of these are care experienced young people are known to be UASC, there are an additional 47 (as at March 2023) care experienced young people who were referred to Children Social Care due to abuse and neglect; nearly two-thirds of these care experienced young people are male (Table 3.5.1). This presents specific challenges regarding resource allocation and projecting for future demand, to ensure that we have the right homes for our teenagers, Personal Adviser support, Education, Employment and Training opportunities, but crucially support to become independent and successful.

***Table 3.4.1. % of children looked after by age groups – benchmark comparators**

	Slough CLA at 31st March						Benchmarking at 31/03/2022		
% of CLA	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	SN	SE	ENG
a) aged less than 1	6	8	6	6	6	7.1	5	5	5
b) aged 1 to 4	13	15	16	14	13	12.2	12	11	14
c) aged 5 to 10	19	15	16	16	16	17.3	14	17	18
d) aged 11 to 15	35	39	40	37	34	25.5	36	40	39
e) aged 16 to 17	27	23	23	28	31	38.0	34	28	25

Table 3.4.1 demonstrates further that the number of children aged below 1 year becoming looked after in Slough is almost a third higher (2.1%) than our comparator groups, as of March 2023, and has remained higher for over 5 years. Our referral data highlights the greatest category of need as abuse and neglect. Whilst this is a relatively small group of children (18) as stated previously there needs to be further analysis of this cohort group, to understand if this relates to specific families with repeat pregnancies or experience of difficulties as specific targeted Early Help interventions, with our relevant partners, may provide necessary support to prevent escalation and intervene earlier to maintain families together.

It is important to highlight that this specific cohort of children are likely to have been known to Children's Services prior to birth and possibly supported via early intervention strategies, such as Team Around the Child, Child in Need support, and/or Child Protection processes. This might suggest a particular acute need for early life intervention and certainly indicates a need to strengthen our pre-birth support to expecting parents across the partnership.

We can also see over recent years the number of children aged 1-4 years has been consistently higher than our statistical neighbours and the Southeast; albeit broadly similar.

Gender (based on biologically assigned sex at birth)

At the end of March 2023, we see that there are predominantly more male children (60%) being looked after than female (40%). We know that nationally there are slightly more males being looked after than their female peers. In Slough, we see a gradual rise in males compared to females from the age of 5-10 years. However, males equate for an additional 1/3rd from the age of 11-15 years and doubles at the ages of 16 and 17 years.

Table 3.5.1 Children looked after by gender and age group – March 2023

CLA	No. of CLA		% of CLA		Total CLA	
	Female	Male	Female	Male	No. of CLA	% of CLA
a) aged less than 1	9	9	3.6%	3.6%	18	7.1%
b) aged 1 to 4	16	15	6.3%	5.9%	31	12.3%
c) aged 5 to 10	17	27	6.7%	10.7%	44	17.4%
d) aged 11 to 15	25	40	9.9%	15.8%	65	25.7%
e) aged 16 to 17	31	64	12.3%	25.3%	95	37.5%
Total	98	155	38.7%	61.3%	253	100.0%

Ethnicity

Slough is diversity rich being one of the most ethnically diverse authorities in England. As of 2021, 64% of Slough’s communities were from ethnic minority groups, with 12% being white – non-British (Section 3.1). Up until, March 2023, the children in care population were diversely representative and proportionate of our local communities. However, as of March 2023 we have seen a decrease in the representation of white British children being looked after by 8 percentile points whilst also seeing a doubling of ‘Asian – other’.

This is an area we will continue to review as we know that children of mixed heritage and black origin can be over-represented within the care population, which is a national trend. Whilst, Slough’s data does not support this narrative fully, we have seen a reduction in White British children from almost 40% in previous years, to 25% in 2023.

Slough has a workforce that is representative of Slough’s rich diversity. This is further enhanced by our overseas social work recruitment activity. However, a greater challenge is to increase our recruitment of internal foster carers from all backgrounds, though we know we need to try and recruit more carers from Asian backgrounds to support our looked after children. We need to ensure that our homes for children offer greater cultural diversity to provide improved matching opportunities; both in regard to short- and longer-term care options.

Table 3.6.1 Children looked after by ethnicity – March 2023

Ethnicity	CLA at 31/03/2021		CLA at 31/03/2022		CLA at 31/03/2023	
	No.	%	No.	%	No.	%

White British	81	36.5%	79	33.8%	64	25.1%
White Irish	0	0.0%	0	0.0%	0	0.0%
White Other	21	9.5%	25	10.7%	25	9.8%
Traveller of Irish Heritage	2	0.9%	0	0.0%	2	0.8%
Gypsy/Roma	11	5.0%	8	3.4%	6	2.4%
White & Black Caribbean	17	7.7%	16	6.8%	18	7.1%
White & Black African	4	1.8%	5	2.1%	7	2.7%
White & Asian	1	0.5%	4	1.7%	4	1.6%
Any other Mixed Background	18	8.1%	16	6.8%	16	6.3%
Asian Indian	12	5.4%	6	2.6%	10	3.9%
Asian Pakistani	18	8.1%	16	6.8%	25	9.8%
Asian Bangladeshi	0	0.0%	0	0.0%	2	0.8%
Asian Other	6	2.7%	12	5.1%	27	10.6%
Black Caribbean	4	1.8%	5	2.1%	5	2.0%
Black African	16	7.2%	23	9.8%	20	7.8%
Black Other	7	3.2%	10	4.3%	13	5.1%
Other	4	1.8%	9	3.8%	11	4.3%
Total	222	100.0%	234	100.0%	255	100.0%

Children in care and care experienced young people with complex needs

As of March 2023 64, children were looked after, or care experienced young people (15%) have at least one form of medical need or disability. 26 children (6%) were reported to have a diagnosis of autism or Asperger's syndrome, followed by 21 children (5%) diagnosed with an autism spectrum disorder. 16 children (4%) were diagnosed with a learning disability followed closely by 16 children (4%) ADHD (table 3.7.1).

As with many local authorities we are committed to understanding the needs of our looked after children including those with learning needs and those with neurodivergences so that we are better able to meet their needs.

Table 3.7.1: Range of complex and medical needs by children looked after or in receipt of leaving care support March 2023

Impairment Type	No. of CLA	No. of Care Leavers	No56. of CLA or Care Leavers	% of CLA	% of Care Leavers	% of CLA or Care Leavers
Behaviour	5	5	10	2.0%	3.0%	2.4%
Communication	3	1	4	1.2%	0.6%	0.9%

Consciousness	1	0	1	0.4%	0.0%	0.2%
Diagnosed with autism or Asperger's syndrome	20	6	26	7.8%	3.6%	6.2%
Disabled under DDA but not in the other categories	3	1	4	1.2%	0.6%	0.9%
Learning	8	8	16	3.1%	4.8%	3.8%
Mobility	1	2	3	0.4%	1.2%	0.7%
Total (CLA or CL cohort)	255	167	422	16.1%	13.8%	15.2%

Neuro Divergent Need	No. of CLA	No. of Care Leavers	No. of CLA or Care Leavers	% of CLA	% of Care Leavers	% of CLA or Care Leavers
ADHD	9	7	16	3.5%	4.2%	3.8%
Autism Spectrum Disorder	15	6	21	5.9%	3.6%	5.0%
Dyslexia	0	0	0	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0.0%	0.0%	0.0%
Meers Earlings Syndrome	0	0	0	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0.0%	0.0%	0.0%
Pathological Demand Avoidance	1	0	1	0.4%	0.0%	0.2%
Total (CLA or CL cohort)	255	167	422	9.8%	7.8%	9.0%

Subsequent tables and analysis break down the overall number of children looked after (3.7.2) and care experienced young people (3.7.3), who present with diagnosed medical need and/or disability and those presenting with neurodivergent need.

Tables 3.7.2. below, provides interesting data regarding our children looked after who have a diagnosed medical need or disability by age, or neuro divergent need, as detailed below:

- Children aged 1-4y – 16% of our children aged 1 – 4 years (5) have a diagnosis of need; 2 children with a learning difficulty, and 3 children with individual diagnosis in the category of communication, disability, or mobility.
- Children aged 5-10y – 7% of our children aged 5 – 10 years (3) have a diagnosis of need; 2 children with autism or Aspergers syndrome, and 1 child with a disability. 4.5% are diagnosed with an autism spectrum disorder (2).
- Children aged 11- 15y – 20% of our children aged 11 – 15 years (13) have a diagnosis of need, the highest being; 8 children with autism or Aspergers syndrome, and 3 children with a learning disability. 15% (10 children) are diagnosed with a neuro divergent disorder; 6 with an autism spectrum disorder and 3 with ADHD.
- Care experienced young people aged 16- 17y – 21% of our children aged 16 – 17 years (20 YP) have a diagnosis of need - 10 young people with autism or Aspergers syndrome, 4 young people with behavioural difficulties, 3 young people with a learning disability, 2 communication and 1 consciousness. 13% (13 YP) are diagnosed with a neuro divergent disorder; 7 with an autism spectrum disorder and 7 with ADHD.

Whilst the number of children by age cohort and specific need is relatively small, overall we are able to determine that currently our highest need is to provide homes, with experienced carers, for children with a diagnosis of autism or Aspergers syndrome (20), followed by children with an autism spectrum disorder (15), and for children with ADHD (9), behavioural difficulties (5), a disability (3), and with communication difficulties (3).

The information above is critical to the sufficiency strategy to inform our children in care need profile and specifically the skill base required of our foster carers and/or providers, to ensure we have the right homes to meet the needs of our children. Equally, we can identify at least 33 young people who have specific medical, disability (20) or neurodivergent need (13) that will be transitioning to adulthood within the next two years. Those young people will likely require ongoing support into independence and/or within their accommodation.

Table 3.7.2: Range of medical/disability of children looked after by age group at March 2023

	No. of CLA	% of CLA
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Impairment Type	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17
Behaviour	0	0	0	1	4	0.0%	0.0%	0.0%	1.5%	4.1%
Communication	0	1	0	0	2	0.0%	3.2%	0.0%	0.0%	2.1%
Consciousness	0	0	0	0	1	0.0%	0.0%	0.0%	0.0%	1.0%
Diagnosed with autism or Asperger's syndrome	0	0	2	8	10	0.0%	0.0%	4.5%	12.3%	10.3%
Disabled under DDA but not in the other categories	0	1	1	1	0	0.0%	3.2%	2.3%	1.5%	0.0%
Learning	0	2	0	3	3	0.0%	6.5%	0.0%	4.6%	3.1%
Mobility	0	1	0	0	0	0.0%	3.2%	0.0%	0.0%	0.0%
CLA Cohort Size	18	31	44	65	97	0.0%	16.1%	6.8%	20.0%	20.6%

Neuro Divergent Need	No. of CLA					% of CLA				
	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17
ADHD	0	0	0	3	6	0.0%	0.0%	0.0%	4.6%	6.2%
Autism Spectrum Disorder	0	0	2	6	7	0.0%	0.0%	4.5%	9.2%	7.2%
Dyslexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%

Meers Earlings Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Pathological Demand Avoidance	0	0	0	1	0	0.0%	0.0%	0.0%	1.5%	0.0%
CLA Cohort Size	18	31	44	65	97	0.0%	0.0%	4.5%	15.4%	13.4%

Tables 3.7.3. below, provides an overview of our care experienced young people aged 18-21 years, as of March 2023, regarding diagnosed medical need and/or disability, and neuro divergent need:

- 14% of our care experienced young people (CEYP) 18-21y have a diagnosed medical need or disability (17); 6 CEYP with a learning difficulty, 5 CEYP with individual diagnosis of Autisms or Aspergers, 4 CEYP with a behavioural diagnosis, 1 CEYP with mobility and 1 CEYP with communication need.
- 9% of our CEYP 18-21y have an identified neuro-divergent need (11); 5 CEYP with ADHD, and 6 CEYP with Autism Spectrum Disorder.

The number of care experienced young people by age cohort and specific need is relatively small, however overall we are able to determine that currently our highest areas of need is to provide care experienced young people post 18 support with a learning difficulty (6), followed by CEYP with an autism spectrum disorder (6), diagnosis of autism or Aspergers syndrome (5) and for CEYP with ADHD (5), and behavioural difficulties (4). It is likely that a significant number of these CEYP will continue to require support into adulthood in relation to their accommodation, for example, requiring semi-supported accommodation and/or floating staff support.

Table 3.7.3: Range of medical/disability of care experienced young people by age at March 2023

Impairment Type	No. of Care Leavers									
	18	19	20	21	22	18	19	20	21	22
Behaviour	2	1	0	1	1	4.4%	2.9%	0.0%	4.3%	5.6%
Communication	1	0	0	0	0	2.2%	0.0%	0.0%	0.0%	0.0%
Consciousness	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Diagnosed with autism or Asperger's syndrome	2	2	1	0	1	4.4%	5.9%	4.8%	0.0%	5.6%

Disabled under DDA but not in the other categories	0	0	0	0	1	0.0%	0.0%	0.0%	0.0%	5.6%
Learning	3	0	1	2	2	6.7%	0.0%	4.8%	8.7%	11.1%
Mobility	0	0	0	1	1	0.0%	0.0%	0.0%	4.3%	5.6%
Care Leaver Cohort Size	45	34	21	23	18	17.8%	8.8%	9.5%	17.4%	33.3%

	No. of Care Leavers									
Neuro Divergent Need	18	19	20	21	22	18	19	20	21	22
ADHD	1	2	0	2	2	2.2%	5.9%	0.0%	8.7%	11.1%
Autism Spectrum Disorder	3	2	1	0	0	6.7%	5.9%	4.8%	0.0%	0.0%
Dyslexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Meers Earlings Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Pathological Demand Avoidance	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Care Leaver Cohort Size	45	34	21	23	18	8.9%	11.8%	4.8%	8.7%	11.1%

Research shows that children looked after are more likely to have mental health needs and issues with their emotional well-being due to their experience of trauma, abuse, and harm. Due to the complexity of their emotional needs, serious and enduring mental health needs are frequently unmet. This is a national challenge for children’s services and local CAMHS providers.

Currently Slough Children First are unable to report on specific numbers of children who are in receipt of CAMHS intervention, or those receiving therapeutic support or specific interventions. This is an area of activity that will be addressed regarding how this information is recorded on children’s records and drawn out in management information reports to inform a thorough need analysis.

However, Children’s Services commissioning service are currently working with health partners to review the provision and offer of CAMHS including provision for children looked after to ensure the offer of support more effectively meets need, offering a menu of interventions and options. The Strategic Sufficiency Action Plan will also address partnership working with placement providers to develop a range of placements and support to meet the needs of children looked after with mental health needs.

Children entering and exiting care

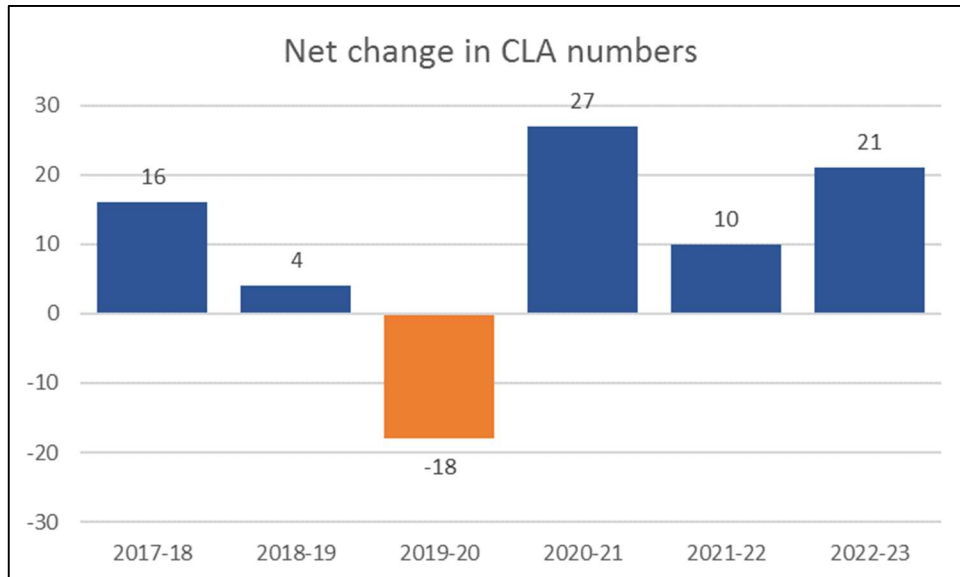
Over the last 5 years Slough has started looked after arrangements for more children (per 10, 000) than statistical neighbours each year. We know that this has been driven significantly by UASC numbers.

Table 3.8.2: Children who started to be looked after during the years ending 31 March

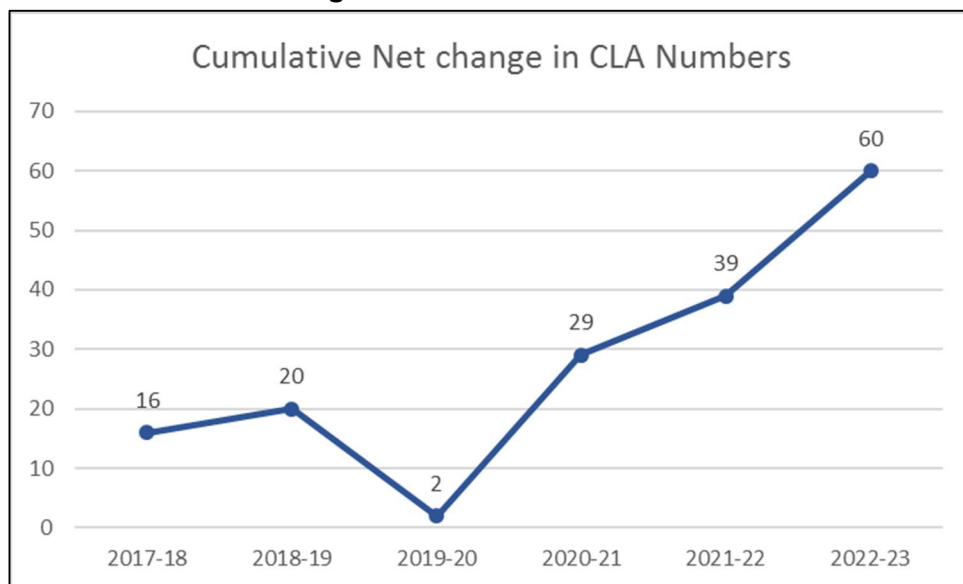
Comparator	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Hillingdon	29	30	28	24	48	
Luton	35	32	24	22	31	
Blackburn with Darwen	42	44	39	22	30	
Slough	30	31	25	30	28	32.5
Hounslow	22	22	22	19	27	
Statistical Neighbours	27	26	25	20	27	
Birmingham	26	23	22	20	26	
South East	22	22	22	22	26	
England	27	27	26	24	26	
Barnet	19	17	20	15	22	
Reading	29	24	31	25	22	
Ealing	22	26	23	18	21	

Leicester City	29	19	23	18	21	
Redbridge	19	18	17	16	20	

(i) Net Change in Children looked after numbers



(ii) Cumulative Net Change in Children looked after numbers



The two graphs above (i) and (ii) highlight the net change in the numbers of children looked after entering care and the cumulative net change, over a 6 year period; both highlight an increasing trend.

The number of children becoming looked after (3.8.3) has in the main remained consistently above the number of children per 10'000 exiting care in recent years

(3.8.4), albeit by slight margins, again with the exception being 2019-2020 when a high number of children exited care. The overall numbers of children entering care per 10,000 has increased over the last three years, as has the number of children exiting care.

Table 3.8.3: Number of children entering care during the years ending 31 March

No. entering care	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of children	131	134	108	132	123	142
Slough CLA rate per 10,000	30	31	25	30	28	32.5
SN CLA rate per 10,000	27	26	25	20	27	
SE CLA rate per 10,000	22	22	22	22	26	
ENG CLA rate per 10,000	27	27	26	24	26	

Table 3.8.4: Number of children exiting care during the years ending 31 March

No. exiting care	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of children	115	130	126	105	113	121
Slough CLA rate per 10,000	27	30	29	24	26	27.7
SN CLA rate per 10,000	27	25	26	22	25	
SE CLA rate per 10,000	22	21	22	22	25	
ENG CLA rate per 10,000	25	25	25	23	26	

Whilst the above table (3.8.3) highlights that the number of episodes of children entering care has increased it is important to examine this data closer, as table 3.8.5, below, demonstrates that the number of ‘individual’ entries into care are slightly lower, demonstrating that this is not the first episode of the child becoming looked after by the local authority. Further, analysis using child level data is required to understand the individual circumstances and how this relates to practice, threshold application, and analysis of risk. As of March 23, 15 children had entered care in the previous year (rising from 8 in 2022 and 2021), 2 of which experienced 2 repeat entries and 1 child having experienced 3 entries into care.

Table 3.8.5: Number of care start episodes (including repeat episodes) over the past 3 years ending 31 March

			No. of in year repeat entries into care	
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Year	No. of individual children entering care	No. of individual children entering care that had entered care in a previous year	2 times	3 or more	No. of entries in care
2017-18	125	14	5	1	131
2018-19	131	13	3	0	134
2019-20	106	12	2	0	108
2020-21	129	8	3	0	132
2021-22	122	8	1	0	123
2022-23	139	15	2	1	142

The table below demonstrates the number of children exiting care, following a duration of care provided between 1 and 2 years has increased by 5% over recent years, and nearly 10% of children provided care for over 2 years.

Table 3.8.6: Number of children exiting care by duration in carer, during the years ending 31 March

Duration	No. of Exits from Care						% of Exits from Care					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
a) less than 6 months	44	57	54	56	50	30	38.3%	43.8%	42.9%	53.3%	44.2%	24.8%
b) 6 to 12 months	26	25	29	10	21	27	22.6%	19.2%	23.0%	9.5%	18.6%	22.3%
c) 1 to 2 years	22	23	14	19	14	28	19.1%	17.7%	11.1%	18.1%	12.4%	23.1%
d) over 2 years	23	25	29	20	28	36	20.0%	19.2%	23.0%	19.0%	24.8%	29.8%
Total	115	130	126	105	113	121	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As of March 2023, there has been an overall increase in the number of children looked after exiting care since 2021, by 16 children. This is however lower than previous years (2019 & 2021) by at least 5 young people. This needs to be considered in the context of the children in care population gradually rising to 254 children in care as of March 2023.

Table 3.8.7 identifies the destinations of those children exiting care. 2023 saw the lowest number of children looked after exiting care to return home at only 15%. Whereas this was 55% in 2020, 50% in 2012 and 38% in 2022; highlighted a significant decrease. This may be because of children needing to be looked after for the duration of their minority however it highlights specific practice and process gaps regarding permanency planning, which is currently being reviewed to establish a centralised tracking and planning process to ensure all performance options for children are considered and planned for within agreed timescales.

Positively, since 2021 there has been an increase by 8% of those children achieving legal permanence via Special Guardianship or Adoption. We have also seen an increase in those children exiting care moving to independent living options, rising from 21% in 2021 to 29% in 2023. However, as we can see in the table below (3.8.8) there are reduced options for our care experienced young people requiring independent accommodation highlighting sufficiency need.

Table 3.8.7: Destination of children ceasing care during the years ending 31 March

Reason for Exit from Care	No. of Exits from Care						% of Exits from Care					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Adopted, SGO or other Permanence	28	32	23	22	24	35	24.3%	24.6%	18.3%	21.0%	21.2%	28.9%
Age assessed to be 18+ or deported	1	2	3	2	7	8	0.9%	1.5%	2.4%	1.9%	6.2%	6.6%
Moved into independent living	24	10	18	10	14	25	20.9%	7.7%	14.3%	9.5%	12.4%	20.7%

Returned home to live with parents	44	47	70	53	43	18	38.3 %	36.2 %	55.6 %	50.5 %	38.1 %	14.9 %
Staying put in latest placement (including foster carers)	0	0	2	9	16	13	0.0%	0.0%	1.6%	8.6%	14.2 %	10.7 %
Other	18	39	10	9	9	22	15.7 %	30.0 %	7.9%	8.6%	8.0%	18.2 %
Total	115	130	126	105	113	121	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.8.8 below highlights some specific challenges regarding sufficiency strategy for our care experienced young people when exiting care at the age of 18 years. We can see that over recent years only a small number of children or young people return home when leaving care. However, at the end of 2020, 7 children or young people returned home. This was during the Covid pandemic and raises a question as to whether more could safely be considered to return home when approaching adulthood.

We can also, see that there has been a decrease in the number of young Stayin Put, reducing by over 10% since 2021. This highlights further the need to review and refresh our Staying Put offer.

There are also considerable variations in the numbers of young people moving into an independent arrangement with formal support over the last 5-6 years, and whilst reducing between 2018 and 2020, there has been a significant increase in the last 3 years of over 10%. This again creates some challenges in financial forecasting and the sufficiency strategy. The sufficiency analysis in Section 3.7 identifies a number of young people who are likely to require semi-independent or floating support based on medical need/diagnosis however the data below is also a likely indicator of the reduced housing capacity for young people requiring independent accommodation post 18.

Table 3.8.8. Destination of care experienced young people (age 18) on ceasing care 31 March

Destination following exit	No. of Exits from care aged 18						% of Exits from care aged 18					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23

from care													
Returned Home	0	1	7	0	4	0	0.0%	2.9%	23.3%	0.0%	10.3%	0.0%	
Transferred to ASC	0	1	1	1	1	1	0.0%	2.9%	3.3%	4.3%	2.6%	2.2%	
Staying Put	0	0	2	9	16	13	0.0%	0.0%	6.7%	39.1%	41.0%	28.9%	
Independent arrangement with formal support	22	9	16	8	11	21	78.6%	26.5%	53.3%	34.8%	28.2%	46.7%	
Independent arrangement with no formal support	1	0	2	1	3	2	3.6%	0.0%	6.7%	4.3%	7.7%	4.4%	
Age assessment determined child is aged 18 or over	0	1	0	0	3	0	0.0%	2.9%	0.0%	0.0%	7.7%	0.0%	
Other	5	22	2	4	1	8	17.9%	64.7%	6.7%	17.4%	2.6%	17.8%	
Total	28	34	30	23	39	45	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Children looked after by legal status

The proportion of children looked after via Section 20 (single period of accommodation, CA 1989) is in line with our statistical neighbours (2022) as of March 2023. However, this is 4% higher than the South East and 10% higher than England. Benchmarking shows that our children subject to Interim Care Order's (Section 38, CA 1989) is significantly higher than all our comparator groups, ranging from between 16 and 19%. Of our children subject of Care Orders (Section 31, CA 1989) is significantly below all our comparator groups, ranging from between 16 and 25%. This may be indicative of our current profile whereby there are several families subject to care proceedings where there has been delay regarding meeting the 26-week threshold. This delay is currently being addressed via our refreshed Legal Gateway arrangements and tracking system whereby a reduction in this number is anticipated bringing us in line with Court timetable expectations, reaching timely permanence decision for children and families.

Table 3.9.1: Legal status of children looked after at 31st March

Legal Status	At 31/03/2023		At 31/03/2022		
	Slough No.	Slough %	SN	SE	ENG
Section 20	68	26.7%	27.0%	23.0%	17.0%
Child Protection	1	0.4%	0.0%	0.0%	0.0%
Remand	0	0.0%	0.0%	0.0%	0.0%
Interim Care order	91	35.7%	19.0%	17.0%	20.0%
Full Care Order	84	32.9%	49.0%	54.0%	58.0%
Placement Order	11	4.3%	5.0%	5.0%	5.0%
Total	255	100.0%	100.0%	99.0%	100.0%

Trend analysis (3.9.2) show an increase in the number of children accommodated via Section 20 at the point of entry into care. This has risen by over 16% since 2021 however is similar to that of our statistical neighbours and England averages, being lower than the South East. Whilst there has been a reduced rate of children entering care following child protection intervention since 2021, this remains between 4 and 8% higher than our comparator groups.

Children becoming looked after due remanded into care has decreased over recent years, to a point whereby we are below our statistical neighbours and England. Children entering care via an Interim Care Order is below our statistical neighbours and England, being more in line with the South East.

Table 3.9.2: Legal status of children looked after at entry into care at 31st March

Slough % of Entries into care	Benchmarking 2021-22
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Legal Status	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	SN	SE	ENG
Section 20	42.7%	30.6%	38.9%	39.4%	56.9%	54.9%	59.0%	63.0%	54.0%
Child Protection	25.2%	35.8%	40.7%	32.6%	17.1%	19.0%	11.0%	13.0%	11.0%
Remand	7.6%	6.0%	2.8%	2.3%	1.6%	1.4%	3.0%	1.0%	2.0%
Interim Care order	24.4%	27.6%	17.6%	24.2%	22.8%	24.6%	28.0%	22.0%	33.0%
Full Care Order	0.0%	0.0%	0.0%	1.5%	1.6%	0.0%	1.0%	1.0%	1.0%
Placemen t Order	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Current Provision

A total of two hundred and fifty-four children were looked after as of 31 March 2023. Of these, 38% (96) were aged 16 and over. There are more males (60%) compared with girls (40%), with approximately 25% being White British, 10% being White European and 65% from BME groups, which is higher than statistical neighbours, the South East and England.

Approximately 33% of children looked after at the end of March 2023 are subjected to a Care Orders, 36% and Interim Care Order and 27% Section 20, voluntary accommodation.

Children aged 5-10 years account for 17% of the children in care population at the end of March 2023 and those aged between 11 and 15 years, 25.5%.

Table 3.10.1: Placements of children looked after at the end of March 2023 by age

Broad Placement Type	Placement Type	No. of CLA	% of Total CLA	a) % aged less than 1	b) % aged 1 to 4	c) % aged 5 to 10	d) % aged 11 to 15	e) % aged 16 to 17
Adoption	Placed for Adoption	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Children's Home	Children's Home	15	5.9%	0.0%	0.0%	0.4%	3.9%	1.6%
Children's Home	Secure Children's Home	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%

Children's Home Total		16	6.3%	0.0%	0.0%	0.4%	3.9%	2.0%
Fostering Friends and Family	- Friends and Family - Short Term	22	8.7%	0.4%	2.0%	2.0%	3.5%	0.8%
Fostering	Friends and Family - Long Term	2	0.8%	0.0%	0.0%	0.0%	0.4%	0.4%
Fostering Internal	- Fostering Internal - Short Term	27	10.6%	1.6%	3.1%	2.8%	2.0%	1.2%
Fostering	Fostering Internal - For Adoption	1	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%
Fostering	Fostering Internal - Long Term	16	6.3%	0.0%	0.0%	2.0%	1.2%	3.1%
Fostering External	- Fostering External - Short Term	78	30.7%	2.8%	4.3%	7.5%	9.1%	7.1%
Fostering	Fostering External - For Adoption	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fostering	Fostering External - Long Term	18	7.1%	0.0%	0.0%	0.8%	2.8%	3.5%
Fostering Total		164	64.6%	4.7%	9.8%	15.0%	18.9%	16.1%
Independent Living	Independent Living	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	Mother and baby	10	3.9%	2.0%	1.2%	0.4%	0.4%	0.0%
Other	Other	6	2.4%	0.4%	0.8%	0.0%	1.2%	0.0%
Other	Temporary	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%
Other Total		17	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Placed with Parents	Placed with Parents	7	2.8%	0.0%	0.4%	1.2%	0.8%	0.4%
Residential	NHS Provision	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential	Residential Care Home	1	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%

Residential	Residential Employment	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential	Residential School	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%
Residential Total		9	3.5%	0.0%	0.4%	1.2%	1.2%	0.8%
Secure accommodation	Young Offenders Institute	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Semi-independent	Semi-independent	48	18.9%	0.0%	0.0%	0.0%	0.0%	18.9%
Total CLA		254	100.0%	7.1%	12.2%	16.9%	25.6%	38.2%

The above table 3.10.1 provides a breakdown of children looked after as of 31 March 2023 by placement type. The highest number of children looked after, 164 (64.4%) live with foster carers, whether this be on short- or long-term basis, 24 (9.5%) of these children live with Connected Carers (friends or family). 44 of these children (17.3%) live with our internal fostering agency foster carers and 96 (37.8%) live with Independent Fostering Agency (IFA) foster families. This clearly demonstrates a specific sufficiency need for Slough as whilst our number of children living in foster care is comparable with our comparator groups, the ambition is for more children to be living with Slough foster carers.

Of those children living with foster families 15% are aged between 5-10 years, 19% between 11 -15 years and 16% aged 16 & 17 years. A larger proportion of 16- & 17-year-olds live in semi-independent accommodation, highlighting a sufficiency gap regarding foster carer availability for our teenagers, and consequently reducing our Staying Put opportunities for care experienced young people.

15 (6.3%) of children live in children's home (residential settings) and whilst this is lower than our comparator groups it is a concern for Slough Children First as our ambition is to reduce this number and to provide more options for our children with complex or additional needs to remain close and live in foster families wherever possible.

There are a relatively high number of children placed with parent and child placements; whilst this is often associated to specialist assessment during care proceedings, it again highlights a sufficiency gap in regard the dependence on external providers verses in-house options.

A weekly External Placement Panel is being established to review all our children in high-cost and/or external placement to determine if this is the right home for the child, if not why, and what home do they require. This will inform both individual care arrangements and transition planning for children, but also provide strategic oversight and grip about forecasting need, cost and sufficiency strategy.

Table 3.10.2: Placement stability of looked after children April 2022 – March 2023

Placement Stability Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% of CLA with three or more placements	7.6 %	9.1 %	8.4 %	9.4 %	10.2 %	9.1 %	10.7 %	9.4 %	7.8 %	9.1 %	8.4 %	8.4 %
% of CLA in long term stable placements	63.1 %	64.1 %	60.6 %	60.9 %	61.3 %	56.1 %	57.9 %	63.0 %	62.3 %	63.6 %	63.6 %	61.1 %

It is in children’s best interests to be in stable placements as children and young people who are removed from their family suffer separation and feelings of loss, even if they have experienced harm or abuse. These feelings are compounded when they experience multiple placements, also impacting upon a child’s life-script and expectations for the future. Placement instability reduces a child’s opportunities to develop secure attachments. It may also exacerbate any existing behavioural and emotional difficulties making it more difficult for children to establish relationships with carers, potentially contributing to further placement breakdown and feelings of rejection.

Table 3.10.2 shows that the number of children in long term stable placements has remained consistent over recent years. However, whilst only 8.4% of children have experienced 3 or more placement moves, this remains too high and is likely to impact the child for the reasons stated. Equally, this remains higher than all our comparator groups.

Table 3.10.2: Placement stability of looked after children over last 5 years including benchmarks

	Slough							Benchmarking 2021-22		
Placement Stability Measure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23		SN	SE	ENG

% of CLA with three or more placements	17.0	11.0	17.0	10.0	6.0	8.4	9.0	12.0	10.0
% of CLA in long term stable placements	72.0	65.0	73.0	85.0	69.0	61.1	68.0	70.0	71.0

Comparisons with our statistical neighbours and the England average show that a higher percentage of looked after children in Slough have experienced 3 or more placements. Whilst, this has almost halved from 2018 to 2020, this number of changes of placements for a child remains too high.

The service aims to improve placement stability for all children. Further investigation into the reasons why placements break down needs to be undertaken to fully understand the age groups who are most affected, but it is believed to be older children who present with great complexity of need.

Table 3.10.3: CLA placements since 2017-18

Placement Type	No. of new placements in year						No. of new placements in year					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Placed with Parents	20	23	8	29	16	6	5.6%	6.8%	2.5%	10.9%	6.1%	2.2%
Adoption	14	12	11	9	14	3	3.9%	3.5%	3.5%	3.4%	5.3%	1.1%
Fostering External	72	103	116	94	80	100	20.2%	30.4%	36.6%	35.3%	30.5%	36.0%
Fostering Internal	84	59	34	23	27	24	23.5%	17.4%	10.7%	8.6%	10.3%	8.6%
Friends and Family	18	22	20	27	28	32	5.0%	6.5%	6.3%	10.2%	10.7%	11.5%
Semi-independent	43	36	54	43	58	74	12.0%	10.6%	17.0%	16.2%	22.1%	26.6%
Independent Living	1	0	1	0	0	1	0.3%	0.0%	0.3%	0.0%	0.0%	0.4%

Residential Internal	11	7	0	0	0	0	3.1%	2.1%	0.0%	0.0%	0.0%	0.0%
Residential External	41	29	16	25	27	16	11.5%	8.6%	5.0%	9.4%	10.3%	5.8%
Other	53	48	57	16	12	22	14.8%	14.2%	18.0%	6.0%	4.6%	7.9%
Total	357	339	317	266	262	278	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.10.3 above, highlights the number of placements made within a year, highlighting specific themes. For example, there is a demonstrative decrease in the number of children placed with parents, from 29 in 2021 to 6 in 2023. This again raises the question as to whether care planning and child looked after reviews are continuing to re-consider reunification as children are getting older, and potentially risks can be mitigated or reduced.

Our children being placed for adoption has also increased from 9 in 2021 to 3 in 2023, although it should be recognised that the number was 14 in 2022, demonstrating variations in seeking legal permanence via adoption.

There is a gradual increasing demand upon external IFA provision, rising from 94 to 100 over a three-year period up until March 2023. This is recognised Nationally and highlights the challenges local authorities are facing when seeking to recruit and retain their own foster carers. The placing of children in our internal fostering agency has remained static over the last three years, although there was much higher demand in subsequent years. The Strategic Sufficiency strategy will review our fostering recruitment and retention approach in Slough, including our branding marketing strategy.

There has been a significant increase in placements for semi-independent accommodation, increasing from 43 in 2021 to 74 in 2023. This correlates with the increase in children in care aged 16 and 17 years, and our UASC children. However, we are mindful that our options for children of this age range are limited when considering foster families which may be better meeting individual needs.

The number of children requiring homes in residential settings has been decreasing between 2021 and 2023, from 25 to 16 respectively. However, post March 2023 there has already been an increase of a further 4 children requiring homes in residential settings, due to complex need and a lack of market availability/skill/experience to meet these needs in foster care settings.

Table 3.10.4: Proportion of looked after children at 31st March placed more than 20 miles from home¹

% Placed over 20 miles of the child's home	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough	25.0%	29.4%	28.1%	31.0%	32.0%	26.3%
Statistical Neighbours	21.0%	19.0%	21.0%	22.0%	19.0%	
South East	25.0%	25.0%	27.0%	28.0%	28.0%	
England	19.0%	20.0%	20.0%	21.0%	21.0%	

The Care Planning, Placement and Case Review (March 2010) guidance and regulations, which came into force on 1st April 2011, laid out a duty of 'sufficiency' that required local authorities to ensure that, through direct provision or commissioning, a range of placements sufficient to meet the needs of all looked after children are **available locally** (within the local authority geographical area) or that there is a plan in place to move towards that position.

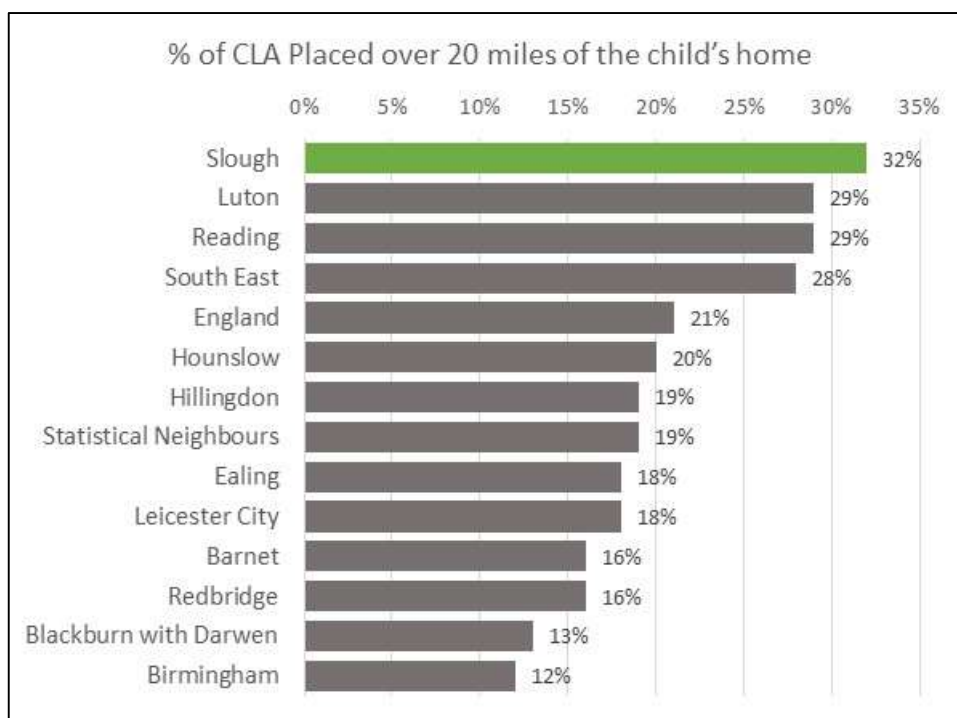
Therefore, when considering local placements, i.e. those made within a 20 mile radius, the picture is concerning, and further action needs to be taken to improve our statistics for children being placed close to home.

The proportion of children placed more than 20 miles away from their homes has steadily been increasing over recent years as the number of children in care has been increasing also, placing pressure on the demand for placement options close to home, being higher than all comparator groups. At the end of March 2023, 26% of children were placed over 20 miles away from home, a reduction of 6% the previous year. However, whilst this is lower than the South East in 2022 it remains higher than our statistical neighbours and England averages (3.10.4).

For some children an out of local area placement has formed part of a focused plan consistent with the child's best interests. However, too many children are being placed at a distance and robust commissioning strategies are required to develop local sufficiency through a mixed economy and creative contracting is a key priority.

Table 3.10.4: Slough and Statistical Neighbours local authorities ranked for placement distance from home (2021-22)

¹ Excludes children placed for adoption (placement type codes A3, A4, A5 and A6)



The above table highlights how Slough were at the top percentile for placing children at over 20 miles, with Luton and Reading nearing the same statistics.

Table 3.10.5 below shows that the children who are placed at the greatest distance, beyond 20 miles are those living in external foster care placements (IFA's) at 50%, including UASC and children living in external residential children's homes at 20%. Whilst this remains a concerning picture and it is the ambition to have children living closer to home in Slough, it should be recognised that there are minimal residential children's homes in Slough therefore availability based on a child's individual need is likely to lead to a child being placed at a greater distance. This is an area that the Strategic Sufficiency Action plan will address through our commissioning activity.

Table 3.10.5: CLA placements outside 20 miles as of 31 March 2023

	CLA placed 20 or more miles away by placement type			
Placement Type	No. (incl. UASC)	% (incl. UASC)	No. (excl. UASC)	% (excl. UASC)
Placed with Parents	1	1.4%	1	1.5%
Adoption	0	0.0%	0	0.0%
Fostering External	37	50.7%	31	46.3%
Fostering Internal	5	6.8%	5	7.5%
Friends and Family	0	0.0%	0	0.0%
Semi-independent	3	4.1%	3	4.5%
Independent Living	0	0.0%	0	0.0%
Residential Internal	0	0.0%	0	0.0%
Residential External	15	20.5%	15	22.4%
Other	12	16.4%	12	17.9%
Total	73	100.0%	67	100.0%

Financial Forecasting – Sufficiency Activity

To achieve our sufficiency intentions there are specific areas of activity that will potentially require initial financial investment, for example the development of an edge of care service, to reduce the number of children needing to be looked after and seeking to reunify children home when safe and in their best interest do so, ensuring care for the shortest period. Initial investment in such models will aim to achieve cost reductions or cost avoidance in the longer term.

Below are high level costs for such potential activities and delivery models to meet specific sufficiency needs, highlighted with the sufficiency strategy. These will be further considered strategically, overseen by the Sufficiency Board as the Sufficiency strategy is mobilized within workstreams.

Below provides example models of how these priority activities can be achieved, potential investment required, and the cost avoidance/reductions associated upon delivery.

Edge of Care

Example delivery model:

Edge of Care team consisting of a Team Manager, 4 Family Support Workers and a Family Group Conference Co-Ordinator to provide an edge of care service and intervene to maintain children in their home and/or reunify following a period being looked after.

Edge of Care Team (Salary including on costs)		
Team Manager	£	71,167
FSW 1	£	45,681
FSW 2	£	45,681
FSW 3	£	45,681
FSW 4	£	45,681
FGC coordinator	£	49,999
Edge of Care costs	£	303,888
Annual cost differential Resi v Ext. fostering	£	200,635
FTE reunified to cover costs		1.51
Net additional saving over and above costs if stepped down 2 YP		2.00 97,381.84
Net additional saving over and above costs if stepped down 3 YP		3.00 298,016.56
Net additional saving over and above costs if stepped down 4 YP		4.00 498,651.28

The initial investment in an edge of care service as described above would be £303,888, for staffing, including on-costs. The annual cost difference between the average residential placement and external fostering placement is £200,635 (this assumes a median cost between residential & external fostering). Based on this cost, 1.5 children being reunified in this circumstance would cover the cost of the edge of care service. The median average is used as child who are in external foster care placements could step-up to external residential. The table above also highlights the additional savings over and above costs if 2, 3, or 4 children are stepped down and reunified home.



Therapeutic Foster Care

A proposal to develop and put in place a ‘Step-forward/ Resilience’ fostering model to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care. This would provide resilient foster carers who are skilled and experienced in supporting children with more complex needs, providing therapeutic support to prevent escalation to children requiring residential care and/or stepping down children from residential setting to a foster care family environment. The model would require the recruitment of experienced foster carers or professionals, undertaking a successful fostering assessment, being paid at a higher rate, and receiving wrap around therapeutic support from a specialist team.

Example delivery model:

Therapeutic Fostering Support team consisting of a Senior Social Worker, Clinician and Family Support Worker to provide support, guidance, training and supervision to therapeutic foster carers, support and guided intervention with children cared for, ensuring delivery of the therapeutic model to support children with complex presentation, preventing step-up to residential care. The model would require the recruitment of 5 therapeutic foster carer households.

Costs of Therapeutic Foster Care support team	FTE				
Senior Social Worker	£ 63,290.88				
Clinician	£ 63,290.88				
Family Support Worker	£ 45,680.56				
Total cost of support team per year	-£ 172,262.31				

Costs of Therapeutic Foster Care placements		Therapeutic Foster Care Placement costs (weekly)	Therapeutic Foster Care Placement costs (annually)		
	FTE	1 child	1 child		
Cost of internal foster care placement (proposed model)		£ 750.00	£ 39'000		
Cost of external therapeutic foster care placement (current market rate)		£ 1,500.00	£ 78'000		
Potential cost savings		£ 750.00	£ 39'000		
Potential savings based on proposed therapeutic fostering model					
Number of placements per year			10	5	4.4
Possible annual saving's based on no. of placements			£ 391,050.00	£ 195,525.00	£ 172,062.00
Net Saving			£ 218,787.69	£ 23,262.69	-£ 200.31

The initial investment of a therapeutic fostering team as described above would cost £172,262, for staffing, including on-costs. In addition, at least 5 foster carers would need to be recruited and paid at a higher fostering allowance of £750 pw (current fostering rate SCF; £371 - £660 pw, ave. £395 pw). However, an external therapeutic foster care placement costs on average £1500, creating a £750 saving per week.

The table above highlights the need to provide therapeutic foster care placements for at least 4.4 children to break even, covering the costs of the support team. There would also be cost avoidance as the model is to prevent children with complex needs requiring external residential care. The cost difference from external residential placement to external foster care placement would be £200,635 annually. Children currently in residential care requiring step-down would be identified.

Independent accommodation model

The sufficiency strategy identifies the intention to undertaken market warming activity to seek opportunities to support our care experienced young people to access private let homes, recognising that access to social housing is limited at this time. Of our care experienced young people we currently have 30 adults (18+) who are seeking asylum

and consequently have no recourse to public funds (NRPF), and therefore all housing and living costs are met by SCF.

To provide appropriate and safe accommodation for these young people their needs are met by procuring homes with external semi-independent providers. Of these young people many have adequate independent living skills to live independently but have no access to social housing pending the outcome of their asylum applications.

The External Placement Panel has identified a number of these young people (9) who would be able to live in shared accommodation, if private rentals were available. Therefore, SCF will seek to identify such options with independent semi-accommodation providers (satellite properties with floating support) and private social landlords.

Example Delivery Model:

By seeking legal and contractual agreements with private social landlords, with SCF as guarantor, a number of 2/3 bedroom properties could be identified in Slough for our young people as shared accommodation, presenting potential savings.

CEYP NRPF				Supported accommodation. weekly cost
30				£ 20,830.14
			Ave. NRPF	£ 694.34
	10%	20%	30%	
30	3	6	9	
	£ 108,608.35	£ 217,216.70	£ 325,825.05	Total annual cost at current rates
£ 230.77	£ 36,096.92	£ 72,193.85	£ 108,290.77	Total annual costs at proposed rates
	£ 72,511.43	£ 145,022.85	£ 217,534.28	Possible savings

The table above provides potential savings, based on 3, 6 or 9 care experienced young people for NRPF sharing accommodation. An estimate of shared housing costs has been calculated at £230.77 per person per week (e.g. 3-bedroom house). If this were achieved for 3 CEYP with NRPF an annual saving of £75,511 could be achieved. If this was achieved for 9 CEYP an annual saving of £217,534 could be.

Internal Childrens Residential Home model

The Sufficiency Strategy identifies Slough Childrens First's intention to scope the potential of creating our own internal residential home(s). Whilst the number of children requiring homes in residential settings decreased between 2021 and 2023, from 25 to 16 respectively, as of March 2023 there was an increase of a further 4 children requiring homes in residential settings (20). Predominantly, this is due to children's complex needs, based on their experiences of trauma and a lack of market availability/skill/experience to meet these needs in foster care settings. Hence, the proposal above to scope a therapeutic fostering model to prevent escalation.

However, there are children who do require care and accommodation delivered through a residential setting. Most of our children being cared for in residential homes are placed at more than 20 miles and are generally high cost (average £5,500 pw). Further, the quality of care is variable and the impact one would deem appropriate to improve children's lives and impact their recovery, not always of a high standard.

Example Delivery Model:

Following the development and scoping of the model of delivery, for example, number of homes, target group, size of home, purpose, each example option detailed below would require initial investment, regarding:

- Capital outlay - planning, premises, building works, conversion, refurbishment, furnishings costs etc.
- Staffing costs – Salaries and on-costs for a Registered Manager, Deputy Manager, Residential care staff (numbers to be determined), business support.
- Running costs – Utilities, repairs, maintenance etc.

Each option would present an **invest to save/cost avoidance** model in the medium to longer term.

1.To explore existing internal SBC housing/building stock, carrying out feasibility studies and surveys regarding conversion and adaptations to become a children's residential home. To explore the current Registered Manager of the Short Breaks Breakaway Service seeking dual registration (Ofsted) to manage and oversee a new residential home; this would require the recruitment of a new staff team.

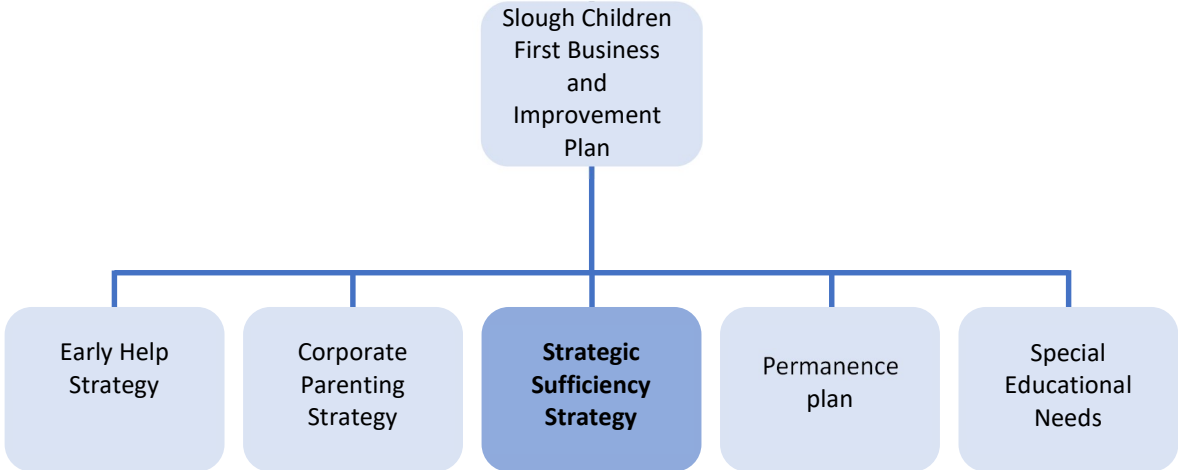
2. Seek Capital funds to purchase a property (£600k - £1m), following feasibility and surveys for conversion to a children's residential home in Slough. To explore the staffing and delivery model. A) As stated above the current Registered Manager of Breakaways becoming dual registered with Ofsted and recruiting a staff team to deliver. B) Partnering with an experienced provider to deliver the residential care element. C) Recruiting a new Registered Manager and residential staff team to deliver.

Given that the above is an intention to scope the feasibility of all options, specific and accurate costings are not available at this stage. However, we know that initial set up and outlay could range from £200k to £500k+ dependent upon building premises and

adaptations required. Staffing a residential home could range between £450k to £700k pa dependent upon model implemented. The average cost of seeking an external children’s residential placement pa is £286k, therefore requiring at least a 2-bed home to make this financially viable. However, the impact for a child would be considerable as SCF, as the Corporate Parent would be able to develop a model of best practice to achieve optimum outcomes for our children, identify the right children and matching and keep children near home in Slough, providing their education and maintaining family contact.

Our Governance Arrangements

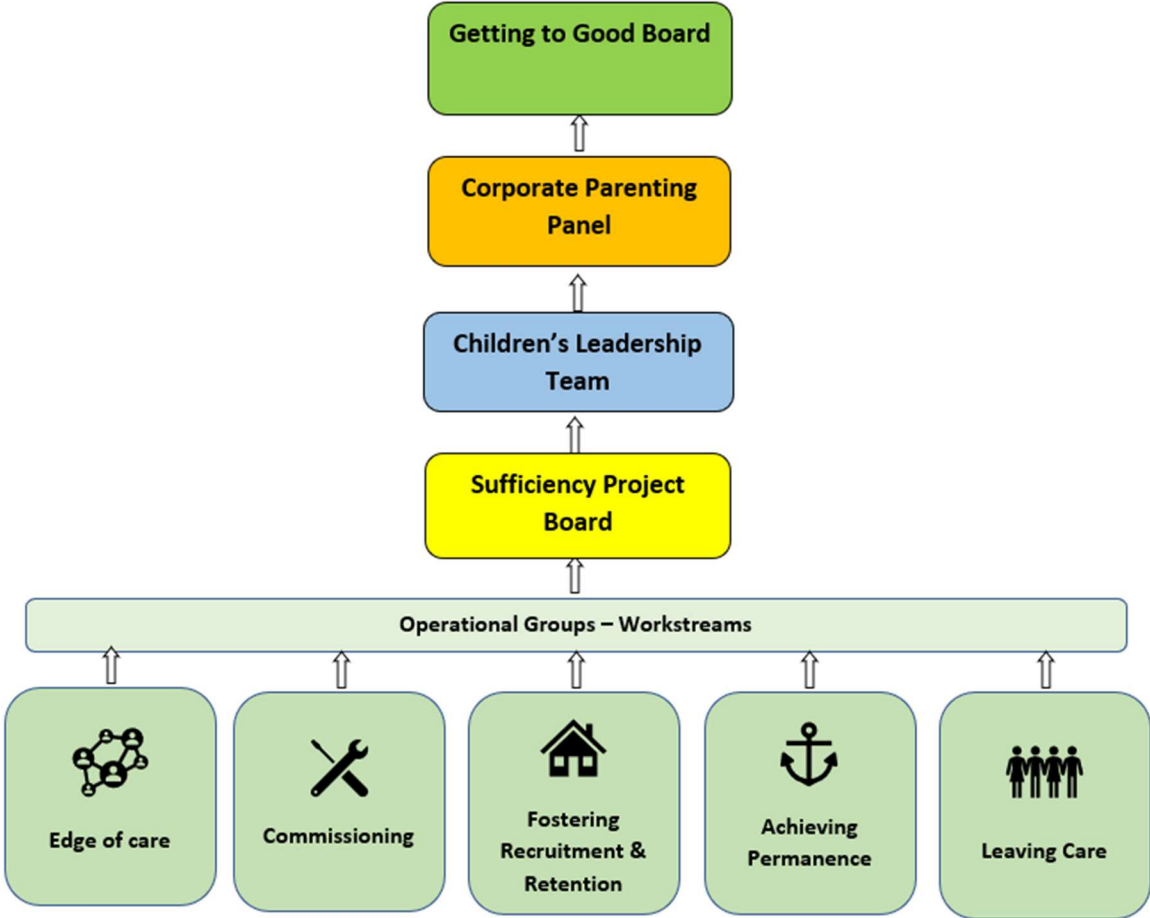
The Sufficiency Strategy is aligned with other strategic strategies and plans, to ensure a joined-up approach to activity, developments and to streamline resources. The illustration below outlines how the sufficiency strategy aligns with other strategic plans.



We believe it is important that this strategy remains a live document and useable document. Therefore, the plan will be reviewed six-monthly ensure it remains reflective of need and identifies key priorities. To deliver on the priorities as identified in the five categories of need, a Sufficiency Project Board will be established, chaired by the Director of Operations, who will oversee the work and progress of four workstreams (Operational groups) relating to each category of need.

The Sufficiency Project Board will provide regular update reports to CLT and Corporate Parenting Panel, at least quarterly, providing highlight reports, progress, barriers, risk and resource requirements.

Delivery



As highlighted above the Sufficiency Strategy focuses on five priority areas of activity: Edge of Care, Commissioning, Fostering Recruitment and Retention, Achieving Permanence and Leaving Care. To deliver on each key priority area separate workstreams will be established, identifying a Workstream Lead (Head of Service or Service Manager) and working group, including s subject specialists and key stakeholders to deliver on the actions and implement across the service. The oversight of the workstreams will be overseen by a Sufficiency Project Board, chaired by the Director of Operations. The Sufficiency Project Board will meet monthly and receive highlight reports from each workstreams, regarding progress, risks, resource needs/barriers and outcomes.

Of note, the needs analysis highlights specific work required in our progression of children subject to care proceedings to ensure that children’s assessments and plans are progressed within the Court’s expected 26-week timetable without delay. It is therefore recommended that a business case is prepared to seek the recruitment of a Court Progression Officer to drill down and drive forward the planning and oversight in this important area of work, for a 2/3-year period, as part of our Sufficiency Strategy.