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Permanence and Care Team (PaCT) Programme Plan Phase 1 (January 2013 – December 2013)

Strategic objectives reviewed, updated and amended in June 2013

## **Background**

- 1. The Scottish Children's Reporter Administration (SCRA) published the <u>Care and Permanence Planning for Looked after Children in Scotland</u> report in March 2011[1]. This report considered the pathways and decision-making processes through the care and court systems in Scotland for 100 looked after children from the point they were first identified as at risk, to the point of adoption or permanence. The report highlighted the following key areas for improvement:
  - Decision making and implementation
  - Practice of the Children's Hearing system
  - Improvements to court processes
- 2. The Scottish Government responded to the SCRA report in June 2011 outlining clear expectations for improvement across permanence practice in Scotland. The Centre for Excellence for Looked after Children in Scotland (CELCIS) was commissioned to recruit a Permanence and Care Team (PaCT), charged with the development and delivery of a transformational permanence improvement programme.
- 3. The PaCT has been in place since September 2012. The PaCT programme initiation document was signed off by the Scottish Government and CELCIS in mid-September 2012. The programme is running in four phases:
  - Start-up phase (September to December 2012): `From awareness to decision`. This
    phase was critical as it gathered baseline information on key issues relating to
    permanence. During this phase the PaCT worked closely with local authorities and other
    relevant agencies to identify key areas of concern and strengths in the permanence
    process.
  - Phase 1 (January 2013 to December 2013): `From decision to action'. This phase will focus on practice and process improvements, and will secure the delivery of systemic improvements across the permanence system. These will be achieved through the delivery of direct work with partners. We will develop and enhance the connections between Local Authorities and other key stakeholders to ensure that good practice is divulged and learning is disseminated. We will secure process improvements across the permanence system by working in key target Local Authority sites across Scotland, and then spreading this practice Scotland wide.
  - Phase 2: (January 2014 to December 2014): `Developing improvement capability`. This

- phase will continue to deliver direct work with partners and will seek to refine improvements and secure on-going sustainable effectiveness.
- Phase 3: (January 2015 to March 2015): `Evaluation and reporting`. The PaCT will
  evaluate and report on the programme's impact and outcomes. If required, it will make
  recommendations for further changes to the system in order to secure the on-going
  sustainable effectiveness of practice across all local authorities and agencies involved in
  the delivery of permanence work.

## Vision and meaning of permanence

4. The PaCT vision is to secure sustainable improved outcomes for looked-after children, achieved through systemic, strategic and practice changes in processes, procedures and planning to ensure that safe, stable and appropriate permanence is secured for children and young people who require this. Permanence means:

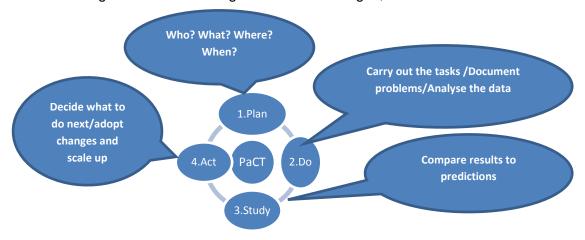
Permanence practice includes planning how best to stabilise families before care is needed. Permanence planning aims to support children's reunification with their families following an episode of care. When this is not possible or it is not safe to do so, its aim becomes to ensure that children have a secure, stable and loving family. In the UK, adoption and long-term foster care are the preferred options for permanence when reunification with birth family is not possible [2, 3]`.

Permanence for looked after children is not, however, simply about the type of placement. It is also, and perhaps more importantly, about the continuity and stability of relationships, the quality of care provided to children and a commitment to offering 'family' membership [4, 5]. Family being understood here in its broadest term to include any individual, group or institution committed to creating and maintaining an enduring relationship with the child; and where there is emotional investment and entitlement. Additionally, good quality care and family membership should be underpinned by legal security and adequate support.

## Principles and outline of PaCT programme

- 5. The PaCT programme plan is firmly based on the delivery of a change programme predicated on principles of improvement, stakeholder engagement, local ownership of issues and national sharing of good practice. This approach will provide opportunities for stakeholders to show where they add value to permanence and to understand the differences which they can make. We will work in partnership at all times, highlighting assets and creating anchors of sustainability for practice change and improvement, aiming to shorten avoidable delays and reduce stress in legal processes.
- 6. The change science we will apply is based on The Improvement Guide (Langley et al 2009) which offers a simple model of change intervention starting with 3 basic questions:
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What changes can we make that will result in improvement?

7. The change model runs through 4 continuous stages, as follows:



## **Testing**

8. Testing at each step is critical to ensure that the changes result in improvement and to provide time to deal with any unintended consequences of change. The overall PaCT programme has 3 month work tranches built in with each tranche ending in a one day study session to ensure that interventions are working. Individual packages of work will be studied and reported on monthly.

## **Tolerances for programme**

9. The programme will be delivered to time – by end March 2015, and there will be no slippage. The programme will be delivered within the set budget committed by the Scottish Government in the form of payment to CELCIS for the PaCT work. The programme will be delivered to quality through programme management methodology which includes clear governance, planning, robust stakeholder management and mitigation of risks and issues.

## **Controls for programme**

10. The programme will operate a fortnightly internal checkpoint reporting format and a monthly report to partners in each Local Authority where we are working.

#### Governance of programme

11. The PaCT programme is governed through CELCIS. The programme also reports on progress on a 2-monthly basis to the Scottish Government and updates are provided to the Looked after Children Strategic Implementation Group (LACSIG) Care Planning Hub.

## **Start-up phase outputs**

- 12. Commenced a literature review of permanence issues and practice in order to establish a common vocabulary and understanding of key permanence terms across our stakeholder groups.
- 13. Produced a vision for, and definition of, permanence.

- 14. Developed a diagnostic initial contact tool to use in our engagement with local authorities. This will assist in focussing on issues, emerging practice, blocks and opportunities.
- 15. Supported the Looked After Children Strategic Implementation Group (LACSIG) to deliver 5 consultation events across Scotland on care planning and permanence.
- 16. Produced the PaCT phase 1 programme plan which includes our indicators of impact.
- 17. Produced the PaCT Risks and Issues register which is updated on a monthly basis.
- 18. Arranged early meetings with SCRA and the Children's Hearings System to identify issues/challenges and areas of strength. Action plan to be developed first quarter of 2013.
- 19. Commenced early engagement work with the Scottish Government to support improvements in the legal system in relation to permanence issues and practice. An action plan is in place.
- 20. Provided a process map of the permanence journey for use by practitioners and managers.
- 21. Identified strategic themes which the PaCT will focus on in partnership with key stakeholders during 2013. These are:

Concurrency and the **Promote** Legal issuesimportance of early expectations and support to Scottish assessment aspirations for **Government who** including the children with are leading on these application of the disability and issues **Family Group** permanence -Conferencing **Knowledge Exchange** approach vehicle **Promote quality** Support on-going assurance and development of leadership - effective Promote use of permanence processes and **Permanence Orders** practice for social systems to ensure in conjunction with work staff, including robust outcomes and **BAAF and TFN** for children with a accountability disability promotion of IRO type role

22. The key strategic themes together comprise the elements required to change and improve in order to deliver a redesign of the permanence and care process. This whole systems approach is essential if we are to secure lasting and sustainable change.

#### Research

- i. Borders evaluation of their early year's intervention model.
- ii. Midlothian Exploration of rationale for the appointment of safeguarders by Panel Members and its impact on timescales in the decision making process.
- iii. South Lanarkshire evaluation of their developing concurrency model.
- iv. Evaluation of impact of partnership improvement approach with Stirling and Clackmannanshire

- v. Exploring children and young people's experiences of the permanence process.
- vi. Exploring the impact of (or lack of) permanence on children and young people.
- vii. Evaluation of Scottish Adoption's play therapy program
- viii. Scoping study on recruitment amongst groups who are traditionally less likely to come forward as prospective carers i.e. single people, LGBT, ethnic minorities and disadvantage communities (subject to funding agreement from the SG).
- 23. Clarified the issues in establishing a statistical baseline for permanence practice with a core data set which analyses the numbers of children and young people awaiting placement, as follows:
  - Numbers of children and young people awaiting permanence (see detail below).
  - The average length of time it takes for children to secure permanence (see detail below).
  - The average length of time for carer recruitment, matching, and an on-going support plan to be established (see detail below).

## Number of children and young people awaiting permanence

- 24. The number of children and young people waiting for permanence placements is not routinely collected by the Scottish Government and was not available on any of the data sources identified. Information provided by the Scottish Courts Service<sup>1</sup> however tells us that in 2011-2012:
  - 292 applications for Permanence Orders (POs) and Permanence Orders with Authority to Adopt (POAs) were lodged and 206 orders were granted (Information provided by the Scottish Courts Services do not distinguishes between POs and POAs).
  - 522 applications for adoptions were lodged and 463 orders were granted. This is not broken down in terms of which are adoptions from care and which include step parents.
  - 1160 applications for Residence Orders (ROs) were lodged and 694 ROs were granted (It should be noted that this information applies to all children, not just those who are looked after and accommodated, for whom specific information is not collected).

NB: There is no information about the status of those applications lodged but not granted in relation to the applications for any of the orders detailed above.

- 25. Scottish Government statistics indicate that as at 31 July 2011:
  - 271 looked after children and young people had a PO
  - 31 children and young people with this type of order ceased being looked after (The reasons for children and young people ceasing to be looked after are not recorded in the CLAS return)
  - 68 looked after children and young people had a POA
  - 38 children and young people with this type of order ceased being looked after (As
    aforementioned, the reasons for children and young people ceasing to be looked after are
    not recorded in the CLAS return. However, in this case, it may indicate that they ceased
    being looked after as a result of adoption orders being granted.)
- 26. There is no information available regarding the Early Years Collaborative measure of the proportion of looked after children who are looked after continuously for at least 6 months, for

 $<sup>^{1}</sup>$  Received via a Freedom of Information request  $\,$ 

whom a permanence decision was made within 6 months. The information in respect of children awaiting permanence requires a greater degree of scrutiny in terms of length of time of particular processes in particular decision making when local authorities decide to apply for orders or not.

## The average length of time it takes for children to secure permanence

- 27. The best estimate available of the time it takes in Scotland for a child to achieve permanence is provided by the SCRA care and permanence planning research which investigated the length of time it took for 100 children and young people to secure permanence[1]. This research highlighted that most commonly (29 children) it took between 24 months and 35 months to achieve permanency. This varied for the sample of children from 12.5 months to 10 years 10 months.
- 28. Recent research has shown that concurrency planning, where this is appropriate for the child, is an e effective way of reducing the length of time it takes to achieve permanency. In July 2012 <a href="Coram">Coram</a> published interim research findings from their concurrency planning project which indicated that concurrency planning can achieve adoption within 14 months for most children[6]. For children in the study, this resulted in a younger age at adoption compared to the English national average. In addition, none of the placements established by Coram had broken down.

# Average length of time for carer recruitment, matching, and an on-going support plan to be established

- 29. Recruitment of prospective adopters and foster carers is subject to two different processes. Whilst there is no statistical information consistently gathered nationally in Scotland, from the available information it can be suggested that from the point at which a prospective foster carer contacts a fostering agency or organisation the process is usually completed within 4-6 months.
- 30. Limited information was found in connection with lengths of time taken to recruit adopters, matching and support. One study carried out by Dance et al in 2008 reported that the assessment process for prospective adopters would entail around 64 hours of work and take up to six months to complete. An assessment of the child would typically take around 55 hours over 4 months. It was implied that the assessment would include matching. If the two processes were carried out simultaneously it is likely that the recruitment and matching process would take up to 6 months.
- 31. There is little information about the average length of time that takes to match carers and children or about the average length of time during which on-going support to carers is provided. The aforementioned SCRA research identified that for 50% of children it took less than a year between decisions about permanence being made and being matched to their permanent carers. For 17% of children it took 2 years.
- 32. The Early Years Collaborative measure of `knowing the proportion of children showing secure attachment to their primary carer` is not currently measured, although there is potential for this to happen through the reintroduction of the 27 month assessment provided by health visitors.

## PaCT's work activities

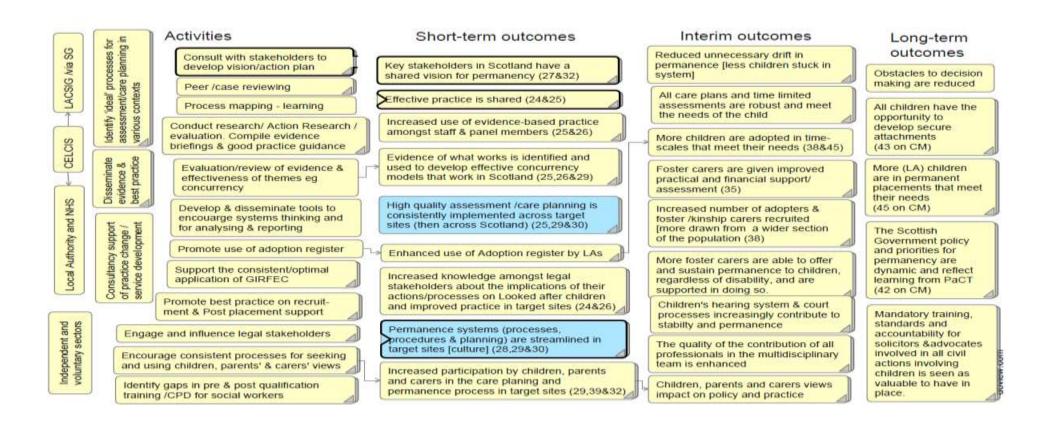
- 33. We have developed the suite of activities and interventions which the PaCT will provide. These are:
  - Research short term and long term research in to care and permanence issues.
  - **Peer review** process by which learning from discussion of case work is promoted.
  - Process mapping intervention to assist in understanding blocks/duplication in processes and to suggest improvements to reduce duplication and timescales and to support data sharing.
  - **Knowledge exchange** promotion by PaCT of relevant articles and research through use of local events and e-mail.
  - **Road mapping/visioning** process to assist teams/organisations to reach consensus on their vision and the steps required to achieve this i.e. the roadmap.
  - **Consultancy** partnership approach to support individual local authorities and organisations to continue to improve and to secure change.
  - Learning and development support through provision of Learning and Development and D interventions nationally and locally, that are tailored to suit the needs of individual organisations/local authorities.
  - **Stakeholder engagement** programme management approach to engaging and working with stakeholders.
  - Practice exchange workshops opportunities to promote emerging practice across Scotland.
  - **Transformational change support** application, in partnership, of programme management approaches to change and improvement which secure lasting impact.

## **Assumptions for PaCT Programme Phase 1**

- 34. The programme is based on the following assumptions:
  - Issues and challenges in permanence work exist and require interventions to improve.
  - Permanence practice and outcomes for children and young people can be improved.
  - Change will lead to improvement.
  - Action on inequalities is embedded across all PaCT interventions/activities
  - As far as possible, PaCT intervention and activities will seek to obtain children and young people's views – either directly, with the support of partner organisations, or through an exploration of the literature.
  - There remains commitment from key partners the Scottish Government, The Fostering Network, ADSW and BAAF.
  - Stakeholders will support the vision for permanence improvement across Scotland.
  - Increasing knowledge and skills in permanence will contribute to system change and improved practice and outcomes for children and young people.
  - PaCT can influence culture and systems change through partnership working. The PaCT team is mindful that individual or organisational fears may limit proactive changes in structures. A `no blame` culture is assumed to lead to practice learning and change which is sustainable. PaCT aims to promote that.
  - PaCT will `road test` changes with key target/partner Local Authorities evaluate these, and then use the learning to influence Scottish practice in permanence. Inherent in this assumption is that testing results can be scaled up and applied across Scotland.

## References

- 1. Henderson, G., L. Hanson, and I. Whitehead, *Care and Permenanece Planning for Looked After Children in Scotland*. 2011, Scottish Children's Reporter Administration: Stirling.
- 2. Schofield, G., M. Beek, and E. Ward, *Part of the family: Planning for permanence in long-term family foster care.* Children and Youth Services Review, 2012. **34**(2): p. 244-53.
- 3. Schofield, G., M. Beek, and E. Ward, *Part of the family: Planning for permanence in long-term family foster care.* Children and Youth Services Review, 2012. **34**(1).
- 4. Tilbury, C. and J. Osmond, *Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners*. Australian Social Work, 2006. **59**(3): p. 256-80.
- 5. Munro, E.R. and A. Hardy, *Placement stability a review of the literature. Report to the DfES*. 2006, CCFR: Loughborough.
- 6. Laws, S., R. Wilson, and S. Rabindrakumar, *Concurrent Planning Study: Interim Report.* 2012, Coram



# Appendix 1 The PaCT intervention plan – Phase 1 (January to December 2013)

Legend: Short-term Outcomes mapped to CELCIS Model for Change Outcomes

24 - Increasing number of evidence informed practices (for care, permanence & transition) implemented by an increasing proportion of agencies & the workforce 25 - Enhanced learning culture & infrastructure to support continuous learning & enable the application of evidence based practice in the sector 26 - Those in the sector are increasingly knowledgeable, skilled & qualified, and apply their learning in practice 27 - Enhanced partnership working, e.g. via shared projects, joint assessments, shared budgets/services 28 - Increased leadership & management knowledge and skills across the sector 29 - The care planning process is increasingly evidence informed, outcome focussed & measurable 30 - Interventions are increasingly delivered at the earliest opportunities & unnecessary delays/drifts are minimised 32 - Stakeholders are engaged in & influence service design, delivery & evaluation.