

APPENDIX 1: CASE STUDIES

Case Study B: high cost in semi-independent provision.

B is 17 year old young person on a Full Care Order to Havering since February 2020. Havering has been involved in B's life since 2019, following a disclosure she made of sexual abuse by her step -father.

B presents with a range of needs which include ADHD, possible autism and trauma. This has resulted in Billy demonstrating suicidal ideation and other harmful behaviors, which have required her to have multiple hospital admissions in a mental health hospital. Her longest stay was a period of six months.

B has benefitted from a range of services, including mental health outreach and currently lives in a semi-independent provision. B attends college and is studying Health and Social Care. She is very happy in her current home and wants to remain there until she is 18 years of age. This is her fifth placement in the last 12 months.

Keeping B safe, supported and helping her to transition into safe adulthood is high cost to Children's Service.

Her current home has increased their weekly fee from £700 per week to £1,820 weekly as a result of the ongoing support required from staff to meet her needs. Without this level of support it is likely that the home she lives in will give notice to end her care arrangements with them.

Costs to the Local Authority

Basic package: (Core Cost) £700 per week

8 additional hours of support from Senior staff per day: £160 p/d

Day staff: 10am-6pm

Waking staff: 7pm-10pm to complete waking night staff

Total costing p/w: £1820

Case Study I: high cost in a specialist residential children's home.

I is 15 year old child in care on an Interim Care order to Havering. This care order was obtained in an emergency situation on the 6th October 2021 alongside a deprivation of liberty order (DOLS) and a Recovery Order. I was moved that evening to a placement in Scotland as the only placement available in the UK.

I came to the attention of Havering in July 2020 following a breakdown in the relationship with her mother. Following family support intervention, I returned to her mother's care until April 2021. At this point I was removed from her home under Police Protection in to a foster care placement which became a s.20 arrangement.

I has caused considerable concern to all professionals involved in her care due to the high level risk relating to contextual safeguarding which has included missing, criminal and sexual exploitation. It became increasingly apparent that I's risks were increasing to a level where there had to be a decision to keep her safe from very serious harm. The level of harm she suffered included rape, coercion and significant exploitation from adult males.

A decision was made to move I into the most secure care we could provide to her which has been very high cost but has resulted in keeping her safe from harm. The cost of I's care which has now moved to Cumbria as this was the only provider that could offer the security required in accordance with the DOLS.

I is doing very well in her current home and is enjoying the opportunity to be a child with a high level of support. She has also contributed to very significant police information relating to the adults who have exploited her and other children

Costs to the Local Authority

The cost of this placement is £10,500 weekly as she is the only child in the placement.

Case Study F - high cost semi independence provision

F is a 16 year old boy who is looked after by Havering children's services under a section 20 arrangement in a semi-independent provision out of borough for his own safety. This is F's third placement in a year.

F was previously remanded to prison during the summer of 2021 for burglary offences. Current concerns for F are around his involvement in anti-social behaviour, drug misuse, and criminal activity. There are concerns regarding F's undiagnosed mental health issues and possible undiagnosed special needs as he presents with signs of ADHD.

F associates with adults known to be involved in drug dealing and is known to be a cannabis user. There are further concerns as F has links with young adults who are closely linked with gangs/county lines.

F is currently missing from his placements and there is a warrant out for his arrest. He is likely to be given a custodial sentence when located by the Police.

Costs to the Local Authority

Basic package :(Core Cost) £700 per week

Additional staffing £3045

Total costing p/w: £1045

OO is a 16 year old with a diagnosis of ASD, Pathological Demand avoidance, ADHD and Oppositional Defiant Disorder, and Emotional Regulation Disturbance and is a transgender white British female and has mental capacity, however this fluctuates when she is in crisis.

Current situation

O has been supported by the CAMH service and has been admitted under section 2 on occasions in the last year. The most recent admission was after setting fire to the family home and making threats to end her life and that of her family. It was determined that triggers to her behaviours were associated with her relationship with her family. The multiagency team working with her felt that it would not be safe for her to return to the home, however her mental health needs could be met within the community and so O was taken into L/A care and s20 was signed by her parents.

Placement

A placement was identified at semi-independent provider who are set up to provide care and support for adults over the age of 16+ who are living with disabilities: learning disabilities, physical disabilities, autism, mental health disorder and other challenges. She moved into the placement 2:1 ratio, and the current cost of this placement is £5,880 per week.

The placement is generally working well, there have been some episodes of violent and challenging behaviour. Whilst in the community with 2:1 staff she became distressed and heightened and made threats to end her life. This escalated to the point where she physically

assaulted her 2 support workers and caused significant damage to the support workers vehicle. She repeatedly banged her head on the pavement.

An ambulance was called however she remained distressed and the police were called. She was restrained by the police using handcuffs, however after she assaulted one police officer, further officers were called and she was placed in leg cuffs with 4.1 officers attending. She was taken to Queens Hospital and kept overnight, however was discharged the next day back to the care of Home from Home on a 3.1 ratio with the mental health team supporting in the community.

Education

O has an EHCP, but does not attend a school or college any longer due to her not engaging and the risks her behaviour poses. She is currently working with her case officer on remote learning and wants to sit her GCSEs next year. She has music therapy which she enjoys.

Focus of work of multi-agency team

- To help her recognise and manage behaviours
- Ongoing review of medication
- Keep her engaged in education and planning for the future
- Maintain and rebuild relationship with family
- Keep her and others around her safe.

Case Study: WL currently residing at home with family

WL is a 12 year old boy a diagnosis of autism, and profound learning difficulties, sleep deprivation, high sensory needs, difficulties with his communication, which can lead him to being frustrated and displaying challenging and unpredictable behaviour, with him being happy one moment and extremely aggressive and upset the next.

W also has complex health needs that require constant supervision and care. He is under CAMHS, local paediatric services and Royal London for his dental care. He is doubly incontinent; he has a very poor sleep pattern (usually a three hour stretch maximum) and Mother reports he continuously squeals during the night. This has impacted on all family members sleep patterns.

W lives with his Mother and 2 siblings aged 3 and 15.

Mother has mental health problems and is on medication and reports that she just cannot cope with W. She is a single parent and has no family to support her.

Short break Support Provided

Overnight respite takes place for 2 nights per every other weekend at a specialist provider in West London. There are no local providers that meet his complex needs. The costs for this provision are: £475 per night and £160 per trip for transport, so the monthly cost is £2,540,

annual cost of £30,480. Health contribution through continuing health care is to provide 24 hours of support in the home.

Current situation

Mother reports that she cannot continue to support her son. The offer of additional respite has been refused and Mother wishes her son to go into residential care. This has not been agreed as yet, but is being explored the likely cost of this will be 4,500 per week or 182,000 per year.