**

**Harrow Council**

**Children’s and Young People Services**

**IRO Annual Report 2018-2019**

|  |
| --- |
| **Harrow Council – Children’s Services****IRO Annual Report 2018/19** |

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

This Annual IRO report provides quantitative and qualitative evidence relating to the IRO Services in Harrow as required by statutory guidance.

The IRO Annual Report must be presented to the Corporate Parenting Board and the Local Safeguarding Children Board.

**Purpose of service and legal context**

The Independent Review Officers’ (IRO) service is set within the statutory framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance which 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 Looked After and for challenging drift and delay.

The National Children’s Bureau (NCB) 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.The foreword written by Mr Justice Peter Jackson; makes the following comment:

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.

The NCB research outlines a number of important recommendations with three having a particular influence on IROs work plan priorities:

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

**Key messages – learning and improvement**

This Annual IRO report provides quantitative and qualitative evidence relating to the IRO services in Harrow, as required by statutory guidance.

Improvement priorities identified for 2018/19 included:

* Improving the quality of IRO reports to ensure they have SMART recommendations
* To continue to monitor Health Assessments/SDQs to ensure that they are supporting physical and emotional health outcomes
* To continue to monitor the quality of Personal Education Plans and that they are being used to support children and young people
* To continue to support and deliver training sessions with regards to CSE
* To continue to monitor care planning and escalate through the Dispute Resolution Protocol and Care Planning Group, where there is unreasonable delay or no permanency plan by 2nd Review.

**Professional Profile of the IRO Service**

The IRO Service sits within Quality Assurance and Service Improvement with its core functions consisting of reviewing plans for children in care and monitoring the Local Authority in respect of its corporate parenting and safeguarding responsibilities. Their position within this service area has supported the IROs need for independence and challenge as their management line, up to and including the Head of Service, is different to that of the children and young peoples’ social workers and managers.

The IRO Service is located in the Civic Centre. This location supports effective work with social work teams. The team had been very stable for a number of years with children and young people experiencing continuity of IRO. The IROs bring a wealth of knowledge and stability to the service which is additionally supported by the fact that there are now a number of Child Protection Conference Chairs who also have the skillset to chair Looked After Reviews. This helps to ensure that work is completed within timescales, particularly at points of pressure within the service.

IROs are part of Quality Assurance and Service Improvement and are qualified Social Workers. There are 3.2 permanent IRO posts which are currently covered by 4 members of staff, 2 full-time and 2 part-time. In terms of gender and diversity, the profile of the service does not reflect the Looked After population, most pertinently as the IROs are all female. However, the IROs do reflect diversity with regards to their ethnicity and cultural backgrounds.

The IROs are managed by a full-time Quality Assurance Manager who provides them with supervision and working within Quality Assurance and Service Improvement ensures that there is a culture of continuous review and development of the service.

**Administrative Support**

The IROs are supported by business support workers who manage and arrange the administration of the reviews, send out invitations and consultation documents and distribute the IRO recommendations and reports.

**Quantitative information - Looked After population and the IRO service**

**Key Messages**

The Looked After population for 2018/2019 has ranged from 162 to 170. IRO caseloads have been between 49 – 68 per fte IRO. This compares well with the recommended case load of 50-70 set out in the IRO Handbook. A total of 525 Reviews were Chaired by IROs in the year ending 31st March 2019.

The majority of children and young people who started to be Looked After were aged at 16 plus (41.8%).

9 Looked After Reviews concerned children and young people with a disability. In these circumstances the increased time required to elicit the wishes and feelings of a child with additional needs is to be recognised.

In terms of permanency outcomes during 2018/19, 28.8% of children and young people returned home to live with parents; 5.9% with other person with parental responsibility, and a smaller number were adopted, (4.2%).

The CLA Reviews were held within timescale, (100%). Any Review that is likely to be out of timescale is discussed with the Quality Assurance Manager and it is only in the most exceptional of circumstances that a Review will go out of timescale, details of which would also be reported to the Head of Service for Quality Assurance and Service Improvement.

Looked After population during 2018/19:



The age profile of children and young people entering care during the period:

* 14.8% of children who started to be looked after during the year ending 31st March 2019 were aged less than 1.
* 9.0% of children were aged 1 to 4.
* 9.0% of children who started to be looked after were aged 5 to 9.
* 25.4% of young people who started to be looked after were aged 10 to 15.
* 41.8% of young people who started to be looked after were aged 16 and over.

A national benchmarking survey (December 2013) identified that the average caseload for IROs ranged between 49 and 95. Within Harrow, IROs have had caseloads of between 49 and 68 per fte worker during the period 2018/19. Caseloads for IRO’s in Harrow remain well within guidance requirements, and all IRO’s have a balanced caseload so that complexity and distance are shared equitably across the service.

During 2018/19, IROs have continued to assume a number of other responsibilities with their Championing roles in the areas of permanency planning, Health Assessments, Personal Education Plans (working closely with the Virtual School) and Participation. One IRO attends meetings with the Virtual School plus other key staff to take forward issues to do with education, attendance, exclusions and Personal Education Plans, including issues to do with their completion and uploading on to the child’s casefile in a timely manner. An IRO has also attended designated teachers events linking their role with education, the role of the IRO and looked after children procedures. One of the IROs undertakes training for foster carers with regards to the role of the IRO and the Looked After Children process. IROs also have links with the social work teams and attend Team meetings, including with the Fostering Team, Children Looked After and Children in Need Teams, Leaving Care and Unaccompanied Asylum Seeking Children Team and the Children and Young Adults Disabilities Service (CYADS). One of the IRO’s delivers induction session on the role of the IRO to new trainees on a yearly basis. This helps to improve consistency within the social work teams and to build up good working relationships between the IROs and social workers.

During the year the number of Looked After population has been stable, with higher numbers reaching 173 in August and September 2018 and 177 in October 2018 before reducing to the numbers that have been seen throughout the year of between 159 and 169.

Permanency Outcomes

During the period 2018/19, the majority of children have achieved permanency through a return home to live with parents 28.8% or with relatives 5.9%, with 4.2% being adopted.

The profile in terms of children leaving care as at 31st March 2019:

* 28.8% Returned home to live with parents/relatives.
* 5.9% Special Guardianship Order granted.
* 13.6% Moved in to Independent Living.
* 2.5% Age assessment determined child is aged 18 or over
* 4.2% Adopted
* 2.5% Sentenced to Custody.
* 0.8% Care taken over by another Local Authority.
* 35.6% Care ceased for any other reason

Entitlements and Advocacy

The All Party Parliamentary Group for Looked-After Children and Care Leavers Inquiry (2013) asked children and young people what the most important entitlements for looked-after children and care leavers were. The All Party Parliamentary Group selected the five that the children and young people said were most important for looked-after children and for care leavers.

IROs have routinely considered children and young peoples’ experience of the ten entitlements and have raised issue with the local authority where appropriate.

**IROs findings on the five entitlements for looked-after children for the year ending 31st March 2019**

1. There is an expectation that all looked after children have a care plan that says what their needs are now, what will be done to meet those needs and the plans for their future. However there are occasions when IROs have highlighted that these need to be updated to reflect the child’s current situation.
2. There is an expectation that all looked after children have a care plan that sets out their views, particularly for those aged 4 years and above.
3. 100% of children of an appropriate age, had information about their entitlements, including information about decision making processes and professionals’ responsibilities to hold a review before any significant decision is made in relation to their care plan. This information is sent out by the CLA admin and includes ‘The Young Person’s Guide to Care Planning’, ‘CLA Guide Leaflet’ and ‘Independent Visitor Leaflet’, complaints procedure information and for open to the Leaving Care Team, a copy of the Leaving Care Charter.
4. There is an expectation that when a social worker visits a child or young person they must speak to them alone unless the child or young person refuses, or it is not appropriate at that time or the social worker is unable to.

**IROs findings on the five entitlements for care leavers**

**(As at 31/03/2019 there were 190 young people open to the Leaving Care Team)**

1. 100% of children had information about their entitlements, including their entitlement to a £2,000 setting up home allowance.

10% of young people received ILG grant of £2,000 for setting up home allowance, (all young people nominated for LOCATA) in the period 2018/19. The Leaving Care Charter is sent out to all relevant young people stating their entitlements.

1. 100% of young people had information about their entitlements, including information about what the local authority must provide to the young person in relation to help with costs of being in education or training up until the age of 21 (or 25 if the young person is still in education).
2. 100% of young people had information about their entitlements, including information about what help the local authority must provide in relation to the costs of getting and keeping a job (up until the age of 21 if the young person is in education, employment or training).
3. 100% of relevant young people (aged 16-21) have a Pathway Plan and received a copy of their Pathway Plan. They also all have a personal advisor (PA) or qualified social worker. The Pathway Plan is a holistic assessment and every young person completed ‘my action plan’ which is part of the Pathway Plan. There is also a mechanism to inform if they are dissatisfied with their Pathway Plan through the Participation Officer, Advocate, LINAB or Leaving Care Forum (held twice a year). There are no reports of any young people stating they were dissatisfied with their Pathway Plan.
4. Of 21 young people, 10 are in higher education and provided with vacation accommodation (or money towards it).

Advocacy provision in Harrow is currently provided by Community Solutions (Harrow Mencap) as part of commissioned services. IRO’s can make referrals through Change, Live, Grow to IVS. The Youth Justice Board commission’s advocacy services for young people detained in young offender institutions (YOIs) and secure training centres (STCs).

IROs routinely check that children and young people know about advocacy and how it can support them in having a real say in decisions affecting their lives. This is evidenced by the IRO recording within the Review report indicating when an advocate is involved.

From data collected from the IRO Chairs reports there were 39 looked after children with an advocate during the period 2018/19.

IROs have continued to help ensure that children have access to advocacy but it is important that they continue to discuss at Reviews and record in their reports whether a referral to an Advocate is appropriate, including when this has taken place. Advocacy can be essential for the children and young people and these processes can make a vital contribution to safeguarding and promoting their welfare and rights.

Within the initial pack that is sent by the looked after administrators to all children when they first become looked after there is information about their review, the Access to Records leaflet, advocacy, The Harrow Children’s Pledge, how to make a complaint and information about Independent Visitors; also the Young Peoples Guide to the Care Planning and Case Review (England) Regulations 2010. The Independent Reviewing Officers check within the Review as to whether a child or young person has received all of this information and whether they understand the information including the Harrow Children’s Pledge.

Timeliness of reviews

100% of Looked After Reviews took place within the statutory timescales. IROs completed some reviews in a series of meetings to ensure the relevant people were involved and the meeting remained child focused and friendly.



**Qualitative information - Achievements and impact of IRO service**

**Key Messages**

IROs routinely check whether children know about individual advocacy and how to make a complaint. They also check at Reviews whether an independent visitor is needed, and any communication needs requiring additional or specialist support.

Children and young people’s preparation and involvement in Reviews

Only 3.7% of children and young people did not participate in their Reviewsfor the year ending 31st March 2019. During the period over 81% of children and young people over the age of 4 did participate.Participation includes attending and/or contributing to their Review.

IRO’s have supported and encouraged young people to be actively involved in their review including a role in part chairing their own review or setting their own agendas wherever appropriate.

Quality of Care Planning

IROs continue to monitor the quality of care plans and raise through the Monitoring Forms and Dispute Resolution Protocol any concerns about the quality of care plans or the care planning process. Children and young people can expect to contribute to their care plan and to expect that they will have their own copy. IROs routinely check that the care planning process has helped children and young people to have their say about matters important to them and helped them to understand what is happening and why.

Progress-chasing Activities between Looked After Reviews

All children and young people are sent details of their IRO in the initial pack when they become looked after. IROs will follow up after Reviews on the most complex of cases and expect to be informed of significant meetings to do with a child and to be consulted with regards to changes in care planning, significant events or the disruption of a placement. This period has involved building and testing a system on Mosaic where IROs will be provided with an update from the social worker at the midpoint between Reviews.

Management oversight

The revised statutory Guidance states that operational social work managers must consider the decisions from the Review before they are finalised. This is due in part to the need to ensure any resource implications have been addressed. Once the decisions are completed the Manager has 5 days to raise any queries or objections. This has been achieved by the IRO electronically sending a Task to the relevant manager once the decisions have been completed. The manager then has 5 working days to complete the Task if they are happy with the decisions or respond to the IRO if they do not agree with any of the decisions. The outcome of these across the period indicates that managers are overwhelmingly satisfied with the decisions made at Reviews.

Children’s Views about their IRO and their review process

The Participation Officer has been supporting a system of feedback from children and young people to obtain their views. This also allows them to comment about their experience of their IRO. During the period 2018/19, the Participation Officer continues to meet individually with children and young people, shortly before their review to obtain more detailed information with regards to their views. A consultation form is completed and made available to the IRO before the review. Their views are also contained within the IRO reports following Reviews.

Examples of written feedback from children and young people:

**I like my IRO, she’s nice**

**I know her, but cannot remember her name; she is kind and understands me**

I have support from the CLA nurse

My IRO will make sure my needs are covered and check the social worker is supporting me

I know what my IRO does

I would like to move to a larger room in my placement

I know who my IRO is, she is very good

I have no family in the UK

**Quality Assurance of the IRO Service**

Identifying good practice, problem resolution and escalation

There has been extensive development of processes to highlight and resolve issues identified through the use of the IRO Monitoring Form and Dispute Resolution Protocol. The IROs also identify examples of good practice.

Monitoring Forms

Key information obtained through the Monitoring Forms completed by IROs:

* By 2nd Review, there was a Permanency Plan in place for very large majority of 87% of children. Those where there was not a Permanency Plan by 2nd Review tended to be complex cases being in care proceedings, with assessments not yet completed and there being more than one potential plan, dependent on the outcome of those assessments.
* With regards to social worker visits, across the year a very large majority of 83% took place within timescale. This meant that 17% of visits did not take place within timescale and these were addressed by the IRO, either through the use of the Monitoring Form or the Dispute Resolution Protocol.
* Across the year over 80% of children and young people had an up-to-date Health Assessment at the time of their review. The Children Looked After Health team continued to work to improve practice to ensure that health information was relevant, timely and uploaded on to the child’s casefile as promptly as possible. The IRO with the championing role for health was also involved in liaising with the Children Looked After Health team and a representative from that team came to IRO team meetings to provide information and help inform the IROs of how best to help drive up practice through the reviews.
* Across the year over 60% of children and young people had an up-to-date Personal Education Plan at the time of their review. This meant that 39% of cases either needed a Personal Education Plan to be completed or updated. It should be noted that the Virtual School have been working to address this but there have remained some challenges with regards to schools and social workers completing the format after a PEP in a timely fashion and for them then to be uploaded on to the child’s casefile. However this remains an on-going priority within Children’s Services to ensure that Personal Education Plans are up-to-date and on casefiles.

Dispute Resolution Protocol

Key information obtained through the Dispute Resolution Protocols initiated by IROs:

* Throughout the year 86% of Dispute Resolution Protocols were raised and resolved at Stage 1, between the IRO and Team Manager which represented a very large majority. These related to visits not being within required timescales; PEPs or Health Assessments having been completed but not being on the child’s casefile; PEPs or Health Assessments being outstanding; Care Plans needing updating or completing and Pathway Plans needing completing or updating. All of these were resolved at Stage 1 by the outstanding actions being completed or dates set for required actions to take place and managers taking forward visit timescales to ensure these improved to the required levels.
* 14% of Dispute Resolution Protocols were resolved at Stage 2, between the Quality Assurance Manager and relevant Head of Service which represented a very small minority and equated to 8 Dispute Resolution Protocols. One was raised in respect of a sibling group of two, due to IRO concerns that the matter of the Care Plan not being updated had been raised at stage 1; had been a recommendation of the previous review and remained outstanding; in addition visits were not recorded on Mosaic and there was no evidence of management oversight recorded. Four other disputes raised at stage 2 were in relation to Pathway Plans remaining outstanding and visits not recorded on Mosaic. One case the Pathway Plan had been a recommendation from the previous three reviews. One was raised due to IRO concerns that joint working with YOT was not effective and the Pathway Plan was not updates. The relationship between the young person and social worker was considered to be poor; a focus of the transfer of the case to the LCT was to build a relationship between the new worker and to create a meaningful Pathway Plan. Another stage 2 raised was in relation to a young person returning to live with his mother following assessment; the assessment and findings were not on case file; the IRO was concerned about this being confirmed as a long term placement; confirmation of an agreed support plan and confirmation that the LA was to consider revocation of the Care Order.

Supervision and training

IROs have scheduled monthly supervision and adhoc supervision as required. This is provided by their manager. IROs have Appraisals and are encouraged to attend training to meet the HCPC requirements plus areas of interest and development.

Any resource issues that are putting at risk the delivery of a quality service

The IRO role is not to identify the resources needed to meet a young person’s needs but to ensure that the team around the young person, their carers’ and the young person themselves understand the changing needs of the young person, and that services are appropriately identified and delivered. In addition their views on individual children and their care plans are fed in to the Child Care Planning Group which meets on a monthly basis, chaired by the Divisional Director, to ensure that planning is progressing in a timely manner so that permanency is achieved for looked after children as swiftly as possible.

**Achievements for this last year**

Quarterly reports providing analysis of the data; information from the Monitoring Forms and Dispute Resolution Protocol to help inform key issues in practice and performance for looked after children. This information is shared with the management team to identify areas for development and improvement. IRO’s continue to highlight good practice and development directly with social workers and line mangers.

Continued improvement in the quality of IRO reports and recommendations to ensure that recommendations are SMART (specific, measurable, achievable, realistic and timely).

Monitoring of Health Assessments/SDQs to ensure that young people are supported with their physical and emotional health outcomes.

Monitoring of the quality of Personal Education Plans and that they are being used to support children and young people attend and attain in their education.

Where children have a period of missing from care, they have Return Home interviews and that there is an understanding of what the push pull factors are in order to reduce this happening.

Continue to monitor care planning and escalate through the Dispute Resolution Protocol and Care Planning Group, where there is unreasonable delay or no permanency plan by 2nd Review. Overall, there is good practice in Harrow regarding permanency planning.

Link with the Participation Officer, Complaints and Advocacy services to ensure there is continuous learning from feedback from children and young people; parents, professionals and carers. Overall young people report positively about the value of their relationship with social workers and carers.

**Annual work programme with areas for improvement for next year April 2018 – March 2019**

Targets for the following areas have been identified and the service expects to deliver improvements during the period, contributing to Key Measurable outcomes linked to the following:

* To continue to monitor Health Assessments/SDQs to ensure that they are supporting physical and emotional health outcomes.
* To continue to monitor the quality of Personal Education Plans and that they are being used to support children and young people attend and attain in their education and support their ambitions for a move towards independence, further education and employment.
* To continue to monitor care planning and escalate through the Dispute Resolution Protocol and Care Planning Group, where there is unreasonable delay or no permanency plan by 2nd Review. Reviews will continue to be delivered in a timely manner to meet statutory requirements.

* Maintaining standards of good quality IRO reports and recommendations which are SMART and to review in supervision.
* IRO service, including administrative staff to continue to monitor that correct processes are followed and help raise standards with regards to invitations being sent out in a timely manner with consultation papers; social worker’s reports for reviews always completed before the review and that information is accurately recorded on casefiles and kept up-to-date to reflect the child’s journey. This will include ensuring that a young person’s NHS number is recorded and leads to good information sharing through the CP-IS project in partnership with NHS digital.

**Overview and Summary**

The IRO service continues to be vital in helping to ensure that care planning for looked after children progresses in a timely manner, including hearing the voice of the child and that there is a holistic approach to looked after children with consideration of their health needs, including mental health, as well as education, stability of their home and where possible contact with their family and that, where appropriate, there is independent escalation and challenge to achieve this.

These remain challenging financial times for local authorities, and Harrow is no exception to this. Having such experienced, established and longstanding IROs has been very beneficial in providing more consistency for looked after children and has assisted with the process of challenge where it has been appropriate.