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Title: PACE and children living in Kinship Care

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You are watching a webinar about the PACE programme from the delivery team in CELCIS, at the University of Strathclyde. PACE is a Quality Improvement programme, aiming to reduce drift and delay in permanence planning for looked after children. These webinars were recorded in the spring of 2020, so please be aware that key changes in legislation, guidance and practice may have occurred since this time.



Hello and welcome to this webinar on the Permanence and Care Excellence programme, or "PACE", and children living in kinship care. I'm Kirsty Doull, a permanence consultant and acting permanence team lead at CELCIS.



The aim of PACE is to reduce drift and delay in permanence planning for looked after children. But what is "permanence"? The Scottish Government defines it as ensuring that every looked after child in Scotland will have a settled, secure and permanent place to live quickly and with minimum disruption to their young lives.

Permanence for children is emotional, do they really feel like they are safe and secure and know they will be staying where they are living? It's also physical, are they physically in the home they will be in and with the carers they will be with for the rest of their childhood?

It's also legal, are they staying with their permanent carers, secured legally?

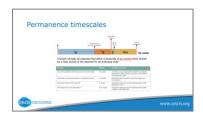


We know that there are essentially four legal routes to securing long term permanence for a child and they're noted on this slide.

The first one is remaining or returning to be cared for by birth parents. The second is being cared for by a family member or close family friend, which is "kinship care" and this can be secured long term by a section 11 order, which is sometimes known as a "kinship care order", or by a permanence order. A permanence order can also be used to secure a child or young person, in foster care for example. The final legal route is where the child or young person becomes adopted.



These are the four PACE aims that look to address drift and delay in assessing if compulsory measures are necessary for children who are looked after at home, and also improving timescales for decision making for children who become accommodated. Some areas choose to extend Aim 1 to include children living in kinship care on a compulsory supervision order. As a result, children in kinship care can fall within most, if not all, of the PACE aims.



This slide shows some of the key permanence timescales for decision making about where a child should live. It's important to note here that these apply to **all** looked after and accommodated children, which includes children living in kinship care.



So what did we learn about kinship care processes from the PACE programme? Many local authorities took a vastly different approach to permanence processes for children with a plan for living with kinship carers than for other looked after and accommodated children. This was despite the fact that in many of these local authorities, children living in kinship care made up the biggest proportion of that area's looked after children.



So why is looking specifically at children living in kinship care so important? In PACE we were very focused on the fact that we wanted to improve decision making processes for **all** looked after children. All children deserve the same scrutiny of their permanence plans and assessment of their carers, regardless of who is caring for them. We know that a lack of clear permanence processes can lead to delays in permanence decision making for children. So not having such processes for children in kinship care can lead to drift in their decision making.

It can also mean that discussions about some of the needs of children in kinship care might be postponed. For example, the different support available to young person in relation to continuing care, whether they have a section 11 order or a permanence order securing where they are living.

We also discovered that often systems were designed for a small percentage of children, such as those children living in foster care. When in actual fact, the majority of the children were living in kinship care.



In order to address these issues, we did a number of things. Some areas decided to have a sub-group from the PACE leads group on kinship care, a bit like the dedicated groups for each PACE aim. We also looked at local data to understand just how many children were affected by a lack of or different processes, and tried to learn from their circumstances, what could be improved upon, in order to progress their plans, and also what should be highlighted as a positive practice.

We also had many discussions around service planning and delivery in general, and around whether current systems suitably supported the children they served. For example, in one area, children living in kinship care made up nearly 60% of the population they served. Yet the process around decision making for these children, whilst there were processes, weren't as clear as for other children. The processes also didn't fully benefit from other support, such as administrative services, or, importantly, a clear forum for making a permanence recommendation for children.

So we talked a lot about how current systems were set up, and also about how to shift the balance in service delivery, so that more children could benefit from robust and supportive decision making processes.



Children living and kinship care emerged as an important theme as the PACE programme developed.

This was especially in light of the fact that the number of children living with family members or close family friends has risen across Scotland over the last few years. To the extent that in some of the areas we've worked with, children living in kinship care represented the highest percentage of their looked after children population.

Part of the work we did as the delivery team was to change the focus of the conversation, to emphasise that children in kinship care deserve the same scrutiny of their permanence plans, and the same timescales about decision making about who should look after them, as other looked after children.

However, we were also keen to emphasise that doing so does not change the fact that many children living in kinship care do not view themselves as being looked after. But more that local authority and other agencies still have duties to progress children's plans, regardless of where they are living.

We also focus on the fact that systems and processes need to focus on **all** children, not just a relatively small percentage of looked after children.



I've listed here and on the next two slides, some of the main change ideas that were tested, in relation to children living in kinship care. This is not an exhaustive list, but hopefully it gives a flavour of the kind of changes some areas were focusing on.

One of the key things that was tested, was having permanence recommendations made for children in kinship care, in the same way as for other looked after children. One of the reasons for this was that a few areas could see that they had a process for children in kinship care, and they knew the recommendation had been made, but they couldn't point to a dedicated part in the process or a forum that made that decision. So this test meant that this brought children in kinship care more aligned to the process that other children had.

Another key idea was introducing kinship care panels. These provided the same scrutiny of children's kinship permanence plans as other panels provided for other looked after children and they were generally used for the approval and review of kinship carers, as well as the scrutiny of a child's permanence plan to live with kinship carers. This was found to be incredibly successful and received excellent feedback from kinship carers. At least one area has now implemented this as part of their processes.

One area also addressed the issue that sometimes arose for social workers; when they were the child's social worker, who was necessarily supporting parents with a rehabilitation plan, while simultaneously assessing potential kinship carers in case rehabilitation of the tailored home to the parents was not possible. Social workers said that this was sometimes quite difficult, and there would be benefit in having another professional dedicated to only assessing the potential kinship carers. This was tested in one area and it was found to be very successful; both social workers found it beneficial to have dedicated roles in the assessment process. Kinship carers reported feeling very supported throughout the whole process.

A couple of areas with a high proportion of children in kinship care were also using the data and feedback from such tests to build the case for having dedicated kinship care social work teams, in the same way as there might be dedicated teams who support children living in foster care.



Another idea, that on the face of it seems relatively simplistic, is having children in kinship care follow the same decision making processes as other looked after and accommodated children.

This ensures that all statutory timescales are observed and also helps a bit of a shift in the conversation and culture towards children in kinship care being viewed as accommodated children, and therefore requiring the same scrutiny and planned timescales for decision making about where they will live, just as other children have.

However, it was never as straightforward as we might have hoped. Mainly because many systems could not support the huge increase in the number of children who would then require new things, for example a meeting to make a formal permanence recommendation. But is an important shift in thinking.

On the flip side of this is the idea to use the same timescales for decision making for children in kinship care as children living in other types of home. This means that even if the planning for a child in kinship care does not follow the same process, as the process for other children, recommendations are nevertheless still meet within the timescale set out for other children. This again, helps to highlight the need to prioritise making key recommendations for children in kinship care.



As well as testing changes to the system, we also looked at ways to improve practice.

One of the ideas around this was to hold joint training for social workers and children's hearing panel members on kinship care. This increased knowledge around the specific needs of children living in kinship care. One area worked with third sector colleagues to establish a kinship hub, which brought various support services directly to kinship carers.

Finally, we often looked closely at children's cases, and their journeys through the permanence planning system, taking a deep dive into what the data told us. This helped us to better understand the challenges to the kinship care processes, and also to identify areas of positive practice. This in turn, showed us what areas we should focus on improvement efforts on.



I just want to leave you with some final thoughts about children in kinship care.

One of the most important things is to remember that children living kinship care need and deserve the same robust decision making processes about their future as other looked after children receive. This can absolutely be done, while still acknowledging the unique care that kinship care provides for children and young people.

The systems we operate and need to support children in kinship care, and not only focus on other looked after and accommodated children. This also applies to the supports that are available and to discussions about various legal routes. In the future we need to be aligning all our improvement efforts with what the Promise of the Independent Care Review has told us about what children in kinship care need. As well as hopefully learning from what we have learned from exploring kinship care processes through PACE.

If you would like to know more about the PACE programme and Quality Improvement, you can find more webinars and other resources at <a href="https://www.CELCIS.org">www.CELCIS.org</a>.

If you have any specific questions, please email us at <a href="mailto:CELCIS@strath.ac.uk">CELCIS@strath.ac.uk</a>.

Thank you for listening.

Linked resources

CELCIS Knowledge Bank <a href="https://www.celcis.org/knowledge-bank/">https://www.celcis.org/knowledge-bank/</a>

Independent Care Review and The Promise <a href="https://www.carereview.scot/">https://www.carereview.scot/</a>