



National Centre for Excellence in Residential Child Care

NCERCC evaluation and response to the Ofsted research report

How local authorities and children's homes can achieve stability and permanence for children with complex needs

Although our research contributes to the sector's understanding of what 'complex needs' means, we also see benefit in shifting away from using this umbrella term for children whose needs are multiple and varied. It is more helpful to describe the specific needs a child has and what support they need, and from whom, to meet those needs. (Italics throughout are from the Ofsted report)

This Ofsted document seeks positive change by local authorities, commissioners, providers and practitioners.

Specificity not sufficiency is essential in the development of the homes needed, and especially for higher level needs.

This document being acted upon is a starting point for regenerating Residential Child Care more generally, and with regard to higher level needs specifically.¹

The Ofsted document begins to fill in the missing gap of the Care Review in which Residential Child Care (RCC) was left unrecognised for its role and task and in the final publication was not addressed other than Regional Care Cooperatives, a managerial/organisational proposal to a 'wicked' problem. NCERCC filled the practice and practical gap [Microsoft Word - NCERCC Regional Care Cooperatives best practice service specification discussion and development document 02 22\[58\].docx](#)

Residential Child Care is a social or cultural issue that is difficult to solve because of its complex and interconnected nature, there are often incomplete, contradictory, and changing requirements that are necessary to recognise. Where there is a lack of clarity in both aims and solutions, and there are real-world constraints, frequently risk-free attempts to find a solution will be hindered.

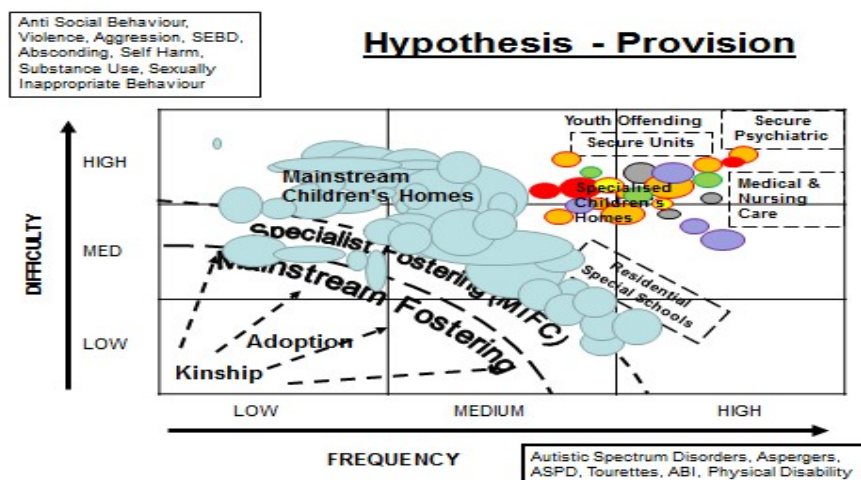
¹ NCERCC has been thinking in this way for an extended time. See Appendix to this evaluation and response - Re:thinking Residential Child Care - As local as possible and as specialist as necessary - Reconfiguring for a recognition and realisation of high level needs a new conceptual framework in social care placements)

What is the role and task of Residential Child Care(s) today?

The Ofsted report opens areas for debate that have not been discussed for a considerable time. The most important, and one unaddressed in the report, is 'What is the role and task for Residential Child Care today?'

The thinking about RCC almost uniformly takes the view of needing more places. As the Ofsted paragraph above observes it is not only sufficiency that is needed but specificity.

There is no such thing as Residential Child Care singular, only Residential Child Care as a plurality. The following diagram shows the plurality



Even a summary of needs in RCC begins to show the specificity required

- 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.

You get positive RCC in positive children's services.

The report intimates the need for developing practice in children's services social work in its remarks on social work assessment.

Further clarity about the role of children's services is necessary.

This provides the context for the role and task of RCC. It is not possible to discuss the future of RCC unless it is part of the wider discussion of the future of children's services. The Care Review was a proposal that needed greater consideration rather than the welcoming and now rapid move to implementation.

Reflection – consider children’s services where the following was the expectation

NCERCC - Attachment and the stages of a placement

Children come to RCC with life experiences that are beyond those of most of the people caring for them.

They arrive considerably unsettled, often with challenges to regulate their thoughts or emotions and requiring close care from informed people who can provide boundaries and thinking when they are overwhelmed by their past, which might be often.

An environment of care is established that, if it meets the needs of the child, allows them to feel contained then begin to be able to accept being cared for, not a small thing when for so long you have had to be self-reliant in environments that were actively destabilising you.

There are developmental stages to a placement. After bewilderment, often described as a honeymoon period and which sometimes social workers describe as stabilisation, comes a degree of settling. It isn't.

Commonly based on this misunderstanding comes a mistaken call to arrange a change of placement because the child has stabilised, a 'step down' to a foster placement. When there is a move at this stage the child loses the ground that they have gained and is again in emotional turmoil which is frequently manifested through their behaviour, going missing or being what is described as 'uncooperative' or 'challenging.'

If the placement continues, as it should, comes a stage of 'testing out' boundaries and relationships. This is 'normal' and to be expected. It is a sign of hope, this spark is a sign the child is trying to return to the moments where all was going well and to continue their development. There can be no telling when this stage will come, all children have had a unique set of experiences before coming into care and before we have known them. This communication through behaviour has meaning and needs to be understood. What is important is that the staff are ready for it whenever it comes. There will be no surprise, there will be calm, supportive care and regard. There are any number of internal scenarios that might be in the forefront of the child's mind.

This followed by fleeting glimpses of reciprocity in relationships.

The key is for there to be a primary care relationship with one grown up. The 'keyworker' is given. Previous events and experiences are played out and these require understanding and exploring. To be successful both the child and keyworker need to be 'held in mind' by the person managing the care. They do so by reflecting on what is going on for the care to be given and received as well as can be. Sometimes children will choose another particular grown up. This too has to be understood as a memory from previous relationships. It is important to recognise if this is a positive memory and a helpful recreation, or one that is a reminder of a person who, through no fault of the child, failed him or her. It is a question worth thinking through whether parents are given or chosen.

The test comes when the primary care giver is not around and the effect on the child when they come back.

As this relationship grows and strengthens so does self-regulation and the transferability of that primary relationship to others.

There is a diamond shape to this exploration of the lifeworld. It grows then tapers as the primary carer is less present. This is still a fragile achievement, perhaps diamond shaped but with the vulnerability of a fine crystal.

Once again at this stage sometimes there a move to make a move, to step down now they have 'really' stabilised, for them to be cared for by a family.' When there is a move at this stage the child loses whatever they have gained and communicates this through their behaviour, going missing or being what is described as 'uncooperative' or 'challenging.' Often the placement will be said to be a 'failure.' In reality the responsibility rests with the external decision makers. Reasoning by the care givers might be seen as 'wanting to hang on to the child.' This would be true, for the good reason the necessary experiences are only halfway through, they have not been internalised. They have formed a relationship the child is beginning to be loved and to love in return. The crystal is shattered.

Assuming that the interests of the child are followed, and the placement is allowed to continue, there is then the need for a second diamond with the primary carer in support. Lessons are learned from a different perspective by all.

This is the moment for transition.

It needs to be understood that the child is still in recovery, as they have been throughout the previous stages. Getting 'better' is something that takes time. It is the reason the concepts of Continuing Care and Through Care are considered relevant where Leaving Care is not. Terminology matters as it determines practice. The idea of 'leaving care' needs interrogation. For example, what is support if it does not have care? Few people 'leave care' in their life. Care changes, but continues, the need for it does not diminish.

If the active stages of containment and nurture are complex and frequently misunderstood so the recovery continuing is now a forgotten aspect of care. There is a rush to normalisation of children whose previous life has not been normal. There are still many gaps and spaces to be filled in positively in a manner that removes them as risks for the child to fall into. There are islands of functioning and for as long a time as the child, or young person needs assistance in recognising that they are getting close to the edge then trusted adults with whom they have chosen to form relationships need to be there to guide them gently back explaining what was happening and why and how to avoid in the future

Other references

Howe, D (2005) Child Abuse and Neglect, Attachment, Development and Intervention.

Bowlby, J (1988) A Secure Base

Pearce, C (2009) A Short Introduction to Attachment and attachment Disorder

<http://www.uea.ac.uk/providingasecurebase>

Schofield, G. & Beek, M. (2011) Attachment Handbook for Foster Care and Adoption

Sunderland, M. (2006) What Every Parent Needs to Know: The incredible effects of love, nurture and play on your child's development.

Gerdhart, S. Why Love Matters: How Affection Shapes a Baby's Brain

Golding, K. & Hughes, D. Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child

Cairns, K. Attachment, Trauma and Resilience: Therapeutic Caring for Children

How did we get to this document?

As with other issues there has been an insistent, persistent and consistent advocacy by a few people over many years.

Latterly the lack of homes for higher level needs has been raised by ADCS. It is good to now see the matter recognised by the inspectorate.

Be watchful

We must be watchful that the current organisational culture of children's social care (our defence against anxiety) does not disempower the re-energising of residential child care that this document could promote.

We must be mindful of the agendas that current crosscut all policy matters. The Care Review distils many of them, reduction in CLA numbers, reduction in statutory interventions, reduction of standards, removal of care status and the obligations to safeguarding and welfare this brings for children, localisation, exemptions and exceptions made general to all children. There are more.

NCERCC evaluation and response

This evaluation and response will foreground the positives before addressing a concern.

Positives

Main findings presents a good evaluation of the current situation

Social care staff use the term 'children with complex needs' to describe children who have multiple needs of different types. These children require care and support from an array of professionals to meet their needs. They tend to be the same children that staff have most difficulty finding homes and caring for. These are typically children with severe mental health difficulties, or whose needs manifest in behaviours that place the child or others at risk. Staff said that the trauma experienced by many of these children can underlie, contribute to, or exacerbate needs.

Co-occurring needs is a better umbrella term than Complex

It is good to read that Ofsted "findings are in line with those recently published by the Nuffield Family Justice Observatory: that the phrase 'complex needs' is used to refer to children with multiple, overlapping needs who require a collective response from multiple agencies. It is often the combined impact of several needs, rather than the severity of any single need, that increases children's vulnerability.

This has been substantially addressed in Children deprived of their liberty; an analysis of the first two months of applications to the national deprivation of liberty court.

[Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court – Nuffield Family Justice Observatory \(nuffieldfjo.org.uk\)](#)

This research reports on the needs, and characteristics and circumstances of the children, the case studies give excellent insights.

These pages sections are recommended for study and discussion

- Table 1 Child's placement at the time of the DOL application page 13
- Instability of placements page 14
- Children subject to previous DOL orders page 14
- Length of time in care at the time of the application page 15
- Involvement with children's social care and exposure to early life adversity page 16
- Multiplicity and complexity of needs page 25 (average = 4.2 risk factors)
- Figure 10 Prevalence of needs and risk factors page 28
- Co-occurring needs and grouping of needs page 35

See also NCERCC blog. [This is the most important research report regarding children in care for decades – it is required reading – NCERCC](#)

The need for personal and professional development

The lack of homes for higher level needs has been highlighted by NCERCC over the years as a matter of personal and professional development.

The reason why we do not have the homes for the children is because we do not have the expertise in the workforce to meet the needs.

Such expertise takes time to acquire, is intensive and therefore comes a cost.

The market will not provide higher level needs homes - it is a local authority role and task to take these forwards

There are fewer children with high level needs and it is harder to match and bring together a functioning group. This affects occupancy and viability. In such market oriented and determined circumstances more incoming investors might well opt for 'mainstream' needs. This suggests the market will not provide higher level needs

Assessment is an essential social work task

The report notes providers seeking '*sufficient or reliable information about the child*' ...*When homes receive enough detailed information, they are able to anticipate and prepare for the impact on others at the home. They can access relevant training for staff, and arrange input from any required external agencies.*

There are evidenced assessments that provide insights that lead directly to a care plan. Analytical assessments are essential.

Guidance for social workers on social work assessments suitable for residential child care use, and also effective engagement and working together with children's homes, will be a substantial step forwards. We need to move beyond descriptive, at times subjective, social work assessment.

There is a shocking admission from a commissioner

'...you could be over-describing the child's needs and no one will offer a place for the child.'

We cannot accept a situation where accurately describing a child inhibits professional activity.

It was a common saying 2 or 3 decades ago that 'There can be no treatment without assessment'. We appear to have forgotten the importance and even the methods of assessment. (See the recent book of Christine Bradley and Francina Kitchington *Revealing the Inner World of Traumatised Children and Young People* | Jessica Kingsley Publishers - UK (jpk.com) and their new book [Trauma in Children and Young People: Reaching the Heart of the Matter \(routledge.com\)](http://Trauma in Children and Young People: Reaching the Heart of the Matter (routledge.com)))

Clear communication and information-sharing between children's homes, local authorities and other agencies are important to help find the right placement for the child. Referral decisions are supported when the information about children given to homes is clear and transparent and when homes' statements of purpose accurately reflect their current ability to care for children.

The Planning and Preparing for a placement section is a treasure trove of good practice ideas.

As Yvette Stanley Ofsted Social Care Director notes in the media release there are beautiful practice examples and ideas throughout all the sub-sections.

This section needs to be read in staff development meetings in all homes over the next months.

It is reminiscent of the *Journey through placement and Residential Treatment: A Tapestry of Many Therapies* of Vera Fahlberg.

Is this the return to the Improvement function of the regulator inspectorate?

It is to be hoped.

Previous regulators (NCSC and CSCI) and Ofsted in its early time with children's social care has 'an improvement function', that is inspectors could advise providers on good practice. As accountability and regulatory aspects rose the improvement function was explicitly dropped.

In the absence of a national good practice network Ofsted are the only source of such advice and linking across settings.

If advice could be given at the moment of inspection this would be excellent. If it is only, for the moment, in Ofsted research reports then let it be seen as a welcomed foundation to be built upon.

Stickability matters - seeing beyond, beneath and behind the behaviour

Along with consistency, the resilience of staff in children's homes is important. Staff 'commitment' and ability to 'persevere' and 'not give up' on children helped the homes achieve stability for children with complex needs.

What this amounts to is the person and professional development of each RCCW to be able to see beyond, beneath and behind the behaviour.

Behaviour is communication.

Schools and learning – more needed on emotional growth and learning and obstacles

The section on accessing schools could be more explanatory of the effects of neglect, trauma and attachment profile on the ability to engage in any learning.

Helping children to access mental health and wider health services

This section could be enhanced by addressing health and social care differences in conceptualisation of need and thereby thresholds and practice, and even language. Whilst therapy in itself does not make a home therapeutic (think - the other 23 hours) an important point is *made Professionals stressed the importance of timing for children starting therapy, so as not to re-traumatise or destabilise the child. Although children might need therapeutic input in the future, they needed time to 'settle and stabilise' first. Professionals also sought children's views on their readiness for therapy*

Working with the Police

Potentially a big learning programme needed for the Police colleagues – trauma informed policing is needed to be addressed. Currently the College of Policing addresses this as the cumulative and vicarious trauma of police personnel. We need to address how Police can best to engage with traumatised young people, for example not asking 'Why' to a child in panic but maybe asking 'What' or 'How'.

Overall evaluation of the report

Much is what we have known as good practice for decades and are reminders.

The report is describing and confirms yet again the golden threads of research and practice. There is nothing new, but this is a new time for it to be put to work.

The fact that we have not got this established practice in children's social care suggests a new seriousness about personal and professional development is needed. It is on this basis we will have the expertise to be able to open the higher level homes needed

The conclusions

There were some common elements of the practice of local authorities and homes working together and with other agencies that resulted in good experiences for children. These were:

- *well-planned moves into the home, at a suitable pace for the child*
- *providing consistency, through relationships, education and other activities*
- *getting children access to the specialist services they needed*
- *facilitating a sense of belonging for children, through knowing staff would not give up on them and that this is their long-term home*
- *capturing and implementing children's views on their care*

Negatives

These are solely in the opening paragraphs. It is unfortunate that they occur so early on in the document as they may affect some people engaging with the positives.

In NCERCC view the opening remarks require a necessary reframing of language in order to present a neutral position is recommended. Here is our thinking through

Here's an early example *Our findings were consistent with previous reports that children's homes are often reluctant to accept referrals for children with complex needs.*

In the opening the Regulations and Quality Standards could, and maybe should, have been stated rather than this statement. The regulations and standards set the framework. Unambiguously stating the regulations and standards/guide sets the objective stance taken. The findings of research can be stated later.

Regulation 14 (Care Planning) (a) *that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose...*

Regulation 16 Schedule 1.1 states the Statement of Purpose should contain a statement of the range of needs of the children for whom it is intended that the children's home is to provide care and accommodation.

The Guide states the need to match needs to provision, in summary, matching needs to provision – home is the right one for that child, and that the home will be able to respond effectively to the child's assessed needs.

The two all-important defining thresholds required by regulation are not included in the opening.

9.9 'Children must feel safe and be safe'.

Regulation 12 (2) (a i - iv)

11.4 The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. The Statement of Purpose is an important document in the process of care planning as it sets out the needs of children the home is set up and equipped to care for

11.5 The registered person must challenge (under regulation 5(c)) any placing authority who asks them to accept a child in the absence of a complete and current relevant plan, as the expectation that a placement of a child without the necessary information would go ahead (in circumstances other than an emergency) is inadequate in relation to their role. It is essential that homes understand what will be required of them before they accept responsibility for a child's placement, to avoid disruption and instability for the child in future and for other children in the home.

Why is it important to be clear on the above?

Ofsted state "There can be a variety of reasons for this (NCERCC add - homes' reluctance to admit). For example, homes may not have the staff or facilities to meet specialist care needs, or it could cause disruption for other children at the home".

Exactly so, homes are complying with the regulations and standards.

A secure base is essential for effective residential child care . For example see - [The Secure Base model - Professor Gillian Schofield and Dr Mary Beek - Groups and Centres \(uea.ac.uk\)](#)

It is concerning that Ofsted present a view that may erode good practice and emotional equilibrium.

A matter of judgement

Registered Managers must make decisions as to admissions on the basis of firm matching. This is good residential child care. From here there can be an expectation of effective intervention/support that creates the progress through positive relationships that bring good outcomes from a consistent culture.

It is always challenging to meet a child's needs if we are doing a 'good-enough' parenting. See <https://www.centreforperinatalpsychology.com.au/good-enough-parent>, [Good Enough Parenting | Child Protection Resource](#), Department of Education literature review - Childhood Wellbeing Research Centre, and lots more)

In the background of Ofsted writing these opening comments are those that have been made about providers 'cherry picking'. These comments needed to be made explicit and the document seen as, maybe challenging, them. By not placing the actual decision making in the context of the Ofsted paragraph quoted at the start of this section there is potential for an, perhaps unintended, imputation that could well prove to be demotivating and demoralising in general and also in the welcome of and engagement with the report.

Noting ambivalence in assessment of any admission is important. It should be explored deeply. A manager has to be sure the child will 'feel safe and be safe', this brings emotional containment of the child and staff. Importantly, any manager who

felt levered to accept a child where there is an ambivalence. Gaps and spaces are often filled by chaos resulting in a child moving on.

The above commentary aligns well with the Main finding in the report The most reported contributor to children's stability is the commitment and consistency of staff around the child. This enables children to build enduring relationships with the people who care for them.

Top-down Bottom Up

The second paragraph of the Ofsted report opens for reflection the subject of the divergence of the view from top-down regulation and inspection according to standards and bottom up lived experience of caring for children.

What is also opened is a debate regarding the performative culture of social care where 'Only good is good enough' in deciding placement choice. (see [Performativity and Health and Social Care | SpringerLink](#)) Ofsted could have addressed the comment to local authority activity too.

The above is not addressed in the section 'What Ofsted inspectors consider when homes care for children with complex needs'.

In the context of the misalignment of top-down and bottom up the following paragraphs may be read as defensive. We do not need an inspectorate that is defensive. We need an engaged inspectorate. Clearly something is not happening that needs to be happening. We need to find out and achieve a consensus through debate. The paragraphs could be seen as closing off a debate. It is a debate that needs to be opened.

To sum it up, we are not complacent. We recognise that inspection is a human activity, not a tick-box exercise, and therefore perfect consistency is not achievable. It is a priority for us to get this practice right. We will continue to use and develop our internal quality measures. We want to ensure that we are as consistent as possible and get the right balance between assessment of risk and children's experiences and progress. Below is a summary of the work we have done in pursuit of this goal.

We created a policy working group to closely review our inspection practice. We identified the key practices and language that were dominating inspection and affecting judgements. These were: managing risk; matching children in placements (and the concept of matching); and evaluating the use of restraint and restrictive practices. We disseminated this learning to a group of children's home managers to provide more clarity around how they can manage risk to enable them to do so more confidently. We also amended the grade descriptors in the SCCIF to make clear how we view risk and how we expect managers to consider which children can come to live in their homes.

Appendix



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.

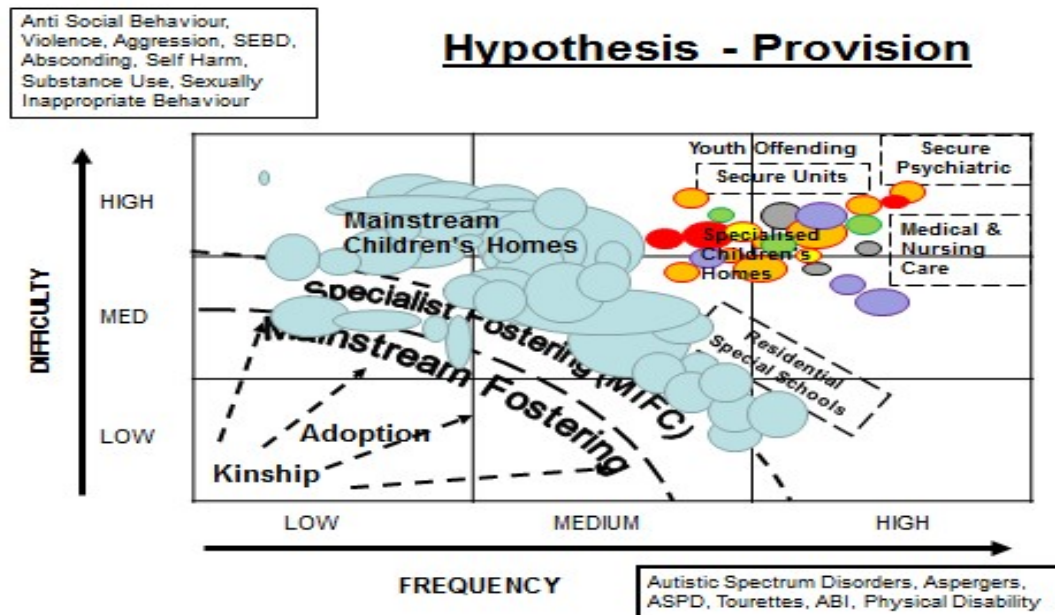
Often children in care are discussed as having uniform needs requiring generic services and settings provided according to a set schedule or specification for which a unit cost is applied.

- 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?