



National Centre for Excellence in Residential Child Care

Re:thinking Residential Child Care

As local as possible and as specialist as necessary

Reconfiguring for a recognition and realisation of high level needs a new conceptual framework in social care placements

Reconfiguring the recent DfE publication regarding SEND, 'Sustainable high needs systems', has lessons for social care and especially RCC. *(Extracts here are in bold)*

[Sustainable high needs systems: learning from the 'safety valve' intervention programme - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Learning point #1

The concept of high-level needs should be adopted by social care.

Recognition of the full range of needs is required.

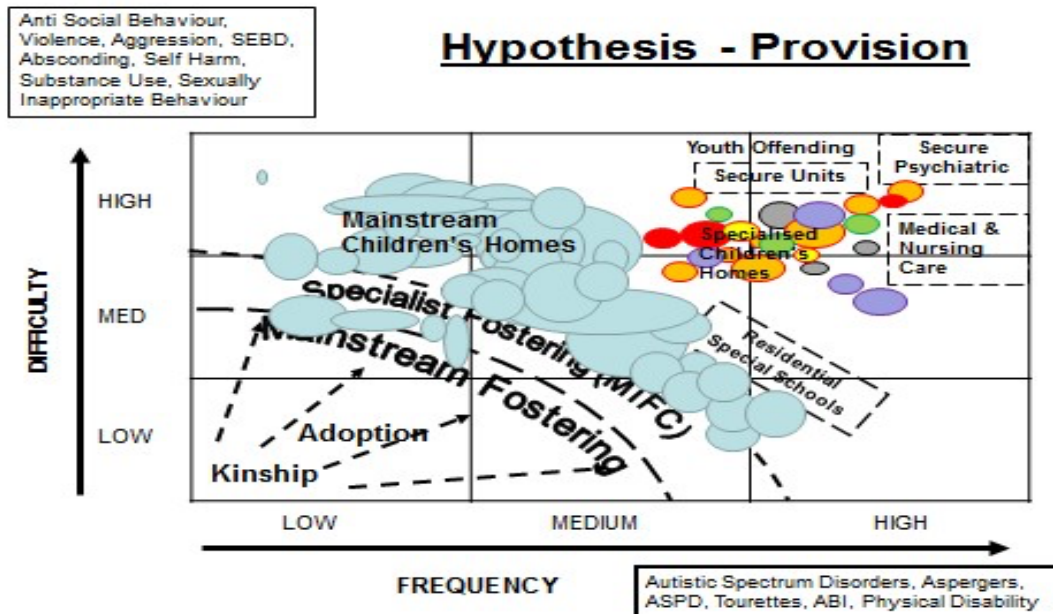
Often children in care are discussed as having uniform needs requiring generic services and settings provided according to a set schedule or specification for which a unit cost is applied.

- Children with relatively simple or straightforward needs who require either short-term or relatively 'ordinary' substitute care
- Children or families with deep rooted, complex, or chronic needs with a long history of difficulty and disruption, including abuse or neglect requiring more than simply a substitute family
- Children with extensive, complex, and enduring needs compounded by very difficult behaviour who require more specialised and intensive resources such as a therapeutic community, an adolescent mental health unit, a small 'intensive care' residential setting or a secure unit.

Children are not units, nor are children's homes 'units'.

Recognition of individual histories and current needs requires a differentiated responses made according to difficulty and frequency.

This recognition is well presented in the Conceptual Framework developed by Rome and Stanley. Note the use of the two factors intensity and frequency.



It is clear that the needs of children in Residential Child Care are not the same as the rest of the population, or of the looked after children population.

Over the years various methods have been proposed to identify the needs of the child and to plot appropriate placements from those available. When the need for accommodation is identified a screening profile is undertaken that results in a detailed picture of the child that can be matched to the needs that can be met by providers. The by-product of this is the creation of a granular needs analysis and also of providers allowing a gap analysis that should drive a commissioning, rather than procurement, strategy.

RCC is often presented as a sector, as though it is one sector which lends itself to a unit cost approach with a set specification, whereas in the Rome and Stanley recognition and realisation is that it is many small needs-led sectors with needs-led costings requiring a specification determined by the needs of the child.

If applying a market perspective it follows that there is not one market but many small specialist ones.

Learning point #2

Sustainable and effective high needs systems in social care should be a priority of local authority leadership.

The SEND 'safety valve' intervention programme has demonstrated just how quickly good leadership and genuine collaboration across education and finance can identify suitable and innovative solutions, for the benefit of children and young people with special education needs and/or disabilities (SEND).

The same 'expensive' comment is made regarding SEND and Residential Child Care spending. There is a foregrounding of the poorer outcomes for children in residential child care. This needs an explanation. There is the need to address 'intensive' and 'expensive'.

At the Education Select Committee 20 07 21 Josh MacAllister explained the need to recognise the significance of the effects of the turbulence of adverse life experiences on children. He explained how it is that education, health, employment experiences and outcomes are affected. He showed a correlation of events 'upstream'; that can be visible when a child arrives at a children's home. He was clear that it is not the children's home that is the causative factor. It is unscientific to draw a direct causative link. As Josh MacAllister said, 'We need to be clearer on progress that can be done in the short time in the homes and of their life before'

The implied view is that spending on RCC that is at the root of the overspend of children's services, and it is needed in other areas. The focus is on providers. Remedies presented are for providers to reduce their fees, reduce their profits, for there to be a migration to LA homes, or for there to be a reduction in RCC use through the greater use of early family support intervention or fostering or what are presented as 'alternatives' e.g. No Wrong Door.

Two things need to be at the forefront of minds

1. Placements costs are needs-led
2. The right place for the right child at the right time requires a validation of the residential space. There is now recognition that young people do express a preference for residential care to any form of family care; a young person can feel threatened by the prospect of living in a family or needs respite from it; that having multiple potential adult attachment figures might forestall a young person from emotionally abandoning his or her own parents; that some children benefit from having available a range of carers; that the emotional load of caring for children whose needs are characterised by high levels of complexity frequency for attentive this can be best met by being distributed among a number of carers.

In these points the meeting of needs is the priority.

National and local government and providers need to collaborate to ensure there is a *multi-faceted approach* that delivers a differentiated, *consistent, high quality, integrated and financially sustainable for the future.*

This requires planning rather than a market, it requires funding, it requires ensuring each placement is made by assessment and is a targeted intervention.

Sustainable high needs systems are essential for the effective ongoing support of children and young people ... and this will be the focus for any future high needs system.

Where social care diverges from the SEND thinking is that the 'sustainable high needs systems' are directed to reducing Direct Support Grant use.

In social care 'sustainable high needs systems' need to recognise the need for the spending on intensive interventions and that they are not alternatives.

Goals of a sustainable high needs system

The 'safety valve' intervention programme has demonstrated that, if a local authority's leadership prioritises high needs improvement, setting a joined up and efficient example, it is possible for even those facing the most acute challenges to create innovative and viable plans for change.

In contrast to deficit reduction in social care the focus is on needs analysis, assessment, planning provision, so that every child has the most appropriate placement.

It is getting the right placement first time that is effective and efficient.

Serial placements and hierarchical use of placements as now is ineffective and inefficient.

There needs to be recognition that local authorities have now too long not been providers for high level needs and the expertise is within the provider sector.

Action point # 1

Establishing regional shared values, shared vision.

As in Turning the Curve local authorities and providers to co-think, co-create and then co-produce one mission statement: to develop plans to reform their high needs systems as quickly as possible to provide a good service, and to cost it accurately. All parties should focus on the same goal, for the long-term benefit of their children and young people and securing the provision they require.

There are two principal goals identified to reach sustainable positions:

- appropriately assessment knowledge and experience
- appropriate and cost-effective provision.

As the Loughborough cost calculator work shows it is not an efficient or effective for a child to move many times.

Whilst the headline is saving spending in this work shows that significant social work and commissioning costs are accrued. There is also the delay in addressing the need perhaps making them more resistant to any intervention. Arriving at a children's home aged 14+ can mean a decade of unmet need. Family based settings are not beneficial for all young people. They can become beneficial with and after the aid of specialist intervention.

The most effective and efficient use of high level needs provision comes when knowing it is getting the right placement first time that is effective and efficient.

Learning point #3

The use of early intervention is not a diversion or substitute for high level needs provision.

The origin of high level needs are often dissimilar to those for early intervention occurring more suddenly and later in childhood.

It is both that need dedicated funding.

Research by Bywaters, Hood and Webb show the effects of reduced early intervention is the greater use of statutory intervention that take a greater proportion of the funding available.

A suggested a series of questions

It is planning not markets that delivers efficient, sustainable and appropriate meeting of need.

Achieving the goals

Early intervention focus

Early intervention, providing proactive support for children and young people is critical for ensuring needs are met and do not escalate unnecessarily. A number of the local authorities involved in the 'safety valve' programme were able to increase their focus on identifying and meeting children and young people's needs much earlier on. This can be more effective for the individual child or young person, and more widely supports a sustainable and well managed SEND system.

- Is there sufficient emphasis on early intervention in our high needs strategy?
- Is existing early intervention investment directed in the most useful and beneficial way for children and young people?
- Would we see benefits in investing further in early intervention initiatives, or redirecting existing investment?

Increased Edge of Care/Children in Need services

- Are the services sufficient and best targeted to enable children and young people's needs to be met?

- Are social workers able to be engaged with our offer?
- How effectively are we working with partners to ensure that children in can access services?

Review assessment processes and thresholds

A review of social work knowledge, experience of high level needs and the ability and capacity to assess accurately is required.

A review of thresholds is required. (See Steckley)

A review of reviewing

The emphasis here was and should be on ensuring that children and young people's needs are met appropriately and through a sustainable model as they change and develop.

- Have we reviewed and robustly tested our assessment processes and thresholds?
- Is our reviewing process fit for purpose, and does it truly consider the

Culture change and work with leaders

Hand in hand with a focus on early intervention and increased SEN support came the need to work closely with leaders to create a shared goal for children and young people across education, health and other partners.

Where one does not exist a forum should be established through co-thinking, co-creating, co-producing, co-chairing a ToR.

An inclusive culture across their whole authority, including both their approach to provision mapping and their work in schools is effective and efficient. The relationships that develop and the joint development al work of the workforce increases the level of need that can be met appropriately in all provisions.

All parties are connected in relational rather than transactional working.

- Are all parties encouraged and empowered to meet the needs of children and young people in the most appropriate placement?
- Do all partners share in our goal to manage high needs efficiently and effectively for the benefit of children and young people?
- Have we involved all partners in achieving the true aims of the high needs system?

Appropriate and thorough provision mapping, with potential development of more local provision

Lack of or inappropriate matching accounts for a proportion of costs.

It is vital there is mapping of local, regional and national provision.

The results of the needs analysis are to be matched against a regional provision analysis. A strategy can then be devised to ensure there is provision as local as possible and as specialist as necessary.

This strategy can only be successful, however, if local authorities and providers are able to work within a supportive and inclusive framework.

This should not be set by the local authority but a specification developed together. Co-think, co-create and then co-produce.

This takes time. Changing an established pattern of provision is a long-term process rather than a rapid change, given the importance of continuity for children and young people.

- Do we have sufficient provision within the local authority or neighbouring area to meet current and anticipated needs?
- How strong are our working relationships with neighbouring LAs in relation to joint planning and use of specialist provision?
- Do we have an appropriate sufficiency strategy in place for specialist provision?
- Are we maximising opportunities to place children in appropriate and cost-effective provision?
- Have we results of a granular needs analysis and a gap analysis of provision?
- Do we know what can be met as local as possible and as specialist as necessary?