



# Placements & Commissioning

Children's Social Care

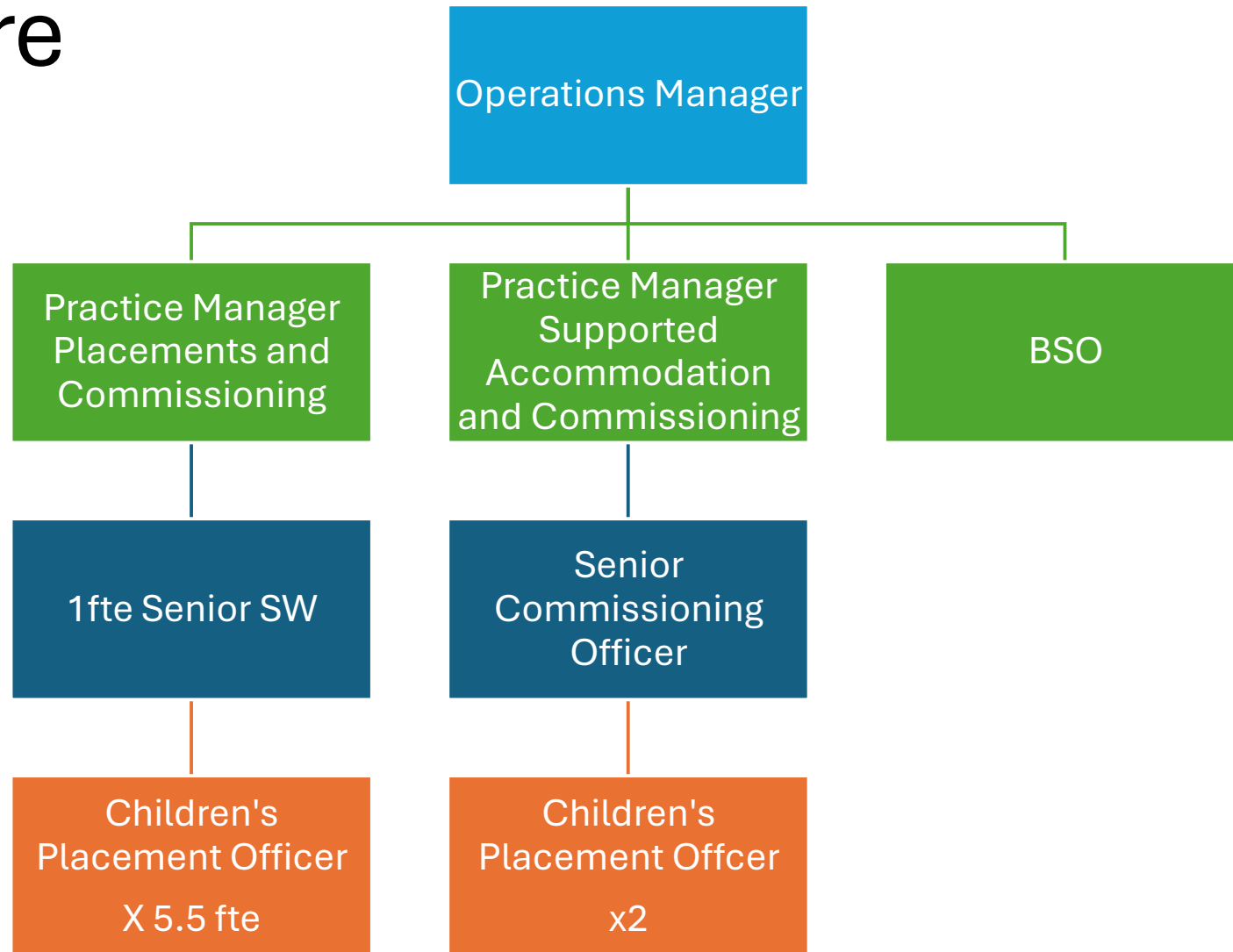


# The Commissioning Service

The service is made up of:

- **The Placement & Commissioning team.**
- **The Supported Accommodation & Commissioning Team**

# Structure



# What the team do

- The **Placement team** search for placements for all children 0-16 that require care.
- The **Supported Accommodation team** search for children 16-18 who required enhanced support to achieve independence.
- Referrals are received from teams including:
  - Children with Disabilities
  - Looked After Children's Teams
  - Locality Teams
  - Through Care team
  - Separated Children Team




# What are we looking for?

- Foster placements
- Residential placements
- Parent & child placements
- Short Breaks
- Planned sleep overs
- Supported Accommodation


**The team will always try and secure an in-house resource as a preference, if this is not available, a search will take place within agencies on a local and national level.**

# Commissioned packages

**Wraparound support** - we also source packages of support from agency providers for children on the edge of care, and those children where additional support is needed due to their needs or complexities.



**Scrutiny and review** of agency fees where there is an additional aspect to a standard package. For example, enhanced staffing, therapy or activity packages.



We work collaboratively with other teams to review children in care and consider whether a child is ready to step down or move on.

# Why is Commissioning important?



**Managing the market** - The service understands the market in relation to sufficiency. Understanding pricing, quality, availability and specialisms of individual agencies and providers.



**Relationships** are built with providers and agencies to support matching and optimise vacancies with quality provision.



**Sufficiency** - The Service develops understanding of future needs, for example, the need for local provision in both fostering and residential, solo or small homes, therapeutically trained staff. We work with external provisions to become Ofsted ready.

# Frameworks

- Matches are made with preferred agency providers where possible.
- ESCC works with partner Local Authorities in signing up to shared frameworks to cap market pricing and work collaboratively in improving market management.
- ESCC has a framework of preferred independent fostering agencies.
- ESCC is seeking to tender for the provision of commissioned packages.



# Working in partnership

- Commissioning seeks to work in partnership with colleagues in health & education to co-ordinate packages of support for children where there is a shared responsibility.
- This ensures that children with multi-faceted and complex needs have support from **the right agencies at the right time.**
- We bring challenge to ensure that children costs shared where appropriate.
- We work with partners to identify opportunities for community support and engagement.

## Aims.....

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The overall aim is to find a **NEEDS LED, HIGH QUALITY & COST-EFFECTIVE** home for each individual child.

The right home, in the right place, with the right amount of support, for the right amount of time.


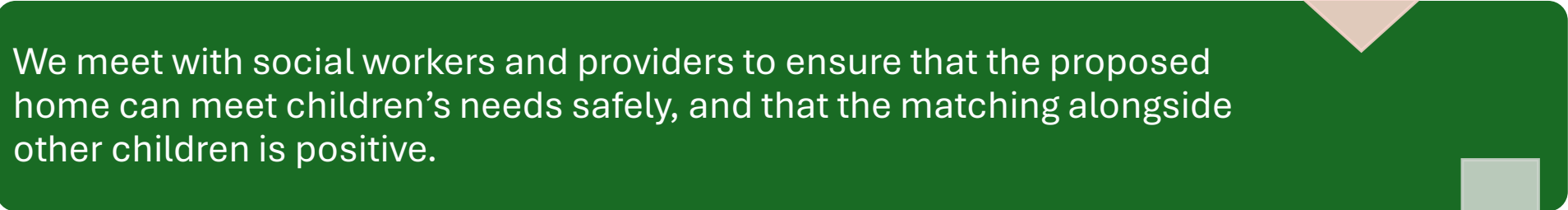


# NEEDS LED

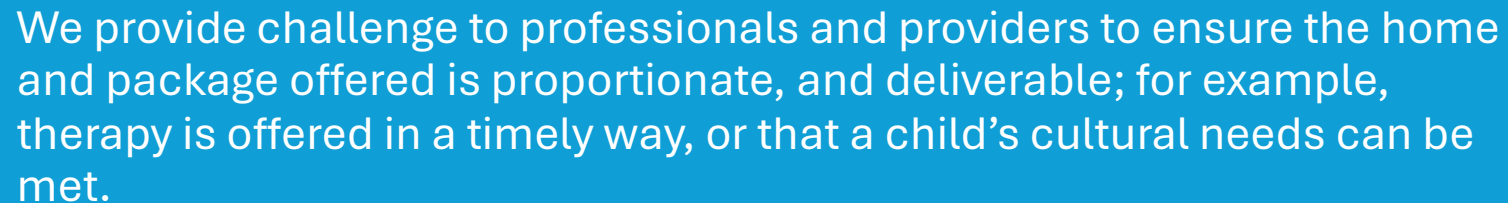
We support social workers to complete strengths based, balanced referrals.  
We ensure that referrals really bring individual children to life.



We meet with social workers and providers to ensure that the proposed home can meet children's needs safely, and that the matching alongside other children is positive.



We provide challenge to professionals and providers to ensure the home and package offered is proportionate, and deliverable; for example, therapy is offered in a timely way, or that a child's cultural needs can be met.



# HIGH QUALITY

## **The team quality assure provision by:**

- Talking directly with the home
- Scrutinising information regarding Ofsted reports, Statement of Purpose, risk assessments.
- Understanding staff training, experience and how long they are in the home. and models / approaches used.
- Any specialisms such as CSE, harmful sexual behaviour
- Staffing ratios, bedroom set ups, transitions, transport.
- Quality assurance monitoring visits, and evaluation of ability to meet need.

# COST EFFECTIVE

- The team review any expressions of interests from fostering and residential placements consider costs for care, education, therapy and with an understanding of staffing ratios specific to a child's needs.
- Scrutiny and challenge takes place to ensure proportionate costs at the point of placement, and whether these should be shared with health/education.
- Any enhanced costs are reviewed ongoing with a view to reduce these as soon as possible.

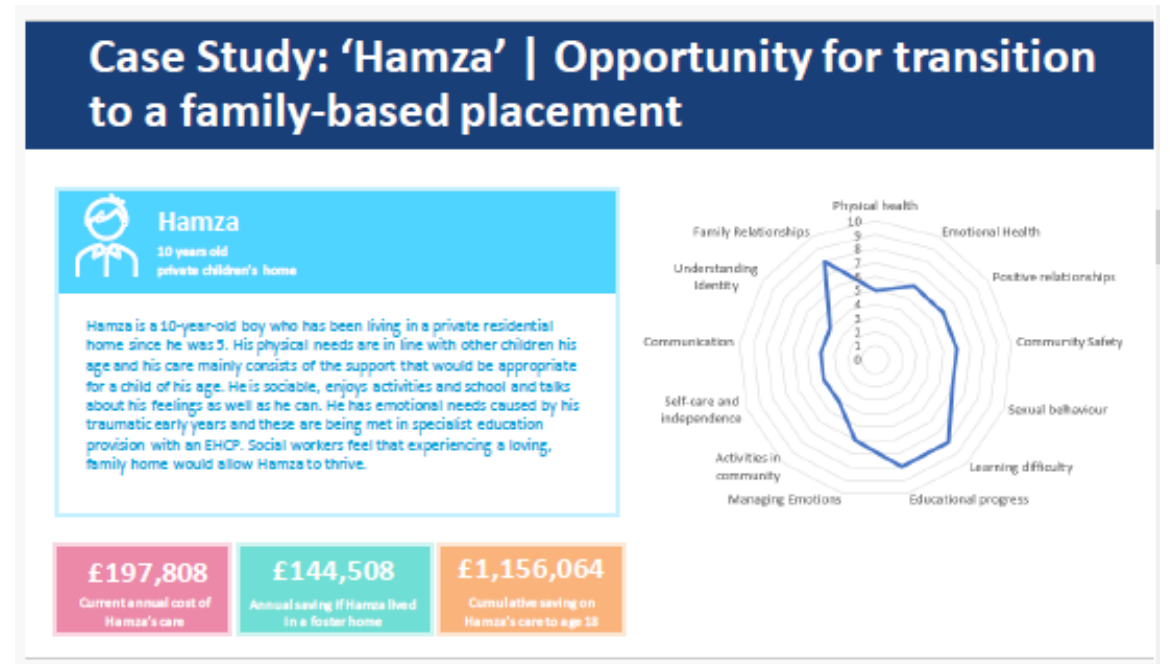
# Valuing Care

We are embedding strengths based balanced referrals with the use of the valuing care tool.

Valuing care captures the individual needs of a child, allowing a clear profile of a child's strengths & vulnerabilities.

This profile allows the commissioning teams to better match children with the best available resource to meet their needs and support progress, at the right cost.

The valuing care tool is completed regularly to support understanding of a child's needs and progress made, enabling timely reduction in package costs/ step down.





# Day to day....

- The team will be searching for multiple placements on any one day including planned sleep overs, substantive planned placements and emergency same day.
- Whilst some matches are quickly identified, others can involve contacting hundreds of providers via email and over the phone to ensure the right home is found for each child.
- A same day placement search may involve the entire team calling around individual providers and using their relationships / expertise to secure a safe, suitable home.





# Statistics

Day to day the team have between 70 – 110 children open or waiting to move into identified placements.

Of the children we look after:

- 49% are placed in foster care and of those, 68% are living with in-house foster carers
- 20% of children in residential care are living in our own children's homes
- 77% of children we look after are placed within the Local Authority boundary
- 53% of the children we look after have been in the same placement for over 2 years
- 12% of children have had 3 placements or more





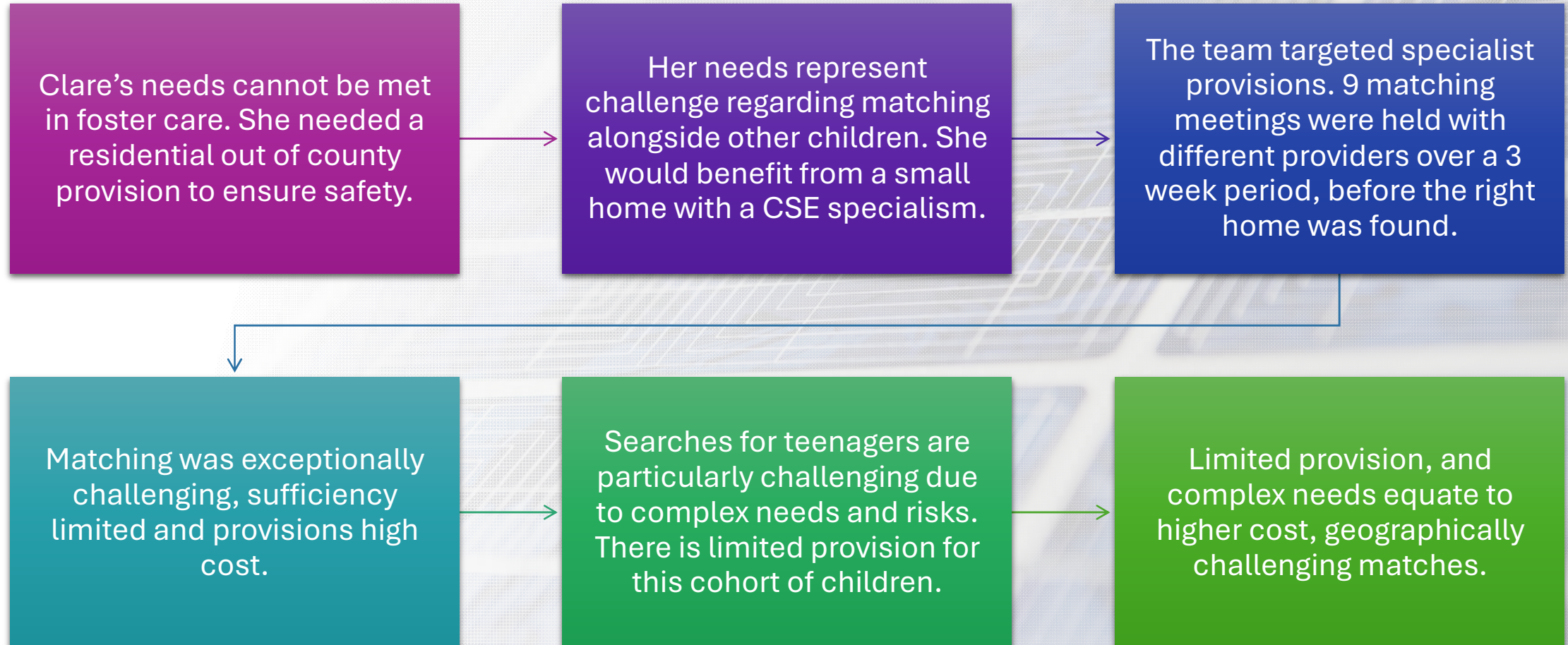
Clare Age 13

Planned  
placement



- Clare has a history of absconding from home and care settings. She has experienced sexual and physical abuse.
- She can become dysregulated and cause damage to property. She can feel low in mood and angry. She knows that her parents feel unable to look after her at the moment.
- Clare has an EHCP and has had several school exclusions.
- Clare is vulnerable and she is at risk of CSE. She is frequently missing in the community.
- She needs to move placement urgently.

# Challenges



# Zac – Aged 4 – Planned placement

- Zac has some complex medical needs that require specialist care. His current carer is unable to meet these ongoing.
- Zac's plan is to return home to his mother. She currently lives out of county. A placement for Zac is needed within commutable distance to support contact and reparation home.
- Zac's search was challenging due his needs. There are limited availability of carers with the skills to support his care.
- After an extensive search over 2 months, a specialist fostering agency identified carers with the relevant medical skills to meet Zac's needs, within a 45 minute drive of his mother's home.

# What next for Commissioning ?

Tender of agencies to support commissioned packages and review of frameworks.

Embedding of valuing care into documents and paperwork to support matching.

Development of resources, and operational instructions to support understanding of commissioning processes.

Scrutiny of packages of care to ensure review of cost, and appropriate move on/ step down.

Regional Care Cooperative and Regional Fostering Hub

Develop relationships with agencies, providers, partner LA's and health and education to ensure collaborative approaches to meeting need with shared cost.

Training and promotion of the commissioning team across Children's Services.