This report (including any enclosures and attachments) has been prepared for the exclusive use and benefit of the addressee(s) and solely for the purpose for which it is provided. Unless we give express prior written consent, no part of this report should be reproduced, distributed or communicated to any third party. We do not accept any liability if this report is used for an alternative purpose from which it is intended, nor to any third party in respect of this report.
About the Centre
The Centre for Outcomes of Care is an applied research and knowledge exchange developing and implementing evidence based systems in children’s services. The Centre hosts sector specialists from academia, practice, finance and commissioning providing a whole system approach to solving one of the most intractable challenges in society: improving outcomes for children in care.

The core work of the centre is the development, implementation and evaluation of practice and systems in children’s services. Where clear relevant evidence indicates an appropriate solution to an identified need, we work to support its implementation; where solutions are less clear, our specialists or academic institution partners are able to provide high quality research services to allow informed and intelligence led decisions to be made.

The Centre for Outcomes of Care is a not for profit organization.

About the author
Mark is the managing partner of the Centre for Outcomes of Care. a researcher and strategist who specialises in the development and use of outcome frameworks to demonstrate the impact of interventions and programmes, particularly for vulnerable youth. He is experienced in both academic and social research using quantitative and qualitative methodologies. Mark is driven by the need improve the evidence base that informs policy design. In his work he supports organisations to ensure that programme outcomes feed back in to evaluation policy at a national and local level as well as into service delivery and improvement. Mark has a particular interest in outcomes for looked after children and regularly works with local authorities, national charities and independent providers of public services.

Principles of working relationship with CCRAG
Both the primary consultant and the Centre for Outcomes of Care are independent from all stakeholders in this process. Our role is to provide advice, technical support and guidance on strategy to improve outcomes and Value for Money (VFM) from commissioned (and where appropriate non-commissioned) services. Long standing relationships exist between OOC and the national representatives of the fostering and residential sector. This has allowed constructive and positive dialogue has been achieved paving the way for co-produced solutions to problems both commissioners and providers of services are experiencing.
Current work stream
The work stream originated from consultation with providers and a review of Placement Referral Forms (PRFs) to improve understanding of the challenges faced with making placements for LACYP with complex needs.

Paper aim: This paper summarises the improvements needed in the PRF process from the perspectives of local authorities, providers and LACYP. It proposes a work stream to action these improvements.
Placement Referral Form Development Program

For context the reader of this should have read the report *CCRAG Outcome and Sufficiency Strategy Progress Report* from October 2017. Where problems and challenges in local authority services they may not refer to all members, but are based on research evidence external to CCRAG. If CCRAG members think that the issues raised in this document do not apply to them or that they are confident their practice and systems function in a way that prevents the challenges, it would be useful to share this with CCRAG as good practice.

1. Background

Placement stability is of critical importance to meeting the needs of LACYP and creating an environment conducive with positive outcomes. Placement decision-making is a complex task and a critical document that decisions are heavily reliant on is the placement referral form (PRF). For a timely placement to be made the PRF is often the main source of information for both placement teams and providers of care and reliable information about the needs of a LACYP is essential for successful matching. Evidence indicates that if the right placement is achieved first time, this significantly increases the chance of placement stability.

The PRF development program follows several CCRAG events and research in to how to improve evidence and understanding about outcomes for LACYP placed with independent providers. Concerns about PRFs are not a new development. For several years now providers have been feeding back through their national representatives including the Independent Children’s Homes Association (ICHA) and National Association of Fostering Providers (NAFP). Having reviewed the feedback from the ICHA in 2013 alongside the findings from recent CCRAG events focusing on PRFs, the issues are consistent and have not improved.

The PRF is a synthesis of information sourced from child records. Individual practice within local authorities dictates what information is included in the PRF and how holistic this is. Due to this a good quality and accurate PRF relies on appropriate, up to date and robust needs assessments to ensure a needs led and outcome focused placement agreement is in place. The preliminary research that informed this program found there are a number of areas for improvement. Further, needs assessments are the Achilles heel of the current placement process and a recommended work stream is proposed to improve this.
It is important to remember that often the traumatic experiences of care leavers produce feelings and behaviours that are beyond their control. Of concern is that the PRF reviews found these behaviours often come to define them in practice or service responses e.g. they self-harm, abscond, take drugs or commit crime, are descriptions found to feature heavily in referrals. But these should be considered as symptoms of internal processes that services are expected to identify the cause of; why are they self-harming, absconding misusing drugs or offending? 

A conclusion from the PRF and processes review is that improved understanding about the needs of the LACYP will provide valuable information for placement teams, providers of care and wrap round services. Further, better assessment and diagnosis where required will facilitate improved placement options, decisions and stability.

2. PRF Development

A significant improvement could be achieved in a short period of time by developing the PRF and the surrounding processes. It is recommended that a domain based referral form be developed to provide a holistic representation of the child. Domain based approaches encourage practitioners to consider all areas of a child or young persons life. Each domain on the PRF can be a section and provide required information on the relevant needs, strengths and risks. A domain approach also allows for them to be attributed to appropriate service areas.

In line with the need to understand placement spend, this can the also be improved by aligning needs to the appropriate domains. The current financial climate for all public service areas has created challenges for children’s social care budgets. But the pressure is not due solely to their own budgets, but also reductions in other services that are intrinsically linked to the needs of LACYP – or also the prevention of need. The cumulative effect of national and local policy over recent years has resulted in children’s social care being solely responsible for financing services that should be part of a multi-agency response – including shared financial contribution. Implementing a domain approach will help LAs produce reliable information on the spending by children’s social care that may be the responsibility of other statutory services such as health. As an initial start point it is recommended the following domains used to guide the PRF form:

- Health
- Social Care
- Education
• Public protection

By aligning domains with commissioning this also provides logical referral pathways or additional support services where needs are identified e.g. where education needs are identified LAs will have an established Virtual School service.

There has been a welcome reduction in the number of children and young people in custody. This combined with the introduction of looked after status for remand cases means we have increased the number of LACYP who are offending. The sector has not evolved to have specialist services that respond to this change, this is particularly apparent in the reduction in secure placements. Due to this the placement fee for social care of placements such as remand should be monitored to identify factors that impact on price.

Education is also a key domain that will be a factor in the placement price. If a LACYP attends school then travel costs may already be built in to the placement price, similarly additional tuition. Alternatively the LACYP may not be in education often attracting a higher placement price. Virtual School Heads are a key partner in this area and it is recommended that they contribute to the PRF development.

The domain that is the most informs the need for the understanding of the contribution mental health needs to the placement. The most reliable evidence we have indicates that 49 per cent of LACYP have diagnosable psych disorder that meets the International Classification of Diseases (ICD-10) criteria. Often these mental health needs are the cause of the symptoms that continuously feature in PRFs and are likely to impact on placement fee. If the underlying – and often undiagnosed – disorder is the cause of the symptoms that produce a high placement price, then the appropriate health budget should contribute to this.

PRFs also require an increased focus on the clinical needs of LACYP and ensure that only diagnosed clinical conditions are included. This is due to PRFs often including information referring to attachment disorders, ADHD, autism and other childhood conditions, that on further investigation are not supported by assessment or diagnosis in the child's history. Changing the way that PRFs are populated with information will significantly reduce this. The most effective way

---

1 There has been a welcome decrease in the number of children and young people in custody in recent years, particularly since financial responsibility for remand placements was transferred to local authorities. It is the opinion of the author that these fees should be disaggregated and monitored.

2 Ford et al.,
to reduce undiagnosed needs being included is to digitise the form that is intuitive and provides prompts to aid the practitioner completing the PRF combined with an improved quality assurance process.

Language and a strengths based approach have also featured heavily in the recent CCRAG events that have informed this development program. It was found when reviewing PRFs from various local authorities that often needs were listed as risks and vice-versa. Further, there is a need for a more sophisticated approach to building a picture of the child for potential placements.

Risks are inherent within the looked after population and is a constant. But it is also subjective. It is important that PRFs focus on evidence rather than opinion when discussing risks. Ultimately it is the provider that should be assessing the level of risk the child has and their ability to reduce or mitigate this based on reliable information in the PRF. Examples that have been discussed in CCRAG events include labels such as fire setter / arson when actually a detailed review finds this was a single event that could have been inquisitive rather than malicious. Aggression and violence is also regularly cited, but context is important due to the subjectivity but this is often ignored. Are some incidences of aggression due to the inability of a previous placement to understand and meet the LACYP’s needs or to successfully predict or de-escalate behaviours?

3. Introduction of robust assessment tools

A key area change that will improve the PRF process is the social work assessment that provides core information included in the PRF form. Social work practice in England has not kept pace with other advanced countries in that reliable standardised assessment tools for children - and where appropriate care givers - are not routinely used. Examples include trauma screening tools, child behavioral checklists or measures such as the Parenting Stress Index. This has been continuously highlighted in research as a systemic problem nationally in England and not a unique problem to CCRAG members. Anecdotal evidence indicates that whilst considerable focus is given to the assessment informing the decision to receive a child in to care e.g. risk assessment, capacity to change and level of unmet need, but far less assessment is given to care plans and the most appropriate placement(s) that should form the care journey.

Improving the needs assessments is intrinsically linked to improving the quality of PRFs. The proposed development program will facilitate the improvement of the PRFs but also work with senior practice managers to review the needs assessment processes and provide additional training where required. The PRF
development program will also introduce system change that will improve the quality of referrals.

Reliable assessment tools are an important way to apply research and theoretical knowledge to practice in a systemic way. They act as a valuable aide for professionals to support them in making objective rational judgements and decisions. For the purposes of this document assessment tool refers to a single standardised measure or more extensive tool that includes standardised measures. The introduction of reliable measures will improve the ability of local authorities to quantify the level of need an individual has, in what domain and identify appropriate outcomes to set with the provider. On the provider side appropriately trained professionals will be able to interpret the results of the measures that can part inform their assessment of matching suitability and ability to meet the needs and risks.

It is important to note that assessment is not a one off event not to be revised, continuous assessment is vital to assess progress and outcomes. Due to this consideration must be given to the suitability of a tool to be used as a repeated measure. There are several appropriate measures that are well regarded and accepted in the clinical and therapeutic sector. As part of a recommended consultation with stakeholders, measures will be selected that are acceptable to all. The Centre of Outcomes of Care is undertaking a review of suitable measures for by multi-disciplined experts. The final assessment tool recommendations will be shared with CCRAG members to consider implementation.

4. Clinical Contribution

The evidence of disproportionate clinical need within the LACYP population is irrefutable and has been discussed at several CCRAG Events. Evidence indicates approximately half of the LACYP population have a psychiatric disorder and significantly higher in those placed with independent providers especially the residential population. Due to this it is rational and in line with evidence to have full time oversight of the needs of all LACYP. By introducing the review of PRFs through a clinical lens will act as an important ‘triage’ process that may identify undiagnosed or unmet need that are important factors in placement decisions. It will also ensure that PRFs do not include inaccurate statements or unsupported diagnoses.

Placements in the independent sector frequently have additional therapeutic or clinical services in addition to the basic care. There has been a significant growth in ‘therapeutic’ providers and ‘packages’ that increase the price of the
The independent sector for LACYP is diverse and there are therapeutic care providers that are of a world class standard with excellent clinical resource. There are also providers of less quality but stating that they are providing therapeutic services. The absence of clinical oversight of independent therapeutic placements within local authorities produces a knowledge deficit due to social workers having insufficient knowledge or training to assess the appropriateness, quality or effectiveness of therapeutic interventions. This produces high risk both financial and to the outcomes of the LACYP. Due to these factors CCRAG members are strongly encouraged to ensure that an appropriately qualified clinician i.e. clinical psychologist or Clinical Psychotherapist has overview of all LACYP cases and quality assures PRFs.

**Language used in PRFs**

As already highlighted, the research that informed this report highlighted a common concern from local authorities and providers about the language used to describe LACYP in PRFs. This was confirmed in the review of PRFs where it was found that often needs, risks and adversity were conflated or confused. Sadly too many referrals pathologise LACYP portraying them only in a negative light, forgetting that often the behaviours they are attaching as labels are consequences of trauma the child cannot control. It is also contrary to ensuring the child’s voice is central which should be a priority. There has been a significant increase in care leavers accessing their records when they are young adults, which may for many only be a few years after the form was completed, this is something that must be kept in mind. Practice and language that is based on deficits, problems or pathologies of individuals tend to direct the attention of professionals to only one view of the LACYP. It is also unhelpful for providers who use a strengths based approach when assessing the needs of the LACYP if a PRF is mainly focused on risks and negative behaviours.

A review of language used to create a picture of the LACYP and communicate needs and risks must be led by social work practitioners and guided by language from theoretically informed practice models. For example one of the most successful approaches informed by resilience theory uses terms such as vulnerability, adversity and strengths / protective factors. This is not to say that risks must not be clearly articulated, but that they must be balanced with more sophisticated analysis of positive characteristics.

**Recommended PRF development work stream**
There are two distinct but intrinsically linked elements to the improvement work stream: the *structure* of the PRF itself, and what information is included. The second element is the *process* that the PRF is part of, which requires consideration of factors including who feeds in to the form, how the form is completed (i.e. through ICS), the development of a two stage process, how to ensure quality and reliability of the information and what is the optimum digital platform.

**Stage one: Review of PRF Form**

The optimum course of action to meet the objectives of the PRF development is to review the digital form and to ensure the functionality of I.T. systems is optimised for data collection and analysis. The review of PRFs and workshops with providers has generated sufficient information to produce a first iteration of a new PRF. The objectives for the PRF are:

- To be strength based, holistic and produce a picture of a child rather than a pathologised inventory of risks and needs;
- To be up to date, accurate and subject to quality assurance;
- To facilitate and encourage multi agency input;
- To provide baseline data on the needs of the LACYP that produces a needs score and contributes to a categorisation / tier system;
- To filter out unsupported observations or references to conditions or disorders;
- Identify needs and attribute to suitable domains to inform sufficiency and budget forecasting;
- To provide sufficient information for providers to make a provisional assessment on whether they have a suitable placement that can:
  - Meet the needs of the child and / or
  - Assess the needs of the child;
  - Reduce or mitigate risk to the child.

Through the PRF review process it was also agreed that the PRF should be a two-stage form. The first stage of the form includes the basic information for a provider to decide if they can potentially match the child to a placement and make an expression of interest to the local authority. The rationale for this was expediency and to improve the local authority duties under data protection legislation for children.
Actions:
Review and shortlisting of measures
Underway

Form development
Underway

Stage 2: Improvement in quality and accuracy of information

In response to the need to improve the quality of information in the PRFs it is recommended that the ICT system used to populate the PRF is developed to incorporate aides, prompts, additional questions and skip logic\(^3\). By doing so this will assist and encourage critical thinking by practitioners and other professionals as the system requests confirmation of formal diagnosis or context. This should significantly reduce the inclusion of needs, risks and behaviours not supported by evidence and also contribute to reducing subjectivity.

Examples:

- Aspergers selected from disorder drop down menu? Additional questions: has this been clinically diagnosed? [If yes prompt attach report]

- Fire setting is chosen from the behaviour drop down menu. Additional questions: How many instances? What was the context? How long ago?

- Aggressive / violence is chosen from the behaviour menu. Additional questions: What are the triggers for this? What is the frequency? Is this behaviour specific to a single environment of the LACYPs ecology e.g. at home or school or non-specific?

It is acknowledged that this will increase the time required to produce the PRF but the overall financial benefit to the local authority will be higher due to the increase in appropriate matching based on need.

Improving data for sufficiency planning

\(^3\) Skip logic allows for questions to be skipped based on the answers to previous questions or for additional questions to be asked.
The second benefit to the quantification of need is - when aggregated - it will provide real time information on population needs to inform commissioning sufficiency strategies. This will be of benefit to all stakeholders as it will ensure they have sufficient specialist resource to meet the needs of LACYP. It will also provide vital intelligence for tender preparation for services such as CAMHS. It should be noted that improved assessment of the family / caregivers may also identify unmet needs that may contribute to a reduction in care entries and / or more timely reunifications.

This stage will also incorporate a review of language being used in PRFs. There needs to be a focus on strengths of the LACYP and improvement in the overall description of them as children. This should be undertaken with representatives from social work practice and the children in care council.

**Stage 3: Quantifying of need**

For local authorities and commissioners to be able to assess value for money, a current and reliable quantitative indicator of need for each LACYP is required. It is also a requirement for effective targeting of resources to cases who are most in need. This is important from a health perspective under principles of proportionate universalism. Currently this does not exist and it is recommended that a work stream commence alongside the needs assessment review and PRF development. This is due to the intrinsic linkages between them.

For the context of this development program it is useful to considers needs and behaviours as ‘factors’ that influence the most appropriate for the LACYP’s placement and the price. Undertaking this process with relevant expertise will allow for powerful statistical techniques such as regression analysis\(^4\) to be used. The results of this will demonstrate which factors influence placement prices allowing local authorities to prioritise addressing these factors.

There are different methods to achieve a reliable quantitative measure of need. But it is critical that when a measure of need is used as a basis of assessing value, it will need to be proven to be accurate, reliable and acceptable to a sufficient number of providers. To achieve confidence in a measure of need will require attention to be given to established methods and minimum requirements of validation. Due to this it is recommended that established holistic assessment tools that include measures are used.

\(^4\) A statistical technique that can show what independent variables / factors contribute to a change in a dependent variable. In the context of this project, what needs have the most affect on placement price.
Recent exercises by LAs to quantify need have overlooked the extensive evidence that a large proportion of LACYP placed independently will have psychological needs (diagnosed or not) that are often a reason for their symptoms that necessitate a specialist placement. Psychological and psychiatric diagnoses vary in their impact on a child’s wellbeing and behaviour in childhood and throughout the life-course. This makes severity rating a complex exercise and must by undertaken by clinical and therapeutic experts. Significant work has already been undertaken in this area with measures such as Honosca, CGAS and CBCL proving to be a valuable assessment tools that have scoring systems suitable for capturing outcomes.

Further factors are the challenges associated with caring for LACYP with assessed needs due to the impact these have on placement price. Due to this consideration should be given to developing two overall scores to assist placement teams and providers:

1. The baseline needs (physical, mental and emotional) and functioning levels as rated by appropriately qualified and experienced experts using reliable assessment tools;
2. The difficulty of caring for a LACYP with those factors as rated by appropriately qualified and experienced experts including providers.

The revising of the PRF will also allow weighted factor scores to be produced by domain and a subsequent cumulative / global score. Score cut off points can then be established facilitating allocation to need level / tier. The tables are to demonstrate the assessment scoring system that would be operating in the background of the ICS system, the practitioner would only see the factors (needs) indicated in the drop down menus.

Similarly for the second needs rating score based on difficulty of caring for a child with the diagnoses i.e. the symptoms that are manifested in behaviours, providers must also be participants in the rating process. Both sets of rating scores must be subject to relevant expert peer-review using appropriate consensus building methods. For this process it is recommended that the Delphi method be used.

An additional benefit to the disaggregating of needs in to domains with factor scores, is that social work practitioners will be able use this as a source of information to aide them in the setting of outcomes for LACYP with the placement provider. With improved factor scores by domains social workers can prioritise outcomes based on the needs of the LACYP. The monitoring of
outcomes has been a central focus of the CCRAG work streams. Routine outcome assessment from multiple perspectives has numerous benefits for commissioners, providers, and LACYP. However, as has already been highlighted in this and previous reports, outcome monitoring requires baseline data provided and subsequent data points established to assess distance travelled. Whilst recognizing that there may be cases where it is not possible to have this information ready for the PRF at time of placement, the required information should be provided at the five day placement meeting at the latest.

**Process development**

LAs well as the development of the PRF, this cannot be in isolation to the process the form is produced and who is expected to contribute information about the LACYP. Often these processes are heavily influenced by culture in a local authority and how joined up the service areas are that are essential to produce a holistic referral about the child. Findings from the provider workshops highlighted a desire from many that where possible a contribution should be made from the previous placement in the case a move. Further, once the PRF is completed and the case becomes live the child social worker should be available to provide additional information if required.

**Conclusion**

For CCRAG member authorities to improve the PRF process to achieve better placement availability and matching, there must be a joint development program focusing on needs assessments. Currently confidence among stakeholders (commissioners and providers) about the information in PRF’s are accurate and up to date is extremely low and confirms recent research findings. Further, analysis of current placements has found no clear relationship between need and price.

The iterative process undertaken to inform this report, including several stakeholder events and PRF reviews have identified that needs assessments are the key to achieving effective outcomes based commissioning. From a matching perspective the quality of information is vital, from a commissioning perspective the level of need informs price consideration, and overall the level of need is one of the main variables in any VFM assessment. Simply put: without improvements in needs assessments and the development of an appropriate method of quantification, reliable VFM assessments cannot be made.
The recommendation to make the necessary changes to the PRF process and needs assessments at the same time can be viewed as a positive opportunity. Service provision for LACYP in care, as well pre care and post, are constantly evolving with multiple inputs from education, health, social care and Youth Justice services, provided by a complex market. By undertaking the recommended development program the resulting system changes will provide commissioners with significantly improved data on the needs of LACYP at an individual and population level. A domain approach inline with commissioning area boundaries will mean all commissioners will be better informed for sufficiency duties. In addition to this by producing a needs framework through consensus building methods (that includes agreed measures) will begin to allow for value to be assessed.

To implement the recommended PRF development program requires commitment form multiple stakeholders within local authorities due to the needs of LACYP transgressing a number of departments. Key stakeholders include CAMHS, CCGs, Social Care, Education Youth Justice, Connexions / leaving care services and providers of commissioned services for LACYP and care leavers. The anticipated time scale for the project is six months and cost cannot be ascertained without knowledge of the number of CCRAG members who will undertake the improvements required. Once this is confirms, a cost estimate can be produced.