

Torbay Council

Sufficiency Strategy for

Children in receipt of Children's

Services 2021-2024:

Demand and Provision Analysis

Document owner:

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Section 1

1.1 Introduction

The 'Sufficiency Duty' as laid down in Section 22G of the Children's Act 1989 and statutory guidance issued in 2010 requires local authorities to take steps to secure sufficient accommodation (and other services) to provide suitable placements for those cared for for whom placement within the local area is most appropriate. A number of factors must be taken into consideration when deciding the most appropriate placement:

- Allowing the child to live near their home;
- Not disrupting the child's education or training;
- Enabling the child and a looked after sibling to live together;
- Meeting the particular needs of disabled children;
- Providing accommodation within the local authority's area, unless that is not reasonably practicable; and
- Respecting the child's wishes, views and feelings.

In most high performing local authorities, the concept of sufficiency has been extended to ensure that there is enough provision in the community which safeguards and protects children and prevents the avoidable use of care solutions.

In April 2014 OFSTED published the report "From a distance – cared for living away from their home area". This report though produced some years ago remains relevant and highlights the ongoing challenges for local authorities to secure sufficient accommodation for cared for in their local area. Research highlights that more than one in ten cared for lived outside their home local authority area and more than 20 miles away from their home community. Young people living in a children's home were three times more likely to be living away from their home area than children who are looked after by foster carers. The Ofsted report highlights the shortage of local residential care in many regions of the county, and the difficulties that local authorities can face in securing children's access to health, in particular CAMHS, education and other key support services when they live at a distance, as well as the difficulties maintaining meaningful contact with family, friends and professionals. Many of the issues highlighted in the report remain a challenge to Torbay.

1.2 Vision

Torbay Council's vision is to provide sufficient care in the community and high quality placements for children and young people in its care which meet their needs and offer the necessary support to enable their aspirations to become their reality.

As Corporate Parents, Torbay Council along with our partners want our cared for and care experienced to have a happy and secure childhood which enables them to become confident and successful young adults. We will help them develop and achieve their aspirations as we would our own children.

Using this Sufficiency Strategy, its associated implementation plan and partnership work activities provided by the edge of care professionals, we will work together restoratively with families to support them in looking after their own children and we will only use care solutions when it is necessary to protect children and therefore unavoidable. We will start to care for children at the right time and we will work tirelessly to understand their individual needs and match these to a suitable placement as close as possible to their family and social networks when it is demonstrably in the child's best interests to do so. It is equally critical that children are in care for the shortest time possible. When possible, permanent placements will be achieved quickly, which will include children returning home supported by the edge of care service to ensure that reunified families have the best possible support in the vulnerable early days of resuming their lives together.

A primary aim of any sufficiency strategy is to have well developed and targeted range of community support arrangements and high-quality placements within and around the area. For obvious reasons, meeting the needs of Torbay's cared for and care experienced children and young people is a priority across the council and its partners to ensure they have access to good quality education and training opportunities; a full range of health services; leisure activities; housing and other specialist provision to enable them to live as successfully as possible and achieve their full potential. We aspire for 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 the individual. 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 fully their views, wishes and feelings. We are committed to acting on the views of children and young people, their parents and carers when it is right to do so 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 placements and support for the needs of cared for and care experienced children and young people. We are committed to work in partnership with good providers to shape and develop the market for sufficiency of placements in Torbay 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 or the experience of inappropriate placements.

This strategy is informed by applicable legislation, national policy and guidance and a wealth of local management information, performance data and officer insights. It is linked to and should be read alongside a number of key local planning documents. These include the Early Help Strategy, The Youth Homelessness Strategy and Foster Carer Recruitment Strategy.

This strategy should also be read alongside the Improvement Plan which articulates the council's aspirations for our children. We are aiming high so that we can ensure that all children receive good or better services. We will continue to be innovative, committed and evidence based so that we fulfil our ambition to be excellent corporate parents for children and young people who are cared for or care experienced and we will be creative and diligent in providing community-based support services when children and young people are judged not to need care.

1.3 Executive Summary

Following OFSTED's inspection of arrangements for the protection of children, cared for and care experienced in 2018 which has been supplemented by letters associated with the subsequent monitoring visits, a comprehensive Children's Service Improvement Plan was developed (October 2019), updated where necessary and implemented. The creation of the sufficiency strategy for the period 2019-2021 was a key action so that we could increase our confidence that children are receiving quality services. That version of the strategy considered our historical cared for data, considered the experiences of children and used a range of intelligence to understand demographic and market trends over the previous five years. The analysis highlighted the leading sufficiency challenges, addressed the strategic developments required, some of which had already been identified and were in the process of being taken forward in other work streams.

This next version of the strategy covering the period 2021-2024 uses similar methodology to set out a 'roadmap' for service development over the next three years to ensure that children benefit from sustainable, good or better services. It will build upon the significant progress that has already been achieved and will support our determination to achieve continuous improvement.

In summary, the strategic priorities for this version of the Sufficiency Strategy are set out below and in the text we capture the progress that has been made so far and which has served to inform our new or revised priorities.

1.3.1 Continue to strengthen the delivery of early help, edge of care, early intervention and prevention services

The council has developed significantly its approach to early help, intervention and prevention services. The council is now providing more intensive 'targeted' support, including multi-disciplinary interventions, to vulnerable individuals and families to prevent escalation. This work is underpinned by the development and implementation of the wide-ranging Early Help Strategy that went live on the 1 June 2021. For children judged to be at the edge of care we have developed a range of community based intensive support, that is being delivered by a dedicated team created as part of the recent service design exercise. The service is available on an extended hours, six days a week basis with the capacity to be more flexible to prevent the necessity for avoidable admissions to care. This provision will include the facility for a short period of accommodation with a clear objective to return home following intense work within a twelve-week maximum timeframe.

We have extended the edge of care definition to include children and young people returning home from care. It continues to be expected that all plans for children in this circumstance 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 seeks to prevent the 'revolving door syndrome'.

Key priorities

- Provide proportionate early help and edge of care services that continue to 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.
- Through the provision of intensive edge of care services we will seek to resist all avoidable admissions to care for children aged 12+ 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 continue to be used to support re-unification of children to their family homes. This will enable us to maintain our positive impact in reducing the numbers of children in the 12-16 age group who have 'return home' plans.

1.3.2 Continue to increase the numbers and capability of in-house foster carers and reviewing our existing bank of carers to develop and match their skills to the needs of our children.

The Council has revised its communication and marketing strategy for the recruitment of foster carers and has adopted an ambitious and targeted approach to increase the number of in-house carers. This will also include the potential to explore collaborative approaches of different types with neighbouring councils, and the creative use of media, work that will be taken forward by a nominated manager.

Key priorities

- To increase the number 'in house' specialist and intensive foster care placements to meet the needs of sibling groups, including dedicated PACE placements; children over the age of 10 including adolescents with challenging behaviours and / or high levels of safeguarding concerns; children with disabilities and parent and baby assessment placements.
- To recruit foster carers whose skills can be developed to meet the needs of Torbay children who need care services for short, medium and long term periods, or who are being prepared to be reunited with own families or being placed in permanent living arrangements away from their immediate birth families.
- To support foster carers using a variety of means as part of a commitment to reduce disruptions.
- To ensure foster carers reflect the ethnic diversity of the looked after population.
- 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 maximizing the use of our internal capacity.

1.3.3. Reduce the use of out of local area provision which may disadvantage our children and young people.

32.1 % (105) of cared for are placed more than 20 miles from the council's boundaries. This is an encouraging reduction over the course of the last year from 146 children (44%). The majority of these placements are commissioned fostering and residential placements and are the subject of continuous focus to identify children who can be helped to move closer to home if that it is their best interests.

The council will continue to develop and fully implement its robust commissioning framework for all provision types, to improve arrangements with local providers in order to meet the needs of cared for children and continue to decrease reliance on placements beyond 20 miles. The council will significantly reduce its reliance on spot purchased provision.

The council will aim to provide placements (including residential care) to children and young people in Torbay 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, (including schools, colleges and workplaces) and networks to improve their outcomes. If a child has to be placed out of the area, we will ensure they are not disadvantaged and have the same chances as all other children and young people.

Key priorities

- To work with all providers to explore and agree strategies for maximising the availability of placements in-house at the point of need and reduce the reliance on agency placements.
- To develop and implement a robust, evidence based and innovative market shaping strategy to ensure that the council is able to meet the diverse needs of all children who require a care solution.
- To reduce the number of residential placements purchased, and to develop and increase the number of highly skilled and resilient Torbay foster care placements, by developing our in house foster care service and preferred independent service providers.
- To develop and implement robust commissioning frameworks to enable us to access provision from high quality providers within a 20 mile radius of Torbay.

1.3.4 Increase the number of adopters who can adopt children who are known to be harder to place

The council will increase the number of approved adopters each year to meet the needs of children and, in particular, sibling groups, older children and children with disabilities. Torbay has achieved some success in this area and 3 children who have placement orders remain unmatched, a figure that has reduced from 8 over the last year. Adoption South West have responded to this need by launching a targeted recruitment campaign, the results of which are awaited.

Key priorities

- To consider further developing partnership arrangements to significantly increase the number of adopters being approved and to reduce delays in placing children with adoptive families.
- To increase the number of Torbay Council's approved adopters each year to meet the needs of sibling groups, older children and children with disabilities.
- To continue to develop best practice in line with Government initiatives, consultancy advice and feedback from adopters and to work in line with the Government's regionalisation of adoption agenda.

1.3.5 Providing young people who are leaving care with a variety of placement choices and support to independence.

Over the last six months there has been concerted work to effect a Youth Housing and Homeless Strategy. This work has recognized that there is a pressing need to further develop effective partnerships with Housing Providers across the council area and a joint strategy for the provision of cost effective, safe and good quality housing for care experienced, 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 council options for those who are unable to remain in the area and for those who have settled outside of Torbay. Commissioning initiatives have secured provision for cared for young people aged 16-18 through the Foyer and Young Devon but this provision is also used by Housing Options for all young

people aged 18-25 who have had no previous contact with Children's Services. This means that this provision is very pressured. The resultant 'log jam' and the shortage of 'moving on accommodation' emphasises the importance of a paper going before the Council's Housing Board highlighting options for the future. This will be targeting on what is required to enable young people to be properly prepared for independence and secure the timely allocation of appropriate accommodation. Without a sufficient resource it is likely that a number of cared for young people will continue to be inappropriately placed in B&B or will 'sofa surf' in the absence of a viable alternative.

Key priorities

- To implement the Throughcare Strategy for care experienced young people to include commissioning intentions, in partnership with Housing Providers; and to improve the range of supported and 'move on' accommodation to promote and encourage independence, as well as improving the quality of shared accommodation for care experienced.
- 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 14 and involves partnership working with adult services at the earliest opportunities.

1.3.6 Provide a robust commissioning framework which is effectively responding to the sufficiency challenges and driving up standards.

Key priorities

- To work in close partnership with local providers to re-shape the market and increase the availability of all placement types for Torbay Council's children at the point of need.
- To improve the commissioning and contract monitoring of all care placements, including those for children with disabilities, with bespoke packages, which may include education, therapy and drug and alcohol intervention, developed through contributions from partner agencies (e.g. Health).
- To work with residential care providers to improve standards of care, and ensure that Torbay Council's provision maintains a 'Good' or better OFSTED rating.
- 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.

1.3.7 Improve the overall data capture and data management of cared for children to better inform this strategy and improve accurate responses to sufficiency challenges.

Key priorities

- To ensure that all staff have access to contemporary, accurate data to support them in their work to deliver the strategic and operational priorities of the service.
- All staff are knowledgeable and able to use and interpret data to enable an assured and informed understanding of the underlying contributory factors which drive practice and management outcomes affecting the quality of early help, prevention and services for cared for.

- To develop a comprehensive set of benchmarking data which supports learning from evidence-informed best practice to effectively target early intervention, prevention, and edge of care services to safely reduce the numbers of children becoming or remaining cared for.
- To closely align data analysis with Quality Assurance activity through a program of scheduled and bespoke 'deep dive' and 'dip sample' audits to gain a better understanding of the experience of children and families reflected in the data.

1.3.8 Raise our aspirations for educational attainment and other outcomes for cared for children.

Research evidences a strong correlation between placement stability and good outcomes for Children and Young People's educational attainment, emotional health and well-being and other key indicators for long term life chances and success.

Key priorities

- Continue to improve evidence-based assessment, planning and matching of placements including arrangements for access to suitable education in schools rated as 'good' or 'outstanding' and high-quality training and other specialist services as required for each child.
- Rigorously monitor progress, attainment and outcomes for cared for through the various statutory review processes and contract management.
- Actively manage and support the stability of the child's living arrangements to reduce the likelihood of avoidable placement and education disruption.
- To work in close collaboration with schools, colleges and the wider education partnership to prevent exclusion
- Achieve the above shared outcomes through effective partnership working across the council, with partners and placement providers.

1.3.9 Continue to build on the strength of the Torbay Corporate Parenting Board

Torbay Council, through its Corporate Parenting Board and in collaboration with key partner agencies including the LGA is committed to working towards achieving its vision of delivering excellence for cared for.

Key priorities

- Ensure that the council is meeting its corporate parenting responsibilities towards the children and young people for whom it is responsible.
- Ensure that the Council fulfils its obligations and commitments to cared for and care experienced children set out in 'The Pledge'
- Ensure that the council is meeting government objectives and abides by statutory guidance in relation to cared for and care experienced children.
- Contribute to, and facilitate scrutiny of target areas in relation to cared for and care experienced children.
- Ensure placements are safe and meet the needs of our children and young people.
- Ensure that to cared for and care experienced children fulfil their educational potential.
- Ensure cared for and care experienced children are emotionally, mentally and physically healthy.
- Ensure to cared for and care experienced children develop into independent, confident and responsible adults.

Section 2

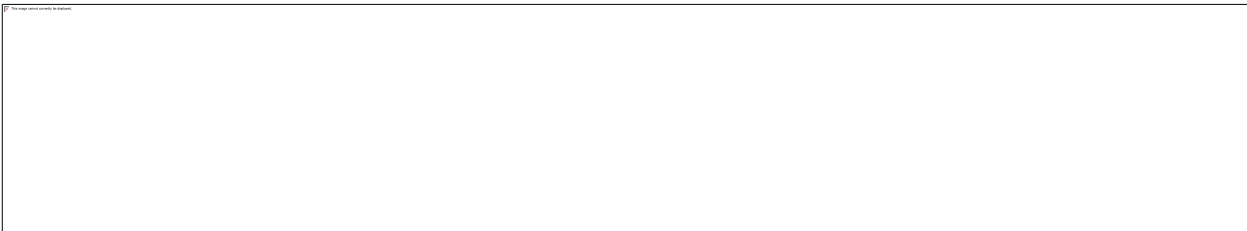
2.1 Needs analysis

2.1.1 Torbay demography, child population and future growth

In 2018 (the latest ONS mid-year population estimates) the population of Torbay was estimated to be 135,780 residents. Around 28,080 of these residents are aged between 0 and 19 years which equates to 20.7% of our residents.

The 20+ years population of Torbay has been steadily increasing in the period since 2009 and is now 107,700 which represents a rise of 4.3%. The population aged 0 and 19 years has fallen by 1% in the same period and now stands at 28,080.

The population of 0 to 19 years and 20+ years are both expected to increase in the period to 2024 by 3.4% and 2.5% respectively. Differential analysis of the data demonstrates there are rolling peaks in age group populations which will influence service planning. For example, between 20014 and 2016 there was a peak in the 0 to 4 age group followed by projected falls thereafter. This roles on and the 5 to 9 age group is expected to peak in the period 2019 to 2021 before falling back slightly.



Source: ONS pop projections 2016 & 2019

There is longstanding research on the correlation between deprivation and family disruption and breakdown this leads to an increase likelihood fo some children entering the care system or requiring intensive support and protection due to family stress and/or breakdown. The latest validated position (2019) relating to Torbay is set out below:

- Torbay is ranked as the most deprived upper-tier local authority out of 15 in the South West region. Torbay has been in this position since 2007.
- Torbay is ranked as the most deprived district out of 30 districts in the South West. Torbay has been in this position for the last two Index Multiple Deprivation (IMD) periods.

	2004	2010	2019
Torbay	62	41	38
Plymouth	57	60	52
Bristol	50	65	59
Cornwall	61	61	60

2.1.2 Cared for demography

354 children were cared for by the authority at the end of 2020 (not including those children being looked after as part of a respite care arrangement). This is 66 children more than in 2017 indicating a 22.9% increase.

140 per ten thousand children are now cared for by the authority which reflects a significant 57% increase since 2011. This rate is marginally over double the national average and significantly exceeds by 37% the average of our statutory neighbours which is a concern on both counts. In our SN Group, our rate is only exceeded by Blackpool, a local authority also judged to be inadequate in its last inspection.

Table: Number and rates of children looked after in Torbay – trend

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Torbay	225	250	300	314	306	279	288	327	359	354
Rates per 10,000 children	89	100	121	126	122	110	114	129	142	140
Statistical Neighbour Average Rates	71	73	78	80	80	83	91	98	N/A	113
National Average Rates	58	59	60	60	60	60	62	64	N/A	67

Although there has been some leveling off in the numbers of cared for children in 2019 and 2020, there has been a steady upward trend in the care population since the 31 March 2016 with the current figure of 354 being 27% higher. Of particular interest are the increases in the 10-15 and 16+ cohorts which are numerically (by 20 and 15) and proportionately (by 16% and 31%) increased. It is well researched that without concerted action, children in these age groups are more likely to remain in the care population and are disproportionately represented in high cost placements. This was a key driver in the priority set out in the last version of the Sufficiency Strategy (2019-2021) that was focused upon reducing the admission rates to care of both of these age cohorts and where possible seeking to work with families to achieve a reconciliation to allow the children to return to safely live at home. The table below shows that encouraging progress has been made in achieving this aim.

Table: Cohorts in the care population by age groups 0-1, 2-4, 5-9, 10-15, 16-19.

age group	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
under 1	19	29	13	20	20
1-4	32	40	54	48	35
5-9	60	58	63	59	58
10-15	123	141	166	156	143
16+	49	56	63	71	64
Grand Total	283	324	359	354	320

Source: PARIS Feb 2021 excludes regulation 48

2.1.3 Rates & numbers of cared for compared with statistical neighbours¹

The tables below show that Torbay is third to North East Lincolnshire and Blackpool in the rates of children per 10,000 population who are in the care system. Torbay's rate is just more than double that of the lowest authority in our comparator group (Norfolk). With the exception of Blackpool and North East Lincolnshire, Torbay significantly exceeds all others in the group and since 2011 has consistently had the second highest rate of cared for children with the exception of 2020 when our rate was exceeded by North East Lincolnshire and Blackpool.

Table: Rates of LAC per 10,000 over time (include comparator data)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Redcar and Cleveland	53	62	63	63	67	73	86	103	108	126
Blackpool	136	150	166	152	157	163	183	185	197	223
Wigan	68	71	75	73	74	71	66	70	66	77
North East Lincolnshire	42	45	58	76	77	86	87	103	130	166
Rotherham	69	68	70	70	72	76	86	109	112	103
Telford and Wrekin	70	77	82	79	75	76	96	92	96	98
Norfolk	58	61	65	69	64	62	65	69	70	64
Southend-on-Sea	72	64	62	64	60	68	73	74	78	79
Isle Of Wight	66	60	69	74	79	80	90	90	98	107
Plymouth	74	75	73	77	76	78	75	80	78	82
Torbay	89	100	121	126	122	110	114	129	142	140
SN Ave	71	73	78	80	80	83	91	98		
National Ave	58	59	60	60	60	60	62	64	65	67

Source: 903 DFE – figures rounded to nearest 10

Table: Numbers of LAC over last 10 years and compared to national and local comparators

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Redcar and Cleveland	150	170	175	174	183	199	235	284	297	348
Blackpool	395	435	480	443	454	469	525	533	568	652
Wigan	460	480	510	497	504	483	446	479	448	533
North East Lincolnshire	145	155	200	263	265	295	297	354	448	572
Rotherham	390	380	390	394	407	431	485	619	642	595
Telford and Wrekin	270	300	320	308	293	299	379	370	388	403
Norfolk	960	1,015	1,080	1,152	1,072	1,044	1,106	1,179	1188	1106
Southend-on-Sea	270	240	235	244	228	262	282	291	308	314
Isle Of Wight	175	160	180	191	202	204	228	226	243	264
Plymouth	375	385	370	395	392	407	391	417	412	434

¹ Statistical neighbours are determined by the DfE and are based on 10 other local authorities deemed to have similar characteristics. The local authority may compare its performance against its statistical neighbours to provide an initial guide as to whether their performance is above or below the level that might be expected.

Torbay	225	250	300	314	306	279	288	327	362	357
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2.1.4 Category of need

Based on the snapshot in table below, the significant majority of children are looked after in each age group as a result of abuse and neglect. Family dysfunction and family in acute stress account for the next highest categories in each age group with the exception of children aged 0-4. The 12 children under 1 and the 41 in the 1 - 4 cohort who came into care due to abuse and neglect present us with a continuing challenge to understand the underlying reasons.

Table: Children looked after by category and by age group

Age group	Category	Mar-2017	Mar-2018	Mar-2019	Mar-2020	Sep-2020
Under 1	ABSENT PARENTING	1			1	
	ABUSE OR NEGLECT	17	27	12	19	12
	FAMILY DYSFUNCTION		2	1		
	PARENTAL ILLNESS OR DISABILITY	1				
Age 1-4	ABSENT PARENTING	1	1	1	2	3
	ABUSE OR NEGLECT	23	31	47	44	41
	DISABILITY	1	1			
	FAMILY DYSFUNCTION	3	2	2	1	1
	FAMILY IN ACUTE STRESS	2	3	2		
	NOT STATED	1				
	PARENTAL ILLNESS OR DISABILITY	1	2	2	1	
Age 5-9	ABSENT PARENTING	1	2	2	3	5
	ABUSE OR NEGLECT	50	44	47	47	44
	DISABILITY	1		1	1	2
	FAMILY DYSFUNCTION	5	8	8	5	5
	FAMILY IN ACUTE STRESS	1	2	4	1	1
	PARENTAL ILLNESS OR DISABILITY	2	2	1	2	1
Age 10-15	ABSENT PARENTING	3	4	2	1	1
	ABUSE OR NEGLECT	97	108	128	117	115
	CASES OTHER THAN CIN		1			
	DISABILITY	1	3	3	5	3
	FAMILY DYSFUNCTION	8	10	15	16	13
	FAMILY IN ACUTE STRESS	6	9	11	9	7
	PARENTAL ILLNESS OR DISABILITY	5	4	5	6	4
	SOCIALLY UNACCEPTABLE BEHAVIOU	3	2	2	2	2
Age 16+	ABSENT PARENTING	8	7	4	4	1
	ABUSE OR NEGLECT	28	32	42	47	44
	CASES OTHER THAN CIN			1	1	1
	DISABILITY	2	1			1
	FAMILY DYSFUNCTION	4	6	5	8	9
	FAMILY IN ACUTE STRESS	5	6	6	8	5
PARENTAL ILLNESS OR DISABILITY	2	3	3	2	2	

	SOCIALLY UNACCEPTABLE BEHAVIOU		1	2	1	2
Grand Total		283	324	359	354	325

Source: PARIS Feb 2020 – figs exclude reg 48 CLA

2.1.5 Age profile

Almost two thirds of the children in the care population (65%) are in the 10+ age range (207 children, 65%). Young people aged 10 to 15 account for 45% (143 children) of the total care population and this proportionate distribution has remained relatively consistent in recent years. The age distribution of children in care in Torbay is skewed towards older children compared with national and benchmark groups. Torbay also has significant proportion of young adults aged 16 and above within the care population (64 or 20%) and this age profile is as a legacy of historical practice which led to increased numbers of older children becoming looked after in recent years.

The proportions of other age groups have remained fairly consistent overall but there have been some fluctuations in the under 1 and 1-4 age groups.

These data demonstrate that some optimism is justified in relation to a belief that Torbay has ‘turned a corner’ in stemming the year-on-year numerical increases in its cared for child population. However, because of the ages of the children concerned and the length of time that they have been cared for, achieving reunification with families or connected carers is complex particularly as increasing numbers of children are matched to their current carers and secure in their immediate and longer-term futures. This means that the challenges of achieving proportional adjustments to the data is made significantly more complex.

Table: Children looked after by age group (2017-2021)

Age group	Placement	Mar-17	Mar-18	Mar-19	Mar-20	Feb-21
under 1	FAMILY CENTRE/MOTHER BABY UNIT	4	1	1	1	
	FP WITH OTHER CARER	9	21	7	16	13
	FP WITH RELATIVE OR FRIEND	4	4	2		5
	NHS/HEALTH TRUST OR ESTAB			1		1
	PLACED ADOP S19 CURR F. CARER			1		
	PLACED ADOP S21 CURR F. CARER	1	2			1
	PLACED ADOP S21 NOT CURR CARER	1				
	WITH PARENT/RESP PERSON		1	1	3	
Age 1-4	FAMILY CENTRE/MOTHER BABY UNIT					
	FP WITH OTHER CARER	17	28	26	32	22
	FP WITH RELATIVE OR FRIEND	5	5	8	6	6
	HOMES/HOSTELS			1		
	OTHER PLACEMENTS				1	
	PLACED ADOP S19 CURR F. CARER			1	1	
	PLACED ADOP S19 NOT CURR CARER	3	1	9	5	1
	PLACED ADOP S21 CURR F. CARER		1	2		1
	PLACED ADOP S21 NOT CURR CARER	4	3	6	2	3
	WITH PARENT/RESP PERSON	3	2	1	1	2

Age 5-9	FP WITH OTHER CARER	50	50	51	40	41
	FP WITH RELATIVE OR FRIEND	4	5	6	10	8
	HOMES/HOSTELS			1	4	2
	PLACED ADOP S19 CURR F. CARER					1
	PLACED ADOP S19 NOT CURR CARER	4			1	1
	PLACED ADOP S21 CURR F. CARER				1	
	PLACED ADOP S21 NOT CURR CARER	1		2	1	3
	WITH PARENT/RESP PERSON	1	3	3	2	2
Age 10-15	FP WITH OTHER CARER	95	108	122	115	104
	FP WITH RELATIVE OR FRIEND	9	8	18	14	17
	HOMES/HOSTELS	18	24	23	24	16
	NHS/HEALTH TRUST OR ESTAB			1		
	OTHER PLACEMENTS					1
	SECURE UNIT					
	WITH PARENT/RESP PERSON	1		2	3	4
	YOUNG OFFENDERS INST/PRISON		1			1
Age 16+	16+ SUPPORTED ACCOMMODATION	6	12	19	28	21
	FP WITH OTHER CARER	25	29	27	33	25
	FP WITH RELATIVE OR FRIEND	3	2	4	2	2
	HOMES/HOSTELS	9	6	8	3	4
	INDEPENDENT LIVING	4	5	2		
	NHS/HEALTH TRUST OR ESTAB			1	1	1
	OTHER PLACEMENTS				1	3
	RESID SCHL NOT REG AS SCHL/HME					1
	WITH PARENT/RESP PERSON	2	2	1	3	7
	YOUNG OFFENDERS INST/PRISON			1		
Grand Total		283	324	359	354	320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

At the end of February 2021, 64 young adults age 16 and above were in care compared with 63 in March 2019, 56 in March 2018 and 51 in March 2016. Twenty children were below the age of one and 143 were between the ages of 10 and 15.

There is a decrease by February 2021 in the number of cared for children aged 10 – 15 years. In this cohort the numbers coming into care for abuse or neglect was 115 (September 2019) with the remainder entering the care system for a variety of other reasons but most commonly associated with family dysfunction and families in situations of acute stress (20 children). Although relatively small decreases, they give rise to cautious optimism that the strategy of working hard to support children safely within their families and communities is beginning to gain positive traction.

It is likely that abuse and neglect will have been present when the children were younger, and the evidence suggests that it is probable that they have contributed to the overall numbers of children becoming looked after in this age group. In the 16 + cohort, the number of young people in care due to abuse or neglect have remained broadly similar to previous periods and these features are prevalent in 44 of the 64 cases. This raises some questions about

effectiveness of early intervention which we have planned to significantly improve in future years following the recent full implementation of the Early help Strategy. We have measures in place to evaluate the effectiveness of Early Help Services. Consequently, we can confidently hypothesise that the historical lack of success in safely protecting and supporting these children in their communities which has significant cost implications for the children’s service throughout the period of time that each individual child is in care will be addressed. It is noteworthy that a reduced number of children (26) are living in residential facilities and at the time of drafting this strategy none are in custody. These encouraging figures reflect the significant achievement in enabling older young people to live in family or community-based settings. Research is clear that experiences such as these are likely to have beneficial effects on the prospects for young people making a successful transition to young adulthood.

2.1.6 Gender

Between March 2017 and March 20, in the 0 – 4 age groups have been consistently populated by significantly more females than males in the care system. This pattern reversed in the period to Jan 21 when males exceeded females (33 to 22 respectively). This pattern continued in the 5 – 9 age group and by the time children reach 10 years or more the number of males consistently exceeded the numbers of their female counterparts. However, analysis of trend data shows that the gap between genders is decreasing. This change probably reflects the work undertaken to enable young people to live in their families whenever it is safe to do so. It is to be noted that in the period to February 2021, the numbers of males entering the care system (35) significantly exceeded females (16) thereby reversing the trend seen in the period between April and October 2019 the number of females entering the care system (44) significantly outstripped the number of males (31) by 42%. This date will continue to be monitored so that any changing trends can be identified early to enable the Sufficiency Strategy to be updated accordingly.

Table: Children looked after by age (January 2021)

Age group	GENDER	Mar-17	Mar-18	Mar-19	Mar-20	Jan-21
Under 1	F	11	14	8	13	6
	M	8	15	5	7	14
Age 1-4	F	18	23	28	25	16
	M	14	17	26	23	19
Age 5-9	F	27	31	28	30	28
	M	33	27	35	29	30
Age 10-15	F	61	68	75	75	69
	M	62	73	91	81	74
Age 16+	F	17	24	30	34	31
	M	32	32	33	37	33
Grand Total		283	324	359	354	320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Children becoming looked after by gender (January 2021)

Female	16
Male	35

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

2.1.7 Ethnicity

Children from Great Britain and Northern Ireland account for 89.2% of the current care population. All other ethnic groups, with the exception of 'White Other' (1.4%), 'Other Mixed Ethnicity' (2.6%) and 'Mixed Ethnicity – White and Black African' (2.6%) form less than 1% of the care population.

Although numbers of children from ethnic groups are comparatively small when compared to national averages it would appear that there is possibly an underrepresentation of children from minority ethnic groups in the care population. This situation will also be kept under review.

Table: Children looked after by ethnic origin

	Gen population %'s			Torbay CLA %					Torbay CLA numbers					
	Torbay all age	Torbay 0-19	National	31/03/2016	31/03/2017	31/03/2018	31/03/2019	30/09/2019	31/03/2016	31/03/2017	31/03/2018	31/03/2019	30/09/2019	
All categories: Ethnic group	130959	27,628	56075912											
White: English/Welsh/Scottish/Northern Irish/British	94.8%	93.9%	80.5%	93.1%	90.8%	91.0%	86.9%	89.2%	257	257	295	312	313	
White: Irish	0.5%	0.1%	0.9%	1.4%	1.4%	0.9%	0.8%	0.9%	4	4	3	3	3	
White: Gypsy or Irish Traveller	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%						
White: Other White	2.2%	1.8%	4.4%	0.4%	0.7%	0.6%	2.2%	1.4%	1	2	2	8	5	
Mixed/multiple ethnic group: White and Black Caribbean	0.3%	0.8%	0.8%	0.7%	0.4%	0.3%	1.9%	0.9%	2	1	1	7	3	
Mixed/multiple ethnic group: White and Black African	0.1%	0.4%	0.3%	0.0%	0.4%	0.3%	2.5%	2.6%		1	1	9	9	
Mixed/multiple ethnic group: White and Asian	0.3%	0.9%	0.6%	0.4%	0.7%	1.5%	0.6%	0.9%	1	2	5	2	3	
Mixed/multiple ethnic group: Other Mixed	0.3%	0.5%	0.5%	3.6%	2.8%	2.8%	2.8%	2.6%	10	8	9	10	9	
Asian/Asian British: Indian	0.3%	0.4%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%						
Asian/Asian British: Pakistani	0.1%	0.1%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Asian/Asian British: Bangladeshi	0.1%	0.1%	0.8%	0.0%	0.4%	0.3%	0.6%	0.6%		1	1	2	2	
Asian/Asian British: Chinese	0.2%	0.3%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%						
Asian/Asian British: Other Asian	0.4%	0.4%	1.5%	0.0%	1.4%	0.6%	0.3%	0.3%		4	2	1	1	
Black/African/Caribbean/Black British: African	0.1%	0.1%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%						
Black/African/Caribbean/Black British: Caribbean	0.1%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%						
Black/African/Caribbean/Black British: Other Black	0.0%	0.0%	0.5%	0.4%	0.4%	0.3%	0.3%	0.3%	1	1	1	1	1	
Other ethnic group: Arab	0.1%	0.1%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%						
Other ethnic group: Any other ethnic group	0.1%	0.1%	0.6%	0.0%	0.7%	1.2%	0.8%	0.0%		2	4	3		
INFORMATION NOT YET OBTAINED							0.3%	0.6%				1	2	
				CLA pop proportion greater than 0-19 pop						276	283	324	359	351

Source: ONS 2011 ethnicity by age and PARIS Oct 2019 – figs exclude reg 48 CLA

2.1.8 Children in care with complex medical needs or disabilities

The service acknowledges the need to improve its captured data, especially regarding children with learning disabilities and mental health difficulties, to more accurately reflect the profile of children with a life affecting disability.

Information the service does have, details that 58 children in who are cared for or care experienced have at least one form of identified medical need or disability. The 10 – 15 and 16+ age groups account for 86% of the cohort of children in care with complex medical needs or disabilities. It is likely that the living arrangements for these children will incur additional, and sometimes very significantly increased costs.

Table: Range of complex and medical needs by age group
Children looked after

Complex medical needs	age group	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
	Under 1	1				
	Age 1-4	1	3	3	3	1

	Age 5-9	4	2	3	9	7
	Age 10-15	3	5	8	26	26
	Age 16+	1	2	2	11	11
Grand Total		10	12	16	49	45

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Care experienced

Complex medical needs	AGE	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
	17					1
	18	1	1	2	2	1
	19		1	1	6	5
	20			1	1	5
	21		1			1
Grand Total		1	3	4	9	13

Source: PARIS Jan 2021 – figs exclude reg 48 CLA

Table: Range of medical/disability of children looked after
Children looked after

DISABILITY	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
AUTISM OR ASPERGER SYNDROME	0	2	3	3	2
AUTISM OR ASPERGER SYNDROME, BEHAVIOUR, COMMUNICATION, INCONTINENCE, LEARNING, PERSONAL CARE	1	1	2	0	0
AUTISM OR ASPERGER SYNDROME, BEHAVIOUR, COMMUNICATION, INCONTINENCE, LEARNING, PERSONAL CARE, VISION	1	0	0	0	0
AUTISM OR ASPERGER SYNDROME, BEHAVIOUR, COMMUNICATION, LEARNING, MOBILITY, PERSONAL CARE	0	0	0	1	1
AUTISM OR ASPERGER SYNDROME, COMMUNICATION, OTHER DDA, INCONTINENCE, LEARNING, PERSONAL CARE	0	0	0	0	0
BEHAVIOUR	2	4	6	9	10
BEHAVIOUR, COMMUNICATION, CONCIOUSNESS, LEARNING	0	0	0	0	0
BEHAVIOUR, COMMUNICATION, LEARNING	5	5	4	3	2
BEHAVIOUR, COMMUNICATION, LEARNING, PERSONAL CARE	0	1	1	1	1
BEHAVIOUR, COMMUNICATION, OTHER DDA, LEARNING	0	0	0	0	0
BEHAVIOUR, LEARNING	3	3	2	3	2
BEHAVIOUR, OTHER DDA	1	2	2	2	2
BEHAVIOUR, OTHER DDA, LEARNING	2	2	2	0	0
COMMUNICATION	1	0	0	0	0
COMMUNICATION, CONCIOUSNESS, HAND FUNCTION, HEARING, LEARNING, MOBILITY, PERSONAL CARE, VISION	1	1	1	1	0
COMMUNICATION, CONCIOUSNESS, INCONTINENCE, LEARNING, MOBILITY, PERSONAL CARE, VISION,	1	1	1	1	1

COMMUNICATION, HAND FUNCTION, INCONTINENCE, LEARNING, MOBILITY, PERSONAL CARE	0	1	1	1	1
COMMUNICATION, HAND FUNCTION, INCONTINENCE, LEARNING, PERSONAL CARE	1	1	1	1	1
COMMUNICATION, HAND FUNCTION, LEARNING, MOBILITY, PERSONAL CARE	0	0	1	1	1
COMMUNICATION, HAND FUNCTION, LEARNING, MOBILITY, PERSONAL CARE,	0	0	0	0	0
COMMUNICATION, INCONTINENCE, LEARNING	1	1	1	1	1
COMMUNICATION, INCONTINENCE, LEARNING, PERSONAL CARE	0	0	0	0	0
COMMUNICATION, OTHER DDA, HAND FUNCTION, INCONTINENCE, LEARNING, MOBILITY, PERSONAL CARE, VISION	0	0	0	0	0
CONCIOUSNESS	0	0	0	1	0
HEARING	0	0	1	0	0
HEARING, LEARNING	0	0	0	1	0
INCONTINENCE	2	2	2	2	3
LEARNING	11	11	11	12	12
LEARNING, MOBILITY	0	0	0	0	0
MOBILITY	0	0	1	1	1
OTHER DDA	2	4	4	2	2
OTHER DDA, VISION	0	0	1	0	0
PERSONAL CARE	0	0	0	1	1
VISION	0	0	0	1	1
Grand Total	10	12	16	49	45

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Care experienced

DISABILITY	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
AUTISM OR ASPERGER SYNDROME	0	0	0	0	0
AUTISM OR ASPERGER SYNDROME, BEHAVIOUR, COMMUNICATION, INCONTINENCE, LEARNING, PERSONAL CARE, VISION	0	1	1	1	1
BEHAVIOUR	0	0	1	1	2
BEHAVIOUR, COMMUNICATION, LEARNING	0	0	1	1	1
BEHAVIOUR, COMMUNICATION, OTHER DDA, LEARNING	0	0	1	1	1
BEHAVIOUR, LEARNING	0	0	1	1	1
BEHAVIOUR, OTHER DDA, LEARNING	0	0	0	2	2
HEARING, LEARNING	0	0	0	0	1
LEARNING	0	0	2	2	2
OTHER DDA	0	0	0	0	2
Grand Total	0	1	7	9	13

Source: PARIS Feb 2021 - Covers all ages and care leaver statuses

In addition, research shows that cared for are more likely to have mental health needs and issues with their emotional well-being. However, because of their age and the complexity of their emotional needs, serious and enduring mental health needs are frequently unmet. This national challenge for children’s services and CAMHS services was identified in the last Sufficiency Strategy and limited progress has been made in securing appropriate and accessible CAMHS support. This is now an important and pressing issue that requires resolution and the new management team responsible for cared for and care experienced children, including those with complex needs, in conjunction with their CAMHS and commissioning colleagues will prioritise consideration of the options that are available to meet the needs of cared for with mental health challenges and take forward the agreed actions.

2.1.9 Children entering and exiting care

In each of the full years between 2016/17 and 2019/20 the number of admissions has exceeded the numbers of discharges of children from care. However, in 2020/21 the YTD figures are showing clear evidence of a reversal of this pattern, reflecting the impact of the rigorous action to avoid unnecessary admissions to care.

Table: Admissions and discharges to and from care over last 5 years broken down by gender

Admissions into care						
Gender	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 (YTD)
F	49	67	73	64	77	17
M	50	58	72	89	58	37
Grand Total	99	125	145	153	135	54
Discharges from care						
Gender	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 (YTD)
F	71	61	45	55	58	48
M	56	59	58	64	67	50
Grand Total	127	120	103	119	125	98

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

2.1.10 Repeat admissions

This data shows that generally fewer children are experiencing second or further admissions to care although in the current year there has been a slight rise caused by the re-admission of 5 children in crisis when the Police exercised their powers of protection. Although this may be encouraging, further analysis is required to establish whether some children could be safely reunited with their families. We will remain conscious that repeat care episodes have a damaging impact on their lives and emotional development and the sufficiency strategy will make proposals to mitigate the risks.

Table: Number of repeat care episodes over each of last 3 years

Children Looked After who started in care for a second or subsequent time

Year	Number of Children
2016/17	8
2017/18	7
2018/19	4
2019/20	2
2020/21 (YTD)	5

2.1.11 Destination of children leaving care

27 children, which equates to 31% of children leaving care returned home to their families and a further 42 children (48%) have moved to suitable permanent arrangements. We anticipate more children securing permanency through adoption as 33 children benefited from adoption decisions in 2019-20, a figure that substantially exceeds the data for each year since 2014/15. Most children enter care at older ages. A number of this cohort had their period of being cared for ceasing recorded as “any other reason” which in reality means they left care at the point of reaching their 18th birthdays.

Table: Destination of children leaving care

	2015-16	2016-17	2017-18	2018-19	2019-20 (YTD)	2020-21(YTD)
ADOPTED, APPLICATION UNOPPOSED	20	9	13	7	17	16
ADOPTED, CONSENT DISPENSED WITH	8	5	7	4	9	
ANY OTHER REASON	10	14	2	22	18	2
CARE TAKEN OVER BY ANOTHER LOCAL AUTHORITY	2	1	1	1		
CHILD ARRANGEMENT/RESIDENTIAL ORDER GRANTED	6	11	6	5		1
DIED			1			
INDEPENDENT LIVING-SUPPORTED	14	18	14	17	3	
INDEPENDENT LIVING-UNSUPPORTED	4	3	3	6	5	3
LEFT CARE					14	30
RETURNED HOME	52	40	36	30	43	31
SENTENCED TO CUSTODY	1	1		1	2	
SPECIAL GUARDIANSHIP ORDER NOT FORMER FOSTER CARER	7	8	12	8	10	5
SPECIAL GUARDIANSHIP ORDER FORMER FOSTER CARER	1	6	7	17	20	11
TRANSFERRED TO ADULT SOCIAL SERVICES	2	4	1	1	1	
Grand Total	127	120	103	119	142	99

As at	31/01/2021			
CARE LEAVER LEGAL STATUS	FORMER RELEVANT			
	AGE			
Destination 2	19	20	21	Grand Total
Young person engaged full time in higher education (meaning studies beyond A level)	5	3	2	10
Young person engaged full time in education other than higher education	8	5	3	16

Young person engaged full time in training or employment	3	11	8	22
Young person not in education, employment or training because of illness or disability	4	5	4	13
Young person not in education, employment or training: other circumstances	13	7	9	29
Young person not in education, employment or training due to pregnancy or parenting	1	3	4	8
Young person engaged part time in higher education (meaning studies beyond A level)	0	0	0	0
Young person engaged part time in education other than higher education	1	0	0	1
Young person engaged part time in training or employment	3	5	0	8
Grand Total	38	39	30	107

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

In 2019-20 25 (29%) of children leaving care did so within 6 months of their care episode commencing indicating a decrease from 2014-2015 when the figure was 59 children (44%). 40 children (46%) spent between 6 months and 2 years in care. 22 children (25%) left care after periods between 2 and 10 or more years. Work undertaken following the implementation of the last Sufficiency Strategy has focused upon ensuring that the necessity for care is kept under active review for each child and how their needs can be best met without unnecessarily extended episodes of care.

Table: Duration of care episodes

How long CLA at point of ceasing to be CLA	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 (YTD)
under 2 weeks	14	22	15	26	11	9
2-8 weeks	2	3	5	16	4	4
8wks-6mnths	27	29	15	20	18	7
6mnths-1yrs	18	10	25	21	30	18
1-2yrs	32	18	18	11	40	19
2-3yrs	18	10	9	8	7	12
3-5yrs	6	11	3	9	13	10
5-10yrs	7	9	8	4	15	14
10+yrs	3	8	5	4	5	6
Grand Total	127	120	103	119	143	99

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Children ceasing care by age during the past 6 years

Age of CLA ceasing to be CLA																					
YEAR	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Grand Total	
2015-16	13	21	7	7	5	8	6	2	4	3	1	2	2	2	4	4	5	6	25	127	
2016-17	15	12	4	4	7	3	10	4	4	2	2	2		3	2	4	6	12	24	120	
2017-18	20	9	7	10	7	4	3	2	5	2	1		1	2	3	3	1	22	1	103	
2018-19	16	15	7	7	4	2	2	2	3		4		1		3	3	3	43	4	119	

2019-20	7	23	10	5	7	3	4	2	3	5	2	7	3	7	6	4	4	38	2	142
2020-21	8	9	8	6	2		3	1	3	2	2	6	1	6	5	5		31		98

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

The period since 2016/17 has seen significant increases in the number of young people who have left care in their 18th year. These data reflect the numbers of older children who have remained in the care system which, as noted earlier, are likely to have been in high-cost placements for at least some parts of their care episode. This trend is likely to continue.

2.1.12 Cared for by legal status

The largest proportion of children in care are subject to a full care order (201 children or 57%) followed by children subject to Section 20 (60 children or 17%) and those on interim care orders (53 children or 15%). These figures reflect Torbay’s use of care proceedings as a means of securing children’s safety and promoting permanence for those who are unable to return to their families. The current rate of 25.3 children per 10,000 population places Torbay as 9th out of the 151 Local Authorities in England against a national average of 11.40 and reflects that Torbay has increasingly relied on care proceedings over the last 4 years. Full care orders are in place for 121 (or 60%) of a total of 201 10 – 15-year-olds who are cared for. This equates to 34% of our total care population. This age group are less likely to be adopted and there is greater risk of multiple moves and placement breakdowns due to the emerging behavioural issues which underlines the importance of Torbay’s drive to achieve security through permanence for children which in turn will mitigate the risks of disruption.

23 aged 10 – 15 years and 22 who are aged 16+ are cared for subject to Section 20 and reflects a significantly high proportion (75%) of the total Section 20 care cohort. A further 53 children are subject to interim care orders with the distribution relatively evenly spread across the age groups.

As part of the sufficiency strategy, we will be seeking to use earlier interventions to reduce the requirement for interim and full care orders and we shall be rigorous in ensuring that care episodes are only used to effectively protect and safeguard children and young people. We continue to develop our effective edge of care interventions to mitigate the need for care episodes.

Key points

- Continue to focus on implementing the robust early help offer to support families with younger children with the help that they need, at the time that they need it, and which prevents escalation to statutory services.
- To further develop the consistent application of thresholds at all levels to facilitate interventions being targeted proportionally, effectively and in timely ways.
- To build resources to meet and reflect diverse demand within Torbay and ensure that services are readily accessible.
- More robust management scrutiny and oversight of assessment, care planning, and legal advice to avoid drift and unavoidable delay.

Table: Legal status of cared for

Children Cared For as at 31/01/21	
legal status	number
FULL CARE ORDER	205
INTERIM CARE ORDER	58
PLACEMENT ORDER GRANTED	32
SINGLE PERIOD ACCOMM SECT 20	25
Grand Total	320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Legal status by age group

Description:	Age Group	Total as at 31/01/2021
FULL CARE ORDER	Age 1-4	3
	Age 5-9	32
	Age 10-15	124
	Age 16+	46
FULL CARE ORDER Total		205
INTERIM CARE ORDER	Under 1	18
	Age 1-4	18
	Age 5-9	14
	Age 10-15	8
	Age 16+	0
INTERIM CARE ORDER Total		58
PLACEMENT ORDER GRANTED	Under 1	1
	Age 1-4	14
	Age 5-9	10
PLACEMENT ORDER GRANTED Total		25
SINGLE PERIOD ACCOMM SECT 20	Under 1	1
	Age 1-4	0
	Age 5-9	2
	Age 10-15	11
	Age 16+	18
SINGLE PERIOD ACCOMM SECT 20 Total		32
Grand Total		320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

2.1.13 Cared for projections

The number of children cared for by the authority rose over each of the three years to 2018/19 before decreasing slightly to 354 from 359 in 2019/20 and this downturn shows encouraging signs of continuing with the February 2021 figure standing at 320 which is below the March 2018 figure. These data suggest that the Sufficiency Strategy is beginning to impact upon the

cared for population as a result of the Children’s Service adopting measures to maintain children in their families and communities without compromising their safety and wellbeing. It is also important to note that this decrease has been achieved despite the projected rise of 3.4% in Torbay’s 0-19 population by 2024. The importance of the reduction will be demonstrated by the reduced financial pressures as a direct result of there being fewer children in the care system.

We will be seeking to ensure that Torbay’s care population will be in line with the best of our comparator authorities and the Council’s population growth rates and will take into consideration population migration and retention, birth rates and capital housing developments.

Sufficiency challenges and strategic priorities

- Torbay faces a challenge to ensure that the momentum of reduced numbers of cared for children is not adversely affected by the impact of COVID-19 which has seen the UK care populations rise, and the prospect of significant population growth.
- Children’s Services will undertake further modelling based upon the impact of our early help and edge of care services.
- Children’s Services will actively seek opportunities to reduce the cared for

2.1.14 Global stability

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 been maltreated. These feelings are compounded when they experience multiple placements². 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 and contributing to further placement breakdown and rejection³.

Work that has taken place since the publication of the last Sufficiency Strategy has significantly improved the position in Torbay. Short term stability at 10.6% is better than the performance of both our statistical neighbours and national averages (11.8% and 11.00% respectively) Long term stability at 66% now exceeds our statistical neighbours (65%) and is closing on national averages (68%). The success of this work which reflects better planning, a greater focus on permanency, more local placement provision and active consideration of connected carers will continue over the life of this version of the strategy.

2.1.15 Current provision

² Schofield and Beek, 2005
³ Munro and Hardy, 2006

A total of 320 children were cared for as of January 2021. Of these, 143 (45%) children were aged between 10 – 15 and a further 64 (20%) were aged 16 and over. There are more boys (61%) compared with girls (39%). 64% of children looked after at 31st January were subjected to full care orders, and 53% were aged 10 and over.

Children subject to single periods of accommodation under section 20 (25 or 8%), placement orders (32 or 10%), or interim care orders (58 or 18%) account for the significant majority of the remaining care cohort.

These data reflect a change from the position when the last version of the Sufficiency Strategy was introduced. The age profile has not significantly changed but the proportion of girls has decreased reversing the position noted at the time. The significant change is the fall of young people subject to single periods of accommodation under Section 20 and the increase in placement and interim care orders which reflects the work, including purposeful use of court proceedings, being undertaken to secure permanency and therefore certainty for those children who are unable to return to live with their families.

205 children (64%) are looked after in family placements with approved foster carers and a further 38 (12%) are looked after by relatives or friends. 22 children (7%) live in residential care, and it is noted that within this cohort there are currently 2 children aged 5-9. These data suggest that the measures adopted in the last Sufficiency Strategy are having significant, positive impact. In addition to the significant reduction in the use of care solutions for children, the reliance upon the use of residential care has also significantly reduced from 42 placements to 22 in the period. At the same time, we have managed to maintain the proportion of children in foster care at 64% and increased the use of placement with relatives or friends from 29 children (8%) to 38 Children (12%). Together with the significant proportion of our children who are to be offered the security of permanent placement via adoption, a welcome pattern has developed which demonstrates that not only are we having success in safely reducing our care population, the Children’s Service is securing through matching family experiences in foster care or with wider family or friends for those children who cannot return to their families. These emerging and welcome trends give cause for optimism that our cared for children will benefit from research-based evidence that asserts that children achieve better outcomes through the experience of positive family life. The Service will also benefit from significantly reduced costs caused by the use of family based rather than residential care whenever it is in the child’s best interest to do so. Currently 53 children are matched with in-house carers and 42 with IFA carers.

Table: Profile of Cared for Placements as at 31st January 2021

Placement Type	CLA as at 31/01/2021
16+ SUPPORTED ACCOMMODATION	21
FAMILY CENTRE/MOTHER BABY UNIT	0
FP WITH OTHER CARER	205
FP WITH RELATIVE OR FRIEND	38
HOMES/HOSTELS	22
NHS/HEALTH TRUST OR ESTAB	2
OTHER PLACEMENTS	4
PLACED ADOP S19 CURR F. CARER	1

PLACED ADOP S19 NOT CURR CARER	2
PLACED ADOP S21 CURR F. CARER	2
PLACED ADOP S21 NOT CURR CARER	6
RESID SCHL NOT REG AS SCHL/HME	1
SECURE UNIT	0
WITH PARENT/RESP PERSON	15
YOUNG OFFENDERS INST/PRISON	1
Grand Total	320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Placements by age as at 31st January 2021

PLACE_DESC	Under 1	Age 1-4	Age 5-9	Age 10-15	Age 16+	Grand Total
16+ SUPPORTED ACCOMMODATION	0	0	0	0	21	21
FP WITH OTHER CARER	13	22	41	104	25	205
FP WITH RELATIVE OR FRIEND	5	6	8	17	2	38
HOMES/HOSTELS	0	0	2	16	4	22
NHS/HEALTH TRUST OR ESTAB	1	0	0	0	1	2
OTHER PLACEMENTS	0	0	0	1	3	4
PLACED ADOP S19 CURR F. CARER	0	0	1	0	0	1
PLACED ADOP S19 NOT CURR CARER	0	1	1	0	0	2
PLACED ADOP S21 CURR F. CARER	1	1	0	0	0	2
PLACED ADOP S21 NOT CURR CARER	0	3	3	0	0	6
RESID SCHL NOT REG AS SCHL/HME	0	0	0	0	1	1
WITH PARENT/RESP PERSON	0	2	2	4	7	15
YOUNG OFFENDERS INST/PRISON	0	0	0	1	0	1
Grand Total	20	35	58	143	64	320

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Trends of placement type over time

Placement Type	31/03/2016	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021	% change 2016 to Jan 21
16+ SUPPORTED ACCOMMODATION	10	6	12	19	28	21	110.00%
FAMILY CENTRE/MOTHER BABY UNIT	4	4	1	1	1	0	-100.00%
FP WITH OTHER CARER	193	196	236	233	236	205	6.22%
FP WITH RELATIVE OR FRIEND	18	25	24	38	32	38	111.11%
HOMES/HOSTELS	29	27	30	33	31	22	-24.14%
INDEPENDENT LIVING	1	4	5	2		0	-100.00%
NHS/HEALTH TRUST OR ESTAB	1			3	1	2	100.00%
OTHER PLACEMENTS					2	4	
PLACED ADOP S19 CURR F. CARER				2	1	1	
PLACED ADOP S19 NOT CURR CARER	4	7	1	9	6	2	-50.00%
PLACED ADOP S21 CURR F. CARER	1	1	3	2	1	2	100.00%
PLACED ADOP S21 NOT CURR CARER	6	6	3	8	3	6	0.00%

RESID SCHL NOT REG AS SCHL/HME						1	
SECURE UNIT							
WITH PARENT/RESP PERSON	9	7	8	8	12	15	66.67%
YOUNG OFFENDERS INST/PRISON			1	1		1	
Grand Total	276	283	324	359	354	320	15.94%

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

2.1.16 Placements outside of Torbay

Torbay is a small council area which means that there are significant pressures on housing resources and the inevitable and associated constraints on the number of families living within the council boundaries who can come forward with offers to become foster carers. In addition, independent services are limited in Torbay. There are currently no local authority managed children's residential homes in Torbay although 33 agency foster placements have been made. However, Torbay hosts some 98 children looked after who are placed in the area by other local authorities. Although the council has not been able to identify the exact nature of those placements, it is reasonable to speculate that a significant number will have been placed with agencies who could possibly offer a resource to Torbay.

The number of placements of children 20 miles or more away from their home is 128 or 40% of the looked after population. In total 135 children (42%) are placed outside of the authority's boundaries. This figure remains high and continues to underline the importance of developing local resources to meet local need. The fostering campaign is a crucial factor in this although securing local resources is made more complicated by the geographically small size of Torbay.

Table: Proportion of LAC by placement provider and location (in Torbay/out of Torbay)

Placement Type	Location	31/03/2016	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021	%'s
16+ SUPPORTED ACCOMMODATION	Inside Torbay	3	1	3	10	19	10	233.33%
	Outside Torbay	7	5	9	9	9	11	57.14%
FAMILY CENTRE/MOTHER BABY UNIT	Outside Torbay	4	4	1	1	1		-100.00%
FP WITH OTHER CARER	Inside Torbay	133	123	150	144	156	125	-6.02%
	Outside Torbay	60	73	86	89	80	80	33.33%
FP WITH RELATIVE OR FRIEND	Inside Torbay	10	16	12	24	21	23	130.00%
	Outside Torbay	8	9	12	14	11	15	87.50%
HOMES/HOSTELS	Inside Torbay		2	2	1			
	Outside Torbay	29	25	28	32	31	22	-24.14%
INDEPENDENT LIVING	Inside Torbay		3	1	2			
	Outside Torbay	1	1	4				-100.00%
NHS/HEALTH TRUST OR ESTAB	Inside Torbay	1			1	0	1	0.00%
	Outside Torbay				2	1	1	
OTHER PLACEMENTS	Inside Torbay					1	1	
	Outside Torbay					1	3	

PLACED FOR ADOPTION	Outside Torbay	11	14	7	21	11	11	0.00%
RESID SCHL NOT REG AS SCHL/HME	Outside Torbay						1	
SECURE UNIT	Outside Torbay							
WITH PARENT/RESP PERSON	Inside Torbay	5	2	3	2	9	12	140.00%
	Outside Torbay	4	5	5	6	3	3	-25.00%
YOUNG OFFENDERS INST/PRISON	Outside Torbay			1	1		1	
Grand Total		276	283	324	359	354	320	15.94%

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

2.1.17 Placements exceeding 20 miles

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 cared for 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 demonstrates that we need to continue to build on the improvement that has been made since 31 March 2019. The proportion of children placed more than 20 miles away from their homes had been steadily increasing and although it remains significantly above the latest national and comparator group averages, the gap has closed. For some children where the out of local area placement was a focused plan consistent with the child's best interests, there were some positive outcomes. However, independent reviewing officers have been asked to support their social worker and team manager colleagues and ensure that efforts are made to secure local arrangements that meet children's needs through strengthened commissioning arrangements.

Table: Proportion of LAC placed 20 miles or more away from their home (and comparator data)

	31/03/2016	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/01/2021
Total CLA	276	283	324	359	237	221
Children looked after placed more than 20 miles away	73	81	94	127	117	99
% of total Torbay CLA placed more than 20 miles away	26.40%	28.60%	29.00%	35.40%	49.37%	44.80%
Comparator Authority Ave	12.90%	12.30%				
National Ave	13%	13%				

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Proportion of LAC placed 20 miles or more away from their home by provider

Children looked after placed more than 20 miles away							% of all CLA					
PLACE_DESC	31/03/2015	31/03/2016	31/03/2017	31/03/2018	31/03/2019	31/10/2019	31/03/2015	31/03/2016	31/03/2017	31/03/2018	31/03/2019	31/10/2019
16+ SUPPORTED ACCOMMODATION	1	3		5	5	5	0.3%	1.1%	0.0%	1.5%	1.4%	1.4%
FAMILY CENTRE/MOTHER BABY UNIT	1	4	4	1	1	2	0.3%	1.4%	1.4%	0.3%	0.3%	0.6%
FP WITH OTHER CARER	23	25	34	42	51	61	7.6%	9.1%	12.0%	13.0%	14.2%	17.6%
FP WITH RELATIVE OR FRIEND	8	4	5	8	12	8	2.6%	1.4%	1.8%	2.5%	3.3%	2.3%
HOMES/HOSTELS	24	24	20	24	29	39	7.9%	8.7%	7.1%	7.4%	8.1%	11.3%
INDEPENDENT LIVING	1		1	3			0.3%	0.0%	0.4%	0.9%	0.0%	0.0%
NHS/HEALTH TRUST OR ESTAB					2	2	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%
PLACED ADOP S19 CURR F. CARER					2	1	0.0%	0.0%	0.0%	0.0%	0.6%	0.3%
PLACED ADOP S19 NOT CURR CARER	4	4	7	1	9	12	1.3%	1.4%	2.5%	0.3%	2.5%	3.5%
PLACED ADOP S21 CURR F. CARER	1	1	1	3	2	1	0.3%	0.4%	0.4%	0.9%	0.6%	0.3%
PLACED ADOP S21 NOT CURR CARER	14	6	6	3	8	2	4.6%	2.2%	2.1%	0.9%	2.2%	0.6%
RESID SCHL NOT REG AS SCHL/HME	1						0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
SECURE UNIT						1	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
WITH PARENT/RESP PERSON	4	2	3	3	5	2	1.3%	0.7%	1.1%	0.9%	1.4%	0.6%
YOUNG OFFENDERS INST/PRISON				1	1		0.0%	0.0%	0.0%	0.3%	0.3%	0.0%
All Cared for 20 + miles	82	73	81	94	127	136	27.2%	26.4%	28.6%	29.0%	35.4%	39.3%
All Cared for	302	276	283	324	359	346						

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Sufficiency challenges and strategic priorities

- Develop and implement robust commissioning strategies to ensure that the required range of placements within the local area is available, including foster care, residential care when it is in the best interests of the child, and supported accommodation for care experienced
- Continue to coordinate through strong management, well planned placements matched to children and young people's needs including procedures for making and authorising out of area placements.
- Appropriate support to be provided to minimise disruption to placements
- Continue to achieve permanence planning to ensure children are matched to long term placements in a timely fashion where appropriate
- Further improve the commissioning and contract monitoring of all care placements including bespoke packages package, which often includes, education, therapy and drug and alcohol intervention
- Ensure 'responsible commissioner' arrangements and the 'virtual school' are effective in securing services for children placed out of borough.

Section 3

Data collection, analysis and interpretation are leading to a better-informed understanding of current activities in each provision area and the council’s strategic intentions for the future. This section highlights current and future actions. We will continue to build data literacy across the workforce to enable performance and management information to be built into strategic and operational management and front-line practice.

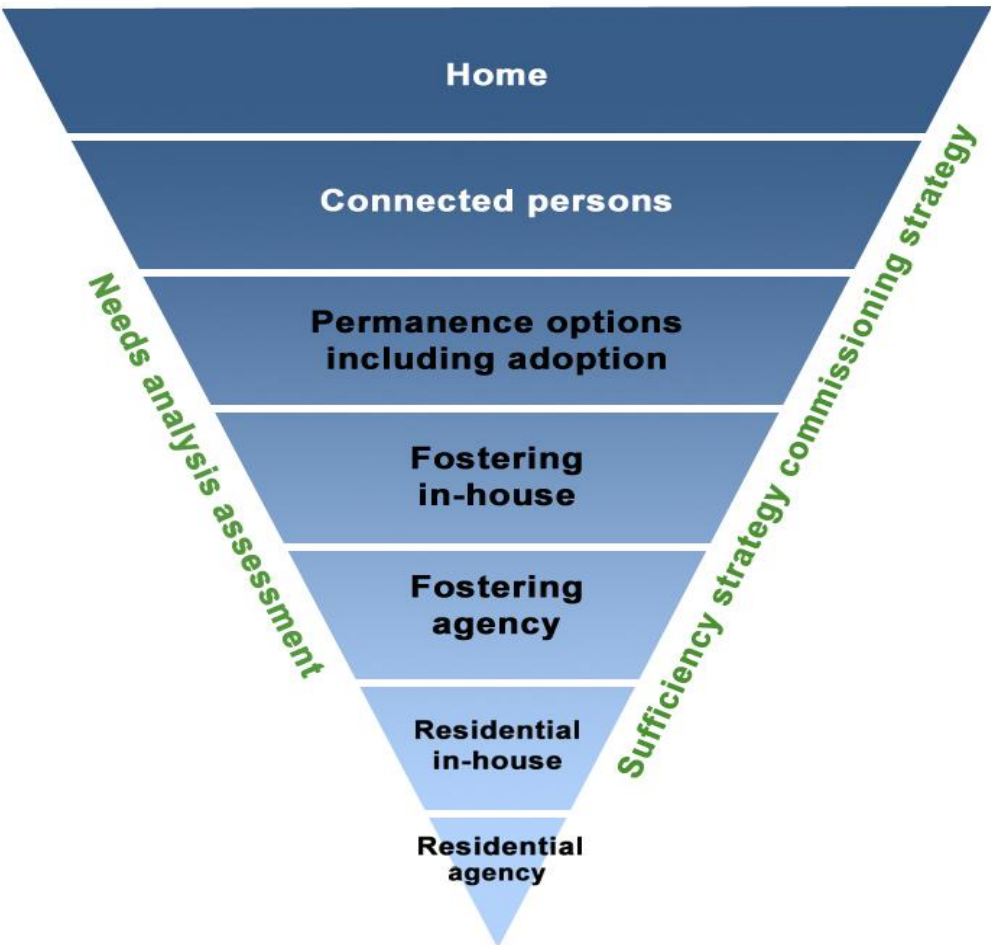
3.1 Placements

The service will provide robust support to families so that children and young people on the edge of care can remain safely at home whenever possible. When children do come into care, they should be provided with a safe, stable placement that has been matched to their specific needs that enables them to form meaningful relationships with trusted adults for as long as they need them. For children who are unable to return home because of safety considerations, they will be helped to achieve permanent living arrangements with trusted care givers.

Torbay is committed to ensuring the voice of the child is heard and listened to at every stage of the process and will build upon the progress that has been made in this regard in accordance with the requirements of the previous Sufficiency Strategy.

These options will be explored sequentially, in the order set out below (Figure 7.1), and the most suitable placement option, depending upon the needs of the child, will be pursued.

Figure: Shows the options that Torbay Council will explore for cared for in order



3.2 Supporting families to prevent children becoming looked after

The council believes that for many teenagers, positive outcomes are more likely when families receive effective edge of care support and outreach services than by the young person entering care. Central to every case, the now well-established Family Group Conference service will identify the strengths within the family and in the wider family and friends group that can be harnessed to become part of the child's plan.

Torbay Council will continue to prioritise prevention through its early help offer delivered in accordance with its multi-disciplinary Early Help and Early Intervention Strategy. Strong and defined governance arrangements is ensuring that there is a consistent approach to prevention across the system and clear pathways into early help and early intervention services across the continuum of need. There is a particular focus on working with families, increasingly by deploying restorative approaches, to build resilience in order to prevent difficulties escalating, reduce demand for specialist and statutory services and ultimately to ensure children, young people have improved life outcomes and are able to remain safely within the family unit.

Targeted support is available through a number of community resources strategically located and co-ordinated through designated hubs that will be available across the council area. Each hub ensures that families can readily access a range of support commensurate with the required level of need from a multi-disciplinary team of practitioners and from the wider community network.

Intensive interventions for children and young people on the edge of care, edging towards care, at risk of exclusion and/or exploitation are delivered through a specialist integrated service that includes a respite offer and bespoke packages of supportive community-based care. Practitioners work intensively with families delivering proven approaches to improve family relationships, promoting effective parenting and positive social behaviour and ensure the safety and wellbeing of children and young people.

Sufficiency challenges and strategic priorities

- Continue to further develop and provide an effective, evidence-based prevention and early help offer. This support will help families make significant change and improvement in their lives, preventing family breakdown and children becoming looked after
- 16 and 17 year olds will not automatically come into care unless they are unaccompanied asylum seekers, remanded to the local authority or are at significant risk of immediate harm
- Maintain the rigour of the legal planning process to appropriately and safely reduce admissions to care
- Maintain and further develop the stronger links with partner agencies to ensure full understanding of when care solutions will be used to safeguard and protect children.

3.3 Connected person fostering

Influencing the numbers of children in a connected person placement is very difficult as this provision is reliant on whether there is a family or friend connected to that child and their family available to provide foster care and support to that child. We will continue to ensure

that Children and Looked After Team are effective in achieving and managing permanency and will strengthen arrangements to undertake joint viability assessments with the child care teams. We will actively consider the potential for a connected person placement alongside other care solutions to build on the 38 current arrangements. This process will continue to add robustness to the quality of assessments and will ensure proposed connected persons are able to provide a good standard of care in a loving and nurturing environment and where children are no longer at risk.

It is the service’s vision that children placed in connected person arrangements are, where appropriate, provided with permanency via a Special Guardianship Order. At the time of drafting the Sufficiency Strategy, 10 children are living with Connected Carers who are progressing to become Special Guardians and a further 17 are living with carers subject to a care order and in circumstances where the possibility of the carers becoming Special Guardians has not been explored. Over the recent past it has been noted that legal advisors are influencing Connected Carers not to become Guardians unless they are fully aware that they will lose their current financial support packages. This has generated a review of options and a costed paper (between £85k and £93k is in the final stages of drafting before being presented to the leadership team for consideration.

Sufficiency challenges and strategic priorities

- To consider the potential for, and ensure the quality and timeliness of viability assessments
- To ensure assessments of connected persons are timely and robust and that children, young people and their carers receive appropriate support
- To ensure children placed in connected persons placements are offered permanency via special guardianship or adoption
- To continue to ensure Reg. 24 placements meet National Minimum Standards 2011.

					ytd
12	14	17	32	12	15

Source: PARIS Feb 2021

Sufficiency challenges and strategic priorities

- To ensure pre-birth planning is robust and timely to ensure there are no delays in care planning
- To increase the use of fostering for adoption provision to ensure secure attachment base for babies and young children
- To ensure the regional adoption agency is aware of the challenges facing the authority in meeting the needs of sibling groups older children and children with disabilities
- To ensure assessments of adopters are timely and robust
- To continue to work with our partners in both recruitment and family finding. To also use the national agencies, Adoption Match and Adoption Link in order to ensure children and adopters are identified quickly to prevent delay for children and also adopters
- To continue to develop best practice in line with Government initiatives, consultancy advice and feedback from adopters.

3.4 Fostering

This document has already set out that Torbay has historically had a significant reliance upon care solutions, the consequences of which are set out in the data upon which this strategy is based. It continues to demonstrate graphically why Torbay needs to focus on effective prevention to enable young people to live safely within their families and communities. There is clear national evidence that is supported locally that suggests children entering the care system, particularly in the 5-9 and 10-15 age groups, tend to be more likely to remain in care for longer periods. While it is good that a significant proportion of children live in foster care, it should be an ambition to reduce the length of their care episodes unless there are identifiable and enduring safeguarding concerns. However, it is noted that less than half of cared for children are placed with in house carers and significantly 103 (41%) of family placements are made using the services of independent service providers.

Table: Monthly profile of fostering provision used over year to 31 January 2021 (in house and ISP)

CLA in Foster Provision							
Provision Type	31/07/2020	31/08/2020	30/09/2020	31/10/2020	30/11/2020	31/12/2020	31/01/2021
Connected	31	32	32	33	32	35	38
In house	127	127	127	125	127	122	121
Independent Service Providers (ISP)	114	107	102	103	101	105	103
Other LA Provision	0	1	1	1	1	0	0
Grand Total	272	267	262	262	261	262	262

Source: PARIS Feb 2021 – figs exclude reg 48 CLA

Table: Duration of current fostering placements by age and agency for year ending 31 January 2021

Duration of current fostering placement as at 31/01/21 by age										
	age group	2-8 weeks	8wks-6mnths	6mnths-1yrs	1-2yrs	2-3yrs	3-5yrs	5-10yrs	10+yrs	Grand Total
FOSTER PLACEMENTS WITH OTHER CARER	Under 1	0	1	5	6	1	0	0	0	13
	Age 1-4	0	0	2	1	18	1	0	0	22
	Age 5-9	0	0	5	2	17	4	9	4	41
	Age 10-15	0	1	2	1	11	17	21	47	100
	Age 16+	0	0	0	0	2	0	4	11	17
FOSTER PLACEMENTS WITH RELATIVE OR FRIEND	Under 1	0	0	4	1	0	0	0	0	5
	Age 1-4	0	0	1	2	3	0	0	0	6
	Age 5-9	0	0	1	1	5	0	0	1	8
	Age 10-15	0	0	3	0	2	1	0	5	11
	Age 16+	0	0	0	0	1	0	0	0	1
Grand Total		0	2	23	14	60	23	34	68	224

3.5 In-house fostering placements

A recruitment strategy launched following the implementation of the last Sufficiency Strategy has been successful in increasing the number of fostering households in Torbay by six which equates to a gain of 10 places for children. Although appearing to be a small increase, the number needs to be viewed against a backdrop of an aging foster carer group, a number of whom have retired or have stepped back from fostering, some having done so in response to the pressures and health vulnerabilities associated with the COVID pandemic. This changing profile means that the total number of in-house fostering households is now 85 (162 placements). Although the improvement is welcome, a concern remains that action is still required to ensure that local provision continues to increase. Work undertaken in response to sufficiency concerns is taking place and another broad-based and Torbay led recruitment strategy is underway, a strategic relationship has formed with a community-based organization, Homes for Good, that is targeting recruitment in the Torbay and surrounding area faith communities, and work beginning to explore the resource available from providers of hosting arrangements for language students. It is anticipated that this work may offer placements for care experienced young people, those facing the risk of homelessness as well as some who might consider offering their skills as part of the fostering service.

Currently the service provides, or aspires to provide a range of different placement types:

- **Short-term fostering:** children live with short-term foster carers while decisions are made about their permanent futures, including reunification with their families.
- **Long-term fostering:** A child will become part of a family until they grow up. Not all children want to be adopted, especially older children or those who continue to have regular contact with relatives. Increasingly these arrangements will become permanent, and a proportion will endure beyond the young person's date of natural discharge from care and will become 'staying put' arrangements.
- **Connected persons:** A connected person is a relative, friend or other person connected with a child. Family and friends carers play a unique role in enabling children and young people to remain with people they know and trust if they cannot, for whatever reason, live with their parents.
- **Specialist fostering, which includes provision for specific 'remand' placements:** This small group of foster carers (initially up to 3 households) was recruited to support young people in care aged 10-18 years with particularly complex needs, some of whom may be in the youth justice system or disabled. This is a specialist foster carer role, with foster carers needing skills and experience of working with teenagers to really make a difference and help them turn their lives around and reach their potential. We will continue to keep the size of this resource under review and seek to recruit more carers if necessary. There is an intention to train some carers to assess and support the parenting capacity of parents with their infants.

3.6 Review of in-house fostering placements

121 fostering arrangements in Torbay are with in-house carers and a further 84 children are living with independent foster carers (down from 103 at the time of the last Sufficiency Strategy). This reflects an improved position with a greater proportion of children placed with in-house carer and as a direct result fewer children are placed outside of Torbay, (57 children currently as opposed to 69 previously).

Continual oversight of in-house provision means that there is detailed understanding of unused places. For example, 41 unused places identified in this data set comprises a combination of carers being unable to accept placements for personal reasons, others being unable to care to the capacity of their registration due to the complexity of need of a child already in placement, because they have accepted ‘staying put’ arrangements and a small number who are working towards retirement.

The table below underlines the importance of the aforementioned in-house fostering strategy and the associated recruitment campaign. Of particular note, are the numbers of children in the 5-10 and 11-15 age categories that are placed with IFAs. Although the sample is small, it demonstrates that we have insufficient placement choice or availability among our in-house carers to meet the challenges that these cohorts of children present, which means that the children concerned are often placed in more expensive placements which are also more likely to be out of the area. This finding re-enforces why we need to focus upon developing the diversity of skills in our in-house resource that can meet the needs of our children.

Table: New CLA Placements since 01 November 2018 by age and type

New CLA	Placement Type		
	In House	Independent Fostering Agencies	Connected Carers
0-1 years	7	3	6
2-4 years	10	4	3
5-10 years	14	13	5
11-15 years	7	11	8
16-18 years	0	0	3

3.7 Placement shortages

Following the analysis of fostering placements, the service is likely to conclude that in order to meet the increased demand for foster carers and to have the greatest positive impact on the looked after population, Torbay’s marketing and recruitment activity should include:

- **Targeting foster carers specifically for sibling groups**

The work undertaken since the publication of the last Sufficiency Strategy has achieved significant and positive results. 26 children from 13 sibling groups are now placed with independent foster care providers, a reduction from 56 children from 24 sibling groups. This equates to 13% of all cared for children placed in foster care (down from 25%). The targeting of resources for sibling groups will continue to ensure that where it is in the children’s assessed interests, they will be able to remain living together and in permanent arrangements when they are unable to return home.

- **Targeting foster carers specifically for children aged 11+**

There has been some significant success in addressing Torbay’s unsustainable reliance on residential care. Notwithstanding the work still required to secure an in-house foster care provision with the skills and capacity to meet most needs locally, the placement reduction shows that our diversion (from residential provision) activity has gained traction. We have recruited resilience carers who have additional skills to work with young people with

particularly complex needs and will actively seek to recruit more if the need is established. It is also inevitable that older children will increasingly take the opportunity of benefiting from the stability and security that Staying Put arrangements offer. Although by definition this places extra strain on placement availability. The recruitment strategy has factored in the projected resource impact.

- **Targeting foster carers specifically for children with disabilities**

There is a small but significant number of children with disabilities who currently reside in high-cost placements. Notwithstanding that some of their needs will be particularly complex, we remain committed, though still not sufficiently successful, to securing resources that enable all children to experience family care if it can meet their needs and is in their best interest. The management arrangements in the responsible team has been strengthened and will target focused activity to build our foster care resource to improve the quality of offer to these children.

- **Recruitment of specialist foster carers**

The sufficiency strategy has already noted that we require specialist foster carers who can work with children in emergency situations, including when children have been remanded, to mitigate the requirement for residential provision (including secure provision). It is recognised widely that services of this type need particular support and we are currently exploring the work of an experienced organisation, 'The Mockingbird Project' to establish the services that may be required to make such placements a success. The outcome of this work will inform the detailed plan in the fostering workstream.

3.8 Further actions for the service

In addition to focusing on these recruitment needs, the service will also continue to achieve improvements to the assessment process and consider how it can best utilise its current carer cohort so that it can fully optimise available placements.

Sufficiency challenges and strategic priorities

- To improve timeliness of fostering assessments and initial visits
- To continue to run targeted recruitment campaigns to secure carers for sibling groups, specialist and emergency placements
- To maximise in-house placement capacity and better utilise carer's skills and capacity
- To continue to provide appropriate support to minimise disruptions to placement stability
- To continue to monitor and develop permanence planning practice to ensure children are matched to long term foster placements in a timely fashion where this is determined to be in their best interests
- To continue to improve the data recording and reporting system of in-house placement availability
- To improve the support available to children with complex needs.

3.9 Residential Placements

It is the strategic intention of Torbay Council to continue to restrict the use of residential care to those children with needs that are best met by such a resource. It is well proven that cared for children do better if they experience family type life experiences either in foster care, special guardianship, or through adoption. It is this understanding that drives Torbay's determination to effectively prevent the use of care episodes unless it is to safeguard and protect the child concerned. It also provides the support for our determination to refrain from using residential care for any child under 10 years although in highly unusual and exceptional circumstances, this rule may be broken. Because of the nature of this cared for cohort, projections for the future based upon age are generally more reliable. Having regard to the age profiles of the current young people concerned, we confidently expect 20 to leave their residential provision over the three years duration of this Sufficiency Strategy which notwithstanding a small number of admissions over the same period (6-8 on current projections), will result in a significantly reduced reliance upon residential care.

Wherever it is possible to do so we shall try to enable families to remain unified or to support them to live together successfully after a period of care during which time intensive work takes place to build the platform for the child to make a successful and full re-integration to his family. This work is best achieved if the in-care resource is geographically approximate to the child's home and community, and it mirrors as closely as possible domestic life. This means that residential provision should be small, comfortable domestic style properties ideally located within easy travelling distance of Torbay's borders. Currently, Torbay has no residential resources of its own which means that it has to commission places through the independent sector if it chooses to offer residential provision. It is currently in the process of exploring options for commissioning (as opposed to spot purchasing) a diverse range of provision that can meet the particular needs of the Torbay cared for cohort.

Sufficiency challenges and strategic priorities

- To strengthen the edge of care service to prevent avoidable care episodes
- To prevent the use of residential care for all children under 10 years of age
- To strengthen alternative care resources to free residential provision for use with those children whose needs are best met in these settings
- To commission a diverse range of local residential resources which mirror as closely as possible domestic dwellings
- To use residential care for the shortest time possible to prevent institutionalisation.

3.10 Leaving care provision

Torbay has 166 care experienced young people with males forming slightly more than 50% of the cohort. Significantly the data which shows the age at which care experienced became looked after reinforces Torbay's committed intention to prevent younger children drifting in care and older children entering the care system. 11 care experienced were 4 years of age or younger when they first entered care and 129 were 11 years or more.

50% of care experienced move to independent living with reunification with parent or relatives (17%), supported lodgings (8%) and staying put arrangements (7%) being the next largest groupings. These data are encouraging and reflect improved engagement with care experienced young people since the launch of the previous Sufficiency Strategy. It is however worrying that 6% of young people were either in custody or homeless (3% each) following their care episode. Although small in number, this data illustrates areas of our service where we need to take any opportunity to improve. It is these areas that the recent Youth Housing and Homelessness Strategy is addressing with the creation of a dedicated and experienced workforce and a proposal to join with statutory, not for profit and private sector providers to create a 'virtual team' that will provide a diverse but integrated approach to ensuring sufficiency of early intervention coupled with emergency, 'move on' and permanent accommodation for all care experienced young people and those who are at risk of becoming homeless. It is also recognized that the role of the corporate parent is crucial to the success of this initiative and strengthened and formal links are in the early stages of being formed with Torbay's Corporate Parenting Board.

Table: Age and gender profile of care leaver cohort

Source: PARIS Oct 19 all ages and legal statuses

Care experienced as at	31/01/2021									
	AGE									
gender	16	17	18	19	20	21	22	23	24	Grand Total
F	0	0	6	18	22	13	15	5	2	81
M	0	0	11	16	25	16	11	6	0	85
Grand Total	1	7	40	33	37	36	4	1	1	166

Source: PARIS 31 Jan 2021 all ages and legal statuses

Table: Age at which the leaving care cohort first became looked after

Age at which current care experienced first became CLA																				
gender	OLA qualifying	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Grand Total
F	2	3	0	0	0	3	0	0	1	1	3	3	3	2	11	11	14	8	16	81
M	0	1	1	0	1	2	2	1	7	1	2	3	8	10	4	11	8	11	13	86
Grand Total	2	4	1	0	1	5	2	1	8	2	5	6	11	12	15	22	22	19	29	167

Source PARIS 31 Jan 2021 all ages and legal statuses

Table: Leaving care cohort eligibility

as at 31/01/2021	
CARE_LEAVER_LEGAL_STATUS	Total
ELIGIBLE	2
FORMER RELEVANT	157
QUALIFYING	7
Grand Total	166

Source PARIS 31 Jan 21 all ages and legal statuses

Table: Accommodation type used by care experienced

	31/01/2021			
CARE LEAVER LEGAL STATUS	FORMER RELEVANT			
	AGE			
	19	20	21	Grand Total
Community home or other form of residential care such as an NHS establishment	1	1	1	3
Independent living, for example independent tenancy of flat, house or bedsit, including local authority or housing association tenancy, or accommodation provided by a college or university. Includes flat sharing	18	19	15	52
Other accommodation	1	3	0	4
Semi-independent, transitional accommodation (like a supported hostel, trainer flats); self-contained accommodation with specialist personal assistance support; and self-contained accommodation with floating support	1	0	0	1
Supported lodgings (accommodation, usually in a family home, where adults in the "host family" provide formal advice and support)	2	2	4	8
With former foster carers - where the young person has been fostered and on turning 18 continues. This code should not be used for 17 year old. If the foster carer is relative use this code not 'B '	2	5	0	7
With parents or relatives	5	10	3	18
no fixed abode/homeless	0	1	2	3
Emergency accommodation (like a night shelter, direct access or emergency hostel)	2	1	3	6
In custody	0	1	2	3
Grand Total	32	43	30	105

3.11 Accommodation challenges

Local authorities have a duty to house all care experienced aged 16 and 17. Once aged 18, young people's accommodation needs are assessed under homelessness legislation, and most will need to claim Housing Benefit. The law states that care experienced must be given 'suitable accommodation', which is defined as suiting a young person's needs and lifestyle (being near work or college, for example), have received checks from the local authority and follow health and safety regulations for rented accommodation. The law also says that bed and breakfasts are not suitable for 16 and 17 year olds, and that 18 year olds should only be placed in a B&B on a temporary basis. Young people's wishes and feelings about accommodation should also be taken into account. Each of these legal requirements underpin the strategic approach outlined above and work will continue to tackle the issues against a backdrop of Torbay's significant shortage of suitable and permanent accommodation for young people which tends to mean that emergency and 'move on' resources become blocked, thus increasing the unacceptable risk of youth homelessness generally and for care experienced young people in particular.

Strategic priorities

- All care experienced young people should have access to good quality, affordable accommodation
- Provision should be suitable to meet the needs of young people and support should be available to enable young people to successfully maintain their tenancy
- Young people should have access to a resource provided by specialist leaving care workers that will help young people, through the provision and advice of practical support, to address concerns
- Young people should have access to external professionals and services such as mental health services, drug and alcohol advisory services that would enable them to make the transition to young adulthood.

3.12 Governance arrangements to support placement sufficiency

Torbay Council's Children's Services along with other local services and partner agencies, are responsible for leading improvements in services to prevent children becoming cared for providing matched and high-quality services for those children who have to be accommodated. Their specific scrutiny arrangements and internal monitoring processes will continue to oversee and evaluate progress, challenging when necessary. The Corporate Parenting Board will continue with its specific role to oversee and monitor the experiences of cared for and care experienced children and will drive forward a partnership approach to improve the health, stability and safety, educational attainment, positive engagement and economic wellbeing of cared for and care experienced children and young people.

Section 4

4.1 Conclusion

This report provides the evidence to underpin the rationale for the direction that the Children's Service wishes to take to continue to improve and accelerate the quality of services that it provides to children, young people, their families and carers. It welcomes the platform of increased stability, including crucially, financial stability achieved by the successful implementation and impact of the last Sufficiency Strategy. It remains dedicated to building further upon the progress that has been achieved. This strategy commends maintaining the direction of the pathways laid down to create much of what has been achieved so far while inevitably and correctly commending sharper focus on some key areas of continuing challenge, for example services to young people at risk of homelessness. Specifically, it advocates

1. continuing to develop and implement edge of care and early help and intervention resources that prevent avoidable admissions to the care system for children and particularly older children. Research tells us that older children entering the care system are more likely to remain and often in expensive placements, without achieving good outcomes
2. improving further the quality of our fostering provision by continuing to develop our 'in house' resource of carers who have been developed to meet the specific and diverse needs of our children. Successfully building the capacity and capability of our 'in house' foster carers will continue to significantly reduce our reliance on Independent Fostering Agencies, impact further and positively upon our use of residential care and will mean that more children are cared for nearer to home and achieve better outcomes from their care experiences
3. only using residential provision when it is established that it best meets the needs of the child and strengthening our commissioning arrangements to ensure that it is local and able to mirror as far as possible domestic life
4. continuing to support cared for children in achieving permanence
5. continuing to develop services for care experienced young people that incorporates Throughcare and Housing and Youth Homelessness Strategies
6. using data and experience to monitor trends and to develop new approaches and resources to meet new or changing needs, for example as has been done in relation to Youth Homelessness.