Care Visions response - Invitation to Comment

As Scotland's largest independent sector provider of residential child care places, and a leading Fostering Agency, Care Visions is pleased to offer comment as part of the CMA Inquiry to the Provision of Children's Social Care. This submission gives information about the history of Care Visions, where we see its current role as a provider, and future opportunities and challenges arising from the Promise.

In addition to this submission, Care Visions has provided detailed information to the CMA as part of the statutory inquiry.

Background:

Care Visions Children's Services began in 1998, when founder Michael Reid established Orca House in Dumfries and Galloway.

His vision was to create a new and innovative approach to residential child care, and make a reality of small, homely, therapeutic services rather than the more institutionalised approach of larger homes.

His approach was a response to findings of various reports, including 'Another Kind of Home'[1] and the belief that a different approach was required to deliver better outcomes for young people.

With input from respected professionals with experience of planning, commissioning, and running services, he firstly created Care Visions Residential Services, which grew from the initial beginnings in Orca House to a portfolio of 31 small residential houses, including solo placements through to four bed services, and one service, contracted by a local Authority which offers 5 placements.

We currently have capacity for 82 young people across 31 residential services.

Care Visions offers therapeutic placements for children and young people who have been impacted by trauma in their lives. This includes those who have been victims of abuse, and may have had multiple placement breakdowns. We focus specifically on this type of placement to provide services for young people who would not easily be accommodated in larger / local authority settings. Recognising that young people with complex trauma experiences may require long term support, we are able to offer placements which provide this, as well as short to medium term placements which require work with families to enable young people to return home.

Care Visions approach is underpinned by the belief that children and young people can recover from trauma and loss. We specifically focus on those young people for whom larger residential services would not be appropriate, and children who require a therapeutic approach in fostering.

Our residential services therapeutic approach is based on the Sanctuary® model of trauma-informed care, accredited by the Andrus Institute in New York. Having this model underpinning services ensures that all our staff work from the same value base, have common training programmes, and work within a coherent and consistent framework which focusses on best outcomes for young people.

[1] *Social Work Services Inspectorate for Scotland (1992) Another kind of home: a review of residential child care (Edinburgh: Her Majesty's Stationery Office)*

Each referral is considered against matching criteria, with consideration of whether young person can be placed safely with other young people, and if they would benefit from the approach we offer. Placements for siblings have been provided, as have mother and baby placements where needed.

With agreement from Care Inspectorate, we have created bespoke residential services for children under the age of 6, whose needs are more complex than can be met by foster care, and have offered continuing care placements up to age 21.

We do not provide on-site / in house educational facilities, and instead focus on supporting young people in their allocated schools. We employ a Senior Manager (Education) who was formerly a Head Teacher with experience of working in settings for young people with Additional Support Needs. She provides practical support to both residential and fostering placements as well as working closely with local authority education departments and individual schools, as part of our core service.

While we are able to offer some solo placements, we would not accept referrals for residential where young people would pose such risks to themselves or others where specialised mental health facilities or secure care would be more appropriate. It is perhaps worth noting that solo placements, and intensive placements (2 young people) are more expensive to run, and a business model based solely on providing those services would be difficult to sustain. Care Visions has therefore adopted an approach of creating a balanced portfolio of small services, which can be flexible and adaptable to meet young people's needs. This allows us to provide intensive services to those young people who may otherwise be accommodated within secure settings.

Our Fostering service, which began in 2006, now has over 100 fostering households looking after approximately 150 children and young people. Our foster carers are trained in Therapeutic Crisis Intervention for Families (TCIF) and we have specially trained Therapeutic Family Workers, who use Theraplay® based practice. We provide short term, long term and permanent placements as well as short breaks.

A careful matching process is used to ensure placements meet needs of children and young people. We would not accept referrals for fostering where information suggests that a residential placement would be more appropriate to meet the young person's needs.

We are able to take individual, sibling groups and mother and baby placements, as well as providing "continuing care" placements, which required us to register an adult care service, although the young people remain with the same carers.

This has been at times a contentious issue with local authorities, given that continuing care was not fully funded when legislation came into force. Therefore, some local authorities wish to see foster carers become "supported landlords" with lower fees, rather than continue with fostering allowances. From a young person's perspective, these debates and negotiations can impact on young people when they are in a crucial stage of education, and foster carers can be left feeling undervalued.

Since the early days at Orca House, Mike Reid has seen the growth of Care Visions Children's services as part of his social mission, bringing expertise from the private sector into development of new

services. The motivation has been to develop people as well as to generate funds which can be reinvested in developing new ideas and methods.

Care Visions Children's Services has grown organically, responding to need, and expanded from its beginnings in Dumfries and Galloway to provide services in West, Central, East and North East Scotland.

Over the years, Care Visions has supported the Association of Directors of Social Work (ADSW) and subsequently Social Work Scotland (SWS) by sponsoring events aimed at addressing the current and future challenges of care.

Care Visions residential services have won a number of awards, and also pioneered the award winning Why Not? initiative, now a standalone charity but still very much part of the Care Visions family, to support meaningful connections with young people moving on from care.

We strongly believe in developing our staff and, as well as a comprehensive internal training programme, we support staff to achieve formal qualifications including SVQ, Social Work Degree, MSC in Advanced Residential Child Care and Post Qualifying Awards in Child Protection and Practice Development. Each of our houses has a Residential Service Manager, supported by regional Operations Managers, and a very experienced Senior Operational Management Team.

Our Support teams, including Finance, HR, Asset Services, Business Admin and I.T share the organisation's value base, and work closely with the Operations staff.

Currently, Care Visions has a fulltime Director of Innovation, leading on new developments specifically related to delivering on the Promise, and creating a new model of support for young people.

Scotland and rest of UK Market

It is important to make clear at the outset that there is not one homogeneous market for children's social care across the UK. We welcome that this has been recognised by the CMA as it would be very unhelpful to generalise. It is important not to transpose evidence from one to apply to other, or indeed, all jurisdictions.

We are aware of the current situation in England and controversy over the number of "unregulated" children's homes purporting to provide "support" but not "care".

We do not believe that this is the correct approach, but are aware that many local authorities in England use these places as they cannot locate appropriate care placements, either locally or regionally within England. Care Visions regularly receives enquiries from English local authorities requiring emergency placements, and placements for young people who could be seen as higher risk.

While Care Visions does take placements, where appropriate, from English local Authorities - particularly Cumbria and North East England which border on Scotland and can often be closer to home than say a placement in south of England - we decided not to pursue some tenders as the commissioning requirements were not viable financially and would not provide the quality of service that we feel is appropriate. The placements which we do take from England tend to be where young people require to be away from their home areas for safety reasons.

In short, the situation in England, which appears to characterised by high prices, low quality, inadequate supply, poor commissioning and the proliferation of unregulated provision inadequately monitored by local councils, is not the same in Scotland.

In looking at the Scottish market, there is perhaps less differentiation between local authority, independent sector and third sector providers, with both independent sector and third sector offering niche or specialist services which most local authorities would be unable to offer on their own.

The Promise and future challenges

The Independent Care Review, which led to The Promise in Scotland, has set out a number of aspirations for how care should be delivered in future.

Of particular relevance to the CMA Inquiry is the section on Structure, Commissioning, Funding and Standards [2] which states:

"The system for Scotland's care is complex and fragmented. Too often the system has taken precedence over children and families. Competing for contracts can lead to the duplication of services and can stifle sharing of good practice, it can encourage competition not collaboration that in turn drives down investment and standards. How Scotland commissions services must change as a result of this Care Review, so that children and their families are at the centre of decision making "

Our experience suggests that there is a [✂]. While the Scotland Excel Framework was initially intended to be the vehicle for commissioning, a number of Local Authorities chose not to participate in that, and use their own commissioning process instead. This has led to Care Visions recently having to submit 3 separate local authority tenders for fostering, in a similar timescale to the Scotland Excel tender.

Local Authorities who are pressed for funds understandably seek to drive down the fees charged to them. However, there are anomalies which make it more difficult for providers, and do not always give local authorities best value. For example, having to set prices for the duration of a contract, without a formula for an annual increase to take account of eg national minimum wage, living wage, other inflationary costs, sees providers having to "front load" costs at the commencement of the contract.

Local Authorities wish to see the Scottish Living Wage paid to staff, yet some are unwilling to factor this in when considering costs.

As a provider, we can (and have) come to agreements with local authorities to use block purchase arrangements which give us certainty for planning purposes, and a lower fee for the authorities.

Because of our company structure and governance arrangements, Care Visions has the ability to be flexible and creative in arriving at solutions.

The Care Visions Professional Standards Committee,[3] which we believe to be unique in our sector, meets on a quarterly basis to review quality and compliance, and reporting to the Care Visions

[2] *The Promise p111*

[3] *Sandy Cameron CBE, Paul Snell CBE, Cathy Jamieson FRSA*

Children's Services Board. The Committee includes Directors and Non Exec Directors who have considerable professional expertise (Appendix 1)

Another key point [4] raised in the Promise is:

"Scotland must declutter the landscape of how it cares. Services and provision must be designed on the basis of need and with clear data, rather than on an acceptance of the how the system has always operated. Scotland must stop selling care placements to Local Authorities outside of Scotland. Whilst this review is focused on children in Scotland there must be acknowledgement that accepting children from outside Scotland is a breach of their fundamental human rights. It denies those children access to their family support networks and services. It also skews the landscape for Scotland so that there is a lack of strategic planning for children, meaning that children can be put in inappropriate settings if demand has spiked."

While understanding the sentiments of this in terms of best interests of young people, there are occasions where the safety of a young person may require them to be at a distance from their place of origin for a period of time. There may also be occasions when a placement just over the border ie from Cumbria into Dumfries and Galloway, or North East England into Scottish Borders, will be closer to place of origin than a placement in a different part of England.

Care Visions planning assumptions are on a 90% uptake of placements, giving us space both to properly match, and accommodate vacancies. For some providers, pressure to fill all beds potentially brings risks. If the aspiration is that all places should be available for young people in Scotland, the commissioning and purchase system needs to take account of that. Similarly, it brings a responsibility to strategically address the likely future needs for residential places and the type of places.

Within Care Visions, we currently have the ability to scale up / down within parameters agreed by our Board, giving flexibility to meet need.

A further point made in the Promise[5] which needs thinking on implications is:

"Scotland must avoid the monetisation of the care of children and prevent the marketisation of care. There must be strategic, needs based planning for children so that they are provided with warm, relational, therapeutic, safe, loving environments when they are required. Scotland must make sure that its most vulnerable children are not profited from. The application of that principle must be delivered in a way that does not impact the current delivery of good, important services for children."

At Care Visions we absolutely agree that there must be strategic planning, and the provision of warm, relational, therapeutic, safe, loving environments has been and will continue to be at our core. We believe, and there seems to be an implicit acceptance in the statement, that there are such services being delivered within the independent sector. A blanket approach of prescribing how services should be offered and by which legal entity, will not in itself guarantee quality services, and in order to innovate and develop, funding and reinvestment is required.

[4] *The Promise page 111*
[5] *The Promise page 112*

We are of the view that to best meet the needs of young people in a person centred way, there must be opportunities to innovate and create new types of service and support, and that this can best be achieved by having a range of providers rather than a one size fits all approach.

Scotland's children deserve the best, and we should positively promote the full range of options to enable this.