

Developing a new model of care for children and young people in London.

Meeting the needs of children and young people with Social Emotional and Mental Health Needs (SEMH), learning disabilities, or autism and mental health conditions.

A pan-London business case – May 2024.



Introduction

London authorities and their partner agencies are facing an unsustainable financial risk as expenditure on provision for children with high needs grows in Health, SEND and social care, with the shortfall reaching £185 million in 2017-18 alone, due to escalating needs and increasing provider fees. There is a lack of suitable local provision, with many children being placed at considerable distance as a result and with 28% of spend being used to support 3.3% of children. In response to this shortfall of provision and the associated financial risk, London Councils are managing a programme of work, including research to understand the key factors causing this growth and to identify potential solutions – of which this project is one strand.

The 2019 ISOS report¹ and other sources including serious case reviews^{2 3} highlight a significant growth in expenditure on high needs places for children and young people in London across the whole system, as well as a lack of options and a lack of quality. This cohort is likely to continue to grow given the increasing prevalence of Autism and Learning Disability⁴, in addition to SEMH needs⁵ meaning that this trend of escalating costs will continue to spiral whilst demonstrating frustratingly little return on investment. All London boroughs and ICBs are likely to require continued investment in high cost, bespoke step-down community provision as well as longer-term costs of both residential and tier 4 settings which often provide inappropriate, ineffective and avoidable inpatient/residential care leading to poor outcomes for young people and challenging and traumatising experiences for them and their families⁶.

The Council for Disabled Children (CDC), a part of the National Children's Bureau (NCB), has been commissioned by the London Innovation and Improvement Alliance (LIIA) to develop a pan-London business case designed to improve the collaborative arrangements across local authorities, including Social Care and Education, and Health when commissioning services and supports for children in London who have Social Emotional and Mental Health Needs (SEMH), learning disabilities, or autism and mental health conditions and who are Looked After Children, children at risk of significant family breakdown and/or at risk of unplanned hospital admission.

This phase of the project has been focused on recommendation 3 set out in Collaborative Commissioning, Creative Solutions⁷, reviewing the current pathways and provision available to this group of children and young people in London and developing a new model of care which addresses the challenges at national, regional and ICS level for those children who could require high-cost low incidence placements delivering better outcomes and improved value for money.

¹ [‘Under pressure: an exploration of demand and spending in children’s social care and for children with special educational needs in London’ \(2019\)](#)

² SCR ‘David’ [serious case review](#); Safeguarding Disabled Children in Residential Settings, 2023; Lenehan Review, 2017

³ <https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings-government-response>

⁴ NHS data

⁵ CYPMHC, Children and young people’s mental health: An independent review into policy success and challenges over the last decade, 2023

⁶ Building the right support: Analysis of funding flows, DHSC, 2022
<https://www.gov.uk/government/publications/building-the-right-support-an-analysis-of-funding-flows>

⁷ Collaborative commissioning, Creative Support, NCB, 2022, <https://www.liia.london/wp-content/uploads/2023/01/Collaborative-Commissioning-Creative-Support-FINAL-1.pdf>

Strategic case for change

There is an urgent need to develop provision and pathways for children and young people with a combination of Social Emotional and Mental Health Needs (SEMH), learning disabilities, or autism and who are Looked After Children, children at risk of significant family breakdown and/or at risk of unplanned hospital admission. There are a series of interconnected Government priorities and levers for change in relation to effective safeguarding and improving outcomes for this group of young people. While there is a level of coordination promised at a national level, much of this activity is also being planned regionally, at ICB level and at Local Authority level, meaning that a plan is needed for London, its five ICBs and 33 local authorities.

The earlier phases of this project identified the significant challenges across London in meeting the needs of the group of children and young people.

- **Sufficiency of provision** - There is a large regional and local variation in available provisions that can meet the varying needs of these children in London across residential settings, tier 4 settings and overnight short breaks.
- **Ineffective models of care** - A lack of sufficiently skilled, confident and well supported frontline staff leads to delays in children and young people having their needs identified and met in a timely way. Siloed pathways into a diagnosis-led model leads to long delays in accessing support and unnecessary escalation towards crisis due to extended periods of unmet needs. Ultimately creating an increasing number of young people reaching avoidable crisis requiring high cost residential or tier 4 settings often leading to significantly poorer outcomes.

To reduce increasing pressure on existing systems which are failing to effectively meet the needs of this group of young people London must take urgent action to test a collaborative whole system approach designed to avoid crisis, prevent avoidable admission to residential and/or tier 4 settings, and provide viable treatment, intervention and step down alternatives when this is unavoidable.

There is clear evidence from the earlier phases of this work that London boroughs are in need of this provision, with 27/33 boroughs in London showing SEND levels that are well over the national average.⁸ Additionally, there is evidence of a 4.7% increase in EHC plans specifically for children and young people in special schools in 2021/22. Combined with data that over 50% of London's Children Looked After (CLA) are placed outside of their borough, with ~30% of those placed more than 20 miles from their homes⁹, it is clear that London need to increase sufficiency of provision designed to meet the needs of this cohort through a new specialist model of care. While there are trends to consider, such as falling school rolls in parts of London, and rising school rolls

⁸ Collaborative commissioning, Creative Support, NCB, 2022, <https://www.liia.london/wp-content/uploads/2023/01/Collaborative-Commissioning-Creative-Support-FINAL-1.pdf>

⁹ Children Looked After in England including Adoptions, DfE, 2019-2023 <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

in others; research appears to be showing this is developing hand in hand with a rising children's population that has increasingly complex needs¹⁰.

Our stakeholders, including the parents of these children are telling us that poor information sharing; lack of understanding of the supports available and how to access them; and significant variation in the culture, approach and knowledge of the workforce are all leading to unnecessary escalation to avoidable crisis which is traumatising for children and families and leading to pressure on fragmented systems that could be avoided with the right model of care:

"You need a translator to translate exactly what it is. [...] It's not helpful being reminded or having to retell a story or having to ask, ask for simple basic things. You know we didn't choose. I didn't choose for my four children to have autism, but they have and I'm doing the best I can do, but I feel a lot of doors do get shut on me constantly or I'm gaslit, you know, being told. Are you sure? Are you not? Are they copying their brothers? You know, it's, it's that. I know all I want, and most parents want, is their children to be successful."

Parent Carer, Co-production Workshop, Collaborative Commissioning, Creative Support.

"There's so many parents [...] that aren't active and don't know and then [...] a situation happens. They go into crisis. They don't know where to go. [...] It's just, it's a roller coaster of events and you know, I know how hard things are for you guys. But from the parent's point of view, it's a different world."

Parent Carer, Co-production Workshop, Collaborative Commissioning, Creative Support.

The trajectory of high-cost placements outside of London is currently set to continue, at 38% above the average cost of placements¹¹, as well as spend on increasing presentations at A&E and unplanned hospital admissions. This will ultimately lead to existing inadequate systems collapsing as potential costs of the top 10 highest cost placements escalate, costing in excess of £26m per LA over the next 5 years.¹²

The proposal set out in this business case is to redirect resources away from long term, high-cost intervention to targeted de-escalation alongside viable crisis care that avoid preventable admissions and improve outcomes for children and families; enabling the whole system to collectively respond to meet the escalating needs of this group of young people.

As the step-down and de-escalation approaches are established, it will be critical to develop and implement the necessary preventative pathways to ensure that as one young person is stepped down from a High Cost Low Incidence (HCLI) Placement, another is not simply entering crisis and replacing them. In order to achieve the ambition for London it is necessary to implement an integrated pathway and model of

¹⁰Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court <https://www.nuffieldfjo.org.uk/resource/children-deprived-of-their-liberty-an-analysis-of-the-first-two-months-of-applications-at-the-national-deprivation-of-liberty-court>

¹¹ Analysis into Complex Adolescents (Commissioning Alliance 2020)

¹² Top 330 report

care that encompasses identification and prevention through to effective crisis management and support in order to ensure sustainability and to ultimately achieve the projected shift in resources.

The opportunity

The current situation is intolerable and unsustainable, and the need to embark on an iterative journey to develop and test a solution that is responsive and can evolve with the changing needs of children and young people is unavoidable.

Often activity or innovation of this nature is siloed across different agencies and areas, time limited and with short term investment. However, with significant existing Pan-London commitment and collaboration to systemic change across children's social care; the SEND and AP improvement plan; and the changing infrastructure in Health with the creation and implementation of Integrated Care Systems there is a significant opportunity to make changes.

By understanding and responding holistically to the needs of this cohort of children, young people and their families there is an opportunity to transform the experience of families, to dramatically improve outcomes for children and young people and to ensure the future sustainability of the whole system.

The ambition for London

The proposals set out in this business case demonstrate how London can achieve its ambition that wherever possible children and young people avoid crisis and remain safely with their families; where they need specialist intervention it is available at the earliest possible time and if residential support is needed children and young people are enabled to return safely to their families and communities with the right support to thrive; children and young people who need long term residential or inpatient support receive the right specialist support, close to their family and communities, preventing avoidable escalation of needs and risk.

Individual partners across the system already have a clear vision about the outcomes being sought for children and young people with Autism, a Learning Disability and/or SEMH and how provision should support them to achieve this.

During the earlier phase of the project stakeholders considered the change they hope to see as a result of a new Pan-London model of care (figure 1).

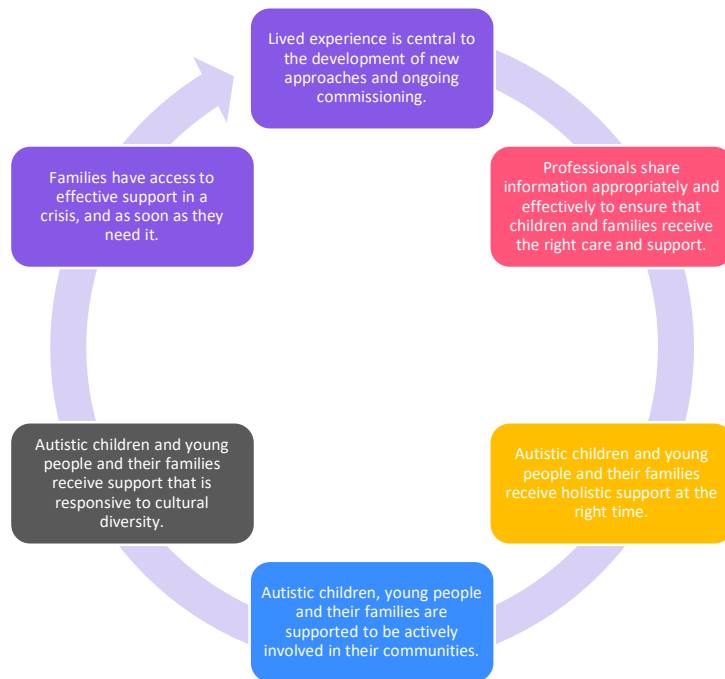


Figure 1: Impact Statements from Co-production workshop

If nothing changes London's cross-agency resources will continue to be poured into the expanding black hole of high risk, high cost, distant residential interventions across health, social care and SEND, that at worst lead to further trauma and/or harm, as well as poorer experiences and outcomes for children and their families. Based on current forecasts on the top 10 placements per LA this is upwards of £860m across London over the next 5 years at least.

It is critical to redirect resources into accessible pathways, collaborative working, specialist workforce, and responsive services which enable risk to be held and managed at the right level of the system not only keeping this group of London's children safe but ensuring they can thrive.

What we can achieve



Effectively and collaboratively implementing the proposed pan-London model of care will drive improvement across a range of outcomes for children and families:

- Needs-led pathways enable families to access the right support at the right time.
- Services are responsive and attuned to the needs of children and young people with ASD, LD and SEMH needs enabling Parent carers to feel well supported and confident to keep their children and young people safely at home.
- When children do stay away from home they only stay away as long as they need to in effective services designed to reduce the likelihood of avoidable crisis.
- Where children can't be at home they are supported to thrive close to their communities.
- Only those children and young people with the most complex needs come into long term care.

Beyond this the model will also underpin the sustainability of the whole system, addressing the issue of ethnic disproportionality in the identification of SEN¹³ and challenging inequality in relation to access, pathways and support. The continuum of needs that can be met through an effective pathway between tiers of tailored specialist multi-agency support will deliver:

- Collaborative practice across the workforce - Streamlining of services and combined expertise to effect change
- Responsive pathways with single referral routes, rather than reactive services, that deliver value for money for the whole system whilst also delivering quality and better outcomes
- More effective and proportionate management of risk throughout the pathway reducing the escalation of cost due to unmanaged risk even for long term interventions
- Children and young people supported by the right intervention reducing pressure on high cost, crisis services
- Step down services that support children to return safely to their families in the long term
- Progress towards cashable savings through redirection of existing resources to earlier, more effective intervention

A new model of care for London

Through Phase 1 of this project, we analysed qualitative and quantitative regional data to define and map trends for this cohort. This regional gap analysis was then used to inform a shared vision for London across statutory partners to:

- identify and build on existing opportunities and levers in the system, and
- build the foundation for commissioning options which focus on both prevention and crisis management.

Based on extensive and wide stakeholder engagement¹⁴, NCB has developed this business case for a proposed pan-London solution. The next phase of this work will include the development of sub-regional pilots based in the five London ICB footprints, designed to pilot different aspects of a multi-agency pathway for this group of young people enabling earlier identification and intervention; prevention support; and more flexible step-up and step-down provision for young people in crisis. Feedback from parents has shown a picture of a closed system, where crises can easily develop and boil over.

¹³ Steve Strand and Ariel Lindorff, Ethnic disproportionality in the identification of Special Educational Needs (SEN) in England: Extent, causes and consequences, 2018

¹⁴ Ibid

The aim is to create a blueprint for a pan-London model of care that can be applied across the region with sub-regionally led innovative approaches in each of the ICB footprints that support the diverse needs of children and young people in each area.

Our proposed model is rooted in enabling more efficient use of existing resources to meet need effectively across the system but with a specific focus on young people most at risk of HCLI placements. The intention for these pilots is that they will develop collaborative and innovative, multi-agency, ICB-level alternatives within a pan-London framework that deliver better outcomes as well as better value.

Stakeholders agreed that to meet the needs of this cohort of children and young people, London will need to implement a model that enables the testing of new and innovative provision from prevention to management of crisis for children and young people with the most complex needs, creating a new pathway for children and young people to step up and down through levels of support as needed.

Specialist Residential Provision

This model will establish or redevelop 1 or more bespoke residential specialist school units at a pan-London level specifically for this cohort of children. Building on examples of practice shared this could include a range of options to be explored, for example:

- A Special education setting/day school with satellite residential care settings
- A boarding school/52 week residential special school

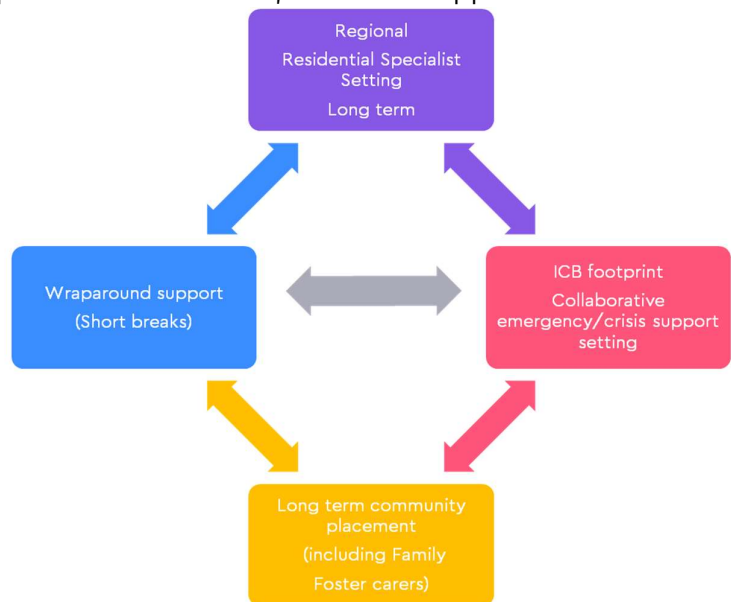
These options would need to be supplemented by bespoke crisis/step down placements in each ICB footprint who can refer into the regional setting for both residential and/or outreach support.

The special school setting should be designed to also enable shorter term specialist residential care with wraparound support for mental health, behaviour support and other therapeutic interventions.

Sub-regional Pilots

The sub-regional crisis placements would work collaboratively with the longer-term providers and with the regional residential placements to enable better transitions between settings in line with fluctuations in need.

This could also include intensive short-term support in the family home to de-escalate emerging crisis. The sub regional provision can also engage with local foster carers and short breaks providers to support an appropriate step-down and wraparound community support model.



The solutions for Looked After Children need to reflect the ambition of 'Stable Homes Built on Love'¹⁵ including crisis beds to support step down from Tier 4 settings and addressing the lack of special school provision in London. Crucially – London boroughs only want to look after children who need to be looked after, and if through robust community support it is possible and safe to reunite these children with their families, these services must be put in place.

To ensure improved outcomes for this group of children and young people there is also a need for reform at a national level. Our proposals are:

- Continued work as set out by the Child Safeguarding Review Panel's Report on Safeguarding children with disabilities and complex health needs in residential settings¹⁶
- Alternative approaches to the DSG such as devolving or ring-fencing a proportion of this to ensure more sustainable spend is encouraged.
- The legal multi-agency accountability and status for children with disabilities is often unclear, introducing a requirement for multi-agency care plans in Dynamic Support Registers may aid this.
- Continued and clearer work as recommended by the Care Review¹⁷ to address profiteering in the independent sector, and sustainably fund the setup of new children's services needed to address needs in the modern era.

Significant activity in transforming support in London is in development or underway across different aspects of this model of care, utilising different streams of capital and revenue.

However, for the potential of this model to be realised all aspects of the pathway need to be in place from prevention through effective crisis management to longer term specialist residential provision closer to their communities for those children and young people who need specialist intervention in order to thrive.

Provision for this cohort of children and young people needs to exist on a continuum. In Building the Right Support¹⁸, NHSE sets out several key elements of delivery that underpin the service model.

These are:

Early identification and response	Level 1	Enhance knowledge, skills and confidence in wider health and care services
Strengthening Education	Level 2	Building the skills and knowledge of the education workforce to support children when there are difficulties at school
Parent carer/family empowerment and advocacy	Level 3	Recognition of the importance of supporting self-advocacy, this includes implementation of specialist roles to support families here

¹⁵ <https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love>

¹⁶ Complex commissioning roundtable briefing, DfE, 2023

¹⁷ <https://www.gov.uk/government/groups/independent-review-of-childrens-social-care>

¹⁸ NHSE, BTRS

Developing enhanced/intensive support	Level 4	Increase specialist workforces and services to support children and young people with complex needs and their families
Step down from residential	Level 5	Where residential provision/admission to an inpatient unit may be required, clear pathways for safe return to family and community

Accommodation for de-escalation/step down

The following examples of the type of services/supports that have been explored/tested include approaches that relate to both level 4 and 5 of the elements set out above:

Project	Lead	Summary
Children's Home with Sensory Space	South West London (Sutton)	Children's home provision for children and young people with ASD, significant behavioural needs with sensory space in Garage conversion.
Overnight Short Breaks Unit	North Central London (Enfield)	1 new ONSB unit in Enfield (3 beds)
CYP Respite Project	North Central London (Haringey)	2 new residential units in Camden and Haringey (both 6 beds, already secured Capital funding)
Tier 4 Step Down, Respite and Intervention Project	North East London (Newham)	Capital projects for ONSB, step down approaches to tier 4 and assessment/treatment units, residential provision for transition, hospital admission avoidance and discharge. Outreach family therapy for tier 4 and edge of care.
Positive Behavioural Support Hospital Discharge Project	North West London (Brent)	Specialist agency to provide: <ul style="list-style-type: none"> • In-reach support for young people to prevent escalating needs and the frequency/severity of challenging behaviours in the hospital setting. • Assessments and transition planning to a new placement (residential homes, with several engaged already) • Support residential homes with additional specialist therapeutic knowledge and skills.

Preventative pathways and services

The following examples of the type of services/supports that have been explored/tested include approaches that relate to both level 1 and 2 of the elements set out above:

Project	Lead	Summary
Home Treatment and	North Central	The Home Treatment Team will meet the needs of the most complex children and young people, preventing inpatient

Improved Neuro-developmental Pathway	London (NCL ICB)	<p>admissions, targeted at Enfield (North Middlesex University Hospital) where need is greatest.</p> <p>Separately we will develop a ND pathway for all acute presentations:</p> <ul style="list-style-type: none"> • creation of a hospital passport for known children and young people • appropriate crisis intervention for all neurodivergent children and young people.
SEND School Intervention Projects	South East London (Lambeth)	<p>A network of 3x projects across schools in Lambeth Council – Capital funding will be used to ensure that there are spaces to best work with young people who have ASD/SEMH need, to prevent escalation into Alternative Provision and exclusion – which is a clear, known correlate towards Serious Youth Violence and more extreme need</p> <ol style="list-style-type: none"> 1. Resource base for females with ASD/ SEMH needs - for girls with an ASD diagnosis but without an EHCP to support continued access to mainstream and reduce risk of PEX and use of AP 2. Trauma informed classroom / space at a school 3. Alternative Provision Pathway in mainstream settings to reduce <ol style="list-style-type: none"> a. PEX and suspensions that impact on mental health b. the impact on mental health on young people that have behaviour that challenges

The projected costs associated with these proposals have informed the financial model in this business case.

The financial model

Understanding the cohort

In London, the following have been found across several studies¹⁹:

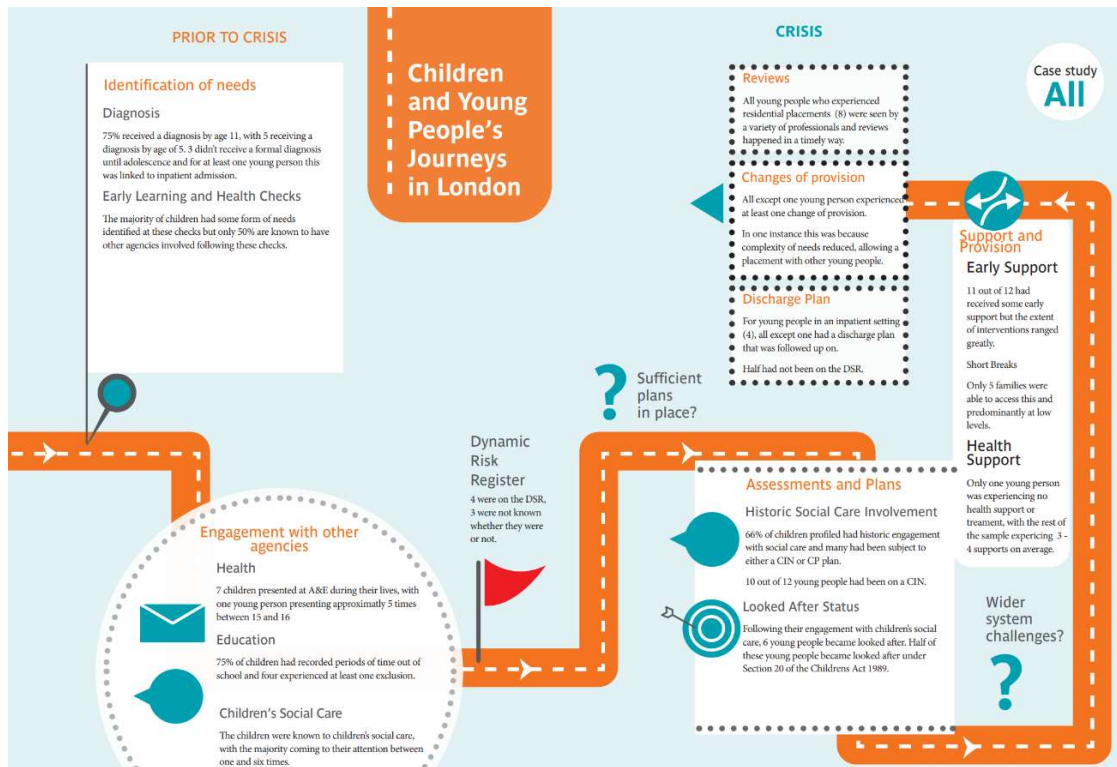
Young people at Red on the DSR (likely to not yet be LAC) 130	Looked After Children (LAC) with disability as primary need 290	
	Children in top quartile by cost of residential placements 98	Children and young people assumed outside of scope of project 192
Children and young people likely in scope of project 228		

The groups identified above may overlap leading to some duplication in the data however, due to the varying maturity of the DSRs and the inconsistent links between the DSR and wider local authority data, in terms of high-cost, low incidence placements, we have assumed an estimate of the combined number of young people in the top quartile by cost of residential special schools and the number of young people at red on the DSR including an estimate of 26 young people for the 5th ICB. This is a total of 228 young people.

This is also closely aligned with the analysis into Complex Adolescents (Commissioning Alliance 2020) which identified a cohort of children with highly complex needs whose needs could not be met locally. The analysis identified a cohort of 233 children who were not only out of area but lived a significant distance from London (an average of 80 miles). Similarly, London's Top 330 report identified approx. 60% of the 330 young people as likely to be in this cohort.

¹⁹ Pan-London snapshot; DfE Statistics Looked After Children;

Understanding current costs in the system



Map of 12 children and young people's journey through the system (Collaborative Commissioning, Creative Solutions)

Based on the user journey mapping of 12 children and young people (see above) 5 of the young people were diagnosed by age 5 and an additional 4 by the age of 11. However, only 42% of families had been able to access short breaks, and this provision was at a low level e.g. not regular overnight short breaks.

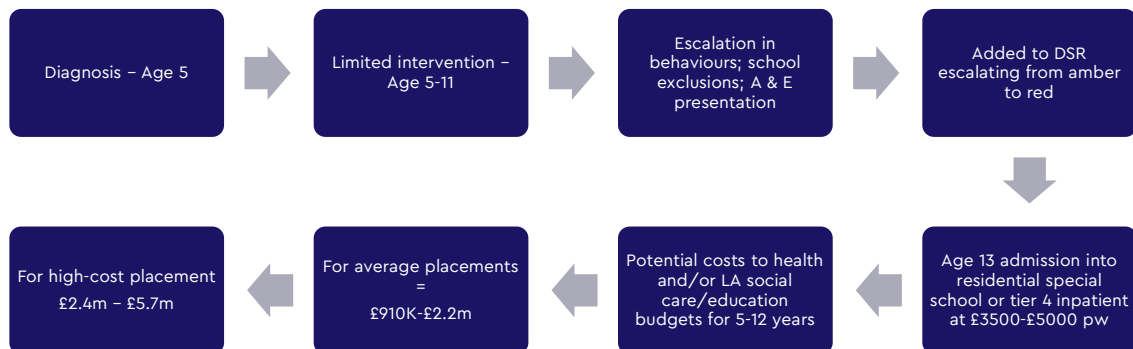
The average age of admission to a residential setting was 13. There were also a number of missed opportunities to intervene earlier both in terms of prevention and de-escalation from crisis. These types of provision are critical in improving value for money and leading to better outcomes for children and families.

Informed by our evidence base so far²⁰, there are a number of assumptions we can make in relation to financial implications of the current model:

- The costs to the system prior to admission to residential/tier 4 inpatient are likely to be more limited between the ages of 5 – 13
- There will likely have been costs to the health system in relation to repeated A&E visits
- Step-down support from Tier 4 is unlikely to deliver significant cost savings but is likely to improve outcomes.

²⁰ Collaborative commissioning, Creative Support

Based on these assumptions the potential cost of the current system for an individual young person is set out in the journey below:

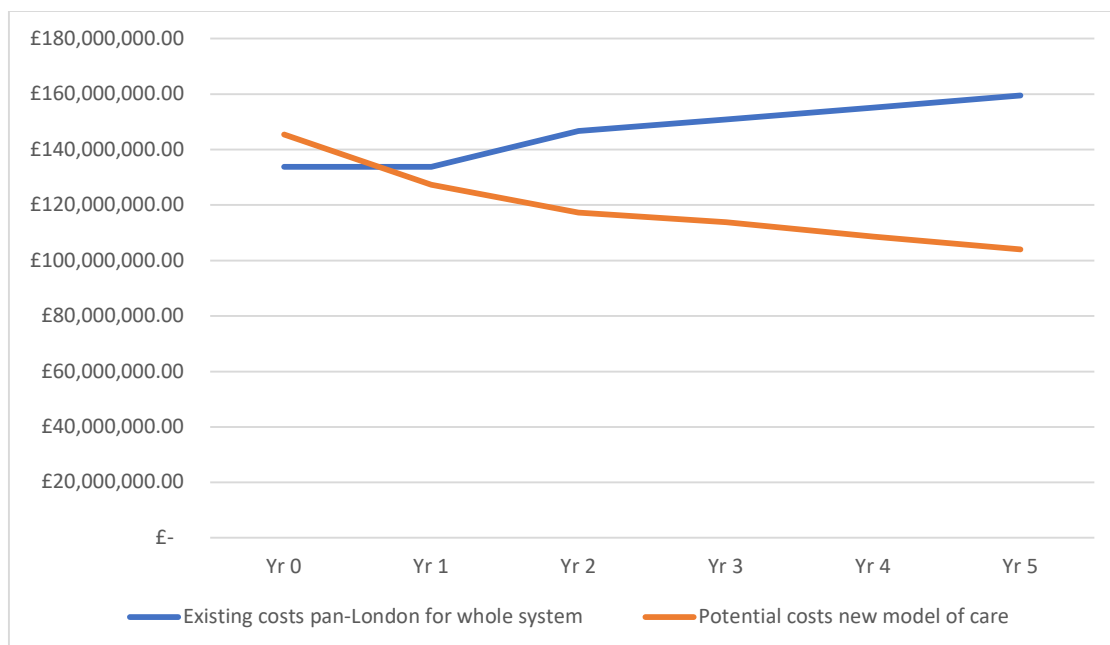


The following financial case is based on the combination of numbers of children and young people that are in scope of this project as set out above balanced against the number of children and young people within that group who are likely to be able to access these types of service and support for step down within the 1-5 year period as well as known effectiveness of these types of intervention. These assumptions are informed by evidence from the national key worker pilot and subsequent role out alongside the Short Breaks Innovation Fund pilots and previous evaluation of London-based approaches such as the Ealing Brighter Futures Evaluation²¹.

The ambition of this concept is based on the assumption that over 5 years the combination of a preventative pathway, which gradually reduces avoidable crisis and enables young people to stay safely in their families and communities, will mean that higher cost placements will become even lower incidence and focused on those young people who need long term specialist residential support across a blended model of care, close to their communities, to enable them to thrive.

By pan-London investment of approximately £13.5m, made up of £3.5m capital, some of which is already secured, and approximately £10m revenue in year 1 and 2, London can pilot this combined new model of care and deliver initial cost reductions leading to tangible savings between years 3-5. Investment beyond year 1 can be achieved by the redirection of resources from high-cost placements stepped down or de-escalated in years 1-3 across all 5 ICBs as set out below.

²¹ Ealing Brighter Futures Evaluation
https://assets.publishing.service.gov.uk/media/5fa42e90e90e070427e1b5c6/Ealing_Brighter_Futures_Longitudinal.pdf



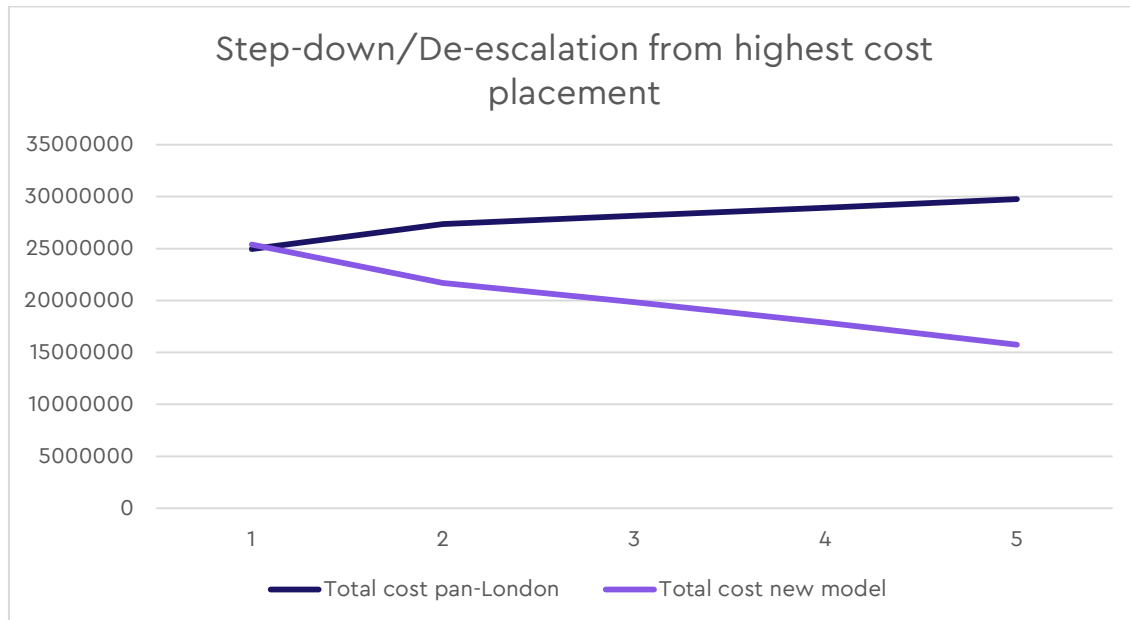
Reducing the number of children and young people receiving long term, high-cost intervention

Based on realistic numbers of children and young people being able to access provision in the first year set up and early years of piloting, informed by the evidence set out above, we have modelled the potential impact of a range of scenarios.

The table below sets out the assumptions on the number of children and young people pan-London that each level of the pilots could improve outcomes for and consequently reduce the need for high-cost placements.

	Yr1	Yr2	Yr3	Yr4	Yr5
Step-down from highest cost placement	2-5	3-5	5	5	5
De-escalation from highest cost placement	20	20	20	20	20
De-escalation from RSS/Care /Tier 4	13	13	13	13	13
Prevention from RSS/Care /Tier 4	0	0	90	90	90
Total average young people per year de-escalated/prevented from needing high cost, low incidence placements	38	38	128	128	128

By stepping down just over 15% of the 33 highest cost placements pan-London (approx. 5 YP per year). This could achieve a potential cost reduction of between £19m up to £41.3m over 5 years.



Similarly de-escalating 15% of YP at red on the DSR (approx. 20 YP per year pan-London) from high cost to average placements with wraparound support can achieve a saving of up to £60m over 5 years.

Furthermore, de-escalating an additional 10% of YP at red on the DSR (approx. 13 YP per year pan-London) from the need for residential to intensive community support can achieve a saving of up to £80m over 5 years.

Reducing the cost of 'high cost' placements

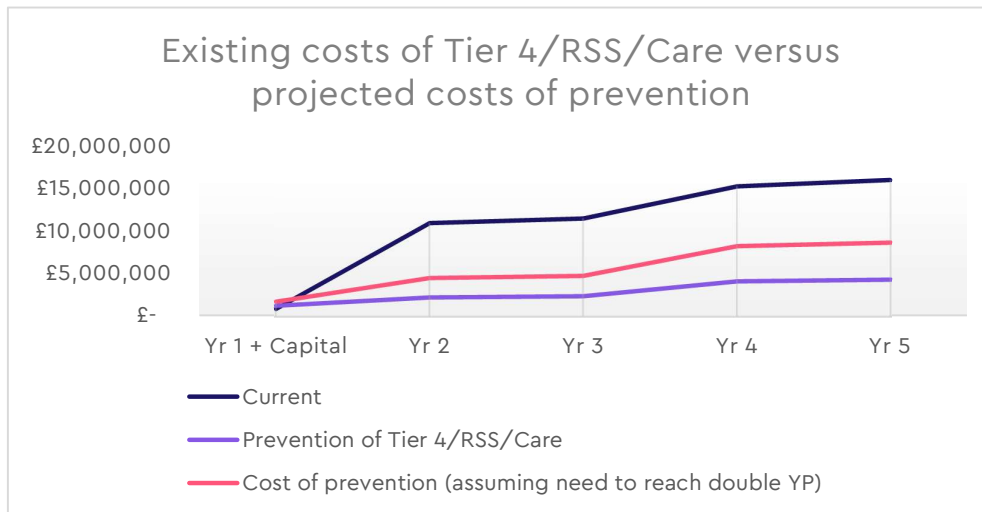
Placement provision not meeting need is projected to be more expensive, by around £100,000 per annum per placement.²² There are a range of ways in which placements can fail to meet needs, but it is often as a result of poor information sharing and limited time for appropriate matching with other young people in settings which can also lead to a range of other challenges as identified through stakeholder engagement in the earlier phases of this project. The stakeholders engaged identified that perceived risk; lack of specialist knowledge and experience; and poor information sharing from assessments can also lead to providers declining placements for young people due to matching and concerns about Ofsted ratings.

By holding and managing risk more effectively earlier in the pathway, by improving information sharing and increasing sufficiency of settings with specialist knowledge, we have hypothesised that it is possible to reduce the rate of growth in unit cost by a minimum of 25% generating a potential saving of between £60-£100K over 5 years per young person. However, it could be possible to reduce this further if the number of placements not meeting needs also reduces.

²² Top 330 report

Preventing avoidable escalation of needs/crisis

A timeline of 2 years to mobilise and pilot the de-escalation and step-down pathways pan-London and at ICB level could lead to the potential to redirect resources into prevention between years 3-5. Based on the likely service capacity across the potential pilots we anticipate that the prevention pathway can be established and enable 25% of young people in this cohort (57 YP) per year from needing residential special school/care by meeting their needs at home and in their communities through outreach and wraparound therapeutic support. This model suggests additional savings of up to £40m could be achieved through prevention.



Likewise, preventing 25% of young people at red on the DSR (33 YP) per year from admission to a tier 4 setting can achieve savings of between £8.5m and £17m between year 3-5.

In order to realise the ambition of the financial forecast set out in this proposal it is necessary to understand the interdependencies of the different elements of the new model of care as well as the range of risks associated with delivering effective support to young people with the most complex needs, as set out in the financial annex and risk register.

Investing in the future of London's children

Ultimately this model seeks to reduce the need for long term crisis intervention and deliver on London's ambition to ensure this group of children and young people are supported to thrive whether in their homes and communities with the right support at the right time, or in appropriate and effective longer-term settings.

London can mobilise this model of care with cross-agency redirection of resources enabling an initial investment of £5.365m²³ across 3 ICBs. As the pan-London model of care and initial 3 ICB footprint pilots demonstrate effectiveness over years 1-2, avoiding

²³ Based on existing ICB level service proposals.

and reducing high-cost interventions including both inpatient and long-term residential settings additional redirection of the resources in the system can support evidence-based pilots in the additional 2 ICBs and inform decisions to scale up prevention activity. Detailed costings for these pilots will be set out in the 5 individual ICB-level business cases for each pilot.

Work Required for Phase 3 of this Programme

- Seek partnership agreement in sub-regions to further test and confirm assumptions in pan-London business case. Where this agreement is secured, work up detailed sub-regional pilot proposals, with a pan-London overview re interdependencies.
- Explore the opportunity for one or more Free Special Schools or similar development for London and conduct an options appraisal for all possible opportunities for the specialist residential provision to inform final decision making.
- In each of the ICB areas agreeing further work with partners, including Local Authorities, provider collaboratives and ICBs across the 5 ICB footprints to co-design the pilot approaches and associated business cases building on existing innovation including:
 - Proposed pilot projects and other sub-regional/local area developments for this cohort in London;
 - Alternative models e.g. Hertfordshire model;
 - Learning from the Short Breaks Innovation Fund projects.
- In each of the ICB areas agreeing further work with partners through an accelerated working group model to ensure the sub-regional pilots include:
 - A robust assessment of local population and need data leading to a clear identification of proposed cohort for specific pilot interventions;
 - Scenario modelling of the possible impacts of proposed interventions.
- Secure funding for the models, whether externally, or through redirected resources within each ICB/subregion.

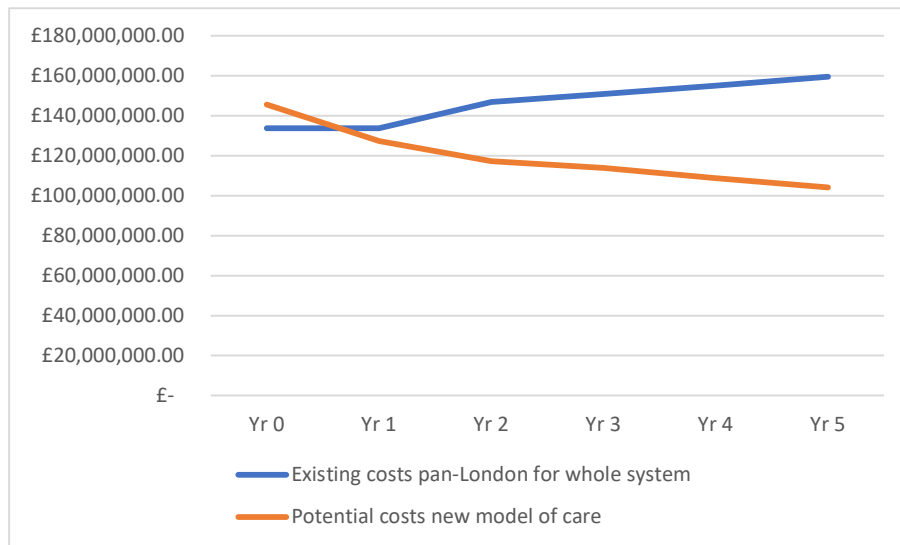
Annex 1 - The Financial Case

Introduction and overview

Through phased implementation of a new pan-London model of care, as set out in the pan-London Business case, it is possible for London to achieve its ambition to:

- reduce pressures across Education, Health and Care systems of meeting the needs of the most complex young people currently placed in high cost, low incidence placements;
- ensure young people with the most complex needs can be supported to remain safely with their families and in their communities through specialist provision at both regional and sub-regional levels that can respond to fluctuating needs;
- ensure that young people with the most complex needs who require longer term residential support can thrive in settings close to their families and communities where risk is managed well and their needs are met effectively by a specialist workforce.

Based on robust development activity and stakeholder engagement across London this financial case demonstrates the potential for redirection of resources from LA placement budgets and ICB budgets over a 5 year period beyond an initial mobilisation year. Ultimately achieving a cumulative reduction in cost of up to £175m across London and beginning to deliver potential savings between years 3-5.



This case is informed by evidence gathered throughout this programme of activity including the Collaborative Commissioning, Creative Support report (NCB, 2022).

Risks and Interdependencies

In order to realise the ambition of the financial forecast set out in this proposal it is necessary to understand the interdependencies of the different elements of the new model of care as well as the range of risks associated with delivering effective support to young people with the most complex needs.

Through this phased model there are a number of assumptions which need to be met in order to realise the maximum potential of the new model within the 5-year timeline:

Assumption	Risk
<p>Sufficient specialist provision is implemented and available pan-London to support the number of young people in scope of the financial case at every level of the model of care e.g.:</p> <ul style="list-style-type: none"> • Place-based therapeutic wraparound support • Overnight short breaks 	<p>Lack of sufficient provision for the number of young people specified in the business case will mean that it will not be possible to ensure that as one young person is stepped down or de-escalated that another does not take their place.</p>
<p>Impact of targeted stepdown and de-escalation support is high and achieves stepdown/de-escalation for all young people who receive the support within the first year of the pilots. This will be achieved through a robust model designed to identify the young people in the highest cost placements who are able to be stepped down effectively.</p>	<p>The length of time taken to develop, test and refine the identification and targeted step-down model is longer than anticipated and/or the length of time to realise the impact on young people is longer than anticipated causing a delay to the potential financial benefit of the new model being realised.</p>
<p>Impact of targeted prevention support is high and achieves de-escalation/prevention for half of the young people who receive the support through a robust therapeutic community model to be implemented alongside the step-down and longer-term wraparound specialist residential support at a pan-London level.</p>	<p>The length of time taken to develop, test and refine the identification and targeted prevention model is longer than anticipated and/or the length of time to realise the impact on young people is longer than anticipated will mean that the anticipated reduction in demand for HCLI placements will not be realised causing a delay to the potential financial benefit of the new model being realised.</p>

The financial forecast set out here assumes a best case scenario however, these assumptions will need to be tested through the ICB level business case development in phase 3 of this project and will be demonstrated using a negative, average and positive impact scenario approach.

Estimating the cohort of young people

For the purposes of this project the children and young people in scope are:

Children and young people with Autism, a Learning Disability and/or Social Emotional and Mental Health (SEMH) needs, who are also Looked After Children or children at risk of significant family breakdown and/or unplanned hospital admission.

In practice, we know that this encompasses a broad cohort of children with a wide range of different needs and experiences of the system. A recent report into [Understanding Residential Care for Children in Care in England](#) released by the What Works for Children's Social Care Centre in May 2022, found that 90% of children living in residential care have been recorded as receiving provision for a Special Educational Need at some point. The paper noted several factors that precipitated residential placements, including instability at home and multiple placement breakdowns or school exclusions.

The maturity of the DSR as an identification system across London is variable and the differences in local application mean that it isn't representative of the full cohort. However, the data the DSR does provide gives an indication of the young people most at risk of needing this type of commissioned support particularly in Tier 4 settings. Variable though the data is, it clearly evidences a significant cohort who are at risk of a high-cost, low incidence placement who would benefit from a holistic, pan-London commissioning solution.

Figure 2: A table outlining the BRAG data on DSRs aggregated across the 5 ICBs.

	Red	Amber	Green	Blue	Total
NE	41	53	43	5	142
NW*	20	92	N/A	11	123
SE**	25	48	N/A	8	81
NC	N/A	N/A	N/A	N/A	N/A
SW***	18	35	N/A	7	60

*As of year-end 22-23 (with exception of blue which is as of September 2023).

**Red/Amber data based on 5/6 boroughs, Blue covering all boroughs.

***As of end of Q2 22-23.

What this data indicates is that at a local level the number of young people who may need this commissioning solution is relatively small, causing challenges for commissioners who end up trying to match this complexity of needs into services which are not only ill-equipped to meet their needs but also offer poor value for money due to the inability to commission at scale. In the words of one of the stakeholders at a co-design workshop held in March 2023, we are 'trying to make the person fit the service, rather than a provide a service that fits the person'. However, at an ICB level footprint, or even regionally, these numbers are significant enough to warrant a new, joint approach to commissioning.

In London, there were 290 looked after children with disability registered as their primary need as at 31st March 2023. In addition, as set out in 'Collaborative commissioning, creative support' the pan-London snapshot for 2021/22 identifies 98 children placed in residential special school based on the top quartile by cost. It is likely that this broader LAC cohort includes the 98 in residential settings alongside a proportion of young people who are receiving overnight short breaks (ONSB) however, data from 4 out of the 5 London ICBs identifies an additional 104 children and young people at red on the Dynamic Support Register (DSR).

The groups identified above may overlap leading to some duplication in the data however, due to the varying maturity of the DSRs and the inconsistent links between the DSR and wider local authority data, in terms of high cost, low incidence placements, we have assumed an estimate of the combined number of young people in the top quartile by cost of residential special schools and the number of young people at red on the DSR including an estimate of 26 young people for the 5th ICB. This is a total of 228 young people.

This is also closely aligned with the analysis into Complex Adolescents (Commissioning Alliance 2020) which identified a cohort of children with highly complex needs whose needs could not be met locally. Their analysis identified a cohort of 233 children who were not only out of area but lived a significant distance from London (an average of 80 miles). Furthermore, the placement costs for this cohort was 38% more expensive than the average pan-London residential care placement cost. Similarly, the Top 330 report identified that approximately 60% of those young people are likely to have this combination of needs.

Informed by the evidence set out above our modelling is therefore based on between 200 – 230 young people being able to be engaged and benefit from the new model of care.

Estimated costs of the current model

National data

The Investing in Early Intervention Report (2022)²⁴ sets out the economic case for intervening early, specifically exploring a series of service types focused on children and young people with ASD, Learning disabilities and/or SEMH needs. In particular, the report identified that the Ealing Intensive Therapeutic Short Break Service (ITSBS) had an annual cost of £110,000 for 7 young people, approximately £15,000 per young person, and analysis of the Affinity Trust Positive Behaviour Support Service showed an annual cost of £52,000 per child. At the time, 2015, the most common range for specialist residential placements was between £2500 and £3499 per week. Currently, in London, the average weekly cost of the top 10 high-cost placements is £8566 per week.²⁵

Based on the highest cost of earlier intervention identified in the report, £52,000 per year, £1,000 per week, the potential cost avoidance for 1 young person could range from £2,500 based on the 2015 data to over £8,000 per week based on the London high-cost placements average. An equivalent of a possible saving of up to £8 for every £1 spent on these types of preventative service.

The cost implications for London

There is evidence that suggests the costs of inpatient versus average residential care/special school settings are similar but the associated costs will impact different budgets across Health and Local Authority Social Care and Education.

Based on feedback from London ICBs an average cost of ~£500 per night is associated with hospital inpatient stays and an average cost of £5000 per week for residential placements. However, the average cost of the top 10 highest placement in London is significantly higher at £8566 per week, with the highest cost placement averaging at over £14,000 per week.

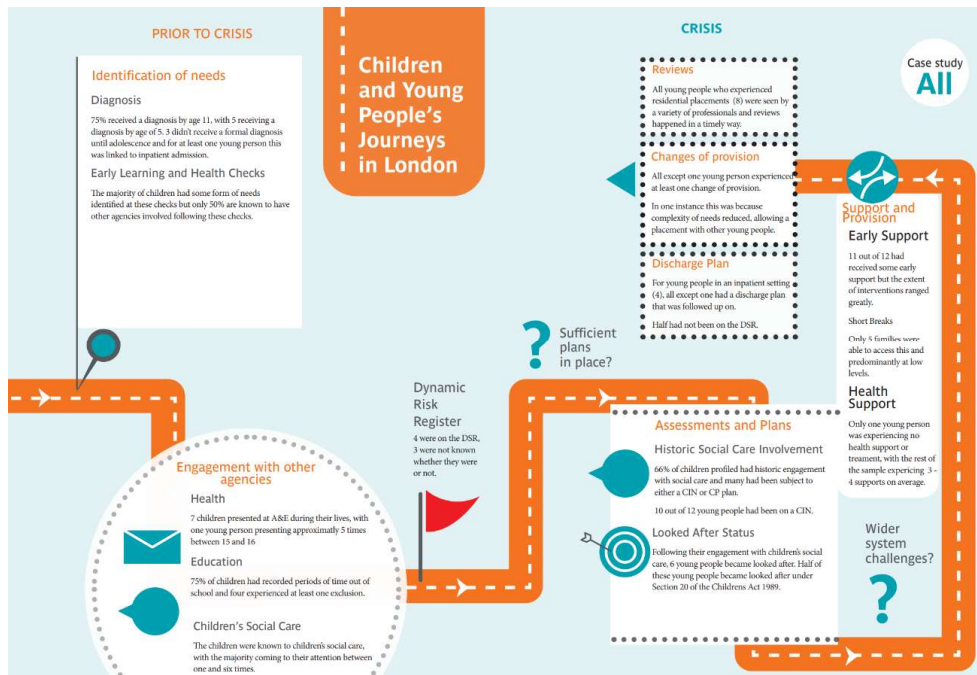
The cost of missed opportunities

This is expanded content covered in the main business case document. Based on the user journey mapping of 12 children and young people (see below) 5 of the young people were diagnosed by age 5 and an additional 4 by the age of 11. However, only 42% of families had been able to access short breaks, and this provision was at a low level e.g. not regular overnight short breaks.

²⁴ Investing in Early Intervention Report, 2022, Challenging Behaviour Foundation

²⁵ Top 330 report

Map of 12 children and young people's journey through the system (Collaborative Commissioning, Creative Solutions)

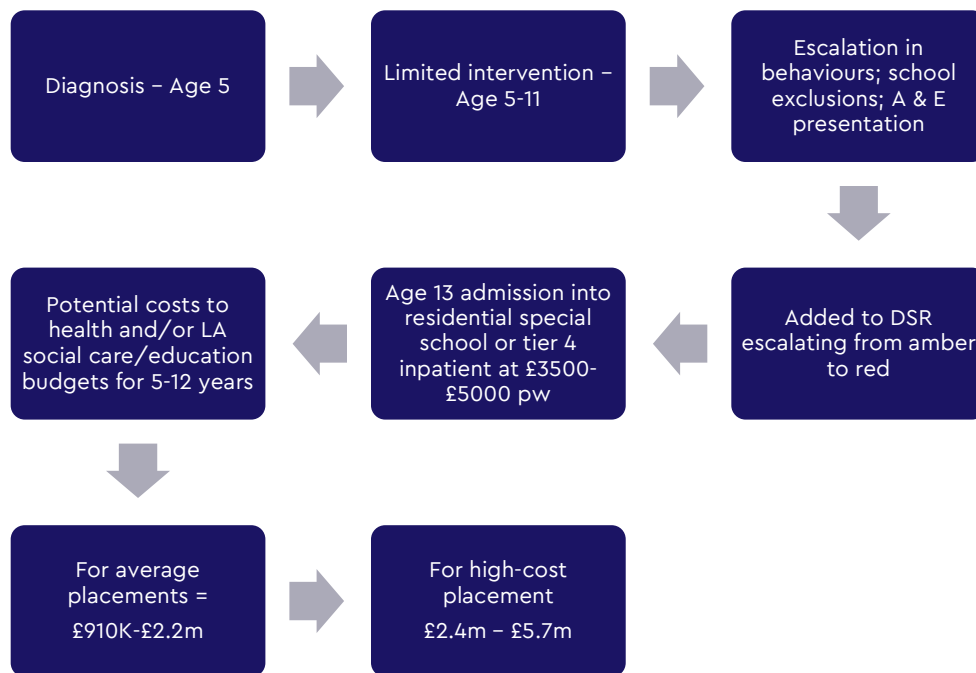


The average age of admission to a residential setting was 13. There were also a number of missed opportunities to intervene earlier both in terms of prevention and de-escalation from crisis. These types of provision are critical in improving value for money and leading to better outcomes for children and families.

Building on this evidence, there are a number of assumptions we can make in relation to financial implications of the current model:

- The costs to the system prior to admission to residential/tier 4 inpatient are likely to be more limited between the ages of 5 – 13 as these families have been unable to access consistent community support or therapeutic intervention
- There will likely have been costs to the health system in relation to repeated A&E visits and potential parental mental health needs as a result of unmet needs of children and young people
- The costs of step-down support from Tier 4 is unlikely to deliver significant cost savings although, if done well, has the potential to improve outcomes.

Based on these assumptions the potential experience and cost of the current system for an individual young person could be:



The following financial case is based on the combination of numbers of children and young people that are in scope of this project as set out above balanced against the number of children and young people within that group who are likely to be able to access these types of service and support for step down within the 1-5 year period as well as known effectiveness of these types of intervention. These assumptions are informed by evidence from the national key worker pilot and subsequent role out alongside the Short Breaks Innovation Fund pilots and previous evaluation of London-based approaches such as the Ealing Brighter Futures Evaluation²⁶.

The ambition of this concept is based on the assumption that over 5 years the combination of a preventative pathway, which gradually reduces avoidable crisis and enables young people to stay safely in their families and communities, will mean that higher cost placements will become even lower incidence and focused on those young people who need long term specialist residential support across a blended model of care, close to their communities, to enable them to thrive.

By pan-London investment of approximately £13.5m, made up of £3.5m capital, some of which is already secured, and approximately £10m revenue in year 1 and 2, London can pilot this combined new model of care and deliver initial cost reductions leading to tangible savings between years 3-5. Investment beyond year 1 can be achieved by the redirection of resources from high-cost placements stepped down or de-escalated in years 1-3 across all 5 ICBs as set out below.

²⁶ Ealing Brighter Futures Evaluation
https://assets.publishing.service.gov.uk/media/5fa42e90e90e070427e1b5c6/Ealing_Brighter_Futures_Longitudinal.pdf

Estimated costs of earlier intervention

In order to understand the full cost implications of the proposed model we have used the some of the costs set out in the existing proposals, alongside some alternative scenarios as set out below, as the basis to explore the potential for return on investment over time. The breakdown of the costings for implementing the elements of the pan-London model across the 5 ICBs can be seen in Appendix 1.

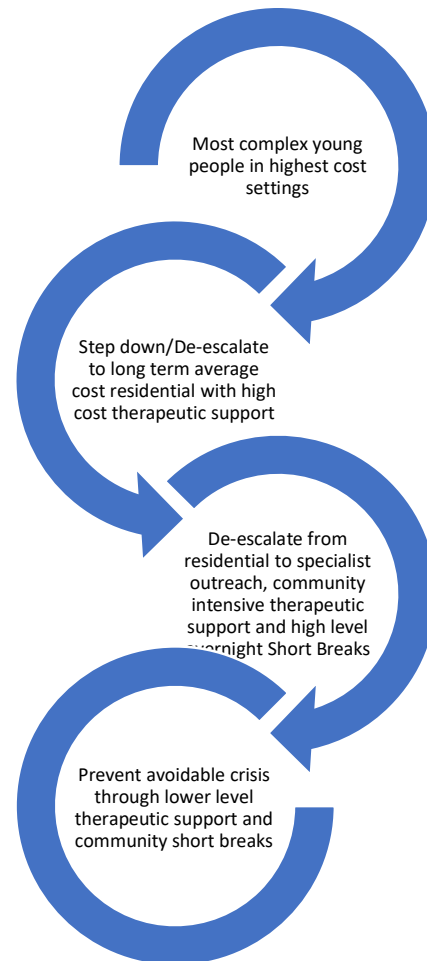
Based on potential costs, set out in the proposed accommodation support strand of the proposals in Appendix 1, focused on building up a network across London of homes that can step up, and step-down need to better ensure children and young people have a safe place to live either long term, or temporarily, there is a capital cost of £3.875m and a revenue cost of £300,000 per year. This includes both short-term crisis and overnight short break provision, alongside more long-term residential children's homes that would be part of a de-escalation approach.

Given the complexity of needs for those young people who are placed in high cost, low incidence placements the level of therapeutic and wraparound support for step down/de-escalation is likely to be needed at a higher level impacting both health and local authority budgets.

Step-down/De-escalation from crisis

Assumptions:

- New model of care will enable step down of a proportion of young people from the 33 highest cost placements across London.
- New model of care will enable de-escalation of a proportion of young people on the edge of highest cost placements to average cost long term placements with intensive specialist therapeutic support.
- New model of care will enable de-escalation of young people at red on the DSR and on the edge of average cost placements to high level specialist intensive therapeutic community support and high levels of overnight short breaks.



Rationale:

The young people in London's highest cost placements are those with the most complex needs. They will likely have experienced trauma as a result of multiple placement breakdowns and their behaviour as a result may mean they put themselves and others at risk. The scenarios explored in this financial case assume that to support this group of young people to step-down from this type of support it is likely they will still need some form of residential support with a high level of intensive therapeutic support.

Similarly, for young people on the edge of admission to the highest cost settings de-escalating from this type of support is likely to involve some form of residential support with a high level of intensive therapeutic support.

Therefore the financial model is based on the assumption that the step-down/de-escalation costs of the new model of care are a combination of the average cost of a placement as set out in the Top 330 report, £8665 per week, and the highest cost of intensive therapeutic support of ~£50,000 per year as set out in the Investing in Early Intervention Report (2022)²⁷ compared to the existing average weekly cost of the highest cost placements in London, £14,545 per week.

The young people at red on the DSR are in emerging/escalating crisis and at risk of needing long term residential support due to a combination of their needs escalating and the crisis leading to families being unable to continue in their caring role.

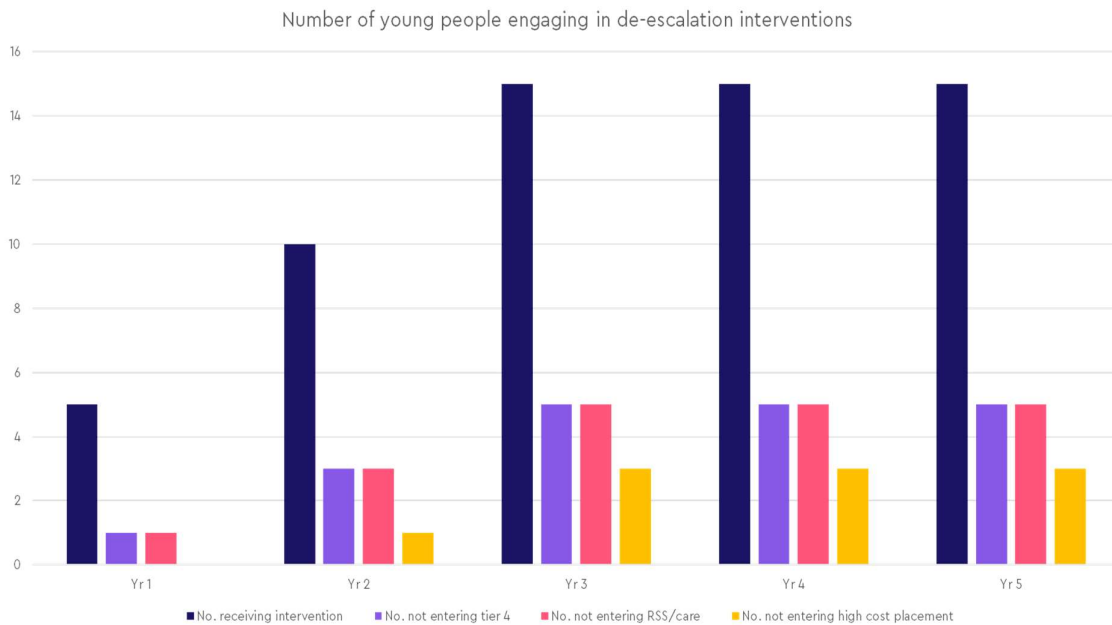
The financial model is based on the assumption that to effectively de-escalate children and young people from crisis preventing unnecessary long-term admissions to either inpatient or residential placements will require high levels of intensive therapeutic support along with high levels of overnight short breaks at a cost of £600 per night.

²⁷ Investing in Early Intervention Report, 2022, Challenging Behaviour Foundation.

Estimated numbers of young people

For the purposes of the financial case in this report it is assumed that services might support 5 new young people per year who present in avoidable crisis once operating at full capacity. In years 1-2 this is based on 3 ICBs operating services, increasing to de-escalation services in all 5 ICBs by years 3-5.

As set out in the graphic above and the graph below, our hypothesis is that between years 1-3 the impact of de-escalation interventions on admissions to Tier 4 settings and/or Residential Special Schools and care settings will gradually increase and then level out from year 3 – 5 in line with the capacity and proposed investment in these services. It is also anticipated that as preventative services increase the presenting need for de-escalation from avoidable crisis will reduce.



Prevention

Assumption:

- New model of care will prevent young people reaching avoidable crisis and keep children and young people safely at home with their family through effective early identification and lower level therapeutic support and lower levels of overnight short breaks.

Rationale:

Where children and young people's needs are identified and met earlier it is likely that a lower level of therapeutic and overnight short break support could prevent avoidable crisis however this would mean support being in place over a longer time period e.g. from diagnosis between age 5-11.

Assuming a lower level of the minimum therapeutic intervention of ~£15K²⁸ per annum and an average of 3 nights per month ONSB at a cost of £21,600 per annum this leads to an overall cost of ~£37K per child based on existing approaches.

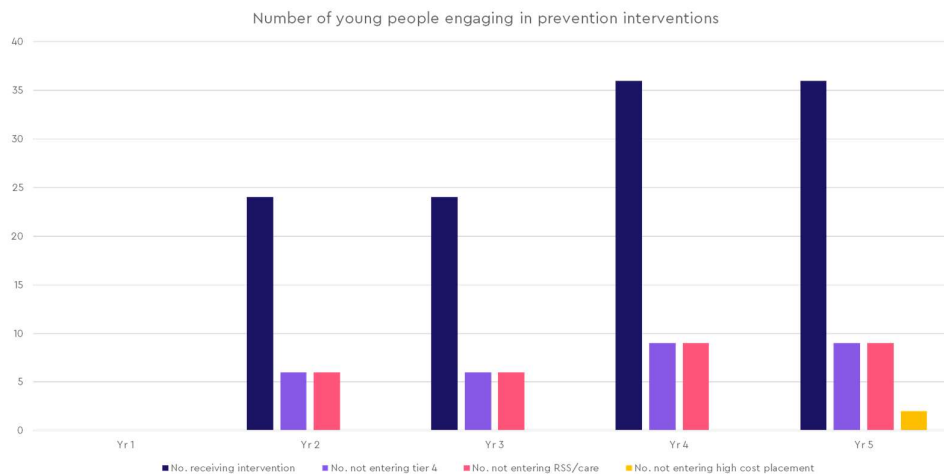
Based on potential costs, set out in the proposed preventative strand of work, focused on equipping hospitals, homes and setting to better cope with high level behavioural presentations likely to be indicative of an ASD/SEMH need, there is an overall capital cost is £800K and a revenue cost of £390K per year across pilots in 3 ICBs. This is equivalent to £180K per ICB per annum.

Estimated numbers of young people

For the purposes of the financial case in this report it is assumed that preventative services might support 8 new young people per year once operating at full capacity in the early stages of service set up. This is in line with the numbers set out in the Ealing Brighter Futures evaluation²⁹ of 6-8 new young people per year.

In year 0 we have assumed primarily set up activity and limited impact on engagement and prevention of high-cost placements. This is based on some of the learning from the set-up of innovative short breaks for this group of children from the DfE Short Break Innovation Fund. Year 2-3 is based on 3 ICBs operating services, increasing to preventative services across all 5 ICBs by years 4-5.

Our hypothesis is that between years 2-3 the impact of preventative interventions on admissions to Tier 4 settings and/or Residential Special Schools and care settings will gradually increase and then level out from year 3 – 5 in line with the capacity and proposed investment in these services. By year 4 – 5 it is anticipated that preventative activity could prevent just over half of young people engaged in this type of support from reaching avoidable crisis reducing the need for more intensive, higher cost de-escalation support.

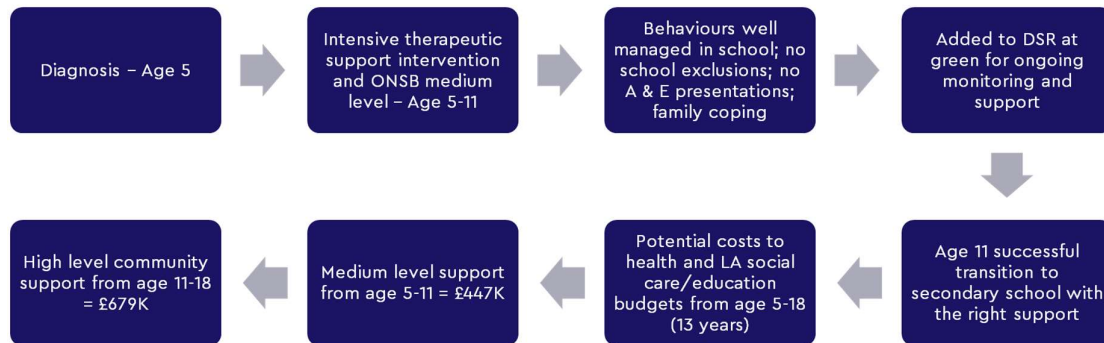


²⁸ Investing in Early Intervention Report (2022)

²⁹ Ealing Brighter Futures Evaluation

https://assets.publishing.service.gov.uk/media/5fa42e90e90e070427e1b5c6/Ealing_Brighter_Futures_Longitudinal.pdf

For prevention and de-escalation interventions we have assumed a reduction in admissions across Tier 4 and broader residential settings to be approximately equal which also takes into account the potential for some of these services to be jointly funded.



Reducing the cost of 'high cost' placements

Stakeholder engagement throughout the earlier phases of this project identified that perceived risk; lack of specialist knowledge and experience; and poor information sharing from assessments can lead to providers declining placements for young people due to matching and concerns about Ofsted ratings. By holding and managing risk more effectively earlier in the pathway we have hypothesised that it is possible to reduce the rate of growth in unit cost.

We have modelled the scenario based on a conservative deceleration in growth of unit costs. There are 2 ways in which this could be achieved. Increased specialist step up/step down settings embedding the new model of care will mean less young people reaching avoidable crisis and needing to be placed at a distance from London at costs of 38% higher than those young people placed locally. Additionally the new model of care should mean earlier intervention at lower levels of support and increased specialist workforce reducing providers perceived risk and the associated costs that are needed to be met due to young people with behaviour that challenges potentially requiring high levels of supervision and Deprivation of Liberty orders.

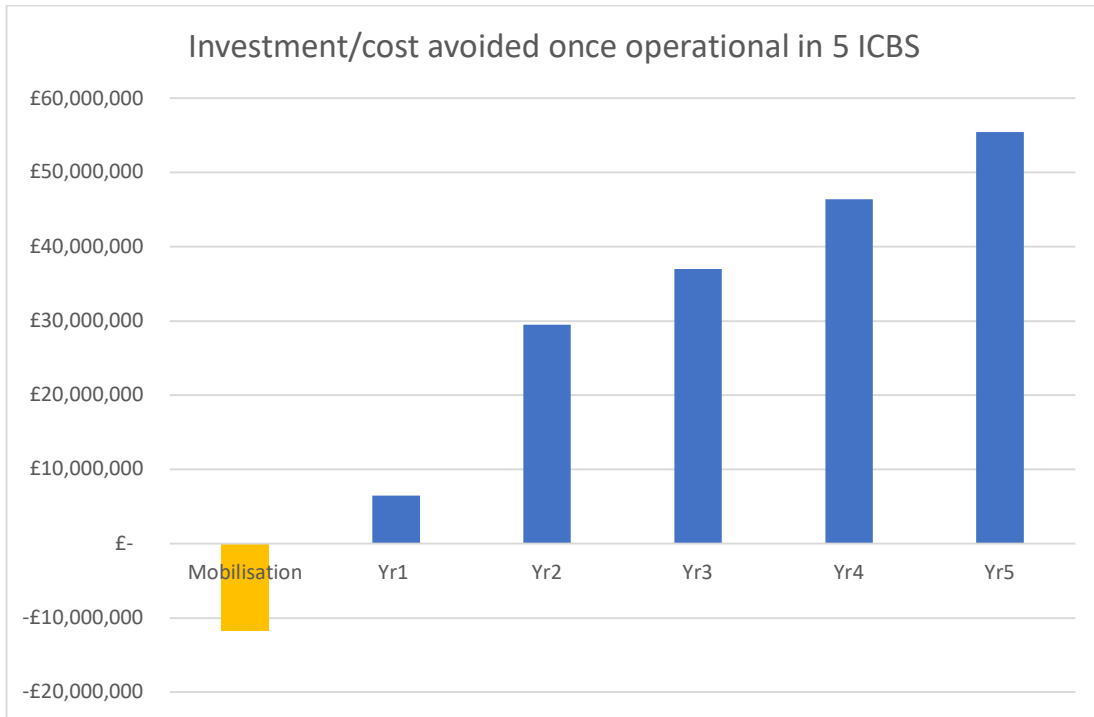
We have hypothesised a deceleration in growth of 25% generating a potential saving of between £60-£100K over 5 years per young person. This should be tested in more depth in the development of the ICB level business cases however it is supported by evidence from the Top 330 report which also suggests that the potential cost of placements where needs are not being met is an additional £100K per young person per year.

Financial modelling for the proposed solution

As set out in the sections above we have explored a variety of investment and cost scenarios across prevention, de-escalation and combination of these approaches.

There is potential for a return on investment enabling redirection of resources between years 3-5, when accounting for inflation and growth in the unit cost of placements. This assumes a phased approach where the step down and de-escalation service elements are effectively implemented from year 0 and beginning to deliver impact from year 1, as set out in the pan-London business case. It then assumes that the benefit of the preventative pathway will demonstrate impact by year 2-3.

This is based on an initial investment of £13.5m broken down proportionately across ICBS and rolled across years 0-1. With an additional capital investment of £2.3m rolled across years 2-3.



Based on the calculations the biggest return on investment is achieved through a combination of both de-escalation and prevention activity.

	Yr 0 (mobilisation)	Y1	Y2	Y3	Y4	Y5
Existing whole system costs pan-London (proportion of top 330 placements)	£133,765,372	£133,765,372	£146,696,024	£ 150,829,374	£155,086,725	£159,471,796
Potential costs of stepdown from 33 Highest cost placements (5 YP per year)		£26,509,220	£21,690,555	£19,830,209	£17,851,074	£15,747,756
Potential costs of De-escalation (20 YP per year)		£94,395,536	£89,581,487	£87,911,090	£85,738,863	£83,041,244
Potential costs of de-escalation from red on DSR (13 YP per year)		£1,235,000	£1,272,050	£1,310,212	£1,349,518	£1,390,003
Potential costs of prevention (57 YP per year)		£3,420,000	£3,522,600	£3,628,278	£3,737,126	£3,849,240
Total potential revenue costs of new model (based on de-escalation/prevention)	£10,000,000	£125,559,756	£116,066,693	£112,679,788	£108,676,581	£104,028,244
Potential capital costs of new model (phased approach)	£ 1,725,000	£ 1,725,000	£ 1,150,000	£ 1,150,000	£ -	£ -
Total cost of the new model	£145,490,372	£127,284,756	£117,216,693	£113,829,788	£108,676,581	£104,028,244
Potential investment/savings overall	-£ 11,725,000	£6,480,616	£29,479,332	£36,999,586	£46,410,144	£55,443,552

In the sub-regional pilot business cases we will seek to explore further how the investment in the delivery models that promote earlier support help to prevent high-cost crisis placements. Additionally, for the proposed pilot models focused on managing emerging crisis, we will seek to explore whether these services will support effective de-escalation to manage the time that young people spend in high-cost low-incidence placements, ultimately contributing to more effective investment of existing resources, better value for money, and improved outcomes for young people and families.

Appendix

The proposed preventative strand of work, focused on equipping hospitals, homes and setting to better cope with high level behavioural presentations likely to be indicative of an ASD/SEMH need, there is an overall capital cost is £800,000 and a revenue cost of £390,000 per year across pilots in 3 ICBs. This is equivalent to £180,000 per ICB per annum.

Figure 4: Table of ASD/SEMH Preventative Project proposed in RCC bid.

Project	Lead	Summary
Positive Behavioural Support Hospital Discharge Project	North West London (Brent)	Specialist agency provides in-reach support for young people to prevent escalating needs and the frequency and severity of challenging behaviours within the hospital setting. This agency will also support assessments and transition planning to a new placement (residential homes, with several engaged already), and support residential homes with additional specialist therapeutic knowledge and skills. This will upskill the residential market sector, increasing the residential homes' ability to successfully support young people to manage their challenging and complex behaviours, with the aim of positive outcomes for both the young person and the residential home. In some circumstances, a young person can be appropriately supported at home.
Home Treatment and Improved Neurodevelopmental Pathway	North Central London (NCL ICB)	The Home Treatment Team will meet the needs of the most complex CYP, addressing the rising acuity in MH presentations post pandemic and preventing inpatient admissions, targeted at Enfield (North Middlesex University Hospital) where need is greatest. Separately we will develop a ND pathway for all acute presentations. This will involve the creation of a hospital passport for known CYP and appropriate crisis intervention for all neurodivergent CYP. The focus of the project will be on creating a suitable environment; a sensory room and equipment, communication devices and training staff to respond to crisis in an appropriate way from onset.
SEND School Intervention Projects	South East London (Lambeth)	A network of 3x projects across schools in Lambeth Council – Capital funding will be used to ensure that there are spaces to best work with young people who have ASD/SEMH need, to prevent escalation into Alternative Provision and exclusion – which is a clear, known correlate towards Serious Youth Violence and more extreme need: 4. Resource base for females with ASD / SEMH at La Retraite school: Assessment places for girls with an ASD diagnosis but without an

		<p>EHCP to support continued access to mainstream and reduce risk of PEX and use of AP</p> <p>5. Trauma informed classroom / space at a school TBC: To increase the impact of school counselling and onsite therapy support in both primary and secondary school</p> <p>6. Alternative Provision Pathway in mainstream settings TBC: The creation of alternative provision settings attached to mainstream to reduce PEX and suspensions that impact on mental health, to reduce the use of part time timetables to reduce the impact on mental health on young people that have behaviour that challenges especially those diagnosed with ASD / SEMH</p>

The proposed accommodation support strand, focused on building up a network across London of homes that can step up, and step-down need to better ensure children with ASD have a safe place to live either long term, or temporarily, has a capital cost of £3.875m and a revenue cost of £300,000 per year. This includes both short-term crisis and overnight short break provision, alongside more long-term residential children's homes and for the purposes of the financial modelling, we have assumed to be the mechanism for the de-escalation aspects of the model.

Figure 5: Table of ASD/SEMH Accommodation Projects

Project	Lead	Summary
Children's Home with Sensory Space	South West London (Sutton)	Children's home provision for CYP with ASD, significant behavioural needs with sensory space in Garage conversion. To be utilised across SWL through a pathway to be developed
Overnight Short Breaks Unit	North Central London (Enfield)	1 new ONSB unit in Enfield (3 beds),
CYP Respite Project	North Central London (Haringey)	2 new residential units in Camden and Haringey (both 6 beds, already secured Capital funding)
NEL Tier 4 Step Down, Respite and	North East London (Newham)	Capital projects for ONSB, step down approaches to tier 4 and assessment/treatment units, residential provision for transition, residential provision for

Intervention Project		hospital admission avoidance and discharge, outreach family therapy for tier 4 and edge of care.
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