# DIVERTING CHILDREN FROM CARE



Project Initiation Document (PID)

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To give to	Commissioning & Finance Board	Date	21 Sept 2011

The aim of a project, and its PID, is to ensure that the work is delivered to time, within budget and scope and to the required quality

**Purpose** (Briefly describes the overall purpose of the project and which person or body has asked for it to be undertake – sometimes called the mandate)

This project aims to divert more children from care and thereby make significant efficiency savings and provide better outcomes for the children concerned. It is a key strand within the council's efficiency programme to reduce costs over the next three years and is central to the medium term financial strategy and Corporate Plan. Within this specific area costs are expected to be reduced by £2.4m by the end of 2013/14, including £400K in staffing costs as a result of the planned reduction of children in care. Significant initiatives to lead children away from care will, therefore, have to be successfully developed and in place over the next two years if these efficiencies are to start to kick in at the required time.

Some key challenges for this PID: (a) Do the actions amount to more than business as usual? (b) Are there any 'game changer' objectives/actions? (c) Given trends in children's social care, is there an efficiency plan B that may at some stage need to run alongside this project? — Audit Committee query (d) Is the project robust enough to deliver to time, budget, scope, quality and to achieve its outcomes? Is the 'localities' project, where there are strong dependency links, likely to deliver in a synchronised way with this project?

**Scope** (Outlines the areas that the project will be focused on and what it will not cover – sometimes called the brief)

The project comprises six key work streams which contain a number of time limited initiatives, as well as adjustments to business as usual practices that can be managed through existing delivery mechanisms – but which are crucial to the overall success of the project and must be captured here. The six work streams cover:

- Improving shared safeguarding intelligence hub
- Early intervention improvement
- Child protection improvement
- Youth provision improvement
- Post 16 care service improvement
- Placement improvement

It is important that a project like this focuses on those pieces of additional work that need to be done to make a difference to the numbers of children diverted from care, rather than become submerged into mainstream delivery.

The focus is on improving shared intelligence as a trigger for early intervention; improvements in case management and partner engagement to support early intervention; provision of better support packages for adolescents and improvements in commissioning placements.

**Background and business case** (Outlines any key drivers for the project and the business reasons for doing it in the way proposed – business case needs to be referred back to during project, so that we ensure it is still valid)

Last year the average cost of residential care was £3,143 per week, equating to £163k per year for a child in care throughout the year, with total spend £4,086,246. Significant progress in reducing the use of residential care has been made over the last year, with the numbers dropping from a high of 23 in spring 2010 to 14 currently.

2010 also saw a surge of pressure on the service through the effects of Baby P and the Southwark Judgement, covering responsibility for homeless young people. This is a critical area of potentially mushrooming expenditure that must be controlled and reduced where possible.

At any one time we have around 380 children in care, which is significantly higher than the national average proportionate to our population. However, 2010/11 saw a drop of 12% of those in care, which is bringing us nearer our comparator authority average.

We are also operating from a good base having implemented a robust strategy in the city to manage the cost of providing placements for children in care, including:

- A strong resource and joint funding panel working to clear criteria
- A clear framework of quality evaluation for each placement and evaluation of placements individually on quality and price through a mini-tender process
- A Cost and Volume contract for fostering services for the last 4 years has achieved £500k savings on market rates and has just been re-tendered and awarded to seven providers
- The Diversion of Children from Care 2010 PID targeted prevention services to divert children from care and an additional EIG resource has been identified to ensure that there is further targeted capacity
- Over that last 5 years we have seen a significant improvement in the provision of in-house fostering and our adoption service is one of the highest performing on NI 61. Therefore we can expect this service to diversify to cover a range of complimentary services such as: parent and child placements, placements for children with disabilities. The provision of these services will need to be kept under review to ensure we continue to achieve VFM against market rates for specialist provision.
- There is potential for a cost and volume contract in residential care

**Benefits to be achieved** (Outlines the material difference the project is expected to make – e.g. increase in performance, reduction in costs, creation of an amenity)

- Our targets for children in care are 345 by the end of 2011/12, 330 by 2012/13 and 320 by 2013/14.
- The efficiency targets are outlined in the table below:

	Efficiency deliver plans										
Area of saving	Efficiency savings						Comment				
	2011/12 2012/13 2013/14				2013/14						
	£000	FTE	£000	FTE	£000	FTE					
Re-commissioning Placements	400		750		1,500		Cost and volume contract re-negotiated, number of children in care reducing with a decrease in the use of the independent sector. In-house fostering recruitment assessments continuing. £0.260m market rate savings and £6k savings on existing frameworks. Performance scorecard developed to track Diversion of Children from Care strategy. Residential down to 15 and to 13 by April				
Staff Reductions	0	0	100		400		Supernumery posts (over establishment) now deleted and agency staff reduced. Permanent front-line staff recruitment continuing successfully				

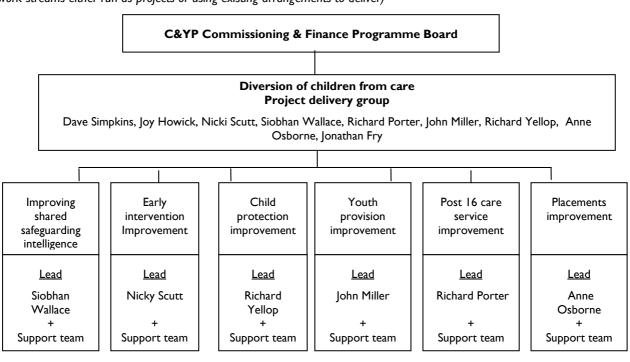
Court Ordered Placements & Transport	180	0	180	0	180	0	No secure placements used
Youth Offending Service	50	I	50		50		Achieved realigning service - integrating preventative service with youth service
Care Leavers	130	0	130	0	130	0	Achieved WEF 1/4/2011
Childcare Services Integration	0	0	70		140		Intensive support service diverting children from care

Caution - above table from original council efficiency delivery plan - RAG rating in some cases reflecting fact that outcomes not yet due to be completed and given green, rather than achieved, so can be misleading

The main tangible products that will result from this project are:

- Safeguarding hub established
- Cost and Volume contract for residential care established
- Reduction in the number of children in care
- Reduction in number of children coming to the social care system
- Increased VFM in independent placements

**Project organisation** (Outlines how the project will be organised – e.g. project board, project delivery team, specific work streams either run as projects or using existing arrangements to deliver)



# Project communication (Outlines who needs to know about the project and its progress

- Determine the type and regularity of communications between the project delivery group and programme board, as well as between the work streams and the project delivery group – project delivery group to meet monthly, others to attend it as required, monthly scorecard as part of set agenda focused on progress, barriers and consequent actions – JH/DS/JF to liaise more regularly
- Determine the type and regularity of communications, if any, to staff generally, key partners, members and corporate/senior managers within the council – good communications will need to feature within work streams if actions are to be successful

**Quality assurance** (States how quality will be assured during the life of the project and who will be responsible)

 Need to quality assure safeguarding hub; identify/mitigate any unintended consequences of diversion **Risk assessment** (Identifies the major risks attached to delivering the project on a Probability 1-5 (unlikely to certain) and Impact 1-5 (insignificant to massive) Rating and the response, or mitigation, to address the risk – focus on major risks)

Risks and pre mitigation assessment	Р	ı	R	Mitigation
Rise in numbers of children presenting/being presented at gateway to Children's Social Care	3	4	12	Robust gate keep- ing/assessment
Rise in number of court ordered placements in opposition to our care planning.	2	4	8	Continued liaison with the judiciary
Possible impact for Children's Social Care if budget/service level reduced to local preventative services.	3	3	9	Smarter working; locality work
Potential rise in young people whose needs are so complex they require secure beds.	2	2	4	Manageable
Risks associated with lack of capacity in in-house Band 4 foster placements could lead to rise in use of the independent sector.	3	4	12	Recruitment of Band 4 carers
Risk of stagnation for C&YP in longer term residential placements – without continuing market development of foster placements, in-house and in independent sector, those in residential placements will be hard to move to family placements.	3	4	12	Development of local fostering market
Parent and child invest to save project - risk of not achieving savings	2	5	10	Manageable
Rise in number of children in care	4	5	20	This Project
CAF/localities not implemented effectively leading to rise in children at A&A	3	4	12	Early intervention, dev. of CAF

# Diverting children from care – action plan

What do we want to achieve?	What are we going to do to achieve it?	How will we measure success?	When will we do it by?	What resource support do we need?	Who will be responsible?
Creation of safeguarding hub	<ul> <li>Governance and implementation groups in place</li> <li>Hub initiative being run as project that will feed into diversion from care one and report accordingly</li> <li>Confirm business case</li> <li>Sort IT issues and Carefirst links</li> <li>Establish hub team in Midland House and a threshold manager, make new team work</li> <li>Develop multi-agency protocol</li> <li>Get everything agreed through Trust, Safeguarding Board</li> <li>Establish baseline, continuous evaluation</li> <li>Ensure, clear pathways, threshold understanding, links with CAF/localities</li> </ul>	Multi-agency partnership dealing with all enquiries of concern, regarding children with additional needs	Work being progress with a Hub start date Jan 2012	<ul> <li>Agreement on IT solutions for receiving referrals</li> <li>Funding agreed</li> <li>Continued partner support – police led</li> </ul>	Siobhan Wallace
Work stream - Ea Improve the provision of universal and targeted services to vulnerable children and young people at an earlier stage	<ul> <li>The reorganisation of key staff into multi-disciplinary locality teams</li> <li>Key integrated processes to include information sharing, CAF, the role of Lead Professional and Referral systems</li> <li>CAF person in each team; inputs social work expectations to support CAF</li> </ul>	Improved outcomes for vulnerable children and young people(detailed performance indicators to be developed)	Reorganisation of teams to be completed by September 2011	Appropriate links and collaboration with colleagues not currently in scope for reorganisation e.g. health, VCS	Carol Henwood
Roll out of the DASH assessment for domestic abuse in all agencies	<ul> <li>Ownership of this issue by the safer and strong corporate body.</li> <li>PDAP plan to roll out and train staff. Agree operational date for implementation.</li> </ul>	DASH assessments routinely received and used by the Police	Agreement from PDAP	Training	Nicky Scutt Mark Collings
Secure multi agency funding for the delivery of "Making a Change" programme for Perpetrators of domestic abuse	<ul> <li>Funding just secured</li> <li>Ensure availability of treatment services for children's social care cases</li> </ul>	Courses are run. Perpetrators attend and their behaviour modifies	Currently being pulled together	<ul> <li>£10,000 has been secured from children's services</li> <li>Need other agencies to match fund.</li> </ul>	Mark Collings Nicky Scutt

What do we want to achieve?	What are we going to do to achieve it?	How will we measure success?	When will we do it by?	What resource support do we need?	Who will be responsible?
Where assessed needs can be met purely by family support intervention, close social care processes	<ul> <li>Develop processes through the HUB and the common assessment framework to transfer the case to a lead professional whilst the 12 week intervention is provided by social care</li> </ul>	No cases are kept open to social care purely to enable family support interventions	On-going from Sept 2011	Officer time	Nicky Scutt Amanda Paddison Karen Morris
Develop FGC service to deliver in the early intervention arena	Secure funding to extend the current service	% of FGC's per annum are dedicated to early intervention	Sept	Funding to develop intra structure	Nicky Scutt Mark Collings Mabel Edge
Develop family support interventions in the localities	<ul> <li>Place FSW's from the virtual team for fixed period of time in localities to provide parenting interventions and help develop this resource among other support staff</li> <li>Train and mentor support staff</li> </ul>	Family support interventions are provided via the CAF plan	Sept -ongoing	Officer time	Locality managers Nicky Scutt Lesley Horrell Amanda Paddison
Strong inputs from children's centres to diversion from care	■ Establish bespoke programmes in line with centre contracts	Less very young children entering care	Programme during autumn 2011 then on- going	Officer time	Jo Hall/Sue Smith, Nicky Scutt
Workstream - Cl	nild protection improvement				
Ensure appropriate level of support to Children in Need (CIN) cases currently open within Children's Social Care (CSC)	<ul> <li>Service Managers and CAF coordinator to carry out an audit of long term CIN cases to assess whether a case can be held by lead professional in a locality or held within CSC</li> <li>Build in process to ensure a CAF is considered when a child comes off a CPP and that all agencies actively follow the CAF</li> </ul>	<ul> <li>Reduction in the number on caseloads in CitC</li> <li>Children receive appropriate support from agencies best suited to provide it</li> </ul>	Sept 2011	Officer time	Richard Yellop and Amanda Paddison
To ensure that community based assessments are used where it is safe to do so, rather than Mother and Baby Residential Foster Care	Ensure that all staff understand the availability of the battery of tools within the Family Support Services and that the package is considered at the earliest opportunity – ongoing training.	Increase in the number of community based assessments and a significant reduction in terms of cost of purchasing assessments from the independent sector	Immediate	Officer time	Richard Yellop and Nicky Scutt

What do we want to achieve?  Effective input from other agencies including: Adult Mental Health; Drug & Alcohol Services; Adult Learning	<ul> <li>What are we going to do to achieve it?</li> <li>Commissioning appropriate services</li> <li>Ensure that there is a focus on the need of the child rather that the adult client and that adult parenting skills are understood appropriately by other agencies.</li> </ul>	How will we measure success?  More adults ale to care for their children	When will we do it by?	What resource support do we need? Resource issue to be raised with Safeguarding Board with a view to addressing these issues within SGB context	Who will be responsible? Fiona Fleming and Dave Schwartz
Disability Services.  In order to prevent drift in Child Protection cases ensure that all previous history is included in case planning.	Develop and use an electronic tool for collating chronological information	All cases have high quality chronologies with analysis showing chronology used to inform assessment.	Oct 2011	Officer time and CareFirst Team support.	Richard Yellop, Karen Morris and Karen Porte
	outh provision improvement				
Divert 11 – 17 year olds with multiple vulnerabilities from care	<ul> <li>Develop Intensive Support capacity, within locality delivery arrangements, to contribute to meeting the needs of young people with multiple vulnerabilities in the 11-17 age group</li> <li>Intensive Support Teams integration with locality teams</li> <li>Targeting those most at risk using CAF and Hub</li> </ul>	Reduction in numbers of 11-17 year olds who enter care Increased number of young people supported at Tier 3 through CAF	Start from Sept 2011	<ul> <li>Team capacity being strengthened to 8</li> <li>Appropriate family &amp; parent support resources e.g. FGC, FIP, mediation</li> </ul>	John Miller
Divert 16-17year olds from care (SouthwarkG)	<ul> <li>Develop capacity to deliver intensive support intervention before young people present to Advice and Assessment</li> <li>Realigned service in locality teams as above</li> </ul>	Reduction in numbers of 16-17 year olds who enter care following an intensive support intervention.	As above	■ As above	John Miller
	ost 16 care service improvement				
Robust services to provide advice and support to young people who are or may become homeless	<ul> <li>Supporting People and Housing re-procuring a homeless advice service with a revised specification focused on advice and prevention via direct work and mediation with young people and their families</li> </ul>	Increase in numbers of CAF completed A reduction young people requiring support from IST or Children's Social Care	New contract to be in place from I <sup>st</sup> Feb 2012	Project board in place and finance agreed	Richard Porter Sophie Slater Supporting People

What do we want to achieve?	What are we going to do to achieve it?	How will we measure success?	When will we do it by?	What resource support do we need?	Who will be responsible?
Education and awareness raising of the impact and dangers of youth homelessness — 'myth busters'	Use 'off the shelve' toolkit in educational and other settings to explore the issues of youth homelessness and help young people and their families make better choices about leaving home	A reduction in the number of homeless young people	To be in place by I <sup>st</sup> April 2012	Funding for toolkit	Richard Porter Dave Schwartz John Miller
Quality provision of accommodation and structured transitional support for young people with medium to high needs	Develop pre qualified list of appropriate providers	Preferred provider list with lower costs	Still in timetabling stage	No resource requirements	Richard Porter Emma Crowther
Improve quality of supported living providers for young people with low to moderate needs	<ul> <li>Review and agree commissioning intentions for the future and re-procure the existing partnership service with Devon</li> </ul>	We will have a supported lodgings service available for people with low to moderate need	I <sup>st</sup> April 2012	No resource requirements	Richard Porter Emma Crowther
Work streams - I	Placements improvement				
Reduction in use of independent sector, foster care & residential care by increase in use of in house provision	<ul> <li>Fortnightly placement review meetings will review, on a rolling programme, all children not in permanent placements, with a focus in those in the independent sector to:         <ul> <li>a) identify those who can return to</li> <li>b) an in house placement</li> <li>c) Identify those at risk of escalating to more costly placements, to ensure risk reduction strategies are put in place</li> </ul> </li> </ul>	Reduction in the independent sector population and a reduction in budget commitment to achieve this years themed savings	Ongoing	Service Managers, Team Managers and commissioning teams attendance at the fortnightly meetings	Anne Osborne, Tony Marchese
Establish more cost effective residential care placement either 'in city' or closer to Plymouth. Each to have a clear step down process to home or foster care within 6 mths	<ul> <li>Explore commissioning options for up to 4 placements initially with an agreed step down to foster care. This could be with a single provider</li> <li>Provide training for Social Worker's in planning for Children and Young People, to include step down provision and options</li> </ul>	Significant savings achieved on individual placements and a reduction in the length of time young people spend in residential care	December 2011	Head of Service, Service Managers and commissioning team	Dave Simpkins, Anne Osborne, Tony Marchese and Emma Crowther

What do we want to achieve?	What are we going to do to achieve it?	How will we measure success?	When will we do it by?	What resource support do we need?	Who will be responsible?
Improved sufficiency by increasing the number of in house foster placements	<ul> <li>Allocate all assessments of prospective foster carers upon application to avoid delay – use independent assessors if required</li> </ul>	Increase the number of fostering households who are able to actively take placement	31 <sup>st</sup> December 2011	<ul> <li>Social Workers to undertake assessment work. Additional fostering panels as required</li> </ul>	Anne Osborne
	Run a monthly advertising and information evenings as required	In place booked for the year	In place	<ul> <li>Team Manager and fostering assessment team</li> </ul>	Anne Osborne
	<ul> <li>Create a separate fostering assessment team, with named Team Manager oversight</li> </ul>	Separate team in place	Ist Aug 2011	<ul> <li>Part time Team</li> <li>Manager to be filled.</li> <li>Current team</li> <li>resources split</li> </ul>	Anne Osborne
Parent and Child Placements	<ul> <li>Recruit team – manager recruited but 3 months notice</li> <li>Recruit foster carers</li> <li>Develop project and attendant systems and processes</li> <li>Deliver in house parent and child placements</li> </ul>	In house parent and child placements delivered – insert figs Credibility gained from the court Delay in care proceeding reduced Good child outcomes	Team to be fully functional by April 2012	Invest to save bid.	Nicky Scutt Anne Osborne

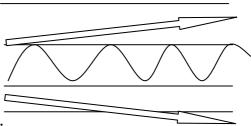
# **Background note - Early Intervention and Child Protection**

Last year the budget saw a surge of pressure due to the effect of Baby P and Southwark Judgement. Learning from this has shown that the multi agency teams were not set up to address this surge and so the Social Care front door felt the impact. We were then able to show the impact of the volume increases in referrals to A and A by an increase in volumes of Children with a Plan and to Children coming into Care. A key strand of activity has therefore been to strengthen the diversion from care agenda and particularly the CAF. The intention for this year is to see the implementation of the MASH including the co-ordination, monitoring and tracking of the early intervention arm of this.

To ensure the Diversion of Child from Care there must be a multiagency workforce aligned to this agenda. It will also be important for the Social Care workforce to be ready to de-escalate and divert to these agencies when appropriate for the circumstances of the family. There are families however for whom the level of risk will peak and they will need to move into and out of the Social Care Service over a period of time. An example being parental mental health, where there are periods of crisis and parental capacity is therefore affected. The remaining group of families is where social care intervention will show quite quickly the need to remove the children and then the need for permanency to ensure minimal disruption for the child and less time in a care environment.

Currently all Cases where a Plan has been in place for 12 months are reviewed and Child Protection Plans do not normally exceed 18 months in duration. A new case review will be undertaken for Children in the Community where a plan has been in situ for more than 9 months. This review will establish performance against the categories below and tracking arrangements will be developed to ensure that the appropriate action can be taken without any barriers to this. A full review will also be undertaken for all children returning to a Plan. To better understand the management of risk group and if any could have moved to de-escalation and diversion.

- I. Rapid resolution
- 2. Management of risk
- 3. De-escalation and diversion



# Family Group Conferencing and Family Mediation

We will continue to maintain at the current high levels the use of Family Group Conferencing. The EIG has identified resources within the Complex Families allocation for the development of Family Mediation and increasing the capacity of the FGC Service. This will be through the use of the VCS Provider market.

# **Alcohol and Domestic Abuse**

Continue to invest in specialist services which are preventative for children entering the care system. Alcohol and Domestic Abuse Services need greater investment and co-ordination. The Business Case is being developed for the EIG resources that have been identified.

# **Early Years**

Early years provision needs to be continually aligned to achieving the priorities of this PID. This includes the retender of children's centres and the re-focus through that on targeted work with the most vulnerable families. The continued investment by the pct in family nurse partnership is positive and efficacy of this must be tracked to play into future business cases.

# **Predictors of Parental Capability**

There is a need to better co-ordinate access to multi-agency skills in experts prior to the Court process. In order for the Social Care team to appropriately assess and predict parental capability where there are issues such as Mental Health and Learning Disability is important for the service to have swift access to a professional who can formally assess the adults capability and then a parental capability assessment can be undertaken. Where the concern arises from substance, alcohol, violence or criminal activity it is imperative for the Social Care Team know if the adult is capable of change.

Access to this type of expert skill can only normally be achieved once in Court proceedings. This is a more costly route. Specifically access to psychiatry and psychology input. We must also see improvements in our own performance and timely referrals form midwives for pre-birth risk assessments.

# Background - Youth provision and post 16 care services

# Supported Lodgings and other provision

Ongoing review of the capacity in Supported Lodgings with the need to pre-qualify the 16plus accommodation marketplace. This is an action to be taken through the Peninsula Commissioning Board as a priority for 2011/12. B and B review in line with Supporting People and housing to ensure sufficiency in the market for this provision.

# Statutory payment Review

This task will be undertaken in line with a review of all provision to Care Leavers.

## **Intensive Support Team**

The Team have been set up with three staff. EIG and youth funding has been identified to increase capacity for the team to eight staff. The management of the team is moving to the Youth Service and is a key part of the journey towards Integrated Youth Support. It will be important for a clear focus for this service continues to be the diversion of young people from becoming a Child in Need. During 2010/11 the focus was on CIN by virtue of their homelessness (Southwark G). However the service will diversify during 11/12 to consider all young people with multiple vulnerabilities aged 11-17. A targeting of services to young people most at risk of entering care will ensure a clear focus on diversion from care. The expansion of this team and effectiveness in diversion will need to be monitored through this PID.

### **Secure**

Many of the placements for secure are young people where risk taking behaviour puts them at significant risk through offending or high harm behaviours. Our use of secure has been very low, which is a success of deescalation services. However to ensure that our target of £180k reduction in budget is achieved this needs continued focus. Through this work stream analysis will be undertaken to better understand routes to secure placements and therefore how we can systematically prevent escalation to this level of need.

### **Participation**

The monitoring of the EIG allocation for the provision of participation support to the Listen and Care Council to the Corporate Parenting Group will be undertaken though this work stream area. The provision of advocacy and mentoring to young people is an important part of managing complex needs, consideration will be given to the existing advocacy contract and youth provision to explore how this can be aligned.

# **Background notes - Placements**

# **Residential Care**

The eligibility for residential care is for those young people who are a significant risk as a result of their own behaviour. This can be due to repeated absconding, drug use, fire setting, violence and criminal activity. This results in challenging behaviour which challenges foster carers and schools to keep the children safe and to continue to achieve good outcomes for them. The Commissioning Intentions in Plymouth are to ensure that Young People do not remain in residential care for long periods of time but rather that residential care ensures that young people are safe and de-escalates the behaviours that prevent those accessing mainstream services and foster care. It is then very important that the young people are returned to a family environment as soon as is possible. One driving force for this is that young people are more able to create attachments to carers in a family environment than in an institutional environment and good attachment leads to many positive outcomes in self esteem and friendships and relationships. Then impacting on health and financial outcomes.

The profile of the children placed in residential care in Plymouth is predominantly young people with challenging behaviour with 4 children currently placed in residential settings due to their level of disability (under the CDT team).

Significant progress has been made on reducing the use of residential care in the last year. This has resulted in numbers dropping from a high of 23 in Spring 2010 to 12 currently.

This has been achieved by a full review of all of the young people placed in residential settings and plans being initiated and monitored to ensure they are moved when appropriate to fostering or alternative provision.

The average cost per week for residential care was £3,143 which is £163k per annum. The total spend last year being £4,086,246. Last year the actions taken resulted in a reduction on the Independent Sector Budget of £898,000 (This included fostering spend)

Volume of Residential Placements is now 12 and has a target of 13 for 2011/12 and 11 for 12/13 This will have to accommodate fluctuations in demand.

### **Placement Review**

A review of all of the needs of young people accessing residential settings continues on a two weekly basis to ensure that provision continues to meet need and that the provider and the social worker are working together in a timely way to ensure de-escalation and therefore an appropriate move on plan can be achieved.

# **Gatekeeping**

The gate keeping for placements was already robust but this has also been strengthened. Drift on placements is minimised through regular review and challenge and panel continue to review progress for each placement.

# **Price Negotiations**

Each residential provider has been visited and discussions regarding the type of service packages and pricing structures have resulted in more tailored provision and cost and volume reductions alongside preferential prices being put in place. The next steps are to consider the market place and our demand profile when stable to set the business case for residential step down provision in fostering. A number of fostering providers have partnered with a residential provision to be able to offer a single de-escalation service. This needs to be considered alongside the success of the wrap around packages. There is a gap in the market for residential provision in the City. The provision we purchase is on the border. A number of providers are keen to consider setting up here and we will progress these discussions.

# **Fostering**

Fostering placements dropped during last year from a high of 63 to 59 however has risen again as we move into the new financial year. The target for 2011/12 is to reduce to 56 placements. This is alongside the Children in Care population overall needing to drop from 385 to 345.

### **Cost and Volume**

A Cost and Volume Tender for the provision of Fostering Placements was undertaken in 2010/11. This did not achieve the levels of savings we were hoping for however small savings were still made and existing rates were still achieved. Market intelligence from this has shown that ongoing work to consider the service models offered by Fostering providers is needed and that by better use of the Options Appraisal process the lower cost placements can be chosen when the match is appropriate.

# Invest to Save

The Team were successful in the Invest to Save bid for the development of Parent and Child Placements. This is a high cost area with prices continuing to increase among a number of key providers. The development of in-house capacity will ensure diversion from this expense.

# **Placement Review and Gatekeeping**

As with residential the ongoing review of the high cost fostering placements will continue to ensure that the highest quality is being achieved for that resource. In addition tight gate keeping to high cost placements will continue through resource panel. To try to avoid independent sector placements for children where care proceedings are being initiated as they can last in excess of 40 weeks. During Care proceedings children cannot be moved. Thus tying us to high cost packages.

# **Wrap Around Packages**

Ensure that Wrap Around Packages continue to divert children and young people from care. Cascade the learning from this to ensure that the model here can influence the shape of other service design that will divert.

# **Adoption**

Continue to invest in adoption service to ensure fast tracking of children to permanency. To track any barriers to proceedings. To make good use of the Court User Forum to achieve this. We also intend to explore Concurrency registration where a carer is registered as a foster carer and works to reunify the child and the birth family but where this is unsuccessful they will undertake to adopt the child.

# **CAMHS**

Put in place a CAMHS protocol to ensure access to therapeutic services out of the city.