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Care Planning and the Role of the Independent Reviewing Officer: Research Briefing

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Introduction

Effective care planning, implementation and review have long been recognised as essential for the well-being of children in care. Legislation and government guidance require that plans are regularly reviewed to ensure they are appropriate and up-to-date, and the necessary steps being taken. Since 2004 'independent reviewing officers' (IROs) have had a key role to play in chairing these regular reviews and ensuring that the child's wishes and feelings are fully considered, but there have been questions about their effectiveness. In 2011, new regulations and guidance were introduced to clarify and improve the planning and review requirements, and to strengthen the role of the IRO. The aim of this study was to investigate how these new requirements were being put into practice, and in particular how the role of the IRO was developing. It ran from summer 2012 to autumn 2014.

1. The research project

A range of methods was used to get a full picture of care planning and the role of the IRO:

- A study of case files of 122 looked after children, in four local authorities;

- In-depth interviews on half the cases (61), for extra information and views: interviewees were social workers (54), IROs (54), parents (15) and young people (15);

- Two focus groups with young people;

- A multi-professional focus group in each LA (4);

- Nationally-distributed questionnaires for IROs (65), social work team managers (46) and children's guardians (39).

The four local authorities were chosen to cover a range of organisational and demographic characteristics. There were two county councils, one unitary authority and one London borough. There were 30 case studies per authority (32 in the largest), randomly selected but within parameters to ensure a range of legal statuses, ages and lengths of time in care.

The case file survey gathered data about the reasons why the children had become looked after and their care histories from the time they entered care. Within that, there was a special focus on reviews since 2010. This gives a picture of children's progress over time, and how care plans develop and sometimes change. The interviews took place after the case file analysis and often showed further changes in the child's circumstances and care plan. The study therefore demonstrates the on-going and dynamic nature of care for children and care planning.

2. The children in the sample

- The sample was selected from children who were currently looked after, and had been for at least six months. This meant they should have had a second LAC review, and a permanence plan. The sample therefore excludes cases where children enter care and return home quickly.

- Children were selected from three legal status categories: children who were looked after under s. 20 (37, 30% of the sample); children on interim care orders (in court: 36, 30% of the sample); and children on full care orders, including with a placement order (33 + 16, so 49 in all, 40% of

the sample). This was done to explore the impact of the different legal statuses for care planning, especially the sharing of parental responsibility and the role of the court.

- The sample had an even spread of children in the age ranges 0-4, 5-12 and 13+.

- Just over half the sample were boys and slightly under half were girls. Nearly two-thirds were white British and just over a third were black or of other minority ethnic origin.

- Most of the children (85%, 104) were in their first period of being looked after. There were 16 in their second period of care and two were in their third.

- A quarter of the children had been in care for under a year and a quarter had been in care for four years or more. Nine (7%) had been looked after for more than 10 years.

Legal status:
- By the time the file analysis was started in each authority, some weeks after sample selection, a number of the legal statuses had already changed. Further changes often occurred over the few months that the researchers were doing the file survey. Eighteen children (15%) left care. See chart 1 below for the legal profile of cases at the time file analysis was complete. (The interviews gave information about later changes in some of the cases.)

- Nearly all the children who had been on care or placement orders still had that status. In one case the care order had been discharged, and one child had been adopted.

- Most of those on s. 20 were still accommodated on s. 20, but for a quarter (9) care proceedings had been taken, with six of the children changing legal status as a consequence (to ICO, CO and PO or SGO). Two children had gone home and one was on a special guardianship order without having had care proceedings.

- As could be expected, there was considerable change for the 36 children on interim care orders. Over a third (39%, 14) were still in care proceedings, just under a third (31%, 11) were now on care orders (with the addition of a placement order in two cases) and just under a third (31%, 11) were no longer in care but had gone home or to kinship care; six were on SGOs.

Chart 1: Number of children in each legal status category at time of file analysis

28, 23%
16, 13%
41, 34%
19, 15%
18, 15%

■ s20 ■ ICO ■ CO ■ PO ■ No longer in care
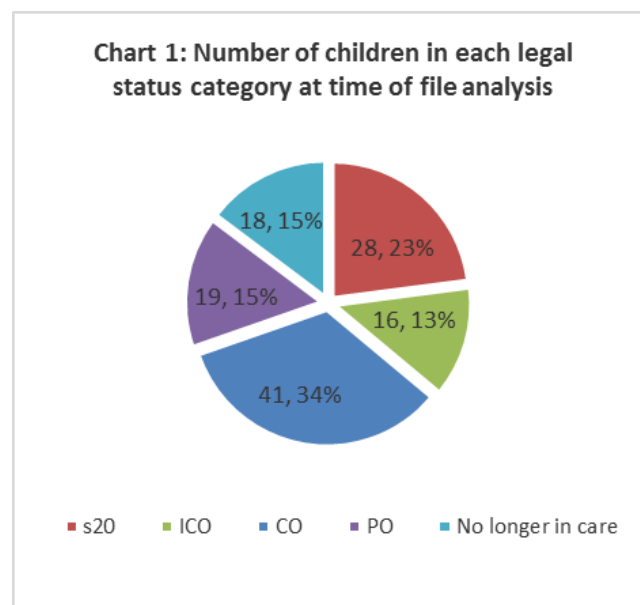
Children's needs:
- Just over half of the children (53%) were on a child protection plan at the time of becoming looked after. There was evidence on file that 68% had experienced neglect, 47% emotional abuse, 35% domestic violence, 30% physical abuse, and 17% sexual abuse.

- Over half of the children (53%, 65) had shown evidence of emotional or behavioural difficulties. It was also recorded that 21 (17%) had learning disabilities, 11 (9%) had a physical disability, and 11 (9%) had physical health problems.

Family backgrounds:
- Data was collected on the difficulties faced by the birth parents and carers of the children prior to them becoming looked after. It was recorded that nearly half (46%) of all mothers had been a victim of domestic violence, 17% had been a perpetrator of domestic violence, 28% had misused drugs, and 21% had misused alcohol. It was recorded that 17% had experienced severe mental health problems, 12% had a learning difficulty and 13% had been looked after themselves.

- Less data was available on fathers – in 36 cases there was no or little information on file. However it was recorded that over a third (36%) had been a perpetrator of domestic violence, and 9% a victim of domestic violence. Almost a third (30%) had criminal convictions, 20% had misused drugs, 20% had misused alcohol, and 4% had been looked after themselves. It was known that four mothers and nine fathers of the children had died.

Siblings:
- Most of the children (84%, 103) had at least one sibling of child-age and a third (34%, 41) had three or more siblings of child-age. Just over a third of children with child siblings (38%, 39) were living with one or more of their siblings. There were 16 children living with all of their siblings together, and all but one of these were from smaller sibling groups of two or three children.

- Sibling separation was common: 87 children (71%) had child-age siblings not living with them. Sometimes the siblings were in a variety of different placements or at home: 34 children had siblings in foster or residential care, 17 had siblings who had been adopted, 21 had siblings in kinship care placements or with a parent unrelated to the child in our sample, and 33 had siblings who were living at home with one of their own parents.

Contact with parents:
- More children were in contact with their mothers than their fathers. Excluding cases where the parent was deceased or the child was currently living with their parent, 21 children (20%) were not having any contact with their mothers at all, compared to 60 children (56%) not having any contact with their fathers. A third of the children (33%, 35) were seeing their mothers at least fortnightly and a further 30 children (29%) were seeing their mothers at least twice a year. There were 18 (17%) who had phone or letter contact with their mothers. There were 17 children (16%) who were seeing their fathers at least fortnightly and a further 18 (17%) who had contact with their fathers at least twice a year. Ten children (9%) had phone or letter contact with their fathers. For over two-thirds of the children (69%, 84), the contact plan had changed significantly during their time in care.

Placements:
- At the time of the file analysis, one in six of the children (17%, 21) were placed with family members or connected persons, all planned to be long term or permanent. Over half the children (52%, 64) were in foster care placements with non-related carers, planned as temporary

for 22 and long-term for 42. A further nine were placed with non-related carers who were expected to become (or already were) adopters or special guardians. There were 12 children in residential care and four were living semi-independently. There were 12 children at home; seven were no longer looked after having left care in the period between case selection and case file analysis, but two were at home on care orders and three on interim care orders.

3. Care plans

Care plans have two main elements, although these should inter-relate to give an integrated and coherent plan. They must specify a) the long-term goal for the child – the 'permanence plan', and the actions required to achieve that – and b) the actions required to meet the child's welfare needs – the 'arrangements' (Care Planning, Placement and Case Review Guidance and Regulations 2010). The main permanence options are reunification with the birth family; care by kin or other 'connected persons', possibly under a special guardianship order (SGO); long-term foster care; and adoption. Welfare needs are captured in the seven domains of the 'looked after children' (LAC) framework, and include health, education, emotional and behavioural development, identity, and family and social relationships, including contact.

Children under 5:
- There were 38 children in the sample aged under five. They had been looked after for periods ranging from 6 to 50 months. Over a third (37%, 14) had entered care in their first month of life and 61% (23) had entered care in their first year. At the time of the file analysis, the permanence plan was adoption for 17 (45%), kinship care for 10 (26%) and reunification for eight (21%) children. Even in this group of very young children, three (8%) had a plan for long term foster care at the time of file analysis. One of them had global development delay and the court had agreed a preferred plan of adoption if adopters could be found within 12 months; if not, it would change to long term foster care, which is what happened. Two 3 year old children remained together in placements with their siblings with whom they had strong bonds.

Children aged 5-12:
- There were 41 children in the sample aged 5-12. They had been looked after for periods ranging from 7 months to 8 years and 10 months. At the time of the file analysis, the permanence plan was adoption for two (5%), reunification for four (10%), kinship care for 11 (27%), long term foster care for 19 (46%), and residential care for two (5%). Parallel plans remained in place for three children where assessments were still to be completed. Two of the children with a plan for long term foster care had entered care in their first three years of life, but were to remain in placement with their siblings rather than be adopted. Four children had experienced a long term placement breakdown, including one who had originally been placed for adoption.

Young people aged 13 and over:
- There were 43 young people in the sample aged 13 and over. Just over half of them (51%, 22) had come into care as teenagers. For these young people, plans were varied and included foster care (7 young people), residential care (5), reunification (4) or independent supported living (4). One young person who had come into care as a teenager had a plan for kinship care and one had a permanence plan yet to be decided. Two young people had experienced a long term placement breakdown.

- For the 21 young people who had been looked after *prior to* becoming teenagers, long term foster care was the plan for the vast majority (71%, 15). Four young people had a plan for long

term residential care and two had a plan for reunification. Over half of the young people who had been looked after prior to becoming teenagers (52%, 11) had experienced a long term placement breakdown.

Permanence planning:

- Most children started off with a 'parallel plan' for permanence, with options gradually being ruled in or out as assessments or court proceedings progressed. For only 13 children/young people (11% of the whole sample) was there a clear expectation from the start that they would not return home.

- From the sample as a whole, at the time of file analysis 80% of the children were living in what was, or was planned to become, their long term or permanent placement. Seventeen children (14%) had experienced the break down of a planned long term or permanent placement at some stage; but of the 54 children who had been looked after for more than two years, only one was not now in a placement that was, or planned to become, long term or permanent.

- The interviews and questionnaires highlighted the challenges that local authorities and IROs face in permanence planning, notably:

  o The importance of timely decision-making for the younger children, as the 'window' for adoption is so closely bound to age;

  o Finding and supporting suitable placements, especially for children with disabilities, troubled older children and teenagers;

  o Cases which are difficult to assess or present dilemmas, such as 'borderline' suitability of kinship care;

  o Trying to work with hostile or particularly vulnerable parents/extended family;

  o Placing siblings apart or together, and how to place large sibling groups;

  o Deciding on the appropriate legal status (e.g. in long-term s. 20 cases), especially if a change might affect the support package for a placement (notably if changing from long-term foster care to SGO).

- As regards the 'arrangements' for the child's welfare, the challenges here were often to do with securing the necessary services and support from other agencies, discussed in section 4 below.

- Family contact came up as a particularly challenging area of decision-making and practice. This included contact with parents (including fathers), siblings, and grandparents or other extended family. Balancing the child's wishes and welfare, and those of the others, can be demanding. Some cases required complex and resource-intensive arrangements (e.g. venues, transport, supervision, and some arrangements at considerable distance).

4. Planning and reviewing in organisational context

The study shows the complexities and challenges of care planning and reviewing in the wider organisational and inter-agency context, including the courts. Reviews are important for monitoring, questioning or confirming plans, but they are part of a much larger system of decision-making and service provision. This is reflected in the IRO Handbook, which notes that 'there has been much discussion and debate over many years about the status of decisions made at reviews … particularly

where there are resource implications' (para 3.70). Some review 'decisions' depend on decisions made elsewhere in the LA, other agencies or the courts, and on having the resources to implement them (staff, finances, placements, services).

- Within each local authority there is a range of meetings and panels, notably to approve placement plans, expenditure and legal proceedings. There was variation in whether IROs (or IRO managers) attended such meetings, according to different local authority practices and different IROs' approaches to their role (see section 5 below).

- Specialist mental health services and therapeutic help often depend on local Child and Adolescent Mental Health Services. There were examples of swift and highly effective help, but often delays because of waiting lists, placement moves or getting agreement to take the case.

- Additional educational support could also be hard to secure, particularly for children placed outside their home authority.

- Links with other authorities are important if there are siblings in care in other areas. Decisions in one local authority can have consequences for the child/ren in the other.

- The availability and choice of quality placements was a major challenge. This includes long-term foster care, specialist foster care, and adoptive placements. The availability of placements may also depend on the LA's funding agreements with independent fostering agencies and residential homes.

- The study also showed the importance of effective support for placements (advice, services and reliable funding). Uncertainty about long-term support and funding was a disincentive for some foster carers to become special guardians.

- High turnover/poor retention of staff and changes of social worker were barriers to continuity and effectiveness of care planning and implementation, and to good relationships with children and families. This also included changes resulting from transitions between teams, and sometimes retention of managers and IROs as well as social workers. But there were examples of children having the same worker or IRO over several years, and of IROs arguing against a change of social worker in order to help a child through a time of change, and LAs agreeing this.

- High workloads, for IROs, social workers and managers, was widely seen as a major obstacle. Members of all groups were working hard, under great pressure. Each group emphasised their own pressures, but also recognised the negative impact on the others' quality of work. There were examples of sustained, high quality work, and effective inter-professional collaboration.

- As regards the court, children's guardians (in the questionnaire) tended to be critical of social workers for poor quality assessments and planning, and doubtful of the ability of IROs to challenge poor practice. In the interviews IROs and social workers described a range of experiences about guardians and the courts, some positive and some not.

- Lengthy care proceedings often held up the local authority's planning for the child.

- There were conflicting views from guardians and IROs about each other's roles and how they worked together. As an example, guardians were likely to say that they took the initiative in contacting IROs, whilst IROs were more likely to say they did. Effective links between guardians and IROs have become even more important since 2013, because of the shorter duration of care proceedings. There is now (2014) a national protocol from Cafcass and ADCS to promote exchange

of information and effective working. There was evidence that IRO services in some areas were working together with local Cafcass offices to ensure better communication.

- The IRO service in each local authority has a role to play in helping to improve services for looked after children by identifying common problems, and good practice, and bringing these to the attention of senior management. As well as the various matters discussed above, other issues often identified for improvement were repetitive and time-consuming report and recording formats, lack of administrative support, and lack of clarity about the role and status of the IRO. However there was a general recognition that the IRO role now has a higher profile and greater acceptance within local authorities.

5. Roles of the IRO

The IRO Handbook specifies that the IRO's primary tasks are to quality assure the care planning and review process, monitor the LA's performance as corporate parent, and ensure that the child's wishes and feelings are fully considered. They are 'not to manage the case, supervise the social worker or devise the care plan' (para 1.22). In the guidance then, there are clear distinctions between planning, implementation and review, and the IRO's role is to review the plan rather than to make it or carry it out. The study shows the reality is much more nuanced.

- Some IROs held to a strict view about the distinctions between making, doing and reviewing, but others saw the process as more blurred. Some said that sometimes they felt they had to get involved in making the plan out of necessity, because it needed improvement. Others spoke of taking a proactive role in helping make the plan right from the beginning, attending meetings and making proposals. Some social work team managers complained about IROs getting over-involved, but more often social workers and managers said they appreciated helpful advice and support and would like more discussion with IROs outside reviews.

- The study showed the wide range of roles that IROs perform in connection with the planning and review process, according to their individual approach and their assessment of the needs of the case. Some of these roles directly reflect the expectations of the Handbook, whilst others show a wider and more varied approach. At times these do overlap with the tasks of social workers or managers, in which case the vital requirement is clarity about who does what, when and why.

- IROs took different roles in different circumstances, or used a combination of approaches. Key roles included:

  o *Monitoring permanence and future planning*: ensuring that discussion and monitoring of the permanence plan was an explicit dimension of the review, and/or beyond;

  o *Identifying problems and gaps in arrangements for children*: using the review to monitor and follow up on outstanding tasks or delays in progressing work needed to meet the needs of the child, including contact arrangements;

  o *Holding an objective overview*: being able to bring perspective or a 'fresh set of eyes' to care planning by being detached from operational or case management issues. This was seen to be related to professional independence and integrity, which were not seen as dependent on organisational position;

  o *Knowing the child and ensuring his/her 'voice' is heard*: using the review process as a way of actively supporting children to be involved in their own care plans, ensuring their views

were heard, and they participated in the meeting as appropriate. IROs often described having an advocacy role, either directly or by signposting children to advocacy services;

- *Acting as a bridge between parents/extended family and the LA*: using the review process as a way of acknowledging, informing or involving parents. IROs were also frequently active in managing tensions, setting boundaries, mediating or re-engaging parents with the LA;

- *Keeping things on track*: managing the review process as a way of hearing different views, collective decision-making, and facilitating the 'team around the child';

- *Offering advice or practice wisdom*: being able to bring experience and expertise to care planning in terms of promoting discussion of difficult cases with social workers and managers, and also in terms of having confidence and authority to question planning decisions where necessary;

- *Providing continuity*: this was seen to assist with the monitoring function and ensuring the child's well-being and participation, by knowing the child and their history. Another benefit was knowledge of the local authority systems and personnel, to help get things done. However, some of the children had experienced several changes of IRO;

- *Providing extra 'fire power'*: notably, attending meetings with the social worker or communicating directly with senior managers to secure resources;

- *Direct intervention*: on occasions IROs undertook specific tasks from the plan, such as contacting other agencies. This might be seen as going beyond the role described in the Handbook, but could help to move the plan forward.

- Beyond these case-related roles, IROs saw that they had a role in improving the overall quality of care planning and practice in the local authority. Examples were feeding up key information and concerns to senior managers, and contributing to policy development, via meetings and reports (including the IRO annual report), and contributing to training of social workers. Many IROs thought that the potential of this wider role was not fully appreciated, or not being implemented as well as they would like. Social workers seemed less aware of this aspect of the IRO service.

- Data from interviews with social workers, IROs and others, demonstrate that there are aspects of an IRO's role which may be very important, but which do not necessarily appear in the formal record. These take the form of informal conversations and consultations through which IROs keep abreast of cases, chase up progress, maintain working relationships, and offer advice.

6. Involving children and young people

As well as requiring that the child's wishes and feeling are given full consideration, the IRO Handbook specifies how the LAC review should be 'child-centred' (paras 3.29-3.37). This includes consulting with children about arrangements for the review, and how their views will be shared; but also recognising that they may not wish to attend, or even to have very much contact with the IRO.

- The study showed that, in practice, neither establishing the child's wishes and feelings nor being child-centred was straightforward, and that there was variation in practice and organisational resources.

- The key challenges of involving children directly in the review process, expressed both by social workers and IROs were (a) how to prioritise children's rights and needs, whilst also attending to the views of birth family and professionals; and (b) balancing the need for 'honesty' with the need to 'protect' children's privacy or feelings. Interviewees recognised the right of the child to participate, whilst also having concerns about reviews as an intrusion or a marker of difference between children who are looked after and those who are not; and a barrier to full and frank discussion.

- Being committed to enabling children to be present at reviews, where a key goal is to provide an affirming experience for that child, had implications for resources and the time and planning involved; for example, it might mean holding the review in several parts. The interview data showed that being child-centred included conscious actions by the IRO to engage with children or talk with them, including bringing special food or drink for a review, taking the child out in order to consult with them, or using toys or stickers in the review.

- The venue of the review was not always recorded. Where it was, almost half the reviews were held where the child was living (foster or residential care, or at home: 43 of 87 known venues, or 49%). Children's services buildings were the next most usual venue, 32% (28). The child's school or college was used in 15% of cases (13); 5% (4) were held in other community venues.

- The case file analysis of the most recent review report showed that most children did attend for some or all of their review and that attendance increased steadily with age. Of the children aged 5-12, 43% attended some or all of their review, rising to 65% of children aged 13-15 and 80% of children aged 16 and over.

- It was not always clear from the case file whether the IRO had, or had not, met or spoken with the child before the review. For children aged 5 and over (84), it was recorded that the IRO had done so in 25 cases (42%). In a further three, this was offered but not wanted by the child.

- There was more evidence that children aged 5 and over had engaged in some kind of consultation process prior to the review, either by using a form or their social worker or foster carer talking with them. There was evidence of this in 72% of cases (52).

- The analysis of the most recent review minutes showed that the views of children aged 5 and over, conveyed either directly by the child in the meeting, via the consultation document, or by a representative, were recorded in 87% of cases (72).

Children's perspectives on the IRO and the review:
- The interviews and focus group discussions with children and young people suggested that most were positive about their IRO. Their accounts often focused on personal qualities or traits. Children and young people who were able to describe the role of the IRO did so in terms of**:** asking questions; writing things down; checking that everyone is doing their bit; running the meeting; being the 'boss of the social worker'; and helping to plan for the future. Where children had a clearer sense of what their IRO did for them, it was because this had been experienced in a concrete way, such as following up a clothing allowance, getting contact set up or changed, or supporting a housing application.

- In general children saw the purpose of reviews as being to see how things were going, with some children referring mainly to progress at school, and to ask their views; for some of them, reviews also provided an (extra and welcome) opportunity to see family. Some children's accounts

showed a sense of agency regarding where or when a review took place, but there were other examples of children who were unhappy with the arrangements but unclear about how to change them. Also noticeable was that although children felt their views were sought and that changes to their care could be made, they were much less clear about how decisions were reached and implemented. In this respect, whilst the IRO might be seen as 'the boss' in the meeting, their role in effecting change was much less transparent for children.

Involving children outside the review:
There has been an increasing focus on the ongoing monitoring of cases by the IRO, including visiting the child between reviews.

- The IRO questionnaire found that 23% (15) said they visited most children between reviews; 30% (20) visited some children; 32% (21) visited a few children; 11% (7) rarely visited between reviews and 3% (2) said they never did this;

- The interviews showed that IROs wanted to retain their professional judgement about which children required additional visits. Caseload and distance of the placement were also influencing factors.

Barriers to involving children:
- The IRO questionnaire showed that just over half (52%, 33) felt they were not as effective as they would like to be at involving children. Common barriers were seen to be:

  o High caseloads and their impact on time for planning the review, consulting and building relationships with children (particularly those placed far from the case-holding LA);

  o Limitations in the design and administration of LA consultation documents;

  o Need for greater range of communication tools and methods, including social media and mobile technology; and also training for working with children with additional needs;

  o Role overlap or lack of clarity between the social worker and IRO in making arrangements and preparing the child for the review;

  o Need for greater choice of child-friendly venues, as potential alternatives to the child's placement.

7. The involvement of parents and carers in care planning and review

Multiple 'parents' are involved in the lives of children in care; birth parents and foster carers but also the 'corporate parent', the local authority, with the social worker and the IRO exercising some key parenting functions in terms of ensuring the child's welfare. *Legal, biological* and *caretaking* parents all have a range of roles within care planning and their views have to be considered as part of the planning and review process.

- For birth parents and foster carers in the study there were complex and sometimes ambiguous roles and participation rights in care planning, with varying levels of support to exercise them. There was also an even more subtly evolving network of emotional roles and attachment relationships with children that changed over time.

- IROs and social work practitioners were therefore having to operate not only the formal requirements of the system in terms of who is a legal or bureaucratic 'parent' with rights and responsibilities, but also work with the quality of relationships and emotional significance that all parents and parent figures may have for the particular child.

- Where there are differences of opinion in a review the question arises as to which of the various 'parents' knows the child best, and therefore may have the most accurate information and most valid opinions to contribute to planning and decision making.

- Although social workers and IROs were both seen by some birth parents as supportive, other parents were more negative about social workers where there had been conflict. IROs also talked of having to both facilitate but sometimes exercise control over the involvement of parents in the review process in the interests of the child.

- IROs were seen as figures of authority by birth parents, so both given credit when actions were taken to hold agencies to account, but also held responsible if plans seemed to drift.

- What birth parents most valued from social workers and IROs were (a) being treated with respect, involved and communicated with as parents, even though children were no longer in their care, and (b) knowing that the social worker and IRO were enabling their child to be happy, succeed in education and fulfil their potential. If parents did not feel they had the information they needed, this left them feeling excluded and added to their worries about the child.

- The place of foster carers in the care planning and review process was not always as visible as expected, although some foster carers were assertive in reviews and were often expected to undertake key tasks for the child. Carers were at times in negotiation/dispute with the local authority over support packages, especially when they were being asked to/were considering applying for special guardianship orders.

- The challenge for social workers and IROs was to recognise foster carers as a professional (part of the team around the child), but also as parents for the child on a day to day basis – dual roles that can also be challenging for carers themselves.

- IROs acknowledged that it was the quality of care provided in the foster home that would make the most difference to the child. The government's emphasis on delegated authority for what was referred to as 'everyday decisions' had implications for what issues were addressed at reviews. There were, however, few references to reviewing the placement plan, which should determine parenting roles and delegated decision making.

8. The IROs' independence and ability to challenge

Independence and the ability to challenge are interlinked. Both relate to the ability of IROs (a) to form their own judgements about what is needed in the interests of the child, which may or may not agree with the local authority and (b) to act on those judgements in an authoritative way that contributes to the best possible outcomes for the child. That is, they relate to the IRO's ability to make a difference. Effective 'challenge' may take many forms including (for example) suggesting alternative ways to look at a problem, or setting timeframes for tasks, and the IRO Handbook repeatedly makes clear that 'informal' approaches should always be used where possible (e.g. paras 3.5, 6.1, 6.10).

- Dispute escalation had been used by most IROs. From the questionnaires, three-quarters of IROs (76%, 48) said that in the previous twelve months they had used the local dispute resolution process in at least one case (the median number was three). Over a third, 36%, said they had taken independent legal advice and 19% had used the Cafcass help line. A higher percentage of LA-employed IROs (81%) had invoked formal processes than had self-employed IROs (50%).

- But IROs challenged plans and arrangements in other ways too. This included discussions with social workers, team managers, senior managers or others. Agencies had devised lower-level 'alert' systems to raise issues before entering formal dispute resolution procedures. Importantly, IROs made contributions to the improvement of plans that were not even *seen* as challenges by those involved, but as advice or support.

- There was some evidence of IROs contributing to planning for children at a more strategic level, such as advising on policies and procedures.

- The study did not find widespread evidence of poor plans/arrangements going without effective challenge. However there were instances:

  o Action points with no timescales being allowed to roll on from one review to the next;

  o Insufficiently developed plans being recorded without challenge;

  o Cases where the focus seemed to be almost solely on 'arrangements', losing sight of the permanence plan and the progress towards it.

- The positive contribution of IROs was spoken of by social workers, team managers, parents and children/young people, as well as being evident to the researchers when examining case material. Some social workers, team managers and parents were more sceptical, with a few suggesting that IROs' involvement resulted in unnecessary duplication of tasks. In the questionnaire of social work team managers, 88% thought IROs had some positive effect (including 15% who thought their impact was 'highly positive'), but 10% thought they made no difference. One respondent (2%) thought they had some negative effect. The single group who were most critical of IROs were children's guardians, a number of whom were highly critical of IROs' ability to do more than 'rubber stamp' the LA's actions.

- Children's guardians were more likely than others to favour separation of the IRO function from local authorities. Two-thirds of guardians (67%) supported this, as compared to 25% of LA IROs, and 18% of team managers. Views on this question seem to correlate with respondents' own status vis-à-vis LAs.

- The evidence from this study is that many IROs are clearly able to take a robustly independent approach within the LA (and there are examples of other social workers doing so also). From the questionnaire of team managers, 46% reported having had major disagreements with IROs over at least one case in the last year. Since all IROs are currently either employed by the LA or free-lancers paid by the LA, there are no non-LA IROs with whom to compare them, but the data does not suggest that the physical or organisational location of IROs are necessarily the most salient factors in 'independence'.

- The point was made by IROs and others that working *within* LAs provides many advantages for IROs in terms of access and influence. Many social workers spoke of IROs as supportive figures and allies (perhaps not surprisingly since both social workers and IROs have the same goal of securing the best possible outcomes for children). This helpfulness did not seem necessarily to

compromise IROs' ability to challenge where appropriate, or to form independent judgements. Just as good social workers are able to combine 'care' and 'control' functions, so too a good IRO can be helpful, involved *and* challenging.

9. Key messages for policy and practice

Care planning

- Care planning and placement decisions need to take account of the difficult backgrounds of many of the children, the developmental risks, and the likelihood of new strengths or problems emerging at any stage. Carers need preparation and support for this.

- Parents and family members often have very difficult histories themselves. Planning for permanence and then for contact needs to address how these difficulties impact on the children's well-being and development, in the short and longer term.

- The age at which children come into care has major implications for care planning. For infants and pre-school children, there has to be an emphasis on timely assessments, and swift decisions about reunification or longer term substitute care. Children in middle childhood are less likely to be considered suitable for adoption, but potentially face a long time in care. Identification of and support for kinship carers, and high quality long-term foster carers, is essential. For adolescents there may be particular challenges in taking account of their own wishes and feelings, but also ensuring their safety and well-being; and addressing current difficulties but also looking ahead, planning for independence and ongoing support.

- Decisions about sibling placement (together or apart) and sibling contact can be especially demanding, and must be based on good evidence and assessment of the needs of all the children, now and as likely to develop in the future.

Reviews

- Social workers and IROs have to be sensitive and flexible in listening and responding to the views of children and young people about their reviews. Children and young people have a wide range of views and experiences. Some are very enthusiastic, others find them boring or uncomfortable but consider it important to be there, and others dislike them. Key factors to bear in mind include sufficient time for preparations with the child, time of day, venue, and who attends.

- There was widespread dissatisfaction from young people, social workers and IROs about pre-review consultation documents, whether paper or on-line. This is linked with the wider issue of adequate preparation time, including talking with the child/young person. Time to talk with children after the review is also important, as well as sending a suitable record of the meeting.

- Young people appreciated the personal qualities of the IRO in engaging with them and running the review in a friendly and encouraging manner. IROs need to be mindful of how this balances with the need for a full and accurate discussion of the child's needs and circumstances. Holding the review in different stages can be helpful.

- Reviews are also an important opportunity to engage with parents, a way of supporting them and helping them understand their on-going role and responsibilities in their child's life. Again, time has to be allowed for adequate preparation and post-review follow-up.

- Review recommendations should be 'SMART', identifying who is responsible for implementing them, the timeframe for doing so and the monitoring arrangements. This did not always happen. There were examples of recommendations being repeated over several reviews with no record of why they had not been achieved or what action would be taken to ensure they now were.

Supporting care planning and review

- *'Paperwork':* procedures and support for the record-keeping and administrative aspects of the planning and review process need improvement. There were widespread complaints, from social workers and IROs, about the volume of reports and administrative work, and the poor quality of template forms, reports or consultation documents. Complaints were about duplication, not being 'fit for purpose', and needing to be more meaningful or user-friendly. The systems were seen to make it harder, rather than easier, to maintain clear and up-to-date records.

- *Caseloads:* heavy caseloads limited the capacity of social workers and IROs to engage with children, and keep up-to-date with the reports and administrative duties. Concerns over caseloads were also related to difficulties with team capacity and retention of staff.

The IRO role and IRO service

- *Greater recognition and acceptance*: overall there was a sense that the IRO role has 'bedded down'; it now has a higher profile and greater acceptance within local authorities. IROs are seen as having more authority or clout, although there was evidence of resistance from managers on occasions. In some areas IROs were concerned about loss of status. More effective ways of organisational learning from individual cases are required, and there is an ongoing need for training/informing social work teams about the IRO role and the care planning requirements.

- *Broadened and expanded:* there was a general view that the IRO role has become more interventionist, mainly because of the new responsibilities for ongoing case monitoring, but also through a gradual increase in involvement in other decision-making forums (including court). Social workers and team managers usually valued the views of IROs, even when they found them challenging. Workers welcomed informal and supportive advice and monitoring, rather than confrontational approaches. Most IROs thought that they were effective at working in these collaborative ways.

- *The IRO Handbook*: overall, the Handbook was valued as a framework for the structure and accountability of the IRO role. It was seen to provide guidance, clarity and leverage for IROs in their work, and was also useful for informing others. It was described by IROs variously as a tool, a yardstick, a bible, and a backbone. However, it was also described as a wish list, providing a useful starting point for IROs (and LAs) of goals to aim for, but not all were considered realistic.

- *Further development of the IRO service:* IRO services need to develop a stronger collective 'voice' in their local authorities. There need to be more effective mechanisms for this within authorities, and for identifying, disseminating and acting on the wider lessons that arise from individual cases. This should include the successes as well as the difficulties. There is potential for these developments within the current local authority setting. IRO services themselves are improved by effective management, peer support and training. Local authorities, and ultimately the children and young people in their care, will benefit if there are better systems for well-supported IROs to feed in collective concerns and influence policy development.