

CHILDREN AND YOUNG PEOPLE'S SERVICE

INDEPENDENT REVIEWING OFFICER'S

ANNUAL REPORT 2015- 2016

1.0 Purpose of the Report

1.1 This Annual Independent Reviewing Officer's (IRO) Report reflects the compliance, progress and contribution the IRO service has made to the outcomes for Looked after Children in Rotherham and against required statutory legislation as set out in the IRO Handbook and Care Planning Regulations (amended 2015). This includes quantitative and qualitative evidence relating to the IRO services for the period of April 1st 2015 to March 31st 2016.

1.2 Each Looked after Child or Young Person in Rotherham has an allocated IRO, which allows the IRO to build a relationship with the child or young person, monitor progress between reviews and address any delay in implementing the child's care plan in a timely manner leading to placement stability and positive impact for the child. The IRO monitors the child's care plan between Looked after Reviews and is informed of any significant events within the child's life to ensure positive outcomes for Rotherham's looked after young people.

2.0 Purpose of the Service and Legal Context

2.1 The Independent Review Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance, introduced in April 2011 and reviewed and amended in 2015. This most recent review strengthened the IRO role in relation to the wider overview of each child's journey through care, including regular monitoring and follow-up between reviews. The IRO has a key role in relation to the improvement of care planning for Children in Care, challenging drift and delay and ensuring the best possible outcomes for individual children.

2.2 The National Children's Bureau (NCB) research 'The Role of Independent Reviewing Officers in England' (March 2014) provides a wealth of information and findings regarding the efficacy of IRO services. The research outlines a number of important recommendations with three having a particular influence on IRO's work plan priorities:

- i) Where IRO's identify barriers to their ability to fulfil their role, or systemic failures in the service to looked after children, they must raise this formally with senior managers. These challenges and the response should be included in the Annual Report.
- ii) IRO's method for monitoring cases and how this activity is recorded should be clarified.
- iii) A review of IRO's core activities and additional tasks should be undertaken. There is a need to establish whether IRO's additional activities compromise independence or capacity.

3.0 Profile of the IRO Service

3.1 The Rotherham IRO Service is situated within the Safeguarding Unit and includes the foster care IRO. Other teams and services within the Unit include Child Protection Conference Chairs, Local Authority Designated Officer (LADO), Rights 2 Rights Service (Children's Advocacy) and Independent Visitors. The Vulnerable Lead for CSE and Missing, moved to be part of the MASH in March 2016.

3.2 In addition to the core function of the role for monitoring and reviewing Children's Care Plans, the IRO Service is also engaged as a 'critical friend' bringing challenge and support to the following:

- Meetings on individual cases such as strategy meetings, planning meetings, meetings under LADO procedures, TAP meetings and attendance at Life appreciation days.
- Training and development, including inputting to the training of Independent Visitors and Volunteers.
- Assisting with addressing of complaints and investigations.
- Supporting staff induction and awareness rising across the service.
- Providing opportunities for shadowing by other staff and students, to assist learning and development of the wider workforce.
- Highlighting good practice (by workers/partner agencies/carers), as well as feeding back evidence of poor practice, concerns about placements or safeguarding issues (through Dispute Resolution process and through liaison with LADO in cases of safeguarding issues and professionals/foster carers/ residential staff).
- A monthly contribution to the Practitioner Improvement Planning Group and we have a designated IRO Strengthening Families Champion.

4.0 Developing a Stable and Permanent Team

4.1 There has been ongoing change and development within the Rotherham IRO team since 2010 including after the Ofsted (2014) inspection. In April 2015 agreement was given to support additional IRO's being recruited to bring the IRO caseloads down to 60, so that the service could focus on qualitative measures to improve outcomes for looked after children. This included supporting IROs to visit children, establish a rapport and develop a relationship to capture their voice, wishes and feelings in relation to their care plan. The additional IROs were also expected to increase the capacity of the service to bring challenge and improve the oversight of

the quality of children and young people's journey through care. It was agreed that 2 further IRO's would be recruited, and agency staff were recruited during May, while permanent recruitment was undertaken. The team experienced additional changes with 2 longstanding staff members leaving the authority, bringing the overall number of agency staff to 4, in October 2015.

4.2 At the end of March 2016 there were 432 looked after children and 7.5 IRO positions. With 6 permanent IRO's and 1 agency IRO, average caseloads were 61.7 per IRO. The 0.5 IRO post is currently under review.

4.3 Across the IRO team there is a wealth of relevant experience and knowledge. Three experienced Team Managers / Advanced Practitioners have been recruited to the role. The Team has benefited from recruiting staff with recent frontline experience and a variety of good and best practice expertise. The team is also now more representative of the children and young people in care in terms of gender and ethnicity of children in Rotherham.

4.4 A new permanent Head of Safeguarding & Quality Assurance is now in post following a succession of interim and temporary arrangements. The internal management arrangements are currently under review with a proposal that additional management capacity is agreed to allow more focused support and oversight of the IROs.

5.0 Improvement Activities for 2015-2016

5.1 The IRO Work Plan priorities that have been progressed during the past 12 months include the following:

- a) Ongoing individual and team evaluation of the Dispute Resolution activity including feedback via the performance meeting framework to senior managers.
- b) A review of the IRO Dispute Resolution and Child Protection (CP) Conference Chair Escalation process has been completed for consultation in June 2016.
- c) Robust strategies for ensuring reviews are held within timescale have been put in place, with performance improving around timeliness at the end of the year as a result. The recording of key themes and patterns associated with reasons for delay has helped to address key areas of practice with social work teams.
- d) The timeliness of reports produced by the IRO from the review meeting is an improving picture, following robust monitoring on a weekly basis and work with individual IROs to address any identified backlogs
- e) IRO visits to young people are now recorded consistently and have improved with 41% of **all** looked after children having been seen between January and the end of March 2016. This is the first time that data has been available in relation to this element of practice and gives the opportunity to provide focus and measure improvement. The expected standard is that each child should be seen a minimum of once between each statutory review.

- f) The IRO team have worked to ensure that 'monitoring discussions' are recorded on CCM and are used to resolve concerns around informal concerns, progress key actions and prevent any anticipated or actual drift and delay in decision making and care planning. This has helped to increase the visibility of the role of IRO as 'critical friend' by bringing attention to the informal resolution work undertaken by IRO's. However, this needs to improve further to be more focused on achieving identified outcomes for children and young people and formalising resolution work.
- g) The service has worked with the Young Inspectors Team to explore feedback from young people about the service. The exercise included a very small cohort and feedback showed that the children and young people who were asked felt that the IRO service was '*excellent*' or '*good*'. A number of suggestions for areas of development were received and these are being followed up.
- h) The IRO Team has worked on a regional basis with CAFCASS to meet and build on relationships and communication to support a good practice protocol around the Public Law Outline (PLO). This has helped to ensure that where there are issues within proceedings, IRO's, allocated Social Workers and children's Guardians have worked together to support the best outcome for the child.

6.0 Quantitative Information - Looked After Population and the IRO Service

6.1 At the end of March 2016 there were 432 children in Rotherham's care which equates to 76.6 per 10,000 populations. Although this still places the local authority broadly in line with statistical neighbours this is far higher than the national average and there is an upward trajectory as admissions to care have increased.

6.2 A national benchmarking survey, undertaken in December 2013 identified that the average caseload for IROs ranged between 50 and 95. The IRO Handbook which outlines the statutory guidance for IROs and Local Authorities indicates that an IRO caseloads should be between 50 and 50 (IRO Handbook (2010) page 50, section 7.15).

6.3 Within RMBC, IROs have had caseloads of between or around 62 per FTE worker during 2015 - 2016. The addition of new IRO positions caused caseloads to reduce in May 2015.

6.4 Practice improvement strategies continue to highlight that there is no room for complacency and there are on-going pressures to assure standards of practice. For example, to ensure reviews are being held within timescale, reviews are scheduled every 5 rather than 6 months, and to counter the potential risks for children placed in 'out of area' residential and independent fostering agency placements the IROs now prioritise visits on a regular basis.

6.5 These measures have improved relationships between IROs, children and young people but have also created workload pressures in relation to time and travel commitments to visit placements outside of the South Yorkshire area. There

continues to be a high proportion of looked after children and young people placed some distance away from Rotherham. IRO caseloads need constant monitoring and to keep them at the low to mid-way range (50 – 60) as opposed to the mid-way to high range (60 – 70) to manage these pressure effectively. The service has a vested interest in ensuring that the department has sufficient, high quality local placements, to support local children and young people.

6.6 Through the reporting period in 2015 – 2016, there have only been 3 months where the number of children leaving care has been higher than the number of children entering care. Overall 208 children and young people have entered care and 192 have exited care.

6.7 Of the 208 children the age breakdown is as follows:

| Age | No. of admissions |
|----------------|-------------------|
| Up to 2 years | 64 |
| 2 to 4 years | 32 |
| 5 to 9 years | 40 |
| 10 to 15 years | 52 |
| 15+ years | 20 |

The above data reflects the high number of current care proceedings, including in relation to younger children. Cafcass (April 2016) published data to show that there has been an overall increase in the volume of care proceedings nationally and that in 2015 / 2016 there was a national increase of 14% compared to 2014 / 2015. At a local level, Rotherham has seen the volume of care proceedings increase year on year with 2015 / 2016 data showing that there was a 30% increase compared to 2014 / 2015.

6.8 The number of sets of care proceedings, which refers to sibling/family groups as opposed to individual children, issued by Rotherham since 2012/2013 is outlined in the table below:

| Year | Number of care proceedings issued by RMBC |
|-------------|---|
| 2012 - 2013 | 77 |
| 2013 - 2014 | 84 |
| 2014 - 2015 | 95 |
| 2015 - 2016 | 123 |

6.9 Analysis of the data and professional opinion about the reason for the local increase in volume includes the following:

- a) The increasing complexity of individual cases (CSE cases, forced marriages, international components relating to Eastern European families, human trafficking, radicalisation, etc...)
- b) New areas of work that are emerging (e.g. the increasing number of disclosure requests for social care records from the Police, NCA and CPS)
- c) The number of new born babies which require care proceedings to be issued and the continuing trend to issue care proceedings to remove babies from parents who have had previous children removed from their care.
- d) The recent MASP / PLO Proceedings Panel review recommendations to raise standards resulting in new arrangements to convene early and robust Legal Gateway Planning Meetings
- e) The 'legacy' issues and necessary targeted improvement work that is on-going in CYPS to address previous poor practice and performance
- f) The outcome of the Children Act 1989 section 20 review in the wake of the Re N judgement aimed at avoiding the 'misuse and abuse' of section 20 arrangements

6.10 The conversion of children being subject to a Child Protection Plan and becoming looked after has also continued to be high. The Children's Improvement Plan, which seeks to address the Ofsted (2014) inspection recommendations and Commissioner's priorities, includes reference to the effective use of PLO to secure timely legal protection and permanent alternative care where necessary and appropriate.

6.11 There is also an increase in the number of adolescents coming into care, which can be traced back to the focus on improving outcomes for young people, especially those at risk of Child Sexual Exploitation (CSE). The admission of older young people into care also highlights the lack of a robust 'edge of care' service. This service gap has been recognised and is being developed as part of the current 'Sufficiency Strategy' and Medium Term Financial Strategy (MTFS).

6.12 The admissions into care and number of exits, along with the number of unplanned placement moves, impact on the number of looked after reviews required for each individual children and young person. Over the year, there have been over 1200 statutory LAC reviews completed and logged by the IRO service.

7.0 Participation of Children and Young People

7.1 In relation to young people engaging and participating in their looked after review, performance data highlights that over 2 thirds of LAC reviews involved the young person attending, contributing themselves or using an advocate to act on their behalf. In 93% of reviews the IRO had some form of contribution from the child. This includes contributions in writing, via an IRO visit, though children and young people attending their review and professionals observation (age appropriate observations for young children). The outstanding 7% are those children who are so-called 'difficult to engage' and there is a service commitment to establish a task and finish

group to focus on alternative and more innovative ways to capture their voice through other means.

7.2 IROs verbally report that young people have chaired their own reviews but this is not formally reported and work is currently underway to engage young people in establishing a formal process to support this role and this will be an intrinsic part of each IRO's development plan this year.

8.0 Permanence Outcomes

8.1 Permanence outcomes for looked after children is a key way for IRO's to be able to monitor their impact and added value to measure where positive outcomes have been achieved for children and young people.

8.2 During 2015-2016, the majority of children have achieved permanency through the following routes:

| Permanency option | Number of children/young people |
|-------------------------------|---------------------------------|
| Return home to person with PR | 73 |
| Adoption | 43 |
| Child Arrangement Order | 17 |
| Special Guardianship | 16 |

8.3 The remaining young people who ceased to be looked after either left care because they became 18 years old and were eligible for Leaving Care Services and had a transition to Adult's Care Services, or moved to the care of another local authority.

8.4 Internal Audits have highlighted the need for earlier and more robust IRO involvement, where there are proposed plans for children to be rehabilitated home. IRO's have over the past year, challenged planning in relation to children and young people returning home or moving to a relative's care, on the basis of the assessments and the evidence on the child's file. This has meant that when children have then returned home, the plan of support that has been put in place has been much clearer, and where a return home is not possible, an alternative permanency plan has been progressed. This is an area that requires further improvement, with the communication between the IROs and SW teams being pivotal.

9.0 Care Plans

9.1 The rate of Looked after Children (LAC) with plans has been consistently good over the year at over 98%. The 2015/16 year end position of 98.4% shows that there has actually been a negligible drop of 0.4% on the 2014/15 figure of 98.8%. Pathway Plans have seen a significant improvement of nearly 20% up to 97.5% when compared to 2014/15

9.2 The IRO plays a key role in ensuring the quality of plans for looked after children in terms of securing good outcomes. The new Children in Care Management Team

and wider Children in Care Service is renewing the focus on maintaining compliance regarding completed plans but are also focussing on the quality of Care and Pathway Plans. The Beyond Auditing programme has a scheduled 'deep dive' starting with the Children in Care Service for April – May 2016. This will provide the Children in Care and IRO Services and opportunity to focus on the findings and agreed recommendations for improving quality. There is already some planned changes to the preparation document that IROs complete and this will support the 'grading' of plans to support this work and improve the quality of plans for every looked after child and young person.

10.0 Placement Stability

10.1 At the end of March 2016, 72.7% of long term Children in Care had been in the same placement for at least two years. This placement stability is better than the national average of 67% however, it is important to be confident that what appears to be stability is not in fact masking possible 'drift' in planning for children. There has been a renewed focus on reviewing and providing challenge by the Senior Management Team, Children in Care Service and IROs especially in respect of children and young people who have been in residential care for extended periods. This has led to increased rigour and a number of planned placement changes.

10.2 There was 11.9% of LAC that had been in three or more placements in the last 12 months, this is slightly above the national average of 11.0%. This reflects some concerns about the viability of the matching process linked to the availability of good local placements.

11.0 Health and Dental Needs

11.1 The percentage of children looked after for 12 months or more who have had a dental check and the required number of health assessments has been very poor in previous years. This has seen a real improvement with an improvement in joint working with Health. Performance data has shown an improvement from 81.4% in March 2015 to 92.8% in March 2016 for health assessments and from 58.8% in March 2015 to 95.0% in March for 2016 for dental assessments. A key area where improvement continues to be needed is in ensuring the initial health assessments are completed within the initial 20 working days, as this is still a key issue in relation to some issues raised at the first looked after review. Performance in this respect is much lower and will be a key focus for IROs in the coming year.

11.2 In relation to the emotional health needs the Rotherham Therapeutic Team (Formally LAACST) undertakes the SDQ (strengths and difficulties questionnaire) in line with government PI requirements to give us an understanding of the emotional health of our children in care for over a year. From April 2015 to March 2016, over 300 SDQ's were sent to residential carers, foster carers and family carers. 197 were returned (181 the year before), and approximately 85 were not returned by carers despite being sent at least twice. The IRO is in a key position to ensure that completion of the annual SDQ is prioritised and there will be concerted focus over the coming year to see this level of completion improve, via the LAC review process.

12.0 Educational Needs

12.1 There has been good improvement within the year with 97.8% of children now having a Personal Education Plan (PEP) in place compared to 68.7% at the end of

March 2015. Furthermore, 95% of children in care have a plan which is less than six months old compared to 76% at March 2015. The recent independent review of the Virtual School has acknowledged the positive impact of the recent management strategy and direction of travel of the Virtual School. The Children's improvement plan includes specific priority actions to ensure that every child and young person has a PEP in place and to ensure that none of these are older than one academic term. IRO's have provided feedback about accessibility to the completed PEP and the visibility of the child's voice, which have all been addressed and are now regularly reviewed by the IRO's.

12.2 We are also able to track the quality of the provision received by our children and young people looked after who are accessing statutory education provision. The following figures are from September 2015. Out of 255 young people, 192 (75%) were in a good or better provision. There were 46 young people in a RI (requires improvement) provision and 15 in an inadequate provision. The virtual school is clear that it will not place a CIC in an inadequate provision, but where a young person has attended the school and the grading changes, there would be immediate consideration to how the setting meets their needs and if a move is in their best interest, or if the continuity of the setting and agreed action plan can mitigate this. The IRO would again play a key role in the review of any proposed changes in education via the Lac review process.

13.0 Care Leavers

13.1 The number of care leavers has remained relatively stable throughout the past year at between 190 and 200 young people. At the end of March 2016 this was 197. There was 96.5% of young people suitable accommodation, a slight drop on the previous year of 97.8% but still above the national average of 77.8%. There were 68% of young people in education, employment or training, which is above the national average of 45% but a drop on the previous year of 71%. IRO's have raised concerns about the gap in provision of PAs for Care Leavers. Within RMBC the young people retain their allocated social worker, and in addition have an allocated PA who supports them to prepare for independence. Staffing issues and the volume of young people, has meant that not every young person has had a PA and this is now being addressed.

14.0 Timeliness of Reviews

14.1 Through this period 83.3% of reviews took place within the statutory timescales, which is a drop from the previous years. In 2014-15 timeliness of review was at 94.9% and in 2013-2014 it was 98.6%. The key reason for this has been due to a change in recording practice. In previous years IRO's have completed reviews as a series of meetings, using the start date to keep a review within timescale. This practice ran the risk of masking a lack of timeliness in some cases and has therefore been changed. This current practice includes a plan to schedule reviews at the 10 weeks or 5 months point to allow time for reviews to be re-arranged and re-booked in timescales if required. The main reasons for reviews being postponed and rearranged in timescale are:

- Lack of appropriate documentation
- Social worker sickness
- Changes in placement

14.2 For review meetings that have been held out of time, the reasons are the same as above with the addition of:

- Turnover of permanent / agency IRO's
- Request of carers or parents.

The key reasons continue to be Social Worker sickness and lack of appropriate documentation. These key issues have been highlighted with managers and there is some improvement around IRO's and review reports and how worker sickness is being managed and communicated to the IRO Team.

14.3 Given performance in this area, there is currently robust management oversight and scrutiny of any 'at risk' reviews to ensure that practice improves.

15.0 Qualitative information - Achievements and Impact of the IRO Service

15.1 IRO Monitoring and Challenge

15.2 The IRO Handbook and Care Planning Regulations (2010) clearly place responsibility upon the IRO to 'monitor the child's case' on an ongoing basis. There is the expectation that the IRO will challenge managers where necessary and 'champion' positive care planning which is timely and relevant in respect of individual children. As a part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent and to identify any areas of poor practice. IRO's seek to ensure good outcomes for children. They do this on an individual basis through the quality assurance role they have within the LAC Review process.

15.3 The IRO's undertake considerable work in seeking to resolve differences of opinion informally. Such 'informal concerns' are communicated in writing to the Social Workers and Team Managers along with the key actions, within 24 working hours of the review meeting taking place. This record is placed on the child's file with a clear request that the Social Worker and Team manager feedback to the IRO on how the issue will be addressed.

15.4 The Dispute Resolution Process

15.5 Where the informal resolution has not supported the agreed identified outcome being achieved for the child / young person, the IRO has a statutory duty to progress this through a formal Dispute Resolution Process (DRP). The IRO Handbook and

Care Planning Regulations outlines the requirement of each Local Authority to have in place a local 'Dispute Resolution Process' This is a formal process through which an IRO can escalate their concern to the appropriate management level.

Rotherham's Dispute Resolution Process (DRP) was formulated in January 2011.

15.6 In Rotherham this means:

- **Stage 1** - is directed to the team manager to address (response within 10 working days
- **Stage 2** - is directed to the service manager to address (response within 5 working days)
- **Stage 3** - is directed to the Assistant Director (response within 24 hours)
- The final stage - is a referral to CAFCASS

The process should resolve issues within 20 working days.

15.7 IRO Activity from April 2015 to March 2016 in respect of resolving informal concerns and matters which are progressed through the formal Dispute Resolution Process

| | Informal Concerns | Stage 1 DRP | Stage 2 DRP | Stage 3 DRP | Contact with CAFCASS |
|--------------|-------------------|----------------|----------------|----------------|----------------------------|
| April 2015 | 4 | 5 | - | - | - |
| May | 1 | 13 | 2 | - | - |
| June | 3 | 13 | 4 | 1 | - |
| July | 6 | 7 | 1 | - | - |
| August | 1 | 3 | 1 | - | - |
| Sept | 14 | 15 | 1 | - | - |
| October | 8 | 6 | 2 | - | - |
| November | 7 | 7 | 1 | - | - |
| December | 4 | 7 | 3 | - | - |
| January | 3 | 10 | 1 | - | - |
| February | 11 | 16 | 1 | - | - |
| March 2016 | 4 | 12 | 2 | - | - |
| Total | 66 | 113 | 19 | 1 | 0 |

15.8 Identifying good practice, problem resolution and escalation:

IRO's have had to challenge practitioners and managers informally on 66 occasions and formally on 133 (see above). In 2014/15 the comparable figures were higher at 174 for informal concerns and 190 formal disputes. This is in part a reflection of the increasing management grip on case work and the impact that this had had for children and young people in care. Of note, IRO's have noted improvements in relation to the timeliness of visits, the quality of contact between children, young people and their allocated Social Workers and completion of Personal Education Plans.

15.9 All informal challenges related to a mix of issues including the following:

| Reasons | Number |
|--|--------|
| Care Plan not being associated | 10 |
| Statutory visits not being completed | 10 |
| Chronologies not being updated | 3 |
| Concerns about management oversight of plans | 15 |
| PEP documents not being on file after meetings have been completed | 8 |

15.10 Challenges escalated to the formal dispute levels have included a similar mix of issues with 113 cases referred to Team Managers, 20 cases escalated to Service Managers and 3 cases being escalated further for resolution.

15.11 These figures do not reflect the full extent of the work done by IROs to flag up issues as part of the regular preparation before reviews. Intervening early and monitoring between the reviews ensures that routine issues are resolved in a timely manner and before the reviews take place.

15.12 Issues that have been raised in DRP1, 2 and 3 have related to the following issues, which seem to be ongoing themes for the year.

| Reasons | Number |
|---|--------|
| Statutory visit records not containing details of visits | 36 |
| Concerns about care planning – 'drift and delay' | 21 |
| Supervision gaps | 5 |
| Concern about decision making including safeguarding & risk management in placement | 23 |
| Delay in Health assessment taking place | 4 |
| Missed PEP | 14 |
| Delay in application to revoke Placement Orders | 5 |
| Delay in permanence planning in respect of SGOs | 4 |
| Lack of updated Care Plan | 4 |
| Delay in progressing adoption | 1 |
| Transition to Adult Care Services & delay in ACS assessments | 4 |
| Lack of available Pas in Leaving Care & impact on independence | 4 |
| Delays in finding appropriate therapeutic resources (when approval given) | 4 |
| Lack of assessment regarding contact arrangements | 13 |
| Robustness of viability assessments for care / rehabilitation to family members | 9 |

(Please note that for some escalations there are multiple issues highlighted which have been counted individually, to allow for oversight of emerging themes and issues)

15.13 In 2015 / 16 there have been some challenges regarding managerial responses. As part of the service's drive to offer high challenge and high support, the Dispute Resolution Process has been reviewed in order to demonstrate greater transparency about the way in which concerns have been resolved. The proposed changes will be subject to a consultation period in June 2016 and implementation of the agreed changes will be implemented in July 2016.

15.16 Quality of Care Planning

IROs monitor the quality of care plans and have raised concerns individually around the quality of the care plans via the DRP. Moving forward there will be more rigorous and systematic feedback provided about the quality of assessment and planning and the extent to which the child's voice is heard. The proposed grading system at the point of each review will allow the service to reflect on evidence about standards for individual young people, the performance of individual teams and the service as a whole. IROs routinely check that the care planning process has helped children and young people to have their say about matters important to them and helped them to understand what is happening and why.

15.16 Whilst IROs have raised issues of concern regarding the corporate parenting function in year, the impact of IROs in achieving change and better outcomes for children must become more visible. Work with the team has begun in this regard and will continue in the forthcoming year.

15.17 Supervision and Training of IROs

IROs have scheduled supervision as well as ad hoc supervision and supervision when required. These arrangements have been impacted upon by the Operation Manager's span of control having 16.5 direct reports. A solution to this has been agreed and with an interim plan being in place in June 2016 whilst longer term permanent arrangements being proposed by the Head of Safeguarding and Quality Assurance shortly thereafter. All IRO's have had a Personal Development Review (PDR) which includes a learning and development programme and encouragement to take up relevant opportunities. Moving forward whilst the service and management support is under review it is anticipated that the IROs will have more direct support and supervision and greater management scrutiny.

15.18 Any Resource Issues Putting at Risk the Delivery of a Quality Service

The IRO team has been through a challenging year and is now looking forward with renewed enthusiasm and focus. Under the leadership of a new permanent Head of Service, with increased capacity at Operational Service Manager level and a largely permanent and more stable IRO team it is anticipated that the 2016 / 17 year will be positive.

15.19 The number of existing looked after children and young people and focus on delivering the improvement priorities will continue to place pressures on the IRO service. This will mean that regular case discussions will be required to prioritise key tasks to ensure continued compliance with statutory guidance. The caseloads and capacity of IROs will be kept under regular review.

16.0 Areas for Improvement and Development - IRO Service Priorities for 2016 to 2017

There are a number of priorities for the IRO Service over the next 12 months to:

- a) Further improve the consistent contribution of children and young people to their own review process, including where possible helping young people to chair their own reviews;
- b) Maximise the positive contribution of parents and carers to children's looked after reviews and implement more effective ways of doing this;
- c) Implement a revised Dispute Resolution Process that focuses on impact and outcomes measures so that key issues are addressed for individual children and young people and thematic issues are captured across teams and services;
- d) Ensure that the timeliness of reviews improves on the previous performance and reaches a minimum target of 95% of reviews being completed within timescales;
- e) Ensure that all reports from the reviews are distributed with 20 working days of the review being completed;
- f) Ensure that IROs are establishing a clear judgement about the quality of care at each review and, using their knowledge and influence, improving the standard of practice for each child and young person in care;
- g) Introduce a programme of audit, observation, feedback and challenge for IROs to ensure an efficient and transparent service that maximises good outcomes for children;

- h) Strengthen management arrangements within the Safeguarding and Quality Assurance Service through a restructure of the current management arrangements;
- i) Work with services to improve the timeliness of health assessments and dental checks;
- j) Pay particular attention to the Care Plan for children at home on care orders or returning home from care, ensuring that this is a safe plan and that there is a planned and timely exit from care.

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May 2016