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The role of Independent Reviewing Officers (IROs) in England: final report

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The role of Independent Reviewing Officers (IROs) in England

Final report

Helena Jelacic, Ivana La Valle and Di Hart, with Lisa Holmes from the Centre for Child and Family Research, Loughborough University

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Foreword

There are almost 70,000 looked after children in England. Of this number

- 43,000 came into public care after abuse and neglect.
- 28,000 began to be looked after in the preceding year. 15,000 of those children were under the age of 10, and 8,000 were aged between 10 and 15.

For the great majority of us, it is impossible to imagine how these children feel, both before and after leaving their families. Even when the arrangements for them are working well, they are extremely vulnerable to misfortune or to being overlooked. For many, the outcome of their time in care is poor, despite best efforts to protect and help them.

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

This thorough and clearly-written report by the research centre of the National Children's Bureau is the best survey of which I am aware of the current state of affairs in this field. It demonstrates two things. First, it is essential that IROs are given proper status and resources within local authorities. Second, they must use their unique position to fight the corner of the children for whom they are responsible. I have suggested elsewhere that the comforting cliché of the IRO as the local authority's 'critical friend' should be discarded. If IROs are going to do their job properly, they should be neither friends nor enemies of their fellow professionals – they should be independent.

It is 10 years since IROs were created in response to widespread concern about children in care being lost to sight. Yet the key conclusion of this study is that the IRO role in ensuring high-quality care planning is still to be fully realised. The report is full of examples of what can be achieved by a well-organised service, but it also uncovers the widespread problems that still exist. Here is how one child describes a review meeting:

"It's like you're sitting there like a ghost and there was like normal people in the room just speaking about you and you can't say anything because you're just like this ghost person."

The authors of this report have done what they can to equip others to ensure that fewer children feel this way and that as many as possible get the care they deserve.

Mr Justice Peter Jackson
Family Division Liaison Judge for the Northern Circuit

Executive summary

Introduction

Independent Reviewing Officers (IROs) were introduced to represent the interests of looked after children following a number of cases where care plans had not been implemented, leading to harm. Their role was strengthened through the introduction of statutory guidance in April 2011 but there has been continuing scepticism about whether they are making enough difference to the quality of the service and whether their independence is compromised by being under local authority control.

The aim of this study, undertaken by NCB Research Centre in partnership with the Centre for Child and Family Research, Loughborough University, and funded by the Nuffield Foundation, is to provide an evidence base about the way the role actually operates in order to inform future policy and practice. The research involved: national surveys of IROs, their managers and Directors of Children Services (DCSs); analysis of inquiries from IROs to independent advice services; an analysis of resources need for the IRO service; case studies of four local authorities, including analysis of care plans, interviews and focus groups with IROs, social workers, other key professionals and looked after children.

The question of how the effectiveness of the IRO service can be measured is, however, complex. In their thematic inspection of the IRO role within ten local authorities published in 2013, Ofsted suggested that IROs were still not making enough positive impact. The House of Lords Committee on Adoption Reform (2013) recommended that it was time to employ IROs outside the local authority but the Government did not agree and are committed to making the role work within the current arrangements.

The challenges faced by IROs are even greater now than when statutory guidance was introduced in 2011¹. It is hoped that the evidence afforded by this study will inform the debate about how to maximise the effectiveness of the role to ensure that looked after children get the independent support they need and deserve.

Creating the right context

The IRO guidance makes it clear that an effective IRO service requires IROs who have the right skills and experience, working within a supportive context. The findings indicated that most IROs had many years of relevant social work and management experience, and were respected by their colleagues because of their professional expertise.

Being paid at the same level as a team manager (as suggested by the guidance) was important for IROs in terms of their professional status, giving

¹ Department for Children, Schools and Families (2010) *IRO Handbook – Statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children*. London: DCSF

them the authority and professional standing required to challenge poor practice. The lower pay grade applied in some of the case study authorities did not make IROs less competent, but it impacted on their morale and indicated that the authority valued its IRO service less than other authorities where IROs were appointed at a higher level. It also had an impact on the recruitment and retention of IROs and it was argued that it constituted a threat to the authority's ability to provide an effective service.

Most IROs (95%) were directly employed by the local authority and the findings highlighted many benefits from this:

- It enabled IROs to have a good understanding of the local authority context, to build productive relationships with social work teams and encouraged information sharing and partnership working.
- It meant that IROs were able to contribute to policy and practice improvement in the looked after children's service, which was particularly valued by senior managers.
- This contribution further raised their professional status and profile within the authority.

Although some may argue that being employed directly by the local authority does not allow IROs to work 'independently' of the organisation, participants described the true test of independence as IROs' ability to challenge the local authority on poor practice. The location of the service, whether within the local authority or outsourced, was not crucial as long as IROs recognised when they needed to challenge and were free to do so.

Being employed by the local authority usually meant carrying out other duties not specified in the IRO guidance. Having to chair child protection conferences as well as looked after children's reviews was mostly, but not universally, seen as a benefit in providing continuity for children subject to a child protection plan who then become looked after. However, other duties, such as conducting Regulation 33 visits² or foster carer reviews, were not always seen as appropriate for IROs. There were concerns that these activities could lead to a conflict of interest and compromise IROs' independence.

Even where IROs did not think that additional duties were in conflict with their primary role, high caseloads created pressure in choosing which tasks to prioritise, particularly when IROs were chairing child protection conferences. This reduced the time available for work on their cases and IROs expressed concern that looked after children will cease to be the priority. A manageable workload was seen as key if IROs are to meet the expectations set out in the guidance; and it would be unfair to describe the role as failing if the problem really lies in the capacity available to fulfil it.

² Quality assurance visits of children's homes

Being child-centred

One of the most important aspects of the IROs' role, as described by all participants in the study, was to meaningfully engage with children and to remain child-centred in everything they do. Building a relationship with children was seen as crucial in terms of making sure the child's needs are met and being able to *'fight their corner'*. However, the experiences of both children and professionals were variable: some IROs were very good at engaging with children in a meaningful and flexible way, conveying that they were genuinely interested in them and making sure their needs and views were at the fore-front but others were considered to be less successful. This difference in IRO performance was attributed largely to individual skills and attitudes, but other professionals also recognised the negative impact of high caseloads and conflicting priorities.

IROs need to demonstrate true commitment to looked after children in order for children to recognise the benefits of having an IRO. Children who reported that their IROs listened to them and respected their views also described their IROs as acting on their behalf to tackle concerns about the service. IROs made a difference just by taking the time to explain to children what they had done in between reviews. Those who felt their IROs were not listening to them did not see how IROs could make a difference in their lives and, therefore, saw little point in telling them about their wishes and feelings.

IROs and care planning

The research findings show that, in line with the 2011 IRO guidance, there was a clear and shared understanding that, as well as the child-centred approach described above, IROs need to have an ongoing engagement with a case to be able to properly quality assure the care planning process. However, practice varied considerably and alongside examples of good practice, reflecting very much the spirit of the guidance, there were also examples of IROs struggling to be sufficiently visible and to leave the IRO 'footprint': the quality kite mark evidencing that adequate services were provided to meet a child's needs and support good outcomes.

The IRO Handbook provides clear guidance on IROs' role in and processes around the case review:

- What IROs should do to prepare for the meeting and support the child to be meaningfully involved.
- What should happen at the meeting.
- What are the immediate post-review actions.

This guidance was generally well understood by IRO and social work teams, but some IROs struggled to put it into practice. While a number of factors contributed to determining how effectively IROs could engage with the review process, time was certainly a key influence. Out of the four local authorities involved in the study, in the authority with the lowest caseload, IROs estimated they had seven and half hours to carry out the review and the immediate pre-

and post-review tasks; in the authority with the highest caseload, IROs had four hours and ten minutes to carry out the same tasks.

When it comes to monitoring and influencing a case on an ongoing basis, a lack of prescription about the way this should be done within the national guidance was reflected, with considerable variation in expectations of what IROs should do to 'keep on top of a case'. While IROs need to have some discretion in deciding the level of monitoring each case requires, it seems that the combination of limited (national and local) guidance and lack of time could undermine the ability of IROs to meaningfully monitor and influence.

This situation was compounded by formal processes for raising issues and challenging poor practice that did not work particularly well and were 'culturally' not yet accepted by social work teams – who saw them as being more about judging their work rather than part of the checks and balances required to quality assure care plans. The research findings suggest that processes to enable IROs to engage and influence cases require considerable fine tuning, with a national framework provided to support the development of local protocols.

Furthermore, key to the effectiveness of IROs in quality assuring care plans on an ongoing basis, is the role played by senior managers, who need to provide a clear message that the IRO service is valued. One of the case study authorities, with manageable caseloads and a monthly report of the concerns and challenges of IROs that was provided to and discussed with the Assistant Director, reflects the kind of support the IRO service needs from senior managers to operate as intended by the guidance.

While a number of implementation issues were identified by the research, the findings on how IROs and social workers operated together suggest that IROs are becoming a valuable resource to social work teams. IROs can help social workers to improve care planning and the services provided to children in care, complementing rather than duplicating their work. Where this is in place and IROs are quietly raising standards behind the scenes, the need for them to challenge poor practice is reduced.

Quality assurance and support

The guidance clearly spells out the role of IRO managers and senior managers in ensuring the effectiveness of the IRO service. The study findings suggest that this guidance is inconsistently applied, primarily due to lack of time and resources. IRO managers seemed to rely mainly on information provided by IROs to judge their effectiveness or on general audits of cases which were not designed to generate feedback specifically on the IRO service.

More comprehensive quality assurance systems, such as collating feedback from children, families and other professionals, observing IRO practice, and regularly auditing IROs' recording, were not common – which raises a question mark on how effectively IROs' performance was monitored and quality assured.

IRO managers played an important role in providing both formal and informal support to IROs through regular supervision and ad hoc consultation. This was

seen as crucial in ensuring that IROs felt supported in raising concerns about poor practice and making sure they stayed on top of the care planning process. IRO managers also made sure they involved IROs when planning their training and professional development. IROs reported being only partially satisfied with the training on offer and identified a number of gaps. The findings also indicate that not all IROs were equipped with the right skills to engage with children, successfully carry out reviews or challenge poor practice and that further training in these areas would be beneficial.

Senior managers were also critical in ensuring IROs felt supported and valued but their commitment was not always evident. The failure to deal with high caseloads and to provide effective mechanisms for dealing with concerns raised by IROs were seen as reflecting a lack of senior management commitment to ensuring the service operates as intended.

Access to external sources of support varied greatly and the findings from our review of Cafcass (Children and Family Court Advisory and Support Service) enquiries showed that there were deficiencies, such as the provision of independent legal advice or a dispute resolution protocol that actually worked. This meant that some IROs were turning to Cafcass for advice on cases where this may not be appropriate. Examples here included IROs reporting that they had used Cafcass as a 'threat' where their complaints were being ignored, or to resolve conflicts in professional opinion.

The study findings confirmed these gaps in support, particularly in making arrangements for IROs to have easy access to genuinely independent legal advice. This seemed to be poorly understood by local authorities, who often relied solely on the local authority's legal department, in contravention of the guidance.

Does the IRO service make a difference?

Making sure that a child's care plan is reviewed in a timely fashion was perhaps seen as the area where IROs had the greatest impact. This was one of the reasons why the IRO service was created in the first place, and just because timely reviews could now be taken for granted in most cases, their role in ensuring that this happens should not be underestimated.

IROs were also seen as having had an ongoing influence on cases, particularly in ensuring that the care planning process focused on permanency, was child centred and evidence based. However, respondents' accounts suggest that the extent of the impact was variable, affected by the barriers IROs were facing in operating as intended by the statutory guidance, as well as differences in individual performance.

IROs were recognised as contributing to improved support and services for looked after children mainly through their involvement in individual cases. Participants' accounts showed what difference IROs could make when they operated as intended, but also their limited ability to make a difference when the service was not implemented effectively. Although examples were found of IROs having an influence at the more strategic level to improve a local authority's functioning as a corporate parent, this is an area of IROs' work that

seems rather under-developed. Greater clarity is required about expectations, as well as the creation of structures and processes to enable them to have strategic influence.

When looking at the difference IROs made to children's lives, respondents had some understandable difficulties attributing any improvements in child outcomes specifically to IROs, given the range of services involved in supporting children. The fact that the IRO service had only recently been subject to strengthened guidance compounded this and therefore it was probably too soon to establish if it had made a difference to children's outcomes. However, assessing the contribution of IROs is important and thought must be given, nationally and locally, as to how to assess this in the future.

Conclusions and recommendations

The findings of this study indicate that the IRO role in ensuring high quality care planning is yet to be fully realised. There is, however, consensus about the characteristics of an IRO service that is working well: the challenge is how to ensure that the theory is translated into practice.

The fundamental ingredient is the importance of listening to children, and making sure their needs and rights are protected. This is the essence of the 'independence' that is crucial to success. If there is a conflict of interests, the IRO must be on the side of the child.

The findings suggest that the factors enabling IROs to adopt a position of independent challenge are more complex than where the service 'sits'. Key elements that supported an independent approach seemed to be:

- Professional status and respect, demonstrated both by resourcing the service properly and by openly giving IROs 'permission' to challenge.
- IROs with the right skills, particularly the ability to communicate with children and young people, and to know how and when to challenge.
- Access to expert advice, including independent legal advice and opportunities for reflective practice.
- Dispute resolution protocols that work, from informal conversations to the escalation of cases to senior management.
- Child-centred IROs, who demonstrate their commitment to each child and work out the best way to seek their views.
- Having a focus on outcomes, and holding agencies to account for their contribution towards these, rather than 'box-ticking'.

The following recommendations are targeted at three levels in recognition of the fact that improvement requires a multi-system approach. Although IROs do bear individual responsibility for the quality of their practice, they need to operate within a supportive culture.

National level

Central government, national representatives of local government, and agencies working together to:

- Develop a consistent template for IRO annual reports.
- Lead a national debate about which additional duties are compatible with the IRO role and which constitute a conflict of interest.
- Ensure that Ofsted explicitly consider the effectiveness of local IRO services in improving outcomes for looked after children and the local factors that are enabling or hindering their contribution.
- Consider how best to resolve disputes where internal processes have been exhausted, including the possibility of an independent arbitration service for disputes that do not require Cafcass involvement.
- Develop a national set of standards for IROs and their need for professional development in order to meet them.

Local Authority level

Each Director of Children's Services to promote a culture demonstrating their support for the IRO service by:

- Setting out the expectations of the role and disseminating this information to all those involved in services for looked after children and young people, including children and young people themselves.
- Creating systems to give IROs a voice.
- Specifying the process for producing an IRO Annual Report, including who will be involved in contributing to the report, how it will be responded to, and how it will be used to contribute to improved outcomes for looked after children and young people.
- Undertaking a review of how dispute resolution processes are working, including the 'informal' stage and the involvement of other agencies.
- Reviewing and strengthening quality assurance processes in accordance with the IRO Handbook, including feedback from social workers and children and young people, direct observation of IRO practice and opportunities for reflection.
- Assessing the training and development needs of IROs and IRO managers and commissioning role specific training and support.
- Undertaking an analysis of the time required by IROs to undertake their duties, so as to then plan the number of IROs they require in order to provide the standard of service recommended in the IRO Handbook.

IRO Service level

IRO teams and individual IROs to:

- Take personal responsibility for ensuring that all children and young people understand the IRO role, recording how they have done this.
- Negotiate with individual children and young people on their caseload as to how they will maintain contact with each other and confirm this in writing to the child, young person and/or carer.
- Where they perceive that there are barriers to their ability to fulfil their role, or systemic failures in the service for looked after children in their authority, to raise this formally with senior managers.
- Clarify their method for monitoring cases, including how this activity will be recorded.
- Undertake a review of all additional tasks to establish whether these compromise IRO independence or capacity and act on their findings.

The role of the IRO is about to become more challenging as the numbers of looked after children increase and the Children and Families Act 2014 introduces new arrangements for care proceedings. Scrutiny by the IRO will be crucial to ensure that the quality of care plans is not compromised by these changes. Where the role works well, it can make a real difference to children's lives and good practice needs to be shared - and celebrated.

1. Introduction

Since 2004 all local authorities have been required to appoint Independent Reviewing Officers (IROs) to protect children's interests throughout the care planning process. The effectiveness of IROs was subsequently questioned and this led to the introduction of national statutory guidance in April 2011 to strengthen their role. Some have remained sceptical that the guidance had the intended impact. However, the debate has been hampered by the fact that it has largely been based on anecdotal evidence rather than robust research.

The current study, carried out by the NCB Research Centre, in partnership with the Centre for Child and Family Research, Loughborough University and funded by the Nuffield Foundation, aims to fill this evidence gap by providing the first comprehensive research into the functioning and effectiveness of IRO services in England.

The study involved a large research programme, comprising: national surveys of IROs, their managers and Directors of Children Services (DCSs); analysis of administrative data on IROs' access to independent advice; an analysis of resources need for the IRO service; and case studies of four local authorities, including analysis of care plans, interviews and focus groups with IROs, social workers, other key professionals and looked after children.

The report presents the findings from the cases studies, combined with key findings from the national survey, which were explored in more detail in the interim report (Jelicic et al, 2013³). Conclusions and recommendations for the future of the IRO role are based on this research evidence. In this chapter we describe the context for the study and its aims, and then provide an overview of the research methodology.

1.1 Background

In 2002, the House of Lords delivered its judgement on two cases (re S and re W) where care orders had been granted but the agreed care plans had never been implemented. It had been asked to consider whether, in order to prevent this from happening, courts should have an ongoing role in monitoring care plans in order to prevent such 'drift'. This was rejected, however, in favour of the development of the role of the IRO: an adult empowered to act on behalf of looked after children in challenging the local authority if it is failing in its duties towards them.

Although local authorities had previously been encouraged to appoint IROs, regulations introduced in 2004 made it a statutory requirement (Department for Education and Skills, 2004). It was intended that the IRO would be independent from line management responsibility, would participate in the review of

³Jelicic H., Hart D., La Valle I., with Fauth R., Gill C., and Shaw C. (2013) *The Role of Independent Reviewing Officers (IROs) in England: Findings from a National Survey*

children's cases, and exercise a monitoring and quality assurance role. This would ensure that all looked after children, whether subject to a care order or voluntarily accommodated, would have this level of support. IROs were authorised to refer cases to Cafcass if the failure to implement aspects of the care plan might be considered a breach of the child's human rights, with a view to Cafcass initiating legal proceedings.

Two years later, the gap between the outcomes of looked after children and their peers was found to have widened further (Department for Children, Schools and Families/DCSF, 2006) and the contribution made by the IRO in driving up standards came under for some criticism. In particular, concern was expressed that IROs had not been sufficiently robust in challenging local authority decisions and proposals, that they were not representing the views of children adequately and that their remit was too focused on the review meeting rather than the care plan itself. Evidence cited for this included the low rate of referrals to Cafcass; and some questioned if IROs could operate independently when employed, whether directly or on a sessional basis, by the local authority (DCSF, 2007). In a further legal judgement in 2008⁴, the Official Solicitor criticised not only the authority for its failure to provide a proper care plan for a vulnerable child, but also the IRO for doing nothing to challenge this.

The Children and Young Persons Act (2008) included the provision for an independent body to take over responsibility for the provision of an IRO service and removing it from local authority control should this be considered appropriate in the future. Meanwhile, however, there was to be a further attempt to strengthen the IRO role within the existing structural arrangements through statutory guidance (DCSF, 2010) which has been operational since April 2011. This makes it clear that the IRO is responsible for monitoring the child's care plan on an ongoing basis, not just at the point when the case is being reviewed, and specifies the steps that they should take to prepare for review meetings, including speaking directly to the child.

Even though the statutory guidance sets out clear expectations regarding a more comprehensive role for the IRO, it does not explicitly articulate the outcomes IROs are expected to achieve or contribute to. Indeed there appears to be little consensus on what an 'effective' service should look like or by what criteria its success should be assessed. The fact that there have been few formal referrals to Cafcass, for example, has been taken as a sign that the role is failing (DCSF, 2006), but if IROs have been able to initiate change without the need for such a step, then it could equally be seen as a sign of success. Similarly, placement stability has been suggested as a positive outcome, but there are clearly circumstances in which the intervention of an IRO could lead to a child being moved from a stable but inadequate placement to one more appropriate to their needs.

The debate about the effectiveness of the IRO continued after the publication of the statutory guidance. In a submission to the Family Justice Review, the Association of Directors of Children's Services (ADCS) proposed amalgamating the IRO role with that of children's guardians and transferring responsibility to

⁴ S v Rochdale [2008] EWHC 3283 (Fam)

Cafcass (ADCS, 2011). The final report of the Family Justice Review concluded, however, that local authorities should continue to try to make the IRO role work. Recommendations included adhering to guidance on caseload size, making sure that IRO reports are considered at a senior level and strengthening the links between IROs, guardians and the courts when children are in proceedings (Department for Education and others, 2011).

Looked after children, however, when consulted about the role of the IRO by the Children's Rights Director, thought IROs should be employed by the council and saw them as checking '*whether the child is OK and happy where they are living*', and whether they were happy with their care plans (Ofsted, 2011). At that point, the children did not describe the more comprehensive role intended by the guidance: they thought that the main tasks of the IRO were connected to review meetings only, and few had sought contact with their IRO in between meetings. Neither did they see the IRO as having a significant role in supporting them to make complaints if they were unhappy with the service they were receiving. Nevertheless, they thought the role was important and that IROs were involved in the 'big decisions'.

Questions remain about whether IROs can be 'truly independent' if appointed by the local authority and, if the existing arrangements are to continue, whether they can be supported to fulfil their role effectively. The ability to act independently arises not just from where the service is located but from having the confidence and skills to make judgements about a child's best interests and to have the means to mount an effective challenge.

In 2012, Mr Justice Peter Jackson considered the case of two teenage boys who had been looked after since early childhood⁵. The original plan for adoption had not been implemented but the freeing order remained in place, effectively severing the boys' contact with their birth family. By the time the case was brought before the court, by the boys themselves, they had experienced multiple placements and were suffering emotional and psychological distress. In his judgement, Mr Justice Jackson ruled that not only had the local authority breached the boys' human rights, but so had the IRO by failing to recognise the breach or to take action. He explored the nature of the IRO service in some detail, and the barriers to its effective implementation in that particular authority. These considerations will be returned to in the concluding chapter.

A major challenge in determining the best way forward is the lack of a systematic evidence base about the functioning and effectiveness of the current role. A review of the IRO service in Wales was undertaken in 2008 (CCISW, 2009) and found local inconsistency in the impact of the role, particularly in the action taken by local authorities to address IROs' concerns about the quality and timeliness of care plans. Until very recently, there had been no equivalent review in England but Ofsted published a thematic inspection of the IRO role within ten local authorities in 2013. They found that:

⁵ *A & S v Lancashire County Council* [2012] EWHC 1689 (Fam)

'... independent reviewing officers are not making enough positive impact on the quality of care planning and outcomes for looked after children. They have been too slow in taking on their enhanced responsibilities.' (Ofsted, 2013)

Specific weaknesses included a lack of oversight of care plans, a failure to challenge delays in permanency planning and insufficient account given to the views of children. Even reviews, where the IROs' role is better established, were often deemed to be inadequate with weak recommendations noted in eight of the ten authorities. This resulted in a reduced ability to monitor progress. Dispute resolution processes were not always well-understood, caseloads were too high and IROs often had to undertake a range of other duties. The authors made a number of recommendations to tackle these inadequacies, but did not consider there to be a need to remove the service from local authority control. They saw enough examples of good practice to conclude that the role could be made to work.

This view was not shared by the House of Lords Committee on Adoption Reform (2013). They made three recommendations regarding the IRO service:

- Action be taken to reduce excessive workloads (Recommendation 23).
- Government to implement Section 11 of the Children and Young Persons Act 2008 to employ IROs outside the local authority (Recommendation 24).
- IROs to undertake regular reviews of the circumstances of children subject to placement order but not yet placed for adoption (Recommendation 25).

The formal Government response (HM Government 2013) accepted that improvements were needed but rejected the proposal to remove the IRO service from local authority control. Instead, the Minister wrote to all Lead Members and Directors of Children's Services asking them to review and improve their service, including caseload size. Ofsted were also asked to have a specific focus on the IRO service within their inspection regime.

The challenges faced by IROs are even greater now than when statutory guidance was introduced in 2011. Numbers of looked after children continue to rise just as local authorities face budgetary reductions and the introduction of the Public Law Outline will require care proceedings to be completed within 26 weeks⁶. This will have implications for IROs, who will be under increased pressure to ensure that care plans meet the child's needs and to liaise with children's guardians within a tight timescale. The following chapters describe how this increasingly pressurised role is interpreted in day-to-day practice within four local authorities.

⁶ <http://www.justice.gov.uk/protecting-the-vulnerable/care-proceedings-reform>

1.2 The IRO study

The NCB study was designed to develop an evidence base about the implementation, effectiveness and resources needed for the IRO service. The introduction of statutory guidance (DCSF, 2010) sets out clear expectations regarding a comprehensive role for IRO services and therefore provides a framework for assessing to what extent the IRO role is being implemented as intended. In our study we used this framework to explore the effectiveness of the service. In particular we focused on two key aspects:

- The ability of IROs to monitor and scrutinise care plans, as successful implementation of care plans has been associated with favourable outcomes for children (Harwin et al, 2003).
- The key features of an effective IRO service, to inform the debate on whether the service may require structural change, or whether deficiencies are rooted in local culture and practice and therefore remediable without major reform.

The study involved a large research programme comprising:

- National surveys of IROs, their managers and Directors of Children's Services (DCSs).
- Analysis of administrative data on IROs' access to independent advice.
- Analysis of the resources available for the IRO service.
- Case studies of four local authorities including an analysis of IRO time use.

The report recommendations were informed by young people with experience of care who were part of our study advisory group⁷, as well as policy and practice experts who participated in a seminar where the emerging findings from the study were discussed⁸.

Online surveys were completed by 295 IROs, 65 IRO managers and 60 DCSs in April-August 2012. Out of 152 local authorities in England, we received at least one completed questionnaire (from a DCS, an IRO manager or an IRO) from 122 local authorities (80%). The NCB survey findings provided the first statistical evidence on key features of the IRO service and were compared with the requirements of the IRO national guidance introduced in 2011. The detailed

⁷ A group of young people from Coram Voice who had an experience of being in care were involved throughout the study. They helped the research team to create appropriate data collection tools for interviewing looked after children, commented on findings from the case studies and provided recommendations for improving the IRO service and children's experiences of working with IROs.

⁸ The seminar was held in December 2013 at the Nuffield Foundation. Key findings and some initial policy and practice recommendations arising from the study were presented. Delegates had a chance to discuss these recommendations and explore what is necessary to support the role of IROs in order to ensure effective care planning for looked after children.

findings from these surveys and their design were provided in the interim report (Jelicic et al 2013). In the rest of this section we outline the design of the case studies.

1.3 Case study design

The aim of the qualitative case studies was to explore in more detail the way in which the IRO role works in practice, and how the different features of IRO services and ways of implementing the role may impact on care planning and children's outcomes.

The four case study authorities were purposively selected on the basis of responses to our survey using the following criteria:

- One authority where all survey participants agreed that the IRO service was working well and IROs' caseloads were within the limit recommended by the IRO Handbook (i.e. 50-70 cases).
- One authority where all survey participants agreed that the IRO service was working well and IROs' caseloads were above the recommended limit (i.e. above 80 cases).
- One authority where survey participants did not agree that the IRO service was working well and IROs' caseloads were within the recommended limit (i.e. 50-70 cases).
- One authority where survey participants did not agree that the IRO service was working well and IROs' caseloads were above the recommended limit (i.e. above 80 cases).

The case study local authorities were also selected to represent a range of size and type of authority, number of looked after children and geographical location. All four had received a rating of 'good' for their service to looked after children in the Ofsted round of inspections of safeguarding and looked after children's services operating between 2010 and 2012.

A brief description of the four authorities is provided in section 1.3.3. The data collection took place between December 2012 and August 2013.

1.3.1. Fieldwork in the case study authorities

In each local authority we conducted a focus group with IROs and one with social workers, interviews with four relevant stakeholders and looked after children, and examined care plans, reviews and case notes from a selection of ten cases.

All interviews were digitally recorded, with the permission of the interviewee, and transcribed verbatim. The qualitative data was analysed using NVivo 10⁹

⁹ An analysis software package for qualitative and mixed methods research. For further details about NVivo 10, please visit <http://www.qsrinternational.com/>

software. A thematic framework was developed consisting of themes and sub themes drawn up with reference to our research aims and new themes emerging from the data. The coding framework allowed the accounts of different participants, or groups of participants, to be compared.

Table 1 indicates the number of people that participated in focus groups and interviews.

Table 1: Number of people that participated in a focus group or interviews in each case study area

	Case study 1	Case study 2	Case study 3	Case study 4
IROs	8	7	7	7
Social workers	6	4	8	4
IRO managers	1	2	1	1
Social work managers	-	-	2	2
Children’s participation worker/ advocate	1	-	1	1
Head of service/ DCS / service manager	2	1	1	1
Elected members	1	1	-	-
Young people	7	5	6	6

A random sample of the case records of ten looked after children were examined in each area. They were selected to include children with a range of needs, types of placement, ages, length of time in care, frequency of placement moves, and who had been allocated to different IROs. Using a structured template, information was extracted from case files in order to examine the extent to which care plans were based on the child’s assessed needs, were being implemented within a suitable timescale and had demonstrably involved the child and their family.

Evidence of IRO activity in eliciting the child’s wishes and feelings, facilitating their involvement in the care planning and review process, monitoring the progress of the case and challenging poor practice or delay was summarised and recorded. Further in the report we refer to this data as a ‘case record analysis’.

An analysis of resources needed for the IRO service was conducted using the ‘time use activity data’, gathered through the focus groups with IROs and social workers. This data was used to estimate the time IROs spent on different tasks. Further details on the analysis of resources including the cost analysis method used for this study are provided in Appendix A.

1.3.2 Brief summaries of the four case study areas

Case study 1

Criteria for selection: recommended caseload levels but disagreements among survey participants on how well the IRO service was operating.

Background: urban area with around 400 looked after children. The profile of looked after children has changed in recent years, with an increase in the number of young children and a decrease in the number of teenagers and unaccompanied asylum seekers. The looked after children mostly came from large families.

IRO team: The IRO service is part of the Quality Assurance Unit. It consists of eight full time IROs directly employed by the local authority, managed by one IRO Manager (there were plans to transfer half the team to another manager within the unit). The IRO manager also had a small caseload of looked after children, in order to provide continuity to children who were nearing the age of leaving care. Most IROs had been working as social workers and social work managers in the authority prior to becoming IROs.

Caseload: The average caseload was about 65 looked after children.

Other duties: Chairing of child protection case conferences (IROs reported having about 30 such cases each). Also: attendance at strategy, missing persons and trafficking operations meetings; quality assurance audits; Regulation 33 visits and provision of training to LA and health staff.

Case study 2

Criteria for selection: recommended caseload levels and agreement among survey participants that the IRO service was operating well.

Background: urban area with around 600 looked after children. An over-representation of black and dual heritage children was noted.

IRO team: Situated within the Quality Assurance Unit. Eight full-time equivalent staff comprised of a mix of local authority and part-time sessional IROs, managed by two IRO managers.

Caseload: the average IRO caseload was about 65 looked after children.

Other duties: IROs were expected to contribute to practice improvement activity and to undertake: quality assurance audits; training; the drafting of local procedures (e.g. adoption), to undertake consultations and to lead on complaints investigations. Some IROs also chaired child protection case conferences.

Case study 3

Criteria for selection: high caseloads (i.e. above 75) and disagreements among survey participants on how well the IRO service was operating.

Background: large rural county with around 1,400 looked after children.

IRO team: situated within the Quality Assurance Unit. At the time of interview there was one IRO manager and seven IROs employed by the local authority and some vacant posts. The team had high staff turn-over, which resulted in overtime work for IROs and the use of agency IROs.

Caseload: Due to staff shortages, caseloads were high – in the region of 90 looked after children cases for each IRO.

Other duties: Chairing of child protection conferences (IROs reported as being responsible for about 20 such cases each). Other duties included chairing missing person panels and strategy meetings and leading on the child sexual exploitation agenda.

Case study 4

Criteria for selection: high caseloads (i.e. above 75) but agreement among survey participants that the IRO service operates well.

Background: Large rural county with around 700 looked after children.

IRO team: Situated within the Quality Assurance Unit and managed by one IRO manager. At the time of interview there were nine and a half full time equivalent IROs directly employed by the local authority and one vacancy. IROs were paid below the pay grade recommended in the IRO handbook and the team had recruitment difficulties.

Caseload: Due to staff shortages, caseloads were high – each IRO was working with around 80 looked after children.

Other duties: Chairing of child protection case conferences – IROs reported being responsible for about 20 such cases each. They also had various other duties: discussions about service development, corporate parenting issues and providing training.

1.4 Report outline

The report mainly focuses on findings from the case studies but, when relevant, statistical data from the national survey is also provided.

Chapter 2 provides evidence on how far authorities are creating the right context for the IRO service to operate effectively. We explore how the IRO service was organised locally, focusing on the professional profile of IROs, their ability to work authoritatively, and how the requirement for them to be 'independent' is interpreted in practice.

Chapter 3 looks at the skills and abilities that IROs need to work in a child-centred way and to what extent their ability to build a relationship with them affects children's perceptions of IROs' effectiveness.

Chapter 4 explores the care planning process, including how IROs go about conducting reviews and how they identify and deal with poor practice. In this chapter we also explore how much time IROs spent on different tasks across the areas.

Chapter 5 considers how the IROs were supported and managed, and how satisfied they were with the supervision and training they received. We also examine how IROs' practice is quality assured and monitored and what external sources of support were available – and used.

Chapter 6 investigates views on the extent to which IROs were perceived to have made a difference to services and outcomes for looked after children.

Chapter 7 presents the conclusions from the study and make recommendations about changes to policy and practice stemming from the research findings.

2. Creating the right context

One of the aims of this study was to explore how the IRO role had been implemented at the local level. According to the statutory guidance set out in the IRO Handbook, each local authority should employ IROs with the right skills and provide them with a supportive working environment. This includes employing IROs who are experienced and authoritative professionals able to provide an independent oversight of the child's case. In this chapter we explore the differences between expectations about the context within which IROs should operate as indicated in the Handbook and the reality.

2.1 Professional profile of IROs

This section discusses the findings on the professional profile of IROs and differences in pay grade.

2.1.1 Professional profile of IROs

The IRO guidance recommends that IROs should have previous experience of providing social work supervision and support and should have, as a minimum, equivalent status to that of an experienced children's social work team manager. Our survey findings provide interesting information about the time IROs had worked in their authority:

- Half of those surveyed (51% had worked as an IRO in their local authority for five or more years. A smaller proportion (12%) had done so for less than a year.
- Over half (59%) had worked in the same local authority before becoming an IRO, most in a social work role. This proportion was highest in county councils (71%), compared with unitary authorities (63%), metropolitan districts (61%) and particularly London boroughs, where only 41% of IROs had previously worked in the same authority.

In the case studies, senior managers and IRO managers described their IROs as very experienced professionals. In three out of four areas, most IROs had been working for the same authority for many years, which made them very familiar with the structure of the organisation and the services it provided. Some IRO managers mentioned the benefits of employing people who were already familiar with the authority because they understood how it worked and had already established working relationships:

... there's a real culture in [our local authority] where people who are managers in the area teams, then after several years want to become IROs so move across. So, in terms of status and how long people have been here and how experienced they are and what they know, it's a bit of a fount of knowledge here, both in terms of legislation and all that kind of stuff but also local knowledge...

(IRO manager)

Managers valued the fact that IROs were likely to have worked for the authority for many years because they thought it enabled them to contribute to the strategic aims of the organisation, and said they were often called upon for their expertise:

...there aren't many groups that are set up in the department where there won't be a request for an IRO, and I think that goes back to the recognition of the unique position that they're in and how we best utilise their experience and their perspective on care planning. '

(IRO manager)

'...[Senior management] value this particular team because of its experience and expertise and therefore give us lots of other things in addition to our role... So, when there's an inspection coming along and we need suddenly to do some training or getting ready for inspection gathering data together or sorting things out, resolving problems or presenting reports, all that kind of stuff, it tends to come to us.'

(IRO manager)

Some senior managers and IRO managers also mentioned being very cautious about employing the right people for the job and preferred to wait until they found applicants with the right skills and professional experience rather than rushing to fill the post with someone unsuitable:

'... it's really so important to get the right people in post and, for instance over the previous year, say previous 18 months, I've been able to recruit two people but everyone in the team is absolutely in agreement that we've waited and we've got the right people in post...'

(IRO manager)

Another commented:

It's a really specific and important role and we're not, we're not prepared to lower standards on that.'

(IRO manager)

Some IRO and senior managers pointed out that there can be a view in the field that being an IRO is an 'easy job to do' or that poor social work/operations managers are being employed as IROs with a view to removing them from the 'front line'. They disagreed with this perspective, placing a high value on their IRO service, and the importance of finding the right people for the job:

'I think the impression often of [team] managers is that, "oh if I'm an IRO, that's a nice easy life and I won't have to do very much"... historically, before there was this issue about are team managers that aren't performing seen as we can move them into the IRO service... We didn't get very high quality people and there was nobody that was appointable in the end... there is this issue about maintaining the quality and so, often the people we use [employ] are ex guardians, ex service managers, ex team managers, people who've got quite a lot of skills...'

(IRO manager)

'... [senior management] put a lot of pressure on us here in terms of recruitment and [our IRO manager] was quite rightly only waiting for the right people. These two came along, which was great, and then we'd got the expertise that we needed. So you are fishing for what we feel is the best, the skill sets. We won't just take anybody ...'

(IRO)

These findings indicate that although there are advantages in employing IROs who are familiar with the organisation, it is even more important to employ IROs who have the right knowledge, skills and experience to do the job well in order for the role to be respected. The range of reported skills and knowledge that IROs need in order to fulfil their duties is illustrated through the comments of one of the IRO managers in the study, presented in Box 1.

Box 1: Skills and knowledge of IROs

'[IROs] need a really in depth knowledge about, obviously about the IRO responsibilities, so they do need to understand the Handbook. They need to understand the care planning regulations, Working Together, the whole framework, legislative framework that work with looked after children and children subject to safeguarding procedures are subject to really. They also need those personal skills and abilities to, for instance, manage multiagency meetings and that they need to be mindful of issues around group dynamics and that ability to work across agencies really and bring that work together to focus on the needs of the child. And they need to be able to manage their professional accountability and their professional authority in a way that enables effective challenge really because that's one of the key things really. It's to do things in a way that actually brings about the required outcome for the child really and that is a, that's a really important quality that IROs need to have.'

(IRO manager)

2.1.2 IRO pay grades

The pay grades of IROs were not explored in the survey but were in the case studies. In two case studies, IROs had the same status as team managers, as suggested in the IRO guidance. In the other two case studies, however, IROs' pay had been downgraded during a recent restructuring exercise. This had a negative impact, with both IROs and IRO managers reporting major problems with recruitment and retention and low morale.

The adverse impact of this situation is clearly illustrated in Box 2 where another IRO manager interviewed in the study notes that since they were the lowest paid in the region, IROs were leaving to take up jobs in neighbouring authorities.

(Please see Appendix C, the recommendations for a properly resourced IRO service, which are based on salaries in line with the national IRO statutory guidance).

Box 2: Impact of differences in IRO pay grades

'I'm just about to send out probably the seventh lot of adverts for IROs. I think the longest vacancy we've had is [for 12 months] and we've just managed to recruit into their job now. And a lot of that is about the grading and the pay because when you look at, if you see [our local authority's] advert next to [an advert from neighbouring boroughs] then they're not going to come to [our local authority] because it's the pay. In most authorities the IROs are actually paid more than I'm paid to be the manager. And it's not a very attractive offer, we know that for a fact because people have rung up and said "and what about the pay"... We've had internal candidates, social workers apply, actually get the job and then they've been offered a senior practitioner's job within the district and they've taken that because it's a Grade 10 whereas IROs are paid at a Grade 9 so we have struggled... and that's not helped with the morale of the team... we've currently got two agency staff with us which again doesn't help the morale of the team because you have agency staff coming in and they're paid more. It's not been an easy 12 months... We struggle with recruitment.'

(IRO manager)

Social workers from one of the areas shared the concern about the possible impact on the quality of IROs of their low pay. They were worried that they were losing all the good IROs and would no longer have a stable team who could provide the right support for social workers:

'I don't think it's made a difference to like the way they deliver the service, but it will do because a lot I think are leaving

...there'll be a lot of movement and that's not the norm with the IRO service, they usually stay around quite a lot.'

(Social workers)

IROs from one of the case study areas with lower pay grades pointed out that it was very demoralising to be paid much less than agency IROs who occasionally needed to be employed by the authority, especially when vacancies were not filled. They also reported not feeling valued by senior management because the pay grade gave the impression their service was not important to the authority. IROs felt their role was not being taken seriously anymore and that they had lost the authority to fulfil their role effectively:

'We're now on the same level as workers we're supposed to be reviewing, so that status has gone and in my view workers are looking at us and going, "well we don't need to listen to them anymore", kind of thing, which I think is a real shame.'

(IRO)

The importance of having the right level of experience and hence being paid at that level was also indicated by an IRO manager from an area where IROs were paid according to the guidance and who pointed out that the pay needed to reflect the need for IROs to have social work management experience:

'Because they're then challenging team managers about the quality of the work that's being done by the social worker and you can't really challenge across there if you've come straight from being a social worker into being an IRO and you haven't ever done that management role then it's much harder to be respected I think by those managers as being equals. I mean, they're paid equally, they're paid level with team managers and, there's a layer of, for the social workers and then you have senior social workers and they're managed by deputy team managers. They're managed by team managers and the IROs are paid at the same level as team managers.'

(IRO manager)

Differences in IRO pay grades across authorities seemed to have had an impact on recruitment and retention, as well as morale and a sense of being valued as authoritative professionals. This finding raises the question of how senior managers perceive the status of IROs and whether this is why the guidance is not being consistently followed.

2.2 Independence of IROs

IROs are meant to be independent, as indicated by their name, but the IRO guidance only defines this in terms of IROs' need to be independent from the line management of cases and not being responsible for preparing the child's care plan. The statutory guidance does not prescribe where the IRO service should be placed within the organisational structure or whether IROs should be local authority employees. This is left to local discretion.

In our case study areas we explored everyone's views on the independence of IROs and asked senior managers to describe their rationale for the location of IROs, their type of employment and the duties they fulfil. We also explored what impact this had on the various tasks undertaken by IROs and whether these could compromise their independence.

2.2.1 Views on the independence of the IRO service

All interviewees described the test of independence as being whether IROs were able to challenge the local authority on poor practice. Some interviewees across all four local authorities were less sure to what extent IROs could operate independently if they were employed by the local authority.

However, they also believed that, provided that IROs were working in an environment where they could raise issues and challenge poor practice, they should be able to operate independently and effectively regardless of whether they were employed by the local authority and their location in the organisational structure:

'...looking at not going, not just agreeing with us, challenging us if we're not... And therefore to be independent to say we're not doing things right or whatever. That's how I'd see their role, one of their main roles, anyway.'

(Social worker)

Social workers and their managers felt that it was important to have IROs located within the authority in order to build good working relationships, whilst making sure IROs were independent from case management in order to be able to challenge the authority on poor practice:

'It's tricky, because [IROs] do essentially work for [our local authority], they do have [the local authority] badge on and I think within the bounds of that I think they do try and be as independent as possible. ... there are positives to them being within [our local authority] in that the information is perhaps more readily available to them that we can share and that they can touch down in our offices as well, so we get to see them and build that relationship with them. But then I wonder if the reality of how independent they are from [our authority] in terms of how they feel about challenging [the authority], i.e. their own Service and what position that puts them in.'

(Social work manager)

Social workers and their managers also thought that knowing the IROs helped the process of challenge and social workers felt more comfortable seeking advice from IROs that they knew:

'I think that's important for information sharing, I think that's important for working together practice as well, that if there are significant, concerns of significant issues that they can be resolved perhaps a bit quicker because the IROs are on hand and are approachable, because we know exactly who they are and where they are.'

(Social work manager)

However, in one case study where IROs did not feel supported by senior managers to challenge poor practice, they thought that it might be beneficial to be placed outside the local authority so that they could be more robust in challenging:

'If we were an outside service... if you're independent of ... local authority... there's lots of things you wouldn't do, we'd be much more robust challenging...'

(IRO)

2.2.2 Organisational location of the IRO service

Our survey findings showed that the overwhelming majority of authorities (94%) had kept the IRO service in-house but descriptions of the location of the service within the authority varied, as follows:

- The largest group (49%) located IROs in the children's services performance management department; this suggests that IROs are independent of front line case management, although senior management accountability is likely to be to the DCS.
- Over a quarter (29%) placed IROs in the children's service operational department.

- 5% had placed the IRO service under a Head of Safeguarding, who directly reported to the DCS.
- Few authorities seemed to have completely separate accountability arrangements for the IRO service, including: 5% that had placed the service in a commissioning department; and 13% that had placed it in other departments, such as safeguarding for adult services or health and wellbeing.

Reflecting the survey results, in all four case study areas, IROs were independent of the management of the child's case and located within quality assurance units but with a direct management line to the DCS. In some areas the quality assurance unit was responsible for both safeguarding and looked after children services and in others it covered both children and adult services. This was seen as particularly beneficial since it provided IROs with a good overview of the safeguarding and looked after children services due to being at 'arms-length' from operational responsibility, but at the same time, giving direct access to the DCS when challenging poor practice and raising issues about the service:

'I think it's always been there in terms of it being independent of the operational arm. So they're not in any way part of the decision making around resource allocation by being, sitting in my service. So they are at arm's length and they have a different reporting mechanism which gives them a degree of independence within the structure and a direct line to the Director of Children's Services.... And I think it gives them more of an overview of what's happening, and in terms of the child's journey through the system they get to see all the different services because obviously the Service Manager for Looked After Children is one bit of the service.'

(Head of service)

2.2.3 Type of employment

The national survey showed that almost all local authorities that had kept the service in-house directly employed their own IROs (95%). A small number of these authorities also employed sessional IROs (15%) and/or agency IROs (16%). In three case studies all IROs were employed by the local authority but they occasionally used agency IROs to cover reviews of children placed a long way from the authority. The remaining area had a mix of local authority and sessional IROs who were employed on a part-time but long term contract.

Senior managers said that the main advantage of having directly employed IROs was that they had a better understanding of the local context and could contribute to wider service improvements, whereas sessional IROs were there just to work with individual cases:

'I think the advantages of them being within the local authority is that obviously they have a knowledge and understanding of the context of what's happening within [our authority], in terms of the broader sense. Because those sort of things do impact on case management, in decision making, so if they were independent I don't think they'd have that same knowledge and understanding. They wouldn't be so much part of the strategic changes we're making and the changes in our practices and the

processes if they were not part of us. They are part of us but independent of the day to day decisions around the child.'

(Service manager)

Having directly employed IROs also meant that they could take on non-IRO duties, as summarised in the following section.

2.2.4 Non-IRO duties

It is seen as essential to IROs' independence that they should not undertake duties that would be in conflict with their primary role of quality assuring individual care plans, and monitoring the authority's general effectiveness as a corporate parent. Some of the duties that may be incompatible with their role are outlined in the guidance, but others are left to local discretion. The national survey found that the majority of authorities (85%) expected IROs to undertake a range of duties other than casework with looked after children:

- 51% of authorities required IROs to chair child protection conferences.
- In 24% of authorities IROs undertook tasks such as reviews of foster carers, special guardianships, adoption and adoption breakdowns and of Children in Need, or Regulation 33 visits (i.e. quality assurance of children's homes).
- In 17% of local authorities IROs were providing training and developmental support for social workers.
- In 12% of authorities IROs conducted file audits and other quality assurance activities and in 8% they investigated complaints.
- In 4% of authorities IROs fulfilled a Local Authority Designated Officer (LADO)¹⁰ role.

Most IROs who had additional duties (62%) reported spending up to 40% of their time on them, and a quarter (24%) believed there was some conflict between their IRO caseload and these other duties. The potential for conflict was explored in an open ended question. Some highlighted issues in relation to chairing child protection conferences: these were seen as taking precedence and therefore reducing the time available to complete IRO work, and could also compromise an IRO's independence if the child became looked after. However, other IROs believed that chairing child protection conferences provided continuity in the case, a view that was shared by DCSs. Given this diversity of views, it was not surprising to find that some IROs complained about a lack of clear guidance on IROs' involvement in chairing child protection conferences.

Other tasks reported as compromising the IRO role included chairing foster carer reviews, LADO duties and Regulation 33 visits to children's homes. IROs also commented on their involvement in quality assurance. While this is arguably relevant to their role when related to the service for looked after

¹⁰ The Local Authority Designated Officer (LADO) works for children's services and manages allegations about staff or carers relating to harming a child, criminal offences against a child, and behaviour that would make a person not suitable for work with children.

children, the volume of quality assurance tasks could take time away from their work with children on their caseload. In other instances, IROs were being used to quality assure other types of case, such as children in need.

In line with the survey results, we found that in three case study authorities IROs were responsible for chairing child protection conferences. In the fourth local authority, although employed IROs did not chair child protection conferences, some sessional IROs were contracted separately to do so. As illustrated in Box 3, both senior managers and IRO managers reported benefits in having IROs chairing child protection conferences because this ensured that a single professional could provide continuity for children subject to a child protection plan who then becomes looked after.

Box 3: Benefits of having IROs chairing child protection case conferences

The principal reason, we believe it's better for children. We think in terms of consistency following a child's journey through the system particularly when they become looked after it's usually often in the context of a child safeguarding issue whether it be child trafficking through the airport, whether it be through child protection or the going on to the Public Law Outline, which is the legal framework that's required before you go into care proceedings where you have to test out all the options and do all, make sure all the assessments are done before you get to the stage where you're removing a child. So the IROs, the conference chairs would be key to that and we think that where possible keeping the same chair gives consistency to the thinking and the planning particularly around permanence and what we're finding is that the earlier decisions are taken about young people coming into care the better it is for them in terms of their placement and the success or not of how they get placed. The IRO having a consistent, IRO mapping that and driving the decision making we think is better for the children and that's the reason.'

(Service manager)

In terms of balancing their role between individual children on their caseload and other responsibilities, all IROs reported making sure that their looked after children reviews were held on time and did not allow child protection cases to delay the timeliness of reviews.

Nevertheless, in two areas where IRO caseloads were high, IROs reported some pressure to prioritise child protection conferences over looked after children's reviews and they were concerned that looked after children would cease to be the priority in their authority. For example, one commented:

'Child protection always take that priority and I think you could, the workers on the team will always view it as more important. And as (my colleague) mentioned we're all worried that the looked after children are just going to get forgotten about.'

(IRO)

They also raised concerns that high caseloads were preventing them from fulfilling all their duties as an IRO. Even if they managed to still hold the review, they often did not have time to complete the necessary paperwork afterwards or to monitor cases between reviews. Concerns about high caseloads in these areas are further discussed in Chapter 3.

In one local authority IROs were also involved in Regulation 33 visits (i.e. quality assurance of children's homes). Again, the rationale given by senior and IRO managers was that IROs were the obvious choice due to being experienced professionals and independent of the operational line management structure.

In another authority IRO managers reported having 'IROs' who only conducted foster carer reviews. In the past they had IROs who carried a caseload of looked after children and reviewed foster carers but they had now created distinct roles. This is to ensure that there is no conflict of interest and the independence of IROs is not compromised:

'We've kept that very separate and I think one of the Fostering IROs said, "well I would have quite liked to have done some children looked after reviews but I think the fostering side of the service needs some development". ... when, obviously children move and placements break down if then they'd have moved into a placement where you were the fostering IRO then where's your independence? Would you be able to review the child independently in the placement? And then maybe two weeks later you're going to do a fostering review. There's a conflict of interests so we've just said now we'll come and keep fostering separate... It was just too difficult to manage because then at some point you would be saying "right, well you can't review both so are you going to lose the child or the foster carer". And that in itself goes against your rationale. It doesn't fit. So that's why we took that decision.'

(IRO manager)

The potential conflict of interest in IROs reviewing foster carers was also highlighted by children. For example, one young person pointed out that IROs should not have connections with foster carers since, if the child perceives that their IRO was involved in speaking to their foster carers on issues not related to their review, they would not trust them or feel confident in discussing their wishes and feelings with their IRO. One young person had experienced this and did not feel comfortable sharing information with his/her IRO afterwards:

'Well my expectations of an IRO is that they're independent from everybody else, so they should be just purely for you. I don't think that a person should have the same IRO as what, say, brothers who are fostered with them have or if they have any connection with their foster parent because mine had a huge connection with the foster parents so it's not like I could really speak to them about anything... the fact that they're called an Independent Reviewing Officer that you just presume that they should be independent from everybody else involved with a young person.'

(Young person)

2.2.5 Policy and practice improvement

The Handbook states that IROs have a duty to inform the local authority of both good and poor practice in looked after children's services in general, giving them an important role in contributing to policy and practice improvement. As mentioned earlier, IROs' contribution to policy and practice improvement was particularly valued by all senior managers. IROs were described as the 'eyes and ears' of the service with substantial knowledge of what is happening on the ground both through their casework and their involvement in quality assurance activities:

'I think the other important function is how the IRO Service as a whole gathers information, important themes and issues that are emerging in terms of the departmental planning processes and how they're impacting on looked after children and how that information is fed back into the strategic planning processes, what uses, what active, productive use is made of that information and I think that's a, it's a different type of challenge but a very clear responsibility nonetheless.'

(IRO manager)

In two areas IROs were directly involved in auditing case files, sometimes focused on a specific theme such as education for looked after children. The audits were conducted in order to identify changes needed at a strategic level to improve the looked after children's service. Box 4 illustrates other ways in which IROs contributed to policy development and practice improvement.

Box 4: Examples of IROs' contribution to policy and practice improvements

Improvements in permanence planning, by looking at procedures, drafting documents and overseeing systems for processing adoptions more rapidly.

How to move looked after children successfully into independence.

Improving the quality of practice with looked after children including promoting their participation in their reviews and improvements in care planning forms, focusing on outcomes.

Working to prevent children becoming looked after by providing better services to families (e.g. knowledge of working with vulnerable families).

Reducing the looked after children population by looking at better rehabilitation plans for those on track to return home.

2.3 Conclusion

In order for an IRO service to be effective, it is important to employ IROs who have the right skills and experience as well as providing them with the right context within which they can operate, as set out in the guidance. The findings indicate, however, that the guidance was not consistently followed. Although all case study areas employed IROs with many years of relevant social work and management experience, in two areas they were not paid accordingly, deviating from the guidance. The lower pay did not make IROs less competent, but it indicated that the authority did not value the service, negatively impacting on both morale and recruitment/retention.

Creating the right context for IROs also meant supporting them to challenge the local authority if they identified poor practice. The findings suggest that the location of the service, whether within the local authority or outsourced, was not crucial as long as IROs recognised when they needed to challenge and were enabled to do so.

Participants also suggested many benefits of having IROs directly employed by the local authority. It enabled IROs to have a good understanding of the local authority context, to build productive relationships with social work teams and encouraged information sharing and partnership working. It also meant that IROs were able to contribute to policy and practice improvement in the looked after children's service, which was particularly valued by senior managers. This contribution further raised their professional status and profile within the authority.

However, being employed by the local authority often meant carrying out other duties not specified in the IRO guidance. Some duties, such as conducting Regulation 33 visits or foster carer reviews, were not always seen as appropriate for IROs, due to concerns that these activities could lead to a conflict of interest and compromise IROs' independence. There is a clear need to clarify at the national level which duties are compatible with the IRO role and which constitute a conflict of interest.

It is also not clear to what extent the reported benefits of conducting some of these additional duties, such as chairing child protection conferences genuinely contribute to improved outcomes for children, especially when IROs struggle to find the time to fulfil their primary role. The argument that it provides continuity for the children is somewhat ironic given the number of changes of social worker that are built into the system, (such as moves from assessment to long-term to leaving care teams).

A manageable workload was seen as key if IROs are to meet the expectations set out in the guidance and it would be unfair to describe the role as failing if the problem really lies in the capacity available to fulfil it. The extent to which local authorities provide a supportive context for IROs is not just a question of resources, however. It represents how far the role is taken seriously within the authority, and therefore gives a message about whether the challenges that IROs can raise are to be respected - or not.

3. Being child-centred

One of the crucial aspects of the IRO role is the ability to engage and communicate with children and build a positive relationship with them in order to ensure their interests are protected throughout the care planning process and they are provided with the services they need. The IRO Handbook notes:

“When they meet the child they should do this one to one so that the child can talk freely. They must check with both the child, and other people working with the child, on whether the child is OK and happy where they are living and with their care plans. They must regularly ask each child whether they are happy with how things are being done for them, and keep checking what is happening for each child against that child’s plans and the decisions made at their reviews.”

[IRO Handbook, page 4, section 1.3]

In this chapter we explore IROs' direct work with children. We first discuss children's views on the skill set of a good IRO and professionals' views on how IROs can work in a child-centred way, including building a good relationship with children. We then explore the extent to which this is reflected in IROs' practice and how this relates to children's views on the effectiveness of IROs.

3.1 Children's views on a good IRO

When children were asked about the defining features of a good IRO, first and foremost they mentioned the need for the IRO to be child-centred. This meant both being able to meaningfully engage with children and putting the child at the centre of what they do. Children were the participants who most comprehensively articulated the different facets of a child-centred approach and how IROs should engage with children, which included the ability to:

- **Relate to children**, make them feel comfortable and reassure them. A good IRO is someone that the child can trust:

‘Like I’ve trusted so many people in my time, yeah, and they’ve just let me down so it’s really hard for me to trust someone, so for me to trust [IRO’s name] is a good thing.’

(Young person)

- **Understand the child's ‘story’**, see the world through their eyes and appreciate what it is like to be in the difficult situations that they may have experienced. A child comparing the current IRO with the previous one explained:

‘...he [current IRO] is very understanding of the situation that I’m in. He’s very understanding of my family. He doesn’t put my family down like [previous IRO] did. [Previous IRO] was very, she’d tend to say that I was a bad child and that my mum was a bad mother and ...I just didn’t feel it was right because it used to upset me’

(Young person)

- **Listen to children in a meaningful way** and represent their views. A good IRO has a genuine interest in the child's life and will represent their views fairly. As this young person, while explaining that the IRO really listened and wrote down everything he said, noted:

'Yeah, everything, yeah, and every time he, for example if I tell I'm not going to swim, or anything like that, he will remember every time if I went to swimming, so I think he knows me..'

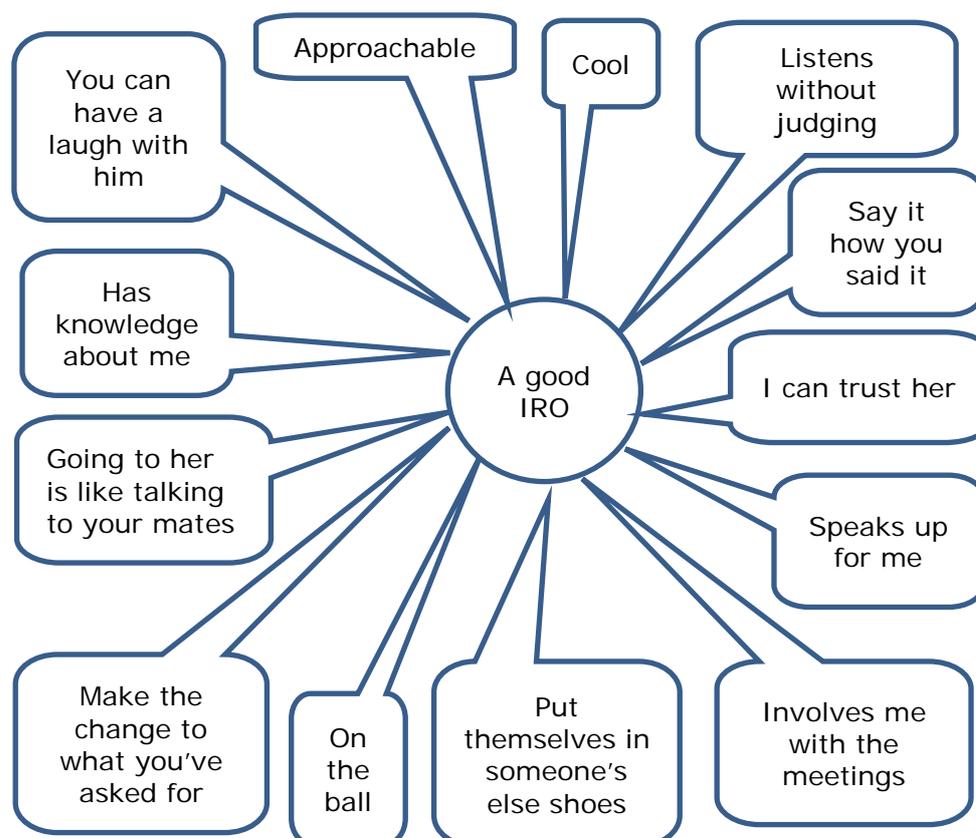
(Young person)

- **Speak up on behalf of children**, with the authority to make things happen:

'He's really professional and he listens to me and he really involves me with the meetings and makes sure that I'm there from the start of the meeting to when it's finished... He's really formal in the way that he talks. He can get his point across and people will listen. He tends to get everything that I need. He's very good at compromising with people. He's very good at basically doing what my needs are and listening to me and not bothering what other people are saying.'

(Young person)

Figure 1: A good IRO from the children's perspective



3.2 Professional views on the child-centredness of IROs

The professionals' narrative also shows a shared understanding that IROs must put children at the centre of everything they do: their job is to 'think child' and not be distracted by other issues (e.g. lack of resources) that may result in other professionals losing sight of the child. The view that this should be the key feature of IROs was consistent across the four areas and different professional groups.

'...the focus should resolutely be on what's in the best interest and outcomes for children and young people, and they have a particular role, whilst still qualified social workers, in having that as their key focus. That's not to say that the child's social worker doesn't, but they're there obviously, particularly to pick up on the child and young person's voice and represent their views, and always have at the forefront of their mind an expectation of what is right for that child.'

(Interim DCS)

'Well, well I think it's, it's very much it [child care planning process] belongs to the child, it's very much the, where the child's coming from, preparing the child... the child's journey, as I said, and we very much focus on the child's outcome and getting the best outcome possible for the child, and obviously that's achieved by communicating with various colleagues and the professions to ensure that happens, so it's very much that is a big thing. But actually spending time with children is important... And you have a sense of the child in a different way to other people, you have opportunities to talk to the child in a different way to other people, and you have a different role.'

(IROs)

Many professionals said that IROs' primary role is to 'represent the voice and rights of the child' but that they need the right skills in order to do this. They saw one of the most important tasks of IROs as and being able to engage with children. This was seen as crucial in making sure the child's needs are met and in 'fighting their corner'. Professionals' descriptions of the skills IROs need in order to build a relationship with children were similar to those expressed by children themselves.

'Child focused ... actually care about the children they're working with... And they [CYP] 've got their contact, got another point of contact if they've any concerns or issues... Quite flexible in their approach to the child, because their needs are always changing aren't they? Or their needs presentation is always different... It's a lot of the same qualities that you'd expect of a social worker...'

(Social workers)

'I've got an IRO like that. She's met the young person. She spent hours with her, talking to her, yeah... Because it makes that young person feel worthwhile, that they are important.'

(Social worker)

3.3 IRO practice in engaging with children

In this section we explore in turn children's and professionals' accounts of IRO practice in engaging with children.

3.3.1 Children's views on IROs' engagement and their effectiveness

Children's experiences of IROs varied greatly. A good relationship with IROs was crucial in children's understanding of their role in the care planning process, and this was mostly explained in terms of IROs' attitudes and ability to ensure the child's views are taken into consideration.

Children who reported having negative experiences with their IROs struggled to explain the role of IROs and did not see the point of having one, or if they did understand their role, particularly older children, they thought their IRO did not do their job properly. A negative relationship with their IRO was mostly described in terms of a lack of the IRO's skills in engaging with children, such as, *'she was not easy to talk to'* or *'he did not seem interested in me'*:

'...she [IRO] 'd apparently had me for over ten years and she didn't even know my birthday and stuff like that...when you go to Corporate Parenting Board they say, "oh, well this should be given to you in your review", I never got any, anything like that. They never informed me of things that were coming up or things that I could have been part of. They never asked what I wanted to do and went into depth about how to get where I wanted to be, it were just, they literally just sat there and said, "are you still doing this, this and this?" And then what the date the next meeting's going to be on this day.'

(Young person)

Some of the IRO procedures, such as the social worker introducing the IRO to the child, IROs giving children their contact details and IROs visiting children in their placement, could help to make children understand who IROs were and what they could do for them. However, ultimately it seemed that the attitude and the behaviour of the individual IRO were fundamental to a child's understanding of their role. If IROs listened to them without judging, meaningfully involved children in care planning; made sure their voice was heard above all the powerful voices of the professionals, and, above all, 'made things happen', then children knew IROs were there to make a concrete and positive difference to their lives.

Conversely, if children perceived that none or very little of what IROs said and did reflected a genuine interest in them and what happened in their life, then children did not see the point of IROs and did not find them effective. As discussed later, the bureaucratic processes associated with the IRO's role could also be seen as meaningless – e.g. the 'boring' review meetings where everybody speaks in jargon; the form they need to fill in and/or the chat they have with the IRO before the review which always covers the same 'pointless' questions that do not reflect what children are going through; the list of actions from the review that never become a reality.

Box 5: Examples of children’s accounts of how their IRO made a difference

One child reported not getting along with her foster carer; she raised this with her IRO who then addressed her concerns at the review. The IRO’s intervention was noted to have helped to improve the relationship between the child and foster carer.

One child reported a number of concerns about her placement to her IRO who then helped the child to move to a new placement.

The lack of contact with a parent was raised by one child. The IRO then made sure that contacts with the child’s mother took place on a regular basis.

3.3.2 Professional views on IROs’ engagement with children

Similarly, professionals’ views on how well IROs related to children varied greatly. Some professionals, particularly social workers and their managers, provided examples of IROs’ lack of engagement with children and/or not being child-centred enough in their job. Some social workers believed that some IROs just did not have the right skills. Examples of poor IRO practice centred around the failure to build the kind of relationship needed to meaningfully involve children and the way IROs conducted review meetings.

Some social workers reported that some IROs did not spend enough time with children to prepare them for their reviews and they were not creative in the ways they engaged them. As a result, children did not turn up for reviews and even if they did they were not really engaged:

‘...some young people don’t want to meet the IRO and are happy for the Social Worker or the Carer to put their voice forward, or they’ll put their voice forward in another format, either write a letter to the IRO or something. But in my experience the IROs do try to see the young people, but then sometimes some of the IROs have got hung up that they have to see the young person, so when the young person says, “I don’t want to be part of my review”, some of the IROs have pushed that and said that you must be part of your reviews, it’s been a bit, sometimes that’s caused conflict with the young person going... I think that it should be down to the young person as to how they want to do it, but some IROs miss that point.’

(Social work manager)

‘...the ones who talk too much and the reviews are too long, it’s pretty basic but for me that’s not good.... I leave with a headache, god knows what the child leaves feeling like.’

(Advocate)

IRO teams identified factors that could make it difficult for IROs to build the good relationship with children that they would like. These included heavy workloads, large geographical areas, secure accommodation and out of area placements. These barriers that affect IROs' engagement with children were also recognised by some social workers and their managers and are further discussed in Chapter 4.

Alongside negative examples, social work teams, advocates and children mentioned positive examples of the effective ways in which IROs successfully engaged with children and steered care planning in the right direction, made useful recommendations and stepped in to ensure actions were implemented or to prevent delicate situations from escalating into crises. These issues are also explored in more detail later in the report.

3.4 Conclusion

One of the most important aspects of the IROs' role, as described by all participants, was to meaningfully engage with children and to remain child-centred in everything they do. However, the experiences of both children and professionals was variable: some IROs were reported to be very good at engaging with children in a meaningful and flexible way, conveying that they were genuinely interested in them and making sure their needs and views were at the forefront. Others were not so successful. This difference in IRO performance was attributed largely to individual skills and attitudes but the negative impact of high caseloads and conflicting priorities was also seen as playing a part.

IROs also need to demonstrate true commitment to looked after children in order for children to recognise the benefits of having an IRO. Only children who reported that their IROs listened to them and respected their views could see the benefits of having an IRO.

Without meaningfully engaging with children, IROs cannot ensure children's interests are protected throughout the care planning process or that they get the services they need. This ability is as crucial to the success of the service as having a supportive context created by the local authority. Good care planning needs both elements to be in place.

4. IROs and care planning

At the heart of the IRO's role is the child's review: it is by making sure that reviews are timely and focused on the child's needs that IROs can significantly improve care planning, but what happens before and after the review is also critically important. It is through the pre- and post-review processes, as well as the review meeting itself, that IROs maintain an overview of the child's experience of care. It is only with the knowledge acquired through these processes and ongoing involvement with a case, that they can make an informed judgement about care planning decisions.

This knowledge is as crucial to IROs as is their independent status and considerable attention is given in the IRO guidelines to the review process. However, as discussed in this chapter, our findings show there are considerable variations in how pre- and post-review tasks are carried out, and how actively IROs are involved in scrutinising cases between reviews. These variations seem to reflect different organisational practices and cultures, as well as the time IROs have to carry out these tasks.

In this chapter we explore:

- How IROs prepare for the review and how they conduct the meeting.
- How IROs carry out the immediate post-review tasks.
- How actively engaged IROs are engaged with cases between reviews, including how closely they are able to scrutinise cases, follow-up review actions, raise concerns and challenge poor practice.
- How much time IROs spend preparing and carrying out reviews and the immediate post-review actions, and whether time for these activities has increased since the new guidance was introduced in 2011. For the first time, we also provide an estimate of time spent on ongoing monitoring between reviews.
- Whether the new guidance has resulted in IROs duplicating work carried out by social workers and to what extent these two groups complement each other's work.

4.1 Pre-review preparation and the meeting

The IRO Handbook spells out in considerable detail the kind of preparation required before a review to ensure that:

- **IROs are sufficiently familiar with a case to make an informed judgement** about care planning decisions. This should involve: speaking with the social worker at least two weeks before the meeting; assessing the social worker report and the current care plan, including any other evidence used to inform care planning (e.g. health plans); speaking with other relevant professionals, carers and the child.

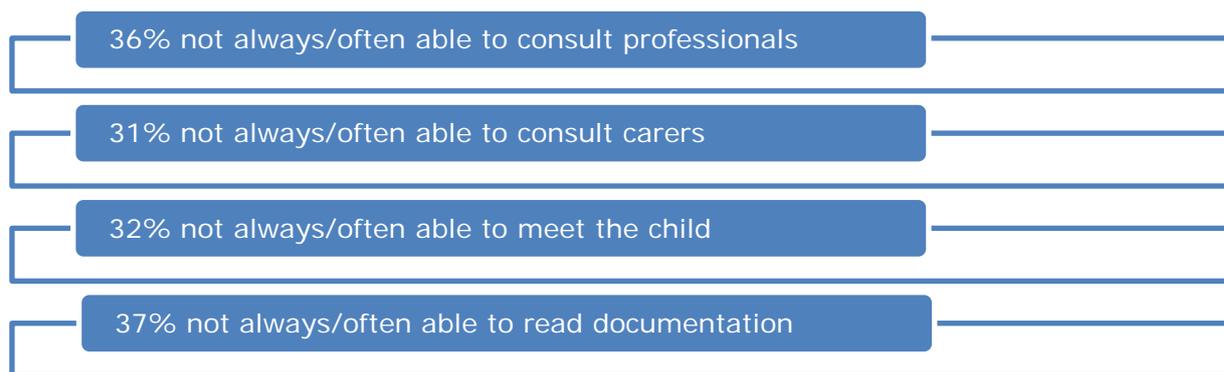
- **The review is child-centred and flexibly arranged around children’s needs.** This should involve consultation with children about: where and when the meeting should take place; who should be at the meeting; what should be discussed; when appropriate, support older children to chair (part of) their review; making children aware of how an advocate could support them; ensuring an interpreter is at the meeting if this is required by the child or parents.

As discussed in the rest of the section, while there was a clear and shared understanding of what IROs should do in preparation for the review, as well as at the actual meeting, the research findings highlight that practice varied.

4.1.1 Preparation for the review

The evidence from our study shows considerable variations in the level and nature of IROs’ preparation for reviews, and difficulties in following good practice. For example, in the national survey around a third of IROs said they were not always able to consult with relevant professionals and carers, meet the child and read the relevant documentation (Figure 2).

Figure 2: IROs’ review preparation tasks



Variations in how IROs prepared for a review and the impact this could have on the meeting were also highlighted by the case studies. While IROs reported looking at case files whenever they thought it necessary, including before a review, this did not seem to be standard practice. It was more common for social workers to provide the report before the review, but again this did not always happen, as social workers struggled to keep up with the paper work.

Meetings between the IRO and the social worker were reported to ensure the IRO was fully up-to-date with developments, align thinking and consider how to deal with sensitive issues, given that most children now attended reviews. In some cases when the report was not available and/or the IRO did not have time to read it, a pre-meeting with the social worker was used to ensure that the IRO was fully briefed. However, again these pre-meetings were not reported as standard practice, but happened if the IRO and/or the social worker believed they were required and could fit them in.

It was recognised that there should be flexibility in how IROs prepare for the review, as the level of preparation required depended on a number of factors - for example, whether the child had recently been taken into care; the

complexity of a case; if siblings were involved; how stable and happy children were in their placement, and how they were doing in relation to education, health and other life domains. While it was accepted that IROs had to use their judgement in deciding how to prepare for a review, the evidence from the case studies suggests that their judgement was not always right. Social work teams reported that when IROs had not adequately prepared, the meeting could be very ineffective and rather than focusing on children and their needs, it was primarily used by the IRO to catch up with developments on the case and the kind of issues the IRO should have discussed beforehand with the social worker.

It was argued that inadequate preparation could undermine IROs' ability to make appropriate recommendations, as they lost sight of the 'big picture'. Inadequate preparation could be compounded by a lack of judgement about the kind of issues that are appropriate to raise in a review meeting. Social workers and children mentioned how awkward it was when issues children did not want to discuss in a big group (e.g. contraception) were raised by the IRO in the review – something that could seriously undermine children's confidence and trust in their IRO, and their willingness to share further information with them:

'...if the IRO hasn't read the [social worker] report then they're dragging up sensitive issues that then create further barriers to involving the children in the participation of the reviews.... social workers may try to steer the IRO away from a particular sensitive issue and say, "I'll discuss that issue with you after the review" ... and some good IROs would pick up on that ... but then again sometimes there are ones that continue to push on it and don't pick up on the cues, which does create an awkward review for the young person.'

(Social work manager)

4.1.2 Making it a child-centred review

As envisaged in the IRO Handbook, our findings show that IROs were flexible in terms of where and when reviews were held to facilitate children's attendance (as illustrated in Box 6). Flexibility could mean that some reviews were conducted in two parts for a number of reasons:

- Children, particularly young ones, could get bored with a long meeting, but rather than excluding them, it was considered better to involve them in only part of the meeting, which was arranged to be particularly child-friendly.
- Children did not want some people to be at the review. Where these people needed to contribute (e.g. foster carers or birth parents), they were excluded from the part of the review attended by the child.
- Where it proved difficult for some reviews, particularly additional ones, to be timely and include everyone, IROs saw different people on different occasions as they judged it to be more important for the review to take place sooner rather than later, even if not everybody could be in the same room at the same time.

Box 6: Flexibility in review arrangements

'... I have had IROs who have really gone out of their way to meet with a child because there have been difficulties and when we've met, the child says, "no I don't want to see this person on my own, I don't actually know who they are". And so the three of us sat together and I took a bit of a backseat role, and I thought that particular IRO was fantastic in how they spoke to this child. Because I was thinking, "oh my gosh, this child has said so much which is critical to the plan, is she going to be able to say it to this IRO now?" And she was, and I think the way in which it was done, it was, "you are really important and I will see you when you are ready." And this little girl said, "well you can't see me at school because that's my time, after school I see my parents, so if you want to see me it's going to have to be at 8 o'clock in the morning." And me and the IRO were just, they were like, "yeah fine, we'll do it". And that was really important I think to that child, to say "actually you are important, you may be at these meetings, but yes we are discussing you so knowing what you have to say is vital".'

(Social worker)

There was a shared understanding among all professionals, senior managers and elected members that the review is the child's meeting. Children must be supported to participate fully and meaningfully, and this requires preparation and sufficient contact between children and the IRO to establish a good relationship and trust, as well as to ensure the IRO is aware of what children want to discuss at the review and who should be there.

Box 7: meaningful engagement

'It's good to know that someone's there to be around my needs and ...he knows exactly how to be around me and how to voice my opinions and everything, and he'll always ask me "is there anything that you'd to say that you don't feel comfortable saying ... in front of certain people" and he'll always ask me who I want in my meetings, who I don't want there, and it's really quite important to me that you ask me those things and it's really quite nice to have someone who actually is interested in asking me what's important to me.'

(Child)

However, the reality varied considerably, and while there were examples reflecting the kind of good practice envisaged in the IRO Handbook (as illustrated in Box 7), there was also considerable evidence that insufficient time was allowed to support children to meaningfully participate in the review.

Only in one area we studied were IROs required to see the child on a separate occasion before the review. In the other three areas IROs used their professional judgement and knowledge of the child's experiences to decide on the best way to consult them, given time constraints particularly when considerable travel would be involved (e.g. if children were in an out of area placement or secure accommodation). A pre-review consultation form some children were asked to fill in and a quick chat just before (or after) the meeting could be the extent to which IROs were able to consult with children, and there may have been no contact with the child since the previous review.

Placement visits, phone calls and emails were used by IROs to communicate with children before the day of the review when it seemed necessary. However, the findings from children, social workers and to some extent IROs themselves indicate that the level and nature of contact was not always sufficient to ensure children's meaningful involvement in the review and in care planning more generally:

'...we're supposed to do on a separate occasion [see the children before the review]. What actually happens is we usually see a child before we do a review or after we do a review and it's very often where the review takes place, which isn't on a placement because to do two separate visits...we just can't fit it in.'

(IROs)

The unhelpful consequences of this situation are also well illustrated by the following:

'...often the meetings feel like professional meetings and I think, "no actually this is the child's meeting" – so I still think there's a long way to go to make it a meeting where the young people feel it's for them. Because they say it is for them at the beginning and then the professionals end up having their discussions'

(Advocate)

Analysis of the case records shows how very young, including pre-verbal, children were 'involved'. IROs recorded observations of the child's behaviour and interaction with the foster carer and the natural parent during review meetings and placement visits, very much in line with guidance provided in the IRO Handbook. However, this analysis also shows that in some cases IROs recorded that children were not consulted because they were 'too young'. There was other evidence suggesting that more needs to be done to meaningfully involve young children in the review process.

The need for better guidance on how IROs work with young children was also raised at the seminar we held to discuss the emerging findings. Participants felt that currently the IRO Handbook focuses largely on older children, and little guidance is provided on how to work with very young children, such as observation techniques to monitor their progress.

IROs must ensure that children are aware that they can have an advocate to support them at the review or speak for them. We found that some children had been made aware of this, took up the offer and were very positive about the support provided by the advocate. However, some children did not seem to know that they could have been supported by an advocate, including children who could have benefited from the advocate's support, as they did not feel meaningfully involved in reviews.

From the analysis of the case files, we also found that some IROs reported that the social worker had adequately taken into account the child's views, with no separate recording of if/how IROs had consulted with the child. More generally the case files provided rather limited evidence of how IROs consulted children, which raises the question of how this crucial aspect of an IRO's job is monitored and quality assured.

4.1.3 Making the meeting effective

As we have seen, for a review to be effective and child-centred IROs need to:

- Have adequate preparation, that is: an update from different perspective on how well the child is doing in different life domains and what is working well and less well in terms of support provided to the child.
- Ensure the child has been prepared and supported to have a meaningful involvement in the review.

In addition, the effectiveness of the review meeting was seen as being largely dependent on key IRO's skills and attributes. There was a consensus that effective chairing requires someone who can keep calm under pressure at some very difficult meetings, and can be flexible and adapt to different situations and group dynamics.

While IROs' job is to 'fight the child's corner', and they need to be assertive to do this, positive outcomes require them to understand the perspective of social workers, other professionals and parents. They therefore need to be people-centred, effective communicators and good negotiators to ensure everybody around the table focuses on the child:

'They also need those personal skills and abilities to ...manage multiagency meetings and they need to be mindful of issues around group dynamics and that ability to work across agencies really and bring that work together to focus on the needs of the child.'

(IRO manager)

'...managing the emotions of the meeting and seeing when parents are going up and kind of nipping it in the bud. I mean it is quite a difficult task if you think about it, really, so they're quite good at the dynamics of the meeting and controlling it and trying to make sure it's productive'

(Social worker)

Figure 3: Skills required to chair an effective review meeting



As discussed in Chapter 5, while there were IROs who had the set of skills and attributes seen as necessary to effectively chair reviews, the findings also show that IROs' performance varied and there did not seem to be robust systems in place to quality assure this key aspect of IROs' work (e.g. regular observations of IROs' reviews; gathering feedback on IROs' performance from children, parents and other professionals who attend review meetings).

Finally a key IRO task is to ensure that reviews are timely. Nationally, 22% of IROs said they were able to conduct reviews within the statutory timescale only some of the time, while 13% said they rarely or never did. Barriers to completing timely reviews included: heavy workloads (mentioned by 74% of respondents); lack of documents and assessments that should be provided by other professionals (49%); insufficient consultation with parents/carers (19%); the child not being sufficiently prepared for the review (16%); difficulties in co-ordinating staff (16%).

In the case studies, there was a shared understanding that a key IRO responsibility was to ensure that there was no drift in implementing a child's care plan, and a key way an IRO service's performance was judged was in terms of what proportion of reviews were done on time, data which is reported to and published by the DfE. Performance measures across the four case studies showed good results, with over 90% of reviews conducted within the recommended timescale. However, professionals and children who took part in the interviews talked about delays in conducting reviews. Sometimes this was unavoidable (e.g. to make sure everybody could take part when arrangements were particularly complex), but at other times this could be due to other tasks taking priority (e.g. chairing a child protection conference), and IROs' and social workers' heavy caseloads.

The young people with experience of care who took part in the seminar stressed how important it was for reviews not to be continually postponed. This could be very unsettling when children had been 'psyching up' for the review, carefully preparing what they wanted to say at the meeting. When children felt unsupported by their IRO and not meaningfully involved in the care planning process, the postponement of the review could contribute to reinforcing their negative views of the IRO and the belief that the processes around the care planning were pointless.

4.2 After the review

The IRO Handbook specifies that shortly after the review IROs must produce an accurate and comprehensive record of the meeting, including the views of those who attended or were consulted, decisions made about the care plan and any necessary changes to meet a child's needs. The review record must also clearly indicate who needs to do what, by when. Our findings show that IROs were not always able to produce timely review records, there was considerable variation in the quality of the recommendations and some confusion about the 'status' of actions discussed at the meeting.

The survey showed that, nationally, 96% of IROs said they were always or often able to provide a record of the review. However, in the case studies we found that heavy caseloads and 'unfriendly' IT systems meant that there could be a considerable delay, with records produced well beyond the timetable outlined in the IRO Handbook (recommendations/decisions within five working days and full record of the meeting within 15 working days).

Analysis of case records shows that action points from the review meeting varied considerably. Some were very specific, clearly based on the children's current situation, their wishes and views, as well as on evidence of how best to meet their needs. However, others were not clearly stated or were rather generic (e.g. 'care plan to continue'). Who was responsible for implementing actions and deadlines for completing them were not always specified.

The IRO Handbook states that, in recognition that those who make financial decisions do not usually attend the meeting, local authorities must develop a system for review decisions to be confirmed (or disputed) by a senior member of staff (e.g. a team manager) shortly after the review. If there is a disagreement everybody who attended the review should be notified. However, there did not seem to be a clear and shared understanding of the status of actions discussed at the review. Some social workers argued that only recommendations can be made at reviews, and these become 'decisions' if the resources required to implement them were approved. Nor was there clarity about what should happen if actions agreed at the review were not supported by the team manager: in these cases some social workers were left wondering what to do.

Another area of misunderstanding was around 'realistic review decisions'. While in some cases social workers welcomed the IRO's intervention to secure adequate resources, they also felt that IROs' requests at times were 'unrealistic', when in fact the IRO seemed to be doing exactly what they were meant to do. Social workers felt IROs were being unrealistic when they expected them to be responsible for the delivery of non-social care services - for example, a social worker argued that it was unrealistic for an IRO to demand that a young care leaver who was given accommodation outside his borough, should be housed within the borough when the social worker has no power over housing allocation. Other examples included:

- IROs' requests that were not in line with the practice of the local authority for support of specific groups. For example, a social worker

thought it was unrealistic of the IRO to ask for the plan for a young person with refugee status to include access to higher education.

- Where financial resources were very tight and social workers could not see the point of IROs asking for actions with substantial cost implications which would never be approved.

Notwithstanding these difficulties, we did find evidence that IROs pushed for review decisions to be actioned, when these were being questioned due to financial constraints or differences in professional opinion.

Our findings suggest that IROs had a clear understanding that in raising concerns and challenging poor practice they had to be guided by the needs of the child and not be 'distracted' by issues that could lead other professionals to lose sight of the child (e.g. financial constraints, bureaucratic processes). However, this view was not always shared by social work teams, who felt that by making 'unrealistic demands' IROs were setting them up to fail. As discussed later, the mechanisms were not always in place to satisfactorily and effectively resolve issues when IROs raised concerns or challenged good practice.

Finally, review records are also meant to empower children (and their parents and carers) as they make it clear what children are entitled to receive, by when. As discussed in Chapter 3, children reported varied experiences with the implementation of the actions planned, with some reporting that things had happened, while others felt that once more this was just another 'tick box exercise' showing someone had complied with the bureaucratic process, but it did not make much difference to their lives.

What was also noticeable was how little the action plan featured in children's accounts, suggesting perhaps this has not yet become a way of empowering children to ask what is due to them, and more thought needs to be given to the format of the plan and how it could be used more effectively. For example, a delegate who took part in the seminar where the research findings were discussed said in their authority the review record was provided in the form of a letter addressed to the child.

4.3 Monitoring cases on an ongoing basis

A key change introduced in the Children and Young Persons Act 2008 was to extend the IRO's monitoring role beyond the review to ensure that IROs have a more comprehensive and effective independent oversight of a child's care plan. The IRO Handbook specifies how IROs should intervene between reviews if there is a significant change in the child's life. Detailed guidance is provided on what constitutes a 'significant' change and in which cases a review meeting is required before changes can be implemented. However, the Handbook does not provide guidance on what effective ongoing monitoring might look like when there has *not* been a significant change, and limited guidance is provided on what should happen when IROs have any concerns about the content or implementation of the care plan.

In the rest of the section we first explore what happens in practice when there is a significant change, and then what IROs do to monitor 'stable' cases.

4.3.1 Significant changes

In line with the guidance, there was a good understanding that effective IRO monitoring needs to be supported by other professionals, particularly social workers who should inform IROs of any significant changes in a case to enable them to review key care plan decisions. While this is a process that seemed to be improving, social workers did not always notify these changes to IROs:

'I think sometimes IROs will turn up at reviews and realise that certain things have happened, and they have to ... say to the social worker, "actually, you should have informed me about this, we could have done an earlier review..." But I think it's just about trying to get that message across at each review really....if there are changes, it should be a natural consideration that they at least contact the IRO and have a discussion about the implications. But I do think that that communication does happen...'

(IRO manager)

Social workers' failure to report significant changes to IROs could be due to a number of reasons. New social workers unfamiliar with the system were more likely to overlook this, and even those more experienced could forget if they were very stretched, particularly as the significant change could create considerable extra work. There was also the question of what constitutes a significant change: while a list is provided in the IRO Handbook this cannot cover all circumstances (e.g. what counts as a significant change in contact arrangements). Sometimes the significance of an event may only become apparent with hindsight, once the ramifications become clear.

However, as mentioned above, respondents commented on how the culture was slowly changing, and getting the view of the IRO on significant issues was becoming something that people did more naturally, as they had benefited from their advice before, and IROs could be seen as an additional source of support they could rely on rather than another box to tick.

4.3.2 Ongoing monitoring and influencing

In addition to considering how significant changes should affect a care plan, IROs should monitor a case on an ongoing basis, even if it is 'stable', to ensure that review decisions are implemented when and as intended, and if any deadlines are missed they are re-negotiated rather than forgotten. The research considered two elements in relation to this aspect of the IRO's role:

- *How* IROs actively engaged with a case between reviews to establish if the care plan was being implemented as agreed.
- *What* IROs did if the plan was not being implemented as agreed at the review.

The IRO Handbook does not provide much guidance on how IROs should actively engage with a case between reviews (if there are no significant changes). For example, on how frequently cases should be monitored between

reviews and what sources of evidence IROs should use to assess if the care plan is being implemented as intended; guidance is also provided on what IROs can do if they have any concerns about a case or want to challenge poor practice. The Handbook suggests that in many cases IROs may find it more effective to deal with issues informally, although a record should be made of these informal exchanges. However, all authorities should also have a local dispute resolution protocol that IROs can use when the informal approach does not work. Across the case studies, we found considerable variation in expectations and practice in relation to case monitoring and what should happen when IROs have any concerns (see Boxes 8 - 11).

Box 8: Case study 1

In this area it was left to IROs' discretion to decide if they wanted to check on a case at any point and how to do this. In practice monitoring seemed to be done mainly via informal catch-ups with social workers, and not necessarily for all cases. If there were any concerns about the implementation of the care plan, IROs preferred to raise these informally with social workers and their managers first, and these exchanges were not typically recorded. If the informal approach did not work then the IRO manager would formally raise the issue with the service manager first, and then, if necessary, escalate it further to the head of service or beyond. There was an expectation that through this process issues should be resolved within three weeks. However, in practice this did not always happen due to delays in response by the range of people involved in a chain of escalation. IROs in this case study reported raising issues informally in around a fifth of cases; in only a very small number of cases (around 1%) were issues raised formally with the service manager or beyond.

Box 9: Case study 2

In this area, there was a plan to introduce a formally recorded 'midway' check for all cases involving between 1-3 hours to read case notes and check what progress had been made with review decisions. However, IROs felt this was unrealistic given their caseload, and they expected to continue with current practice, i.e. to use their discretion to decide the level of monitoring required, with a focus on what they considered priority cases and very 'light touch' monitoring of other cases which was typically not formally recorded.

Here, again, there was a preference for raising issues informally with social workers and their managers first. This was done on most cases and these exchanges were normally not recorded. However, very serious issues, such as inappropriate placement moves and delays in finding a placement, were raised using the formal protocol right from the start. The formal protocol involved an escalation chain similar to that described earlier – i.e. service manager, head of service and DCS.

Box 10: Case study 3

In this area, a midpoint check was only done for cases when issues had been raised (formally or informally) with the team manager after a review. In other cases there may be no check or a very informal check (e.g. chat with the social worker).

If issues raised after a review were not resolved by the following review, IROs logged a formal note (i.e. a 'star recommendation') to evidence the unresolved issue with a specified timetable for resolving it before it was escalated up the chain of the formal resolution protocol. The target timetable for resolving 'star recommendations' was 20 days. This was not always feasible (e.g. if some key people were on leave), but it was considered important to get a quality response even if this meant going over the 20 days target. IROs reported conducting some kind of midpoint check (mostly informally and without recording it) for about 30-50 % of their cases.

As in other areas, IROs mostly raised issues informally by talking to social workers and their managers and there was some reluctance to use the 'star recommendations' system, as the informal approach was considered to be more effective.

Box 11: Case study 4

This area had a formal system for monitoring cases and recording any outstanding issues or concerns to be followed up by the IRO. After each review IROs were expected to complete a formal log of all issues or concerns discussed, including those that had been resolved, and code cases to indicate if/what actions was required. There could be cases with nothing outstanding, which did not require formal monitoring till the following review. Cases with 'serious' outstanding issues (e.g. children not being offered CAMHS services due to long waiting lists; children with frequent moves which were having a negative impact on their education and health) were referred to the head of service. Other cases with outstanding concerns were typically resolved through informal discussions with the team manager but IROs recorded these on a formal system with a deadline for a team manager to resolve the issue. If IROs did not get a response within the specified deadline then they escalated this issue further up the chain.

IROs reported having to discuss issues informally with social work teams after almost every review. The 'serious' outstanding code was rarely used, while in around 40% of cases there were other, less serious, outstanding issues.

4.3.3 How IROs engage with cases between reviews

The findings from the case studies show that IROs did not actively engage with all cases between reviews to monitor progress with implementing review actions and more generally to keep 'on top of a case'. Nationally, the survey found that 49% of IROs did not always or often have time to monitor a case between reviews. In the two areas where we were able to obtain an estimate, we found that around 30-50% of cases were monitored between reviews.

As indicated earlier, IROs could have considerable discretion in deciding if and what level of monitoring cases may require. IROs favoured discretion in deciding if and what kind of monitoring a case required, rather than having to tick 'a mid-review box' for all cases, when it may add little value. It was argued that if a placement was stable and the child happy, there may be very little or nothing for the IRO to do.

IROs recognised that there was always the possibility that their judgement about the state of case and whether monitoring was required could be wrong, but with stretched resources they felt this was the best they could do. This was particularly a concern in the area which had the highest caseload and this could negatively impinge on IROs' ability to operate as intended:

'I don't think that we are as effective as we would like to be because we don't have the capacity to check. You'd want to check even though I'm saying things are stable, things have settled for a lot of the young people, they still have the right to have that midpoint check because halfway through review period it might not be settled and the IRO might need to know something but we're not able to give that service because ... the numbers don't add up'

(IRO manager)

Another key feature of how IROs engaged with cases between reviews was that, in contrast with the formal review meeting processes, much of the monitoring between reviews was informal, even where systems had been set up to formally record IROs' monitoring activities. A great deal of monitoring was done through chats and emails; IROs felt these were effective ways of keeping on top of a case, but they did not easily lend themselves to systematic recording. Furthermore, recording these informal exchanges would add to the large amount of paper work they already had to do without adding much real value. However, IROs and their managers saw the drawbacks of not having a complete monitoring trail, as much of their work became 'invisible'.

4.3.4 How IROs influence cases between reviews

Turning to the question of what IROs do if the plan is not being implemented as agreed or there is a disagreement about the review actions, we found that IROs tried to influence a case and leave their 'footprint' in a range of ways. The language used to describe how IROs carried out this key aspect of their job varied considerably from 'having constructive discussions' to 'raising issues' and 'challenging poor practice', suggesting that a continuum best describes how

IROs tried to leave a footprint on a case, as illustrated in Figure 4 and described below.

Informing decision-making

There was evidence that IROs were being involved in discussions about the care plan outside formal processes (e.g. the review meeting). Their professional judgement was sought by social workers when they had to make decisions and IROs' extensive experience, long involvement with the child and in some cases, their specialist expertise, were valued. As noted earlier, IROs were considered by some social work teams as an additional resource.

Raising issues

This seemed to be a kind of 'gentle reminder' from the IRO to the social worker or their manager of outstanding review actions. There was no disagreement on how to proceed but some delay, which might be for understandable reasons (e.g. a social worker being off sick), but where IROs felt it was their job to keep everybody on track.

Informal challenge

This typically reflected a disagreement on what needed to be done, such as a review decision questioned by the team manager because of resource implications or differences in professional opinion, or a serious delay and a risk of drift in implementing review decisions. Even in these cases, the preference was to try and resolve issues informally and, typically, without recording.

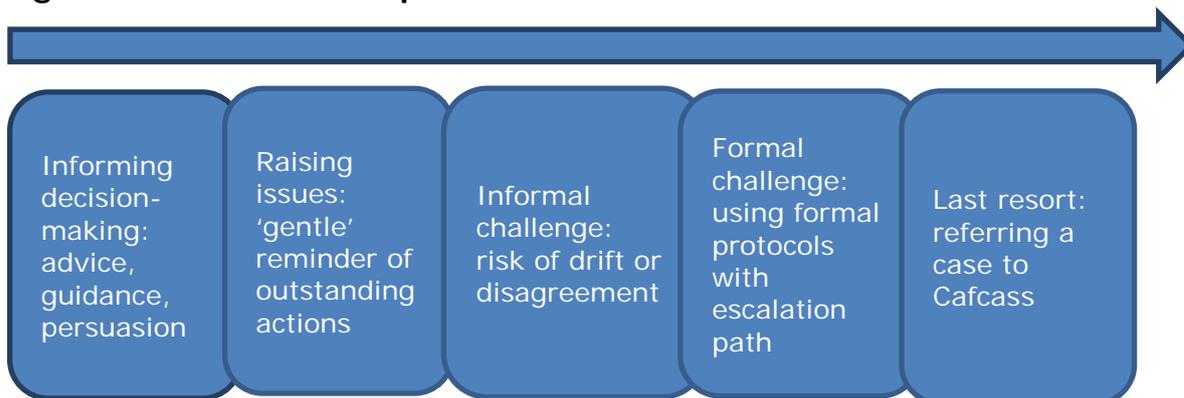
Formal challenge

This was usually resorted to when the informal approach did not lead to a resolution or, in two areas, when the IRO's concern was very serious (e.g. inappropriate placement move). In line with the requirements set out in the IRO Handbook, all authorities had a dispute resolution protocol with an escalation path and timetable for resolving issues. However, these were not always working as intended, as timetables were not adhered to and it was not always clear what would happen once issues were escalated beyond the team manager level. Formal protocols were also not seen as being very conducive to supporting effective working relationships with social work teams, largely because they made social work teams' 'failures' very public, 'failures' that may be due to factors outside their control (e.g. lack of resources, external agencies not delivering services). Nevertheless, there were several examples of IROs effectively using formal systems to: avoid drift in care planning; ensure children had adequate placements and services; speed up permanency planning; improve contact arrangements; support the transitions for care leavers.

Referring a case to Cafcass

This was seen as the last resort and national figures suggest this kind of action was indeed very rare, with only eight cases accepted as formal referrals by Cafcass between November 2007 and January 2012. However, IROs in the case studies occasionally used the threat to refer a case to Cafcass to ensure their concerns were addressed. At the seminar where the research findings were discussed, it was argued that clarification is required on what constitutes a breach of a child's human rights (the condition for a case to be accepted by Cafcass) and what is the threshold, as currently IROs are not clear and referrals may increase if there was greater clarity on this.

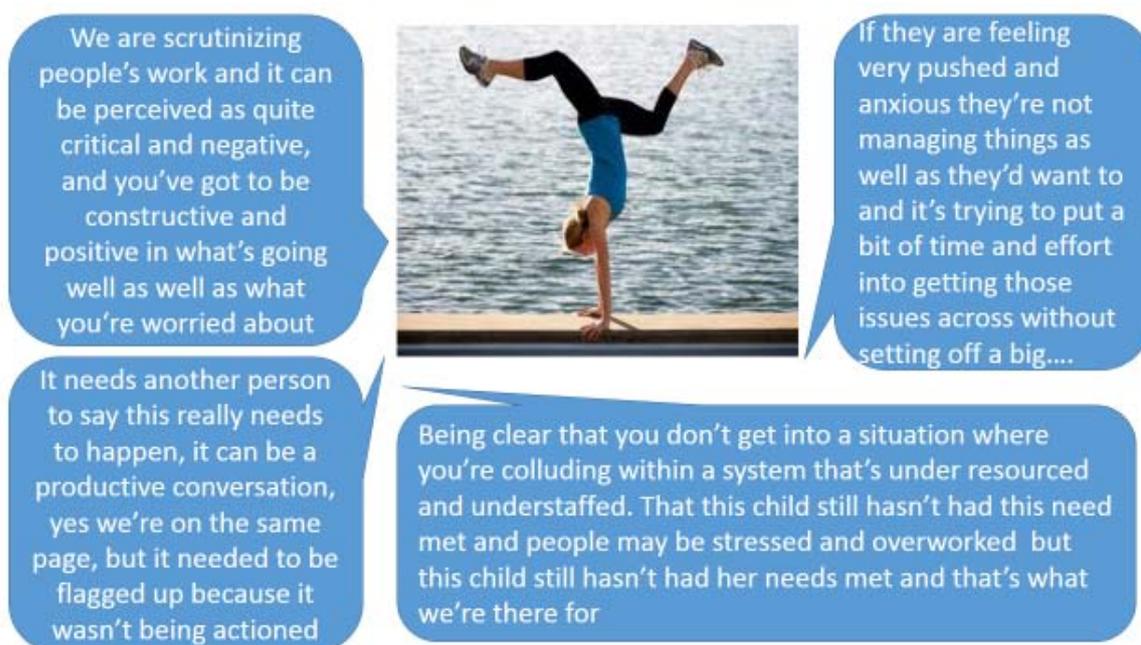
Figure 4: The IRO’s footprint



IROs described their scrutiny and attempts to influence care planning as a ‘balancing act’. In ‘fighting the child’s corner’ they had to consider the perspectives of social work teams to avoid unnecessary and potentially unproductive confrontations and obtain the best possible outcomes for the child (see Figure 5). Informal approaches were very much seen as part of this careful balancing act. However, informal approaches typically meant that exchanges which evidenced how IROs were or were not making a difference to care planning were not recorded. This raises two important questions:

- First, how can IROs’ scrutiny and influencing of individual cases be quality assured if this crucial aspect of their work is often not recorded: how can we assess if and how the care plan would be different without the IRO’s intervention?
- Second, how can a local authority’s performance as a corporate parent be assessed and areas for improvement identified if much of what is done to improve care planning is not recorded?

Figure 5: IROs’ quotes on scrutiny and influencing of care planning



Finally, we identified a number of barriers that prevented IROs from acting effectively as 'critical friends', scrutinising and quality assuring care planning, including:

- Financial constraints which in one area were so severe as to de-motivate some IROs from raising concerns and challenging poor practice.
- Not being kept in the 'loop' about changes in circumstances, including significant changes that required consultation with the IRO.
- Lack of clear signals from senior managers that the IRO service's role as 'critical friend' was valued as a key ingredient of effective care planning.
- Formal routes for raising concerns and challenging poor practice that did not work very effectively as they caused delay, it was not always clear what was meant to happen once issues were escalated, particularly (but not exclusively) when other departments and external agencies were involved.
- Lack of time to follow-up outstanding actions and concerns about poor practice.

These barriers were not experienced (to the same level of intensity) in all areas. For example, financial constraints and the failure to notify IROs of significant changes were mentioned as particular persistent barriers only in one area. While in other areas these may also be a problem at times, overall they did not seem to be so persistent as to undermine IROs' effectiveness.

Lack of support from senior managers was reported as undermining IROs' authority in two areas, while in one area senior managers' support was specifically mentioned as important in supporting IROs in their role as critical friends.

Formal protocols did not seem to work particularly effectively in practice in any of the areas, and more generally they seemed to require much more fine tuning to act as 'enablers'. Finally lack of time was reported as a serious barrier in the two areas with the highest caseloads. We look in more detail at the possible link between time and IROs' effectiveness in the next section.

4.4 Time use and cost of the IRO service

IROs were asked to estimate how much time they spent on key activities, using a methodology developed by the Centre for Child and Family Research at Loughborough University to estimate resources required to carry out social care processes for children in care (see Appendix A). Based on previous research and an exploration of the IRO guidance, it was anticipated that IROs would potentially carry out activities within two processes, that is:

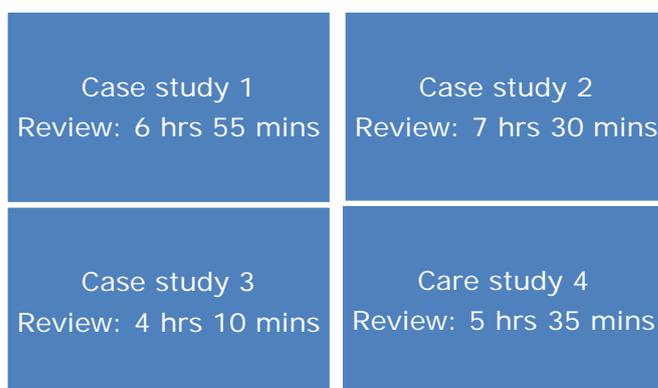
- Review - including preparation and immediate post-review actions.
- Ongoing case monitoring.

Information on IROs' caseload and the proportion of their time allocated to activities related to looked after children in each case study area was also collected.

4.4.1 Time spent on the review process

In previous research carried out in 2003 and 2008, IROs reported spending 5 hours and 15 minutes on the review process, including activity prior to, during and after the review meeting and any travelling required (Ward, Holmes and Soper, 2008)¹¹. In 2012 we found that the average time spent on the review process across all four case studies was estimated to be approximately 6 hours for an average case¹². Two areas reported spending longer on the review process than that found in the previous research, one area reported a similar figure and one reported less time (Figure 6). Predictably areas with the lowest caseloads (reported in Chapter 1) were those where IROs reported spending most time on the review process.

Figure 6: Time spent on reviews



The estimates provided by IROs show that differences between areas seem to be partly explained in terms of the amount of time spent on preparing for reviews:

- In area 1, IROs estimated spending an average one hour on activities prior to a review meeting. This time incorporated both reading information and consultation with key personnel and the child.
- The time reported for the same activities in area 3 was only half an hour.
- In area 2, where the highest estimate was reported for the review process (7 hours and 30 minutes), IROs estimated that on average they spent one and a half hours reading the case file and half an hour with the

¹¹ This was before the statutory requirement was introduced for IROs to monitor the care plan between reviews.

¹² An average case was defined as a child with no evidence of additional needs, placed with local authority foster carers, within the area of the placing authority.

child. This was the one area where IROs were required to meet separately with the child at least seven days before the review¹³.

There was less variation when looking at estimates IROs provided for the actual review meeting, with three case studies reporting average meeting lengths of one and a half hours, although the fourth area reported slightly shorter meetings – on average one hour. This was the area with the highest caseload and where IROs reported being under considerable pressure to complete tasks within very tight time limits in order to fit in all the work.

High reported times in case study area 2 are partially attributable to the higher travel times in this area, discussed further below. The remainder of the variation between areas is mainly attributable to variations in the time spent by IROs writing up review notes and carrying out other actions resulting from the review meeting.

In addition to time spent on an average case, IROs also reported variations in review times required for different types of case. For example:

- In area 1, IROs indicated that review meetings tended to last on average one hour longer (i.e. two and a half hours rather than the standard one and a half hours) where the meeting needed to be divided into separate sections for sibling groups, cases subject to care proceedings and when an interpreter was required. The IROs also reported that review meetings tended to occur more frequently than the statutory requirements for children whose plan was adoption and the adoption processes had commenced: for these cases the IROs reported that on average review meetings would be held every ten weeks.
- In area 2, IROs reported that the review preparation increased by approximately one hour if it was their first review for that specific case, to allow more time for reading case notes. IROs in this area also reported that the time taken to write up notes following a review was increased if the review had constituted separate meetings for a sibling group, although IROs did not identify a specific time variation. Travel time in this area could also vary considerably, with a round trip for a review taking anything from 30 minutes to two hours. There were many out of area placements in this authority and it was a large urban area.
- An increase in the overall allocated time for a sibling group was also cited by the IROs in area 4, where it was estimated that an additional two hours were required for sibling group reviews.

4.4.2 Time spent on ongoing case monitoring

This study sought to explore for the first time how much time IROs spend on a case between reviews. Previous research exploring IRO time use (Ward, Holmes and Soper, 2008) did not identify any activity carried out between review meetings, other than activities directly attributable to preparation for or actions

¹³ While IROs in area 4 spent time preparing for the review, it was not possible to obtain a separate estimate for the preparation time (versus the overall time spent on the review process).

resulting from review meetings (as this was not a statutory requirement at that time).

As discussed earlier, we found that across the four case study areas, IROs actively engaged with cases between reviews to follow-up specific actions, deal with unresolved issues, raise concerns, challenge poor practice, when there was a significant change or simply to keep 'on top of the case'. As we have seen, monitoring could consist of informal and unrecorded exchanges with social workers and case file checks, as well as formal case discussions and case audits that would be recorded on case records.

The estimates provided below reflect mainly time spent on more formal and/or recorded activities, as informal activities were often too fragmented to quantify.

Table 2: Time estimates of IRO time spent on cases between reviews

Case study area	Time estimate
Area 1	Average of one hour between reviews dealing with cases where IROs had concerns or wanted to challenge poor practice (reviews held at statutory 6 monthly intervals; average of 25 minutes between reviews liaising with social workers/checking case files.
Area 2	Reported that activities to monitor cases between reviews ranged between one to two hours.
Area 3	Typically only followed up with social workers and checked case files for 'prioritised cases'. IROs were not able to assign estimated times for these activities per cases but gave an average of one hour a day for monitoring cases.
Area 4	IROs prioritised cases for monitoring via the formal system and estimated they spent approximately two hours between reviews on these cases. They estimated they spent 40 minutes between reviews on informal monitoring of cases (e.g. discussions with social work teams).

4.5 How effectively do IROs work with social workers?

In this final section we consider how effectively IRO and social work teams worked together. IROs and social workers in the case studies were asked about the interface between their respective roles following the introduction of the IRO guidance in 2011. The overarching consensus was that their respective roles were distinctly different, yet complementary and therefore they did not report any duplication. There were, however, different expectations about the 'flexibility' of professional boundaries, albeit mainly at the margins.

Both IRO teams and social workers were clear that the IRO's job was to monitor social workers' care plans and provide advice and support, as well as a healthy challenge. However, social workers and IRO managers perceived professional boundaries less flexibly than IROs themselves:

'...when the IRO gets involved in care planning, it starts muddying the waters if you will, because there is a problem, the IRO doesn't necessarily ...know the case as well as the social worker, they would only see the child at the most twice a year.'

(Social work manager)

'It [IRO's contact with the child apart from getting their views about the review meeting] would be exceptional, because what they don't want to do is undermine the social worker and actually it, you could create splitting, particularly if the young person's not very happy with their social worker.'

(IRO manager)

IRO managers believed that if IROs were 'overzealous', 'too caring', and the social worker was very stretched, IROs may find it easier to do things themselves, rather than chasing social workers (e.g. an IRO who did life story work with the child because the social worker did not have time to do it). IRO managers thought it was their job to ensure that IROs did not get involved in case management and were not used by children instead of their social worker.

On the other hand, IROs felt that they should be prepared to take on social workers' tasks if it was in a child's best interest, typically in emergency cases. For example, the case was mentioned of an IRO who played a role in arranging for children to visit their dying mother because this was what the children asked and time to make the arrangements was running out. Ultimately IROs believed that in making a judgement about professional boundaries they always had to bear in mind the child's best interest:

'[IRO's name] is going out to do a piece of work which is over and above his remit, and some people may question, and say "actually, why are you doing that? And actually you shouldn't be doing that, you're overstepping your boundaries." But actually in terms of progressing the case and what's right for the family and the children, it's right.'

(IRO)

According to IROs, the boundaries between what they did and what social work managers did were even less clearly defined. In particular IROs thought their position could become very difficult if their role was limited to 'marking down' social workers for not doing their job properly. As discussed earlier, they believed they could work more effectively with them by providing advice and support that helped to progress a case. Furthermore, compared with social work managers who typically had very limited time and experience of a case, IROs felt they could provide social workers (particularly the less experienced ones) with better advice based on an in-depth knowledge of child:

'... trying to get social workers to think about the long term for that child and what needs to be put in place for them....influencing that care plan and making people work that little bit harder to deliver some good outcomes. ... You've got a lot of inexperienced social workers and when you've got inexperienced management as well that's our role ... we have that oversight, don't we? But that, because you've got a lot of movement with first you have an initial assessment team, so a lot of change internally with social workers ... '

(IRO)

IROs also felt that they could at times play the role of 'broker', for example if a placement was likely to fall through or a child was unhappy, the IRO would talk to everybody concerned to establish the best way forward.

'...the social worker's telling me she's under pressure to move them to the next placement, so I get the foster carer to talk to the [agency]... and they got in touch. A week later I saw the manager and she said, "oh, there was never going to be any issue about moving on", I said, "that wasn't what I was told", but he's still there.'

IRO

Notwithstanding concerns from social work teams and IRO managers about IROs overstepping professional boundaries at times, the research found that IROs were increasingly seen as a valuable resource. As well as providing a 'fresh pair of eyes', their advice was valued because of their experience, 'technical' expertise and long standing involvement with a case:

'I think a lot of the social workers value discussing a case with an IRO...so in that sense, they increase the depth of reflectiveness and discussion that is available to social workers... they can give an informed review point on different situations... as a critical friend... they're quite valuable to social workers and I know that social workers seek out discussions with IROs about care plans and the way they are going.....'

(IRO manager)

4.6 Conclusion

The research findings show that, in line with the 2011 IRO statutory guidance, there was a clear and shared understanding that IROs need to have an ongoing engagement with a case and develop a relationship with a child to be able to properly quality assure the care planning process and ‘fight the child’s corner’. However, practice varied considerably and alongside examples of good practice, reflecting very much the spirit of the guidance, there were also examples of IROs struggling to be sufficiently engaged with a case and leave the IRO ‘footprint’: the quality kite mark evidencing that adequate services have been provided to meet a child’s needs and support good outcomes.

The IRO Handbook provides clear guidance on IROs’ role in and processes around the case review: what IROs should do to prepare for the meeting and support the child to be meaningfully involved; what should happen at the meeting; and what are the immediate post-review actions. This guidance was generally well understood by IRO and social work teams, but some IROs struggled to put it into practice.

While a number of factors determined how effectively IROs could engage with the review process, time was certainly a key influence. In the authority with the lowest caseload, IROs estimated they had seven and half hours to carry out the review and the immediate pre- and post-review tasks; in the area with the highest caseload, IROs had four hours and ten minutes to carry out the same tasks. This shows that IROs caseloads need to be based on a better analysis of the time required to carry out the review tasks outlined in the guidance to ensure they can operate effectively. This issue is discussed further in Chapter 7.

When it comes to monitoring and influencing a case on an ongoing basis, a lack of prescription about the way this should be done within the national guidance was reflected in considerable variations in expectations of what IROs should do to ‘keep on top of a case’. While IROs need to have some discretion in deciding the level of monitoring a case requires, it seems that the combination of limited (national and local) guidance and lack of time could undermine IROs’ ability to meaningfully monitor and influence a case.

This situation was compounded by formal processes for raising issues and challenging poor practice that did not work particularly well and were ‘culturally’ not yet accepted by social work teams – who saw them more as being about judging their work rather than part of the checks and balances required to quality assure the care planning process. The research findings suggest that processes to enable IROs to engage and influence cases require considerable fine tuning, with a national framework provided to support the development of local protocols.

Furthermore, key to IROs’ effectiveness in quality assuring care planning on an ongoing basis is the role played by senior managers, who need to provide a clear message that the IRO service is valued. Area 2 with a manageable caseload and a monthly report of IROs’ concerns and challenges provided to and discussed with the Assistant Director, reflects the kind of support the IRO service needs from senior managers to operate as intended by the IRO guidance.

Finally, while a number of implementation issues were identified by the research, the findings on how IROs and social workers operated together suggest that IROs are becoming a valuable resource to social work teams. IROs can help social workers to improve care planning and the services provided to children in care, and provide a resource that complements rather than duplicates their work. Where this is in place, and IROs are quietly raising standards behind the scenes, the need for them to challenge poor practice is reduced.

5. Quality assurance and support

This chapter focuses on the quality assurance of the IRO service and the role of IRO managers as well as senior management in providing support to IROs. The guidance clearly spells out the role of IRO managers and senior managers in ensuring the effectiveness of the service and we explore how management practice reflects the guidance.

We first discuss the role of the IRO manager in quality assuring the service and providing support to IROs through supervision, training and opportunities for professional development. We then explore to what extent IROs use of external sources of support, such as Cafcass and independent legal advice, is facilitated by local authorities. Finally, we consider the role of senior managers in creating a supportive service culture that enables IROs to fulfil their role in quality assuring care planning processes for each looked after child.

5.1 Quality assurance of the IRO service

The guidance clearly states that the IRO manager is responsible for ensuring the effectiveness of the IRO service and provides a list of tasks that IRO managers are expected to complete in order to do this. These tasks include routinely seeking feedback from parents, children and social workers, auditing case files and directly observing the work of IROs. Our national survey showed that almost a fifth of managers (17%) did not carry out any of these quality assurance tasks on a regular basis (i.e. at least every two months), and 29% conducted only one of these tasks regularly, with the most commonly reported task being audit or scrutiny of IRO files (72%).

In line with the survey results, in the case studies we found that, while IRO managers thought it was important to quality assure IRO practice, they struggled to regularly carry out the quality assurance tasks specified in the guidance due primarily to heavy workloads and lack of time. Some mentioned having plans to do these tasks on a more regular basis in the near future.

'In the past, I have shadowed some IROs but to be perfectly honest I've not done that for a long time... but now we know my colleague's coming back we can start to plan because it felt like we've just been fighting fires to be honest for the last six months. We've been so depleted in terms of managers. But we're starting to plan now.'

(IRO manager)

Observations of review meetings (by an IRO manager or an external person) were mentioned as a way of critically assessing IROs' practice, and seen as being in line with the Munro report which recommended direct observation of practice to complement file based audits and face-to-face supervision. However, observations were not established practice in any of the four case study areas: in one area, the IRO manager observed at least one review a year carried out by each member of their team; in another, observations had been done in the past but had recently stopped because the IRO manager spent most of the time 'firefighting'; one area was considering them as was the final area but with no immediate plans to introduce them.

Lack of time was reported as a barrier to making more use of observations in quality assuring IROs' work. However, the fact that one area did not have any plans for introducing observations, and in two other areas these were seen as 'optional', to be done if and when time allowed, seems contrary to the spirit of the IRO Handbook and the Munro report, as both clearly signalled that observations are an important way of quality assuring practice.

There was a recognition (as specified in the IRO Handbook) that it was important to gather feedback from children, parents and professionals on IROs' effectiveness, including chairing and meaningfully involving children and their parents in reviews. However, practice again varied considerably:

- One area had a process for collecting this feedback on a regular basis by using satisfaction surveys with looked after children, their families and other professionals.
- One relied on indirect feedback via the Children in Care Council.
- In one area, feedback was collected as part of internal unannounced inspections.
- In the remaining area, there did not appear to be any mechanisms for ensuring that IROs and their managers received regular feedback.

In terms of auditing case files to quality assure the work of IROs, practice was again variable in the case study authorities:

- In one area, an IRO manager occasionally conducted audits of case files to see if IROs were challenging appropriately and effectively; there were plans to do this on a monthly basis and to feed these findings into quarterly quality assurance meetings.
- One area conducted regular internal audits of all services, including the IRO service; this included case file audits to specifically quality assure the work of IROs.
- In another area in which audits of IRO case files had never been done, the IRO manager mentioned plans to do so in the near future.
- The remaining area did not conduct case file audits and there were no plans to do so. Instead they relied on internal audit of the whole looked after children's service for picking up any concerns about IRO practice.

Although IRO managers did not regularly conduct all the quality assurance tasks suggested by the guidance, they all reported monitoring the effectiveness of the service through ensuring IROs were completing reviews on time and raising concerns about poor practice. This was primarily done through supervision but also through collating information on concerns that IROs had raised about individual cases to assess the effectiveness of the service.

In one area this was done through collating information on challenges raised by IROs, which the IRO manager summarised in monthly reports and shared with the head of service and other managers. The monthly reports served a dual

purpose: for quality assuring the work of IROs and also informing senior managers about current issues in the looked after children's service. In another area, the IRO manager collated information from IROs' documentation assigning a rating to cases following review and discussed any concerns about IRO practice through regular supervision:

'...a lot of that[quality assurance] would happen through supervision... for each IRO there is information about their overall caseload, any backlog that they might have in respect of, say, completion of minutes, and have that rating form, so we'd be able to look back and say, "well, 30% of your cases are, you're judging them as "one", " and look in a bit more detail at any that have been referred as having a concern, and then we'd talk about the participation levels of young people on each case, so there are those kind of mechanisms that flush out the key issues that are emerging, so it kind of naturally unfolds really.'

(IRO manager)

These findings suggest that there is inconsistent practice in following the guidance on quality assuring the IRO service, partly due to lack of time and resources. IRO managers were often drawing on other mechanisms to assess the effectiveness of the service, which might not meet the standards set by the guidance. Some of them relied mainly on quantitative measures (i.e. number of cases that were challenged) rather than those that provided evidence about the quality of the service (e.g. auditing case files to ensure that IROs were challenging appropriately and effectively).

5.2 Supervision and training

The guidance clearly states that IROs should be provided with direct support from IRO managers to fulfil their duties. This should include managing their workload and ensuring they are able to effectively challenge the local authority. It is expected that IRO managers will provide regular supervision to IROs including professional advice on individual cases. IRO managers are also expected to make sure that IROs have access to appropriate training on a regular basis. Analysis of our national survey data showed that access to adequate training and satisfaction with line management support seem to be key factors underpinning perceptions of a 'good IRO service'¹⁴.

5.2.1 Formal and informal support from IRO managers

National survey findings showed that three-quarters of IROs (73%) met with their manager at least once a month and, in addition, some IROs described being able to consult their managers informally whenever they needed to. Only a very small number of IROs (3%) reported not having any formal supervision in the last six months. The majority of IROs received support and guidance from their manager on individual cases, including addressing concerns informally and formal conflict resolution, and through identifying training and

¹⁴ A good service was defined in terms of IROs' satisfaction with the local dispute resolution protocol; feeling they work in a supportive environment, could successfully challenge poor practice, and were able to make a contribution to service improvement.

development opportunities. Only around half of IROs mentioned receiving other types of management support described in the guidance, namely managing their workload and enabling them to monitor care plans. Despite these gaps, three-quarters of IROs (73%) were satisfied with their manager's support, indicating that they were always available if they had any questions or concerns, listened to them and were knowledgeable and experienced.

In line with the survey findings, in all four case studies, IROs (employed by the local authority) had regular monthly or six weekly supervision with their manager and reported being happy with the frequency and quality of supervision, particularly the opportunity to discuss individual cases. IROs also reported having regular access to their managers for ad hoc consultation on individual cases in between supervision and felt strongly supported when raising concerns both informally and formally:

'... [IRO manager] is available if you need to speak to her about an individual case. Although she's very, very, very stretched she's always approachable and available as needed.'

(IRO)

One area also employed IROs on a sessional basis and did not offer them formal one to one supervision with a manager. However, they were encouraged to speak to IRO managers about issues on individual cases and seek support whenever they needed to. They also participated in team meetings and were offered group supervision on a quarterly basis, although this was not taking place as often as it was meant to:

'...they are meant to come and talk to us, absolutely, it'd be quite dangerous if they weren't, but they don't have formal one to one supervision... but in terms of thinking through case direction, thinking through problems, they will use a form of group supervision, sometimes that's a sit down meeting and sometimes they're contacting each other informally... there is a group supervision meeting that's just for sessionals, because it's an alternative to one to one supervision, but I think that's a little bit erratic...'

(IRO manager)

Sessional IROs found their IRO managers approachable for ad hoc consultations on individual cases, but were very aware that they were extremely busy and felt guilty about contacting them if they did not plan to raise a concern about the case. In these instances, when they wanted to discuss a case, they tended to turn to other IROs:

'If it's something in terms of the concern then I would email and I would tend to copy her [IRO manager] in or email her directly for advice. If it's sort of rumblings that I'd almost need to just chew over with someone, I'm more likely to go to you, [IRO name], or others, another colleague and just say "listen to this, what do you think?" So you sound things out but it's not actually necessarily an issue that you need to escalate or want taken far but something that is rumbling around that you need to reflect on.'

(IRO)

Although lack of regular supervision meant that sessional IROs felt isolated at times, they thought that this was in the nature of their contract and ultimately they still received appropriate support on individual cases when they needed it:

'But I think if you have an individual case that you want to talk about with someone from [the authority], so as a sessional I would go to [IRO manager] and then I would get that on an as and when case basis. So it would be part of my responsibility to ask for it, not always wait to be given it. So I have a duty, because we have that level of experience to know when it's needed, to some degree, and ask for it.'

(IRO)

5.2.2 Training offered to IROs

Our survey findings showed that whilst most IROs (80%) had accessed training or development programmes in the past year, half (50%) believed that they did not have sufficient access to suitable training and development opportunities, and indicated the need for training in areas which are crucial to their role. Both IROs and their managers said that lack of funding and time were obstacles to receiving suitable training.

Our case study findings showed that in all four areas there was a range of informal and formal training offered to IROs including specific IRO training (e.g. chairing reviews or working with young people in custody); training related to other duties (e.g. chairing child protection case conferences) and induction training for new IROs (which could include shadowing the IRO manager or more experienced IROs).

IROs reported being satisfied with the induction training and the opportunities for shadowing, feeling that it gave them confidence to chair their own reviews:

'You get shadowed for a couple of weeks ... as a social worker you look at lots of LAC reviews ... But I don't think anybody's been prepared properly for chairing meetings. I think we're a bit more now...'

(IROs)

IRO managers also made sure they involved IROs when planning their programme of training and professional development and organised regular away days. One area also had a specifically allocated annual budget for training and the IRO manager, together with IROs, chose which training they wanted and commissioned outside agencies to deliver it:

'We've got a small budget that's been allocated so we do a mixture of deciding what the learning needs are for the team and we would get individual people in to do particular sessions with the IROs. Or at the minute I'm part of the regional IRO managers' network in the [area]. In fact I currently operate as chair of that meeting and we've been in negotiation with [named] University to develop an IRO specific [training] model.'

(IRO manager)

Despite these various arrangements, however, participants still reported gaps in the training provided to IROs. Some mentioned that most of the training was related to non-IRO duties, such as chairing child protection conferences. Furthermore, some IRO managers suggested that IROs should already be knowledgeable about their responsibilities, such as chairing looked after children's reviews, and it was not therefore necessary to provide them with specific IRO training. The findings presented earlier, however, indicate that not all IROs were equipped with the right skills to engage with children, successfully carry out reviews and/or challenge poor practice and that providing ongoing training in all these areas is necessary.

5.3 External sources of support

Our national survey findings showed that the use of external sources of support (i.e. Cafcass and independent legal advice) was less common than internal mechanisms when addressing issues with cases. Just over a quarter of IROs (26%) said that they had sought guidance from Cafcass about the quality/implementation of individual care plans in the previous year (although this does not accord with the statistical data provided by Cafcass). In contrast, informal mechanisms were used on a monthly basis or more often by nearly half of IROs (47%). Overall, the case study findings suggest variable but limited use of Cafcass, with IROs in two of the case study areas reporting that they had never contacted Cafcass.

As part of the research, we examined enquiries made by IROs to the Cafcass advice service between April 2010 and October 2012 and this analysis was reported in detail in our interim report. Of the concerns raised by IROs, just over half related to the child's care plan: either the content of the plan itself (32%) or 'drift' in implementing it (23%). Only eight enquiries had resulted in a formal referral, all of which had been resolved following intervention by Cafcass without the need for legal proceedings.

Many enquiries reflected a gap in the availability of support for IROs, such as the independent legal advice they are entitled to or a dispute resolution protocol that actually worked. For example, IROs were often frustrated that their complaint about an authority's failure to provide an essential service had been ignored. It was only the 'threat' of Cafcass intervention, or an actual referral, that had resolved the issue. This does not appear to be a good use of Cafcass time.

In other cases, concerns did not relate to a potential breach of the child's rights, requiring a legal intervention, but to differences in professional judgement. These included conflicts about whether it was in a child's interests to be placed with siblings, or returned home. Again, these are not matters that are best resolved by the use of Cafcass' advice service, which is staffed by lawyers. This analysis clearly highlighted the need for IROs to have an external source of support to discuss cases, and to intervene where necessary. The best way to provide this support is less clear, and deserves further consideration.

5.3.1 Independent legal advice

The guidance clearly states that IROs should have access to independent legal advice from outside their local authority and that each authority should have a system in place for providing this. In our survey, when DCSs were asked what arrangements had been made for providing IROs with access to legal advice, most cited their own local authority legal department (80%), with only a minority mentioning independent solicitors (20%), or another local authority's legal department (15%)¹⁵.

Our findings also showed that half of IROs (51%) had relied on their own authority legal department for advice in the previous year, while use of independent sources was not very widespread: 10% had used Coram or a children's legal service; 6% had used an external solicitor and 5% had consulted another local authority's legal department.

These results were also reflected in our case study findings, with independent legal advice being inconsistently available across the four areas. In one area there was no formal arrangement for independent legal advice although IROs and their managers acknowledged there was a need for this service. This is how a senior manager answered the question about IROs' access to independent legal advice:

They have access to Cafcass, as independent legal advice. I would encourage them to use our own in house legal service if it was on routine matters but if there was a dispute then obviously they might need independent legal advice which then they have to get access through Cafcass. As far as I know they haven't done it very often if at all, but they do have access to legal advice here in terms of checking out points of law. Notwithstanding the potential conflict of interest, sometimes it's about clarification and if they wanted to take it further they could from my point of view and I would enable them to do it if they needed to do so.

(Head of service)

In another area IROs could access external solicitors with the approval of a senior manager but none reported using this service - mostly because they thought it would be hard to get approval for it:

'We have never had access to independent legal advice: you can get it if you go through, not our first line manager, so you have discuss it with her and then, or whether she'll allow you to go to a private solicitor. We used to have somebody who could do it independently, a solicitor's firm, but they could no longer do it anymore because it conflicted... it compromised them, so now we get no independent legal advice, never.'

(IROs)

¹⁵ DCSs responding to the survey were allowed to indicate more than one way of offering independent legal advice to IROs.

IROs who were in the past told they could use the local authority's own legal department and had tried to do so reported being dissatisfied with the service because its remit was to protect the interests of the authority rather than to support IROs:

'And that is a real tension... Because actually I was nobbled by the local authority solicitor, who had a very clear view that they were protecting the local authority rather than advocating for the IRO.'

(IRO)

In the remaining two areas, IROs reported regularly accessing what they considered to be independent legal advice. For example, in one authority legal advice was offered by a solicitor from within the local authority's legal department but not involved in child care proceedings and therefore able to represent IROs without a perceived conflict of interest:

'It's through our internal legal services but we've got a specifically named solicitor who isn't obviously acting on any of the local authority cases, and our principal solicitor didn't think that was an issue right from the onset, and of course that sort of model was affirmed by the Lancashire judgment, wasn't it, that the final judgment in that case was affirming that, provided there's a sort of a Chinese wall set up, that that sort of model is appropriate... I couldn't tell you in terms of numbers, but I would say we take frequent legal advice.'

(IRO manager)

Both IROs and the IRO manager used this dedicated solicitor for legal advice on individual cases and felt supported to raise further challenges about the case if necessary. In addition, the IRO manager reported that they also had a reciprocal arrangement with a neighbouring authority in case they were not satisfied with the advice provided by their dedicated solicitor, although they had not needed to use this service so far. IROs and their manager reported being very satisfied with the legal advice on offer.

Participants from the final area, where they also reported often using independent legal advice, described their efforts to negotiate an arrangement with a neighbouring authority's legal department. This idea was eventually dropped because both senior managers and IROs concluded that local authority employed solicitors were not experts on human rights and therefore not equipped to provide adequate support to IROs. IROs from this area regularly accessed legal advice from external solicitors and were satisfied with this arrangement and with the service provided.

5.4 Senior management support for IROs

The guidance states that IROs should be valued by senior managers and operate in a supportive service culture. Our survey findings indicated that the majority of IROs did not perceive this to be the case: 59% did not feel valued by senior managers and 61% did not think they were working within a supportive environment.

IROs across all four case studies did feel they were supported by their peers, often consulting each other on specific cases and valuing each other's opinions. As indicated earlier in this chapter they also described good support from IRO managers, particularly if they needed to raise challenges on individual cases. However, IROs reported variable support from senior managers based on the following factors:

- Whether senior managers encouraged IROs and supported them when raising concerns about individual cases.
- Whether IROs were paid at the level recommended by the statutory guidance.
- Whether the caseloads of IROs were within the recommended limits.

These factors made a considerable difference to how IROs felt about senior management support. Although senior managers from all areas reported that they valued the service and regarded IROs as experienced professionals, this was not always the way that IROs described it. IROs who were not paid at the level recommended by the guidance and did not have manageable caseloads did not feel valued or supported by their senior managers. This perception was also experienced by IROs who reported that senior managers were not addressing their concerns about individual cases within the agreed timescales or were ignoring them altogether.

5.5 Conclusion

The guidance clearly spells out the role of IRO managers and senior managers in ensuring the effectiveness of the IRO service. Our findings suggest that the guidance on quality assuring the IRO service is inconsistently applied, partly due to lack of time and resources. Without conducting a more systematic review of IROs work through, for example, collating feedback from children, families and other professionals, observing IRO practice, and regularly auditing IROs' recording, IRO managers run the risk of judging the quality of the service on incomplete information mainly based on quantitative indicators (e.g. number of cases where concerns were raised) and IROs' own accounts of their performance.

Having strong managerial support is crucial in ensuring that IROs feel supported in raising concerns about poor practice and making sure they stay on top of the care planning process. Although IRO managers provided both formal and informal support to IROs through regular supervision and ad hoc consultation, they were only partially able to provide suitable professional development opportunities. Senior managers were also critical in ensuring IROs felt supported and valued; however there were clear gaps in senior managers' commitment in providing support to their IRO service particularly when they were not addressing IROs' concerns with high caseloads or when raising concerns on individual cases.

Providing appropriate arrangements for IROs to access expert advice also varied greatly. The requirement to have access to genuinely independent legal advice seemed to be poorly understood by local authorities, who often relied

solely on the local authority's legal department, in contravention of the guidance. If the IRO requires an explanation of the law, it may be appropriate to provide this internally, but if there is a need for formal advice this should be provided from outside the local authority to ensure that the solicitor is free to represent the IRO and does not experience a conflict of interests. Whatever the source, the service needs to be well organised and easily accessible to IROs without barriers or delays in getting approval to use it.

The findings from our review of Cafcass enquiries conducted for the interim report also showed that some IROs were turning to Cafcass for advice on cases where this may not be appropriate, needing to use them as a 'threat' where their complaints were being ignored or to resolve conflicts in professional opinion. IROs need to have external sources of support to discuss cases, and to intervene where necessary, and the best way to provide this support deserves further consideration.

Given that IROs are responsible for judging the quality of other people's work, it is essential that their practice is, in turn, rigorously quality assured and that they receive the support they need to achieve the highest of standards.

6. Does the IRO service make a difference?

Figure 7 illustrates the ‘theory of change’ on which the IRO service is based: through improved care planning processes, IROs should play a key role in improving services for looked after children, both in individual cases and an authority’s overall performance as a corporate parent. Service improvement should then lead to improved outcomes for the children. In this chapter we explore professionals’ perceptions of the impact of the IRO service: namely, to what extent IROs were perceived to have made a difference in these three areas – i.e. processes to improve care planning, services for looked after children and their outcomes.

Figure 7: IRO service – theory of change



6.1 Impact on care planning processes

In relation to IROs’ impact on the care planning processes, five areas emerged from the research; that is ensuring care plans are:

- Regularly reviewed in a timely fashion.
- Monitored and quality assured on an ongoing basis.
- Focused on achieving permanency.
- Children-centred and reflecting the child’s wishes and views.
- Evidence-based and with clear lines of accountability.

These areas are explored in turn in the rest of the section.

6.1.1 Timely reviews

The area where the IRO service was seen as having made the biggest difference was in ensuring timely reviews of the care plan. Nationally the survey found this was where IROs were perceived to have made the greatest difference, with 91% of IRO managers, 82% of IROs and 72% of DCS (strongly) agreeing that since 2011 IROs had contributed to the timeliness of reviews.

Across the four case studies this was also typically cited as a key area where the IRO service had made a substantial difference, with the proportion of reviews carried out on time often cited as evidence to support this claim:

'...people have forgotten what it was like before IROs...it could get pretty awful...in underperforming authorities ... 40-45% of reviews would not happen on time. People have forgotten that if you don't have a really strong reviewing and planning system it can go right off the rails and it loses its priority. So I think they [IROs] have made a huge difference ... and you very rarely hear of a local authority that doesn't get 100% of its reviews done on time. Well, that, yeah, that's a ... service.'

(Child protection manager)

As discussed in Chapter 4, while some delays were reported in carrying out review meetings, the research findings seem to support respondents' perceptions that this was an area where the IRO service had made a difference, perhaps reflecting the fact that this aspect of performance is reported to DfE and placed in the public domain.

6.1.2 Ongoing monitoring

Ongoing monitoring of the care plan to ensure review decisions are implemented and to avoid drift between reviews was another area where IROs were seen to have made a difference, but where their impact was perhaps not perceived as being as great as in relation to ensuring timely reviews. Nationally, the survey results showed that 81% of IRO managers, 70% of IROs and 57% of DCSs (strongly) agreed that since 2011 IROs had contributed to reducing drift between reviews. Across the case study areas there were numerous examples of how IROs had made a difference, as this social worker explained:

'I think that you know that cases can't drift. You've got to go back to reviews and you've got to be accountable and answer why things haven't been finished yet, so I think in that case there probably isn't as much drift as there probably used to be...'

(Social worker)

It was also argued that the introduction of national guidance in 2011 had the intended effect in terms of IROs' ongoing involvement with and influencing of a case:

'...how much more involved we are in the cases and how people much more now than they ever used to would tell us what's going on in a case in between reviews. So, it used to be a little bit ...turn up, do your review, go up and turn up six months' time, find out nothing's happened... there's more communication as well I think and there's, I think people just know us better and so communicate better with us.'

(IRO manager)

However, as we saw in Chapter 4, IROs were not always able to be effective in relation to ongoing monitoring and influencing of care planning due to a number of factors, including:

- Lack of a consensus and clear understanding of what IROs should do in practice to monitor and influence care planning between reviews.
- The (over) reliance on informal processes for monitoring cases.
- Formal processes for raising issues and challenging poor practice that did not always work well and were unpopular with social work teams.
- Lack of time to meaningfully engage with cases between reviews, with caseloads that did not allow IROs time to monitor all cases and may not even allow time to adequately scrutinise cases requiring attention.
- Serious financial constraints which could discourage IROs from raising issues and challenging decisions when action could have financial implications.
- Operating in an organisational culture which did not consistently encourage and support IROs in their role as 'critical friends'.

6.1.3 Permanency

Achieving permanency for a child should be a key goal from the day a child becomes looked after and IROs have a key role in ensuring everybody is reminded of this ultimate aim, while also ensuring that more interim solutions and support are adequate to meet the child's day-to-day needs.

Nationally the survey found that 91% of IRO managers, 73% of IROs and 63% of DCSs (strongly) agreed that since 2011 IROs had helped to improve permanency planning. In the case studies we found a number of examples of how IROs' involvement had helped to achieve this, as illustrated by the following:

'I think adoption... there's been some good outcomes there in terms of getting adoptions through for younger children. And also some of the outcomes for children leaving care post 16....'

(Service manager)

Another highlighted the following:

'I think it's about keeping the focus and the focus on permanency. And what they (IROs) will increasingly be doing is making sure our rehabilitation plans are well supported and explicit'

(Service manager)

6.1.4 Child centred

Another area where IROs were seen as having had an impact was in relation to ensuring that the care planning process remains firmly focused on the child, and the child's wishes and feelings are taken into account. Nationally the survey found that 90% of IRO managers, 72% of IROs and 73% of DCSs (strongly) agreed that since 2011 IROs had ensured that children's wishes and feelings were recorded and taken into account.

As children's experiences reported in Chapter 3 and the quotes below illustrate, some IROs in the case studies were seen as having greatly contributed to keeping everybody focused on the child and ensuring the child's voice was heard:

'...from what I've heard from the young people, the managers at the committee, is that they [IROs] are an important check, as it were, to make sure that our young people are getting the right care and any problems it can be raised, because they are like an extra pair of eyes and ears. ...So having that professional looking after that young person and being involved from the other side, from the more personal side, I think is really important. I can't imagine a system without it.'

(Elected member)

'.....they [IROs] visit children and young people more and I think children and young people feel the IRO isn't just somebody that just strolls in twice a year... I think they do feel they've actually got somebody there who is fighting their corner...'

(IRO manager)

As discussed in previous chapters, the experiences of some children and the account of some social workers suggest that much remains to be done to ensure IROs consistently have the kind of impact described above. Lack of time to support children to be meaningfully involved in their reviews, and to build and maintain a relationship with children, was a major barrier. However, the findings also suggest that more training in effectively working with children of different ages and with diverse needs, clear organisational guidelines and expectations about IROs' contact with children, and better mechanisms for quality assuring this area of IROs' work are also required to improve IROs' ability to make the care planning process more child-centred.

6.1.5 Evidence based and with clear lines of accountability

The requirement to have updated assessments for the review meetings of how a child is doing in different life domains and IROs' ability to consult with those involved in supporting children should make the care planning process much more grounded on evidence of how happy and settled a child is, and how well s/he doing in terms of key outcomes. Analysis of case records shows that updated assessments of how a child was doing in terms of education and health were recorded for most but not all cases.

In terms of care planning being informed by and improved through consultations with all those involved in supporting a child, there were certainly examples where this did happen and IROs played an important role not only in getting an input from key players, but also in encouraging dialogue and relationship building:

'...they [IROs] help to move things forward they can help unblock things that can become a bit rooted or where things get stuck in a rut what they can do is come forward and say, "look, these are the facts, these are the circumstances, these are the scenarios, this is the option that is really needed to be taken to try and move forward"'

(Participation worker)

However, as discussed in Chapter 4, IROs did not always have time to ensure everybody was consulted and had an input in the review and care planning more generally. And again reliance on informal arrangements, lack of clear organisational expectations and protocols meant that IROs' ability to get the perspective of everybody involved in the care planning process varied considerably.

In relation to the IRO service's impact on ensuring clear lines of accountability, the evidence suggests that there seems to be considerable room for improvement. Analysis of the case records shows that the review actions recorded by IROs did not always identify who was responsible for implementing a particular action, nor a timetable for implementation. There was also confusion about the 'status' of review decisions when these had resource implications, given that those responsible for allocating resources did not typically attend review meetings. In some cases formal escalation protocols did not seem clear about who was responsible for doing what when an issue was escalated up the chain.

6.2 Impact on services for looked after children

As envisaged by the IRO Handbook, there were two ways in which IROs could improve services for looked after children: first and foremost through their work on individual cases and, to a lesser extent, by identifying ways in which an authority could improve its performance more generally as a corporate parent. These are discussed in turn in the rest of the section.

6.2.1 Impact on services for individual children

In the case studies, IROs were perceived as playing an important role in improving the quality of the support looked after children received, and this was seen as particularly important at a time when resources were being severely cut. It was suggested that without IROs, the situation could be more precarious in terms of making sure that looked after children were given the best care possible.

The kind of good quality support that IROs helped to achieve centred around placement stability and consistency. The latter was conceptualised in two ways: IROs ensuring consistent standards of service and also IROs being able to offer

more consistency to individual children because of their continued involvement with a case:

'...they (IROs) do help with placement stability so they make that contribution and the generally strong performance we have around looked after children... we've got children getting into accommodation and supported accommodation with the help of IROs, so they make a difference...'

(Child protection manager)

The case studies also showed that when IROs were able to effectively monitor and influence a case, they were seen as playing an important role in ensuring that services were delivered in a timely way, avoiding the kind of drift that can characterise cases lacking someone who 'keeps the pressure on'.

In terms of factors that can enable IROs to make a difference to the quality of services children receive, these were again down to having enough time to do their job properly, and being supported by senior managers as well as social work teams and IRO managers. IROs' individual performance was also considered important, as this respondent explained when asked about the impact of the IRO service:

'I think again for me, it comes back to which IRO you've got. If you've got a certain one I think it's absolutely fantastic, you can really see why you've got them and they're brilliant. They're really quite instrumental in a child's planning.... I think it [the IRO service] has been effective, [but] I do think ...that there are differences and I'm guessing if you looked at one end of the spectrum to the other there will be quite a big gap between the effectiveness of the IROs at one end as opposed to the other, but I think largely, on the whole, they carry out their role fairly well.'

(Social worker)

6.2.2 Service improvement

While the main responsibility of IROs is to quality assure individual care plans, they also have a responsibility to highlight poor (as well as good) practice more generally to support the improvement of an authority's function as a corporate parent. Individual IROs should have an overview (and often a long term view) of a case, and collectively they should have a good knowledge of all looked after cases in a local authority. This places the service in a unique position to identify not only individual poor practice, but patterns of concerns.

The IRO Handbook clearly states that IROs have a responsibility to alert senior managers of any concerns about the quality of services for children in care. The Handbook also identifies a formal process for ensuring IROs' assessment of a local authority's performance as a corporate parent is regularly provided and action is taken when required. IRO managers are responsible for producing an annual report identifying good and poor practice and what action is required to improve services for looked after children. The report should be considered by the corporate parenting board and also be available as a public document.

Our research identified examples of where IROs' collective experience, reflection on practice and contribution had led to service improvement and these included:

- Identifying sticking points within the care pathway for children.
- Helping to identify where specific groups of children were being treated differently (e.g. experiencing poorer placements).
- Sharing of good practice, drawing on their experiences of working across the whole authority.

However, overall this was perhaps the area where the IRO service was felt to have had the least impact, which echoes the findings of the national survey wherein 57% of IRO managers, only a third of IROs (34%) and 44% of DCS (strongly) agreed that, since 2011, IROs had contributed to decision-making at the corporate level in relation to services for children in care. The survey results also seem to suggest that the annual report did not always play the critical role in supporting service improvement envisaged by the IRO Handbook. For example:

- The annual report was not always discussed with lead members for children's services and IRO teams (70% of DCSs said they had discussed the report with lead members and 60% reported discussing it with IRO teams).
- Just under a fifth of DCSs (17%) responded to the report in writing and 39% reported taking specific actions as a result of the report (e.g. draw up an action plan with the corporate parenting board and local child safeguarding board).
- In response to an open question, IRO managers reported a mixed picture. Some said no action had resulted following production of the report; others reported changes and improvements, for example, to the dispute resolution protocol.

In the four case studies, while the annual reports varied somewhat in the sophistication of the analysis presented, they did on the whole provide most of the information specified in the Handbook. They all explained how the IRO service was organised (e.g. IROs' profile and experience, continuity of employment, caseloads).

The reports listed the concerns raised by IROs in individual cases and how they were resolved. They explained how children were involved in reviews and care planning, although there was less consistency in reporting how parents were involved. They also provided evidence of how many reviews were carried out on time. All four reports identified priorities for the IRO service, including areas for improvement (e.g. increase the proportion of reviews carried out on time, better support to enable children to take part in reviews), but they were less likely to identify areas for improvement of other services for looked after children. Furthermore, in one area where the role of IROs had been recently extended to chairing child protection conferences, the report focused almost exclusively on child protection.

In the case studies, there was little evidence that the annual report was seen as an instrument to drive service improvement. Social workers were typically not aware of its existence. It was hardly mentioned by IRO managers, elected members and DCSs when discussing how IROs supported service improvement, with one respondent being very sceptical about its value and usefulness and describing it as a “bland document” that was simply destined for the corporate parenting committee.

Despite the limitations of the annual report, the research highlighted other mechanisms for involving IROs in supporting service improvement. For example, in one area, a monthly report of issues and challenges raised by IROs was provided to the Assistant Director, who regularly met with IROs to discuss this monthly analysis.

This was introduced because the Assistant Director was concerned that he was not getting the full picture of what was going on and wanted to ensure he got ‘his finger on the pulse’. This monthly report not only helped to identify areas they needed to focus on at the organisational level, but also raised the profile of services for looked after children in general, and the IRO service in particular:

‘...that [monthly report] has raised a whole load of issues. ... [name of Assistant Director]’s asking for issues of drift, escalations and representations, children who are going missing... and that has upped the profile of the CLA service quite a lot and it’s also brought a number of things to the fore. And it’s raised their profile ... [and] the visibility of the IRO service to the director.... People within the different services are aware of this monthly report and so they are aware that issues that may previously just been between them and the IRO are now going to the director and so that, I think that is increasing the challenge and increasing the independence.’

(IRO manager)

Two other case study areas had also developed processes for producing a monthly analysis of issues and challenges raised by IROs, but there was far less support and enthusiasm from senior managers in engaging with this analysis and therefore this exercise seemed to have a rather limited impact. Apart from the annual report, the remaining area had not developed a system for monitoring areas of concerns more frequently or to highlight areas where action was required to improve services for looked after children.

Our findings were also echoed by the views of those who took part in the seminar to discuss the research, who said that there is a need to identify better mechanisms to enable IROs to make a more incisive contribution to service improvement via strategic planning.

6.3 Impact on child outcomes

Nationally the survey found that, as with various aspects of service improvement, IRO managers were most likely to believe that IROs had made a difference to children's outcomes, while fewer (but still many) IROs and DCSs believed so. Survey respondents from all groups were more likely to report an impact on looked after children than care leavers (Figure 8).

Figure 8: Impact of IROs on child outcomes

(Strongly) believed that since 2011 IROs had contributed to improving outcomes for looked after children

- 93% of IRO managers
- 69% of IROs
- 70% of DCSs

(Strongly) believed that since 2011 IROs had contributed to improving outcomes for care leavers

- 84% of IRO managers
- 53% of IROs
- 47% of DCSs

In the case studies some respondents had difficulties assessing the impact of the IRO service on children's outcomes for two reasons:

- First, because the statutory guidance to improve its effectiveness was still relatively new, and it was probably too soon to assess whether these measures have achieved the intended effects in terms of children's outcomes.
- Second, the outcomes of looked after children are influenced by many factors, and it can be difficult to disentangle the range of influences and isolate what impact the IRO service had compared, for example, with the impact of social workers, foster carers and other support services.

Nevertheless, to the extent that respondents were able to attribute impact, they did think IROs were contributing to improving child outcomes:

'I think it's relatively early days. The new system came in 2011 and as we know with the journey through the system [requires]... indicators from quite a few years. ... I think the educational outcomes is the one that everybody focuses on, the placement stability, health checks, dental checks, all those other things that are statistical indicators of what's happening, generally are going in the right direction. So I think, I wouldn't say that's entirely due to the IRO service but I think that is a contributing factor to it.'

(Elected member)

'I'd say on the whole that they [IROs] are a useful back up to ensuring the quality of work that is being done with looked after children ...[is adequate] and in a few cases, they can actually actively improve the outcomes for children. I still think the main person really is the social worker.'

(IRO manager)

In relation to two outcome domains, namely safeguarding and guaranteeing children their rights, some respondents felt better able to make a link between IROs' input and improvements:

'So they [IROs]ve made a difference to that [safeguarding] and that is a key safeguarding issue for children in care, people think children in care are safe. They should be safe, but actually things can go wrong for them. They can experience neglect, they can experience abuse and IROs have an absolutely fundamental role to play in making sure that those children remain safe. ...And so I think generally they've made quite a bit of difference...'

(Child protection manager)

As we saw in previous chapters, IROs' ability to meaningfully involve children in care planning varied. However, some respondents believed progress in supporting children's rights was partly attributable to the work of some IROs, particularly as they encouraged use of existing mechanisms to support children's rights (i.e. advocates, children's rights officers and Children in Care Councils):

'...from what I've heard from the young people, the managers at the committee, is that they [IROs] are an important check to make sure that our young people are getting the right care and any problems can be raised, because they are like an extra pair of eyes and ears. And like a child who maybe a bit intimidated by grown ups, or whatever, these people [IROs] are challenging, are raising issues...'

(Elected member)

'I think the IROs, together with [name of Children in Care Council] have actually made a lot of changes in terms of giving weight to each other and...I think the place of children's rights and their voice is really [improved]... a lot of challenge from IROs would go through children's rights and [Children in Care Council] and that has made quite a bit of change...'

(IRO)

Factors mentioned earlier (i.e. an adequately resourced and well supported IRO service, as well as individual's performance) were again seen as important influences on IROs' ability to make a difference to children's outcomes.

However, ultimately the impact of the IRO service was seen as depending on other parts of the system working as intended. IROs could be really effective in terms of the advice, support and challenge they provided, but if other parts of the system did not work equally effectively, their ability to make a difference could be undermined.

6.4 Conclusion

Making sure that a child's care plan is reviewed in a timely fashion was perhaps seen as the area where IROs had the greatest impact. This was one of the reasons why the IRO service was created in the first place, and just because timely reviews could now be taken for granted in most cases, their role in ensuring this happens should not be underestimated.

IROs were also seen as having had an influence on cases on an ongoing basis, particularly on ensuring that the care planning process focused on permanency, was child-centred and evidence based. However, respondents' accounts reflected the variations in practice and performance reported in previous chapters, and the barriers IROs were facing in operating as intended by the national guidance.

IROs were seen as contributing to improved support and services for looked after children mainly through their involvement in individual cases. And again participants' accounts showed what difference IROs could make when they operated as intended, but also, their limited ability to make a difference when the service was not implemented effectively. We found examples of IROs having an influence at the more strategic level to improve a local authority's functioning as a corporate parent. However, this is an area of IROs' work that seems rather under-developed, and where greater clarity is required about expectations, as well as the creation of structures and processes to enable them to have an input at the strategic level.

Finally, when looking at the difference IROs made to children's lives, respondents had some understandable difficulties attributing any improvements in child outcomes specifically to IROs, given the range of services involved in supporting children. A difficulty that was compounded by the fact that the IRO service has only recently been subject to strengthened guidance and therefore it is probably too soon to establish if they have made a difference to children's outcomes. Assessing their contribution is important and some thought should be given, both nationally and locally, to how one can assess if and how IROs do make a difference to children's lives, using the theory of change model outlined at the start of this chapter.

7. Conclusions and recommendations

The findings of both the survey and case study elements of this study indicate that the IRO role in ensuring high quality care planning is yet to be fully realised. This is not to say that the role could never fulfil this purpose: most participants in the project, including young people, recognised the need for a designated person to listen to the child's views and monitor the work being done to make sure it served their best interests. There is also a sense that the implementation of the IRO guidance is still a work in progress, and that there will continue to be improvements if the role is properly supported.

These findings are designed to contribute to this process of improvement by highlighting the factors that seem to make a difference to an effective IRO service at a local level and to recommend where change is needed. In order to validate the findings and to test out the usefulness of our recommendations, they have been presented both to the young people's reference group established by Coram Voice and to an invited seminar of policy makers, academics and practitioners. The young people formulated their own recommendations, some of which were similar to those of the research team and some of which were very different. The seminar had an opportunity to discuss these and the final list of recommendation included in this chapter is informed by participants' views.

7.1 What makes an effective IRO service?

The study did suggest a consensus about the characteristics of an IRO service that is working well: the challenge for the future is how to ensure that the theory is translated into practice. There are several ways in which the IRO service can potentially make a difference to children's lives. These are:

- Overseeing the care plans of individual children and using a variety of tactics from persuasion to overt challenge to make sure a child's needs are met.
- Acting as a resource for colleagues, as experienced social workers with specialist expertise in the needs of looked after children.
- Identifying systemic or resource deficiencies in the service to looked after children and lobbying for improvements.
- Working to proactively develop the service to looked after children through innovation.

The theme uniting these aspects of the role is the importance of listening to children both at an individual and collective level and making sure their needs and rights are protected. This is the essence of the 'independence' that is crucial to success: if there is a conflict of interests, the IRO must be on the side of the child.

In practice, this is a complex task requiring a range of skills and strategies. In some cases, the best approach will be to exert quiet influence behind the scenes, in others it will be to risk unpopularity by directly criticising the work of

colleagues. It will always be difficult to attribute 'effectiveness' in a straightforward way because these strategies will not always be visible. A 'good' IRO will adopt a nuanced approach, and will know when and how to challenge poor practice. Remaining silent is not an option, however, if a child's welfare is not being promoted or their rights breached.

In the recent judgement by Mr Justice Jackson¹⁶ he made it clear that IROs have a personal liability separate from that of their employing authority. It is therefore worrying that some IROs in the study said that there was 'no point' in challenging decisions because their authority would not listen or did not have the resources to provide a good service. In an address to the National Association of IROs (NAIRO) conference in September 2013, Mr Justice Jackson said:

'So IROs should not only wait for others to solve the problems in the system. They can achieve valuable change by insisting on doing what they are there to do, which is to hold the local authority fearlessly to account.'

There is some protection for practitioners who challenge the actions of the local authority under the Public Interest Disclosure Act 1998. This provides protection for workers who believe they have suffered a detriment because they have made 'whistle-blowing' disclosures. In a recent industrial tribunal, NAIRO reports that an independent IRO received an out of court settlement from a local authority that had terminated his contract following a series of disputes but apparently later accepted that IROs are covered by this legislation¹⁷.

Some commentators, including the House of Lords Committee on Adoption Reform (2013), maintain that the service should be removed from local authority control. Many others reject this solution, feeling that the advantages of being employed by the local authority outweigh the possible disadvantages and there are examples within the study of effective work being done by IROs located alongside social work colleagues. The findings suggest that the factors enabling IROs to adopt a position of independent challenge are more complex than where the service 'sits'.

Key elements that supported an independent approach seemed to be:

Professional status and respect - this is evidenced partly by the practical support provided to IROs, such as manageable caseloads, pay scales commensurate with the level of expertise, and protection of the role from pressure to take on other tasks. Other ways in which local authorities demonstrate that they value the role are by openly giving IROs 'permission' to challenge and taking their concerns seriously. This can take the form of systems to give IROs a voice, such as regular meetings between IROs and leaders of children's services to hear about problems in the service or ideas for innovation.

IROs with the right skills - children and young people were able to describe the characteristics of an IRO who made them feel valued, and who they could

¹⁶ *A & S v Lancashire County Council* [2012] EWHC 1689 (Fam).

¹⁷ NAIRO press release. 5 June 2013 www.nairo.org.uk

trust to champion their needs. Interestingly, the young people's reference group thought IROs should *not* be social workers because this led to their being too sympathetic to their interests rather than the children's.

There was some evidence to support this within the case studies. Most adult participants thought that IROs did need expertise in the looked after children's service, but that this is insufficient on its own, they also need the personal attributes to exert influence in a consensual way and to be able to communicate with children.

IROs in both the survey and case studies referred to the complexity of the role and a need for additional training/development. The skill set for an IRO is not the same as that of a social worker or team manager and it may be difficult for them to make the transition within their own local authority because of the need to adopt a different, more critical, relationship with previous colleagues.

Access to expert advice - given that IROs have a personal liability for the decisions they take, they need access to independent and expert advice. This may not be the same as supervision by a line manager in particularly contentious cases. The study shows that many authorities are failing in their statutory duty to provide independent legal advice for IROs. There is also a need for IROs to have opportunities to discuss complex cases when forming an opinion about a child's best interests and good practice can thrive where support for reflective practice is available.

Dispute resolution protocols that work - there is a lack of consistency about the nature of challenge, with a continuum ranging from informal conversations through to use of the formal dispute resolution protocol in order to escalate cases to senior management. It needs to be clear to all how these work, and how disagreements will be recorded so that children can see for themselves how decisions were made and their interests represented. Given that some service failures are the responsibility of other agencies or departments, effective protocols also need to be multi-agency.

Child-centred IROs - it is crucial that IROs demonstrate their commitment to looked after children in order to create a relationship of trust. If children are unable to tell IROs about their concerns, both individually and collectively, IROs will be hampered in their ability to ensure that care plans are meeting children's needs. It can be a difficult balance to strike, with some differences in opinion as to how much contact IROs should have with individual children, particularly those in settled long-term placements.

Even 'settled' children can be receiving an inadequate service, however. It is crucial that IROs not only explain their role to children but demonstrate their commitment to seeking their views. It seems to be common practice for IROs to meet the child just before review meetings but this does not provide an opportunity for the child to be actively involved in determining who will attend or to fully express difficult feelings.

Having a focus on outcomes - the IRO's role is to have an overview of the care plan, such as where the child is ultimately going to live and whether they are getting any necessary therapeutic help. Children perceive some IROs as being more concerned with 'box-ticking' and records of review meetings often confirm this, with a tendency to focus on day-to-day processes rather than the bigger picture. An effective IRO focuses on what the service is trying to achieve for the child, and holds agencies to account for the part they must play.

7.2 Recommendations

What would support the IRO service to consistently achieve the above standards? Although the statutory guidance is in need of some updating, it still provides a sound basis and will continue to be valid. The challenge is to make sure that it is implemented in full so that the theory becomes embedded in practice.

The following recommendations are targeted at three levels in recognition of the fact that improvement requires a multi-system approach. Although IROs do bear individual responsibility for the quality of their practice, they need to be operating within a supportive culture. This requires the right framework to be in place both nationally and at a local authority level.

The recommendations of the young people's reference group are presented in Appendix B. Interestingly, several of their ideas are about aspects of practice that are already a statutory requirement: the fact that they are being suggested illustrates the gap between what should be happening and the reality for children and young people. They serve as a reminder that it doesn't matter what the policy is if it is not applied and recognisable in day to day practice.

The national level

Social care services are currently operating within a context of 'localism' with a minimum of prescription from central government. Some issues, however, require a national approach, both to ensure a degree of consistency and to make sure that lessons are shared. This is not necessarily the sole responsibility of central government: national agencies representing local government such as ADCS and the Local Government Association could take the lead.

IRO managers and IROs can also work collectively across authorities and there are structures in place to facilitate this through a national IRO Managers' Group which meets on a quarterly basis and links to 9 regional networks across England representing all England's IROs. The national group works in partnership with the DfE to further develop practice, policy and tools to support the work of IROs. Their annual work plan priorities for 2013/14 include:

- Developing strong stakeholder partnerships.
- National benchmarking exercise and report.
- Reviewing the annual IRO report template.
- Development of good practice standards.
- Development of guidance regarding the local dispute resolution process.
- Development of case load weighting guidance.

The National Association of IROs (NAIRO), a membership organisation, has also drafted competencies and a code of practice for IROs. It will be important to coordinate these activities and any future development work in order to avoid

duplication or potentially conflicting guidance. The results of the work need to be properly disseminated and made available on a single website so that all IROs can access them. The proposals arising from the study for work at this level are:

- **A consistent template for IRO annual reports** to ensure they are used to identify key themes regarding the experiences and outcomes of looked after children. The national IRO managers' group has developed such a template and plan to amend it to be more comprehensive, but it is not clear how widely it has been adopted. In spite of the guidance offered by the IRO Handbook, at present IRO reports are often used merely to describe the IRO service or to present statistical data, such as the numbers of reviews conducted. This is a missed opportunity: if the reports adopted a consistent format based on the issues that support or hinder a quality service, they could be analysed and used to inform improvement.
- Local authorities operate very differently in relation to the additional tasks they expect IROs to undertake. Most commonly, these are the chairing of child protection conferences but can include conducting foster carer reviews, case audits and Regulation 33 visits. Although the statutory guidance makes it clear that IROs must not take on case management responsibilities, the expectations regarding these other duties are not specified. We recommend that there be **a national debate about which additional duties are compatible with the IRO role and which constitute a conflict of interest.**
- It is clear from the research that elements of the statutory guidance are not being implemented by some local authorities, such as caseload size, access to independent legal advice and appropriate payscales. These are having an adverse effect on IROs' ability to deliver a high quality service but there has been no mechanism to hold them to account. The new round of inspections by Ofsted of local authority services for looked after children provides an opportunity to change this. **It is recommended that Ofsted explicitly consider the effectiveness of local IRO services in improving outcomes for looked after children, and the local factors that are enabling or hindering their contribution.**
- Given that IROs carry a personal and professional liability for recognising and challenging poor practice, it is important that they have access to expert advice. In some cases, this will be legal advice and local authorities must be held to account for their duty to provide this. Where there is a potential breach of a child's rights, Cafcass can become directly involved. There appears to be a gap, however, where concerns about poor practice do not centre on a breach of the law. IROs may have had an unsatisfactory response from their local dispute resolution process or there may be a difference of professional opinion about the child's best interests. Currently, they have nowhere to turn other than the Cafcass legal helpline but this is staffed by lawyers who may not be the most appropriate people to help. **We suggest that consideration be given to how best to resolve disputes where internal processes have been exhausted.** This could include both a review of the existing Cafcass service and/or consideration of the need for an independent arbitration service for disputes that do not require Cafcass involvement.

- The judgements that IROs have to make are complex and require a range of skills. They are not responsible for care-planning but must decide if the plan is in the child's best interests. This is not a science and IROs deserve professional support in making the difficult transition from the role of a social worker to that of an IRO, often within the same authority, if they are to develop a strong independent identity. Given that the IRO service is quality assuring the practice of others, it is important that the IRO service is itself held to account. Tools such as a Code of Practice would provide a framework for the service to be evaluated, and this process should involve a range of multi-agency stakeholders. We suggest that **consideration be given to developing a national set of standards, led by IROs but involving senior representatives from social work, partner agencies and looked after children themselves. The Chief Social Worker, College of Social Work and local authority Principal Social Workers should also consider the particular needs of IROs for professional development in order to attain these standards.**

Local Authority level

The study shows that the IRO service is most effective where operational and political leaders demonstrate that they value the role. Where this overt commitment is lacking, the social work service may not take the opinion of the IRO seriously. It was common for practitioners to pay lip service to the notion that it is the IRO's job to challenge, but to resent it in practice.

The attitudes of senior managers and political leaders are crucial in determining how seriously their IRO service is taken and, ultimately, whether it is able to fulfil its purpose. Each Director of Children's Services should promote a culture whereby it is recognised that independence and challenge are at the heart of a good IRO service, and that they fully support this.

Specific ways in which this can be done are as follows.

- Although there is a general understanding of the purpose of the IRO role, the detail of how it will work in practice may be less clear. For example, there is often confusion about the status of review decisions with social workers saying that they are not bound by them. **We suggest that managers set out the expectations of the role and disseminate this information to all those involved in services for looked after children. This should include versions appropriate for children and young people.**
- Indications that the IRO role is valued can also be demonstrated by the **creation of systems to give IROs a voice.** For example, in some authorities IROs meet regularly with senior managers and/or political leaders so they can raise general concerns or suggest service improvements. This is of benefit to managers as well as empowering for IROs because they can act as the 'eyes and ears' of the authority to pre-empt failures within the service.
- Linked to the above is the use of the IRO Service Annual Report. Many of these reports are currently of limited value and are not used to identify systemic problems - or achievements. **It is proposed that each local**

authority specify the process for producing the report, including who will be involved in contributing to it, how it will be responded to and how it will be used to contribute to improved outcomes for looked after children.

- There was widespread dissatisfaction amongst IROs about the effectiveness of their local dispute resolution processes. They reported not getting a timely response - or any response - and a failure to address their concerns. There is also some inconsistency about the threshold for identifying something as a 'dispute', with much of the process being described as 'informal', and the ways in which disagreements are recorded. We recommend that **each local authority undertake a review of how their dispute resolution processes are working, including the 'informal' stage and the involvement of other agencies.** The National IRO managers' group is producing guidance that will support this process.
- Although IROs are expected to hold others to account, systems for assuring the quality of the IRO service itself were underdeveloped. During the case studies, social workers and children gave examples of poor practice by IROs but there was no indication that they had a mechanism for reporting these. **We recommend that quality assurance processes be reviewed and strengthened in accordance with the IRO handbook, including feedback from social workers and children, direct observation of IRO practice and opportunities for reflection.**
- There was widespread dissatisfaction amongst IROs about the quality and availability of training/development. Although generic courses were sometimes provided, there was little recognition of the specific knowledge and skills needed by IROs. Interestingly, Birmingham University has developed a specific learning module for IROs but this does not seem to be widespread. **We recommend that local authorities assess the training and development needs of IROs and IRO managers and commission role specific training/support.**
- Although the statutory guidance sets the appropriate caseload size for an IRO, this is widely ignored. The numbers of IROs employed by each authority often does not reflect the numbers of looked after children, their level of complexity or any other duties that IROs must fulfil. **It is recommended that each local authority undertake an analysis of the number of IROs they require to provide the standard of service required by the IRO Handbook.** This could form part of their evidence to Ofsted during inspections. The time use activity analysis undertaken by Loughborough University as part of this study could provide a framework for this analysis and recommendations are included in Appendix C.

IRO Service level

Although IROs are entitled to expect their employers to create a supportive context for them to work in, they also have a personal responsibility for the quality of their practice. In the case of A & S vs. Lancashire County Council

[2012] EWHC 1689 (Fam) the judge ruled that the IRO had failed in his duties. The fact that he was not provided with the resources to do his job was acknowledged but not seen as a mitigating factor. IROs have a duty to speak out when individual children are being failed, but also when there are systemic obstacles that impair their ability to do a good job.

- The findings suggest that many children do not fully understand the IRO role and too often see them just as the person who chairs their review. Not all children in the case studies knew they could contact their IRO in spite of the provision of this information being a duty for IROs and there was very limited understanding of their role in relation to case monitoring. We recommend that **IROs must take personal responsibility for ensuring that all children understand the IRO role (recording how they have done this). They should also negotiate with individual children on their caseload how they will maintain contact with each other and confirm this in writing to the child** (and/or carer if more appropriate).
- Although IROs spend much of their time on individual cases, they also have a general responsibility to improve the standard of the service to looked after children more generally. This requires them to proactively identify the factors that are affecting the quality of the service, and to take action. **Where IROs perceive there to be barriers to their ability to fulfil their role, or systemic failures in the service to looked after children in their authority, they must raise this formally with senior managers.** These challenges and the response should be included in the Annual Report.
- Although the statutory guidance gives IROs responsibility for the ongoing monitoring of cases, it does not specify how this should be done. **We recommend that the IRO service in each local authority clarify their method for monitoring cases, including how this activity will be recorded.**
- There is no consensus about the suitability of the additional tasks undertaken by IROs. Some feel that chairing child protection conferences enhances the service: others feel that it is incompatible with it. **We recommend that each IRO service undertake a review of all additional tasks to establish whether they compromise IRO independence – or capacity – and act on their findings.**

The role of the IRO is about to become more challenging as the numbers of looked after children increase and the Children and Families Act 2014 introduces new arrangements for care proceedings. Scrutiny by the IRO will be crucial to ensure that the quality of care plans is not compromised by these changes. Where the role works well, it can make a real difference to children's lives and good practice needs to be shared - and celebrated.

Appendix A: Details of case study research methods

Focus group with IROs working for the authority

All IROs working for the authority were invited to a focus group to explore findings from the survey, particularly in relation to: local barriers and enabling factors to implementing the IRO role, issues raised and how they were addressed by the local authority, local strengths and weaknesses in relation to case management, examples of how the IRO role has contributed to changes (e.g. to policy, practice or performance) within the authority. For the resource analysis we also gathered 'time use activity data' to understand how much time IROs were spending on different aspects of their work. These questions focused on care planning, reviews and case monitoring. (See section below on analysis of resources for further details). The number of IROs in a focus group varied between seven and eight.

Focus group with a sample of social workers

This focus group explored social workers' experience and contact with IROs, their understanding of the IRO role and perception of its effectiveness, any changes to their own practice, or to local policy resulting from the intervention of IROs. We also gathered the views of social workers about the impact of the IRO role on their time (e.g. do social workers spend less time supporting a child when the IRO has a more active role). This allowed us to consider duplication of work and the resource/cost implications of any duplication, or cost savings where work may have been streamlined. The number of social workers in each focus group varied between four and eight.

Semi-structured interviews with up to four relevant local stakeholders in each authority

In each local authority we interviewed a DCS or a corporate parenting manager or head of looked after children services, an IRO manager and a children's participation worker. In two local authorities we also interviewed a lead member. In the other two local authorities we interviewed social work team manager.

These interviews further explored issues arising from the survey responses, particularly focusing on perceived strengths and weaknesses in relation to casework, the IRO role in improving performance and local barriers and enabling factors.

Semi-structured face to face interviews with six looked after children in each authority

The sample was purposively selected to include children with a range of needs and types of placement, including those highlighted within the guidance as requiring particular attention from the IRO (e.g. unaccompanied asylum seekers). We interviewed children between 7 and 19 years old. These interviews explored the child's contact and experience with IROs, including their

understanding of the IRO role, the extent and ways in which the IRO had enabled their views to be expressed within the care planning process, and examples of how they perceive IROs to have (or have not) made a difference to their lives.

Analysis of resources needed for IRO service and cost analysis method

The analysis of resources needed for the IRO service was conducted as part of the cost analysis carried out by the Centre for Child and Family Research (CCFR), Loughborough University. The research team at CCFR have developed a 'bottom up' costing methodology to calculate the costs of providing social care services to looked after children (Ward, Holmes and Soper, 2008). The approach identifies the personnel associated with each support activity, or service and estimates the time they spend on it. These amounts of time are costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads and other expenditure (Curtis, 2013). The costs of management and capital overheads are based on those included in a framework that has been developed with local authorities and Voluntary adoption agencies (Selwyn et al, 2010). Subsequently the framework has also been piloted and used across other studies in the CCFR research programme (Holmes, McDermid and Sempik, 2010). This methodology allows for the development of a detailed and transparent picture of costs of providing a service, and of the elements that are necessary to support service delivery. This method facilitates comparisons of costs and allows for exploration of variations in costs according to the needs of children, placement type, decision making processes and approaches to service delivery.

The time use activity data that was required to form the basis of the unit cost estimations was gathered as part of the focus groups carried out with IROs and social work teams in the four case study areas. Focus group participants were asked to estimate the amount of time they spent on certain key activities to support looked after children. Workers were encouraged to provide activity information for an average case (*defined as a child with no evidence of additional needs, placed with local authority foster carers, within the area of the placing authority - see Ward, Holmes and Soper, 2008 for further information about the definition of a standard case*). If workers found it difficult to assign activity times to an average case they were encouraged to report activity times for a current or recent case. Participants were also asked about variations in activity for specific types of cases, or for children with specific needs. These variations in activity have then been reflected in the recommendations outlined in Appendix C.

The activity times reported in the focus groups have been organised into a set of social care processes for looked after children developed by Ward, Holmes and Soper (2008). These processes are detailed in Box A.1 below. The focus of the activities for this study was placed on four of the eight processes (highlighted grey in Box A.1). Based on previous research and an exploration of the IRO guidance it was anticipated that IROs would potentially carry out activities within each of these four processes.

Box A.1: Conceptual framework for looked after children

Process number	Process Description
Process 1:	Deciding a child needs to be looked after and finding a first placement
Process 2:	Care Planning
Process 3:	Maintaining the placement
Process 4:	Leaving care/accommodation
Process 5:	Finding a subsequent placement
Process 6:	Review
Process 7:	Legal interventions
Process 8:	Transition to leaving care services

The activity times gathered for each of the four case study areas were then compared with IRO time use data collected in previous studies that were carried out prior to the changes in IRO guidance.

Appendix B: Young people's recommendations

- Children and young people (CYP) to be reminded at every looked after children's review meeting exactly who each professional is, what their job is and what they can do for the young person.
- Extra care and attention to be given to non-native English speakers to ensure that they understand their rights.
- IROs should regularly remind CYP about their rights to an advocate.
- CYP to be given a 'journey within care' plan which outlines what will happen at each stage/age of being within care so that the processes are more transparent.
- Current and new IROs to be training to a high national standard. Training should include input from CYP and role plays scenarios for LAC review meetings.
- Keep CYP informed of any significant changes and why they are occurring.
- IROs should be completely independent i.e. not employed by the LA or the word independent should be removed from their job title. 'Progress reviewer' was deemed more a more appropriate title.
- CYP should be trained and supported to chair their own meetings as this may increase their interest and create a more CYP focused atmosphere.
- IROs should not judge CYP and they should leave any personal feelings out of the situation. Care leavers are not typical young people and require more understanding and patience from professionals.
- LAC review meetings should be held within the recommended timescales with flexibility around when the CYP can attend.
- IROs should maintain their professionalism and not try and relate to CYP on "their level" as this can lead to stereotyping and is insulting to the CYP.
- Actions should lead to practical steps and actions which are not completed should be chased up promptly by the IRO with escalation if required.
- IROs should make a greater effort to contact CYP between LAC review meetings in order to build a relationship with them. Developing a level of trust would then empower CYP to take a more active role in their LAC review meetings as they may feel more comfortable and confident.
- Listening to CYP is vital to building a successful relationship with them and to the progression of the care plan. The key is to empower the CYP and focus on them more throughout their time in care.
- IROs should meet CYP alone before the meeting in order to address any issues confidentially.
- IROs to understand how CYP want information to be communicated and by who.
- IROs should keep CYP informed if actions have/have not been completed on time as the CYP will lose trust in them if they do not communicate.

- IROs should introduce the CYP to their foster carers personally to help ease the transition for the CYP.
- Attempts should be made to place CYP within their LA.
- All case files should be up to date and include all relevant information for the CYP.

Appendix C: Recommendations for a properly resourced IRO service

The following recommendations are based on the evidence gathered throughout this study. Use has been made of the information about the detailed tasks that IROs need to carry out and to some extent how long they need to do them properly. A distinction is made between a standard case, classified as for a child with no evidence of additional needs, placed with local authority foster carer within the area of the placing authority. Variations in activity to support children with specific needs or circumstances are also included. A list of suggested questions has been included to assist local authorities to explore the resources required for a properly resourced IRO service, based on the needs of their looked after population.

Review meetings

Sufficient time for preparation prior to a review meeting to include the following activities:

- Read case notes and care plan including Personal Education Plan and Health Plan [ALLOW UP TO ONE HOUR PER CASE]
- Consultation [ALLOW UP TO ONE HOUR WITH EACH OF THE FOLLOWING] to include:
 - Child or young person (face to face)
 - Social worker (face to face or telephone)
 - Parents (face to face)
 - Foster or family/friends carer or key worker (for residential placements)(face to face or telephone).

A full hour with each of the above may not be required for all cases, or at certain time points. Time needs to be included for travel to meetings to consult with those outlined above which will vary based on the size of the authority and location of placements.

Allow sufficient time for the review meeting [ALLOW ONE AND A HALF TO TWO HOURS] plus travelling time.

Time needs to be included for writing up a formal record of the review meeting [ALLOW UP TO TWO HOURS].

Variations

There needs to be consideration that preparation time is likely to take longer for a newly allocated case [ALLOW AN ADDITIONAL HOUR TO FAMILIARISE WITH A NEW CASE]. The other factors listed below may also add to the preparation time required, as well as the actual review meeting.

It also needs to be acknowledged that reviews are likely to take longer for children with certain types of need or characteristics:

- First review
- Sibling groups
- Cases subject to care proceedings
- An interpreter is required
- The child has specific communication needs
- The plan is for the child to be reunified
- Large multi-agency teams are participating in the review
- The placement is at risk of breakdown
- Placements out of the area of the placing authority.

It is also necessary to ensure sufficient capacity to carry out more frequent reviews if required, for example children where there is a risk of placement disruption or whose plan is adoption.

Time between reviews

Allow sufficient time to monitor all cases between review meetings, this should include time to carry out a basic check of the case file and to contact relevant people especially the child or young person) [ALLOW UP TO ONE HOUR PER CASE]. Sufficient time also needs to be allocated if there are issues that need to be resolved, for example due to delays, poor practice or if the child is unhappy in their placement [ALLOW UP TO TWO ADDITIONAL HOURS PER CASE FOR THOSE CASES THAT WOULD GET PRIORITISED FOR ADDITIONAL WORK/MONITORING].

Training

Allow sufficient time to undertake ongoing training. When/if training programmes are being developed to fill the IROs' training and development gaps (as identified by the research, for example observational skills for work with children under the age of four; communicating with disabled children and developing links with and awareness of support and services for disabled children). There needs to be consideration of the time required to complete the training and for IROs to maintain their social work registration.

Payment and costs

IROs should be paid in line with the IRO Guidance (at the same level as a team manager). Making use of national salary scales for local authority team managers and the methods outlined in Appendix A, it is possible to estimate a unit costs per hour for an IRO (£48). This cost includes organisational overheads.

Using the recommended activity times outlined above, and with the data to answer the key questions below, it is possible to estimate the finances required for a properly resourced IRO service. For a *standard* case, based on the recommended times above, a total of between 7 and a half hours and nine and a half hours (dependent on the amount of consultation that is required prior to the review meeting) is required *per review*. The estimated cost *per review* is between £360 and £456. The unit cost would be higher for cases that require additional preparation or longer review meetings.

Caseloads

These should be in line with the IRO Guidance and take account of the additional time required to support and monitor specific types of cases (as outlined above).

Key questions that local authorities need to answer to explore whether they have enough IROs

- 1) How much time is required per standard case to carry out each of the activities outlined above (preparation for a review; attendance at a review; activities resulting from the review; ongoing case monitoring)?
- 2) How many looked after children are there in my authority?
- 3) How many disabled children are there?
- 4) How many siblings groups are there?
- 5) Is sufficient time allowed to enable IROs to meet with all children prior to their reviews and to communicate with them between reviews?
- 6) Is sufficient time allowed to enable IROs to effectively undertake all their responsibilities for those children who are placed out of the area of the authority prior to their review?
- 7) Is sufficient time allowed to enable IROs to monitor all cases between reviews?
- 8) On average how many days per year should IROs spend on training, are any additional training days required?
- 9) What other duties are IROs to carry out and what proportion of their time do these take, including supervision and team meetings?
- 10) Are IROs or IRO managers expected to carry out activities related to the strategic development of services and support for looked after children? How much time do these require?

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