

Benefits Proposal

Opportunity Name:	Family Based Placements		
Opportunity Description	Supporting as many CYP in our care in family-based placements (outside of residential care) through having the right having the right support on offer for our carers.		
Existing MTFS lines relating to opportunity	CF1 – Innovation Partnership: Average unit cost of Residential from mitigated mix used in calculation to account for impact of CF1 CF4 –no overlap with this saving as target has been agreed as additional to existing savings		
Quantified opportunity over MTFS Financial Value (net of ongoing costs and net of existing MTFS value)	£1.75m	Confidence level of value	High
Further benefit beyond the MTFS	Full run rate is achieved within the MTFS		

Evidence behind opportunity, local levers and proposed solutions:

The case reviews and wider evidence show significant opportunities to keep more children and young people (CYP) in family-based placements rather than residential care.

1. Evidence for opportunity

- 64% of CYP entering residential care were reviewed, plus 10 CYP at high risk, totalling 48 cases.
- For 58% (28/48) of cases, social workers said *their needs could be met in a family-based placement* with the right support.
- Enablers Identified: Across the 48 cases, up to five enablers were identified per CYP, with the top enabling themes being:
 - Therapeutic input
 - Respite & edge-of-care support
 - Carer training & coaching
 - Specialist / solo foster placements
 - Practical & financial scaffolding

2. National & Best Practice Evidence

Systematic reviews and external evaluations reinforce:

- **Multi-disciplinary wraparound teams** improve stability and reduce care escalation. [Foundations](#)
- **Good matching, carer confidence, and therapeutic parenting** drive placement resilience. [Foundations](#)
- **Financial and practical scaffolding** improves permanency, particularly for kinship and foster care. [Foundations](#)

3. Local Levers (Current State & Strengths in LCC)

LCC already has several assets that can be built upon to unlock the opportunity:

a. Existing Workforce & Structures

- **Dedicated Placement Support Team (DPST)** with initial therapeutic life-story capability. However, the DPST team prioritise time with children likely to step down or at highest risk of residential care.

- **Children in Care team** with 2 workers trained in therapeutic life story work.

b. Recruitment Strength and carer support offer

A strong and proactive carer recruitment campaign, which provides a foundation for specialist or respite focused recruitment. Carers have 24/7 helpline and community peer groups.

c. Current Gaps Identified by Teams

- Market capacity for mainstream and specialist carers.
- Therapeutic offer insufficient including long waits for CAMHS and lack of "middle-tier" interventions for those children who do not meet CAMHS's threshold for assessment and intervention.
- Shortage of respite carers for CYP with complex needs.
- Practical support and financial scaffolding inconsistently accessed.

These gaps can be addressed by scaling and organising existing levers differently.

4. Proposed Solutions

a. Right capacity in the market for CYP with complex needs

- Explore what we could offer in the gap between a specialist carer and a residential placement to meet the complex needs of CYPs that currently can't be met in the market

b. Therapeutic Support & Trauma Informed Practice

- **Introduce a clinical lead role**
 - To coordinate interventions, supervise staff, and guide casework to improve care outcomes.
- **Expand the DPST team**
 - Consider plans to expand the Dedicated Placement Support Team by 1-3 FTE
- **Upskill staff to DDP Level 2**
 - 1-3 more staff skilled at DDP Level 2 with ongoing therapeutic coaching to improve skills. Specific and general training needs to be better understood.
- **Strengthen Supervising Social Worker support** and refine early-intervention criteria
 - Enhance Supervising Social Worker support to ensure carers receive timely and appropriate resources and guidance.

c. Respite, Edge of Care & Mockingbird Model

- Implement the Mockingbird model
 - Mockingbird is a licensed programme to build communities of 6-10 foster families called constellations. Each constellation is led by a hub home carer and liaison worker.
 - It has evidence backed research showing a reduced placement breakdowns, increased carer retention, improved child outcomes and quicker access to support
- Develop targeted respite offers, exploring potential partnerships for respite carers (e.g., Barnardo's)
- Increase use of wider family networks in practice

d. Practical & Financial Support for Carers

- Create clear funding pathways for activities, tutoring, and practical home support
- Enable carers to proactively request support

e. Training & Coaching for Carers

- Co-design training with carers, refresh training programme with new research
- Embed coaching, reflective practice, and skills-based development

5. Evidence of potential impact of a change programme

Combining multiple independent data sources to estimate a realistic future residential caseload for LCC.

Triangulation Methodology	% change achievable	# CYP impacted per month who could avoid residential care	Resultant caseload in 5 yrs through achieving % change	Explanation
Baseline	0%	0	152	LCC has had an average of 4.7 starts per month for the last 6m. 152 is the caseload size in 29/30 in the MTFS.
Case reviews in LCC – needs could be met in a family-based placement	-58%	3	64	In case reviews, for CYP in resi or at risk of resi, practitioners felt 58% could have their needs met in a family based placement.
Best performing statistical neighbour	-48%	2	79	South Gloucestershire had 48% fewer residential placements per 10k of the population than LCC in 2025.
Statistical neighbour best 3 average	-39%	2	93	On average, South Gloucestershire, Yorkshire and Wiltshire had 39% fewer residential placements per 10k of the population than LCC in 2025.
LCC historically in 2020-2023	-33%	1 – 2	102	LCC had 33% fewer resi placements per 10k of the population for 2020-2023 compared to 2025.
Range of agreed targets on previous Newton transformation diagnostics	-9% to -30%	0 – 1	106 – 138	Similar LAs newton has done a diagnostic assessment at have targeted 9-30% fewer residential starts. (Maidenhead and Windsor, Bristol, Surrey and Southampton)
Active fostering placements searches for CYP currently in residential placements	-14%	0 - 1	131	Children in residential looking to step down suggests their needs can be met in a family based placement and potentially could have avoided residential earlier with the right foster carer support earlier.
Active fostering placement searches limited by capacity of level 6 or mainstream foster	-6%	0-1	143	8 children in the current residential caseload are looking to step down, 6 requiring a specialist level 6 carer and 2 able to step down into mainstream carers.

Through conversations with the service, it was agreed that:

- 10 CYP each year could either step down from residential care or avoid residential care and remain in a family-based placement
- The service has successfully stepped down 3 children and young people this year and believe they can continue to step down 2 children and young people each year through their current solutions demonstrating the consistent positive impact on CYP the service is having
- The proposed solutions co-designed together and outlined in this document would help a further 8 children and young people a year be in a family-based environment rather than in residential care
- **This would set a target of 10 CYP each year either stepping down out of residential care or avoiding it**
- Some of this benefit will enable the service to deliver on the existing MTFS savings
- Some of this benefit will be additional to what is in the MTFS

It has also been agreed that the solutions discussed should positively impact and enable the existing MTFS opportunity around recruiting more mainstream foster carers as an enhanced and wrap around support model will better attract and retain mainstream foster carers.

These targets should be revisited during / following design & testing, through which we will iterate the solutions, test which have the greater impact and grow confidence in the deliverability and impact we can have.

Delivery approach and timelines

Our next phase should include ~3 months of detailed design and testing before wider rollout. This period will refine operating models, confirm investment requirements, test assumptions, and ensure solutions are deliverable at scale. Below outlines how this applies to each solution area.

a. Right capacity in the market for CYP with complex needs

- **Design phase (0-3 months)**

- Explore what we could offer in the gap between a specialist carer and a residential placement to meet the complex needs of CYPs that currently can't be met in the market
- This would be followed by a recruitment period, with clear understanding of required capacity and hiring target.

b. Therapeutic Support & Trauma-Informed Practice

Design Phase (0–3 months)

- Define the introduction of a **Clinical Lead role** to strengthen oversight of therapeutic practice across reunification and edge of care.
 - Explore internal collaboration (e.g. Educational Psychology) or interim recruitment to pilot the function.
 - Consider commissioning from CAMHS where appropriate.
- Review and refine the **DPST and Fostering social worker roles and operating model**, including:
 - Clarifying DPST remit
 - Assessing the right skill mix in DPST (SWs vs lower qualified roles)
 - Potential to upskill more staff to DDP Level 2 – this is a 4-day course
 - Strengthen Supervising Social Worker oversight

Testing Phase (Months 3–9)

- Start recruitment/training/role changes as planned
- Pilot therapeutic enhancements with an initial cohort (approx. 6 months).
- Evaluate impact before expanding to further cohorts, depending on capacity and cohort design.

c. Respite, Edge-of-Care & Mockingbird Model

Mockingbird model:

Arrange consultation with **The Fostering Network**, who license and support Mockingbird in the UK, to confirm detailed timelines, costs and readiness requirements for Leicestershire.

- Indicative timelines below:
 - Month 1-3: work with The Fostering Network, agree project leads, identify target foster carers, identify or recruit mockingbird liaison officer for a pilot
 - Month 3-6: recruit the hub carer, form constellation of 6-10 fostering households, introductory meetings, hub carer and liaison worker training and launch session
 - Months 6-12: Operation 1 constellation for 6 months, with regular meetings, oversight and support. Track placement moves, carer retention and child wellbeing.
 - 12m+: rollout plan with learnings, adding further constellations

Alongside Mockingbird, plan how to:

- Strengthen use of wider family networks within care planning processes
- Explore partnership models (e.g. with Barnardo's) to support respite carer recruitment

d. Practical & Financial Support for Carers

If agreed, design and roll out process changes (0–3 months):

- Develop clear and consistent funding pathways for financial and practical home support
- Work with commissioning to define access routes and approval processes
- Improve communication and training so carers can proactively request support

e. Training & Coaching for Carers

If agreed, design and roll out training changes (0–3 months):

- Co-design refreshed training with carers

- Develop structured coaching and reflective practice offer
- Embed skills-based development model

Impact Timelines

Through this phased approach, we anticipate:

- 3 months ramp up period to design detailed proposals.
- 6 months pilot and initial trials. E.g. hiring requirements, new WoW and processes
- 6 months for wider rollout. Embedded WoW, ramping up MDT team and one constellation.

Benefit profile

	In-year spend reduction	Cumulative benefit	Benefits profile assumptions
FY 26/27	-£0.31m	-£0.31m	<ul style="list-style-type: none"> • 48 CYP enter residential care per year (Baseline starts based on an average of 2025 in placement types impacted) • Average unit cost of residential placement avoided is £6k (based on average of residential starts in placement types impacted in 2025 and 2026 excluding placements above £9k/week) • Average unit cost of alternative provision is £1,932 per week based on a weighted average of Specialist Foster Carer, enhanced IFA and average IFA placement. • Average duration of a residential placement avoided is 107 weeks <p>Growth Assumptions:</p> <ul style="list-style-type: none"> • The MTFS currently has 4% of annualise growth in residential and IFA unit cost within the MTFS mitigated mix, which has been factored into the benefits profile accounting for growth and existing unit cost mitigations. • No growth in volume has been included as target is based on a fixed reduction in residential caseload of 10 CYP <p>Timeline assumptions:</p> <p>Date for project start: 1st August 2026</p> <p>Date for end of design phase: 17th October 2026</p> <p>Date for end of pilot and changes rolled out: 3rd April 2027</p> <p>Date for expected changes to be sustainable: 18th December 2027</p>
FY 27/28	-	-£0.31m	
FY 28/29	£1.14m	£0.83m	
FY 29/30	£0.92m	£1.75m	

Initial view of one investment required to realise opportunity

Biggest investments:

Therapeutic support investment costs:

- Clinical Psychologist (Band 8b) – indicative salary £58-68k, plus 30% additional costs = £80k.
- Expanding DPST – training 1-3 more FTE, backfill previous role (£60k per SW)
- Upskill 1-3 more FTE to DDP level 2 – (4-day course for each level, approx. £1k per person)

Annual costs: £140k – 240k (clinical lead + 1-3 new DPST workers)

Mockingbird model includes

- Mockingbird license ~£20k

- Hub carer enhanced fees ~£30k (hub carer has no children but provides respite, enhanced fees dependent on whether the hub carer can have a separate part-time job)
- Liaison worker (SW) capacity (Existing social workers we are reorganising roles for)
- Training, launch support, admin
- Activity/events budget

Annual costs: £20k licensing + £30K per constellation in enhanced hub carer fees and dedicate liaison SW capacity

With 10 hubs (covering 1/3 to 1/2 of all foster carers) this is £320k annually.

Financial support framework

Carers	Costs	Examples
~10 /yr	£1-5k	Major property repairs, carpets
~20 /yr	£0.5-1k	Washing machines, curtains
~50 /yr	<£0.5k	Practical items, food deliveries etc

Est annual cost: £50k

Total annual cost: £510k – £610k + cost of specialist carers embedded in benefits equation

Risks & Dependencies (Known today)

Commissioning Interdependencies:

- One of the dependencies of this workstream is having the right capacity and type of foster carers available to meet demand.
- **Further steps in a detailed design phase:** Explore what we could offer in the gap between a specialist carer and a residential placement to meet the complex needs of CYPs that currently can't be met in the market

Key Questions/next steps for proposed solutions:

Therapeutic Offer

- Can Educational Psychologists be deployed within a Clinical Lead function?
- What is the optimal staffing model for DPST (number of workers, and qualified social workers vs alternative skill mix) and roles and responsibilities? How are the roles of DPST shared between different workstreams?
- How will efforts be prioritised within a child's journey / timeline / risk level in care?
- Understand the therapeutic mapping work Chris Chorlton is currently completing

Mockingbird Model

- Initiate formal discussions with The Fostering Network regarding implementation requirements and costs for Leicestershire.
- Understand how we would reorganise existing social workers in fostering roles to fill the liaison social workers for each hu

Expected impact	
CYP and family impact	More children and young people are able to remain safely in family-based placements through earlier therapeutic support, better-matched respite, and more consistent wraparound help, and suitable carers to meet their needs.
Staffing impact	Social workers and carers receive clearer access to specialist input, reduced pressure through stabilisation support, and stronger MDT oversight, improving confidence and reducing placement-related workload spikes.
Service levels impact	A more coordinated, proactive support system improves placement stability, reduces residential starts, and strengthens LCC's ability to intervene earlier and more effectively.
How would LGR impact this opportunity?	Other upper tier LAs will have their own approaches and so will need to bring all plans together, fostering services together and consider the commissioned market across the new LGR footprint
Officer Recommendation for next steps	I support the approach outlined above.
Newton Recommendation for next steps	Proceed with a 3-month detailed design phase. This period will refine operating models, confirm investment requirements, test assumptions, and ensure solutions are deliverable at scale.

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