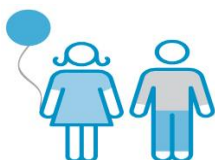


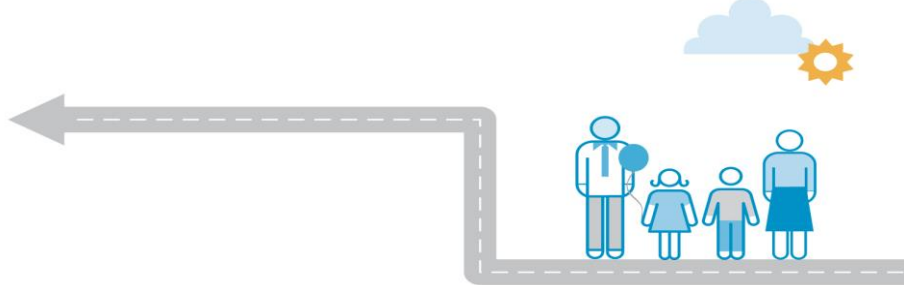
**City of London Corporation
Department of Community and Children's Services**

**Independent Reviewing Officer (IRO)
Annual Report 2015/2016**

***The Contribution of the Independent Reviewing Officer to Quality
Assuring and Improving Services for Children in Care***

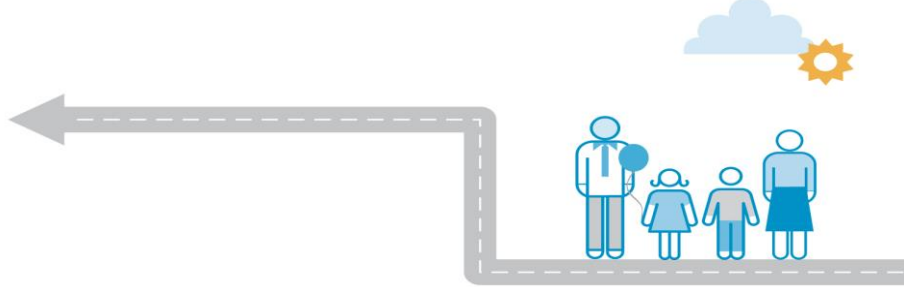
June 2016





CONTENTS	PAGES
1 Purpose of Service & Legal Context	3
2 The IRO Service	4
2.1. Local Arrangements	
2.2. Professional Profile	
2.3. Scope of the Service	
3 Service Activity	6
3.1. Children in Care	
3.2. Statutory Reviews	
3.3. Consultation and Participation in Reviews	
3.4. Children's Rights	
4 Quality Assurance of Services to Children in Care	14
4.1. Care Planning	
4.2. Placement Stability	
4.3. Education	
4.4. Health	
4.5. Achieving Permanency	
4.6. Practice Recognition and Dispute Resolution	
5 Quality Assurance of the IRO Service	19
5.1. Supervision and Management Oversight	
5.2. Performance Monitoring	
5.3. Case File Auditing	
5.4. Children's Views	
5.5. Social Workers' Views	
6 Overview	22
6.1. Achievements	
6.2. Areas for Improvement	
6.3. Conclusion	
7 Planned & Recommended Improvements for 2016/2017	23





1. PURPOSE OF SERVICE & LEGAL CONTEXT

The Independent Reviewing Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to the revised Care Planning Regulations and Guidance that were introduced in April 2011. The responsibility of the IRO has changed from the management of the review process to a wider overview of the case 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 and for challenging drift and delay.

Specifically, the statutory duties of the IRO are to:

- ❖ Monitor the performance by the local authority of their functions in relation to the child's case;
- ❖ Participate in any review of the child's case; and
- ❖ Ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the authority.

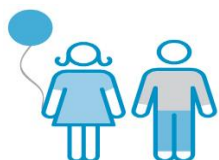
The IRO's primary task is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents each local authority should act for the children they look after as a responsible and conscientious parent would act.

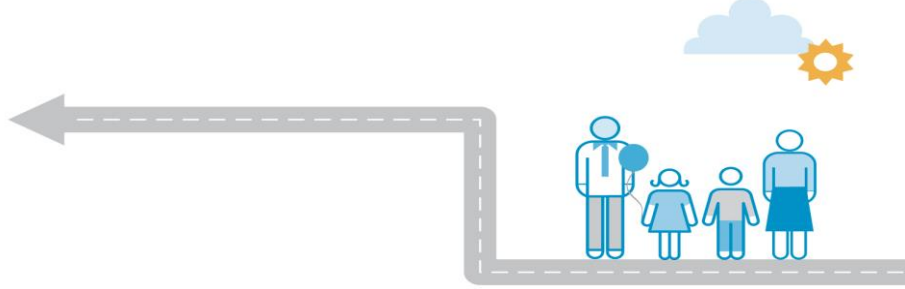
In carrying out the monitoring function, the IRO's duty extends beyond the focus on individual cases to include the collective experience of and services to looked after children. Where concerns about the local authority's services to its children in care are identified, the IRO is obligated to immediately alert senior managers.

The National Children's Bureau research 'The Role of the Independent Reviewing Officers in England' (March 2014) provides a wealth of information and findings regarding the efficacy of IRO services. Mr Justice Peter Jackson, the author of the foreword in the research report, makes the following comment about the significance of the IRO function:

The Independent Reviewing Officer must be the visible embodiment of our commitment to meet our legal obligations to this special group of children. The health and effectiveness of the IRO service is a direct reflection of whether we are meeting that commitment, or whether we are failing.

This annual report provides evidence of the effectiveness of IRO services provided to and on behalf of the City of London's children in care between April 2015 and March 2016





2. THE IRO SERVICE

2.1. Local Arrangements

The City of London commissioned Reconstruct, an external agency, to provide IRO services to its children in care and children in need of protection between August 2011 and March 2015. A service review conducted in 2014 resulted in the local authority's decision to bring the IRO service back in-house from April 2015 onwards.

There is now one full time IRO who is responsible for carrying out the functions of the role to all children in the care of the City. The IRO service sits within the newly established Safeguarding and Quality Assurance (S&QA) Service and is managed by the S&QA Service Manager who reports directly to the Assistant Director of the People's Division.

The IRO's independence is assured by the fact that the position is held by someone who is not involved in the preparation of the child's care plan, management of the child's case, or the control over resources allocated to or required by the child. The IRO sits away from the Children's Social Care Team, which serves to reinforce the independence of the role.

In order to ensure that the needs of children in care are met at all times, the City engaged Aidhour, an external provider, in an agreement for their IRO associates to be spot-purchased in the unforeseen and unlikely event that the in-house IRO becomes unavailable.

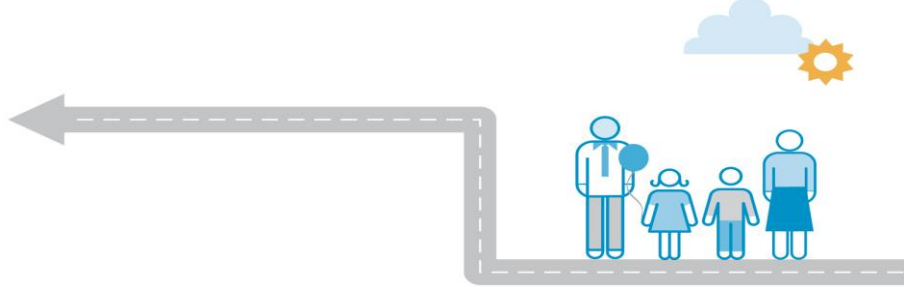
There was consideration given to entering into reciprocal arrangements with neighbouring local authorities but due to significant resource limitations, this was not found to be a feasible option. Aidhour was selected as the most reliable and appropriate contingency plan because of their access to experienced and reputable IRO associates that can be called upon at short notice and because the company directors are already familiar with the local children in care population through the independent auditing work they do for the City.

The IRO has not had any periods of unplanned absence and therefore has not had to call upon the back up support of Aidhour. The service provided has been stable and reliable for each child that has been in care at any point throughout this reporting year and this consistency has supported the development of positive relationships between the children and IRO.

The Children's Social Care Team ensures the IRO is notified of all children received into care within 72hrs and the IRO assumes immediate responsibility for monitoring the child's care planning and ensuring the statutory reviews takes place within timescales from the point of allocation onwards.

While there has been minimum need throughout this period, where relevant, the IRO service has been guided by the CAFCASS and Independent Reviewing Officer Good Practice for Public Law Work protocol to ensure cases in proceedings are subject to robust analysis and challenge about the matters of critical importance to children's safety, wellbeing and permanency needs.





2.2. Professional Profile

The IRO is a qualified and experienced social work practitioner and manager who has the requisite expertise for this role. The IRO is registered with the Health and Care Professions Council (HCPC) as well as being DBS checked on an annual basis.

The IRO is a black African female of dual Canadian and British nationality. She shares the same ethnic and linguistic identity as one of the children in care; reflects the ethnicity of another; and the gender of three other children who have been looked after during this period. However, given that the vast majority of the children in care population in the City are male Unaccompanied Asylum Seeking Children (UASC), the nationality, language, ethnic, religious and cultural identities within the population are diverse and the sole IRO does not reflect the full range of this diversity.

The IRO is committed to understanding the identity needs of individual children through her direct contact with them, independent study, and care reviews with their allocated social workers and foster carers.

The IRO adopts and advocates Anti Oppressive Practice as part of all aspects of service delivery including direct contact with children, foster carers, and the Children's Social Care Team.

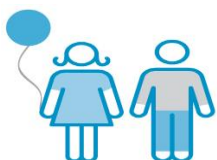
2.3. Scope of the Service

The IRO service fulfils its statutory duties by:

- ❖ Charing and co-chairing statutory Reviews
- ❖ Visiting children in care
- ❖ Case discussions with allocated social workers and the management team
- ❖ Consulting with foster carers and parents
- ❖ Reviewing case file records
- ❖ Participating in any additional meeting required by the needs of the child
- ❖ Maintaining up to date knowledge of relevant legislation and practice developments

Additionally, the scope of the IRO service includes:

- ❖ Chairing Child Protection Case Conferences
- ❖ Core Membership in Permanency Tracking Meetings
- ❖ Core Membership in Permanency Panels
- ❖ Core Membership in the Children Looked After & Care Leavers Service Improvement Group
- ❖ Core Membership in the early years and social care Service Improvement Board
- ❖ Core Membership in Quality Assurance Review Meetings
- ❖ Core Membership in the commissioning and review of all Children's Rights Services
- ❖ Management of the Annual Consultation of Children and Young People
- ❖ Participant in the quality assurance process of Independent Fostering Agencies
- ❖ Core Membership in ICS – Framework I – Sub Group
- ❖ Training delivery





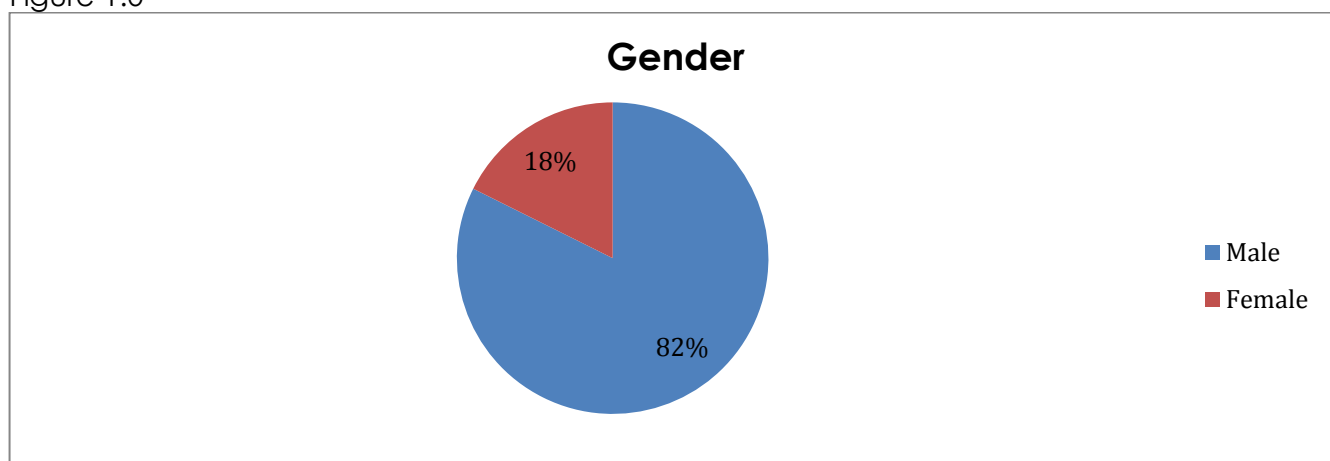
3. SERVICE ACTIVITY

3.1. Children in Care

There were 10 children looked after on 1st April 2015, 11 as of 31st March 2016, and 17 in total throughout the year.

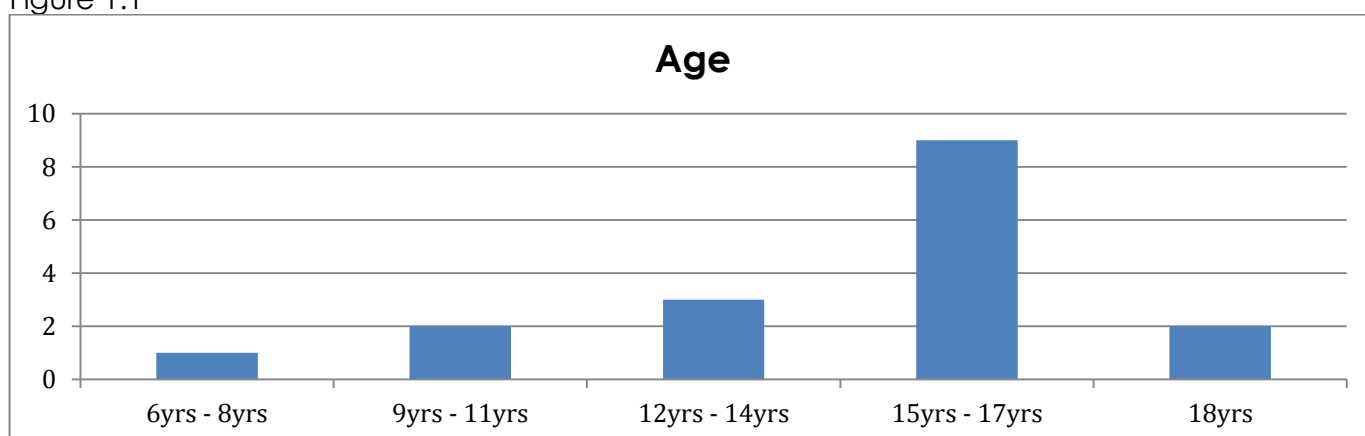
The following illustrates the profile of the individual children, reason for accommodation, legal status, and placement arrangements.

Figure 1.0

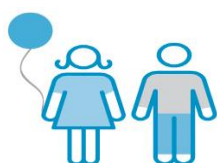


Of the 17 children looked after during this period, only 3 were female.

Figure 1.1



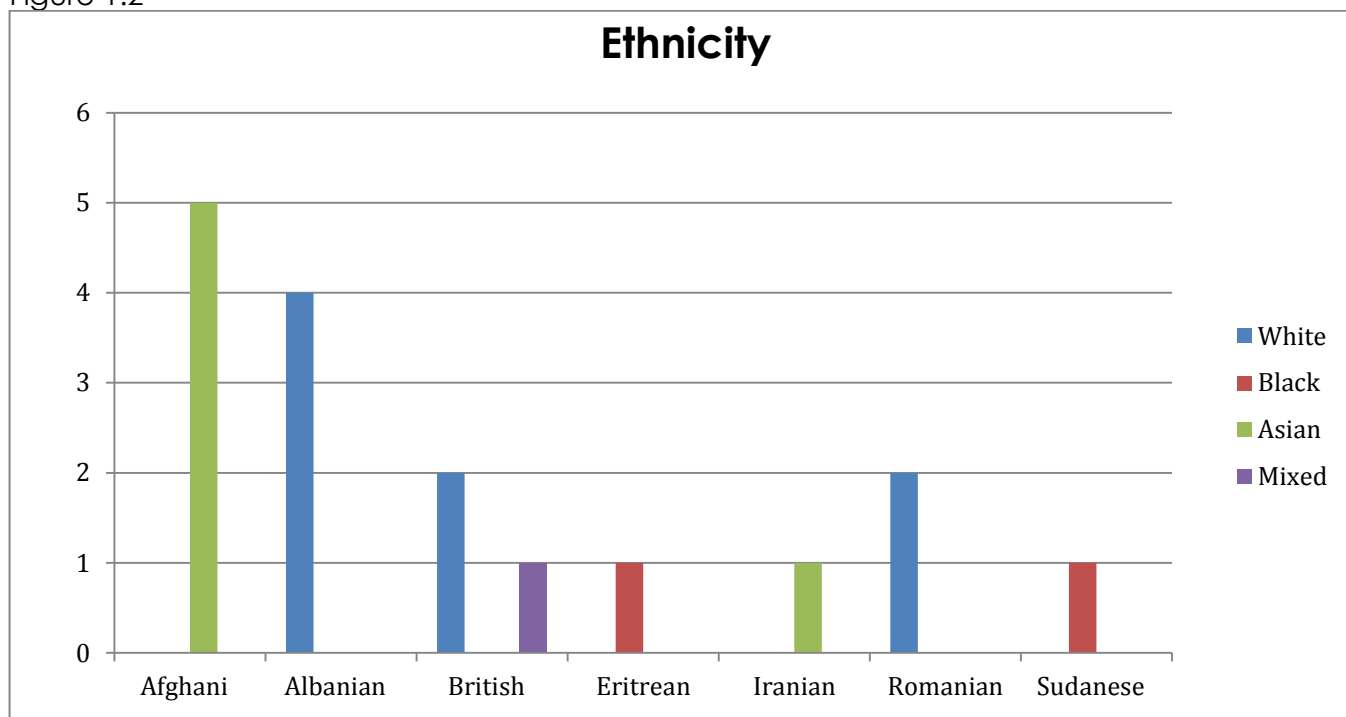
The ages reflected in Figure 1.1 refer to the age of each of the 17 children as of 31st March 2016 or the date when they ceased to be looked after.





Of significance, 65% of the children cared for during this period were 15 years or older and none of the 3 that were 10 years or younger were still in care by 31st March 2016, which means that 82% of children in care at the end of this reporting period were 15 years old or older.

Figure 1.2



The countries of origin illustrated in the above also account for the nationality of each child. In the case of the two children from Romanian, their specific identity is Roma/Gypsy. Of note, of the 3 British children that were in care throughout the year, only one remained looked after as of 31st March 2016 thereby increasing the percentage of non-British children from 82% to 91% at year end.

The only communication need identified throughout this year was interpretation and translation services given that English was an additional language for the 82% of children who were not born or raised in Britain.

The need for interpreters was reduced from 65% to 55% by year end due to positive English language development for 2 children and because the remaining 3 ceased to be looked after during this reporting period.



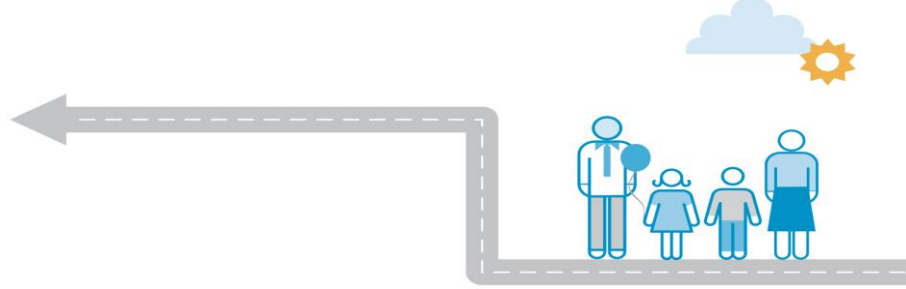


Figure 1.3a

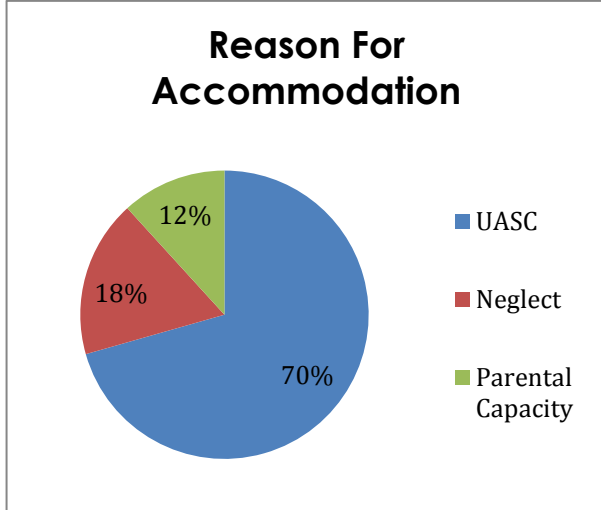
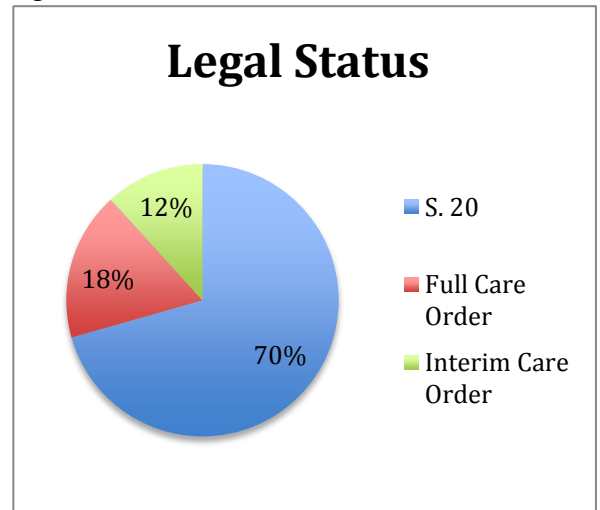


Figure 1.3b



Twelve of the 17 children looked after during this period required accommodation due to being unaccompanied asylum seeking children (UASC) and in each of these cases, they were received into care under S.20 and appropriately remained looked after under this legal status throughout the year. Two of the 12 UASC became care leavers upon reaching the age of 18 during this reporting year and are being supported by the local authority accordingly.

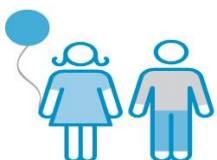
The two children who were subject to interim care orders ceased to be looked after when they were returned to their parents' care and of the three children who were in care under full care orders, Special Guardianship Orders were granted to the foster carers of two of the children during this period leaving 1 child in care under S.31 as of 31st March 2016.

The profile of children in the care of the City at year end is unique for the following reasons:

- ❖ 91% are UASC; and
- ❖ 82% are male

It is also worth highlighting that:

- ❖ The total number of children in care during this reporting period is 55% higher than the last two years and in all but two cases, this increase is accounted for by the rise in UASC;
- ❖ There has not been any City of London resident child accommodated throughout 2015/2016; and
- ❖ None of the children in care during this period have presented with or been assessed as having a disability.



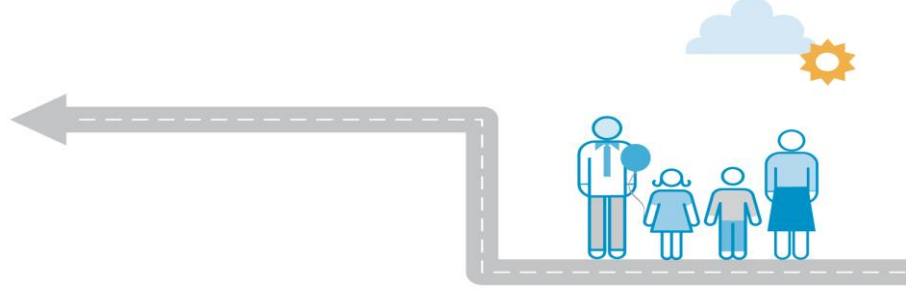
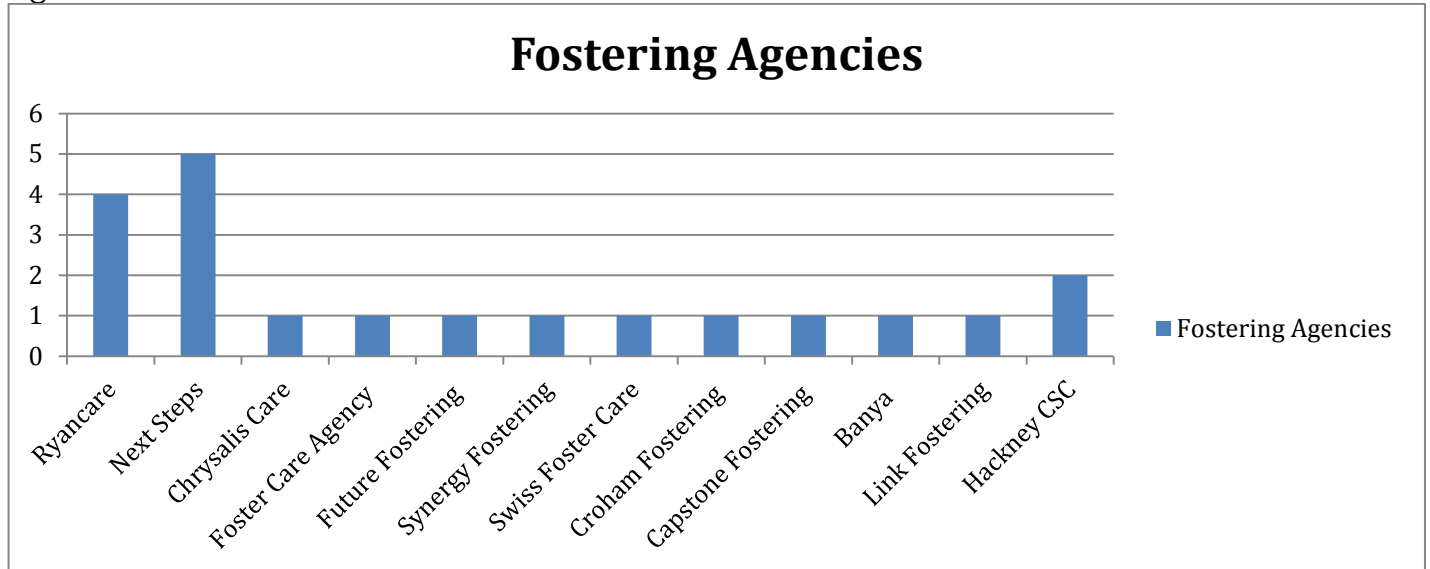
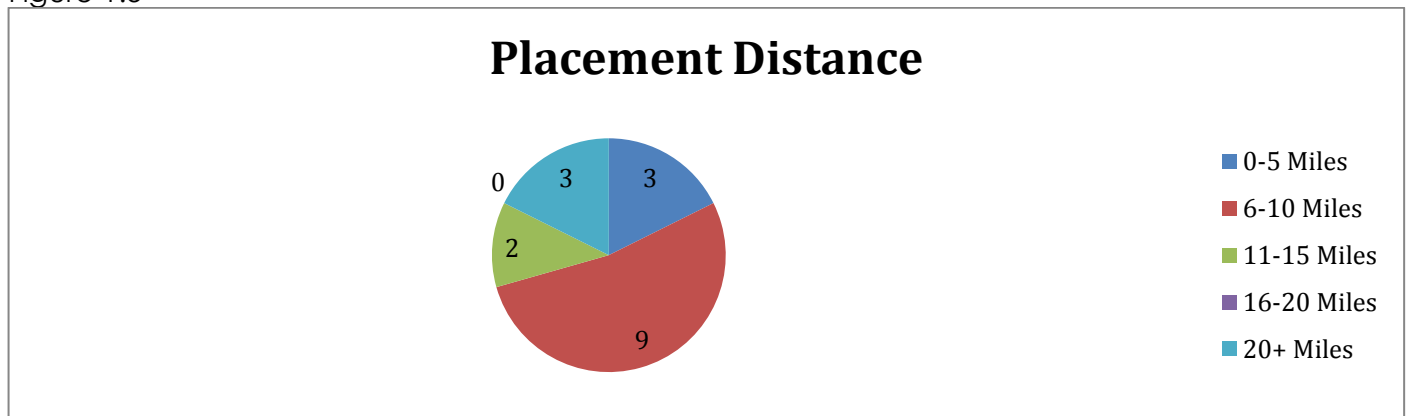


Figure 1.4

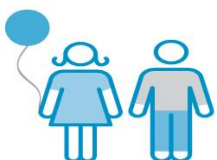


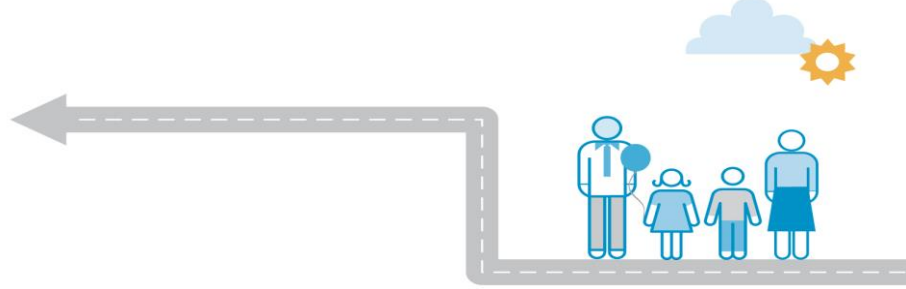
The City of London does not have an in-house fostering service and therefore commissions placements from external agencies for each child according to their individual needs. Throughout this year, the City's children in care were placed with 11 different independent fostering agencies (IFAs) and one placement was the internal resource of a neighbouring local authority. The 11 children in care as of 31st March 2016 were placed across 8 different IFAs. Each agency used was rated Good in their most recent Ofsted inspection.

Figure 1.5



As of 31st March 2016 82% of placements were within 15 miles of the City with 12 of the 14 children living within the 0-10 mile range. Of the 18% that have been placed further away, two of the young people were 17years old at the time of placement and matched with foster families in line with their identity needs and expressed wishes.

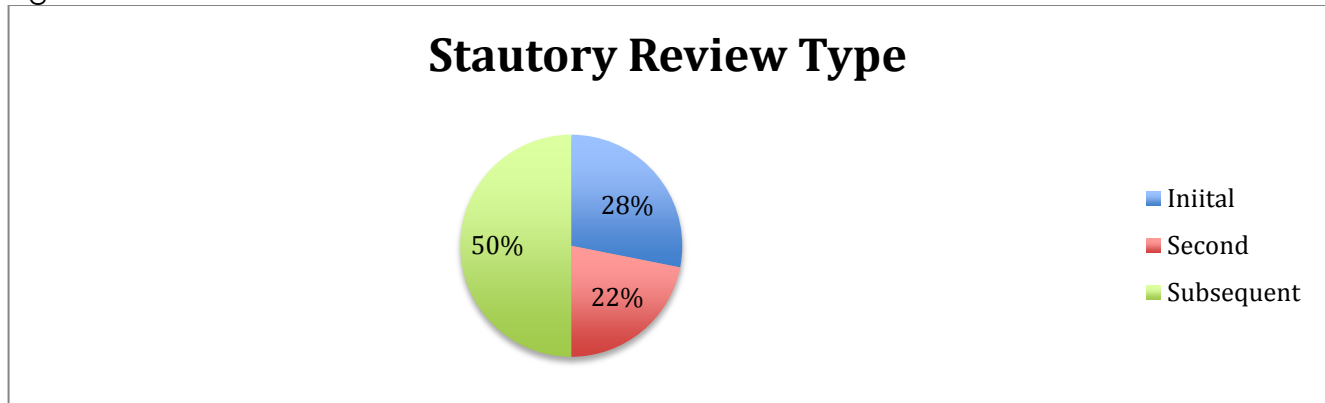




3.2. Statutory Reviews

Thirty-two statutory reviews were held in 2015/2016. Nine were initial reviews, 7 were second reviews, and 16 were subsequent reviews as illustrated below.

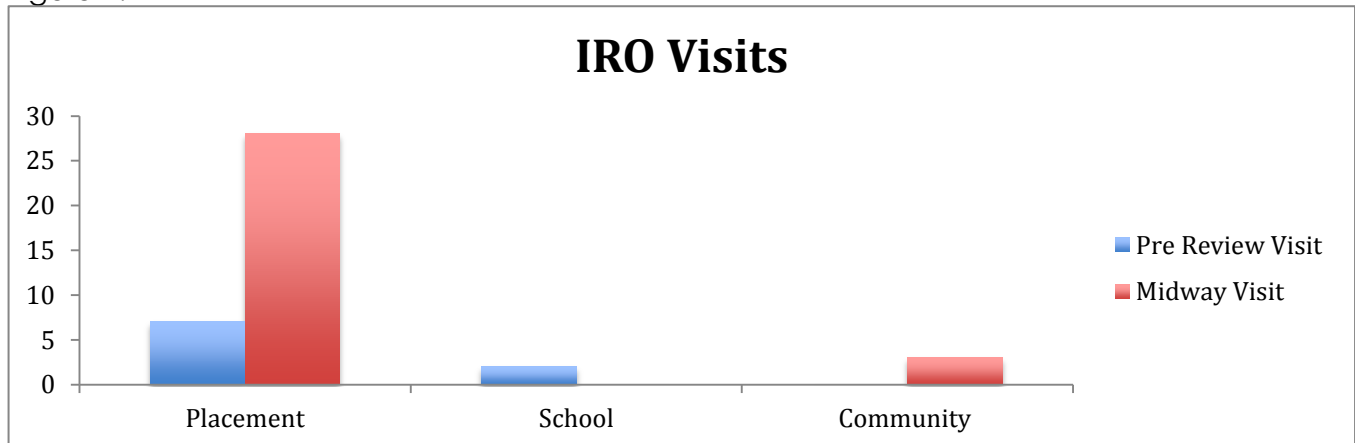
Figure 2.0



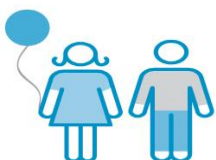
Twenty-nine reviews occurred as single meetings this year. The three reviews that took place over a series of meetings were so arranged to facilitate children's participation and to support the completion of pathway planning activity.

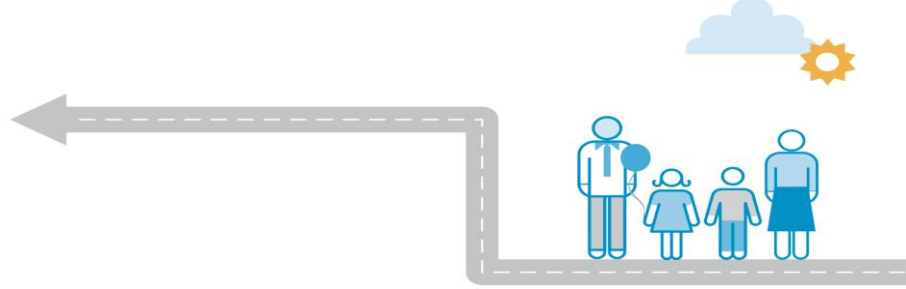
Statutory review meetings took place within timescales 100% of the time across all review types.

Figure 2.1



The IRO conducted 40 visits to meet with children during this reporting period. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and in all cases, to consult children and monitor the quality and progress of their care plans.





The difference between a Pre Review Visit and a Midway Visit refers to whether it was a distinct contact or one arranged on the same day as a statutory review meeting. In all but 1 of the 9 Pre Review Visits, the children were newly accommodated and the IRO arranged to visit with them just before their initial statutory review meetings. In the one case, a Midway Visits did not take place because the child declined the offer and indicated a preference to meet on the same day as the review meeting instead.

The majority of visits took place in the children's placements at 87.5% with the remaining 12.5% occurring at the children's schools, the local authority office, a park, and a café. Even in the cases where visits took place in various community settings, the IRO has met with the foster carers and children in each case in their placements on at least one occasion.

In 90% of the visits conducted, the IRO met with children on their own. The three visits where this did not take place concerned two children and in all cases they declined the offer to meet in private. The IRO has met with each of those children on their own in at least one other visit.

3.3. Consultation and Participation in Reviews

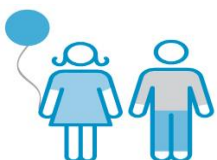
The IRO service is committed to and guided by the duty to ascertain the wishes and feelings of children in care and to ensure that these are given due consideration by the local authority.

Children's views about all aspects of their care planning and review processes are sought after by the IRO during Pre Review and Midway Visits, by reviewing completed Have Your Say consultation booklets, and during review meetings where children are given the space to express their wishes and feelings, encouraged to ask questions, and supported to raise issues when needed.

The IRO also ensures that the views of the children's foster carers are established during placement visits, through consultation forms and during review meetings.

The IRO contacted and consulted directly with the parents of 4 out of the 5 children whose parents' whereabouts the local authority knew. In the one case where this was not achieved, the parent had long since disengaged from the child's care planning and review processes and the social worker's efforts to reach the parent were incorporated in to the child's care plan.

Consultation with any of the parents or family members of the 12 UASC in care has not been achieved due to either the children indicating that this is not possible or social workers' reporting that they have not been able to reach the parents for whom they had been given contact details. The IRO service acknowledges the complicated nature of family relationships for UASC and is sensitive to the safety considerations required as a result.



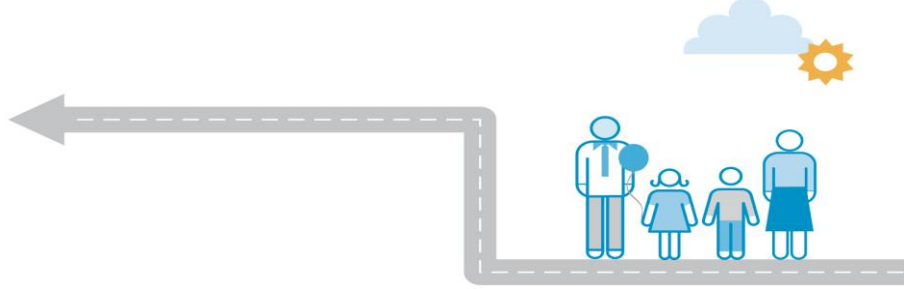
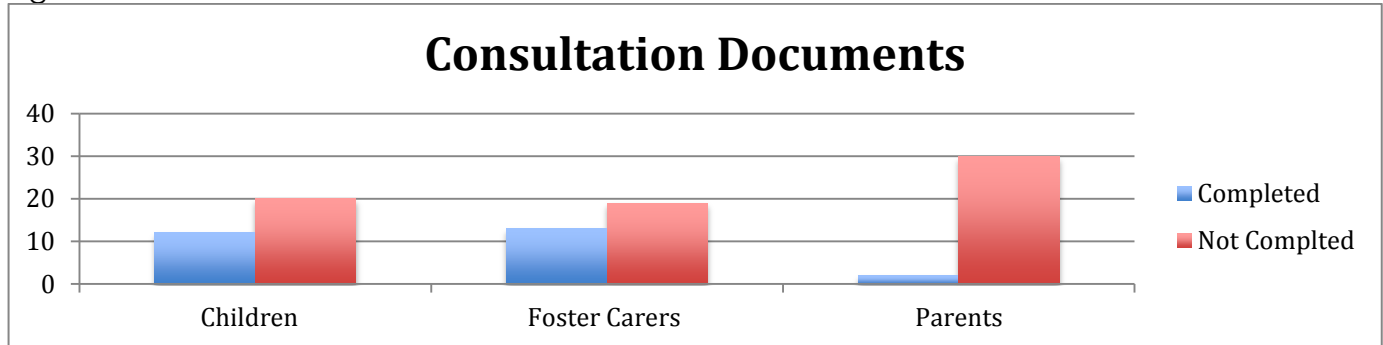


Figure 3.0

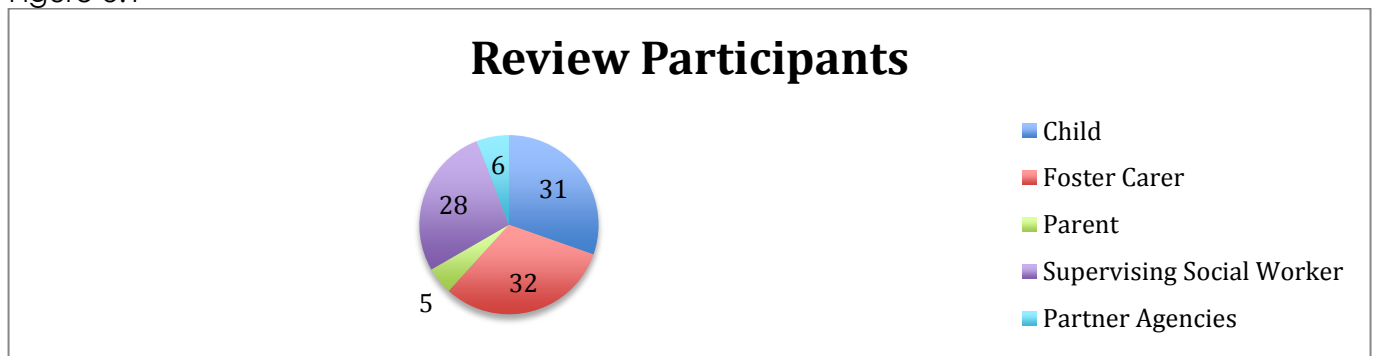


Of the 32 reviews that took place during this reporting period, consultation documents were completed by children 38% of the time, by foster carers 40% of the time and twice by a parent or significant family member*.

The children who received the Have Your Say consultation booklet ahead of their reviews and chose not to use it shared that they did not find the document useful and preferred to express their views verbally during their review meetings.

While the low rate of completion is likely to have been effected by the fact that consultation documents were not distributed ahead of all the reviews that took place this year, the feedback received from children, one parent and two foster carers, suggests that the quality of the booklets being used and the method of consultation are also contributing factors and should therefore be reviewed.

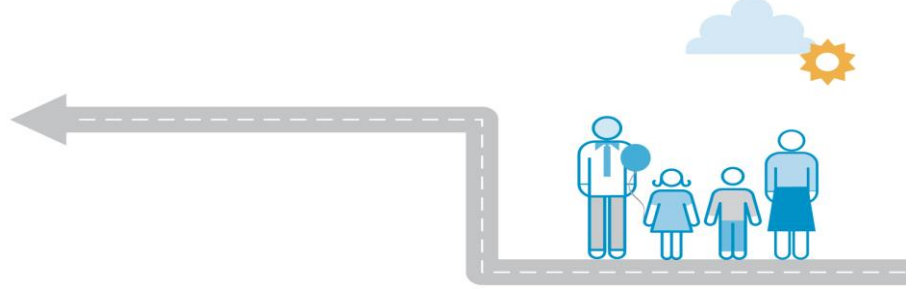
Figure 3.1



As illustrated in Figure 3.1, foster carers attended 100% of the 32 reviews that took place during this reporting period; children were present in 97% of the reviews; a parent or significant family member was present in 16% of review meetings; supervising social workers attended 88% of the meetings; and partner agencies participated in 19% of the reviews.

* The high number of UASC explains the low rate of consultation with parents and significant family members.





In the one review where the child did not attend, the IRO is satisfied based on her own contact with him that this was his choice and that his wishes and feelings were adequately expressed in the Have Your Say consultation document he completed and through the representations made on his behalf by his social worker and foster carer.

The IRO works with social workers to promote children's participation by ensuring that review meetings are arranged at a time and place that best suits the child and that they are consulted about who should be invited.

In keeping with children's expressed wishes, review meetings have taken place in placements, at schools and once, in the local authority's office; meetings have excluded a parent in one case and included education professionals in three cases and a nurse in one.

Of the three children who expressed an interest in co-chairing their reviews with the IRO, one did so successfully this year and the other two have indicated a wish to try again another time. The IRO offers children this opportunity to promote their active participation in the decision making processes of their lives and to empower them through increased self-esteem.

3.4. Children's Rights

Action For Children provide the full range of children's rights services for the City's children in care.

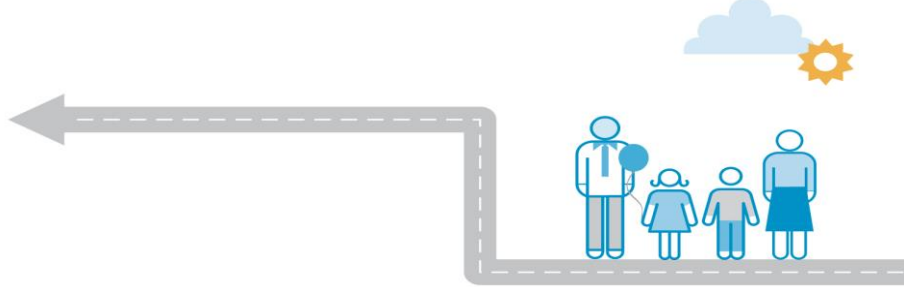
The IRO works hard to ensure that children in care understand, have access to, and make use of their right to independent advocacy, independent visiting services (IV), and the complaints process by maintaining this topic as a standing agenda item for each review meeting and contact the IRO has with children.

While there hasn't been any use of the independent advocacy service or the complaints process during this reporting period, there have been examples of children escalating their concerns to the IRO, to their Independent Return Interviewers, and directly with their social workers.

Examples of the issues raised by children include: unhappiness in placement, wish for a change in social worker, need for more education support, wish to engage in leisure activities, confusion about financial entitlements, contact related support needs, and immigration related concerns. In all cases the local authority has responded appropriately and where possible, the issues raised have been resolved.

With respect to independent visiting, 2 of the 5 children who have expressed an interest in this service have been successfully matched and are actively receiving IV services. Through the IRO's involvement in the Action for Children contract monitoring meetings, issues have been identified with the pace of IV matching and since February 2016, there has been evidence of positive progress. It is expected that the remaining 3 children will have IVs by May 2016.





Every child in care has a copy of the City's Pledge in English and in their native language. The IRO ensures that all children's rights information is routinely shared with foster carers specifically so that they are equipped to support the children in their care to exercise their rights.

4. QUALITY ASSURANCE OF SERVICES TO CHILDREN IN CARE

4.1. Care Planning

Services and supports provided to looked after children in the City are very often of a high quality. The size of the looked after population is such that each child in care is known to all members of the team and senior management group and there is clear time and resource commitments made to ensuring their needs are met. However, the absence of a clear and comprehensive care plan has a potential negative impact on the coordination, timeliness and ability to measure the impact of the care provided against the assessed need.

The existing care plan document does not adequately address how the local authority intends to meet the full range of children's needs. The need for an improved care plan document was agreed and the IRO service' proposed template has been accepted and is awaiting implementation within ICS.

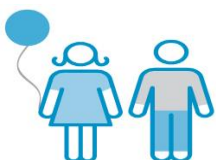
The IRO service has also identified transition planning to be a challenging area of work as indicated by the need for improvement with both the quality and the timeliness of pathway plans for 6 of the 9 Eligible Children during this reporting year. The feedback to the local authority regarding this area of need has led to specific pathway planning development actions to be included in the children's teams' 2016/2017 service improvement plan.

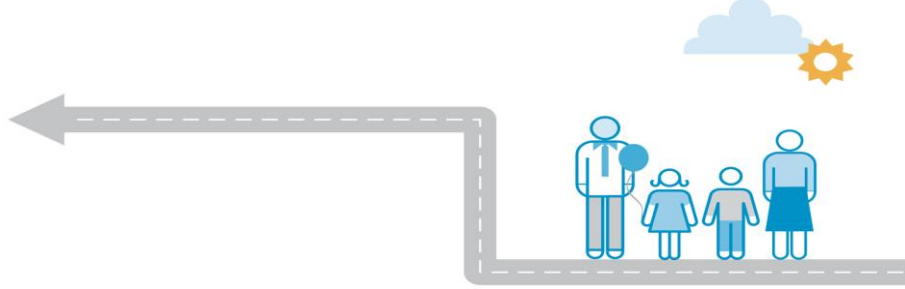
Given the age range of the children who become looked after by the City, there is often limited pathway planning time ahead of their transition into adulthood. The local authority has therefore invited the IRO service to expand its remit to include independent reviews of pathway plans for care leavers. The service acknowledges that there is no legal mandate for IROs and care leavers but we have developed a post 18 independent review protocol that sets out the circumstances when this could be arranged as an enhanced service to offer independent oversight of pathway plans for care leavers. The progress and impact of this enhanced service will be reviewed and reported upon at the end of the 2016/2017.

4.2. Placement Stability

Of the 17 children looked after during this reporting period, 7 were newly accommodated UASC and 5 of them have experienced placement breakdown within the first 6 months. The 6th placement breakdown concerned a child who was in a stable placement for 17 months.

Given the City's care population of predominately UASC and there being no planned accommodations throughout this year, the initial placement of children is either an emergency arrangement or through London Asylum Seekers Consortium duty rota system. This means that all





placement searching activity is done with little information about the child, is always time pressured, and significantly limited by the shortage of foster carers experienced in looking after the needs of UASC in this current climate of increased migration.

Where the social work team have had the opportunity to plan placement moves, the quality of the search and matching process is good. Children are involved in the process, the application of learning from the breakdown is evident, and the search is informed by the child's short and long term care needs.

As of 31st March 2016, 3 of the 11 children in care are living in placements that are not a match across any aspects of their identity. In each of those cases, the children declined the opportunity to search for placements more reflective of their ethnic, religious and/or cultural identities. In the remaining 8 cases, the children and the foster families share similar identities in at least one respect and there is a commitment to understanding and supporting the children to practice and develop their individual identities in line with their backgrounds and expresses wishes.

4.3. Achieving Permanency

Of the 17 children looked after during this reporting period:

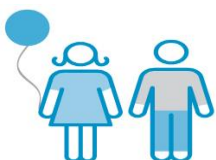
- ❖ 2 transitioned into adulthood and continue to receive support from the City as care leavers
- ❖ 2 returned to their country of origin in their parents' care in line with the courts' directions
- ❖ 2 achieved permanency through Special Guardianship Orders granted to their foster carers
- ❖ 1 is in an approved permanent fostering arrangement under a full care order
- ❖ 2 are in established long term fostering arrangements under S.20
- ❖ 4 are 16 years or older and in the foster families they intend to remain with until they reach 18
- ❖ 4 are between the ages of 13 and 15 with confirmed permanency plans for long term fostering but with placement matches that are pending assessment and approval

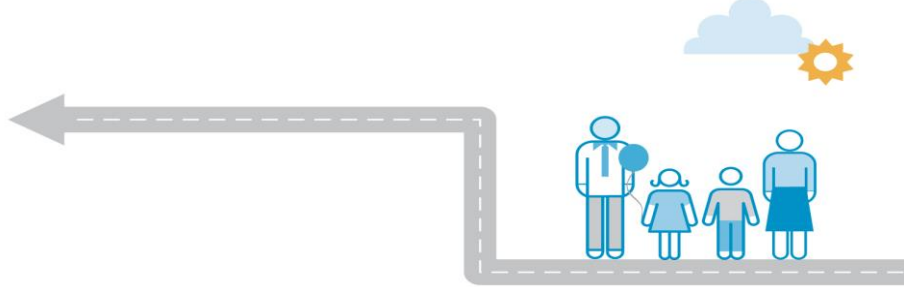
Given that 7 of the 8 children referred to in the last two bullets have been in the City's care for less than 8 months, the above range of permanency outcomes for the children in care this year is good.

4.4. Health

All 17 children in care throughout this year received their statutory health assessments. However, initial health assessments were not completed within timescales for 4 out of the 9 newly accommodated children this year, and of the 8 review health assessments due during this period, only 4 were completed within the 12 month timescale.

That there were only 53% of health assessments that took place within timescales highlights that there was a significant concern with the practice and management oversight of statutory health services to children in care during the first six months of this reporting period. Once this pattern was identified by the IRO service, coordination between the local authority and health service was improved. The effectiveness of this development is evident in that 100% of initial health





assessments required in the second half of this year were completed on time and all but one review health assessment also took place within timescales.

In addition to the above, the IRO service has also identified two key areas for development regarding the provision of health services to children in care and they are: the need for social workers to improve on the quality of information provided to the health team to inform their assessments; and the need for the health team to improve the quality of their monitoring of the progress and impact of their recommendations on the health outcomes for children and where necessary, to escalate any concerns identified.

The IRO service has developed a quarterly review meeting process with the designated CLA nurse to improve the independent monitoring of the care and health services needed by and provided to children in care. Findings from these meetings are fed back to the local authority in the form of recommendations or notifications of agreements reached. An example of the effectiveness of this arrangement is that health assessment reports that were once taking months to be returned to children, foster carers and social workers are now largely being returned within weeks of the assessment thereby facilitating information sharing and follow through with recommended actions.

All children who were accommodated and remained in care during this reporting year were offered baseline CAMHS assessments. All but 1 consented to and attended at least one assessment appointment. Of this cohort, 2 children have continued to receive services from CAMHS. The quality of this enhanced CAMHS service requires attention as there are examples of delayed referral responses and children having to be re-assessed by their local CAMHS when the need for treatment has already been identified. Emergency CAMHS intervention was required in 2 cases this year and in addition to the baseline and emergency mental health services provided, all children in care have been supported to access CAMHS or pastoral care in line with their needs and wishes.

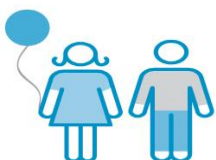
Ten of the 11 children in care as of 31st March 2016 had up to date SDQ on file. The one child who did not was 16+ and has since had this completed.

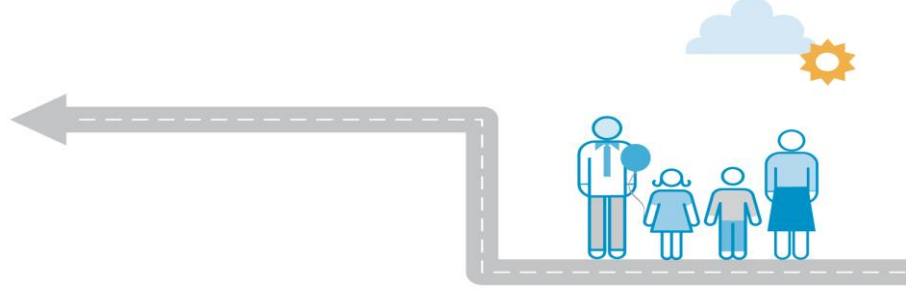
4.5. Education

All children in care at year end were in education with 5 in school placements and 6 in colleges. There were no children with EHC plans throughout this period.

By October 2016, the majority of cases had PEPs completed within timescales and ahead of statutory review meetings, but the practice of completing the PEP document and sharing it with children, carers and relevant contacts in education could still be improved.

Extracurricular tuition was offered to all children throughout this period with specific additional support made available to the 3 children who were in their GCSC year and UASC who were not





able to secure education placements in a timely manner due to their in-year arrival or disputed age.

The local authority's monitoring, planning and the resources provided to support children in care's achievement in education has developed significantly during this year with the Virtual School Head Teacher taking a lead role in coordinating the Attainment in the Virtual School Group and attending PEP review meetings.

While there has been some progress made with respect to supporting children in care to access work experience placements through the City, this is an area in need of further development.

4.6. Practice Recognition and Dispute Resolution

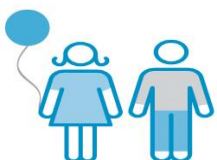
One of the key functions of the IRO is to identify and resolve issues arising from the care planning process. In the City this is called the Dispute Resolution Process for Independent Reviewing Officers (DRP). The DRP is a 6stage process that begins with the team manager and ends with a referral to CAFCASS but it encourages resolution at the lowest appropriate level and anticipates that in the vast majority of cases, issues can be resolved through discussion between professionals.

The IRO escalated concerns to stage 3 of the DRP, consulted the CAFCASS guardian involved, and sought independent legal advice in one case regarding two children. This was due to safeguarding and process concerns about the absence of a timely assessment and the quality of planning with respect to the children's return to their parents' care and travel to their home country. The assessment and plans were eventually completed ahead of the children's reunification and confirmation was received that the children arrived to their destination and would be assessed and monitored by their local child welfare services. While the IRO Dispute Form was not used to record the management of this dispute, the matter was documented in the children's case file.

All other concerns have been resolved through informal challenge within the service and during quality assurance monitoring meetings. In no particular order, the tables below provide samples of the good practice recognised and the issues of concern identified throughout 2015/2016.

Table1.0

Good Practice Identified	
All children placed in foster families to 18	Involvement of children in placement changes
Voice of the child is listened to	Quality of SW/CLA relationships in most cases
SW Support to UASC with immigration process	Quality of two specific Pathway Plans
SW reports prepared for review meetings	Support for children to engage in CiCC
SW and VSH support with education	No unnecessary Age Assessments initiated
Quality and timeliness of statutory visits	Children supported to develop talents/interests
Transfer of learning between reviews leading to improved practice	SW efforts to consult and engage parents and significant family members



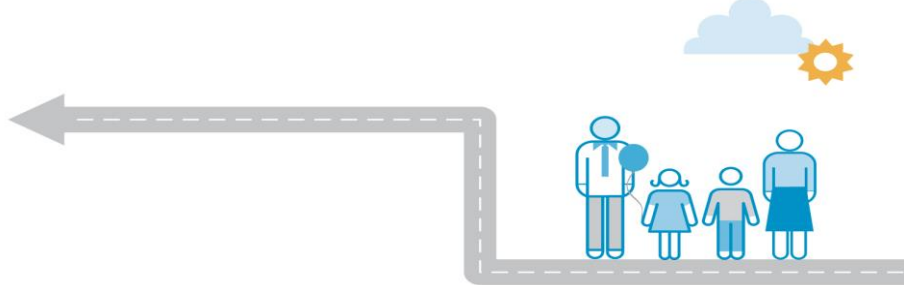
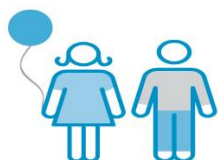
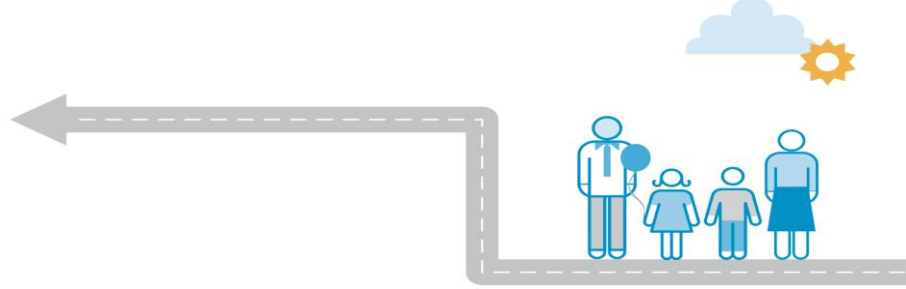


Table 1.1

Issues of Concerns Identified	Current Status
Visiting timescales during initial 4 weeks in care	Once identified in 2 cases, practice across the team was improved as evidenced by weekly visits to all CLA in new placements from September onwards.
Children's preparation for review meetings	The need to improve children's involvement in planning their review and the support offered to complete consultation documents remains.
Care Plan document	This is expected to be ready for use 1 st July 2016.
Quality and timeliness of most Pathway Plans	Of the 9 Eligible children in care, 5 did not have their initial or review Pathway Plans completed as of 31 st March 2016. Quality of Pathway Plans could be improved with greater input from young people directly and creating plans that are SMART.
Life story work	Direct life story work with children and monitoring life story work expected from foster carers remain areas in need of improvement.
Delay in arranging leisure activities	SW's attention to the extra-curricular needs of children in care has improved throughout this year. At year end, all children who were still in care were engaged in at least one activity reflective of their interests.
Delay in moving two children from an inappropriate placement	Both children are now in appropriate placements.
Disparity in financial allowances between IFAs	The need for SW to better understand the financial arrangements for each child and the need for the City to consider the question of parity for children placed with different fostering providers remains.
Staying Put planning	While no care leaver has missed out on the opportunity to 'stay put', improvement in planning post 18 living arrangements remains to ensure the option and offer are clear.
Delegated Authority re: parental responsibility and young people's right of consent	On-going
Health Assessments out of timescales	All children had health assessments completed by 31 st March 2016.





5. QUALITY ASSURANCE OF THE IRO SERVICE

5.1. Supervision and Management Oversight

The Safeguarding and Quality Assurance Service Manager supervises the IRO once every 4 weeks. These sessions focus on practice issues as well as service development needs.

The revised statutory guidance states that designated senior managers must consider the decisions from reviews. This is in part due to the need to monitor and account for any decisions with resource implications. Any disagreements with the decisions made are required to be sent to the IRO in writing within 5 days for resolution and where this is not possible through informal means, the DRP will need to be used. In the City the social work team and service managers are the designated seniors responsible for considering review decisions. The fact that there haven't been any disagreements raised indicates that managers are overall satisfied with the recommendations and decisions made by the IRO.

The Assistant Director (AD) has oversight of the impact and effectiveness of the IRO service through his visits to children in care during which he asks them 'What is the relationship between you and your IRO like?', 'Do you feel that you are listened to and that your views are taken on board?', and 'Would you have someone to talk to if you were worried or concerned about any aspect of your life...?' The feedback from the 6 visits the AD completed in 2015/2016 was largely positive with all but 1 child confirming they know who their IRO is and how to reach her.

5.2. Performance Monitoring

The IRO meets with the Performance Analyst twice a month to monitor compliance with statutory review timescales and the degree to which the IRO is 'keeping in touch' with children in care. There have been no issues of non-compliance identified as part of this process. The IRO's performance is reported into the People's Directorate Senior Management Team, the Safeguarding Sub Committee, and the City and Hackney Safeguarding Children Board's Quality Assurance Sub Committee.

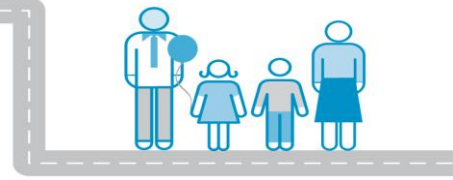
5.3. Case File Auditing

The IRO's footprint and the quality of the service provided are considered as part of all formal case file audits. There have been two full-scale audits across the children's social care service in 2015/2016 and in all cases, the IRO's footprint was found to be evident with the quality of the IRO's involvement being recognised as positive in the majority of cases. However, there was one case in which the audit found that the IRO did not provide sufficient challenge in relation to the weight and diet needs of one child.

5.4. Children's Views

Children's views about the IRO and their review meetings are an important aspect of the quality assurance process of the IRO service. Here are some examples of what children in care had to say:





Everyone
listens to
me

I am very happy with
my IRO. I know how
to contact her and
would if I needed to.

My IRO is
supportive and
listens to me.

I like it when
my IRO
contacts me.

Reviews are good
because we talk
about things

My IRO
visits
me

My IRO changed
my review date so
I could go to a
CiCC event

When I needed
a new social
worker my IRO
helped make it
happen

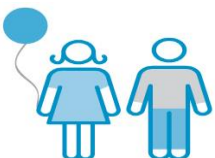
I like being
at all my
review
meetings

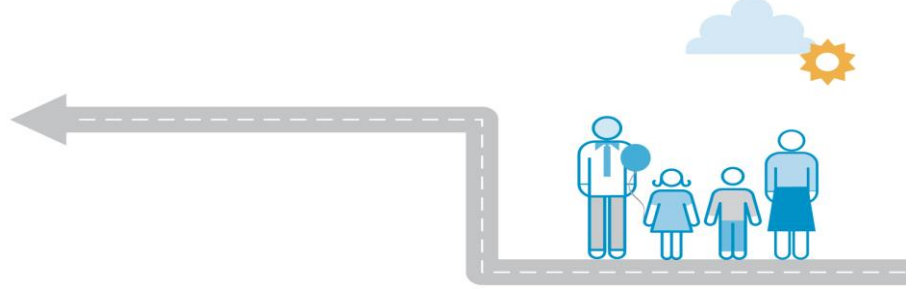
I hate review meetings
but attend because I
can raise issues that
are important to me

I know if I tell
my IRO that I
am not
happy, she
will help

My reviews
work well

If I was worried
about anything,
I would contact
my social worker
or my IRO



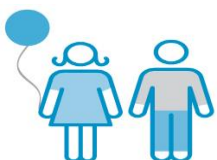


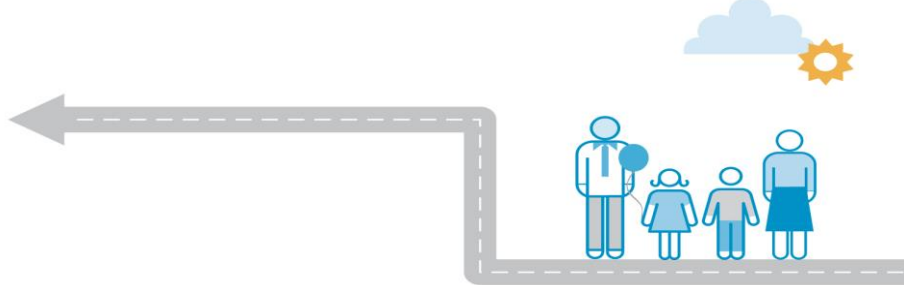
5.5. Social Works' Views

The social work team was invited to provide feedback about the IRO service over the course of this year and responses were received from 3 of 5 relevant members of the team.

Table 2.0

What Does the IRO Service Do Well?	What Could the IRO Service Do Better?	Any Other Comments about the IRO Service?
She takes full advantage of the opportunity to get to know LAC; she has excellent relationships with them, but is conscious not to over-burden them with contact. She strikes this balance well.	On a couple of occasions, she has gone into too much detail in reviews when deciding on actions – I think it's the role of the IRO to come up with general actions and the detail needs to be left to the social work team.	The IRO and Service Manager are approachable and I feel comfortable going to them for advice. I would also feel comfortable using them to escalate a matter if it were necessary. They always provide sensible advice.
She sets the tone well in LAC review meeting, being personable, being careful not to undermine me as a social worker and challenging all adults in the meeting appropriately.	Sometimes tight deadlines have been set in reviews for work that is not high on my list of priorities. It seems there can be a bit of a conflict when tasks are being set separately through management and the LAC planning process.	When the IRO audited one of my cases, she was thoughtful and thorough – feedback presented in a way that boosted my confidence.
She is reflective after meetings and is always willing to think and talk about how things could have been done differently and listens to my views on this.	At times the IRO can be a little too weighted toward the voice of the IRO and there is scope to give the social worker more time during CLA reviews for their input	Keep up the good work!
The IRO has a wealth of information and experience to help guide the social worker when supporting the young person in care, especially around the complexity of supporting UASC.	Sometimes the IRO can start to case manage the cases which can be confusing when already being directed by line manager	Having an in house IRO service has been very supportive and helpful as they can get to know the young people really well and build relationships with social workers and young people.
The IRO is timely, works in partnership with social workers around arranging dates and is reliable.	CLA reviews are often too long and go on for 2 hours minimum.	
The IRO is easy to approach and to contact when needed as this is an in house service.		
Her organisational skills around LAC reviews and dedication to looked after children are excellent.		
The IRO service is child focussed and up to date with current legislation		





6. Overview

6.1 Achievements

The positive impact of the IRO service in 2015/2016 is evident in the following list of achievements:

- ❖ All statutory reviews held within timescales
- ❖ Increased participation of children in their review meetings
- ❖ All children seen alone by the IRO outside of review meetings
- ❖ Active monitoring of children's care plans and needs between review periods
- ❖ Review minutes, contacts and alerts recorded on children's files within the ICS workflow
- ❖ The development of the permanency tracking and approval process
- ❖ The development and promotion of the Children's Right services
- ❖ The development of a local Dispute Resolution Process
- ❖ The development of review meetings between the IRO, VSH and CLA Designated Nurse

In addition to direct work with children and the local authority, the IRO takes part in the London IRO Practitioner Network and serves as a practitioner representative to the London IRO Managers' Group. Engagement in these pan-London groups facilitates the IRO's access to information and the experience of colleagues from larger authorities. It also ensures that the experience and needs of the City's children in care are represented in forums that have the potential to influence the direction of practice and statutory guidance about the services and supports they receive.

The IRO service has been alert to safeguarding issues for children in care and will continue to monitor care plans closely to include actions that address the known risks of all forms of exploitation and aims to build safety and stability according to the needs of each child.

6.2 Areas for Improvement

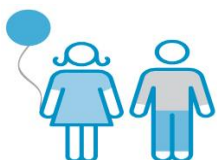
The IRO service acknowledges the need for improvement in the following areas:

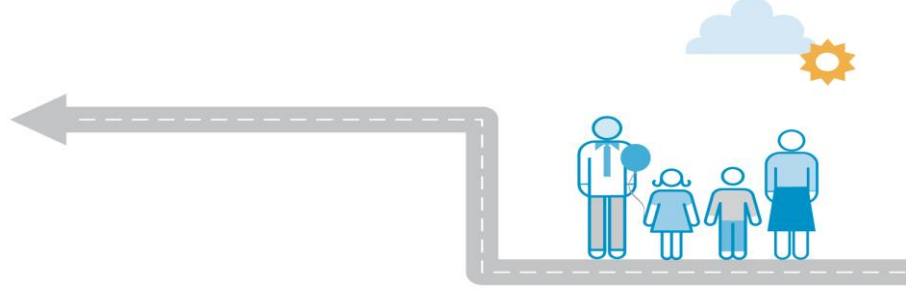
- ❖ Distribution of review meeting records within timescales
- ❖ Conducting earlier midway reviews
- ❖ Reducing the length of review meetings
- ❖ Maintaining clearer boundaries between reviewing and case managing
- ❖ Ensuring all review participants are able to contribute to discussions in meetings

6.3 Conclusion

The IRO service has made significant contributions to quality assuring and improving services for children in care throughout 2015/2016. The monitoring and challenge functions of the role have been strengthened and the IRO's knowledge of and relationship with the children in care is a positive feature of the service.

The IRO service notes the strong commitment of the local authority, in particular the hard work and care of social workers, towards the children in their care and the constructive working relationship that has developed between our services this year.





7. Planned & Recommended Improvements For 2016/2017

The Safeguarding and Quality Assurance Service will continue to develop the IRO service across the full range of its roles and functions.

The following outlines the key practice priorities planned for the IRO service in the coming year.

Table 3.0

Objective	Actions
Timely distribution of review records to support a shared understanding of, commitment to, and accountability for decisions made at statutory review meetings.	<ol style="list-style-type: none"> 1. FWi form to be split into two to allow decisions to be separated from meeting minutes 2. Decisions to be completed within 5 days of the review 3. Full meeting record to be distributed within 20 days of the review
Midway monitoring to be embedded in the review process to ensure early identification of concerns	<ol style="list-style-type: none"> 1. Monitoring schedule to be established to ensure this takes place midway between reviews 2. All midway monitoring activity to be recorded on the child's file
Improved management of review meetings	<ol style="list-style-type: none"> 3. Duration of meetings to be established and adhered to 4. Contributions from all review participants to be promoted 5. Case management to occur outside the review

The list below is the IRO service's recommendations for development to the local authority.

Table 3.1

Improve the quality of Care Plans	Improve financial arrangements and planning for children
Improve the quality and timeliness of Pathway Plans	Ensure children have a say in the planning of their review meetings
Improve practice of sharing all plan documents with children and their carers	Improve understanding and implementation of Delegated Authority agreements
Improve management and oversight of quality and timeliness of statutory health assessment	Continue to develop understanding and analysis of the equality and diversity needs of UASC in all aspects of care planning
Improve understanding and planning of Staying Put arrangements	Develop knowledge and practice of contingency planning in relation to UASC's immigration outcomes.



