

# CHILDREN & Young People OVERVIEW & SCRUTINY COMMITTEE

# INDEPENDENT rEVIEWING oFFICER (IRO) ANNUal REPORT 2023-2024

Portfolio Holder: Councillor Adam Price, Portfolio Holder for Children’s Services

Report from: Dr Lee-Anne Farach, Director of People

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**1.Summary**

The purpose of the IRO role is set within the statutory framework of the IRO Handbook (2010), linked to revised Care Planning Regulations and Guidance, and established in the Children and Young People’s Act 2008, which were introduced in April 2011. The IRO has a key role in relation to the promotion and quality of care planning for Children in Care and for challenging drift and delay in children’s care and permanence planning. One of the key tasks for the IRO is to build relationships with children, young people and their professional and family network to enhance effective decision making and care planning to establish positive outcomes.

The Handbook sets out the requirement for the IRO service to produce an annual report and the legal context and the purpose of the service. The functions and requirements of the IRO and the service are:

* All children in care should have a named IRO who, as far as possible, remains a consistent figure in the child’s life, during their journey through care.
* There should be the same IRO for sibling groups where possible.
* The IRO should chair the child or young person’s Child in Care Reviews (within 20 working days of the child being in care, then within 3 months after, and every six months thereafter).
* Promote, and ensure that due regard is given to, the voice of the child in their care plan, permanence plan and care arrangements.
* Ensure that plans for the child are based on a detailed and informed assessment, which is up to date, effective and provides a real and genuine response to each child’s needs.
* Meet with the child and consult with him or her, making sure that the child understands what is happening to them, can make a genuine contribution to plans, fully understands the implications of any changes and understands how an advocate could help, and his/her entitlement to this, and legal advice.
* Be aware of, and if necessary, take action to prevent any unnecessary delay in care and permanence planning for children in care and the delivery of services to them.
* Have an overview of the Local Authority as a corporate parent in ensuring that care plans have given proper consideration and weight to the child’s wishes and feelings.
* To provide challenge and support to social workers and their managers to ensure the best life chances for children and young people.
* To have an effective means of challenging the Local Authority including, a Dispute Resolution Procedure, with the ability to convey concerns to CAFCASS and access to independent legal advice.

2. Recommendations

The Cabinet is asked to note the IRO Service Annual Report 2023-2024.

## Suggested reasons for decision(s)

The IRO Handbook (2010) establishes the need for formal reporting of the service to the Council and is a published report on the council’s website.

1. Budget and policy framework

The Independent Reviewing Officer (herein referred to as the IRO) post is a statutory one supported by legislation.

1. **Overview**

4.1 This Annual Independent Reviewing Officer (IRO) report provides quantitative and qualitative evidence relating to the IRO Service within Medway Children’s Services for the period 1st April 2023 to 31st March 2024, as required by statutory guidance.

4.2 The core function of the service is to review and monitor the Local Authority’s care plans, for children in our care (with some key exceptions for former children who have left our care), and escalate concerns about the execution of these, ensuring their best outcomes. The service provides high support and challenge to the Local Authority in respect of its corporate parenting and safeguarding duties towards these children and young people. The core functions of the IRO can be summarised as contained in the [IRO Handbook (2022)](https://www.gov.uk/government/publications/independent-reviewing-officers-handbook).

4.3 Overall, the information and data describe an established and quality service which continues to support Medway with providing good outcomes for children and young people in our care. The IRO service has a collaborative approach, based on an understanding that the role and functions of the IRO will contribute to achieving good outcomes for children in care. The service seeks to work alongside other services and partner organisations in Medway through a relational approach underpinned by “High Expectation, High Challenge, High Support”.

4.4 The IRO Service continues to contribute towards Medway’s development journey ensuring that the majority of children and young people in care have timely and good quality care and permanence plans.

4.5 IROs are qualified, experienced social workers, many of whom have also been previously employed in a management role; their role is commensurate with a Team Manager role in children’s social care.

4.6 The service is comprised of 7.6 IROs. The Fostering Independent Reviewing Officer (FIRO 1x F/T post) is managed in the Service and provides extra IRO capacity for up to 12 additional children. During this year 2 permanent IROs left the service in January 24 and March 24. Extra capacity (1xFT post) out of establishment as an agency post was added to meet the needs of Unaccompanied Asylum-Seeking Children, meaning that by the end of the year 2.6 agency posts were used to cover these vacancies.

4.7 The IRO group enjoys diverse representation regarding ethnicity and gender. Across the Southeast region, IRO recruitment had some retention challenges but in Medway this was not the case and remained a service able to be recruited to. Interview panels included care experienced young people.

**4.8 Achievements and Progress during 2023-24**

4.9 The report highlights a range of achievements and a summary of progress during the year which include:

* Every child is allocated a named IRO within 72 hours of the service being notified that the child is in care.
* The majority of children and young people’s reviews are held within statutory timescales and children and young people are routinely able to contribute their views to their reviews, with increased participation and attendance at review meetings.
* The service has worked with children and young people to reflect on and look at developing our delivery to promote more child led participation and chairing opportunities.
* The Dispute Resolution and Escalation process has continued to work successfully to address some difficult care planning issues for some children and has seen a marked improvement in effectiveness this year.
* A continued stable and highly skilled and knowledgeable team of IRO’s working with children and young people and developing links with services to support social workers.
* Increasing awareness and use of performance data and information to inform and improve practice both within the service and for individual IRO practice.

**4.10 Practice Improvement Themes**

4.11 This report identifies several practice themes that are needed to improve care planning.

* the number of children being placed in unregulated accommodation. IROs work with social workers to embed processes to support statutory regulations, including regular IRO visits to children.
* Delays in establishing life story work for some children.
* Some delays in progressing assessments for children returning home or in progressing the discharge of care orders for children in care who are living at home with their parents.
* Delays in the timely placement of children for adoption including early permanence (see also 7.3 re known local reasons for this as well).
* Some concerns about social worker availability, and continuity, for some children in care with resultant delays for progressing their care and permanence plans.

**5. Quantitative information**

5.1 Legal profile of Medway Children in Care.

5.2. At the start of the year (April 2023) there were:

* 282Care Orders in place for children and at the end of the year (March 2024) 299, meaning an increase of 6%.
* ICOs stood at 121 at the start of the year and 104 at the end equalling a 14% decrease.
* 30 children were subject to Placement Orders (with a plan for adoption) at the start of the year with 21 at the end meaning a 30% decrease.
* Children accommodated voluntarily through use of S20s, which included unaccompanied asylum-seeking children, stood at 49 at the start of the year and 50 at the end (remaining consistent).
* IRO caseloads remained stable throughout the year and each of the IRO’s has around 65-70 children allocated, which falls within the recommended number.
* 144/465 or 31% of children are placed over 20 miles away from Medway. This is higher than statistical neighbours at 18% and the South East region at 22% having increased from 25% to 28% in the last 2 years. Children being placed further away impacts on IRO travelling time to visit and to hold the Reviews.
* A greater number of boys were cared for during the year; in April 2023*,* this equated to 274/483 or 56.7% of the cohortwith 209/483or 53.3% being girls*.* By March 2024,this had changed to285/476 or 59.8% of boys and 191/476 or 40.2% of girls*.*
* There has been no reporting for children who classify themselves as non-binary*.*
* By the end of the year, March 2024, the largest age group in care, were those aged 10–15 years (208) and then 16–17-year-olds (109),representing 317/476 or 66.9% of the cohort*.* Children aged 5 to 9 years sat at 81 (slightly lower than last year)*.*
* Children entering care this year totalled 195, a 16% rise from last year from 168*.* Children aged 10-15 remained at a constant rate each month, whilst all the other ages trended downwards.

Table 1. Ages of children in care year 2023-2024, per month

5.3 Ethnicity**.**

5.4. The majority of Children in Care are from white British or ‘white other’ ethnicities including white Irish heritage and travellers of Irish heritage. The smaller number of children representing other heritages sat at 102/476 or 21% as of 31/3/24 an increase from last year, seen in Table 3 below. This year Medway started to be allocated unaccompanied asylum-seeking children, from the National Transfer Team, who are therefore represented in the cohort, mainly under the ‘other’ category which explains some of the increase in numbers of children in this smaller cohort. It is hard without relevant local demographic data to see whether these figures are representative of the children’s population in Medway, or an over representation, in order to consider if more culturally sensitive services need to be developed and considered for Children in Care. Figures from the 2021 census (Office for National Statistics) saw 5.9% of the population as Asian, 5.6 as Black, Black British, Black Welsh African or Caribbean and 2.8% from mixed or multiple ethnic groups representing 14.3% of the population.

Table 2. Ethnicity of Children in Care, 2023-2024.

5.5. Children of Asian/Chinese/Mixed White and Asian heritage accounted for 18/476 or 3.7% of the Children in Care, a similar picture as reported last year. Children of Black African/Black Caribbean/Mixed White and Black African/Mixed White and Black Caribbean/Black other accounted for 58/476 or 12.1%, a 2% rise from last year.

Unaccompanied asylum-seeking children represented 21/476 or 4.4% of Children in Care;18 of these children, were recorded as from ‘other ethnic group’ seen as ‘other’ in Tables 2 & 3, representing their Arab heritage (from Afghanistan).

Of the above groups the overall number of children with an ethnicity which was not considered white British, Irish or ‘White Other, represented 97/476 or 20.3%, a rise of 6.5% from last year.

Table 3. Ethnicity of Children in Care, who are not White British, White Irish, White Other on 31.3.24.

5.6 Children and young people entering and exiting care.

5.7. The rate of children in care per 10.000 in Medway was at a rate of 75.7 in April 2023 and at the year-end in March 2024, 74.4 per 10.000, from August 2023 the rate rose above Medway’s previous year, falling back to the same level by March 2024. Medway remained higher than the national level rates and statistical neighbours (who sat slightly below the national level) suggesting Medway may be an outlier in this category and it may be worth considering factors contributing to this trend.

A graph of children in care

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5.8. Therewas a decreasing trend during this year of children entering care, with the trend for children leaving care increasing*.* Higher entries into care were seen in April, August, and November 2023, (24, 33 and 23 respectively) similar to last year. 196children entered care and 186left care this year, (increases of 28 and 39 respectively).

Table 4. Children in care each month 2023-2024.

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Table 5.Entries into & exits out of care, trend of entries into care.

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Table 6.Entries into & exits out of care, trend of exits from care.

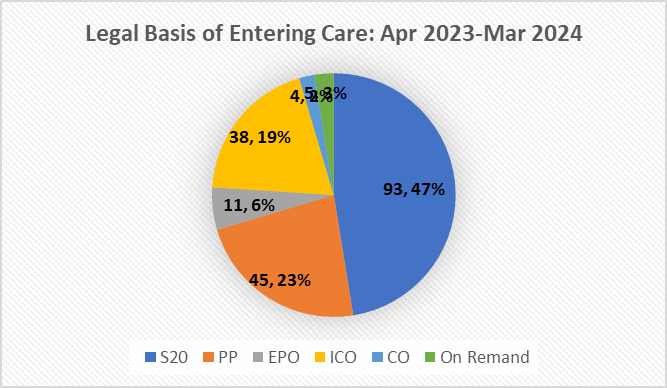
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5.9. Statutory basis of children entering care.

5.10. The use of S20, a voluntary accommodation into care has increased; unaccompanied minors are now included in this figure, a change from last year. The use of Interim Care Orders sat at 19% a drop from 35% last year, and a greater reduction than last year where they fell by a few percent. The use of Police Protection rose from 17% last year to 23% this year.This year 5 young people (boys) entered care as a result of being criminally remanded to Medway’s care, into the secure criminal estate e.g., to Youth Offending Institutions or Secure Training Centres or were remanded to Local Authority accommodation, similar to last year. Four children entered care at the conclusion of care proceedings: similar to last year. This year Medway had no children entering care as a result of adoption breakdowns.

Table 8. Children’s legal status 2023-2024 entering care.



5.11. Reasons children left care*.*

5.12. 186 children left Medway’s care last year. 71/186 or 38.1% of children and young people returned to the care of their parents, in either a planned or an unplanned waya rise from 26.7% last year.Special Guardianship Orders were awarded for 23 or 12.3% of children, an increase on last year and back to the previous year’s levels, relating to an increase of such assessments being planned for by services and permanence panels, and as agreed in care proceedings. Seven children left care to be supported under Child Arrangement Orders, made to family members similar to last year. Adoption Orders accounted for 18/186 or 9.6%. This slight reduction may be partly explained by the lengthy delays in care proceedings for adoption plans being agreed. Care leavers (turning 18 years) accounted for 35/186 or 18.8%**,** with staying put arrangements were agreed for 14 children. Children remanded to custody left care though bail packages being agreed (3) or though sentencing into custody (2). Of the unaccompanied asylum-seeking cohort 9 children were age assessed as older than 18 years age and were collected by the Home Office.

Table 10. Reasons children left care.

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5.13. Children’s stability*.*

5.14. At the end of this year, 2023/24 the percentage of children in long term foster care, defined as *‘the percentage of children with long-term fostering as a plan, where the child is in a long-term fostering placement’* stood below the target of 70% at 54% (March 2024) and was lower than last year at 63%. Data team reporting highlight that changes in care arrangements for Children in Care, were driven by carers for 19% of this cohort with these numbers relating to approximately 80 children. Further interrogation of the data should consider the factors which lead to care arrangements not being sustained and will include whether at the time of placing:

* matching criteria is able to be considered,
* how well social work teams and partners understand and progress the right matches for long term care arrangements.
* Whether networks consider fully and earlier enough, children’s short, medium and long-term needs
* how to support carers better (using well evidenced interventions), as well as strengthening, for some children, the quality of the relationships with the social work teams, and with foster carers, further building the capacity of carers to better understand and respond to children’s behaviours impacted by their experiences, histories and emerging needs in care.

5.14. Other considerations may include how we care for and support care for children who are neurodiverse, including work with partners to access earlier assessments and treatment interventions.

5.15. The number of children under 16 years who have been with the same carers for 2.5 years or more has reduced to 63%, (from 67% forlast year and the previous year from 71%) and is lower than the stretch target of 75%.It is lower than statistical neighbours (at 68%)and national rates (at 69%) similar to last year. Children with 3 or more care arrangements sat at 12%, the same as statistical neighbours, and lower than national rates of 10%, representing 60 plus children.

5.16. The national lack of placement have led to more children placed out of Medway and the South East region, into Scotland, Norfolk, Lancashire, Wales, with increased travelling time for IROs. This has meant that IROs have had to prioritise key review meetings, monitoring activities (midway reviews), and seeing children over other activities. This year the Government’s response to last year’s care review (2022) has included the consultation on‘Stable Homes Built on Love’ (2023), which includes proposals to strengthen the care system for Children in Care and intervene in the national sufficiency challenges. This needs to be considered alongside some of the recent innovations in the Regional Adoption Agencies (RAA) work over the same year, including their wraparound early permanency support programme.

5.17. Child in Care Review Timescales and Frequency

5.18. This year IROs chaireda similar number of reviews to last year*,* 99% of reviews were held in time;4 reviews were held out of timescales for known and understood reasons.Monthly performance recording during the year showed that reviews were being held above the target of 95% consistently.

5.19. Children and young people’s participation in their reviews, (including their views being represented in their absence) sat above the target for 90*%,* at 99.4%.

Participation was calculated as those who attended a meeting / contributed to the process by means of a consultation form, were observed by the IRO, through advocacy, submitting a Mind of My Own App note, using an interpreter, and discussing issues directly with their IRO or their social worker.

5.20. IROs in Medway follow the statutory guidance in relation to the timing of reviews; a first review is held within 4 weeks of a child coming into care, then a second review within the next 12 weeks or 3 months and then at least every six months after this. Significant changes to children’s care plans, including them moving in planned or unplanned ways to different types of care provision, sees the IRO decide as to whether a review should be brought forward. When children move to a pre-adoptive care arrangement a review is held within 4 weeks, (as Adoption Orders can be applied for after week 10 of their move and these new arrangements need careful IRO oversight).

5.21. There are no disabled children currently in care as a result of a short break arrangement under S20 arrangements (or reg 48 requirements) or any Children in Care being reviewed under any shared care arrangements.

5.22. IROs continue to summarise children’s review meetings into a letter written to the child with a copy to their parents, in age-appropriate language. This year IROs have worked hard to complete these records within 15 days, sending these electronically, to all participants, ensuring they contribute to the council’s green agenda.

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6. Voice of the Child and Participation.

6.1. A primary objective of the IRO is to ensure children are central to decisions about them and that their voice is evident in their care plans. A key element in delivering this objective is the measure of the young person’s participation in the Statutory Review of their care plan and care arrangements. All methods of participation add value to the review process and for some young people it can take considerable effort from them and those working with them to achieve it.

6.2. IROs continue to hold the reviews in person with children, supporting them to be child and young person led meetings. Review pre-discussions are an embedded process with social work teams and with children.

6.3. IROs remain in contact with children in between their reviews, through indirect and direct methods, including undertaking observations of younger children in their care settings. Children and young people continue to decide where they would like their review meeting to take place and who would attend. IROs remain committed to checking out with individual children their preferred chosen terms and language to describe their family time, their homes, carers, and family members.

6.4. IROs continue to add their independent views, about the Local Authority care plans for children, to social work court statements in care proceedings and where appropriate raising a challenge on behalf of the children.

6.5. IROs continue to consider the needs of a few children living in unregulated and unregistered care settings, through weekly oversight and visiting them within 2 weeks of being placed in care. This is in line with Medway’s local guidance for these more vulnerable children. The numbers of children living in unregulated and unregistered care arrangements is managed carefully in Medway and numbers have not significantly risen this year, although the issue remains a local and national challenge for Local Authorities.

6.6. The IRO service has good links to Medway’s commissioned service ‘The Young Lives Foundation’ (YLF) who provide advocacy services for children. IROs continue to make referrals for children and young people to their advocacy services to help children resolve problems and participate fully in all their meetings, and to assist them in making complaints and to understand their entitlements.

6.7. The IRO Service Manager sits on the Corporate Parenting Board linking the IROs to this board, with IROs attending to inform the board about specific areas; for instance, last year they presented information about Mind of My Own (its usage and next steps) with the operational lead for Mind of My Own, the Head of Service for Corporate Parenting. Last year IROs supported the Corporate Parenting Board in September 2023, in consulting with several children about the ‘Time to Shine’ celebration event, to ensure their views were incorporated into the planning and gave an undertaking to assist in ensuring Initial Health Assessments took place for children entering care within 20 working days.

6.8. In March 2024 feedback was sought from 13 children after their reviews, about their review meetings, which was mainly positive. They told us that their IRO met with them because ‘… she meets with me to check in’, ‘to make sure I’m OK.’ ‘they are around when my social worker is not and says what I would like to happen’, ‘to help me’, ‘I can contact her at any time and raise any issues’, ‘you are basically my voice in meetings’. That their IRO helped them, ‘to get my autism referral’, ‘she supported me with saying I wanted a move’, ‘ ‘She listens to me and passes on information to other professionals correctly. I felt like she helped and had a big impact on my move to UC’, ’She helped me lots, pushed on assessment to help me get home’, ‘helps me a lot… with moving to my grandparents’. They told us that the right people attended their reviews and that their IRO was ‘great’ they were ‘helpful, supportive and meetings were relaxed’, ‘she’s amazing and really good at her job’, ‘I feel my IRO cares, on her last visit she bought some eyelashes. I feel like she cares, she knows me well.’ One 9-year-old asked for their brother to be included in their review meetings.

6.9. Regular feedback, from partners about the services children receive is being strengthened. A feedback form has been co-produced with children about statutory reviews, and their quality and will be launched in 2024-2025. Information is sent with letters from the IRO to children and includes information on how children can further participate such as, the Mind of My Own App, the links to the challenge cards via YLF, and details of independent support for children in care and care leavers from the [Children’s Commissioner](https://www.childrenscommissioner.gov.uk/help-at-hand/).

6.10. All recruitment of IROs included a care leaver sitting on the recruitment panel, which was chaired by the IRO service manager. Their observations and care experiences are highly valued and considered critical in recruitment activity.

6.11. IROs continue to support children about their rights, entitlements and where relevant make referrals to Medway Child and Young People’s Council (MCYPC) and the Young Lives Foundation. Our leaflets and information about the IRO service that will be shared with partner agencies, parents, and children will be reviewed and updated during the next year.

6.12. Towards the end of the year 2023/4 the Corporate Parenting Service developed a participation group to further improve the participation and understanding of listening to children. IRO’s form part of the core membership of this group. IROs attend main participation events such as ‘Time to Shine’, sports events and the Summer Barbeque. Most IROs will mark children’s birthdays and celebrate their successes such as exam results with cards and /or an activity.

6.13. Dispute Resolution and Practice Improvement

6.14. One of the pivotal roles of the IRO is to raise issues affecting a child’s care with the social work service where, for example, performance issues, care planning and resources are affecting the child or young person’s plans progressing, and their needs being met. There is an established Dispute Resolution process available in Medway’s procedures and practice. IROs continue to seek resolutions informally to issues through collaborative dialogue with the social worker and team manager before and at each stage of the procedure, but if no resolution is achieved the dispute can, and should be, escalated to the attention of senior managers.

6.15. IROs have continued to monitor children’s plans in between the statutory review meetings, through midway reviews; further performance reporting was planned for this year but was put back, in line with the introduction of new mosaic forms and the work to streamline mosaic forms for social work teams. The Midway form was reviewed and shortened as a result. This year the service continued to embed midway reviews further and next year their effectiveness and quality in terms of driving purposeful change for care plans will be developed further. This will include children’s views being more considered in their midway reviews.

6.16. IROs continued to track their midway reviews, IRO visits to children, IRO pre-discussions for reviews with children’s social workers, Dispute Resolution Notifications (DRNs), and ‘signs of success’ they noticed in social work teams’ practice. IROs continue to peer review their letters to children, and this will remain a focus for next year.

6.17. Evidence of the IRO ‘footprint’ on children’s fileshas seen an improvement, which included pre-meeting discussions with social work teams and weekly oversight of unregulated care arrangements for some children. During the Ofsted ILACS inspection in July 2023, inspectors found good evidence of IRO oversight and appropriate challenge and support from IROs in care plans for children in care.

6.18. During the year 2023/4 117 DRNs were raised and 114 were resolved, slightly less than the previous year. The majority of these (66/117 or 56.4%) were concerns about Social Workers reports and care plans (and pathway plans) not being prepared in time for reviews and shared with children and young people. The rest related to care plans drifting for children and young people (24/117 or 20.5%) and the other categories seen in Table 9 below. This remains an area to challenge and focus for the upcoming year has been to ensure the IROs will increase their challenge for children’s plans and to hold the practice system, workers, managers and senior managers to greater account. This year we will be making sure that Heads of Service are notified when a dispute is raised, to increase their line of sight of these in their service areas.

6.19. As of last year,quarterly reporting of DRNs, and second review dip samples’ main findings are included in the Practice Development Service quarterly report which is scrutinised by the children’s services management team (CSMT) and shared with children’s services via Quality Assurance, Performance Improvement Board (QAPIB). Any themes arising from DRN’s are considered as part of the thematic audit plan for the following year.

Table 9. DRNs April 2023 to March 2024

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**7. Impact of IROs**

7.1. A range of quality assurance activity takes place within the IRO service. All second statutory reviews are dip sampled quarterly. Second reviews are where permanence options for children are the focus of care planning and through IRO tracking any gaps in planning are identified, conversations held with teams and IROs can ensure practice standards and learning are in place, with any remedial actions agreed and tracked. Analysis of gaps for children with no clear permanence plans, suggest that in most cases this has come about more through a lack of clarity of care planning and articulation of the child’s needs. The use of the IRO dip sampling has provided clarity on permanence and support for practitioners. Additionally social worker turnover has impacted some delay in progressing plans.

7.2. IROs ensure in reviews that the legal status of the child remains appropriate for the child’s care plan and also maintain a significant role in reviewing plans for court to ensure that they meet children’s needs, and that undue drift and delay is avoided. IROs have direct access to Independent Legal Advice to enable them to effectively challenge plans. The IRO service has a visible ‘footprint’ in care plans to court and in communication with CAFCASS.

7.3. Quarterly meetings with Cafcass service leads have continued. There continues to be local and national delays in care proceedings, with average care proceedings taking over 40 weeks to conclude (the previous pre-Covid standard was 26 weeks). This timeline reflects the challenges in courts availability and capacity, and a rising trend in care order applications. For some younger children and babies there has been a delay in making final decisions for adoption. The 2023- 2024 annual adoption report noted:

“The length of time between entering care and the court authority to place for adoption who have not yet been adopted increased considerably compared to pre-pandemic timescales, with all three local authorities exceeding the target of 250 days. Across the region, the pandemic continues to have an impact on the timeliness of court proceedings concluding. However, there are other factors such as court decisions regarding further birth relative assessments and practical issues such as court availability”.

7.4. The IRO Service Manager attends the national and south east regions IRO Managers group (NIROMP and SEIROM) to share local and national successes, challenges and learning in IRO services*.* The national policy ‘Stable Homes Built on Love’ has highlighted measures to strengthen work for children in care. The recommendations of this policy will form a focus and consideration for IROs when considering plans and outcomes for children in care.

7.5. Regular meeting with the Looked After Children nursing team takes place with the IRO service manager. This year purposeful discussions about children remanded to Medway Accommodation, from the criminal courts, helped grow awareness of these children’s care status and the need to offer them the same health support, assessments and services.

7.6. IROs continue to support children living in unregulated care arrangements,weekly IRO oversight of Medway’s care and responsibility for these children continues.

7.7. The IRO Service Manager sits on key panels and is regularly invited to service specific panels tracking outcomes for children. This year the IRO service manager supported a reunification project, through dip sampling and by presenting a paper to senior leaders, about a model and research underpinning, current rehabilitation/reunification work, in consultation with the Corporate Parenting service leads. An IRO sits on this project group now supporting its progress.

7.8. IROs continue to use group supervisions and model Medway’s ‘Signs of Safety’ preferred practice model in their interactions with teams and services. IRO’s remain linked to specific service areas and assist managers and social workers with all things related to care planning for children in care. IROs also work with the CP service and the Practice Development service, to support staff and plan any joint work to promote practice improvement.

7.9. Some areas we would support practice improvement includes IRO challenge regarding long term matching of children in care to prospective carers, (ensuring these consider children’s needs in the longer term), strengthening care plans and permanence planning, ensuring children’s special educational needs are reflected in care plans, and that life story work is effectively planned and takes place for children in care.

**7.10 Individual examples of IROs making a difference for children in care** include the following**:**

* **Reunification work**: 2 children aged 10 and 13 years experienced an unexpected change of their care arrangement. Their parents’ circumstances had changed, and their mother was successfully parenting a 2-year-old with a new partner. Their IRO asked for a re-assessment, of their mother’s parenting which is being progressed. Another young person and his brother came into care and asked to live with his uncle. His IRO asked for this to be re-assessed as he had positive family time with him. He is now out of care and sees his brother at his uncles’ regularly. One child was reunified with their grandparents aged 16 years under a connected carers arrangement.
* **Life story work.** One young person in care, aged 13 years, presented as emotional on first meeting her IRO, and did not know her journey into care. Her IRO spoke with her network, and progressed plans to support her understand this story. This involved redressing a difficult story involving maternal mental health and severe domestic abuse, homelessness and drug misuse into a truthful one at an age-appropriate level, to help her process this information and working to help the foster carer understand this was necessary and could not be hidden from her. An IRO made sure a child aged 11 years, had life story work was undertaken regarding their father’s history and reality as they are idealising their father’s ability to care for them, holding out hope he could return to his care. This involved a psychologist helping their social worker to build an explanation of his story using ‘Words and Pictures’. Now he can tell people about why he cannot live with his father and has an explanation he can refer to and build on.
* **Health needs being met.** An urgent ASD assessmentwas pushed for by an IRO who made a PAL’S complaint about the delay, by health partners, and attempts to take them off the waiting list after 2 and a half years, resulting in their assessment being undertaken a few moths later, and before they turned 18 years. Another child with significant health issues, had their social work team challenged formally by their IRO, asking them to put into place childhood immunisations which were overdue which then happened.
* **Influencing.** One IRO spent time explaining to the parents of a little boy aged 5 years, why adoption was the plan for him and took the time to help her understand how these decisions were made, against a background of her contesting the adoption plans in court.
* An IRO was praised by a foster carer in providing support to them by considering strategies and interventions which had worked (psychological support services and education) and is helping them develop further family solutions (adult fostering family members being cleared to care for their CiC) and ensuring activities were being well considered in care plans.
* **Promoting CiC remaining connected** to their families. One young person’s IRO, drove plans for them staying in touch with and seeing their brother including them supervising this family time and helped them to re-connect to a grandparent.
* **Increasing safety and recognising danger**. An IRO was proactive about a CiC who was criminally exploited and had threatened and intimidated care staff. They were proactive in highlighting these worries and in considering a more secure care arrangement, recommending steps be taken about the level of harm posed to the public, which involved referrals to the local MAPPA Multi Agency Public Protection Arrangements) and to local exploitation strategic panels to inform safety planning. The IRO ensured the use and application of the exploitation tools by the social work teams.
* **Support for CiC**. One young person aged 10 years, had made allegations about a foster carer, leading to their de-registration. Her IRO spoke to her about how she had been believed and made sure she know the outcome of her complaint. She as seen to be calmer and was matched shortly afterwards with her new foster carers and her relationship with her sister started to improve.
* **Challenging drift and delay in care planning**. One young person aged 15 years entered care following being cared for in her family by relatives who were approved foster carers for another Local Authority. Her IRO pushed for care proceedings to be considered so there was a clear framework for decisions to be progressed. The young person will be able to return to these relatives under agreed fostering arrangements.
* **Ensuring the right services and teams’ involvement**. One IRO made sure that 2 children from the same family accessed the right specialist support and knowledge regarding their level of disability, resulting in them being worked with by the children and young people’s disability team and that their transitions would be considered post 14 years.
* **Safeguarding.**  An IRO became aware that a CiC and their older brother were having unsupervised family time at their parent’s home, and during such times were protecting their 4-year-old sister, from domestic abuse leading to a referral to MASH regarding this younger child at home. The arrangements regarding this family time were reviewed and changed from the home.
* **Challenge to assessments and their quality.** One IRO identified a significant gap in a positive assessment of a family member (as a potential carer for a baby) regarding their history of severe domestic abuse, a theme in the relationship of their relative and for the baby’s father, which they and the child’s Guardian agreed should halt the move to their relatives care until further work addressed this and considered support.
* **Direct work.** One IRO offered to support children to attend a parent’s funeral in the absence of their foster carers being able to undertake this; they prepared the children about the funeral, answered their questions about death and arrangements for the funeral. Another IRO supervised family time and spent time devising a meal menu for a care arrangement to be supported for one CiC.
* **Step downs** from residential care settings were promoted by an IRO for 2 of their children to successful outcomes.

**8. Service Priorities for 2024/25**

8.1. This Annual Report identified a number of service priorities that will be taken forward in the year 2024/25.

* Continued development of the use of performance information to improve practice
* Participating in a refresh of the participation work and direct work with children and young people
* Implement systems to support children and young people are fully consulted and lead on the location, attendance and timing of their reviews.
* Support children and young people to have stronger relationships with their IRO.
* Creatively use the Mind of My Own app to support children and young people to more fully participate in reviews.
* Continue with the work across Children’s Social Care to promote records to be more child focused and written more directly to the child or young person.
* Refresh how we support children and young people to chair or directly lead review meetings.
* Establishing IRO Profiles and making these accessible to children and young people.
* Streamlining plans for children and young people with care plans and EHCP Plans
* Working with staff to develop life story work.
* Continuing to improve arrangements for Health Assessments

9.Financial implications

9.1 There are no direct implications arising from this report.

10.Legal implications

10.1 There are no direct implications arising from this report.

11.Recommendations

11.1The Committee should note the activity of the service.

## 12.Risk management

| Risk | Description | Action to avoid or mitigate risk | Risk rating |
| --- | --- | --- | --- |
| Timeliness and Recording of Review Meetings | There is statutory guidance in relation to the timing of reviews; a first review is held within 4 weeks of a child coming into care, then a second review within the next 12 weeks or 3 months and then at least every six months after this. | Staffing levels have been maintained to ensure that children’s Review Meetings meet with statutory requirements and support our strong performance in this area. | D 1V |
| Children’s participation in their Review Meetings | Participation is recorded as those children that have attended a meeting / contributed to the process by means of a consultation form, observation by the IRO, advocacy, submitting a Mind of My Own App note, using an interpreter, and discussing issues directly with their IRO or social worker. | Staffing levels have been maintained to ensure that children’s participation in their Review Meetings are provided through a variety of means and support our strong performance in this area, ensuring that children are listened to. | D 1V |

|  |  |
| --- | --- |
| Likelihood | Impact: |
| A Very likely | I Catastrophic |
| B Likely | II Major |
| C Unlikely | III Moderate |
| D Rare | IV Minor |

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