

THE KENT COUNTY COUNCIL SUFFICIENCY STRATEGY 2019-2022

Making Kent a county that works for all
children and young people



Executive summary

Kent County Council's Sufficiency Strategy (2019 – 2022) sets out our approach to meet the statutory responsibility to provide secure, safe, and appropriate accommodation to children in care and care leavers, over the next three years.

The strategy identifies our key principles to deliver the best care and support possible across Kent. It identifies the actions that are required to deliver accommodation-based support that improves outcomes for our children in or leaving care. It is part of our ambitious plans to transform Children and Young People's Services in Kent through the Change for Kent Children programme. Delivery will be aligned with programmes which enable us to intervene as early as possible with children and families and drive forwards how we work in partnership with other agencies.

The document provides a high-level summary of need, of the types of accommodation available and includes current supply along with forecasted demand. For each type of accommodation, it identifies a range of actions needed, evidenced through analysis of each market section where the detail will be provided in each Market Position Statement due to be published throughout 2019. It supports the ambitions of the Children in Care and Care Leavers Strategy 2018-2022.

The actions identified are:

- Work more closely and innovatively with providers.
- Pilot new models of step-down approaches for residential and foster care.
- Review contracting options with current spot purchased services.
- Improve matching process to create greater placement stability.
- Review of mental health support for children in placements.
- Deliver a value model for high-cost placements.
- Explore potential for joint working with other authorities.
- Implement review programme listening to the voice of the child and or young person.

Kent faces a number of challenges in delivering placement sufficiency. Kent is a large and complex area with twelve district councils and varying levels of deprivation and need. Kent has a high number of children in care and care leavers. The market of provision is significantly affected by the numbers of children placed by other local authorities.

Analysis undertaken to develop this strategy identifies principles, themes and actions which will enable us to overcome the challenges that we face. The strategy sets out the need to work in a different way with the supply market going forwards.

It also identifies that there are new and growing issues for specific groups of young people. For example, we have high numbers of adolescents amongst our children in care population, a changing number of Unaccompanied Asylum-Seeking Children (UASC), and a clear need for new parent and child placement arrangements.

The delivery of placement sufficiency means that we need our children and young people to have access to high quality placements. We want to support children and young people to have placement stability and to have the most opportunities to achieve positive outcomes. We know that the quality of practice and support to meet the needs of children in care, improving their experience of care, and achieving permanence is of critical importance. Working together, with our young people and their families, our suppliers, and our partner agencies, is fundamental to delivering good outcomes.

We believe it is important that this strategy remains a live document. There will be six-monthly reviews and oversight from both our Corporate Parenting Panel and the 0-25 Health and Wellbeing Board to ensure the strategy remains as relevant in 2022 as it is now.

Kent County Council cares deeply about providing the best opportunities for children in care, care leavers and other vulnerable children. This strategy forms part of its approach to the delivery of that ambition, working in partnership to improve outcomes at every opportunity.

Introduction to the strategy

This Kent County Council (KCC) Sufficiency Strategy for 2019-2022 details how the Council intends to meet its sufficiency duty. This strategy is a statutory requirement set out in Section 22G of the Children's Act 1989.

This duty requires “local authorities to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ([‘the Sufficiency Duty’](#))”.¹

Whilst this document is a KCC strategy it will only be delivered successfully in partnership. A key development is that progress against this strategy will also be reported through the 0-25 Health and Wellbeing board to fully engage with our partners.

The strategy is set out over six chapters. It brings together our vision (Chapter 1), the profile of need, and the profile of accommodation (Chapters 2 and 3). It identifies the principles upon which we will act (Chapter 4) and our key commissioning challenges and actions to drive better value (Chapter 5). Reporting is outlined in Chapter 6 and an initial high-level action plan is provided at Appendix 1.

A key element of this strategy is our desire to develop new models of provision particularly for our most complex children, including those who access residential provision. Most importantly, for all children impacted by the strategy, we wish to improve placement stability. Listening to the voice of children and young people will be at the heart of what we do as we drive forwards the implementation of this strategy and a supplementary document will be produced identifying what is important to our young people.



Chapter 1: KCC's vision for children and young people

Kent County Council's strategic statement [Increasing Opportunities, Improving Outcomes](#), sets out in Outcome One that "Children and young people in Kent get the best start in life".

It has the following supporting outcomes:

- Kent's communities are resilient and provide strong and safe environments to successfully raise children and young people.
- We keep vulnerable families out of crisis and more children and young people out of KCC care.
- The attainment gap between disadvantaged young people and their peers continues to close.
- All children, irrespective of background, are ready for school at age five.
- Children and young people have better physical and mental health.
- All children and young people are engaged, thrive, and achieve their potential through academic and vocational education.
- Kent young people are confident and ambitious with choices and access to work, education, and training opportunities.

KCC was inspected in March 2017 by Ofsted which concluded with an outcome that "Good" services are delivered to children and families. The inspection identified a marked improvement in the delivery of services available to children and young people. Ofsted commented:

"The high demand for placements for unaccompanied asylum-seeking children has had an impact on placement availability for all children. However, effective commissioning arrangements and monitoring of external placements for children, alongside the fostering recruitment strategy, are working to increase the range of local placements available."

KCC recognises that there are areas for improvement that can only be delivered through a range of partnerships.

Most importantly, we need to continue to listen to children and young people and what they believe provides the most effective care possible. We must also listen to carers and those on the front line who provide support to children in care every day. There are a range of complimentary strategies to this one including Recruitment Strategies that will support effective implementation.

KCC will continue to work closely with our 12 districts, neighbouring authorities, and alongside partners to deliver this Sufficiency Strategy. KCC recognises that need varies within and across districts, and that services must be structured according to the challenges children and young people face in their local communities.

KCC, along with its partners, recognises that the most vulnerable children do not see the care that they need in organisational structures, but that children want a package of care that suits their need irrespective of the organisation that delivers it. KCC wishes to drive an integrated approach, both within its new Integrated Children's Services and through effective partnership working moving forwards.

Within the **Change for Kent Children Programme**, we aim to achieve this through:

- Developing a new practice framework (the how), informed by the learning from the Kent pilots and the national innovation programme, which involves staff from across the Children, Young People and Education (CYPE) directorate.
- Implementing an integrated operating model (the what), from April 2019, to deliver the new practice framework, and to facilitate a whole systems approach to children.
- Reducing the proportion of children and young people requiring statutory intervention and entering care, by providing better support earlier and taking swift and decisive action to ensure those in need are able to access to the most appropriate support.
- Improving the confidence of Early Help and Children's Social Work staff in holding and managing risk, improving the understanding of one another's roles.
- Building on the strong relationships that we have with our partners, including schools and our staff who work with schools, engaging them in discussions in how we deliver our services in a truly joined-up fashion.
- Strengthening the resilience of children, young people, and their families by working with the right child, in the right place, at the right time.

Critical success factors

In developing the Sufficiency Strategy and looking at how we will deliver the actions, the following factors will be central to all actions:

- Sufficiency of placements along with the right skilled workforce to deliver the support package, recognising and delivering good outcomes for our children.
- Increasing placement stability with the best assessment, best matching criteria, best provision, and best interventions.
- Strong leadership with the market, sharing intelligence on existing and emerging trends and co-producing new innovative models.
- Being responsive operationally and strategically to continue to build or develop good relationships.
- Measuring the engagement and satisfaction of young people, parents and carers using new and existing forums.
- Planning and discussing future service options for Move-On and Transition with and for our young people.

Chapter 2: Needs assessment

KCC utilises a wide range of resources through its analytical and management information teams to plan the sufficiency of accommodation. Substantial data sets and analysis sits underneath the headlines below.

The Kent Public Health Observatory produce the [Joint Strategic Needs Assessment \(JSNA\)](#). This contains profiles of children and young people by districts in Kent. Key figures include:

- Children and young people make up 22% of the Kent population.
- Child Poverty – Kent average is 17.9% with the highest level of poverty at 26.9% in Thanet and the lowest level 10.7% in Tunbridge Wells.
- Variation in need – we are seeing an increase in residential placements and are undertaking focused work to analyse the key factors including outcomes and placement stability. 64% of Children in Care in Kent display violence to other children or adults or have been exposed to severe violence in the family environment. 54% of placement breakdowns have evidence of violence as one of the reasons for the breakdown. 27% of the high-cost children in Kent had three or more placements within a 12-month period.
- Child and adolescent mental health – a recent survey of 70 cases showed that 71% of children were recorded as having a mental health need. Of those, 47% were referred to the Children and Young Persons Mental Health Service with 73% accepted for support. From April 2018 to February 2019, 425 assessments were undertaken in the County by NELFT (service provider) for Children and Young people with LAC Alert Status¹. 272 of these in East Kent and 153 in West Kent.
- Youth offending– Kent average is 35.5% compared to 40.5% in the South East. Highest rate is Canterbury (43.3%) and Lowest is Maidstone (25%)

¹ Data Quality review underway to ensure all LAC are captured at point of referral.

Children in Care in Kent

As of December 2018, there were 1,604 Children in Care in Kent. The number of Children in Care in Kent has slowly decreased with numbers falling by 8.1% in December 2018 compared to December 2017.

The number of UASC in Kent has seen a large decrease between December 2017 to December 2018, falling 17.1% over this period.

Kent performs well compared to its statistical neighbours, having the fourth lowest figure for the number of Children in Care per 10,000 population out of 11 statistical neighbours. Kent also performs well nationally, having 49 children in care per 10,000 population, falling well below the England figure of 64 children per 10,000 population.

Of the population of Children in Care, 61.8% are male. White ethnicities form the majority of the population, with 76.1% classified as this ethnicity. English is the most common first language at 78.4%. The next three most common first languages are Pashto/Pakhto/Pashtu at 3.8%, Tigrinya at 3.4% and Kurdish at 3.1%.

77.8% of Children in Care in Kent are aged 10 or older with 34.3% aged above 15 years old.

Of the reasons for leaving care over a 12-month period, 30% of care leavers returned home to live with their parents or relatives, 20.4% moved into supported independent living, 12.4% were adopted and 10.2% remained with their foster families.

19% of the total population of children in care have a disability. The three most common forms of disability of Kent's children in care are learning disability at 22%, Autistic Spectrum Disorder (ASD) at 21% and behaviour at 15%.

Providers in Kent need to have the necessary skills to meet the needs of Kent's children in care. 64% of Children in Care in Kent display violence to other children or adults or have been exposed to severe violence in the family environment. 54% of placement breakdowns have evidence of violence as one of the reasons for the breakdown. 27% of the high-cost children in Kent had three or more placements within a 12-month period. The figures demonstrate the need to work more closely with the market to ensure each child's needs are being met to ensure placement stability.

The number of children in care is expected to rise by 2.9% by 2022 due to population growth in Kent. The biggest area of growth is predicted to be for children over the age of 10 at 3.7% growth.

Unaccompanied Asylum-Seeking Children

Kent received a peak of new entrants of UASC in 2015. We continue to closely monitor activity and are working with partners to identify good service models and approaches.

The demand for Kent's Reception Centre is linked to successful implementation of the National Transfer Scheme (NTS) and demand for this is expected to continue to fall, although this is being closely monitored. The provision of a Reception Centre is currently under review and a decision will be made based on utilisation of the resource during the course of this strategy.

The forecast for under UASC is expected to go down by 14%. However, there is expected to a significant increase in the care leaver population due former UASC becoming care leavers.

Table 1: UASC referrals

The numbers of UASC referrals in the last five years is shown in Table 1.

Month	2015	2016	2017	2018	2019
January	31	35	17	7	7
February	17	28	11	8	11*
March	29	35	23	10	3*
April	13	48	14	4	-
May	42	31	13	6	-
June	105	32	26	20	-
July	180	47	14	20	-
August	128	42	25	18	-
September	98	42	16	12	-
October	213	20	19	12	-
November	51	10	23	29	-
December	41	18	13	15	-
Total	948	388	214	171	21*

**as of 4 March 2019

Placement breakdown

Placement stability is our utmost priority, and we are aware that outcomes for our Children in Care are likely to be improved if they are in a stable placement.

In addition to the key known factors of identifying a suitable placement (assessment, matching and skilled provision) we commission wrap-around services which aim to support placement stability. These include Sense of Belonging, Fostering Placement Stability and the West Kent Integration Pilot, Hub Families and Activity Weekends. In addition, we commission Child and Adolescent Mental Health Services (CAMHS) and [Special Educational Needs](#) (SEN) services which support placement stability.

We also support placement stability through our Integrated Children's Service offer through Social Work and Youth and Community services. We offer and promote themed support groups to up-skill in-house and external provision on local and national issues.

We measure and report on Placement Breakdowns and will be working collaboratively to understand options to improve the stability of placements through commissioning or through our statutory assessment functions.

Placement proximity

At the end of 2018 it was noted that the percentage of children in care (excluding UASC) placed within 20 miles from home had decreased by 0.2% from 76.8% to 76.6%. Throughout the course of this strategy, we will continue to review this to inform our commissioning intentions and activity.



Chapter 3: Kent accommodation profile

The Sufficiency Duty requires KCC to have a range of appropriate quality accommodation options for children in care and care leavers. The type of accommodation where a child is placed will depend on their assessed needs.

The suitability of the accommodation for each individual placement is an important component to improving placement stability. Placement stability is one of the highest priorities for Kent and there are a range of wrap-around services commissioned or provided in-house, with emerging models being piloted and developed to improve the child experiences and support placement stability.

Table 2: Continuum of accommodation

Table 2 shows the continuum of accommodation types available by age. It also sets out the regulatory body, described in the key.

Accommodation type	Age
Fostering (In-house /Independent)	0 - 18
Supported accommodation (SLODS) and Staying Put	16 - 21 (age 25 if in further education)
Shared accommodation	16 - 21
Semi-independent accommodation	16 - 21
Supported accommodation and floating support	16 - 21 (age 25 if in further education)
Residential children's homes	0 - 18
Safety Pods	16 - 21
Reception Centre (UASC)	16 - 18
Residential Special Schools	0 - 21

Short Breaks Centres (0 – 25)	0 - 25
Youth detention accommodation (secure children’s homes and training centres)	10 - 21

Table 3: Accommodation types

Table 3 provides typical features and contracting arrangement by placement type along with snapshot numbers of placements as of December 2018.

Placement type	Typical features	Contracting arrangement
Fostering Inhouse = 942 External = 216	This includes the fostering service delivered in house and the independent contracted fostering service.	Framework contract until 31 January 2022
Residential homes 98	The Care Standards Act 2000 states that an establishment is a children’s home if it provides care and accommodation wholly for children. The law states that most or all the children in care who live or stay at a residential home must be children under 18 years old. Regulation is through Ofsted.	Spot purchased
Residential special schools 3 There are 7 placements with lead funding from education	Residential special schools provide care for children with physical disabilities, learning disabilities or emotional difficulties. Residential special schools focus on	Spot purchased

	education and provide teaching on-site. In some cases, care homes for children offer transitioning support for young people until they reach their early 20's. Services often use the term learning difficulties and disabilities.	
Short break – in house units 20	These units are registered children's homes that provide overnight short breaks to disabled children who meet the eligibility criteria. The children continue to attend their school whilst accessing these units. The units work in partnership with health colleagues to provide a social care model that supports children's physical and health needs. The units are open over a 24-hour period.	Internal provision/ spot purchased
Supported lodgings (supported accommodation in a family environment) 128 plus 80 Staying Put	A supported lodging is a form of supported accommodation where the support is provided by a host who are private individuals that accommodate a young person in their home and offers support and guidance as appropriate to help them create a pathway to independence. This will include but is not limited to helping the young person develop skills and competencies in managing accommodation, finance, social, health, emotional, education. This service is available for young people	Contracted until 31 May 2020

	aged 16+.	
Shared accommodation 577	<p>Shared Accommodation for Children in Care and Care Leavers covers a range of accommodation types that are used to accommodate predominantly small groups of young people each with their own bedroom.</p> <p>Eligible service users are provided with a short-term occupation agreement; this agreement will include a rental agreement to enable housing benefit to be claimed where applicable.</p> <p>The young person is self-supporting and has the skills and competencies to be able to live independently and pay most of their rent in full.</p> <p>This service is available for young people aged 16+.</p>	Contracted until 13 November 2022
Semi-independent 126	<p>This is a shared living property where a support worker will be on-site as required; the length of time and frequency will vary depending on the levels of need the young people have and provide life skills support.</p> <p>This service is available for 16+.</p>	Spot purchased

<p>Supported accommodation and floating support.</p> <p>41 contract mobilising</p>	<p>This service provides a range of stable accommodation and support services that are flexible to meet individual and changing needs. Support is tailored to each individual young person to enable them to maintain their tenancy and positively participate in their local community.</p> <p>This service is available to young people aged 16+</p>	<p>Contracted until 30 September 2022</p>
<p>Direct Payment Service</p> <p>1,362</p>	<p>Where appropriate, service users can choose to arrange and pay for their own care and support services instead of receiving them directly from the local authority.</p>	<p>Not applicable</p>
<p>Reception centre – Millbank</p> <p>31</p>	<p>Millbank provides emergency accommodation for male unaccompanied asylum seekers from the age of 16 to 18 years old as they await their Child in Need assessment.</p>	<p>Block contract under review</p>

Accommodation spend

Children in Care, Care Leavers, and vulnerable young people 0 - 25 total forecast spend in 2018/19 is over £85m. The breakdown, summarised in Figure 1 shows that fostering is the largest spend area at £32.6m, split £11.2m on external fostering and £21.3m on internal fostering. The next largest spend area is Residential settings at £27.9m.

Figure 1: Spend on Children in Care, Care Leavers and vulnerable young people including 0-25 services where applicable (KCC staff costs not included)

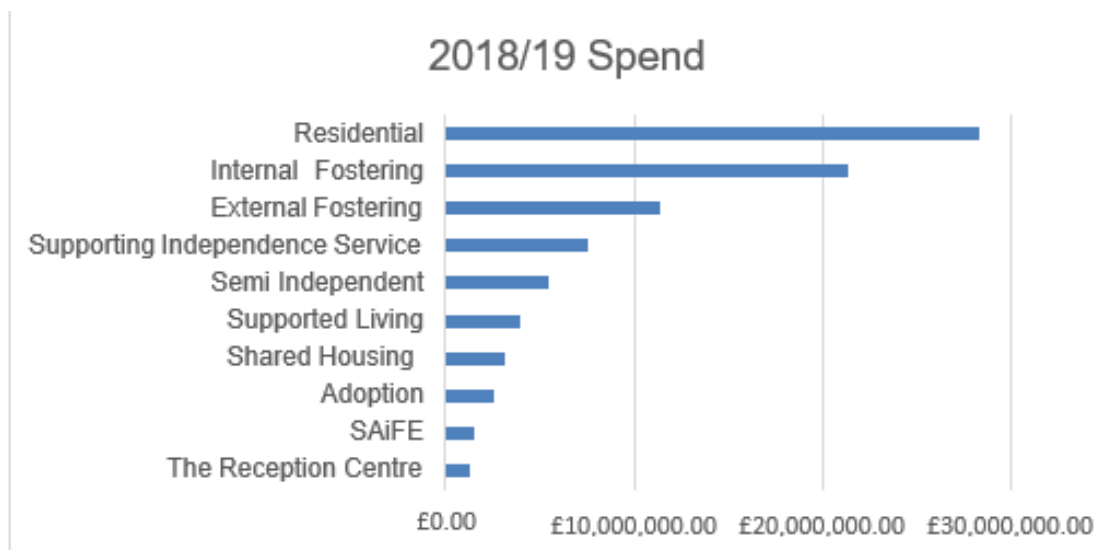


Figure 1

Figure 2: 2018 Placement Data and Forecast for 2022

The services accessed in 2018 by Children in Care (excluding UASC) are indicated by the blue and pink bars in Figure 2.

A blue bar denotes a forecasted increase in number of placements by 2022. A pink bar denotes a decrease in forecasted placements by 2022. The expected service level for citizen children (i.e., excluding UASC) in 2022 is indicated by the line next to each bar.

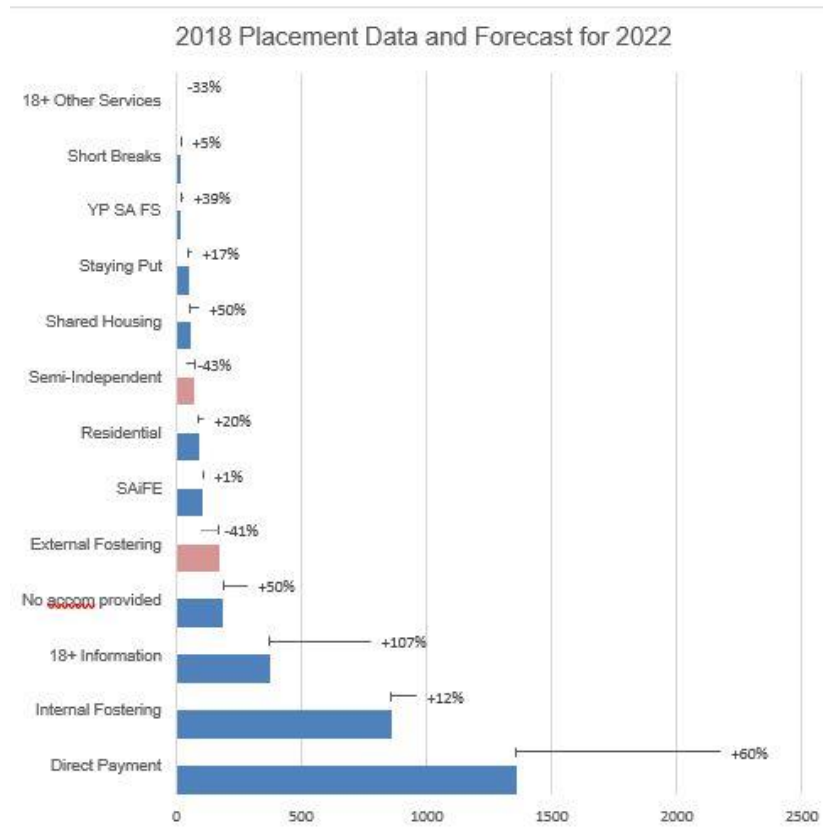


Figure 2

Figure 3: UASC data and forecast

Figure 3 shows the services accessed in 2018 by UASC. A blue bar denotes a forecasted increase in number of placements by 2022. A pink bar denotes a decrease in forecasted placements by 2022. The expected service level for UASC in 2022 is indicated by the line next to each bar.

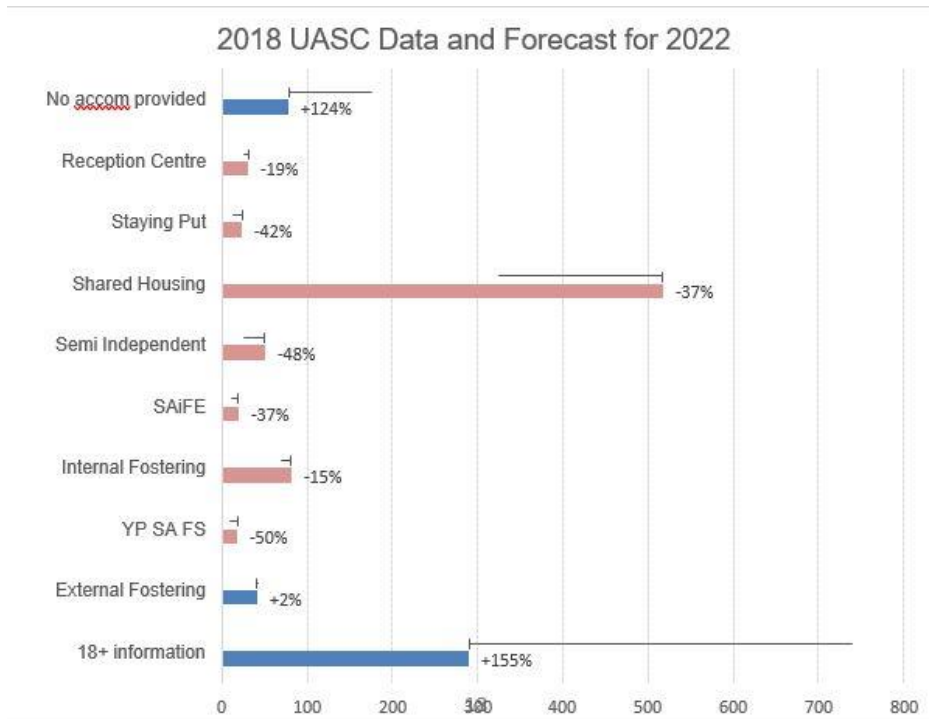


Figure 3

Chapter 4: Overarching principles to deliver this strategy

2019 sees the introduction of **Change for Kent Children Programme** delivering an integrated, whole system practice framework and operating model. This includes the strategic objective to support children and young people at risk of entering the care system to remain with their family and, where this not appropriate or achievable, to ensure that suitable and stable alternative placements are provided. The section below describes the core principles for our approach.

Integrating provision

KCC is actively committed to preventative and early intervention services for all age groups through open access and early help services. Halting a problem developing early on is better for children, for young people and for their families. KCC is integrating its early help services with more specialist services to enable it to focus more on those families which will most benefit from early support.

KCC will support and maintain a diversity of Early Help services to better meet the needs of children in care including through the provision of preventive and early intervention services. This will reduce the need for care proceedings and therefore the need for statutory accommodation-based support. However, where this type of support is needed, the principles set out below will apply.

Listening to our children

KCC values the voice of the child and seeks to listen in a range of ways to children and young people through a range of forums. The continuation of this work and the range of ways in which we will work is outlined in a number of strategies and in the action plan in Appendix 1.

Below is a reminder from our work with children in foster care of the types of qualities or actions that young people most value. It outlines to carers and professionals what children and young people value most.

Young people said:

- Cooking foods that they enjoyed and taking time out to find out what they enjoy eating.
- Being understanding and supportive so that the young person could speak to them when something happens or is concerning them.
- Going out to fun places as it is good to get out of the house, try new things and explore potential hobbies.
- Acting in a loving way towards them because they like to know and feel that they are safe and are not just taking them on for the financial side of being a foster carer.
- Having patience because this shows they care.

- Let the young person enjoy freedom but sets boundaries because if good boundaries are in place, it allows the young person to grow as a person and learn.



Our Super Council Members wrote down ten things they liked about their foster carer and then drew what their ideal foster carer would look like. Some of the ideal foster carer examples are below:

KCC is committed to participation at every opportunity and recognises the need to make it meaningful and drive changes. It will run a series of engagement activities as outlined in the action plan.

Placement stability

Placement stability is our utmost priority, and we are aware that outcomes for our Children in Care are likely to be improved if they are in a stable placement.

The pattern of placement stability is improving in Kent and our aim is for this to continue to improve. It is a key criterion in the considerations that take place to ensure an effective matching process.

The criteria which must be used wherever possible include:

- Allowing the child to live near his/her home wherever it is reasonably practical.
- 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.
- Ensure suitable adaptations where a child has a disability.

Preventing homelessness

Kent County Council and our partners are committed to preventing homelessness. We work closely with our district councils who have a statutory role in homelessness provision. KCC, as a Corporate Parent, focuses to ensure that children in our care are prioritised and has developed a joint protocol with the Joint Policy and Planning

Board (Housing). This now sits with the Kent Housing Group for joint delivery by all partners.

There is a new model in place to deliver accommodation and floating support. The newly configured service is prioritised for Children in Care and Care Leavers, in line with the Council's Corporate Parenting statutory responsibilities, and homeless 16- and 17-year-olds.

Working in partnership

The 0-25 Health and Wellbeing Board (HWBB) has developed a workplan with five workstreams identifying indicators and deliverables for the group to deliver against. The first workstream focuses on children and young people with multiple/complex needs and high intensity service use. Many of these young people will be accessing services covered by this Strategy and therefore understanding the service impacts and outcomes is a crucial part of delivering sufficiency.

Disabled children who are Children in Care or Care Leavers access a range of services covered by this strategy. Workstreams within the 0-25 HWBB focus on children's mental health and also those children with special educational needs and or disability. This Sufficiency Strategy and action plan will be reported to that Board to ensure that actions in partnership are agreed and tracked.

There are many examples of good partnership working across Kent. A pilot with schools has been undertaken to ensure that we work better with schools. A co-location programme with health visitors has just been delivered in Ashford and training is underway regarding a new vulnerable family programme to be delivered by the Health Visiting service. These examples, alongside actions identified in the 0-25 plan will be delivered and monitored through the 0-25 Health and Wellbeing Board.

Child sexual exploitation and the Prevent agenda

Kent County Council and our partners have a commitment to delivering the Prevent agenda and preventing Child Sexual Exploitation for all Children in Care.

Social workers are highly trained in assessing the risk of children and young people throughout their care planning. At the point at which a child or young person has a Placement Plan created to support them being placed in the most appropriate type of placement to meet their needs, a risk assessment will include a judgement on whether they may be at risk of both child sexual exploitation and/or becoming at risk of radicalisation. If one or both risks are flagged, social workers will work with the provider of the placement to ensure that risks are minimised, and the child or young person is safeguarded.

Transition

The Child in Care social work teams work closely with 18+ Care Leavers service to ensure a smooth transition for young people turning 18 years. Personal Advisors are now allocated to young people at aged 17, so they can work jointly on the pathway plan and prepare young people for independence. Foster carers are recruited for permanency who can offer children a family home up to the age of 21 years, under a Staying Put arrangement.



Chapter 5: Driving better value and outcomes

During 2018, Kent County Council (KCC) spent approximately £85m on placements across the spectrum of accommodation that it purchases. Benchmarking comparisons with other local authorities suggest that Kent pays a similar weekly rate to other local authorities for its provision and has better than average outcomes in some areas such as lower rates of offending and better educational achievement of children in care. Placement stability has also begun to improve although it remains above the national average.

There are several opportunities to drive better value from KCC’s substantial commissioning spend by achieving better outcomes for children in care. Effective commissioning will be crucial to improving these outcomes. KCC is determined to work collaboratively and effectively with service providers and partner agencies to improve the health, welfare, and educational outcomes of all Kent children in care.

Our analysis of the current needs and provision has identified a series of commissioning challenges which we will look to address over the lifetime of this strategy. Crucially, we are looking to engage the provider market to work with us to help identify and co-design the solutions with young people and social work professionals. The key challenges and intentions are summarised in Table 4.

Table 4: Commissioning challenges and intentions

Challenge	Commissioning intentions
<p>Placement stability</p> <p>Improving placement stability for children in care is crucial. Evidence shows that placement breakdown can cause unnecessary harm to children and can often result in more costly emergency placements and poorer outcomes.</p>	<p>Explore new models of care and support to improve placement stability. This will include looking at step-down approaches that cut-across the boundaries between residential and foster care.</p> <p>Review of our contracting arrangements to enable more flexible use of placements that could better support placement stability in a step-down model.</p> <p>Work with the market to strengthen the strong placement matching process to ensure the best placement for a child</p>

	and fit with the regulatory framework that the Ofsted inspection process monitors.
<p>Changing needs</p> <p>There is a changing profile of need for Kent Children in Care. There is more need for adolescent support in relation to Child Sexual Exploitation, involvement in gang activity and organised crime. This presents a challenge for KCC and its providers because it must ensure that it responds effectively to address these needs and safeguard the children involved.</p> <p>The profile of the use of accommodation is also changing. For example, Kent, along with other authorities, has made increasing use of children's residential care in recent years. The level of spend on children's home placements has increased sharply over the past two years even though the number of children in care has fallen and the spend in other related areas, such as foster care has also fallen.</p> <p>However, limited availability of suitable placements that can meet the changing needs can lead to higher costs, placements further from home, or less suitable placements.</p>	<p>Reshape KCC Children's Services through the Change for Kent Children Programme and ensure a clear adolescent focus across the services including early intervention approaches.</p> <p>Commissioners and the new operational teams collaborate and shape the market to explore how providers could support the new approaches including increasing levels of support into contracted provision.</p> <p>Explore new commissioning models for residential children's care. As part of this, we will look at innovation or good practice that has been followed elsewhere.</p> <p>Reduce use of spot purchasing particularly for provision which is not regulated by Ofsted.</p> <p>Purchase supported accommodation and floating support service provision through new framework agreement.</p> <p>Transfer all placement purchasing functions to KCC Total Placement Service.</p>
<p>Other local authorities making placements in Kent.</p> <p>Kent, like many other authorities, is significantly impacted by placements made by other local authorities. Previous attempts to challenge this practice have had very limited success. The government has indicated its support for regional commissioning arrangements to ensure better value.</p>	<p>Engage more directly with other local authorities to consider opportunities, potential benefits and risks associated with regional commissioning arrangements.</p> <p>Reassess and evaluate the local impact of other local authorities' placements in Kent.</p> <p>Promote placements closer to home with a growing use of lifelong links.</p>

Innovation and learning

Capturing innovation and learning from good practice elsewhere.

Kent has a particular challenge for children with the most complex needs who may have experienced significant trauma and have substantial therapeutic needs. There is a need for innovation to drive better value by improving outcomes for this group of children.

Develop a value model that will help us to evaluate the true social value associated with interventions and support for those with the most complex needs.

Hold regular market engagement events and dialogue to explore opportunities for identifying and implementing innovation.

Examine and consider the learning from Children's Social Care Innovation Pilots and develop model with service providers.

Examine and understand the innovative commissioning approaches that have been followed in other areas of the country and consider what elements of good practice could be applied in Kent.

Adopt a relational commissioning approach to help secure better outcomes for children in care through more effective collaboration with providers.

Ensure accurate cost comparisons between internal and externally provided services.

Successfully addressing the challenges outlined above will require effective and innovative commissioning. KCC recognises that it can only deliver its ambitions and goals with the right level of support, commitment, and capability within the provider market. We are committed to engaging with the provider market to do this. We will set out our approach in more detail in our Market Position Statements later in 2019.

The commissioning intentions outlined above will need to adapt over the life of this Strategy in order to respond to changing needs, new circumstances, or other strategies. For example, following the recent Ofsted inspection for children with special educational needs and children with disabilities actions within the strategy will be aligned with the action plan which is developed from that inspection.

Chapter 6: Reporting

Kent County Council will report progress on the deliverables set out in the appendix every six-months to the KCC Corporate Parenting Panel. This will include the high-level strategic actions, the actions in relation to the different accommodation types and the procurement timeline.

Placement numbers, trends and activity is currently reported separately, and we will align the reporting together.

In addition to fully engage partners in the monitoring of this strategy, progress against the actions in tables 5, 6 and 7 will also be reported to the 0-25 Health and Wellbeing Board. This is an important step forward in fully engaging partners in monitoring the wellbeing of children, particularly Children in Care and the ways in which we continue to build teams around the child and integrated provision.

Table 7 in Appendix 1 outlines the services that will need to be re-procured, their contract expiry date and when the re-procurement exercise will begin. This will be monitored through Corporate Parenting Panel and also through the internal KCC commissioning processes including Service Commissioning Board and Commissioning Advisory Board. Key decisions will follow KCC process and be recommended through the Children Young People and Education Cabinet Committee.

It is firmly the intention to keep the strategy a live document and if changes are needed though out the strategy these will be reported to all relevant boards and committees as outlined above.

Appendix 1

Commissioning and purchasing actions

Table 5: High level commissioning and purchasing actions

Table 5 describes the high-level commissioning and purchasing actions required to deliver the ambitions of the Sufficiency Strategy. The subsequent table details the actions by accommodation type.

High level action number	Commissioning and purchasing action
1	Deliver market engagement programmes to work more closely and innovatively with providers.
2	Pilot new models of step-down approaches for residential and foster care.
3	Review contracting options with current spot purchased services.
4	Improve the matching process between provider and child /young person to create greater placement stability.
5	Review of mental health support for children in accommodation-based services.
6	Deliver a value model for high-cost placements by reviewing spend and outcomes.
7	Review new models for residential care in other authorities and potential for collaboration.
8	Undertake procurement exercises in line with contract end dates.
9	Review quality process with the Independent Reviewing Officer and new Quality Assurance Framework.

10	Fully implement centralised purchasing in the Total Placement Service.
11	Implement programme of review for each accommodation type including clear feedback from children and young people.

Table 6: Actions by accommodation type

Table 6 summarises the actions that we have identified to deliver the change in each of the accommodation types:

Service/ area	Deliverables
Placement stability	<p>Complete review of activity weekends.</p> <p>Identification of hub families and embed model wherever possible.</p> <p>Monitor effectiveness of interventions to support placement stability through available data.</p>
In house fostering	<p>Increase placement capacity for adolescent and sibling groups.</p> <p>Target recruitment campaign to areas with a shortage of carers.</p> <p>Review opportunities to improve retention and learning from independent sector.</p> <p>Develop new services for parent and child placements.</p>
Fostering (independent)	<p>Analyse placement trends for 11–15-year-olds.</p> <p>Undertake cost comparison and develop value model.</p> <p>Increase capacity of parent and child placements with external foster carers.</p>

	<p>Complete annual review of framework and implement action plan.</p> <p>Maximise use of Lot 2 for increased placements with preferred providers.</p>
Adoption	<p>Focus work on adopters for the 5+ age groups.</p> <p>Identify additional adopters for adolescent and sibling groups and those experienced in addressing a range of cultural issues.</p>
Residential care homes	<p>Analyse options to increase placement stability.</p> <p>Increase visibility on purchasing factors impacting placement and develop a Market Intervention Plan.</p> <p>Identify opportunities for collaboration with other local authorities.</p>
Residential special schools	<p>Provide a full review on the challenges for placing children in residential special schools.</p> <p>Cost identification and analysis to understand trends and identify actions.</p> <p>Maintain the register of residential special schools in Kent identifying gaps in provision.</p> <p>Analyse options to improve placement stability with colleagues in SEND.</p>
Overnight short breaks	<p>Transfer purchasing into the Total Placement Service.</p> <p>Provide analysis of purchasing with unit costs and identify new contracting opportunities.</p>

Supported lodgings.	<p>Progress the Shared Lives Pilot and analyse the outcomes.</p> <p>Complete review in readiness for letting the new contract in 2020.</p>
Shared accommodation	<p>Identify young people with support needs that could benefit from other commissioned services.</p> <p>Work with providers to secure accommodation in Tunbridge Wells, Tonbridge, Maidstone, and Gravesham.</p> <p>Improve quality assurance framework.</p>
Semi-independent	<p>Actively reduce reliance on spot purchasing of semi-independent provision and move to new contractual arrangements.</p> <p>Improve quality monitoring where accommodation is utilized.</p> <p>Maximise the use of supported accommodation and floating support.</p>
Supported accommodation and floating support.	<p>Review high-cost semi-independent placements and look to transfer young people into regulated provision or contracted provision.</p> <p>Implement new model of provision alongside adult service.</p> <p>Work with providers to secure additional accommodation in Sevenoaks and Thanet.</p>

Table 7: Procurement timeline

Table 7 outlines the procurement timeline

Contract title	Contract expiry date	Planned re-procurement start date
Independent fostering framework	31 January 2022	Review/ diagnostic to commence June 2020.
Post adoption	31 March 2020	Review/ diagnostic to commence April 2019.
Supported lodgings	31 May 2020	Review/ diagnostic to commence April 2019.
Shared and supported accommodation	30 September and 30 November 2022	Review/ diagnostic to commence September 2021.