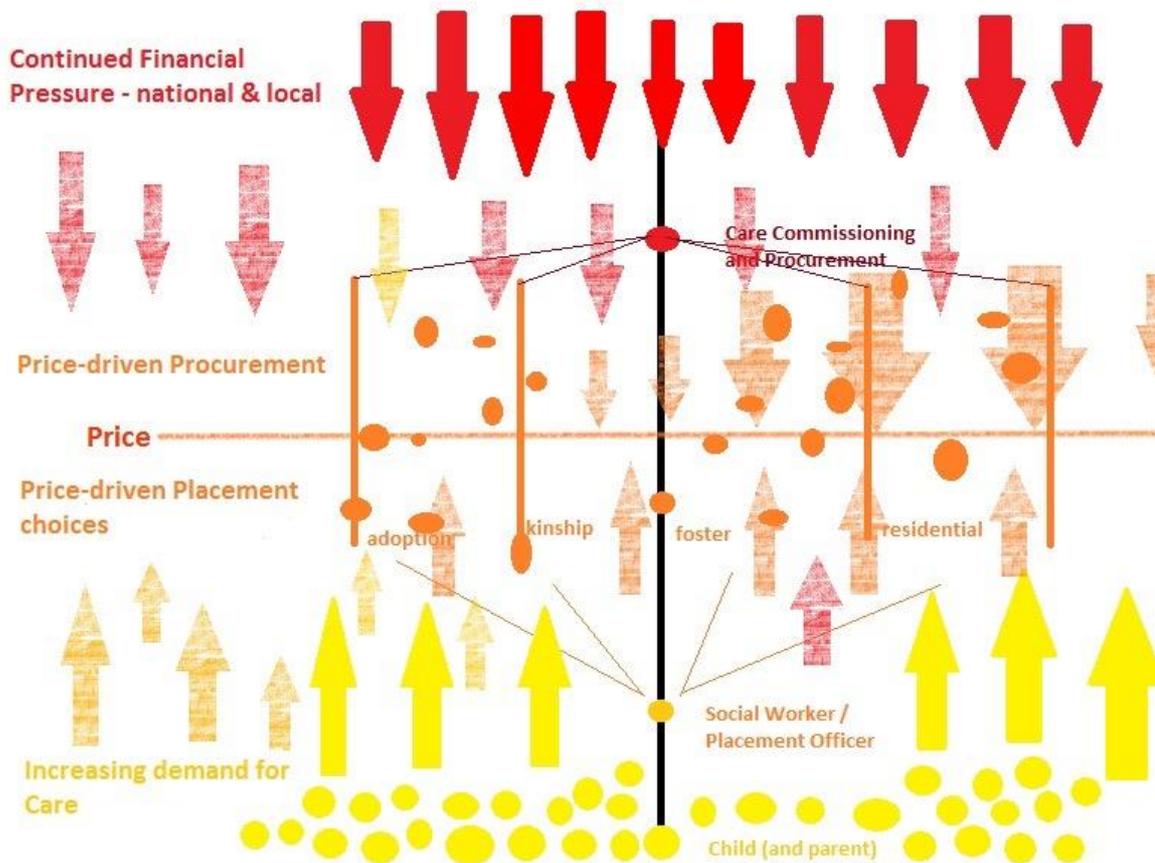


“Children in Charge”

Imagining systemic reform and redesign in care
commissioning for children

A Discussion Paper



November 2016

Children in Charge: imagining ‘systemic reform’ and redesign in care commissioning for children

Scope of this paper – what it’s about, and what it’s not about!

This paper is an attempt at rethinking the systemic problems facing the funding and commissioning of care services and placements for children in need of care and adoption, across ALL types and specialisms of placement, from kinship care, through foster care, to residential care and adoption.

The ideas in this paper have been developed by Kathy Evans, CEO of Children England, based on findings and discussions over several years of involvement in [examining the residential care market](#) in particular, from [both provider and commissioner](#) perspectives. It has been shared with various stakeholders and submitted to Sir Martin Narey and the DfE as part of the Independent Review of Residential Child Care, but has not until now been more widely published. The genesis of this paper might have been firmly rooted in the residential care sector but it is vital to emphasise that the ideas explored here rely on a **taking a unified approach to all children and their varied journeys through being in care** and ending the ‘siloes’ approach of separate markets and funding streams for different segments and specialisms of care provision.

The central idea in this paper is to create a **national ‘Care Bank’ to fund the costs of all placements (kinship, foster, residential and adoption) directly from the nation’s income taxes**. It could free social workers to make care placement decisions led by children’s best interests rather than the need to ration council budgets; it would free councils to devote their locally-raised resources to community services that can help strengthen families and keep children happy and safe at home wherever possible. It would give children themselves a greater degree of say over where they want to live while in care and create a systemic focus on reducing the human and financial damage of multiple placement breakdowns.

While it has been developed and informed in dialogue with colleagues across the children’s sector, this idea does *not* represent a firm recommendation or public policy position from Children England or its membership; it is *not* a comprehensive research paper or a costed policy proposal. The analysis and ideas here are offered first and foremost to engage with all those already familiar with, operating within, and deeply troubled by, the children’s services ‘marketplace’.

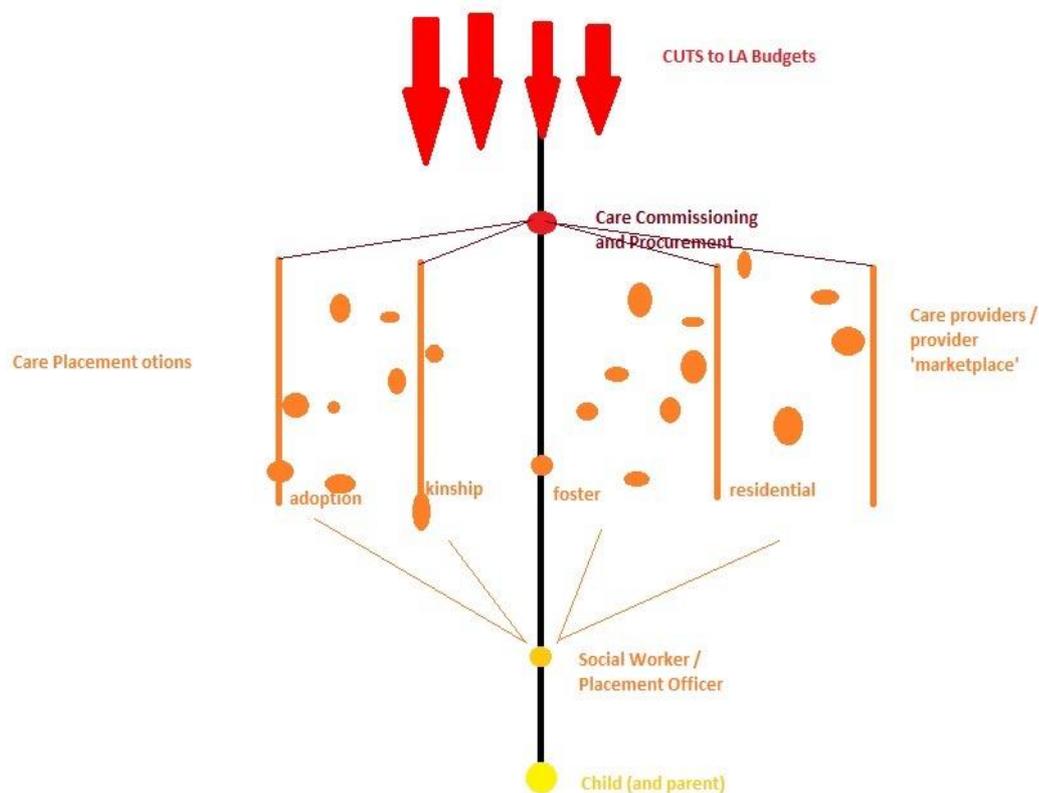
It is intended to **stimulate discussions and imaginations of what systemic reform could look like** and to **enable us think together about how relationships, power, money and decision-making in care commissioning *could* be organised very differently from the way they are now**.

The most recent [National Audit Office report on children in need of help and protection](#) (Oct 2016) issued a stark warning that their analyses suggested there is ‘...**systemic, not just local failure**’. **This paper is an attempt to imagine what a systemic response to systemic failure might look like**. Children England will, of course, be very glad to hear

other ideas, to present and explore and evolve our thinking collaboratively, with any interested audiences and colleagues, or listen carefully to any critiques of what is written here.

1. THE CARE COMMISSIONING 'SYSTEM' AND POWER STRUCTURE

1.1 The current commissioning structures for care developed without design. In the early days of commissioning there were guidance documents, for example by the Commissioning Support Programme, that gave flow charts for commissioning processes. Beyond that there was no system design - no blueprint. Several research and policy papers over recent years have analysed in detail their incoherence and lack of overall strategy. **The power structure of care commissioning, however, is pretty clear and common across the diversity of local areas - it is a top-down hierarchy driven by money:**



1.2 Local authorities have **the clear legal duty to provide care for as many children as are found to be in need of it**, regardless of how many children need it in total and without reference to the available funds for doing so.

1.3 The task of finding the right care placement for each child is the local authority's, as their '**corporate parent**', and they will need to decide upon (and procure where necessary) that placement from a range of options spanning kinship care, foster care, residential social care, health or education settings, and/or potential adoption placements. Some children may need several or all of those options during their time in care and beyond.

1.4 Local authorities have a huge task (and have developed a bureaucracy) in the **strategic commissioning and practical procurement of the service capacity** to meet current and future needs for care, within the budgets allocated by their council members. Each local authority has a **duty to ensure 'sufficiency'** of service capacity to meet the care needs among children in/from their area. However, the range of placements types and capacity they will need is likely to include (in some cases very unpredictably and expensively) using some settings and agencies outside of their authority boundaries too, even though they have no geographical jurisdiction or statutory power for commissioning new provision outside of their own authority boundaries.

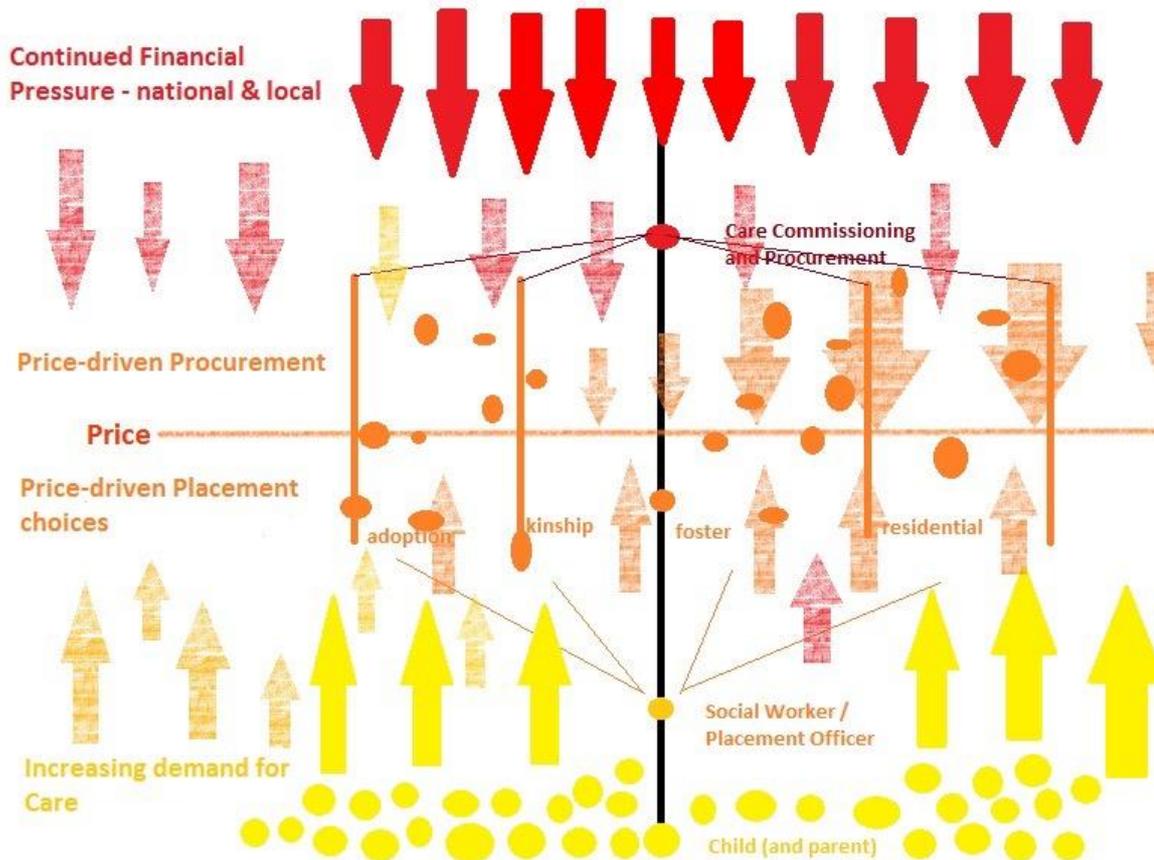
1.5 The **budgets within which commissioners have to work are finite and fixed annually (while demand upon them throughout the year is not)** and for over 7 years have been under severe downward pressure due to national government cuts to local authority funds (as well as LAs' own financial struggles and losses in the 2008 crash). While authorities have generally, and valiantly, preserved their child protection and placement budgets before all other areas of service spend, the downwards financial pressure on councils has been exacerbated by the 'upwards pressure' of significantly increased demand for care applications and placements – a rising level of demand that Lord Justice Munby has recently described as a national emergency. Councils cannot legally 'ration' the demand for care with the argument that the LA simply cannot afford to look after any more children.

1.6 Better and **earlier community service intervention that might prevent the need for care** is a universal aim – financially and morally - and the only lawful way of reducing demand for care. The Troubled Families programme and the local reforms they are prompting should (other things being equal) have some minimising impact on the numbers of children removed to care from a very targeted cohort of families, but the financial pressures mitigating against wider investment in Early Help are well established and widely reported.

1.7 There is no national body with clear oversight or direct responsibility for the availability, capacity or efficiency of the whole care system for children – except for adoption agencies who have relatively recently had a more specific strategic oversight and leadership board at national level (and have seen benefits from that). National government decisions have a clear impact on the quality of life of children in the care of the state, but no body or post is nationally accountable for those impacts and certainly not in a way that is enforceable for any child in the care of the state who suffers by them. **All responsibility (and blame) sits with local authorities**, even though the quality of life and outcomes for children in care depend upon a much wider range of public services, spending and policy decisions outside the control of local authorities (eg health and CAMHS, benefits, housing).

1.8 Different service modalities and models, especially **foster care and residential care**, have tended to be commissioned separately from each other, as if they are **separate 'markets'**, sometimes planned and procured by entirely different personnel. Both have seen the development of regional and sub-regional 'authority cluster' framework commissioning, although usually still as separate 'service markets' from each other.

1.9 Packages of **financial and practical support for kinship care placements vary enormously** from one authority to another – there is no national ‘standard’ offer to kinship carers. There is widespread sector agreement that wherever safe and possible, living with close family or friends should be a preferred option: a child can continue being cared for by people they know and trust and have a sense of belonging with. However there are real anxieties within the system that in a price-driven cost-pressurized context, kinship placements can be at risk of being used as a cheap option where it may not otherwise be a preferred option for a child’s needs, or are at risk of being made without adequate support to the family.



1.10 All of the financial pressures – from national government on local council budgets and from commissioning and procurement teams on placement officers and social workers – create a powerful downward force, squeezing care providers on price regardless of their cost, in order to try to make budgets stretch further. Some placement officers and care commissioners have publicly reported having to go through a **‘hierarchy’ of placements**, from cheapest in-house to cheapest independent option, before being able to get budget approval for higher-cost care options that, in many cases at least, could be recognised as the most appropriate place for a child and their particular needs from the outset. In other words, the primacy of price drivers and cost controls for councils can mean *knowingly* putting a child through multiple placement breakdowns in order to be able to justify higher-cost care options.

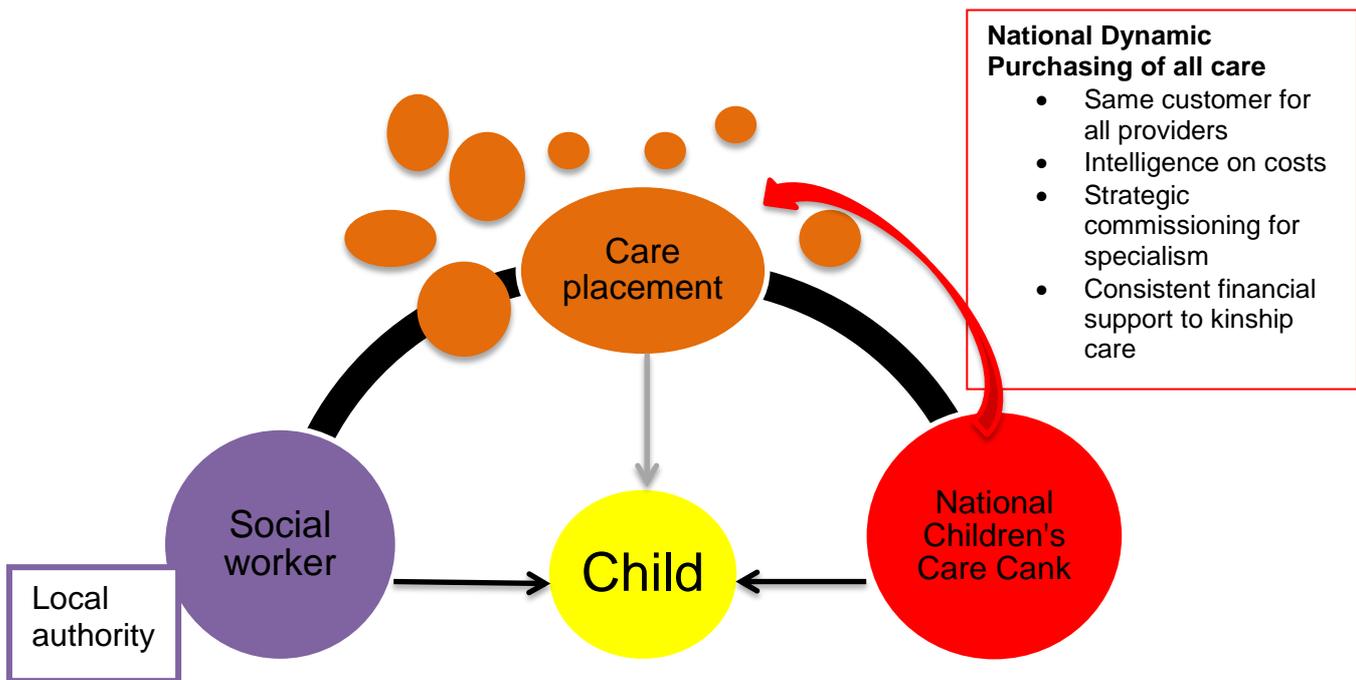
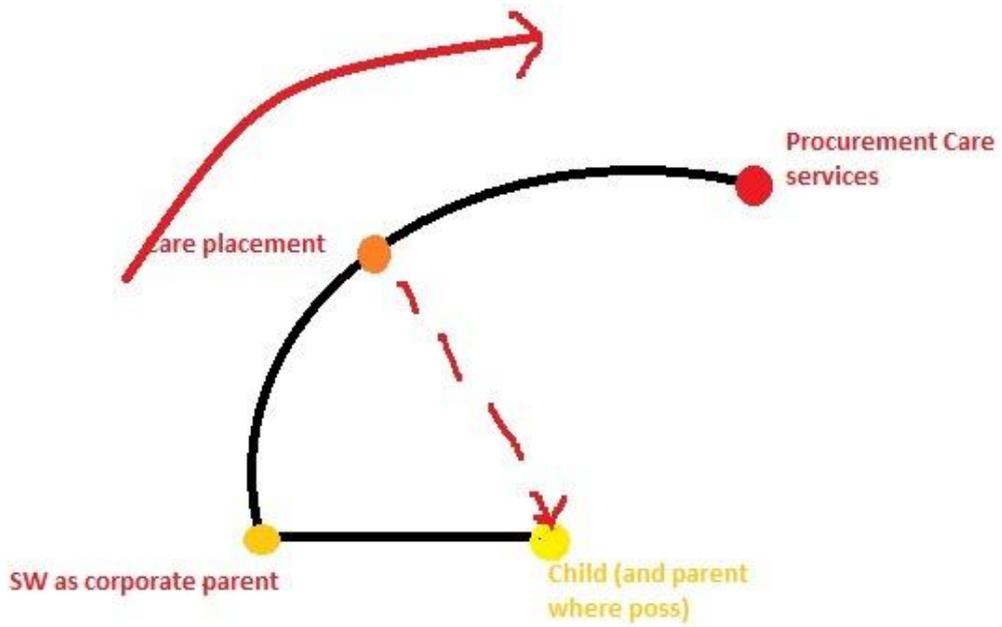
1.11 **The child at the bottom of this power structure is powerless.** They are the 'consumers' of care but have no power in the 'market'. And the more children there are in the parental care of each authority, the harder it is in this 'system' to take an individualised view of any of them. The care commissioning system hence becomes **transactional** (as opposed to relationship-focussed), **procedure-driven, dominated by price and by the 'industry' of procuring placements**, rather than by each child's best interests in their unique circumstances.

2. **A NEW DESIGN – CHILDREN IN CHARGE**

2.1 During the course of focus groups undertaken for the IPC market analysis of residential care, it was repeatedly reported by providers that where a child's parent(s) remain involved and active in seeking out and securing the right place for their own child, placement quality, suitability and decision-making were better, placement breakdowns significantly lower. This is the passion and commitment of a parent to keep pushing for the right place for their child, no matter the cost - in fact no matter the distance from home, in many cases.

2.2 The statutory duty that LAs hold towards children in care was always framed and intended to act in the same way – for any child whose parent should not, or could not, be their carer and their best advocate, that role, passion and personal commitment should be taken on by the social worker individually and their council corporately. The systemic barrier to that happening in practice is that the LA holds two conflicting duties: to be the best parent to each and every child in their care and to balance their books. The central proposition in this redesign process is therefore that **local authorities should no longer be financially responsible for paying the costs of care placements at all** – they should be freed to make 'price-blind' decisions about what is best in each and every individual case and should be ruthlessly monitored not on the 'stock' and 'volume' of their care provisions, regulatory compliance, collective outcomes or their commissioning models, but on finding the **right place, first time, for each child they are responsible for.**

2.3 The diagrams below show how the top-down hierarchy of the current care commissioning system (in the section 1. diagram) would become 'wrapped around' the child. The text after the diagrams explains more about the idea.



2.4 The core features of the new design are:

a) Powers and duties

2.4a.) 1 Free **local authorities and social workers to focus on being the best corporate parent** they can be for each child in their care – to get to know each child and their needs well, and to make, as often as possible, the right decision about the right place first time.

2.4a.) 2 Create a **new national statutory body** – called here the ‘**Children’s Care Bank**’ – which has a statutory duty for every child subject to a Care Order made by the Family Courts. The duty would be to pay for the costs of their appropriate placement(s) throughout their time in care – **an open-ended and individual national duty to each child** of similar weight and nature to the *local* parental ‘welfare’ duty.

2.4a.) 3 All **placement decisions** would be made and approved (and payment triggered) by agreement between (colours relate to the diagram above):

- a) the **parental responsibility holder** (ie LA / social worker, but also birth parent(s) wherever appropriate to the child’s case),
- b) the **placement provider / carer**
and
- c) the **child/young person themselves** (not legally giving the child consent or veto rights, but with a default expectation that all placement decisions, and both of the above parties, actively seek and record the child’s own expressed view about the placement).

2.4a.4 The **Care Bank** would **NOT** have the power to dictate or decide placement **choices** for individual children – their duty is simply to pay for the placement decided as best in each case by that ‘triumvirate’.

2.4a.5 Instead of sitting powerless at the bottom of a power structure, the individual **child would sit right in the centre of power relations** between local and national bodies and their need to come together to decide and then pay for the right placement, first time. The Care Bank would, essentially, be the child’s financial backer enabling them to act as a more empowered ‘consumer’ of their own care experience – if the child doesn’t like their placement, or doesn’t want to leave it when a change is proposed, they can appeal to the Care Bank to stop / continue funding it until they feel they have been heard. In any cases where the appeal to the Care Bank fails to satisfy the young person that they understand or agree with their placement (or next placement), the Children’s Commissioner’s Office could be called upon to seek resolution in its statutory role for children in care and their wider role in championing the wishes and feelings of children and young people.

b) Oversight

2.4b.) 1 The Care Bank would need to be a Non Departmental Public Body (NDPB), in the same way as the Youth Justice Board – **established by primary legislation, with clear defined accountabilities as a public body** - and to hold the relevant statutory duties and financial budgets. With the kind of data it would hold and manage about children, it would need high levels of managerial independence and system security – of both staffing and administrative systems.

2.4b.) 2 Having a live, continuous national database and financial account of where and with whom each child in care is living would also mean the Care Bank would have **a live,**

trackable record of placement breakdowns / sudden changes for each child. It is easy to envisage such a system being able to automatically alert a 'concern' where two placement changes had happened in, say, six months or less, and trigger an immediate intervention to establish what is happening for that child, seeking evidence and rigorous assurances that the next placement will be stable for that child.

2.4b.3 Just as the YJB has been able to identify local areas with particularly high youth custody rates to inform local strategies for reducing them, the Care Bank could highlight **LAs and / or providers who have particularly high placement breakdown rates**, compared with national averages and patterns. They could also identify **LAs whose care bill is particularly high compared with others** – not with a view to questioning or disrupting individual placements decisions but exploring the possible reasons for markedly higher cost care options being used across the authority (eg underdeveloped support or a professional culture of aversion to using kinship care wherever appropriate).

c) Public Financing

2.4c.) 1 The recent NAO report clarified that the grants to councils from the Department for Communities and Local Government (CLG) currently constitute the main source of funds for child protection and care services. Under the current terms of the 2015 Spending Review, those grants to councils will cease altogether by 2020, leaving all those councils to meet their budget demands to care for children solely from the proceeds of local business rates and council tax. This prospect not only **leaves the future funding of care for children extremely fragile** and far short of being able to meet the levels of demand currently being managed; it would mark the end of any contribution from British citizens' income tax contributions (which will remain gathered and spent nationally by the Treasury) towards the costs of protecting and caring for children. This is a **huge systemic funding failure for children in need of care and protection.**

2.4c.) 2 The Care Bank's expenditure budget for the nation's most vulnerable children should therefore be derived **directly from the Treasury, from the nation's income tax take** – as a mechanism for direct distribution to every child for whom the state is [corporate] parent, to pay for whatever the best care option is for them individually, wherever they are (or need to go) in the country. Not only would this correct the impending systemic financing failure for care by creating a national funding responsibility to match the local welfare duty, but it would also act as a mechanism for preventing the 'postcode lottery' for children, whereby children in the most deprived and financially struggling councils are at risk of being doubly disadvantaged in what care they receive purely because of where they come from.

d) 'The Market'

2.4d.) 1 The Children's Care Bank would act as **one single 'dynamic purchasing' system** for covering the placement fees for all providers of foster, residential and adoption placements and could offer a coherent, nationally consistent package of financial support direct to kinship carers anywhere in the country.

2.4d.) 2 It should be expected that **significant duplication of care commissioning processes and bureaucracy costs could be lifted out from local authorities** by having a single procurement body.

2.4d.) 3 All care placement providers (private, public and charitable) would have just one procurer of their services – and the same one as everyone else. This would deliver **a real level playing field between sectors**; it would also enable mandatory open-book account sharing between the care providers and the Care Bank. Having one consistent ‘customer’ with transparency of accounts would provide a basis to ensure fair pricing against true costs for each provider, while avoiding the problems and distortions caused by fixed minimum / maximum pricing. It would also enable, for example, a clear and consistent requirement for all staff to be paid at or above the Real Living Wage standard.

2.4d.) 4 For providers, having one single ongoing procurement relationship, no matter where their children come from in the country, would **radically reduce and simplify their own business bureaucracy** and enable their day-to-day focus on offering great care, not on the current complexity and bureaucracy of business operations.

2.4d.) 5 Some care providers may only take children on care orders rarely (eg private boarding schools) and would agree a suitable spot purchase fee with the Care Bank. Others, whose occupancy may be steadily high, might negotiate a block contract structure (often done with different ‘reservation’ and ‘occupation’ rates), which we know can work out to be better value-for-money per placement than multiple repeated spot purchase fees. The Care Bank would have the **expertise and oversight to make appropriate and smart business arrangements with each provider** – and a public duty to ensure they are getting best value for money in each deal (not the same as being cheapest).

2.4d.) 6 The Care Bank would be well placed to develop a **longer term strategy for the stability, improvement, investment in and diversity of care provisions needed** (as well as any de-commissioning of under-used or outdated models / sites). It would have daily intelligence to inform a view of the strategic gaps in geographical locations and specialisms of care services. It could gather on an ongoing basis the **‘consumer insights’ and feedback from children themselves about the strengths and weakness of different care providers and service models**. Innovative new ideas and ventures with long investment and development timeframes could be planned in close collaboration with the Care Bank, with open discussion and agreement about the kind of fees they could receive once up and running, making investment a more viable long term proposition.

4. THEORY & PRECEDENT

a) Market Economics

4a.1 In terms of **economics / market theory**, this re-design idea embraces and remodels 'the market' to better reflect the fact that it is a **monopsony**, ie. there is only one paying customer for the care services needed for children on care order: the state. The state should therefore be able to spend its resources and develop strategic oversight of what capacity is needed to meet its duties more efficiently by embracing that fact. The Care Bank should be one single organization – even if in practice it is highly likely to need regional offices to manage relations, caseloads, negotiations and payments across local areas.

4a.2 By creating a direct individual statutory relationship towards the consumer of care (the child), for the paying customer (the Care Bank), the very considerable **customer / consumer split** within the current hierarchical care commissioning relationship should be ameliorated.

4a.3 **Competition would remain a driver within the market – but in the form of providers competing over the demand for, and retention of, placements with them** as choices made by the child / social worker. No care provider of any kind should get, or keep getting, placements with which a social worker and / or the child is unhappy. Social workers will have a strong incentive not to 'make do' with placements that they fear will break down or are otherwise not right for the child – as they will be directly monitored and held accountable on placement breakdowns (and could also be inspected on any one of their children's care pathways - see section 6). Poor quality care providers would be more powerfully and immediately disadvantaged in 'the market' by lack of referrals and a reputation of placement breakdowns than they ever would be by site inspections and re-commissioning cycles.

4a.4 **Competition between providers on price**, however, would not be the same kind of driver as it is currently – the Care Bank would be in a position to pay different prices, based on evidence of the often different costs of their particular business model, to any care provider that the social worker and child think is best for them. Pricing would certainly need to be competitive, in the sense of being reasonable compared with other relevant competitors (which the Care Bank would be very knowledgeable about, as it would also be paying for those others). But 'competing' providers would not have to beat each other on price in order to 'win the business' of looking after children they haven't met yet – they would have to beat each other on appeal, popularity, reliability and quality of care for the children they look after.

b) Public body / finance / commissioning models

4b.1 In terms of precedents and comparisons, **the closest comparison would be that of the secure estate commissioning duties of the Youth Justice Board**. There is a great deal that could be learned from and used as a basis for the legal, functional and financial considerations of a Care Bank:

- They too have an 'open-ended' national duty to make sure that secure placements are available and paid for all secure remands and sentences judged to be necessary locally, while having no *direct* control themselves over the volume of demand for them. In the YJB's case, the actual demand for secure placements is down to the decisions of Criminal Courts – in the case of the Care Bank it would be down to the Family Courts.
- The YJB's statutory role and commissioning oversight has enabled a successful long term strategy for demand reduction for *future* use of any kinds of custody (through strategic targeting and collaboration with local areas and services, while not failing *in the present* to provide places for all individual cases) and for improving quality and value-for-money across those who are funded by them.
- The **significant difference from the YJB** in the Care Bank idea is that the YJB has a second duty as well – to manage and make placement allocations for each individual child. In the Care Bank that would be the decision of the 'triumvirate' (Parental responsibility holder, care placement provider and the child / young person themselves). That distinction is important. It would be highly consistent with its functions, however, if the Care Bank were to be able to offer open and up-to-date information and intelligence about the breadth of providers, to help placing social workers and children and young people themselves to understand and explore where might be best for them.
- So comparable are the remits and age-group, the **YJB's statutory functions could become integrated as a specialist unit within the Care Bank**. Such is the overlap in practice of children under care orders who are involved with the youth justice system, that it would be illogical to have both operating completely separately.

4b.2 In many senses **the Care Bank idea is a move towards far greater 'personalisation'** of the care commissioning system, as is already at the heart of the Government's SEND reforms. It is not, of course, about devolving or giving a budget to children to look after themselves – nor indeed, leaving them to navigate the choices themselves. However the aim is to create a commissioning structure that would essentially mirror the empowering philosophy and intentions of personal budgets – to stop making children fit into services commissioned and evaluated at volume, for 'batches' of people and need, rather than tailored to each service user, informed and evaluated by them.

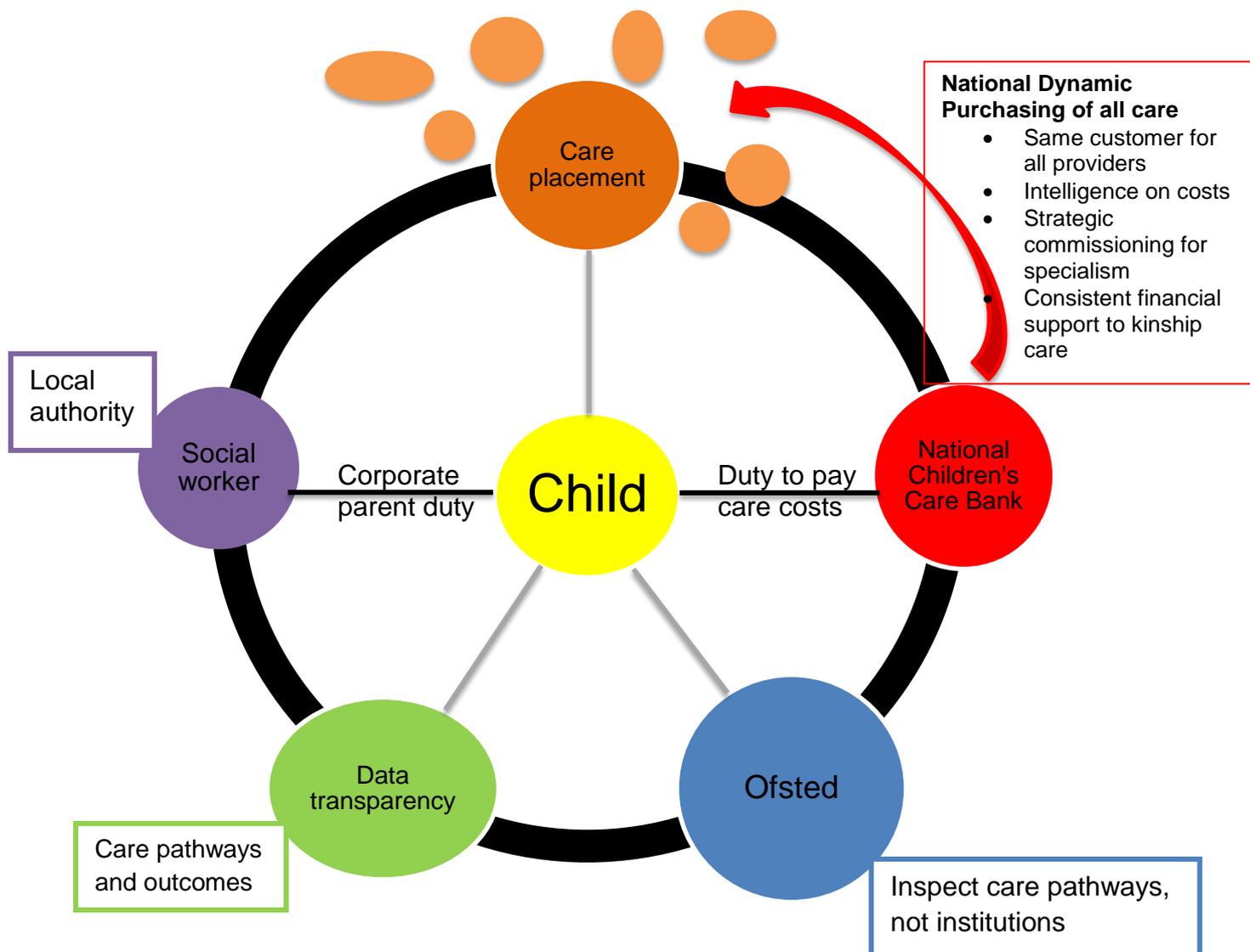
5. **'Staying Put & Staying Close'**

5.1 There is widespread welcome and support, not just for the Staying Put rights already created for care leavers to continue in foster placements but for the principle of equalizing that right to all care settings. The practicalities of whether that extension of 'staying put' to all care leavers is feasible, desirable or affordable across all settings is messy, and only made more complex by it raising the legitimate question of whether it passes to local authorities a whole new set of service commissioning duties and ongoing care costs - and if so who commissions (or even predicts) 'staying put' capacity. **The Care Bank could both simplify the proposition and make it far more flexible and young person-centred for all care leavers.**

5.2 Whether a care leaver is keen to move away, go to university, stay in their current placement, start living independently or with a partner, but nearby – or any other option – the Care Bank can hold the extended duty to financially ‘back’ the young person in their transition to adulthood. If they want to plan for a slower transition, staying where they live but move to their own flat by 19, and their current care provider is happy to extend their stay, the Care Bank can pay for the extended period and help with the costs of setting up in a flat. If their current care provider feels unsure about having older and younger residents all together but is keen to do all they can to maintain relationships, they could raise donations / public and / or private investment to establish a nearby residence for young people in transition from their care, and would be able to plan with the Care Bank for what they could expect by way of fees once established. For any care leaver whose attempt at independent living goes wrong and who needs to ‘fall back on the family’ as so many young people do in their late teens and early twenties, the Care Bank can be the clear and consistent funder enabling that to happen, wherever they feel they want to ‘fall back’ to. **The Care Bank would effectively become the ‘bank of mum and dad’ for care leavers!**

6. ADDITIONAL OPPORTUNITIES OPENED BY THE IDEA

While not the focus or primary purpose of the development of the Care Bank idea, a couple of other potential benefits / opportunities are opened up by it.



- a) With a national database record of all children in care, their current home and their pathway since being given a care order, **Ofsted could conduct genuine case-based pathway inspections**. Instead of inspecting whole areas, settings, procedures and files, a wide range of children from the Care Bank's caseload could be selected (to ensure both geographical spread and a variety of needs, lengths of time in care and types of care placement) and their whole care journey could be the framework for inspecting every body, professional, decision / transition and agency who has been and / or still is involved with them – the child's own assessment being right at the centre of that inspection of course. All parts of the child protection and care system would know that any one of the children they are involved with could be the reason and basis for their inspection at any time – creating a genuine behavioural 'nudge' driver for high standards of practice in each and every case.
- b) Over time the Care Bank would build really valuable, **consistently gathered and informative national data and evidence** about:
- Patterns, trends, pathways and real outcomes in adulthood for all children in care
 - True costs, pricing and the diversity of practice and 'business' models across the breadth of providers
 - Children and young people's 'consumer satisfaction' with the kinds of care, and different providers of care, they experience

Almost all research and policy analysis of the care system has identified these as persistently opaque yet vital evidence for genuine systems improvement.

7. SOME THOUGHTS ON COST

7.1 The Care Bank is proposed as a new national body, its funding derived direct from a new Treasury allocation. As such it is not proposed as being a cost-saving measure in itself - rather a mechanism that will halt and reverse the severe disinvestment in the care system that is inherent in the DCLG's decade of cuts to councils (2010 - 2020). It is, however, the author's belief that once established the creation and operation of the Care Bank does have the potential to reduce the costly bureaucracy and financial waste inherent in the current ways of arranging and paying for care.

7.2 This is not a costed proposal. Such costing would be a complex task, worth doing if this direction of travel is of serious interest but not as an academic exercise. The IPC research showed strong indications that the focus on freezing and pushing down fee prices in residential care has left many care providers in a fragile, potentially unsustainable, financial state. Similarly the use of 'cheapest first' hierarchies in placement choices has also obscured assessment of the real nature and levels of need for residential care that could be identified much earlier in entering care.

7.3 To disentangle price and need and develop a picture of real need and true costs may take some time - but is, in essence, the main overall intention of this reform idea. The following are some **hypotheses and assumptions** about changing overall costs under this model – with the strong caveat that they are just that!

- a) The primary driver of the increasing care bill is the increasing demand for care. Strategies for controlling and reducing overall national spending on care services should drive the case for investment in Early Help and brink of care interventions to *reduce the need for care*, rather than continuing to pressurize and squeeze finances within the care sector for those children who are actually *in care*.
- b) Notwithstanding the significant set-up costs of a new body like the Care Bank, there would be significant efficiencies and cost savings created by the removal of care procurement responsibilities from all local authorities and their replacement with a single procurement body. Councils should be able to redeploy any such savings from their local commissioning and procurement demands for investment in community services.
- c) Providers would need less onerous and complex business management capacity dedicated to their framework tendering, price negotiations, etc – particularly those whose regional or national specialism can mean having procurement relationships with any and all local authorities. This reduced business bureaucracy should be reflected in reduced overheads – and would of course be made transparent and justifiable / challengeable to the Care Bank.
- d) There are major costs (human and financial) taken up within the current system by the extent of placement change and churn due to breakdowns and inappropriate placements. The systemic drive to focus local authorities on ‘right place, first time’ should see significantly reduced ‘movement and churn’ of placements and all the costs they generate.
- e) Children have no reference to price in their own feelings and preferences about where they want to be. They will often most want the relatively cheapest option (eg kinship placement) for reasons of maintaining friendships, trust and belonging. Giving children and young people a much stronger voice and recourse to make sure that they get placements they are happy with may well have the effect of creating much greater demand for, and therefore professional focus and effort on, the cheaper care options (relative to children’s homes) and making them safe and supported to succeed as often as possible.
- f) Focussing LAs on getting the right place first time, and settling children into stable placements as soon as possible after they’ve been taken into care, should create much clearer space for planning for permanence. Quicker pathways through care (whether to adoption, return to family, or to supported independence in adulthood) should be helped by less ‘churn’ of placement breakdowns and how disruptive they are to children being ready or able to move towards permanence.

- g) Getting care placements right first time for each child, and therefore making sure the minority of children who need more structured team-care in residential settings can get straight to stable placements in such homes, could have a significant impact in reducing the damage of placement breakdowns, risky behaviours and running away that can lead children into secure care and custody. That's reason enough for wanting to do it – but the potential for savings to the youth custody bill should also be factored into the financial case for this kind of reform.

Concluding Summary

The Care Bank idea is a 'systemic' reform idea because it attempts to rethink a very complex and costly area of the current care 'system' (care commissioning and financing), and imagine how new and changed legal roles, funding responsibilities and mechanisms could nudge, motivate and liberate different ways of working that could, in turn, significantly improve the experience and outcomes for children. **Even though the impact of the Care Bank would be huge and affect a great number of professionals and organisations, it is certainly not the only aspect of the child protection and care system that warrants radical 'systemic' rethinking.** We are keen to engage in dialogue about this or any other ideas for real systemic reform.

As with all imaginative exercises, the Care Bank idea and how it could work is broadly described, perhaps idealistically so at this stage. In receiving feedback, reactions and comments about it, Children England will be very glad to hear and reflect on criticisms as much as any additions or developments to the ideas here. I do hope, however, that the imaginative nature of the paper can be recognised as an asset rather than a shortcoming! Systemic redesign must, by its nature, be collaborative; gathering the ideas, expertise and 'buy-in' from the critical people who make the current system (and any reforms) a reality. To have a finalised, detailed and costed plan all ready to go would be the opposite of collaborative. The process really starts here - so please do let us know what you think!

If you would like to discuss this idea, receive a presentation of it for discussion at any forum or conference you are a part of, please contact me and I'll make every effort to do so. If you have your own thoughts and ideas, reactions to this idea or completely different ideas about systemic reform, we are very keen to host and post them on our website.

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