

## **Children's Wellbeing Directorate**

**Subject:** Evaluation of Herefordshire's intensive placement support service (HIPSS) and therapeutic intervention support service (TISS)

**Written By:** Sandra Griffiths, commissioning officer

**Date:** June 2017

### **Purpose of the report.**

1. In 2014, Action for Children was awarded the contract to work with the council to develop and deliver an intensive therapeutic placement support service and therapeutic intervention support service for some of the most challenging children and young people in care or at risk of coming into care, in the county.
2. There are 3 elements to this approach, which are explained in detail in the background report Appendix 1. Briefly, the elements are:
  - i. Herefordshire Intensive Placement Support Service (HIPSS)
  - ii. Therapeutic Intervention Support Service (TISS)  
(both provided under contract by Action for Children)
  - iii. the Council's in-house fostering service
3. As the contract ends in March 2018, with no further option to renew, the purpose of this evaluation is to identify progress being made against the service outcomes.

### **Recommendations following the evaluation**

- a. It is recommended this service continues and the council tenders for a 3 year plus 1 year plus 1 year contract, with a clause to clearly state a non-fault option to terminate with 6 months' notice. This will provide opportunity for intensive recruitment campaigns to be undertaken to increase the number of HIPSS carers, and for initial discussions with our regional partners to continue to explore good practice and whether there is opportunity for a regional approach.
- b. The sufficiency and availability of specialist in-house foster carers, who accommodate HIPSS children, is aligned with the contract performance monitoring and management arrangements.
- c. To ensure all social care teams and professionals are aware of the HIPSS and TISS services; its aims, the referral criteria and processes, by ensuring that all areas of the service are consistently represented at the steering group. HIPSS and TISS to also be included in the induction process for all new social care team members.
- d. Plans are implemented for an intense recruitment campaign focused on HIPSS carers, over a period of 6 weeks on a minimum 12 month cycle. The material and methods used should be based on good practice and involve HIPSS carers.

- e. To introduce a process so general foster carers are regularly updated on the different specialist areas and whether they wish to be considered for these. For Herefordshire's in-house fostering service to explore whether there could be a workshop or meeting with HIPSS carers, so general foster carers can get an idea of what is involved in being a HIPSS carer.
- f. Further investigation is required by the HIPSS and TISS steering group, to identify the reasons why in some cases there has been a long time between matching, assessment and HIPSS placement starting, with findings to be reported to the commissioner.
- g. To ensure the outcomes to be achieved for the young person are known and shared with carers prior to or as soon as possible after the placement starts and what the exit plan is.
- h. To consider whether HIPSS could go into schools to deliver any training and explain what therapeutic support is. Teacher training does not include elements on mental health or attachment. It does include training on dealing with behaviour but not the reasons causing it and how to support the young person with identifying and best way of dealing with these. Further investigation would be required to see if this could be linked to the mental health tool kit for schools which is being developed by the mental health steering group. Any decision for new activity will be taken through the contract variation procedure.
- i. The HIPSS and TISS steering group to ensure written reports are received following consultation and for there to be a process for social workers to report if these have not been provided within an agreed timespan.
- j. There should be more flexibility around the timings of TISS consultations, with some appointments being available late afternoon.
- k. The Commissioner is represented on the HIPSS TISS steering group.
- l. Implementation of the recommendations, above, will be included in a revised service specification for a new contract and monitored through the council's normal contract management arrangements

## **Methodology.**

- 4. This evaluation is based on information provided from various sources including contract monitoring and annual reports from Action for Children, who also provided information on how they feel the service is doing and put forward recommendations on how it could be improved.
- 5. Data was also sourced from Herefordshire's fostering service, the performance team and finance team. The data covers the period from 1 September 2014 to 31 March 2017; start of the contract to the end of the financial year for 2016/2017.
- 6. All young people who have been in a HIPSS placements were consulted initially by letter which was followed up by a telephone call or face to face conversation. Of those, thirteen (13) young people agreed to participate.
- 7. Although a meeting took place to seek the views of HIPSS carers, they expressed a preference to provide responses via email, to enable them to have additional time to consider their responses.
- 8. The views of all social workers and independent reviewing officers, who have supported a young person in a HIPSS placement were also sought, along with those who have been unable to access the service.
- 9. The views of all professionals who have been supported by TISS or requested a consultation but have been unable to access it, were also requested.

10. Herefordshire's CAMHS (Child and Adolescent Mental Health Services) and CCG (Clinical Commissioning Group) were also invited to participate in the evaluation.

## **Herefordshire's policy implications.**

11. The Local Authority has a duty to operate a sufficiency strategy to meet the accommodation needs of its looked after child population (LAC). A key shared priority is to move significant spend from highly specialised safeguarding and complex needs models to more cost effective family and community based models. Herefordshire's looked after children and complex needs placements commissioning strategy 2014-2019, which is being refreshed this year, emphasises the need to prevent use of residential placements by improving intensive wrap-around support to children with challenging needs and their carers, including reducing the reliance on residential placements by 50%.
12. Herefordshire Children and Young people mental health and emotional wellbeing transformation plan, also makes reference to HIPSS and TISS's role in supporting vulnerable children and young people, who will have poorer emotional health than their peers.

## **Findings**

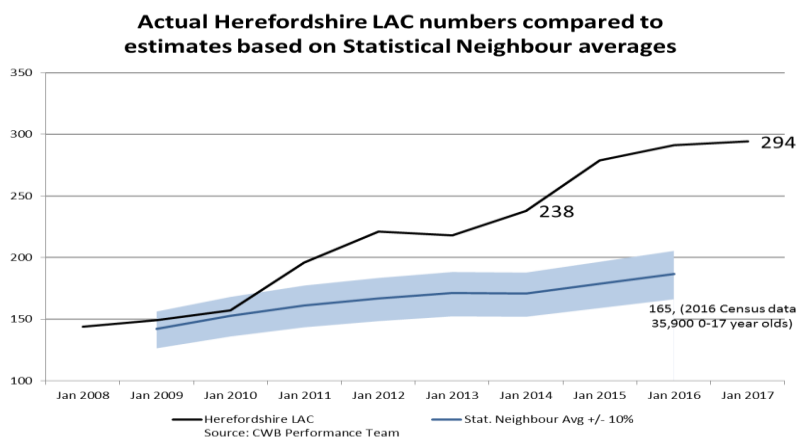
13. The strategic aims of the HIPSS TISS approach are:
  - to reduce the numbers of children who step up from family based care into residential care or aid the transition of stepping down to local family based care;
  - to help young people develop greater emotional well-being and control over their behaviours so that they can engage in meaningful relationships, participate positively in the community, take advantage of opportunities in education and learning and live successful independent lives;
  - to achieve financial savings on residential placements.
14. HIPSS TISS is a relatively new approach, which whilst being in place for 3 years, it could be argued that it is only within the last 3 to 6 months that it has been fully implemented. Work still needs to continue to build on its successes and ensure all social care teams understand its aims, how it is being delivered and where responsibility and accountability lies.
15. Although progress is being made against its aims, it is important to recognise the service is not operating at capacity, which is due to difficulties in recruiting carers. When at capacity it will result in a reduced need for residential placements and a cost reduction will be achieved. A focused recruitment program is planned for June.
16. If HIPSS and TISS was not available it may result in increased placement disruptions and increased use of high cost residential placements. Placements would need to be supported by less specialised internal services, which in itself would create significant pressure within the social care system. There would be a reduction in skills development of staff and foster carers, which could destabilise families who access the service. This may result in increased referrals to MASH and some children having to be accommodated.
17. The number of placements will continue to rise, and children will not receive the specialist therapeutic care required and may step up to more intensive and expensive placements.

## What progress has been made against the strategic aims?

### Aim 1: Reduce the numbers of children who step up from family based care into residential care or aid the transition of stepping down to local family based care

18. While overall numbers of residential placements have remained fairly constant, this has been at a time of significant growth in the LAC population. Therefore, as a proportion of LAC placements, the HIPSS TISS approach has supported the council to reduce its reliance on residential provision.

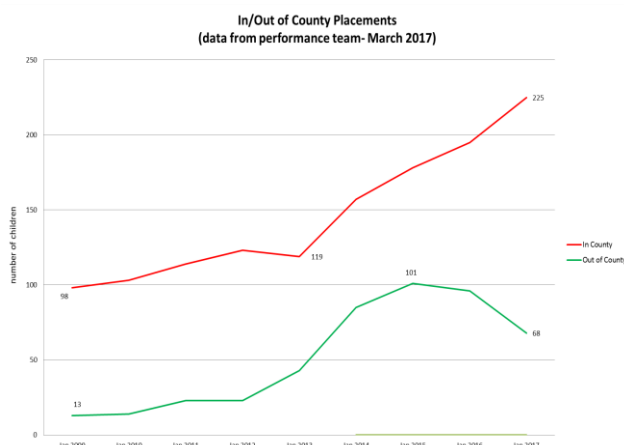
19. In 2013/14, local forecasts expected the LAC population to reduce from 248 to 200 by 2017. As can be seen from the chart below, Herefordshire's LAC population continues to be considerably higher than the average of our statistical neighbours, with the gap increasing. Whilst there has been a reduction in the number of young people becoming LAC, there is a



cohort who, due to their needs, are likely to remain LAC until they turn 18, and this is impacting on the numbers. If Herefordshire's rate for looked after children was consistent with the average of our statistical neighbours, this would equate to approximately 180 LAC children at any point in time. However as of January 2017, Herefordshire's LAC population stood at 294.

20. Despite the increase in the LAC population, the number of residential placements has remained constant at around 10 - 15 placements at any time. Maintaining this level has been achieved through a mixture of demand management by social care and HIPSS & TISS preventing a step up to more intensive placements for some of the challenging children and young people.

21. The chart, below, shows continuous improvement in supporting Herefordshire's overarching principle in making placements as close to home as possible. Preferably placements are made within 20 miles of home, unless the needs of the child are of a highly specialist nature or there are legitimate safeguarding reasons for making a placement at a greater distance. This can be viewed as a significant achievement given the increase in LAC population. Without the growth within the in house fostering service and HIPSS and TISS, it is anticipated there would have been an increase and not reduction in the need for out of county placements.



## How is HIPSS and TISS supporting this?

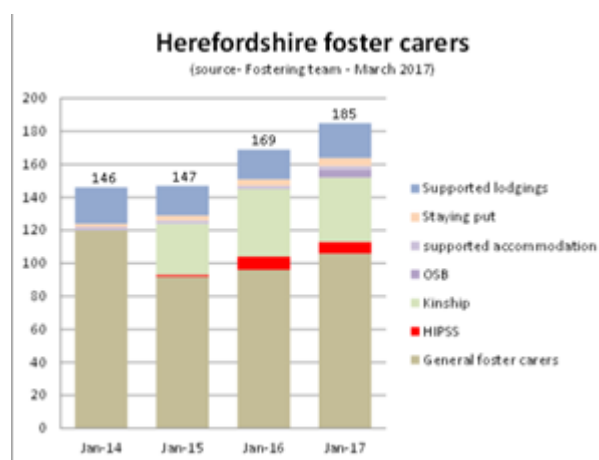
22. HIPSS is an intensive therapeutic support service for some of the most challenging children and young people in care or at risk of care within the county. Through working with the Safeguarding and Family Support Division, this service aims to reduce the numbers of children who step up from family based care into residential care or aid the transition stepping down to local family based care. Background information on the service is available in Appendix 1.
23. This is an intensive service necessary for only a small number young people, aged 7-18 at time of referral, who have the most complex emotional behavioural needs. It is important to recognise the service is not able to support those with complex health, education and/or care needs, which has resulted in some children not meeting the referral criteria.
24. Through working closely with Herefordshire looked after and fostering teams, it was envisaged the service would support 10 to 15 children annually, with 8-10 children being supported at any one time. However, insufficient recruitment of specialist foster carers has meant that the intended levels of delivery have not been achieved.
25. A complementary service to HIPSS is the TISS service which provides input to social care teams in a number of ways, including both direct work with birth families, carers and young people and indirect work via consultation and training. Approximately 117 professionals have engaged with the service since it began, some on more than one occasion. Last year a total of 142 consultations were offered, with 17 training sessions being delivered and since September they have offered regular clinics for foster carers and directly worked with nearly 60 young people.
26. Professionals have had varying experiences in accessing TISS, with some stating it was easy and straight forward, whilst others finding the process difficult. This could be due to the teams they work closely with having been allocated regular time slots, usually fortnightly, whilst others do not. Dates for the designated team slots are sent by TISS in advance which allows the team to plan which family to discuss and identify a worker to attend and prepare for the sessions.
27. Some teams also have group supervision with TISS on a monthly basis as well as quarterly training sessions, which provide protected time to reflect on a particular family or theme. This input supports the team in reflecting on the family and the family's difficulties in a slightly different way or from a different perspective, which is helpful in supporting families further. In the main it is highly valued as an opportunity for thinking through the needs of a young person and the guidance given is instrumental in the way forward. Some see it as repeating what they already thought and/or advised parents/carers, but as the advice is given authority as it comes from a qualified professional in this area.
28. One of the objectives of TISS is to equip social workers to provide best evidence in court processes should this be required. Feedback from some social workers suggest that during consultations they are advised written reports will be provided, however these are not always received. Those which are received are recorded and valued by social workers as they can revisit them and also be used as evidence in court proceedings, where necessary.
29. Whilst TISS is available on a flexible 37 hours working week basis, it has been suggested that consultations for carers is not available after 3pm. This is not convenient for carers who have jobs or need to collect children from school. Therefore more flexibility would be beneficial for service users.
30. As the table below illustrates, whilst the LAC population has increased, TISS is contributing to a reduction in the number of Child protection plans and Children in need. This has also been supported by senior management oversight of cases to ensure cases are processed or closed, depending on need, and data cleansing.

<b>As of 31 March</b> (Performance team - April 2017)	<b>2015/16</b>	<b>2016/17</b>
Child protection plan	227	117
Looked after children	286	303
Child in Need	1038	1023

31. Action for Children provide individually –tailored intensive wrap-around (multi-systemic) therapeutic intervention packages to support children and their carers in foster placements, kinship care, special guardianship arrangements or those stepping-down from residential care.
32. HIPSS has provided wrap-around support to 11 young people who have not been in a HIPSS placement. This support has prevented the young people requiring a more complex or residential placement.
33. There is evidence to show this is also supporting the young people to develop greater emotional well-being and control over their behaviours. This is supporting them to engage in meaningful relationships, participate positively in the community, take advantage of opportunities in education and learning, so they can successfully live independently and have good life chances.

### Recruitment and supervision of HIPSS carers.

34. As described in appendix 1, Herefordshire fostering team has responsibility for recruiting, assessing and supervising carers for the HIPSS service. To achieve full capacity requires 8–10 carers each supporting and accommodating one child. Whilst the recruitment of general in-house carers has been successful overall, with an increase of over 20% being achieved since 2015, the recruit of HIPSS carers has proved challenging.



35. Of the 224 enquiries received during 2016, 2% (5 people) were HIPSS enquiries from the outset, of which none progressed, passed Stage 1 of the assessment process for differing reasons. Since 2014, 8 HIPSS carer households have been recruited, and the service currently have 7 carers, of which 1 is stepping down in June 2017 and 1 has provided respite. The service has therefore not achieved capacity.
36. None of the HIPSS carers are “fresh” into fostering, as all had have some experience, whether as a general foster carer or supported lodgings host. Others have a background dealing with young people with challenging behaviour. Further, within the pool of approved HIPSS carers, there is also a need for additional carers who express a preference to support girls, as the majority want to support boys.
37. Whilst this suggests it is more effective to recruit HIPSS carers from the general fostering cohort, this could be complimented by a cycle of focused HIPSS recruitment campaigns. Unlike previous campaigns profiles and stories of the children could be used and HIPSS carers have indicated a

willingness to support this. This will help people see that carers are real people and also attract foster carers who want to specialise. Increasing the number of HIPSS carers will result in significant savings, but likewise if the number of HIPSS carers reduces to below 5, the bed night cost would be higher than in residential.

38. HIPSS carers currently receive weekly supervision but when the service is operating at capacity, the HIPSS coordinator may not have sufficient time within the week to maintain this level of support. Therefore rather than develop a reliance on this level of supervision, (which could be deemed too frequent if a placement is stable and no recent issues have arisen), the fostering team may wish to consider if this could be delivered in a more flexible way.

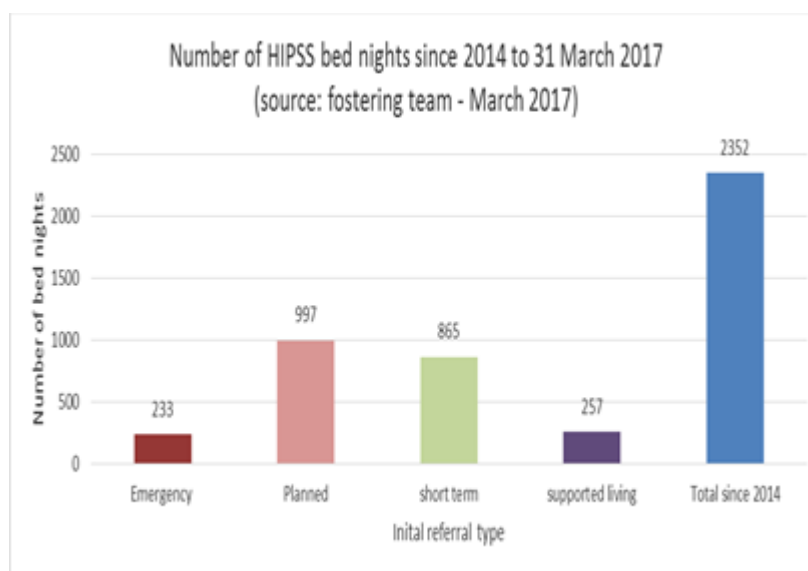
### **Referral and matching processes.**

39. Referrals, and priorities, for HIPSS and TISS are discussed and agreed at the bi-monthly HIPSS and TISS steering group. The membership and referral criteria are described in appendix 1. Whilst the majority of members attend regularly, due to other priorities this has not always been the case for representatives from field work.
40. Within different teams there continues to be lack of knowledge and understanding of the HIPSS service, which along with high competition for a scarce number of placements, has led to frustrations for social workers. Some feel there is no benefit to making a referral due to lack of availability, the criteria being too high and long waiting lists. It is important to acknowledge this has been compounded by turnover of staff and interim managers in some areas of the service. It is however an improving picture and it is envisaged that better understanding of the service will be achieved across the service given that all team manager posts will shortly be filled by permanent staff.
41. Whilst matching is initially undertaken by the fostering team's HIPSS coordinator and Action for Children, based on their knowledge of the carers, some HIPSS carers feel they should be involved more in understanding why placement matching decisions are made. One carer stated, "It feels like there is a vacancy, there is a child in need of a placement' with little consideration for whether or not the child will fit into the home". Another acknowledges matching is an extremely difficult process when there are actually so few carers compared to the number of children needing therapeutic fostering but feels confident careful consideration is given.
42. Once a child has been matched, the assessments are to be fully completed within 3 months (as described in appendix 1); although this timescale has not always been achieved, with some being completed earlier and others taking longer. The need to identify education provision has been raised as a possible factor for not always completing within this timescale. It must be recognised that education need to be properly involved and if the young person has special educational needs (SEN), the statutory SEN code of practice must be followed. The full range of factors that are impacting on assessment delays requires further investigation.
43. HIPSS carers recognise it is not always possible to predict the issues and behaviours that a young person will present in placement as these can be different in a family placement to those seen previously due to the change in environment. However some feel insufficient information is being shared to enable them to understand the young person's needs prior to a placement starting, and this includes what the required outcomes to be achieved are.
44. One carer felt this was due to social workers not wanting to provide the information in case it may result in them (carers) refusing the placement rather than Action for Children withholding information. The service is clear that full information is always shared with Action for Children and carers to enable them to understand the needs of the child and to care for them and is concerned that some carers have this perception. Further investigation is required to ensure this perception is not reality and what can be done to change it.
45. The young people, who expressed a view, relayed mixed experiences with regards their involvement in the move to a HIPSS placement and in planning their support. One stated, "I felt

like I was the main person with the ideas.” Another young person stated, “Didn’t let me know anything, [carers] told me what it was...met worker once before to talk about what we were going to do”. This suggests further work is required to ensure the young person is consulted and actively involved in the whole process, with their views being taken into account.

## HIPSS placements

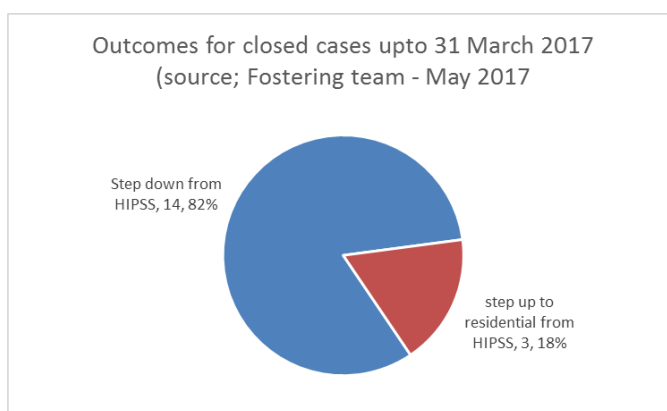
46. Between April 2015 and 31 March 2017 HIPSS carers worked with a total of 21 young people and provided 2352 bed nights; with over 60% being in 2016/17. The young people were in a range of different placements prior to their move to a HIPSS placement, and they were not always planned referrals or intended as long-term placements. Some young people have moved between HIPSS placements either for respite or as a result of a placement breakdown.
47. As HIPSS is currently operating at 60% capacity, due to challenges with recruiting carers, it could be argued that having a designated HIPSS respite carer is not sustainable and the in-house fostering service is exploring how respite can be provided without reducing the HIPSS carer cohort. However the young children HIPSS carers support, are very exhausting to care for given their level of need and distress. Having a respite carer enables carers to have a break when needed and allows the young person to develop a consistent relationship with a respite carer who understands the HIPSS model and is supported by the same professional network this helps maintain consistency for the young person. It enables the service to manage crisis and maintain placements where such a crisis might otherwise result in a placement disruption.
48. Although this service has not been developed to support emergency referrals, HIPSS carers have provided 9 emergency placements, a total of 233 bed nights as shown in the graph below. This demonstrates the partnership working with fostering services through providing an interim placement when a HIPSS carer has availability and where no other option was identified following searches where the young person has required a placement to start that day. If this option was not available, the likely outcome would have been for the young person to be placed in an out of county residential placement, whilst the search to identify alternative suitable fostering placement continued.



49. A HIPSS carer may support more than one child during a year. As one placement comes to a planned end, there should be as little gap as possible before their next planned placement begins. However, in some cases the gap between placements appears to have been longer, during which time the carer has continued to be paid. The opportunity for HIPSS carers to support emergency placements suggests that co-ordination from when a place ends to another starting may not be as effective or efficient as it could be.



50. Of the 21 young people who have had HIPSS placements since 2014.
- 5 have been supported to return to live with their birth family;
  - 2 to live independently;
  - 6 stepped down to foster placements of which 2 were kinship placements;
  - 3 have had to step up to residential as a result of placement breakdowns and
  - 5 young people are placed with HIPSS carers currently.
51. It has always been expected that there would be a small number of HIPSS placement breakdowns, and it is understood breakdowns are in line with expectations. It is important to acknowledge that lessons are being learnt from each case, and this is resulting in changes being made to the matching and planning processes. The chart below shows the outcomes of closed cases.



**Aim 2: To help young people develop greater emotional well-being and control over their behaviours so that they can engage in meaningful relationships, participate positively in the community, take advantage of opportunities in education and learning and live successful independent lives;**

52. Whilst from a data perspective, it is too early to assess whether the service has supported young people to develop greater well-being and control over their emotions, with only one HIPSS placement being active for over a year (as of 31 March 2017), case studies provide good evidence of the positive impact being made.
53. This is reinforced by CAMHS who state, “Much of the work will not have an immediate outcome but will build resilience and capacity over time, plus it provides positive experiences for carers and social care staff as well as children, young people and families”
54. Without HIPSS five of the young people would have remained in residential placements and without the preventative support, 17 could have required a placement in a residential children’s home. A further 11 young people who have not been in a HIPSS placement have received wrap-around support to prevent the need for a residential placement. It appears therefore that HIPSS has led to improved outcomes for the young people and reduced the potential of institutionalisation. It has given them the opportunity for a family life, the chance to receive therapeutic support and make progress.

55. As HIPSS carers live within Herefordshire, it has also been successful in ensuring young people are placed within county, which has supported them where appropriate and safe to do so to, maintain contact with family and friends and be part of the community. Young people have identified different factors which they felt had helped them to make positive changes. These included being in their own community closer to friends and family, and having improved relationships with family.
56. One social worker stated, “there is a real feel of team around the child”, with the carers being an important part of this. Carers are developing a greater understanding of attachment issues and why the young people may present with challenging behaviour and how to respond to this behaviour.
57. The majority of young people who expressed a view, gave positive feedback with regards to the time they spent with their Action for Children young person’s practitioner. They also feel the HIPSS carers support them to understand their emotions and managing their own behaviour.

Comments from young people include;

- “The way how she put things into different words...easier ways to make me understand,”
  - “I talk more now.”
  - “When I start to get annoyed or feel like I am losing my temper I just get up and leave...and then I go back later....I couldn’t do this before.”
  - “I think they were quite good...I interact better now.”
  - “I was more settled when I had a HIPSS in my life.”
  - “They are very caring people, please look after them.”
  - “I want to move into flat/ supported living/ back to my mum when I am 16. I feel like I have matured a lot and changed a lot since being in placement.”
58. It is too early to evaluate the impact being in a HIPSS placement has had on the young person’s education attainment and life chances. However it is recognised that high importance is given to education and as the majority have re-engaged with their education and are attending regularly, with some young people returning to mainstream, there is evidence to suggest positive progress is being made and HIPSS work well with Herefordshire’s LAC education team.
59. In the main, HIPSS work very carefully and diligently with schools. There have been at least 3 occasions where a school has not wanted to accept a young person but has done so because of the support HIPSS have provided at the pre-admissions meetings.
60. The continued relationship with HIPSS and schools however is reliant on all involved respecting and acknowledging the differing perspectives, approaches and ethos. From the school’s perspective they may have concerns about the resources required to implement the strategies being suggested and supported by HIPSS. Whilst the LAC Education team can help to a degree, the school needs to ensure appropriate and sustainable support is in place for the young person.

### **Aim 3 - To achieve financial savings on residential placements.**

61. There are three elements of cost to the approach, which include HIPSS and TISS (provided under a single contract) and the Council’s in-house fostering service.

## Contract costs

62. The contract value for Action for Children to deliver the Herefordshire Intensive Placement Support Service (HIPSS) and Therapeutic Intervention Support Service (TISS) is at a maximum of £1,956,183 for the total contract period, of which £64,235 per annum is for TISS.

Period	Activity	Value
01/09/2014 – 31/12/2014	4-months Mobilisation	£48,731
01/01/2015 – 31/12/2015	Year 1 Delivery	£520,214
01/01/2016 - 31/12/2016	Year 2 Delivery	£520,214
01/01/2017 – 31/12/2017	Year 3 Delivery	£520,214
01/01/2018 -31/08/2018	8-months optional extension	£346,810

63. In 2015/16 and 2016/17 there was an underspend, which was due to staff vacancies and the directorate would expect to see the provider spending the full budget in 2017/18. Negotiations are on-going to secure a 5% cost reduction for the period 1 September 2017 to 31 March 2018.

## Fostering service costs

64. It was expected the cost for Herefordshire's in-house fostering team would be £1268 per week. This was based on reducing the LAC residential population by an expected 75% by 2017, assuming the LAC population remained stable during this period. This has not been achieved due to the LAC population increasing and it appears not all additional costs were included in the original calculations.
65. HIPSS foster carers receive £450 per week (equivalent to £23,463 per annum). The council's finance department has raised some concerns about carers receiving payment even when there is no child in placement. However, it is the policy of the fostering service to pay all carers a retainer when they do not have a child in placement. For general carers, this is 50% of their placement fee, for HIPSS carers the retainer is paid at 100% of the placement fee. The fostering service expects HIPSS carers to be available on a dedicated full time basis, which means that they will be dependent upon carer fees and allowances. Further, the contract between the fostering service and HIPSS carers, states that payment of the full fee will cease "if, no child has been placed with the carer for the previous 2 months", which helps to limit any financial risk.
66. In-line with mainstream carers, HIPSS carers receive a range of fostering allowances, which are mainly aimed at the child. Additional allowances are paid to the carer for transport and for the age (see appendix 2) of the child they are accommodating. Transport and age allowances do not appear to have been factored into the original costings provided by the LAC services for the implementation of the HIPSS fostering service. This means that the actual nightly cost of a HIPSS fostering placement has been higher than originally anticipated.

## Are cost reductions being achieved?

67. The table below shows savings are beginning to be achieved and further savings will be made as more HIPSS carers are recruited and the service continues.

As of 31 March	# HIPSS Carers	# HIPSS children	# bednights	HIPSS night price	HIPSS Cost (Fostering + AFC)	Estimated alternative residential cost	Cost difference
2014/15	0	0	0	£ -	£ -	£ -	£0
Contract started September 2014, with a 4 month mobilisation period, so no placements were due to start until Jan 15 but due to recruitment of carers, 1st placement started May 15.							
Why this mobilisation period was deemed essential is stated in appendix 1							
2015/16	7	10	716	£ 833	£ 596,541	£ 325,951	£270,590
As this was the first year of delivery, recruitment of HIPSS carers was on-going, we would expect high cost per night.							
2016/17	6	12	1636	£ 437	£ 714,332	£ 812,308	-£97,976
As number of carers has increased, and number of nights provided has increased, cost per night has reduced significantly							
		<b>Total</b>	<b>2352</b>		<b>£ 1,310,873</b>	<b>£ 1,138,259</b>	<b>£ 172,614</b>
Delays in recruitment of HIPSS carers has hindered delivery of anticipated cost reductions, although these appear to now be realised. Assuming HIPSS foster carer numbers increase, further residential costs could be avoided.							

68. If carer recruitment had achieved the intended capacity (8 full time HIPSS carers) the nightly placement cost would reduce to £245 and this would equate to a saving of £213 per night, which is equivalent to a further annual saving of £77K.
69. It is also important to acknowledge that a HIPSS placement is not seen as the young person's permanent placement but as a stepping stone, so further savings are being made when they step down to less expensive placements. No nightly costs are now being incurred for the 5 who have returned to live with family.
70. Further cost avoidance has been made through HIPSS providing wrap-around support to the 11 young people who have not been in a HIPSS placement but received support to prevent the need for a residential placement. Had this support not been provided, potentially 4 of these young people could have required residential placements. This would have resulted in the residential spend increasing by £13,380 per week, which is equivalent to £697,633 per annum based on the average residential weekly fee of £3345.

## Appendices

**Appendix 1** – Background report

**Appendix 2** – Herefordshire's in-house fostering service – foster carer allowances