Action research into the more effective strategic commissioning of children's residential care homes

Interim report

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Summary

This **interim report** presents evidence collected from our action research into the **strategic commissioning of children's residential care homes**. The research was commissioned by the Local Government Association (LGA) and undertaken by the Office for Public Management (OPM). The research was designed to generate understanding about how local authorities are planning for, responding to and managing issues related to the strategic commissioning of residential children's home placements and help develop and test innovative approaches to more effective strategic commissioning in this sector. The **separate final report and recommendations** presents key findings from this evidence base and our recommendations, based on our own analysis and the input of the ten local authorities who participated in the research. We recommend you use this **interim report** flexibly.

We focused on three particular stages of commissioning: needs analysis; matching needs with supply; quality assurance and monitoring. In phase one (December 2012 - April 2013) the undertook scoping interviews with national experts, a review of published evidence, 86 individual interviews across 10 local authority sites and an online consultation with children and young people in care and care leavers which got 93 responses. The evidence gathered is summarised in this interim report. In phase two (May-June 2013) we delivered facilitated action learning groups (10 participating local authorities, working in three cohorts). The work of the action learning groups fed into the final report and recommendations.

- In **section 1** we summarise research objectives and briefly define strategic commissioning

- In **section 2** we outline our research design

- In **section 3** we present evidence collected from the different data collection exercises:

  - o   Section 3.1 presents a rapid review of published evidence on the commissioning of children's residential care;

  - o   Section 3.2 outlines findings from our scoping interviews with expert stakeholders and policy makers;

- o Section 3.3 presents findings from the depth interviews which we undertook with lead members, commissioners (strategic and operational), managers and officers from local government, providers (in-house and independent) and a small number of staff from partner agencies;

- o Section 3.4 presents findings from our online consultation with children and young people in care and care leavers, conducted as part of this research with the support of The Who Cares? Trust.

- In **section 4** you will find appendices which include:

  - o Appendix 1: Case studies of participating local authorities

  - o Appendix 2: Examples of site activities

  - o Appendix 3: Detailed method and final sampling

  - o Appendix 4: Theoretical framework

  - o Appendix 5: Scoping interviewees

  - o Appendix 6: Bibliography from the rapid review of evidence

  - o Appendix 7: Questions from the online survey of children and young people in care and care leavers.

Section 1: Introduction to the research

In December 2012 the Office for Public Management (OPM) were commissioned by the Local Government Association (LGA) to undertake action research into the strategic commissioning of residential children's homes. The project ran until July 2013.

The objectives of the research were to:

- Understand how councils are planning for, responding to and managing issues related to strategic commissioning of residential children's homes placements; and

- Develop and test innovative approaches to more effective strategic commissioning in this area

In total **ten local authorities** participated directly in the action research. The evidence gathered has uncovered the complexities of commissioning children's residential care, the barriers to be overcome to achieve more effective commissioning and the opportunities to improve outcomes for stakeholders, particularly children and young people in care. By participating in action research participating local authorites have been directly involved in the inquiry.

Strategic commissioning

Commissioning models often recognise three levels of commissioning: strategic, operational/intermediate or local area, and individual level commissioning. For residential children's homes, numbers are relatively low and most commissioning is at sub regional or local authority, and individual levels. Strategic commissioners make decisions about how best to use the total resource for - in this case - looked after children, in order to get the best outcomes at a reasonable cost. There are four simple steps to commissioning - understand, plan, do, review. Strategic commissioning in children's services is about understanding and allocating resources to meet the needs of the whole population of children. When considering what should be provided for looked after children, the starting point in an effective system is

knowing the population of looked after children and applying knowledge about how to reduce that number through early intervention and prevention. There is considerable evidence from all our sites that this strategy has been working well or is showing signs of working well in the near future.

Once the projected population of looked after children is agreed, strategic commissioners can then decide how the total resource allocated to them should be spent (this includes the amount to be spent on management and administration of assessment and placement, although that has not been a focus of this research). One of the key decisions that strategic commissioners need to make is how much resource to put into fostering and foster plus/ foster carer support, taking account the evidence that the majority of children and young people do better in good foster care; several of our research sites had clearly chosen to reduce the budgets for residential care and invest more in foster care and preventative work with good results in terms of outcomes and cost.

In terms of residential homes, strategic commissioning also involves developing (in consultation) policies and costed plans about placements. This includes the balance between in-house and external provision. Decisions about individual placements (individual level commissioning) takes place in the context of strategic commissioning and associated policies and plans. The detailed arrangements differ across authorities.

Section 2: Research design

Phase one research collected and analysed existing evidence from the sector and gathered information about current commissioning practices and the approaches of the ten participating authorities. This **interim report** covers evidence collected in phase one; a summary of the findings was shared with participants at the action learning groups who took forward further investigations. The **final report and recommendations** incorporates the work of the action learning groups. An overview of the project methodology is shown below in Figure 1. We also developed a theoretical framework to steer data collection (see appendix 4). Evidence gathering took place through scoping interviews, a rapid evidence review, depth interviews across the ten local authority sites and an online consultation with children in care and care leavers, hosted though the *Who Cares? Trust*.

Figure 1:
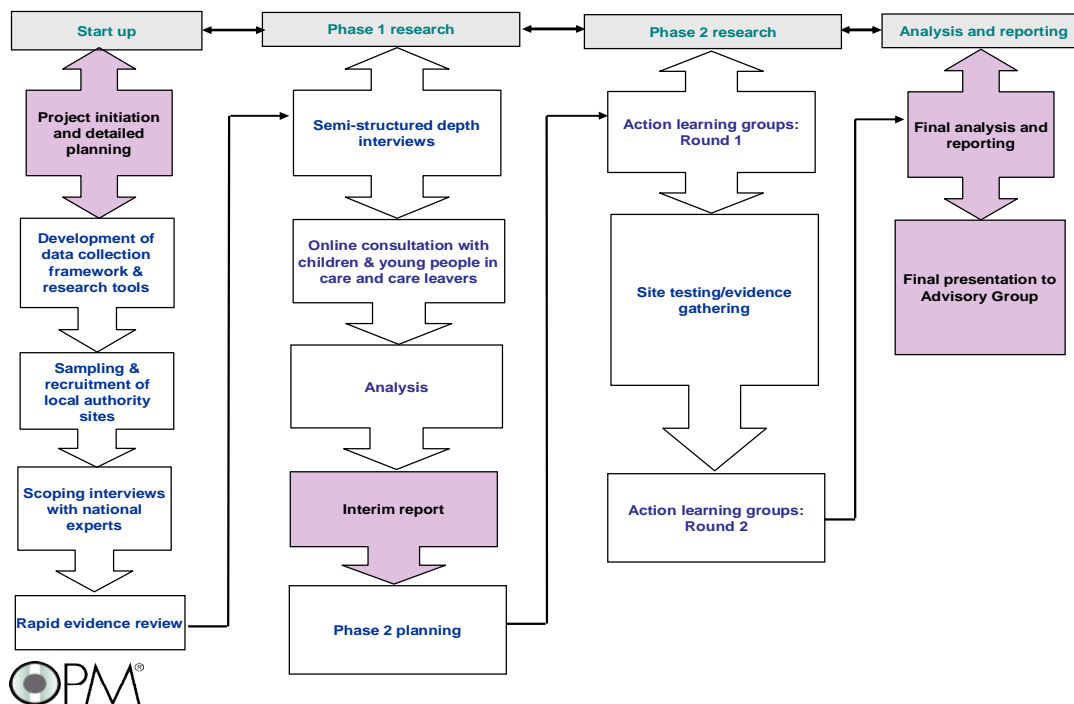
Section 3: Findings from Phase 1 research

3.1 Findings from the rapid evidence review

3.1.1 Needs analysis

Identifying complex needs[1]

The small subset of looked after children who are cared for in residential children's homes are often referred to as having particularly complex needs and challenging behavioural tendencies (DfE, 2007; DCSF, 2007b, Children's Commissioner 2012).[2] Whilst this is usually the case, children and young people entering the residential care system are by no means a homogenous group and demonstrate a wide variety of emotional, psychological and physical needs as outlined in the table below.

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[1] The term 'needs' in the context of children's services is used to refer to those areas where children and young people require support in order to be safe, happy and to reach their full potential' (NRECC, 2007). The capacity to evaluate such needs has been described as the most crucial 'building block' in the development of a responsive commissioning strategy.

[2] A recent report by the Children's commissioner, for example, stated '*Invariably, the most damaged children and young people are placed in residential care.*' (Children's Commissioner, 2012).

Relatively straightforward, simple needs requiring short-term residential care, perhaps due to a crisis in their family	Deep-rooted, complex or chronic needs and a requirement for specialist care and services. They may have suffered from abuse, neglect or multiple episodes of substitute care	Extensive, complex and enduring needs compounded by very difficult behaviour. Such children require more specialised and intensive resources	Physical and/or learning disabilities requiring specialised, intensive resources and possibly additional medical services	Requirements for secure accommodation either for welfare reasons or because they have been sentenced by the Youth Justice Board

Source: (DCSF, 2007b)

Statutory guidance stipulates that the full range of needs of each looked after child should be identified through a combination of core and on-going assessments. In the first instance a young person's developmental requirements should be identified using the Assessment Framework for Children in Need before being fed into a comprehensive, outcome focussed care plan (Clough et al 2006; NCERCC, 2007; DCSF, 2010). This should include a thorough risk assessment which takes into account all of a young person's vulnerabilities (APPG, 2012).

Effective needs assessments are highly dependent on the input of individual social workers. (DCSF, 2010). In some children's services departments, however, there are said to be capability weaknesses within the core team of professionals working around the child (CSP, 2010). It appears that the Assessment Framework is not being used consistently (DCSF, 2007b) and data not systematically collected about the changing needs of children across the course of their time in care (CSP, 2010). Most recently a spotlight has been shone on the fact that some vulnerable young people have been exposed to risk by the behaviours of other residents in children's homes (APPG, 2012). And following its recent investigations, the Office of the Children's Commissioner has reported repeated references to inconsistency in the quality of risk assessments (Children's Commissioner, 2012).

Forecasting needs

Shortfalls in robust and proper needs analysis are most likely to occur where caseloads are high or assessment time is curtailed by emergencies and urgent cases (CSP, 2010). If placements are to be planned then local authorities must carefully forecast requirements for different types of provision over the medium and long term (CSP, 2010) Patterns of incidence

must be mapped against data about the effectiveness of various interventions and the availability of resources (DCSF, 2004). It has been suggested that access to comprehensive aggregate data from sources such as individual care plans, including broken down information about different kinds of placements, is the key to allowing service managers to identify and project patterns of need at both the national and local level (DCSF, 2010).

In practice, however, the national picture of need is of limited use in helping to understand the demand issues in the residential sector. This is partly due to a lack of consistent categorisation of needs across the country and partly due to the sheer volume of variables involved (DCSF, 2007b; CSP, 2010). Similarly, at the local level, there is no straightforward model that can be used to project demand for quantity and type of provision. Predictive information can be compiled in partnership with internal and external providers as part of the Joint Strategic Needs Assessment Process (JSNA). However, the effectiveness of data collection systems varies between local authorities. This, combined with the fact that individual assessments are often not recorded in sufficient detail, means that JSNAs and other data gathering initiatives routinely fail to provide sufficient information on the needs of looked after children to inform a commissioning strategy in a meaningful way by determining the level of supply that is needed. (DCSF, 2007b; CSP, 2010).

Children's involvement in needs assessment processes

Local authorities are obliged to actively seek the views of young people about the sorts of services they feel would best meet their needs (DCSF, 2010; Wright et al 2006; NCERCC, 2007). Calls have been made for further elaboration on the amount of weighting that should be given to the views of the child relative to those of the placing agency and family members. Whose views should be prioritised, for example, when there are competing choices such as whether to opt for a local home or a more specialised home? (Clough et al. 2006). Particular concerns have been raised about a tendency for the views of children who have been placed in private or out of area provision, as well as young people with physical or learning disabilities, to be given less attention than those of their counterparts in local authority placements (DCSF, 2004; Wright et al 2006).

3.1.2 Matching Needs and Supply

The range of available placements

It can be helpful to think of the diverse range of children's homes in the UK in terms of a continuum. On one end is 'mainstream' general provision which provides support for children with 'relatively straightforward needs.' An increasing number of these 'mainstream homes' are now also registered to accommodate young people with behavioural, emotional and social difficulties . At the other end of the continuum are highly specialised units which provide intensive treatment for young people with complex needs. Such homes may offer psychiatric and psychological advice, special educational support, counselling or other therapeutic input. They are likely to be characterised by high levels of supervision and consultancy support for the residential staff. In the most extreme cases specialist services will contain just one or two beds to allow for tailored individual support and treatment (DCSF, 2007b). In addition to the above, there are 17 secure children's homes in England and Wales which provide care within a 'locked environment' (DfE, 2012e).[3] These facilities are primarily used to accommodate young offenders who have been remanded into the system. Some young people, such as those who are perceived to be at high risk of sexual exploitation, can be placed in secure homes on 'welfare grounds' (Clough et al., 2006). The office of the children's commissioner (2012) has noted that certain local authorities have developed an over-reliance on secure facilities to protect young people in such circumstances.

As of 2012, 26% of the children's homes in England and Wales were run by local authorities, with a tiny percentage of these being managed by the local NHS. The remaining 74% of children's homes are run by private and voluntary organisations (Ofsted, 2012b). Larger homes containing upwards of six beds are most common in the voluntary sector and least common in the independent sector. A large proportion of the market consists of larger companies and groups of providers who manage a number of care homes which is largely as a result of venture capitalists making investments in residential care (DCSF, 2007b). The North West has the highest concentration of children's homes in the country (DfE, 2012c).

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[3] Figure from 31 March 2012.

Many children's homes continue to be run by local authorities[4], but 'in house' residential provision has diminished in recent years.[5] More than one-third of English councils no longer run any children's homes of their own (DfE, 2012c) and there is a popular view amongst contemporary policy makers, that opening up placements for children in care to a range of providers competing to offer the best service, will raise the standard of delivery (DfE, 2012a). In contrast, Clough et al (2006) refute the notion that straightforward market principles can be applied to residential child care[6] but do acknowledge that, 'in a consumerist world' many of the social work staff involved in placement feel that 'lack of choice' is a constraining factor which limits the effectiveness of their practice (Clough et. al., 2006).

Matching needs with an appropriate placement

It has often been stated that in order for residential care to be effective it needs to be recognised as a positive 'choice' (DCSF, 2006, NCERCC n.d, DCSF, 2007b; Stanley, 2012; ADCS, 2012). Traditionally, residential care has been seen as offering several benefits including stability, a stimulating environment and a steady setting for intensive therapeutic work (Clough et al., 2006). Perhaps most importantly, some children, particularly those in the older age bracket, state that they prefer residential settings to the 'substitute family' set up of foster care (DCSF, 2006; Stanley, 2012; ADCS, 2012)[7]. However, in spite of the apparent potential, residential homes are often 'stigmatised' in the literature; the extremely complex needs of the young people accommodated in the sector have been starkly juxtaposed with the perception that children's homes are staffed by under supported and poorly trained workers (Children's Commissioner, 2012). There continues to be a perception that much of the residential provision in the UK is non-specialist and isolated from a wider network of

[4] The picture in this regard is highly varied across the county: Lewisham, for example, outsources all of its residential care placements to independent providers, while Leeds and Durham place most of their looked after children in local authority-managed beds (DCSF, 2007b).

[5] Almost half of the local authorities in England and Wales have closed at least one of their children's homes since 2008 (DfE, 2012c).

[6] They support this argument by pointing to the small numbers of children who are accommodated in this sector on the one hand, and the disruption that placements moves cause for young people themselves on the other

[7] In their recent position statement, ADCS stated an intention to take this fact on board by investigating a) what effective residential care looks like for teenagers and b) how the concept of "parenting" sits within temporary care for adolescents. These are depicted as important steps to moving beyond the outdated construct of residential care and its use as a placement of last resort (ADCS, 2012).

support services (Clough et al., 2006; Children's commissioner, 2012). Interviews conducted in 2007 highlighted shortages in four types of specific residential provision (DCSF, 2007b).

Intensive support units for children with complex needs, particularly autistic spectrum disorders	Support with therapeutic inputs for children with mental health needs;	Long-term and respite care for children with disability	Semi-independent and transitory residential care

Another prominent gap in the market is leaving care services which specifically cater to young parents, asylum seekers and vulnerable young people returning from 'out of authority' placements. There is also a need to pay particular attention to the community and family links of black and minority ethnic young people when they leave care (C4EO, 2009).

Providers report that an increase in the number of children requiring specialist provision is making the process of matching supply with demand more challenging than ever before (DCSF, 2007b). Nevertheless, some experts within the field insist that there *are* many examples of high quality specialist residential resources within the UK that *are* capable of meeting even the most complex needs (NCERCC n.d). The problem with supply and demand, it has been argued, stems from the fact that commissioners are not aware of the full range of available provision; there is a lack of a national picture about the quality, specialism and geography of residential children's homes (Children's Commissioner, 2012). Outdated costing, sequential decision making, rigid contracting mechanisms and burdensome tendering processes are all said to mitigate against a commissioner's ability to adequately assess the market (DfE, 2012a).

Equally, local culture or a lack of resource can create pressure for decisions made on the basis of available provision or costs rather than needs (CSP, 2010). The tendency for children to be placed in care settings because there is a bed there rather than due to proper care planning and for cost to be prioritised above suitability appear to be becoming more pronounced (APPG, 2012)[8]. One of the core principles embedded within the National Minimum standards for Children's Homes is the notion that each child should be given personalised support in line with their individual needs and background (DfE 2011b). However, independent providers have reported concerns about a lack of transparency from local authorities when placements for young people with very complex needs are being

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[8] Jonathan Stanley cited in APPG, 2012..: *"We have evidence that cost over care balance is as much as 80:20, often 70:30, and 60:40 is good today"*

negotiated (DfE 2012b). In addition to this, there has been criticism from providers about the fact that placement decisions are often not made by social workers themselves, but by commissioners who are one step removed from the young person's needs (APPG, 2012).

Meeting the sufficiency duty

Section 22G of the Children's Act 1989 relates to 'the sufficiency duty.' It requires local authorities to ensure, wherever it is reasonably practicable, that there is sufficient *local* accommodation to meet the needs of all the children that the authority are looking after (DCSF, 2010). In order to fulfil this duty in an appropriate way, local authorities must develop systems for dealing with emergency cases. There appears to be a strong desire from managers, practitioners and commissioners alike to avoid 'Friday night crises' and to move to a more planned approach to placements. Emergency entrants can be disruptive to group dynamics within a home (DCSF, 2004, Clough et al., 2006; DfE, 2012c). In line with this, 'spot purchasing' is increasingly looked upon as inefficient. Framework contracts, on the other hand, are emerging as examples of good practice because of their ability to provide the flexibility of spot purchasing along with lower costs and greater market management potential (DCSF, 2010).

In spite of the emphasis that the sufficiency duty places on *local* provision, high numbers of young people continue to be placed at considerable distance from home.[9] DfE data shows that 22 local authorities with spare capacity in their own children's homes placed children outside their area (APPG 2012). There is clear evidence that looked after children placed out-of-authority tend to achieve poorer outcomes and are more likely to runaway (DCSF, 2004; APPG, 2012). In addition, serious safeguarding concerns are raised about cross-boundary arrangements since the placing authority is likely to know less about the safety and suitability of the local area around a home that is not within its own boundaries (APPG, 2012). There have been repeated assertions that the mutual responsibilities of placing authorities and area authorities must be clearly specified (DfE, 2007) and yet there appears to be on-going ambiguity about how responsibilities are divided.[10]

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[9] In 2011, almost 8000 of 65000 children who were in local authority were placed over 20 miles away their home authority (APPG, 2012)

[10] KCC, in particular, have been vocal in their concerns about the young people placed by other authorities in independent children's homes within Kent's boarders

Notwithstanding these pertinent concerns, there are two important drivers of out of area residential placements:

1. The complexity of needs experienced by many of the young people in residential care can only be met by intensive resources, some of which are so specialised that they can only be provided at a regional or national level. With this in mind, a preoccupation with 'staying local' can equate to denying a child the resources which would be most appropriate to meet their needs (DCSF, 2007b; Stanley, 2012).

2. Out of area placements can also help to remove young people from the source of some of their problems. This is often the case for young people who have been trafficked (APPG, 2012).

Market shaping

In 2007 an important investigation into the 'optimum' supply of children's residential homes found that fewer beds are required if placements are allocated over a wider area (DCSF, 2007b).[11] A number of local authorities have taken this on board and are beginning to use national, regional and sub-regional commissioning arrangements[12] (DSCF, 2010). In addition to this, the trend of more young people entering the system with challenging behaviour, mental health needs and other disabilities ushered in a need for greater intervention from health partners (DCSF, 2007b.) One of the main challenges associated with partnership working within the current climate of changes within local authorities, public health and the NHS is the clarification of the lines of accountability between the various bodies (Easton et al., 2012).

There has been a great deal of attention devoted in recent years to the need for a partnership approach with providers; local authorities have repeatedly been encouraged to share their strategic vision for meeting demand with providers in order to stimulate innovation (DCSF, 2004; ICHA n.d; DCSF, 2010; CSP, 2010). It has been observed that in many local authorities there is a 'polarisation' of commissioners and providers (NCERCC, n.d). Regular Provider Forums are said to be a good way to build up a shared language.

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[11] An average of 1.51 beds per child is required if allocation is within a local authority; this falls to 1.47 beds at a sub-regional level, 1.29 beds if allocation is regional and 1.09 beds per child if placements take place across England.

[12] The West Midlands Children's Commissioning Partnership is just one example of this, for many more see (DCSF, 2010) and (DCSF, 2004)

An important DfE drive to shape the market was developed in response to persistent suggestions that the overall standard of the UK's children's homes could be improved if they were to be grounded in a more explicit child care theory (NCERCC n.d; Bullock et al. 2006). In 2007 a UK pilot programme to evaluate the effectiveness of social pedagogy[13] in residential care was launched (DfE, 2007). The official evaluation of the pilot revealed high levels of support for the approach from senior managers, heads of homes and residential staff. However, as yet there is no evidence that it has had a positive impact on measurable outcomes associated with factors such as violent behaviour, going missing, self- harm or educational attainment, (DfE, 2011a).

3.1.3 Quality Assurance and Monitoring

Stanley (2012) has argued that 'Children's homes are the most scrutinised children's service.' Indeed, Ofsted visit each home twice a year on behalf of the central government to ensure that they are complying with National Minimum Standards (DfE, 2011b). These visits result in a substantial output (along with an overall rating such as 'good' or 'outstanding') which can be analysed by local authorities (DfE, 2007; Ofsted, 2012a).[14] It has been suggested that that factors such as leadership; the congruity of objectives between staff, home managers, external management and the wider social system; and the cultures within the homes can provide particularly revealing insights into the quality of a children's home (Clough et al., 2006).

In addition to this each child should receive regular visits and reviews from their social worker and an Independent Reviewing Officer who report back to the council (Stanley, 2012).

Local authorities should supplement the above with their own performance management processes based on the needs and specific outcomes described in a child's individual care plan (CSP, 2010). This should take into account how a young person is progressing in terms of factors such as health; educational involvement and attainment, risk behaviour and self- harm; family contact; relationships and offending (ICHA; n.d; DfE, 2011a).There is often a strongly bureaucratic tone to such efforts; many councils have opted to capture information

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[13] Social pedagogy focuses on building relationships through practical engagement with children and young people and is the dominant approach to residential care in continental Europe.

[14] OFSTED have recently published a revised framework and evaluation schedule for the inspection of children's homes revised the overall effectiveness judgement descriptors.

from providers, contract officers and practitioners through multiple forms which must be filled in (DfE, 2004).

Some concerns have been raised about the extent to which quality is measured against generic standards which focus on what should not happen to children rather than how their prospects can actually be improved (Anderson and Jackson, 2006). With this in mind, one of the most pertinent challenges in terms of quality assurance is to remain ambitious; residential care can and should function as a positive intervention in a young person's life (DfE, 2010; ADCS, 2012).[15]

Wherever possible, the views of young people should be captured by monitoring processes. In a bid to facilitate this, Ofsted have an on-line questionnaire seeking users' and stakeholders' views on individual children's homes, with a link to be distributed by the home (Ofsted, 2012a). One recent study found that young people were generally complimentary about the residential experience. As the authors reminded readers, however, it is possible to argue that young people do not necessarily know what is in their best interests, and their expectations may be low, depending on past experience and self-esteem (DfE, 2012c).

Value for money and efficiency savings

Calls have been made for local authorities to develop a nuanced understanding of what 'value for money' means. The extensive, round-the-clock care, education, psychology and psychiatric response that some children require cannot be cheap.[16] When evaluating whether the investment is worthwhile, commissioners must be mindful that comparing the outcomes of looked after children and young people with their peers who have not been in care does not take into account the different starting point and, as such, comparatively poor outcomes of children and young people who have been looked after does not mean that they have not made any progress, or that they would not be doing worse if they were not in the care system (ADCS, 2012).

Drives to achieve efficiency savings are hindered by the fact that there is a lack of data relating to the true cost and impact of services. Moreover, local authorities often do not have

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[15] This study of maltreated children in the looked after system revealed that Outcomes for maltreated children who remained looked after were better than for those who went home with respect to stability and well-being (DfE, 2010).

[16] Stanley, Jonathan. 2012. You get positive children's homes in a positive social work system.

a clear picture of how much in-house provision actually costs and are not confident in their ability to robustly compare costs between different providers (CSP, 2010).

Impact on strategic commissioning

It is becoming increasingly common for commissioners to seek evidence that a particular children's home is effective at meeting particular needs and desired outcomes before buying its services. Indeed, preferred provider lists and tendering frameworks are growing in number and these typically require providers to provide extensive information at pre-contract stage as well as including a requirement for feedback from other local authorities (NCERCC, n.d; CSP, 2010; DCSF, 2010).

3.2 Findings from the scoping interviews

3.2.1 The wider commissioning context

Scoping interviewees' comments reflect their view of commissioning across all local authorities and not specifically the work of those authorities involved in this research.

Interviewees acknowledged that the commissioning of children's residential care is variable; some local areas have made considerable progress and have a clear strategy and approach to the commissioning of residential care. Others are struggling – working to overcome large caseloads, manage a wide variety of needs, develop relationships with providers and manage the market and make improvements at the leadership and management level and/or within the wider workforce. Generally, interviewees saw a lot of room for improvement.

Scoping interviewees recognised the **complexity of the environment** within which children's residential care is being commissioned; major cuts to budgets, negative media coverage and increased public scrutiny of decisions made in individual cases, significant policy shifts within local government and for partners in education and health and increasingly complex and challenging experiences amongst looked after children.

Scoping interviewees acknowledged that there is a **clear preference for the placement of looked after children in foster care** rather than residential and a strong belief in the benefits of maintaining kith and kin relationships. There were some who questioned whether the prioritisation of foster care is the right approach and made clear that they feel residential care should be seen as an equally viable option with children and young people given more

choice about their placement; but most felt that fostering should be the preferred option, prioritised, but alongside an increasing understanding of when, for whom and how residential care homes should be used. There was also concern that residential care does not currently offer **value for money**; in large part this can be attributed to an insufficient understanding of what works in residential care and what works for different groups of needs; this makes it a real challenge to commission effectively and achieve an appropriate balance of cost and benefit:

> *"We perceive the service in a bad way; we don't give it as much thought in the commissioning process. If we had genuinely higher standards of units and knew which ones are excellent ones and which ones aren't, commissioning would make a difference. What's the point of a sophisticated commissioning model when it's not clear what one unit offers that's different, except price."*

There was near consensus about the need to invest more heavily in **early intervention** and prevention initiatives and to try and prevent the escalation of need amongst looked after children. Scoping interviewees were encouraging about the efforts they have seen to design and deliver such initiatives but feel much more needs to be done.

There was concern that **strategic commissioning of children's residential care in many local authorities is not evident**. There was also concern that some local authorities are placing too much emphasis on cost and that this is impacting upon commissioning decisions and compromising longer term outcomes for children in residential care:

> *"We know getting placements right and perhaps spending more money up front, will reduce costs [long term] and the negative impact on children and young people of placement instability; but in the targets, or implied targets, we put on individual commissioners, they are not incentivised to find the right solutions, they are incentivised to cut costs, so we lose these long term savings. Looked after children budgets are seen as the most risky ones…so there is pressure on directors to get a grip - even though demand is a result of national pressures a lot of the time, not local ones."*

Some interviewees believe that, despite there being many resources already available to support the development of commissioning practices, in some authorities understanding

and/or implementation of commissioning is under-developed; needs analysis and sufficiency audits are not completed or maintained; there is little engagement with the marketplace (perhaps with the exception of in-house homes where they exist); and quality assurance and monitoring is not sufficiently outcomes focused. In other authorities there has been a clear vision and sufficiency statements have been developed; but even where this is the case these documents can be overly descriptive rather than analytical and strategic. Commissioning priorities may then become sidelined at the expense of cost-focused procurement decisions as authorities look for ways to drive down spending in a high cost service:

> *"There is very little that looks strategic at a commissioning level…You talk about the model of needs analysis, matching, monitoring etc but it doesn't feel like it's the starting place for many authorities. Increasingly local authorities are actually just about using procurement to drive costs down and this has got worse in the last 5 years not better as a result of less money and fewer staff…People will talk about EU procurement regulations as necessitating the lowest cost, but it's not about that, it's about the most economically advantageous and value for money offer that achieves outcomes."*

Scoping interviewees were concerned that in children's services in particular, there is a **lower tolerance of risk**, particularly from some elected members and operational commissioners. There can be a focus on the attainment of shorter term measures, with a population that tends to require longer term support to make progress. This increase in risk aversion has also contributed to an increase in the number of children coming into care, reducing the space and capacity within authorities to undertake and manage a more strategic commissioning process.

Commissioning teams need a range of skills and relationships to achieve genuinely strategic commissioning and need the time and space to develop and maintain these. **Relationships with health** were starting to develop but have been disrupted by the significant changes locally and nationally including changing structures and boundaries, shifting priorities, amended budgets and changing teams:

"One of the key issues is emerging health networks…they don't fit into any existing groups…We need to try and make sense [of this] and link up. One of key things about commissioning is established networks [to help you] understand what your needs are and who you need to talk to."

3.2.2 Needs analysis

There was agreement across scoping interviewees that robust needs analysis is essential for effective commissioning at strategic and other levels. There was also weight of opinion that current processes of **needs analysis could be improved** to support strategic commissioning. Scoping interviewees believe there is sometimes a lack of data, or more commonly a lack of the right data (e.g. outcomes data) or the aggregation and analysis of data to enable strategic planning and decision making. Again it was reiterated that a lack of understanding about what interventions produce positive outcomes undermines the ability of commissioners to assess need at the strategic level and as a result, large volumes of commissioning are being done based on assumed need, not evidenced need.

Some scoping interviewees felt strongly that inadequate needs analysis at the strategic level is making 'shaping the market' and the meeting of the sufficiency duty very difficult. At the operational commissioning level, failure to articulate and negotiate with providers based on an adequate understanding of need, can also mean higher overall spend and poorer outcomes, as once a child is placed their needs become clearer and more or different interventions are required or encouraged by providers. Interviewees linked very closely the assessment of individual needs with strategic needs assessment:

"Strategic commissioning can be best influenced by the information that comes out of effective individual commissioning; but practice at this level is generally poor and there is a lack of understanding as to how the processes applied here (if right) can provide exactly the right information for effective strategic commissioning…Local authorities do not present a robust picture of needs and as such it's incredibly difficult to know how to shape services."

Scoping interviewees were aware of some local areas developing **outcomes frameworks** which link the needs of looked after children to specific outcomes more clearly (and then

incentivise providers – financially – to achieve these); but it is not yet clear whether this clearer articulation of needs and desired outcomes at the strategic level, will impact on the effectiveness of operational commissioning and individual placements.

There was some divergence amongst scoping interviews about the value of dedicating time within individual local authorities to an overarching needs analysis, or the **forecasting** of longer term trends in the looked after children population. Some feel these activities are essential and should be more heavily invested in by each local area, as without it the ability of local authorities to plan, sufficiency is undermined. Others place less value on such exercises; they feel that the cohort of children in care is too complex and changeable for an overarching needs analysis or long term trending and forecasting within individual authorities to be of significant value. Instead they suggest more time is spent on **evidence-based segmentation and banding of needs** at a national or regional level, helping to generate a clearer picture of the range and distribution of services required and the pathways into and out of care for looked after children:

> *"There will be real differences at the individual level and within the cohort…Sub-segmentation is key…each child is unique…We could do better…challenge the problem of the linear referral process, with external residential being the last resort."*

Providers interviewed also emphasised how beneficial this would be in helping them to develop more appropriate and effective services and respond to commissioning priorities:

> *"Generally local authorities will commission for a service type (i.e. fostering or residential) rather than for needs. Providers need to know the extent of children's needs…Providing the right specialism is the key for many children, who can adapt well to [different] residential environments…this is where we have to get it right – it's like advertising for a job with no proper job specification."*

Current processes of needs analysis at the individual level are well understood; but scoping interviewees questioned whether the process and outputs from **individual needs analysis** are sufficient and useful to strategic commissioners. Some suggested needs analysis at the individual level needs to be more detailed and outcomes focused and less general and descriptive, with more analysis of the specific challenges each child or young person is

facing, why this is the case and how these challenges manifest themselves. This may mean different needs assessment processes for different age groups and greater use of professionals from education, health and mental health at the needs analysis stage and when aggregating individual level data to support strategic commissioning. Improved understanding of need would also help local authorities plan for sufficiency and where a child or young person does require an out of area placement, be more confident in this decision and the rationale for it.

Finally, scoping interviewees challenged the current level of **involvement of children and young people** in care in processes of needs analysis. At the individual and operational level the involvement of children and young people varies. Within most authorities there are channels through which looked after children can engage but at the strategic level there is not enough clarity about exactly how children and young people's views and feedback should be used to add value to strategic commissioning processes.

3.2.3 Matching needs and supply

Needs analysis is integral to the commissioning process and part of the initial 'understand' stage. The **sufficiency duty** emphasises the requirement to better match needs with supply locally and to secure provision able to meet these needs in sufficient quantity. Scoping interviewees feel the extent to which local authorities have acted on the sufficiency duty varies, but there was a belief that some have been distracted from sufficiency by budget cuts and an emphasis on making services cheaper and more efficient, without an understanding of how strategically commissioning for sufficiency could contribute to this task:

> *"I don't think local authorities really took the sufficiency duty seriously. At the time it came out there was an increase in demand in the sector so local authorities…there were also budget cuts leading to the assumption that what was most important was/is cutting costs and I don't think people saw the link between the two. Even where officers saw the opportunity, there was a lack of political support."*

Scoping interviewees want to see local authorities working with partners within and outside of their authority and are clear that multi-agency partnerships and sub-regional and regional frameworks have the potential to achieve economies of scale, improve understanding of the marketplace and improve routes for referrals; but where these **collaborations** struggle, the cost and time required to administer such partnerships may outweigh the benefits. Positive

examples relayed were those where groups of local authorities and their partners have come together with a clear strategic focus as a group and articulated to the marketplace their specific needs and objectives.

Local commissioning has benefitted where commissioners have reviewed the whole residential care system and made clear **strategic decisions** about where to focus their efforts to develop supply. Some have undertaken these reviews and then chosen to prioritise the development of particular types of home, particular contracts or particular provision e.g. in-house homes or block contracts with a single independent provider. In these areas an active decision has been made to focus on supporting a smaller number of providers and homes to develop and meet particular needs, rather than search a wider market.

When authorities do go to the marketplace, they are approaching the matching of needs and supply through a variety of engagement channels and using different procurement processes and different contract types. Scoping interviewees had differing views on the efficacy of different **procurement and contracting** models, but there was agreement that where commissioners shape these arrangements around a clear statement of needs and strategic objectives, it contributes to the success of the exercise. They also tended to agree that engaging providers actively in the shaping of final contracts increases the chances of successfully matching needs and objectives with provision.

Relationships between local authorities and providers (both in-house and independent) were a real topic of focus in the scoping interviews. On the one hand, there was some concern that communication between providers and commissioners has diminished. This was attributed variously to: the squeeze on capacity within local authorities, a particular view of market shaping and market management, the use of frameworks and preferred provider lists which puts a greater distance between authorities and independent providers, and a prioritisation of unit cost over the overall quality of provider offers. Some also believe relationships between independent providers and local authorities are stymied where commissioners fail to articulate their strategic objectives to the marketplace, making it difficult for the providers themselves to plan and take decisions about the development of services.

On the other hand, there is some evidence of a resurgence in the pursuit of collaborative relationships with providers. Some local authorities are actively seeking - through intensive development of in-house provision or newly commissioned block contracts with independent providers – to enhance relationships with providers and individual care homes. Whilst some scoping interviewees were concerned that there is an increased financial and supply-level risk to local authorities from such contracting arrangements, others think it supports the

building of working relationships that support outcomes and help commissioners develop supply so it meets local needs.

Scoping interviews highlighted an ongoing debate about the extent to which commissioners should play a direct role in stimulating and shaping residential care provision. Should it be down to providers to look to fill gaps in supply where they appear? Would better articulation of needs by commissioners achieve better supply? Should commissioners actively engage with providers and encourage them to help develop supply? Some interviewees were clear that it should be all three:

> *"We need information for the provider base to respond to. Providers are entrepreneurial and they are prepared to take risks…[But] there is danger in a simplistic assumption that an accurate description of needs by commissioners, leads to a range of providers...There is merit in commissioners keeping a close eye on the market and engaging with the market."*

More effective matching of needs with supply will also mean stakeholders developing some agreement over the relative **weighting of different criteria** in strategic commissioning decisions. Questions include: Does the desire for sufficient quantity of beds to enable placement choice outweigh the desire for high occupancy rates and lower costs? How much weight do the opinions of children and young people have in commissioning decisions?

3.2.4 Quality assurance and monitoring

There was consensus across the scoping interviews that quality assurance and monitoring of children's residential care **requires considerable improvement**, both at the national level and at individual authority level. Opinion was mixed about whether the current situation reflects shortages of:

- understanding about *what* to measure (e.g. indicators of outcomes rather than outputs and at a level of detail that supports a real understanding of quality), or

- understanding about *how* to measure outcomes (e.g. the methods to best capture this data), or

- agreement about *who* should be capturing what individual or home level data (Ofsted, commissioners, social workers, providers) and how data and views should be weighted and influence commissioning decisions e.g. the impact of the voice of the child, the voice of the social worker, the assessment of Ofsted?

Very few authorities or commissioning partnerships have an overarching **outcomes** framework and many in addition do not state the specific outcomes they are looking for when they place a young person with a particular provider. Failure to ensure that indicators of success are clear from the outset makes it hard to effectively monitor and quality assure ongoing provision and, in turn, reduces the efficacy of quality and monitoring data for commissioning.

Interviewees talked about the role of Ofsted in quality assurance and monitoring of homes and the use of Ofsted data by local authorities. There was a clear feeling that the inspections and assessments undertaken by Ofsted have improved in recent years, with a greater focus on outcomes; but some interviewees feel strongly the data captured and used by local authorities still focuses too heavily on process and outputs and does not focus sufficiently on the impact of a provider on the children in residential care. Interviewees agreed that local authorities need to better communicate the detailed outcomes they expect for each individual child and their strategic understanding of quality and value:

> *"We need an effective methodology to determine value…providers [are asked] to illustrate quality by providing policies and procedures. This does not evidence value… [we] need to be asking providers to provide evidence of the progress that children make whilst in their provision."*

Interviewees gave examples of individual local authorities developing outcomes frameworks for children's residential care, but did not know to what extent these were being applied through monitoring processes, or how well they are working as measures of quality. Some interviewees were also aware of providers developing their own measures of quality and outcomes, but again there was a lack of knowledge about the effectiveness of these measures and the utility of them when each area commissioning, varies in the way they measure value, quality and outcomes:

> *"We haven't cracked the challenge of outcomes frameworks yet… [and] providers don't always help themselves – they are not good at showing what they do differently to other providers and are weak on outcomes*

evidence. There is a wide spectrum of monitoring happening, from none through to intensive monitoring where there is a block contract in place."

Some interviewees would like to see the development of a national framework of outcomes and guidance on how to better measure and monitor outcomes for children in residential care. Others would like to see a greater focus on the voices and views of those directly engaged in the delivery of children's residential care including the children and young people in care themselves, the staff in children's homes and social workers and IROs.

"[We need] greater involvement of frontline staff. I don't think in general people make good use of the views of social workers, or of visits with children in placements and there is no use whatsoever of IROs who can tell you if a home is good or bad in more than enough detail in a 15 minute conversation…more of an understanding can be gathered as a commissioner in one conversation than you get with all that paperwork!"

An emphasis on outcomes and quality data captured from face to face contact raises particular questions about the effectiveness of current processes of quality assurance and monitoring for children placed out of area, where there may be less contact with the home authority.

Councils in sub-regional or regional arrangements are starting to share information on the quality of different providers and in some cases are sharing responsibility for monitoring homes; but in most cases the approach to quality assurance and monitoring has not changed. There is some criticism that the data being captured and fed to commissioners does not focus sufficiently on exactly what services are being provided and exactly what outcomes are being produced. Some interviewees felt strongly that commissioners are not being clear enough at the strategic level about value – that is the link between good outcomes and reduced costs in the medium and longer term.

On balance, there was a clear view that the **most effective way to capture data on quality and outcomes is through face to face monitoring and gathering of views** from those who work with children in residential care. But moving to this type of outcomes-based quality assurance and monitoring is likely to require a significant shift in thinking and culture change on the part of commissioners (and providers):

"If you think 'what are the things that make a difference' it's clear that it's not a load of inputs…but people are scared of things that they feel are hard to measure…It's about risk; but the world doesn't become safer and more effective because you attach a number to it and put it in a box…If you can get people to tolerate this uncertainty and anxiety, we would do better."

There was also a strong emphasis on the role children and young people can play; the dominant view was that children and young people in care do not play a clear enough role in quality assurance and monitoring, or in commissioning processes. Some local authorities are beginning to test the use of tools which will help ensure a focus on outcomes – such as scorecards which children and young people fill in themselves - but feedback suggests that more could be done to use the voices of children and young people in care to support quality assurance and monitoring and ultimately, strategic commissioning:

"Evidence from young people says that they are not sufficiently involved in giving their views on quality. We still have a culture where a lot of lip service is paid to consulting children in care, but they are not asked open questions or asked in a way where they feel safe about engaging…There is a lot of consultation, but it is genuinely hard to find a young person who feels their views have been acted upon."

3.2.5 Ideas and innovations

Reducing the number of children coming into care and requiring residential care has been a key strategic focus for many local authorities for some time. Scoping interviewees gave examples of local authorities exploring in depth the factors that increase the looked after children population - aggregating data to establish where and how issues are arising. Evidence from these exercises is being used to support the development and roll out of **early intervention initiatives** and to work with universal services, so they better recognise drivers for children coming into care.

As well as looking at children coming into the system, commissioners are also considering how they improve the commissioning and use of **step down and transition services** for children in residential care.

There is some early evidence that work on early intervention is helping commissioners better to **map the different pathways into care and the different groupings and levels of need**. The hope is that this evidence will help commissioners develop responses to support children on the edge of care - for example, by using counselling and mediation earlier. It is also hoped this evidence will help commissioners improve quality and outcomes and reduce costs as they make better decisions about residential care and specialist services.

Scoping interviewees are clear that specialist residential care and specialist services for children with complex personal circumstances needs to be more effective – it needs to be better understood at the strategic level and better commissioned at the operational level. There needs to be a much better understanding of **what interventions produce positive outcomes**, what specialist provision means and looks like in practice and - building on the success of the Virtual Head role - there needs to be more emphasis given to multi-agency commissioning and delivery. Quite a number of authorities are working hard to develop multi-agency solutions for their most complex children in care, but scoping interviewees would like to see increased collaboration between commissioners in these agencies and more alignment of strategies, sharing of risk and joint commissioning.

Scoping interviewees also talked about efforts to develop **better partnerships with independent providers** and the move by some local authorities to initiate one to one conversations and/or provider forums. There is a general view that dialogue with in house providers is better developed and in often more effective at communicating strategic priorities.

There are some very early signs of more active decisions about the **patterns of collaborations** for the commissioning of children's residential care. Commissioners may choose to commission on a multi-agency basis within the authority area, to commission with authorities in different regions, or to commission along more traditional sub-regional or regional lines. Across collaborative commissioning, there are felt to be moves to better articulation of shared challenges, more active commitment to market shaping and more outcomes-focussed quality assurance process which may involve allowing more space and time for the achievement of outcomes. Others may choose not to collaborate at all and some examples were given of local authorities pulling away from, or choosing not to engage in, sub-regional and regional arrangements, confident they can perform better alone.

Finally scoping interviewees talked about the **involvement of children and young people and parents or carers** in the strategic commissioning of children's residential care. There is a desire to see more involvement of these stakeholders in the design of services and to increase the contact between these groups and those involved at the strategic level including

lead members and senior commissioners. There is currently little engagement of service users at the strategic level (and in many cases their engagement at the individual level is also lacking) but where children and young people have been directly involved, there is positive feedback about the impact on the shape and effectiveness of services.

3.3 Findings from the depth interviews

In the majority of places there was evidence of the sort of planning that characterises effective strategic commissioning, supported by commissioning units or teams that work on driving up standards and reducing costs through application of the commissioning cycle. We interviewed some outstanding commissioners whose decisions had resulted in much better systems and services; however practitioners, including social workers, commissioners at individual level and those managing residential care, are sometimes disconnected from strategic commissioning functions and some appear not to fully understand strategic level commissioning.

All of our research sites had implemented strategies to reduce the use of residential care through investment in early intervention and prevention and in more effective and resilient foster care. Most feel they have also been able to reduce the cost of residential care - most significantly by providing good quality and cost-effective in-house care but also by better commissioning and procurement practice.

In some of our research sites the strategic commissioning cycle is well established and effective and commissioners had provided a clear framework for placement decisions to be made; in a few of these there was also a good understanding and appreciation of strategic commissioning at all levels in the system. In other places there is an established policy about use of children's residential homes, and a budget, and commissioning is mainly at individual level by social workers and placement officers. Whilst these authorities tend to have less control of prices, they are able to procure services to meet individual needs and in some cases reduce costs gradually: they are generally satisfied with how things are going.

3.3.1. Needs analysis

How do councils understand need - moving from individual children to a holistic whole area approach

What existing information and data is available to assist this needs analysis? Are there any information gaps?

Analysis of needs is an important part of the Understand stage in the commissioning cycle. Local authorities must have systems and processes in place for the **collection of data and information at the individual level.** Data and information is collected about the child including age, gender, location, ethnicity, needs, placement duration, activities and desired outcomes. The new requirement for integrated health, education and care plans will further drive 'whole child' assessments.

The young person's social worker is primarily responsible for data collection and assessment and needs analysis and this feeds into individual care plans. The consistency of and timescales for this process vary considerably, on a case by case basis and within and across local authorities. There was some evidence from our interviews that there are gaps and inconsistencies in social worker assessments, with one interviewee claiming that generally social workers' knowledge of the assessment process and information required for needs assessment is insufficient. One authority says they have invested in the relationship between commissioners and social workers and are benefitting from improved communication, while another has recently commissioned a residential assessment unit in an attempt to generate better individual level data:

> *"What we really need is a better quality of assessment of needs at the individual level - we need an observational approach in a stable setting. We have taken that on board and we have actually just commissioned a small [home] run by a private provider which will look at [why] placements have broken down and how those young people can be most appropriately placed."*

> *Commissioning manager*

Needs are assessed at a **strategic level** (e.g. population, cohort, and geographical distribution) mainly by aggregating and analysing information collected at individual level through assessment and during placements. The JSNA process is generally felt to be useful,

but too broad for strategic commissioning of homes. In some places strategic level needs review was felt to be working well - strategic commissioning is well understood at ground level and social workers now have positive relationships with strategic level commissioners and feed directly into the process:

> *"We have worked really hard to create a genuine partnership between commissioners and social workers. We need each other to challenge and support – both ways – so that the decisions we make for the most vulnerable children and young people are really sound and have been tested and accepted by all. We need both sets of skills and the structures we have developed around looked after children to support and enable this. There is mutual respect and on the whole good communication."*

> *Commissioning manager*

In other cases operational commissioners and social workers feel there is a lack of strategic vision and commissioning is too ad hoc; these interviewees stressed the importance of finding better ways to use the knowledge of frontline workers and individual cases to inform strategic commissioning. Perhaps hindering the collection of data on needs and changing needs is the absence in most cases of a clear outcomes framework and the **shortage of evidence about what works** and for whom in residential care. In some of the authorities involved in this research, commissioning for children's services as a function has only been developed in recent years and there is still work to be done to embed a commissioning approach. Across most authorities much of the data collected focuses on inputs and outputs (activities), rather than outcomes:

> *"We need to improve the way placements are reviewed so we have really good data. At the moment it is very pricey and cost [based]…we need to really think about what young people are getting out of their placements, not ticking boxes to say they have visited the dentist…We need providers matched up to outcomes, saying how they will deliver [that] and then… [We] can match providers with young people's needs and intended outcomes."*

> *Commissioning officer*

However, some authorities interviewed say they have made significant progress with this in recent years and are working closely with both in-house and independent providers to develop clear, outcome focused reporting:

"We have a close relationship with our providers and they are commissioned on outcomes, so they have to understand the needs of the young people and they have clear reporting lines to report soft and hard data. We escalate this up to heads of services and the assistant director to help us understand what we need to have in place to meet needs."

Commissioning manager

Interviewees frequently linked inadequate assessment of needs, to issues of placement stability. Some senior commissioners are unhappy at the number of moves being made by children in care and the lack of understanding about why placements break down and think more **analysis of failed placements** would be beneficial:

"We haven't been going back and determining why placements went wrong. We haven't been asking questions like…was the placement mismatched in the first instance?"

Commissioning manager

Others think a main cause of placement instability is the reduced tolerance of risk; one interviewee noted that in their authority, aversion to risk has meant a culture of urgency and emergency has developed, which impedes thorough assessment and review of needs and planning on the back of this:

"A lot of the difficulty is because of the lack of a plan and the acceptance of emergency; this has crept into children's care planning and certainly wasn't there when I was a social worker. We used to have discussions about a care plan with providers…now we get 'we are bringing them here now'. Disruption is not part of the current parlance. There is too much just moving children around. We are working on children's stability and are not that bad but have had some dreadful examples."

Assistant director, children's services

The **structure and processes** by which data on needs is captured, aggregated and analysed varies between authorities. Some authorities have a centralised corporate data function within their authority and children's services data is included. In other authorities needs data is captured directly by the children's services team. One or two have begun to work in multi-agency teams and/or to capture more data from colleagues in education, public health and (increasingly) health – early indications are that this adds significant value, but accessing and bringing together data from different agencies is a real challenge in most cases. Issues include data access and data sharing hindered by changes in structures and personnel within partner agencies (for example the transition from PCTs to CCGs) and issues of data format and system compatibility. Finally sub-regional and regional sharing of data is becoming more common but again there are issues of consistency and the quality of data captured varies between authorities:

> *"We have a system and approach in XXX but this is not the same approach [as] our statistical neighbours or close regional neighbours so there is not that consistency. The variances between ourselves, XXX and XXX are vast. We [have] decided to set up a dedicated group…but local authorities are going to have to fund it and make sure it is led well so there is a real tangible benefit…We are looking to re-establish something started a few years ago, then we got funding through the RIEP."*

Commissioning officer

The process for review of aggregated needs data also varies. Some authorities apply a more informal process, with data on needs fed back anecdotally to commissioners at the strategic level. In other authorities, commissioners and lead members are involved in review processes on a regular basis. Others collate needs data systematically on internal systems, which is then accessed by commissioners when required.

The number and rate of children in care impacts upon the needs assessment process. Where there are lower numbers or lower rates of children in care, managers and commissioners find it easier to develop knowledge about individual children in the system and this feeds into strategic needs assessment and planning, as managers and commissioners work from the same evidence base and understanding of need:

"We just aggregate up [needs] - it's such small numbers, we know them individually. We can see young people coming up to needing residential care because we can see where breakdowns happen. We also communicate and have conversations with each other and this enables us to plan us well."

Commissioning officer

Several interviewees from areas with high numbers or rates of looked after children say they struggle to find the capacity and make the space to undertake a detailed needs analysis and to plan more strategically. In authorities with high caseloads, needs assessment and planning for sufficiency can become less strategic and more reactive; the focus is on individual children and young people, as authorities fight to manage the volume of children coming into and living in care. In addition some – not all – of the larger local authorities, feel the size and geography of their local area, makes it more difficult to stay abreast of changing needs and to forecast and plan for sufficiency:

"[This county] is vast, so it's difficult to look at where you need provision for sufficiency purposes. Do we put a home in [this town], or one everywhere? There might be a prevalence of looked after children in [a town], so you might set up a home up there; but next year [the need] will be somewhere else. The vastness of the county is the main barrier."

Commissioning officer

There were mixed views about the extent to which authorities can **manage demand** for residential placements. Some interviewees did not see how their authority could control demand in any significant way. Others feel strongly that volumes and demand for meeting different needs can be managed without the wellbeing or safety of children and young people being compromised. The authority's policy and approach to safeguarding has a significant impact on the volume and range of needs that need to be met in residential care; several interviewees noted the link between recent high profile cases of child sexual exploitation and increased numbers of young people entering the care system. The extent to which the authority and its partners intervene before a child or young person requires residential care, and the step-down or transition processes in place, also impact upon the numbers, rates and needs of children and young people requiring residential care. For many of the local

authorities involved in this research, examining routes into and out of residential care is becoming a priority:

"We are looking at the threshold of need, at managing risk, at early intervention and prevention and at the front door for those coming into care. We are also looking at leaving care. We want to reduce the number coming in [to care] so less [children and young people] end up going out of district."

Commissioning officer

There is a desire, even in those authorities that are confident in their process of needs analysis, to better understand how to use data to monitor longer term trends and to plan strategically:

"We are starting to work very closely with police and health service to see what future trends will be in terms of children and young people being taken into care…we have been able to identify particular residential areas where police are concerned within city about high numbers of referrals into care coming because of crime, abuse etc. We are also very interested in is assessing how the tough financial times with more cuts to come will impact on the size of our LAC population."

Lead Member, children's services

Most local authorities involved in this research want to further develop their understanding of why and when a child or young person would benefit from placement in a residential children's home. Many also discussed the need to update sufficiency audits. Commissioners would like a much clearer rationale for placements in residential care homes and the volume and distribution of these beds. Some authorities have begun to review and track older cases of children coming into residential care:

"We have looked at children that have been coming into care and where they've been placed. We have collected information from the placement coordination team about referrals into care and looked at age, gender, specific needs and outcomes…I have worked with my colleagues in

commissioning to provide sufficiency documents to assist in strategic planning."

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Service manager

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The quantity of available data does vary; but with the exception of a handful of interviewees, there were no suggestions that the absolute volume of data on needs is lacking; indeed many authorities are seeking ways to **streamline and better organise the data** so it is more accessible and better utilised:

"We have shed loads [of data] about looked after children, oodles, probably too much. We are trying to identify those things that tell us the story and tell us that what we are doing is the right thing to do. We are getting where we need to be…We are plotting data onto a system that invites residential care home managers, IROs, service managers etc to look at data very quickly and easily, see what is going on with their children and young people and see plans without waiting for quarterly report…to speed up the process of improvement."

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Commissioning officer

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A primary issue seems to be the relevance of the data - which is directly related to the pertinence of the indicators - and the way the data is used at the strategic level, to plan and commission:

"Our challenge is translating the data into actions that make a difference. I know we can drill down to street level and know genesis of referrals and type and form and from what agencies, and the number of children in need and on a child protection plan and the number in care. I can reel off the data and I know which localities have the most need, deprivation etc. But it's about what you do with this, to inform a strategic commissioning approach. The challenge is not to commission in bits and pieces, but to have an overarching strategy that talks about how many homes and places we need…for example, at moment we talk about our intention to reduce the number children in care, but stop short of saying what we will have to procure therefore in the longer term."

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Director, children's services

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"We collect so much data! There is a lot of data and very little analysis, that is the dissonance. What does [the data] tell us, what is it that drives pressure for entry to care?"

Assistant director, children's services

There is some evidence that local authorities are refining the data they collect, but providers and care home managers from both independent and in-house homes, say they are concerned about the amount of paperwork and data they are being expected to collect and submit, and suggestions that a better balance needs to be found between quantity and quality. Some areas are beginning to challenge colleagues who assess needs to focus more on progress and outcomes. Local authorities are also keen to include more qualitative data and more information about the journey and 'story' of the children and young people who are in (or have been in) residential care homes. Some authorities have started to do this but this richer, qualitative data remains a key gap. Interviewees also suggested that more could be done to capture the feedback and ideas of frontline staff, particularly those working with children and young people in care directly. There are currently gaps in the engagement of these groups, as evidenced elsewhere in this report:

"Soft intelligence is an issue and difficult to get hold of. [It is about having the right] user interface and having appropriate channels for soft intelligence on need - from reviewing officers, key workers, young people themselves…This can be a gap. The information we take [could be] better and [captured] in a manner that meets the needs of young people. Even simple things like blogging clouds [could help] identify issues coming up on a daily basis - maybe nationally it is better to evolve this as we can be much smarter but cost to one authority of doing it!"

Commissioning officer

How are complex needs and requirements for specialist provision identified and classified?

Specialist and complex needs are usually assessed in the same way as other needs, although in some of the authorities we spoke to, particularly complex or highly specialised cases have the direct involvement of senior commissioners and the lead member for children's services.

In a couple of the sites a banding system has been introduced to help the authority group needs, establish the cost of this provision and negotiate this with providers and assist in the monitoring of contracts and delivery of services. One local authority has developed banding categories of 'mainstream', 'specialist' and 'specialist + educational needs'.   At least one authority has a short term home, intended to allow fuller assessments.

Interviewees from the authorities - and indeed some of the provider organisations we spoke to - are concerned that current needs assessments do not sufficiently capture the needs of children with complex or specialist needs. There is notable concern that needs assessments - and the matching of more complex or specialist needs with supply - is too supply-led, that is shaped (in part) by what providers can currently deliver. There is also a desire to understand better what works in improving outcomes for some of the most challenging or complex cases, and to get providers to set out the exact ways in which they will support these children and young people and improve their outcomes:.

"I tend to approach the words 'specialist' and 'complex' with a degree of suspicion - they are not clearly defined. Last year we had a peak of 3-4 teenage boys involved in criminal behaviour, some with sexual allegations against them. They did have proven episodes of violence, so couldn't have gone into a fostering placement. Residential provision was most suitable and [we agreed] additional payments for extra support. [The] price is quoted but then the behaviour [apparently] escalates…We need a clear definition of [what the provider] will cover…clear presentation of need at the outset and then they say they can meet that. [At] 14 or 15 years old [there can be a] spike in behaviour and it is not always easy to predict need…since then we haven't had a repeat of that."

Service manager

There was a divergence of views over whether or not it is possible to forecast the need for such placements; some interviewees say it would be impossible to predict the needs they are now presented with, others say more could be done, with one authority citing the impact of such factors as global conflict and global recession on the number and needs of looked after children in their area.

How do councils forecast future need?

Planning for sufficiency has helped, or is helping, a lot of the local authorities we interviewed to identify and forecast need at a level that supports strategic commissioning. Those that undertook significant needs analyses in the last few years say they are reaping the benefits now; others are clear that updating their sufficiency strategies is a priority.

Often as part of these exercises, local authorities are beginning to dig into the data they have available more deeply and to use this data to identify patterns and trends in their looked after children populations. Interviewees identified work being undertaken within children's services to review data from previous years. There is also increasing access to data from education, health, mental health and others as a result of multi-agency collaborations. In some cases sub-regional and regional frameworks or partnerships are also undertaking joint needs analysis exercises.

Some interviewees questioned the level of specificity with which it is possible to forecast future need. Officers who have dug into available data to identify patterns and trends in their looked after children population suggested that there will always be variability in the needs that present, no matter how good the forecasting. Where numbers of looked after children are quite small this can have a real impact on the ability of services to flex and meet needs:

> *"We have a pretty consistent demand for children coming into residential care homes...but [needs vary]. We might have a group of girls presenting with sexual exploitation issues, then we have a group of boys with criminal behaviours. I don't think we see emerging patterns around the more complex, challenging behaviours. We see it consistently enough but randomly. I am not confident enough to say, there will be X percentage with this need, or X percentage that particular need."*
>
> *Commissioning manager*

Some interviewees were unsure of the value of deeper needs analysis and forecasting exercises when there is little or no resource available within the authority to respond to the information on future need generated by these exercises:

"A barrier to us doing what we would really like to do is the lack of new capital…We are relying on the market, we cannot plan and it is only by planning and proper budgeting, that we can commission well."

Lead member, children's services

But independent providers interviewed as part of this research suggested that a clear needs analysis undertaken by or alongside the local authority, is exactly what is needed to give both local authorities and independent providers the commercial confidence to invest in supply in a local area.

Whilst there is evidence that existing data is being utilised more effectively to understand existing (or past) patterns and trends; seemingly less well developed is forecasting of future needs. There was little evidence within the interviews, that methodologies that could help children's commissioners and their partners to scan the horizon, are being utilised although there is some identification of relevant factors:

"We are considering at the moment the impending pressure from universal benefit changes, we are anticipating this being a driver for 16-17 year olds…where there is already a huge amount of pressure in homes, less money will increase that pressure."

Assistant director, children's services

Local authorities that are high net importers of children in residential care are particularly concerned that better forecasting and analysis of need is generally achieved to support them in planning not just children's services, but also wider, mainstream public services that looked after children in the area will need access to.

Are the views of the children and young people considered as part of needs analysis?

All of the authorities involved in this research said that individual children and young people entering care, or being moved to a new placement, are consulted and asked about the factors that are important to them in a new home. These **individual level commissioning** conversations mainly take place between the child and their social worker. Some interviewees however, expressed concern that the views of children can easily be lost even at this early stage:

"Sometimes the child's views are missed, especially when you come from the adversarial court process, which is all about the adults …when you look at a care plan its not always obvious what the child actually wants."

Service manager

Interviewees were less clear about the extent to which the views of children and young people do influence the final analysis of need and ensuing placement decisions. Some interviewees feel their authority has found the right balance between the needs and wishes of children and young people, and the provision available and placements made. Others say it is a struggle to know how to balance the needs and wishes of young people, with the professional perspectives of their social worker, home managers and commissioners. The context and circumstances in which individual placements are made also impact significantly on the extent to which the views of children and young people are taken into account.

In terms of **needs analysis for strategic commissioning**, there are other channels though which children and young people's views are captured. Local authorities have Children in Care Councils, most of which have some representation of children from residential care. Feedback is also collected (although practice varies) from performance, quality assurance and monitoring processes for example IRO and Regulation 33 and 34 visits. Authorities also have Children's Rights Officers, some have advocacy services and many have their own bespoke channels or commissioned projects for engaging with children and young people.

Some interviewees outlined clearly the routes through which this information is collated and fed back to senior managers and strategic commissioners and some councils convene committees or panels to focus specifically on feedback from children and young people. Others feel this is an area for further improvement.

Some authorities would like more help to understand how to engage children and young people in the different parts of the commissioning process. Some are developing their own pilot schemes and research programmes with looked after children; in some cases commissioners have trialled approaches with children and young people using fostering services and hope to roll out similar approaches with children using residential care:

"Hearing young people's comments on fostering was enlightening – we need to ensure children are at the centre of the process going forward - but how to do this is the challenge."

Commissioning officer

3.3.2. Matching needs and supply

How does needs analysis inform strategic commissioning and meeting the 'sufficiency duty'?

Needs analysis and sufficiency

The analysis of needs and planning for sufficiency must take into account the full range of care options available locally of which residential care is often a diminishing part. All sites involved in this research said that their goal was to reduce the need for residential care through investing in foster care and supporting more foster carers in foster care plus schemes. The need for residential care is reduced by the success of these strategies and the young people needing residential care are increasingly those with more complicated and challenging needs. When commissioning residential care the general objective is to make sure as many children as possible are accommodated within the boundaries of their local authority or in smaller authorities as near as possible within a 20 mile radius. Interviewees stated clearly the benefits for children and young people in care and for local authorities of local placements:

"It is about having a real firm grasp of the value of being able to keep children local and if we don't the additional detriment to their care plans and outcomes, and the additional costs to us if we repeatedly have children placed at the far end of country. Its half a day out of the office for every visit and it limits the quality of frequency of visits and contact with parents. Everything gets slightly out of reach and that is not good - who would want their child exiled in that manner."

Assistant director, children's services

Our sites were generally clear about the **principles of how to meet the sufficiency duty:**

- an understanding of the data and indicators that support forecasting of need and demand for residential care, and the collection of data against these indicators

- analysis and scrutiny of this data to the degree that it enables planning and market shaping upstream

- awareness amongst those engaged in strategic commissioning about why and how to use this data

- the commitment of the authority, its partners and local providers to use this data and to engage in conversations and strategic exercises that enable forward planning and the meeting of the sufficiency duty

But application of these principles is variable. Some of the sites place considerable emphasis on using needs analysis to plan services. One county council undertook a review of services for looked after children five years ago and reshaped their services as a result. They believe that their detailed needs analysis and their subsequent activity to ensure sufficient and appropriate provision was in place, has put them on the front foot now the climate in which local authorities are operating is more challenging:

"We undertook a fundamental review of model and capacity of provision internally and what we needed moving forward…we started to look at what our purchasing in the independent market and our in house services looked like. We looked at how effective these services were and the value for money we were getting and looked at what model we needed moving forward We are reaping the benefits of doing that so early on now in times of austerity, whereas regional partners are struggling."

Commissioning manager

Others have already started work to improve this function; one metropolitan authority has centralised data collection and analysis for all departments as part of a wider council transformation programme. Children's services data and needs analysis is now managed through a lead and colleagues in a larger hub. Their role is to provide intelligence to support the meeting of the sufficiency duty for the current looked after children population, and to help develop effective early intervention and prevention initiatives to reduce the number of children coming into care.

In a handful of the other authorities involved in this research, detailed needs analysis and sufficiency audits are still in the early stages of development, or are being refreshed having been completed a number of years ago. These authorities also tend to be those trying to drive down quite high rates of spot purchasing in order to achieve more efficient and effective commissioning. Where there are high rates of looked after children, authorities' time and

resources are absorbed and the local system can become reactive, rather than planned and proactive, affecting their ability to meet the sufficiency duty:

> *"Our history is of a real drive on safeguarding at all costs, this was prioritised over numbers in that system, but that diminishes the amount of resource…so they come into care and stagnate, the numbers outstrip capacity to plan."*
>
> *Assistant director, children's services*

Interviewees in senior strategic positions are clear that a detailed understanding of needs and demand is key to shaping supply and achieving sufficiency, but some are struggling in the current climate to get on top of the data and create the step change within their authorities:

> *"…With diminishing resources and increasing demand people have their heads down; the challenge for leaders is not to fire fight but to step back, look across the dance floor and see what is going on – we must create capacity and give people permission to step back and reflect and see what needs to be done in the next few years…We haven't done this analysis and don't know what proportion of different places we need…yet this is the building block of market management."*
>
> *Director, children's services*

In authorities with a good supply of residential care and a good number of providers, there is less emphasis on needs analysis and planning for sufficiency as it is currently easy to place children in care within good or outstanding homes, there is a diverse range of providers and there is sufficient accommodation to always be able to make a placement, even in an emergency. It seems from the interview data that the impact of this is less clarity about the number, type, range and location of placements that will be required and perhaps, it could be said, a less strategic approach to commissioning.

Some comments emphasised **sufficiency of quality and specialism**, rather than absolute numbers of places and providers. From this perspective it is important that homes available have the capabilities to meet need:

"I would think commissioning for sufficiency is about further improving the skills of staff in the homes you have. The Warner Report a long time ago talked about the importance of the number and skills of the staff…staff are not as skilled as they might be…this would meet more needs and help prevent placement breakdown and help sufficiency. At the moment providers say they can meet needs, state their price but then can't cope and give up on the child and the placement breaks down anyway."

Commissioning manager

In the authorities we spoke to with a strong grasp of need and sufficiency, trends and patterns in children's residential care are **shared with providers** (independent and local authority) and they contribute to maintaining an ongoing understanding of need and supply:

"I want to understand the pressures and trends my teams are having to manage and the financial and commissioning consequences, so we have a detailed and sophisticated understanding of who is accommodated and why and how it might be changing…The challenge with sufficiency isn't to understand need, here we do it well and have a range of information and data and meet to consider it. The challenge is bringing new resources on stream to meet [requirements]…providers will do their utmost to be responsive if they want to survive, its win-win."

Service manager

Early intervention was a priority for most of the authorities we spoke to but many do not feel at present there is sufficient data about what works. Some have started to use journey mapping and evaluation and review to gather this data. Others think the data could be strengthened if they worked more closely with colleagues in education and with local health partners and are hoping the new Health and Wellbeing Boards and CCGs will engage in the process. One authority has for example already succeeded in developing a work stream within the Health and Wellbeing Board's plan on children in care which they hope will support improved outcomes for these children and young people locally. Some are also starting to think that this understanding of priorities should be used to select and shape more appropriate and effective partnerships and collaborations at the local, regional and national level.

Providers reported that they too would like to see deeper collaboration between local authorities and health to support clearer statements of need, making it easier to calibrate supply and achieve sufficiency. Different providers working with different local authorities highlighted this need:

"Strategic commissioners in health and the local authority should work together to analyse likely demand, forecast and trend…providers try and create flexible statements of purpose to anticipate what they think the local authority needs may be…whether they are adept or skilled enough [to deliver] is a moot point…in periods of acute austerity there is a natural reticence in local authorities to expend energy in these exercises…they fall back on the concept that they have a marketplace and the marketplace will just fill the gap."

Independent provider

"I think local authorities need an understanding of what sort of shape they want the market to be to start with. I don't know how some local authorities do that. They tend to think of 'shaping the market' as trying to suppress fees but often I think the local authorities don't have a view about what market they need, which stems from not having a clear view of their particular placement needs. They want local, responsive, flexible and good quality but are not clear about what this means in reality. I don't think they understand the commercial demands of providing that sort of landscape."

Independent provider

Range of placements available and matching with needs

The authorities involved in the research have different structures and systems for matching children with a placement. Once a child or young person has been recommended for a residential care home placement, the high cost of these placements means approval for funding or final decisions about where they are placed is often referred to a senior commissioner or panel.

Some interviewees strongly believe that there is inadequate understanding about **when residential care is the best solution**. One authority is in the middle of revising their sufficiency statement and has been working with stakeholders across the system (including those children and young people using residential care services) to improve understanding of when and for whom a residential children's home may be the right solution:

> *"We need to reinvent what residential care actually is, to 'reclaim residential' - what it is for and what it is trying to achieve and how we ensure good outcomes…In fostering we are very clear now about needs, categories and types of provision. We did this by involving operational managers, team leaders, policy colleagues, children and young people and providers…We need to be cleverer about identifying children who need residential and why – it should not be the end of the line."*

> *Commissioning manager*

Most authorities we spoke to said the matching of needs and supply could be better - nearly all said **more specialist provision is needed** nationally and locally as they are struggling to match the most complex looked after children with an appropriate placements, and as the number of children with a range of complex needs is increasing. The children and young people whom it is most difficult to place appropriately include those: with extreme behavioural issues, who previously may have been housed in secure units, with borderline mental health conditions, vulnerable young women, demonstrating sexualised behaviours, with physical disabilities and more complex learning disabilities, with a history of absconding, with drug and alcohol problems, and who self-harm. Authorities also now have to develop provision in response to the Southwark Judgement[17] and develop appropriate accommodation solutions for homeless 16 and 17 year olds. Older looked after children can be difficult to place and several authorities are struggling to meet these needs. There are also some challenges in relation to children from particular ethnic groups, children from particular faith groups, and children with complex health needs and disabilities.

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17 The Southwark judgement fundamentally realigned the housing responsibilities for homeless 16 and 17 year olds. In the judgement the House of Lords made it clear that the Children Act 1989 has primacy over the Housing Act in providing for children in need, and that the duties of local children's services authorities to accommodate children in need cannot be circumvented by referring to the housing authority. Furthermore, where a 16 or 17 year old young person presents as homeless to a Local Authority and is assessed as requiring accommodation, in all but a few exceptional cases these young people will meet the criteria for S20 accommodation and therefore will become Looked After Children (LAC).

Authorities report that relative to the total population of looked after children, the number of children and young people requiring the kind of specialist provision outlined above is not high. For this reason, it is often hard for local authorities to find a provider offering a suitable, high quality and good value for money placement within their local area or within 20 miles. Authorities would like to see this provision available locally as (in line with the Sufficiency Duty and wider evidence on quality and outcomes) there is general agreement that for most children and young people there are benefits to placements being found within the local authority boundaries or immediate local area.

Authorities with fewer providers operating within their area believe the lack of placement choice is a major barrier to the effective matching of needs with supply; but authorities with more plentiful supply are also struggling. Often authorities are searching for **'therapeutic' placements** for these children and young people but interviewees across the board (providers included) said there is insufficient understanding of what this means in practice; a range of interventions fall under this banner but there is insufficient evidence about what works and for whom:

"There is a myth of therapeutic residential provision – so many courts and children's guardians and psychologists assessing children say they would benefit from therapeutic residential provision, but they don't know what they mean, or it doesn't exist!… [it is] not a place where you live and get therapy every day or week; it means the whole regime is intended to push children and young people forward. For me any home should be about that - about supporting and developing them and pushing them forward."

Commissioning manager

Providers are often also not clear, when offering their services, what exact services will be delivered and what outcomes commissioners should expect. As a result there is suspicion and mistrust with authorities questioning whether they are getting the services (and outcomes) they expect when they commission 'specialist' provision:

"It's frustrating as you look for providers that advertise themselves as able to support these needs, but…there is a level of misconception about therapeutic support…we need to open up the tin and see what they do. It's

not clear what providers do, what they require of their staff…you realise there is very little difference."

<div align="right">

Commissioning officer

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One interviewee believed strongly that placements would be more successful and outcomes will improve, if there were a better understanding of needs, greater understanding of the skills needed for effective interventions and more collaboration between commissioners and providers (backed up by solid contracts and monitoring arrangements) to ensure the services and interventions put in place for the most complex children and young people are producing outcomes:

"People work from a place of fear quite often, when a child is difficult…they aren't very good at engaging children to really find out what is going on and working with it and we have some really difficult children – we have an age 15 boy who really very aggressive and violent…the provider rings the social worker and says we want more money to provide extra staff so this young man has 2:1 support…but my concern as a commissioner (and former social worker) is you are not necessarily throwing more skill at the problem…we need persistent, resilient, courageous social work…we need a particular skills set but because we struggle to find it, we place them anywhere that will take them and even with best of intentions the staff are often not skilled enough…what we are saying is understand what works, don't just take the path of least resistance."

<div align="right">

Commissioning manager

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Some of the providers we spoke to suggested that the criteria against which the quality of their provision is assessed (by Ofsted and by local authorities) does not reflect the challenges posed by the most complex children and young people or give sufficient consideration of incremental improvements over time. The impact of this is a belief that certain providers are not suitable and therefore a reduced number of options when matching these complex cases with a placement and with local supply:

"A provider might be able to help and want to help, but if we know the absconding behaviours will continue for 18 months - because there is a history to break down - do we say no? Its too much aggravation to be rated by Ofsted as only 'adequate' as a result…We do not want to refuse young people…if you are refusing someone who absconds and does not attend education, are you saying they should be in secure accommodation? Local authorities I have said this to take it on board; but when it comes to formal tender and providers are competing, they take a view that you must be rated better than 'adequate'. It is challenging for local authorities who have to demonstrate they are working with best providers."

Independent provider

In an effort to find more effective solutions (and reduce overall public spend) increasingly local authorities are working with colleagues from education, health, CAMHS and the Police to develop joint or multiagency solutions and a package of support for children and young people with the most complex needs. Interviewees were positive about these developments, but noted that this makes the sufficiency duty even more pertinent as placing a child or young person within their home authority makes this **multiagency response** easier to develop and sustain. For looked after children with the most complex needs, it is often a challenge to get these arrangements agreed and in place quick enough and to find a suitable provider within authority. Unless the structures and systems for this collaboration are flexible and responsive and there is a placement solution at least in the short term, arrangements can be compromised:

"We refer children and young people to the XXX panel when we think joint funding is needed. It is a county based panel, meeting monthly, health attends; but often by the time they consider a case, we have already placed and the authority is paying all costs."

Assistant director, children's services

Emergency provision and trends in the use of temporary placements

Most local authorities have their own emergency beds and said they tend not to have to place out of area in an emergency. Many have developed specific arrangements for emergency provision for example, one has a long standing partnership arrangement with a neighbouring council and one has recently opened designated in-house provision; many others prioritise the providers they work with as part of framework or block contract arrangements and are generally able to source a placement through these channels.

Interviewees suggested more can be done to prevent emergency placements that are a result of placement breakdown through better planning and a more confident response from the system to the need for a new placement. As discussed previously, the volume of placements being made also undermines the ability of the authority to plan effectively and avoid emergency (or inappropriate) placements being made:

"We are getting better and better at planning so we are not moving children in such a knee jerk fashion but thinking, the child needs to move but is not in danger or at risk, so lets move them in a planned way…sometimes this is made difficult because the case workers load and social workers load is too high and then they end up dealing with most urgent cases only and as a result, things become an emergency."

Commissioning manager

Emergency placements are also usually expensive for local authorities as the opportunity to negotiate a rate and develop an agreement with the provider that represents good value for money, is reduced by the urgency of the situation and the need to accommodate. Some local authorities have managed these rates down by building relationships with certain providers which means that they are in a strong bargaining position, even in an emergency situation.

Several of the authorities taking part in the research have successful temporary placement services, to enable a deeper and more detailed assessment and placement process for children and young people requiring a residential placement. Interviewees report notable benefits; the advantages of these placements include the ability to settle a looked after child who have experienced the disruption of coming into care, the ability to place a child temporarily and conduct a more thorough assessment following a placement break down and the ability to engage services such as education and health:

"Previously…if there was an emergency situation, the children would often go to an emergency foster placement, which may break down and then they would be placed out of area. Now we have 4 beds for a 12 week assessment and that has been very positive. It is a very local home…quite easy for practitioners to get there so I have found that to be a really positive move."

Health

"We opened a home which enabled us to place and assess over a 12 week period so when we moved children and young people on into new placements, they were matched more effectively. We have found their subsequent placements to be very stable comparatively and Ofsted have been very impressed with that home as well."

Assistant Director, children's services

How could approaches to matching be improved?

It is clear, from interviewees' discussion of needs analysis and the meeting of the sufficiency duty, that the matching of needs with supply could be improved in nearly every local authority. The use of temporary arrangements outlined above also seems to help ensure a successful match is made and improve placement stability.

Smaller local authorities, and those where strategic commissioners are also directly exposed to individual case details, believe they are better able to match children with placements because they know the children and young people better and are better able to make judgements about the kind of care they need and the placement that would be most suitable.

Local authorities where departments and functions work closely together (in some cases through multiagency or co-located teams) also believe they have a better chance of understanding needs and achieving a successful match.

"A lot of children don't get a good deal - the focus is on what the home might be able to provide, but what about their schooling and their health. Sometimes I don't feel this has been considered by the local authority making the placement, these are troubled damaged young people placed in

specialist provision, but wider aspects aren't really considered so they get a second class option. This needs to be put in place as part of the planning process - having local provision that can supplement what the local authority can provide and being in county is a huge benefit for our children."

Commissioning manager

How do councils shape the market and what does effective market shaping look like?

Do councils play an active role in market shaping?

The extent to which local authorities 'shape the market' varies greatly and local authority stakeholders' understanding of what it means to 'shape the market' also varies. Many see it as only about relationships with independent providers; only a few authorities talk about shaping the in-house and external markets in the same way, but many interviewees report a growing acknowledgment that commissioning residential children's homes effectively, means actively engaging all provider types (in house and independent) and communicating a clear vision for the local residential care marketplace.

Three of the local authorities involved in this research no longer own or run their own long term children's residential care homes and **commission solely from the independent sector**; the rest of the authorities involved in this research **still own and run their own homes** and in some of sites there is a clear and reasoned preference for in-house provision which goes beyond the need to use beds that are already being paid for – many interviewees were clear that in-house homes are their preferred model for all but the most complex of children and young people requiring residential care as they feel these homes offer better value for money, a greater chance of shaping residential services to meet local needs and more opportunities (through line management, governance and accountability structures) to control costs and quality. None of the authorities involved in this research have an in-house only model and all commission some provision from the independent sector, within or out of area.

Local authorities employ a number of different **contract types** with providers. Framework agreements are seen as a strong mechanism through which to manage the market, embed firm contractual agreements and drive down unit costs; but interviewees from local

authorities and provider organisations are concerned that existing framework agreements have created an unhelpful divide between providers and commissioners.

Commissioners and providers we interviewed both advocated the use of block contract arrangements. Commissioners who have established these arrangements note their block contract provision gives them a guaranteed number of beds in suitable provision at a reasonable price. Both groups claim a block contract is a solid platform on which provision can be planned and delivered and believe there are benefits to this commitment on the part of commissioners and providers.

> *"Local government and providers need to work together more to commission, plan and upscale services to meet local needs. We are very honoured and proud to have a relationship with XXX; we recognise we are partners providing them with a continuance of services… [Beyond] their mainstream…we could have smarter commissioning arrangements if there could be more confidence in business planning and committing funds and resources, but we have every empathy with local government that this isn't the climate they are in."*

> *Independent provider*

Some local authorities entered into new block contract agreements with external providers quite recently following detailed analysis of local needs; where this is the case commissioners and providers report more regular contact, detailed discussions of existing and future needs and a stronger relationship. In these new block contract arrangements the relationship between commissioners and providers remains formal, but is more akin to the relationships between commissioners and in-house care homes. In one authority, providers from both in-house services and the independent sector are now brought together as one marketplace and interviewees report that whilst not without difficulties there are benefits:

> *"With the block placements we have quite good relationships with the providers. We have done events…there does seem to be quite a lot of good dialogue. We look to learn from each other."*

> *Local authority provider*

The need to drive down the cost of residential care and **to achieve efficiencies** has been a catalyst for more strategic and active market shaping and authorities are beginning to acknowledge the importance of this to effective commissioning. Authorities have always engaged in negotiations with providers to try and secure a good deal, but perhaps without sufficient information and strategic analysis of need. In seeking efficiency and value for money, one authority developed a framework arrangement with providers with fixed costs a number of years back, but in hindsight does not feel the arrangement works as anticipated. The authority believes it needs to establish a more robust and sophisticated understanding of needs, service requirements and quality, to support a renegotiation of the contract and costs, but they are finding this is a difficult and time consuming process:

"What we did really badly was name the price for different types of intervention…that became the starting point!...When we as local authorities are able to present to providers a thorough, detailed and comprehensive profile of child, they know what they are getting in advance and it makes the funding bit more accurate and stops them being in a position of saying 'it will cost you this much' without us being able to [question that and negotiate]."

Commissioning manager

There is evidence that active engagement with providers and market shaping has saved money to date and reduced ongoing costs. Local authorities taking part in this research report saving money through both their own negotiations with the market and regional and sub-regional arrangements. Regional networks enable local authorities to share quality and price information. Regional framework contracts give local authorities collective purchasing power, often some additional resource (for example through a jointly funded project manager post for the framework) and the confidence to negotiate and enter into arrangements with a more distributed level of risk. Better understanding of needs, costs and a willingness to challenge practice is also helping authorities to negotiate with the market and save money:

"We have in the past negotiated where a young person is doing well and we've got a drop in price. [It's about] understanding what you're paying for and challenging that…We ask what are you doing for that money. But it's very difficult; you need a complete breakdown of all the costs."

Commissioning manager

All authorities report that they have made savings in recent years, but those who continue to make high number of spot purchases and do not have strong relationships with providers, are still struggling to achieve value for money and turn the market around from being a 'sellers market' to one where they have the ability to negotiate and exercise greater choice.

The authorities we spoke to who have undertaken detailed needs analysis and gone to the market to commission new block contracts are very clear that these arrangements have reduced the cost of the beds within the block contract and improved value for money. There has been an unintended impact as they claim the cost of spot purchasing has also reduced - they get preferable rates from their relationship with their block provider and from providers competing to work with them:

> *"Not only have outcomes for that group improved year on year, but there [are] massive savings. The price per week in our block contract undercuts spot purchasing by £600 - £800 a week. Spot purchasing – we have a handful – has gone down hugely…we've negotiated with the block contract [provider] to give us spot beds at the price of the block. And they don't force us to use any particular homes. Most are within [the area] and some are just over the border."*
>
> *Commissioning officer*

Authorities with new block contracts have already, or are hoping to, increase the number of beds they commission this way. Providers and commissioners say the block contracts and the relationships they have developed around them (open, transparent, clear articulation of needs) help them to plan more effective and more efficient services for large number of their children in residential care, with added benefits from this relationship for spot and emergency purchases.

Some of the authorities we spoke to who have a lack of provision available within their areas, say they want to improve their approach to market shaping but are struggling to make this work. They have developed provider forums and are trying to meet and **encourage potential providers** but are still at a loss as to why independent sector providers are not setting up in their area when business would be virtually guaranteed:

"We are having to source an awful lot of placements outside [the authority], so a key area for development is stimulating the market…This is what commissioning is about, but I'm always a little surprised the market hasn't addressed this itself and plugged the gap… we are never going to commit ourselves totally in a block contract but if a good quality provider set up here tomorrow and could demonstrate quality and value for money, they are almost guaranteed placements…why they don't, I don't know. We will be more proactive in future in outlining numbers, needs and demand."

Commissioning manager

Councillors are also uncertain (in most part) about what it means to play an active role as an authority in shaping the market. Some councillors think there is a need to actively shape the market of providers but do not have a detailed understanding of their local approach to this is. Other councillors we spoke to were clear that there is no need for market shaping as local provision is meeting need and little need to engage independent providers as the clear preference of the authority is for in-house provision.

"We do not market shape – what does this mean? We have already reduced unit costs [for in house provision] so much that we are sure that an independent provider could not come in cheaper or better for those children. It is not a real market. Anyone can set up a new home but it does not mean that we would use them…We need always to use providers that we really trust to work well with our most vulnerable children and young people. Why would we want to play markets with people who just want to make a quick buck?"

Lead Member, children's services

Many local authorities believe the children's home market remains a 'sellers market' - independent providers can walk away if they do not want to accept the deal on the table and offer their services to another local authority. Authorities with low levels of supply locally have reported this as a particular concern and feel they need to attract and retain providers in their area in order to meet the sufficiency duty. Many providers have a different perspective all together and are worried that in the current financial climate, cost has become the dominant driver with local authorities prepared to be more candid about the fact that price is weighted

more heavily in procurement decisions than quality. One of the authorities we interviewed found the solution to this was to work with a small group of neighbouring authorities to understand exactly what amount and type of provision they needed. They then collaborated to attract and develop an appropriate service with the input of providers which resulted in the commissioning of a shared block contract.

Some commissioners have largely rejected 'the market' in favour of **developing in-house provision**. In these cases the authorities had often tried outsourcing and found it expensive, inefficient, and variable. Decisions to commission an in house service are said to have been made after an analysis of needs, costs, evidence of what works and to reflect a strong desire to apply resources to a high quality service where home managers and staff are well qualified, experienced and resilient when caring for children with increasingly challenging needs.

How do councils engage with independent providers and what is the impact of doing this well?

We spoke to interviewees about *how* local authorities should engage with independent sector providers and the impact of doing this well. There was a convergence of views about what 'good' engagement of providers looks like with both local authorities and providers outlining how relationships can be developed that benefit all stakeholders and the children and young people in residential care.

Most of the feedback reported that a good understanding of need and a **clear vision** should be the basis for engagement and should underpin the building of relationships with providers in the marketplace. Authorities must use their understanding of need and desired outcomes to undertake open and honest discussions with established and potential providers about their expectations. Once a provider has been contracted, this information underpins quality assurance and contract monitoring:

> *"They are well able to challenge us…and equally they give praise where it is merited and they give feedback - when the contract was first commissioned there were a few issues with the home, they were not happy with us and gave us the opportunity to change."*
>
> *Independent provider*

Local authorities and independent providers between whom relationships have made headway in recent years say it is not a major barrier to overcome. Improving engagement between councils and independent sector providers is about honesty, transparency and communication.

Service managers that we interviewed were very clear that there is value in having a more supportive and developmental relationship with independent providers and building trust. This may differ from the approach to independent providers that local authorities have traditionally deemed appropriate. There was a preference amongst the authorities that we interviewed for developing **longer term relationships** with providers which means the local marketplace as a whole can manage the most complex of children in care. When local authorities engage independent providers operating in the local marketplace in such discussions and working relationships, the result is improved leverage for the local authority and as a result more control over costs.

> *"I do know that we are now in charge, the tables have been turned. We used to be ripped off by private providers and now we have costs much better under control - we say no to additional costs and are no longer being fleeced. Costs have reduced in relative terms."*
>
> *Service manager*

Authorities, who have not yet achieved clear understanding of needs and worked to shape their local marketplace so supply reflects these needs, struggle to gain traction with independent providers and access value for money provision. Local authorities who struggle to attract providers to their area feel disempowered to manage the market:

> *"Providers have such strong market dominance; they know commissioners will end up needing to spot purchase anyway so they wouldn't bid for a fixed price. We're not in a position where we can pick providers."*
>
> *Service manager*

Commissioners in authorities with low levels of provision have questioned why independent providers have not filled the gap and met demand themselves, without local authorities actively engaging them. One of the providers we spoke to highlighted how important it is for independent sector providers to understand at a very detailed level what needs and demand exist, before they take a commercial risk:

"We hear commissioners [compare us] to Tesco and Sainsbury's…they make off hand remarks about the market flexing. But consumer shopping habits are very heavily scrutinised, down to the [individual level] – it is very detailed data mapping. In social care there isn't that level of sophistication…so you get larger…generic services, expanding and claiming they will flex and adapt…they fill the gap purely by being there, not by being the right service… There is the opportunity to do this in residential care…forecasting, mapping and segmentation about types of care needs… Providers are more confident about committing resources at risk, when they have a better understanding…even if this is only indicative….of supply needs and commissioning requirements, at a more advanced level rather than just saying 'we have needs in social, emotional and behavioural.'"

Independent provider

The assistant director of children's services from within the same authority as the interviewee above reported:

"A provider in town changed their role and we worked with them on this and we have now taken three of their beds - this was more of a partnership approach which worked well."

Assistant director, children's services

In some authorities the resource available to sustain existing relationships has diminished. Relationships with established independent providers are suffering and austerity means commissioning in some children's services departments is focusing heavily at the point of procurement on unit cost. Independent providers suggest that authorities often mistakenly believe their concerns about this are based solely on reducing rates, as opposed to outcomes for young people in care:

"Processes have changed quite significantly, commissioning is falling to the budget holders…it is very subtle and a real challenge for the local authorities I think and for providers to get their heads around what people are looking for…needs are assessed and it is identified they need X, but they may not necessarily get that because of the budget…it makes a

nonsense of assessing someone's needs…there are a high number of children…not best placed, but cost has been the driver."

Independent provider

Some authorities are finding it hard to appropriately manage and challenge independent sector providers who already house some of their looked after children. If relationships have not been well established with the provider and as a result negotiations around the placement are more challenging and combative and achieving value for money is a struggle:

"We try and stick to contract and challenge them when they seek to charge additional fees, but there is scope for us to do better. There are times when the home says 'we need extra this or that' and sometimes we are not robust at challenging those requests. Also if a young person is settled there and they say they want to increase fees by 6-10% we either agree, haggle or have to move that young person when it is not in their interests – this is not a very strategic approach…The collaborative approach is more productive…being open and honest is the only way of working for them – we have to understand them and them us."

Commissioning manager

Some authorities are actively seeking opportunities to work with independent providers to **improve provision** in a way that meets their needs and achieves expected standards:

"We have providers who are not 'good' or 'outstanding' and we want them to be because they are local, so we are visiting them and saying 'here is what have to do' to get them up to speed. This has to be a process of relationship building as if they think we are too demanding they will just leave…it is about knowing when to push providers and when not to, when to say challenge…I think this works when there are regular meetings with providers…get that relationship, say we want to come and work with you."

Commissioning manager

Interviews reported that some providers do take more time to cooperate and work effectively with their local authority commissioners and where the provider is clearly not willing to

engage, commissioners must consider how they might secure alternative provision. But often the relationship usually improves with sustained contact on the part of particular commissioners and local authority staff:

"We have been trying – and it has not been easy – to bring all the providers together…we are a net importer and because of commercial sensitiveness providers are competitors…their willingness to attend and get into discussions was tentative and it has taken a long time to get there and we are still working on it…Some providers are much less willing than others to be flexible. One is becoming much more so and therefore is getting more spot purchasing from us. Equally we can ask them to do things…one provider will now charge us by the night [where we cannot] commit to a month…it is an emerging art and skill to market test."

Service manager

Interviewees suggested that **failed relationships** have usually been the result of ill defined needs (as outline above) or a lack of effort on the part of both stakeholder groups to engage with each other. The distance between the two groups has resulted in mistrust and miscommunication, which in turn has created inefficiency and constrained sufficiency and outcomes. Some commissioners are already actively working to redefine these relationships with the independent sector:

"We drive on continuous improvement and on the financials and productivity, but ultimately we look for an integrative relationship rather than distributive relationship [with providers]."

Commissioning manager

Providers say they want to continue to engage with local authority commissioners and believe there is a lot of progress still to be made; they say examples of more collaborative and open relationships between commissioners and providers are still the exception to the rule. Local authorities seem to recognise the potential benefits of closer collaboration with providers and those with block contracts report a more productive and flexible relationship. Some authorities are still cautious about the use of block contracts and cautious about working very closely with one particular provider; but providers claim the commercial security these relationships offer make it a win-win situation. One provider issued a plea for

authorities to engage more openly with them and better understand how the commercial relationship works:

"Understand how the independent sector can help – we offer better rates in local authorities where we have these relationships because we know it is not a one-off arrangement…they understand what we do well and don't do well and have worked with us long enough to know we will go the extra mile as it is reciprocated in more assured business."

Independent provider

Engaging independent providers does not mean the relationship with commissioners and development of residential services is simple, but local authority interviewees noted that these challenges should be seen in context:

"It has not all been plain sailing; but the litmus test is whether the issues we have with the [independent] provider are any different to those we would have had developing our in house [services]…all can be overcome…it takes a lot of investment to make it happen, its about a partnership approach and a bit of give and take. We might have a contract in black and white that says 'do something by X date' but in the real world…we couldn't have done anything different ourselves."

Commissioning manager

"As a commissioner of course you need control but it is about honesty. We have had sensitive discussions about fees, but always in a pleasant, mature manner. We know we are important to each other…but there is no abuse of that power on either part."

Service manager

Some interviewees suggested that the mindset and culture within local authorities needs to change if there is to be better engagement with the independent sector. They believe that commissioners of children's residential care (and in the public sector more widely) are still cautious about developing mutually beneficial commercial relationships.

Relationships between local councillors and independent providers can be a challenge when new providers and homes establish themselves in local communities and there are concerns from local residents:

> *"I have quite a lot of input with independent care homes, but this is not in my role as lead for children's services, this is in my role as ward councillor. We have [a high] density of privately run homes within my ward and I usually get involved on behalf of members of the community who have concerns. There are a lot of private homes because we have lots of large, reasonably priced properties…I personally do build up a relationship with these homes, but the relationship is often rocky."*
>
> *Lead member, children's services*

What is the role of council-owned children's homes?

Most of the councils involved in this research still own and run homes. Some, having reviewed needs and services, have made decisions to increase the volume of beds they operate in house, opening or expanding homes to provide both emergency and longer term residential care. A smaller number of councils currently commission residential care from the independent sector only.

Several authorities say they have worked hard with council-owned homes in the last few years to make efficiencies and reduce costs; we interviewed care home managers and they detailed how they had worked with service managers and commissioners to manage budgets and plan services.

One local authority closed the their remaining two in house homes in the last twelve months, having struggled to improve quality and value:

> *"We took a view that we would not place any child in provision that is not 'good' or 'outstanding' but whatever we seemed to do, we could not get [our homes] to that level on a consistent basis. It was proving from a benchmarking perspective to be poor value for money, poor outcomes, running with vacancies and there were high levels of staff sickness all loading the costs on."*
>
> *Assistant director, children's services*

Many of the independent providers we spoke to believe that councils - and in particular local **councillors** - favour their own homes, over independent sector provision. Some of the councillors we interviewed were in fact very clear that their preference is for in-house provision. They say they have more confidence in the ability of the authority to keep control over these homes and to plan and support the delivery of efficient and effective services. Some councillors question the motive of independent providers operating 'for profit' business models and are also concerned that the commissioning of independent provision removes the direct link to children in care. When asked about the basis for their concerns many said it was not that there is evidence to support these concerns, but more that they have not seen evidence to the contrary:

"I don't have evidence for my concerns. My concern is more that I just don't know anything about them. I have statutory responsibility so I need to learn more about them in order to be able to sleep at night. It's a vulnerability…I am sure my officers [think it is] fine. To be honest I really don't know how the private homes are checked. This is the concern I have…you lose the accountability. The contract has to be written so tightly, the safeguarding issue has to be written in bold at the beginning of any contracting. [They are] our children, in our care, they have to take that on board."

Lead member, children's services

However, most of the lead members for children's services that we spoke to are keen to protect a mixed marketplace and want to see in house homes remain a part of the local provider landscape. Councillors appear to be more familiar with local authority owned homes and have more contact with them as part of quality assurance processes.

All authorities have, to a greater or lesser extent **training and development arrangements** with their in house homes. In one there was a dedicated training resource and in others line managers are the source of support and challenge. Many home managers we spoke to said they have a positive relationship with their service managers and feel they are connected to the wider local authority strategy. Although in some – particularly in larger authorities with higher numbers of children in care – the relationship can be more disconnected and in-house home managers have little understanding of the wider strategy. In larger authorities familiarity with the homes and children in them is also more of a challenge for commissioners. Where time and resource is invested in communicating with and supporting the development of staff in the local authority homes, good outcomes are reported:

"The staff we have are long standing and that is very unusual…there is a lot of consistency…we have been able to move staff and pool them for example if one home is suffering a lot of sickness…Staff turnover is low I think because we are valued as staff…there are lots of management meetings we can feed up into…we are able to meet with managers from all areas of looked after children's services…Historically when all else fails you stick a child in residential and [here] we don't do that. The emphasis is on staff training and CPD…there is a commitment to development…also good links to SMT who are available and approachable."

Local authority provider

One authority spoke about making a clear move to align the way they manage the marketplace of providers, so their relationship with in house homes has become more commercial and their relationship with independent providers more developmental. It does not however seem common for authorities to have the same commissioner/provider relationship with all providers: **in house homes are often commissioned differently**.

Interviewees reported early attempts in their authorities to bring together in house and independent providers, with differing levels of success to date. In the same way that relationships between different providers from the independent sector can take time to develop because of commercial sensitivities and competition, it also takes time to develop relationships between in house and independent providers.

How could the development of provision be improved?

Almost all our research sites are aiming to decrease the number of residential placements they provide or purchase. Some are focussing on **working with providers** (in house and independent) to help them improve and to develop staff and managers who are skilled enough to work effectively with children and young people with diverse and complex needs.

Authorities who feel their provision has become more efficient and more effective in recent years attribute this to communication of need based on a robust needs analysis, market shaping through strategic commissioning exercises, and engaging with providers (both in house and independent). These views are echoed by providers we have interviewed.

Strategic commissioning by individual authorities, partnerships (e.g. multiagency teams) and/or sub-regional and regional groups includes setting out a clear specification of the

provision they want and having an efficient process for procurement. Providers express their frustration when this does not happen, and comment on the impact of more bureaucratic and time consuming exercises on both costs and relationships:

"From a provider perspective we can get into a lot of processes that mirror one another…the fact [some] authorities opt out of the more generic framework processes, shows it doesn't necessarily fulfil their needs; but it also places additional demand on [us], responding to these, and an additional cost burden. [They] are all fairly aimless processes to navigate. This is where strategic commissioning could have some real strength and power, looking at how services could be calibrated and organise to meet both the distinct needs of different authorities and the more generic services needs local authorities have. I wonder if there is enough of a grip strategically…better data mining would help [people] understand what procurement type, contract and process is needed…see whether there is a business case [for collaboration]."

Independent provider

Equally local authorities expressed their frustration when providers do not rise to the challenges faced in delivering children's residential care. Interviewees of all types admitted that there are providers who do not seem committed to improving their residential care provision and outcomes. Some providers say this is the result of poor relationships and poor communications between different stakeholder groups. But, as local authorities improve the commissioning and shaping of provision, providers will be expected to develop their services. Where commissioners and providers have worked together there have been clear benefits:

"[There is] a sophistication in the relationship with our key providers – [they] are strategic…very engaged professionals and this has not always case. Residential in the past has not been most innovative of sectors…As well as us shifting, a shift in providers has been key…and if their management culture won't evolve, we won't use them…We have to have a vision and find a provider that aligns with it, without those two components, strategic commissioning is just wishful thinking."

Service manager

The authorities we spoke to with a strong strategic approach to commissioning say they have worked hard internally to develop and embed this approach and to **align the structures and roles within the department and wider authority to support commissioning processes**. They have brought together senior commissioners and managers, developed a shared understanding of need and provision, taken shared responsibility for achieving these outcomes and committed to new relationships with both their in house and independent providers, engaging these stakeholders to gather feedback on services and to collaborate in developing innovative approaches to some of their more challenging issues:

> *"It's a hurdle to get [over] - managerial coherence – there are only X of us but are we all on key panels together and in the same building. There is a sense of common purpose. There was a time when this was not the case and there were the classic divisions…we couldn't get common agreement on actions to be taken, not just talked about. How we are managerially structured has [helped]. Savings targets haven't been about buck passing, [we[sat down and [decided] how do it collectively…2-3 years ago with different structures and individuals this wouldn't have happened – a shared purpose and understanding makes an enormous difference."*
>
> *Service manager*

How are out of area placements managed and what does good practice look like?

All of the authorities engaged in this research have a strategic aim to **reduce the number of out of area placements**, or to keep the numbers of out of area placements low where numbers have already reduced through ongoing work by the authority and its partners. Interviewees believe that for most children and young people requiring residential care, costs can be reduced and outcomes improved through local placements (except in cases where it is clearly of benefit to the child to be placed further away).

There is a clear expectation within authorities that out of area placements are **managed in the same way** as in area placements. Processes for managing these placements include social worker visits, visits from Independent Reviewing Officers, Ofsted reporting, Regulation 33 visits and the use of advocates. One authority insists on visiting all the homes they have

children and young people placed in, as part of their quality assurance processes and will undertake spot checks and unannounced visits with out of area homes:

"I'm adamant you have to visit. We do unannounced regular visits because I think a lot of out of area placements don't expect that. They might think 'they are too far away, they won't bother with that'. But I am happy to send one of our social workers to stay overnight."

Service manager

Another local authority has commissioned an out of area advocacy service from the children's society so that children who are placed at a distance from their home authority are provided with an additional source of contact and support.

Whilst all authorities are clear about how out of area placements should be managed, in reality practice varies; whilst many said the way they manage placements is equitable, other interviewees admitted that the further away a child is, the harder it is to manage for outcomes and quality assure the placement. Some said they feel their process for managing out of area placements is robust, but do not think other authorities do this effectively. Partly this assertion is qualified by the lack of communication between different authorities (and between authorities and providers), so most are uncertain how many out of area children they have within their boundaries, where they are placed and how their care is being coordinated across services.

In relation to out of area placements, our interviewees (whose authorities range from large rural counties to small metropolitan and London boroughs) suggest that what is critical is the distance of the child from their social worker and the wider team responsible for their welfare:

"We should note that out of area placements can be quite close geographically. [We] have X neighbouring authorities and try to keep looked after children close…. [We] get together if there is an incident…. [We] don't have to compromise on standards because it's not too far to visit for a meeting."

Service manager

Many interviewees also noted that it is usually easier for larger authorities to place within their own area geographically, but this can still be a long way from the children's services

offices. Where this is the case, visits by relevant staff can be more sporadic. Councillors generally were also less clear about how out of area placements are managed and less able to comment on the quality of these placements.

Some authorities talked about tackling this issue by focusing on proximity, rather than geography. Others said they were using regional or sub-regional partnership arrangements to share the burden and visiting homes in their area on each others' behalf.

There was a convergence of views about the **notification process when a child is placed out of area** - all authorities (particularly those who are net importers of children in care) said there needs to be a better process for notification and more collaboration and communication across local authorities and between local authorities, partner agencies and providers:

"The Police want to know when children are [placed] in their [area]…we need to know who the placing social worker is so that we can liaise if they go missing…There is a growing feeling of accountability and that we really need to get to grips with that. Everyone is answerable when things go wrong."

Commissioning manager

Unless there is sufficient high quality and/or specialist placements available locally, out of area placements will continue to be used, and they will always be required for a small number of children and young people. When this is the case, the way these placements are reported and managed should be improved:

"It's difficult to manage in practice because there is no centralised system for notification, so practice is variable. We have written to local authorities [many times], asking for notification when a child might be moving. There should be very few emergency placements and education and health should be given equal prominence in care planning… [It is] not easy as sometimes one part of the authority isn't speaking to the other - we speak to their education department and they are not aware the child has moved! It can be very messy and ultimately detrimental for the child if provision isn't in place – the child experiences delays and this can contribute to tensions in the placement. I meet with [providers]… [We have] established a good

relationship…although there are some differences of opinion…With pressure on local authority finances, we have to talk to each other more."

Commissioning manager

How are councils collaborating when commissioning provision?

Sub-regional and regional collaborations

All councils involved in this research are, at a minimum, involved in discussions with neighbours and authorities in their region. Nearly all are involved in more formal partnerships, or in a collaborative commissioning arrangements. Types of arrangement include multi-agency collaborations within an authority and sub-regional and regional collaborations across authorities, for example through shared frameworks or approved provider lists. These partnerships and collaborations vary in both their specific objectives but in most the overarching aims are to **shape the market more effectively** by combining purchasing power (particularly across groups of smaller metropolitan district and unitary authorities), combining efforts to engage providers and develop these discussions, **negotiating price** and overall costs and collectively **attracting providers** to a region where there is a shortage of supply to increase both availability and the range of provision.

Interviewees from authorities and providers gave mixed feedback about the value of collaborative arrangements. Where they are used strategically and needs and objectives are clearly articulated, there are clear benefits; where this is not the case interviewees questioned the efficacy of these arrangements. It was also noted that collaborative procurement exercises between authorities (for example regional frameworks) can mean several of the established homes within an individual authorities borders do not make it onto the framework. This threatens their viability and in the medium to longer term makes it harder to keep children in placements within local authority boundaries.

Collaborations are inevitably time consuming and require local authorities to negotiate and sign up to an agreed statement of purpose and/or a formal agreement to share resources or contracts with a provider. These arrangements also require project management resource in the set up phase, and in many cases beyond, and some authorities are **jointly funding posts** to ensure regional frameworks continue to function effectively. Most authorities currently undertake commissioning differently and aligning commissioners can be a challenge; but where these collaborations work (and some are more mature than others),

authorities report benefits including the levelling out of prices as providers are forced to align the rates they charge different authorities, more consistent quality of service and reduced spot purchasing. One authority, who has commissioned a new block contract with a provider as part of a sub-regional arrangement, said:

"It's commissioning by committee…It is a challenge…you need to be clear about what you want to achieve and want out of it….We set out principles and a trading agreement…We have each taken an element of risk…we cover for each other – there is a rota in terms of who gets a place next and we are contractually obliged to fill this, but if we can't, one of the other local authorities takes it. It's worked well…Collaborative commissioning is a challenge and it can take longer to get to the end destination, but [there is] real added value…[when] influenced and informed by a number of people, it's not a fudge, it's a better model at the end and sharing risk is key."

Commissioning manager

Sub-regional and regional collaborations don't always include formalised commissioning arrangements; some have remained **networks through which authorities share information**, for example information about good practice in children's residential care, the quality of different providers and homes in their area, and new developments and innovations. Interviewees involved in these networking arrangements say they have value, but they are not directly doing strategic commissioning and market development. If there is a reluctance to share detailed information with regional partners, it often stems from a desire to 'protect' the provision already existing in individual local areas; when deals have been negotiated and made with providers there is some concern about revealing the details of these arrangements:

"Regional arrangements are working, but there is an element of confidentiality when [discussing] what [each authority] has agreed [with providers] and prices and how we measure what we are getting for that price."

Commissioning officer

It is not clear to all involved in regional collaborations how the arrangements link with strategic commissioning within individual local authorities. One view expressed is that sub-

regional and regional arrangements focus too heavily on unit costs, over an analysis of needs, forecasting and improving outcomes and value for money.

There is some evidence to suggest that authorities are beginning to think more tactically and strategically about the collaborations they choose to develop, **preferring to collaborate with authorities who are similarly advanced** in commissioning. One of the authorities involved in our research continues to take part in discussions with regional neighbours, but has withdrawn from any formal arrangement as they believe they can get better rates and manage the market effectively, on their own:

> *"We participate regionally and frequently support others and speak at regional events; but others are behind us [with commissioning]. There is a regional commissioning framework for independent residential care…but we do not sign up to it because we can get places more cheaply if we have to use independent provision over and above our own homes – which we seldom need to…It would hold us back. Though we are involved in supporting the development of better commissioning in the region, we do not participate in the regional commissioning framework."*

> *Commissioning manager*

Others are working (or thinking of working) bilaterally with neighbours or authorities from other parts of their region to address particular commissioning needs, or to go outside of their region completely to engage local authority partners whose commissioning practices are more reflective of their own:

> *"We're on the edge of [our] region. The local authorities that we are naturally inclined to collaborate with are not in [our] region. I attend the commissioning partnership for [my region] but when it comes to getting into bed with local authorities here to commission residential homes, we're way ahead of them…so it doesn't make sense to collaborate…Currently we cater so well for our [own] needs."*

> *Commissioning officer*

Authorities are also thinking about how to **cross-sell placements** to neighbouring authorities; one has ensured there is a clause in their new block contract to ensure they are allowed to do this if their own levels of demand reduce.

Providers whom we spoke to as part of this research say they sometimes find the regional collaborations a challenge to work with. **Providers** expressed great frustration about the processes surrounding frameworks and preferred provider lists, when time is spent preparing and responding to a framework which then does not seem to function as anticipated in practice:

"There is a framework for the [X] authorities in the region. We applied last year and were successful but are yet to see it work. This went live after a number of delays and we have had not a whisper of referrals. It is supposed to issue mini tenders which requires a much higher level of resource…… From the documents I've seen you even have to submit a response to say you're not tendering and why. This is so time consuming and resource intensive and we don't have administration staff - we run for our users and keep overheads low."

Independent provider

Getting the needs analysis right is critical: there was some concern from interviewees that if the needs analysis underpinning the framework does not reflect the placements that will need to be commissioned in practice, authorities have to commission off the framework or provider list anyway, using spot purchasing to find a provider that it thinks can provide an appropriate service.

Some providers are concerned that regional collaborations also put greater distance between commissioners within individual authorities and themselves; others would question whether this is providers who formerly had a commercial advantage being forced onto a level playing field. The evidence outlined in previous sections of this report suggests that communication with providers is important, whatever the overarching contract.

How are local authorities commissioning with health?

Most of the local authorities involved in this research are either developing multiagency working or have already embedded this (and reflected it in team structures and processes)

and are working to realise the benefits of the arrangement. Multiagency arrangements and formal collaborations exist between local authorities and colleagues from health and mental health (and with education and police). These multiagency arrangements were positively commented on by all types of interviewee.

On a spectrum of integration between health and local authorities, there are a wide range of arrangements in place. Interviewees cited arrangements which include working in multi-agency teams and jointly commissioning services; pooling budgets using Section 75 agreements; collaborating in the most complex or specialist residential care cases; better involvement of health partners in planning and oversight when multiple partners are contributing resource in some way to the care of particular child or young person and finally, the more general sharing of knowledge and information:

> *"There is no formal pooling of budgets; but there is a budget group where managers [discuss] resources and also a multi agency planning group held monthly. This is helpful when there are children who may be two or three ways funded by health, education and social services."*
>
> *Service manager*

The significant current policy and **structural changes in health** are disrupting existing collaborations and the development of more integrated commissioning for children in care:

> *"We are aiming to integrate more commissioning with the NHS – it's a shame that so many children and young people's services have been retained by the National Commissioning Board as we were making good progress with this locally."*
>
> *Lead member, children's services*

Some children's services departments within the local authority sites taking part in this research have been reaching out to Clinical Commissioning Groups (CCGs) and building relationships with these new commissioners. Others are yet to become clear about what shape the CCGs in their area are going to take and what their commissioning priorities will be:

> *"Our pooled funding arrangement has been in place for X years. We hope to continue it but with changes in health funding it is complicated. At the*

moment we have a partnership arrangement with the PCT who won't exist so we are going to have to get agreement from all the CCGs now. We have a joint tracking spreadsheet to track contracting data, what children are where and what this costs. We use it to balance the budget but also to gather trend data…It started with the pooled budget as it used to be [we collected this separately] and the formats were never quite the same."

Finance officer

Health and wellbeing boards will also have a role to play; some children's services departments have already begun to coordinate with these emerging groups. In one the commissioning manager attends the meetings of the health and wellbeing board and has been involved in their needs analysis and the development of the health and wellbeing strategy. There is also a joint commissioning board being driven by public health and all local commissioning is being driven by the JSNA. These stakeholders are also working together to develop innovative approaches to reduce the number of children in care. In another authority the head of commissioning is the lead in the development of partnership commissioning arrangements which will be delivered through the health and wellbeing board. Children's commissioning is developing within these new structures:

"Under the health and wellbeing board will be the children and young people commissioning executive, responsible for ensuring there is an appropriate focus on children and young people for the health and wellbeing board. There will also be strategic commissioning groups under that: one looking at early intervention and prevention, one looking at children requiring complex care and with additional needs, and a third looking at children and young people living away from home who are looked after (including those on remand or in hospital). Each group has core commissioning priorities…there will be a range of works streams and projects under each. We are clear on our strategic priorities and what we are trying to achieve and are taking it forward in a multiagency environment."

Commissioning officer

As outlined previously in this report, **out of area placements** are a challenge for multi-agency working as not all partners are then able to engage and work with these children in the same way; an interviewee from the NHS said this did impact on the willingness and ability of her senior managers to support children in residential care home placements:

"The commissioning decisions local authorities make [and] placements have a huge effect on our health budget…It's very difficult for health to have a real say in those decisions. The decisions are normally made before health gets involved. The commissioners have to be very good contacts to deal with this…The changing health economy has been a nightmare in terms of health liaising."

Health

The need to improve **placement stability** is a key driver for local authorities, who want to engage with health colleagues to develop a package of care for children with the most complex or specialist needs requiring a residential care home placement:

"We need to develop some protocols with health, particularly for children with anorexia and mental health [issues] that have led to [hospitalisation]. We cannot easily find places for these [children and young people], especially when they are a significant risk. We need more time to plan jointly with health… [And] develop transparent and objective protocols that everyone can understand and use."

Assistant director, children's services

Existing or potential collaborative arrangements between local authorities and health face challenges when **budget holders** refuse to commit to, or pull back from, these arrangements. One interviewee made clear that senior managers from local authorities and health need to work together to ensure the best placements and outcomes for children in residential care.

"The point where health, education and social care come together is the hardest and there isn't sufficient joined up thinking but that ought to be in place so we are singing from the same hymn sheet and working to the

same agenda. There is tension when people pull in different directions and it doesn't help to achieve outcomes for young people or [use] resources [well]. [We] depend on education and health supporting the child too, or placements break down…joined up thinking is critical."

Commissioning manager

Many authorities are still finding it a **challenge to gain access for children in care to local Child and Adolescent Mental Health Services** (CAMHS); when these services are based in hospital rather than community settings it is harder to get access and issues around access to CAMHS are seemingly accentuated when a child is placed out of area:

"CAMHS is a particular challenge to us when we place children and young people in different health areas – for example XXX CAMHS will not provide a service for our children in care placed there. Sometimes we have to consider the use of private therapists and this is wrong."

Service manager

How do they work? Have there been recent innovations?

The need to make **efficiency savings** has led to a much greater emphasis on collaborative commissioning and all of the authorities we spoke to are looking for ways to partner other key stakeholders such as education and health and/or other authorities in the commissioning of services for looked after children. Some are working on schemes that support the commissioning and brokerage of foster placements (their preferred placement), but are yet to attempt a similar process for residential care homes. Others have commissioned residential care through multi-agency and sub-regional or regional partnerships with varying benefits (see above).

In addition to collaborative commissioning of placements, many local areas are reaching agreement that more must be done to **support families earlier** and to prevent the escalation of need wherever possible. In one authority staff supporting looked after children have been co-located and interviewees reported very positive results from this move, including more effective communication, more efficient delivery, the breaking down of professional silos, better understanding of each others' contribution and more effective coordination of care.

3.3.3. Quality assurance and monitoring

What outcomes do councils measure?

How are councils monitoring whether residential homes are providing the service they are commissioned to, and meeting the needs of the children placed there?

Ofsted assessments play a key part in local authorities' understanding of whether a home and a provider are delivering (or capable of delivering) high quality services and these assessments have a significant bearing on whether or not an authority is willing to commission that provider. Increasingly authorities aim to use only 'good' or 'outstanding' homes and where an authority has in-house provision, these homes are very closely monitored to ensure they meet these Ofsted ratings.

Performance and quality are **monitored at the level of the home and of the looked after child**, with information relating to an individual placement feeding into the picture for the home. Monitoring channels include: Ofsted visits; visits by lead commissioners, monthly Regulation 33 visits and quarterly Regulation 34 reviews; social worker visits; Independent Reviewing Officers; visits by elected members; feedback from children and young people; Looked After Children Reviews; and local authority line management/service management of in-house residential homes. A range of different panels are established within each local authority through which commissioners and lead members review and scrutinise quality of homes and outcomes for individual children. Where a placement is particularly challenging, or a home is of some concern, many of the authorities we spoke to say they increase their monitoring.

Some providers and authorities talked about the **National Minimum Standards** for children's homes. Others focused on the use of different contracts, each of which comes with its own performance indicators and quality assurance processes. For example, in house homes are closely monitored by service or operational managers, usually linked through a line management structure to leaders in children's services. Block contracts between an individual authority and provider have monitoring requirements built-in. Framework contracts and preferred/approved provider lists tend to have pre-qualification criteria and then each placement commissioned from that framework is monitored against a set of agreed outputs and outcomes. Spot contracts tend to be agreed on a case by case basis.

There was some concern within the interviews that where an authority has a mixed market of providers, these **providers are treated differently**. In some cases independent providers operating in the area are not as closely scrutinised as in house homes and authorities are trying to more clearly align the standards they expect of independent providers with the standards they apply to their in-house homes and to build these more clearly into any contracts with the independent sector. In other authorities there is concern that in-house homes can be of a lesser quality than independent providers, but are still favoured for placements:

"All [our homes] are monitored, but I have some concerns about the quality of our in house provision and I think that we are not always even-handed about how we look at the quality of our in-house and private provision."

Service manager

Interviewees were clear that **a lot of data is collected** on performance and quality and outcomes are usually set and monitored for individual children and young people; but there is a lack of consistent or aggregated data on outcomes. In some sites there was quite a low level of understanding across interviewees about how outcomes are captured. There was a high level of agreement that Ofsted, local authorities and providers are still **over-reliant on process and output indicators** and are not adequately measuring whether or not a residential care setting is meeting the needs of its residents and producing positive outcomes:

"It is hard to know how much outcomes are taken into account. Sometimes we do not know about all of the [outcomes] until a young person has left us and is out in the world. Serious problems are dealt with well…. [but] I feel that generally we do not take into account the cumulative successes and failures within individual plans for children in care; a very small amount of progress for some children is good and this is not taken into account in the high level statistics."

Service manager

Some authorities report that they are in the early stages of developing and testing an outcomes framework, either as an individual authority, or as part of a collaborative arrangement for example a regional framework. Where there is one already in place it tends

to align with the five Every Child Matters outcomes. Some local authorities are driving their own focus on outcomes; directors of children's services, lead members and other senior strategic figures are trying to embed outcomes-based commissioning within their authorities and create a shared pursuit of and accountability for outcomes. Others fear the inflexibility of current local and national quality assurance systems mean rigid markers of quality continue to obscure genuine progress:

> *"Ofsted may give a unit a bad rating because one of [the] children is missing from home, but for us, if they are only missing three times per month when it was twenty three []times per month] when we placed them, then that is a good outcome. Providers get down-rated because they are dealing with some of our really challenging kids."*
>
> *Commissioning manager*

In addition while our interviews show widespread appreciation for the importance of placement stability, the point was raised numerous times that assessment processes can assume placement moves are a symptom of failure and penalise facilities who move children on, when this may in fact be an example of a successful outcome.

Some authorities' vision for children in care is influenced by the **social pedagogy model**; one interviewee directly attributed this to a more flexible attitude to risk, a focus on longer term outcomes and a reduced emphasis on some of the more traditional measures of quality:

> *"With the development of social pedagogy...We are still ticking the Ofsted boxes but there has been more of a flexible attitude to risk… [When] there is so much regulation it is very difficult to create normal, loving, nurturing environments…there is always a conflict with the sheer amount of bureaucracy that is required in meeting Ofsted standards…To be honest, I wonder how homes can be classed as 'outstanding' when the outcomes for the children there are still crap! You know they have ticked all the boxes, got all the risk assessments in place, the office door is locked, they conduct the plans and reviews at the right time, but ultimately…the children still end up in prison, or homeless, or sexually exploited when they leave…I am just not sure that [we] measure the right things."*
>
> *Commissioning officer*

Some interviewees reported that, once completed, their refreshed Sufficiency Duty will underpin a renewed focus, and will wait until there is this clearer understanding of local need before developing a detailed outcomes framework. Some authorities hope to develop a clear set of outcomes for children in residential care in collaboration with education and health colleagues. Others are not confident that developing an overarching outcomes framework will add value to the data already being gathered.

Providers interviewed said they find the variation in local authority monitoring and performance reported requirements a challenge, and some feel strongly that there would be benefit from streamlining the range of performance indicators they report against and benefit from the development of **a national outcomes framework**. Others were comfortable with the idea of working to local level outcomes that align with local commissioning strategies, but say these need to be developed and more clearly articulated by local commissioners.

There is a clear strategic focus in some of the authorities we interviewed on the development of a relationship with providers which sees the council and commissioners act as critical friends to providers. Relationships between providers and commissioners are being built up so the monitoring of homes, discussions about the needs of the children placed there and any improvements or changes required are **discussed more openly** and developed more collaboratively. Commissioners are positive about the benefits of a relationship with providers based on support and challenge:

> *"I invited private providers in for lunch the other day to tell them directly that we will only use good or outstanding homes and to offer them support and challenge to reach these standards. Only one provider turned up, but they have taken up the challenge and my offer…I want to make better use of the local placements we have…It strikes me there ought to be a lot of similarity between the role of a DCS in private children's homes and the role we are supposed to have with academies. We have said we will drive up quality in schools, whether they are free, maintained or academies. We don't want them to fail, it is our children's education; I invite all the schools to meet with me for this reason, so why am I not doing the same with children's home providers and what would be the impact of that if I did?"*
>
> *Director, children's services*

Local authorities are also considering how **peer challenge and review** might be used to drive up the quality of services provided to children in residential care and to support monitoring. In one authority, both in-house and independent sector providers have been brought together to share practice and have visited each others' homes. In another authority, residential care workers from mainstream children's residential homes, a specialist disability home and a short term respite unit have been brought together:

> *"We visit each others' homes and we look at all the paperwork; we look at Ofsted inspections, the practice of the staff in the home, staff arrangements and rotas, control and discipline of children and we share best practice – it has proved very effective."*

> *Local authority provider*

How are the changing needs of the children continually monitored and ensured they are met?

The changing needs of children in residential care are most closely monitored by their individual social worker. As discussed previously, the quality of this data and the extent to which it feeds back up to commissioners varies:

> *"Social workers are always [seen as] bad at responding to emails and when asked for comments about particular provision, they often do not do as thorough a job as they might. We need more analysis of why particular placements fail and why others succeed and sometimes do better than expected. But some feedback from social workers and children and young people cannot be put in writing."*

> *Service manager*

Looked after children reviews are also a key process but there is some concern that these reviews do not dig deep enough to challenge the outcomes being achieved. The other channels through which quality and outcomes are monitored (as listed above) also provide data used to monitor placements and the ongoing progress and changing needs of children and young people in care. Again, the extent to which this data is aggregated and used at the strategic level varies.

Each authority has a slightly different but established way of escalating a case where there is concern about a particular child or placement and increasingly commissioners and lead members are making unannounced visits to homes and undertaking spot checks. Where it is suggested that a child might need to be moved from one placement to another (either to a different residential home, or out of residential care and into another placement e.g. fostering or semi-independent living) negotiations and assessments will take place between the social worker, senior leaders the authority and providers. Once agreed a social worker will usually take the lead to coordinate.

Some concern remains (see also above) that children placed out of area are not as well monitored as those placed in their home authorities, although some of our interviewees say there has been increased scrutiny of out of area placements in recent years, partly as a response to the need to make financial savings and ensure local provision is being well utilised in response to the Sufficiency Duty.

In some cases, providers can be the first to suggest that a child's needs have changed. As noted in the section on matching needs with supply, such situations can leave local authorities with less room for negotiation over deliverables, outcomes and price:

> *"I call review meetings if I think the needs of the child have changed and the way we are working needs to be altered. One of the ways to make local authorities listen is to call a special meeting – to sort of force their hand. You say that the placement is not going well, you indicate that you are likely to terminate that placement and then they are more willing to talk about changing the care package or acknowledging additional needs."*
>
> *Independent provider*

Questions were raised within the interviews about **distance travelled** and cumulative outcomes for children in residential care; there was general agreement that current monitoring and quality assurance data doesn't capture well enough progress (or regress) against common and individual outcomes. Commissioners and service managers claim that some placements are seen as effective because they are stable, but where the outcomes for a child or young person could be further improved, this is not necessarily an indication of success:

"Some providers are really good at taking our children from a state of chaos to relative stability; however, they are not so good at getting them from stable to really thriving. I think this is because of low expectations; they are not misbehaving anymore so we don't challenge them and present them with new opportunities or try and raise their aspirations."

Commissioning manager

There was also some concern that young people's needs and outcomes can be overlooked as they begin to **transition** from full time care; for this particular cohort attention needs to be paid to the quality of the accommodation they are placed in as they leave residential care and begin to live independently:

"We have stringent protocols in place about the quality of our [residential] providers; however some provision for older teens – you might call it transition accommodation – is outside of the statutory sector and the regulation framework. I am very keen as a corporate parent that we do not expose young adults leaving our care to accommodation that is unacceptable or too far away so we can't keep an eye on them, with no one inspecting on a reasonable basis."

Lead member, children's services

Some evidence emerged through the interviews that partners from local authorities, health and education are beginning to look at how each other assesses quality and evaluates outcomes and to reflect this in their performance monitoring. In one authority we spoke to the children's services team has a developed a **joint evaluation toolkit** which they have shared with local providers to ensure all those involved in the delivery of children's residential care are helping manage performance, risk and quality.

How is the voice of the child part of this process?

Commissioners emphasised the importance of the voice of children in care to quality assurance and monitoring and most local authorities have an established Children in Care Council, with some representation from children in residential care and care leavers. Councils note that as part of regular quality assurance and monitoring visits, children and

young people in residential care homes are spoken to by social workers, officers, elected members and IROs. In some cases children and young people in care have been engaged in procurement processes, helping to shape and develop specifications for providers and helping to score submissions. Providers also report that they ask children and young people for their views on the home and ask them to contribute ideas and feedback on changes they would like to see.

There is some evidence that opportunities to use online surveys and other methods of electronic engagement are increasingly being taken and there are some examples of effective engagement processes being designed and delivered by care homes. Some local authorities already have some dedicated resources for the engagement of children and young people in care; others say more effort needs to be made in future.

Whilst authorities and providers believe strongly that there are benefits to the engagement and involvement of children and young people in care, they are less clear about exactly how the voice of children and young people can contribute at each stage of the commissioning process. Evidence is being collected from children and young people in most authorities, but there were only a few specific examples of this information feeding into and most importantly influencing commissioning decisions taken at the strategic levels:

> *"There is a huge opportunity to do more. Some work has been done…but there is more we can do in terms of commissioning. We need to get the balance right between the young person's voice and the professional's voice."*
>
> *Independent provider*

How do councils ensure value for money and seek efficiency savings?

How consistent are costings between different areas (and how consistently are costs monitored)

Unsurprisingly, councils have become much more aware of the need better to control the costs of residential care and have adopted a number of strategies to reduce and level out costs.

Those authorities that have in-house care homes have **benchmarked** their costs against those of other authorities (using data from CIPFA) and have worked closely with service

managers and care home managers to bring down costs and overall spend. Budgets have been more closely monitored and overspend has in most cases been abolished:

"We haven't lost quality but we are on a tighter budget, we have no overspend. We have done this by giving staff more autonomy to manage facilities better and to control shopping etc. We also give allowances based on need and encourage parents wherever possible to contribute."

Local authority provider

The local authorities involved in this research report significant savings from these exercises and they are mostly confident that in house provision is as cost-effective as commissioning from the independent sector and offers the same, or better, value for money.

Alongside this work with in house providers, local authorities are also using informal partnerships and formal sub-regional and regional arrangements to **share information** about cost, value and quality. Collaborative commissioning within sub-regions and regions has seen providers commissioned using block contracts and frameworks where rates are set for the period of the contract.

There is some debate about the extent to which agreed rates hold up once a child is placed and their needs reassessed by the home. There are also some reports that large volumes of placements are being commissioned off-framework, when an individual commissioner thinks they will get better quality or more suitable care from a provider who is not on the framework.

Several authorities talked about how they compare costs between providers, particularly comparing in house with independent providers. Providers report that both individual local authorities and commissioning partnerships are negotiating a lot harder on the price of individual placements. Local authorities are developing **cost-calculators** to help them ascertain the likely price of a placement. There is mixed feedback about whether such negotiations are an effective way of securing value for money and efficiency, with some claiming that pursuit of lower overall cost is being prioritised over more suitable or higher quality provision which compromises outcomes and in the longer term generates higher total spend and others saying that it helps to bring down the cost of external placements.

Some local authorities are convinced that quality, value for money and efficiency are more likely to be realised through closer links with providers and shared attempts to design cost effective services as outlined in detail in previous sections of this report. There are examples of authorities commissioning new block contracts and those who have done so say the

certainty created by these contracts, for both commissioners and providers, helps them achieve cost savings, monitor and control quality and improve outcomes. Others have opened, or are considering opening, more in-house homes for the same reason.

The focus on value for money and efficiency savings has also drawn more attention to the **outcomes being realised from spend** and there is increased pressure on providers to be clear about how they are using resources and the impact of the activities they deliver on outcomes for children and young people in their care:

> *"Previously we had providers that would give you a price – usually expensive – and you wouldn't know where that money was going. Now we are asking for more detailed breakdowns of to see [what] the young person is getting."*

> *Service manager*

How does quality assurance and monitoring feed into future commissioning strategies?

Information from quality assurance and monitoring – at home and individual level – is often collated and fed into annual reports on children in residential care and is intrinsically connected with the process of strategic needs analysis.

As discussed earlier in this report, there is scope to improve the way authorities collate and analyse data on needs, performance and outcomes at both the individual and strategic levels. Some of the authorities involved in this research are confident that their teams now link up in an effective way, with operational knowledge feeding directly into strategic planning and decision making processes. Others feel that more could be done to streamline the data being gathered, to organise this data and to act upon it.

Local authorities and their partners say they are trying to tighten up on the data collected through monitoring processes and the rigour with which quality assurance and monitoring is undertaken.

> *"We are looking at how we develop monitoring to make sure things aren't just left. If they say 'he's ok there and can stay for another six months' we need to [challenge] and better understand what it is we are looking for and who can feed into that process. We are asking social workers to comment*

on placements and for additional information that we didn't ask them for before. We are also asking for information from residential units, for example educational attendance forms which we get weekly now and on a quarterly basis reports against the ECM outcomes."

Service manager

Reacting to the data available on quality and outcomes requires local authorities and their partners to challenge providers and to challenge their own thinking. There was a convergence of views around the importance of bringing together the care mindset with the commercial mindset, with many interviewees saying they have become more aware of the importance of obtaining value (cost and quality) from commissioned services:

"There hadn't been that sort of monitoring - [people] having their contract head on. People had their social care head on. Now I have both and the balance between the two is right. I work with the public purse so it's about making sure we are getting the best value for money and that means young people getting good outcomes and if they are not when we are paying an arm and a leg, then we need to look at that."

Service manager

3.3.4. Ideas and innovations

All of the authorities involved in this research are thinking in detail about the future of residential care and services to looked after children. The need to reduce spend, ensure value for money and improve outcomes for children and young people in residential care means each site is considering how to ensure more effective systems and processes and how they can be creative and innovative in services for looked after children. There are some clear improvements that authorities are making and/or would like to make, which reflect other findings in this report.

Ensuring effective **communication** between all the stakeholder groups with a role in services to children in residential care is a priority for many; authorities who have co-located or developed multi-agency teams report a positive impact on communication and coordination and there is interest in developing such teams where they do not currently exist.

Finding a way to effectively measure and share **data on outcomes** is also a priority for many; there were numerous calls for an outcomes framework (and a few authorities are working on this) and for more sophisticated analysis to be done to see if it is possible to better **segment needs** within the looked after children population. One interviewee suggested authorities should also test and **share findings from pilot programmes** on a more systematic basis.

Authorities would also like to develop a more effective system for the **sharing of information about providers** including a detailed description of their services and information about costs and quality. Authorities are particularly keen to develop a clearer picture of the specialist provision available at an inter-regional or national level. Some want to share good practice and expertise around safeguarding. Others are particularly keen to see more robust **notification systems** when a child or young person is placed out of area.

A number of local authorities, especially those which are geographically close to areas where there have been high profile cases of child sexual exploitation, are working hard to establish **clear and robust information sharing protocols** with local police and other agencies. In one local authority a multi-agency panel convenes whenever specific concerns are raised. In another forums are being established with independent providers to discuss ways to tackle the problem.

Most interviewees agree that there needs to be better **engagement of providers** from the independent sector and are looking at how to improve relationships and communication; a number said they want to create more opportunities to 'market test' and discuss the development of services with providers at the strategic level.

Some of the authorities we spoke to are looking in more depth at how to shape residential care services around the **social pedagogy model**. One authority has begun to train care home staff and managers in this approach and report positive early results with residential care homes able to take a more child centred approach.

Better **engagement of care home staff** in strategic commissioning processes is on the agenda for a number of authorities; there is a strong feeling that the experiences and views of frontline staff are not well utilised and need to feed more directly into strategic commissioning exercises. Some authorities have made early attempts to bring in-house staff together with staff from the independent sector and to engage both groups more closely in commissioning, but there is more work to be done to develop these consultation and engagement processes.

The authorities engaged in this research were also clear that more needs to be done to **engage looked after children and young people** - and where appropriate their kith and kin - in strategic commissioning. There are a number of initiatives. One authority is developing a team of 'young commissioners' and a 'young inspector' for children's homes. Another has recruited a cohort of twenty four children and young people (including two young people currently living in residential care homes) to become a peer community, through which ideas for the development of services to looked after children will be tested. The same authority is considering how ethnography might be used to understand the experiences of children and young people living in residential care and to use these methods to support evaluation and quality assurance.

There is a growing interest in models of '**shared care**' and the development of residential services that support short term placements and respite, after which a child or young person is returned to an appropriate family member or carer. Many of the authorities we spoke to are looking at routes into and out of residential care and the development of 'step up and step down' services which provide better support to family and carers. One authority reported that a foster care provider in their area is in the process of setting up a residential home which will be used to stabilise and assess children and young people before they are placed with a foster carer. Another is using a short term 'crisis intervention' home for children whose foster placements are at risk of breaking down.

Authorities are keen to do further work on **early intervention initiatives** and to find ways to prevent escalation of need wherever possible to reduce the need for long term residential care placements.

One authority is testing and evaluating **Multisystemic Therapy** (MST) for children on the edge of care in a pilot with a neighbouring authority. Multiple authorities are beginning to develop wraparound services for children and young people already in residential placements and for foster and birth families to prevent escalation of need.

There was much praise for the role of the Virtual Head teacher and authorities say they would like to develop services that better incorporate **education** and training. One authority has responded to the redirection of school improvement funding to individual schools by establishing an educational improvement board where the leaders from the council and head teachers come together to specifically discuss the education of looked after children and children leaving care; information from this group is fed directly to the corporate parenting panel.

3.4. Online consultation with children and young people in care and care leavers

3.4.1 Our respondents

The survey was completed by a total of **93** children and young people. Our youngest respondent was aged 8, our oldest was 25. Two thirds of respondents (66%) are between 14 and 17 year olds, just under a quarter of respondents (23%) are aged 18-25 and 11% are aged between 11 and 13.
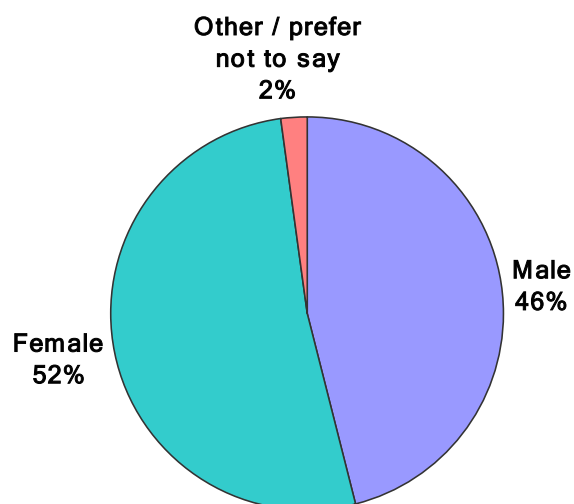
Figure 2. Age of respondents
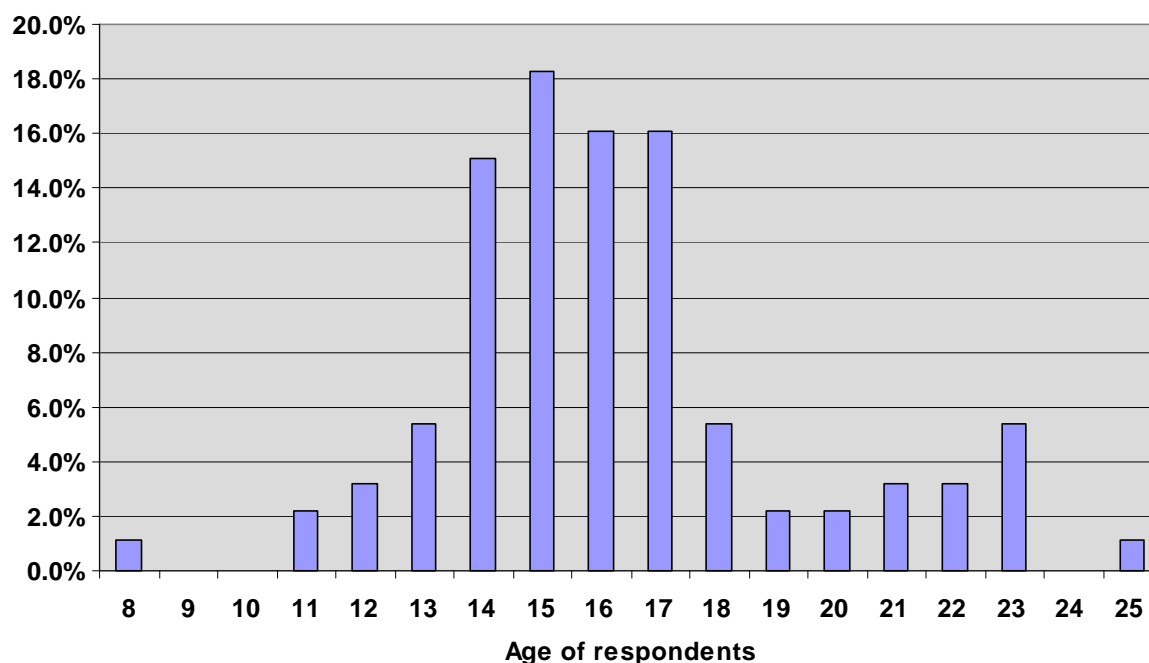
Base: All (93)

In terms of gender, the survey achieved a roughly even split – with 46% of responses coming from males and 52% coming from females.
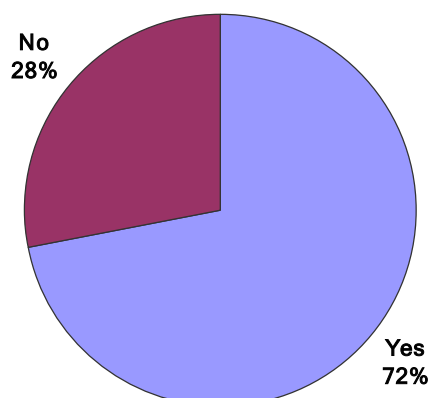
Figure 3. Gender of respondents

Base: All (93)

Figure 4 below, shows that more than two thirds of respondents (72%) said they currently live in a children's home.

Figure 4. Do you currently live in a children's home?

Base: All (93)

23 respondents said that they do not currently live in a care home. These respondents were asked to indicate when they last lived in a residential children's home. Figure 5 below, shows the majority of respondents (61%) reported that they had done so between 1-5 years ago.

**Figure 5. When did you live in a children's home?**
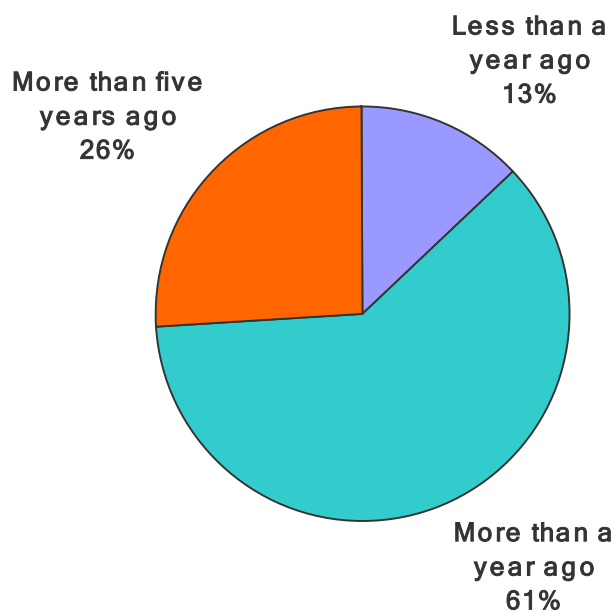
Base: 23

All respondents were asked to say how long they have lived in children's homes in total. As shown below, just over two thirds (70%) of the sample have lived in a residential care home for more than a year. Just under one third indicated that they had done so for more than a month, but less than a year and only 2% for less than one month.

Figure 6. In total, how long have you lived in children's homes?

Less than one month, 2%
More than one month, 28%
More than one year, 70%
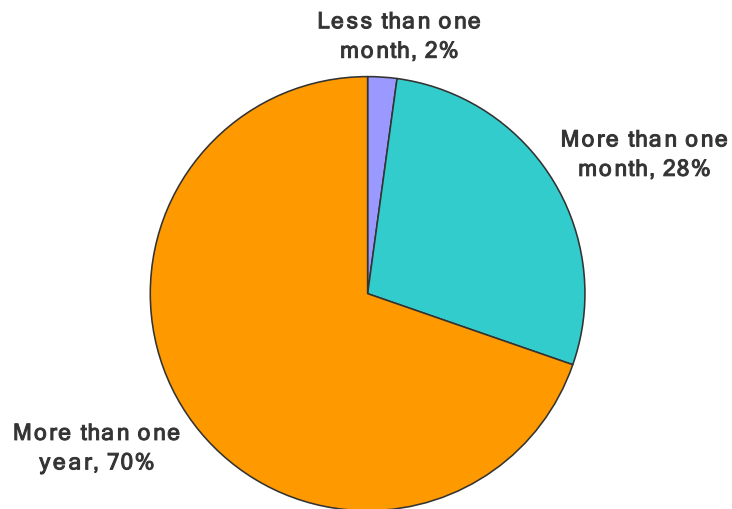
Base: 89

Respondents who indicated that they had left care (19 respondents) were asked to say at what age they had left. As shown in Figure 7, it was most common to do so aged 18 (42%) or aged 16-17 (47%).

**Figure 7. If you have left care, how old were you when you left?**

Age of respondents
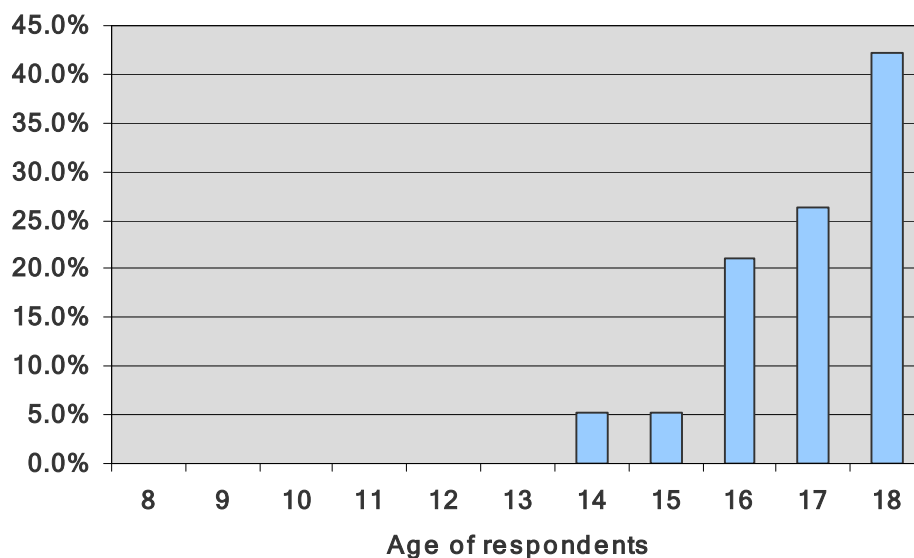
Base: 19

3.4.2 Choice and placements

Children and young people were asked to say whether they had been given a choice about where they were placed. In the question choice was described as being both between different children's homes and between living in a children's home or a foster home. The majority of children and young people answering the survey (70%) reported not being given a choice about type of placement they went to.

Figure 8. Before you went to live in a children's home, were you given a choice of placement? (E.g. between different children's homes, or between a foster placement and a children's home)
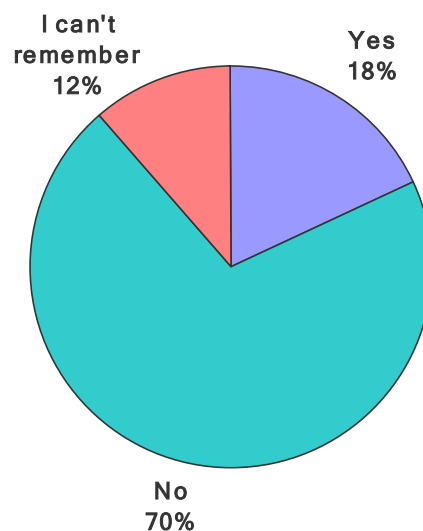
Base: 78

Respondents were invited to say more about the extent of this choice in an open ended question, 38 children and young people chose to add more detail to their response. Many emphasised that they had lacked choice about the type of placement, with their needs, feelings and preferences not being considered in the decision making process. Some noted that this had been a reoccurring experience during their time in care:

"No one said anything or even gave me a choice."

"They just kept on putting me in different placements without my choice."

As well as not having choice over the type of placement, it was also common for children and young people to say that they had not been given basic information about their placement, such as where they would be moving to and when. This added to their sense of feeling powerless and of lacking a say in the process:

"Social worker would not tell me where I was moving to and didn't tell me how far it was from home."

"I was in a foster placement at the time. My Social Worker said I was going to be moving away and I got told it was to a children's home. I didn't get told where I was going to me moving to."

A number of respondents noted that they were simply informed by their social workers where their placement would be and it was common for the decision about the choice of placement to lay with others e.g. 'the courts', with their parents or with social workers:

"My social worker identified the home he thought would meet my care needs."

In several instances respondents explained that the system or their circumstances meant that choice of placement was not possible e.g. lack of local availability or suitable foster homes:

"I just got took to where there was a bed."

"[My] long term foster carer moved and they could not find anyone else suitable."

In a small number of cases being moved to children's homes was understood as a 'last resort' after foster placements had broken down due to challenging behaviour:

"Because when I was in foster care it broke down because of my behaviour."

3.4.3 What children and young people want from a children's home

As well as being asked about the choice they were given over the type of placement, children and young people were asked to say whether they had been given the opportunity to explore what was important to them about where they lived, before they were placed.

Two fifths of those answering the question (43%) reported not having a chance to explore this, compared with 27% who said they had. A high proportion of respondents (30%) said that they could not remember.

Figure 9. Before you went to live in a children's home, did anyone ask you what was important to you about where you live?
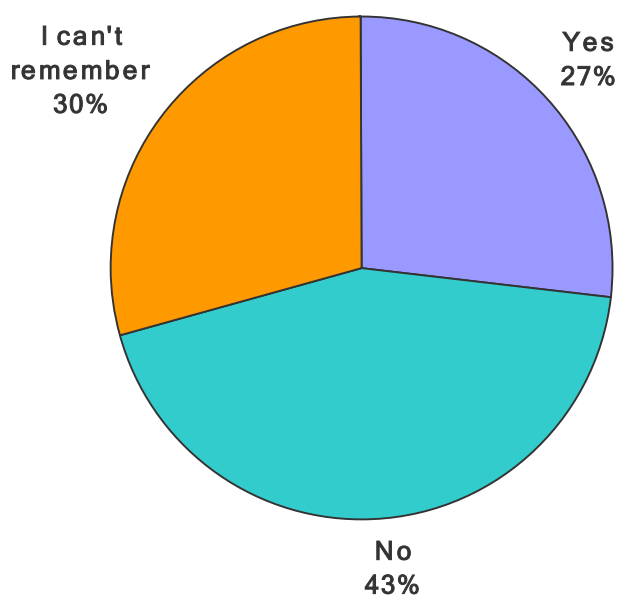
Base: 78

Respondents were asked to say more about their answer in an open ended question. In their response they were encouraged to provide details such as *who* they spoke to about what was important and *what* they talked about. A total of 39 children and young people chose to provide a response and they answered the question in a number of different ways. Many emphasised that they were not able to exercise choice or explore what was important to them about their placement. Children and young people again highlighted the fact that

they were not told where they were going, while others were simply informed about the placement decision:

> *"Nobody spoke to me. I was allocated a place and then put there. I didn't think there were any other options."*

> *"No one explained the situation to me apart from we were going to a big house and I wouldn't be going back to my dad."*

> *"I was never asked where I wanted to go."*

It was also common for respondents to explain that the circumstances in which they were moved into children's home, meant that the options available and the opportunity to discuss or influence this decision, was limited. Most often this was in situations requiring temporary and emergency placements and where foster placements were either not available, or had not worked well and had broken down:

> *"It was an emergency, the duty team had nowhere else to put me, they did not want to put me in a children's home but they had no choice but to."*

Some respondents identified who they spoke to when they learnt about or discussed their placement. In most instances it has been social workers leading these conversations.

Very few of the respondents who answered the question, gave any detail about the nature or depth of these conversations, or the level of input that they had in final decisions:

> *"'All I said was that I wanted to be with someone my age (preferably a girl)."*

But two respondents described positive experiences they had in more detail, these responses highlight the value of having a consistent source of support when negotiating the care system and of being able to learn about the children's home in advance and discuss whether or not they will fit in there:

> *"A lady from a contracts team came to see me when I was in a secure unit. She talked to me about where I wanted to go next. She wasn't a social worker but she was the one constant person the whole time I was in care.*

She was excellent and I don't think I would have achieved what I have if it hadn't been for her."

"Two adults came to visit me called Barbara and Angela they discussed what the children's home would be like and made it clear to me how there would be rules and boundaries as I had never been in a children's home before and they asked me about what things I'm interested in and I said there are loads of things like Justin Bieber, hair and beauty, music, films and a good career. I also really care about my friends and family."

The survey asked respondents about the extent to which social workers engaged with them about their children's home placement and about their needs and preferences. The results suggest that the type of relationship and level of communication between social workers and children and young people is varied roughly equal proportions of respondents either agreeing or disagreeing that their social worker made efforts to:

- listen to them and understood what they needed

- gave them time to talk and helped them to day what they wanted

- explain things in a way that helped them to understand what had to happen and why

- ask them what they wanted from their new home

The results also show that children and young people consistently reported that they were not able to directly inform the choice of home, even where the level of engagement was positive.

Figure 10. When I first came into a children's home...
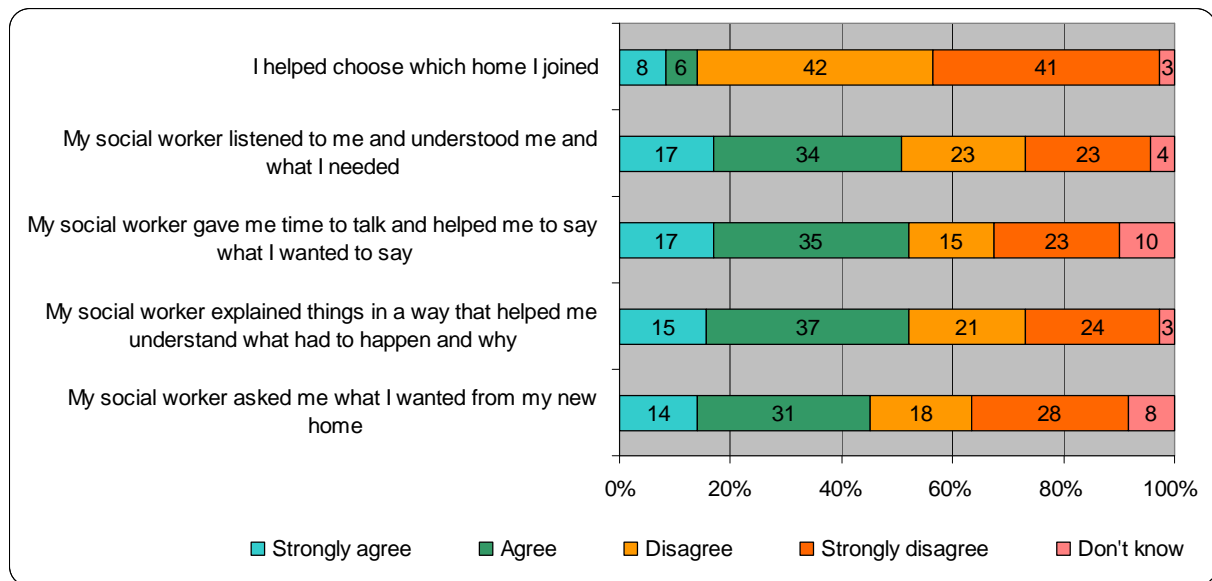
Base: 71

3.4.4 Getting the home and care you wanted

Children and young people were asked to say whether, once settled in the children's home, it was what they had expected and whether it had given them the home and care they wanted. Figure 10 below shows that six out of ten respondents (60%) felt the home they were placed in had, more than a quarter (28%) felt that it had not.

Figure 11. When you'd settled in, was it what you were expecting? Did it give you the home and care you wanted?
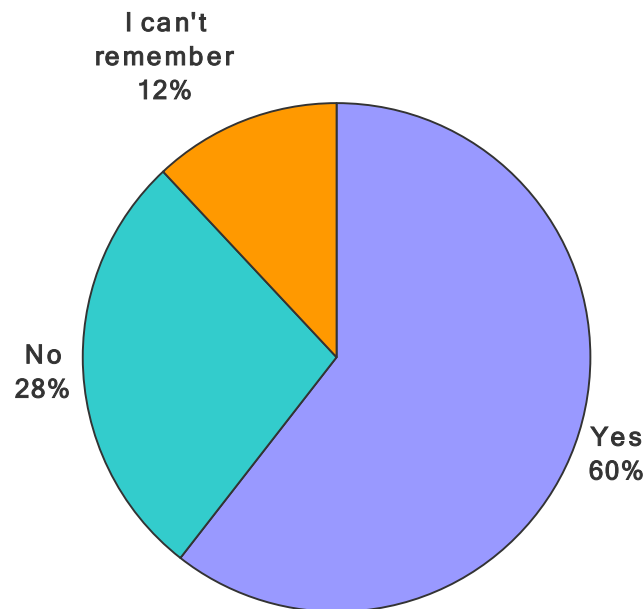
Base: 76

A total of 44 children and young people chose to provide more detailed feedback on this topic. This question attracted some of the most detailed and lengthy responses, as children and young people recalled their positive and negative experiences of moving to and settling in to children's homes. Positive experiences were characterised by:

- Staff making an effort to be welcoming and supportive when they arrived and as they settled in.

- Feeling safe and cared for.

- Staff being patient and understanding, even when behaviour is challenging: *"It's a miracle how any 1 can work with some 1 like me, I give thumbs up 2 all staff at XXX."*

- Children and young people building healthy relationships with others and having things in common with the other children and young people in the home.

- Living in a smaller home with a family atmosphere: *"The staff are a family so the home is family orientated. The maximum number of young people is 4 and there is 2 other lads in*

the home at this present time. One of the lads is a year younger then me and he came a month after me, so we are really close."

- Children and young people having their own space and independence.

- Being able to take part in fun activities.

- Getting support with personal development and the transition into adulthood.

Negative experiences were characterised by:

- A lack of support and help to settle in.

- Intimidation and an aggressive atmosphere created by other children and young people at the home: *"I didn't feel settled because of the atmosphere in this place and I still don't because there is nothing but arguments everyday."*

- Physical and verbal bullying: *"The first children's home I was in for 2 months wasn't a nice experience I was badly bullied by other yps there and didn't feel safe at all because of the other yps living there…"*

- Theft of possessions.

- Feeling isolated and lonely: *"I was disappointed. I struggled to fit in and felt very intimidated by other children. I spent a lot of time in my room."*

- A sense that the rules and boundaries set by staff, are not applied consistently.

- A sense that staff were monitoring and observing them and working against them, rather than offering care and support.

- Staff not making an effort to protect children from or resolve instances of bullying and intimidation.

For many who answered the survey, the prospect of moving to a children's home had made them feel nervous and apprehensive and they often didn't know what to expect. Respondents recalled the challenges of adjusting and settling in to a home and the need for a period of relationship building. Many said they had benefited from having close support from staff:

"At first I was very unsettled, but with the support of all the staff they helped me settle in."

"I settled quite well, I didn't go missing and I abided by all the rules that the children's home had set me and then started to build relationship with members of staff."

Children and young people's experience also highlight the fact that a staged process of moving in can be helpful, with planned introductions and advance visits.

"I was scared. Before I had been in foster care. Then the secure unit was scary. When the contracts lady came to see me she asked what I wanted and explained how it may be hard to find foster carers after what I did. She told me all about children's homes. Because I could not leave the unit, she showed me home websites on her phone and helped me choose some. She then went and visited the homes and videoed staff responding to my questions. After I chose a home she arranged for staff to come visit me at the unit. When I moved to the home it was still scary, but because I had met staff before it wasn't too bad. They were very good in helping me to settle in."

3.4.5 Living in the home

Children and young people were asked to say if anyone had asked them whether their placement was 'still right for them' during the time that they had been living in a children's home. As shown in Figure 11. below, 59% reported that they had, while almost a third (30%) said that they had not.

Figure 12. When you were living in the children's home(s), did anyone ask you whether the placement was still right for you?
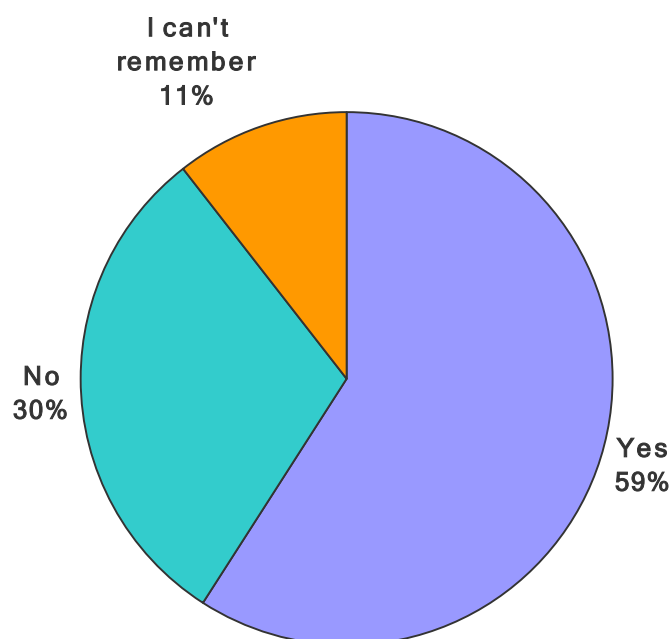
Base: 76

Children and young people who said they had been asked whether the placement was still right for them were asked to describe who spoke to them, what they talked about and what they were told. Those who responded described the different ways in which they were able to discuss and give their views on their placement. Most commonly discussions were had with children's home staff and social workers, with some children and young people reporting that these staff made an effort to regularly touch base and troubleshoot, on both an informal and formal ongoing basis:

> *"The home does okay working and asks if I am happy here or not. If I am not they will sit down with me and see what is wrong and they will see if they can help."*

"The staff keep making sure I am happy where I am at. They also can tell by my attitude and body language that I am happy and settled."

Children and young people responding talked about the different meetings and catch ups which allow them to discuss their placements; these included 'summary meetings', 'review meetings', 'looked after reviews' as well as ongoing visits from social workers and other professionals. In a small number of responses, children and young people noted that several different staff were taking an active interest in their placement:

"My key worker, reviewing officer, social worker and contracts lady all asked me."

"Social worker, my school also my carers asked me."

However, a notable number of respondents highlighted the lack of opportunities to give feedback and several reported having never been asked whether or not their placement was still right for them:

"I have been told that if other people think that I am in the wrong place for me to be then steps will be taken to move me to a different placement."

For one of these respondents this was exacerbated by the fact that they had had a churn of social workers.

3.4.6 Help to improve life in a children's home

Children and young people were asked to say if anyone had helped improve their living situation if their placement in a children's home wasn't working out well. Almost two thirds said they have received support of this kind, whilst just over a quarter (26%) said they have not.

Figure 13. If the home didn't work well for you, did anyone help make it better?
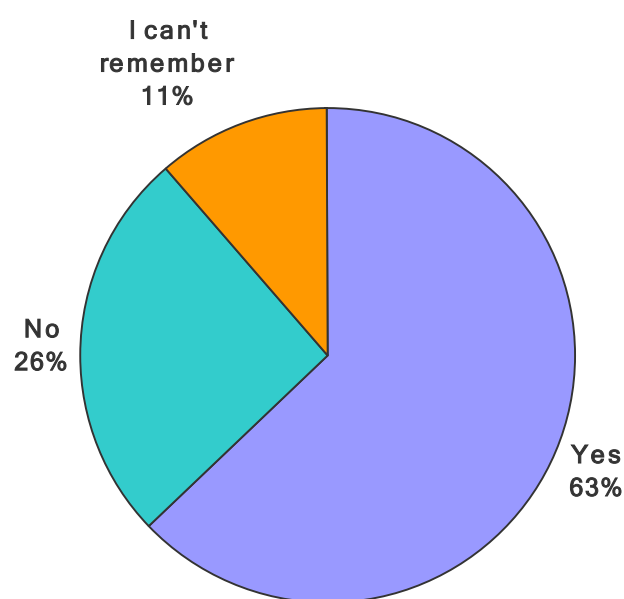
Base: 70

A total of 41 children and young people chose to give further information on this topic. Respondents used the question to highlight the different types of support that they could call on. Respondents often identified staff and managers at their care homes as sources of support to help make things better. Some also mentioned social workers and key workers as playing an important role. There were also several examples where children and young people said they had benefited from support from other organisations such as the Children's Society and the Citizen's Advice Bureau and from advocacy services. Additionally it was noted that friendships within the home, can provide another source of help and support:

"Having my best friend living in the same home made me feel secure and safe and also get along with young people."

It was quite common for children and young people to talk about the challenges they faced and the processes and steps taken by those supporting them, to improve their situation. Problems discussed included bullying and disruption from other housemates:

"A lad who lived in my care home kicked off all the time. This affected every young person in my home and was affecting my college as a result they moved the lad and everything has been fine since."

"I don't like noisy people, staff helped me to cope with this."

Where issues were improved, children and young people often said it was the children's home staff who had led the change. The experiences highlight the fact that children and young people benefit from staff who are interested in their well being and willing to take the necessary actions if and when problems arise; a small number of respondents noted that the level and type of support varies from home to home:

"I lived in 2 children's homes. One of them involved you in decisions within the home and the other one made decisions without consulting the young people in the home."

3.4.7 Making improvements

Children and young people were asked to say whether before completing this survey they had ever been asked to help to improve children's homes. As Figure 13 below shows, respondents could select from four options. Two fifths (40%) reported never being asked; of those who had been asked, most (32%) had given their views when asked by staff in their children's home. Just under a quarter (24%) reported being asked as part of a group with other children in care. Only 4% said they had been asked through another survey:

Figure 14. Before this survey, has anyone ever asked you to help them with work to improve children's homes?
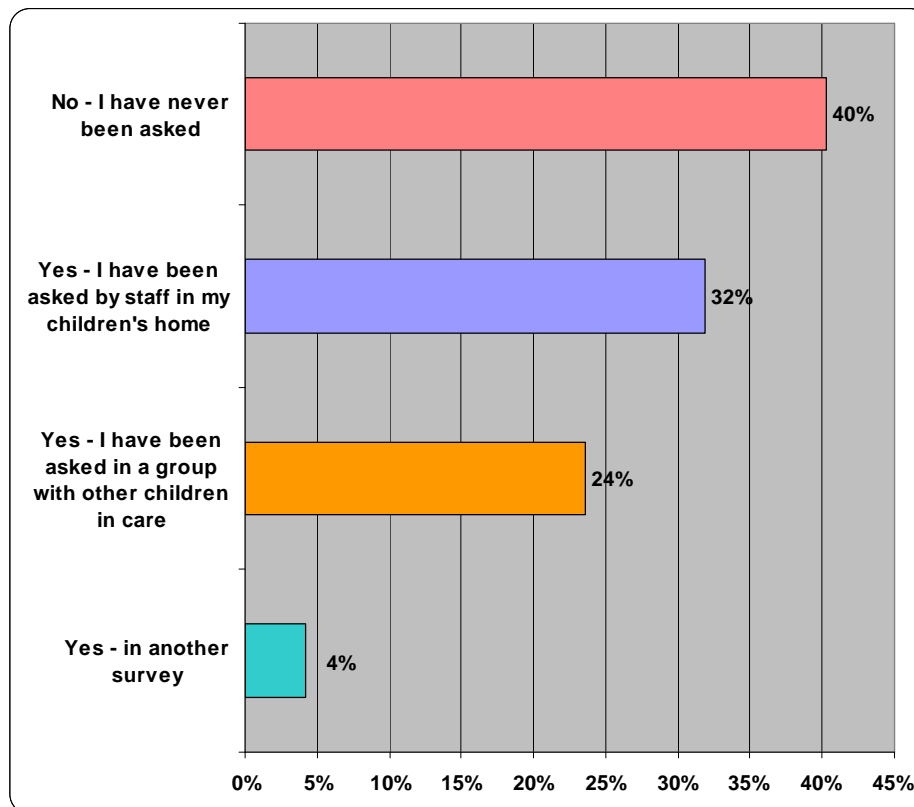
Base: 72

Thirty one children and young people chose to elaborate on this response. Many described the different ways in which they could provide feedback and improve life in their home. Residents meetings were the most common route for giving feedback which took place on either a daily or weekly basis:

> *"The staff in the children's home asked at every house meeting about what could be done to improve the home."*

One respondent praised the particularly positive culture at their home where children and young felt people had developed mutual respect for one another and were encouraged and trusted to give regular and honest feedback both internally and when they were visited by social workers:

"We have daily group meeting where all the young people and adults get together in the lounge at the same time every day and sometimes we will bring things up that need to change or issues that we have and this way we play a part in making decisions and we are all honest with each other. We all respect each other and don't judge how others feel, whether we agree with them or not. When social workers come to visit our manager lets us show them around and we tell them how we feel about our home. The manager trusts us all to sit down one to one and speak to the social workers or new visitors how we honestly feel about our home or other kids or staff. If more children's homes and foster homes were run like this then maybe more children would have a better experience and a bigger picture of being in care"

Several respondents talked about being part of or invited to join the Children in Care Council. This was described as an improvement forum run by a participation worker which brought children and young people from homes in particular areas together.

Also of note, one respondent highlighted the value of having an anonymous comments and suggestions box through which to give feedback.

Finally, giving feedback to regulators and government representatives was rarely mentioned and there were no examples of children and young people taking part in research exercises.

3.4.8 Listening to you

Respondents were asked whether they think it is important that social workers and their managers listen to children and young people when making decisions about where to place them and if so, why. In total 66 children and young people provided a response.

The responses show that children and young passionately believe in the value of being listened to and consulted with when placements are made; they were able to clearly articulate why and the benefits of doing so. Their response included the following sentiments:

- It has an enormous impact on the child or young person's lives and it is therefore crucial that the right decision is reached.

- It is fair and ethical that children and young people should be empowered and supported to share life affecting decisions where it is their future and well being that is at stake.

- Children and young people's needs and preferences vary and they are the experts when it comes to knowing what these are.

- When professionals make assumptions and take charge about the most suitable option they risk making mistakes.

- It helps to build a trusting and fruitful relationship between them and their social workers.

- Being put in an unsuitable home means there is a much greater chance that the placement will breakdown. This can lead to unnecessary disruption and uncertainty as they move from placement to placement; the child or young person may run away from the home; it may also be that other problems and knock-on effects, such as criminal behaviour and under achievement at school manifest themselves..

"Yes as if the young persons' views are not heard then they may end up in a placement where they are not comfortable and are not able to express their feelings and opinions. This will ultimately cause problems and result in further issues."

"It is very, very important. Being in foster care was not right for me. I felt like I was being unloyal to my real mum. I told my social worker I hated foster care but she just moved me to new foster placements. If someone like the contracts lady had talked to me much earlier and accepted what I wanted. And needed. I could have gone to a good children's home earlier and I would have not have a criminal record. I think I would have done better at school. The contracts lady was just a nice normal person who didn't try to use any psychological shit like some social workers do."

Respondents highlighted some of the issues and factors that need to be considered when making decisions about placements, but can only be understood by discussing and involving the child or young person:

- The suitability of foster versus a care home

- The backgrounds and personalities of children and young people already in the home

- The ethos and values of the children's home and its staff

- The resilience and disposition of the child or young person

- The likely impact of the placement on the child or young person's relationship's with their family

- The distance of the placement from the child or young person's family

3.4.9 What are the best ways to ask and involve children in decisions about where they live?

Children and young people highlighted a range of different ways in which they would like to be asked and involved in decisions about where they lived.

Whatever the channel and method, children and young people were clear that they want to be listened to and want to be able to express their views. They wanted to be able to talk about their feelings and emotions in a trusting environment and have the chance to address problems and co-produce solutions. They do not want to be patronised or talked down to:

> *"Just by being honest and asking them in the right way and not talking to us like a child."*

In terms of the approaches this should include both formal and informal approaches and a range of different channels, with one respondent emphasising that there are range of options.

> *"They can talk to me…we can write letters…we could inform a staff member who can inform our social workers…we could say it at speak out day…we can say it at our review meetings…we can do it through surveys / websites."*

Using a range of channels is important because children and young people indicated in their responses that they had different communication needs and preferences. Many had a preference for face to face approaches, with some calling for one-to-one conversations and others preferring group settings such as review meetings. Face to face interactions were felt

to be suitable because they could support frank and honest exchanges while also being a supportive setting. Alongside this some respondents emphasised the importance of having confidential and anonymous channels so that could give feedback which could not be attributed to them by children's home staff.

Several respondents emphasised the value of taking part in this survey and they argued that there should be a greater use of surveys, on and offline consultations and projects which captured children and young people's views and channelled their desire to improve life in care. This suggests that they could see the value in contributing to broader service improvement work alongside giving feedback about and directly improving their own care.

"Doing surveys like this are a good way because they are short and easy too do which young people like!"

"Doing questionnaires like this or on social media like Facebook as that's what we use."

Section 4: Appendices

Appendix 1 – Case studies of participating local authorities[18]

From the North of England

Bradford Metropolitan District Council

Local needs and provision

Bradford is a Metropolitan District with marginal Labour control with the support of the Green Party. As of March 2013 the total number of looked after children (LAC) under the care of Bradford City Council was 895 - a rate of 69 per 10,000 of the population under 18. In total 89 children and young people (10% of Bradford's looked after children population) were accommodated in a residential children's home. As an authority Bradford is a low level net importer, with an additional 15 looked after children being placed within the area by other local authorities in 2012.

Since 2002 Bradford has invested heavily in its own local authority residential provision; the aim is to develop high quality local services so wherever possible children can be kept within the local area. Bradford currently has 9 local authority owned and run residential children's homes, containing a total of 67 beds. All local authority homes are rated as 'good' or 'outstanding' by Ofsted. They also have 4 short break units and another unit for children with disabilities and/or complex health needs under construction.

Bradford's population of looked after children has increased by 50 over the last 5 years, but now appears to be levelling at around 890. There is a growing number of children in the age 8-11 cohort. Looked after children older than this often have more complex needs or disabilities. Bradford has some particular needs to manage for example a number of

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[18] In all cases data and content has been declared as accurate by the local authority site in question.

their looked after children are part of a larger sibling group. Bradford directly commissions a small number of independent providers. 23 beds are commissioned through a block contract from one provider. One provider has built a home in Bradford and also has another home which offers 19 beds.

The council places some looked after children with providers outside Bradford; in total they commission around 55 placements, including for looked after children with some of the more specialist needs (for example children with disabilities or young people demonstrating inappropriate and/or sexualised behaviours).

Strategic approach

The strategy in Bradford is to prioritise internal provision where placement in one of the local authority homes will meet the needs of the child or young person. If in-house provision does not meet needs, provision from the independent sector will be used.

Bradford has developed a new operating model whereby there is a strategic core looking at all resource and capacity, which supports a children's services hub. Bradford has separate commissioning and delivery functions: commissioning is undertaken by a commissioning manager and support team; service managers are in place to manage operational teams.

Local developments

There is a strong focus internally on intelligent use of data and Bradford has been a longstanding member of the CIPFA benchmarking club. Bradford also has an online consultation and feedback tool called Viewpoint which allows children and young people to give feedback and share their views on the services they are receiving.

Bradford has recently become involved in regional commissioning arrangements through the White Rose framework which supports commissioning across the Yorkshire and Humber region.

Bury Metropolitan Borough Council

Local needs and provision

Bury Council is a metropolitan borough authority within Greater Manchester. Majority political control lies with the Labour Party. As at March 2013, the total number of looked after children under the care of Bury Council was 323 (77 per 10,000 of the population under 18 years old); 22 (6.8%) of their looked after children were accommodated in a residential children's home. Whilst over the period March 2009 – March 2011 there was a 12% increase in the number of children and young people in care, the numbers have remained steady over the last two years (with 323 as at March 13). Whilst consistent with the regional average (77/10,000), Bury has a higher care population than its statistical neighbours, which places substantial financial pressures on the service at a time of budget efficiencies within the Council.

Bury has small numbers of looked after children accommodated in residential care homes (22 as at 28 March 2013) and have not owned any local authority children's homes for nearly a decade. Bury has a smaller overall budget and proportionately fewer staff than in neighbouring local authorities in Greater Manchester. As a consequence Bury collaborates with these neighbouring local authorities as part of Placements Northwest arrangements and the Greater Manchester Residential (and Fostering) Commissioning Framework in order to benefit from economies of scale.

Bury is seeing growing numbers of looked after children and young people requiring specialist placements and an increasing need for placements for victims of child sexual exploitation. There are also demands to match placements for young people from an ethnic and/or religious background and also for young mothers (this is confirmed by the data from the Placements Northwest).

The authority is a net importer of looked after children from other local authorities for residential and fostering provision. The authority plans placements within a reasonable and sufficient travelling distance, though for emergency placements and more specialist provision, this is more challenging. The majority of its looked after children requiring residential care are placed outside of the borough due to the type and quality of provision required.

Strategic approach

The authority strives to first find a foster placement for looked after children requiring accommodation. Where a placement in a children's home is required, Bury commission using the Placements Northwest Framework Contract arrangements and spot purchase placements as required. With no local authority run services, commissioning staff match the young person to a suitable placement according to Bury's procurement strategy for children and young people in care.

The authority hosts a complex care panel which brings together children's services, education, health and other agencies where multiagency funding or complex care planning is required for a looked after child. There is collaboration with health and education colleagues and the Virtual Head teacher role is having a positive impact on the education of looked after children. Ofsted's inspection (April 2012) of Bury's Safeguarding and Looked After Children arrangements judged educational and health outcomes for children and young people in care and care leavers as outstanding.

The regional collaborations which Bury are involved in bring benefits for the authority as they are able to share knowledge and pool key activities such as quality assurance and monitoring requirements.

The authority has developed good relationships with providers over the years and this has benefits (for example being able to place in an emergency). Bury's involvement with more formal market shaping activity takes place largely through their involvement in the Greater Manchester framework and collaboration with neighbouring authorities with whom they share relevant information for example on cost and value.

Local developments

The team will continue to work with colleagues from Greater Manchester through Placements Northwest and will continue to develop commissioning practice, to share information and to distribute activities such as quality assurance and monitoring.

They will also continue to work in multi-agency partnerships on key issues such as child sexual exploitation and child protection, including through early intervention, outreach and support to children and families where children may be on the edge of care.

The team are keen to continue to develop the use of foster and family placements and to further develop kinship care.

Bury has developed step-up and step-down services in order to bring children and young people in residential care homes, back into foster care placements or, where appropriate,

prevent a young person being placed in a residential setting. Bury is working with foster carers to develop the support packages a child/young person would need to ensure that this type of step-down service is successful.

The transition to independent living is also a major focus. Bury continues to review its current arrangements to support young people aged 16 plus to start planning for independence. In conjunction with its placement service, Bury has a fully managed external leaving care service. There is also a transition team which plans a young person's transition to adulthood. They are piloting with housing colleagues an initiative to provide a package of support in a managed tenancy setting for care leavers and for 16/17 year olds living semi-independently, to support their independence and successful exit from the care system.

Darlington Borough Council

Local needs and provision

Darlington is a unitary authority with overall political control by the Labour Party. As of 2012, the total number of looked after children under the care of Darlington City Council was 205 (90 per 10,000 of the population under 18 years old); 23 (11%) of their looked after children were accommodated in a residential children's home. Darlington is a net importer of children into residential care.

Darlington has three local authority owned and run homes for mainstream needs which offer nine beds, and a block contract with one independent home for slightly more challenging behaviour which offers three beds. Darlington then places around 7 young people in specialist provision (e.g. young people with challenging behaviour, sexualised behaviour or substance misuse) – these are out of area placements. The numbers of children and young people in residential care has increased over the last few years and this tends to be 13-14 year olds with very challenging behaviour, and placement duration is usually a minimum of 2-3 years. There is a gap in local provision for young people needing specialist 'alternative to secure' placements and those that have challenging behaviour.

Whilst the numbers of Darlington children needing residential placements is comparatively low, Darlington has attracted an increased number of providers setting up new homes in the area. Whilst the majority are small 'mainstream' homes there is one provider of

specialist provision for children who sexually abuse. Another provider has just set up two new homes, both for 'mainstream' needs

Strategic approach

Darlington's approach has been to work towards becoming a commissioner, not a provider of residential care. However, the local authority has historically owned and run homes, which are currently felt to offer good value for money and positive option, so these have been maintained. Darlington is looking at their more expensive specialist placements and whether these can be provided by the local authority homes, by reviewing their remit. This is part of a current review.

Darlington is working with neighbouring authorities to look at ways to encourage specialist providers to come to the north east (e.g. residential schools/ alternative to secure) due to a lack of this type of provider currently. The aim of this approach is to increase the range of provision and thereby manage the market particularly on pricing.

Darlington is also working to ensure that foster care placements are secure reducing placement break down, and recruiting and training foster carers to increase skills in dealing with more complex level of needs.

In terms of structure, Darlington has a Head of Social Care, a Service Manager and Children in our Care business unit which includes the family placement team (joint adoption and fostering team). There has been a recent merger of the leaving care team and the looked after team, to form a though care team.

Local developments

Darlington is piloting a placement brokerage service with Middlesbrough which aims to pool placement knowledge, improve the matching of need with placements, and negotiate prices with providers.

Darlington is also involved with the Tees Valley Commissioning Group which engages with providers, shares intelligence on providers; seeks joint commissioning opportunities and offers an informal network.

Also, across the Tees Valley, Stockton council is the provider of an emergency duty team for any out-of-hours concerns for children or adults. The system has been in place since 1996 and is seen to be very effective.

Salford City Council

Local needs and provision

Salford City Council is a metropolitan borough authority within the Greater Manchester region. Majority political control lies with the Labour Party. As of 31 March 2012, the total number of looked after children under the care of Salford City Council was 555 (109 per 10,000 of the population under 18 years old); 76 (17.7 %) of their looked after children were accommodated in a residential children's home. The number of looked after children has been rising.

Salford has 8 local authority owned and run children's homes which each have 3-6 beds. One of the homes offers an emergency placement facility and one offers a respite facility for children with disabilities. There is also one secure children's home in the area. The local authority is happy with their in house provision, the quality of which has been driven up in recent years; almost all homes are now rated either good or outstanding by OFSTED.

The authority believe there are approximately 10 independent providers with homes in the Salford area; Salford have made placements into 6 of these independent sector homes but most children and young people looked after by Salford will be placed within in-house provision, or placed with providers out of area where more specialist provision is required that is not available locally.

The authority requires a diverse range of provision; the number of children who have suffered neglect is increasing and the younger children are coming into care. Inward migration into the borough means the borough is becoming more ethnically diverse and there is increasing need to find suitable placements for children from a range of ethnic backgrounds. There are also high numbers of young offenders and the numbers of children and young people remanded into care is expected to rise.

Strategic approach

There is a looked after children's strategy which supports the identification of future needs and groups of young people with similar needs. The authority is working closely with colleagues from other agencies and sectors (for example the police and health) to develop more sophisticated needs analysis. There is an emphasis on outcomes and distance

travelled in assessing the quality of services and the progress of individual young people.

Residential care home and foster placements are agreed through a bi-weekly resource and placements panel which is chaired by the Assistant Director of Specialist services with the Heard of Integrated Looked After Children as the vice chair. The council is currently developing a placements finding team which will bring together placement decisions for both residential and foster care.

The commissioning and procurement of children's placements is then managed through a centralised team which commissions children's services and work and skills services. It is anticipated more council departments will join this Integrated Commissioning Hub as it continues to develop.

The authority is involved with a number of regional and sub-regional arrangements including Placements Northwest and the Greater Manchester Residential Framework which is currently being re-commissioned. Most provision is commissioned from this framework with spot purchasing taking place outside of it as required. Councillors from Salford also try and meet with those from neighbouring authorities to discuss issues of common interest.

For children's home placements there is a preference for the use of in-house residential care as the authority feel it offers better value for money and good quality; but only where it is suitable to place a young person locally. Work is underway to make the independent provision that exists within the local authority boundary more fit for purpose to support Salford to meet the Sufficiency Duty and avoid out of area placements wherever possible.

For a number of years the strategic priority has been to increase the number of looked after children in foster care placements which are currently 376 (69.6%). The authority is actively trying to reduce the number placed in independent foster care (within and outside the borough) and recruit more local authority foster carers; however this is proving a challenge and the number of foster carers deregistering means absolute numbers are remaining quite consistent.

There is a strong focus on value for money and outcomes (as opposed to unit cost) throughout the department from the Assistant Mayor to care home managers. The commissioning team has a mixed background – some with a social work background and some with a procurement background.

There is children's rights and advocacy service run independently by the Children's Society and active Children in Care Council called Fight for Change. This group have

supported the development of tender specifications and the strategic director of children's services and Assistant Mayor receive feedback directly from this group.

Local developments

The team have commissioned an assessment service within Salford; this service is designed to ensure there is a comprehensive analysis of need before a child or young person is placed. The service uses observation and psychological assessment to assess need over a period of 3 months, and then a maximum of 3 further months is used to source an appropriate placement.

They have also commissioned an independent provider to deliver a 16+ 'stepping stone' service for young people leaving care.

Multi-agency working has become stronger in recent years and the looked after children's service has developed strong links and joint initiatives with the Police (particularly around safeguarding, child sexual exploitation and missing children), with education colleagues (to improve ambition and achievement and stability at school) and increasingly with colleagues from health and mental health (to improve needs analysis and the quality of therapeutic interventions).

There is an emphasis on closer working with providers (both residential and foster care providers) to ensure services are fit for purpose when they are developed and that they remain so over time (for example through better multi-agency analysis of need and of placement breakdown).

From the Midlands

Derbyshire County Council

Local needs and provision

Derbyshire is a shire authority with overall political control by the Conservative Party. As of 2012, the total number of looked after children under the care of Derbyshire Council was 700 (45 per 10,000 of the population under 18 years old); 35 (5%) of their looked after children were accommodated in a residential children's home. Derbyshire is a net importer of children into residential care.

Derbyshire has 13 local authority owned and run children's homes. 4 are homes for

disabled young people, one for looked after children and three are short break/shared care/outreach and the other nine are mainstream. These also include provision for emergency/short term placements. The size of the homes varies from 4 beds to 7 beds and comes to a total of 44 beds for mainstream children including the emergency/short term. There are around 5 or 6 independent homes within Derbyshire.

The local authority owned and run homes primarily serve young people with emotional and behavioural disorders. For young people with more high level needs, placements are sometimes made with external agencies. The age range of the children in residential placements is rising from 8-10 year olds to 12-15 year olds. The Southwark Judgement relating to homelessness of 16 and 17 year olds is still causing difficulties in placing these young people. The length of stay varies from 4 months to 2 years and longer.

Derbyshire is trying to encourage children to look at the future from the day they come in, and once they are 18 years old they will move onto a leaving care service.

Strategic approach

Current local authority owned and run homes has normal maximum size of 6 beds, and mostly 4 beds; there is a need for smaller homes. Derbyshire is investing in alternatives to residential care such as professional foster carers (paid professional salaries), and the funding of multi-systemic therapies to drive demand for homes places down.

From April 2011 Derbyshire have been part of an East Midlands regional framework group for the placements of young people in residential care. There are 6 other local authorities on that partnership.

Compared to other local authorities that have a centralised placement team, in Derbyshire the responsibility to do the search is currently with the 6 districts. Where a residential placement is required, this needs the deputy director's authorisation. Any negotiations around cost are dealt with at the centre.

The staffing structure contains a joint children's commissioning team with health, 7 people in total. 6 from LA and one from health (lead CCG). The Assistant Director responsible for the team is a joint appointment with health. This joint team commissions all children's health and children's services.

Local developments

Derbyshire is developing the UNI-FI initiative as part of the creative council's initiative being sponsored by LGA and NESTA which is about improving outcomes for children in care. They have commissioned ESRO to undertake ethnography in homes and extending the existing approach of Social Pedagogy. They have also been arranging for clinical and educational psychologists to mentor staff and managers in homes – to support development of children and young people.

Lincolnshire County Council

Local needs and provision

Lincolnshire is a two tier shire authority with No Overall Control. As of 2012, the total number of looked after children under the care of Lincolnshire County Council was 500 (36 per 10,000 of the population under 18 years old); 33 (7%) of their looked after children were accommodated in a residential children's home.

Lincolnshire has 3 mainstream local authority owned and run children's homes which each have 6 beds and there are plans to increase capacity within one of the homes by extending the accommodation to a 7 bedded unit. There is also one long term home for children with disabilities. In Lincolnshire there is also a secure unit which provides in total 12 beds. 10 beds are contracted to the Youth Justice board and 2 beds are used for Welfare secure accommodation, which are contracted to any Local Authority.

Lincolnshire has around 7 children placed in independent residential provision - young people with specialised disabilities, or particularly complex and challenging behaviours such as self-harm or sex offending. Because Lincolnshire's seek to only use residential care in exceptional circumstances they maintain a low demand for residential provision. This means placements are normally managed on a spot procurement basis via an in-house brokerage process.

The pattern of need for children's residential home placements has remained fairly stable, with young people aged 13 years and above being placed. However during 2012/13, the age profile has seen an increase in 11 and 12 year olds being assessed as requiring residential accommodation. In response to regulatory changes around young people remanded to youth detention, Lincolnshire has invested in developing preventative remand foster placements as a direct alternative to custody where appropriate.

The range and complexity of needs are becoming more profound and some young people

have mental health issues, autism, complex attachment disorders, behavioural issues and many have been excluded from school before entering the care system.

Strategic approach

Within Lincolnshire County Council there is a strong early intervention approach: Kinship care placements are the preferred option and this is reflected in the increase of connected person's assessments and Special Guardianship orders being made. Where it is not possible to place a child within the extended family, foster placements are the preferred option and sufficiency work focuses on having a sufficient choice of such places. If there is a need for residential placements, this should be as local as possible with the intention that work will be undertaken to ensure rehabilitation of the child with their family, or to be placed within a foster placement. They commission both internal and external provision, and are neutral in terms of best placement for child, but they do see local authority owned and run homes as better value for money. They have low reliance on external provision. There is a regional provider framework developed as part of collaborative commissioning arrangements; however Lincolnshire's brokerage function secures better value for money than is offered by the regional framework and therefore it maintains its spot purchase approach, given the exceptionally low numbers of placements made.

There is a Commissioning Team in Lincolnshire which leads on brokerage (of suitable placements for LAC and Additional Needs placements), contract management and support. The team works hand in hand with operational teams as part of an integrated commissioning approach; Commissioning Officers have specialist procurement and financial skills and knowledge. The team has experience of Children's Services and Adults Services commissioning. Around 1.5 staff in the team are dedicated in provision for LAC, which includes fostering and other services as well as residential care.

Local developments

Lincolnshire uses a range of tools to ensure value for money including the CIPFA benchmarking group, national data sets and best value approaches.

The Commissioning Team have supported a number of Best Value Options Appraisals in relation to LAC services including in-house residential provision. These have helped to ensure the right mix of services and have realised very low unit costs for LAC, whilst also maintaining outstanding outcomes.

The Commissioning Team working alongside a member of the In-house Residential Care

Team complete regular contract management meetings for Independent Sector Placements. Placements are risk and performance rated and managed via a programme board approach. Special contract management tools have been developed to help with performance management.

The commissioners have recently redeveloped the contract with independent providers in order to link price and any additional costs to outcomes. Lincolnshire uses a cost calculator to obtain clarity on costs from providers including a breakdown by: the core services offered, different staffing ratios, overhead costs, additional needs relating to health/education etc.

Shropshire County Council

Local needs and provision

Shropshire is a unitary authority with overall political control by the Conservative Party. As of 2012, the total number of looked after children under the care of Shropshire Council was 205 (34 per 10,000 of the population under 18 years old); 37 (18%) of their looked after children were accommodated in a residential children's home. Shropshire is a net importer of children into residential care.

Shropshire has 3 local authority owned and run homes that cater for 12 young people – one home is for 11-15 year olds, one is for 14-17 year olds and the homes also take 11-17 year olds. One home is a short term crisis assessment centre which takes children and young people for 12 weeks to do a proper assessment of need and source a placement that will work.

Shropshire also commissions 20 block contract beds through an independent provider - initially they were to provide 10 bed and now it is 19 beds plus 1 crisis bed. Shropshire is also currently going through a commissioning project to create 2 emergency beds that will offer placements from 72 hours to a maximum of 10 working days on the grounds of an existing home.

Shropshire has a disproportionately high number of children from other local authorities placed into Shropshire - the highest number per head of population of any county in England. At any one time this can be up to 300 placements from up to 30 different local authorities usually in independent homes that have been established in Shropshire for many years and that provide therapeutic support for young people with very complex difficulties.

The type of needs vary as in most authorities across family abuse, neglect, sexual abuse, emotional and behavioural needs, those on remand, school refusers, mental health needs, broken down placements, family breakdown, and challenging behaviour. There is a recent increase in the numbers of children aged 8-12/13 needing placements.

Shropshire has limited specialist education provision (with only one special school for Key Stage 3&4, ages 11-16), as well as a medical and behaviour support service for 5-16

year olds not in mainstream school.

Strategic approach

Shropshire has aimed to have a mix of provision between local authority owned and run homes and independent provision. The local authority owned provision is helpful due to the ability to place quickly and effectively and it also, on the whole, represents value for money.

The underlying drivers for the strategic approach is to improve placement stability as previously in Shropshire placement moves were higher than they wanted. Having a specific placement for assessment also helps choose the next placement and ensure it is meeting needs, and this leads to better outcomes. The local authority residential provision is not seen as a last resort, homes are the right solution for some children especially if fostering has failed and are of a very high quality with some very good outcomes.

Shropshire also took the decision to go to a block contract arrangement with one key provider which helped to reduce cost and improve outcomes. These placements are also all local or just over the border in Powys which provides continuity of care and education as well as offering some choice to commissioners.

There is a commissioning team/unit which contains 3 people who commission residential care for LAC. They also monitor providers and performance managed contracts.

Local developments

Shropshire initially faced some concerns around the development of the short term reception and assessment home - people were concerned that the provision would automatically build in a placement move as the young person could only stay there for three months. However, they wanted to try this approach out as previously young people who had more challenging needs would not be in a single placement for long enough to do a full assessment, and this would often result in their needs not being met and placement breakdown. With the new assessment centre in place, for 96% of all young people coming through from 2008, their next placement after the assessment centre was their final placement. Shropshire's view is that having a short term assessment home ties into the planned ethos, rather than causing more disruption to the young person.

Shropshire have also tried a unique approach to contracting with their provider of the block contract. There is a no exclusion clause in the contract (once the provider has accepted a young person they could not act to remove them from the home) this was launched in February 2008, and has just been renewed for a further two years. In these 5 yrs there has been no breakdown of placements with this provider.

From the South of England

The London Borough of Haringey

Local needs and provision

Haringey is a London Borough with overall political control by the Labour Party. As of 28/2/2013, the total number of looked after children under the care of Haringey Council was 530. (503 excluding unaccompanied minors).
This equates to a rate of 92 per 10,000 population, a significant reduction compared to this time last year (101). Around 16% of children in the care of Haringey are placed in residential provision. Currently Haringey is a net exporter of children into residential care.

Haringey previously had three local authority owned and run homes. Two of these residential homes were de commissioned in July 2012. Currently Haringey operates one children's home for disabled children providing respite to parents/carers through short breaks. Haringey has their own framework contract with 8 residential providers, most are outside of Haringey. They tendered about 3 years ago for providers with high end and therapeutic provision, and for children with SEN statements. Otherwise, commissioners use local providers under the pan-London Group central contract. This group shares information about providers and they get regular monthly updates and the provider list is continually improving.

Emergency admissions for children into residential care, as opposed to planned admissions, are infrequent and occur mostly as a result of current placement breakdown.

In Haringey there has been a decline in use of residential provision and increased use of foster care; a developing strategy of early help and preventative work is reducing the need for placements overall – especially for short term emergency admissions.

It is the most challenging children and young people who enter residential care or other specialist settings; commissioners refer to the provider's statement of purpose and Ofsted

rating dynamics of the home in order to identify suitable provision (current children in the homes and how they and home will cope with a new placement).

There is an increasing trend of children with complex needs presentation including severe conduct disorder, learning disability, attachment issues, self harm, high level mental health needs, who need a specialist placement, also high risk youth offenders who are remanded into local authority care. Finding very good quality specialist providers within the London area can be challenging.

Strategic approach

Haringey's primary starting place is recognising that most children do best in their own families. The borough is engaged in a transformation programme which will rebalance how local resources are used to help families earlier. Where children need to be in care, it should be for the shortest possible time through use of kinship and extended family placement and ensuring that permanence plans are developed and progressed with rigour. There is a recent move towards strengthening fostering, growing relationships and links with independent fostering and re-growing links with local private and voluntary providers.

In Haringey there are 4 officers in the commissioning team in the local authority each with different area of focus (e.g. mother and baby, semi-independent, fostering, and residential). The team is managed through a Head of Service who reports to the Assistant Director for Children Services.

In health commissioning there are two people supporting commissioning in the CCG – The Head of children's health commissioning is now collocated in the Children and Young People's Directorate 1 day a week to develop joint commissioning strategy.

Local developments

Haringey leads a large north-east London sector framework for those semi-independent providers who provide accommodation and floating support for 16+ provision.

Haringey is also involved in the North London strategic alliance partnership work focussed primarily on SEN provision and mapping, across the 7 local authorities and all the providers. The Haringey DCS chairs the strategic partnership.

Health commissioners in the CCG have begun work to develop an outcomes based

commissioning framework for LAC in Haringey where providers can be matched up to each outcome be evaluated on how well they deliver those outcomes.

Haringey, in partnership with Ealing Council have developed and are piloting a care cost calculator. This works out what the local authority should be paying based on the assessed needs and outcomes.

Hertfordshire County Council

Local needs and provision

Hertfordshire is a shire authority with overall political control by the Conservative Party. As of December 2012, the total number of looked after children under the care of Hertfordshire Council was 1055 (41.4 per 10,000 of the population under 18 years old); 72 (6.8%) of their looked after children were accommodated in a residential children's home. Hertfordshire is a net exporter of children into residential care.

Hertfordshire currently has three 7 bed local authority owned and run homes for adolescents and a fixed long term 6 bed home for disabled children. The local authority also has an adolescent resource centre which has 3 beds (2 beds are 28 day beds for assessment purposes and then there is a 72hr emergency bed).

There are 39 children and young people placed in residential care outside of Hertfordshire - 4 disabled children, 3 in alternatives to secure, 2 in mental health settings, 5 in homes for under 13 year olds, 5 in multi agency placements, and the remaining 20 are in smaller 3-bed homes, or remotely placed in rural locations for safeguarding reasons.

Hertfordshire uses three independent residential providers inside the boundary of Hertfordshire. There is one block contract with a provider for young people aged 11-18 years old with emotional and behavioural difficulties and two providers used for spot purchases. In total Hertfordshire used 25 independent residential providers throughout 2012-13.

In relation to needs, there is an increasing number of children coming into the care system. There are children coming into care as a result of sexual abuse and an increase in neglect and physical abuse cases as well as children whose parents misuse substances. The age range of children placed in residential homes is older than

previously and often there are cycles of trends such as girls presenting with sexual exploitation issues, or boys with criminal behaviours.

Strategic approach

Hertfordshire's aspiration is to have as few children in care homes as possible: the focus is much about finding appropriate foster carers especially specialist foster carers. The adolescent resource is used to work with young people on a short term basis to get them back to foster care, and avoid use of residential care.

There is also a focus on early intervention and prevention of children becoming looked after recognising if family breakdown can be prevented this reduces risk and costly escalation up the care continuum.

There is a drive to find an appropriate family setting for the young person, permanency where possible through adoption and friend/family, or fostering. Hertfordshire have been working with a consultancy to look at fostering recruitment approach and making sure recruitment is more targeted at types of people likely to follow through the foster care process so marketing in a targeted not blanket way to increase in house foster carer numbers.

There is a gap in independent provision actually located within in Hertfordshire and this often drives children being placed outside of the borough so a key area for development is how the council can stimulate the market to develop more local provision in Hertfordshire.

As some of the local authority owned and run homes have been financed through PFI this limits flexibility in what the council may/may not do with regards to finding different uses or arrangements for those homes.

At the structural level the team is split into 'teamlets' including one which deals with CYP living away from home. There are 2 commissioning officers and there is a commissioning manager who deals with all the regional commissioning work. There is also a brokerage service which is very involved in placements.

Local developments

The Council is supporting Herts Young Homeless to provide 'crash pads' with families and hostels and intervention services, as well as directly employed youth workers (youth workers rather than social workers which encourage better relationships with young

people).

Hertfordshire is involved in collaboration with 6 other local authorities to set out key principles and a trading agreement with a provider on a block basis - so whilst the provider has a commitment to beds each authority has taken an element of risk of 3-4 beds each which they will commit to.

Hertfordshire is involved in the CCRAG – children's cross regional arrangement group which involves around 35 local authorities. This has a number of different shared systems and processes to manage fees and monitor provision. There is an allocation system with one local authority leading on monitoring a home to avoid duplications. There is also a set format to share information about fees and there is an information sharing protocol and a web based cross regional database with a searching tool.

Kent County Council

Local needs and provision

Kent is a shire authority with overall political control by the Conservative Party. As of 2012, the total number of looked after children under the care of Kent Council was 1,800 (56 per 10,000 of the population under 18 years old); 54 (3%) of their looked after children were accommodated in a residential children's home. Kent is a net importer of children into residential care.

Kent does not have any local authority owned and run homes other than short break care for children with disabilities and an observation and assessment provision for unaccompanied asylum seekers (often entering via Dover). The last residential home that Kent had was closed in 2004/5 – this had been a specialist home for children with attachment disorders. These children were supported to be placed in foster care with a view to long term fostering/adoption; however, Kent does operate a number of in-house Residential Special Schools, one of which offers a small number of 52 week placements for children in care/looked after children with disabilities who are resident in an on- site annex which is registered as a Children's Home.

Although there are approximately 62 residential homes in Kent, the Council does not have any block contract arrangements with independent providers - all the placements

for Kent children and young people is purchased on a spot basis. The placements tend to be very specialist and complex and are placed wherever possible within Kent. However, there is not sufficient specialist provision in Kent to meet the needs.

In Kent there are also significant numbers of children from other local authority areas (about 1300) – Kent based providers can get better deals with some London Local Authorities, so it can reduce the number of places Kent Council can find in the area.

The majority of the placements are joint or tri-partite funded between health, social care and education. The high cost residential placements tend to be either behaviourally complex or SEN/disability and are placed outside of Kent.

It is also difficult to place children with more complex needs – children who are a danger to themselves or others, arsonists, children displaying inappropriate sexualised behaviour; children with profound mental health needs, children who need secure accommodation. 14/15 year olds can present a particular challenge with shortages of placements locally which can support young people with challenging behaviour.

Strategic approach

Kent has, for some years, taken the view that for the majority of children the best environment is a family environment though this may not be possible for all children, particularly older children who may have come into care in their teens who would find establishing familial relationships really quite challenging. Kent does not plan to establish any local authority owned and run homes as there is already a rich and diverse range of residential provision that had been established by the private sector in the area. This is supported by a thriving fostering network which is one of the biggest in the country.

Kent is in the process of establishing an access to resource team – a one stop shop, and brokerage service to access any type of placement.

The local authority is also keen to look into developing collaborative commissioning approaches and working with other councils in the south east to look at a framework for residential care. At the structural level there is a commissioning category for Children Living Away from Home.

Local developments

The SE Region is looking at collaboration and a framework is being developed led by

Southampton. Kent is involved in the discussions. They are still discussing the options which include being an active or a named member.

Kent is in the SE7 – this group of authorities does not do joint commissioning or databases but is advisory and developmental.

The council has an 'invest to save' budget which officers can apply to for use on innovations.

The Access to Resources Team will be helpful going forward - recruitment to the team is continuing. It will be a single point of contact for referrals from a social worker looking for in-house, external fostering or residential placements. Edge of care packages may also be included.

Kent has ongoing dialogue with providers including provider forums which are especially effective in relation to disabled children. They are also hoping to use the expertise of residential providers to support fostering and birth families in a step up or down approach.

Kent is focussing on developing more wrap around support into the home – like the work they have done to support foster care placements. The development of therapeutic foster care enabled one of their residential homes to be closed – this model has been working successfully for 6 years.

Appendix 2 – Examples of activities

The following provides examples of local and regional activity captured from participating locaol authorities during our interviews. It is not an exhaustive list and information about impact is anecdotal.

What	Activity	Why, Who, How, Impact
Needs analysis	**Trend analysis – Bury**	**How:** Researchers commissioned to examine the looked after children population in Bury and identify themes and trends.
	LAC Strategy Group – Shropshire	**How:** Detailed examination of management information for example entries in the last 3 months and placement breakdown by age etc. Efforts to determine what the data says and identify trends, peaks and troughs **Impact:** The information helps shape placement decisions and plans around foster care services
	Regional Needs Analysis – Kent	**How:** Completed by the region. Operational teams supply information. Email survey conducted. Analysis of existing provision and the types of provision needed.
Market shaping and provider development	**Building in-house capacity – Bradford**	**How:** Redevelopment of 8 in-house residential children's homes. Purpose built to a high standard. Well trained and supported staff led by high calibre home managers. **Why:** Five years ago the authority was struggling for sufficient provision and had poor quality in-house homes. They needed to re-commission. **Impact:** Very successful, all homes now rated outstanding or good by Ofsted. 97% occupancy. Significant financial savings in 2012 by working with service managers to make reasonable savings.

		Good outcomes achieved.
	Piloting a cost calculator – Haringey	**How:** In use since January 2013. Proving to be a good entry point for discussions about costs.
		Why: Improved transparency. Shows providers the local authority is getting smarter at commissioning and procurement.
		Impact: Facilitates discussions and negotiations
	Block contract in collaboration with 6 other LAs – Hertfordshire	**How:** Includes hub and spoke design, modelled around a school hub based in Aylesbury - homes are based around the school. Commissioning of local residential provision with education and therapy built in and access to CAMHS provision.
		Why: Following conversations with colleagues from Oxfordshire and elsewhere - all very concerned about independent placement budgets and providers who charged up to £6000 a week. Collectively realised could work collaboratively on the issue.
		Impact: Significant savings for all of the local authorities involved. Significant learning which other local authorities could benefit from.
	Provider forum – Kent	**How:** Group led by the Independent Children's Homes Association. Non-ICHA members can become associates.
	Best Value review (internal homes) – Lincolnshire	**How:** Conducted in 2006-07 to establish what was being purchased from the independent marketplace and what was being provided in house and how effective these providers were.
		Why: The authority believes they are reaping the benefits of doing this exercise now the sector is in times of austerity. The authority invested in preventative services, family support and specialist in-house provision.
		Impact: Review followed commissioning workshops with OPM. Outcomes were poor and the authority made the decision to change the system.
	Block contract with single provider (including a crisis	**Why:** The authority wanted to keep children wherever possible within its boundary and maintain their existing networks

	centre) – Shropshire	**Impact:** Block provider now promptly and quickly responds to concerns, is not defensive but works in partnership with commissioners to identify solutions to challenges.
Quality and outcomes	**Evidencing progress and outcomes – Bradford**	**How:** Plotting information onto a system that helps residential managers, IROs and service managers see data quickly and easily. Through the system they are able to view children's care plans, risk and mitigation plans and pre-quarterly reports. Self service model – practitioners log in. Benchmarks and outcomes decided in open discussion. Takes into account the expectations of young people and realistic outcomes. Report against KPIs – missing from home, reported incidents to Ofsted, safeguarding. 'Outcome tracker' at the individual child level. **Why:** Aim to get managers to look at all the information available and use it effectively. Speeds up the process of improvement. **Impact:** In-house outcomes framework now also applied to external placements. Using outcomes trackers for residential care block providers and social workers
	Longitudinal outcomes monitoring and cohort analyses – Darlington	**What:** Three years ago began an analysis of 12 year olds. Going to revisit those children at age 15 to see if any have returned to their family. **Why:** Knowing what works is helpful and feeding this into commissioning strategies and improvement. **Impact:** This year, positive change in looked after children population and figures going down for the first time for years
	Monitoring out of area placements – Haringey	**How:** Some monitoring takes place through the North London strategic alliance, some monitoring is undertaken by Haringey itself via placement teams. Commissioners have recently written to all children's homes in their area and asked how many young people live there and where they are from. **Why:** Following the riots in London summer 2012, there were questions about whether some of the children and young people involved were children placed by another authority in local children's

		homes. Haringey are clear out of area children need to be recognised by the local authority as vulnerable too. **Impact:** Haringey are learning how to ask the right questions about who is placed in their area. They want to continue this work.
	Outcome based care planning – Kent	**How:** An approach has been piloted over the last 2 years.
	Value for money deep dives – Salford	**How:** Working with a sample of placements to review and assess whether or not they represent a good deal for the child. Commissioning and social work teams undertake deep dives into the success of these placements. The deep dives take account of formal and informal information and the views of partner agencies. Commissioners and social workers look at the quality of the systems at the home as well as the impact for the individual child. **Impact:** Major efficiency savings.
	Outcomes framework – Lincolnshire	**How:** Outcomes framework built into contracts and used to hold providers to account. Based on the 5 Every Child Matters outcomes and a set of minimum outcomes expected for all young people. Additional costs can be more clearly linked to outcomes.
Early intervention and prevention	**Journey mapping – Darlington**	**How:** Examined every child coming into care and the other services they have accessed to that point such as children's centres to identify what could have been done earlier. **Why:** Drive to make sure that early intervention is targeted in the right places and on the right families to prevent children coming into care or custody. **Impact:** 2013 positive change with numbers of looked after children reducing for the first time for years.

	Targeted services for 10-14 year olds– Darlington	**Why:** The rate of 10-14 year olds coming into care is the second highest in the region and 10-14 year olds are the age range with the least services – there is a lack of universal and targeted services for that age range.
	Family Group Conferencing – Derbyshire	**Who:** Local initiative with Cafcass. In cases that might have previously gone to court the authority will work with the family and a Cafcass officer. **Why:** If a matter does get to court it is well prepared and has had the time needed to undertake various assessments.
	Adolescent Resources Centre – Hertfordshire	**How:** Works with young people 14-16 at risk of going into care. Residential unit with 3 beds (two 28 day beds for assessment and a 72 hr emergency bed). Step down as necessary to a foster placement. Need for a residential placement minimised or reduced as appropriate. **Impact:** The authority reports positive results and increased stability for children. Children and young people are kept well informed about why they are there and discussions take place about what works for them. There is an overarching therapeutic model.
	Datchworth: Service to prevent family breakdown – Hertfordshire	**How:** Intensive therapeutic work with families; operates under same therapeutic model as the adolescent resource centre (above). Fortnightly respite residential care for children living with specialist carers. **Why:** The authority recognises it can prevent family breakdown and reduce the numbers of children and young people in care, reduce risk and reduce the likelihood of costly escalation up the care continuum. Support is delivered at the right time and as soon as possible. Where a child does escalate up the care continuum, there is support to bring them back down.
	Targeted support for Super Output Areas – Lincolnshire	**How:** Invest in family support where there are greatest concerns about child safety and the poorest outcomes. **Why:** Making better use of data and information about Super Output Areas to target support and interventions intelligently.

	Outreach manager on the placement panel – Salford	**Why:** In some cases children and families can be identified earlier to avoid a placement further down the line. The authority undertakes intensive and flexible work with families identified.
Specialist services	**Multi-Systemic Therapy – Derbyshire**	**How:** Currently being launched.
	Social Pedagogy – Derbyshire	**How:** Work in children's homes since 2010 to encourage reflective practice over process. Commissioned training for the workforce with a bespoke qualification developed by the local university replicating the principles and philosophies used in practice. The ethical framework is one where everyone has a sense of their role with young people. Costs reduced as staff train each other. **Why:** To combat crises, poor outcomes, high call out rates etc. Emerged from the grass roots - owned by operational staff. Qualification will be co-designed with operational staff. **Impact:** Physical environment of homes now very pleasant. Real move towards creativity. Increase in educational achievement. Reduction in night time call outs. Staff sickness rates have gone down. Approach now being rolled out across the entire workforce and in work with vulnerable young people. Attitudes to health and safety and risk have changed, still meet Ofsted requirements but more flexible and less risk averse.
	Upskilling residential staff – Derbyshire	**How:** Clinical psychologist mentoring staff and managers in homes to help them understand how to support development of children and young people.
	Multi-Systemic Therapy – Haringey	**How:** For children on the edge of care - evidence based programme with Waltham Forest. **Why:** Preventative approach. The local care population is significantly higher than that of

		statistical neighbours and the authority are looking for ways to reduce it.
Leaving Care	**Independent living service for older children – Derbyshire**	**How:** Commissioned from Barnados
	Residential staff maintaining contact with care leavers – Derbyshire	**How:** Key carers keep in touch with young people on an outreach basis once they have moved into independence. 24 hour service available so young people can ring any time once they have left. Work ongoing to make sure after care services are aware the authority will do that for young people. **Why:** Having someone available to offer ongoing parental advice.
Involving children and young people	**Viewpoint – Bradford**	**How:** At the point of entry into care and during placement and statutory reviews, the young persons views are captured through an online consultation tool called Viewpoint. Young people log on before the review with a special username and password and an avatar leads them through various questions and games. **Why:** Not every young person is confident or feels able to speak out in a review. **Who:** The results are sent to the IRO who shares them with other professionals involved **Impact:** This has doubled the amount of data collected from young people.
	Young Inspectors scheme – Darlington	**How:** Darlo Care Crew young inspectors scheme.
	Annual Local	**How:** Survey delivered locally called 'Tell us what you think'. Respondents split into three cohorts

	Survey – Lincolnshire	based on age. **Impact:** The results of the survey are analysed and common themes developed, immediate concerns are addressed, future actions developed. Feedback is given to all children and young people.
Alternatives to residential care	**Step Down Fostering – Bradford**	**How:** Have significantly developed step down fostering support with providers who know this is on offer that appeals **Why:** Seen as an alternative to or opportunity to step down from residential care.
	Step Down Fostering – Bury	**How:** Use of a home to try and prepare the young person for foster care. Provide young people with additional support. Specifically target foster carers who can manage more difficult teenagers. **Why:** Can support the transition to a family setting; help return children and young people to Bury and save money.
	Contract Care – Derbyshire	**How:** Similar to professional fostering. The Contract foster care service manager sits on the placement panel. They function alongside residential care.
	Training foster carers and Fostering Plus – Kent	**Impact:** Thriving fostering network
	Foster Plus – Lincolnshire	**How:** Adapting foster provision to meet the needs of children and young people with complex needs for example those with disabilities and those remanded into custody.

Emergency and respite placement	**In-House emergency facility – Bradford**	**How:** A new in-house emergency overnight facility has been developed providing respite and support to families via an emergency bed. Short term unit provides emergency provision. Another being developed **Why:** Aim is to get children and young people back to their families. Second facility is for cases where issues are entrenched within the family but there is the possibility of the child returning to the family or of shared care. More need to develop services for children and young people from ethnic minority backgrounds including Muslim girls where culturally appropriate services are required.
	Provided by partner local authority – Darlington	**How:** Across the Tees Valley Stockton Council is the provider of the emergency duty team for any out of hours concerns with children or adults managed through a Service Level Agreement. **Impact:** System has been in place since 1996 and works well. There has been a recent independent review to see if it is still fit for purpose.
	Crisis Intervention and needs assessment – Salford	**How:** Tendered for a 2-3 bed home for children failing in foster care as crisis intervention. The service will also look at placements that have broken down and how these young people can be most appropriately placed. Young people will stay there for 6 months at the most. **Why:** Decision taken to provide this service within Salford having been commissioning private providers and realised there was a regular need for this service and it achieves a better quality needs assessment at the individual level. The approach is an observational approach in a stable setting.
	Assessment Home/Reception Home – Shropshire	**How:** 12 week assessment home run with the input of partners and social workers. The assessment states where a young person's next placement should be and provides the evidence for this decision. The social worker can disagree (unusual). Work takes place with the social worker and family directly if there are issues around for example parenting or substance abuse. Specific pieces of work are undertaken with the young person to observe how they interact in the home, socially, in school, with adults, one to one. Monthly reports of observations incorporating the wishes of the young

		people. Reports go to the social worker and reviewing officer. Children's placement service duty desk may ask for copies
		Why: Picked up via Ofsted inspections that putting young people into a home without fuller needs analysis and matching can be damaging. Placement stability was also inadequate.
		Impact: Almost always the next placement is the final placement. Very successful. Improves outcomes and helps incorporate health and education needs.
Multi-agency working, partnerships and collaboration	**Multi-agency team – Bury**	**How:** Multidisciplinary team for looked after children. CAMHS, Education, Health. Clear links, holistic approach, close working relationships. Education lead to negotiate school placements with their own budget
	Joint brokerage of block contract – Darlington	**How:** Commission and broker fostering and residential care placements jointly with Middlesbrough with staff based there funded by Darlington. Service Level Agreement and information sharing agreement.
		Why: The pooling of knowledge, better placement matching. Improved ability to negotiate.
	Regional Safeguarding group and data analyses – Darlington	**How:** The authority contributes financially to the regional group in return for a quarterly report providing analysis of safeguarding and LAC data
		Why: Ability to benchmark the authority and identify figures and trends.
	North London Strategic Alliance – Haringey	**How:** 7 local authorities with a market shaping drive and focus on SEN provision.
		Why: Increased power to challenge providers to improve.
		Impact: Reduced costs. No data yet on outcomes and quality. Combined voice of commissioners gives providers more predictability and improves willingness to invest in delivery.

	Strategic Commissioning Group for children in care – Hertfordshire	**How:** The Health and Wellbeing Board has three work streams 1. Early Intervention 2. Complex Care and additional needs 3. Children living away from home. Each of these has 3-4 core commissioning priorities. The looked after children strand chaired by the operations director for specialist services. Work streams are multi agency and work is undertaken alongside health, police, commissioners and providers. **Impact:** Clear on strategic priorities and aims. Taking forward activity in a multiagency environment. Strategies publicised and developed with all agencies and service users.
	Collaboration with CAMHs: Starlight – Salford	**How:** Direct offer to consult and work with residential workers to help them understand how to work with particular needs **Why:** To upskill a range of staff working in children's homes and bring 'additionality' to services and for children in those placements. **Impact:** Offers of therapeutic placements from the independent market don't always compete with in-house because they have been upskilled.
	Multi agency co-located team – Shropshire	**Impact:** Services are one building apart with the 16+ team one mile away. More conversation and discussion, speed and accuracy. Minimising organisational divides and silos. Information obtained early, better understanding of services and professional offers and coordination of that.
	Cost Calculator – Lincolnshire	**How:** Regional work on a cost calculator which helps establish appropriate contributions from different partners. **Impact:** Early work looking positive.
	Integrated Commissioning Unit and placement finding team – Salford	**What:** Work to improve commissioning skills. May develop further with public health and begin to work jointly with the CCG. **Why:** Thinking it will be better to have an integrated approach consistent with the Greater Manchester reform agenda.

Innovation	**Uni-fi project – Derbyshire**	**How:** Funded through creative councils (LGA and NESTA), running for 18 months. Testing innovations with a view to improving corporate parenting and outcomes. Social pedagogy falls within it. Use of ethnography with researchers in homes for 3 days each. Involving young people in evaluation using strength and difficulty questionnaires. Elected members involved in the governance of Uni-fi. **Impact:** Data/insight collected to date.

Appendix 3 - Detailed method

Project initiation

The first step was to meet with the **LGA project team** and the **Advisory Group** with representation from the LGA, the Society of Local Authority Chief Executives (SOLACE), the Association of Directors of Children's Services (ADCS), the Department for Education (DfE), the Children's Improvement Board (CIB) and the *Who Cares? Trust.* These meetings were used to review the research objectives and detailed research questions and to confirm key deliverables and milestones.

Designing the research tools

The first tool to be developed was the **data collection framework**. The framework is based on the core research questions and underpins all other elements of the methodology, steering (but not constraining) data collection. The framework is designed to support capture of information from the sites about:

- **Why** – why something is being done in a particular way and thought to bring about intended outcomes

- **How** – knowing what should be done is not the same as doing it effectively, knowledge about effective programme and project implementation is also required.

- **Who** – to involve, and when; each locality will involve different partners and stakeholders

- **What works** – what specific activities bring about the desired outcomes with few unwanted consequences and how outcomes are measured

- **How much** – even when an intervention has been proven to work we need to know whether it represents good value for money and is cost-effective and therefore likely to be sustainable over time.

We also developed a **scoping interview guide**, **depth interview guide**, **log of existing research and publications** and **recruitment materials** including information sheets and invitations for potential local authority sites and their stakeholders.

Sampling and recruitment of local authority sites

We recruited ten councils to take part in the research sampled against the following criteria:

- Geography and urban/rural spread

- Authority type/structure (e.g. unitary, shire county, metropolitan)

- Political control (Conservative, Labour, Liberal Democrat, no overall control)

- Number of children's homes in the local area

- Provider mix e.g. number of local authority owned homes and number of independent providers

- Net import/export of looked after children

- Involvement in regional or sub-regional commissioning arrangements

- Ofsted assessment of the local authority's services for looked after children

Using these criteria and drawing on national data from Ofsted, DfE and the LGA, we developed a **detailed sampling table** with coverage of over thirty local authorities to approach. The Advisory Group reviewed this list.

There were high levels of interest in the research and most of those approached expressed interest; some authorities had to turn down the opportunity, or withdraw after initial agreement, for reasons of capacity. The **final sample** achieved (shown below in Figure 2) consists of a broad range of authorities and achieves a good spread against the sampling criteria:

Figure 2.

Area	Region	Local authority	Authority type				Political control				Latest Ofsted rating - Services for LAC: overall effectiveness				Local provider marketplace			LAC	
			Two tier	Unitary	Metropolitan	London Borough	Conservative	Labour	Lib Dem	No overall control	Outstanding	Good	Adequate	Inadequate	Maintained only	Independent only	Mixed	Net importer	Net exporter
North	Yorkshire & Humber	Bradford			Yes					Yes	Yes						Yes	Yes	
	North East	Darlington		Yes				Yes					Yes				Yes	Yes	
	North West	Salford			Yes			Yes					Yes				Yes		Yes
	North West	Bury			Yes			Yes					Yes				Yes	Yes	
Midlands	East Midlands	Derbyshire	Yes				Yes					Yes					Yes	Yes	
	West Midlands	Shropshire		Yes			Yes					Yes					Yes	Yes	
	East Midlands	Lincolnshire	Yes				Yes					Yes					Yes	Yes	
South	South East	Kent	Yes				Yes							Yes	Yes			Yes	
	Inner London	Haringey				Yes		Yes					Yes		Yes				Yes
	East of England	Hertfordshire	Yes				Yes						Yes				Yes		Yes

Scoping research with national experts and key stakeholders

We conducted 16 scoping interviews in total; interviews were semi-structured qualitative interviews undertaken by phone and lasting up to an hour each. The scoping interviews served two main purposes: firstly to engage national experts and key stakeholders with the project and secondly to gather existing knowledge against our key research questions to ensure this research adds value to existing learning.

OPM and the project Advisory Group developed a list of potential scoping interviewees and OPM then made contact with these stakeholders to request their input. The final cohort of interviewees included representatives from Central Government, provider and local authority umbrella bodies, national charities, regional collaborations, experts in residential children's homes and placements and academics.

Interviewees were asked to comment on current practice in the commissioning of children's residential care homes, focusing on: the process of need analysis; matching needs with supply; quality assurance and monitoring; models of commissioning children's residential care; areas of strength in current practice and priority areas for improvement; barriers to effective strategic commissioning; innovation in the commissioning of residential children's homes and examples of children and young people being engaged in the commissioning of these services.

Rapid Evidence Review

The Rapid Evidence Review (RER) was a short, concentrated review of published documents including: key national policy papers and reports; guides and tools supporting strategic commissioning in children's services, good practice materials relevant to children's residential care and academic research. This review allowed us to synthesise existing evidence around our key lines of enquiry; a summary of the learning from this exercise is included in the findings of this report. We reviewed 33 documents in total.

Depth interviews

The research team have conducted **86 individual interviews** across participating local authority sites. Interviews are semi-structured qualitative interviews, undertaken by phone and lasting up to an hour each. These interviews represent a large part of the Phase 1 research. We requested interviews with a cross-section of key stakeholders from each site including: the Lead Member for Children's Services; the Director of Children's Services; the relevant Associate Director of Children's Services and anyone with a key role in the commissioning of children's residential care homes. The sites themselves nominated interviewees and the final cohort included a cross-section of specialist roles from each site, with input from: commissioning leads, commissioning and contracts support staff; data managers; operations managers (from both local authority run residential services and independent services); training and development managers; transformation programme leads; regional support staff; engagement leads and finance managers.

The interview guide has been used consistently across the sites and was designed around the overarching data collection framework. This single guide contained core questions as well as prompts and probes. The guide was used in a way that allowed each interviewee to go into some detail about their particular role and responsibilities in relation to the

commissioning of looked after children's residential care. The findings from the depth interviews form the main body of this interim report.

Online consultation with children and young people in residential care and care leavers

As part of the Phase 1 research we have also undertaken a short online consultation with children and young people with experience of living in residential care. The consultation was hosted by the Who Cares? Trust and asked children and young people who currently or previously lived in a children's home to reflect on and tell us about their experiences and to give us their ideas.

The consultation was advertised through the *Who Cares? Trust* website, Facebook page and Twitter account, it was also sent to 400 *Who Cares? Trust* participation workers and to children and young people who have signed up for updates from the charity. OPM advertised the consultation through our own Twitter account and sent the link to leads in participating local authorities, to the Independent Children's Homes Association and to individual children's home managers interviewed as part of the research. The LGA also disseminated the link. In total we received 93 responses**.** The children and young people responding were self selecting and may or may not have been previously engaged with or consulted on this topic. **The consultation employed both open and closed questions and was accessible between mid March and early April 2013. The consultation was open to children and young people age 8-25 and the chance to win £50 of high street vouchers was offered as a thank you to those taking part.** Before participating children and young people were assured that would remain anonymous, but by participating they were consenting to the use of their responses with the sector. The consultation asked respondents for some basic details and then asked them to provide as much or as little feedback as they wanted to, on: coming into a children's home; living in the home; improving children's residential care and; the engagement of children and young people in residential care.

Appendix 4 – Analytical framework

1. Context and background

- Existing picture of commissioning for residential care in each participating authority – to include current level of need; council as a net importer or exporter; pattern of placements; supplier mix

- Internal structures: accountability lines, management and team structures, staffing numbers, mix of professionals; role and input of elected members

- Resources – financial packet, pooling arrangements, how is resource distributed and why?

- Policy/approach to the commissioning of children's residential care and why? Local policy on residential care? What new types or alternatives to residential care being considered?

	Why	How	Who	What works	How much
2. Needs analysis	Have there been recent innovations? If so what were they designed to achieve?	How does the council understand and build a picture of need e.g. aggregate up from an individual understanding of needs to a strategic understanding of needs? How are complex needs and requirements for specialist provision identified and classified? What information and data is available to assist needs analysis? (data available at authority level	Are the views of the children and young people considered during needs analysis? If so how are they captured and how is this information used? Which professionals and partners contribute and how? JSNA effectiveness?	Is there clear understanding of how improvements to the process could be made? What are the barriers to more effective and efficient needs analysis? What activities and/or conditions support robust needs analysis?	Has the mix of needs analysis activities changed?

		data, regional data, national data) How do strategic commissioners use this data? Are there any information gaps? (existing data not used, incomplete data, missing data that would be useful) How do councils forecast future need? What is the output from this process?			
3. Matching need and supply				
3.1 How does needs analysis inform strategic commissioning and meeting the 'sufficiency duty'?	How easy or hard is it to match assessed need with supply? e.g. what range of placement choices are available and how far do they enable the matching of need and supply? Are alternatives to residential care are being developed and if so what?	How does needs analysis inform strategic commissioning decisions and the meeting of the sufficiency duty? Are the commissioners' desired outcomes specified to providers? How do councils purchase emergency provision?		How could approaches to the matching of need and supply be improved? What existing examples are there of councils improving practice? What needs are hardest to match with supply? (e.g. particular safeguarding issues, mental health..?) What trends are there in use of temporary placements?	

3.2 How do councils shape the market and what does effective market shaping look like?	Do councils play an active market shaping role – if so what? E.g. have the council developed a position statement for the market?	How do councils engage with independent providers? What is the impact of doing this well? How could the development of alternative provision be improved (so it better supports the matching of needs and supply)? What is the role of council-owned children's homes? What have been recent innovations in procurement processes and/or contract terms? What is the output from this process?	Who else is involved in market shaping (e.g. partners, sector bodies)?	What does effective market shaping look like? What has had the most impact? What are the current barriers to effective market shaping? Are there examples of councils overcoming these?	How has market shaping affected the cost of provision?
3.3 How are out of area placements managed and what does good practice look like?	What are the drivers behind the decisions to place children out of area? What could change that?	How are out of area placements commissioned for at the strategic level?	Who else is involved?	What works well in the management of out of area placements?	
3.4 How are Councils collaborating when commissioning provision?	What current arrangements exist for the collaborative commissioning of children's residential care? What are the advantages and disadvantages of commissioning provision in sub-	How do the sub-regional or regional consortia the councils may be in, work? Have there been recent innovations?	How are councils collaborating with health in the commissioning of provision? How is strategic commissioning informed by social work?	How effective are existing sub-regional or regional commissioning arrangements? What are the barriers to effective collaboration in sub-regional or regional commissioning arrangements? How effective is the	How has market shaping affected the cost of provision?

| | | | collaboration of councils and health in the commissioning of provision currently?

Is it clear how improvements could be made and what are the barriers to more effective commissioning with health?

Is there evidence that different collaborative commissioning models produce different outcomes? | |

4. Quality assurance and monitoring

4.1 What outcomes do councils measure	What sets of outcomes and indicators do councils use to measure the effectiveness of provision? How is safeguarding assessed? Has this changed recently? Benchmarking?	How are councils monitoring whether residential homes are providing the service they are commissioned to and meeting the needs of the children placed there? How are the changing needs of children continually monitored and how do commissioners ensure they are met? How is monitoring and quality assurance managed for those children placed out of area? How is data on outcomes collected? What is the output from this process?	How is the voice of the child part of the quality assurance and monitoring process? Are children and young people directly involved?	How consistent is the understanding of what good quality looks like?	
4.2 How do councils ensure value for money and seek	What methods do councils use to seek efficiency savings when commissioning?	How consistently are costs monitored? How consistent are costings between different areas?		How consistent is the understanding of what value for money looks like? How might councils improve	How do councils assess VFM mix of provision?

efficiency savings?				outcomes for looked after children whilst reducing costs?	
4.3 How does monitoring and quality assurance feed into future commissioning strategy?	What tools and mechanisms do councils have to react to quality assurance and monitoring intelligence? Are they currently able to react as they would wish to?	How is monitoring data fed into the commissioning process? Frequency? Timescales?	Do commissioners share quality and monitoring data with each other and if so with whom and with what results?		How do costs impact on strategic commissioning decisions? How does data about cost and value feed up to this level?
5. Ideas and innovations	What ideas and innovations are councils currently testing?	Are there alternative approaches to the strategic commissioning of children's residential care that you would like to see developed or tested? What needs to be in place to ensure the commissioning of children's residential care is sustained and improved over the next 5 years?	Who or what could support the development of the strategic commissioning of children's residential care?	What conditions support the generation of ideas and innovations? What are the barriers to innovation in commissioning for looked after children and how could these be overcome?	What would be the main VFM objectives?

Appendix 5 - Scoping interviewees

We are grateful to:

Jill Sheldrake	Together Trust
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Claire Dorer	National Contracts Steering Group
Marie Tucker	CICADA: Children In Care Arrangements Database
Debbie Jones	Association of Directors of Children's Services London Borough of Lambeth
Martin Quinn	West Midlands Children's Services Commissioning Partnership
Adrian Rocks	North West Placements Team
Richard Selwyn	London Borough of Harrow
Ian Campbell	Buckinghamshire County Council
Professor Sonia Jackson	Institute of Education
Professor David Berridge	University of Bristol
Professor Ian Sinclair	University of York
Andrew Rome	Revolution consulting
Clair Davies	Appletree School

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Appendix 7 – Online consultation with children and young people in care and care leavers

What is the survey about?

We are asking for children and young people's views of children's homes – we would like to hear about your experience and want to know if people have asked you for feedback about your care before.

Your views will go into a report about the use of children's homes and this will be shared with politicians and staff from local authorities across England.

Through this project we hope to improve the way local authorities provide places in children's homes, to children in care.

We want to hear from YOU!

If you have spent time living in a children's home, and are under 25, we want to hear from you.

Your views are very important - because you have experienced care in a children's home. You know what it feels like when people make decisions about where you live, and whether or not they ask for your opinions.

How long will it take?

The survey will only take 5-10 minutes to complete – but it could take longer if you want to write lots!

Win £50 of Love2Shop vouchers

Simply enter your email at the end of the survey to be in with a chance of winning £50 worth of Love2Shop vouchers, which can be used in over 20,000 high street stores.

We won't use your email address for any reason except for the prize draw.

Stay anonymous

All responses are completely anonymous - we will not ask your name, or where you live and will not know who filled in the survey so you can be totally honest about what you think.

We will use the responses we get from children and young people in the report; this will help improve the way places in children's homes are provided.

PAGE ONE – ABOUT YOU

1. How old are you? [Open answer]

2. Are you male, female, other/prefer not to say [select one]

3. Do you currently live in a children's home? [Yes / No]

    a. If no, when did you live in a children's home? [Select number of years ago]

4. How long have you lived in children's home(s)?
   [Less than one month / more than one month / more than one year]

5. If you have left care, how old were you when you left?

PAGE TWO – COMING INTO A CHILDREN'S HOME

This section is to find out a bit about what you think of the children's home(s) you live in (or used to live in).

1. Before you went to live in a children's home, did anyone ask you what was important to you about where you live?

[Yes / No / Can't remember]

Please tell us more if you can (like, who spoke to you about it? What did you talk about?)

2. Before you went to live in a children's home, were you given a choice of placement? (e.g. between different children's homes, or between a foster placement and a children's home)

[Yes / No / Can't remember]

Please tell us more if you can.

3. Once at the children's home, was it what you were expecting? Did it give you the home and the care that you wanted?

[Yes / No / Can't remember]

Please tell us more if you can.

PAGE THREE – LIVING IN THE HOME

4. When you were living in the children's home(s), did anyone ask you whether the placement was still right for you?

[Yes / No / Can't remember]

Please tell us more if you can (like who spoke to you about it? what did you talk about? what did you tell them?)

5. If the home didn't work well for you, did anyone help make it better?

[Yes / No / Can't remember]

Please tell us more if you can.

PAGE FOUR – MAKING IMPROVEMENTS

6. Before this survey, has anyone ever asked you to help them with work to improve children's homes?

Yes – In a survey

Yes – I've been asked by staff in my children's home

Yes – I've been asked in a group with other children in care

No – I've never been asked.

Please tell us more if you can.

PAGE FIVE – LISTENING TO YOU

7. Social workers and their managers decide where children in care live. Do you think it is important that they listen to children and young people when making these decisions? Why?

[Open answer]

8. What is the best way of asking children in care for their views and involving them in decisions about where they live?

[Open answer]

PAGE SIX – AGREE OR DISAGREE?

When I first came into a children's home…	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
My social worker asked me what I wanted from my new home…	☐	☐	☐	☐	☐

My social worker explained things in a way that helped me understand what had to happen and why…	☐	☐	☐	☐	☐
My social worker gave me time to talk and helped me to say what I wanted to say…	☐	☐	☐	☐	☐
My social worker listened to me and understood me and what I needed…	☐	☐	☐	☐	☐
I helped choose which home I joined…	☐	☐	☐	☐	☐

PAGE SEVEN – THANK YOU

Thank you for taking part and for giving your views.

The views of people like you are really important because they will help local authorities understand more about being in a children's home and understand what needs improving.

Win £50 of Love2Shop vouchers

To be in with a chance of winning £50 of Love2Shop vouchers, please enter your email address:

We will only use your email address to let you know if you have won. We won't keep it and will not give it to anyone else.

If you are happy for us to add your email address to our contact list, so you can find out more about our work, please let us know.

[Yes I am happy / No, please do not add my email address]