

Children in Care Placement Commissioning Plan 2009 - 2012

positive contribution stay safe enjoy and
achieve economic well-being be healthy
it's in our hands



CONTENTS

PAGE

1	Executive Summary	3
2	Why do we need a Placement Commissioning Plan?	4
3	Bristol Children & Young People's Plan	5
4	Children and young people's views	5
5	Placement Commissioning	6
5.1	The National and Regional Context	6
5.2	Where we are now: Review of Placement Commissioning Strategy 2005 – 2008	7
6	Resources	9
7	Needs Assessment	10
8	Analysis of the placement market	12
8.1	Foster care	12
8.2	In house foster care	12
8.3	Independent foster care agencies	13
8.4	Residential care	14
8.5	In House residential care	14
8.6	Independent residential care	14
9	Needs and market analysis summary	17
10	Placement commissioning priorities 2009 – 2012	18
10.1	Strategic priority one: Support children to remain within their families	18
10.2	Strategic priority two: Improve outcomes for children in care	21
10.3	Strategic priority three: Achieve value for money and keep unit costs down	24
11	Appendix: Consultation with Children in Care	26

1. Executive Summary

A happy stable home life is fundamental to the successful development of all children and for children in care a successful placement is the most important factor in enabling them to flourish. Frequent moves between care placements can have a drastic effect on the ability of children to succeed both in education and in other areas of their lives.

Care Matters prioritises improving local authority commissioning of placements, ensuring that children are only placed outside of their local area in exceptional circumstances and improving placement stability by increasing placement choice. The Children and Young People's Act 2008 requires local authorities to have regard to the benefit of a number of providers and diverse range of placements to reflect the diversity of their looked after population.

Children and Young People's Service's commission children's foster and residential care placements from a mixed market of internal and external providers. Children's placements are very high cost and management of the placement market to commission cost effective placements and achieve the best possible value for money is crucial.

The Children in Care Placement Commissioning Plan reviews the Placement Commissioning Strategy (2005 – 2008), provides analyses of the children in care population and the placement market, identifies gaps in provision and sets out an action plan to address the following three priorities.

Priority one: Support children to remain within their families

Wherever possible we should support children within their own families, as long it is safe for them to do so. We must focus on support for parents and, for those children who cannot remain with their parents, we must explore the possibilities for them to live with wider family and friends. We need to make sure that we are only commissioning placements for children who need to be in care and for whom there is no alternative whether that is remaining with their own family or moving to a permanent family outside of the care system.

Priority two: Improve outcomes for children in care

The outcomes for children in care are the same as for all children: be healthy; be safe; enjoy and achieve; make a positive contribution and achieve economic well-being. To improve outcomes we need to make sure that children are able to live in stable placements that can meet their needs by matching them to the right placement. We will develop a closer commissioner/ provider relationship based on trust, confidence, flexibility, transparency, accountability and improving quality. At the same time experience tells us that this approach will improve performance by providers, offer greater value for money, placements at a reasonable distance from Bristol that match the needs of Bristol's children in care and lead to better outcomes and greater stability for our children in care.

Priority three: Achieve value for money and keep unit costs down

To achieve value for money we need to manage and develop the placement markets and closely control and monitor spending.

2. Why do we need a Placement Commissioning Plan?

A successful, stable placement is central to supporting the needs of children in care.

'We need to ensure that children in care¹ are provided with the one thing which they have told us makes the single biggest difference to their lives: being in the right placement.....

Good commissioning is crucial in raising the quality of placement provision, allowing good providers to flourish and providing an incentive for those who perform poorly to focus on improvement. If we are to succeed in our aim of improving children's experience of the care system then it is essential that effective strategies are in place at local and regional level.' (Care Matters: Time for Change 2007²).

The Strategic Directions document for social care agreed by Bristol City Cabinet in September 2005 identified the need for a placement and commissioning strategy to enable 'an agreed balance between in-house and non-authority sector placement provision founded on assessment of identified needs on the basis of quality, delivery and affordability'.

Children's Placements are very high cost and management of the placement market to commission cost effective placements and achieve the best possible value for money is crucial.

The Children in Care Placement Commissioning Plan is a three year plan setting out how we will provide high quality, value for money children's placements within the local area wherever possible. It sets a clear direction for service delivery within the context of the children's placement budget. The plan is based on the 'commissioning cycle' of analyse, plan, deliver ('do') and review. Using an analysis of the needs of the children in care population together with analysis of the current placement market the plan sets out how we will balance volume and price with quality and outcomes for children and young people.

The scope of this plan is:

- Care placements for all of Bristol's children in care (excluding short breaks)
- Disabled children in care requiring out of authority residential care placements
- Care leavers over 18 years who remain in their foster placement
- Care leavers requiring semi-independent accommodation provided by independent agencies
- Specialist foster placements for mothers with their babies (including assessment placements)

¹ The terms 'looked after children' (used in the Children Act 1989) and 'children in care' (often used in more recent government documents) are used interchangeably

² The White Paper was published in June 2007, the Children and Young Persons Bill was presented to Parliament in November 2007 and the Care Matters implementation plan was published in March 2008

3. Bristol Children & Young People's Plan

Improve corporate parenting and improve all outcomes in relation to vulnerable groups, for example, children in care, black and minority ethnic groups and children and young people with disabilities and learning difficulties are priorities within our [Children and Young People's Plan 2007/2008](#). We need to ensure that children in care experience a good, settled placement that is right for that individual and they have a consistent adult in their life and a place at a good school where they are helped to become a confident and successful learner. Increase placement stability is a strategic priority in the [Children in Care and Care Leavers Plan](#). A key activity is to develop placement commissioning to deliver targeted resources, achieve value for money in providing a choice of high quality placements in the local area that ensure access to health, education and other support services.

We must ensure that we support families to care for their children to prevent children entering care. Reducing the number of children in care and increasing the number of adoptions is a corporate priority³ for Bristol City Council in 2008 to 2011. Fewer children in care will mean increased placement choice for those in care. Our [Corporate Plan 2008-2011](#) estimates that the level of resources will not increase over that period, increased spending on priorities will require savings elsewhere. In order to keep children living with their families resources must be focussed on prevention and early intervention and by strengthening our core offer to families through multi agency panels, the Common Assessment Framework (CAF), extended schools partnerships and the increasing the availability of short breaks. [The Parenting Support Strategy](#), [Prevention and Early Intervention Strategy](#) and Complex Needs Strategy⁴ set out how we will support families.

4. Children and young people's views

The Children's Care Monitor (2008)⁵ reports that children in foster homes gave their care a much high rating than children living in children's homes. The main reasons children gave for saying their placement was the right one for them were that they were happy and settled, they felt safe and well looked after, and they had kind and supportive carers.

From other local and national feedback from children and young people regarding care placements, children and young people say that they:

- Want more say about where they live with a choice of placement if possible
- Reassurance when they are in a placement that they like that they can stay there
- Information about a placement before they move

In November 2008 a group of young people in care met to talk about the Children in Care Placement Commissioning Plan⁶. They took part in some group work about what commissioning is and what it means for placements. They said:

³ [Corporate Plan 2008 - 2011](#)

⁴ The Complex Needs Strategy, currently in draft, will be completed in 2009

⁵ Children's views on how care is doing, a report by the Children's Rights Director (Ofsted). 25 Bristol children and young people in care contributed to this report.

⁶ See full consultation report at Appendix one

- You need to make sure you spend the money fairly, you also need to check on the quality of placements
- It is good to support placements and stop them breaking down but not in every case
- Moving placements can make you feel angry and if you move you lose friends
- It is important to know you can stay with your carers long term and it is important to know that you can stay in your placement even after 18 if you need to
- Siblings should be placed together where possible
- Carers from agencies should not be paid more because they are not better than other carers and are equal
- If children are unsafe at home then they should come into care because foster care is a good place where you will be loved and looked after.
- If you can prevent children coming into care by giving more money to help the families you should do that.
- You should always look to relatives or people you already know before coming into care

These views emphasise the high priority of placement choice in order to improve matching and increase stability. Locally the in house foster care service is developing information about each foster carer that can be given to children prior to an emergency move, when moves are planned information is shared on a more systematic basis. Through this plan we need to make sure that we continue to improve placement stability and support placements, commission more placements for sibling groups, prevent family breakdown wherever possible but never leave children in their families if it not safe to do so.

5. Placement Commissioning

5.1. The National and Regional Context

The Government has set out its priorities for improving outcomes for children in care in Care Matters: Time for Change. These include improving local authority commissioning of placements, ensuring that children are only placed outside of their local area in exceptional circumstances and improving placement stability by increasing placement choice. The Children and Young People's Act 2008 introduces a new duty on local authorities to take steps to ensure sufficient accommodation within their area for children they look after. The Act also requires local authorities to have regard to the benefit of a number of providers and diverse range of placements to reflect the diversity of their looked after population.

In the Government's 'Joint Planning and Commissioning Framework for Children, Young People and Maternity Services' good commissioning is described as the most efficient, effective and sustainable delivery of outcomes. Nationally, regionally and locally there has been a significant emphasis placed on improved service commissioning; ensuring value for money and quality, linked to delivering identified outcomes; and influencing the market. Bristol and other Local Authorities are now much more 'in the driving seat' in terms of their commissioning relationship with independent placement providers and there have been considerable changes on the provider side. Many Local Authorities now generally only

purchase services from their tendered lists of preferred providers and manage the risks associated with children who need fostering or residential care in the independent sector to ensure placement stability as well as enduring business relationships which are as risk averse as is achievable.

In Bristol the Joint Commissioning Unit supports the implementation of an Outcomes Based Commissioning approach by the Children and Young People's Partnership (CYPP) and is accountable to the Joint Chief Officer Group. The [CYPP Joint Commissioning Framework](#) applies to all services that are jointly commissioned by the members of the Children and Young People's Partnership. The framework is also a model of good practice across all partners where services for children and young people remain commissioned and/or provided by a single agency.

Bristol participates in sub regional partnership working with South West Local Authorities including pre-qualified lists of independent children's homes and non-maintained residential special schools. There is also the Department of Communities and Local Government (CLG) supported Regional Improvement and Efficiency Partnership (RIEP) within which a Collaborative Commissioning Unit sits which coordinates much of the above activity. It has just commenced a scope of regional commissioning of parent and child residential assessment services which is of great potential benefit to Bristol.

5.2 Where we are now: Review of Placement Commissioning Strategy 2005 – 2008

In March 2005 30% of children's placements were spot purchased from the independent sector thus developing a demand led market which drove up costs and created major budget pressures within children's social care. Without a commissioning framework to ensure that commissioning was based on children's outcomes, many of these placements were out of county, extra charges were not always negotiated or tailored necessarily to specific needs and notice of placement ends were not managed which also led to more instability and additional high costs. It was clear that a more cohesive approach was required to ensure that all placements produced good outcomes for Bristol's children in care and provided value for money.

The Placement and Commissioning Strategy 2005 – 2008 identified a number of priority areas for action:

- Work with in house placement services to develop placement capacity
- Reduce the reliance on the independent placement provider sector whilst using the independent sector to provide care where it is more effective, cost competitive, rather than just to fill gaps in provision
- Introduce select providers listings with placement providers demonstrating their ability to provide quality, affordable services for children
- Monitor and forecast placement budgets effectively to ensure placement capacity within available budgets
- Develop information systems that can predict trends and detail need so that future placement strategies are based on accurate data analysis

The Placement Finding and Commissioning Team was established in September 2005. The team receives and processes all requests for children to enter care which are then

considered by the weekly Access to Resources Panel (ARP), operates the Placement Finding Desk, manages placements (especially those in the independent sector) and controls contracting and budgetary arrangements. The focus of the team is to commission placements that can produce good outcomes for children and young people. To date the main focus has been on working closely with the independent placement sector to ensure that placement provision is directly linked to children's outcomes as well as providing good value for money. The team was awarded the Bristol City Council Corporate Value for Money Award in 2007.

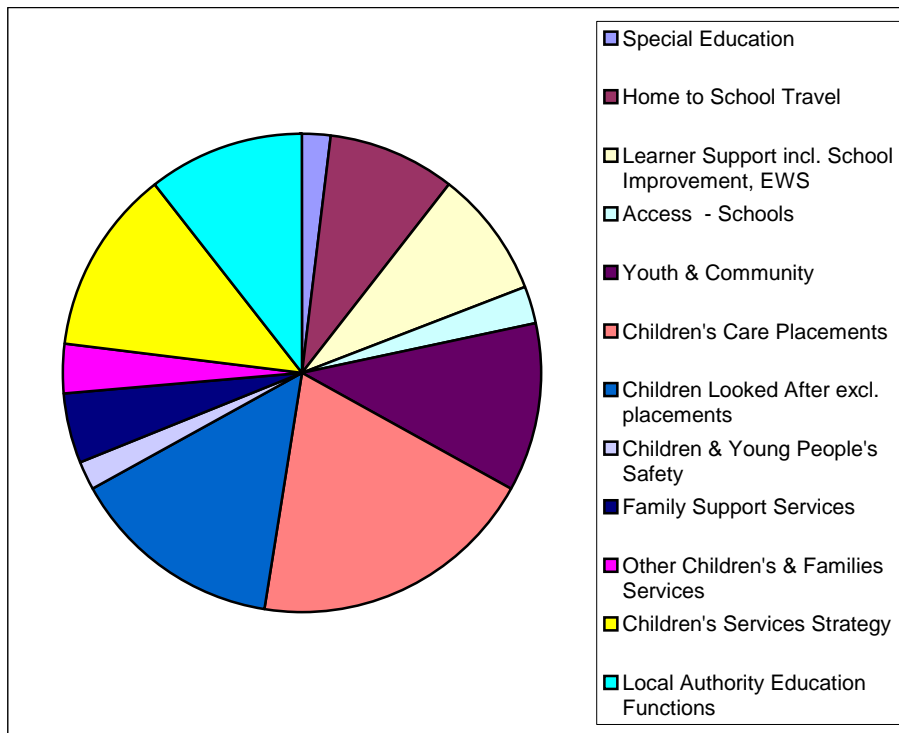
We have made progress in a number of areas:

- The development of a Select Provider List for independent foster care providers has produced a number of benefits including more placement choice in Bristol, reducing short term waiting lists, cost reduction, more specialist placements for harder to place children, providers keen to be part of the scheme and therefore a healthy competition and drive to achieve quality and meet specific needs for Bristol children.
- The Access to Resources Panel is part of the wider Gate Keeping Policy which aims to ensure that a range of preventative initiatives have been put in place and only those children for whom there is no alternative within their own family enter care.
- A reduction in the numbers of children placed more than 20 miles from Bristol. More local placements facilitate contact, children are more likely to be able to remain at their school and reunification is more likely.
- Increased placement stability by minimising placement disruption through rigorous monitoring of placements and agreements about pre-disruption meetings and notice periods.
- Rigorous monitoring of providers' performance, costs and development of business relationships
- Reduction in the use of independent placement providers proportionate to the numbers of children in care
- Regular 'value for money' reviews of out of authority residential placements and ensuring that young people are enabled to return to Bristol in an appropriately planned way.
- An active role in the South West regional and national commissioning developments.
- Since 2005 a number of foster carers transferred to Bristol in house fostering service from the independent sector. This is unprecedented and is a direct result of "managing the market" commissioning strategies. The traffic has traditionally been in the other direction.
- The team has developed the Children's Placement System (CHIPS) database which combines information about placement type, costs and children's information (e.g. specific behaviours, referrals are tracked and good quality data has been systematically collected and analysed to inform placement commissioning,
- Development of a more consistent approach to joint commissioning (with SEN contract officer) of high cost joint funded residential placements

6. Resources

Children and Young People's Services Core Budget

Children's care placements comprise 17.5% of the whole of the CYPS core budget⁷.



Over the past three years assumptions that the numbers of children in care would reduce when they have in fact risen have led to increasing pressure on the placements budget. This increase over the last two years is largely attributed to increased protective action and a rising trend in the numbers of older children being accommodated (see section 5 Needs assessment). The increase in numbers in 2007/08 have been factored into the budget for 2008/09 but in the longer term numbers are expected to reduce as a result of a number of actions being undertaken in 2008.

Placement type	08/09 budget
In house foster placements	£5,404,376
Independent agency foster placements including independent placements for care leavers	£5,222,296
Out of authority residential placements	£3,457,684
Special guardianship, residence order allowances ⁸	£1,030,405
Total	£15,114,761

⁷ Core budget for 2008/09 is £85,996,000

⁸ An additional £1,030,405 is allocated to children placed on Special Guardianship Orders or Residence Orders where an allowance payable by the local authority has been agreed in court. These court orders are usually made with kinship carers or long term foster carers who already have a relationship with the child and are an alternative to a care order where placements would need to be commissioned. It also funds Adoption Allowances. These placements for children who are not in care are not within the scope of this plan.

Some reduction in the number of children in care will result from children remaining with their current carers and the court order becoming Special Guardianship or Residence Orders, these carers usually receive an allowance equivalent to the fostering allowance so will not reduce the placements budget.

Since the development of a placement commissioning strategy in 2005 value for money for care placements has improved significantly so that placement costs are below national and statistical neighbour figures.

Children in care	2004	2005	2006	2007	2008
Bristol numbers	580	625	600	636	666
Bristol per 10,000 of the under 18 population	69.3	78.6	75.4	80.4	84.6
Statistical neighbours average per 10,000 of the under 18 population	74	75.5	72.8	73.1	70.4
Core cites per 10,000 of the under 18 population	77	87	84	88	
England per 10,000 of the under 18 population	55	55	55	55	

Average gross weekly expenditure per looked after child in foster care or in a children's home

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Bristol	376	479	562	744	673	674	671
ACA Grp 2 ⁹	456	523	598	657	694	728	743
England	487	560	618	676	716	753	772

7. Needs assessment¹⁰

In March 2008 Bristol had 666 children in care, an increase of 4% on the previous year and 6% since 2005, in 2007 Bristol was 7% above the statistical neighbour average.

The overriding reason for children being in care is abuse and neglect (59%), with family dysfunction (14%) and acute family stress (12%) being the next largest categories. 73% of children in care are subject to a court order with 27% being accommodated on a voluntary basis. The largest black and minority ethnic (BME) group in care is the mixed white and black Caribbean who are over represented in the care population compared to the school population generally, further compounding the negative outcomes for this group. Eight unaccompanied asylum seeking young people were looked after at some time during 2007/08.

The proportion of children in care with a disability rises steadily with age; this includes conditions such as attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder (ASD) and speech and language difficulties. Children in care are more likely to have mental

⁹ Comparator authorities as defined for this indicator for APA

¹⁰ Detailed analyses of the Children in Care population were undertaken in 2007 and 2008

health problems and special educational needs; national research identifies that 45% of 5-17 year olds in care have mental health disorders, four times higher than other children¹¹.

The increase in numbers over the last two years is largely attributed to increased protective action where earlier intervention, largely for under five year olds, has highlighted significant concerns about parents' ability to provide basic care. In 2007/08 the number of care proceedings increased by 30 (children) from the previous year. The main parenting factors leading to care proceedings were:

- Parental substance misuse with increasing prevalence of alcohol abuse
- Domestic violence
- Mental health/ emotional difficulties
- Parental learning difficulties
- Failure to protect/ aggression towards children

The other main trend is high numbers of teenagers requiring care, in 2007/08 42% of children who entered care were aged 10 to 15 years. They tend to enter care as a result of family dysfunction, family stress or socially unacceptable behaviour. Analysis identifies a number of important issues evident prior to this group entering care: non-engagement or exclusion from education, substance misuse, relationship difficulties with parents and offending or anti-social behaviour. The significance of maintaining an educational placement to reduce the risk of young people entering care is consistently identified through analysis of cases.

85.9% of children in care are in foster and adoptive placements and 18% are placed with kinship foster carers. These are above national and comparator performance. Only 5.32% of children were placed more than 20 miles from home in 2007-2008, which is above national performance. These children tend to be either older children with complex needs requiring specialist placements not available in the local area or children placed in kinship foster care with relatives.

The Local Authority has a duty (Children (Leaving Care) Act 2000) to meet the care and support needs of 'eligible' and 'relevant' care leavers up to the age of 21. Care Matters highlights the needs of many young people to remain in their foster placement beyond 18. Bristol already has a policy that all young people in care who remain in further or higher education are supported to stay in their foster placement. Bristol is participating in the Care Matters 'Staying Put' Pilot to support more young people to remain in foster care beyond 18 if they wish to. In 2006/07 there were 24 over 18 year olds remaining in their foster placement this rose to 34 in 2007/08. 66% of 18 year olds have chosen to remain in their foster placement each year since 2006. Therefore there will be an incremental rise in the numbers of 18 to 21 year olds remaining in placements.

50% of referrals for placements are for emergency placements, the unplanned nature of these means that placement matching is very limited at point of entry. This high number reflects the need for a more flexible, responsive family support programme for families with children on the edge of care.

¹¹ The Mental Health of young people looked after by local authorities in England, Meltzer et al 2002

There has always been provision for vulnerable young mothers in care to be placed in foster care with their babies. More recently there has been a new demand for mother and baby placements for older mothers where an assessment of parenting skills is required. Foster care can be a more cost effective option for this kind of assessment than very high cost residential options. This is an area that needs to be developed with foster care providers.

8. Analysis of the placement market

The children's care placement market is a mixed economy of in house and independent providers of foster care, residential care and independent supported accommodation for young people 16 years plus.

8.1 Foster care

Foster care is the preferred placement choice for nearly all children. Placement types vary according to the task that the foster carer is expected to undertake, for example emergency reception, short term, long term, bridging placements to adoption.

Bristol has a long established policy that its own in house services receive all new referrals for a service as they provide the best value for money and tend to be in Bristol. It is only when they are unable to provide a placement that independent providers are considered. The Fostering Network (2005) estimated there is a shortage of 10,000 foster carers nationally. In Bristol in house and independent providers struggle to recruit sufficient numbers of carers. It is evident that historically and into the future the in house service can never be expected to meet all of the demand and that independent fostering agencies will continue. Children's placement commissioning issues are closely linked to the capacity of the in house service to recruit, train and retain carers with the right availability and skills in sufficient numbers.

8.2 In house foster care

In house foster care operates different payment levels linked to foster carers' skills. Mainstream carers receive an allowance to cover the child's needs at a rate for age¹², they do not receive a reward element and are essentially volunteer carers. Task plus carers hold an additional range of skills or competencies and provide full time specialist care for more complex children with challenging behaviours. They receive the rate for age for the child plus a fee or reward element.

About 80% of foster placements are provided by the in house service. 50% are paid at standard rate with no reward element and 50% are task plus carers. At one point the in house services had ten emergency reception carers, there are now only three.

	2006	2007	2008
Total number of in house carers	217	226	222
Total number of available in house placements	437	454	443
Total number of kinship carers ¹³	35	49	50
Total number of kinship placements	54	78	82

¹² Payment is based on the national rate recommended by the National Fostering Network

¹³ Kinship carers are family members who are approved as foster carers under Regulation 38, children subject to a care order can only be placed with approved foster carers

Payments to in house carers are between £210 and £345 per week. The weekly aggregated cost per child for in-house foster placements is approximately £302 per week.¹⁴. In house foster carers are paid through Client and Carer Finance (CCF) which remained in Adult Community Care Department (ACC) when Social Services was disaggregated in 2005. CCF uses the 'Softbox' payments system but are not resourced to provide analytical reports to assist placement commissioning and currently there is no Service Level Agreement with ACC.

The in house fostering service is currently developing a business case which, with this plan, will form the basis for moving to a Service Level Agreement with the Placement Commissioning Service.

8.3 Independent foster care agencies

Independent foster care agencies (IFAs) provide foster carers whose status is more akin to employees than volunteers, this is reflected in the fee they receive and what the local authority is charged. IFAs tend to provide a higher level of support and supervision to their carers than in house providers are able to—and tend to place the older more complex children.

Since 2005 The Placement Finding and Commissioning Team have commissioned all independent placements. In April 2006 the team introduced a select list scheme which gives partnership preferred provider status to a restricted (currently seven) number of IFAs through a tender selection process.

	No of children placed with IFAs	No of IFAs	% with preferred providers	Average age of children placed	Unit cost per week
2006	126	21	67%	12.57	£832
2007	122	21	68%	12.92	£820
2008	134	16	66.4%	13.55	£765

The number of IFA placements per year since 2005 averages 127, down from an all time high in 2005 of 145. Since 2005 there has been a reduction in the number of IFAs used with two thirds of IFA placements being commissioning from the select list. There has also been a gradual increase in the average age of children in IFAs in line with our commissioning priorities towards mainly using them for older children and young people with challenging behaviours.

IFA unit costs reduced by 8.1% between 2006 and 2008, the current range of weekly unit costs for IFA placements is between £650 and £980. The Placement Finding and Commissioning Team has priced keenly and block contracted up to 40 places with two providers for up to three years. There has been a significant reduction in the number of placements made with the largest and most costly provider. This has corresponded with increases in placements over the period with four of the remaining six preferred providers, a

¹⁴ PSS EX1 return April '07 - March 2008. The current method of calculating the in-house fostering costs includes payments made to foster carers for all children placed including respite and short term placements and those placed for adoption. This calculation takes into account the following employee costs (approx £800K pa) but not transport, buildings etc. It includes an additional £600,000 for human resources and other capital costs and gross expenditure share.

healthy form of competition which reduces reliance on this historically dominant IFA and on our unit costs.

Unlike the residential sector, no IFAs in and around Bristol have closed. However four agencies have merged to become two and two South West based IFAs have moved their Headquarters to Bristol in the last year.

Assuming a broadly “no change” capacity over the next three years and based on this analysis, the forecast numbers of IFA placements over the next 3 years should remain fairly static at around 125 placements at any one time. The factors that may lead to an increase or decrease on 125 placements would be because the demand is not capped and/or the in-house service's capacity changes. The impact of Care Matters on young people's decisions to remain in care longer may also affect this.

8.4 Residential care

Current good practice considers residential care to be suitable only for a relatively small number of children. Children and young people report far higher satisfaction rates for foster care than residential care. 10% of Bristol's children in care are placed in residential care which is fewer than the statistical neighbour and England average.

8.5 In House residential care

Up to 29 children are placed in Bristol's six in house residential units comprising an admissions unit, an independence training unit and four settled care units (one for younger children aged 10 to 13 years). Half the children in in house residential care are 15 years or older, the youngest child is ten years old. Nearly all have experienced multiple foster care breakdowns and it has not been possible to settle them with a family.

The in house residential service undertakes a degree of gate keeping in that a barrier to placing a young person would be if their behaviour was likely to cause risk of harm to the other residents. These highly complex young people are more likely to be placed in the independent residential sector which is more able to tailor the placement to the needs of the individual child, partly because they tend to have more flexibility in the size of their residential units.

The total cost of in house residential services for 2007/2008 was £4 million with a weekly cost per residential placement (regardless of whether it is filled) of £2623 per week. Occupation rates were 93.5% in 2006/2007 and 96% in 2007/2008.

8.6 Independent residential care

An average of 31 children in care are placed in independent residential provision. Most independent residential placements are joint funded with special educational needs¹⁵ (SEN) and/or the Primary Healthcare Trust.

Less than 50% of those placed in independent residential provision are children in care aged between 11 and 16 with specialist needs who have some degree of emotional and behavioural difficulty (EBD) and have often been out of education. Since 2005/06 two local independent EBD providers in particular have been commissioned to meet this demand

¹⁵ Single funded SEN placements of children who not children in care are not included in this Children in Care Placement Commissioning Plan

ensuring that these children are placed within 20 miles of their home and to be close to Bristol's services such as child and adolescent mental health services and education support.

More than 50% in this provision are severely disabled children, often with very challenging behaviours for example autistic spectrum disorder (ASD -12 children currently) or with profound and multiple learning difficulties (PMLD - 6 children). There are also five longstanding placements of young people with very specialist needs (sensory impairment; epileptic; extreme EBD including sexually harmful behaviours).

Over the past three years the number of residential providers being used has reduced. Over 75% of these placements are out of the Local Authority area. Average gross price ranges from £90,000 per year to, exceptionally, £280,000 per year¹⁶. Five of these placements are with five separate providers that Bristol would probably not look to make new placements with in future when the current placements end by Summer 2009. This would further reduce Bristol's reliance on too many providers and may reduce the average numbers of children placed in independent residential placements at any one time in 2009/10. Although there has only been a reduction from the use of 19 to 17 over the past two years, there has been a planned concentration where possible in using local EBD providers, three main ASD providers only and the local residential special school for children with PMLD (including lower functioning ASD). Good progress has been made in the last three years to develop relations with a reducing number of providers and this work will continue over the next three years.

The Placement Finding and Commissioning Team undertakes regular value for money reviews on each placement which includes a review of alternative provision. In 2005 this led to 10 children (mostly EBD) returning to alternative, non-residential placements in Bristol. Bristol has made selective use of the South West regional pre qualified providers based on experience of them, proximity and what education they can provide or otherwise access. Providers used on this basis are encouraged as necessary to qualify for regional pre-qualified lists when they are re-opened from time to time.

There have been some major casualties (for example Sedgemoor College went into administration in October 2007) and void beds (under-occupancy) are featuring more heavily across the sector (up to 40% reported in some cases). Bristol's generally buoyant economy and its low unemployment rates, high house/land prices and urban setting have mitigated against providers developing in Bristol. By contrast, many providers in the South West are located rurally, as well as at some distance from Bristol, in lower cost/scarcer labour/low wage areas. Local authorities, Bristol being no exception, now generally only purchase services from their tendered lists of preferred providers and manage the risks associated with these low incidence, high cost residential placements in the independent sector to ensure placement stability as well as ensuring business relationships which are as risk averse as is achievable.

Bristol and other south west region local authorities are party to pan regional arrangements alongside 47 other local authorities across the south and east of England up to the East Midlands. Economies of scale are achieved in four important areas of commissioning the independent residential sector and managing this market. Relatively small subscriptions are charged for belonging to these arrangements which include:

¹⁶ Cost is approximately between £1,800 up to £5,500 per week

- Monitoring provider's services through site visits and joint reporting by education and social care representatives from one of the authorities with reports posted on a web page for participating local authorities to view.
- Facilitating the matching of young people to appropriate residential providers by local authorities accessing an advanced search engine of potential providers.
- Smaller group of regional local authorities have developed lists of accredited providers within 20 or 50 miles under "Framework Contract" arrangements and to whom referrals can be made to pre qualified, quality assured providers.
- Cooperation in managing annual inflation proposals from providers that are deemed exceptional by nominated link local authorities. Each local authority decides whether to accept providers' proposed fee increases. The scheme has widespread support amongst participating local authorities and providers.

9. Needs and market analysis summary

Needs analysis	Market analysis
High numbers of children in care	Reduced capacity of in house fostering service in relation to the number of children in care
High numbers of children placed in kinship foster care	In house services less able to provide for the most complex children than independent sector providers
More than 50% of children enter care in an unplanned way on an 'emergency' basis	No forecast increase in placement budget
Matching children to long term placements	Limited number of independent providers currently in Bristol, market needs encouragement
Placing children locally and being able to maintain their school placement	Costs of/spend on independent providers needs to be managed
Placing teenagers with challenging behaviours including drug and alcohol abuse, offending, violence	Over 50% of placements made in an emergency/unplanned way
Placing children and young people with autistic spectrum disorder	Lack of emergency and long term placements
Placing children and young people with sexualised behaviour	The impact of the current economic slowdown on prices and inflation within the fostering market are not entirely predictable and will present a challenge to the Authority in it's market management role, may destabilise/close down weaker providers and affect children's placement stability and choice. On the other hand the supply of future carers may be positively affected.
Placing sibling groups	Change in the Legal Services Commission funding code requiring Local Authorities to fund 100% of parent and baby residential assessment costs
Matching children to carers that reflect their ethnicity	
Placement stability and proximity to Bristol are good, need to maintain this and further improve	
Increasing numbers of over 18 year olds in their foster placements	
Increase in the demand for mother and baby assessment foster placements	
Improve educational attainment and school attendance with education as a strong focus within placements	

10. Placement commissioning priorities 2009 - 2012

10.1 Strategic priority one: Support children to remain within their families

Wherever possible we should support children within their own families as long it is safe for them to do so. We must focus on support for parents and, for those children who cannot remain with their parents, we must explore the possibilities for them to live with wider family and friends. We should only be commissioning placements for children who need to be in care and for whom there is no alternative whether that is remaining with their own family for moving to a permanent family outside of the care system.

Strategic priority one: Support children to remain within their families				
Action	How	Who	When	Outcome measure
Focus on prevention and early intervention through a targeted, integrated 0 to 19 approach as set out in the Prevention and Early Intervention Strategy and prioritise support to parents as set out in the Parenting Support Strategy	Implement Prevention and Early Intervention Strategy and Parenting Support Strategy	Strategy Leader Integrated Assessment Strategy Leader Health and Strategic Commissioning Strategy Leader Parents and Learning Communities	2009- 2012	Reduction in numbers of children and young people in care to move closer to our statistical neighbours average
Ensure that the Gate Keeping Policy continues to be implemented so that all alternatives to entering care including living with family or friends are full explored and, if there are no alternatives, reunification is achieved as soon as possible where appropriate	Weekly scrutiny of all requests for accommodation through the Access to Resources Panel Regular communications with partner agencies colleagues within BCC to inform them of the Gate Keeping Policy	Children in care Manager/Chair of Access to Resources Panel Area Managers	2009- 2012	

Strategic priority one: Support children to remain within their families				
Action	How	Who	When	Outcome measure
Redevelop family support services to provide a more flexible out of hours response to families where children are at risk of coming into care	Time limited project to review tier three family support service using additional resources allocated from commissioning budget for this purpose	Area Manager East/Central	March 2009	Reduction in numbers of children and young people in care to move closer to our statistical neighbours average
Increase investment in family group conferencing and children in need payments to enable children to live with extended family members.	Additional resources to commissioning of Family Group Conferences and revised procedure for children in need payments for families with children on the edge of care	Area Manager East/Central	2009 - 2010	
Audit all long-term cases to ensure that special guardianship and residence orders are being used appropriately in all possible cases	Regular audits of permanency planning	Children in Care Manager	Quarterly audits 2009 - 2012	
Pilot a 'virtual' joint agency commissioning budget with health, special educational needs and social care aimed at developing creative preventative packages of care for children with very complex needs who otherwise will require out of authority residential placements	The Joint Agency Panel (JAP) will evaluate the One Service One Process Project and make recommendations in 2009	Children in Care Manager Strategy Leader Health and Strategic Commissioning Strategy Leader Complex Needs	2009 -2010	

Strategic priority one: Support children to remain within their families				
Action	How	Who	When	Outcome measure
Explore ways to incentivise providers to reunify children with their families or, where appropriate, to assist carers to look at alternatives to care such as Special Guardianship or residence order	Redevelopment of select provider framework	Placement Finding and commissioning Manager	March 2009 (retender process)	

10.2 Strategic priority two: Improve outcomes for children in care

The outcomes for children in care are the same as for all children: be healthy; be safe; enjoy and achieve; make a positive contribution and achieve economic wellbeing. To improve outcomes we need to make sure that children are able to live in stable placements that can meet their needs by matching them to the right placement. We will develop a closer commissioner/ provider relationship based on trust, confidence, flexibility, transparency, accountability and improving quality. At the same time experience tells us that this approach will improve performance by providers, offer greater value for money, placements at a reasonable distance from Bristol that match the needs of Bristol's children in care and lead to better outcomes and greater stability for our children in care.

Strategic priority two: Improve outcomes for children in care				
Action	How	Who	When	Outcome measure
<p>Improve matching of providers/carers through the use of improved needs assessment so that we can be clear with providers at an early stage about expected outcomes for individual children to ensure that children are matched to placements that will last, support them to meet their full educational potential and meet their health needs. This will also underpin contractual arrangements at the commencement of placements.</p>	<p>Review and redevelop the placement referral form to improve matching information and link it to needs assessment including education</p> <p>Implement the new National Fostering Contract to ensure placements based on improving outcomes for individual children and introduce the outcomes monitoring individual tracker tool</p>	<p>Placement Finding and Commissioning Manager</p> <p>Area Managers and Children in Care manager to ensure implementation within social work teams</p> <p>Virtual Head Teacher</p>	<p>March 2009</p>	<p>Increased stability, fewer placement disruptions.</p> <p>Improvement in all outcome measures for children in care</p> <p>Children report satisfaction with their placements (via LAC reviews)</p> <p>More children placed within 20 miles of Bristol City Council</p> <p>Unit cost maintained or reduced</p>

Strategic priority two: Improve outcomes for children in care				
Action	How	Who	When	Outcome measure
Increase placement choice by increasing the number of preferred providers on the select list and considering allowing flexibility for new providers to join during the contract period of three or four years	<p>Redesign of select provider framework and re tender</p> <p>Involve children and young people in the development of the new select provider framework</p>	Placement Finding and Commissioning Manager	March 2009 (retender process)	<p>Increased stability, fewer placement disruptions.</p> <p>Improvement in all outcome measures for children in care</p> <p>Children report satisfaction with their placements (via LAC reviews)</p>
Ensure that the educational and health needs of children in care placed in residential schools and residential homes are met	<p>All residential placements with education to be jointly commissioned with SEN and the education provision is quality checked and matched to the child's needs by the SEN team</p> <p>Where appropriate give preference to providers accredited by the Eastern sub region SEN scheme</p> <p>Partnership work between the Continuing Health Care Children's Nurse manager, SEN Inclusion managers and social care teams</p>	<p>Placement Finding and Commissioning Manager</p> <p>Strategy Leader Health and Strategic Commissioning</p> <p>Strategy Leader Complex Needs</p>	2009 - 2012	<p>More children placed within 20 miles of Bristol City Council</p> <p>Unit cost maintained or reduced</p>
Increase the capacity of the in house fostering service to increase placement choice	<p>Increased investment in in house fostering service over next two years from the Care Matters Area Based Grant and the commissioning priorities budget.</p> <p>Family Placement Service to develop business plan to increase recruitment and retention, improve placement matching and outcomes for children in care.</p>	Strategy Leader Corporate Parenting	2009 - 2010	

Strategic priority two: Improve outcomes for children in care				
Action	How	Who	When	Outcome measure
Convene individual pre disruption meetings to maintain and improve placement stability and hold 6 monthly value for money professionals' meetings, reviewing and re - setting outcomes, holding providers to account	Regular monitoring of placements and good working relationships with social work teams and providers. Hold IFAs to account and ensure they notify us of placement difficulties early enough to call pre-disruption meetings	Placement Finding and Commissioning Manager	2009 – 2012	Increased stability, fewer placement disruptions. Improvement in all outcome measures for children in care Children report satisfaction with their placements (via LAC reviews)
Annual analysis of the children in care population to ensure that placement providers are kept informed of Bristol's placement needs	Regular reporting and analysis	Children in Care Manager	2009 - 2012	More children placed within 20 miles of Bristol City Council Unit cost maintained or reduced

10.3 Strategic priority three: Achieve value for money and keep unit costs down

To achieve value for money we need to manage and develop the placement markets and closely control and monitor spending.

Strategic priority three: Achieve value for money and keep unit costs down				
Action	How	Who	When	Outcome measure
Develop a cost model to show real costs of in house service so that we can identify the most efficient business model and help to develop the service to meet need and to make true comparisons across services and inform future commissioning decisions	Use information from Soft Box and CHIPs develop cost model Develop a Service level Agreement with Client and Carer Finance in ACC who administer payments to in house carers	Head of Finance Strategy Leaders Corporate Parenting Placement Finding and Commissioning Manager	2009	Costs are managed and controlled
Regularly monitor and accurately forecast budgets	Work with Performance Management and Finance to accurately forecast likely population Develop cost effective services for the over 18s likely to remain in placement so that we can plan for and foresee any rise in risk and take timely action to mitigate potential overspend Complete development of the CHIPS database to realise its full potential for commissioning as well as forecasting	Placement Finding and Commissioning Manager Head of Finance	2009 - 2012	Unit costs maintained current level
Develop commissioning of mother and baby foster placements and ensure all options considered in each case where parent and baby assessment may be required	Enhance our in-house assessment provision to match the quality of independent providers. Attend all legal meetings where assessments are discussed and advise alternative methods or guide on value for money providers.	Placement Finding and Commissioning Manager	2009 - 2012	Costs are managed and budget controlled

Strategic priority three: Achieve value for money and keep unit costs down				
Action	How	Who	When	Outcome measure
Redesign of select provider framework to improve outcomes and control costs	<p>Consider imposing fewer restrictions on entry to the scheme during the contract period</p> <p>Implement new pricing approach with the development of two levels of preferred lists based on upper and lower price bands</p> <p>Introduce new clauses to help reduce the costs of new policy requirements (e.g. post 18 care at reduced prices)</p> <p>Provide incentives for providers to compete and improve their delivery of outcomes including returning children home within a reasonable time period</p>	Placement Finding and Commissioning Manager	March 2009	Maintain unit cost at current level or reduce
Develop the commissioner/provider relationship with internal services and implement a service level agreement to clarify expectations and requirements and incentivise internal providers to become more focussed on efficiency and effectiveness of delivering outcomes.	<p>In house services to develop business case based on improving children' outcomes through improved placement choice</p> <p>Service Level Agreement to include incentives to in house services based on cost</p>	<p>Strategy Leaders Corporate Parenting</p> <p>Children in Care Manager</p> <p>Placement Finding and Commissioning Manager</p>	March 2009	Develop the commissioner/provider relationship with internal services and implement a service level agreement to clarify expectations and requirements and incentivise internal providers to become more focussed on efficiency and effectiveness of delivering outcomes.

Consultation with Children in Care

Preparation

We contacted Reconstruct to ask if a group of children in care would be willing to be consulted on draft Children in Care Commissioning Plan.

A copy of the plan was sent to James Rushbrooke of Reconstruct and we discussed the principles of Commissioning and suggested that James do a Commissioning exercise to get them used to the concept rather than take them through the whole document (see Foster Placement Commissioning Exercise).

On 25th November 2008, Cavan McGrann and Deborah Gale, from the Placement Finding and Commissioning Team, then met with a volunteer group of young people in care (members of Children in Care Council).

S - 12

M - 11

S - 13

B - 15

J - 17

We met for 2 hours and began by giving examples of how we all “commission” in our day-to-day lives. We discussed purchasing a games console and how you have to work out what you wanted it to do in order to choose the best model, how you would ask your friends what was best (market research) and may be read reviews of them. Also what you could afford with your budget, where you can buy it cheapest and how much it would cost to maintain (how much are the games?)

The young people understood this very well and realised they did need to make commissioning decisions when purchasing almost anything. We explained how much budget we had and how many children's placements we needed to purchase with that budget. The young people fully understood that we had finite funds and had to make careful decisions about how much we have to spend on each placement to make sure we have enough placements for everyone. We also related this to how every family has to make decisions about what they can afford. We were able to explain that according to The Times 2008 it cost a parent £183,000 on average to raise a child 0-18. We then went on to discuss the contents of the Commissioning Plan.

Consultation Questions

1. Do you think that the Commissioning approach to children's placements is worthwhile?

The whole group agreed that it is. They agreed it was good to have a plan and sensible to review the plan.

S said “*it was important to share the money equally for everyone to have enough.*”

B commented “*that you have to be good at maths to do this.*”

The group also agreed as well as making sure you spent the money fairly - you also needed to check on the quality of the placements.

2. In the plan we have a number of things we are going to do to decrease the number of placement breakdowns. These include better matching and pre-disruption meetings - what are your views?

J said "*some carers can't maintain placements*" and he was worried that his younger brother had moved 5 times because of placement breakdowns. He also said "*he did not see his SW often enough.*"

J and B said "*it is good to support foster placements and stop them breaking down but not in every case.*"

S said "*if a young person was trashing a home they should go.*" Becky thought that "*may be a break (short break) may help all involved*".

B said, "*moving placements can make you feel angry and that if you move you can lose friends.*"

3. In the plan we have actions that will increase the number of placements available and give you and us greater choice in placements. Do you think that is a good idea and that good matching means less chance of a placement breaking down

B said "*most carers would not be nasty to children.*" **J** said "*that he thought he had chosen his carer and his carer thought she had chosen him.*" All children said they were happy in their placements.

The children talked of other children coming and going in their foster home.

B commented that "*some children are too young to understand and be able to make a choice.*" She went on to tell us how when she and her siblings first came to her 2nd placements, "*they were all scared and sat on one seat together.*"

S said "*she had not been offered a choice but her sister had visited more than one carer.*"

4. In the plan we say we need to have more long term placements and placements for siblings. What do you think of that?

B said "*it is important to know you can stay with your carer long-term.*" **J** felt it was very important to know that he could remain settled in his placement even after 18 if he needed to. **All young people** thought that siblings should be placed together where possible and described the varying levels of contact they had with siblings if placed elsewhere and how difficult it was for them not to see them as often as they liked and seldom altogether. More sibling placements would be good.

5. In the plan we explained that as well as Bristol's own foster carers we needed a number of foster agency carers and that we had to be very careful which agencies we chose and also how much those placements might cost. What are your views?

J said he thought, "*it was wrong that agencies can charge different charges for foster care and he thought all carers should work for one organisation*" e.g the local authority.

B said, “carers from agencies should not be paid more because they are not better than other carers and are equal.” Cavan explained that some In House carers did not get a wage but just had money to spend on the children.

B commented that was good “because it shows they are not in it for the money but to do something good for others.” **Everyone** agreed that carers should be paid for taking on other people's children.

6. In the plan we said that we should reduce the number of children in care by supporting families in the community better. Do you think this is the right thing to do?

B said “if the children were unsafe at home they they should come into care because foster care is a good place where you will be loved and looked after.”

S said “carers take children away to caravans and on holiday.”

J also said “if you can prevent children coming into care by giving more money to help the families you should do that.”

M felt her “Aunty was not given enough help and that was why she came into care.” Both **J** and **M** said “that if their families had been given a little bit more money they may not have needed to come into care”.

B said that we, “should always look to relatives or people your already know before coming into care”.

7. What do you feel a perfect carer needs to be?

The young people did not take this altogether seriously and all agreed the carer needed a kind heart, as well as individual comments about carers needing lots of money to spend on them - a very large TV and lots of holidays.

Cavan went on to explain the Select Provider Scheme and how this group could participate and all were enthusiastic to take part.

Foster Placement Commissioning Exercise with young people

We have been asked to do a consultation around commissioning new Foster Care services - and for one night only I'm going to make you the budget holders.

You have £100 to spend; working in your groups; please think about how much money you would give to;

	% Cost
Training New Foster Carers	6.6%
Funding Residential Homes	6.6%
Rewarding Food Foster Care	6.0%
Finding Ethnic Minority Carers	7.3%
Residential School Providers	3.6%
Specialist Agency Foster Care	5.3%
Finding Supported Lodgings	12.3%
Moving Unhappy Young People	12.3%
Training Foster Carers	10.3%
Supporting 'In Crisis' Foster Places	18.3%
Total	100%