

**THE ANNUAL REPORT 2016/17 OF THE INDEPENDENT REVIEWING UNIT:  
CHILDREN'S SOCIAL CARE**

**Report of the Head of Children's Social Care.**

The annual report of the independent reviewing unit (IRU) is a statutory requirement on local government. It is also a core document for Ofsted when they are considering their judgement of the statutory social work functions of the Local Authority.

The IRU is the internal quality assurance function for social work in Children's Services. It is part of the system of checks and balances, built over the last sixty years, to make the UK's system, the pre-eminent child protection system in the world.

The report, attached here as an appendix, details the work and performance of the IRU and opens a window onto the Devon-wide system for child protection and children in care.

The picture painted is one of improvement which is of course very welcome and very important, but more importantly in the Stronger Families: Safer Children section, the picture is one of transformational cultural change. The developments described in this report are the first steps in a radical transformation of social work in Devon.

All Children's Services judged good by Ofsted have a flourishing IRU. There are slightly different models nationally but the defining characteristic of success is high support/high challenge. An overly supportive IRU quickly becomes collusive and has no grip or penetration and little impact on practice quality. An overly challenging IRU will be locked out and blocked from having any meaningful impact on maturing high quality social work practice.

It will be helpful for scrutiny colleagues to assess the report through the lens of high support/high challenge and explore this with the service leaders.

**Electoral Divisions:** All

Cabinet Member for Children Services and Schools: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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# **Devon County Council**

## **INDEPENDENT REVIEWING UNIT**

### **ANNUAL REPORT**

# **2016-17**

Reports from the Independent Reviewing  
Officers, Independent Safeguarding Reviewing  
Officers and Local Authority Designated  
Officers

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## Part 1: The IRU Service

### Introduction and purpose of the report

This report details the work of the Independent Reviewing Unit for 2016/ 2017. The report is separated into key sections to highlight 3 key areas of work undertaken in the IRU in respect of children subject to child protection plans, children who are looked after and organisational safeguarding investigations.

The report will;

- Provide a context to the role and work of the IRU.
- Highlight the performance and activities of the IRU.
- Provide a picture of the profiles of the children we serve.
- Highlight how the IRU has contributed to the development of good practice and improving services and outcomes for Children in Care and at Risk of Significant Harm.
- Identify areas of development to be progressed in 2017/2018

### Overview and summary of the IRU Service in Devon

The IRU in Devon is a unified team including Independent Reviewing Officers (IRO), Independent Safeguarding Reviewing Officers (ISRO) with primary responsibility for reviewing and quality assuring the service to children who are the subject of child protection plans and the Local Authority Designated Officers (LADO), responsible for managing allegations against people who work with children. The IRU also holds responsibility for complex and organised abuse strategy meetings and whole service investigations via the LADO.

As one of the largest Local Authorities in England, Devon has developed a locality based model of working in order to allow the establishment and development of consistent working relationship. IROs and ISROs therefore work as far as possible within the same geographical areas as front-line team-based areas, whilst maintaining an overarching supervisory and management structure.

The implementation of a strengths-based approach in Child Protection Conferencing during 2015/2016 has been a key change milestone for the IRU and has seeded a number of additional changes.

## Service Context

### Children in Care:

The Independent Review Officers' (IRO) service is set within the framework of the updated IRO Handbook which is linked to the revised Care Planning Regulations and Guidance, introduced in April 2011. The responsibility of the IRO has changed from the management of the Review process to a wider overview of the case including regular monitoring and follow-up between Reviews. The IRO has a key role in relation to the improvement of Care Planning for Children looked after (CLA) and for challenging drift and delay.

The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. In discharging these duties, the IRO has a number of specific responsibilities which include:

- promoting the voice of the child;
- ensuring that plans for looked after children are based on a detailed and informed assessment, are up to date, effective and provide a real and genuine response to each child's needs;
- making sure that the child understands how an advocate could help and his/her entitlement to one;
- offering a safeguard to prevent any 'drift' in care planning for looked after children and the delivery of services to them
- monitoring the activity of the local authority as a corporate parent in ensuring that care plans have given proper consideration and weight to the child's wishes and feelings and that, where appropriate, the child fully understands the implications of any changes made to his/her care plan.

The Statutory Guidance states that the IRO manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting board. This report should identify good practice but should also highlight issues for further development, including where urgent action is needed.

The IRO Guidelines further outlines six areas that the IRO Annual Report should address:

- **Procedures for resolving concerns**, including the local dispute resolution process and it should include an analysis of the issues raised in dispute and the outcomes;
- The **development of the IRO** service including information on caseloads, continuity of employment and the makeup of the team and how it reflects the identity of the children it is serving;
- Extent of **participation of children and their parents**;

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- The **number of reviews that are held on time**, the number that are held out of time and the reasons for the ones that are out of time;
- **Outcomes of quality assurance** audits in relation to the organisation, conduct and recording of reviews; and
- Whether any resource issues are putting at **risk the delivery of a quality service** to all looked after children.

The National Children's Bureau research entitled 'The Role of the Independent Reviewing Officers (IROs) in England' (March 2014) provides information and findings in regards to the efficacy of IRO services and outlines a number of important conclusions regarding what makes an effective IRO service. In his forward and in relation to our service to Looked after Children, Mr Justice Peter Jackson, makes the following comment;

*'The health and effectiveness of the IRO service is a direct reflection of whether we are meeting that commitment [our legal obligations], or whether we are failing.'*

In an address to the National Association of IROs (NAIRO) the previous year he said;

*'IROs should not 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'.*

Devon's looked after Children and Leaving Care Strategy 2014-2017 sets out the strategic intentions of Devon County Council in relation to improving outcomes for children who are looked after by the Local Authority. These priorities inform the work and scrutiny of the IRU. This strategy is in the process of being updated to integrate key priorities to ensure help is offered to families at the earliest opportunity through the early help system and at the edge of care to reduce the likelihood that a child or young person requires safeguarding through a child protection plan or via local authority care. Key developments in our response to children in need will also support this preventative work. When children do require local authority care, we are all charged with the responsibility of ensuring children are supported to achieve positive outcomes via well matched, local placements that are stable so that all key developmental needs are met over time towards adulthood.

### **Child Protection:**

Working Together (2015) sets out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children, including the arrangements for Child Protection Conferences. Research and evidence in best practice in working with families has informed the review and implementation of a new model and approach to Child Protection Conferencing in Devon, 'Stronger Families; Safer Children', an initiative that has resulted in widespread and whole system changes to the way in which we work alongside families to achieve change. Most recently, some of the values and intentions at the heart of this model have been

endorsed further by research, including the findings set out in the work of Smithson and Gibson 'Less than human: a qualitative study into the experience of parents involved in the child protection system'. (Wiley, 2016)

Whilst the role of the ISRO (Child Protection Chair) embraces the principles and responsibilities of the IRO as set out above, therefore, it also has a number of specific responsibilities to discharge;

- To quality assure the appropriateness of decision-making to proceed to Initial Conference and planning for the family in being able to get the best possible experience and outcome from the meeting.
- To speak to and/or meet with the family prior to the conference, to ensure that they are clear about the purpose and process of the conference and their role in it;
- To agree issues of attendance and participation of the conference, including exclusions where necessary;
- To ensure that the child's voice was heard and that direct participation takes place;
- To ensure consideration is given to any cultural, communication, support needs or learning disability;
- To chair the conference, setting out its purpose for all participants and to ensure that participants are given adequate opportunity to express their views;
- To ensure that the conference adheres to the Stronger Families: Safer Children strengths based, collaborative model and focuses on both immediate safeguarding, and medium to long term resilience.
- To respond to issues of dissent and to make the final decision about child protection plans;
- Where it is decided that the child should be subject to a child protection plan, the chair coordinates the development of an outcome focused, smart and resilience focused plan that draws on and develops the assets around the child.
- To ensure that expectations of parents and the outcomes required to achieve the ending of the child protection plan are clear to all parties;
- To identify core group members, including timescales for meetings, and with whom case responsibility lies
- To quality assure the practice of the social work and multi-agency partners and the progress of the plan.

### **Safer Organisations (LADO):**

The Local Authority Designated Officer (LADO) service in Devon has developed significantly in Devon during 2015/2016. The establishment of a third LADO has enabled the service to broaden its consultancy, training and awareness work within children's social work and with external partners. Further plans for the development of the service are set out further below. Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or

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could cause them harm. The Local Authority Designated Officer (LADO) in Devon works within IRU and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people.

The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Allegations of historical abuse should be responded in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

Working Together (2015) prescribes key aspects of the LADO role and includes;

- To coordinate the safeguarding and investigative process in response to allegations made against people working with children.
- To provide advice/guidance to employers or voluntary organisations.
- To liaise with police and other agencies including Ofsted and professional bodies such as the General Medical Council and the General Teaching Council.
- To monitor the progress of referrals to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.
- To resolve any inter-agency issues.
- To collect strategic data and maintain a confidential database in relation to allegations.
- To disseminate learning from LADO enquiries throughout the children's workforce.
- To ensure that measures are in place to prevent further harm or abuse and that where required, referrals are made to the appropriate social care team.

### **The Team:**

The Children's Commissioner for England's report for the Family Justice Review in 2010 highlighted the significance of consistency of the IRO for children.

In 2016/17, the IRO teams have remained largely stable. From April to August 2016, the service included two locum IROs however, since August 2016, the team has comprised only permanent members of staff, creating the opportunity for improved consistency for children. This allows IROs to know

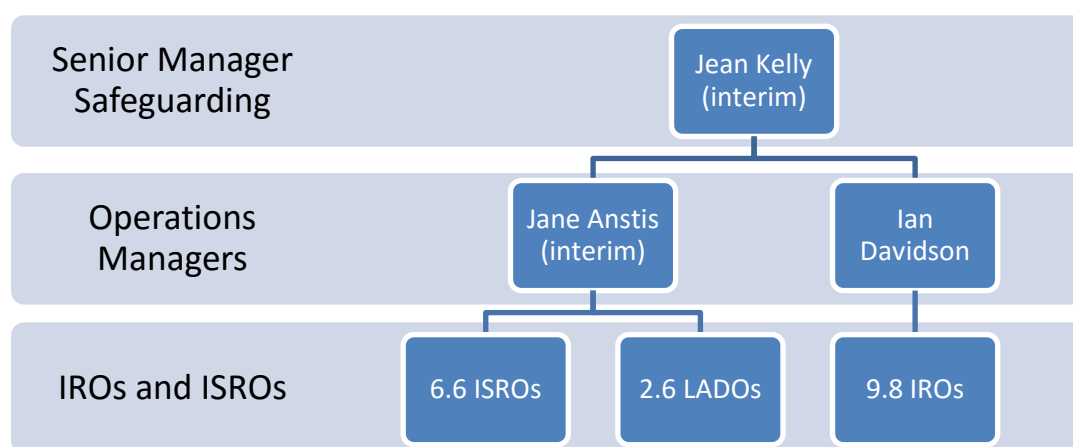


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their children well, and to monitor cases from a position of experience and knowledge of the child, as envisaged in the Handbook.

*NS, GS and BS became subject of child protection plans whilst living at home. IRO raised escalation about unmanaged risks in home. NS and his siblings were accommodated. IRO continued in her role and escalated concerns about drift in planning and ensured a child-focused approach to contact arrangements. IRO remained throughout care proceedings and has been instrumental in supporting children into permanent placements.*

### Structure:



The current staffing structure includes;

- 2 full time equivalent Operations Managers, each with key areas of responsibility; Children In Care and Safeguarding (Child Protection, Local Authority Designated Officer (LADO), Complex and Organised Abuse)
- 19 Independent Reviewing Officers (IROs) of which 2.6fte specialise in the LADO role and 6.6fte in the Child Protection Role (Independent Safeguarding Reviewing Officers, ISROs)

The IROs and ISROs are appointed at a level equivalent to Children's Social Work Team Managers in Devon.

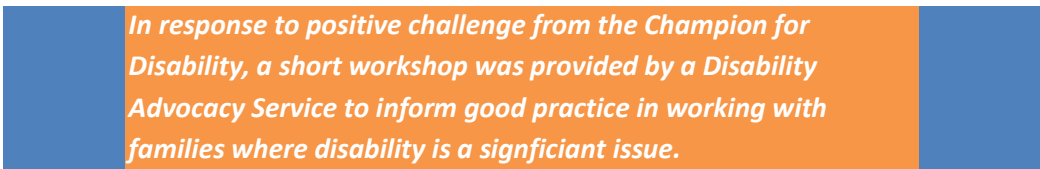
### Profile and expertise:

In terms of diversity and our ability to reflect the population of the children with whom we work, we currently have a mix of 4 male and 15 female of which one is from a black and mixed ethnicity (BME) background.

In order to ensure the whole team knowledge base remains current and that we have an internal scrutiny and challenge mechanism, each IRO/ISRO holds responsibility for a discrete area of practice, including;

- Adolescents and risk
- Disability
- Mental health
- Adoption and Foster to Adopt
- Education and inclusion
- Child Sexual Exploitation / sexual abuse
- Unaccompanied Asylum Seeking Children
- Social media and on-line safety
- Equality and Diversity; Faith / BME / culture
- Equality and Diversity: LGBTQ
- Domestic Abuse
- Substance Abuse
- Transition to Adulthood and Care Leavers
- Contact / Family Group Conferences / Kinship Care
- Trafficking and Gangs
- Edge of Care
- Participation
- Neglect

In these champion roles, IROs and ISROs provide a point of support and advice for colleagues and provide concurrent and annual research dissemination.



*In response to positive challenge from the Champion for Disability, a short workshop was provided by a Disability Advocacy Service to inform good practice in working with families where disability is a significant issue.*

### **Locality based working:**

Reflecting the geographical organisation of front-line services in Devon, the IRO and ISRO's are based in the four quarters of the county; North, South, Exeter and Mid and East Devon.

This has created the conditions for enhanced and productive working relationships between practitioners and IRO/ISRO's, opportunities for closer working and more timely resolutions at an earlier stage. It has improved understanding of the IRO/ISRO role, including its position outside the practice accountability framework and its need to remain robustly independent, able to challenge and escalate concerns where necessary.

At times, the locality model has created challenges in timely allocation and the team has had to work cooperatively and flexibly across areas at times in order support compliance with statutory timescales.

## **IRU Caseloads:**

Maintaining IRO caseloads within those recommended in the IRO Handbook regulations has continued to be a primary aim of the service and for the most part has been achieved.

Caseloads for ISRO's have averaged at 75-80 pro rata.

Effective quality assurance demands a reduction in caseloads to the region of 60 and this will be the target average for 2017/2018.

## **Part 2: Looked After Children**

### **The role of the Independent Reviewing Officer for looked after children:**

The primary functions of the role of IRO are to quality assure the care planning and reviewing process for each looked after child and to ensure that their wishes and feelings are given full consideration. They are also charged with ensuring that whilst in the care of and upon leaving the care of the local authority, the best outcomes are achieved for and on behalf of these children and that their life chances maximised

Every looked after child in Devon will have an IRO appointed who will monitor their case and, where necessary, challenge decisions and practice to ensure best outcomes. This should include identifying patterns of concern around individual children as well as looking at the overall experience of looked after children in Devon.

This part of the report begins with a summary of progress regarding the actions agreed in last year's annual report and goes on to consider performance in this reporting year.

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### Actions from Previous Annual Report (2015-2016)

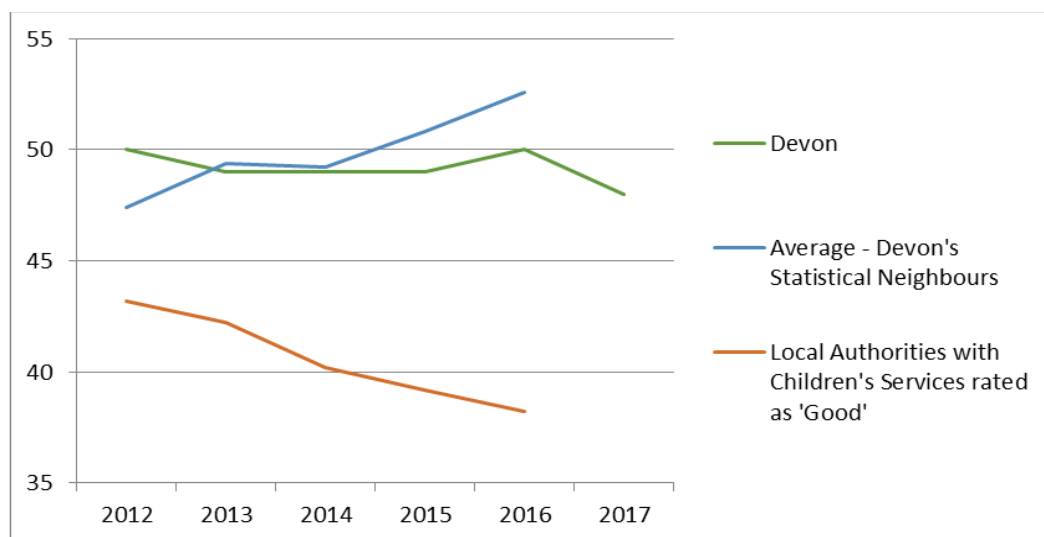
Priority Action	Outcome Sought	Outcome	RAG Rating
All IROs to have contact cards	Children and young people know there IRO, know how to contact them and understand their rights and entitlements	All IROs now have contact cards, these include advice on advocacy and the Children in Care Council Website	<b>GREEN</b>
Children and young people chair/co-chair their child in care reviews (where appropriate)	An increase in children and young people chair/co-chair their reviews	The (I9) CHIC monitoring form demonstrates an increasing number of young people engaged in chairing their reviews.  84% of children and young people are participating in their reviews	<b>AMBER</b>  Further action: Data needs to effectively distinguish between chairing and participation
Children and young people receive a pre-review visit/consultation	All children and young people are visited/consulted prior to their reviews to ensure their views are heard and responded to.	15% increase in pre-review visits/consultation.	<b>AMBER</b>  Further action: Reduce IRO caseload, monitor through supervision
Children and young people's participation recorded in line with Government criteria	To ensure all children are actively involved in decisions that affect their lives.	Looked After Children (I9) monitoring form incorporates Government requirements	<b>GREEN</b>
Parents to be consulted prior to reviews (where appropriate)	Parents are consulted or provide feedback for reviews	Significant increase in parental participation (feedback and attendance) to 67%	<b>AMBER</b>  Further action required: feedback to be analysed for future reporting.
All children and young people have a mid-point review completed	To ensure that all plans are on track in a timely way evidencing best outcomes are on track to being achieved.	51% of mid-point checks completed	<b>AMBER</b>  Further action required: All IROs now required to complete this process.
Children and Young People	To ensure every child has	Leaflet produced and provided to IROs, given out at	<b>GREEN</b>

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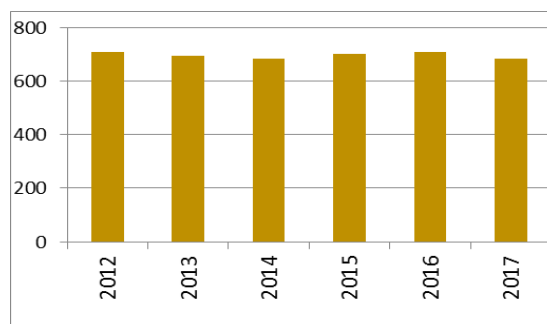
are aware of their rights	access to and understands their rights as looked after children.	initial reviews	Further action required: Evaluate impact with Participation Team
To establish better links between the IRU and IROs and the Children in Care Council	An IRO to link directly with the children in care council  IRO manager to attend CICC meetings as and when requested	IRO identified as champion  IRO manager now attending	<b>GREEN</b>  Further action required: evaluation of impact.
IROs to practice in accordance with agreed practice standards	To ensure all IROs are working to agreed minimum standards as set out in the care planning regulations.	Practice standards produced and agreed and provided to all IROs	<b>GREEN</b>  Further action required: monitor through supervision, practice observation, appraisal
Once yearly direct observations of IROs by care experienced young people	IROs to receive feedback on their practice from young people	This took place in 2016 and is due to be repeated in the next reporting year	<b>GREEN</b>
Children and young people have greater control over their review process and consulted on where, when and who attends their reviews	IROs to consult with young people in respect of this and record wishes on IRU monitoring form	73% of children and young people are consulted and have a say in where and when and who attends their review meetings	<b>AMBER</b>  Further action required: Improve this to as close to 100% as possible with reported exceptions.
To promote greater stability of placement for children in care	Permanency planning meetings and plans produced in line with requirements, support more effective planning	Increase in escalation activity around planning issues – evidenced in escalation report (i3) 77% of permanence plans in place by the second child in care review 75% of reviews, IROs have no concerns about placement stability 84% of cases care plans fully implemented 10% of children are expressing concerns about their care or placement	<b>AMBER</b>  Further action required: All permanence plans in place before second review IROs have less concern about placement stability

The data used as a comparator to Devon's is based on the national Local Authority figures for CHIC, year ending March 31<sup>st</sup> 2016 (national data for the reporting year is not available at the time of writing this report). This data includes, national and statistical neighbour comparisons and highlights the performance of local authorities that who been rated 'good'.

## **Profile of Children in Care**



**(Fig 1. ChiC Rate per 10,000 of Children aged under 18 years - Local/National/Stat Neighbours and 'Good' Authorities)**



**(Fig. 2 Numbers of LAC – Devon – 5 year trend)**

The above tables show the figures for looked after children over a five-year period. Fig. 1 represents a comparison with "good authorities, and statistical neighbours. Fig 2 represents Devon's 5-year trend for ChiC.

Nationally (England), the numbers of children looked after has risen steadily from 67,070 (31<sup>st</sup> March 2012) to 70,440 (March 31<sup>st</sup> 2016), a 5% increase over the period. In comparison Devon's CHIC numbers have remained relatively stable over the same period 710 (31<sup>st</sup> March 2012) with small

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decreases in the next few years to 710 (31<sup>st</sup> March 2016), as of 31<sup>st</sup> March 2017 this figure reached 682, a 4% decrease.

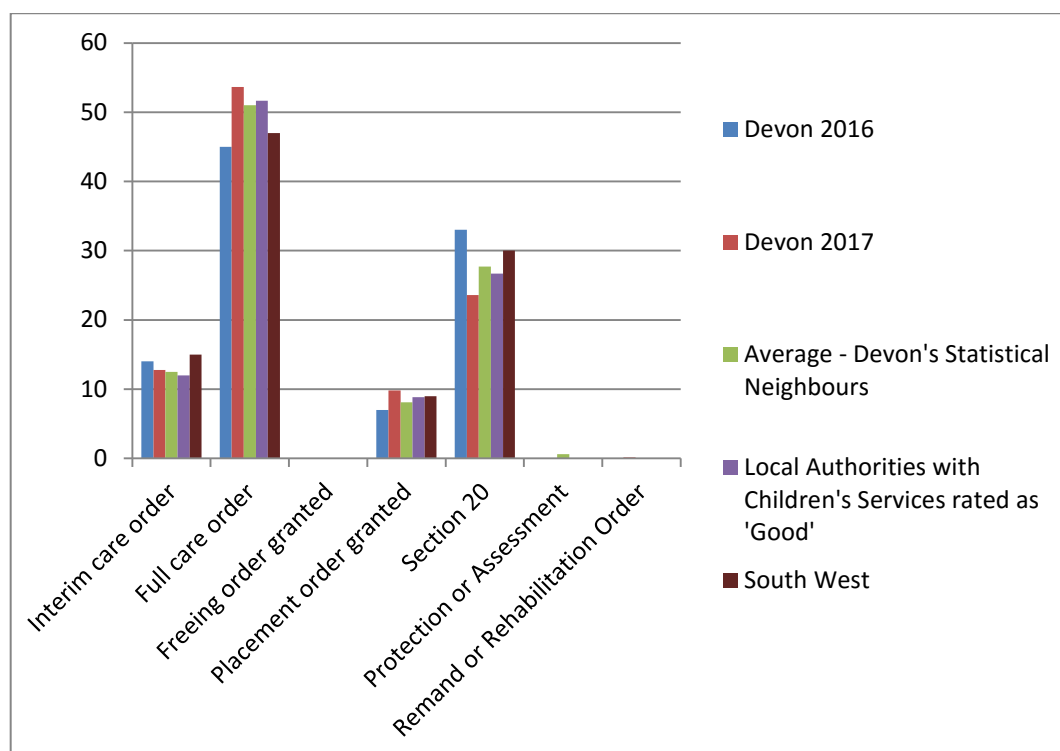
In comparison over the period 2012-2016, our statistical neighbours have demonstrated a 7% increase in the number of looked after children, however, when we compare our figures to 'Good' authorities they have seen an overall reduction of 12% in their CHIC numbers over the same period.

If we consider this in relation to numbers of CHIC per 10,000 children aged 18 population in each authority Devon has matched the national trend (2016) but has seen the beginning of a reduction in this figure this year (48 per 10,000). The national trend has been relatively stable (59-60 per 10,000), Statistical Neighbours have shown an increase (56 per 10,000) whilst 'Good' authorities have demonstrated a downward trend of 12% (38 per 10,000).

The last year has shown a rise nationally in the number of unaccompanied asylum seeking children being looked after with 3,440 entering care and 1,980 leaving care. This has influenced the characteristics of children in care with a rise in the number of children 16 and over and a rise in the number of children with BME backgrounds. If we were to remove UASC from the count of looked after children we would see that there has been a 1% decrease in the numbers of looked after children since 2015. Devon welcomed 20 unaccompanied asylum seeking children as at 31<sup>st</sup> March 2017, an increase of two from the same period last year. The numbers are too low and the USAC situation too dynamic to make useful comparisons.

Whilst this year has seen a small reduction in the numbers of children looked after within Devon we anticipate this to continue. The improvements in the early help system, our developing edge of care work, and a focus on our approach to children in need, we expect a continued steady number of children in care, with a continued focus on the children who need this level of support receiving it.

## Legal Status of Looked After children



**(Fig 3. Percentage of LAC Children Local/National/Stat Neighbours by legal status)**

Nationally the numbers and proportion of children looked after on a care orders have continued to increase. 65% (45,440) of children looked after at 31 March 2016 were looked after under a care order, up from 61% (31<sup>st</sup> March 2015) and 59% (31<sup>st</sup> March 2012).

Voluntary agreements under Section 20 of the Children Act 1989, which have fluctuated over recent years, have in parallel reduced this year from 28% (31<sup>st</sup> March 2015) to 27% (March 2016).

Devon has seen an increase in the use of care orders up from 59% (31<sup>st</sup> March 2016) to 67% (31<sup>st</sup> March 2017). The use of placement orders has remained stable at 9% (31<sup>st</sup> March 2016) and 10% (31<sup>st</sup> March 2017), in line with comparable figures nationally, statistical neighbours and 'Good' local authorities.

Devon's use of Section 20 agreements, 30% (31<sup>st</sup> March 2016) was slightly higher than the national average 27% (31<sup>st</sup> March 2016), our statistical neighbours 28% (31<sup>st</sup> March 2016) and 'Good' local authorities 27% (31<sup>st</sup> March 2016). However, this year has shown a significant decrease in the use of Section 20 agreements to 24% (31<sup>st</sup> March 2017).

The increase in the use of care orders and the comparative reduction in the use of section 20 agreements are linked to the judgement made by the



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President of the Family Division, Sir James Munby. He drew attention to the misuse by a local authority of section 20 of the Children Act 1989, **N (Children) (Adoption: Jurisdiction)** [2015] EWCA Civ 1112, and said '**steps must be taken as a matter of urgency to ensure that there is no repetition ever again**'.

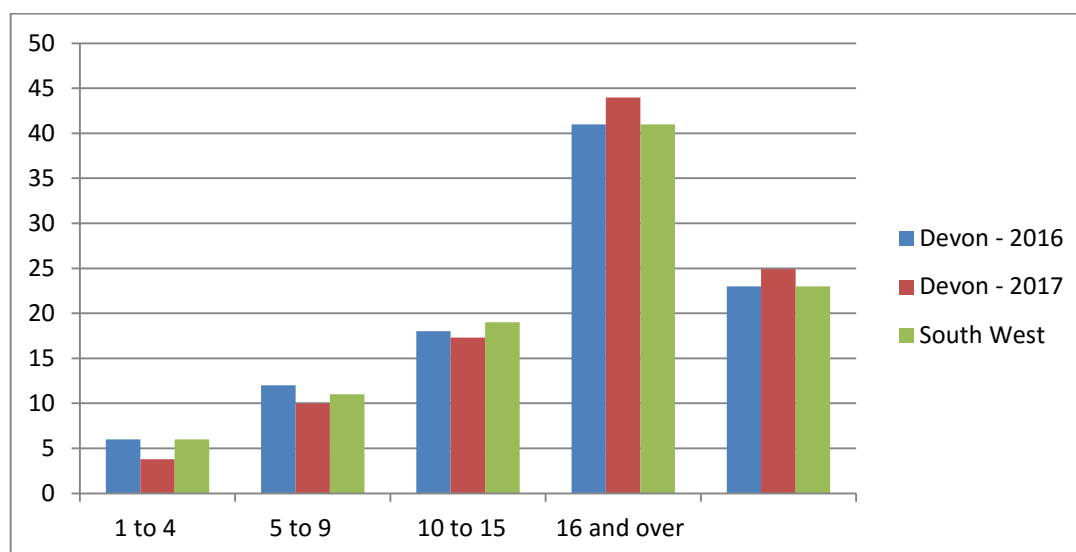
As a result of this judgement Devon undertook a county-wide review of all children looked after under section 20 agreements. The review concluded the following;

- Children and young people were spending too long looked after under a Sec 20 voluntary agreement without this being reviewed
- Permanency Planning work needed development to support a more robust approach
- Where thresholds for proceedings were met there was a delay in issuing these proceedings
- There was a lack of tracking to minimise delay and ensure best practice
- Improvements were needed to consider family/network options for permanence.
- IROs not having clear oversight of issues, challenging drift and delay in planning, permanence achieving and issuing proceedings

Devon's IROs were challenged to consider these findings and their role in achieving permanence for children and young people. They were asked to ensure more robust approach to permanency and planning, the latest data shows that in 77% of cases permanence plan is in place at the second child in care review, in line with statutory requirements, and that in 76% of cases a child's care plan is informed by a current and updated assessment with 80% incorporating the views of the child or young person. IROs are also consulted/informed in 82% of cases of important changes between reviews demonstrating a much better working relationship between IROs and social workers.

Placement orders have shown some growth over the same time period with a decline more recently, from 12 % (31<sup>st</sup> March 2012) increasing to 14% in 2013 and 2014 before falling to 8% (31<sup>st</sup> March 2016).

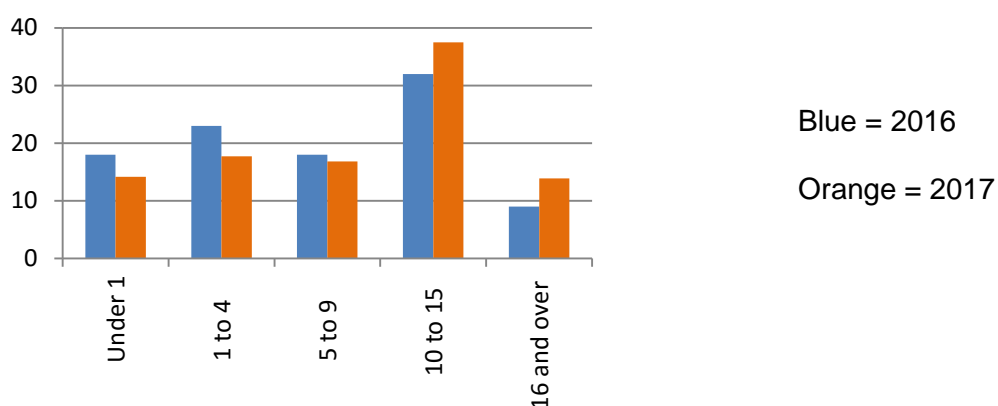
## Gender and Age of looked after children



(Fig 4. Age of looked after children)

Nationally, 56% (31<sup>st</sup> March 2016) of children looked after were male and 44% female. These figures have varied little over recent years. Devon was in line with these figures (57% male, 43% female – 31<sup>st</sup> March 2016). This year has seen a change to this with 60% of CHIC being male and 40% female (31<sup>st</sup> March 2017)

The age profile of looked after children has continued to change over the last four years, with a steady increase in the number and proportion of older children becoming looked after. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. Devon has 67% of children looked after within this age bracket. Devon follows the national trend in the reduction in the number and proportion of children aged 1-4 years, from 18% of the looked after population in 2012 to 13% in 2016, and a small decrease in the number and proportion of children aged under-1 years (from 6% in 2012 to 5% in 2016).



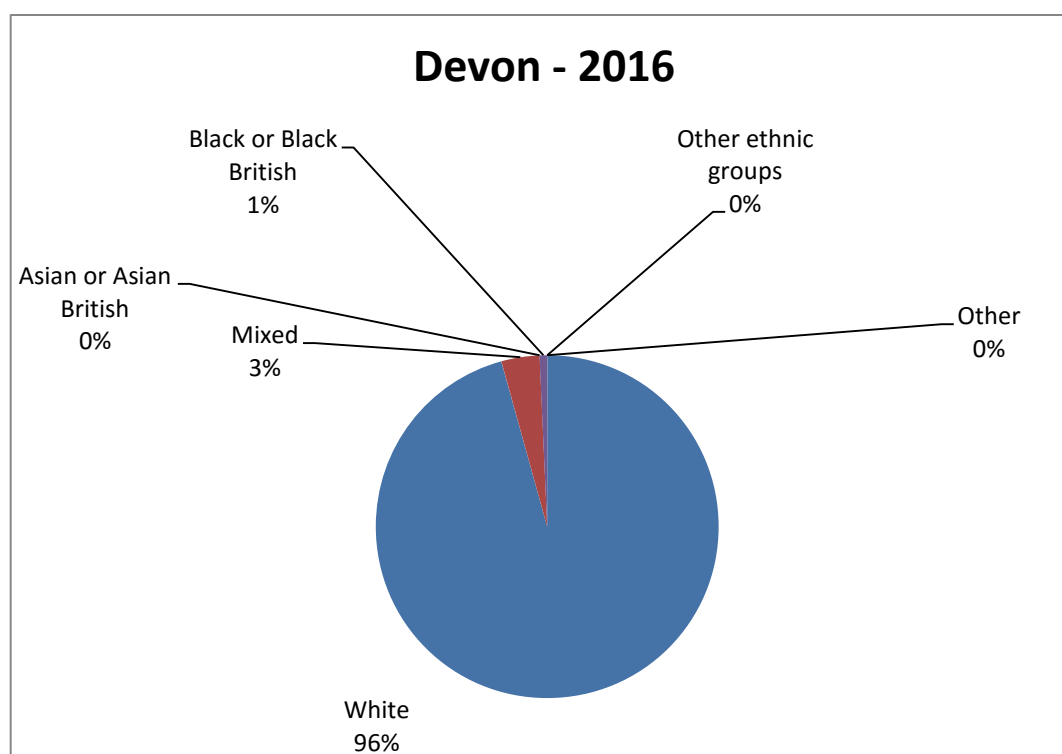
(Fig 5 – Children who started to be Looked After in Devon by age, by percentage)

Comparing 2016 to 2017; Devon had a percentage decrease in 0 to 9 year old and an increase in 10 to 17 year olds starting to be looked after.

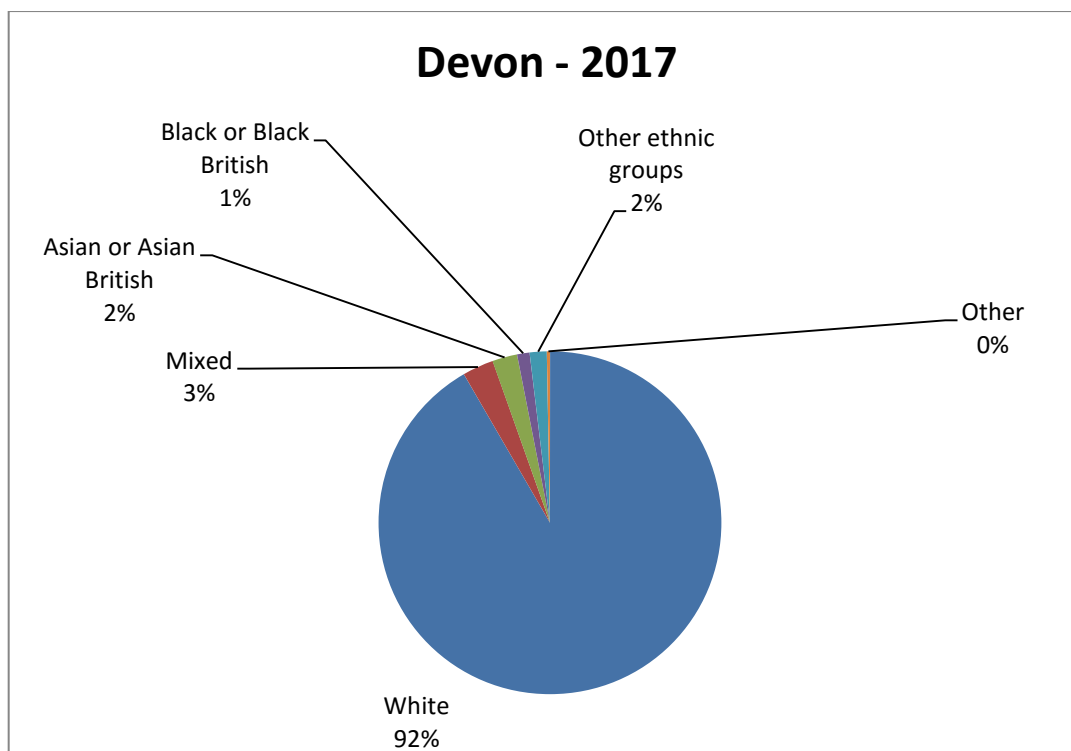
Devon tends to reflect the national trend for children and young people coming into our care at a later age. The figure has remained relatively stable over the past five years. The number of children under the age of ten coming into our care has decreased, whilst we have seen an increase of 3% in young people between 11-15 years of age and a 2% increase in young people over the age of 16. Devon, demonstrates a higher percentage of 10 to 15 year old becoming looked after (37%, up 5% on 2016) to its statistical neighbours and 'Good' authorities (approx. 30%). The development of Early Help, Child in Need services and the current pilot programme 'Edge of Care' should see an impact on the number of older children becoming looked after.

Importantly, in the coming year, we will need to develop a better understanding of our looked after child population in respect of gender identity, it is no longer satisfactory to define population simply by male and female and we need to develop a system of recording which allows for all aspects of gender to be defined.

### **Ethnicity of looked after children**



**(Fig 6. Ethnicity of looked after children 2016)**



**(Fig. 7 Ethnicity of looked after children 2017)**

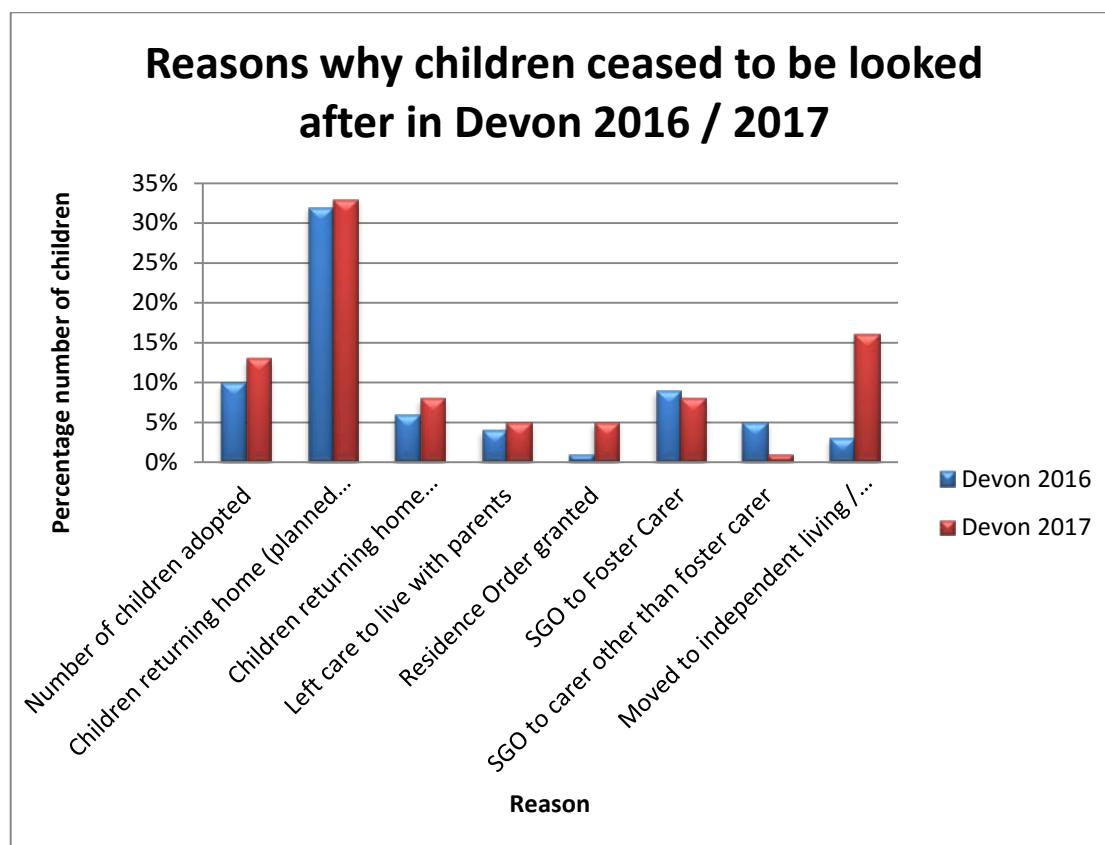
The ethnicity of Devon's looked after child population is in line with their statistical neighbours, as of 31<sup>st</sup> March 2016, White 92%, Mixed Ethnicity 3%, Black/Black British 2%, other ethnic groups 2%. This year has seen a decrease in the White population by 4% (31<sup>st</sup> March 2017) and a corresponding increase for other ethnic groups.

The figures detailing the ethnicity of the population of Devon, taken from the 2017 Joint Strategic Needs Assessment (JSNA), highlights a white population of 95%. Whilst caution has to be taken to extrapolate meaning from these figures, as they represent the entire child and adult population, and are based on the census of 2011, we can see that children in care in 2016 roughly mirrors that of the overall population reported within the JSNA. However, this year we have seen a change to this with a reduction in the percentage of white children looked after to 92%, lower than the defined white population of Devon and a corresponding increasing in children looked after from a different ethnic background. This increase is most likely explained by the increase in unaccompanied asylum seeking young people who are looked after in Devon following the agreement to support a group of young people from the Calais camp during August 2016.

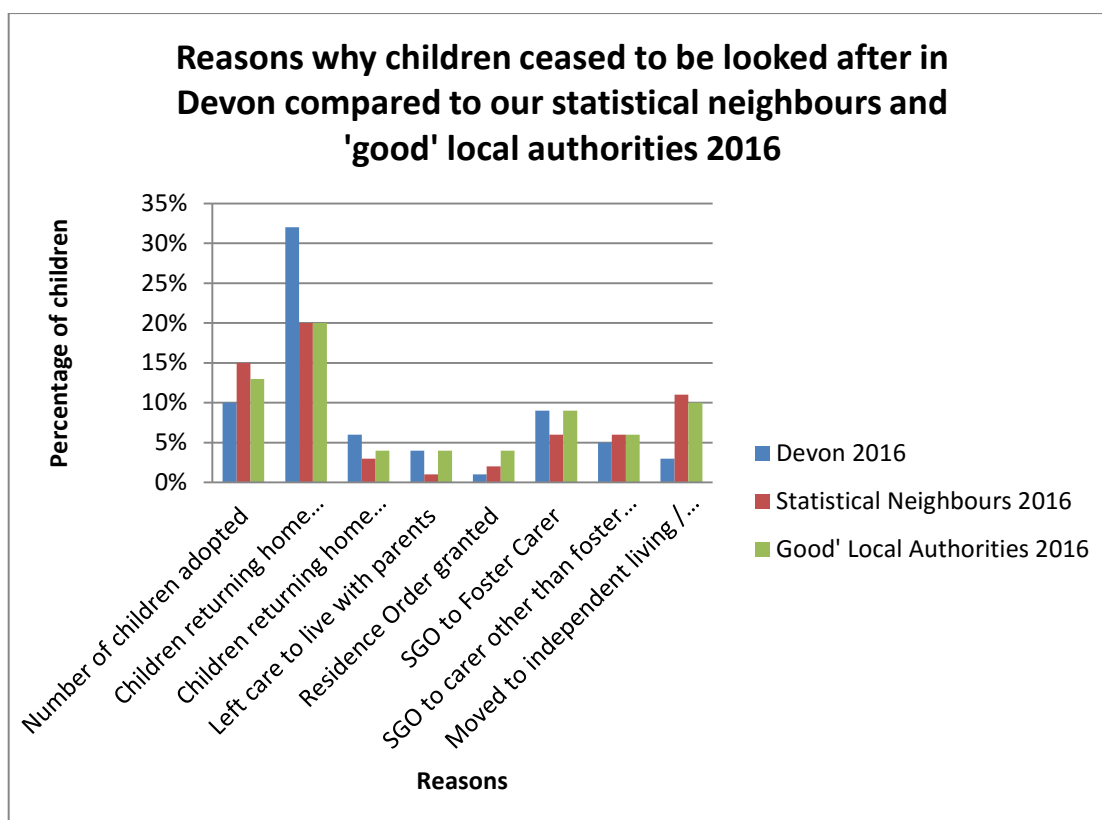
Nationally the biggest representation within the looked after child population was 75% White (31<sup>st</sup> March in 2016.) Children of Mixed Ethnicity were the next largest group 9% followed by Black/Black British 7 %, Asian/Asian British 4%, and other ethnic groups 3%.

## **Children who ceased to be looked after**

365 children and young people ceased to be looked after during the course of the reporting year to 31<sup>st</sup> March 2017. The table below shows where these young people 'left care' to and compares both statistical neighbours and 'Good' local authorities.



(Fig. 8 Children ceased to be looked after –Devon)



**(Fig.9 Children ceased to be looked after Devon and comparators - 2016)**

The data provided evidences that the number of children adopted from Devon to year ending 31<sup>st</sup> March 2017 has increased from the previous year as the proportion of children adopted from 'care' to match the average figure for a 'Good' authority. Nationally there were 4,690 (31<sup>st</sup> March 2016) looked after children adopted; 7% of the looked after population.

Devon appears to out-perform both its statistical neighbours and 'Good' authorities in the percentage of children and young people returning home to live with their parents in a planned exit. We can see from the figure 9, that Devon has helped over 30% of looked after children return home to their families, compared to 20% for our statistical neighbours and 'Good' local authorities. This could however indicate that Devon is taking children into care that in other Local Authorities would be managed in the community. Further analysis to explore this will be undertaken.

There has seen an increase in the number of young people moving to supported/independent living from 3% to 16% in 2017. This figure includes 'staying put' arrangements, where young people remain living with their foster carers for periods of up to three years.

## **Health of Looked After Children**

This section considers a range of health issues, including both physical and emotional health indicators.

	Devon		South West Average	Statistical Neighbours	'Good' Local Authorities
	2016	2017	2016	2016	2016
Immunisations	49%	90%	83%	87%	96%
Dental Checks	75%	83%	81%	83%	91%
Developmental Assessments	67%	86%	62%	69%	79%

**Figure 10 Health of looked after children**

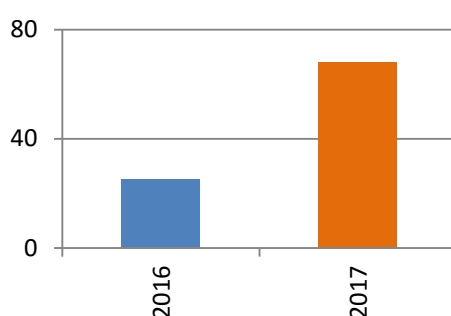
The above table demonstrates a significant improvement during the course of the reporting year across all three areas of health data.

There has been a 41% increase in looked after children receiving the appropriate immunisations and positive increases in dental checks and development al assessments.

A social work and health forum has been established to support improvement in this area of practice and this has supported this incremental improvement; we expect to see this continue to improve with continued focus.

IROs have played a role in ensuring looked after children receive immunisations and dental checks and regularly report on this through the review process. We have focussed on these aspects of care this year and contributed to these improving figures.

## **Substance misuse in children who have been looked after continuously for at least 12 months**



**(Fig. 11 Substance misuse in looked after children population – Devon)**

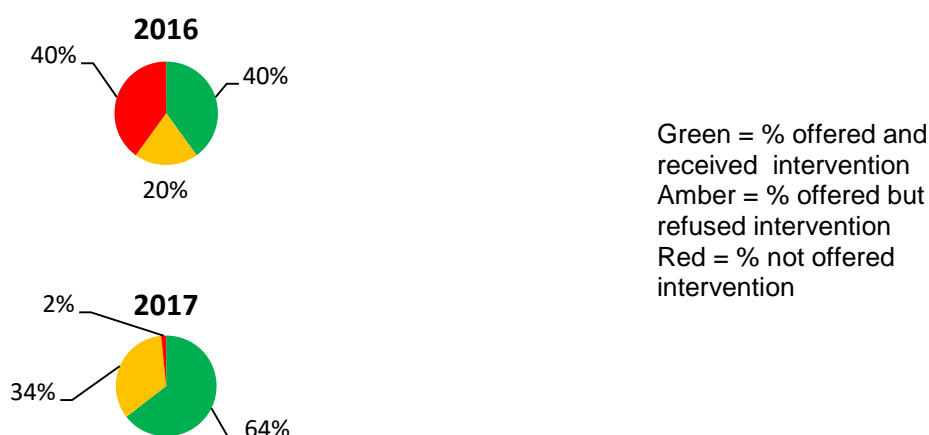
The number of children with a recorded substance misuse problem has increased from 3.5% of the CHIC population to 10% in 2017-08-07; this is in part due to better recording and reporting, but also reflects the age profile of the care population. The trend will need to be analysed over the coming year with health partners to review this further.

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Devon has worked hard to ensure these children are offered a service to address their substance misuse. In 2016 (see below) 40% received an intervention, 20% were offered but refused and 30% received no offer.

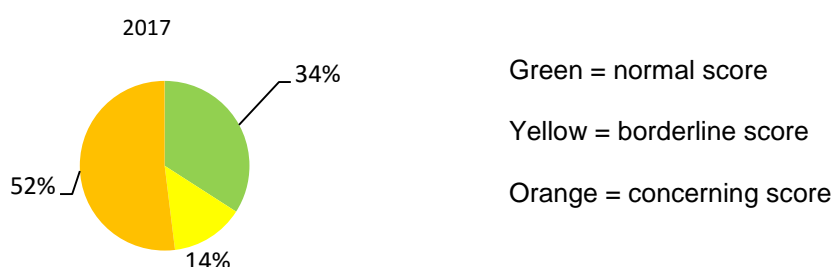
2017 saw (see below) 98% of children offered a service with 64% receiving an intervention, 34% refusing and only 2% not being offered a service.



(Figs. 13 Substance misuse intervention)

This is an encouraging picture with more children being offered and engaging in intervention to address their substance misuse, and in the context of a 7% increase in children looked after being recorded as having a substance misuse problem. Collectively all services are working together to address this significant issue.

### Emotional Health of 5 to 16 year old who have been looked after for more than 12 months



(Fig 12. Strengths and Difficulties Questionnaire data)

The completed Strengths and Difficulties Questionnaires (SDQs) for 2017 evidence that 52% of looked after children who have had an SDQ completed receive a 'concerning' score. This replicated the same figures for Devon in 2016. In comparison our statistical neighbours and 'Good' authorities average between 40-43% of scores that are concerning. This would suggest that



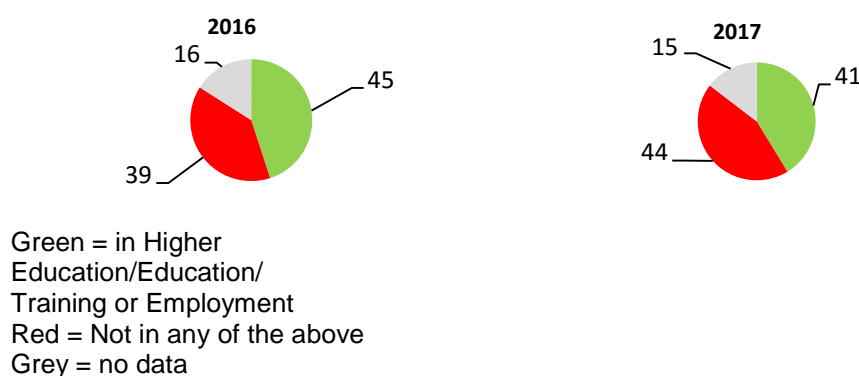
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children looked after in Devon have a higher level of need in respect of their emotional and mental wellbeing than comparators. This is not surprising as many children's needs would have been less well addressed during the period of inadequate Children's Services in Devon.

The new CAMH's pathway developed during the course of the reporting year is designed to redress this elevated need.

### **Care Leavers**



**(Fig 13. Outcomes for Care Leavers aged 19 -21**

The data shows an increased number of young people (5%) not in education, training or employment. There are a number of reasons such as illness, pregnancy, disability, young parents and one also has to consider the economic climate within which this data is collected.

Based on 2016 data, of the 26,340 former care leavers aged 19, 20 and 21 years old, 10,460 (40%) were not in employment, education or training (NEET), compared with 14% of all 19 to 21 year olds.

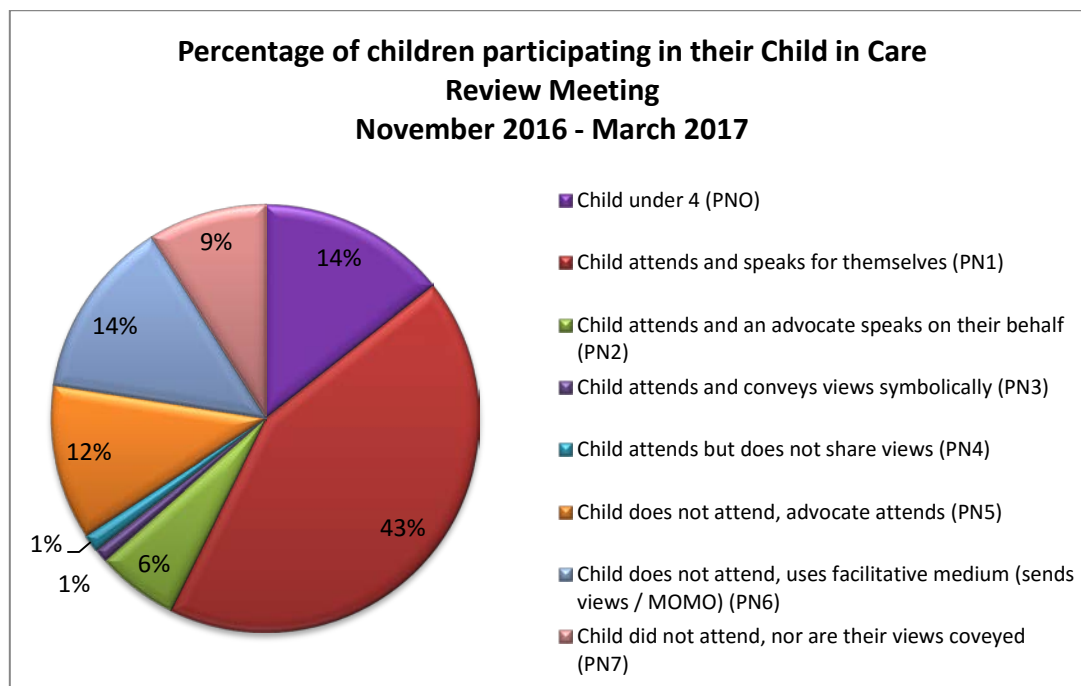
This is an area for continued improvement.

The data also demonstrate an increase in the numbers of young people we are remaining in contact with. This performance in comparison to our statistical neighbours, 'Good' authorities and the South West shows we are under-performing in relation to them, with our comparators in touch with all but 8% of their care leavers. The keeping in touch data is subject to further analysis, this report will be refreshed once the analysis is completed.

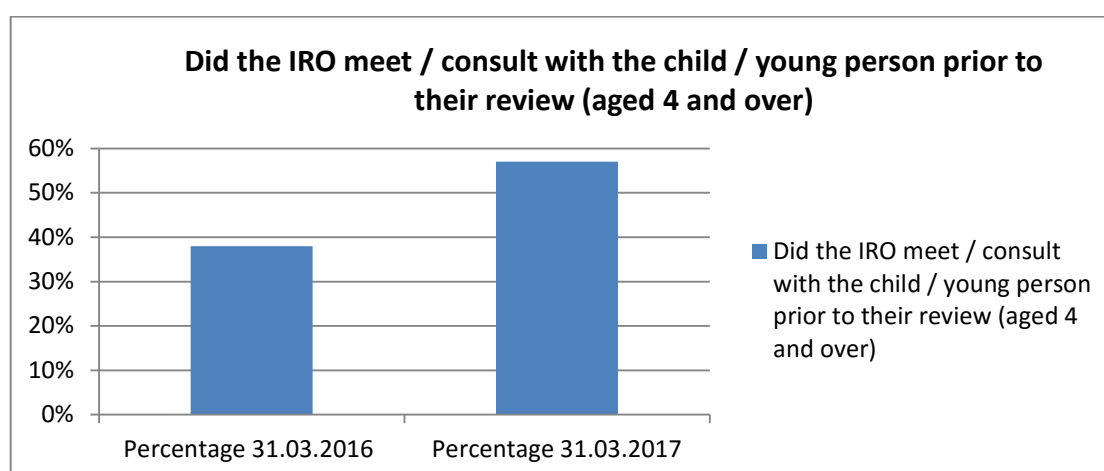
The IROs are keeping in touch with more care leavers over time. While their statutory responsibility to chair reviews and monitor their case ends at 18, they are increasingly identifying young people they monitor and keep in touch with for a period of time to ensure transition plans are in place. This is a practice we will continue to support as part of ongoing practice improvement.

## **Children's participation, feedback and promoting the voice of the child**

Devon IROs are committed to ensuring that children and young people have their voice heard and are as fully engaged in their care as possible. Children's participation can take many forms e.g. through personal attendance at reviews, through the completion of the consultation documents, through meetings and conversation with IROs, and the use of advocacy services etc.



**(Fig.15 Children participating in reviews)**



**(Fig.17 Pre-review visits/consultation)**

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Devon IROs seek to ensure that all young people are visited/consulted as part of their review process. Improving on our pre-review visits/consultations has been a key target for IROs this year. There has been a 19% increase in pre-review visits from 31<sup>st</sup> March 2016; continued improvement has been a requirement. Whilst higher caseloads have had an impact on IRO capacity, an increase in IRO staffing has been agreed and there is an expectation that all children will be consulted and their views will be evidenced in all but exceptional cases and these will be reported upon.

IROs have also worked hard this year to ensure that more children and young people are consulted about when and where their reviews take place and who attends their reviews. IROs aim to meet with children and young people before their reviews, ideally not on the day of the review. This is difficult for those placed at a distance and is not always possible. The data above shows that in excess of 70% of children and young people are being consulted about their reviews, this is the first time we have collected this data and whilst encouraging we need to improve on this figure.

The way in which information is made available to young people and how they can better contribute to key planning or decision making meetings was a focus for IROs following work we completed with the Children's Participation Team. We now have a higher level of participation by young people in their reviews, this was the culture and expectation set as part of the development for the past year, we have worked with the Children's Participation Team to produce a 'know your rights' leaflet which is now distributed at initial reviews, more children and young people are participating and chairing/co-chairing their reviews and being consulted on their reviews.

### **Review of the IRO role undertaken by Devon's children in care council:**

In October 2016, the IRU agreed a piece of work be undertaken to review their approach. This review involved the IROs having their practice observed and reviewed by care experienced young people. Young people offered direct feedback to the IRO and provided a report to the unit. We were pleased to note that the young people evidenced some good quality practice from IROs but they presented us with some significant challenges to the way we conducted reviews and kept children and young people at the centre of their reviews.

The major findings were as follows:

1. Children and Young People should know who their IRO is. The review found that not all children were aware of who their IRO was or knew why their IRO was working with them
2. Not all children received a pre-review visit
3. Children and Young people should have the opportunity to chair or co-chair their reviews,
4. Children and Young People should be enabled to know their rights as looked after children

5. All IROs should practice in accordance with their professional standards and responsibilities

As a result the IROs drew up an action plan to address these issues. These were incorporated into our improvement plan and are outlined earlier in this document.

We still have some things to complete and they are in on-going development.

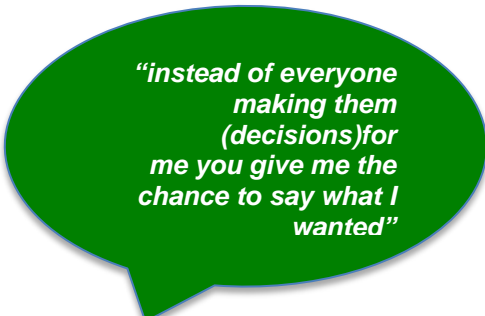
a) We have asked the Children's Participation Team to develop a programme of observations of IROs, to support an IRO in their practice development and to feed this into their annual appraisal. We will work jointly to define the parameters of this, but we believe it important that, if we are true to our aim in achieving the best possible outcomes for looked after children, we are open to challenge by care experienced young people

b) The Children's Participation Team have suggested that they present "In your Shoes" training to IROs and develop guidance on how to promote real choice. We have accepted this offer and will work closely with them over the next year to put this in place.


Our work with the team continues to develop and we see this relationship as crucial to ensuring that children remain at the centre of our practice. We believe the challenge and support they can provide will serve to enhance the direct work of IRO's and ensure we remain focussed on ensuring that the child remains at the centre of our practice. The aim is that we learn from our young people and provide a real opportunity for them to support and influence how services and the work of the IRO develop. They have already provided support and challenge to us in developing IRO business cards, we have an IRO linked directly with the Children in Care Council and as part of the work by the Authority on placement stability we are looking at the possibility of young care experienced people becoming part of an annual check of foster care placements, which includes them training as 'young inspectors'

### Feedback from young people

IROs encourage direct feedback from children and young people and below are extracts from feedback received by IROs.



*"instead of everyone making them (decisions) for me you give me the chance to say what I wanted"*



*"I just want to say thank you for everything you have done for me, I wouldn't have been able to get through most of things without you"*



*"even if I asked for something that you thought was impossible to get you would still try"*

## **Advocacy**

Access to advocacy is a statutory right looked after children under the Children Act 1989 but **only** when making or planning to make a complaint. Statutory guidance recognises that children may need advocacy without the need to first make a complaint and when they wish to make representations about their care or the services they receive.

Statutory guidance on care planning and reviews states:

*'Where a child has difficulty in expressing his/her wishes and feelings about any decisions being made about him/her, consideration must be given to securing the support of an advocate.'*

Similarly The IRO Handbook 2010 states:

*'When meeting with the child before every review, the IRO is responsible for making sure that the child understands how an advocate could help and his/her entitlement to one. Advocacy is an option available to children whenever they want such support and not just when they want to make a formal complaint.'*

The advocacy service for young people in Devon is provided by the National Youth Advisory Service (NYAS) and has been in place since 01/04/2014, a one year extension to the contract is in place for this year.

NYAS has significantly overachieved against the targets specified within the contract. This was agreed between NYAS and the Children's Commissioning service. Commissioners are currently considering a business case for sustaining the funding for this service for the next contract period.

60% of the advocacy service was used for children attending child protection conferences, 31% of advocacy used was for supporting children in their looked after reviews. The remaining 8% was split across transition, support, care leavers, complaints and secure reviews.

It will be important that any newly commissioned service addresses the issue of capacity for looked after children. It is positive that significant numbers of children attending child protection conferences access an advocate, twice that of looked after children.

## **Promoting inclusion and collaboration with families**

Were parents consulted and where appropriate supported to attend/contribute	67% (31 <sup>st</sup> March 2017)
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IROs are committed to ensuring that parents are consulted about the care provided for their children during the review process (unless this would raise a serious safeguarding concern). The data does not detail how many young people declined their parent's inclusion, this would likely relate to older (16+)


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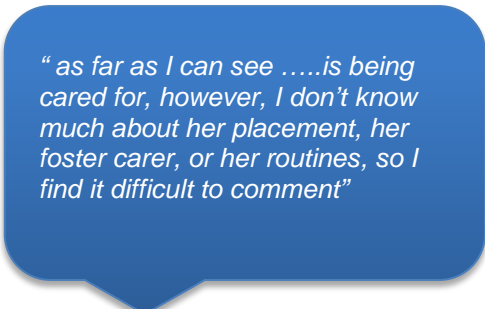
young people or where we are caring for children where there is no on going contact with parents. This would likely increase this figure a little. We will need to develop this data collection to provide a more accurate reflection of parental engagement and inclusion.

This year (2016-2017) we introduced a parental consultation form, designed and developed by the IROs. With the direction of the IROs, these forms are sent to all parents prior to reviews. We are not currently able to collate the return figures. However, below are extracts from returned consultation forms received during the year:


Question: **What do you think about where your child lives?**



*"She is in a safe place"*

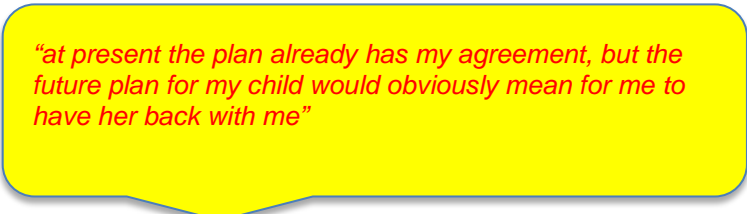


*"as far as I can see .....is being cared for, however, I don't know much about her placement, her foster carer, or her routines, so I find it difficult to comment"*



*"I think it is a very homely and suitable place...the carers and their family are very kind and welcoming and has been a nice safe place for .....to be in"*


Question: **What are your views on the plan for your child?**



*"at present the plan already has my agreement, but the future plan for my child would obviously mean for me to have her back with me"*



*"I hope that ...will come home with us ...with the right exit plan"*



*"Carry on as they are"*

Question: **How are contact arrangements working for you and your child?**

*"OK"*

*"the contact visits are going well"*

Question: **What do you think is important to discuss at the review meeting?**

*"how ....is getting on at school, how she is coping with the way things are at the moment, what .....wishes are, what the future plans may be?"*

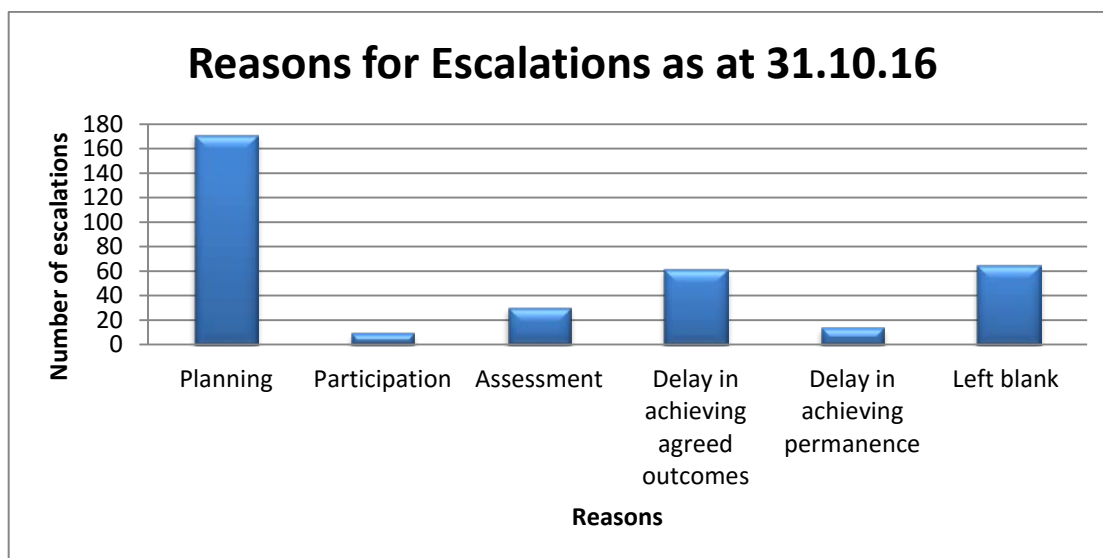
*"I would like to spend more time with ..... once every six months for an hour is not enough"*

### **Problem Solving /Dispute Resolution Process for Looked after Children**

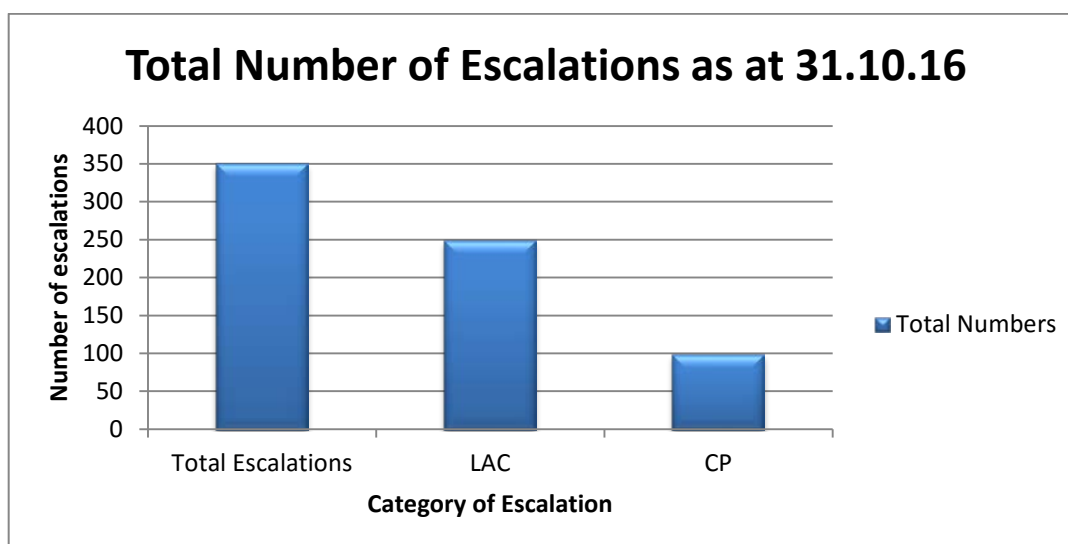
The local authority must have in place a formal process for the IRO to raise concerns in respect of the care planning process and ensure that this process is respected and prioritised by managers (Children Act 1989). The process involves escalating the matter in dispute through a number of levels of seniority within the service with identified timescales at each stage. Guidelines state escalations should be completed within 20 days of one being raised.

Any escalation of concern is reported on monthly and usually fall into specific areas of concern 1) Planning, 2) Participation, 3) Assessment, 4) Delay in achieving agreed outcomes and 5) Delay in achieving permanence.

We are only able to report on escalations raised until October 2016 due to reporting issues in our management information service. The following escalations have been made



(Fig.18 Escalations)



(Fig. 19 – total escalations)

From these figures we can see that over 58% of escalations related to assessment and planning.

The current average timescale for a resolution of an escalation is 42 days. This has been reduced significantly through a process of cleansing the data and resolving/closing down escalations that were open for significant periods of time, a few remain and this is being addressed. IROs are aware that all escalations must be resolved within 20 working days, unless for exceptional and agreed circumstances. This has resulted in the escalation process becoming more robust and we are now seeing a greater number of escalations being raised at stages 4 and 5, none were recorded before December 2016, rather than remaining unresolved and left to drift.



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Examples of effective escalations on behalf of children;

- A) IRO formally requested a child remain in placement, rather than being moved as they believed it was not considered to be in their best interests. The IRO asked the LA to ensure required changes identified for the placement were undertaken within an agreed timescale before a placement move was further considered. The child remained in placement and the concerns were addressed to the satisfaction of all parties. This was a stage 4 escalation
- B) An IRO challenged on behalf of young person the implementation of changes to the birthday allowances for CHIC. These changes were rescinded until further consultation had taken place.

## **Part 3: Child Protection Planning**

### **Developments during 2016-2017 – Stronger Families: Safer Children**

In February 2017, Devon launched its new strengths-based conferencing model, Stronger Families; Safer children. This followed a six month period of planning and preparation across the multi-agency partnership.

The aim is to improve the effectiveness of child protection planning so that the involvement of professionals is reduced and planning delivers improved safety and wellbeing both in the short term and over the child's lifetime. To do so in a way that acknowledges and harnesses the contributions that families can make to shape their own destinies. Too often social work has over-focused on deficits and minimised the family's inherent capacity, privileging the professional voice and eroding families' own capabilities.

Lord Justice Munby 2016 publicly criticised the deficit models that often pervade practice and Child Protection Conferencing, leading to a 'blame/shame' investigative culture, which does little to deliver positive outcomes in the long term and may in fact do further harm.

In Devon, child protection numbers have fluctuated with some sharp rises and falls suggestive of an inconsistency in decision-making thresholds. Findings from audits and data indicated increasing numbers of re-registrations, high numbers of short registrations (less than three months) and high numbers of extended registrations – indicators of a below optimal child protection planning service.

In terms of its methodology Stronger Families: Safer Children draws upon strengths-based, relationship-based, restorative practice models and in addition, draws on current evidence and research regarding good practice in child protection planning and social work practice.

Devon's model balances a rigorous exploration of danger/harm alongside indicators of strengths and safety but is strongly focused on harnessing, developing and targeting those positive areas far more intensively and deliberately.

The model depends upon a collaborative approach in which families receive a strong and explicit message that we will try to develop a trusting and positive working relationship with them. We will help them identify their own strengths and resources and be crystal clear about what we are worried about and what we need to do together to bring about positive change. Parents, families and children must be central to and not a passive recipient of each stage of assessment and planning.

The intended outcomes of Devon's new conferencing model include; improved partnership, family communication and participation, improved quality of information sharing, improved risk analysis and planning; improved focus on realistic short and long-term outcomes.

We would therefore expect to see the following evidence of success in the short term; feedback, observations, data, audits and other quality assurance mechanisms that evidence; improved engagement and participation of families and clearer understanding of plans and intended outcomes; clear, realistic and safe plans; robust and consistent thresholds for step-in and step-down; fewer children on short plans; fewer children on plans for longer than 18 months; fewer repeat plans.

A multi-agency deep dive audit as part of Devon's Quality Assurance Framework and plan will take place in October 2017 and evaluate the early indicators of the success of the model in achieving its aims.

In practice, transformative changes have been made to all aspects of the conferencing process including;

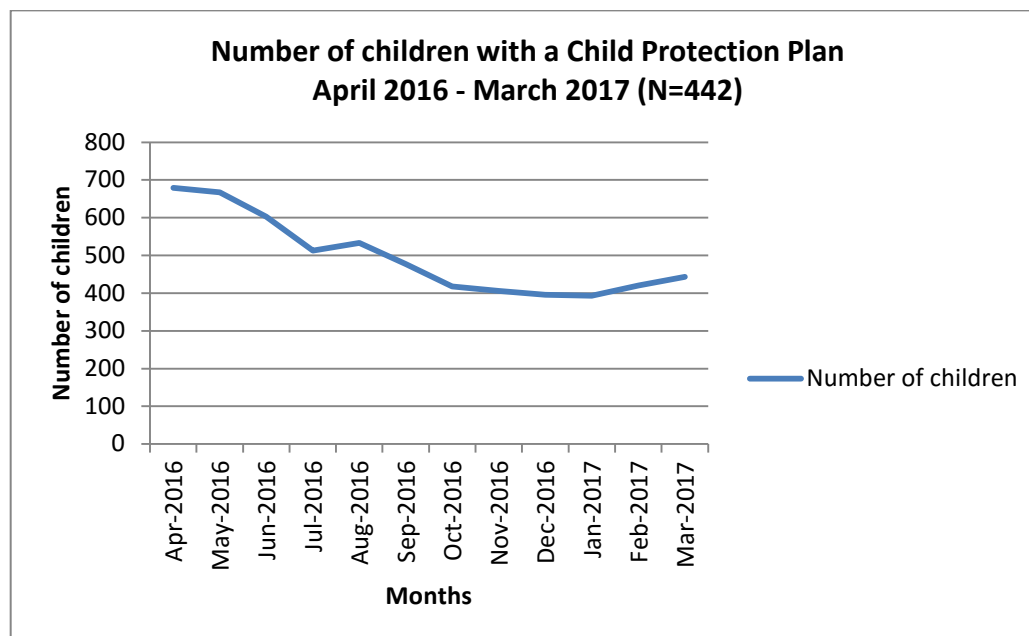
1. Preparing and involving families – using a film developed by the IRU for practitioners to use with families.
2. Quality Assurance Pre-meeting Screening – undertaken by the conference chairs prior to conference being convened.
3. Formal reports are now required from all agencies before conference.
4. The Meeting and Family Plan follows strengths and solution based approach and key information is written up on boards during the meeting to support transparency and partnership with families.

The model was introduced towards the end of this reporting year and therefore positive outcomes will not be reportable in this report. This will be a focus in next year's annual report and quarterly reporting to the partnership executive (DCFP)

## Child Protection Service Performance

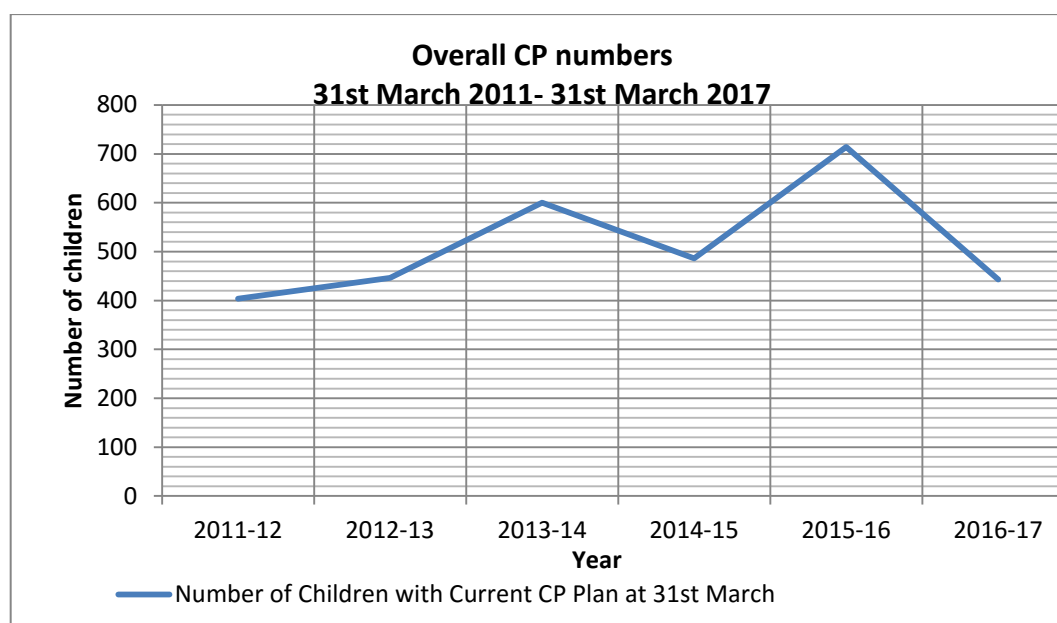
This section summarises key areas of performance during the course of the reporting year. The first three figures consider the number of children subject to child protection plans in Devon.

### *Overall number of children subject of CP planning April 2016 - April 2017*

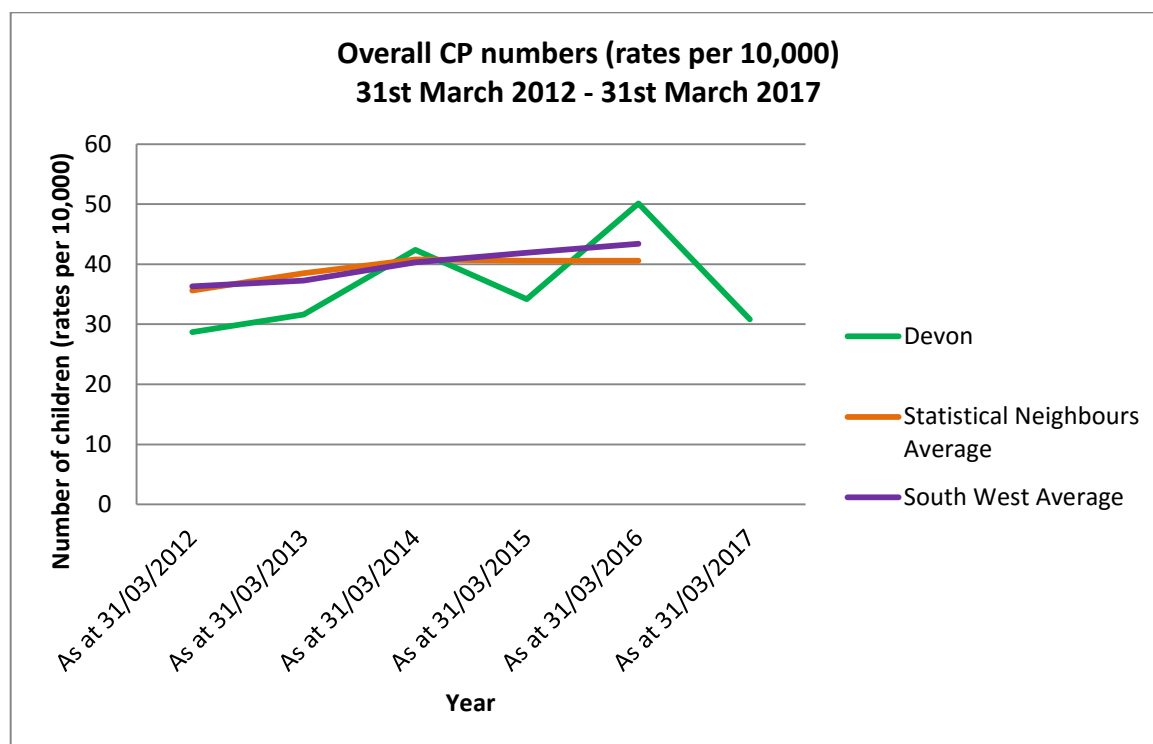


On 31<sup>st</sup> March 2017, **442** were subject to child protection plans in Devon. This had reduced over all from the steadily increasing number over the past 5 years.

### **Overall number of children subject of CP planning – 5 year comparison**



### Overall number of children subject of CP planning – 5 year comparison (rate per 10,000) compared to our statistical neighbours and South West average



As the three tables above demonstrate, child protection numbers have fluctuated over the past five years and against our statistical neighbours. Historical peaks are correlated with activity in light of Ofsted inspections and the necessary internal review of the application of thresholds for child protection planning.

Child protection plan numbers result from a complex interplay of factors, including effectiveness of pre-conference statutory processes and legal proceedings, the referring team practices, wider agency culture and practice, step-down practices, effectiveness of planning and management and ISRO oversight to make good decisions and to prevent drift. The analysis of the causation of CPP numbers is therefore necessarily complex.

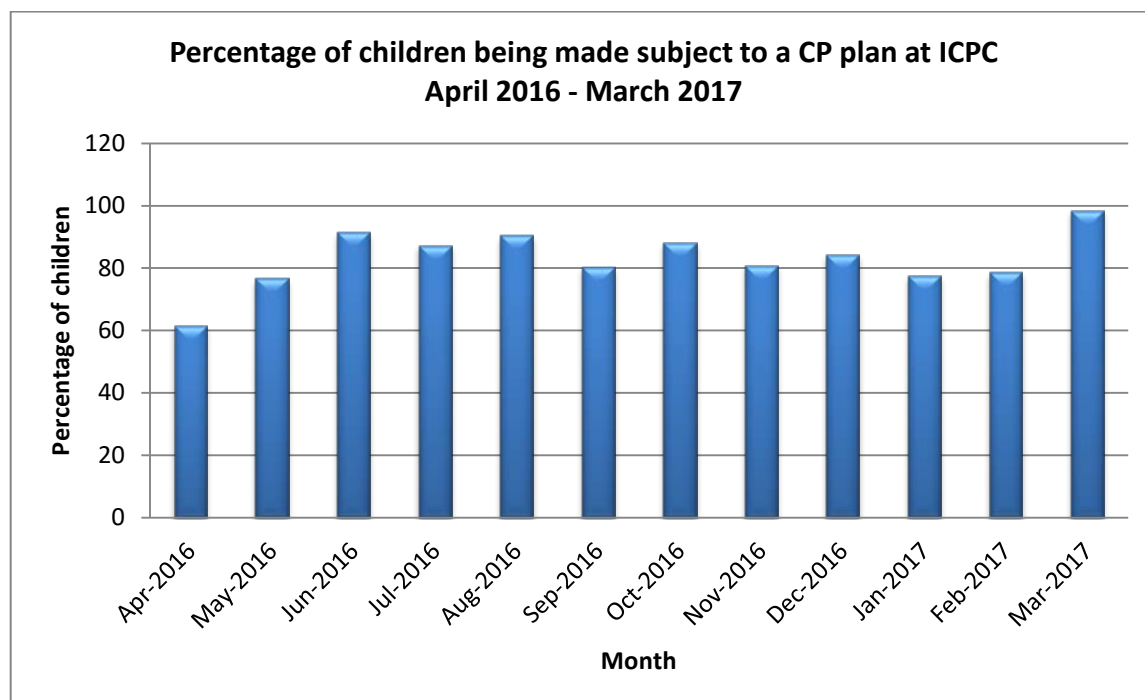
In 2015/2016: for Statistical Neighbours the rate was 52.3 per 10,000, for South West, 57.4 and for England, 54.2 Overall, numbers of children subject of a plan have declined significantly over the period of 2016/2017.

The current number falls below the average statistical neighbour figures and showed signs of stabilising during the third quarter, however since that time, numbers have risen again.

In January 2017, the IRU started to screen all new requests in order to ensure threshold stability at point of conference. The IRU also holds regular monthly performance meetings to ensure increased consistency across the county in respect of child protection conference thresholds/decision making.

A continual review of this practice and the application of thresholds is a priority for the unit. This will help us support best practice as well as continue to identify issues of concern for practice improvement in this area.

### ***Percentage of children being made subject to a Child Protection Plan at ICPC***



The new strengths based conference model was predicted to see an initial rise in the number of CP plans if Devon's experience mirrors other authorities following implementation. However, it is hoped that this will stabilise as all partners work to embed the new model with a consistent approach to threshold.

The authorities developing approach to embedding an early help system and improving our response to children in need will also serve to stabilise the number of children requiring protection via a child protection plan.

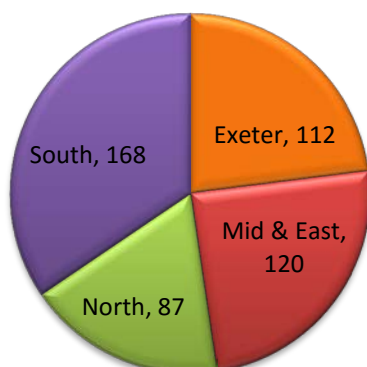
### ***Distribution of new CP plans across localities***

The table below evidences the spread of child protection plans across the county and helps each locality to understand the way in which decisions are made. Of note is the number of children subject to a child protection plan in the north locality. This is an area with a relatively high number of children in need and in court proceedings. As a result of this, work is being undertaken with the social work teams in this locality to seek to improve its approach to ensuring children are responded to in a timely way at the earliest opportunity. This will also support a developed understanding as to whether this number of children (87) is an accurate reflection of risk in the locality.

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The South locality has a fairly consistently higher rate of referral resulting in an overall higher number of ICPC's. Assumptions that this locality are referring an inappropriately high number of cases is not supported by quality assurance screening data however, which shows that the conversion to ICPC rate is consistent at around 95% across the county, indicating South thresholds for step-up on a par with others.

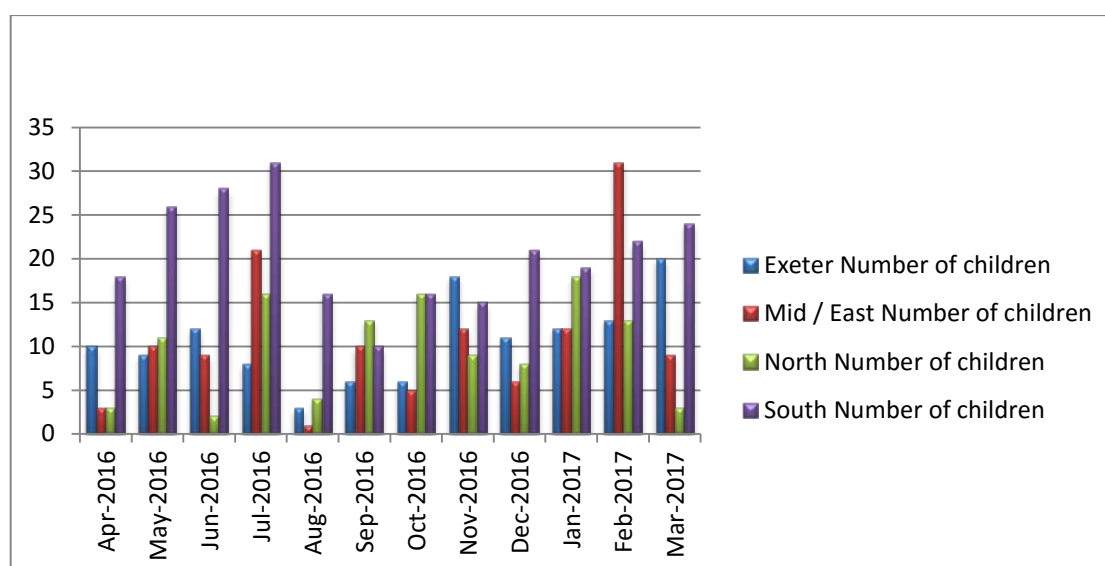
**Distribution of new CP plans across localities by numbers 2016 - 2017**



### ***Distribution of new CP plans by number and month across localities.***

In order to understand the data provided above, we have considered the month levels of new child protection plans across the county and this demonstrates a fluctuating position for all localities at various points throughout the year.

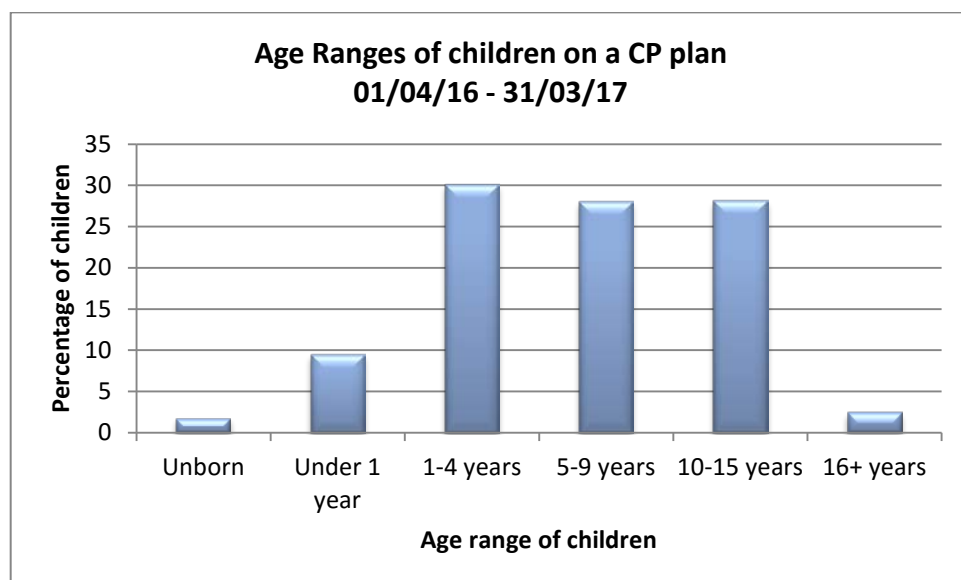
These fluctuations relate to the end of school terms, when demand is always increased (December, March and June/July). However, there are some increases at different points of the year that will continue to be monitored. This can be linked to large sibling groups coming to attention. In February 2017, this links with the introduction of the new conference approach.



## Profile of Children

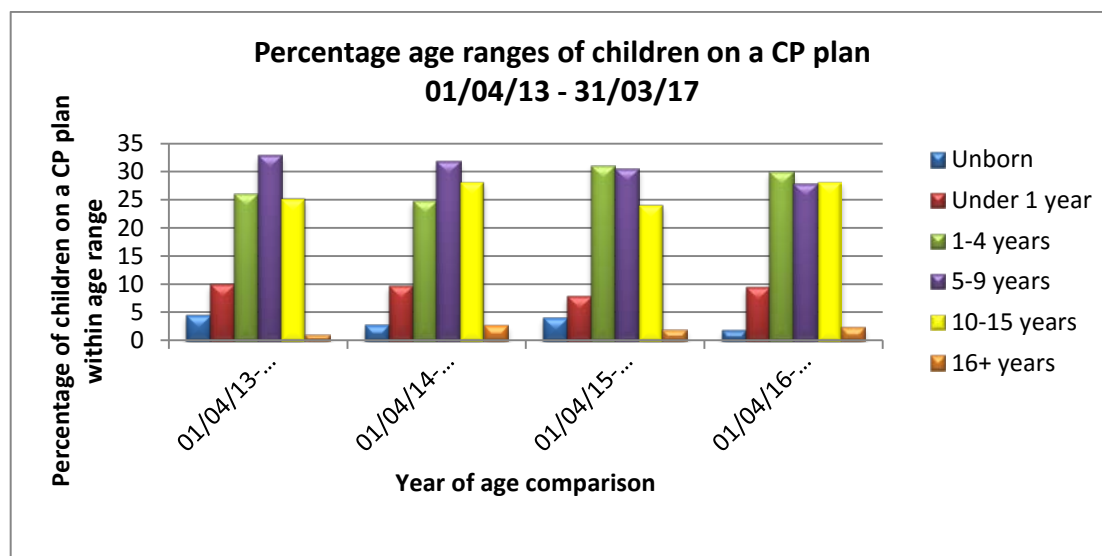
### *Age ranges and gender 2016 – 2017*

This age profile of children subject to plans has fluctuated in line with an ongoing pattern over the past 3 years. However, the number of young people between 10-15 becoming and remaining subject to child protection plans has slightly increased.



### *Age ranges – 3 year comparison.*

The table below evidences the reasonable stable trend outlined above with a slight increase in two groups of children aged between 1-4 years and 10-15 years. Child protection planning is most effective at the earliest opportunity. Our work to support children in need and the early help system that is in progress aims to impact positively on this profile in the coming year.

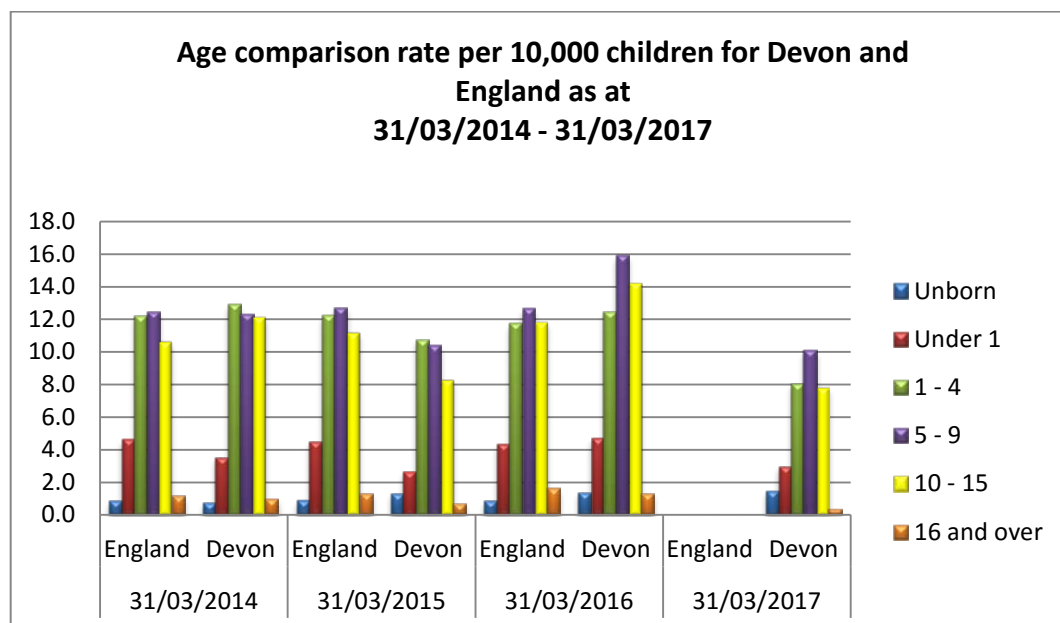




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With regard to age, the data shows an increase in numbers across all ages in 2015/2016 and a fall back to just below previous levels on 2016-2017 in all age groups, but a more marked reduction in child protection planning for 10-15 year old and 16 + young people.

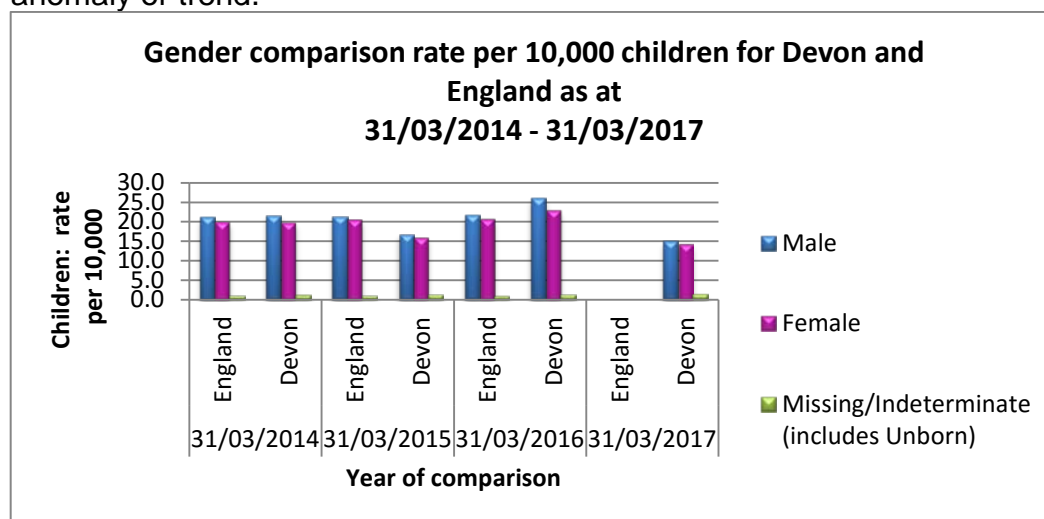
If this trend continues into 2017-2018, further evaluation of the potential causes for this would be warranted.



### Gender of children subject to child protection Plans

The data related to the gender of children subject to plans remains fairly stable and is broadly in line with national comparators; with slightly more boys than girls being made the subject of a plan.

The three year data regarding gender shows a predictable rise and fall of in line with overall numbers and there does not appear to be any significant anomaly or trend.

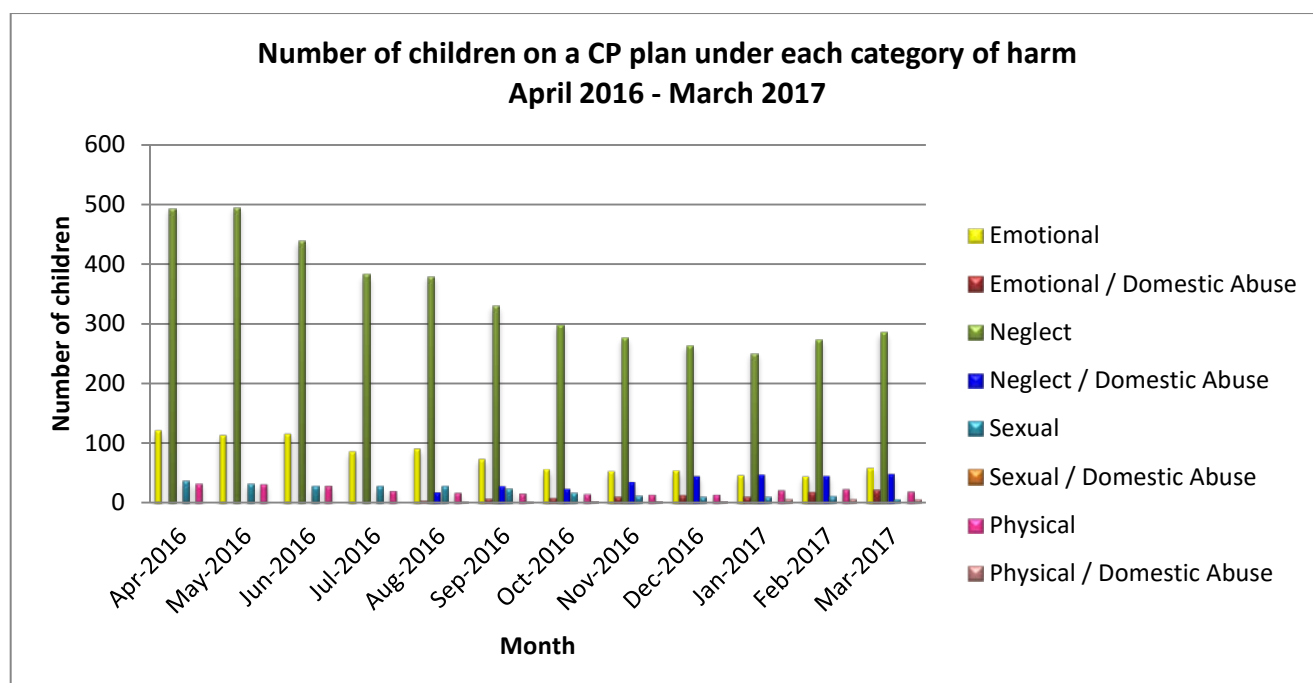


## Ethnicity

The IRU considers reporting of ethnicity to be critical. Data is not currently available in this area from the child's electronic system; however, the addition of this question to the screening tool will enable this to be extracted for 2017/2018. In addition, the change from Care First to Eclipse will support this reporting going forward.

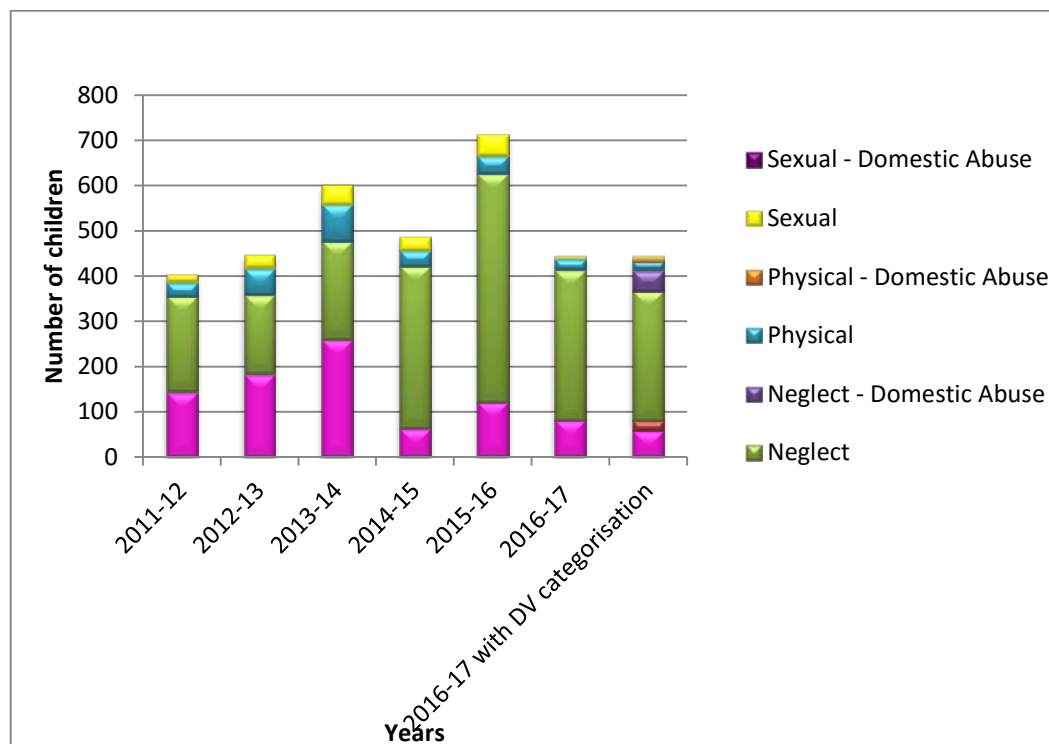
## Categories of harm

Children are made subject to child protection plans under four main categories (neglect, sexual abuse, physical abuse and emotional abuse). In Devon sub-categories to these categories identifies where domestic abuse is also a cause for significant concern. The table below shows the year's trend in respect of all four categories and their sub-category.

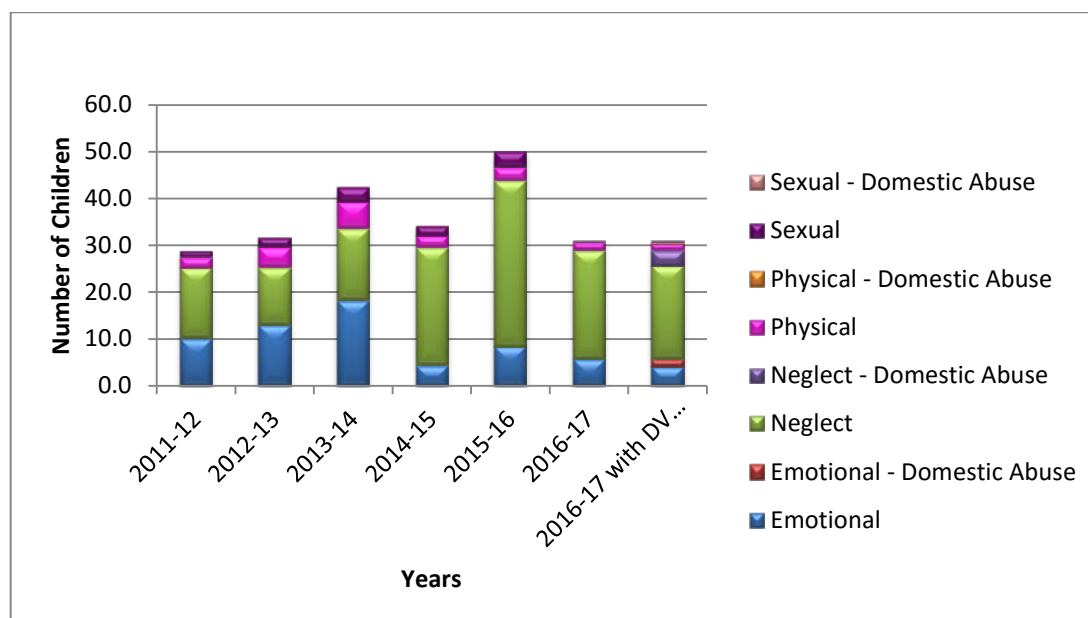


Neglect continues to dominate as the most frequently used category of harm for children subject to child protection plans in Devon; this reflects the trend over the past 5 years as the table below demonstrates. Emotional, physical and sexual abuse all follow behind neglect respectively. This trend reflects both statistical neighbour and national data. However, Devon's rate of children subject to a plan for neglect sits above our statistical neighbours (75% of all children subject to a plan). Sexual abuse represents just less than 1.5% of all children subject to a child protection plan at the end of the reporting year.

## ***Numbers of children by category of abuse (2012-2017).***



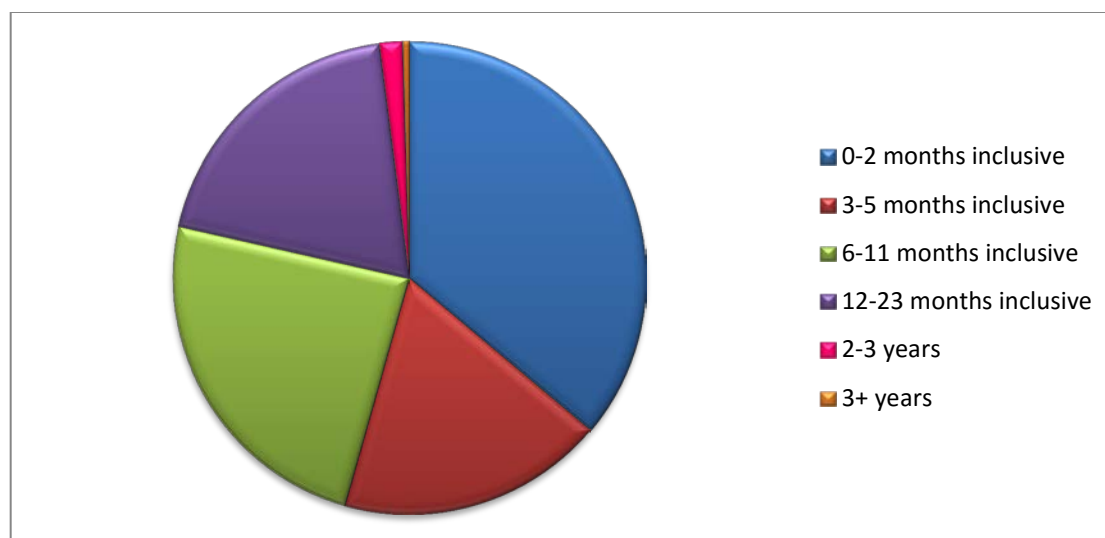
## ***Rate per 10,000 Children broken down per category (2012-2017)***



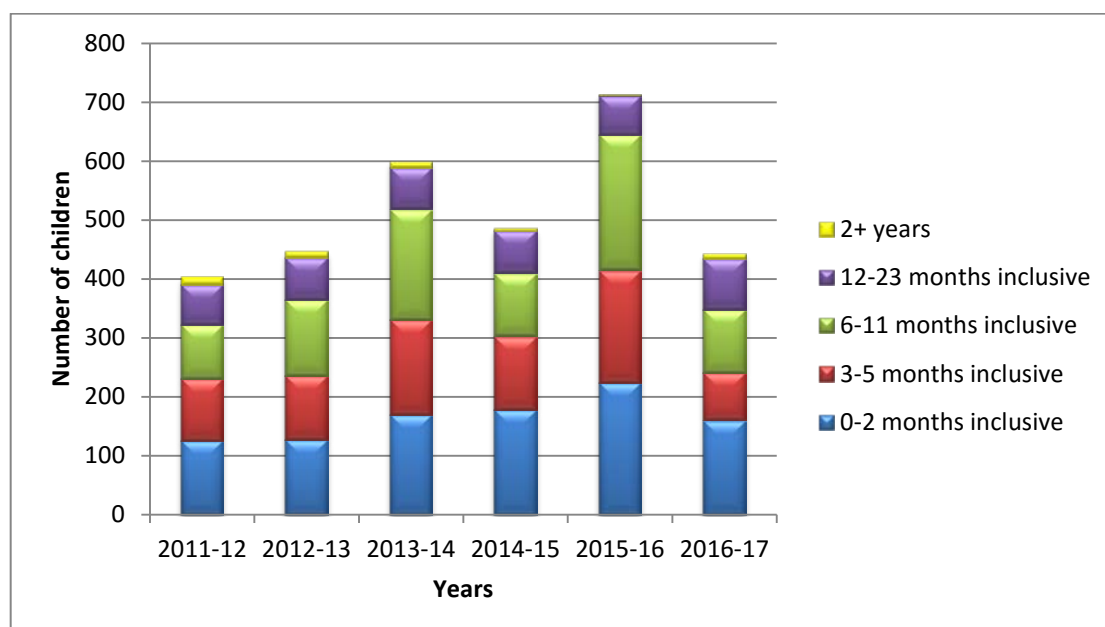
## Periods of child protection planning

Child protection plans should only last as long as it takes to work with families to reduce the level of risk identified or to plan for the removal of children where the risk of harm is not resolvable for them despite all best efforts. It is important to review our capacity to identify and intervene with families in a timely way that supports the reduction of risk in most situations. As a result any plan that lasts more than 2 years is a focus for particular review.

### *Length of time on plan 2016 - 2017*



### *Length of time on plan over five years (2012-2017)*



2016/2017 shows a decrease in the number child protection plans ending in fewer than 3 months, as a result of focused management action in this area. The number of plans lasting less than 3 months has reduced in December

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and has been the subject of audit in the IRU with no single issue arising. All child protection conference chairs are now required to inform the Operational Manager for the IRU when a request is made to end plans within 3 months so that the case is audited/quality assured prior to the first review conference. This is already having an impact with cases being discussed prior to the conference taking place to support evidenced based decision making. This issue continues to be reviewed as part of the IRU monthly performance meetings.

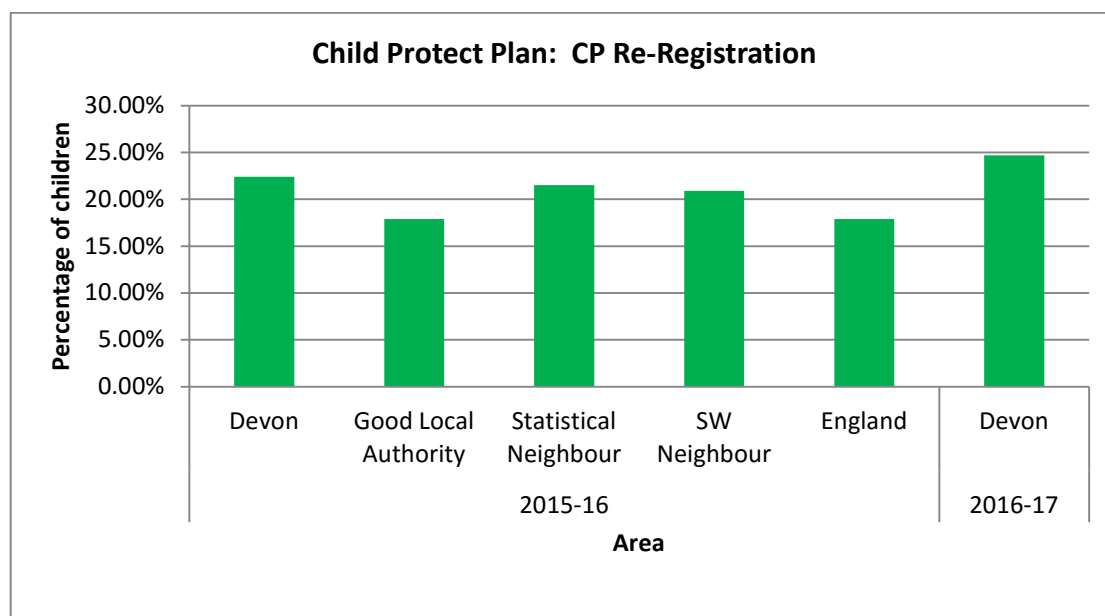
There has been a reduction in the numbers of medium term plans (3 -11 months) and a slight increase in the plans lasting longer than 12 months.

2017/2017 shows a slight increase in the number of CPP plans lasting longer than 2 years. This was identified in a group of siblings who continued to live at home during the course of protracted care proceedings. The decision to end the plan awaited the outcome to ensure a clear protective plan was in place.

### ***Repeat plans by percentage of child protection plans***

Children can become the subject of child protection plans on more than one occasion during their lives. It is important to monitor this practice in order to ensure that the child protection planning process is as effective in reducing harm or further protecting children if the risk is unlikely to reduce effectively over time.

### ***Repeat plans at any time in a child's life***



The percentage of children subject to a child protection plan more than once in their childhood has risen during 2016-2017 and sits at the upper end of

statistical neighbour comparison. This was one of the catalysts for the development of the new conferencing model.

Children subject to a repeat child protection plan within the past 2 years is 14% and this sits within the statistical neighbour and national average figures.

Repeat planning is the subject of monthly evaluation by the IRU, in order to ensure that child protection plans are not being ended before the risks are fully addressed and that families are supported effectively to sustain changes when plans are ended.

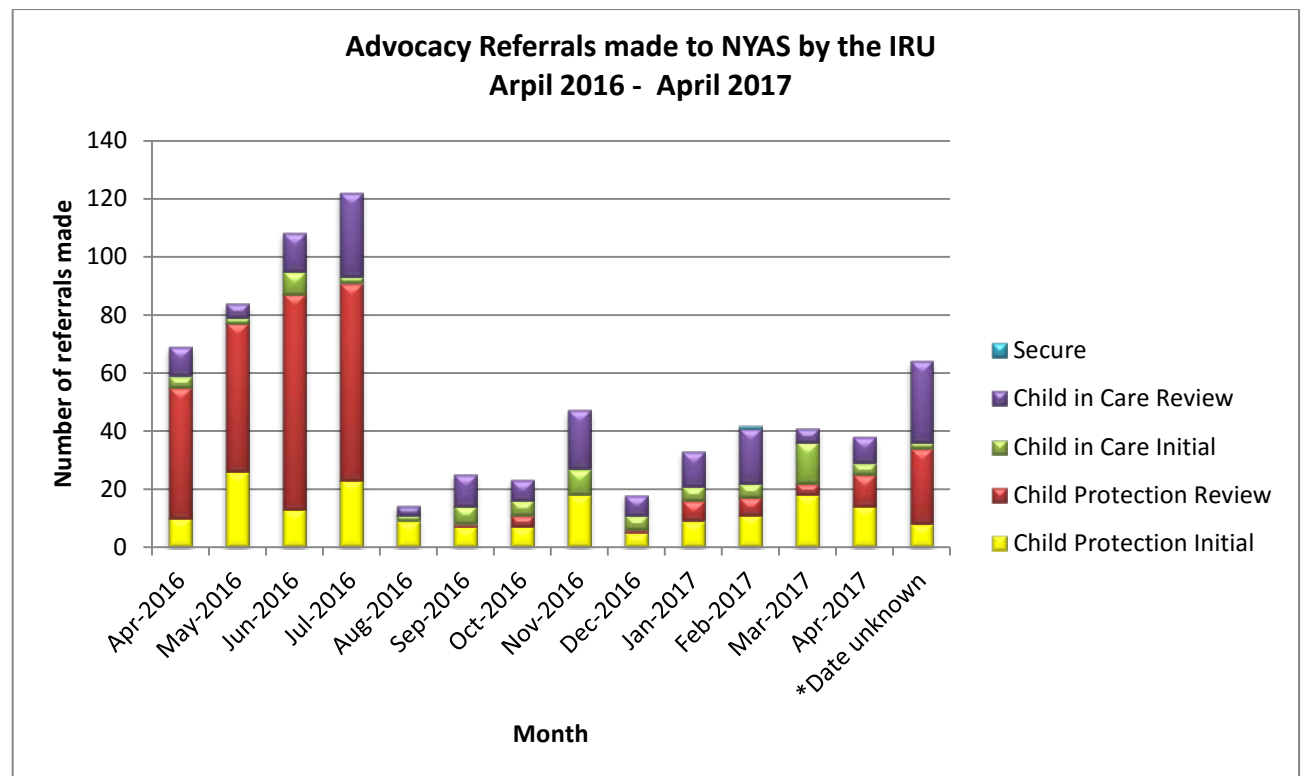
When a second or subsequent CP conference process is requested, the IRU review requests using the quality assurance screening tool and the social work team is asked to consider this carefully.

### **Participation in Child Protection Conference decision making - Promoting the voice of the child**

The demand, from the independent provider (NYAS), for advocacy to young people increased dramatically in 2016-2017. This impacted adversely the number of children able to access independent advocacy. Management action during April 2017 has gone some way to creating more capacity in the service but more is needed and this is the subject of current commissioning/contract review.

The IRU is committed to the principle of advocacy for all young people who are the subject of or likely to become subject of child protection planning and for their voice to be central to our planning. Children are supported by advocates in a number of ways, through attending meetings with them, sharing their views in their absence or helping them to convey their views in writing.

The table below represents the increase in requests during the early part of 2016 when child protection plans had reached 764 children; the highest level for the previous 5 years. The contract for commissioned advocacy was challenged as a result of this. This issue has been eased by the reducing number of plans.



## Promoting inclusion and collaboration with families

The IRU has developed a new model and approach that shifts the role of the family significantly from passive recipient to active and expert participant.

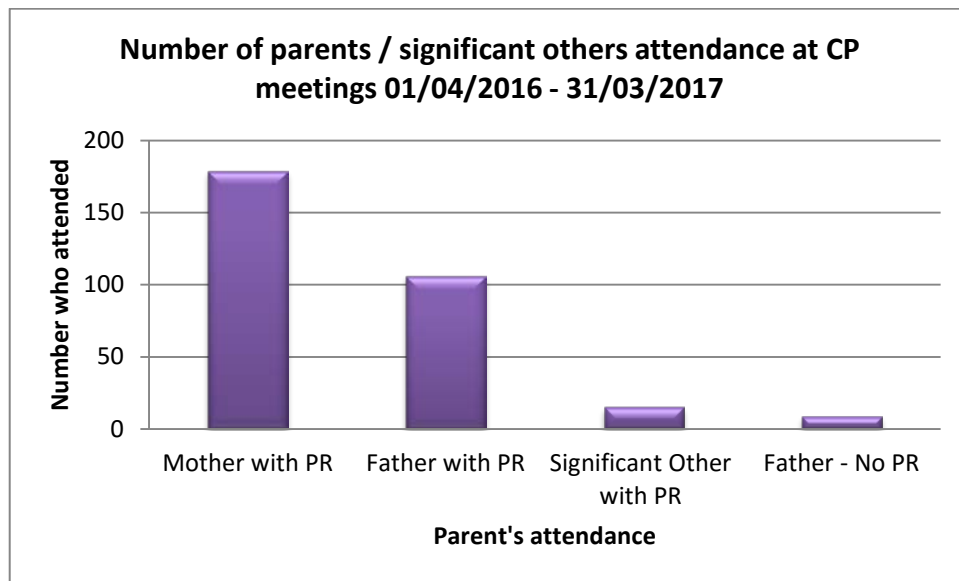
A parents' panel was initiated prior to the launch of the model to scrutinise and support the family-focus of the new model. Feedback from the group was constructive and positive. The work of this group continues and it is hoped will support further development of the model and a peer to peer advocacy service in 2017/2018.

Parents are contacted prior to a conference by the conference chair, receive information about the conference in writing and have access to on-line guides and films about conferencing.

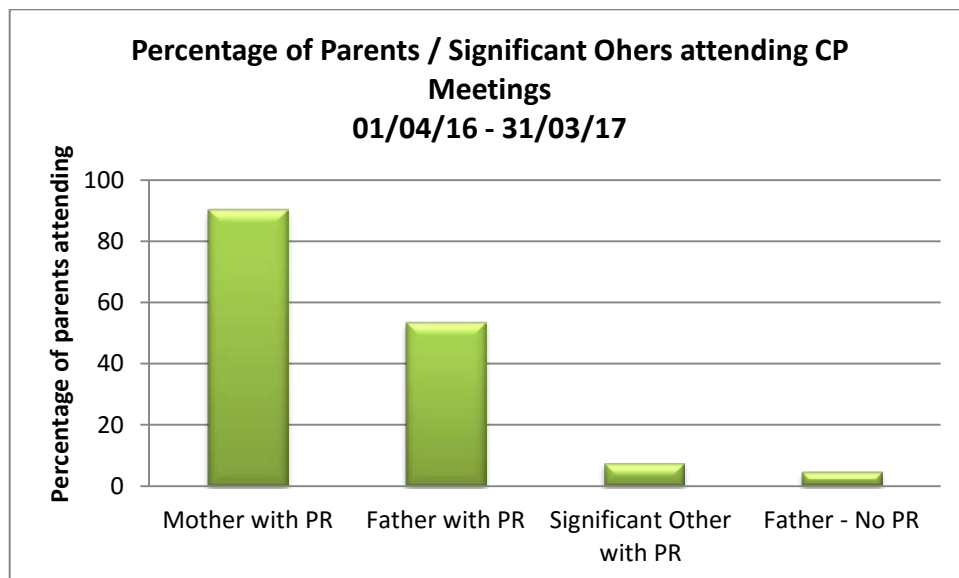
Consideration is given, by the conference chair and social worker, to how young people and their families will be supported to attend and engage meaningfully with the work of the conference. Young people and their families are invited to bring a report of their own to the meeting and to spend time preparing their views.

The two tables below evidence parental participation in conferences by number and percentage to indicate the variety of success in ensuring all significant adults are supported to participate.

## ***Number of parents attending conferences (2016-2017)***



## ***Percentage of parents attending conferences (2016-2017)***



\*PR: Parental Responsibility

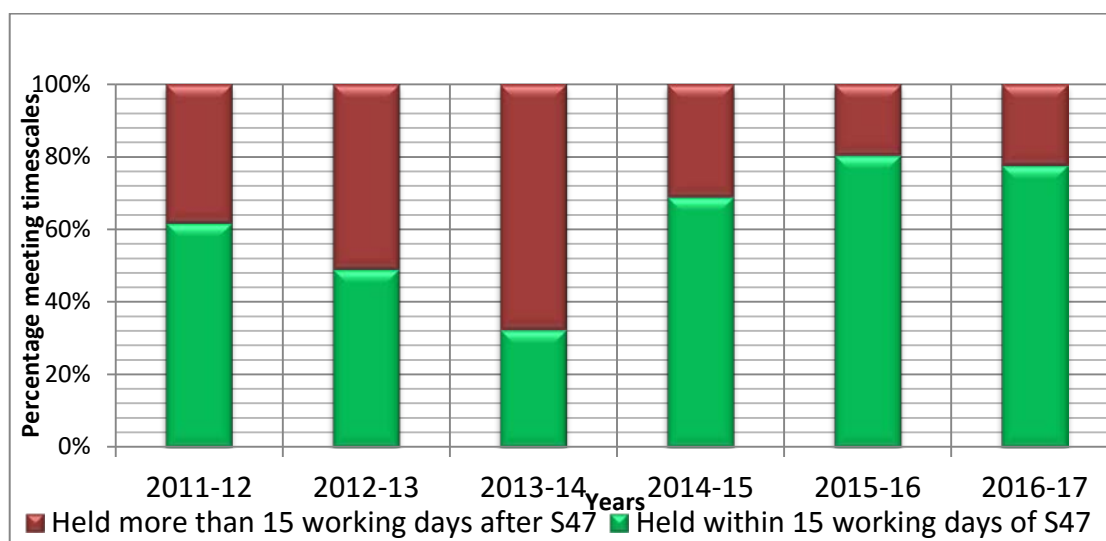
## **Timeliness of child protection conferences**

Working Together to Safeguard Children (2015) sets out clear timescales within which key child protection conferences should take place to support timely planning, review and decision making.



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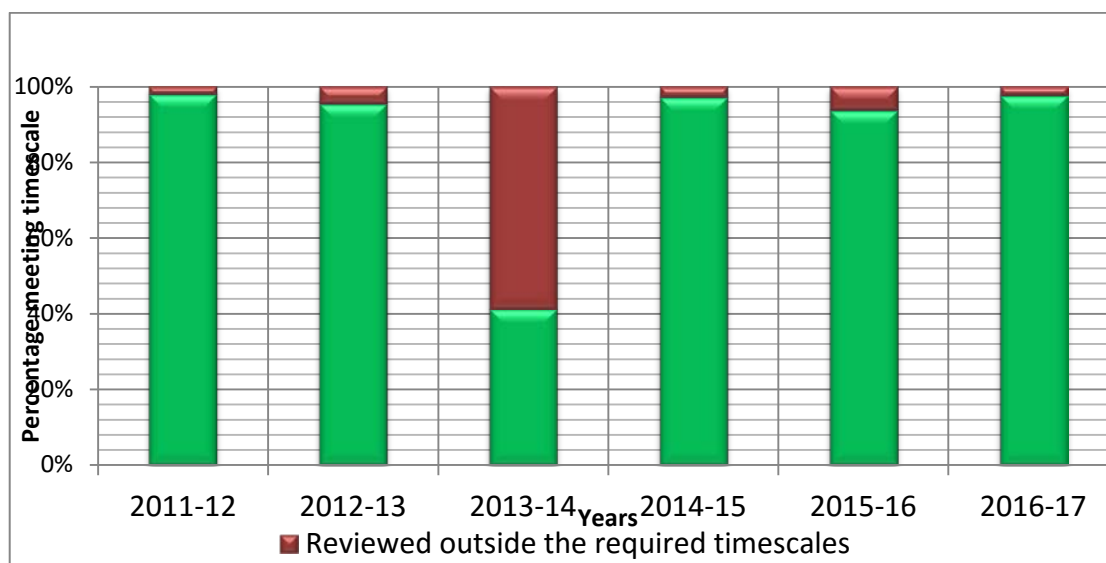
## ***ICPC's held within statutory timescales 2016-2017 (2012-2017)***



Timeliness of ICPC's relies on the pre-conference statutory processes (strategy meetings and s47 investigations) being completed in a timely way; the IRU receiving notification from locality teams in a timely way and the allocation of ISROs and quality assurance screening being completed in line with IRU standards (within two working days). In most cases, this is achieved but timescales are vulnerable to multiple potential delays, many of which sit outside the governance of the IRU.

When requests for meetings are received late and timescales are impacted the IRU operations managers seeks evaluation from the locality team manager and any learning or changes to process are agreed.

## ***RCPC's held within statutory timescales – 5 year comparison***



The timeliness of RCPC's during 2016-2017 is of the highest standards. Where decisions have been made to allow reviews outside timescales this is

almost always linked to the family's needs or circumstances (births, bereavements).

### **Part 4: The Local Authority Designated Officer (LADO) Service**

This section of the report provides an overview of the work of the LADO, including updates and developments since the last report, the nature of allegations received, the timeliness of the LADO response, multi-agency participation and outcomes. The report will also highlight any trends or gaps in current provision, set out the measures intended to address these and outline the future aspirations and plans of the service.

#### **Who is the LADO?**

Every Local Authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm

The Local Authority Designated Officer (LADO) works within Children's Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children, such as religious leaders, political figures or school governors.

#### **What is the LADO's role?**

The Role of the LADO is set out in Working Together 2015 and includes a range of duties. In most Local Authorities, including Devon, the LADO also fulfils additional roles, set out in 'The Work of the Devon LADO', below. The statutory functions are:

- To coordinate the safeguarding and investigative process in response to allegations made against people working with children.
- To provide advice/guidance to employers or voluntary organisations, including when and how to share information and take action;
- To liaise with police and other agencies including Ofsted and professional bodies.

- To monitor the progress of referrals to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process;
- To resolve any inter-agency issues;
- To collect strategic data and maintain a confidential database in relation to allegations;
- To disseminate learning from LADO enquiries throughout the children's workforce;
- To ensure that measures are in place to prevent further harm or abuse and that where required, referrals are made to the appropriate social care team.

### **Work undertaken by LADO**

#### **Knowledge and understanding about the role of the LADO – professionals and subjects, children and families.**

Comprehensive information and guidance is now on the DSCB website for anyone wishing to have an understanding of the LADO role. It includes advice for organisations; attending a LADO managing allegations strategy meeting; what happens when an allegation is made against you; and when there are concerns about your personal life. There is also a link to an online referral form.

Workshops have been developed and promoted through the DSCB. To date, three sessions have been held across the county. Attendance in South Devon and Exeter has been good; North Devon was not so well attended. Feedback has generally been positive, though the LADO team have planned a review of the content of the workshop in order to capture any improvements required. It is clear that staff in primary partner agency roles are attending, whilst those in voluntary roles are not currently represented and there is work to be done by the service in ensuring that information reaches as wide a range of organisations as possible (see action plan). It is envisaged that workshops will continue on a regular basis to ensure the LADO role continues to be promoted and information disseminated.

#### **Information sharing practices**

A standardised letter has been created and is sent to the subject at the conclusion of the LADO enquiry. Participants are informed of the final outcome by email, and generally the referrer is one of these. It is not always appropriate for the referrer to be informed of an outcome – for example if this is a member of the public – however, they are made aware that the information they have provided has been dealt with appropriately.

A standardised agenda has been created to ensure consistency in meetings and by LADO chairs. This includes recording details of how the subject, children and families will be informed and supported during the process.

The LADOs continue to deal with sensitive information and seek guidance on the sharing of this as appropriate through the Information Governance team, HR colleagues and LADOs in other areas if appropriate.

### **Timeliness of conclusion of LADO enquiries.**

The LADO team are pro-actively following up with the police where there are delays in charging decisions or in investigations. Reviews are booked in to ensure that the progress of cases is monitored and that timescales are created.

### **Service response to complex cases involving safeguarding concerns in whole organisations – including those requiring whole-service investigation, and where there are identified gaps in safeguarding practice.**

A protocol for whole service investigations has been developed to ensure a clearer understanding of lines of responsibility and reporting.

Collaboration with colleagues in Adult Services to identify common themes and differences where whole service investigations involve adults and children is currently under way and co-production of working protocols will result.

Planning is underway for a re-structure of the LADO service in order to ensure effective gatekeeping of referrals is in place, and to free up LADOs to undertake other tasks such as dissemination of practice and learning.

Monthly meetings have been established with the Police Public Protection Units to facilitate a better understanding of roles and responsibilities.

Agreement has been reached with MASH Team Managers around attendance at meetings where individuals (both adults and children) involved in allegations are not known to CYPS, or have been closed for more than 6 months.

Team attendance at the South West LADO meetings continues to contribute to the sharing of skills and knowledge across the region.

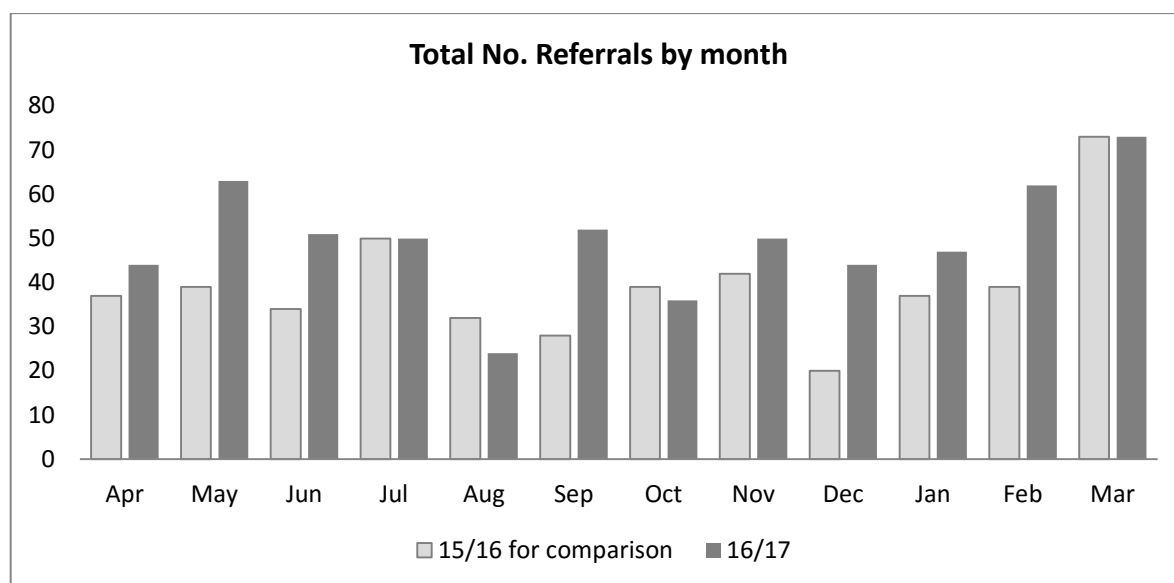
The team have developed the use of Words of Advice meetings to address gaps in criteria where, for example, someone is self-employed and not in a regulated activity, but there are concerns about practice which do not meet criminal threshold.

## **LADO performance data**

### **1. Referrals**

1.1. In this reporting period, the LADO team has received 596 referrals for the year April 2016 to March 2017. The same period for 2015/2016 saw a total of 470 - an increase of 126.

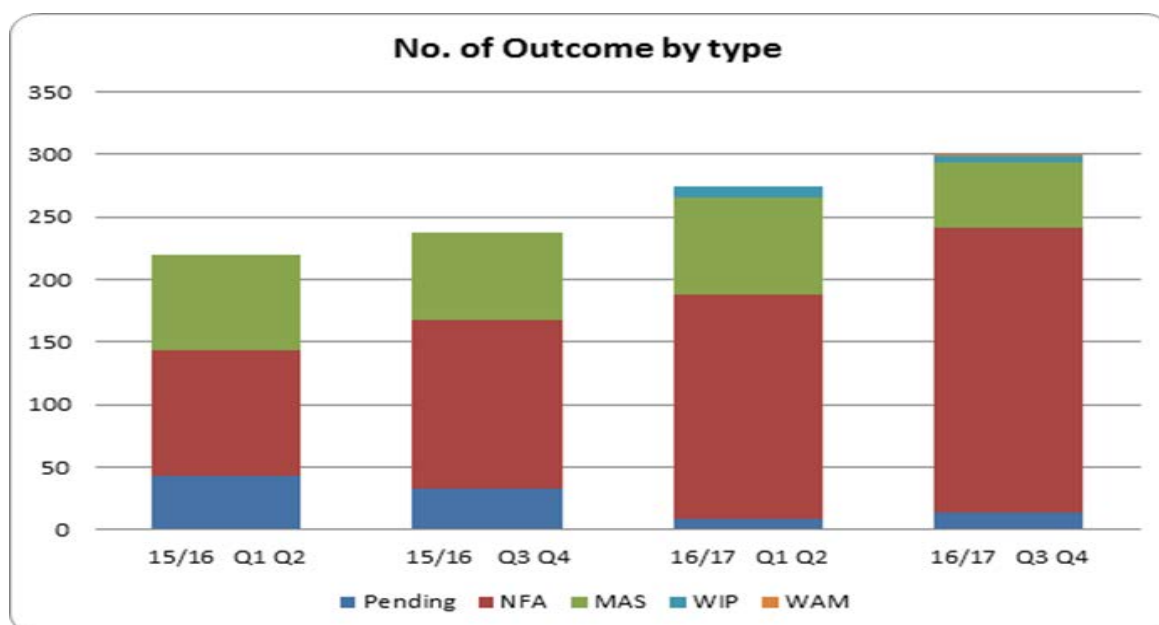
#### ***Total No. Referrals by month***



9.2. This increase in referral rates over time is reflective of regional and national trends.

9.3. When referrals are received; guidance or advice only is often required as concerns do not fit the criteria to convene a Managing Allegations Strategy Meeting. However the advice may be that the organisation needs to conduct an internal investigation or other action, and they are requested to inform the LADO of the outcome of their actions. Outcomes at guidance and advice stage therefore vary widely.

9.4. As can be seen in the graph above, the busiest month for referrals in reporting period 15/16 and 16/17 was March, with 73 being made both years. The reasons for this are not clear at present and a review of the referrals received for this month may identify some themes.



(NFA = no further action; MAS = managing allegations strategy meeting; WIP= work in progress; WAM= words of advice meeting)

9.5. The trends shown above suggest that the increase in referrals may be reflective of increasing numbers of inappropriate referrals, or referrals which have required advice only.

9.6. The number of referrals resulting in Managing Allegations Strategy (MAS) meetings for the last 6 months has decreased, whereas there has been a steady increase in the number of referrals resulting in No Further Action (NFA). There may be a number of reasons for this, including greater awareness of the LADO service through the workshops which isn't yet converting to more appropriate referrals being made, and reporting expectations from Ofsted.

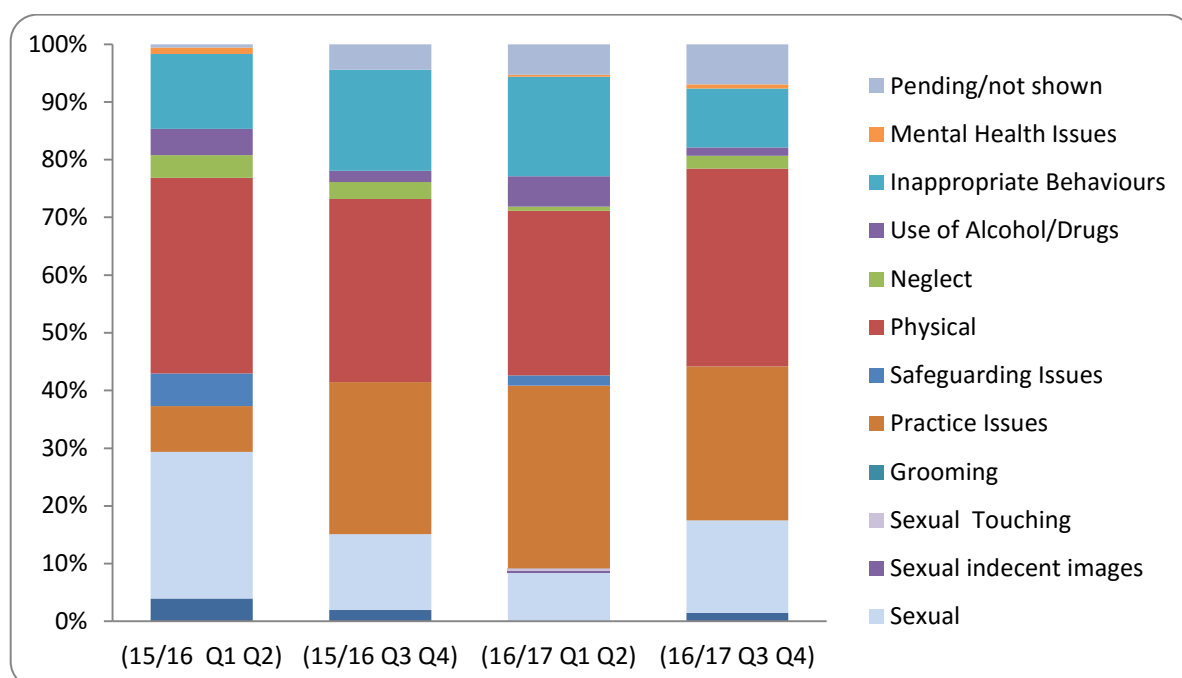
9.7. The aim of the workshops and the guidance on the DSCB website is to empower organisations and agencies to make clearer and more accurate decisions about what constitutes a referral. It is hoped that as agency confidence increases, more appropriate referrals will be made, resulting in fewer NFA's and possibly more MAS meetings.

9.8. The planned restructure of the LADO service has included consideration of a referral coordinator role, which, if implemented, would enable a strong front-line advice service to meet the broader aims of the service in terms of awareness-raising and identification of themes and trends for service improvement.

## 2. Nature of Allegations

- 2.1. If, following liaison and initial investigation, a MAS Meeting is warranted, the LADO coordinates the meeting, multi-agency responses and actions.
- 2.2. The nature or type of concerns considered by the LADO continues to vary widely. The trend over the last two reporting periods has seen a continuation in reporting concerns of a physical nature and practice issues. It is hoped that continued multi-agency training and awareness may result in a clearer understanding of what constitutes an allegation, and therefore greater consistency in referral type.

### % Allegation by Type

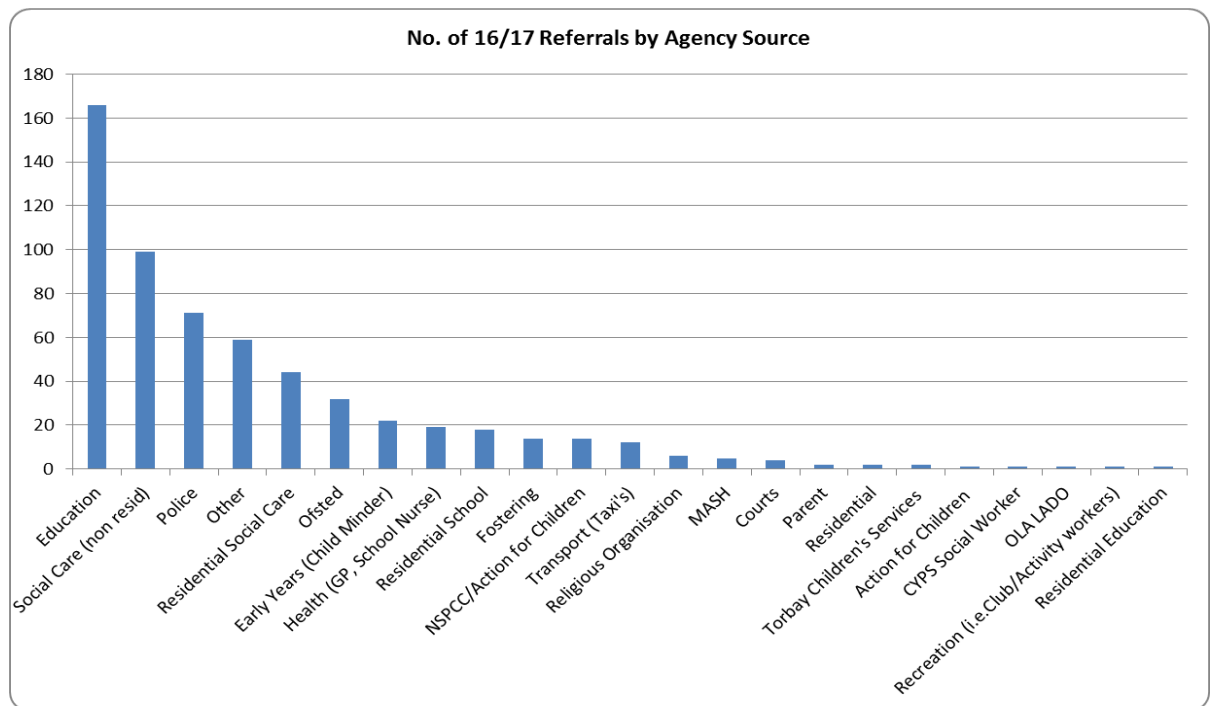


## 3. Referral Source and Subject

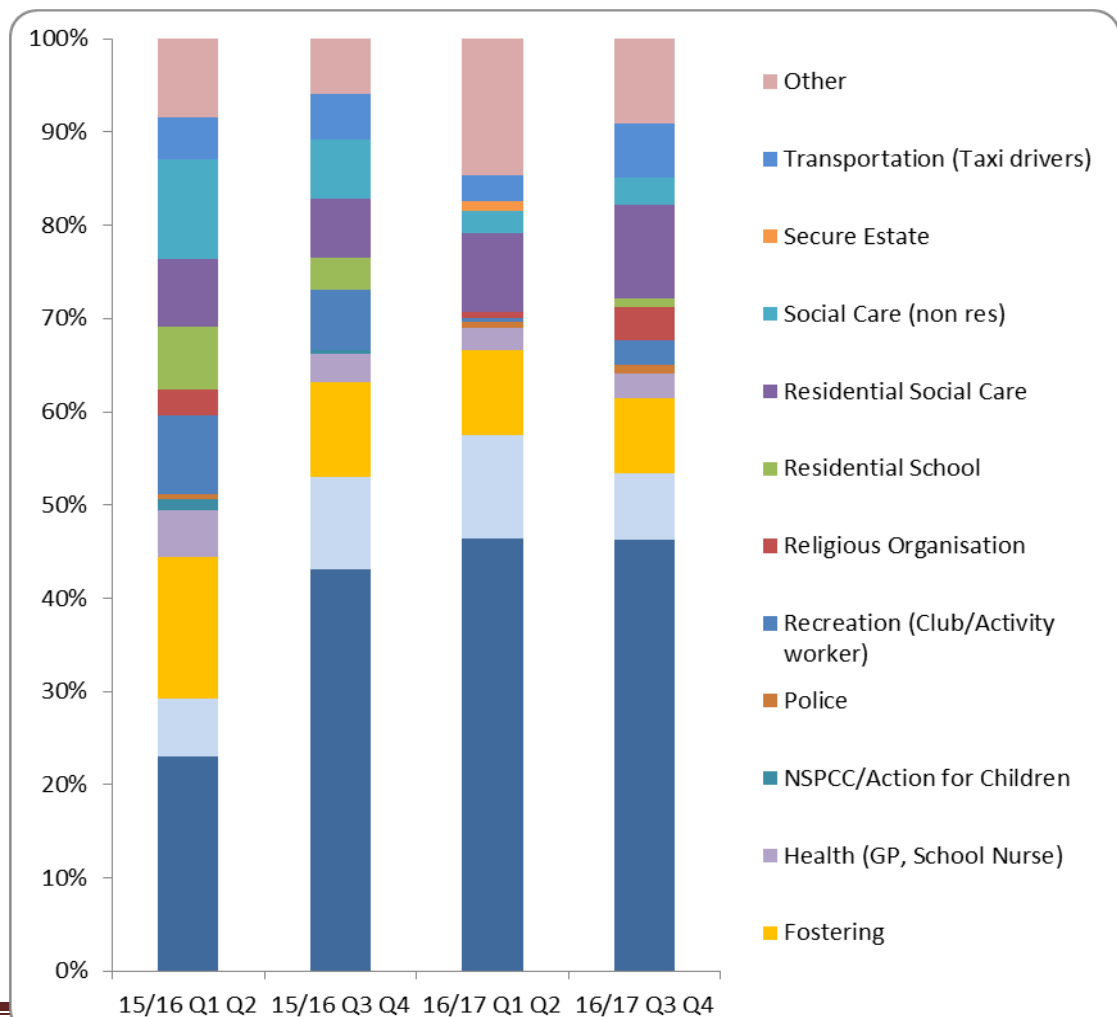
- 11.1. The source and subject of referrals is heavily weighted towards education, foster care and the police. Given the proximity and frequency of contact between education professionals and children, the strong representation of education in referral sources and subjects is not unexpected. Increasing trends in concerns relating to education professionals however, is an area that requires more consideration with our education partners and will be raised through the dedicated Safeguarding in Education monthly meetings.

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## Number of allegations by referral source



## Allegation by subject (percentage)





## Outcomes

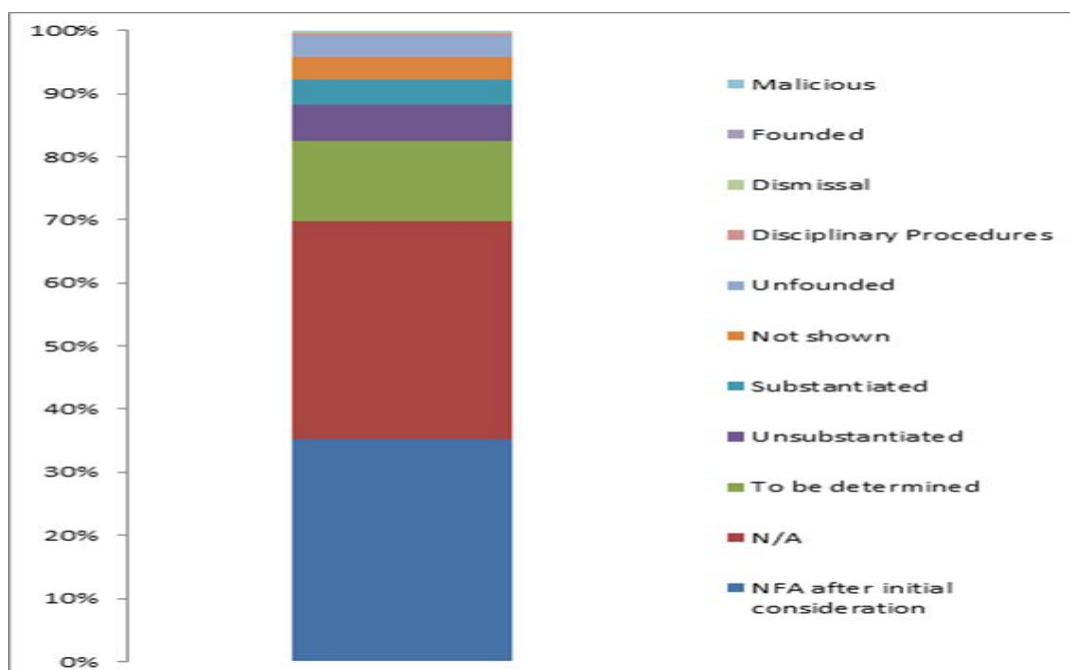
MAS meetings are sometimes able to conclude the outcome of a concern at an initial meeting. Sometimes however, additional information is needed through the completion of actions agreed at the initial meeting and attendees need to re-convene once, or more often in complex cases.

At the final meeting, members of the strategy meeting will decide whether the allegation is:

1. **Substantiated:** where there is sufficient identifiable evidence to prove the allegation;
2. **False:** where there is sufficient evidence to disprove the allegation;
3. **Malicious:** where there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
4. **Unfounded:** where there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances;
5. **Unsubstantiated:** this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation; the term therefore does not imply guilt or innocence.

Where concerns are unfounded or unsubstantiated, it may still require further internal investigation by the employer or other action to be taken and does not necessarily mean there are no concerns at all.

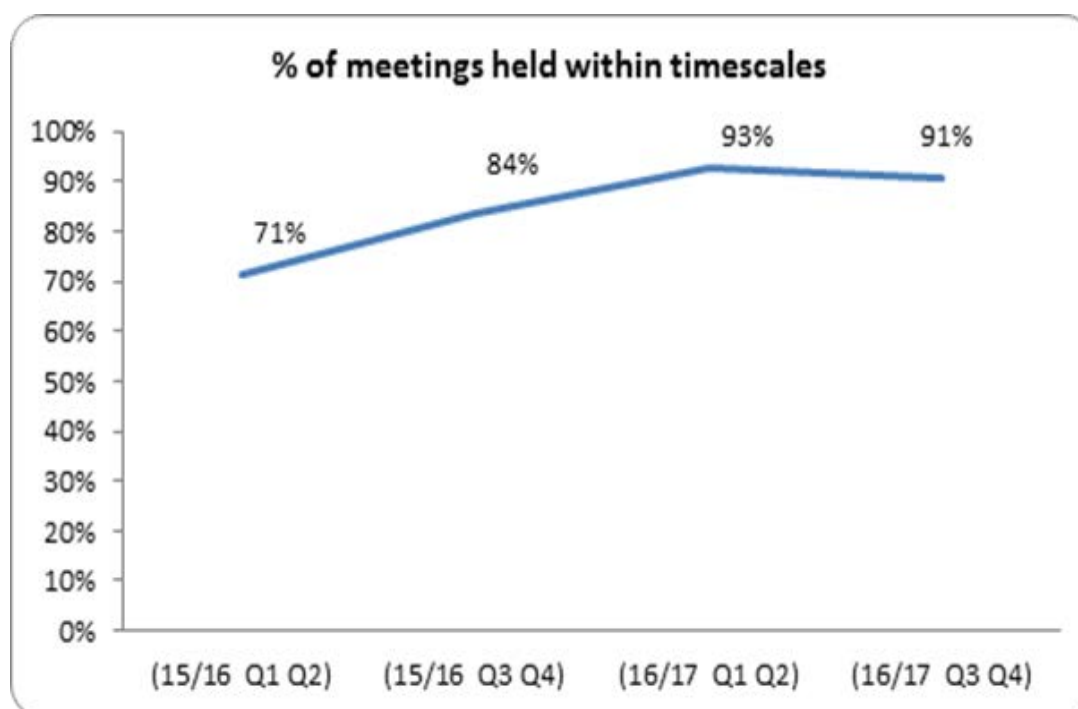
## Outcomes of referrals



### Timeliness of LADO response

The performance of the LADO service in ensuring meetings take place in a timely way has seen a slight decrease in the last 6 months. Only 5 meetings have not been held within five days of receipt of referral, the same as the previous reporting period. However, as there has been a decrease in the number of MAS meetings being held, this is proportional. Where meetings are delayed this is often as a result of other agencies not providing information in a timely manner, or requests for delay due to staff leave (for example during school holidays where staff are not available and there is no immediate risk to a child).

### Meetings held in timescale (percentage)

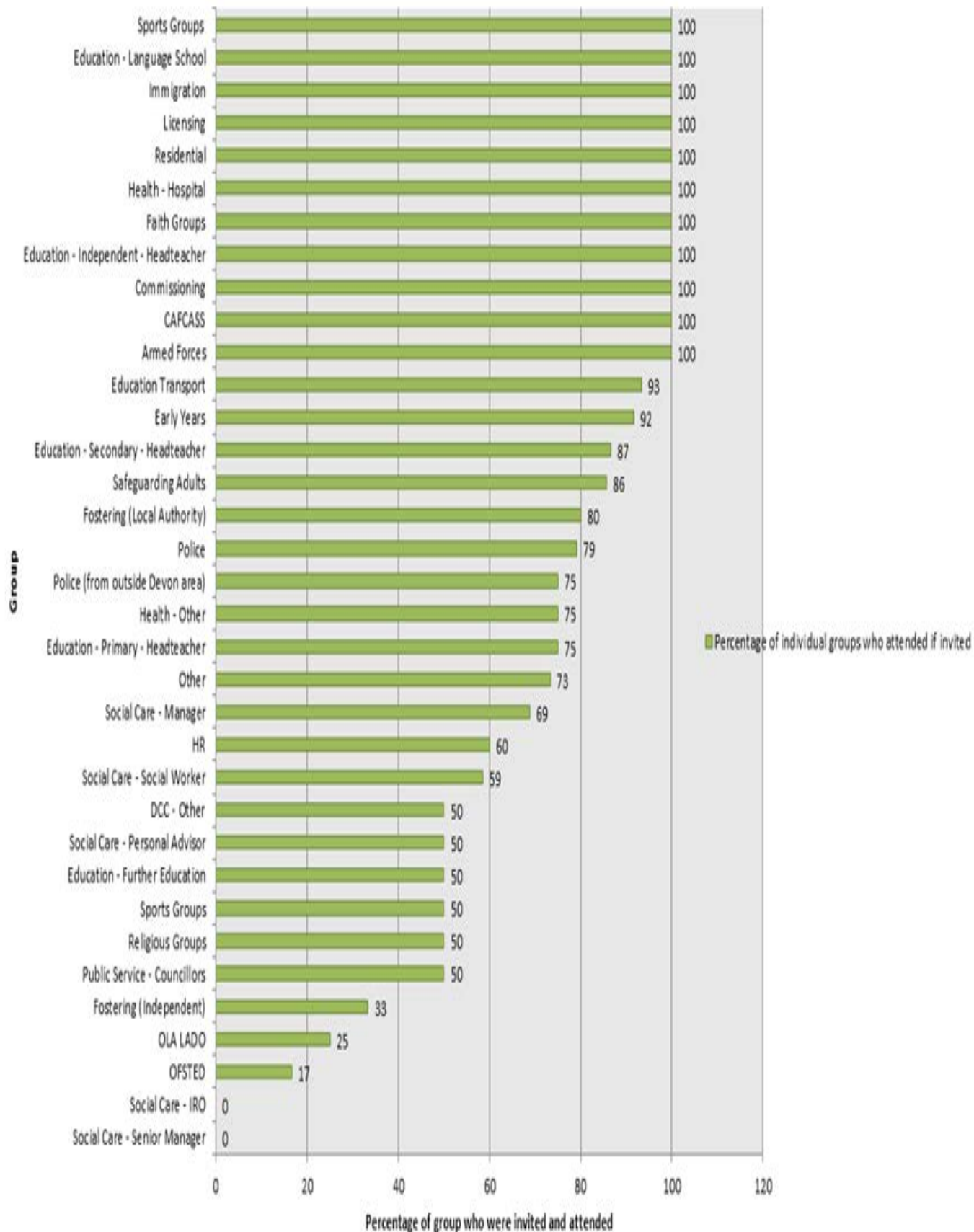


### Participation and Partnership

The LADO continues to work in close partnership across a variety of agencies. Overall, partner agency attendance at Managing Allegation Strategy meetings remains good. There are some agencies where attendance could be improved and we welcome the support of the partnership in continuing to deliver this message and expectation. The LADO will also be highlighting this area in its multi-agency training and awareness-raising workshops.

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### Percentage of individual groups who attended if invited: October 2016 - March 2017



## **Complex Cases**

The LADO routinely deals with allegations that stray into the procedures set out for Complex and Organised Abuse, the MACSE and whole service concerns.

At times, it responds to concerns of a sensitive nature that may attract public interest either by virtue of the media profile of an individual or as a result of information being shared that raises concerns about the wider safeguarding practices of an organisation. In these cases, the LADO provides alerts and updating information to Senior Managers who take responsibility for information management with the media and/or strategic responses.

In this reporting period, no cases have escalated to require a whole service investigation or review, although one is currently under consideration.

## **Training and Service-Awareness**

During this period, the LADO team continues to provide a responsive service to requests for awareness and training and has worked with a range of organisations including faith groups and core agencies to this end.

There is now on-line guidance available to support a better understanding of the role and service for organisations, referrers and subjects.

From January 2017 3 workshops have been held in order to raise the profile and awareness of the LADO service. These sessions will be reviewed in June 2017 with the aim of responding to feedback and planning to make the sessions accessible for all agencies. At present it is clear that voluntary sectors are not attending and thought needs to be given to how we can ensure they have opportunities to attend the workshops.

## **Sharing Learning from Cases**

Key areas of learning that have informed the future service development plan for the LADO have included; how we share information, when and how; how we ensure subjects, child and families are properly supported through the LADO process; how we respond to whole-service safeguarding concerns and how we respond to identified potential gaps in national regulation relating to safeguarding including for supported accommodation for vulnerable young people, language schools etc.

As a result of the above, the LADO service has implemented the use of Words of Advice meetings in an attempt to fill some of the gaps where, for example; the subject of an allegation may not be an employee of an organisation; where they are not operating within a regulated activity; where there is no requirement for them to hold a current DBS check

### **Part 5: Summary of IRU activity.**

This has been a busy year and challenging year for IROs. There is good evidence of strong progress in some of our core tasks and targets. Relationships with our social work colleagues have improved and are moving towards a more collaborative and problem solving approach, evidence of a more mature understanding of respective roles and responsibilities. The introduction of the new quality assurance framework will enable us to clearly reflect and evidence our own practice and that of colleagues, so that we can together move forward in our journey towards 'Good'. The evaluation groups and bi-monthly meetings with team managers to share learning and promote effective practice have proven to be a positive development. We see evidence of this in the development of relationships between SWs and IROs, where IROs are being kept updated and informed of relevant information in respect of children.

IROs have made significant strides in helping colleagues understand the statutory role they have in respect of looked after children, including the duty to challenge and escalate concerns. We are seeing a more responsive approach from colleagues to escalations and the promotion of a problem solving approach within the context of a relationship based on 'High Challenge High Support'.

The Service has worked hard at ensuring the child is at the centre of the review process and our work with the Children's Participation team has been crucial in this progress. Fundamental to the work of the IRO is their relationship with the child or young person. We are fortunate to have a positive working relationship with the Children's Participation Team. They provide us with challenges about our approach to working and are actively engaged in working with us to ensure we can be the best we can. This ongoing relationship is hugely important to the further development of the practice of the IRO and IRU. It is clear that some of the challenges they presented us with this year have proven difficult to meet, we need to improve our pre-review meetings, ensure all mid-point reviews are completed and work towards more children chairing or co-chairing their own reviews. This is recognised and the contextual reasons, for example high caseloads, have been acknowledged and plans have been put in place to address this so that we can reduce caseloads to a figure where IROs are able to meet their core responsibilities and undertake their enhanced role.

Whilst we can look back and reflect on much positive work throughout the year, we remain ambitious for further improvement and we will be taking action to ensure this improvement. The service will strive to keep children at the centre of what we do and ensure they have a voice, we are committed to working with our colleagues to improve service for children and ensure all children looked after by Devon or subject of a protection plan receive the best possible service and are supported to achieve the best possible outcomes.

## Part 6: Development /Action Plan for 2017-2017.

Leadership & Management							
Objective	Action	Ref	Lead	Targets/Milestones			Update/RAG
				Sept 2017	December 2017	March 2018	
<p>The IRU to provide the right balance of support and challenge to the service in respect of our work in respect of CIN, CP and CHIC.</p> <p><i>(*term IRO is used to refer to all IROs/ISROs in the unit)</i></p>	<p>Appointment of 4 IROs (1 in each locality) on a 2 fixed term contract to support CIN framework.</p> <p>Appointment of 3 additional, permanent IROs to support work with looked after children and children subject to CP plans across the county.</p>		<p>Jane Anstis</p> <p>Jane Anstis</p>	<p>4 IROs to be in post</p> <p>3 IROs will be in post</p>	<p>Children in Child in Need plans will have smart outcome focussed plans in place.</p> <p>All children will have SMART outcome focussed plans and will be supported closely to achieve required outcomes.</p>		
<p>Review structure and management arrangements of the IRU (including LADO) to ensure manageable workloads and effective oversight.</p>	<p>Consider alternative delivery models to ensure best management and delivery approach to support quality assurance, reviewing and safeguarding practice for the county.</p>		Jean Kelly	<p>Any change to structure of unit to be agreed via senior leadership team</p>			
<p>Each IRO to have a caseload of 60 children/young people plus quality assurance activity</p>	<p>IROs must have capacity to undertake timely meetings, see children, follow up on plans and ensure that their footprint is evident in a child's case file. This is essential if they are to offer high support and constructive challenge on behalf of</p>		Jane Anstis/Ian Davidson	<p>All IROs will each hold a maximum of 60 cases (FTE).</p>	<p>Evidence of increased activity will be evidenced via monthly case audit and IRU reporting.</p>	<p>All children will be seen by their IRO.</p> <p>SMART Outcome</p>	

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	<p>children. They must also contribute to wider practice improvement quality assurance activity to support the service.</p> <p>Monthly performance/evaluation meetings will continue to take place in the IRU to monitor performance and impact on positive outcomes for children.</p>			<p>Regular meetings will review quality of activity via dip sampling/themed audit activity and review of all performance data</p>	<p>Evidence of impact will be reported in the quarterly report.</p>	<p>focussed plans will be in place for all children subject to CIN CP and CHIC</p>	
<p>IRU managers to offer regular supervision for IROs/ISROs and LADO to ensure best quality service in line with the units high expectations for children</p>	<p>All IROs will experience supervision that has high expectations of them in their role and offers high support and high challenge in a constructive way to ensure the best support for children.</p> <p>This supervision will set out minimum standards of expected practice to ensure best outcomes for children</p> <p>It is expected that this approach is replicated in the IROs own practice.</p>		<p>Jane Anstis/Ian Davidson</p>	<p>All IROs will have regular individual and group supervision every month to ensure a consistent practice approach across the county.</p> <p>Every child's file will include the IRO footprint via recording of key discussions/consultation.</p> <p>Visits to children by IRU will be recorded</p>	<p>Evidence of IRO on every child's file including any need to resolve child centred problems in order to progress plans.</p>		

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				on the child's file			
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Right service, right time							
Objective	Action	Ref	Lead	Targets/Milestones			Update/RAG
				Sept 2017	December 2017	March 2018	
All children in need (CIN) will be reviewed by the social work teams to ensure that all children requiring a service receive one and those who do not are supported to step down or out of the statutory system.	CIN Framework to be agreed across the localities.  CIN IROs (referred to above) will support systematic review of each child and chair meetings, offer coaching/training as required.		Jean Kelly	CIN framework will be agreed and implemented.  All CIN cases will have been reviewed across the county so that all children who require this service will continue to receive it. Cases for step down to EH or out will be in place.	SMART Outcome focussed plans will be in place for all children on CIN plans	Deep Dive/Audit of all CIN case activity will evidence that all CIN case have plans, children are seen and when due for step down this is managed in a timely way (within 1 week of decision made)	
Children must receive the statutory service that they are entitled to having met threshold for children's social work intervention.	All reviews, core groups, visits and conferences must happen in timescale. IROs will offer support		Jane Anstis/Ian Davidson	All meetings will be held in timescale.			
Children utilising services from unregistered provisions will have their safeguarding needs met and those children who need to be planned for within statutory processes are identified	Development of a Safer Organisation Service three tier service (to include the LADO), with buy-in from other agencies and parts of DCC service, including commissioning. This will encompass; standard setting and good practice tools and signposting for organisations; action planning for organisations of concern; whole service processes where abuse or neglect have		Jane Anstis	Scoping of Safer Organisations Service viability with partners.	Completion of proposals around the scope and reach of the service to senior managers in all service	Establishment of the SOS and evidence that it is impacting on improving safeguarding standards in previously	



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and kept safe.	been clearly identified.					isolated / unmonitored organisations.	
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High Quality Statutory Social Work							
Objective	Action	Ref	Lead	Targets/Milestones			Update/RAG
				Sept 2017	December 2017	March 2018	
Regular QA activity leading to improvement in practice and the identification of good practice	QA Framework to become embedded via regular audit and reporting followed by learning and improvement activity in each locality/service.		Jean Kelly	First round of monthly case, themed and deep dive audits completed and reported on	New approach is embedded in practice and evidences good practice, improving practice and issues for continued development	Evidence of improved social work practice and audit practice	
Regular QA activity by IRU re CIN, CP and CHIC.	IRU to provide regular feedback to the service regarding SW practice and IRU performance. The unit will identify issues requiring improvement		Jane Anstis/Ian Davidson	Regular bulletin and quarterly report to service to be provided to the whole service	New approach is embedded in practice and evidences progress in practice as this improves in each quarter. Development of new QA mechanisms at key points for CHIC and CIN.  Establishment of revised and effective system for recording early resolution and escalations	Evidence of improved social work practice and IRU performance.	
Review the quality of child protection	Deep dive of Stronger Families: Safer Children conference model in Devon via multi agency QA		Jane Anstis/	Plan the Deep Dive for October with	Evidence improved practice re timeliness	Evidence that the model is fully	

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conferences following the change in approach	Delivery Group. Request that this is undertaken by representative of the multi-agency partnership (October 2017)		Jean Kelly	clear terms of reference and outcomes required agreed.  Changes to be implemented as required.	of plans, effectiveness of planning, family engagement and multi-agency partnership working.	embedded across the partnership and effective for all children.	
Ensure venues offer the facilities and environment necessary to promote family participation.	IRU to conclude its county wide review of the suitability of venues and plan to compensate for any identified gaps or needs.		Jane Anstis	Conclude the venue review	Progress plans to address identified gaps and needs	All children and families have access to high quality settings and venues in which to hold and review CP plans and CHIC reviews, where appropriate.	
Regular and required participation of IROs and ISROs in performance management and practice development within the Unit.	Establishment of a framework and calendar of internal QA events		Jane Anstis	Monthly and quarterly performance evaluation meetings to be redeveloped to ensure consistency across the whole IRU  Quarterly day workshops to be scheduled to enable development of good practice and embedding and consolidation across	Monthly evaluation meetings are in place and have a reporting and action planning mechanism.  First workshop to focus on improving and broadening confidence in strengths based approaches across the IRU	Programme of events is well established and quarterly workshop priorities are established.	

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				the whole unit			
Support the strengthening of confidence and development of a strengths based approach across the service including for CHIC and CIN.	Additional training and workshops to be coordinated by the IRU in partnership with locality teams.		Jane Anstis	Workshops and training opportunities identified within localities to promote confidence in use of model for CIN.	Workshops undertaken  New model of reviewing developed for application for CHIC in line with strengths based approached	IROs, SWs and TMs are confident in chairing and reviewing all statutory meetings within a strengths based framework.	
IRU must ensure the participation of children/young people in CP and CHIC reviews.	To progress the children in care council action plan agreed in December 2016  All actions are not listed here – see separate plan already in place.		Ian Davidson	All actions will be met and signed off with the children in care council.	Review activity by the Children in Care council to ensure all actions and positive change is embedded.  Monthly evaluation and action planning I respect of IRU performance in ensuring participation  Conclusion of venue review and funding bid for young person friendly co-designed review hub facilities	All IROs ensure active participation of young people in their CP or CHIC review process and decision making about their care/future plans.	

### Looked After Children are properly looked after

Objective	Action	Ref	Lead	Targets/Milestones			Update/RAG
				Sept 2017	December 2017	March 2018	
All children/young	IROs must ensure that self-care skills and		Ian	Every review will	All 14+ children will		

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people in care must be supported to develop self-care and independence skills at the outset of their journey through care. This must be supported developmentally as a child would expect in any family.	independence skills are reviewed as part of the regular review of their care		Davidson	consider self-care/independence skills progress (this will vary depending on developmental stage of child/young person)  IROs will review this at all statutory reviews	have an independence checklist they and their carers/social workers actively use and review.		
Every child/young person must have a permanence plan	<p>IROs will quality assure that all children have a permanence plan in place and that they have followed a permanency process with the fostering, adoption, SGO teams as required.</p> <p>IROs will record what the permanence plan is and will ensure that a formal permanence planning process is followed.</p> <p>Timeliness of permanence planning must be tracked at each review and at the mid-point check to prevent any unnecessary delay or drift.</p>		Ian Davidson	<p>Every new looked after child will have permanence highlighted in every review from the first.</p> <p>Any delays will be escalated for problem solving by the IRO.</p> <p>All children's cases will be reviewed by the IROs in respect of permanence planning.</p>	All looked after children will have a clearly recorded permanence plan.	Timeliness in respect of progression towards permanence will improve for all children.	
Placement matching must be carefully considered	IROs must review the appropriateness of placements proposed for children. They must ensure that these are appropriately regulated in line with the child/young person's needs.		Ian Davidson	Social workers to consult with IROs re planned or unplanned changes to seek their view.			

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				All children/young people requiring care must be placed in a regulated placement.			
Placement stability must be supported from the outset	IROs will review the quality of placements from the point of allocation. They will proactively support placements via key actions at each review to support carers and children to sustain placements.		Ian Davidson	Every child/young person's initial review will evidence via the record what placement support is required to ensure stability from the outset.	Reduction in unplanned placement changes for children/young people		
Moving on to semi-independent accommodation	Only young people who have been assessed as ready for semi-independence as part of their gradual transition to leaving care should be placed in a semi-independent placement.  No semi-independent placement offer can be agreed unless a clear assessment of readiness is in place and the IRO has been consulted.		Ian Davidson	All 16 + placements in semi-independent units will be reviewed by the IRU to ensure that they are appropriately placed	Any new 16+ placements will be made subject to completed assessments and completed independence checklist evidence presented to the young person's CHIC review.	Best practice will be embedded.	
Placement with parents for children subject to care orders must only happen when positive parental change is evidenced.	Children on Care Orders will only be considered for placement with their parents once parents have evidenced that they have made sufficient changes in their lifestyle to offer good parenting. This will require them to provide evidence of change. We cannot make placements with parents based on a young person's wish only. The IRO must carefully review these requests to ensure appropriate use of regulations and that this is in the best interest of children.		Ian Davidson	All placements with parents (PWP) requests must follow procedure.  All requests must be shared with IRO for consultation and view.	No placement will be made with parents will be made before this is agreed by key adults involved in a young person's care.		

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				No placement with parents will be made for children subject to care orders without IRO views being sought before any plan is put in place.			
All looked after children subject to section 20 arrangements are appropriate and clear care plans are in place.	<p>IROs must ensure that all Section 20 arrangements are legal (All with PR have agreed, all have mental capacity to agree, where withdrawal of agreement has been stated a child must return home or a legal mandate must be sought).</p> <p>IRU to review all section 20 care arrangements.</p> <p>IROs must routinely QA this at each review and at the mid-point checks.</p> <p>No child under the age of 10 who requires permanence planning remains subject to section 20 – legal advice must be sought to prevent delay and drift in formal planning processes. <i>(*this does not refer to short breaks agreements under section 20)</i></p>		Ian Davidson	<p>All children currently subject to section 20 care arrangements are legal and appropriate.</p> <p>All IROs to review all children under 10 years of age to ensure legal advice has been considered re planning.</p>	<p>All children subject to section 20 care arrangements are reviewed and agreed as appropriate via the IRO.</p> <p>All section 20 arrangements for children under 10 are understood as temporary legal arrangements while consideration of the long term legal plan is agreed and clearly recorded.</p>	<p>Best practice is embedded across all teams in respect of section 20 arrangements.</p> <p>Best practice is embedded regarding the use of section 20 care arrangements in all cases.</p>	

**Care Leavers are supported to aspire and achieve**

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Objective	Action	Ref	Lead	Targets/Milestones			Update/RAG
				Sept 2017	December 2017	March 2018	
All young people ready to leave care will have effective plans to support their transition to adulthood	<p>IRO will ensure that an updated assessment is completed and a SMART outcome focussed Pathway Plan is in place for each young person.</p> <p>IROs will ensure that this plan is constructed with the young person as far as this is possible.</p> <p>Each young person will have a final review as close to their 18<sup>th</sup> birthday as possible even if this means having two reviews within a 6 month period before they leave care.</p>			All young people aged 16+ will have their			
Support for transition to adult services	When a young person requires adult service assessment or provision as part of their transition when leaving care, this must be monitored by the IRO.		Ian Davidson	<p>Evidence that all transitional needs for children must be part of their care plan from age 15 years of age.</p> <p>All young people aged 17+ will be reviewed to ensure transitional plans are in place.</p>	<p>Every child/young person aged 15+ will have a clear transitional plan and IROs will monitor progress.</p> <p>Reduction in delays in transitional referrals and assessments for all 16+ children where this is relevant.</p>	<p>All children will have effective transition plans from an early stage.</p> <p>Evidence of improved partnership practice with adult services colleagues.</p>	
IRO monitoring of care leavers	IRU to consider whether there is capacity to monitor children for 6 months following their 18 <sup>th</sup> birthday to ensure plans are in place. This will depend on capacity for the unit and requires consideration.		Jean Kelly	Review capacity to undertake this once additional staffing and IRU structure issues are resolved.	Audit impact of this initiative to consider impact and need to continue.	Decide on the future of this involvement in light of ongoing audit of impact	