



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

Final report to the Local Government Association

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Executive summary

OPM was commissioned by the Local Government Association to conduct research into the **more effective strategic commissioning of children's residential care homes**.

The research focused on three aspects of commissioning: needs analysis; matching needs and supply; and quality assurance and monitoring. We reviewed published literature, undertook extensive interviewing, conducted an online survey of children and young people in care and care leavers and facilitated action learning groups with the ten participating local authorities. The participating local authorities worked together in three action learning groups. They selected five topics to focus on:

- Residential assessment services
- Market intelligence and market shaping
- The use of step-up/step-down services
- Understanding and evidencing outcomes
- Collaborative commissioning.

There was positive feedback from the action learning groups and some participants hope to continue to collaborate around topics of mutual interest. Regions or other council networks or groupings might also want to find ways to continue to share learning and innovations.

Our interim report, published in parallel with this final report, includes the significant body of evidence collected during this research, and case studies of the authorities involved.

This short final report **summarises the findings from the research**. It describes the current issues and developments in strategic commissioning of residential children's homes. We are very grateful to the councils and providers who participated. We found aspects of effective strategic commissioning of children's homes in all the localities involved. We **highlight some practice examples** from these localities that we feel may be of interest to the sector. These examples include important areas where new developments and innovative work are being taken forward:

- The commissioning system operates at a number of levels, and partners from different agencies need to work together to create commissioning culture and practice. There are examples of re-shaping relationships between commissioners at different levels and of developing health and well-being boards to focus on looked after children;

- As part of improved analysis and of developing a much clearer aggregated picture of needs (an important objective), some authorities are involving children and young people more extensively or undertaking longitudinal research. At individual level, there are new assessment tools, and short term assessment units for children with more complex needs;
- There is a lot still to do – in areas of both under and over capacity – to match needs with supply and to engage with providers about requirements. Two localities have new solutions to emergency placements, one council has started communicating to providers about 'what good looks like', and step up and step down models are being developed. But there are persistent and widespread challenges in understanding what services different providers offer in terms of specialist or therapeutic placements and there is little research evidence about what works. As the needs of children get more complex, councils are also taking steps to avoid loss of experienced staff from homes;
- There are many different approaches to procurement and types of contracts, including new commissioner/provider relationships within a block contract. There are examples of new provider forums, but generally councils and providers recognise a need for deeper relationships and for better processes to shape the whole market – both in-house and independent;
- Collaborative commissioning is widespread with some more recent examples of tactical or issue-based collaborations. Where collaborations work well, they have good buy-in and good processes for sharing information;
- Individual councils are seeking to involve children and young people more in decisions about their care, although our survey confirms there is some way to go;
- For quality assurance and monitoring, there is lots of data, not all of it useful. There are examples of learning from placement failures and a range of work to develop outcomes frameworks tailored to this target group of children and young people. In one participating council, the approach to quality is being influenced by social pedagogy models;
- A number of councils are concerned about transitions to post 16 and leaving care;
- Councils want to manage out of area placements in the same way as in-area placements; but there are concerns about monitoring of incoming placements.

There is more to do before strategic commissioning for looked after children and residential home placements is fully effective. There will be many small improvements that any individual authority and their partners could make by drawing on practice and innovation from

elsewhere. Examples cited in this report illustrate the range of solutions being applied in local areas; but if this research has confirmed one thing, it is that more effective commissioning of children's residential care requires all stakeholders to play their part - collaborative effort by the sector is required to improve practice and outcomes.

Our recommendations aim to help further improvement in the sector. We focus on local, regional and national level actions. We believe these are the actions that will have most impact. The recommendations are inter-connected and improved practice in any of these areas would support whole-system improvement.

1. Local level recommendations

1.1 Multi-agency working has suffered from many distractions recently (e.g. health system changes, budget cuts). Only a few authorities have made much progress with new health and well-being arrangements for children. **We recommend that it is timely to refocus on multi-agency working and to accelerate the development of Health and Wellbeing Board arrangements for children.** Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies can be used to ensure looked after children's needs are integrated into all local commissioning strategies and all local partner agencies are taking responsibility for more effective strategic commissioning of children's residential care.

1.2 Social workers have to manage extremely high caseloads and generally with tools which do not comprehensively assess needs. **We recommend that more attention is given to supporting social workers and commissioners to enhance needs assessments.** This means identifying additional skills required and improving tools and processes, so needs and outcomes are more adequately captured. This would improve the quality and consistency of needs assessments and placement decisions.

1.3 We recommend that strategic commissioners look at in-house and independent providers impartially and in the context of the sufficiency duty. Local commissioning plans and market position statements need to reflect local circumstances and that will mean a different balance of in-house and independent provision in different areas. **The message that residential care homes are a valid, positive and valued part of the continuum of care also needs reinforcing.**

1.4 Local authorities might find it helpful to further develop their understanding and use of evaluation techniques in looked after children's services. The resulting evaluation approaches and toolkits could be shared with providers and help improve understanding of impact, value and outcomes.

1.5 Workforce development merits further attention. Children's homes are receiving children and young people with increasingly high level or complex needs; strategies for skills development and to avoid burn out could help in matching needs with supply in the medium to long term.

2. Regional level recommendations

2.1 An incomplete picture of needs can undermine subsequent commissioning activities and contribute to ineffective strategic commissioning. **We recommend a greater focus on increasing skills and expertise in collection, collation and analysis of data to inform strategic commissioning.** This would include understanding of how qualitative data can be incorporated and analysed and in particular how the views of children and young people are taken into account. This recommendation might be taken forward at regional level as part of improvement planning.

2.2 Development of hybrid service models will enhance the continuum of care and support authorities to meet needs more flexibly, effectively and efficiently. **We recommend more work is done to identify and develop 'hybrid' models of care such as 'foster plus respite' and 'step down' services.** This can build on local innovation and initiatives already being taken forward and further capture and share learning to date from within the sector.

3. National level recommendations

3.1 Local authorities are interested in the range of collaborative commissioning arrangements that currently exist or are emerging. **We recommend more transparency in the sector about collaborative activity.**

3.2 We recommend the sector makes arrangements for more longitudinal studies of the impact of different types of residential care provision on different sub-groups of children and young people. This would help clarify what residential care works for whom, why and under what conditions. This could synthesise and build on existing work and might benefit from an appreciative inquiry approach - a lot is known about young people who have been in care who have less good outcomes (for example the numbers

who offend) but much less is known about those who achieve positive outcomes.

3.3 Commissioners need to be able to better understand provider offers. Since a number of providers work nationally **we recommend further national work to map provision and facilitate conversations between local authorities, providers and partner agencies.**

3.4 Market shaping and development could be supported by some inter-linked changes to the way provider offers are defined, communicated, understood and scrutinised by commissioners. **We recommend there is a tightening of children's homes' formal statement of purpose. We recommend more cross-regional sharing of good sufficiency statements, market position statements and commissioning strategies.**

3.5 We recommend a common national outcomes framework is developed for children's residential care. This framework would capture the particular needs of this group of children (e.g. building personal resilience, forming trusting relationships). National leadership is required to develop this framework and to involve, in particular, the national experts, local authorities and providers who have invested significant effort in work on outcomes to date.

3.6 We recommend that further attention is given to transitions out of care and to services for young people post-16. Further consideration should be given to the regulation and quality assurance of placements and services for looked after children entering post 16 or leaving care provision, and the threshold at which quality assurance of these services ceases. There may be a case for a more staged and segmented approach, proportionate to need and risk.

Introduction

There were 67,050 looked after children in England at 31 March 2012; within this group 4,890 children and young people were living in children's homes¹. For some a children's home is the best care option but there are many questions about the quality and impact of children's homes and the outcomes achieved for this group of children and young people. Residential care is also expensive and as such local authorities and central government want to see significant improvements to its efficiency and effectiveness.

It is important to acknowledge the **complexity of the environment within which children's residential care is being commissioned**. There are deep current safeguarding pressures including child sexual exploitation and gangs and serious organised crime. It is reported that the needs of looked after children are increasingly complex and challenging and include mental health needs, attachment/relationship challenges and learning disabilities. System reorganisation and major cuts to budgets have impaired connectivity across social care, health and other partner agencies and resulted in reduced organisational memory.

There is intense media coverage and public scrutiny of individual decisions around looked after children; all local authorities involved in this research cited high profile examples of failure in children's services as a driver for change and improvement locally. This is most clearly a driver of change in the authorities closest to major safeguarding failures; but the response differs locally. In one local authority, interviewees clearly linked high profile safeguarding failures to a very low tolerance for risk and noted the significant impact on caseloads as more children and young people are brought into care. In two other authorities failure uncovered in their region has stimulated a strategic focus on safeguarding and much closer working with local Police forces.

Local authority placement teams and leaving care services have also come under increased pressure in the wake of the Southwark Judgement 2009 (which obliges children's services to provide accommodation and support to homeless 16 and 17 year olds) and the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (which means young people remanded in

¹ Department for Education, 2012, Reform of Children's Residential Care: Report of the Expert Group on the quality of children's homes, cited from <http://www.education.gov.uk/a00224323/quality-child-homes-report>

custody are given looked-after status); many older teenagers are entering the system requiring residential placements and leaving care plans within a tight timeframe.

Findings from the different aspects of this research were complex but broadly consistent. Providers (in-house and independent) often raised similar issues to local authorities, albeit from a different perspective. Most local authorities have a clear strategy to reduce the use of residential care through earlier adoption and increased use of fostering and foster plus services, and in parallel there is a push to have access to high quality residential care for more specialist needs. We found evidence of improvement and success in the commissioning of residential homes and a lot of ongoing improvement work at local level. There is evidence of real innovation and new responses to challenges.

Action research and action learning

This project employed an action research and action learning approach; this works well when the topic is highly complex, participants are extremely knowledgeable and activity is heavily influenced by factors such as risk, outcomes and cost. Our ten participating local authorities selected five topics to focus on:

- Residential assessment services
- Market intelligence and market shaping
- The use of step-up/step-down services
- Understanding and evidencing outcomes
- Collaborative commissioning.

Our approach to action research aims to take an asset based approach drawing on elements of appreciative inquiry. Instead of looking at problems in isolation, it asks participants to share learning and identify available assets (local, regional and national) and think creatively about how these might be used. In between action learning group meetings the learning journey continues; in this research participating local authorities undertook desk research, visited each others' services and facilitated meetings with external experts and provider representatives. Some participants hope to continue to collaborate around topics of mutual interest. Regions or other council networks or groupings might also want to find ways to continue to share learning and innovations.

Key research findings and recommendations

1. The commissioning system

Commissioning consists of four steps (understand, plan, do, review) and takes place at three levels (strategic, operational and individual – see diagram below). There is (rightly) a strong focus on getting placements and additional services right for the individual child or young person.



Improvements have been brought about in a number of ways, such as through major reviews of children's residential care commissioning - for example in Shropshire, Lincolnshire and Bradford - and through the work of strategic forums such as Children's Trust or Partnership Boards and Health and Wellbeing Boards. We found aspects of effective strategic commissioning in all the participating councils.

Our evidence shows however that there is more to be done before it can be said that there is fully effective strategic commissioning of services for looked after children.

Many local authorities are moving towards a 'commissioning council' model corporately; this means there is an increased need for children's commissioners to participate in and influence strategic discussions at the organisational level and ensure the corporate vision and policies (e.g. local authority wide) work for children in care. Children in residential homes are part of a wider care system and the **strategic commissioning of home placements cannot be looked at in isolation.**

Diversity across local authorities and local marketplaces means there is no 'one size fits all' structural arrangement that will bring about effective commissioning; but there are some common factors. Local authorities with strong commissioning practice have an embedded commissioning culture, clear leadership of the commissioning process and a clear direction of travel. They have designed departmental structures and roles to reflect local circumstance and enable wider support for children's commissioning processes within the authority and from partners.

As part of their leadership role, effective strategic commissioners recognise the need to establish consistent policies and 'must do standards' to enable effective individual and operational level commissioning. Decisions made at these levels have to be sustainable and contribute to wider corporate objectives. Local placement and resource panels can help ensure there is a consistent application of strategic commissioning plans and policies and robust analysis of care plans before placement decisions are made.

Kent County Council is currently developing its Access to Resources Team and, through this, is reshaping relationships between the different tiers of commissioning.

There is growing acknowledgement of the need for and importance of **whole system transformation and service redesign**. Strategic commissioning can be the vehicle for service reform and should drive the development of multi-agency and collaborative commissioning arrangements. Commissioning effectively as part of a wider system (e.g. outside a single organisation) requires a different set of skills and capabilities; strategic commissioners will be operating as leaders and influencers of the system. They must promote a whole system view of the value and impact of services for those using them, and encourage a move away from commissioning approaches that focus on the costs and benefits to individual agencies.

The Children Act 2004 requires agencies to align their strategies, sharing risk and jointly commissioning services for looked after children. Multi-agency working has suffered from many distractions recently (e.g. health system changes, CCGs etc, and budget cuts). There has been increasing influence from the Police for example around out of area placements.

Only a few authorities have made progress with new health and well-being arrangements for looked after children but those that have show promise.

Hertfordshire County Council children's services have been actively working with their Health and Wellbeing Board since its inception and the needs of children in care have been successfully raised with a specific work stream focusing on children living away from home.

Children's services in **Bradford Metropolitan District Council** have begun working with their Health and Wellbeing Board to provide a more responsive mental health services to children and to staff. They are also connecting with the CCG to ensure looked after children placed within and outside the area, have access to health and mental health services.

We recommend that it is timely to refocus on multi-agency working and to accelerate the development of Health and Wellbeing Board arrangements for children. Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies can be used to ensure looked after children's needs are integrated into all local commissioning strategies and all local partner agencies are taking responsibility for more effective strategic commissioning of children's residential care

2. Needs analysis

Building a picture of needs

Most local authorities acknowledge the need for a clear picture of **current needs** at locality level although the link between robust needs analysis and effective commissioning is sometimes inadequately made. In a small number of the authorities we spoke to there have been significant improvements in the way data on needs is collected, analysed and used, usually as a result of a wider push to improve looked after children's commissioning or a focused project to improve the effectiveness and efficiency of a particular aspect of these services.

Vast amounts of data exist; at the individual child level data is collected through social worker assessments, ongoing monitoring (by social workers, IROs, advocates, key workers), partner agencies (schools, health, CAMHs, the Police, youth offending teams) and by providers and

individual care homes. Home level data is also collected through Ofsted, Regulation 33 and 34 visits and contract monitoring by individual local authorities.

Children and young people are engaged at a minimum through Children in Care Councils, but most admit more needs to be done to engage looked after children, particularly at the 'understand' and 'plan' stages e.g. in building a picture of need to inform strategy and service design. Just under half of our authorities cited specific examples of work locally to improve the engagement of children and young people, sometimes through the use of innovative methods; however, most admitted they require a better understanding of how to aggregate individual feedback and analyse this data to inform commissioning.

Derbyshire County Council is currently delivering a project called UNI-FI; the high level objective is to better support children in care and increase the number of care leavers in employment, education or training. Social Pedagogy principles underpin the UNI-FI programme and associated workforce development. The programme directly engages children and young people to capture needs and experiences and co-design ways forward. Ethnographic research has been used to build a picture of need with researchers spending three days at a time in each participating children's homes to capture qualitative data (experiences, views and interactions in the home). The project also makes use of new technology to record and share young people's experiences. The impact of mentors is being explored and children and young people are directly involved in the evaluation of the project and capture of learning.

Data captured is generally not consistent in form, quantity or quality and authorities and their partners are often struggling to aggregate and use data to build a really useful picture of need. The barriers to effective needs analysis tend to be process related (e.g. inconsistent or slow feedback of data within the system), content related (e.g. a lack of appropriate diagnostic data, rich qualitative data and data on impact and outcomes) or most commonly a lack of capability or capacity to analyse and interpret available data. There also needs to be improved data on children on the edge of care and at risk.

There are divergent views about the value of **forecasting of longer term needs**: some feel that the cohort of children in care is too complex and changeable for medium to longer term forecasts to be useful. Some sites involved in the research have tried to undertake financial modelling and simulations but in many cases found these exercises overly complex because of the number of variables in play and the complexities of this cohort of children and young people. Some authorities, particularly those smaller in size and/or numbers of looked after children struggle to see the added value of such exercises as the numbers of children in care

are low. Some would like to take a more strategic approach than they currently do, but do not believe they have the capacity or resource to develop this.

An incomplete picture of needs will result in ineffective strategic commissioning in the rest of the cycle: poor match between needs and placement options (often resulting in placement breakdown); a lack of effective market shaping; lack of confidence about costs, value and appropriate distribution of resource; and risks of worsening trends in outcomes.

We recommend there should be greater focus on increasing skills and expertise in collection, collation and analysis of data to inform strategic commissioning. This would include understanding of how qualitative data can be incorporated and analysed and in particular how the views of children and young people are taken into account. This recommendation might be taken forward at regional level as part of improvement planning.

At individual level data is often not specific enough about the challenges the child or young person is facing, how these challenges manifest themselves and what this means for care planning. For children with specialist or complex needs there can be significant uncertainty about how to classify different groups of needs. At individual level, understanding of what works needs to be more child focused. Drawing on the personalisation agenda, more can be done to understand the child or young person in the round (notably relationships, resilience) and what represents progress and a positive outcome for them. Children can be helped to articulate and work towards short, medium and longer term outcomes and goals (care should be a springboard for future opportunities). Outcomes stars and other 'whole person' tools can help capture what works for individual children. Where captured, longitudinal data can be aggregated and analysed to reveal patterns or trends in needs and outcomes where they exist.

Three years ago **Darlington Borough Council** began a longitudinal study of looked after children. They did a deep dive to analyse the needs of a cohort of children aged 12. They plan to revisit these children now they are aged 15 to identify what has worked for them and whether any of them have been able to return to their families. This year the number of looked after children in Darlington began to reduce.

There are attempts at local, sub-regional or regional level to improve multi-agency assessment and to segment or band needs, and the new requirement for integrated health, education and care plans might further drive the development of 'whole child' assessments, but there are also calls for national input.

Some authorities have developed new solutions to effective needs assessment at individual level, including the use of short term residential assessment units. Authorities using these units report significant benefits with improvements to needs assessment and matching and increased placement stability for even the most complex children and young people. These units have created a lot of interest during this research and more work might be done to understand how they work and in what circumstances.

Shropshire County Council runs an in-house residential assessment home. Young people are placed in the home for 6-12 weeks and staff work with them to assess their needs and find the best placement solution. Once the assessment is complete, the placement recommendation is referred to a local authority budget management panel or (where multi-agency input is required) to a joint solutions panel. The assessment home creates the space for needs assessment and financial planning.

Social workers and commissioning

Good commissioning teams often contain both social work and procurement expertise supported by team members with strong analytical and data management skills and some of the best commissioners have experience working on the frontline as a social worker or in care homes; but social workers sometimes need more help to understand how strategic, operational and individual commissioning fit together. It is helpful if strategic commissioners build relationships with social workers, and in some cases they need to find better ways to communicate commissioning strategies, policies and plans and get input from social workers (this would also be of benefit to children's home staff and managers and service managers).

In some authorities commissioners are working with social workers to improve needs assessments and referral information.

One action learning group heard about the **BERRI** standardised tool to assess behaviour and emotional wellbeing for children and young people in or at risk of care.² This checklist explores Behaviour, Emotional well-being, Relationships, Risk and Indicators of psychological distress.

² http://www.cplaac.org.uk/tools/BERRI_CPLAAC.doc

In most local authorities social workers have to manage extremely high caseloads and generally with tools which do not comprehensively assess needs or identify required outcomes.

We recommend that more attention is given to supporting social workers and commissioners to enhance needs assessments. This means identifying additional skills required and improving tools and processes so needs and outcomes are more adequately captured. This would improve the quality and consistency of needs assessments and placement decisions.

Early intervention

Some authorities involved in our research and their regional or multi-agency partners are looking at the factors that influence the looked after children population. The results are being used to support the formation of commissioning strategy and the design and delivery of initiatives to reduce demand through both targeted and universal services.

As part of this project and their ongoing work **Bury Metropolitan Borough Council** has examined step up and step down fostering. Step down services are intended to take a young person from a higher to a lower level of need and support. Step up services are an extra step between for example mainstream fostering and a residential home. These services are one of the ways in which different placement types might form a more flexible continuum of services, better able to respond to different levels of need and changing needs over time. Foster carers working at this level are experienced, have the time to commit to working with these young people and are provided with additional training and support, sometimes specialising in a particular area for example child sexual exploitation, behaviour management or drugs misuse.

More detailed exploration of the pathways into and out of care will support authorities to intervene early with effective interventions. In the London Borough of Haringey a focus on early support is already reducing the numbers of children in care.

Services and pathways for young people aged 16 plus are an area of concern and also require attention. Progress made by services pre-16 will be undone without effective tapered support. Leaving care arrangements need to be improved to ensure children and young people are supported to live independently as part of a planned and managed transition that supports continued progress against outcomes.

Some interventions can help prevent escalating need and risk. Outreach services, respite services, crisis arrangements, models of intensive community based support, models of shared care and Multisystemic Therapy (MST) are ways being used to help preserve an existing placement and prevent escalating need. Respite, crisis and transition services might also help reduce the numbers of children taken into care. Development of these service and intervention models will enhance the continuum of care and support authorities to manage demand and meet needs more flexibly, effectively and efficiently.

Development of more hybrid service models will further enhance the continuum of care and support authorities to meet needs more flexibly, effectively and efficiently. **We recommend more work is done to identify and develop 'hybrid' models of care such as 'foster plus respite' and 'step down' services.** This can build on local innovation and initiatives already being taken forward and further capture and share learning to date from within the sector.

3. Matching needs and supply

The Sufficiency Duty and the use of out of area placements

The sufficiency duty emphasises the requirement to better match needs with supply locally and secure suitable provision in sufficient quantity. Local authorities are clear that the objective is to make sure as many children as possible are accommodated within the boundaries of their local authority or as near as possible to their home communities. The 20 mile radius proximity marker was frequently cited, particularly by smaller authorities surrounded by regional neighbours. Focussing on sufficiency will drive down the need for spot-purchasing and out of area placements. It requires strategic commissioners to step back and consider how to develop and maintain local, fit for purpose supply.

Interviewees agreed that placing in area is beneficial (for most children and young people) and would like to see the right mix supply in their area; however there was general acknowledgement that many authorities have failed to complete, update or publish sufficiency assessments. Some local authorities are updating them currently. The sufficiency duty feels to some like an additional exercise rather than an integral part of the commissioning process. Some interpretations of sufficiency (and choice) over-emphasise absolute numbers of places and/or providers and don't cast enough light on the required placement mix. Even in areas with significant over-supply (for example the North West)

many out of area placements are still made because local provision is not deemed fit for purpose or suitable for more complex or specialist needs.

In areas of under-supply local authorities say it is a real challenge to meet the sufficiency duty and avoid out of area placements. They cite high property prices and poor transport links as barriers to providers establishing homes in their area. Commissioners say in areas of under-supply they are working in a 'sellers market' where providers know demand outweighs supply and this makes it harder for them to challenge costs, quality and overall value for money if they want local placements.

Providers have a different perspective; they are concerned that cost is now the dominant decision making factor and the focus of conversations between commissioners and providers. They feel local authorities are failing to articulate in sufficient detail their local commissioning strategy and service requirements; this lack of clarity over local commissioning plans combined with low margins and the high cost of reshaping or opening a children's home mean the potential benefits to the provider are outweighed by the commercial risks and thus under-supply persists.

Providers are also worried that in the current financial climate the pressure on fees and short term cost savings has been the main focus of commissioner-provider relationships (over and above commissioning for sufficiency). Detailed conversations about unit costs leave little room for conversations about needs, service offers, quality and innovation. In a context where many local authorities have a policy of only commissioning from good or outstanding providers, increasingly providers are reluctant to accept a child or young person if they believe their behaviour will reflect negatively on the home (for example children and young people who frequently abscond) and on their Ofsted rating.

The providers we spoke to said they would like to build more trusting and collaborative relationships with commissioners to support effective commissioning, reduce commercial risk and uncertainty and support new supply and service innovation.

Lincolnshire County Council undertook a best value review of their residential care services. They found vacancies within in-house homes, a large number of young people placed out of area, (comparatively) high cost independent placements and the need to improve outcomes. The authority undertook a systematic analysis of need, benchmarking, remodelling and planned change. They improved and remodelled in-house homes to manage specialist and more complex needs. Small numbers of independent places are still commissioned but at a lower unit cost and with more robust contracting arrangements. Money saved was invested in preventative services including family support and specialist

foster care services. Another review is due shortly and will inform a new commissioning strategy for looked after children.

Many interviewees questioned the emphasis on local authority boundaries, particularly for very large or very small authorities. Alternatives might be balancing a combination of factors including: distance from the young person's home community; the accessibility of the placement for the local authority as corporate parents, for partner agencies and for kith and kin; and, a focus on ensuring services will be available to the young person in that placement, including at a minimum a school place and access to healthcare and mental health support where required.

Emergency placements

All interviewees wanted to see an end to 'Friday night crises' and to avoid emergency placements. High caseloads - linked to one or more factors including high demand, failure to intervene upstream, and the authority's attitude to risk and safeguarding - have a significant impact on the ability of care teams to avoid emergencies and manage individual cases.

Local authorities are using a range of solutions for emergencies: their own emergency beds; short term residential assessment units (see above); specific arrangements with providers which mean they can spot purchase emergency placements at framework or block contract rates; and agreements with neighbouring councils.

Salford City Council has opened an in-house 3 bed emergency unit designed as a crisis intervention service for failing foster care placements. Young people remain in the home for a maximum 6 months whilst their needs are comprehensively assessed and the reasons for previous placement breakdown identified. The unit employs an observational approach in a stable setting.

Darlington Borough Council has had a Service Level Agreement in place with a neighbouring local authority since 1996. Through this they access an emergency duty team. This partnership was independently reviewed recently to ensure it remains fit for purpose.

Understanding provider offers and matching

The matching of needs with supply could be improved in nearly every local authority and could help to reduce placement breakdown. Authorities would generally welcome deeper understanding of the services available across the existing children's residential home market. A common language to describe offers would help: concerns were raised throughout this research (including from providers) that inflated claims about services mean inappropriate placements are made and needs cannot be fulfilled.

Nearly all participants said more specialist provision is needed nationally and locally as authorities are struggling to match the most complex needs with supply. They also report that the number of children with multiple complex needs is increasing. Authorities seek 'specialist' and 'therapeutic' placements but across the board (providers included) said there is insufficient understanding amongst local authority commissioners and their partners about what this means in practice and insufficient evidence about what works and for whom.

In some authorities direct conversations between social work teams and commissioners have helped build deeper shared understanding of provider offers. Providers can also do more to articulate the services they offer and to demonstrate the staff and skills available to deliver services. The impact of a misjudged or ineffectual placement is so significant (for that individual child or young person and others in the home, including staff) that there may be justification for more formal requirements around ethical advertising. The sector needs to more clearly define 'specialist' and 'therapeutic' care and promote the use of common language (amongst commissioners and providers) to describe different type of provision.

A national effort could be made to refine understanding of the range of children's home offers available and where possible to classify these; a home's offer is inextricably linked to the skills, qualifications and number of staff within it and so this work could be linked to the Department for Education's proposed analysis of the children's homes workforce.

Bradford Metropolitan District Council has developed a view of what 'good' looks like and applies this consistently to in-house and independent providers. They have a clear sense of what they expect from a home including staff numbers, staff qualifications and training, staff skills (for example the ability to be reflective and outcomes-focused) and leadership qualities.

Interviewees from across the authorities involved in this research, and our scoping interviewees, stated their belief that for most (although not all) children and young people a family environment is preferable to a residential children's home and commissioners will look

to place a young person in a family environment wherever possible; however a small number of interviewees say an over-emphasis on family-based placements can mean a series of placement breakdowns before a young person is matched with a children's home placement.

Kent County Council received support from Canterbury University on shaping requirements (including resilience) for fostering services. **Canterbury University** is also completing research with two large cohorts of care leavers from a mix of care settings including residential homes; the findings will be published shortly.

The shortage of evidence about what interventions and settings work for different groups of children and young people exacerbates this issue and debates about placements.

We recommend the sector makes arrangements for more longitudinal studies of the impact of different types of residential care provision, on different sub-groups of children and young people. This can build on existing research and help clarify what residential care works, for whom, why, and under what conditions.

These recommendations would further strengthen future commissioning. An appreciative approach might be helpful: a lot is known about young people who have been in care who have less good outcomes (for example the numbers who offend) but much less is known about those who achieve positive outcomes.

Skills in homes

Children's home staff and managers in both in-house and independent provision say they are struggling to meet the needs of increasingly complex and challenging children and young people placed in their care. The skills, knowledge and experience of the children's home workforce is clearly linked to the range and quality services available and the extent to which a provider can deliver effectively against an offer to commissioners. The Department for Education (DfE) has announced national work on the skills of children's home workers.

Local authorities taking part in this research are concerned about burn-out and loss of experienced staff from children's homes as pressure on the frontline increases. Ofsted are clear that home managers are one of the most important factors in determining the quality of care delivered, so this should be of great concern. Whilst the work at national level will help build a picture of current workforce qualifications, capabilities and skills gaps, local

authorities want to find ways to encourage peer support, the sharing of effective practice and career progression.

Derbyshire County Council has developed flexible contracts so staff can move between homes – care home workers are able to alleviate pressures in particular homes, share expertise and skills and review each others practice. Work should be undertaken at local level in partnership with local providers (both in house and independent), to identify any additional skills required and to establish how skills development might be further supported, building in continuous improvement and career progression.

In **Lincolnshire County Council** the three in-house children's home managers work between homes, share training and development and substitute for each other when required. Home managers are involved in placement decisions (including decisions to place in an independent home) and are considered valuable experts in the system.

Workforce development merits further attention. Children's homes are receiving children and young people with increasingly high level or complex needs; strategies for skills development and to avoid burn out could help in matching needs with supply in the medium to long term.

Procurement and contracting

Procurement and contracting occur within the context of an agreed commissioning policy which describes the agreed approach to contestability and competition, the approach to in-house provision and the use of independent provision, attitude to social value and profit, and approaches to contracting. Children and young people, families and carers, frontline staff and providers should be involved in the shaping of final specifications and (as appropriate) in the selection processes. Performance measurement and management systems are built into the contract and enable contract managers and senior commissioners to monitor whether service delivery is meeting expectations and achieving outcomes. Contracts and service agreements should be flexible enough to require service providers to change the way they do things in order to improve outcomes during the life of the contract.

Shropshire County Council has a single block contract with an independent provider underpinned by a 'no fail' clause which prevents disruption of placements. The commissioner and the provider attribute the success of this arrangement to a strong corporate relationship, trust and commitment from both sides to work together to overcome challenges. This co-operation is seen as the bedrock of the successful commercial relationship and referred to locally as 'relational commissioning'.

When local authority commissioners do go to market they do so using a wide range of procurement processes and contract types including framework contracts, preferred provider lists, block contracts and spot purchasing (on or off frameworks or lists). Views on the efficacy of different procurement and contracting models vary and depend in large part on interviewees own procurement experiences as either a commissioner or a bidder.

Providers have found many recent requirements to join frameworks and preferred provider lists bureaucratic and time consuming. Smaller providers in particular can struggle to find the resource, time or expertise to meet the requirements of procurement exercises and thus don't make it onto frameworks. There is a real unhappiness amongst some who say recent formal procurement exercises have impacted negatively on communication and relationships with commissioners. In some regional collaborative exercises, established local providers have failed to respond adequately to procurement processes and as a consequence some authorities in regional arrangements are procuring off framework or opting out of collaborative procurement processes in favour of a local approach.

Local authorities have been heavily focused on cost and some have developed tools such as cost-calculators to help them ascertain the likely price of a placement. The make up of placement costs is now generally better understood. There is mixed feedback about whether cost negotiations are really an effective way of securing value for money. Failure to clarify in sufficient detail the offer and skills on the table alongside the costs will diminish the efficacy of VFM exercises, and may mean commissioners lack key evidence down the line to challenge providers if they feel standards or value have slipped.

Market shaping and relationships with providers

Effective relationships between commissioners and providers are characterised by a good understanding of needs, clear strategic vision and commissioning policies, open channels of communication and clarity over expectations, responsibilities and accountability.

Commissioners and providers must be able to constructively challenge each other and participate in ongoing processes of change and improvement. All of this is possible without

compromising procurement regulations or effective commercial practice – a commercial relationship need not be an adversarial one.

The extent to which local authorities 'shape the market' - and understand what this means - varies. The concept of 'market shaping' is being applied primarily to dealings with independent providers, although there has been a shift in thinking amongst some commissioners. Several local authorities are now trying to reconnect with providers and potential providers.

Kent County Council has no remaining in-house homes for looked after children. They have been working with the Independent Children's Homes Association (ICHA) to develop a local provider forum. The group is led by the ICHA and non-ICHA members can join as associates.

Commissioners in local authorities with under-supply say they would like independent sector providers to fill these gaps; but the market will not respond without more detailed understanding of – and trust in – specific commissioning intentions. Providers must be given the opportunity to plan and consider whether they are in a position to invest in an area and provide identified services. Communicating specific needs and intentions gives providers more commercial confidence and appetite to shoulder a portion of the risk inherent in the development or redesign of services. Some local authorities have reduced the number of providers they commission to work more closely with a selected few. Commissioners expect more from providers in exchange for a closer commissioner-provider relationship, often underpinned by longer term security in the contractual relationship.

Interviewees recognised there needs to be an increasingly robust commissioner-provider relationship with in-house homes and a more developmental relationship with independent providers. These relationships are emerging but not widespread. Positive commissioner-provider relationships are characterised by clear articulation of needs, a transparent commissioning strategy, co-design of services, clarity about desired outcomes, honesty about available resource and a clear business case and decision making. Successful development of in-house provision follows the same process, with commissioners working closely with service and home managers to match needs with supply.

In this context, local commissioners might want to consider what opportunities are offered by new models of ownership (e.g. mutuals, social enterprises or joint ventures). Alternative models (particularly those that are non-profit distributing and apply an asset-lock) could offer value for money and provide an opportunity for a wide range of stakeholders (elected members, children in care and care leavers, families, carers, professionals and community

members) to become involved in the governance of children's homes and shaping of services within them.

Market shaping and development could be supported by some inter-linked changes to the way provider offers are defined, communicated, understood and scrutinised by commissioners. **We recommend a tightening of children's homes' formal statement of purpose. We recommend more cross-regional sharing of good sufficiency statements, market position statements and commissioning strategies.**

Commissioners need to be able to better understand provider offers. Since a number of providers work nationally, **we recommend further national work to map provision and to facilitate conversations between local authorities, providers and partner agencies.**

A mixed marketplace

The number of in-house children's homes has been declining; however some authorities, following strategic reviews of residential care in the last few years, have opened or expanded in-house services, to give greater control over the quality and cost of provision and enhance ability to flex provision.

Lincolnshire County Council cut high rates of out of area placements after a whole system review and commissioning exercise. This resulted in the redesign and development of in-house homes with regular vacancies, so they better met local needs, and investment in early intervention services to help manage demand and escalation up the continuum of care.

Some authorities are also thinking about how to cross-sell placements to neighbouring authorities and there is more to be done to overcome occupancy challenges and ensure children's home providers are incentivised to support the onward journey of a child or young person.

Some authorities and sub-regional partnerships have entered new block contracts with independent providers following significant needs analysis and service design exercises. Whilst the contract type can help attract providers, it is the relationships between

commissioners and providers developed around these commissioning exercises that are most helpful in shaping of provision that meets needs.

Interviewees are concerned about the impact of private equity investment and trend towards larger providers on market diversity, competition, quality, accountability and sustainability. They are also concerned about the increased risk of significant a reduction in provision should one of these providers collapse or exit the marketplace. The declining numbers of small and medium sized providers and voluntary sector providers is therefore also of concern. Some elected members have particular concerns about 'for profit' models of care home ownership and the removal of direct governance of children's homes; as a result many are currently keen to ensure in-house providers remain part of a mixed local provider landscape.

We recommend that strategic commissioners look at in-house and independent providers impartially and in the context of the sufficiency duty. Local commissioning plans and market position statements need to reflect local circumstances and that will mean a different balance of in-house and independent provision in different areas. **The message that residential care homes are a valid, positive and valued part of the continuum of care also needs reinforcing.**

Collaborative commissioning

All councils involved in this research are at a minimum involved in discussions with neighbouring authorities in their region and nearly all are involved in more formal collaborative commissioning arrangements.

Where collaborations work there are clear benefits: better coordination at the strategic level across borders; economies of scale; authority with the market; the attraction of new providers; operational support across borders; reducing duplication of effort e.g. visits to homes; and the sharing of best practice, innovation and skills.

Hertfordshire County Council collaborated with six other local authorities to commission a new block contract. The newly commissioned homes incorporate access to education, therapy and CAMHS. Authorities involved in the collaboration report financial savings and access to shared learning.

Placements Northwest is a collaboration between 22 local authorities; a considerable amount of information is shared and there are established frameworks for residential care (7 authorities involved), foster care (22 authorities) and care leaver services (22 authorities). The Placements Information Management System (PIMS) records information on providers in the Northwest including type, location, finances, vacancies and quality. Information is disseminated through established networks (including one for residential care), online updates and an annual regional provider forum. Both strategic and operational commissioners engage and there are joint working groups with commissioner and provider representation which cover residential care, fostering, leaving care and education.

But not all collaborations are functioning well, or as effectively as they could. Interviewees said they can be time consuming, there remains a reluctance in some regions to share resource and detailed information about needs, costs and impact of services and it is not always clear to all involved in regional collaborations how these arrangements link to local and regional strategic objectives. Under-supply can also be a barrier to collaboration as authorities are effectively competing with each other for available placements and preferential rates.

We have heard examples of issue-based (as opposed to solely geographically-based) collaborations working well. There is some evidence to suggest that authorities are beginning to think more tactically about the collaborations they choose to join or develop, preferring for example to collaborate with authorities who are similarly advanced in their commissioning practice. This trend may continue and a collaboration based on a strong local business case will always stand the best chance.

During this action research, **Darlington Borough Council** has continued exploration of when it makes sense to commission collaboratively. They are exploring how to generate an appetite for collaborative working and how to make collaboration work effectively. They are also interested in the process of data aggregation and analysis at the sub-regional or regional level. To date they have approached senior executives and commissioners in neighbouring authorities to assess interest and begin to identify whether or not there is a business case for collaboration.

The 'business case' for collaboration must achieve genuine buy-in from senior leaders (both executive officers and elected members); plans must then be operationalised effectively and sustained. Buy-in, energy and input are required at all levels for the collaboration to work

well. Consistent membership is helpful, with clear project plans and timeframe, achievable goals and the right skills mix.

Local authorities are interested in the range of collaborative commissioning arrangements that currently exist or are emerging. **We recommend more transparency in the sector about collaborative activity.**

The involvement of children and young people

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. Conversations to inform placement selection and care planning usually take place between the looked after child and their social worker, but many participants are concerned that even at this early stage in the commissioning process the views of children can easily be lost or surpassed and fail to have much or any influence over final placement decisions.

Concerns about the extent to which social workers, placement managers and commissioners listen to and act on the wishes of young people are corroborated by the findings in our survey of children and young people in care and care leavers. Our survey (completed by just under 100 young people nationally) showed that children often lack basic information or clarity about where their new home will be and when they will be moving in.

There are some good examples but overall there is an ongoing deficit in matching rhetoric about the involvement of children and young people in decisions about their care with genuine involvement. Whilst concerned, many interviewees struggled to see how they can better match provision with children's wishes in the face of drivers including the push to place in area, limited (high quality) supply and pressures on cost.

Lincolnshire County Council deliver an annual looked after children's survey called 'tell us what you think'. Responses are analysed and actions develop. The council then feed back to those who responded so they understand how their comments are being used and how they will shape commissioning and services.

Our survey showed that looked after children feel they have very little choice about placements; when asked whether they were given a choice of placement before they went to live in a children's home 70% said 'no' and only 18% said 'yes'. Only 27% remember being asked what was important to them about where they lived. When invited to say more young

people said they believed they not been given a choice and/or their needs, feelings and preferences were not listened to and/or reflected in the final match; children and young people knew that in many cases they had simply been taken where a bed was available with no opportunity for further discussions about this decision – this issue is exacerbated in emergency or temporary placements.

Once in a home experiences improve, but still 28% of survey respondents say once placed, the home had not given them the home and care they wanted. 63% said if the placement wasn't working well someone (home managers, staff, social workers, key workers, advocates) worked with them to make it better; but many emphasised the value of a planned and staged process up front, which helps to reduce anxiety and fear and build positive and trusting relationships from the outset.

Survey respondents were also asked whether they thought it was important that social workers and care home managers listen to children and young people when making decisions about their care. The majority said they did think it was important because: such decisions have a significant impact on their lives; because children and young people should be empowered to participate in decisions about their futures; because it avoids assumptions being made about need and the suitability of placements; because it helps build trust and fruitful relationships with social workers; and, because it reduces the chance of a child going missing and of placement breakdown and disruption.

Within all authorities there are mechanisms (such as Children in Care Councils) to engage looked after children more strategically, but the true level of their participation and influence on final decisions is uncertain. Effective engagement means: explaining objectives (and constraints) to young people; ensuring information is accessible and supports decision making; making sure opportunities to participate are timely and will influence final decisions; involvement in the design of services and systems; and feedback where ideas cannot be taken forward.

Young people responding to our survey said they want to be able to talk openly and express their views, feelings and emotions in a safe environment. They want to be able to give feedback through a range of channels both verbal and written, online and off, anonymous and identifiable. They also want the opportunity to co-produce solutions to improve the quality of their own care and children's homes more widely.

4. Quality assurance and monitoring

Systems and processes

There are widespread questions about the quality assurance and monitoring of placements and homes and about the way data on quality and outcomes should be aggregated and presented to support effective strategic commissioning decisions.

To reduce duplication and share skills some councils in sub-regional or regional collaborations are sharing information on provider offers, quality, costs and (to a lesser extent) impact. The sharing of data on costs has played a major part in the ability of some authorities and regional collaborations to drive down the cost of placements but where low cost deals have been negotiated locally, authorities can be reticent to share information they feel could affect the price a provider is able to offer them. In most places there is little available data on the impact and outcomes of different services and interventions.

Interviewees report that data sharing arrangements have not developed particularly quickly and there is a distinct shortage of evidence about what works and for whom. There are also gaps in understanding about why placements break down.

In **Darlington Borough Council** commissioners undertook detailed analysis of foster placement breakdowns alongside their fostering service to identify trends and patterns. Analysis of this data revealed a peak in placement breakdown in summer holidays suggesting additional support is required at this time.

The London Borough of Haringey has begun to discuss every failed placement with the providers. They have found these conversations a useful way of establishing what might be necessary to prevent future placement breakdown and a channel through which to build more constructive relationships with providers.

Some interviewees felt strongly that strategic commissioners are not being clear enough about value as a driver of efficiency – that is the link between good outcomes and reduced costs in the medium to longer term – and thus the need for good data on impact and outcomes. In some of the authorities commissioners are beginning to act as critical friends to providers, discussing improvements required openly and developing service improvements more collaboratively, with benefits to outcomes.

Measuring quality, value and outcomes

Ofsted assessments play a key part in local authorities' understanding of whether a **children's home** is delivering high quality services. Increasingly authorities will only place in 'good' or 'outstanding' homes. National Minimum Standards and contract monitoring is also important. Data is collected in visits by social workers, service managers and operational commissioners, Regulation 33 visits, Regulation 34 reviews; Independent Reviewing Officers; elected members and through feedback from children and young people. Different mechanisms are established in each authority for the review and scrutiny of this information. There was some concern within the interviews that providers are treated differently and authorities agree more needs to be done to align expected standards. Providers find the variation in local authority monitoring and performance a challenge, particularly smaller providers.

Ongoing monitoring of **individual placements** takes place through individual social workers and processes such as looked after children reviews, but there is concern that these reviews do not dig deep enough, challenge progress (or regress) against outcomes sufficiently well and are undermined by the lack of an effective initial needs assessment. Providers are often the first to suggest a child's needs have changed which can cause tension between providers and commissioners.

There is a lack of aggregated data on outcomes and a high level of agreement that Ofsted, local authorities and providers are still over-reliant on process and output indicators. Sub-regional partnerships and local authorities are working on the development of outcomes frameworks, but in general there is still a widespread lack of understanding about what to measure and what indicators capture outcomes for this group of children and young people.

Authorities are struggling to improve what they measure (inputs, outputs and outcomes), how to measure (ways of capturing outcomes), when to measure (e.g. over what timeframe) and who should be capturing what data (Ofsted, operational commissioners, social workers, providers, IROs). In a couple of authorities more consideration is being given to the use of qualitative data and the role this might play in capturing outcomes, particularly qualitative data collected from children and young people in care and from care home staff.

Kent County Council is part of a regional arrangement to review existing provision and develop a picture of need. An email survey is completed by operational teams across the region, analysed results are then shared.

Placements Northwest has published a service specification (parts 1 and 2) for children's homes. This specification lists the outcomes they expect providers to the framework to achieve at a minimum and for all children. The outcomes build on the five Every Child Matters outcomes and seven outcomes identified by children and young people at the Children's Rights Conference 2005. Each outcome is linked to associated service requirements. Eight local authorities external to the collaboration have expressed interest in working with Placements Northwest to examine outcomes from children's homes.

There is significant concern that current local and national quality assurance systems are rigid and can obscure genuine progress – for example placement moves as a result of progress or the need to transition. Questions were also raised over whether the criteria against which the quality of provision is assessed reflects the challenges posed by the most complex children or gives sufficient consideration to 'distance travelled' and incremental improvements.

A national outcomes framework for children's residential care, underpinned by clear pathways to outcomes which capture inputs, intermediate level outcomes and high level outcomes, would enable progress to be demonstrated and assessed in the short, medium and longer term. National leadership is required to develop this framework and it should be co-produced with the national experts, local authorities and providers who have already invested significant time working on outcomes in residential care.

Local authorities might find it helpful to further develop their understanding and use of evaluation techniques in looked after children's services. The resulting evaluation approaches and toolkits could be shared with providers and help improve understanding of impact, value and outcomes.

We recommend a common national outcomes framework is developed for children's residential care. This framework would capture the particular needs of this group of children (e.g. building personal resilience, forming trusting relationships). National leadership is required to develop this framework and to involve, in particular, the national experts, local authorities and providers who have invested significant effort in work on outcomes to date.

Using monitoring data: quality over quantity

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, particularly in the context of diminishing resource for delivery. There is a disproportionate impact on small providers who may not have dedicated support for quality assurance and monitoring.

Both commissioners and providers said the significant amount of time spent monitoring and gathering data on quality does not add value in the way it could because there is a lack of capacity to analyse and act on this data. Most want to streamline the data they collect and become more comfortable working with outcomes (as opposed to inputs and outputs) but acknowledge this is a significant cultural shift within a high risk and high cost service.

Some authorities have begun to review referrals to better understand the profile of children placed in care homes, the rationale for placements and outcomes achieved; they hope this will also help them improve the type and quality of the data collected.

Derbyshire County Council's approach to quality is being influenced by the social pedagogy model. Staff report that it has led to a more flexible approach to delivery and a more balanced attitude to risk, with a greater focus on outcomes and the longer term personal and social impact of care services.

Post 16 transitions and leaving care

A number of concerns were expressed, particularly in the action learning groups, about transitions out of care and about post 16 provision; successful transitions are important if progress and outcomes for looked after children is to be sustained as they reach age 16 and beyond. The Southwark Judgement means local authorities have a duty towards young people aged 16 and 17, but many are encouraged to move into supported or independent living once they reach 16. There is concern about inadequate planning for older teens, a lack of appropriate tapered support and a lack of regulated accommodation for this age group, many of whom remain extremely vulnerable. Successful transitions are important for teenagers as they reach age 16 and beyond. There is concern at local level about this group, and the possibility that progress pre-16 is being compromised by inadequate transitions.

We recommend that further attention is given to transitions out of care and to services for young people post-16. Further consideration should be given to the regulation and quality assurance of placements and services for looked after children entering post 16 or leaving care provision, and the threshold at which quality assurance of these services ceases. There may be a case for a more staged and segmented approach, proportionate to need and risk.

Monitoring of out of area placements

There is a clear expectation within authorities that out of area placements are managed in the same way as home authority placements, but in reality practice varies. Some commissioners and managers were very clear that the monitoring and management of placements is equitable; but other authorities admitted that the further away a child is the harder they find it to quality assure and monitor the placement, particularly when the expectation is that quality assurance and monitoring takes place face to face.

Bradford Metropolitan District Council uses an electronic consultation tool called Viewpoint, designed to support looked after children reviews and encourage young people to participate in quality assurance processes. Viewpoint is a web-based system containing a series of tailored questionnaires. It is a simple, repeatable process of collecting information on the quality of placements directly from children and young people placed both in and out of area. The questionnaires are self-completing and unmediated. IROs, social workers, foster carers and key workers must ensure that children and young people are aware of Viewpoint and have access to it. The data collected is fed to IROs and social workers and aggregated to inform strategic commissioning. The data supports understanding of placement stability, value for money, outputs and outcomes.

There is significant uncertainty on the part of local authorities over how many out of area children they have within their boundaries, where they are placed and how their care is being coordinated and monitored. It is widely recognised that communication and processes surrounding out of area placements need rapid improvement. The Department for Education's recent proposals to revise the regulation on notification processes for out of area placements should help.

Involving children and young people in quality assurance and monitoring

Children and young people in care must have a role in quality assurance and monitoring, but currently they often have fragmented contact with multiple stakeholders and little clear sense of how their views are used to improve their care. Children and young people are asked for their views by home managers and staff, social workers, officers, elected members and IROs and engaged through the Children in Care Council. Online surveys and engagement platforms are increasingly being used but feedback from children and young people suggests there is still a significant gap in the use of this data to inform strategic commissioning decisions and shape future care. Of the children and young people responding to our survey (national cohort) 30% said no one asked them whether their placement was still right for them once they had been placed and 40% said they had never been asked to help with work to improve children's homes. There are some examples of training of children and young people as 'young commissioners' and 'young inspectors'.