

Independent Review Officers (IRO)

ANNUAL REPORT 2015/16

The contribution of Independent Reviewing Officers to quality assuring and improving services for cared for children



INTRODUCTION

This report covers the period of April 2015 to March 2016 and provides information on the functioning of the Independent Reviewing Officers (IROs) team and the most pertinent messages relating to their scrutiny of the care planning processes in Cheshire East within the reporting year. Information contained in the report refers to both cared for children and care leavers, supported by Cheshire East children's services, for whom the IRO service provides independent oversight of their Care and Pathway Plans, respectively. This report was completed by the Safeguarding Manager (IRO manager), in line with statutory requirement, and captures feedback from the whole team, with particular contributions on the care leavers' matters from one of the designated IROs for this specialism.

The report summarises how the IROs executed their statutory duties with keeping focused on ensuring that the children's voice and rights remain central to the care planning and review process and that decisions made for the children are in their best interest and, whenever possible, are made with them. Information on review activity, child participation in reviews as well as IRO challenge of poor and recognition of good practice has also been provided alongside reporting on the progress against targets for improvement for the service set last year (2014/15), and clear new team priorities for 2016/17.

This Annual IRO report provides quantitative and qualitative evidence relating to the IRO Service in Cheshire East as required by statutory guidance and must be presented to Corporate Parenting Board and the LSCB.

THE STATUTORY FUNCTIONS OF THE IRO

The legislative framework regulating functioning of Independent Reviewing Officers imposes a specific set of statutory duties that all IROs are expected to execute to improve outcomes for the children in public care. The legislation that sets out the statutory duties and powers is contained in: Children and Adoption Act 2002, The Children and Young People Act 2008, revised IRO Handbook 2010 and Care Planning, Placement and Case Review Regulations 2010 and consolidated update in 2015.

Within the abovementioned statutory guidelines, IROs are required to:

- be social work professionals with at least 5 years post qualifying front line practice and supervisory/ managerial experience,
- ensure that children's views are heard, they are aware of their rights and entitlements and receive relevant services and support,
- consult children before reviews to keep their views central to the whole review process,
- maintain overall sound consultation with parents, carers and others with significant involvement with the child and ensure they are involved and their views have been taken into account in relation to the care planning and review,
- monitor the local authority's management of the child's case,
- identify and challenge drift, delay and underperformance and make attempts to resolve them in a timely manner.

To enable the IROs to comply with their duties, the following recommendations and statutory powers are specified in the legislation to date:

- IRO caseloads should not exceed 50-70 children
- IROs should have access to independent legal advice
- local authority has a duty to keep the IRO informed about significant issues and changes in the child's life (Reg.45),
- IROs may stand down a review if they believe the child is not prepared or their care plan has not been formulated,
- IRO duty to challenge drift and delay requires that issues are raised by IROs and, whenever possible, resolved informally with frontline workers and managers (use of Practice Alerts) but if they still remain unresolved, or the IRO believes senior managers need to respond, formal Dispute Resolution Process (DRP), needs to be used and resolution concluded within 20 working days,
- IROs may consider whether to escalate issues to CAFCASS at any point within raising the escalation, most commonly if they believe the child's rights were breached.

The execution of the IRO duties and how these contribute to achieving better outcomes for children has been the subject of much scrutiny and 3 consecutive major surveys and research studies undertaken by Ofsted, National Children's Bureau and the University of East Anglia over 2012-15.

I see very little evidence of independent thinking in care plans, it seems to me rubber stamping of LA plans in most instances.

UEA study on IROs 2014/15: CG questionnaire

It does make you more efficient, because when you know that the IRO is on your back, you kind of have to say, 'Oh, my God, I didn't realise I didn't do that', so, you have to kind of get on with it.

UEA study on IROs 2014/15: SW interview



REVIEW OF PROGRESS AGAINST PRIORITIES FOR 2015-16

In the IRO annual report 2014/15 we set an ambitious set of priorities relating directly to the practice and performance of the IROs as well as their contribution to the practices within social care and the wider multi-agency forum. The aim was to improve our performance whilst simultaneously modernise and optimise the overall cared for IRO service, bringing it closer to the required standards. It was and remains an assumption that such an approach will, in turn, contribute to the overall improvement of the Department through more efficient and effective practice where IROs play a vital part in delivering better outcomes for our cared for children and care leavers.

We succeeded in completing the majority of our ambitious tasks and team priorities from the last year and the most significant achievements include:

Strengthening IRO challenge through:

- ✓ achieving a more consistent approach across the team to tackle delays in production of assessments, plans and implementing review recommendations, including progressing due discharges for children at home on care orders,
- ✓ more transparent and timely escalation of issues via specifically designed form to record informal issue resolution or formal dispute resolution process (DRP) within child's record system (LL),

Development of IRO specialisms to improve outcomes for each child and young person or their parents and carers, in line with their individual needs; support and further development of specialist skills

and specific interest areas among IROs. - for achieving permanence (under 5s), MFC and CSE, participation, disability/ transition to adulthood,

Forging even stronger links with children and young people

and being creative in seeking opportunities to involve them in what is done through:

- ✓ direct consultation with their IROs within review process,
- ✓ contribution to the preparation and celebration of children and care leavers' achievements at STAR awards in November 2015 (41 nominations) and during Care Leavers Celebration event in March 2016
- ✓ co-operation with Children in Care Council (CiCC) and Care2B Different scheme to secure young people's panel advice during IRO interviews and establishing partnerships by joint audit of Pathway Plans with care leavers,
- ✓ popularising and contributing to wider use of advocacy and IV scheme,

Further **increase in the rate of children and young people chairing or co-chairing their reviews** (15% increase with 64 young people co/chairing).



Full **implementation of the invite and consultation process** to promote:

- ✓ SW and IRO consultation before the review to discuss child's wishes in how to arrange the review (venue, date, time, participants, agenda) and eradicate reviews occurring in school times and at schools or offices as venues (unless this is consistent with child's wishes); introduction of 'themed' and 'child-centred' reviews,
- ✓ participation and anti-oppressive practice where contribution from each significant person for the child has been actively sought whether they attend the review or not,
- ✓ higher rate of feedback and evaluation post review,

Facilitating presentation and discussions with providers at Provider Forum as well as briefings for social workers and managers on care planning and Care Regulations,

Change in the **provision of independent legal advice** to IROs from Stockport council legal department to an independent law firm,

Reduction in secondary data input by IROs via Sharepoint system to streamline administrative IRO processes and allow for more direct performance reporting, especially during, established on a monthly basis, performance meetings which identifying themes and providing system solutions whilst offering opportunity to challenge where appropriate,

Implementation of Disruption Meeting policy and consistent chairing of 10 disruption meetings.

Additionally, individually and collectively, IROs led or contributed to developments such as creating a 16+ emotional wellbeing measurement tool, delivering STAR awards, regional and national co-operation with courts, CAFCASS and IRO networks which are listed in Appendix 1.

Child protection chairs and independent reviewing officers have good oversight of individual cases but the impact of their challenge is not yet leading to consistently good services for children. (...) assessment and planning at all stages are not always as timely or as sharply focused as they should be. Recording of management decisions is inconsistent.

Ofsted Inspection Report, July 2015



TARGETS FOR 2016/17

We have already made progress in providing consistent, modernised oversight of the care planning processes to prevent delay and ensure that the right children are in the local authority's care with the right plans and support, but there are critical areas that require continued focus for 2016/17. There are four distinctive sets of priorities that we set ourselves to achieve in 2016/17:

1. **Strategy:** achieve stable, permanent staffing across the whole team.
2. **Practice and performance:** improve primary indicators whilst strengthening confident and consistent practice across the team; contribute to successful review and modernisation of existing or develop new practices, policies and procedures, improve quality.
3. **Anti-oppressive practice:** promote children's engagement, rights, and understanding and partnerships with young people, parents and carers
4. **Communication and collaboration:** optimise communication with children and achieve consistency and coherence in application of practice standards with fieldwork managers and teams,



PRIORITIES FOR 2016/17	HOW WE ARE GOING TO DO IT	PRIORITIES FOR 2016/17	HOW WE ARE GOING TO DO IT
Strategy	<ol style="list-style-type: none"> 1. Review the recruitment and retention strategy for IROs in Q1. 2. Robust advertising campaign in Q2 (September) will support full time recruitment of permanent staff with a target of no agency workers by end of 2017. 3. Post-qualifying module for new IROs 'Advanced IRO practice' by Edge Hill University will be offered to support new permanent IROs on appointment (first course Sep-Dec 2016). 4. Performance and feedback from staff, especially those who had left previously, will continue to inform the recruitment and retention strategy. To increase IROs' capacity to see and consult children for the reviews, chair and consistently quality assure, raise and resolve identified issues, a business case proposal has been made to increase team's capacity by 1 FTE IRO and it is anticipated it will improve the indicator in 2016/17. 	Anti- Oppressive Practice	<ol style="list-style-type: none"> 1. A working group (IROs and operational team reps) will be formed in Quarter 3 (work to finalise in Quarter 4) to develop a RAG system for evaluating quality of assessments and Care and Pathway Plans with a strong risk/ need analysis and evidence of child and parent participation as a central feature. 2. We will pay particular attention to encourage young people and their parents as well as carers to complete and return consultation documents to increase the return rate to 50%. 3. We will support developing relevant tools and scrutinise quality of child and parental consultation/ presence when managing risk plans when children go missing, esp. at trigger Level 1 and Level 2 meetings (review in Q2 and Q4) 4. We will repeat the high rate of nominating young people and support directly STAR awards event in November 2016. 5. We will follow the developments and support introduction of 'Investor in children' recognition and award scheme (Q4)
Practice and Performance:	<ol style="list-style-type: none"> 1. To achieve the target 100% reviews in timescales, 100% review recommendations completed in 5 working days and 80% review reports distributed in 20 days, we will continue promoting attendance consistently during consultations with the young people and utilise a newly introduced weekly report on review activity to operational team managers and senior managers and benefit from more reliable data reporting mechanism. We will maximise the benefits of consultation and attendance by care leavers at 	Communication and Collaboration	<ol style="list-style-type: none"> 1. We will continue to meet with Team Managers monthly (IRO manager with Service Managers) and have regular interactions with teams during team meetings and individual practitioners in local offices and during Time to Share forum. 2. Monthly Tracking Meetings, a development proposed last year, will be revisited at the end of Quarter 3 2016/17 to allow sufficient time for improving co-operation and practices via monthly IRO meetings with Team Managers. 3. We will continue participation in local, regional and national

	<p>Pathway plan reviews aiming at 100%.</p> <ol style="list-style-type: none"> 2. We will report quarterly on IRO escalations and quality of issue resolution to ensure consistent impact on achieving timely and best outcomes for children with the target of 90% of these to be resolved within informal and formal DRP stage 1 processes. 3. We will drive improvement further by monitoring transparency and consistency among the IRO team when challenging drift in care planning/ implementation of care plan and hence achieving timely outcomes for a child. To improve IRO effectiveness, a set of explicit factors, pertinent to drift in the above area, will be agreed with fieldwork managers as a priority area for IRO challenge and fieldwork management vigilance and prompt response by the end of Quarter 2 with relevant review (Dec'16 and Apr'17) of its impact over subsequent 2 quarters. 4. We will offer input and consultation for consolidated Permanency policy (adoption, fostering, kinship/ SGO, role of respective decision making and review mechanisms like panel and statutory review etc.) once work on this commences within fieldwork teams.] 5. We will conduct and report on thematic 'deep dive' audits twice a year, at the end Q2 and Q4, to evidence improvement in key practice areas 6. We will create letter template/ report from the review for the child - it is anticipated that gaining better 		<p>events (whole year).</p> <ol style="list-style-type: none"> 4. From Quarter 1, we will liaise with teams, Missing Persons co-ordinator, Catch 22 and others to form Missing Children Focus group to review and improve tools, training and practices associated with assessment and management of risk plans for missing children - with strong focus on child and parent consultation and participation in Level 1 & 2 MFC meetings (review at the end of Q2). 5. Closer co-operation will take place with Virtual School (from Sep), Designated nurses (from June), Family Support team (therapeutic services), Placements team, Fostering Reviewing Officer and Fostering and Adoption teams (from Sep/ Oct) - IROs will scrutinise and feedback on: <ol style="list-style-type: none"> a) care and educational placements being sought together, esp. if children change placements and/ or have alternative educational provision, to ensure there are timely plans and support for them, replicating focus and dedication to others who are settled and achieve better, including progress to higher education, b) creativity within educational plans, including varied timetable, vocational/ skills development and training focus alongside the academic content and exploration/ availability and support of apprenticeships, c) prioritising the needs of children requiring EHC Plans, d) initial and review health assessments being timely and recommendations available for reviews, with clarity about the output/ end date for any established therapy as well as contingency should risks/ needs increase, e) placement stability meetings being consistent and focused on identifying root causes of issues,
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	<p>team stability and having a new IRO leading on Participation, as a specialism, will allow for this to be created by the end of Quarter 3.</p> <p>7. Update SAR policy - work on this target has been already started although it is expected to be ready for consultation by the end of September/ early October 2016.</p> <p>8. We will continue to review/ audit messages and learning points from Disruption Meetings every 6 months and report on them with relevant recommendations at monthly meetings with managers and Practice and Performance workshops in December'16 and June'17.</p>		<p>f) IRO-fieldwork co-operation to create consistent tools for recording and Performance and child's record system support team reliable reporting on both placement stability and disruption meetings activity,</p> <p>g) missing children records and reports being equally consistent and reliable.</p>
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PROFILE AND STAFFING

Location of service:

The IRO team is part of Children's Safeguarding and Quality Assurance Unit and the team's office is located at Macclesfield Town Hall.

Structure and characteristics:

In 2015/16, there were 9 IROs, equivalent to 8 FTE posts, with 2 IROs job sharing. All IROs met the criteria set out in IRO Handbook and were qualified social workers with minimum of five years post qualifying experience within statutory operational work and managing people. Overall, the ethnicity of the team reflected the ethnicity of majority of the cared for children population and correlated with some of the main other ethnic origin groups across the cared for population. Gender or disability rates represented by the cared for children and care leavers were not proportionally reflected by the diversity across the IRO team.

Spending a day with an IRO from the Safeguarding team was indeed a very enjoyable and informative experience (...). By observing the IRO take lead in each case I was able to see, and be coached by the practitioners critically reflective approach to ensuring the care plan for each child is the right plan, and that the child's views are explored and taken seriously and all professionals work in partnership to provide the best care possible. (...) I went away feeling very positive about my role as a student social worker a lot more knowledgeable about the expectations of a social worker in the care planning team.

Student Social Worker

5 FTE new IROs were appointed throughout 2015/16: 3 as permanent and 2 on a locum/ agency basis. There were also 5 IROs who had left the team, some in a positively managed way.

Although priority was given to minimise re-allocation of IROs to children, it was not always possible. The staffing changes have also meant considerable churn for the service, which also challenged implementing some of the 2014/15 team priorities.

As in the previous year, the IRO team continued to be supported by 3 Business Support workers (2.8 FTE posts). The Business Support team undertook all relevant administrative tasks in relation to the processes for cared for children and care leavers' reviews and related to some of the relevant data collection. However, the office move from Middlewich to Macclesfield at the end of January 2015, caused subsequent departure of a number of Admin workers, including the manager, which impacted on the delivery of this service. Staffing difficulties impacted on both consistency and timeliness of managing such processes as invite and consultation, dissemination of minutes or general clerical duties processes and related assistance required by the IROs. It also caused some delays with implementing some of the consultation tools devised over that period as well as the robustness of the corresponding reporting mechanism in the Admin service.



Staffing breakdown:

Ethnicity	Cared for children	IRO team with manager
White	358	8
Mixed	11	0
Asian or Asian British	6	1
Black or Black British	1	1
Other ethnic groups	10	0
TOTAL	386	10

Table 1: Ethnicity proportionality of cared for children and IRO team

Gender	Cared for children	IRO team with manager
Female	181	8
Male	205	2

Table 2: Gender proportionality of cared for children and IRO team

Specialist skills:

In 2015/16 all IROs undertook reviews for cared for children irrespective of children's abilities and special needs or disabilities, legal and immigration status or offending profile. Specialisms across the team started to emerge throughout the reporting year to complement the existing 1.7 FTE posts leaving care specialism, represented by two IROs, leaving care sector and encompassed:

- participation,
- permanence for children under 5 (shared by 2 IROs – 1.5 FTE posts; special allocation system for such children, operational from

December 2015, allocated one of the two IROs to that child, alongside the child's siblings)

- identity and therapeutic needs,
- CSE and MHC (Missing from Care) issues,
- transition to adulthood and disabilities.

The review of 'permanence for under 5s' specialism is due in 3 quarter of 2016/17 to check whether the new approach has been benefitting children's outcomes. There are a range of measures that apply and will be used during the review, for instance anticipated benefit of the specialist IROs establishing closer links with Adoption team, Adoption Panel, ADM processes and other relevant aspects. Similar model has been tried in one of the GM area local authorities although, reportedly, team reconfiguration there meant that although there appeared to have been some benefits and added value, it had to be temporarily stopped.

Caseloads and additional duties:

	Average IRO caseload
2014/15	66 cases
2015/16	71 cases

Table 3: Average Caseloads

In 2014/15, an average IRO caseload was approx.66 cases per FTE post which was compliant with statutory guidance, however, this rose to approx.71 in 2015/16. Two IROs (nearly 1.7 FTE) continued to primarily review Pathway Plans for relevant and former relevant care leavers - one of them within a combined caseload of cared for and Pathway Plans reviews arrangement. These 2 IROs held the highest number of cases at approx. 90, in some months, although this reflected fewer statutory duties and thus workload demands, which explains the disproportion in caseloads with other IROs.

Travel element within work remained significant for the IROs in Cheshire East, given the geography of the region and the localisation of the children's and care leavers' placements, and it required around a full working month (in 2014/15 this was 17.3 working days) to accommodate travelling to reviews and consultations.

The IRO workload comprised a set of additional duties, within which the IROs:

- started developing own specialisms and made relevant contributions during team development day,
- chaired relevant missing from care Level 2 meetings,
- chaired CSE conferences for 2 cared for children they were IROs for,
- chaired Disruption meetings, based on allocation process by IRO manager, for children where they were not the usual IRO to ensure independent oversight of the issues contributing to placement breakdowns as well as to make relevant recommendations,
- established links with specific CiN/ /CP or PTCT services and attended team meetings as well as monthly meetings with Team Managers,
- contributed to Participation and some other sub-group meetings, team and joint audits,
- participated in CAFCASS liaison meetings
- contributed to training/ briefings arranged for other social care colleagues.

Despite significant challenges experienced by the service, sickness and absence from work rates did not contribute to the disruption within the service delivery. Covers for absent/ those that have left were required

at times and these were planned with as much advanced notice as possible.

CPD and learning opportunities, supervision and training:

Supervision meetings with all IROs occurred in accordance with the local authority requirements. Some peer and individual practice observation of all IROs were undertaken by their manager. Reflective feedback contributed to setting objectives within respective performance and development plans (PDP) and further learning and consolidation of practice was executed during monthly team and practice meetings, coupled with some regular joint meetings with CP chairs and quarterly whole Safeguarding Unit meetings.

Practice meetings strengthened existing knowledge about some of the pertinent aspects of the job. The team, together with invited guests from various agencies who provided valuable input, participated in stimulating discussions and shaped practice on the following subjects:

- role of IRO preparation before the review and what should included,
- IROs' input within child's record system LL (consolidation and other issues),
- effective challenge by IROs,
- participation and communication with very young children to obtain their views
- role of foster carers – themes and patterns,
- CAFCASS and IROs – closer liaison,
- research studies about IRO role,
- themed reviews and Sheffield model of child-centred reviews.

Individual IROs attended a number of specialist training courses and conference events, including regional NIROP (National IRO Partnership) conference and workshops and national NAIRO (National Association of IROs) conference in October 2015. IROs attended some of the Practice Champions meetings as well as quarterly Practice and Performance workshops.

The team contributed to the learning of others through co-facilitating Time to Share professional discussion forum as well as some training on care leavers' matters. Care planning briefings arranged in February and March 2016, co-facilitated by one of the CiN/ CP team Service Manager and Safeguarding (IRO) Manager were well received and attracted positive feedback.

Really helpful and informative sessions, good length of time

Excellent training, good mix of law and social work practice, very glad I



IRO PERFORMANCE - CARED FOR CHILDREN

KEY STATISTICS

1, 119 statutory case reviews – an increase by 150 reviews (15.4%) on 2014-15

320 Pathway Plan reviews

1,144 consultation documents sent – 262 received

91.7% cared for reviews in timescales – increase by nearly 4% on 2014-15

91.1% of children and young people participated in their reviews

64 children chaired or co-chaired their review

109 practice alerts raised – 75 resolved informally – 1st DRP at Level 3 since implementation

10 Disruption meetings chaired by IROs in 12 months

Number of reviews within the context of cared for population:

Consistent with overall national pattern in relation to numbers (i.e. increase in ‘looked after’ population over past decade - 68,800 children in 2014 and 69,540 in 2015) and statistical neighbour trends regarding steady increase of the cared for children population, the number of undertaken reviews correlated with the rise in population. Furthermore, increase in review numbers is reflective of the increase in placement instability in 2015/16 – and hence the need for more reviews as soon as the children were placed in new arrangements.

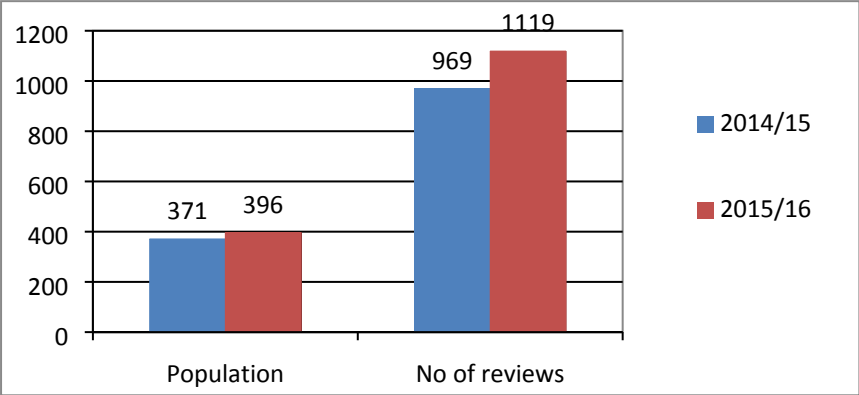


Figure 1: Comparison of population size and number of reviews

Timeliness of statutory case reviews:

There were 1,119 statutory cared for reviews in 2015/16, which means there were 15.4% (150 meetings) more reviews more than in 2014/15. Out of the 1,119 91.7% occurred in timescale, comparing to 88% of 969 reviews in timescales in 2014/15. A nearly 4% increase was achieved within a challenging context of numerous staff changes and increase in demand for more reviews and MFC meetings. All of the above tested the IROs’ capacity to accommodate many urgent earlier reviews or Level 2 Missing from care meetings. On some occasions, IROs had to

agree a ‘review series’ to capture the changing care plan for a child who was about to move at the time of the planned review..

Similarly to 2014/15, there were difficulties with single source to extract/ collate data to oversee the performance of the IRO service. LL (child’s record system) reports still had to be complimented by reports on data obtained from the additional Sharepoint system. Although the plan is to gradually substitute Sharepoint reporting by full LL (Business Objects) reports later on in 2016/17 (primary data sourcing), some of the actual figures required checking and manual collation to provide truly reliable data. However, it is disappointing that despite Ofsted recommendation in relation to improving the availability and reliability of reports extracting data to support managerial oversight, this aspect has been progressing fairly slowly in relation to reports required by the IRO service.

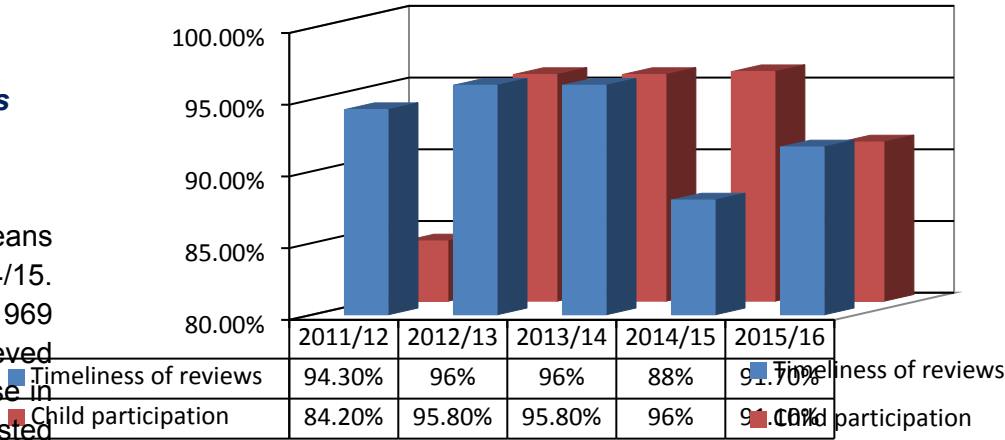


Figure 2: Timeliness of reviews and child participation in reviews – 5 year comparison

Additionally, when reporting on timeliness of reviews, problems occurred in relation to recording 'series of meetings' or all those occasions when review required standing down by the IRO, as per description below:

- 'series of meetings', when relevant parties cannot or should not contribute to the review as a single meeting so more meetings occur but are counted as one review and concluded by the usual set of recommendations and then full review report,
- stood down reviews, when there was lack of clarity or no up to date care plan or child and/ or family were not prepared.

It is important that the review is child-centred and only involves the necessary number of professionals, alongside the child, his/her carers and his/her parents, except where this is not appropriate. A series of meetings may therefore be the best way to involve all the relevant people. The child should be consulted, subject to his/ her age and understanding, about who s/he wishes to attend the meeting and about the venue of the meeting.

IRO Handbook, 2010 (statutory guidance)

Although statistical capturing of 'series of meetings' caused statistical challenge, as the system could not acknowledge that more than one date/ meeting took place, the approach indicates good practice by IROs. It also evidences higher resource demand on IROs since more meetings (usually two) per review series needed to be attended. Likewise, 'stood down' reviews promoted good quality of a review process. If the IRO stood down (adjourned) a potentially ineffective review and re-arranged it within 20 working days, the problem of holding a review of a care plan which would be unclear or not updated

In a large majority of cases children have positive experiences of their reviews. Their wishes and feelings are made known through consultation processes, observations and by attending. Most children spoken to knew their independent reviewing officer and felt that they listened to them and ensured their views were represented at reviews

Ofsted Inspection Report, July 2015

or discussed with children and young people, in particular, their families and carers was prevented.

Child participation:

As presented above, the rates for child participation remained above 90% (91.1%), which is slightly lower than last year (96%). Discussion

about consistency of use of PN codes (codes that denote how the child participated in the review) identified that this is an area of some inconsistency among the IROs. This comprised two, rare but very specific codes, namely PN4 – ‘child attended, no contribution made’ and PN7 ‘child did not attend the review and views not shared’. This inconsistency of approach in use of these codes is not surprising given the rather high turnover of staff, including in the first two quarters of 2016/17, i.e. at the time of writing this report.

Consultation – cared for children and care leavers

Implemented by the team in the last quarter of 2014/15, the invite and consultation process remained one of the focal aspects of improving the overall review effectiveness. It complied with the statutory guidance specific requirements and it can be said that at the time of writing this report, i.e. beginning of Quarter 2 of 2016/17, the process has been truly embedded and integrated within everyday practice. As anticipated, this was not without a level of ongoing reinforcement and reminding about the importance and impact of this new process on the quality of the review and relevant records about the review preparation process later on (and these being available, should the parent, the child or any audit in the future require to scrutinise the quality of seeking views and making contribution by all those who should have been involved within a given review).

Invitations to reviews and consultation documents should be sent out to all those participating in the review at least ten working days before the meeting.

IRO Handbook, 2010 (statutory guidance)

The



consultation and feedback documents devised, with inclusion of consulting them with relevant services/ agencies as well as children via CiCC, which in 2015/16 the IRO team had at their disposal (sometimes at different times throughout the year, depending when they became operational) comprised:

- consultation form for children/ young people,
- consultation form for parents,
- consultation form for foster carers/ residential care,
- consultation form for health
- consultation form for education
- feedback forms for care leavers (one for young people who attended and another for those who did not) after Pathway Plan reviews

- feedback form for parents of care leavers for Pathway Plan reviews

The overall performance – given this was the first year of obtaining data - has been encouraging although it is anticipated that higher rates of return will be achieved in the future, particularly the consultation forms for parents and carers but also for the agencies/ professionals. Details have been collated by the IRO Admin team, who have also devised a relevant tracking system to produce the required data, which ongoing the quality of preparation



CONSULTATION FORM FOR:	SENT	RECEIVED
Cared for child/ care leaver	182 C4C & 106 PP reviews TOTAL: 288	24 C4C & 12 PP reviews TOTAL: 36 (13%)
Parent	233 C4C & 5 PP reviews TOTAL: 238	15 C4C & 0 PP reviews TOTAL: 15 (6%)
Carer	256	90 (35%)
Health	185	54 (29%)
Education	177	67 (36%)
SUBTOTAL:	1,144	262

supports the monitoring of review aspects.

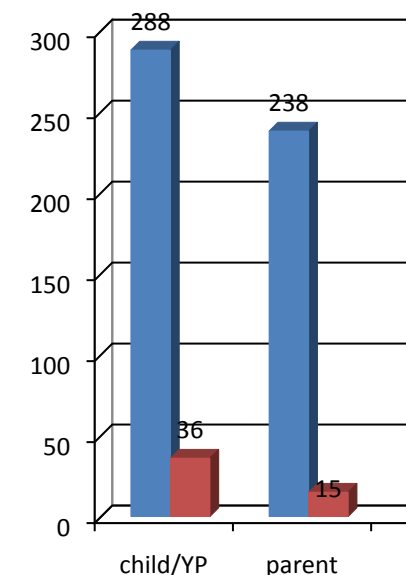


Figure 3 and Table 4: Consultation forms sent and received

Many consultation forms for children and young people reached them as part of their 'Coming into care' packs or were taken to them by their IRO whilst visiting and consulting the child directly (albeit other methods of obtaining views, like Three Houses or Three Islands model, were



also used). A short period of time occurred within the Admin team where consultation forms for children and young people were not sent due to the original printed forms batch being fully distributed (these are hard copies which could not be scanned or photocopied by the team's Admin Support without significant loss of quality and endorsement of the adequate 'substitute' utilisation of those copies). The issue was addressed at first by a prompt recovery of all available copies from other local offices where the forms were not used routinely and making an arrangement with the council's print room for re-prints. The future of the consultation form for children and young people, or related developments regarding any other method of obtaining their views, e.g. online-based or interactive, had been briefly explored at the beginning of the



reporting year with the decision of operational senior management that this would be re-visited in 2016/17. This would be appropriate for most of our children and young people but would require investment in the development of a technology based solution.

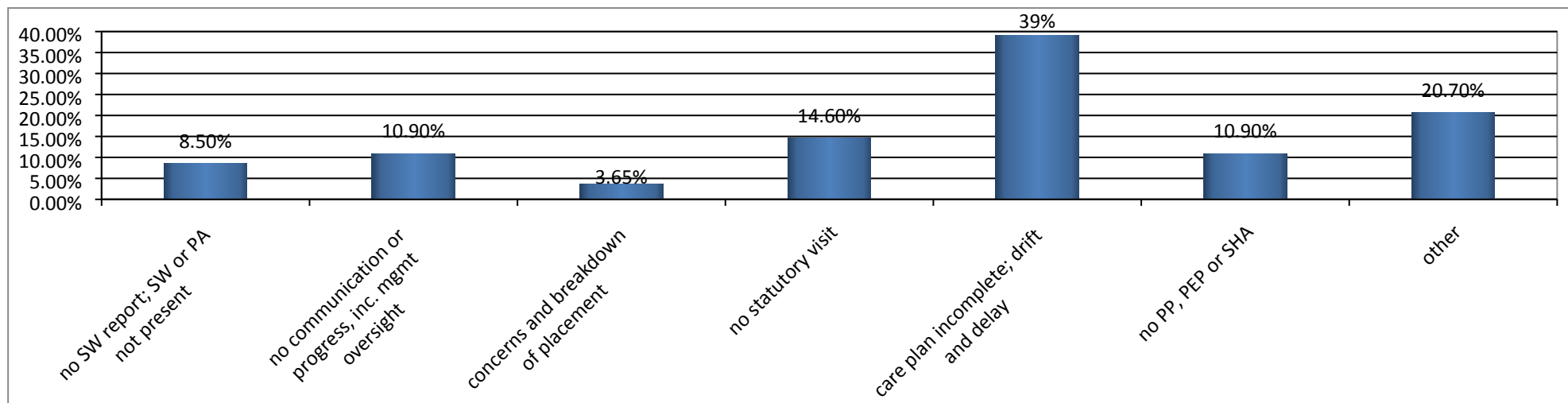
Practice alerts and Dispute Resolution Process:

There was a significant increase in practice alerts. Dispute resolution in 2014/15 and as the process became agreed and better embedded. In 2015/6, there has been a further 27% increase in the number of IRO practice alerts raised with SWs and their managers. This reflects prioritising relevant action when identifying issues of drift or inadequate practice and also the use of good practice alerts.

	Apr-14	Apr-15	Apr-16
Total number of raised practice alerts	32	86	109
No of alerts resolved at informal level <i>of which good practice alerts</i>	30	53	84 11
No of formal alerts resolved at stage 1	2	29	22
No of formal alerts resolved at stage 2	0	4	2
No of formal alerts resolved at stage 3	0	0	1
No of formal alerts resolved at stage 4	0	0	0

Table 5: Practice Alerts and Formal Escalation for 2014-16

In relation to clear themes in the reasons for raising IRO alerts, 2015/16 showed a decrease in the failure to conduct statutory visits (or its appropriate recording) with a drop from 14.6% in 2014/15 to 4.9% alerts in 2015/16. This is positive and may also be indicative of overall



improvements in securing permanent staffing levels and scrutiny of operational performance management processes. Similarly, non-attendance by SW or Personal Advisor at the review reduced from 8.5% to 0.9% in the last year.

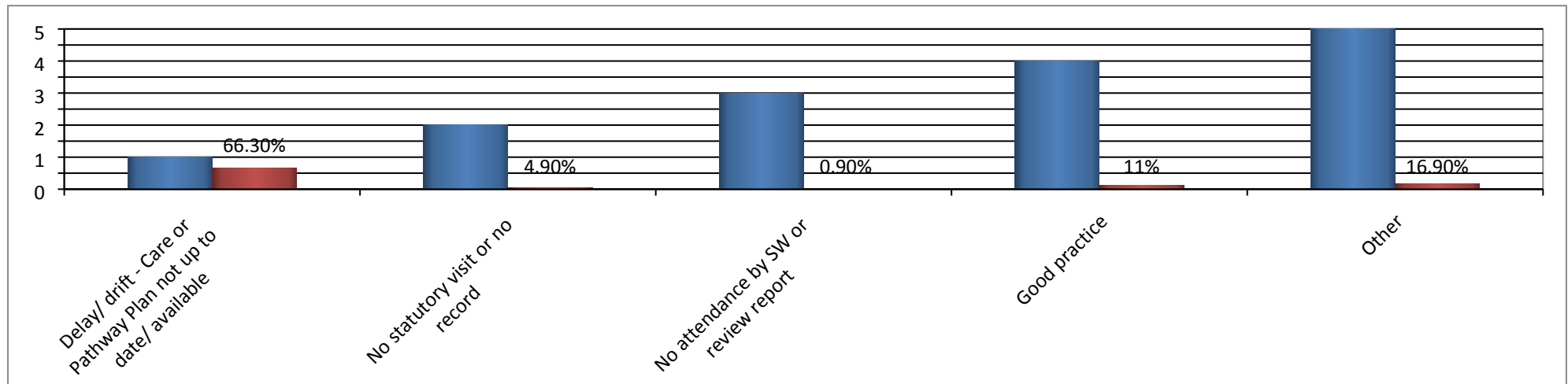
An increase in alerts regarding drift and delay in relation to the progress of children's care or pathway plans, from 39% in 2014/15 to 66.3% in 2015/16 needs to be ascribed, primarily, to the shared focus on this as an issue for improvement of practice standards but also to greater IROs consistency in their scrutiny of drift in care plans, legal status or other essential aspects of care planning. Given the commitment to consistent identification and targeting of any relevant drift and delay by the whole team (and improved methods of recording alerts via LL - the child's record - in 2015/16) the nearly 30% increase in cases with identified drift may not mean that the care planning fieldwork performance has deteriorated but, quite possibly, that the IROs have improved consistency in challenging this key area of performance. A range of

alerts (16.9%) were raised due to problems with pre-meeting organisation document, delay in missing Level 1 trigger meeting, update post sec.47 strategy discussion or IV referral not being progressed on time.

Improvements in performance seem to be evidenced by identifying 11% good practice alerts which were issued in relation to the management of cared for children and care leavers' cases (see below). More partnership alerts (issues raised with different to social care agencies) were also used by IROs in 2015/16 than 2014/15.

Figure 4: Reasons for Practice Alerts in 2014-15

oversight/ sign off. There are also examples of cases escalated to level



1 due to minimal/no communication from managers to resolve the issue at an earlier stage; in these instances, improvement needs to be promoted by the team managers at informal level to resolve issues early wherever possible

Figure 5: Practice Alerts and Formal Escalation for 2015-16

Managing the process of resolving escalations in a timely manner remained one of the top priorities in 2015/16. In comparison with the previous year, use of DRP (formal escalation of issues and seeking their resolution with senior management) has been stable at 22 alerts resolved with Service Managers and 1 with the Head of Service. 75% of alerts were resolved informally by IROs with Team Managers and Social Workers and it is also appropriate to see the rate of issues requiring formal steps to resolve disputes being low and stable.

Where rights are breached and concerns about a local authority plan/progress for a child cannot be resolved internally, there is a requirement for IROs to escalate this to CAFCASS. In Cheshire East in 2015/16, there were no such referrals required to be made by IROs. This is fairly consistent with Local Authorities nationally and has been the case year on year. It suggests that the internal system has so far been effective.

Among formal Level 1 DRP alerts, a high proportion had been raised due to a lack of, or incomplete, care plans, although at times this was because the social worker update did not have a timely manager's

The themes within the formal processes raised by the IROs were:

- drift in achieving clarity about the care plan (including lack of up to date assessment or care planning meeting)
- lack or delay in updating the IRO in respect of significant changes within the child's timeline/ journey through care system, including for example. placement change,
- lack or delay in updating or consultation with the IRO regarding significant changes in the care plan (including final care plans) during care proceedings.

The system for generating practice alerts was a priority from last year. The aim has been to try and streamline the practice alert/escalation process and have it integrated with the child's record rather than rely on email reporting and manual recording and tracking. As a result, during 2015/16, the IRO team worked with the LL team to establish a specially designed form with its own dedicated workflow. The development involved briefings and training to operational staff, IROs and all level managers and the new process became available from Quarter 1 of 2016/17. Going forward, to gain a more systematic overview of IRO escalations, a relevant report on its functioning is also anticipated to be available via Business Objects later in 2016/17. This will replace the secondary data input currently required by IRO's within Sharepoint. This should make performance monitoring for 2016/7 easier, more timely and reduce the additional duplicative administrative tasks.

The relationship between the IRO team and Children in Care Council (CiCC)

Communication between the IRO team and CiCC continued to be good. There were four distinctive areas of either joint ventures or direct communication, namely:

- a) consulting a number of consultation documents created within the year by CiCC,
- b) recruitment process and IRO service working together with Young People's panel during interviews,
- c) supporting STAR awards steering group and the event itself where a lot of joint thinking and working took place and
- d) joint audits of Pathway Plans and review with IROs and care leavers in February and March 2016.

As in previous year, the service benefitted from the insight the children and young people brought, particularly when assessing the suitability of candidates to take up IRO posts. Care leavers were well supported to attend various meetings and assistance afforded to them from Care 2 Be Different co-ordinator has to be appreciated and noted. Subsequent liaison between the co-ordinator of the above scheme (Care 2 B Different) and his input within another project managed by IROs (developing post 16 emotional health and wellbeing assessment tool) was invaluable as it enabled strong input from care leavers and other young people who tested the prototype/ first version of the tool (testing taking place within Q1 of the 2016/17).



Co-operation with CAFCASS:

This was an aspect identified during the last Ofsted inspection in July 2015. The IRO and CAFCASS protocol was implemented with IROs and guardians communicating better with each other, although IROs reported difficulties with receiving responses at times. Notifications to confirm details of the allocated IRO were forwarded to the CAFCASS office although some delays occurred and these were caused by the team’s office move and change of agency workers within Business Support team for a period of time. Guardians are invited to reviews and reports disseminated afterwards to them. A consultation email to Children’s Guardian was devised as a supportive tool in ongoing communication and part of the review consultation process. Although guardians seldom sent apologies and rarely attended reviews due to workload pressure, a fair number of handover discussions or meetings at the end of care proceedings between them and the IROs takes place. Improving effective collaboration was addressed in the team action plan for the subsequent year, targeting more frequent communication and periodical meetings with CEC IRO team as well as Merseyside and Cheshire CAFCASS establishing closer links with IRO services regionally via their attendance at the North West IRO managers’ forum meetings.



IRO OVERSIGHT OF CARE LEAVERS’ MATTERS

In April 2015 there were 216 care leavers: 55 of them were eligible young people, 5 were relevant and 156 were former relevant care leavers. By April 2016 there were 225 care leavers: 58 eligible Young People, 4 relevant and 163 former relevant. This evidences an increase of 4.2% on previous years and with the increase in children coming into care there will continue to be resource implications for the Safeguarding and Quality Assurance Unit. The increase in demand is particularly evidence when acknowledging the distance some of the care leavers live away from Cheshire East, which has been a significant resource implication for the IRO team.

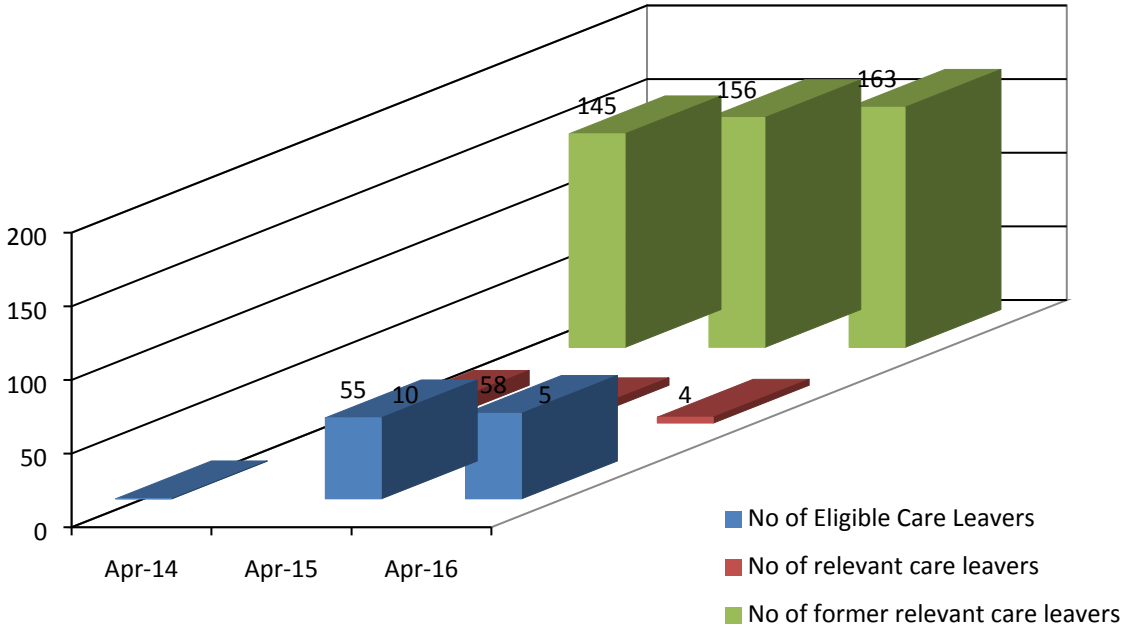
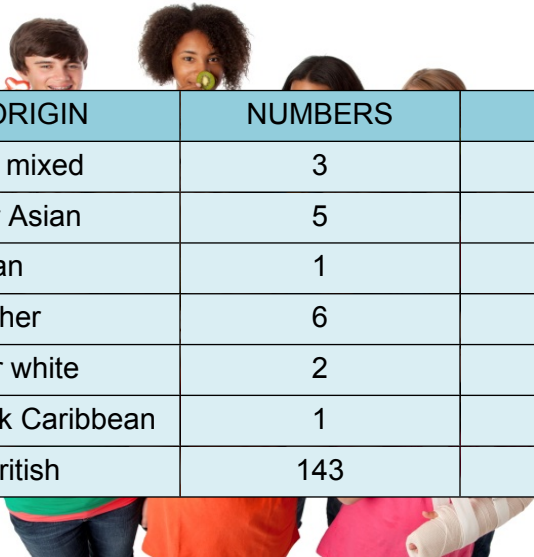


Figure 6: Number of all care leavers with Pathway Plans

Care leavers' profile – August 2014 and August 2015 comparison:

In September 2015 a Care Leavers Forum took place, focusing on issues pertinent to this group of service users, and the following Cheshire East profile was presented by the Safeguarding and Quality Assurance Unit:

Table 6: Number of all care leavers with Pathway Plans in 2014 and 2015



ETHNIC ORIGIN	NUMBERS	%
Any other mixed	3	1.8
Any other Asian	5	3.0
African	1	0.6
Any other	6	3.7
Any other white	2	1.2
White and Black Caribbean	1	0.6
White British	143	88.8

- a. **Gender:**
- | | |
|--------|----|
| Male | 85 |
| Female | 76 |
- b. **Disability:** 22 Care leavers were recorded as having a disability which equates to 10%.

	AUGUST 2015	AUGUST 2014
Former Relevant	161	145
Relevant	1	7
Eligible	65	71
FR over 21+	31	14
Out of area %	34	50

- c. **Ethnicity:**
- d. **Out of area:** 55 care leavers were living out of the area of Cheshire East, this equates to 24% of care leavers

This compares to 50% care leavers living out of the area in December 2013 and marks a positive change for our young people. IROs involved in reviewing the Pathway Plan for care leavers agree that even where care leavers remain living in Cheshire East it can take up to 2 hours to get from one end to the other of the Borough depending on traffic and area. Rural placements can provide particular challenges for IRO's time. Where every attempt is made to use travel time effectively, the priority for reviews is - the needs of the young people.

Overview in March 2016:

a. Education, employment and training:

Eight eligible/relevant care leavers were managing to sustain apprenticeships. Traineeships remained relatively new but are a good starting point for care leavers to gain and practise work ready skills. Of those over 18, 2 aged 18 are on Intermediate Apprenticeship and one 19 year old.

Further data specifies that:

- 34 (15%) of care leavers were not engaged in work, training or education. This does not include those who are unable to work or who are pregnant or a parent. This figure is not stable but fluctuates throughout the year.
- 8 young people were in Higher Education (3.5%) and 146 (65%), in Full time Further Education.
- 21 (9%), were in full time work or training.

The IROs will continue to promote encouragement for care leavers to be engaged in positive activities, including financial incentives.

b. Unaccompanied asylum seekers:

The impact of the new Immigration Act 2016 is such that this group will no longer be legally eligible or able to be supported by Social Care once they reach the stage “all appeals rights exhausted” but will continue to be supported until that point. Practice Alerts were raised for 2 young people in this position who were over 21 and in education. This did not result in care leaver support being provided except advice and guidance and referral to an Advocate. Although the law is now clarified this still impacts on the workers involved who have built up a working

relationship and can see the potential of the UASC they have supported previously as well as the range of hazards they then face.

c. Accommodation for care leavers (at end March 2016):

Independent Living	50
Other Accommodation	4
With Partner	1
Ordinary Lodgings	4
Foyer	8
Supported Lodgings	4
Semi-Independent Transitional Accommodation	8
Residence not Known	1
With Parents/Relatives	9
Community Home	1
With former Foster carers	2

There were 5 care leavers in unsuitable accommodation as per government definition – 4 in Custody and one in Emergency Accommodation - but of significance, 110 care leavers did not have their accommodation recorded for the returns. Bed and Breakfast accommodation for care leavers was used as a temporary measure only.

d. Parenting:

16 care leavers are parents and 9 had care for their children. 3 young men have children who live with their respective mothers.

Timeliness and participation of care leavers in their Pathway Plan reviews:

For the 2015/16 reporting year data on the above aspects was sourced via the Sharepoint system (secondary input by IROs). It evidenced a varied rate of participation by care leavers in their Pathway Plan reviews, ranging from the lowest rate of 23% in June 2015 to the highest rate of 80% in both July 2015 and January 2016. The average participation rate for the remaining 9 months was 52%. This is below expected standards and the target in this area for 2016/17 is 75%.

There was a marked improvement over the reporting year with the timeliness of Pathway Plan reviews with the average rate of 75% reviews in timescales over the period of April-December 2015 and 100% Pathway Plan reviews in timescales achieved consistently throughout January-March 2016/ Quarter 4.

IRO – care leavers Pathway plans/ review audit findings:

It was recognised that the quality of pathway plans needed to improve, therefore an audit of Pathway Plans was undertaken by IROs jointly

with care leavers in February/ March 2016. It identified that although some progress has been made, there was still inconsistency, and at times, a lack of there being a consistent cycle of good quality assessment-plan-review. This means that needs were not always clearly identified, thoroughly assessed and presented in the Assessment (part 1) with subsequent lack of relevant actions to address these needs in the Plan (part 2). Care leaver auditors pointed out the repeated and not always relevant and/ or very limited information under some of the specific headings. After some discussion, the audit agreed that specific headings are still beneficial but explanation/ training should be provided to the practitioners on the need for more thorough and detailed and meaningful information.

The voice of the care leavers and level of their participation in co-designing/ writing their Pathway Plan varied. This was possibly linked to the lack of Pathway Plan meetings (for planning and preceding the review meeting), which was discussed by the auditors, as there was general lack of evidence these meetings were taking place. The following recommendations were made:

- 1. Work to be undertaken by a working group with Liquid Logic team to improve the layout of the document to have a name, DoB on front of the document, remove 'subject' in the attendees section (and substitute it with 'care leaver') as well as obsolete/ historical information about involvements and reduce blank spaces alongside ensuring clarity about sources of start and end dates for the assessment.**
- 2. Provide feedback to the IROs, managers and, in particular, SWs and PAs involved in Pathway Plan assessments and plans about:**

- a) use of language: spelling mistakes and acronyms not understood by care leavers found by the audit
- b) need to ensure care leavers are more involved in the production of the Plans and the Plan are writing 'to them' rather than 'about' them.
- c) need to ensure there was more thorough assessment of specific aspects under all welfare aspects (with specific focus on emotional health, interests, support network and identity) and there was a balanced approach with both positives and negatives evident in the documents
- d) need to ensure professionals and managers checked the accuracy of the information and whether it was up to date
- e) ensure that clear information about all relevant to the care leaver documentation and contacts as well as about financial situation and support, and contingency arrangements, was covered and presented in the documents and, if not there, targeted during the Pathway Plan reviews
- f) the need to ensure that professionals and managers scrutinise whether Plans address all identified needs and issues or explanation is given why this is not the case, e.g. change of circumstances and that all made Plan are clear about what needs to be done, by whom and by when.

3. Work with IROs to be undertaken to ensure there is a consistent approach to identifying missing information and gaps in the cycle of assessment-plan-review, e.g. needs identified but not fully addressed and, if that is the case, why and clearly evident SMART approach to all recommendations.

A repeat of the audit will look at whether the actions have led to an improvement in the quality.

CARE PLANNING AND SERVICES FOR CARED FOR CHILDREN – IDENTIFIED TRENDS AND PATTERNS

Some of the main trends identified within the reporting year have been reflected by the relevant IRO practice alerts and escalation. The lack of appropriately updated care plans (or Pathway Plans for care leavers) and issues of drift have been consistently challenged. Where a review was at risk of being unproductive, IROs more consistently stood it down, subsequently re-arranging it within 20 working days.

Problems with lack of or inadequate care plans were linked to the following:

- lack of preceding care planning meeting to gather, consult and formulate what is the care plan, contact plan etc. and contingencies,
- recent change of social worker (at times of both social worker and manager shortly before the review), at times coupled with poor (if any) case handover process,
- lack of, or out of date, assessment of child's needs,
- lack of, or out of date, such care plan component as placement plan and, frequently, health assessment (particularly initial ones).



Following marked improvement towards the end of 2014/15, there were still a few cases in 2015/16 with incorrect initial application of 'private arrangements' whilst the grounds for the actual placement under sec.20 accommodation/ Regulation 24 with connected person or seeking an order were required. The difficulties in analysis and seeking relevant legal resolution in these cases was linked to the gaps in the social workers' expertise and issues with timely and adequate guidance from their immediate managers, which was yet another identified factor. In 2015/16, a relatively high proportion of social workers, albeit passionate and committed, were newly qualified (ASYE) or transferred from another area of specialism (e.g. duty and assessment teams within other local authority) lacking specialist knowledge of processes and procedures pertinent to cared for children. To their credit, many of these professionals were quite open and honest about their need to develop better skills in managing kinship care aspects. This will require corresponding capacity with their managers for relevant scrutiny and guidance.

Lack of contingency plans remained an issue for some of the reviewed care plans although it was the gaps or no up to date assessment, upon which the care plans should be formulated.

Child's journey through the care system attracted a lot of IROs attention in 2015/16 through undertaking an audit of pre-disruption (NB. currently called placement stability) and disruption meetings and chairing 10 disruption meetings. There was further a high proportion of IROs who chaired Level 2 Missing from Care meetings due to increase in children going missing incidence.

Higher missing from care rates correlated with increase in placement instability, with a number of cared for children changing placements, which required earlier reviews preceded by direct consultations with the young people to ensure their satisfaction with the new arrangements. Analysis of the breakdowns of some of the involved short-term placements as well as audit of long-term breakdowns, that preceded Disruption Meetings policy update, both evidenced shortfalls within some aspects of the matching process. Those included:

- gaps in adequate understanding of the needs of other children already in the placement,
- frequent lack of communication with the respective children's social workers (whether from Cheshire East or other local authority for placements with agency carers),
- poor quality of some of the placement planning meetings,
- gaps in adequate assessment/ understanding of the needs of the birth children of the foster carers and
- lack of appropriate acknowledgement of the changing nature of the needs and circumstances of the foster carers themselves.



		ABSENT		MISSING	
		No. of Children with ABSENCE Incidents	No. of ABSENCE Incidents	No. of Children with MISSING Incidents	No. of MISSING Incidents
Gender	Male	12	59	28	179
	Female	8	25	22	161
Age	16-17	10	67	20	173
Band	10-15	10	17	30	167
Total					340

Table 7: Missing children rates in 2014-15

		ABSENT		MISSING	
		No. of Children with ABSENCE Incidents	No. of ABSENCE Incidents	No. of Children with MISSING Incidents	No. of MISSING Incidents
Gender	Male	11	36	36	278
	Female	11	25	24	132
Age Band	Under 10	0	0	0	0
	10-15	6	13	33	251
	16+	16	48	27	159
	16-17	10	67	20	20
Total		22	61	60	410

Table 8: Missing children rates in 2015-16

The appropriate and timely assessment of need and communication with all involved, that informs a matching of the child to a carer promotes the likelihood of success and better outcomes. This remains

a focus for the IRO team in partnership with the Fostering, Placements and operational teams. It is underpinned by a need for better understanding of approval and re-approval criteria, including growing list of matching considerations at the time of carer annual review. Quality of feedback from the children and young people as well as other professionals involved will remain central to this process and a positive development has been taking place to enable such joint working practices with closer links being established between the new Fostering reviewing officer and the IRO team.

Late Health Assessments and high SDQ scores in 2015/6 were apparent. There were reported problems with availability of clinics where initial health assessments were to be completed. The issue was discussed within the wider multi-agency forum through Corporate Parenting, and prompt actions, followed by close monitoring of progress in this area by a dedicated team as well as IROs. This has also been reported and progress tracked by the Local Safeguarding Children Board. There is now a clear multi-agency focus on improving this aspect for all cared for children.

Emotional health of cared for children and care leavers attracted a lot of IROs' attention and has resulted in leading on a planned project of devising a tool for measuring emotional wellbeing of 16+ care leavers in Cheshire East. Emotional and mental health has been a subject of much discussion across various agencies, particularly the Designated

Nurses team, and it is anticipated that a new nurse for 16+ young people will be in their post shortly. This is a much needed development given the high rate of SDQ scores above 17 in the reporting year, indicating concern (second highest over past 5 years).

Table 9: SDQ Scores Comparison 2012-16

The availability of the therapists and support workers from the Family Support to the cared for children and their carers in Cheshire East has been consistently perceived by the IROs as a valuable resource. However, a few cases were identified and subsequently challenged by the IROs where the therapeutic input had taken place over a significant number of years (4 on one occasion), becoming more of a routine feature and norm than a targeted support within specific timescales for progress. This will require scrutiny at the care planning meetings and case supervisions for both social and supervising social workers in order to ensure children only attend therapy as and when needed. The outcomes and timescales for any such resource for a child will remain a focus of the reviews.

For most of our cared for children, their educational provision is in place and is appropriate, for a small proportion of the young people requiring new or change of placement, there were significant delays with arranging their educational placement or substitute provision and this issue was raised by IROs with the social workers but also with the Virtual School. The need for simultaneous arrangements to identify both care and educational placement (i.e. foster and residential placement whilst the school is also identified and a place secured) needs to remain a clear priority for all new children and all those changing placements in the future.

Reporting Year	Average SDQ score	Banded SDQ Score ⁴		
		Percentage		
		Normal	Borderline	Concern
2012	14.1	46%	18%	36%
2013	14.4	47%	12%	42%
2014	14.2	45%	14%	41%
2015	13.4	50%	15%	34%
2016	14.6	46%	10%	45%

Risks have also been identified in relation to the lack of significant progress with EHCP (Educational, Health and Care Plans) for children with special needs upon which provision of adequate level and methods of support to children is based. It is reassuring that changes within management structure translated into a specific focus on this area with emergency of progress being seen in early stages of 2016/17.

IRO oversight of the allocation of support with PEPs from Virtual School highlighted some PEP meetings where there was no presence of a Virtual School representative (in a couple of cases there was also no social care representative) although the circumstances of the child/ young person appeared to have required it. Discussions with the Virtual School Head and team outlined the principles of Virtual School risk assessment when allocating a worker to attend and support a PEP meeting on their behalf or not, coupled by the process of auditing the contents and quality of a plan that had been prepared by others earlier on. With the multiple tasks, including some outreach work etc. that Virtual School provides to cared for children and care leavers, it will remain a priority for the IRO team to gain better understanding of the arrangements for promoting clear ownership of the PEP process, particularly where there are complex needs, and raising awareness of the importance of education as one of the primary sources of resilience for vulnerable cared for population overall. Improved working together with the Virtual school will be an area of development for 2016/7 and a theme for future audit.

SUMMARY

One of the main developed areas within the service has been the role of consultation with children/ young people, carers, parents and professionals with significant input in the child's life. Performance in the

first year of obtaining data on the overall consultation process has been encouraging although it is anticipated that much higher rates of return will be achieved (particularly with the consultation forms from parents and carers) but also for some of the agencies and professionals. The future of the consultation form for children and young people, or any developments regarding any other method of obtaining their views, e.g. online-based or interactive, had been briefly explored at the beginning of the reporting year with the decision of operational senior management that this would be re-visited in 2016/17.

Demands and expectations on IROs' time remained high and increased over the last year. Action has been taken to developing and implementing various tools (processes and procedures) that will modernise and optimise the team's performance, bringing it closer to the required standards. The need for this remains the case.

As with any process of change, implementation of new procedures, enhancing the required consistency and robustness of the IRO challenge has taken time. This includes both IROs themselves as well as frontline workers, and managers in understanding and supporting the independent quality assurance input by IROs. The Action Plan (see Appendix 2) devised by Safeguarding and Service Managers in late Q3 of 2015/16 reporting year, has focused the joint target of shortening the distance between the IRO service and frontline teams by ensuring IROs are linked with specific teams and attending team meetings and monthly IRO and Team Managers meetings or arranging regular Safeguarding Managers and Service Managers meetings. Good working practices, in line with the above Action Plan, were established with CiN/ CP service in Macclesfield, followed by CiN/ CP service in Crewe. More recent feedback from Team Managers in the latter

service, in particular, confirms the clear benefits of this more informal connection between the service areas. Anecdotally this has supported lower level discussion to clarify and resolve issues and reflect on practice standards and expectations together. Developing this further with the Permanency and Through Care Team and Fostering Team remains the target for 2016/17.

Changes in the child's record system has continued to play a significant role with all professionals adapting to the new methods of recording and integrating them as business as usual to promotes best practice and outcomes for our children. Monitoring performance, strongly linked to the records system and relevant reports available within it, has gradually become more effective. However for much of the year, the IROs have continued to have to input quite a range of performance data onto a secondary data collection system Sharepoint. Business support officers contributed to reducing some of the pressure on the IROs and providing some manual count and hence data, which also acted as cross-referencing for the child's record system.

As the numbers of permanent staff in the team, and its stability, has improved, this has allowed the IRO 's to develop specialisms and to undertake both team and joint thematic audits. They also took part in a range of sub-groups and training opportunities both within Cheshire East and North-West region as well as nationally. Events such as STAR AWARDS, NAIRO national conference of Care Leaver Celebration event in March 2015 were all supported and had representation from the IRO team. These areas of development, i.e. ensuring that specialist, in-depth expertise is nurtured and developed and that IROs maintain their strong links with cared for children and care leavers will remain as central priorities for the service. It is anticipated that this will help IROs to gain better understanding of the

children's needs and wishes and thus promote their rights and inform changes towards a child centred best practice.

2015/16 has held challenges for the IRO service - particularly due to the staffing of the IRO and related business support posts. Staffing changes necessitated some covers and case re-allocations to new IROs which is a not a desired outcome in terms of ensuring consistency for our cared for children. These difficulties have been exacerbated by the pressure on the service due to the increase in numbers of children cared for and care leavers. Similarly, some increase in placement instability has meant that there were more reviews conducted once the children had moved to a new placement as well as a number (10) of Disruption Meetings. These are now chaired by IROs for those children whose permanent placements have broken down after at least a year. There has been increase in incidence of our children and young people going missing from care, which required more IRO oversight as well as capacity to chair Level 2 Missing From Care meetings. There are a small number of children and young people who have many incidents and in terms of the quality of practice there is concern that the risk for these young people are not effectively addressed and reviewed in the risk management and care planning process.

Combined with the staffing changes, the rate of children being seen before their reviews oscillated around 60-75% throughout the reporting year, this is below our practice standard which is 90% but is reflective of the challenges to the IRO team's capacity within the reporting year. Other challenges related to the strong expectation and team focus on effective preparation, including quality assurance, before the reviews and execution of all statutory duties. However there is a clear plan in place to work on increasing effectiveness and efficiency wherever

possible, including a bid for additional staffing, a commitment to focus on shared priorities for improving the quality of practice across the Directorate and a robust process to use performance information to drive forward areas for improvement.



APPENDIX 1:

OTHER AREAS OF IRO ACTIVITY AND ACHIEVEMENT WITHIN 2015/16:

We made 41 STAR awards nominations and supported organisation and the event itself, with a couple of IROs nominated for the TEAM of the YEAR award in recognition of the team's spectacular achievement

We celebrated November as Children's Rights month and attended Care Leavers Celebration Event in March 2016

We maintained our links with CiCC and C2BDifferent/ care leavers during recruitment and joint audits of Pathway Plans developed and developed an agenda and record form for care leavers co/chairing their Pathway Plan reviews

We led on developing an assessment tool for emotional health of care leavers (16+) as a project bringing a range of professionals and agencies as well as young people who consulted and helped with the very design of the tool

We contributed to tracking progress of moving young children from residential units to foster families, matching others with long-term foster carers or discharging care orders if this was due for children living with parents at monthly Tracking Meetings

We developed weekly data email to all relevant managers outlining last and next week's review listings and reasons for standing review down

We further strengthened our relationship with CAFCASS and firmed up the process of regular information sharing by devising and implementing a 'consultation email' for Children's Guardians prior to reviews

We joined the IRO group meeting group with Judge de Haas as well as attended two periodical workshops organised at Liverpool Courts

We participated in the work of NW IRO managers and CAFCASS steering group and produced the good practice guidance on the role of the IRO in care proceedings

We had regular presence at regional North-West IRO managers group meetings, NAIRO conference and NIROP workshops in February 2016

We continued with bi-monthly facilitation of Time to Share professional discussion forum, attracting professionals from various agencies

We supported team audits of pre-disruption and disruption meetings and Pathway Plans as well as joint departmental and regional CSE audits



APPENDIX 2

ACTION PLAN

The improvement plan tasked the Safeguarding Managers and Group Managers to identify pathways to jointly improve the quality of planning for children and ensure that IRO challenge was effective in improving outcomes for children.

The Safeguarding Managers and Group Managers met on 18/01/16 to develop this plan; they agreed that effective communication between operational teams and IRO's was essential and that both service areas needed to take responsibility for tackling drift and delay. It was felt that the key to achieving this was a positive and effective working relationship between the Practice Managers and the IROs. However, achieving this is compromised by a lack of understanding by Practice Managers and therefore their Social Workers about the role of the CP and C4 IROs. A further difficulty in the relationship between the two sets of practitioners is linked to the fact that most conversations between IROs and TMs are challenge based with the danger of their relationships then becoming antagonistic in nature. It was also felt that the IROs may not fully appreciate the competing demands made on a TM during their average working day. It was agreed that being sympathetic to the issues of capacity was important as it might provide a context to the IROs about why there may be some delay in TMs responding to emails or telephone calls. However, it was clear that this recognition would not prevent challenge and an expectation that practice standards would be met.

Meetings were also identified as a more effective alternative to email communication.

A plan of action was devised and it was agreed that all managers would support its implementation to improve planning and outcomes for

children. It was also agreed that before each Service Managers meeting the plan would be reviewed to monitor progress and impact.

ACTION TO IMPLEMENT	TIMESCALES/ PERSON
<p>To increase visibility of the CP and C4 IROs.</p> <p>The IROs will have a presence a minimum of three days per week in the CIN/CP and permanence team rooms.</p> <p>Quarterly attendance of IROs at CIN/CP/C4 Team meetings and PM attendance at Safeguarding Team Meetings.</p> <p>A link person to be identified from the TM and IRO teams to discuss team issues/themes</p>	<p>Beginning week commencing 01/02/2016</p> <p>To begin this quarter (4)</p> <p>Names to be shared by 03/02/2016</p>
<p>Increase understanding and respect of each other's roles.</p> <p>IRO/TM 1.5 hrs workshops focussing on joint working practices, communication and expectations for reviews (the latter with emphasis on C4)</p> <p>Shadowing opportunities to be created for TMs and IROs.</p>	<p>03/02/16 at 9.00 am Crewe - CiN/CP Crewe SM and SQUA Mgrs; 17/02/16 at 9.00 am Cledford – PTCT, Fostering and Adoption SMs and SQUA Mgrs; 02/03/16 at 3.00 pm Macclesfield CiN/ CP SM and SQUA Mgrs</p> <p>Potential dates for each service to be shared by 18/02/16</p>
<p>Ensure understanding of the escalation process and support smooth transition to the electronic system</p> <p>LL team to support roll out across CSC and IROs</p> <p>SMs and Safeguarding Managers to meet monthly with focus on IRO challenge and escalation</p>	<p>Timing of this will depend on development of LL</p> <p>To begin 08/03/2016</p>
<p>Create agreed pathway for SMs to challenge back for issues outside of the formal escalation procedures (including any issues/ drift or delay identified by Adoption and Fostering team, esp. around ADM process)</p>	<p>Completed. Issues will be raised directly with the Safeguarding Managers.</p>
<p>Create a more positive, balanced working relationship.</p> <p>Co-facilitate Care Planning briefings</p>	<p>29/02/2016 and 14/03/2016 CiN/ CP Macclesfield SM + cared for SQUA Mgr and WPD</p>
<p>Share performance data directly with GM's</p>	

<p>Cared for reviews/ Pathway Plans stood down breakdown with reasons and list of past week's and next week's reviews to be circulated alongside CP data on stood downs and GCP.</p> <p>Quarterly performance data on escalations/ alerts to be shared</p>	<p>Cared for SQAU Mgr/ SGU Admin manager</p> <p>From Q3 data – end of January: SMs and SGU Admin manager</p>
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