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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>18 November 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/44/2024/JH</b>
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<b>Subject:</b>	<b>Children and Families Placements</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 This report provides an overview of placements for children and young people who require to be looked after away from home. This includes analysis of use of placements commissioned from external providers, as well as local and national challenges.
- 1.3 Children and young people who are not able to reside with their parent(s) live in a range of care placements within Inverclyde as well as in other areas; to inform analysis of the demand and financial pressures here, benchmarking information is also included.
- 1.4 Finally, the report seeks to provide IJB members with an update on governance and scrutiny arrangements around care planning for children and young people which seeks to uphold best outcomes as well as addressing the financial impact for the HSCP.

## **2.0 RECOMMENDATIONS**

- 2.1 Members of the Integration Joint Board are asked to note the content of the report, including demand analysis for placements for children looked after away from home, as well as national challenges and local activity to improve capacity as part of wider service redesign.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

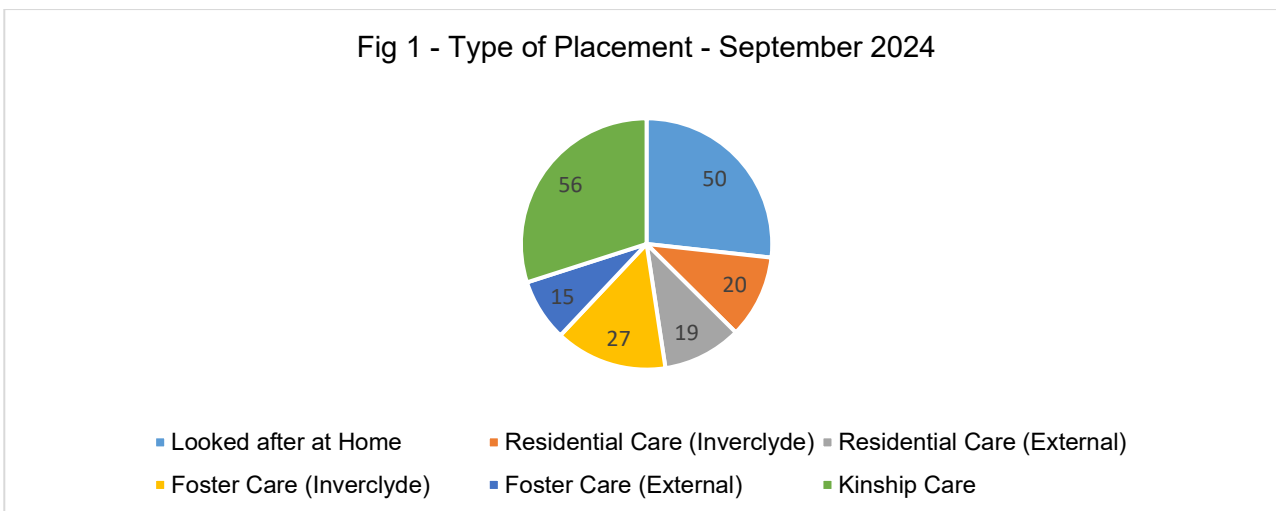
### **3.0 BACKGROUND AND CONTEXT**

- 3.1 As part of the delivery of statutory social work functions, Inverclyde HSCP provides a range of supports to children, young people and families. These are primarily focussed on the protection of children and improving wellbeing, based on professional, multi-agency assessments to address vulnerabilities and improve outcomes.
- 3.2 Improving outcomes is based on a relational, strengths-based approach to supporting and enabling children, families and carers. Social work staff work with a range of partners, including health, education and third sector providers with the ambition of keeping families together where this is safe and in the best interests of children. Nevertheless, there will be circumstances when it is necessary to use alternative measures of care.
- 3.3 In these circumstances, some children and young people will need to be looked after away from their family for a short time, others will require longer-term or permanent arrangements. In Inverclyde, most children and young people who cannot reside with their parent(s) are looked after by extended family networks in informal or formal kinship arrangements. Some children and young people reside in foster care, with carers either registered with Inverclyde Council or with external agencies. This can include foster care outwith Inverclyde.
- 3.4 Some young people reside in residential settings, either in one of the HSCP's three children's houses or in placements elsewhere, provided by external organisations. Some specialised care placements, including those for disabled children and those requiring secure care provision, cannot be provided locally.

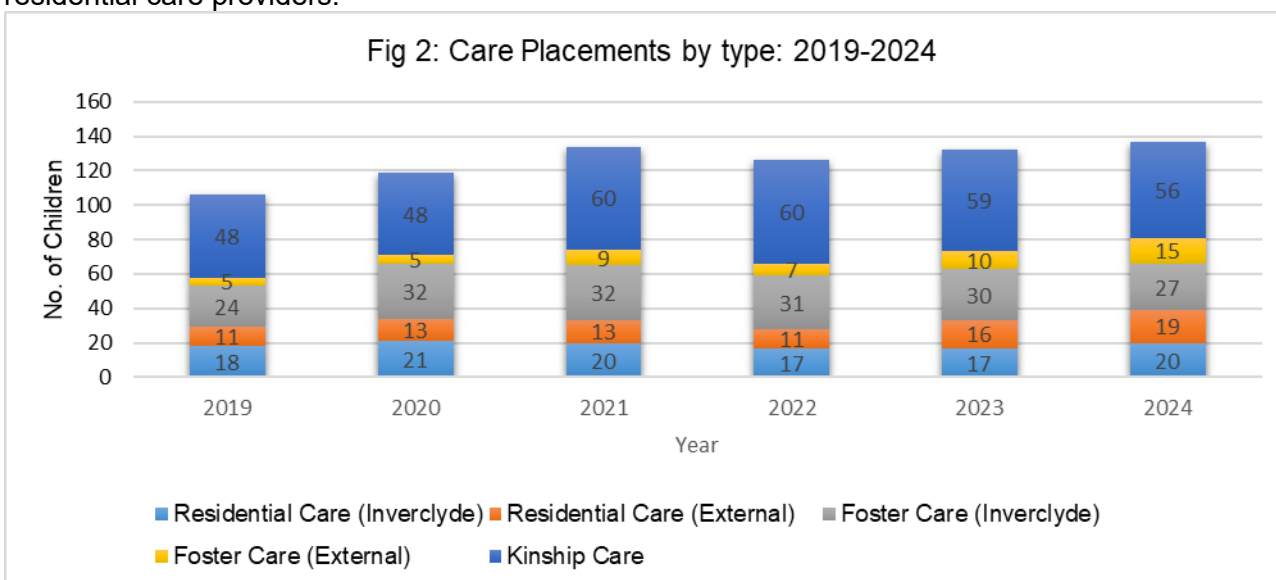
#### **Children looked after away from home**

- 3.5 Increasing demand in recent years has been reflected in increasing need for externally provided placements. It is recognised that outcomes for children and young people are usually better when they can continue to live in their local communities, where they can maintain their education, friendships and time with family members. In addition, external placements represent the main contributory factor in the overall overspend position for the HSCP. As such, the service recognises the need to both increase local capacity so that children are able to remain in Inverclyde, as well as reducing the future need for placements.
- 3.6 When a child becomes looked after, this is underpinned by a robust, multi-agency assessment of risk and need. These are overseen by senior managers and when external providers are needed, approval is required from the Head of Children and Families, following scrutiny by the local Resource Advice Panel. Where care placements are required, there is a robust process of matching children to placements based on their needs, assessment of risk and the needs of other young people within that setting.
- 3.7 Plans for children and young people who are looked after and accommodated are formally reviewed after 72 hours, 4 weeks and every 12 weeks thereafter. This ensures that progress is monitored, including consideration of how the child can be supported back home where this is appropriate, or permanence planning if a return to home is not possible. HSCP finance managers are also updated to support budget management.
- 3.8 Figure 1, below, illustrates the type of placements where children are looked after, in September 2024. The majority of young people who require to be "looked after" either live at home or with a kinship carer. (Kinship households in Inverclyde where children and young people are not subject to a Compulsory Supervision Order (CSO) are not included here).

Fig 1 - Type of Placement - September 2024



3.9 In Figure 2, below, data over the last five years shows an increase in the need for external care providers, most notably external fostering agencies, as well as an increasing need to use external residential care providers.



3.10 Over the same five-year period, there has been a commensurate, significant increase in expenditure on external care placements, as illustrated in Figure 3, below.

Fig: 3 External Residential and Fostering Expenditure – 2019 – 2024 (£)

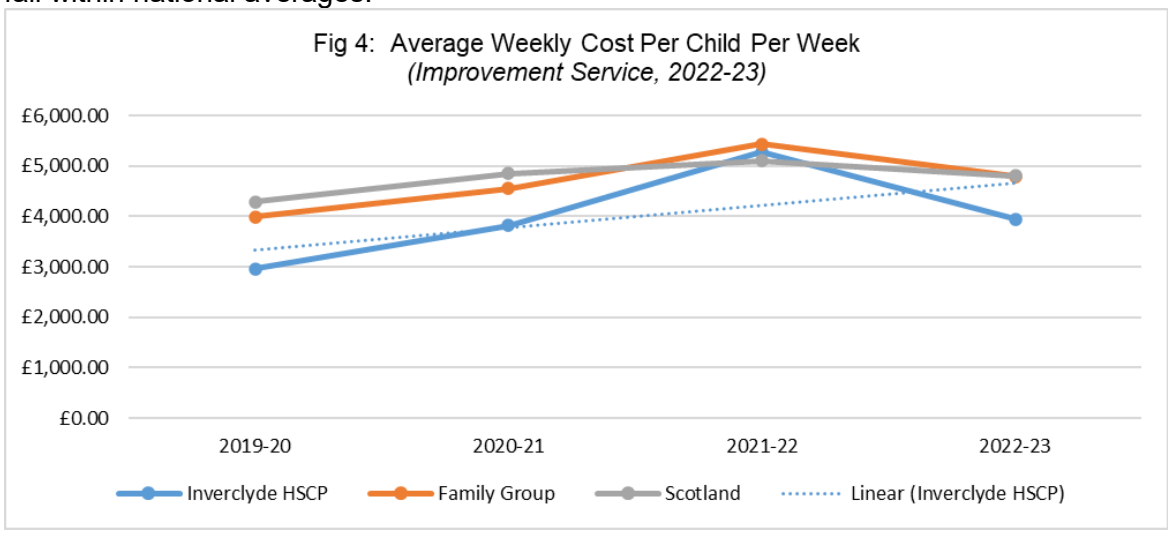
	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Residential Care (External)	1,593,000	1,682,000	2,080,000	2,364,000	2,849,000	4,946,000
Foster Care (External)	306,000	306,000	250,000	276,000	257,000	578,000

### Local residential and fostering placements

3.11 Locally, our three children’s houses enable 21 children and young people to remain in Inverclyde and our houses are consistently at, or near, full capacity. Of the children and young people living in our children’s houses, the average age is 16 with just under half having lived there for more than four years. Of the total number of young people in our houses, almost half have chosen to remain in the

children’s house on a continuing care basis, where they have a right to stay in their care placement until the age of 21. This promotes the best outcomes for them as they make the transition towards adulthood and independence, however this also reduces local availability for other children.

- 3.12 Children and young people in external residential placements currently are, on average, 14 years old. Most have been in placements for less than 12 months, indicating both increased need for such placements, as well as ongoing review to ensure young people can be supported back to Inverclyde. Some young people also utilise their right to continuing care here and remain in their externally provided placement until adulthood.
- 3.13 In Inverclyde, we are fortunate to have a number of dedicated, experienced foster carers, many of whom have provided loving, nurturing homes for children and young people over many years. Nevertheless, over the last four years, the number of children who can be looked after in local foster care households has reduced slightly, whilst the need for external foster placements has increased significantly. This reflects the reduced availability of local foster placements, due to both retirement of some carers and some children remaining in foster care for longer periods of time due to complex permanence planning which, in turn, has been impacted both locally and nationally, by social worker recruitment challenges.
- 3.14 Within local fostering households, children and young people are on average seven years old. Overall, local fostering placements are mainly provided to children under 12 years of age which reflects the profile of local fostering households. This means that children aged over 12 years of age are more likely to move to an external fostering or residential placement. This reflects a wider, national challenge around the provision of foster carers who can meet the needs of children in care.
- 3.15 This is further reflected in the Care Inspectorate’s Statistical Bulletin for 2023/24, published in September 2024, which noted:
  - the number of foster care households in Scotland continues to decrease;
  - at 31 December 2023, there were 2,998 approved foster care households in Scotland - down 8.0% from 3,261 in 2022;
  - there were fewer new households approved (178) than in any of the four preceding years.
- 3.16 National benchmarking data enables comparisons with other areas within the comparator “family group”. For data relating to vulnerable children, Inverclyde is placed in a family group with Glasgow, Dundee, North Ayrshire, East Ayrshire, North Lanarkshire, West Dunbartonshire and Nan Eilean Siar. Figure 4, below, illustrates that the average weekly cost per child in Inverclyde is lower than that of the family group and aligns closely with the overall costs in Scotland. The benchmarking data reveals that the care costs faced by Inverclyde are similar to those encountered by other partnerships and fall within national averages.



- 3.17 The trendline indicates a rising average weekly cost for Inverclyde over the 4-year period. Average costs can be influenced by temporary spikes in expenses, such as those associated with short-term secure care placements.

#### **4.0 PROPOSALS**

- 4.1 A number of actions have been taken over the past year, based on the continued pressure on the HSCP budget arising from the increasing use of external placements for children and young people who require to be looked after away from home.
- 4.2 An oversight group, chaired by the Head of Service, including operational social work and finance managers, meets monthly to review progress to support children and young people to return to Inverclyde where this is in their best interests. Progress within the current financial year to reduce the use of external placements, has resulted in a reduction in projected expenditure on external placements by £769,000 to-date. Whilst this activity will continue to identify other opportunities to reduce expenditure, the impact will be mitigated by the need for placements for other children who require to be looked after away from home and will continue to be based on multi-agency assessment of their risks, needs, vulnerabilities and best interests.
- 4.3 As reported to IJB previously, HSCP children and families services are currently engaging in service redesign. In keeping with the ambitions of the Promise and the priorities of the Strategic Partnership Plan (2024/27), an aim of service redesign is to shift the balance of care towards prevention, early intervention and intensive family support that is timely, responsive and builds on the strengths of families.
- 4.4 This includes the forthcoming implementation of evidence-based programmes including Signs of Safety and Healing, as well as development of intensive support to families and young people. In addition, a campaign to encourage more people to become foster carers is being developed, to meet the changing demographic and care needs of Inverclyde's children and young people. This activity will seek to increase in-house short break, interim and long-term foster placements, reducing the need for external placements. This will also include supporting people to become foster carers for disabled children as well young people aged 12-18.
- 4.5 Furthermore, innovative projects are underway to support young people moving on to independent living. This includes the "practice pad" to help build practical skills and emotional resilience for young people and increasing the likelihood of them successfully navigating their way towards independent living. Meanwhile, work is being taken forward to explore how other accommodation options can be developed for care experienced young people aged 18-26 years old.
- 4.6 As reflected above, redesigning local services is essential to improve outcomes for our children and young people. Implementing evidence-based programmes to improve assessment and interventions, intensive, relational support to build family capacity and growing local provision will enable more children to grow up within their families or in a homely environment in their own community, with less need for external community and residential placements. The impact of service redesign will continually be reviewed and assessed from both a financial perspective but also, most importantly, in terms of the impact on the children, young people and families cared for and supported by children and families services.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	X	
Legal/Risk		X
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

## 5.2 Finance

Activity to reduce the use of external placements for children and young people will contribute to reducing the projected HSCP overspend and enable re-investment in community-based earlier help and support.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

## 5.3 Legal/Risk

N/A

## 5.4 Human Resources

N/A

## 5.5 Strategic Plan Priorities

Activity to develop local placement provision will support the progression of the HSCP's strategic objectives.

## 5.6 Equalities

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Protects characteristics
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Protects communities
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Promotes safety
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Promotes inclusion

### (c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 **Clinical or Care Governance**

N/A

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Supports wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Promotes independence
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Promotes positive experiences
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves quality of life
Health and social care services contribute to reducing health inequalities.	Reduces inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Supports people to look after their own health
People using health and social care services are safe from harm.	Keeps people safe
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Engages with our community
Resources are used effectively in the provision of health and social care services.	Makes best use of resources



## 5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 Consultation with social work and finance managers has informed this report. Engagement with staff partners and families will continue to inform the development of the service specification and redesign activity.

## 8.0 BACKGROUND PAPERS

8.1 None.