



SHINING A
LIGHT
VOLUME 3

ARE WE VALUING CARE?

Children's services
essay collection

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iMPower

SHINING A LIGHT VOLUME 3



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ARE WE VALUING CARE?

Olly Swann, Director, iMPOWER

I am delighted to introduce 'Shining a Light', our third collection of children's services essays. This edition is themed around a single, topical question for the sector: are we valuing care?

The challenges that councils continue to face in delivering children's services make for grim reading. Half of England's £8.6 billion children's services annual budget is being spent on our 75,000 children in care, with the other half spent on the 11.7 million children (99.4%) who access other services. The Local Government Association is forecasting a £2 billion funding shortfall by 2020. There is a growing focus on statutory provision, fuelled by austerity, resulting in unprecedented cuts to preventative services. And through it all, children's services are not seen as a political priority.

It is also clear that the system for placements commissioning is currently failing children in care. With no obvious relationship between a child's needs, spend and outcomes, the sector is not able to demonstrate progress or value, or understand the kind of provision it needs more of. Practitioners know from experience that stable and well-matched care often makes all the difference, but there is system failure in delivering this at scale. At a time when resources are so precious, the sector must tighten its control of the money spent on children in care to ensure that every pound is making a positive difference. Something therefore needs to change.

Too often I have seen weaknesses in the placement commissioning process, to the point where huge investment decisions are made into a young person's future, without adequate consideration of what the young person needs, or how the delivery of those important outcomes will be managed. But the solution itself isn't just one about how placements are purchased and providers managed - it is much more than this, and it needs to start much earlier in the process.

Understanding need is at the heart of iMPOWER's Valuing Care programme. We are working with a number of councils to strengthen their understanding of their care population, develop their response to sufficiency challenges, and support them to engage the market to help them in this endeavour. What we have found is that there is very little correlation between the level of expenditure and need, and very little evidence of the delivery of outcomes. We have also found real opportunity to do something about it, and a great deal of enthusiasm (amongst providers as well as commissioners, social workers, and young people themselves) for shifting the narrative from one of containing risk and cost to one of value and investment in creating futures.

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WORK**

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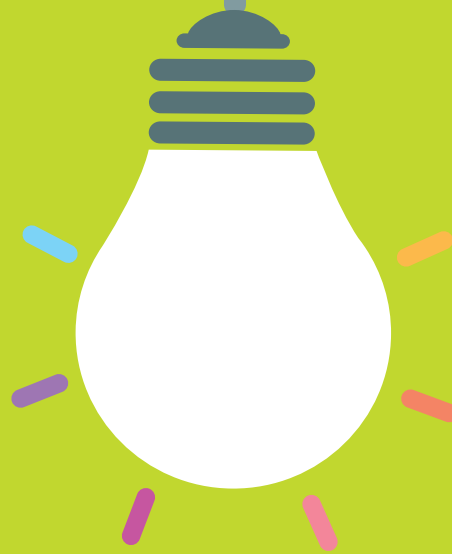
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SPENDING TO MEET THE NEEDS OF CHILDREN: WISHFUL THINKING?



Harvey Gallagher

Chief Executive, Nationwide Association of Fostering Providers

What is the purpose of children's social care? I no longer work in frontline services, so I have the luxury of being able to sit back and reflect on this question. For me, the purpose, and the overwhelming priority, is to meet children's needs. A secondary purpose is to spend public money wisely. And that's it.

Money is, of course, a huge issue. Local authorities are experiencing unprecedented cuts to their budgets. It is clearly not possible to continue to meet children's needs by doing things the same way as we always have. Government would have us believe that the highest spending local authorities are not necessarily the best, as if that is a reason to provide less money to local authorities (it's not). What is clear is that we need to increase the focus on how the money in children's services is spent – that is, its value. However, I am not at all sure that enough local authorities know what they're spending, what difference that spending makes, and therefore what value they are delivering.

Meeting children's needs is inextricably linked to spending. The best way of spending public money wisely is to use it to meet the needs of individual children. Children are not all the same; they're not units of delivery or cost, nor

do they neatly fit into policy directives (more or less adoption, more or fewer children in care). If we don't meet the needs of individual children, it ultimately costs the public purse more. We have all heard the arguments about lifetime costs – police, courts, adult mental health, the loss of a positive contribution to society – but I don't think anyone has that at the forefront of their mind when they set their annual budgets. Each agency has its own particular job to do. They don't get credit from anyone else (or extra funds) for preventing future costs incurred by different agencies.

To repeat the point, meeting the needs of individual children is the cheapest option. In my field, foster care, if we place a child with a carer who cannot meet their needs, it will cost us more in terms of respite, support, social work time, and possibly placement breakdown – with all the damage that causes a child, and perhaps also to a carer who might then give up fostering altogether.

Most people in children's social care try to do the best they can, in a difficult and stressful environment – and most children do okay in care. But that's not enough for me. If we are to value care, children should be thriving. If we settle for

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okay, then we're not valuing care. I believe that one of the traps we have stumbled into is that we no longer ask 'what does this child need from us?', and instead ask 'what have we got that we can give them?'. The purpose of our agencies cannot be to keep the agency going.

A few years ago, my organisation requested a judicial review of the definition of 'most appropriate placement' from the Children Act. The judge ruled that it refers to a category of care. But the Nationwide Association of Fostering Providers disagrees. We think the 'most appropriate placement' is one that is most appropriate for each individual child, not a standardised category.

Children's services are delivered by a wide range of organisations. That's the delivery structure that successive governments have promoted. Some like it, others don't – but our priority should be to make it work for children.

Foster care is offered by local authorities as well as independent and voluntary sector providers. Ofsted no longer offer a separate judgement of local authority in-house fostering services (unless they are a children's trust or council trading arm) but they do for independent fostering providers, 91% of whom are rated 'Good' or 'Outstanding'. That's really impressive. We have to start collaborating across the independent and public sectors, so that everyone can benefit from the strengths that exist in the system.

We need to do things differently. Commissioning (or procurement, as it often is in reality) values the wrong things – including cutting weekly costs or dictating specifications. If we were to get rid of all commissioning now, I wonder what differences we would notice. We'd have a lot less wasteful bureaucracy, that's for sure, and I'm sure money would be saved.

In addition:

- There could be a light-touch preferred-supplier entry process that all service delivery agencies must undertake (including local authority in-house services, children's trusts and trading arms – no-one should be the default preferred supplier without any process having taken place, as they are now)
- Ofsted judgements would gauge quality
- Portals could offer improved data security and insist on timely information and action, but should not be used for placement matching in foster care
- Dynamic systems could enable providers to come on board, drop-off, or change their offer
- We would have a much better understanding of costs (not the meaningless unit costs we are asked for so frequently) that enable us to compare like-for-like services for children
- Crucially, children's reviews and care plans could be integrated to provide the key data for understanding if a child is getting what they need from the services we are paying for
- This data could be aggregated for each provider (e.g. if we have placed 20 children with them over the last five years, we can track outcomes)
- Modelling of what children's needs will be in three to five years' time, and sharing of this data with providers, so that they can develop services to meet those needs

Somebody is going to have to be brave and grasp this idea – meeting children's needs as individuals, and making use of (and spending money on) the option that will best meet these needs.

Who is going to take that leap? I'm ready.

ARE WE REALLY VALUING CARE?



Colin Green
Independent consultant

Are we really valuing care? The short answer is no - or at least, not enough to do the best we could for the children that the state has taken responsibility for. Having made a drastic intervention and taken a child into care - in the majority of cases to protect them from harm - we need to make a difference in the best interests of the children.

Research supports the view that, in most cases, care improves lives. The children themselves are mostly positive about their experience and the difference it has made. As we develop better measures of progress, such as those that enable us to compare the educational outcomes of looked after children and children in need, it is becoming clearer that not only does care improve lives, but good care can deliver even better outcomes.

This evidence is beginning to shift the negative narrative about care itself being the problem, towards a viewpoint that although the care system is not currently able to fix the effects of chronic abuse and neglect that many children have experienced pre-care, the system itself does work to support the child and their development.

The simplified view is that care is better than it was. We know more about the children in our care and their progress, and they are much better safeguarded by a strong regulatory framework. Their progress is reviewed with - at its best -

strong independent oversight, and even when mediocre, at least it is reviewed. Children stay longer in care, and the services for care leavers, including those staying put, are much better than they were.

While we have improved care, our greater knowledge and experience mean we also now know more about the gap between what we do, and what we could do, to make the most difference to children. There are two areas where we could have the most impact (and therefore where we need to focus):

1. Workforce

The effectiveness of our care system relies on a number of different groups including social workers, foster carers, residential care workers, and commissioners. However, this workforce is often not a stable one, and all too often its members are inexperienced and under-trained for the complex tasks they undertake.

A look at the last annual workforce report reveals a depressing picture. The national vacancy rate is 17% (although this masks variation, with much higher rates in some local areas). One third (34%) of social workers have practised in their current authority for less than two years, and a third of those who leave their jobs do so within two years.

00 If we are to value care, we need to ensure that we have the best possible understanding of children's needs and their world 00

Work with children in our care is about relationships, skills and leadership. But with this level of churn, how can we expect children in the care system to have trust and confidence in their social workers?

Instability also applies to the residential care workforce, which has high levels of staff turnover. The best residential care focuses on building relationships, modelling good adult behaviours and providing a sense of security and containment for the children. This requires teams who work together well and know their children; this provides a sense of security and consistency, and a foundation on which a young person can begin to thrive.

Foster carers, on the other hand, are a more stable part of the workforce. But are we equipping them with the skills to provide the best care they can?

In my view, foster carers are under-trained for the extremely complex task facing them. The problem is not with the basic training they receive; it is linked to the support available to them thereafter. The nature of the workforce is such that social workers with only two or three years post-qualifying experience are considered to be 'experienced' or 'senior'. This timeframe is unlikely to provide the depth of experience needed to be able to adequately support children in care and those who care for them.

Being a social worker, residential worker or foster carer is a complex task. The regulatory requirements in place to safeguard children are comprehensive, but if we want staff, foster carers and residential carers to reach beyond these requirements to actively work with children, they need time, and the ability to understand and reflect on the needs of the children they work with. Where are the development opportunities to strengthen these reflective and analytical skills?

We need our workforce to see themselves as leaders of the team helping the child and family.

This means giving social workers, residential workers and foster carers a sense of their own agency. They know their job is to help develop and shape children's futures, and they need the confidence, knowledge, skills and capacity to do so.

2. Assessment of need

If we are to value care, we need to ensure that we have the best possible understanding of children's needs and their world. Not only do we need to be able to describe a child's needs with accuracy, but we need to go further and ensure that all the children in our care have a multi-disciplinary assessment, including psychological, social work and educational assessments, together with input from their carers, parents, and the children themselves.

This assessment needs to be reflected on by those involved in the care of the child, and from this, a view of what care they need in the short, medium and long term needs to be developed. Too often I have read the records of children who look like they are (or soon will be) in the gravest difficulties. Their distress is evident, but too often we wait for them to break their placement, or place them in the lowest cost option, rather than looking at what we need to do now to secure the child's future and act immediately to address the harm they have suffered. The assessment and description of needs must instead lead to the provision of services that them.

If we are to value care, we need to resource services to provide the quality of care needed by children. This means making investments in staff, so that we have a strong and capable workforce, and specialist services that can assess needs and provide the therapeutic and other interventions children require.

We are doing better, and could do much better yet – if we focus on the factors that can make the biggest difference.

OUTCOME-FOCUSED ALLIANCES SHOULD BE THE ONLY SHOW IN TOWN



Steve Kay

Director of Children and Families, North East Lincolnshire Council

I'm not sure how many times the phrase 'change is the only constant' is trotted out in meetings, seminars or conversations I have with colleagues across the country, but it is certainly up there among the top five most commonly heard words and sayings. Of course, sitting alongside it are (in no particular order) rising numbers of demand for statutory services, lack of resources, poverty, and professional practice.

Everyone will have their own list, but for many of us in the sector, these challenges and considerations will usually be somewhere at the forefront – as they should be – if outcomes for children and families are indeed what we care about most.

In our sector, the challenges come thick and fast. Working out how we collectively best understand, meet and support the needs and aspirations of children and families can feel like a constant merry-go-round. How do we most effectively engage with families when it becomes necessary to do so, and help them find solutions wherever that is possible?

Regardless of where you sit in the debate on funding for public services - whether you think there is enough money, whether it's in the wrong

place, or whether we could be more efficient - it is an issue. My own view is that the current situation is a mixture, and that it is certainly true that there are insufficient resources in public and voluntary services, and crucially, in many of the communities we serve. The Local Government Association and the Association of Directors of Children's Services both cite the current resourcing position as being unsustainable. But even with that recognition, the challenges we face are never simply about a lack of resources, despite being an important piece of the system jigsaw.

I'm continually impressed and inspired by the tenacity and resilience of so many children and families who are finding a way through some significant challenges. I can also confidently say the same about our front-line workforce, who against a complex backdrop, find the space in which to practice and innovate. There are all sorts of challenges in the national system, which (when we are at our best) we are managing and responding to collectively, with the voices of children and families at the centre of system design and decision-making. Unfortunately, though, we don't always get it right, at every level of the national system, from policy-making right through to practice.

|| We become public servants because we want to make a difference. If we are serious about this, we need to be serious about outcomes =

Since the early 1990s, the rates of Looked After Children per 10,000 children have generally been rising in England and Wales. Although children come into care for many different reasons, among the most common are abuse and neglect. The number of children in care is now at its highest level since 1994.

My own area, North East Lincolnshire, is no different. Like most councils, we have done some things wonderfully well, but we also have some significant challenges and areas for development. Our experience is common to many parts of the country: a constant dialogue about significant needs, rising demands and resourcing issues, whilst always seeking to strike the necessary balance to enable the best possible outcomes.

We have a good track record of trying to innovate in response. We have successfully taken some opportunities to try to do things a little differently in relation to developing our practice and weaving together resources more effectively.

As part of our model of practice, we have a commitment to Family Group Conferencing, where we have seen families find the strength to overcome significant challenges and really begin to believe they can flourish. We provide our own children's residential homes, which are all rated Good or Outstanding, and which importantly are filled with care, support and love for the children whose homes they are.

The only profit in these homes is a positive outcome. We have developed an effective partnership with Safe Families, which connects families for befriending, support and respite. Together with the NSPCC, as part of the 'Together for Childhood' programme, we are also focusing on the prevention of multiple adversity, using a cross-sector, community-focused approach.

We have also developed an effective partnership with PAUSE, ensuring that we now have a significant response in place for the most vulnerable women at risk of repeat removal. Under the 'Staying Close' banner, we have a significant programme which supports children who have stayed with us in residential care, and our wider network of care leavers. The programme enables them to access the support they need from us to enable them to move confidently into adulthood.

In isolation, none of these initiatives are the answer to the systemic issues we face. But they are an attempt to begin to build more effective, outcome-focused alliances for the benefit of children and families, weaving together resources in order to improve outcomes. I think that the days when organisationally focused or service-centric solutions were seen as a legitimate response are gone – and quite rightly.

We become public servants because we want to make a difference. If we are serious about this, we need to be serious about outcomes. They enable us to tap into what we are actually about, and help us to frame how we set about our work.

In North East Lincolnshire, against a backdrop of real challenge, we are attempting to be very clear about needs, outcomes and the most effective use of resources. It's not easy, and I certainly don't pretend to have all of the answers. What I do know is that where we are successful, it is because we have put outcomes for children and families at the very heart of what we are doing.

NEW CONVERSATIONS: REFRAMING CHILDREN'S CARE



Ebony Hughes
Assistant Director, iMPower

One way of demonstrating how much we value something is how we talk about it; both in the language we use and in the focus of our discussions on the subject. That also applies to how we support children in care. If society really wants to improve the life chances of children in care, there is an urgent need to reframe ambition about what young people need to help them achieve their full potential. That requires an improved and much more inclusive conversation around care and the use of evidence to create positive change.

The care system is complex, consisting of a range of diverse stakeholders, many with differing objectives, and accountability is distributed. While all of these stakeholders should be working together under the single core aim of improving outcomes for children and young people, that will only happen if there are efforts to work at the interfaces between system actors, creating new approaches that enable them to work together.

The care system is a perfect example of a system where services and professionals have worked individually with the best of intentions, but where impact has been limited by looking at the problems of children's care through too narrow a lens. As an example, procurement-

driven initiatives to reduce financial pressure have reinforced the split between providers and commissioners, and have driven a focus on unit costs as opposed to value, thereby exacerbating market supply issues and impacting on the outcomes that can be achieved.

There are also key influencers in the system who have not been part of efforts to improve it, possibly due to a lack of information enabling them to understand it. Without these voices participating in and understanding the conversations around care, it is difficult to drive positive change. These influencers include young people who do not feel empowered to have agency in their care, as well as local authority Directors of Finance and Chief Executives who know little of the world of looked after children, but who see the rising cost of their placement budget and impose a tight financial grip rather than focusing on value over the longer term.

In the absence of these critical actors from conversations about what the system is trying to achieve, and without the evidence to demonstrate what is needed to make a difference for those in care, can we expect any alternative behaviours from them?

00 The idea of creating a new conversation - centred around an inclusive ambition of improving outcomes for children in care by investing in their futures – needs to be taken up at scale 00

In order to make a real difference for children and young people in care, the ‘problems’ need to be re-framed. Conversations need to switch away from containment of risk and cost, and instead focus on investments in creating futures, and on protecting, supporting and - most importantly - enabling young people to thrive. It is time to build relationships between actors and create a common language across the system they work in.

This means creating a system where:

- The assessment of need by a social worker can be easily interpreted by the person brokering the placement
- There is constructive dialogue between providers and commissioners to shape the provision required, based on a genuine understanding of need
- Families and young people are better able to engage in the process of shaping their support and understanding progress, so they feel more fairly represented by what is said and written about them, and young people in particular have a greater sense of their own agency in their placement outcomes
- The language used by practitioners is centred on needs and supports a longer-term view, rather than being centred on risks and behaviours - raising ambitions beyond a focus on containment
- A Director of Children’s Services is able to give a clear account of the children in a local authority’s care, linked to the resources invested and the outcomes being achieved

What is needed to change the conversation about children’s social care?

Changing the conversation isn’t easy, but I believe it should start with creating a more rounded understanding of children’s needs. It seems obvious that a better understanding of needs

enables better decision-making when it comes to placement matching, which should then underpin improved outcomes and stability. But it also offers a range of other benefits, such as:

- Enabling those working with children and young people to see past an individual’s behaviour, and to see them as a person who has needs. This also means that behaviours should not interfere with the ability to shape a placement based around making the most positive impact or stopping a future escalation of need, whilst also reinforcing a more strength-based narrative
- Giving social workers, placement brokers, young people and providers a shared view and understanding. This supports better conversations and collaboration to get the right placement and package in place as early as possible
- Supporting a longer-term view. Decisions about investment in a placement can be based on value and impact on need, rather than on how much it costs per week. In turn, this enables improved planning for long-term value and life outcomes. This is a much more sustainable way to achieve cost reductions
- Providing a baseline against which progress can be measured, and creating an evidence base to support work with children and young people

Where I have seen this approach being used, it creates a genuinely positive impact for the young people that the local authorities and providers are collectively looking after. The idea of creating a new conversation - centred around an inclusive ambition of improving outcomes for children in care by investing in their futures – needs to be taken up at scale. Those in the sector need to engage actors from across the system in improved conversations, to ensure that all stakeholders are truly valuing care and the positive impact it can have.

PROJECT POSITIVE: LET ME SAY HELLO FIRST



Marion Ingram

Operations Director for Specialist Services at Hertfordshire
County Council

Are we valuing care? Jemima, Kelly and Tory - the determined, capable and articulate care leavers I posed this question to - said we are not.

They believe that we, as a society, do the opposite: we routinely label and judge young people leaving care, and this behaviour harms their chances in life just as much as the circumstances that took them into care in the first place.

Put 'care leaver statistics' into Google and you'll see what they mean.

"You're expected to fail before you get a chance," says Kelly. "People pity you, and people assume that care leavers are going to do worse because they've looked at the statistics."

That is why these young people started Project Positive. They want to do their bit to change this story, and to 'normalise' care.

Tory says that Project Positive is about "getting the word out that we're not bad people, and asking everyone to stop thinking of us as care leavers and start thinking of us as individual people." They want a world "where there's no judgment and there's the same amount of opportunity; where you shouldn't be ashamed of being a care leaver; and where, when you do well, people aren't surprised."

How often do those of us working in the sector express sadness or anger at the life chances of care leavers, and how often do we, ourselves, list the 'gaps' between those with experience of care and their peers?

These young people describe how it feels to realise that you could be 'that statistic'. They also talk about the lack of understanding in wider society. Kelly sums it up: "The first thing they asked when they heard I'd been in care was: 'Was it your fault?'"

Take a moment to imagine how this feels and the effect it has.

"It makes you feel broken down on the inside", says Jemima. "It's almost like you're being punished for something that wasn't your fault". Tory adds: "That rubs off ... and you start to believe it. You feel crushed, completely, and you ask yourself, 'why am I going to continue living this life that they expect me to lead?'"

These young people want to ask something of us - they want us to stop quoting and reinforcing the statistics that highlight the differences between care leavers and the rest of society. They feel the resulting preconceptions harm their chances and hold them back in very real ways.

00 Despite all the right intentions, our descriptions and language can limit the prospects of children and young people. We tell them who they are in terms of risks, behaviours and labels 00

“When I apply for jobs, the moment they find out that I’m a care leaver, their tone changes – and the way they look at me feels different,” Jemima recalls. Tory agrees: “I was told by my social worker that I wouldn’t get into child nursing because of my background. They all told me to look for something else. They had no faith I could do it.”

These issues all start with how we describe young people when they come into care. Despite all the right intentions, our descriptions and language can limit the prospects of children and young people. We tell them who they are in terms of risks, behaviours and labels.

“From the first point of coming into care there are these meetings where they discuss every inch of your life,” says Kelly. From the first meeting, they’re planning your entire future and planning the things to support you when things go wrong, not how to support you when things go well. And that’s not right.”

How often do we see a placement request form which starts with what is important to the child, their ambitions and goals, their strengths? How often has the child helped to create that story? Does the form end with a structured and evidenced analysis of what the child needs from the placement to thrive, and do we communicate that to the carer? In my experience, even when we do a good social work assessment, the outcome can be diluted by process, and by the time we’re asking a carer or home to look after a child, we’re back to risks and labels.

“The first point I realised I would be defined by what happened to me was when I met my first foster carer. She’d been told why I’d come into care and she was like ‘I’ll give it a try’. But it wasn’t ‘I’ll give you a try because I like you’, but because she’d heard my story,” says Kelly.

In Hertfordshire we are taking steps to turn this around, so that we can use evidence to speak with confidence about how children and young people in care and leaving care are achieving their goals.

Through Project Positive, Jemima, Kelly and Tory are taking action too. They’re asking us all to go further – they want to disrupt and change our habit of ‘beating up’ on care leavers.

“I want the message to get out there. Just give us a chance,” says Jemima.

As Tory puts it, “We want people to let us say hello first, and not let what they’ve read impact how they see us.” The project has just started, and the group have already attended a council meeting and challenged councillors to stop and think before reinforcing stereotypes.

They are developing a campaign page which will be launched in National Care Leavers’ Week and are working out how they can get their message across through social media and videos. Listening to them planning this with passion and intelligence feels like being in any inspiring meeting with colleagues and I am, as ever, struck by how mature these young people are.

This is when Jemima, Kelly and Tory point out that the experience of being in care can accelerate personal development. There are meetings with adults, there’s the process of understanding who you are and your journey in life so far, managing personal finances, and there is the maturity and resilience that follows. Many of these experiences give young people a fantastic CV of personal attributes and skills.

These three young women are all ambitious; let’s get behind them. What they ask is that you:

- Start your own Project Positive
- Help your young people to celebrate their time in care and look forward to a positive future
- Make your own pledge to challenge stereotypes, and think before you reinforce them, and
- Give care leavers opportunities and listen to what they have to tell you – and let them say hello first!

PLACEMENT SUFFICIENCY PLANNING FOR CHILDREN IN CARE IS INSUFFICIENT



Mark Owers

Independent children's services adviser

Local authorities have a duty of 'sufficiency' to ensure that, through in-house provision or commissioned services, they can meet the needs of children in care. However, despite best efforts, there are national deficits in the supply of foster families, adopters, and placements in residential homes. This is against a backdrop of rising demand and diminishing resources. Now more than ever, children's services need to do better with less, and for more children and more families. But how is this achievable? One answer is to scale up sufficiency planning duty.

Local authorities struggle to predict demand and effectively influence and shape the market. There are a range of reasons for this: low placement volumes with fluctuating levels of need; limited forecasting skills; insufficient management information and support tools; too few levers (and less expertise to use them); a market that is supply-led; and commissioners who are often up against experienced market specialists, well-versed in dealing with local authorities.

In our **Review of Foster Care in England**¹, Sir Martin Narey and I recommended that local authorities should be enabled to plan for sufficiency at greater scale. This, we argued, would help them to create a critical mass to better understand demand, iron out short-term

fluctuations in demand and changing needs, concentrate expertise, discourage competition against each other, and provide a stronger platform from which to manage the market. Joint commissioning arrangements exist – for example the Children's Cross Regional Arrangements Group² or Placements Northwest – but such initiatives need to go further, and extend to the full sufficiency cycle.

The Government agrees, and has committed to providing seed funding for commissioning and sufficiency planning consortia. This is an exciting opportunity. Market Position Statements could be a key output of a more refined and creative approach to sufficiency planning at scale. Such statements would provide an unambiguous summary of demand, supply and purchasing intentions to support current and potential providers to develop the right services in the right areas. The extent to which local authorities – both individually and collectively – intend to use a mixed market economy could be explicit, by type and volume for example, thereby giving providers forward certainty and confidence to invest. If providers are convinced that particular placements will be needed, they are more likely to provide more placements – and in the places commissioners want them.

¹ Department for Education, February 2018 (<https://www.gov.uk/government/publications/foster-care-in-england>)

² <https://www.ccrag.org.uk>

Concerted collective efforts have the potential to help address the mismatch in supply and demand, and move the debate forward based on value rather than costs

This type of approach could help foster greater trust and much needed transparency on value and spend between commissioners and providers. But it would need cultural change, more authentic relationships and require a higher degree of local authority proficiency in codifying needs, demand forecasting, commissioning and commercial negotiations. Providers themselves would need to have an integral role in sufficiency planning, defining value and to be given greater opportunities to develop the market. Data collection and analysis would need to be used more intelligently, for example through drawing on past referrals or correlating needs with spend. Improved monitoring arrangements, less bureaucracy, and a meaningful two-way dialogue would be needed to assess the accuracy of demand forecasting and to understand the impact of the sufficiency plan on market functioning and evolution.

Consideration should be given to the merits of producing a national sufficiency plan with appropriate cross-sector oversight, capable of focusing on whole system demand management. A national sufficiency plan could bring together the themes and issues that emerge from consortia sufficiency planning, and help drive national initiatives, such as national adopter and foster carer recruitment campaigns. This could lead to a national menu of services to enable commissioners to compare services, like for like, in terms of quality and value; a standard tariff for common services to do away with tricky price negotiations and inflated spot-purchase prices; a national list of all providers, services offered and prices charged; arrangements for commissioning highly specialist services by a national team; and national account management (led by preferred local authorities) of large external providers delivering across the country.

Delivering this change would not be without challenges. Local authorities and elected officials would have to be convinced. But in theory, this could bring many benefits; such as enabling local authority consortia to fully

consider and realise the potential of collective bargaining power, volume discounts, economies of scale, block purchasing, and risk sharing. However, different and often conflicting cultures, politics, performance trajectories and finances can be a more powerful force than potential benefits, and make local authorities odd bedfellows. This context has played out in Regional Adoption Agencies, who themselves are well-placed to benefit from the full sufficiency cycle. Local authorities are expected to come together to deliver single adoption services at scale, but some have struggled to reconcile variations in spend or been hampered by a lack of trust, having differing views on the best way to do things.

Regionalising adoption has shown that local authorities have a greater propensity for collaboration where there are longstanding and trusting relationships. They also want to decide for themselves who they work with, and how. So, whilst the existing sufficiency duty could be extended to mandate greater scale in sufficiency planning, local authorities should be free to determine the most appropriate scale, and who they work with. Some present a critical mass in their own right and already benefit from their scale. Others may have good reasons for believing that they should go it alone; they may have ample in-house provision, infrequently purchase externally, and consistently meet their sufficiency duty. But even in those instances, such authorities could get involved with others to help mitigate against some getting better deals than others, and to reduce instances where they compete against each other on supply and price.

Interested and innovative local authorities and providers should start planning now to bid together for the Government seed funding for consortia working, and to help test the case for consortia working and a system-wide approach. Concerted collective efforts have the potential to help address the mismatch in supply and demand, and move the debate forward based on value rather than costs.

CONTRIBUTORS



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Children's services essay collection



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Harvey is Chief Executive of the Nationwide Association of Fostering Providers, which has been campaigning for independent and voluntary sector fostering providers, and the children for whom they care, for over 10 years. Its members represent over 90% of children placed in the sector. Harvey began his career over 30 years ago working for Gateshead, Newcastle and North Tyneside councils, is a father of five and a new grandfather.



Colin Green

Colin is an independent consultant with a professional background in social work. He was Assistant Director for Children's Services in Cambridgeshire between 1998 and 2004, and Director of Children's Services for Coventry City Council from 2007 to 2013. He also worked for the Department for Education and Skills, as policy lead for Safeguarding Children, from 2004 to 2006. Colin was Chair of the Association of Directors of Children's Services (ADCS) Families, Communities and Young People's Policy Committee, and a member of the ADCS Council of Reference for four years. Since retiring in 2013, Colin has worked as a consultant, undertaking service reviews and evaluations and writing policy and practice briefings. He is a Trustee of the Caldecott Foundation.



Steve Kay

Steve is Director of Children and Families in North East Lincolnshire, and has worked for the Council for nine years. He is a public servant of nearly 25 years, initially starting his career training as a teacher and also youth worker. He has a keen interest in outcomes and relational approaches. He is married and has four children, and outside of all this divides his spare time between following Rugby League (Hull FC) and his beloved, grumpy English Bulldog, Archie.



Ebony Hughes

Ebony is an Assistant Director at iMPower where she has worked since 2011. A qualified CIPFA accountant, she has 15 years' experience working with local government. She has specialised in children's services, focusing on transformation, managing demand and sufficiency. Ebony supported the development of the Valuing Care programme, drawing on the insight derived from work with a multitude of clients. In addition, Ebony is a Trustee at the Caldecott Foundation where she Chairs the Care and Therapy Committee.



Marion Ingram

Marion is Operations Director for Specialist Services at Hertfordshire County Council, where the care and outcomes of over 900 children and young people are one of her responsibilities. Having worked in residential homes, as a social worker, and in other senior manager roles, Marion is passionate about helping children and young people to achieve their potential. Together with children in care and care leavers in Hertfordshire, Marion and her team have developed the 'Outcome Bees', a new way to involve children and young people in setting their goals and keeping a focus on aspirations and progress.



Mark Owers

Mark is an independent children's services adviser with over 25 years' experience of working in the statutory, voluntary and private sector, as a children and families social worker, manager, director, lecturer, researcher and CEO. He has spent most of the last 15 years in national improvement roles, including three in the Prime Minister's Delivery Unit and HM Treasury as lead delivery adviser for child safety, health and wellbeing. He was appointed by the Secretary of State for Education to co-lead the Review of Fostering in England published earlier this year. He is currently advising the Government on permanence and regionalising adoption, and is an adviser to iMPower. Mark is a member of the Adoption and Special Guardianship Leadership Board and the new National Stability Forum.



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