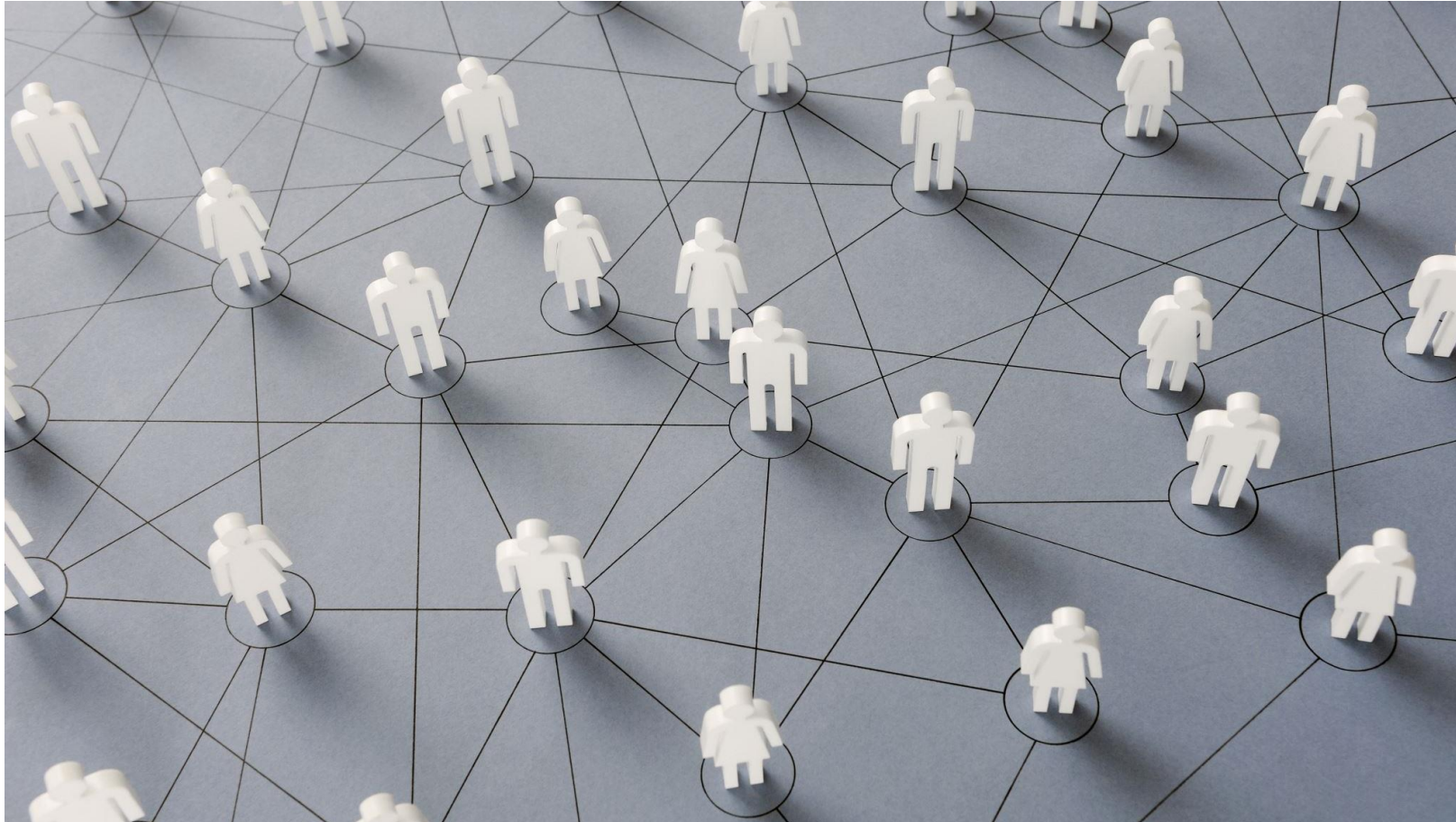




Eastern region Collaborative Children's Residential Network



Essex
Luton
Suffolk
Thurrock
Cambridgeshire
Bedford Borough
Central Bedfordshire
Peterborough
Hertfordshire
Southend
Norfolk



Welcome from James Tennant

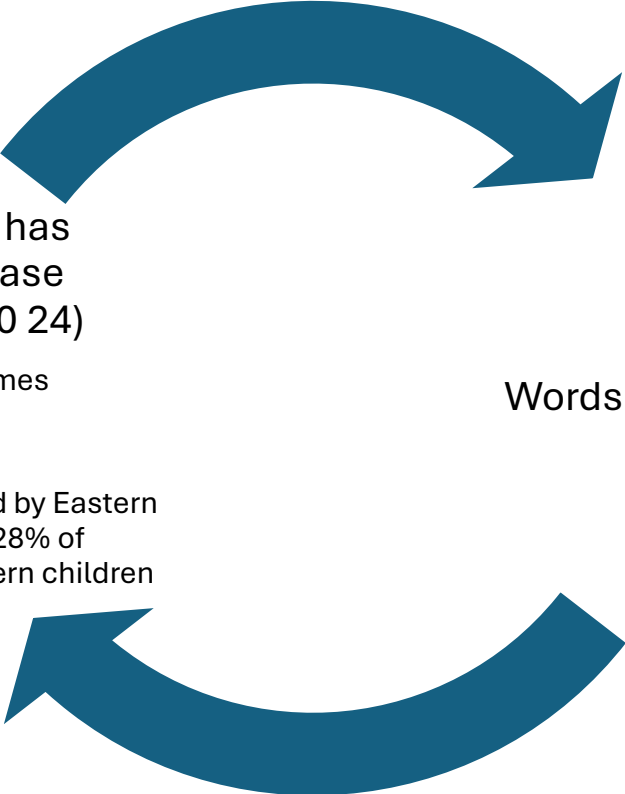
Eastern Collaborative twin aims
Collaborative commissioning
Collaborative Children's Residential
Network



Welcome from Co-chairs

Steve Gentry - Hertfordshire

Helen Hoggins - Green Harvest



Eastern region has
(CCRAG database
accessed 23 10 24)

- 230 children's homes
- 113 providers
- 986 beds
- 247 beds are used by Eastern LAs at March 24 (28% of homes have Eastern children)

Words from Chairs

Aims and Objectives of CCRN

Aim

The Eastern CCRN is a collaborative place of learning and development supporting good practice in all homes everywhere

Objectives

- To establish a community of practice and leadership for Residential Child Care across the Eastern region.
- To be the voice of Residential Child Care practice and practitioners in the Eastern region
- To assist the leadership of daily practice in Residential Child Care.
- For each child needs to be surrounded by a network of people devoted to their well-being, growth and development.
- To provide the means for information, advice, support and experience to be shared, for the standards of daily life in residential child to be enhanced.

Regular morning/afternoon online every 3 months





Membership

Membership is free and open to all sectors of residential child care

Local authority, private and voluntary

All settings

Children's homes and Residential Special Schools forming a local network.



Purpose

The CCRN sees the opportunity of residential child care as a positive choice seeking to advance the daily experience for all concerned with it.

Working together to

- share information and experiences
- communicate with others, especially the regulator and other professional bodies with regard to general professional issues.
- coordinate - ensuring information and experience is circulated

Agendas to be set by the membership

Proposal for discussion – meetings to include

Updates

Presentations - speakers on subjects you request What do we want next time?

Practice sharing - What we do well and how we do it – protocols, policy, practice guides – enabling the leading and supporting of practice - sharing ideas, problems and successes with other leads

Practice development - getting the practice from the sector across the sector - working groups - peers and with experts/leaders = practice guides for all

Problem solving - What's the problem and how to address it?

Signposting and Updates - The ECRN cannot do everything – it can signpost you to others + what is important to know?

Specifics - Q and As known in advance and presented – no names only the Q and A

Workforce development - What do others know that can help with Or, Here's how we do it – let's collaborate

Evidence – awareness and creation - What's new – analysis and evaluation - What's old that is relevant - What do we wish we knew more about?

Research – awareness and creation - What's new – analysis and evaluation for accuracy and use - What can we add to knowledge? - What do we wish we knew more about?

What do we want next time? Discuss!

We are setting the agenda

Updates

Presentations - speakers on subjects you request - What do we want next time?

Practice sharing - Who has created something to share for the benefit of us all?

Practice development - What have we found useful? Proposals.

Problem solving – “A problem and how we addressed it” Suggest our focus

Signposting including updates - What do you need to know about?

Specifics - Q and As known in advance – no names only the Q and A

Workforce development - What do you need? Others, what can assist others?

Evidence – awareness and creation - What do we wish we knew more about?

Research – awareness and creation - What do we wish we knew more about?

Context - Maslow



Context - 3 types of children in RCC

1. Children with relatively simple or straightforward needs who require either short-term or relatively 'ordinary' substitute care (likely kinship or fostering)

2. Children or families with deep rooted, complex or chronic needs with a long history of difficulty and disruption, including abuse or neglect requiring more than simply a substitute family (mainstream 'family group' type homes providing supportive developmental and maturational opportunity)

3. Children with extensive, complex and enduring needs compounded by very difficult behaviour who require more specialised and intensive resources (identifiably treatment orientated – therapeutic, secure, psychiatric, disability)

Context - when RCC could be of benefit

when there is a deficit in attachment-forming capacity and a young person could benefit from having available a range of carers

when a young person has a history of having abused other children

when a young person feels threatened by the prospect of living in a family or needs respite from it

when multiple potential adult attachment figures might forestall a young person from emotionally abandoning his or her own parents

when the emotional load of caring for a very disturbed or chaotic young person is best distributed among a number of carers

when the young person prefers residential care to any form of family care, and would sabotage family care if it were provided

**Presentation
NCERCC
research
summary
What works
in
Residential
Child Care**

Culture

Theories of practice

Clarity of purpose

Leadership

Relationships – staff with children

Relationships – children and children

Relationships – with families

Therapeutic support

Staff involvement

Culture

Cultures influence attitudes; attitudes influence behaviour. The 'ethos' and culture of residential settings impacts on staff and residents.

A strong child culture can complement the work of staff provided children implicitly understand the goals of the establishment.

Important! - 'informal cultures created by staff and children are especially significant in influencing performance'.

4 key dimensions:

- *ideological*: the prevailing values and beliefs as implemented by staff and managers – have you reflected on your values?
- *organisational*: the way aims and values are enshrined in structures and staff roles – have you reflected on good-enough parenting?
- *staffing*: the characteristics, training and attitudes of staff – are you recruiting for values and capacities – how do you develop practice?
- *residents' responses*: for example, whether there is learning or socialisation.

Culture - key quotes

...researchers have found that the homes that performed the best were those with concordant societal, formal and belief goals, strong positive staff cultures and either strong positive child cultures or ones that were fragmented without undermining the work of the establishment.

- *Clough, R, Bullock, R and Ward, A (2006) What Works in Residential Care: A review of research evidence and the practical implications. London: National Children's Bureau (available as pdf only from www.ncb.org.uk/ncercc).*

Concordant beliefs and strong positive staff cultures produce a positive impact on performance; children's level of educational achievement has been shown to depend on their experience of a secure, supportive and settled environment.

- *Harker, R and others (2004) Taking Care of Education: An evaluation of the education of looked after children. London: National Children's Bureau.*

A strong child culture can complement the work of staff provided children implicitly understand the goals of the establishment. Safeguarding residents is inseparable from the wider purposes of children's homes. Homes which meet the personal, social, health and educational needs of children are much more likely to be safe places for children than those that do not.

- *Utting, W (1997) People Like Us: The report of the review of the safeguards for children living away from home. London: TSO.*

Sub-cultures in any group, whether of staff or children, which run counter to the goals of a setting should not be left unchallenged.

- *Brown, E and others (1998) Making Residential Care Work: Structure and culture in children's homes. Aldershot: Ashgate. also Sinclair, I and Gibbs, I (1998) Children's Homes: A study in diversity. Chichester: Wiley.*

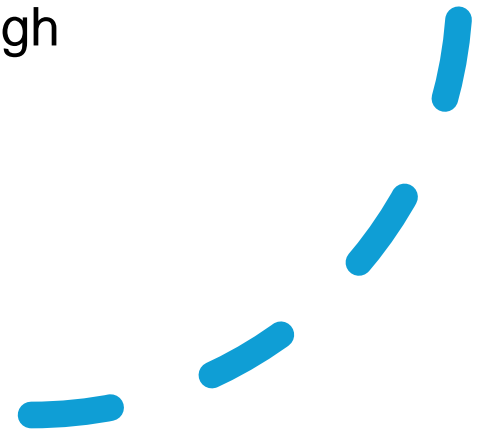
Theories for practice

It is essential that each residential setting has a clear theory or general philosophy that guides its practice, focusing on the fine detail of children's needs and ways of addressing them using individual and group methods.

Many see the overall environment in which care and treatment are provided as a critical component.

Reflective questions

- What is your model of care?
- How do you present it in your Statement of Purpose?
- How does it determine admissions?
- How do you ensure all staff have a thorough understanding?
- How do you ensure practice is aligned?



Clarity of purpose

All children's homes are required to have a Statement of Purpose and well-articulated objectives, consistent throughout the organisation.

Defining the primary task of an organisation may be set out as 'What are we here for?' or 'What are we in the business of doing?' It is also defined as 'that which cannot be compromised'.

Its importance lies in the fact that it is to the definition of the core task that all parties should return when evaluating the work of a home.

A children's home is more likely to be successful if the primary task is understood and agreed by all parties: parents, children, residential staff, head of home, external management, and outside professionals.

Reflective questions

- How do you define the primary task of your setting?
- How do you know it is understood and agreed by all?
- What is your 'that which cannot be compromised'?

Leadership

Clear and coherent leadership is a fundamental component of high-quality practice.

The role of the head of a home is influential in determining the quality of care.

‘Children’s homes managers have to keep their fingers on the pulses of their homes, build and develop their teams, and provide an example in terms of practice with young people.’

Reflective question

- How do you do this?



Relationships between staff and children

Adults and young people who have been in care say it is the sense of receiving understanding, sympathetic, comforting and individual attention which stands out as the hallmark of the experiences which they cherish.

‘Establishments do “best” when the children feel they are cared for, listened to and responded to in a quiet, sympathetic, and consistent fashion.’ Many research studies support this view.

Reflective question

How do you know this is children’s experience?

Relationships between children

Child-to-child relationships are a core component of the child's world. They can make life better or worse.

Reflective questions

- How do we support positive relationships?
- What skills do we teach the children about relationship making and repairing?
- How do you know about and intervene in the verbal or other bullying that may occur? Do you address the bully, the victim, the bystanders?

Young people and staff are living and working in groups.

Recently, the focus has been on one-to-one work between staff member yet for group care to be positive and successful, considerable skill and understanding is required in both formal and informal groupwork on the part of the carers.

Reflective question

How do you enable your staff to work with the climate of the group and be aware of and intervene in the group dynamics?

Relationships with family members

Research findings confirm that children who are enabled to maintain and develop family contact are likely to have better outcomes than those whose contact is much less.

The task is 'to work with the family in mind', which may mean very different things for different children, and 'to preserve and, wherever possible, to strengthen connections between children in placement and their birth parents and family members'.

However, promoting closer links with harmful, even abusing, families is unlikely in itself to benefit children and each case needs to be assessed individually.

Reflective question

- How do you work with the family in mind?
- How detailed is your planning for and with the child for 'contact'?

(Prep, support, debrief)

**Countering
institutionalisation
– being a ‘homely
environment’**

What matters is that ‘daily life within the home is built from an attempt to produce systems that best match residents’ wants and needs.’

Reflective question

If someone asked your children how would they answer?

- Do grown ups here actively seek to understand children?
- Do grown ups listen to children?
- Show me the ways the grown ups make you feel you matter, and that they are concerned for you.

Therapeutic support for children

If it isn't therapeutic, what is it? asked Adrian Ward

Reflective question

How do you respond to this definition of therapeutic child care derived from Patrick Tomlinson?

Directed to enabling the young person to improve their functioning with the least amount of staff intervention, thorough in theory, and rigorously informed and evidenced, a systematic assessment identifies life experiences, their chronology, and considers the adverse or positive effects on all aspects of present personal and social development.

A structured comparison to usual development results in a plan that integrates psychological, cognitive, emotional, social, educational, connecting strengths to needs and directing practice interventions to those areas of current functioning that require enablement through the support of another, or the empowerment of the recognised already existing capacities and capabilities. There should be distinct stages of development observable

For further thinking see [pta-what-is-a-therapeutic-model.pdf](https://patricktomlinson.com/pta-what-is-a-therapeutic-model.pdf)
(patricktomlinson.com)

Therapeutic support for children

Characteristics of a Relational Child and Youth Care Approach

Freeman, J. & Garfat, T. (2014).

Being, Interpreting, Doing:
A framework for organizing the characteristics of a relational child and youth care approach

Reflective question – do you have an example for each of these?

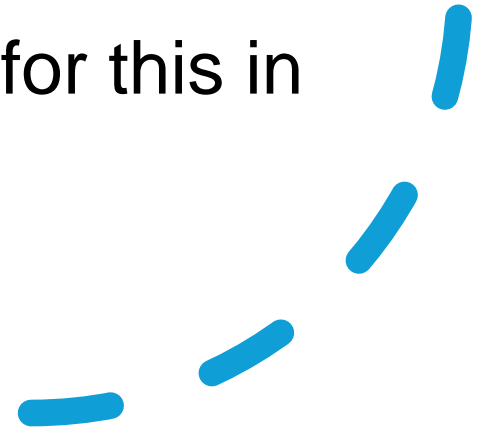


Staff involvement

Research reports a direct connection between the extent to which residential staff themselves feel informed and empowered (especially in relation to decision-making about the children) and their ability in turn to provide empowering care to young people.

Reflective question

What evidence would you give for this in your home?





Some of the implications?

Use the above to undertake a reflective review of your home?

Reflection + Evidence

Include in R45?

Use for Development Plan?

UPDATES

Ofsted

Research

DfE

Update Ofsted focus

Strengthen the regulation of the children's social care sector in partnership with the government

- ***better oversight of children's homes at group level*** = restrict growth of a group where there are systemic issues in multiple settings until they are resolved; require significant persons at group level to address quality issues; enforcement at group level.
- ***new enforcement powers to tackle unregistered settings*** = e.g. deterrent = a fine.
- ***improved quality standards of care wherever children live or stay away from home*** = all places all children, including residential special schools
- ***improved regulation for registered managers***, including to allow them to move from one registered setting to another more easily
- ***modernisation of the regulatory framework*** - to align with new models of care; also refusal of applications in areas "oversaturated" without the need for them in that area
- ***regulating profit-making by large groups that provide services for vulnerable children*** = make sure decisions are made in children's best interests and not solely for profit
- ***improve our systems so that we can better hold groups to account*** = case-management tracking complex ownership chains and structures to inform government and start earlier intervention

Update – Yvette Stanley Ofsted Social Care26

08 24

['Worrying' number of children wrongly placed in supported accommodation, says Ofsted chief - Community Care](#)

“Many providers are delivering well-targeted and appropriate support to young people who are ready for more independence and responsibility and do not require additional care,”... “But we are also encountering a worrying number of children who should not be in supported accommodation.”... “Increasingly, we have begun to hear the use of terms such as ‘higher needs support’ or ‘high support’, which stretch the parameters of supported accommodation too far,” (outside terms of registration)... “In some cases, it means that providers are operating unregistered children’s homes and that children are not getting the care they need from people who are suitably skilled and qualified.”

Ofsted will be expecting supported accommodation providers not to admit children if:

- they have high or complex needs;
- their liberty is restricted;
- they need a high level of ongoing care and supervision, possibly requiring high staffing levels;
- they require help and support with personal care;
- there is no realistic expectation for increased independence in the foreseeable future.

Update – Yvette Stanley Ofsted Social Care

Number of children's homes up 44% since 2020 – concern at distribution, qualifications, skills

The number of mainstream children's homes in England has grown by 44% over the past four years,

Children's home numbers grew by 12% in the year to 31 March 2024,

The number of places in mainstream homes – a category which excludes secure units and homes also registered as residential special schools – has grown more slowly but still significantly, with a 28% rise, from 10,033 to 12,870, from 2020-24.

Significant disparities in the distribution of homes and places between regions. E.g. 6% in the South West, 8% in London to 22% North West, significantly above that region's share of looked-after children (18%).

54% of children's homes staff of children's home staff held a level 3 qualification, down from 61% four years ago

Performance of mainstream children's homes improved, good or outstanding as of March 2024 standing at 83%, up from 80% a year earlier.

Despite the improving performance, Stanley raised concerns about skills levels in the residential sector.

Recognise real challenges - needs and difficulty recruiting staff with the training and skills

12% of all children's homes – including secure units and dual-registered residential special schools – did not have a manager in post as of 31 March 2024. This is unchanged on last year, when Ofsted reported, in its annual report, that in 40% of homes with a registered manager, they had been in post for less than a year.

Some of the implications – there can be more

Quality of care focus – beyond Reg 44 and 45 – Quality Assurance + Practice support

Grow your own managers – structured career development

Open homes knowing ‘what’ and ‘where’ needed (needs audit needed from Eastern Collaborative – see DfE later these slides)

Open accounting (see DfE later) – what could be a nationally agreed ethical profit margin?

Admissions according to SofP – managers’ exercise authority

Know more about the new type of homes DfE are signalling (see later) for children with co-occurring needs (see Nuffield slides later)

Emphasis on matching needs to knowledge, experience, skills – and existing group

Use needs profile eg BERRI, ACA for admissions and outcomes evidencing

Retention as means to overcome recruitment challenge – pay, training and support

Research
The most
important
research report
regarding
children in care
for decades –
required reading

- **Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court**
- [Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court – Nuffield Family Justice Observatory \(nuffieldfjo.org.uk\)](#)

A key aim for
commissioning
everywhere
Specificity
(needs
focus) beyond
Sufficiency
(numbers
focus)

Family Courts have had increasing concerns about a **highly vulnerable group of young people who were being deprived of their liberty** as a result of the **lack of appropriate placements** to meet their needs, and of them being placed in 'suboptimal' settings that are **unable to meet the child's needs where there is a 'lack of any therapeutic input, unspecialised staff and inadequate access to education or training'**.

How?

A **needs audit** for all children needing accommodation. By this we would **find out the extent and type of needs, the provision needed, and where it needs to be.**

Result

Children staying in Eastern region, closer to home, accessing local support and services

The research reports on the needs, and characteristics and circumstances of the children

These pages sections are recommended for study and discussion

- Table 1 Child's placement at the time of the DOL application page 13
- Instability of placements page 14
- Children subject to previous DOL orders page 14
- Length of time in care at the time of the application page 15
- Involvement with children's social care and exposure to early life adversity page 16
- Multiplicity and complexity of needs page 25 (average = 4.2 risk factors)
- Figure 10 Prevalence of needs and risk factors page 28
- Co-occurring needs and grouping of needs page 35

Matters arising

The term 'co-occurring' is more accurate than complex needs which should be discontinued.

An excellent development with potential.

Necessary as the term 'complex needs' has lost any definition. Used in too many diverse ways.

Co-occurring, knowing that the children have multiple and complex (average 4.2) risk factors directs us to be more analytic and definitive.

Unless we can be specific, that directs us to the specialist provision necessary, we will be stuck with sufficient, all too often resulting in generic admissions.

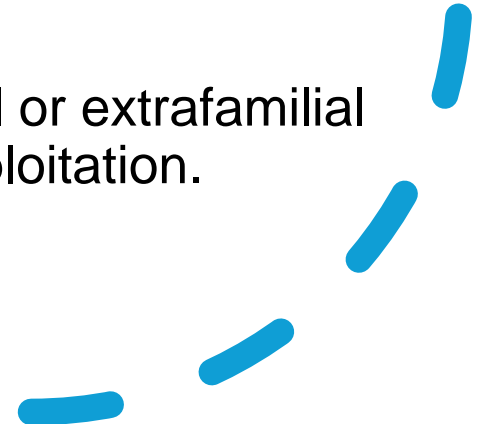
Matters arising

Thinking further about the identified 3 distinct cohorts of children with different needs who may require different types of care

Nuffield FJO identify 3 three broadly distinct groups of children for whom the DoL application was being sought for different reasons:

- children with learning and physical disabilities needing support/supervision
- children who had multiple, complex needs, which were often recognised to be a response to complex and ongoing trauma
- children experiencing or at risk of external or extrafamilial risk factors such as sexual or criminal exploitation.

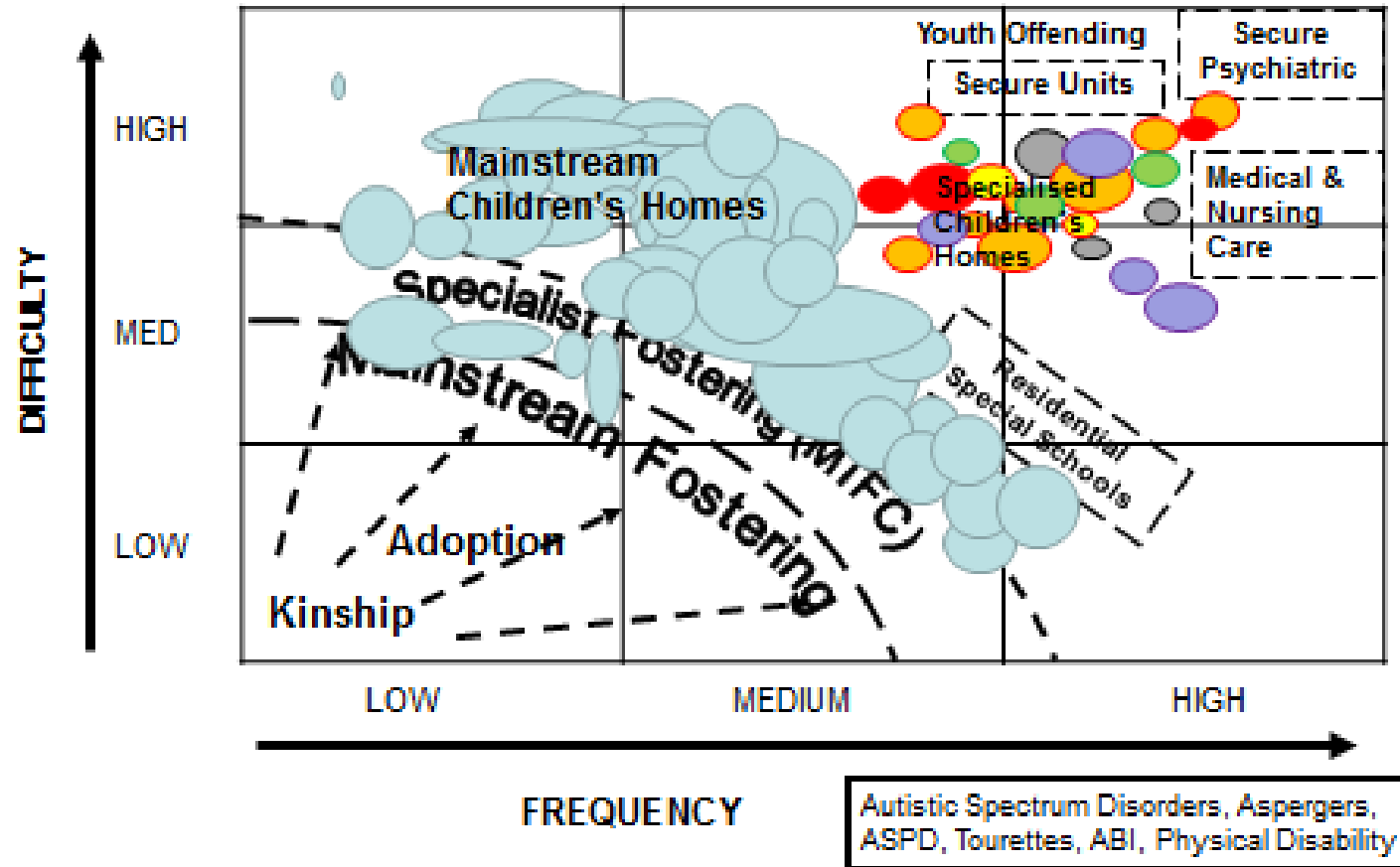
Needs co-occurring and clustering



Conceptual framework of RCC

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

Hypothesis - Provision



3

way
focus
for
today

- Multiplicity and complexity of needs page 25 (average = 4.2 risk factors)
- Figure 10 Prevalence of needs and risk factors page 28
- Co-occurring needs and grouping of needs page 35



Multiplicity and complexity of needs

Although we were able to identify a primary reason for the application – the central concern that led to the DoL application being made – in almost all cases (95.2%), there was **more than one risk factor present**. In the next section, we report on the range of needs and risk factors that were present across the cohort, and the number of risk factors present in each case. This provides an indication of the **multiplicity and complexity of needs** faced by children subject to DoL applications. In our analysis, we **identified 11 main categories that reflected the range of needs and risk factors present in all the applications**.

This includes the categories that were identified as primary reasons for application (see above), as well as other issues (e.g. absconding, being out of education) that were frequently mentioned but were rarely ‘primary’ issues in a case. The categories were: **risk to others, going missing, self-harm, mental health concerns, 17 neurodevelopmental disorders, disability, sexual exploitation, criminal exploitation, 18 substance misuse, placement breakdown and being out of education** (see Appendix A for more information about the coding structure used in the analysis).

There was, ranging from 1 to 8 (see Figure 9). An overwhelming majority of cases (95.2%) **an average of 4.2 risk factors present in each case** had more than one risk factor recorded in the application and most (65.7%) had four or more

Risk and risk factors

The **most common primary reason for a DoL application being made was 'risk to others'** (24.0% of all cases) and in over two-thirds of all cases (69.2%; not just those where this was the primary reason for the application) there was concern about the risk to others and to the child as a result of the child's challenging behaviours. The behaviour included **physical and verbal aggression, causing damage to property, offending behaviours such as stealing cars, and possession of weapons. Incidences of physical aggression toward others – including toward family members, carers, staff in residential homes, teachers, other young people or members of the public –** were most common, recorded in 57.5% of cases. In some cases (17.3%) there was evidence that the child had been involved in a serious assault – including stabbing, threatening to kill, or causing hospitalisation of family members, teachers, staff, other young people, and police officers – and were facing criminal charges. Physical aggression was often a cause of family breakdown, as a result of serious incidences of violence against family members or causing significant damage to the home. These behaviours were often described as **impulsive and volatile, and were hard to manage in residential settings. There was also concern about verbal abuse towards others, including racist and sexist abuse.**

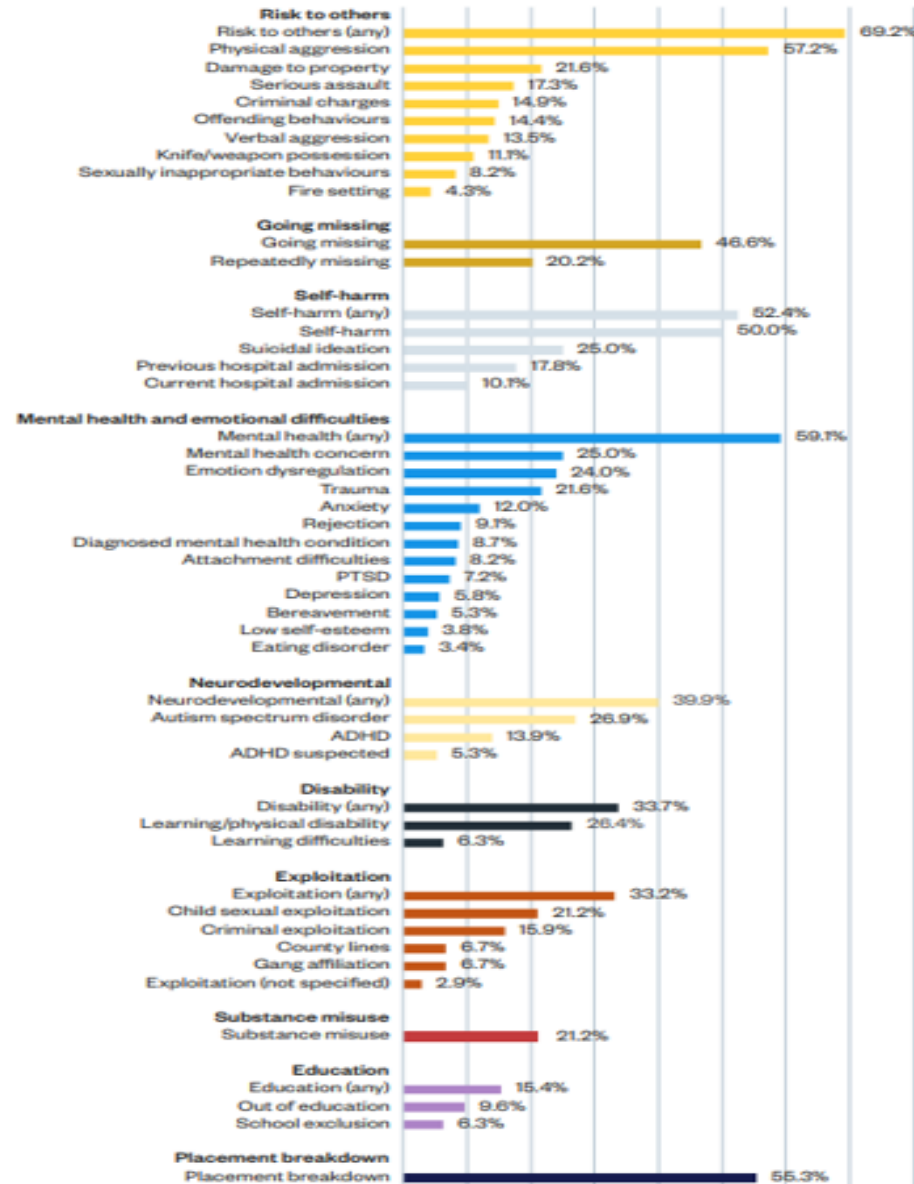
There were also a **small number of cases (8.2%; 17) where children were displaying sexually inappropriate or abusive behaviour towards others**, including making sexualised comments towards other children or staff in residential placements or towards members of the public, accessing pornography, or inappropriate touching of self and others in public. In a handful of cases, children were subject to criminal charges due to sexual assault and considered to be a serious risk to the public due to inappropriate sexual behaviour. In almost all of these cases, there was a record of the child being sexually abused in early childhood.

There was a significant overlap between challenging externalising behaviours causing risk to others and concerns related to mental health and emotional difficulties, co-occurring in approximately 75% of cases.

Challenging behaviours were often associated with experiences of early childhood and ongoing trauma, relationship breakdown and emotional dysregulation

Prevalence of needs and risk factors

Figure 10: Prevalence of needs and risk factors



Note: Any mention of each risk factor was coded, regardless of severity. Mental health (any), risk to others (any), self-harm (any), neurodevelopmental (any), disability (any), exploitation (any), education (any) refers to the proportion of cases in which there was any mention of the individual factors that make up these categories; the individual factors which make up these categories are also reported in the figure. A full description of the codes used in the analysis is available in Appendix A.

Diagnosed mental health condition was coded when there was explicit evidence in the application that the child had received a diagnosis from mental health professionals. Other codes (e.g. depression, anxiety, PTSD) refer both to cases in which there was an official diagnosis or where the condition was not mentioned in the application, but it was not clear if the child had received a diagnosis.

Implications

Tasks for RCC in light of Nuffield identifying 65 needs and 4 co-occurring



Needs – define, granular
= specific (needs) not
sufficiency (numbers) –
require variety of needs
and provision



Clarity = needs,
descriptors, thresholds,
assessment – imp to
distinguish care and
support



Multifactorial
assessment =
formulation possible =
attachment, resilience (I
have I am I can)
Readiness (a key
concept), Chronology,
Syndromes



Care – define = Tronto –
for, with, about



Models of care –
articulate don't innovate
as this often collides
practices – aggregate
and integrate



Grow and disseminate
RCC knowledge

DfE strategy
November
2024

Keeping
Children Safe,
Helping
Families Thrive

Keeping children safe, helping families thrive

Follows Care Review recommendations

Rebalancing the whole children's social care system in favour of early intervention



Principles and pillars for action

Children should remain with their families and be safely prevented from entering the care system.

Learning from the Supporting Families programme, the Strengthening Families, Protecting Children (SFPC) programme, and lessons so far from the Families First for Children (FFC) Pathfinder programme

Support children to live with kinship carers or in fostering families, rather than in residential care

... A **reduction in reliance on children's homes** will support better outcomes for more children... **reduce spend on costly children's home provision**

...better support for kinship care, recruit and retain more foster carers, provide increased opportunity for short breaks for disabled children, and provide access to support for both kinship and foster carers.

Fix the broken care market

... bring a swift **end to excessive and exploitative profit making**... introducing a range of measures, including through legislation, which will improve competition, regulation and commissioning, as well as shine a light on the levels of profit being made and bring greater visibility to the prices local authorities are paying. We will also ensure we are able to take action in the future to cap profits if these measures do not sufficiently improve the functioning of the market and reduce costs that arise from unnecessarily high levels of profit.

Invest in the key enablers which underpin the children's social care system

... including the workforce, **better data and information sharing and, to scale and spread evidence-based programmes which have improved children's outcomes.**

Features

Virtual School Heads

VSHs will **champion attendance, attainment and progress** and will ensure that children with a social worker and those in kinship care are in school, safe and are learning.

Providing Staying Close support to care leavers

Ensure all local authorities consider whether each former relevant child (**up to age 25**) in their area requires a package of support known as 'Staying Close support' and if their welfare requires it, provide that support. Staying Close support could include the support to find and maintain **suitable accommodation/move-on accommodation** for young people in residential or similar care placements, alongside a **package of practical and emotional support from someone who they know and trust, just as a family would during this transitional time**

RCC in particular

When residential care is needed it should be a positive experience for children in care and give them the best start in life

- **easier to open more good quality homes where they are most needed to enable children to maintain relationships close to their communities.**
- Ofsted to respond rapidly on persistent issues that impact multiple homes across a group.
- **Evidence based care**
- **New types of children's homes** - where (children) may be deprived of their liberty, but where the accommodation is not explicitly designed according to the same design specification as current Secure Children's Homes...new, community-based approach to pathways and provision which **provides treatment and care, bringing in professionals from children's social care, health, justice and education....** South East Regional Care Co-operative to test an integrated assessment, commissioning and delivery model, including input from health, justice and children's social care professionals, and evaluate the effectiveness of the approach.
- strengthen regulation to tackle profiteering. As part of this, we will introduce a financial oversight scheme to enable us to request information from providers
- **improve the re-registration process when a manager moves to a different children's home, to reduce the administrative burden on the individual manager, provider and Ofsted. This will aim to accelerate the process, so managers can take up new positions more efficiently and providers can deploy managers to locations where they are needed.**

Shaping the market through Regional Care Cooperatives

Plan and commission children's social care places regionally.

2 pathfinders - Greater Manchester and the South East,

Minimum requirements:

- Carrying out **regional data analysis and forecasting future needs of homes for children in care**, in partnership with health and justice.
- **Developing and publishing a regional sufficiency strategy setting out current provision and action to fill gaps.**
- **Market shaping, working as one customer with providers to address local needs, improve value for money and commission the care places required from external providers.**
- **Recruiting foster carers** through a regional recruitment support hub and improving the support offer to both new and existing foster carers.
- **Developing new regional provision where gaps have been identified.**

Economies of scale and harness the collective buying power of individual local authorities.

Develop expertise in areas such as **data analysis and forecasting**, as well as targeted marketing, training, and support for foster carers.

Both pathfinders are trialling measures to **boost the regional workforce for children's homes** in response to local and regional recruitment challenges.




Cost and price transparency

Transparency to the cost of placements.

Assess if price levels in the sector are appropriate.

Local authorities to share cost information to inform their commissioning practices and enable them to negotiate effectively with providers to secure the best placement for children at the lowest possible cost.



If the reforms
do not have
the
anticipated
impact

Introducing a **financial oversight scheme to ensure financial stability**

Creating a **mandatory notice period for market exit**

If the reforms do not have the anticipated impact in tackling profiteering across the children's homes placement market, we will not hesitate to take **legislative action to prevent private providers continuing to make excessive profits**

To **cap the level of profit** which can be made from children's social care placements through secondary legislation in the future.

We will allow time for our other market reforms to rebalance the market first and will only step in to cap profits if this does not happen.

We expect that the secondary legislation needed to bring about a cap would include provisions for a limit on the level of profit that could be made in each financial year from the provision of specified children's social care placements.

We plan to further engage with the sector before any such a measure is introduced.

Implications

Reduction in numbers in children's homes and needs higher (if fostering recruitment successful – currently declining and ageing numbers)

Focus on price and profit

Government need to provide training free to access about emotional growth and learning

Each home to have link worker with school, Each school to have link worker to home

Keyworkers and Social Workers act a 'parents' for child

Supporting children in Staying Close – 4 seasons on moving on – a community of care?

Know more about the new types of homes – treatment and care

Regional needs audit requires same needs profile used by all homes and all LAs from this extent of needs known = business plan and care plan – what, where, how much

Specificity rather than Sufficiency = needs not numbers = close matching = effective care = efficient spend through high occupancy and positive outcomes

Planned partnership provision – LAs and providers invest in new homes as indicated by forecast

ECCRN practice supports

- The ECCRN aims to increase skills and experience of individuals, teams and the sector in the Eastern region.
- With the practice support documents the ECCRN is aiming to provide clear, practical explanations for managers to use to guide thinking and practice in their team.
- They will address the range of residential practice. The order they get produced is determined by the members of the ECCRN suggestions. You can suggest a topic by emailing ECCRN at Improvement East. We are aiming to provide a steady response.
- The ECCRN aims to increase skills and experience of individuals, teams and the sector in the Eastern region.
- Supporting and strengthening practice is a way we can work together across the Eastern region for more children to have their needs met staying within their area.

Formulation

A formulation is created by a group of people summarising aspects of a child, explaining what is happening and making a sense of it. It is a summing up our understanding and forming the basis of the plans for care.

Strengths and positives

The 5 P's of Formulation

Predisposing Factors - factors that have increased vulnerability to developing current problems

Protective Factors - resiliency and strengths which the child uses to keep emotionally healthy

Precipitating Factors - triggers - what makes the concerning issues happen? (quality and quantity)

Presenting Issues - the current difficulties for the child we are concerned about

Perpetuating Factors - any unhelpful coping strategies which maintain concerns

Creating an evidenced foundation for care planning etc

Reframing – responding to what is beyond, beneath and before a behaviour

Reframing is about looking at a behaviour, situation, thought, or feeling from another angle.

Children's identity may have been developed from many previous encounters and experiences. Over years it may be that they have had their immediate behaviour responded to rather than the unmet emotional need that lies behind it. It may be that no one had recognised what lies behind, beneath and beyond what is perceived as negative behaviour.

The practice support has examples of reframing in action – connecting and communicating – that is ineffective and effective

Ineffective “You're overreacting”

Effective “I can see you're getting angry and that is understandable. Let's deal with what's happening here and now, deep breaths and start to make a plan”.

Reframing is about changing our mindset about a child – ‘won't’ to ‘can't.’

Example ‘Lazy’ could be ‘What got in their way?’

FIND STRESSORS – REDUCE THEM

FIND UNMET NEEDS – MEET THEM

FIND SKILLS DEFICITS - TEACH THEM

Making every child a ‘What if ...? Child’





ECCRN



**THE ECCRN COLLABORATING
TOGETHER.**



**IF YOU ALREADY HAVE
SOMETHING SIMILAR LET US
KNOW**



**IF YOU HAVE SOMETHING TO
CONTRIBUTE LET US KNOW**



**IF YOU WANT TO WORK WITH
OTHERS TO MAKE SOMETHING
NEW LIKE THIS – LET US KNOW.**