



Children's Social Care Innovation Programme

Responding to Narey: Residential care and staying close event: what we heard

Wednesday 9th November 2016

This document provides a record of the conversations and discussions from the workshop on 9 November to discuss residential care and staying close in response to Sir Martin Narey's report. The below information is a reflection of the views and opinions of those who attended the event and do not necessarily reflect the Department for Education (DfE) policy position. We have published the [Residential Care](#) and [Staying Close](#) policy briefs which sets out the DfE ambitions and focus in this area. We have also published a [Residential Care and Staying Close](#) Frequently Asked Questions (FAQ) document that responds to the questions raised in this document.

On 9th November the Innovation Programme held a working group event in London to discuss children's residential care and the sector's response to Sir Martin Narey's report. The aims of the event were to:

- Start to identify targeted opportunities that DfE might fund through the next wave of the Innovation Programme including Staying Close pilots;
- Learn from others' experience of delivering services and commissioning in these areas;
- Develop relationships with other organisations with similar ambitions; and
- Kick-start the development of a learning network in this area that focuses on enhancing learning and scaling.

There were 46 participants, with representation from local authorities (LAs), providers, practitioners and the charity and voluntary sectors. This report summarises the key themes, discussions and questions, which emerged from the event.



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1. Overview of the day

1. The DfE welcomed participants and spoke briefly about [Sir Martin Narey's report](#) and the Department's [care leaver strategy](#). The ['targeted funding opportunity' process](#) was introduced.
2. We heard from three people involved in The House Project in Stoke, a housing co-operative that is led by young people using homes owned by Stoke-on-Trent City Council.
3. Roundtable discussions focused on the key recommendations from Sir Martin Narey's report. We discussed the experience of young people living in and moving on from residential care and what the underlying principles of good support for those young people looked like. We explored a number of Sir Martin's recommendations, including those on commissioning, referrals and staff training.
4. Finally, we discussed models of commissioning and Staying Close pilots that seemed most appealing and feasible, as well as some of the barriers to implementing these.



2. Overview of discussions: what we heard

Local authorities, practitioners and providers welcomed Sir Martin Narey's acknowledgement that the quality of provision in residential care is high and that it is making a positive difference in the lives of children and young people. It was seen as particularly important to recognise that residential care can be the best option for some children and not a 'last resort'.

Participants discussed Sir Martin's recommendations around new models and practice. They considered the difficulties in implementing these in a context of increasing demand and supply issues. These discussions focused on:

- The factors linked to a positive experience for young people in residential care, including feeling in control and able to make decisions; developing meaningful relationships over time; and the ability to forge a strong identity and sense of self that is not framed around being in care.
- The barriers and challenges within the sector to new approaches, including the ability to provide continuity of care; staff resilience and training; information and data sharing; and the perceived constraints of a risk-averse regulatory culture.
- Developing new commissioning models which would include framework contracts and block purchasing, supported by large scale commissioning and regional consortia.
- The role of local authorities (LAs) and providers in shaping the market.
- The pressure on the system from a lack of available placements.

It was recognised as important for commissioners, providers and practitioners to come together to create joint solutions for these challenges and support one another to be creative and share risk.

"It's been very helpful to discuss things together, to be on the same side for once."

Workshop participant



3. The day in detail

DfE overview

The DfE's 'Putting Children First', published in July 2016, set out a number of priority policy areas in which to develop and test new interventions. These included building on the recommendations from Sir Martin Narey's report on residential care to:

- Test innovative new ways in which residential care could be used in a more dynamic and creative way to support children and link seamlessly with other care placements and services;
- Pilot variations of 'Staying Close' to enable young people to live independently, but close to their children's home and with support from the home, developing a better understanding of the costings, practicalities and impact; and
- Enable LAs to come together in larger scale commissioning arrangements for residential care placements to test Sir Martin Narey's view that this could lead to significant savings, wider placement choice and better outcomes for children.



Representatives from The House Project in Stoke-on-Trent (funded by the innovation programme) gave us an insight into their innovative model of supporting a group of young people to make the transition out of care. The House Project is a housing co-operative that is led by young people. It uses homes owned by Stoke-on-Trent City Council and aims to give adolescents the skills to live independently and make decisions about their future. These skills include transforming derelict buildings into homes that they can be proud to live in. The project's research shows that the transition to living alone at 18 after leaving care is very difficult for many young people who describe their loneliness, fear and the feeling that they have been 'dropped off a cliff'.

Leah, a care leaver who works now as a painter and decorator, talked about her experience of transitioning out of residential care. She described how hard it had been to be alone for the first time, and the difference it had made to have a key worker who stuck with her and maintained their relationship.

Mohammed, a key worker in the project, emphasised the importance of open, honest and trusting relationships with and between young people. He said that his role was about getting to know each and every young person as individuals, and finding ways to channel their energy and potential into the right things. It was also about building relationships between young people to enable them to support one another.

Tony Clifford, Virtual School Head for children in care in Stoke, described the key aspects of the project as being:

- **Giving power to young people** - individually and collectively - to make their own decisions, even when this can feel risky. Key to this control and power was having ownership of space: *"Ownership is a therapeutic concept. It mends pathways. It helps people exhibit control. It makes people feel safe."*
- **Creating a community of peer support** - Young people supporting one another, setting and sticking to their own rules about how that community operates is key to fostering independence. *"Home' is where you make roots and feel that you can return to wherever you go."*
- **Sustaining relationships, both peer and with practitioners, over time** – The House Project tries to provide a continuity of experience. Each young person has a personal safety plan that they write for themselves, supported by a clinical psychologist.
- **Having clear rules** - In The House Project, the rules of being part of the community are set by the young people. They are strict around the requirement to be in employment, education and training, and use a restorative justice approach to resolve problems and disputes. *"We have to be authentic when we say it's their decision."*

You can watch a video about The House Project [here](#).



4. Key themes, discussion and questions

A. What underpins a positive experience for young people in residential care?

Participants reflected on the 'typical' experience of those in and transitioning out of residential care. This was often felt to include loneliness and isolation, and a lack of preparedness for independence. Participants discussed three issues that would support young people to make a smooth transition out of residential care:

1. Feeling in control and having the ability to make decisions

Participants discussed the importance of empowerment and decision-making. This ranged from young people's involvement in planning and choosing placements to taking steps to become independent adults. We also heard that not all young people want more independence, and that this could be hard to manage in a residential setting. Questions included:

- Are children 'in the know' about the decisions made about them and who makes them? (e.g. DCS / Corporate Parent)
- Do young people have enough say about where and when their care is provided?
- How can we overcome the feeling of risk inherent in giving power to young people to make their own decisions?
- How can social workers balance young people's autonomy (a 'right to make mistakes') with a duty of care?
- How much can the social worker restrict the young person (for their own safety) within the law?
- How can we make sure that autonomy doesn't feel like abandonment?

"What's the point of asking what the young person want if it is not heard or given consideration?" Workshop participant

2. Developing meaningful, sustained relationships

Participants talked about the importance of belonging and the role that residential homes can play by creating a supportive community of adults and peers. We heard that key workers with 'passion' who can commit to a sustained relationship with a young person are very important but that the sometimes abrupt ending of these relationships can cause emotional distress. A young person's investment in these relationships depends on the practitioner's ability to be authentic and open, to create meaningful experiences and to build trust. We also heard that it is difficult to invest time in these relationships when the attention of staff is needed to deal with crisis situations. Questions included:

- How can we safely re-examine the appropriate professional relationships and boundaries in order to give young people the care and affection they need?



- What is the role of peer support in building these relationships, and how can we help young adults to build these relationships in a safe and healthy way?

3. A strong sense of identity and self

We heard that it is important for young people to be able to forge their own identities in the world. However, this can be difficult when those around them know so much about their histories. Young people can easily feel categorised, for example as 'a firestarter' or 'troublemaker', and this label can be hard to shake off. They also often feel a lack of privacy, and that everything they do or say is shared with other professionals- that they are 'under a microscope'. Participants talked about balancing the need to share information about a young person with other professionals with the opportunity for a young person to have a fresh start. We also discussed accurately recording what is going on in the lives of young people in ways that make sense to them. One participant said they ask young people to write up their own story and then invite the social worker to review and comment on it.

B. Barriers and challenges within the sector

Participants discussed the system contexts and barriers that they felt currently prevent new approaches from being desirable, feasible or viable for local authorities and providers. Discussions focused on the following issues:

1. Challenge of providing continuity of care

- The quality of referrals can be compromised due to the urgency of the move and the referral form may not reflect the reality of the young person's needs, affecting a provider's ability to put in place the right support for them. Placements out of area may amplify this since it is more difficult for the social worker to spend time with the provider and the young person.
- Support thresholds were a barrier to supporting those young people who may present challenging behaviour to a residential provider but not meet the criteria for support from other agencies, including CAMHS.
- The need to consider the entire path of the young person's journey, such as foster care.
- The need for better contingency breakdown that is shared between providers and LAs to prevent or pre-empt a placement breakdown.

2. Information and data: a lack of strategic-level planning

- Changes in social workers and in the format of assessments leads to a lack of consistent knowledge about young people.
- A national data platform might provide meaningful insight into the supply and demand issues of the Children's Social Care world. However, many participants felt that the value for money case had not been made for such a system.
- What are the incentives that can encourage providers to share data with the Department?



- It is difficult to access the correct data to find placements. LAs were interested in the ways in which an expansion of LinkMaker (or a similar service) might support this, but the provider information that would be included was unknown.

3. Placement shortages

- The shortage of placements leading to competition between LAs, rather than between providers. This was described as LAs *“all fighting one another for the same placements”*. The timeframes involved mean that LAs *“do anything to secure that placement”*. We heard of placements being taken in times as short as one hour.
- Some providers described receiving a *“flood of referrals”* numbering in the hundreds per day. Providers must then make decisions quickly, based on which young people most clearly fitted with their current availability. One provider remarked that, *“We just don’t have time to consider each referral in detail or work out how we can put extra support in place to take a particular young person.”*
- A perception that even good and collaborative commissioning arrangements would struggle to resolve the shortage of placements.
- The placements available may still not be appropriate for a particular young person.
- The unbalanced geographical spread of providers, which does not meet the demand for places across the country with a large proportion of the homes located in the North.
- The negative effect of moving young people repeatedly. *“We have been told again and again by young people not to move them around. But we still do it because there is no other option.”*
- LAs have been unable for some time to only choose local providers or providers with outstanding Ofsted ratings.
- Social workers not having enough time to get to know children well enough to ensure good placement matches.

“The most important thing for a young person going into care is finding the right home at right time. A placement that might have worked for them six months ago might not be appropriate now. Finding that flexibility of provision is really hard.” Workshop participant

4. Use of out-of-area placements

- The group acknowledged that sometimes an out-of-area move is in the best interests of a young person. However, we heard that placements outside the local area or region were used because of a lack of availability within the local authority.
- There was a suggestion that providers favour young people from some LAs over others - particularly from London - as they can charge a rate that is higher than local rates but still lower than provision within London.



5. Lack of flexibility in the system to respond to change

- The current situation with unaccompanied asylum seeking children (UASC) was seen as both a current source of concern and indicative of the system's inability to respond to change.
- Recent events have impacted local services and the ability of LAs to place existing cohorts of young people.
- Participants raised questions about the knock-on effects of Staying Close on local services and the need to consider these effects when planning pilots.
- There has been an increase in placements for young people with complex needs and emergency placements. The shortage of placements overall means a lack of long-term placements for children with a lower level of need.

6. Regulatory constraints

- There was a perception across the group that Ofsted ratings could create a risk-aversion that stifles innovation and discourages providers from accepting children with the most challenging behaviours and complex needs. The vast majority of LAs won't place young people with providers rated as Inadequate and some will not place with those Requiring Improvement. A poor Ofsted rating could close a provider down almost overnight. *"Even if they are outstanding, it only takes one thing / factor to cause a downhill spiral."*
- Anecdotal examples were given by LAs of providers that have been known to be very good being downgraded for reasons viewed by the LAs as unfair, such as financial accounting, rather than in their practice. One LA noted that, *"We still have young people placed with [a provider recently downgraded] because we know they are the best place for them to be. We've made a balanced judgement for ourselves. But that raises worries about our own Ofsted inspection."*

7. Staff recruitment, retention and training

- Working in residential care is not seen as prestigious. It was also seen as being more risky and emotionally draining than other forms of work with young people. Staff burnout was a key issue.
- There was no clear path to managerial roles and a perception that working in residential care is a 'stepping stone' to a more senior position elsewhere.
- The use of agency staff was cited as being both problematic - due to the severing of relationships with young people - and an essential point of flexibility in the system.
- A smaller number of staff contributes to enabling stronger relationships with each young person and fewer breakdowns in communication. However, the emotional stress of the role means that it is necessary to have enough staff to support one another and prevent burnout.



8. Ability to take risks

- There is a perception that secure units are unable to take risks as the consequences of failure can be much greater.
- This can lead to some young people being placed in inappropriate placements, placing more risk on providers who are less able to cope with these high-need individuals.
- The system's risk-averse culture impacts on young people's ability to make decisions about their own care.
- There is a lack of sophisticated risk sharing/management between providers, LAs, social workers, young people and other agencies.

C. Applying Sir Martin Narey's recommendations in practice

Participants discussed the opportunities to take forward some of Sir Martin Narey's key recommendations.

- The perception of residential care as a 'last resort';
- Developing new commissioning models;
- Larger scale commissioning and consortia;
- The role of LAs and providers in shaping the market; and
- Tools for collaborative working across the sector.

Conversations also looked at how to move beyond the operational recommendations in the report to those around culture, leadership and partnership.

Moving away from residential care as 'last resort'

- Participants agreed strongly with Sir Martin Narey's assertion that residential care should be the first choice for some young people. It can offer a sense of neutrality that is not available in fostering where the child is placed into the heart of a family. One participant remarked that, "*family placements can be more unsettling if it doesn't feel like their family.*"
- Residential care can feel more like a family of peers, which can be more appropriate for older children as they transition from needing parental support to a network of peer support. In addition, we heard that some young people benefit from moving out of their area and having the chance to develop an identity and friendships from a fresh start.
- We heard that the perception of residential care as a 'last resort' was damaging for young people and staff alike. It was important that both were able to take pride in where they lived and worked; that young people were not embarrassed to be in care and that staff were seen as being a core part of the system supporting young people.



Developing new commissioning models

Discussions focused on the need for a better range of commissioning options to benefit both commissioners and providers.

- Perceived difficulties in predicting need accurately enough to block purchase. It was felt that the needs profile can vary greatly from month to month and there was a risk of local authorities holding beds that might be unsuitable for those children. However, there was an acknowledgement that acting as part of a regional consortium could support this, as beds could be allocated across LAs.
- One national provider described a model that ensures provision is flexible within block contracts. Rather than a contract for a certain number of beds in specific homes, it offers a mix of low and high needs provision in its homes across the country.
- Block purchasing arrangements would need to be flexible for smaller providers (of around two to six beds) so that this method of contracting was not only viable with large or national providers.
- The ability to match young people's needs to the beds available is key. A bed may be available but not suitable for the young person's needs or there may be a negative knock-on effect to the other young people already in that home.
- A concern was raised that, while block purchasing might help one consortium, it could restrict other local authorities from accessing them. Providers responded that there were a number of options available, such as giving the consortium with whom the provider has an agreement a 'right to first refusal', but with the bed otherwise being released for use by other LAs.
- A question was raised as to whether providers who have special arrangements with particular LAs would be contractually bound to turn down referrals from others.
- A question was raised about competition, and whether block purchasing would drive down standards. However, providers gave examples of using flexible, short-term block purchasing on a rolling 6-monthly basis. This gave providers enough stability to be able to plan ahead and lower prices, and gave LAs enough flexibility to adjust bed numbers or choose placements elsewhere.

"How can we offer young people genuine choice about where they go, if we're saying - 'you have to go here because we have a contract with them'?" Workshop participant

"When providers say there are no beds, are there really no beds or are their contractual obligations causing restrictions?" Workshop participant

Larger scale commissioning and consortia

- Would being part of a consortium give access to wider provision? Many LAs are already looking nationally for placements, and it was not clear to some participants how being part of a regional consortium would widen access or options.
- The 'ideal size' of consortia. There was a feeling that at least four or five LAs would need to come together to make collaborative commissioning viable, but that this might vary



across the country. Others contended that the size or scale of a consortium was less important than a shared strategy and flexible relationships.

- The ability to match young people's needs to available beds was key. This was a concern for both commissioners and providers, the latter disagreeing with the assumption that if consortiums were bigger, homes would be fuller.
- A number of practical obstacles were raised, including financial processing and the difficulties of making multi-agency funding work across LAs.

"It's difficult to get people to collaborate but the opportunities are huge." Workshop participant.

The role of LAs and providers in shaping the market

Discussions focused on both the ability of new providers to enter the market and the need for commissioners and providers to work together to shape the best mix of provision.

- The burden placed on providers - particularly small providers - of bureaucracy, regulation and set-up costs. One provider noted that, *"We'll be operating for about six months before we make a profit."*
- The Ofsted inspection framework was also cited as being a disincentive to providers hoping to enter the system or expand.
- The need to work in partnership with providers to create a market that worked for all. One commissioner said there is a need for *"radical understanding"* in order to build deeper working relationships within the sector. It was suggested that commissioners should *"immerse themselves in the world of providers, to understand the day-to-day culture."*
- The existence of 'hotspot' areas where LAs will not place young people due to crime, gangs or other risks, but where properties are often cheaper for providers. LAs talked about the requirement to work closely with planning departments to block these where possible, and encourage providers to understand why children should not be placed there.
- The difficulties for LAs in influencing the mix of provision required. *"It's all about having a range of options and being able to select the one that will best fit that young person."*
- Some LAs remarked that there are fewer providers in the system than five years ago, and this presented both difficulties and opportunities in creating the right mix of provision.

Tools for collaborative working across the sector

A number of tools and approaches were discussed that commissioners and providers believed would support collaborative working.

- Sharing best practice and innovation within and across local areas.



- Both groups having the confidence to 'say no' to placements that were not in the best interests of the young person concerned, but to also work more closely together to find alternative arrangements.
- Sharing data on need, availability of placements and resources. Commissioners noted that they did not have a clear picture of the current and future availability of beds; providers noted that they did not have a clear picture of likely future need and how many young people might need a bed at short notice.
- A better picture of which groups of young people are hard to place, so that the mix of provision can be adjusted to better accommodate them.
- LAs requested a breakdown of costs from providers and a better understanding of the reasons for cost variations across the sector.
- Partnerships between providers and LAs, to ensure consistency of relationship and the ability to make change happen if needed.
- A joint approach to defining and demonstrating value for money.

D. Enabling factors in implementing new models

The group discussed the factors and approaches that they believed could help to support LAs and providers to take new approaches together. These included:

- Long-term investment in staff to support them to manage the level and complexity of need in the young people they care for.
- Cross-regional approaches, to help LAs and providers to spread the risks and costs of innovation.
- Better learning and information sharing across the sector on how to implement change.
- Creating forums in which commissioners and providers can openly discuss their shared outcomes and difficulties.
- Strong relationships with police and the criminal justice system. The group acknowledged that the police have a positive attitude to working with social workers in order to prevent incidents escalating to criminalisation. However, some felt that there was still more work to be done to move towards a restorative justice approach.

E. Staying Close

The group discussed the potential challenges and opportunities for the Staying Close pilots. The group were positive about Staying Close and had a wide ranging discussion about the principles of Staying Close, opportunities, challenges and questions that still needed to be answered.

The key principles discussed by participants were:

- Engage young people in the design of the model from the very beginning.



- Ensuring the provision of sustainable and suitable accommodation.
- Staying Close should 'kick-in' earlier than 18, with ideally a ten year plan from the ages of 15 to 25.
- 'Close' must be defined as relational as well as geographical.
- The local authority must retain responsibility for quality.
- The model should be built around long-term relationships, with a consistency of key worker (not a new key worker at the age of 18).
- Young people should have ownership of each element of decision-making.
- It should have a strong element of peer support build in.
- A restorative approach should run throughout.
- Reflective and clinical oversight should be built in.
- It must have an equal status to Staying Put.

Potential bidders should refer to the DfE policy brief – [Residential Care](#) and [Staying Close](#) for information and details on what DfE are looking for in proposals.

Opportunities were seen to be:

- A team that can follow the young person throughout their care journey.
- Potential to unlock finance earlier from residential care.
- Demonstrate to young people there is a safety net to fall back to if they face difficulties – they are still able to access the community that they can build their lives around.
- Responsibility for providing accommodation and support should be with the provider but costs met by the local authority.
- Providing the notion of home and a sense of belonging, which young people will hopefully feel more able to invest in from an earlier age.
- Potential to create personalised budgets for young people supported by a broker support worker.
- Multidisciplinary pathway plans to address issues for care leavers that sit across needs and agencies.

Key challenges were seen to be:

- Longer-term funding arrangements being needed to provide consistency of support.
- The need for smoother, longer-term step down support.



- The gap between the aims of Staying Close and the current reality, in which 46% of care leavers are not living close to where they were in care.
- A need for planning for leaving care need to start earlier, potential at the age of 15, to make 'post-care' support effective.
- The flexibility required to maintain close relationships with care leavers.

Questions included:

- How do we define 'suitable' accommodation? (Tenancy, size, location, etc.)
- How do we define 'close'? A view that this should be relational as well as geographic.
- Where do a young person's birth family fit in to notions of 'close'?
- Are LAs expected to commission pilots or deliver them?
- Is there the data available on benefits to build a business case for Staying Close? The benefits will take time to deliver so expectations need to be managed.
- What will the impact be of Staying Close on secure children's homes?
- How will Staying Close be inspected and judged by Ofsted?
- Will there be a group stranded between Staying Put and Staying Close?
- How do we make sure we are not just delaying the 'cliff edge'?
- Is Staying Close always the best option for that young person? (E.g. when it is in their best interests to move back to be near family or friends.) What can we put in place when it is better that they move further away?
- Whose responsibility will the welfare of these young people be? Will the Corporate Parent role continue?

F. Ideas to explore locally

Participants discussed ideas for new approaches or models that they would be keen to explore in their local areas. These were:

1. Addressing the lack of short-term or urgent emergency accommodation for children in care, including increasing capacity within the market and the effective use of resources. This would result in better placement planning and fewer placement moves.

Considerations and questions included:

- Would a change of funding structure be possible to allow LAs to adopt new models?
- The need to work alongside neighbouring LAs, health, housing, independent providers.
- How to make block contracts with other LAs work for all stakeholders.



- The successful management of matching and the management of bed 'holds'.
2. A strategic position for young people in the decision-making process, that went beyond "taking views and wishes into account" to give young people real input into the decisions that affect them - from individual care plans to the design of services.
 3. Bringing health into the picture to develop effective therapeutic models that de-escalate need. This would require outcomes-based commissioning, a more flexible approach to CAMHS provision and for health to be seen as genuine partners.
 4. Creating a Staying Close / leaving care market that is of high quality and can work with the regulated sector. Considerations included:
 - Balancing the requirement to meet the needs of young people while preparing them for independence.
 - New ways of commissioning - not just purchasing - services.
 - Joined-up links to 'step-down' services.
 - Partnership working with other LAs, health services, young people and the provider market.
 5. Making local leadership more effective to ensure it can perform its role in ensuring there is a suitable mix of provision at the appropriate quality for the local market. Considerations included:
 - Joint commissioning is not well developed in the children's social care sector (and is much less developed than in adult social care).
 - Making good local partnership boards a prerequisite to the commissioning process.
 - Market shaping as a core activity, clearly articulating needs based on evidence to help develop local supply.
 - Commissioning services based on outcomes, not outputs.
 - Collaboration within the local area, including CCGs, at local and regional level.
 6. Reducing the effect on local services of children placed with us by other LAs. The effect is felt keenly on police, Youth Offending Services, schools and health, among others. It also has a sharp impact on the placement options for local children. Questions included:
 - Do Ofsted and DfE share LA's concerns on this issue?
 - Is there any way for LAs to insist on meaningful consultation?
 - Is there any mechanism by which LAs could have a potential veto?
 - One option could be for LAs to bring residential provision back in-house, to allow them control of where its own children are placed.



7. Ensuring continuity during transitions. Ideas included:

- Adoption of the White Rose framework, used by councils in Yorkshire and Humberside, which ensures that all partner LAs engage in a joint procurement and tendering process for Independent Foster Care providers. This allows children's homes and foster carers to be provided by the same agency, with the foster carer able to spend time in the residential home, providing a period of stability and better transition.
- A mixture of the No Wrong Door model, designed in North Yorkshire, and The Fostering Network's Mockingbird model was cited as being a radical approach that could have significant potential.

8. A variety of placement options to meet young people's differing needs. In particular, the availability of placements closer to home when appropriate, and better outcomes through better matching. Ideas included:

- Joint commissioning with other LAs.
- Opening joint-funded LA homes to meet specialist needs (e.g. CSE / mental health).
- Cross 'border' working and funding with LAs to get providers to open new homes in geographical locations and guarantee funding.
- Working with providers to open new home that meet specific criteria set by LAs.
- Learning from the experience of LAs who are using new commissioning models, including Hampshire, West Sussex and Sutton.

G. Asks of DfE to support change

Finally, we heard some requests were made by the group to DfE of guidance and action that would support LAs and providers to innovate. These were:

- Clear guidance on Deprivation of Liberty. There is currently no legal right to stop a young person leaving a residential care home and causing trouble or harming themselves. This area needs clearer guidance so that staff can intervene in situations as a preventative measure when necessary.
- A steer from the sector on the appetite of DfE, Ofsted and ADCS for LAs and providers to innovate outside of the defined scope of programmes such as the CSC Innovation Programme. There was a perception of inconsistent strategies between these three bodies.
- An increased number of forums for learning and sharing, bringing local authorities, other local commissioners, providers and practitioners together. It was noted that there were no representatives from health or education present at this workshop, and that the quality of conversations were increased with a mixture of perspectives.
- That the innovation briefs that emerge through this process should be shared with young people as well as with the sector.