



**ICHA position document November 2017**

**First release**

**SMART thinking  
for Residential Child Care  
for the next 5 years**

**ICHA is the policy and practice professional organisation  
representing independent children's homes.**

**75% of all homes are independent  
ICHA represents over 80% of this number and over half of  
all homes.**

## The ICHA method policy making methodology

The ICHA is a member-led organisation; no matter the size members have one vote.

The ethics of the ICHA are to be open and transparent in all its work and to encourage that in others.

Its method of working being participative, the ICHA policy positions are made using an iterative method by which the entire membership has opportunity to contribute and shape the conclusions.

## Methodology of this position document

Officers distilled the analysis into a discussion and development document.

This document was sent to all members, discussion followed, including regional meetings before a two day General Meeting considered the content of the final document.

The conclusions were written up by officers and the final version sent to all members for amendment or confirmation.

The methodology was designed so that the final document represents the views of those providing residential child care opportunities for young people.

## This document groups considerations into the following sections:-

1. DfE
2. Local Authorities
3. Procurement/Commissioning
4. Contracts *To be included in second release*
5. Regulation *To be included in second release*
6. Ownership of provision *To be included in second release*
7. Financial *To be included in second release*
8. Police *To be included in second release*
9. Future
10. ICHA

## The reason and direction for this document

The children's homes sector has not benefitted from a national strategy. This document is designed to propel strategic actions.

It acts as a firm steer for the DfE Residential Care Leadership Board as to the thinking of children's homes providers.

The Narey report is too disparate to provide a foundation for a strategy.

Other social care statements by ADCS, LGA or think tanks have been high level, with aspirations and ambitions with a focus on the end result, the destinations.

The sector and the situation have complexities that have to be incorporated into strategy, sophistication not simplification is needed. This document starts from the actions that can be taken now.

## The ICHA see this document as starting SMART thinking for the next 5 years

The ICHA is interested in discussions about developments, and committed to actions, that are:-

- Specific
- Measurable
- Attainable and achievable
- Realistic and relevant
- Timely and time focused

## Understanding the structure of this document

Each section has analysis and action sections. Both the analysis and the actions have been developed by the ICHA membership, the content represents the views of the members.

**The analysis** distils themes, evidence and experiences of the sector today preceding the General Meeting.

**The summary** distils the conclusions of the first day of the General meeting discussions.

**The actions** are designed to move the sector forwards, creating partnerships and momentum. In contributing to the content, ICHA members were asked to respond to two questions:  
*How will we recognise it? What will it take to get there?*

# Section One - DfE

## Analysis

There is much we see is in need of extension and consolidation regarding the positive place of residential child care. ICHA will always be the first to collaborate on furthering this objective. Continuity of DfE personnel would assist with continuity of knowledge and experience.

We see the merit of residential child care being within and with its role specifically identified in an overarching strategy for Looked After Children. We share with other expert colleagues that the document Putting Children First is not yet sufficiently detailed to act as that strategy document. We see the need to link all the placements and overcome the separation and link all the placements.

We are ambitious for the Residential Care Leadership Board, yet see merit in one integrated board to overcome the separation of services and settings.

We hold ambition beyond that of the Narey report that was constricted by the time available for Sir Martin and therefore, necessarily concluded from a selection of experiences and thus insights from which DfE have distilled further some specific actions regarding decriminalisation, restraint, and Regulation 44.

We are concerned that the Innovation Programme is seen across children's services as a careful selection of projects.

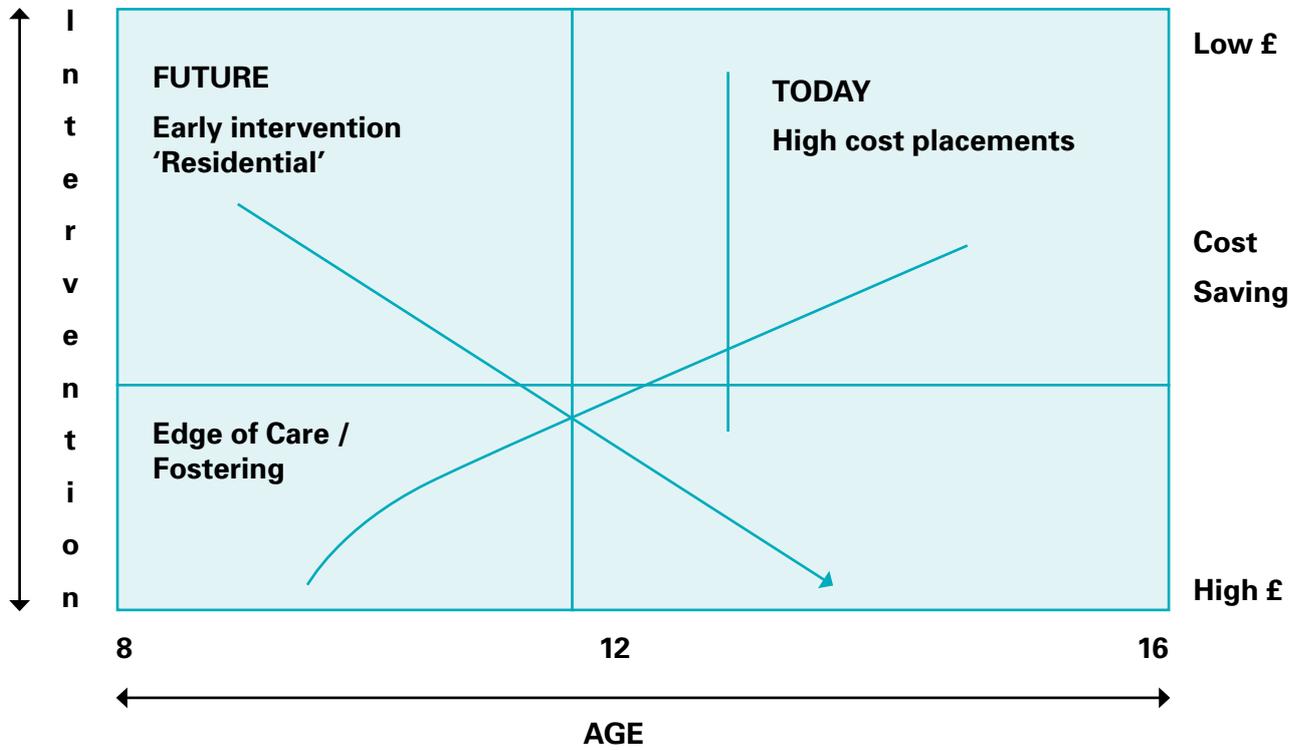
We anticipate the outcomes of the Fostering stocktake. We see the opportunity for a radical reshaping of the care system and placement assessment, commissioning and matching.

## Summary of discussion

- The DfE need to act as the champion of Residential Child Care as a positive and early option for young people; a specialist options available to all young people as assessed.
- A Looked After Children strategy is needed that includes and joins up all provision on equal parity.
- Experienced practitioners are included in DfE staffing and act as experts.
- Government need to come to ICHA first to get evidence *before* making policy. Sector representatives need to have the ability to scrutinise, challenge and agree data. There should be a right to reply without fear.
- Evidence should be gained from providers on a regular basis. Source data often differs from research with small samples or from data returns. A full spectrum of evidence is needed to form the foundation for policy.
- Young people's views need to be prominent.
- The Government should be leading on the creation of national Dynamic Purchasing System.
- Costs of care should be evaluated using lifetime of a child rather than short term comparisons.

## How will we recognise it?

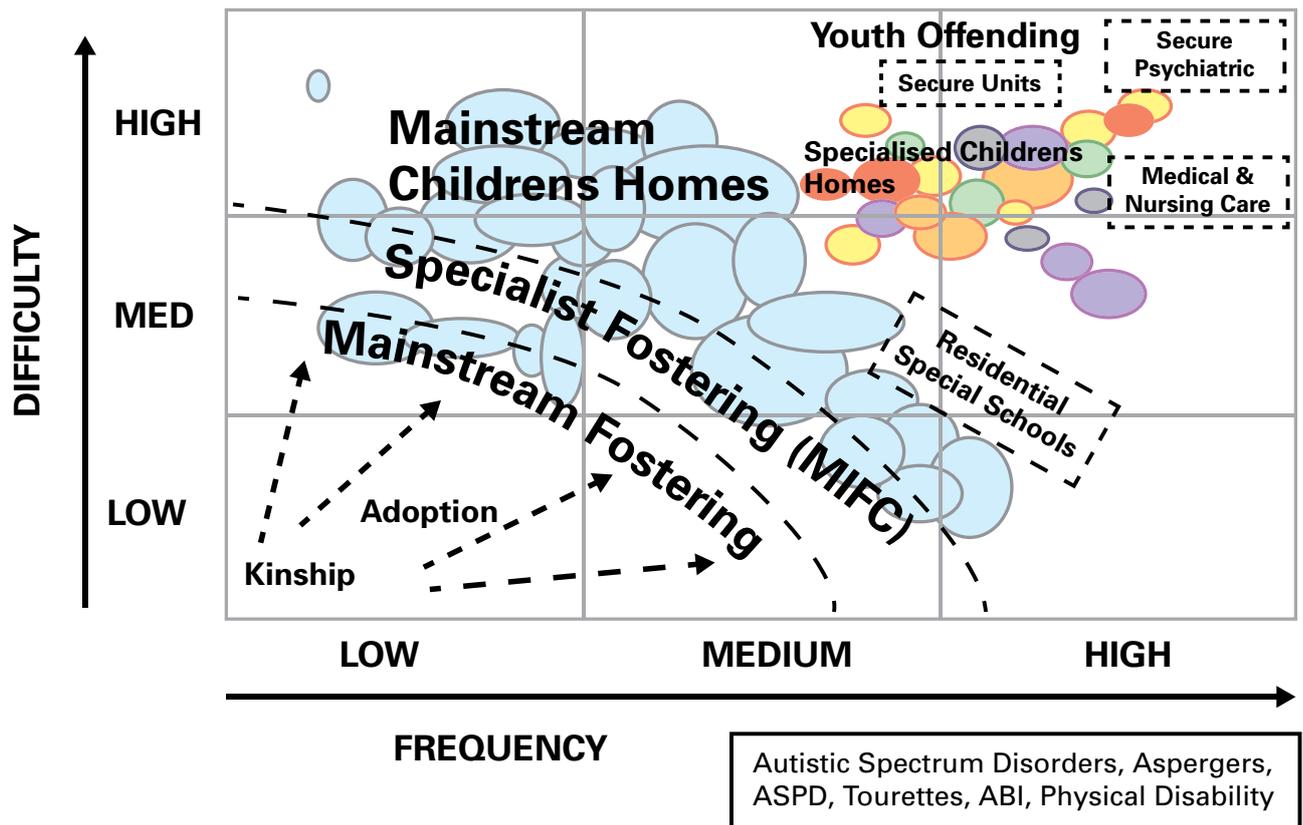
- Government policy statements recognise the value of residential child care.
- The voice of the provider and practitioner are core and prominent in all Government actions.
- Government invests in a national campaign, as for fostering and adoption, to attract people to the residential sector.
- Children placed in placements that meet their needs – assessment leads to the right child in the right place at the right time.
- Residential child care options will be used at earlier ages and stages, using children's homes as a 'last resort' will have ended.



In 5 years, residential care is used as early intervention. The most effective use of intensive options is to use them first and then step down. Currently, young people must progress sequentially through a placement hierarchy (see NCERCC Revolution Consulting Conceptual framework diagram below).

Anti Social Behaviour,  
Violence, Aggression, SEBD,  
Absconding, Self Harm,  
Substance Use, Sexually  
Inappropriate Behaviour

## Hypothesis - Provision



Autistic Spectrum Disorders, Aspergers,  
ASPD, Tourettes, ABI, Physical Disability

## What will it take to get there?

- The membership of the RCLB will be a crucial first indicator, with substantial ICHA membership as representatives of the sector.
- DfE staffing to include seconded experts from the sector.
- A Residential Child Care Task Force is created for expert consultation and leadership in the regions.
- Government directs all local authorities to undertake a needs analysis and these are aggregated regionally and nationally to show what the needs are, what provision we need, where we need it and how much of it. Local authorities and providers are directed to create co-produced solutions. Regional planning bodies involving local authorities as equal partners are set up.
- Legislation ensures no child has multiple fostering placements, no more than three.

## Section two - Local Authorities

### Analysis

Along with many other colleagues, we appreciate that ADCS are directional in providing evidence, policy and practice for Government and its agencies.

It is a pressing concern that there is much to be done to secure collegiate working relationships for residential child care and children's services. The policy and practice leadership in both organisations and sectors has a major role in overcoming the current distanced relationships.

One key aspect would be the negotiation of fair terms and conditions for placements and child-centred assessment, referral, matching and placement making.

We recognise that local authority colleagues have a major challenge to manage budgets and keep services available. This is also a major concern for children's homes providers, recognition of the costs of care and that these are rising, is essential for a sustainable sector.

### Summary

- Having the child at the centre is needed.
- Stability – starting from social work as parenting, social workers feel valued and effective, as a result, they stay consistent in the life of the child, seven days a week. Their expertise needs to include residential experience, perhaps as a standard part of their degree and training. There needs to be collaboration not blame at a point of crisis.
- Social workers and Residential Child Care Workers need to be seen as equal parenting roles.
- Social work assessment needs to ensure placement is made by need with realistic goals.
- Collaboration over what works, why and when, and does not work. What works is not necessarily researched evidence (and there is too little that meets research thresholds). Best evidence is what exists, success by experience.
- The corporate parent should integrate care, education and health.
- There needs to be a level playing field of in-house and external placement each used for its specialism.
- There has to be full disclosure in referrals.
- Working together can produce sustainable and proactively managed local and trusted providers.
- The fee/business element, creating the idea of an enemy, must be overcome.
- Accountability needs an independent arbitrator that can look at all aspects.

### How will we recognise it?

- Concordat of collaboration. Genuine equal strategic and operational partnership between LAs and providers, with the child at the centre, all able to hold the child in mind.
- A shared responsibility for managing the supply chain rather than providers taking responsibility. Flexible practice with swift decision-making.
- Stressing the long-term view of child, not short-term/annual budget driven thinking.
- More social workers, able to fulfil their role – valued and well supported.
- Training together.

## What will it take to get there?

- Local authorities and providers as equal partners in strategy and delivery.
- Independent arbitrator (more than CSC) to look at accountability to LAs - more than Ofsted.
- Using a cost benefit analysis with a focus on improvements made for and by the child.
- Social work caseloads allow relationship to be prioritised with young people. Social workers stay in life of the child, stability and retention are enabled. Young person has a trusting and close relationship with social worker and they are the child's champion.
- Social worker professional judgement supported by management.
- Social work students to do a placement in residential care to enhance knowledge and experience.
- Protocols that are clear when and how providers to escalate important matters with availability and accessibility of senior managers.
- IRO totally independent from LA.

## Section three - Procurement/Commissioning

### Analysis

Children's homes have delivered sustained quality of care over the time of decade and a half of Care Standards. Children's homes are the place where there is a correlation of factors across children's services can be visible. Causes, for example for poor outcomes, are attributed a caused by homes.

The focus has to be turned to the local authorities.

The use of the sector is not by any published design.

This arises out of a lack of data.

There is a lack of strategy.

There is a need for local, regional and national planning of what are scarce intensive resources.

Demand is outstripping supply; providers regularly have 4-500 referrals a month. It is striking that the increase in new homes is only around 1% annually.

This situation has two root causes. Firstly, low fees from local authorities. It must be noted that many contracts expire in 2018 and current proposals seem to worsen fees and Terms and Conditions.

Secondly, the perspective taken by local authorities is that placements will only be sought in Good or Outstanding homes. In order to retain Good or better and to remain open for referrals, homes have to be attentive to the needs/risks of young people and have reduced the threshold of need that they would once have accepted.

Referrals often arrive without discrimination as to whether the young person's needs match the provision offered, that is there is often a generic bulk 'send to all' approach.

There is ineffective sourcing and matching of needs to provision. Referrals need to benefit from quality social work and other assessments that will make matching precise. Social work development regarding assessment must be commissioned to allow the development of better referrals and placement matching. This task will remove the current administrative burden that is being imposed and carried by providers.

There is rarely the use of residential options in a positive and proactive practice, by assessment children's homes being the first placement. Evidence shows this followed by step down to fostering is the most efficient use of all resources. Contrary to this, and in the face of all evidence that relationships are the key factor in recovery, more placements are being made in much the same number of placements available. There is an un-theorised shift to short-term placements to meet young people in crisis. We have not prepared the necessary theory or practice.

To date, there is only one example of Commissioning, this being the Cross Regional Project, all else is Procurement. There is frequent admonishment by local authorities of providers for 'not being able to take our children'. This projection of fault is to absolve local authorities of their responsibilities; data, strategy, design, planning. There is a good case to be made for seeing the independent sector only ever having been outsourced provision and this being undertaken in an unplanned manner by local authorities.

Placement finding platforms appear to be having no impact with both providers and local authorities carrying on as before with known relationships proving better results for all.

There is an urgent need for relational commissioning and co-production that involves local authorities and providers as equal partners in co-design of solutions.

## Summary

- Commissioning that asks for holistic solutions to meet need rather than proscribing what the solution looks like. There are creative dynamics/partnerships with providers, not solely money-led.
- Children are placed appropriately and thrive.
- Relationships between commissioners and providers harmonious with relationships of trust, familiarity and dialogue, without tension or aggression.
- Needs analysis completed with equal access to the data, a long-term developmental strategic plan.
- Specific referrals matching need to placement choice, not generic bulk procurement blind email to all.
- Referrals – honesty about needs. Agreed documents. Shared outcomes/goals. Taking a realistic and long term view.
- Discussion of needs and costs in relation to the individual child and circumstance.
- Qualified and experienced social worker in every commissioning team.
- Creative dynamics/partnerships with providers, not solely money-led.

## How will we recognise it?

- Commissioning that asks for holistic solutions to meet need rather than proscribing what the solution looks like. Rather than saying the young person needs this, instead they ask providers what do you think this young person needs?
- New relational arrangements exist and frameworks have been abandoned. (Providers do not experience current frameworks delivering effectively matched placements or efficiently managing budget).

## What will it take to get there?

- A changed culture; a clear commissioning role, as a verb and activity not a noun and role, inclusive of both commissioner and provider.
- Commissioners having relationships with local providers, mutual understanding and respect.
- Appreciating commissioning does not equal frameworks.
- Abandon frameworks.
- Commissioning is measured by psycho-social recovery and development rather than cost reduction.
- The quarterly reviews have ended, recognising they provide no reflection or improvement and are burdensome.
- Every commissioning team has a qualified Social Worker with residential experience.
- Providers are getting the right referral and referrals relevant to their specialism material first time.
- Consultation is frequent and good quality.
- Reconsideration of standardised contracts and the Individual Placement Agreement.

**Sections 4 - 8 will be included in second release**

## Section nine - Future

Our work regarding procurement and other matters has been chastening, in that it has been our experience that reasoned analysis by itself is not always adequate to be the foundation of the decision taken. Our experience is that there are often powerful local factors that exclude even actions that will enhance effectiveness and efficiency. It is the case that there is the need for those with influence to feel able to relinquish their current control which they believe is acting in the best interests of themselves. The question is how can this be enabled? At the National Commissioning Training Conference of 2017, a group of platform speakers agreed that continuing to do the wrong things does not make the situation right, just increasingly wrong. There is fundamental rethinking necessary involving ethics, legalities, and procedures in a new mutual relationship between local authorities and providers.

We agree with those that say they do not see that providers act together for an agreed programme. We think this is because there is not an agreed programme that creates a fair foundation for all providers.

How will change happen? There is firm ground for a legal challenge to current procurement activity by local authorities. ICHA do not see that this would be helpful. There could be unintended implications from a legal challenge. Should it happen, it will almost certainly come from one provider or small group acting, and the effects will be unplanned but could be major, as identified in the illegality and dysfunctional analysis provided for local authorities by ICHA.

Local authorities see providers as the stronger party. Providers see the reverse. Providers are less unified than local authorities. There is the need to enhance the standing of the professional identity and integrity the sector; without this, the direction of residential care will continue to be directed by local authorities solely.

The current financial situation of many providers is not secure. Given that demand outstrips supply currently, many may feel an unwarranted confidence that the current situation will remain for the foreseeable future. ICHA analysis is that there are too many destabilising influences for such confidence. Providers may be 'just about managing' today but this cannot be assumed for tomorrow. The 2018 local authority contracts will be a major factor. It is clearly the case that sustainability of the sector has to be high on the agenda, viability as fees plateau and costs rise is the reality. A view that gaining traction is that the independent sector is in fact small and most of what is currently called 'independent' are outsourced placements still under the control of the local authorities. The past two decades has seen local authorities afford degrees of independence but now are seeking to incorporate residential care through tighter specifications and terms and conditions, in a way that will make the monopsony to grow stronger.

Any field analysis will bring supposed alternatives to residential care into the matrix of possibilities. We need to be cautious of accepting projected alternatives without secure evaluation and understanding. It is the view of the ICHA that that the rigorous research has not yet been conducted that gives anyone a secure base from which to make policy. Alternatives can look promising, for example, No Wrong Door, MST, MDTFCE, Mocking Bird, Residential Special Schools as children's homes, the use of Boarding schools. These have been considered before and this previous experience needs to be included in the thinking. Some of the alternatives are for a defined cohort of young people and cannot be transposed on to all young people; some have evaluations that are as yet too premature upon which to base investments. There is a great deal of contested evidence regarding proposed alternative. Rather than seek to dismiss as proprietorial or territorial, these views may have credence and need to be seen as the critical appraisal that is part of research and policy making.

Allied to this, as local authority funding decreases markedly and there is the rise of PBR and SIBS, themselves needing thorough researching as to the effects of their implementation, is the potential for the development of treatment-based priced programmed packages as in health. This would unhinge the key aspect of recovery, the relationship. We already need to be worried that we are seeing an ever shortening period of the length of a residential placement, without any attendant addressing of theory and practice. Is residential child care able to be evidenced, if relationships are not the priority? PBR and SIBs can have the unintended consequence of reducing thresholds for admission, just as we have seen with regulation.

We need to avoid a situation where, who creates the frame is invisible and those who deliver imperceptibly yet increasingly the framed.

## Section ten - ICHA

ICHA has substantial membership and is moving towards full membership of the sector.

ICHA has a respected analysis and ethical stance. It is seen as child-centred, evidenced, and campaigning. Undoubtedly, it is authoritative. It provides evidenced advice on policy and practice; it is involved with advocacy and representation. It is more than a trade association.

Some see it as powerful. Yet in reality, the influence of the coordination of providers and practitioners has been used lightly. The certainty of voice sometimes coheres a fragmented sector and this brings positive outcomes. However, a downside is that by doing so, it also acts to provide venting and even cover for what is often described as a broken system.

ICHA is open to a different relationship with all the other parties involved in policy and practice.

ICHA remains convinced that the necessary change needed is possible and seeks the relationships necessary to bring it to fruition for the benefit of young people.