



The role of Independent Reviewing Officers (IROs) in England

Findings from a national survey

Helena Jelacic, Di Hart, Ivana La Valle with Rebecca Fauth, Chloe Gill and Catherine Shaw

National Children's Bureau: working with children, for children

Registered Charity Number 258825.
8 Wakley Street, London EC1V 7QE. Tel: 020 7843 6000

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Foreword

The role of the Independent Reviewing Officer (IRO) and its functions are likely to gain further significance and weight in the coming years as family justice undergoes change and reform. The provisions of the Children and Families Bill (when in force) are likely to see the court giving less time to scrutiny of a child's care plan when the court makes a public law care order. In addition, the court will have to manage cases to a conclusion within a time-limited statutory framework (the 26 weeks provision). Children who do not return to the care of their parents, are not placed within a friends and family setting and who are not adopted require and deserve the best social care assistance. They must have someone to care, plan, monitor and review their time growing up in the public care system. In steps the IRO; who should be a prominent figure for all these children.

'The role of Independent Reviewing Officers (IROs) in England: Findings from a national survey' by NCB offers welcome insight into practices, perceptions, challenges and achievements from a variety of survey participants, including IRO managers and directors of children's services. It would seem that some evolution has occurred as the 2011 IRO Handbook and guidance was valued and utilised by most.

Nevertheless, the findings clearly underscore the need for systemic strengthening and improvement of the IRO role. A majority of IROs surveyed had to carry out non-IRO duties and were spending much time on those, which could be seen to undermine the independence of IROs. The findings show that many IROs reported difficulties in being able to complete all tasks associated with the vital case review process. The barrier preventing most IROs completing reviews within recommended timescales is over-heavy caseloads. It is also clear from the research that changes in social work practice management are required as (certainly between reviews) IROs' ability to monitor children's cases is directly affected by whether they are informed of significant changes by the responsible social care team. Liaison between the IRO and the children's guardian where care proceedings are continuing was found to be lacking as was access to independent legal advice.

Many IROs reported difficulties in challenging poor practice which impacted on their perception of how well they can improve outcomes for children. This is significant area which must be improved for (as stated in the Executive Summary) *"if IROs are to be effective in improving outcomes for children, they first need to be empowered themselves."*

Noel Arasakumar Arnold, Director of Legal Practice, Coram Children's Legal Centre
Member of the research advisory group
23.06.2013

Executive summary

Since 2004 all local authorities have been required to appoint Independent Reviewing Officers (IROs) to protect children's interests throughout the care planning process. The requirement to appoint IROs arose from concerns that looked after children could 'drift', with care plans that either did not meet their needs or were not implemented. Even where care plans had been agreed by a court, they had no ongoing role in ensuring that the local authority put them into practice. Given these concerns, it was decided that every looked after child should have an IRO: an adult with oversight of their care plan and empowered to act on their behalf in challenging the local authority. Although IROs were to be appointed by the local authority, they must be independent from the immediate line management of the case. The effectiveness of the role has subsequently been questioned, particularly IROs' ability to challenge the local authority, to represent the views of children and to widen their focus beyond review meetings. An attempt was made to strengthen the IRO role through statutory guidance: the IRO Handbook implemented in April 2011 (Department for Education and Skills, 2010).

Doubts still remain about the effectiveness of the service and suggestions have been put forward on how this could be improved. Questions remain about whether IROs can be 'truly independent' if appointed by the local authority and, if the existing arrangements are to continue, whether they can be supported to fulfil their role effectively. The ability to act independently arises not just from where the service is located but from having the confidence and skills to make judgements about a child's best interests and to have the means to mount an effective challenge. Much of the debate has been based on anecdotal evidence, however, rather than robust research.

Only two qualitative reviews have been conducted to date. A review of the IRO service in Wales was undertaken in 2008 (CCISW, 2009) and found local inconsistency in the impact of the role, particularly in the action taken by local authorities to address IROs' concerns about the quality and timeliness of care plans. Until very recently, there had been no equivalent review in England but Ofsted have recently undertaken a thematic inspection of the IRO role within ten local authorities. They found weaknesses in the way it is operating and concluded that more needs to be done if IROs are to fulfil their purpose (Ofsted, 2013).

The current study, carried out by the NCB Research Centre with funding from the Nuffield Foundation, aims to fill this evidence gap by providing the first comprehensive research into the functioning and effectiveness of IRO services in England. The study involves a large research programme and this report presents the findings from the first stage of the investigation, that is: the responses of 295 IROs, 65 IRO managers and 60 Directors of Children's Services (DCSs) to a national survey and analysis of administrative data on IROs' access to independent sources of advice.

The NCB survey findings provide the first statistical evidence on key features of the IRO service and are compared with the requirements of the IRO national guidance introduced in 2011.

Profile and location of IRO services

The IRO guidance specifies that IROs and their managers must have substantial social work experience in children's social care. Most IROs in our survey (86%) were local authority employees with considerable experience, and half (51%) had been working as IROs in the same authority for five or more years. Over half (59%) had worked in the same local authority before becoming an IRO (mostly in a social work role), with the proportion being particularly high (71%) in county councils.

The majority of those who managed IRO services (82%) had also worked in the same authority in a social work role prior to becoming an IRO manager, and more than half (52%) had worked in the same authority for ten years or longer. All IRO managers in our survey who worked in county councils had previously worked in the same authority.

The vast majority of authorities (94%) kept the IRO service in-house, and located it within children's services. Only 6% of authorities outsourced their IRO service and most IROs were local authority employees, with only a small minority (13%) being self-employed or agency IROs.

Just under half of IROs in the survey (46%) had various other duties besides their IRO role, primarily chairing child protection conferences but also undertaking tasks such as foster carer reviews or investigations of complaints. Most IROs (62%) who had additional duties reported spending up to 40% of their time on non-IRO duties, and a quarter (24%) believed there was some conflict between their IRO and other duties.

As required by national guidance, our findings show that both IROs and their managers are experienced professionals familiar with children's social service processes. However, their recent experience is often limited to a single local authority, particularly for those working in county councils.

We found no evidence that IROs are asked to undertake the kind of case management duties which clearly conflict with their independence as stated in the guidance. However, some IROs clearly feel that they are being asked to fulfil other roles that compromise their independence and better guidance may be needed on which tasks, apart from those already included in the guidance, could be seen as incompatible with the role.

The operation of the IRO service

National guidance states that a full-time equivalent IRO should have a caseload of 50-70 looked after children. We found that in two thirds of local authorities the average IRO caseload was above the recommended limit, although there were considerable regional variations:

- in London caseloads were within recommended guidelines (an average of 63 looked after children)
- in unitary authorities the average caseload was just above the recommended limit (73 children)

- in county councils, with an average of 88 children, the caseload was well above the recommended average
- the highest caseload, an average of 96 children, was found in metropolitan districts.

One of the core IRO functions is to carry out reviews of looked after children's care plans and consult relevant professionals, carers and children as part of the review process. While we found that the majority of IROs were usually able to complete the tasks necessary to prepare for a review, a significant minority were not: between a fifth and a quarter said they were not (always or often) able to consult with relevant professionals, carers and children.

The second core function of the IRO is to monitor each child's case on an ongoing basis. This is to ensure that the care plan continues to meet the needs of the child. The guidance does not specify how this should be implemented. However it lists examples of significant events of which the IRO should be informed by the social worker, including a failure to implement agreed decisions from the review within the specified timescale. Our findings show that:

- 71% of IROs reported that they were (always or often) able to follow-up decisions from reviews, but only half (49%) were (always or often) able to monitor the case more generally.
- 69% of IROs reported consulting with social workers following a significant change in a case.
- a third (32%) consulted with children between reviews.

When a looked after child is being considered within family proceedings, the guidelines state that IROs should be kept fully informed of the progress of the case by the legal department for the local authority and liaise closely with the child's guardian. Our findings show that these expectations are not being fulfilled in practice:

- more than half of the IROs (58%) said they rarely or never received relevant court papers
- just under a third of IROs (29%) reported (always or often) liaising with the child's guardian.

Fundamental to the role of the IRO is to be able to raise concerns about individual cases and we explored three ways IROs can do this:

- in informal ways, through direct discussion or negotiation with practitioners
- through a 'dispute resolution protocol' that all authorities are required to operate
- by contacting and getting advice from external sources.

Reflecting the expectations of the guidance, the informal route seemed to be most common with nearly half of IROs (47%) raising concerns informally about individual cases in the previous year. The majority of those who used informal methods (73%) were (always or often) satisfied with how their concerns had been addressed through this route.

Almost all IROs knew that their authority had a dispute resolution protocol, 37% had used it in the previous year, and 65% of those who used it were (always or often) satisfied with how their concerns had been addressed.

IRO managers said they regularly supported IROs to address concerns about individual cases by providing guidance (77%) and independently following-up concerns with senior managers (58%).

When looking at external sources of redress we found that:

- A quarter of IROs (26%) reported that they had sought guidance from the Children and Family Court Advisory and Support Service (Cafcass) in the previous year; under half of those who contacted Cafcass (46%) reported being (always or often) satisfied with the outcome.
- While the guidance specifies that IROs should have access to independent legal advice outside their local authority, our findings show that use of independent sources was not very widespread: 10% had used a children's legal service; 6% an external solicitor; and 5% another authority's legal department.

We explored what support IROs were given to access external sources of advice and found that just over half of IRO managers (58%) had *never* supported their IROs to seek Cafcass guidance in the past 12 months. When asked what arrangements had been made for providing IROs with access to legal advice, most DCSs cited their own local authority legal department (80%), with only a minority mentioning independent solicitors (20%), or another local authority's legal department (15%). Furthermore 50% of IRO managers had *never* supported IROs to use external sources of legal advice in the past 12 months.

A key finding from the NCB survey is that, outside London, IROs' caseloads are well above the recommended limit.

While the guidance considers the continuous IRO's involvement with a case to be fundamental, particularly at critical junctures (e.g. when a case is in proceedings, at times of a significant change), we found that their involvement is high at the review stage, but variable between reviews. The findings on what happens in practice closely align with the reported DCSs' priorities for the IRO service: tasks related to case reviews were given a greater priority than tasks related to monitoring cases or liaising with courts/guardians when a case is in proceedings, although these are all statutory requirements. The findings also suggest that being in touch with children between reviews is less of a priority for IROs than other duties.

IROs use a range of mechanisms to raise concerns about individual cases, although local, internal mechanisms seem to be favoured. While most IROs seem satisfied with their local processes, a substantial minority are not. Many of those who seek advice from Cafcass do not perceive it as having solved the problem and very few use other external sources of redress.

How are IROs supported and managed?

The guidance clearly spells out the role of IRO managers in ensuring the effectiveness of the IRO service. A designated IRO manager needs to: provide advice and support; ensure caseloads are manageable and the work is quality assured; make sure IROs comply with legislation and good practice guidance. Training, being valued by senior managers and operating in a supportive environment are also mentioned as important for an IRO service to operate effectively.

The study explored how IROs are managed and supported and found that:

- Just under three quarters (73%) met with their manager at least once a month.
- The majority of IROs received support and guidance from their managers on individual cases, addressing concerns informally and in formal conflict resolution. Only around half of IROs, however, reported that they received support from their manager in other critical areas, such as managing workloads, overseeing care plan monitoring and children's involvement.
- Most IROs (73%) were satisfied with the support they receive from IRO managers, but a small group (8%) were dissatisfied, commenting on minimal contact with their managers and their lack of relevant experience (19% said they were neither satisfied nor dissatisfied with management support).
- While most IROs (80%) had received some training in the past year, half (50%) did not think that the available training was adequate.
- Nearly a third of IROs (30%) did not think their role was valued by senior managers, and the same proportion believed they were not operating in a supportive environment.

In relation to quality assurance, we found that while most managers (72%) had audited or scrutinised IRO records and case files every two months (or more often), direct observation of IRO practice was far less common. Furthermore many managers said they *never* sought feedback from key people IROs were working with, as specified in the IRO guidelines.

The findings seem to highlight important gaps in the way IROs are supported, with half reporting no support in key areas of practice and inadequate training, and a substantial minority feeling that the service is not valued by senior managers and that they operate in unsupportive environments.

These findings, coupled with earlier results on high caseloads, show a clear gap in managerial support with IROs reporting that they rely on the IRO guidance and support from their peers to fill this gap.

Service improvement and effectiveness

The survey explored influences on the effectiveness and improvement of IRO services.

We investigated to what extent IROs play a part in practice improvement through monitoring the overall performance of their authority and found that 50% of IROs had raised concerns with their managers about the authority's performance in delivering services for looked after children; 38% were *not* satisfied with the outcome

IRO managers are required to produce an annual report of the IRO service, which needs to identify issues for further development; all IRO managers in our survey had produced an annual report apart from two. IROs' direct contribution to the report seemed somewhat limited: 39% had worked with the IRO manager to produce the report, while 75% said they had provided relevant information for the report. The report was widely distributed within children's services and corporate parenting boards, with the respective figures reported by IRO managers being 97% and 79%. However, distribution to other bodies was more limited and only 34% published the report on their local authority website.

The survey explored whether, since 2011 when statutory guidance was introduced to strengthen IROs' role, IROs are perceived to have made a significant contribution to service improvement. Respondents in different roles were asked about the contribution IROs had made on a scale from 1 (not at all) to 5 (very much):

- IRO managers were the most positive, with 61% giving a rating of 4-5
- At 48% the proportion of DCSs giving a rate of 4-5 was considerably lower
- IROs were the least positive about their contribution to service improvement, with 41% giving a rating of 4-5.

When looking at specific aspects of the service, IRO managers were again more positive compared with IROs and DCSs. A large majority of IRO managers thought that IROs had made a positive contribution to almost all aspects of the service since 2011. Only around half of IROs believed they had contributed to improving the quality of care plans and outcomes for care leavers, and only a third believed they had contributed to strategic decision-making. Around half of DCSs said that IROs had contributed to improving outcomes for care leavers, strategic decision-making and reducing drift between reviews.

Access to adequate training and satisfaction with line management support seem to be the key factors underpinning a 'good IRO service', defined in terms of IROs satisfaction with the local dispute resolution protocol, feeling they work in a supportive environment, can successfully challenge poor practice and make a contribution to service improvement.

Overall our findings suggest that the guidance introduced in 2011 has not really succeeded yet in placing the IRO service at the heart of service improvement.

The findings on challenging weaknesses in the overall service suggest that IROs are not very effective in this respect, as the majority either do not raise general concerns or are unhappy with the response when they do.

The IRO service annual report is seen by the guidance as important to monitor and instigate service improvement. While the survey findings

highlight examples of how the report was used for this purpose, overall it is not clear how critical it was in supporting service improvement.

Given the limited IROs' role in challenging poor practice generally and the difficulties they encountered in relation to individual cases, it was not surprising to find that many do not feel they have made a great contribution to improving outcomes for looked after children and care leavers, and the quality of care plans. A substantial number of DCSs also do not think the IRO service has led to service improvement in some key areas.

The findings show that adequate training and good support from the line manager seem to underpin IROs' positive views about their role and belief that they are providing a 'good service'.

IROs' contact with external sources of advice

IROs are empowered to refer cases to Cafcass, with a view to initiating legal proceedings against the local authority if it is in a child's best interests. We analysed 104 enquiries made by IROs to the Cafcass helpline provided to discuss potential referrals, and all 8 cases that had been accepted as formal referrals since the service began. Our findings suggest that a minority of authorities are making use of the Cafcass service. The reasons for this are unclear, and could include positive explanations, such as effective dispute resolution processes making it unnecessary; or negative reasons, such as lack of awareness or fear of conflict.

The types of children most likely to prompt an IRO to contact Cafcass were disabled children or those nearing leaving care age. About half of concerns were connected with the child's placement, particularly when a move was proposed, with the next most common query being the child's legal status. Sometimes there was a fundamental disagreement about the content of the care plan but, in other cases, concerns centred on drift and delay in implementing the agreed plan.

In all 8 cases formally referred to Cafcass, the guardian agreed with the IRO that there were deficiencies in the local authority service, but these were all resolved without recourse to the courts once Cafcass became involved.

Similar concerns about poor practice and a gap in the provision of independent legal advice were evident in the contact made by IROs with the Coram Children's Legal Centre. This service provided legal advice to IROs, but could not get involved with individual cases. The service is no longer available due to the withdrawal of funding from Department for Education, which may have left some IROs without an important source of support. Although questions about accountability would need to be resolved, the Centre could provide a useful service if re-instated.

If IROs are dissatisfied with the service provided by the local authority to a particular child, and their intervention proves ineffective, it is important

that they have somewhere to take their concerns. Cafcass provide a helpline to discuss possible referrals. IRO can make referral to Cafcass *if the IRO considers it appropriate to do so* (para 8.10 IRO Handbook and section 25B(3) Children Act 1998). Cafcass can accept referrals from IROs in such cases and initiate legal proceedings against the local authority. However, IROs' use of this is patchy, and some queries suggest that IROs do not have access to the general support and legal advice that they are entitled to, and are hoping that Cafcass could fill this gap. In the 8 cases that had led to formal referral, Cafcass involvement led to the local authority remedying the deficiencies without the need for legal action. This suggests that the IRO's concerns had not previously been taken seriously and raises the question of how disputes that cannot be resolved internally should best be dealt with.

Conclusion

The findings from the NCB national survey suggest that the strengthened IRO role envisaged in guidance is yet to be fully implemented. Particular weaknesses are:

- difficulty in ongoing monitoring of cases between reviews
- lack of involvement in court proceedings
- limited contribution by IROs to overall service improvement.

The reasons for this are complex but could include excessive caseloads, conflicting responsibilities, a lack of independent legal advice and inadequate training. These are issues that can easily be remedied if there is a will to do so. More difficult to identify and tackle, however, are underlying problems of culture. Although the survey only provides a limited picture of these, there are indications that some IROs do not feel the service is valued or taken seriously, with an expectation that concerns be resolved without making too much fuss and insufficient challenge by IROs to the quality of work being undertaken. If IROs are to be effective in improving outcomes for children, they first need to be empowered themselves. The qualitative element of the study will be able to explore these issues in more depth.

1. Introduction

Since 2004 all local authorities have been required to appoint Independent Reviewing Officers (IROs) to protect children's interests throughout the care planning process. Concerns continued to be expressed about their effectiveness in driving up standards for looked after children. This led to the introduction of national statutory guidance in April 2011 to strengthen their role but doubts remain about the effectiveness of the service and suggestions have been put forward on how this could be improved. Much of the debate has been based on anecdotal evidence, however, rather than robust research.

The current study, carried out by the NCB Research Centre with funding from the Nuffield Foundation, aims to fill this evidence gap by providing the first comprehensive research into the functioning and effectiveness of IRO services in England. The study involves a large research programme comprising: national surveys of IROs, their managers and Directors of Children Services (DCSs); analysis of administrative data on IROs' access to independent advice; an analysis of the costs of the IRO service; case studies of four local authorities, including analysis of care plans, interviews and focus groups with IROs, social workers, other key professionals and looked after children.

This report presents the findings from the first stage of the investigation, that is: the national survey of IROs, their managers and DCSs, and analysis of administrative data. In this chapter we first set out the context for the study and its aims, and then provide an overview of the research methodology.

1.1 Background

In 2002, the House of Lords delivered its judgement on two cases (re S and re W) where care orders had been granted but the agreed care plans had never been implemented. They had been asked to consider whether, in order to prevent this from happening, courts should have an ongoing role in monitoring care plans in order to prevent such 'drift'. This was rejected, however, in favour of the development of the role of Independent Reviewing Officer (IRO): an adult empowered to act on behalf of looked after children in challenging the local authority if it is failing in its duties towards them. Although local authorities had previously been encouraged to appoint IROs, regulations introduced in 2004 made it a statutory requirement¹. It was intended that the IRO would be independent from line management responsibility, would participate in the review of children's cases and exercise a monitoring and quality assurance role. This would ensure that all looked after children, whether subject to a care order or voluntarily accommodated, would have this level of support. IROs were authorised to refer cases to the Children and Family Court Advisory and Support Service (Cafcass) if the failure to implement aspects of the care plan might be considered a breach of the child's human rights, with a view to Cafcass initiating legal proceedings.

¹ *The Review of Children's Cases (Amendment) (England) Regulations 2004*

Two years later, the gap between the outcomes of looked after children and their peers was found to have widened further (Department for Education and Skills, 2006) and the contribution made by the IRO in driving up standards came in for some criticism. In particular, concern was expressed that IROs had not been sufficiently robust in challenging local authority decisions and proposals, they were not representing the views of children adequately and their remit was too focused on the review meeting rather than the care plan itself. Evidence cited for this included the low rate of referrals to Cafcass, and some questioned whether IROs could operate independently when employed, whether directly or on a sessional basis, by the local authority (Department for Education and Skills, 2007). In a further legal judgement in 2008², the Official Solicitor criticised, not only the authority for its failure to provide a proper care plan for a vulnerable child, but the IRO for doing nothing to challenge this.

The Children and Young Persons Act (2008) included the provision for an independent body to take over responsibility for the provision on an IRO service and removing it from local authority control should this be considered appropriate in the future. Meanwhile, however, there was to be a further attempt to strengthen the IRO role within the existing structural arrangements through statutory guidance (Department for Education and Skills, 2010) which has been operational since April 2011. This makes it clear that the IRO is responsible for monitoring the child's care plan on an ongoing basis, not just at the point when the case is being reviewed, and specifies the steps that they should take to prepare for review meetings, including speaking directly to the child. Even though the statutory guidance sets out clear expectations regarding a more comprehensive role for the IRO, it does not explicitly articulate the outcomes IROs are expected to achieve or contribute to. Indeed there appears to be little consensus on what an 'effective' service should look like or by what criteria its success should be assessed. The fact that there have been few formal referrals to Cafcass, for example, has been taken as a sign that the role is failing (Department for Children, Schools and Families, 2006), but if IROs have been able to initiate change without the need for such a step, then it could equally be seen as a sign of success. Similarly, placement stability has been suggested as a positive outcome, but there are clearly circumstances in which the intervention of an IRO could lead to a child being moved from a stable but inadequate placement to one more appropriate to their needs.

The debate about the effectiveness of the IRO continued after the publication of the statutory guidance. In a submission to the Family Justice Review, the Association of Directors of Children's Services (ADCS) proposed amalgamating the IRO role with that of children's guardians and transferring responsibility to Cafcass (ADCS, 2011). The final report of the Family Justice Review concluded, however, that local authorities should continue to try to make the IRO role work. Recommendations included adhering to guidance on caseload size, making sure that IRO reports are considered at a senior level and strengthening the links between IROs, guardians and the courts when children are in proceedings (Department for Education and others, 2011).

² S v Rochdale [2008] EWHC 3283 (Fam)

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

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

A major challenge in determining the best way forward is the lack of an evidence base about the functioning and effectiveness of the current role. A review of the IRO service in Wales was undertaken in 2008 (CCISW, 2009) and found local inconsistency in the impact of the role, particularly in the action taken by local authorities to address IROs' concerns about the quality and timeliness of care plans.

Until very recently, there had been no equivalent review in England but Ofsted has just published a thematic inspection of the IRO role within ten local authorities. They found weaknesses in the way it is operating and concluded that more needs to be done if IROs are to fulfil their purpose (Ofsted, 2013).

1.2 The NCB study

The NCB study will support the review of the role by developing an evidence base about the implementation, effectiveness and costs of the IRO role. The introduction of statutory guidance (Department for Children, Schools and Families, 2010) sets out clear expectations regarding a comprehensive role for IRO services and provides a clear framework for assessing to what extent the IRO role is being implemented as intended. In our study we use this framework to assess the effectiveness of the service. In particular we focus on two key aspects of the IRO service:

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

The study involves a large research programme comprising:

- national surveys of IROs, their managers and Directors of Children Services (DCSs)
- analysis of administrative data on IROs' access to independent advice
- an analysis of the costs of the IRO service
- case studies of four local authorities, including analysis of care plans, interviews and focus groups with IROs, social workers, other key professionals and looked after children.

This report focuses on the survey element of the study and analysis of administrative data, and addresses three key questions:

- How is the IRO role being implemented at local level and to what extent is the IRO guidance adhered to?
- What barriers and enabling factors affect the implementation of the IRO role?
- What are the associations between specific features of IRO services, the ways in which the IRO role is implemented, and their perceived contribution to improvements in looked after children's services?

1.3 Survey design

On line surveys were completed by 295 IROs, 65 IRO managers and 60 DCSs in April-August 2012. Our aim was to conduct a census survey of:

- All IROs - according to an estimate provided by the Department for Education there are 1,000 IROs working in England³.
- All IRO managers – there are *at least* 152 in England, as all local authorities must employ at least one IRO manager, but an estimate of the total number is not available.
- All 152 DCSs – in some cases data requested from DCSs was provide by an Assistant Director or a relevant second tier manager.

The survey achieved an estimated response of 30% among IROs and 40% among DCSs. It was not possible to estimate the response rate for IRO managers because it is not known how many there are.

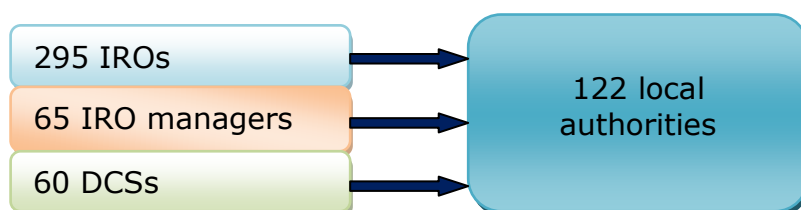
Out of 152 local authorities in England, we received at least one completed questionnaire (from a DCS, an IRO manager or an IRO) from 122 local authorities (80%). The profile of these authorities matches the profile of authorities in England in terms of Ofsted rating for looked after children services and type of authority (i.e. whether a county council, unitary authority, metropolitan district or London borough- see Appendix A for full details including classification of local authorities).

Most of the analysis presented in the report is based on the experiences and views of IROs and their managers, although we also provide DCSs' perspectives

³ This estimate was provided to us at the beginning of 2012 when the survey was being developed.

on the role and priorities for IROs. We also present some local authority level analysis, for example on the structural arrangements of the service.

Figure 1.1 Overview of survey sample



At the bottom of tables and figures we provide the base for the analysis, that is who responded to the question (i.e. IROs, their managers or DCSs) and how many responded. The base number for the same group of respondents varies, as not all respondents answered all the questions.

More details about the survey design, response and analysis are included in Appendix A.

1.4 Report outline

The survey provides the first national statistical evidence on some key questions relating to the effectiveness of the IRO service, and in the rest of the report the results on key features of the IRO role are compared with the IRO national statutory guidance.

In **Chapter 2** we provide evidence on the professional background and experience of IROs and their managers. We explore how IROs are organised locally, whether they are directly employed by local authorities, where they reside in the local structure, and whether they have other duties besides their IRO role. In this chapter we also look at those who manage IRO services, their experience and other duties they are expected to carry out.

In **Chapter 3** we look at how IROs operate and the size of their caseloads, how closely they monitor cases and work with the child's guardian. In this chapter we also discuss what internal and external mechanisms IROs use to raise concerns about individual cases, and how satisfied they are with how their concerns are addressed.

In **Chapter 4** we explore how IROs are supported and managed, and how satisfied they are with the supervision and training they receive. We also examine how IROs' practice is quality assured and monitored.

In **Chapter 5** we investigate views on IROs' contribution to improvements to services for looked after children since their role was strengthened in 2011, and the key features associated with an effective IRO service.

In **Chapter 6** we present the analysis of administrative data based on enquiries and referrals IROs make to Cafcass and data from a time-limited project which provided free independent legal advice to IROs.

In **Chapter 7** we conclude by considering the implications of the research findings for ensuring that IROs do operate as intended and can contribute to improving care plans and outcomes for looked after children.

2. Profile and location of IRO services

The IRO guidance specifies that both IROs and their managers need to be experienced professionals familiar with children's services processes. In the first part of the chapter we provide an overview of their background and experience, as well as the background of their managers.

The guidance stresses the importance of ensuring that other demands on IROs do not compromise their independence. Issues that we have explored as they may impinge on IROs' ability to act independently include: structural arrangements for deploying IROs; and the range and amount of other work they undertake besides their IRO duties. These issues are explored in the second part of the chapter.

2.1 IROs' background and experience

Guidance on IRO's background and qualifications

The IRO must be registered as a social worker by the General Social Care Council or by the Care Council for Wales under section 56 of the Care Standards Act 2000 or in a corresponding register maintained under the law of Scotland or Northern Ireland. The IRO should have at least five years post qualifying experience [regulation 46].

The IRO should be an authoritative professional with at least equivalent status to an experienced children's social work team manager. To be appointed a prospective IRO they should be able to provide evidence that they have sufficient relevant social work experience in children's social care to undertake:

- the ability to communicate with children and young people
- the confidence and ability to work constructively with senior managers
- a thorough understanding of the legal framework relating to looked after children and care leavers, including knowledge of National Minimum Standards and the Adoption Agencies Regulations 2005
- a thorough working understanding of the legal process and the issues involved when a local authority makes application for a care order
- experience of providing social work supervision and support; and knowledge of the evidence about what makes for good quality practice in working with children and families to safeguard children and promote their welfare.

[Page 11 & 12 section 2.15-2.17 IRO Handbook]

The survey results on IROs' current post⁴ show that:

- Half of the IROs in our survey (51%) had worked in the local authority for five or more years, and only 12% had worked as an IRO in the current authority for less than a year (Table 2.1).
- Over half (59%) had worked in the same local authority before becoming an IRO, mostly in a social work role (Table 2.2). This proportion was particularly high in county councils (71%), compared with unitary authorities (63%), metropolitan districts (61%) and particularly London boroughs, where only 41% of IROs had previously worked in the same authority (Figure 2.1).
- 86% of IROs were local authority employees and most (70%) were employed on a full-time basis (Table 2.3); of the 13% who were self-employed, 41% worked for more than one authority.

Table 2.1 Length of time working as an IRO in current local authority

| | % |
|------------------|----|
| Less than 1 year | 12 |
| 1-2 years | 19 |
| 3-4 years | 18 |
| 5+ years | 51 |

N=295 IROs

Table 2.2 Other roles in current local authority prior to becoming an IRO

| | % |
|--|----|
| Social worker | 30 |
| Social work team manager or equivalent | 34 |
| Another role | 12 |
| None | 41 |

N=295 IROs

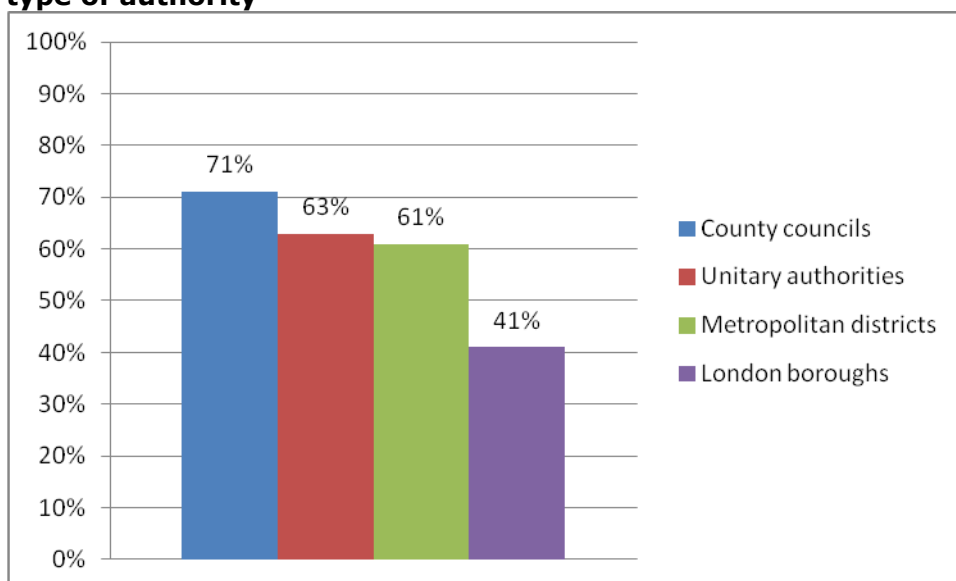
Table 2.3 Type of employment

| | % |
|-------------------------------------|----|
| Full-time local authority IRO | 70 |
| Part-time local authority IRO | 16 |
| Self-employed sessional IRO | 8 |
| Self-employed IRO through an agency | 5 |
| Other | 1 |

N=292 IROs

⁴ 8% of IROs were working for more than one local authority as an IRO, and they were asked to answer the survey questions for the local authority where they work the majority of their time.

Figure 2.1 Worked in the same local authority prior to becoming an IRO by type of authority



N=294 IROs: county councils N= 77 IROs; unitary authorities N= 60 IROs; metropolitan districts N=81 IROs; London boroughs N=76

2.2 IRO managers' experience and background

The IRO guidance requires local authorities to appoint an IRO manager(s), who is expected to play a key role in ensuring the effectiveness of the service. The responsibilities of the IRO manager are explored later on: here we assess whether managers have the kind of experience required by the guidance.

Guidance on IRO manager's background and experience

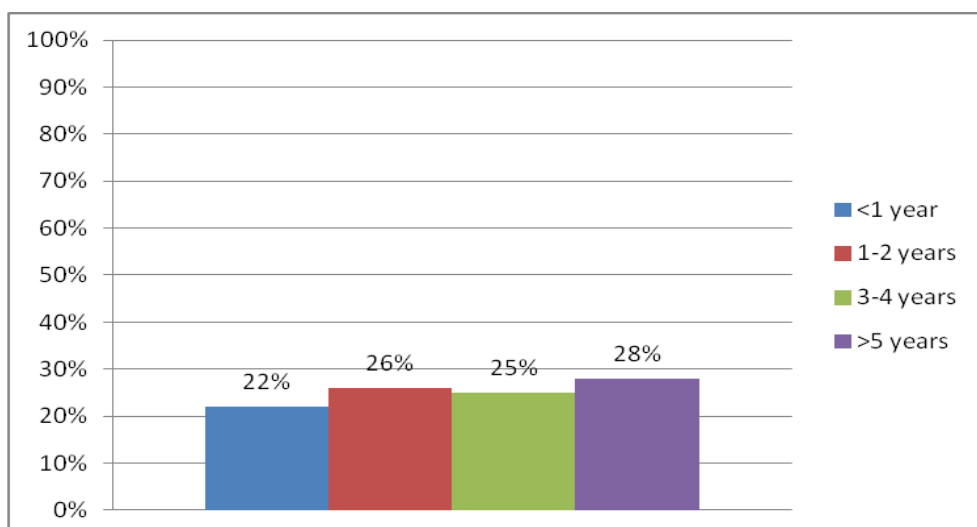
The manager will be a qualified social worker who should be able to demonstrate a sound understanding of the legal framework and care planning process governing how the local authority meets its responsibilities towards looked after children.

[Page 47 section 7.5 IRO Handbook]

The survey results on IRO managers show that:

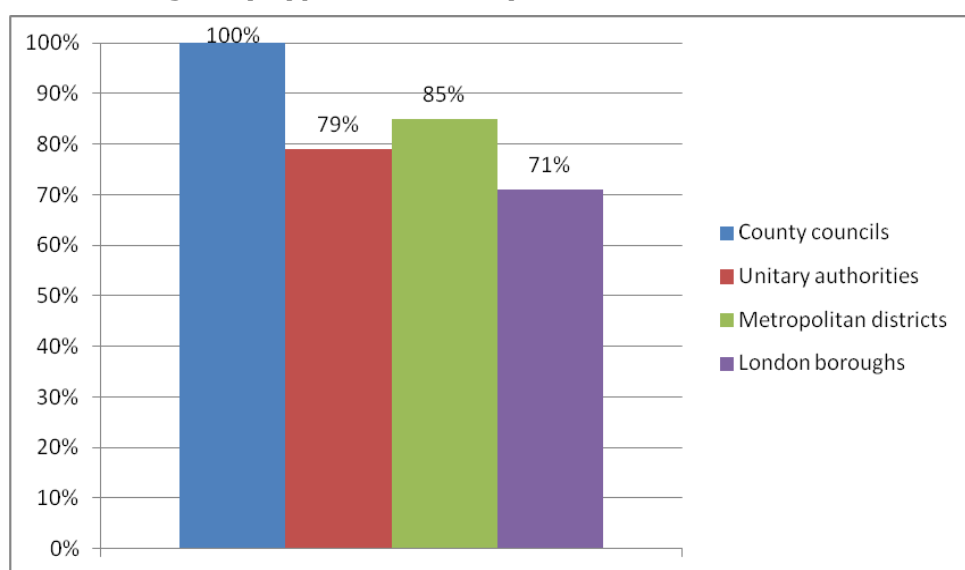
- Just over a quarter (28%) had worked as an IRO manager in the same local authority for five or more years, and 22% had worked as IRO managers in the current authority for less than a year (Figure 2.2).
- The majority (82%) had worked for the same authority prior to becoming an IRO manager, mainly in social work related roles. There were again considerable geographical variations: all IRO managers from county councils had worked for the same authority in other roles before becoming an IRO manager, compared with 79% in unitary authorities, 85% in metropolitan districts and 71% in London boroughs (Figure 2.3).

Figure 2.2 Length of time working for the same authority as an IRO manager



N=65 IRO managers

Figure 2.3 Worked in the same local authority in other roles before becoming an IRO manager by type of authority



N=65 IRO managers: county councils N=10; unitary authorities N=28; metropolitan districts N=14; London boroughs N=13

2.3 Organisation of the IRO service

Guidance on organisation and independence

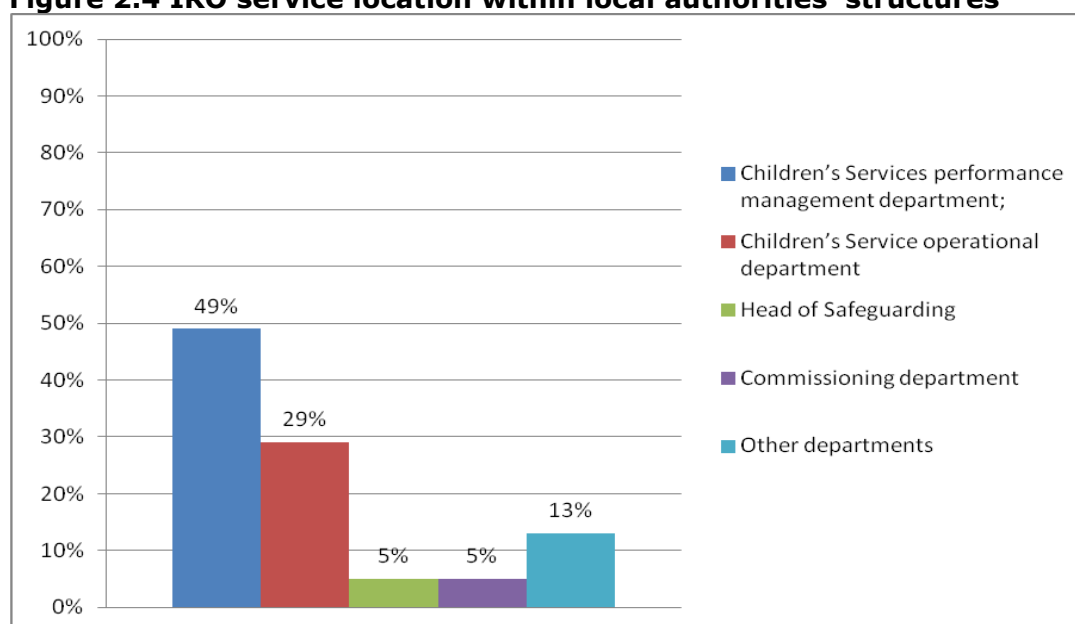
The independence of the IRO is essential to enable him/her to effectively challenge poor practice. The Regulations do not prescribe the position of the IRO within the local authority but do prescribe the minimum levels of independence. These are that the IRO must not be: a person involved in preparing the child's care plan or the management of the child's case.

[Page 12 section 2.18 IRO Handbook]

Responses provided by IRO managers and DCSs were combined to analyse where authorities located their IRO service. These results show that the overwhelming majority of authorities (94%) kept the IRO service in-house. In terms of its location within the authority⁵ (Figure 2.4):

- The largest group (49%) located IROs in the children’s services performance management department; this suggests that IROs are independent of front line case management, although senior management accountability is likely to be to the DCS.
- Over a quarter (29%) placed IROs in the children’s service operational department.
- 5% had placed the IRO service under the Head of Safeguarding, who directly reports to the DCS.
- Few authorities seemed to have completely separate accountability arrangements for the IRO service, including: 5% that had placed the service in a commissioning department; and 13% that had placed it in other departments, such as safeguarding for adult services or health and wellbeing.

Figure 2.4 IRO service location within local authorities’ structures



N=86 local authorities

Only 6% of local authorities had outsourced their IRO service to an external agency or a neighbouring local authority. In an open ended question DCSs explained that they were relying on another authority because they had no or very few looked after children (i.e. below 5), or the service had been outsourced to an external agency for financial reasons (e.g. better value for money) and to ensure the service was truly independent.

⁵ Because local authority structures vary, it is not possible to be definitive about line management arrangements and the following is based on respondents' descriptors.

Our findings also show that almost all local authorities that kept the service in-house employed their own IROs (95%). A small number of these authorities also employed sessional IROs (15%) and/or agency IROs (16%).

2.4 'Non-IRO' duties

It is seen as essential to IROs' independence not to undertake duties that would be in conflict with their role: some of these are outlined in the guidance, as indicated below, but others are left to the discretion of individual authorities. In this section we present the findings on tasks undertaken by IROs which appear to be unrelated to their primary IRO role, what proportion of their time is spent on these and their views on a potential conflict between their IRO and other duties.

Guidance on IRO's independence of case management

IROs must *not* be:

- a person involved in preparing the child's care plan or the management of the child's case
- the representative of the local authority appointed to visit the child
- the child's personal adviser
- a person with management responsibilities for any of the above
- a person with control over the resources allocated to the case.

[Page 12 section 2.18 IRO Handbook]

Our survey found that almost half of IROs (46%) were asked to fulfil other non-IRO duties. These included local authority employed IROs (43%) as well as sessional/agency workers (63%), who could legitimately be contracted separately to do additional tasks.

Combining data from DCSs and IROs allowed us to do some analysis at the local authority level and we found that the majority of authorities (85%) expect IROs to undertake non-IRO duties. Further analysis of the latter shows that in:

- 51% of authorities IROs were required to chair child protection conferences
- 24% of authorities IROs conducted tasks such as reviews of foster carers, special guardianships, adoption and adoption breakdowns and of Children in Need, and/or undertook Regulation 33 visits (i.e. quality assurance of children's homes)
- 17% of local authorities IROs were providing training and developmental support for social workers
- 12% of authorities IROs conducted file audits and other quality assurance activities and in 8% they investigated complaints
- 4% of authorities IROs fulfilled a Local Authority Designated Officer (LADO)⁶ role.

⁶ The Local Authority Designated Officer (LADO) works for children's services and manages allegations about staff or carers relating to harming a child, criminal offences against a child, and behaviour that would make a person not suitable for work with children.

Most IROs (62%) who had additional duties reported spending up to 40% of their time on them (Table 2.5), and a quarter (24%) believed there was some conflict between their IRO role and these other duties.

Table 2.5 Time spent on non-IRO duties

| | % |
|-------------|----------|
| Up to 20% | 26 |
| 21-40% | 36 |
| 41-60% | 26 |
| 61-80% | 8 |
| 81% or more | 4 |

N=133 IROs who undertook non-IRO duties

IROs who reported a conflict between their IRO and other duties were asked to provide more information on this in an open ended question. Some highlighted issues in relation to chairing child protection conferences: these were seen as taking precedence and therefore reducing the time available to complete IRO duties, and could also compromise an IRO's independence if the child became looked after. However, other IROs believed that chairing child protection conferences provided continuity in the case, a view that was shared by DCSs. Given this diversity of views, it was not surprising to find that some IROs complained about a lack of clear guidance on IROs' involvement in chairing child protection conferences.

Other tasks reported by some as compromising their IRO role included chairing foster carer reviews, LADO duties and Regulation 33 inspections of children's homes.

IROs also commented on their involvement in quality assurance. While this is arguably relevant to their role when related to the service for looked after children, some IROs indicated that the volume of quality assurance tasks took time away from completing case reviews. In other instances, IROs were being used to quality assure other types of cases.

2.5 Multiple management responsibilities

In relation to IRO managers, there is no guidance on other responsibilities that could conflict with their role, although, as indicated below, they are expected to quality assure the work of individual IROs, take responsibility for their training and development and support them in managing individual cases. The survey explored what other duties IRO managers have to assess whether these may impinge on their ability to effectively manage the IRO service.

Guidance on IRO manager's role

Each IRO should be managed by a designated manager who will be accountable for the quality of the service that is offered to each individual looked after child. The role will include providing oversight, professional advice and management support to each IRO.

[Page 47 section 7.4 IRO Handbook]

We found that in most local authorities (86%) IRO managers had a range of other duties beyond those connected with the IRO service, including

- quality assurance manager of children's services
- leading on training and professional development of non-IRO staff
- managing advocacy and/or children's rights services
- managing the safeguarding service, serving as LADO and/or Local Safeguarding Children's Board (LSCB) business manager
- chairing child protection conferences
- chairing disruption meetings
- chairing fostering panels and similar
- working as IROs with a small caseload of looked after children⁷.

In an open ended question, we explored with DCSs the rationale for asking IRO managers to fulfil additional duties. Some said their authority was too small to have individual senior managers for different services. Views varied on whether different roles were complementary. For example, some believed that combining senior management responsibility for looked after children and child protection services enabled '*consistent standards*' to be established across both services. However, others thought the two roles should be independent and were planning to have two separate senior managers in the future.

2.6 Conclusion

As required by the national guidance, our findings indicate that both IROs and their managers are experienced professionals familiar with children's social service processes. However, their recent experience is often limited to a single local authority, particularly for those working in county councils, indicating that many have limited knowledge of standards and practice in other authorities.

The overwhelming majority of authorities have chosen to keep the IRO service in-house, with many placing it within children's service's performance management departments, and therefore at arm's length from front line case management, but with senior management accountability still probably to the DCS. Completely separate accountability arrangements for the IRO service seem rare.

We found no evidence that IROs are asked to undertake the kind of duties which are in conflict with their independence, as stated in the guidance

⁷ Although it could be argued that this keeps managers in touch with practice, it raises serious issues about independence and accountability.

(i.e. managing cases, devising care plans and supervising social workers). However, many IROs are expected to fulfil non-IRO duties and spend a considerable amount of time on tasks unrelated to their primary role. Some perceived this as creating a conflict, because the nature of these duties could be seen as undermining their independence and because they could take priority and limit time spent on their IRO duties. In relation to some non-IRO duties (e.g. chairing child protection conferences) there was no consensus on whether they would compromise independence. Others, such as foster care reviews or quality assurance of children's homes could arguably affect an IRO's ability to view that placement objectively and from the perspective of the individual child, if a child on their caseload was subsequently placed there. These findings indicate the need for further debate and clarification about additional tasks that are contrary to the spirit of the guidance and might compromise an IRO's independence. These issues will be explored in more depth in the qualitative element of the study.

IRO managers also had a range of other duties beyond those connected with the IRO service, and again there does not appear to be a consensus on whether some of these complemented or undermined their ability to effectively manage the IRO service.

3. The operation of the IRO role

This chapter provides a detailed description of how IROs operate and to what extent local practice seems to be in line with statutory guidance. First we present the findings on the size of IROs' caseloads. We then explore to what extent IROs are able to carry out the tasks associated with care plan reviews, monitor cases between reviews and work with the courts. We report on the mechanisms IROs use to raise concerns about individual cases and how satisfied they are with how these concerns are addressed. In the final part of the chapter we explore DCSs' priorities for IRO services and compare these with how IRO services operate in practice.

3.1 The IRO caseload

Guidance on IRO caseload

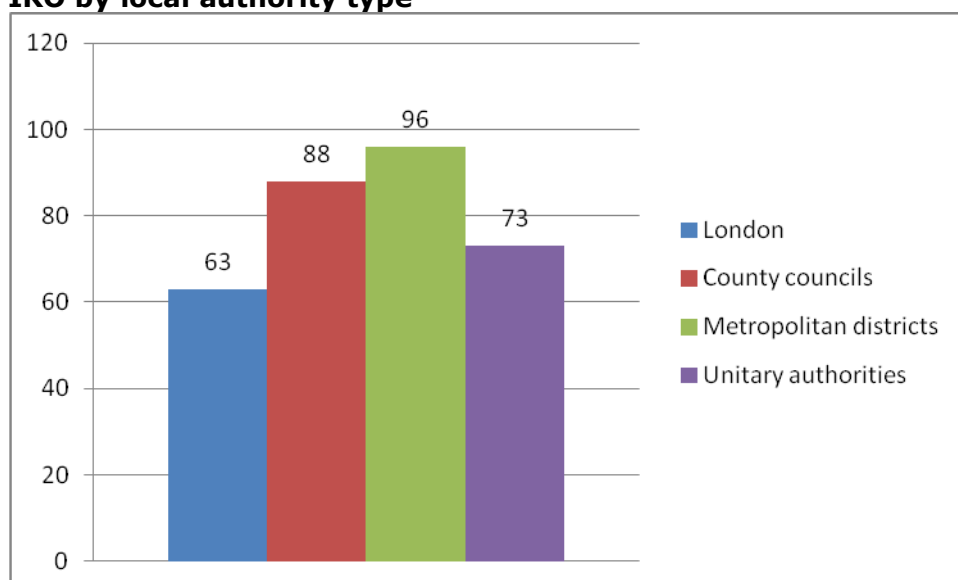
It is estimated that a caseload of 50 to 70 looked after children for a full time equivalent IRO, would represent good practice in the delivery of a quality service, including the full range of functions set out in this handbook. This range should reflect the diversity and complexity of cases across different local authorities.

[Page 50 section 7.15 IRO Handbook]

As indicated above, there is national guidance on the size of an IRO caseload. The results show that overall the (mean) average caseload for a full-time equivalent IRO was 78 looked after children, with two thirds of local authorities (65%) having an average caseload above the recommended limit (Figure 3.1). We found considerable variation between different types of authority:

- in London caseloads were within recommended guidelines (an average of 63 looked after children)
- in unitary authorities the average caseload was just above the recommended limit (73 looked after children)
- in county councils, with an average of 88 looked after children, the caseload was well above the recommended average
- the highest caseload, an average of 96 looked after children, was found in metropolitan districts.

Figure 3.1 Average caseload of looked after children for a full-time equivalent IRO by local authority type



N=75

We also found that in local authorities with higher numbers of looked after children, IROs tended to have higher caseloads⁸.

While the figures above are based on caseloads including only looked after children, some respondents where IROs chaired child protection conferences also included child protection cases in their case load estimates. For the 34 authorities where this was the case, total caseloads including both looked after children and child protection cases ranged between 65 and 210 cases, with an average of 101.

Both caseload estimates (i.e. including and excluding child protection cases) are broadly in line with estimates provided by IRO managers for the National Managers Group.

Finally the survey data indicates that overall caseloads were very diverse and only 11% of IROs reported having a specialism in terms of children's needs or circumstances (Table 3.1).

⁸ $r=0.5$, $p=0.000$, $N=75$ local authorities

Table 3.1 Categories of children within the IRO caseload in previous 12 months

| | % |
|---|----|
| Children receiving short breaks | 55 |
| Children with additional communication needs | 80 |
| Children within youth justice system | 87 |
| Children subject to secure accommodation orders | 39 |
| Children admitted to hospital | 30 |
| Unaccompanied asylum seeking children | 60 |
| Trafficked children | 17 |

N=280 IROs

3.2 Case reviews

Guidance on conducting case reviews

As outlined in paragraph 2.10, 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 order to properly consider the care plan at each review, the IRO should be satisfied that the assessments upon which the care plan is based are comprehensive and adequate, involving the appropriate people and addressing the appropriate issues, that the proposed care plan results logically from the assessments and that it is relevant, viable and achievable.

[Page 13 section 3.2 and 3.3 IRO Handbook]

One of the core IRO functions is to carry out reviews of looked after children’s care plans and consult relevant professionals, carers and children as part of the review process. Just over a third of IROs (36%) said they were usually able to complete all these tasks (listed in Table 3.2) to their satisfaction. Looking at specific tasks:

- over 90% were (always or often) able to chair reviews and provide a full record of the review
- around a third said they *were not* (always or often) able to consult with relevant professionals, carers and children and read the relevant documentation.

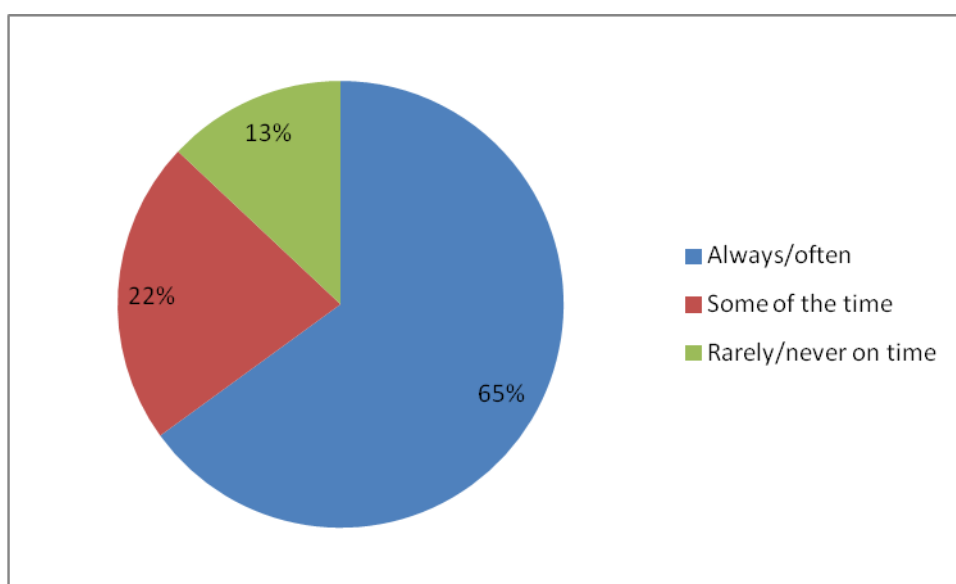
Table 3.2 IROs who were *always or often* able to complete case review tasks to their satisfaction

| | % |
|--|----|
| Chair the meeting(s) that make up the review | 98 |
| Provide the full record of the review | 96 |
| Consult with relevant carers (e.g. foster carers, residential workers, guardians, parents) | 69 |
| Meet with the child | 68 |
| Consult with relevant professionals | 64 |
| Read all relevant documentation | 63 |

N=293 IROs

Over a third of IROs reported difficulties with conducting reviews within the recommended timescale: 22% said they only managed to do this some of the time and 13% said they rarely or never did (Figure 3.2).

Figure 3.2 How often reviews were carried out within the recommended timescale



N=294 IROs

As shown in Table 3.3, the main reported barriers to completing reviews within the recommended timescale were heavy caseloads (74%) and not receiving documents and assessments from others in time (49%). Several responses to an open question suggested that completing reviews within the recommended timescale was only possible by working additional hours.

Table 3.3 Barriers to completing reviews within recommended timescale

| | % |
|---|----|
| Caseload too heavy | 74 |
| Lack of timely documents and assessment from others | 49 |
| Insufficient consultation with parents or carers | 19 |
| Child insufficiently prepared for the review | 16 |
| Difficulty coordinating staff | 16 |
| Other e.g. lack of administrative support, IT difficulties, late case allocation, staff changes and shortages, holidays, competing priorities | 20 |

N=207 IROs who could not always complete reviews within the recommended timescale

3.3 Monitoring cases

Guidance on conducting monitoring of cases

The monitoring role of the IRO is set out in the 1989 Act [Section 25B, 1989 Act]⁹. Between reviews, if the care plan continues to meet the needs of the child there may be no need for any communication between the IRO and the social worker or the child. However, in the event of a change in the child's life that is significant, the social worker must inform the IRO about:

- proposed change of care plan for example arising at short notice in the course of proceedings following on directions from the court
- where agreed decisions from review are not carried out within the specified timescale
- major change to contact arrangements
- changes of allocated social worker
- any safeguarding concerns involving the child, which may lead to enquiries being made under section 47 of the 1989 Act ('child protection enquiries') and outcomes of child protection conferences, or other meetings not attended by the IRO
- complaints from or on behalf of child, parent or carer
- unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements;
- significant changes in birth family circumstances for example births, marriages or deaths which may have a particular impact on the child;
- where the child is charged with any offence leading to referral to youth offending services, pending criminal proceedings and any convictions or sentences as a result of such proceedings
- where the child is excluded from school
- where the child is running away or missing from the approved placement
- significant health, medical events, diagnoses, illnesses, hospitalisations, serious accidents
- panel decisions in relation to permanence.

[Page 30 section 3.74 IRO Handbook]

⁹ Section 25B of the Children Act 1989 states that the IRO must '*monitor the performance by the local authority of their functions in relation to the child's case*'.

IROs should monitor cases between reviews and in the survey we explored four key ways of doing this, listed in Table 3.4. Overall the findings show that 14% of IROs did not regularly complete *any* of these tasks. Looking at individual tasks:

- The majority of IROs (71%) were (always or often) able to follow-up decisions from reviews, but only half (49%) were (always or often) able to monitor the case more generally.
- 69% of IROs reported consulting with social workers following a significant change in a case, a third (32%) consulted with children between reviews¹⁰.

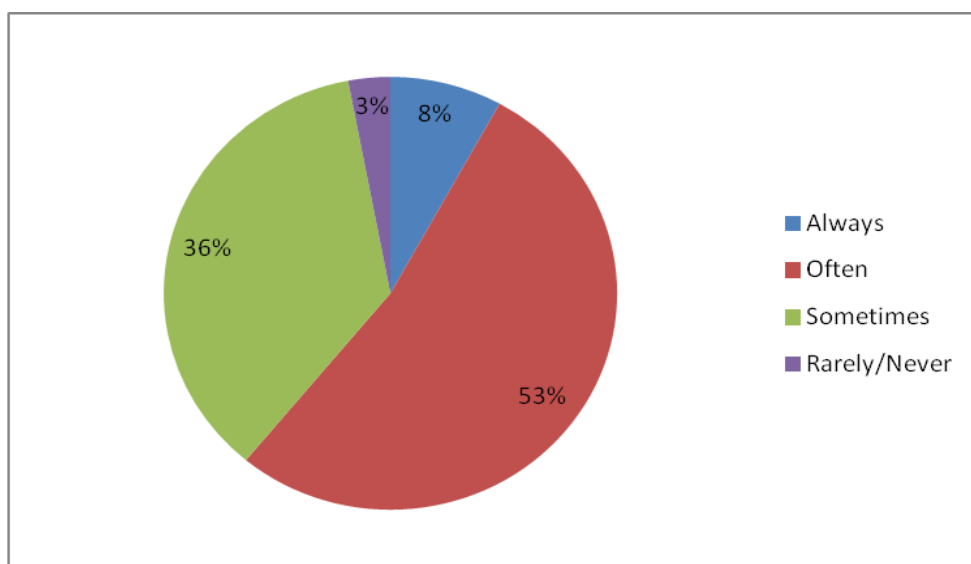
Table 3.4 IROs who *always or often* completed to their satisfaction tasks associated with monitoring cases between reviews

| | % |
|--|----|
| Follow-up decisions and recommendations after review | 71 |
| Consult with social workers following a significant change | 69 |
| Monitor the progress of the case | 49 |
| Meet or communicate with children | 32 |

N=293

IROs must be informed when there is a significant change that would require a review of the care plan; however, as shown in Figure 3.3, many IROs were not informed about these changes.

Figure 3.3 How often IROs are informed about changes in children’s circumstances requiring a review of the care plan



N=290 IROs

¹⁰ Although consultation between reviews may not be indicated in every case, children should always be able to speak to their IRO if they wish and IROs should have a sense of how children are doing. They should also seek children's views, if appropriate, following a significant change when deciding whether a review is necessary.

3.4 Family proceedings

Guidance on liaising with courts during family proceedings

In relation to family proceedings, all children who are subject to care proceedings will have a children’s guardian, appointed by the court and an IRO, appointed by the local authority. The Public Law Outline refers to the ‘timetable for the child’. The IRO should feel confident that s/he is being kept fully informed of the progress of the child’s case, during and at the conclusion of the proceedings. This will involve:

- close liaison with the children’s guardian
- the legal department for the local authority providing the IRO with all relevant court documents and having a system in place to do so in a timely manner.

The IRO will need to consider together with the children’s guardian what communication is necessary in order to promote the best possible care planning process for each child. As soon as the IRO has been appointed to a child subject to proceedings:

- the IRO service should provide the legal department for the local authority with the name of the IRO and with his/her contact details
- the legal department for the local authority should advise the court of the name of the IRO and of his/her contact details.

[Page 53 section 8.2 and 8.3 IRO Handbook]

When a looked after child is being considered within family proceedings, IROs should be kept fully informed of progress and liaise with the child’s guardian. Our findings show that these expectations were not being fulfilled in practice (Table 3.5):

- 58% of IROs said they rarely or never received relevant court papers
- 28% reported rarely or never liaising with the child’s guardian.

Table 3.5 IROs involvement during care proceedings

| | Get relevant papers from court (%) | Liaise with child’s guardian (%) |
|-----------|------------------------------------|----------------------------------|
| Always | 4 | 8 |
| Often | 12 | 22 |
| Sometimes | 26 | 42 |
| Rarely | 36 | 26 |
| Never | 22 | 2 |

N=281-287 IROs

3.5 Raising concerns about individual cases

Fundamental to the role of the IRO is the ability to raise concerns about individual cases and in the survey we explored three ways IROs can do this:

- in informal ways, through direct discussion or negotiation with practitioners
- through a 'dispute resolution protocol' that all authorities are required to have in place and operate effectively
- by contacting and getting advice from external sources.

Guidance on raising concerns about individual cases

Where problems are identified in relation to a child's case, for example in relation to care planning, the implementation of the care plan or decisions relating to it, resources or poor practice, the IRO will, in the first instance, seek to resolve the issue informally with the social worker or the social worker's managers. The IRO should place a record of this initial informal resolution process on the child's file. If the matter is not resolved in a timescale that is appropriate to the child's needs, the IRO should consider taking formal action.

It is the task of each local authority to put in place a formal process for the IRO to raise concerns and to ensure that this process is respected and prioritised by managers. The process is referred to in the guidance as the local dispute resolution process. Taking into account different management structures within each local authority there are likely to be some variations in the process, but it will involve escalating the matter in dispute through a number of levels of seniority within the department with identified timescales for a response at each stage. The IRO may bypass any stage and progress the dispute to the level s/he considers most appropriate. The formal dispute resolution process within each local authority should have timescales in total of no more than 20 working days.

The IRO has the power to refer the matter to Cafcass at any point in the dispute resolution process [regulation 45] and may consider it necessary to make a concurrent referral to Cafcass at the same time that s/he instigates the dispute resolution process.

[Page 43 section 6.1-6.3 IRO Handbook]

Guidance on the provision of independent legal advice

Each local authority should have a system in place that provides its IROs with access to independent legal advice. The reason for this is that the IRO works within a complex legal framework, with a number of other professionals and adults who have access to their own legal advice. The IRO may feel isolated and vulnerable in this position. It is essential that the IRO too can access independent legal advice, in addition to seeking the advice and support of the IRO manager. In the past some local authorities have been of the view that Cafcass duty lawyers provide this service. However, Cafcass duty lawyers can only provide guidance, not legal advice. Other local authorities have considered it sufficient for an IRO to seek advice from its own legal department. This is clearly not independent.

It is important that this service is easily accessible by individual IROs and that IROs do not have to struggle to access it.

[Page 44-45 section 6.13 and 6.14 IRO Handbook]

3.5.1 Internal processes

The survey found that in the previous year nearly half of IROs (47%) had informally raised concerns about individual care plans on a monthly basis or more often. The majority of those who used informal methods (73%) said they were always or often satisfied with how their concerns had been addressed. In reply to an open ended question, both IROs and their managers stressed the importance of trying to first resolve issues informally, before implementing the protocol, and commented that good management was necessary for the successful resolution of a dispute.

All authorities included in the sample had a dispute resolution protocol and almost all IROs and their managers knew that their authority had this protocol (although 8% of IROs and 3% of IRO managers were not aware of this). These protocols were universally reported to apply to local authority children's services, but less than half applied to other local authority departments (45%) and just over a third to external agencies (38%). This raises the question of how disputes in the provision of other services needed to deliver a child's care plan, such as health, can be resolved.

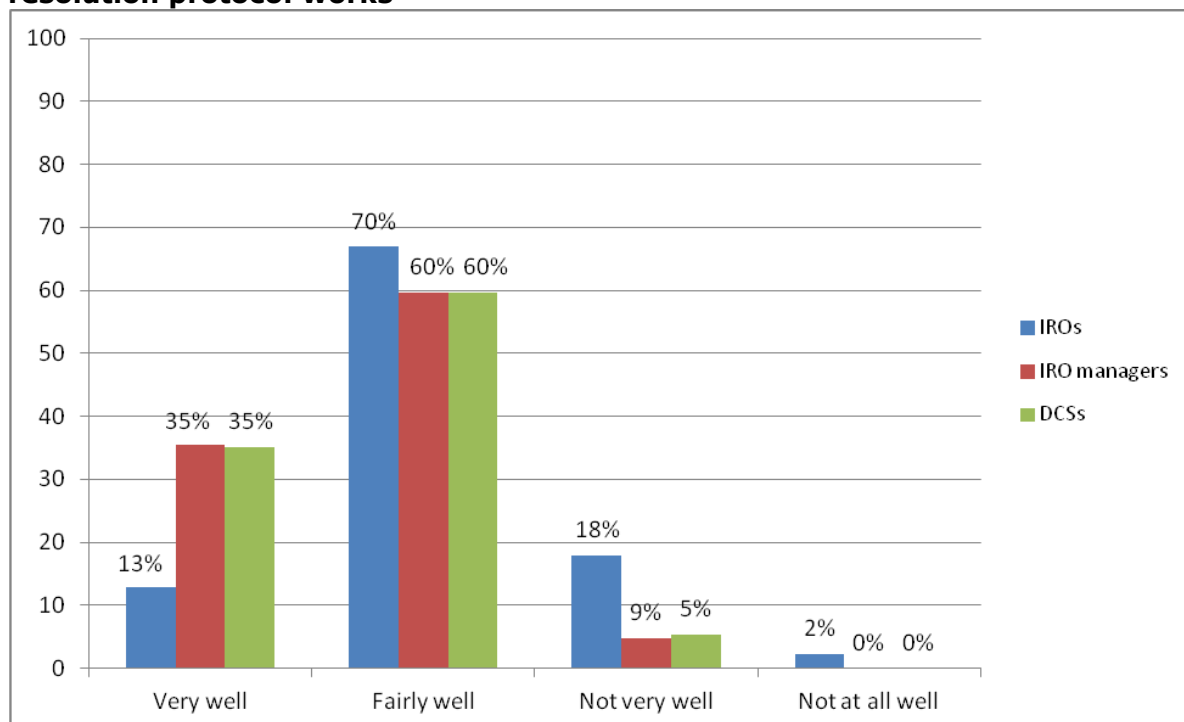
The formal dispute resolution protocol was used less than the informal route, with only 10% instigating it on a monthly basis or more often, while 27% of IROs had never used it in the past year. However, 37% of IROs had instigated a formal dispute at least several times a year; nearly two thirds of IROs who used the formal protocol (65%) said their concerns had always or often been addressed to their satisfaction.

Most IROs, their managers and DCSs thought that overall the local protocol worked effectively. However, a substantial minority of IROs (20%) did not think the system worked well, as opposed to only 5% of DCSs and IRO managers (Figure 3.4). In reply to an open ended question, IROs said protocols did not work effectively because:

- The protocol and process were not fully developed.
- Managers, social workers and other professionals did not understand or respect the importance of sticking to timescales when responding to formal complaints.
- The local authority was defensive or guarded when formally challenged and did not accept IROs' authority in raising challenges or concerns about care plans.

Some DCSs believed that formal disputes were not often escalated up to the DCS level, even though in some circumstances they should be.

Figure 3.4 IROs’, IRO managers’ and DCSs’ perceptions of how the dispute resolution protocol works



N=257 IROs; 62 IRO managers; 57 DCSs

IRO managers reported providing support to IROs to address concerns in various ways. In the previous 12 months:

- 77% provided guidance regarding concerns in care planning on at least a monthly basis
- 58% independently followed-up concerns with senior managers on at least a monthly basis
- 68% supported IROs to raise concerns through the dispute resolution protocol several times a year.

IROs and their managers were also asked a more general question about the extent to which the IRO service can successfully challenge poor practice. On a scale of 1-10, where 1 is unable to challenge and 10 is fully able to challenge, respondents rated IROs’ ability to challenge between 7.4-7.8. However, IROs had greater variability in their responses, with a small percentage (6%) indicating they were largely unable to challenge poor practice, whereas no managers reported this inability to challenge among IROs.

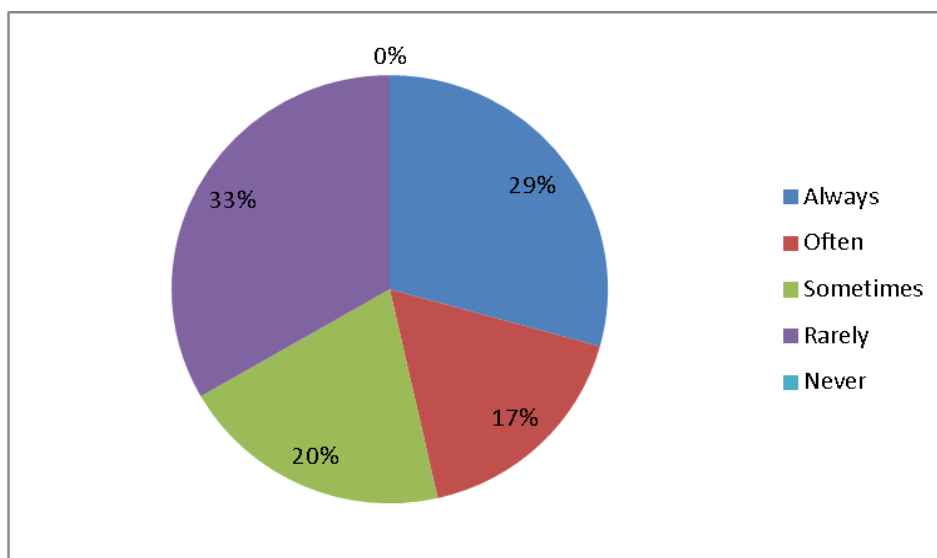
3.5.2 External sources

The survey findings show that use of external sources of redress (i.e. Cafcass and independent legal advice) was less common than internal mechanisms.

Just over a quarter of IROs (26%) had sought guidance from Cafcass about the quality/implementation of individual care plans in the previous year and 6%

reported referring a case¹¹. Under half of those who contacted Cafcass (46%) reported being always or often satisfied with the outcome (Figure 3.5).

Figure 3.5 IRO perceptions of how often concerns about care plans have been resolved through guidance from Cafcass



N=69 IROs

In a more general question about contacting Cafcass, most of those who had not contacted Cafcass said this was because they believed that concerns were best dealt with internally (87%). However, 1 in 10 IROs said that they had been put off from contacting Cafcass because of its poor reputation (12%) and because they were worried that contacting Cafcass would affect their employment (8%).

IROs should have access to independent legal advice outside their local authority. Our findings show that half of IROs (51%) had relied on their own authority legal department for advice in the previous year, while use of independent sources was not very widespread:

- 10% had used Coram or a children’s legal service
- 6% an external solicitor
- 5% another authority’s legal department.

As we have seen, most managers supported IROs to raise concerns internally: however, 58% said they had *never* advised their IROs to seek Cafcass guidance and 50% had *never* advised them to seek independent legal advice in the previous year. A similar reluctance to promote external sources of advice was also found among DCSs: when asked what arrangements had been made for providing IROs with access to legal advice, most cited their own local authority

¹¹ This statistic does not accord with Cafcass data presented in Chapter 6, which found that there had been only 8 referrals in total in the past three years. This discrepancy could be due to the fact that when answering the relevant survey question some IROs did not differentiate between contacting Cafcass to make an enquiry and making a formal referral.

legal department (80%), with only a minority mentioning independent solicitors (20%), or another local authority's legal department (15%).

3.6 Children's right to raise concerns and make complaints

Guidance on informing children to raise complaints

The IRO is under a duty to ensure that the child, where appropriate, has been informed of his/her right to apply, with leave, for an order under section 8 of the 1989 Act, and, where the child is in care, for the discharge of the care order and his/her right to make a complaint and to an advocate [regulation 45]. If the child wishes to take legal proceedings under the 1989 Act, the IRO must establish whether there is an appropriate adult able and willing to assist the child to obtain legal advice or bring proceedings on the child's behalf or, if there is no such person, assist the child to obtain such advice.

[Page 27 section 3.63 IRO Handbook]

As well as being able to raise concerns themselves, IROs must ensure that looked after children are aware of their right to challenge decisions. DCSs clearly see IROs as having a key role in this. When asked how they ensured that looked after children were informed about their right to challenge decisions they said this was done through:

- IROs (95%) and social workers (95%)
- written information given to looked after children (90%)
- Children in Care Councils and participation workers (85%).

However, the report of children's views on the IRO service (Ofsted 2011) suggests that, unlike DCSs, children do not see IROs as being particularly central in helping them to make complaints. Perhaps this may relate to the fact that IROs themselves experience difficulties in raising concerns about poor practice, limiting their ability to effectively support children to exercise their own rights to challenge.

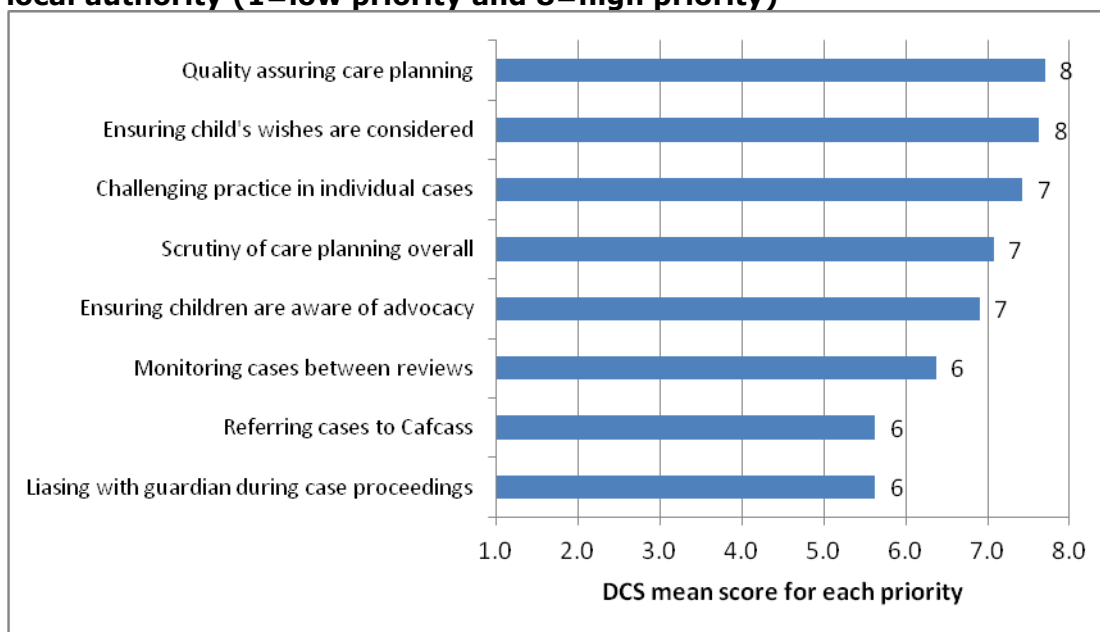
3.7 DCSs' priorities for IRO services

In this final section we consider to what extent IRO practice reflects DCSs' priorities for the service in their authority. Using a scale that went from 1 (low priority) to 8 (high priority) DCSs were asked to rate how high of a priority was each of the statutory tasks as listed in the IRO handbook. Figure 3.5 shows:

- DCSs gave the highest scores to quality assuring care planning and ensuring that children's wishes are heard, with the respective scores being 7.7 and 7.6.
- Challenging practice in individual cases and scrutiny of care planning overall were also high on the DCSs list of priorities (with respective scores of 7.4 and 7.1), although, as discussed earlier, IROs' ability to do this in practice was somewhat limited.

- Other tasks required by the guidance received lower scores, including referring cases to Cafcass and liaising with guardians during care proceedings, both of which got a score of 5.6. These results reflect what happens in practice: as discussed earlier, referrals to Cafcass and liaison with guardians were reported by a minority of IROs.

Figure 3.6 Average DCS priorities of statutory tasks for IRO service in their local authority (1=low priority and 8=high priority)



N=59-60 DCSs

3.8 Conclusion

A key finding from the NCB survey is that, outside London, IROs' caseloads are well above the recommended limit. We have also seen that, while continuous IRO involvement with a case is fundamental, particularly at critical junctures (e.g. when a case is in proceedings, at times of significant change), in practice their involvement is high at the review stage, but variable between reviews. The findings on what happens in practice closely align with the reported DCSs' priorities for the IRO service: tasks related to case reviews were seen as a greater priority than tasks related to ongoing monitoring of cases or liaising with courts/guardians when the case is in proceedings. The findings also suggest that consultation with children is possibly not as consistent and frequent as it should be, even though ensuring children's wishes are considered was reported by DCSs to be a top priority for IROs.

Our results show that IROs use a range of mechanisms to raise concerns about individual cases, although internal, informal mechanisms seem to be favoured, possibly reflecting a culture that problems should be resolved internally. While most IROs were satisfied with their local processes, a substantial minority were not. Many of those who sought advice from Cafcass were also dissatisfied and very few used other external sources of

redress. The qualitative element of the study will be able to explore the mechanism of raising concerns in more depth.

4 IROs' management and support

The guidance clearly spells out the role of IRO managers in ensuring the effectiveness of the service and in this chapter we explore to what extent management practice reflects the guidance. We describe how often IROs meet with their manager and what kind of support they receive. We assess how managers quality assure IRO practice. We also look at training and development opportunities for IROs, and other sources of information and support they rely on. In the final part of the chapter we explore IROs' and their managers' views on whether the service operates in a supportive environment, and to what extent IROs felt they could successfully challenge their authority's overall performance in delivering services for looked after children.

4.1 Support from IRO managers

Guidance on the role and function of the IRO manager

The manager should have the independence, ability and confidence to support the IRO through the dispute resolution process and to ensure that the IRO's employment is not put at risk, should the IRO progress a matter to a more senior level and/or outside to Cafcass.

The manager should ensure that the size of the caseloads enables each IRO to comply with primary legislation, the Regulations and relevant guidance in order to achieve the outcomes for every looked after child that a conscientious and caring parent would seek for their own children. This may include having the authority to limit requests made by the local authority for the IRO to undertake additional tasks, which are not part of the IRO role.

[Page 47-48 section 7.6 and 7.9 IRO Handbook]

Three-quarters of IROs (73%) reported meeting with their manager at least once a month, and some IROs pointed out that in addition to formal supervision, they were able to consult informally with their managers whenever they needed to. Only a very small number of IROs (3%), including both those employed by the local authority and sessional IROs, reported not having any formal supervision (or not having had any in the last 6 months). 79% of IROs directly employed by the local authority reported a formal supervision session at least once a month, compared with only 29% of sessional/agency IROs. This difference may be due to the fact that sessional/agency IROs do not work full-time for a local authority and therefore might have supervision less often, as we found that while sessional/agency IROs met their manager less frequently, they nevertheless received regular supervision.

In terms of the type of support IROs received from their managers (Table 4.1):

- Support and guidance on individual cases and to address concerns informally were most commonly reported (83% and 80% respectively), reflecting earlier results on IROs' use and the perceived effectiveness of informal processes for addressing concerns about individual cases.

- Two thirds mentioned being supported in formal conflict resolution and in identifying training and development opportunities.
- Only around half mentioned other management support outlined specifically in the guidance, namely managing workload and care plan monitoring.
- A similar proportion mentioned support that, while not specifically mentioned, would seem to reflect the spirit of the guidance, i.e. reflective practice and oversight of children’s involvement.

Table 4.1 Support provided by IRO managers

| | % |
|---|----|
| Support and guidance on individual cases | 83 |
| Support to address concerns informally within LA | 80 |
| Support in formal conflict resolution | 67 |
| Identifying/arranging opportunities for professional development and training | 67 |
| Reflective practice (e.g. how practice can be improved) | 58 |
| Support to manage workload | 51 |
| Oversight of care plan monitoring | 47 |
| Oversight of children’s involvement | 46 |

N=272 IROs

Despite these gaps in management support, three-quarters of IROs (73%) were satisfied with their managers’ support, indicating that their managers were always available if they had any questions or concerns, listened to them and were knowledgeable and experienced. A fifth (19%) said they were neither satisfied nor dissatisfied with management support. However, a small proportion of IROs (8%) reported being dissatisfied with the support received, due to their manager’s lack of their relevant experience and minimal contact. These IROs reported seeking advice and support from other, more experienced, colleagues rather than their managers.

4.2 Quality assurance

Guidance on the quality assurance of the IRO service

Each IRO should be managed by a designated manager who will be accountable for the quality of the service that is offered to each individual looked after child. The role will include providing oversight, professional advice and management support to each IRO. The manager in each local authority should ensure that there are policies in place to ensure the quality of service delivery. This should include regular and routine feedback from parents, children and social workers and an audit of the records and direct observation of the IRO.

[Page 47 section 7.4 and 7.7 IRO Handbook]

The survey explored how managers quality assured IROs’ work using the mechanisms mentioned in the guidance and listed in Table 4.2. We found that

almost a fifth of managers (17%) did not carry out any of these quality assurance tasks on a regular basis (i.e. at least every two months), and 29% conducted only one of these tasks regularly. Looking at individual quality assurance tasks, we found that:

- Two thirds of managers (75%) *never* sought any feedback on IROs’ work from children’s guardians or courts.
- Feedback from partner agencies, parents and carers was more common, although there were still 41% of managers who never asked for this.
- It was considerably more common to seek feedback from social workers and other professionals, and to directly observe IRO practice, but there were still around a quarter of managers who did not use these two key quality assurance processes.
- Audit or scrutiny of IRO files was almost universal, and 72% of managers said they did this at least every two months.

Table 4.2 Quality assurance tasks conducted by IRO managers

| | Never (%) | At least every 2 months (%) |
|--|------------------|------------------------------------|
| Obtain feedback from children’s guardians/courts | 75 | 11 |
| Obtain feedback from partner agencies | 41 | 36 |
| Obtain feedback from parents and carers | 41 | 30 |
| Obtain feedback from social workers and other relevant professionals | 24 | 50 |
| Directly observe IRO practice | 23 | 18 |
| Obtain feedback from children | 19 | 38 |
| Conduct audit/scrutiny of case files and IRO records | 3 | 72 |

N=53-64 IRO managers

The quality assurance process can also help to identify IROs’ development needs, and we indeed found that managers who conducted quality assurance tasks on a regular basis were more likely to believe that they could meet these needs, as indicated in Table 4.5.

Table 4.5 Number of quality assurance (QA) tasks by views on whether managers think they meet IROs’ development needs

| | Number of QA tasks IRO managers do on a regular basis | | |
|--|---|-------------|----------------|
| | 0 tasks % | 1 task % | 2-6 tasks % |
| IRO managers able to meet IROs’ development needs | 15 | 21 | 64 |
| IRO managers <i>not</i> able to meet IROs’ development needs | 27 | 73 | 0 |

N=64 IRO managers

4.3 Training, development and other support

Guidance on training

The manager should be responsible for ensuring that IROs receive appropriate training on a regular basis.

[Page 48 section 7.10 IRO Handbook]

The survey explored access to training and development opportunities, as well as other ways IROs obtained the information and support they need. Most IROs (80%) had accessed training or development programmes in the past year, but half (50%) believed that they did not have sufficient access to suitable training and development opportunities. IROs indicated the need for specific training in areas which are crucial to their role, including:

- chairing reviews
- independence of the role
- adoption and permanency
- ways of challenging the local authority and what support to expect
- updates on legal changes and research
- care planning, including sibling assessment
- communicating with disabled children.

In contrast, the majority of IRO managers (83%) believed they were meeting the training and development needs of their IROs. In an open ended question some managers indicated that there was a lack of specialised formal training for IROs, primarily due to the fact that they are a highly experienced group and courses on offer are typically *'too generic'* to meet their needs. Both IROs and their managers indicated that lack of funding and time were additional obstacles to accessing suitable training.

IROs were using a range of other support and resources as indicated in Table 4.4. These findings show that, apart from the IRO guidance, many IROs relied on advice and support from fellow IROs both internally and externally. Some IROs explained that getting informal support from colleagues from other local authorities was most helpful as they could advise without being influenced by *'internal politics'*.

Table 4.4 Support and resources used by IROs in previous 12 months

| | % |
|--|----|
| IRO handbook | 95 |
| Peer to peer support within LA | 75 |
| Regional IRO networks – established by DfE | 38 |
| Peer to peer support across LAs | 33 |
| NAIRO discussion forum | 30 |
| IRO forum established by Kirklees Council | 14 |
| Group supervision with IROs | 60 |

N=231-261 IROs

4.4 Working in a supportive environment

Guidance on the practice context

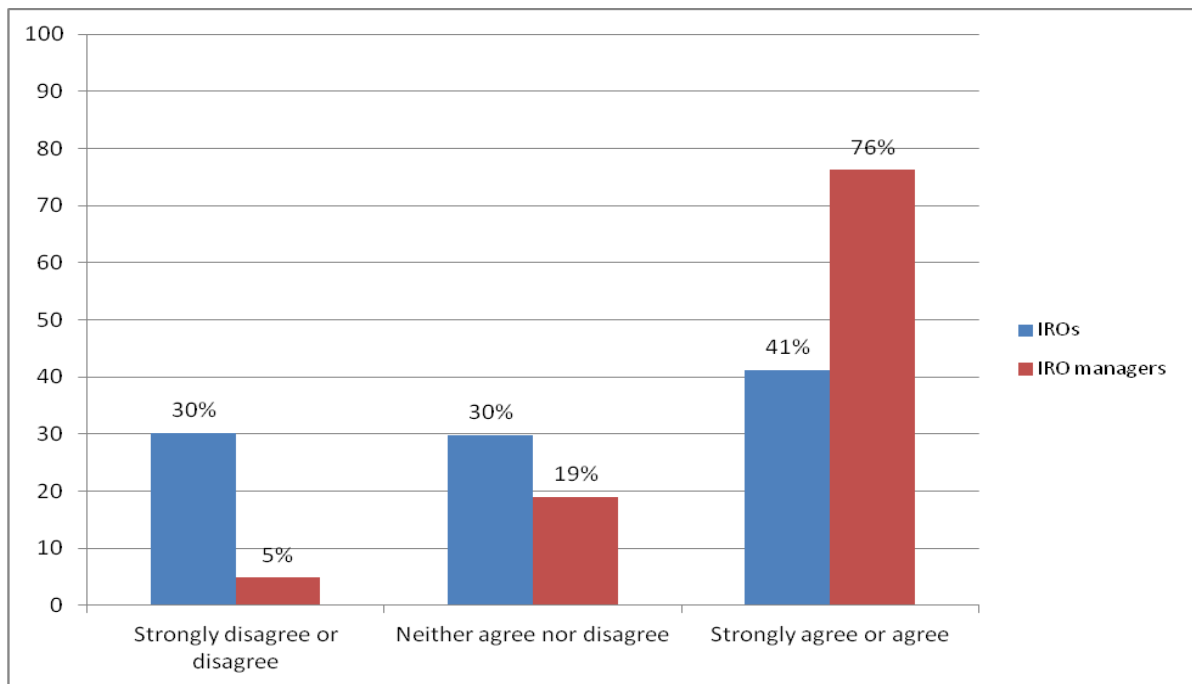
The IRO's primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration. To be successful, the role must be valued by senior managers and operate within a supportive service culture and environment. An effective IRO service should enable the local authority to achieve improved outcomes for children.

[Page 8 section 1.21 IRO Handbook]

The survey explored to what extent IROs were valued and were working in a supportive environment as envisaged by the guidance. We found that:

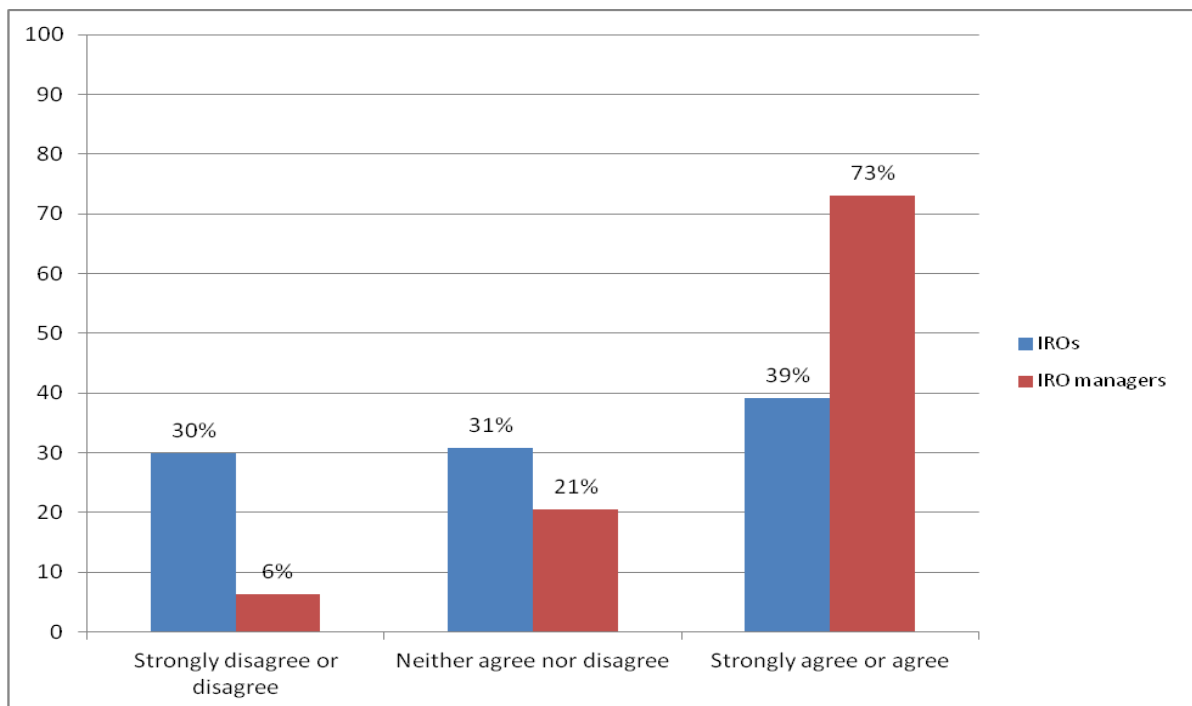
- 41% of IROs thought their role was valued by senior managers, while the corresponding figure (76%) was considerably higher among IRO managers (Figure 4.1).
- Similarly 39% of IROs believed they were operating in a supportive environment, while many more IRO managers (73%) held this view (Figure 4.2).

Figure 4.1 Perceptions of whether IRO role is valued by senior managers



N=272 IROs; 63 IRO managers

Figure 4.2 Perceptions of whether IROs operate within a supportive service culture and environment



N=273 IROs; 63 IRO managers

4.5 Challenging the overall service to looked after children

Guidance on challenging poor practice in general

As part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent and to identify any patterns of poor practice. Where these more general concerns around service delivery are identified, the IRO should immediately alert senior managers to these concerns.

[Page 32 section 3.81 IRO Handbook]

The survey found that half of IROs (50%) had raised concerns about the authority's performance in delivering services for looked after children, but 38% said they were not satisfied with the outcome.

In an open ended question, IROs made a number of recommendations for improving the process for responding to concerns about care planning, including:

- placing the IRO service outside of children's services and/or the local authority to increase its independence
- having agreed timescales for responding to concerns raised by IROs¹²
- better resolution process agreed and adhered to by everyone (e.g. well publicised, having clear threshold criteria for raising and addressing concerns)
- training on case planning standards and regulations for practitioners and managers (including training on proper assessments to inform care planning)
- prioritising what is best for the child over financial issues
- senior managers should raise awareness and promote the role of IROs by being less defensive and more openly encouraging IROs to raise concerns
- more contact with management and better support from them in raising concerns
- reducing caseloads to manageable and recommended levels, including giving looked after children priority over child protection cases
- involving IROs in any changes to the care plan
- ensuring IROs have access to independent legal advice
- application of dispute resolution protocol to external agencies.

4.6 Conclusion

The survey found that the majority of IROs have regular formal supervision with their managers and can access them whenever they need their help, particularly when requesting support with individual cases and with addressing concerns informally. Although IROs were generally satisfied with their manager, many do not seem to receive support from their managers with key areas of work, including having an oversight of

¹² Although required by the IRO handbook, this finding indicates that this guideline is not implemented in some authorities.

care planning monitoring and children's involvement, and with managing workload, despite the fact that caseloads in most areas are well above the recommended limit.

The results on what managers do to quality assure IROs' work suggest that the practice does not reflect that envisaged in the guidance, and seem to point to a clear gap in IRO management. While almost all managers audited case files and IRO records, many managers did not carry out on a regular basis other quality assurance tasks specified in the guidance, with substantial proportions reporting that they never seek feedback on IROs' work from parents and carers, partner agencies, children's guardians and courts. A substantial minority never observe IROs' practice or obtain feedback from children.

While most IROs access training, many believe it to be inadequate, with a lack of training in areas key to the IRO's role. Support from peers internally and externally is accessed by many IROs in a range of ways, such as formal and informal support networks and virtual discussion fora.

Only a minority of IROs believe that they are valued by senior managers and work in a supportive environment, possibly reflecting the difficulties reported earlier in conducting their work effectively, including: challenging poor practice; quality assuring the care planning process; and lack of access to independent legal advice.

The findings on challenging weaknesses in the overall service seem to suggest that IROs are not very effective in this respect, as the majority either do not raise general concerns or are unhappy with the response when they do. IROs' suggestions on how to improve systems and processes for addressing weaknesses in the service centred around making the culture more open and responsive to IROs' concerns, and a greater respect for the IRO service. The qualitative element of the study will be able to explore these features of the service culture in more depth.

5 Service improvement and effectiveness

In this chapter we focus on influences on the effectiveness and improvement of IRO services. We first discuss the IRO service report that local authorities are required to produce annually: who contributes to it and whether it makes any difference to practice. We then go on to explore to what extent IROs are perceived to have made a significant contribution to service improvement since their role was strengthened in 2011. We conclude the chapter by considering what factors are associated with a more or less effective IRO service.

5.1 Annual report

Guidance on producing annual report on IRO service

The 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 report should be available as a public document from the local authority. It would be good practice to publish this on the local authority's website so that looked after children can easily access their corporate parent's assessment of the quality of its parenting.

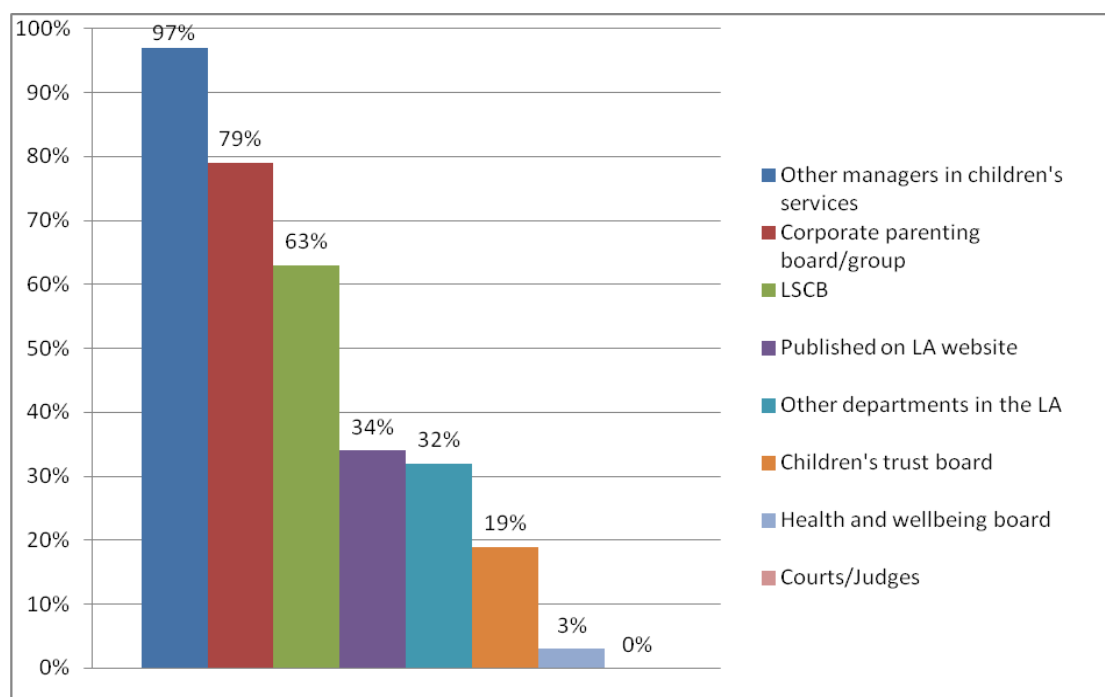
[Page 48-49 section 7.11 and 7.12 IRO Handbook]

All IRO managers in our survey had produced an annual report apart from two. IROs' direct contribution to the report seemed somewhat limited: 39% had worked with the IRO manager to produce the report, while 75% said they had provided relevant information for the report.

The report was widely distributed within children's services and corporate parenting boards, with the respective figures reported by IRO managers being 97% and 79%. However, distribution to other bodies was more limited as indicated in Figure 5.1 and only 34% published the IRO annual report on the local authority website.

In an open ended question, some IRO managers said that no action was taken following the report, but others believed the report findings had enabled them to implement service improvements, such as: increase IRO capacity; improve the dispute resolution protocol and monitoring arrangements; and, improve communication between IROs and other professionals in looked after children's services.

Figure 5.1 Distribution of the annual report



N=62 IRO managers

Most DCSs had received the IRO annual report (92%) and discussed the findings with the lead member (70%), IROs and IRO managers (69%). Almost a fifth also reported responding to the report in writing (18%). A minority (39%) reported taking specific action as a result of the report, such as: drawing up an action plan with the corporate parenting board and LSCB; sharing it with the Scrutiny Board responsible for overseeing children’s social services as well as the Senior Management Team.

5.2 Perceived effectiveness of the IRO service

Improving outcomes

An effective IRO service should enable the local authority to achieve improved outcomes for children.

[Page 8 section 1.21 IRO Handbook]

The survey explored whether, since 2011 when statutory guidance was introduced to strengthen the role, IROs were perceived to have made a significant contribution to service improvement. Respondents in different roles were asked to rate IROs’ contribution on a scale from 1 (not at all) to 5 (very much) (Table 5.1):

- IRO managers were the most positive, with 61% giving a rating of 4-5
- at 47%, the proportion of DCSs giving a rating of 4-5 was considerably lower
- IROs were the least positive about their contribution, with 41% giving a rating of 4-5.

Table 5.1 Extent to which IRO service has contributed to improvements in looked after children’s service since 2011

| | IROs (%) | IRO managers (%) | DCSs (%) |
|------------------|-------------------|-------------------------|-------------------|
| 1 (not at all) | 3 | 0 | 7 |
| 2 | 11 | 5 | 10 |
| 3 | 44 | 34 | 36 |
| 4 | 33 | 44 | 39 |
| 5 (very much) | 9 | 17 | 8 |
| <i>Mean (SD)</i> | <i>3.3 (0.90)</i> | <i>3.7 (0.81)</i> | <i>3.3 (1.01)</i> |

N=263 IROs; 59 IRO managers; 59 DCSs

When looking at specific aspects of the service, IRO managers were again more positive compared with IROs and DCSs (Table 5.2):

- A large majority of IRO managers thought that IROs had made a positive contribution to almost all aspects of the service since 2011.
- While around two third of IROs said they had contributed to improvements in most aspects of the care planning process, only about half believed they had contributed to improving the quality of care plans and outcomes for care leavers, and a third thought they had contributed to strategic decision-making.
- Around half of DCSs said that IROs had contributed to improving outcomes for care leavers, strategic decision-making and reducing drift between reviews.

Table 5.2 IROs’ contribution to service improvement since 2011 (per cent who agree or agree strongly)

| | IROs (%) | IRO managers (%) | DCSs (%) |
|---|-----------------|-------------------------|-----------------|
| Timeliness of reviews | 82 | 91 | 72 |
| Obtaining, recording and responding to the wishes and feelings of the child | 79 | 91 | 73 |
| Permanency planning | 73 | 91 | 63 |
| Care plan based on needs of the child | 72 | 90 | 73 |
| Reduced drift in between reviews | 70 | 81 | 57 |
| Implementation of care plans | 69 | 91 | 72 |
| Outcomes for looked after children | 69 | 93 | 70 |
| General quality of care plans | 56 | 75 | 63 |
| Outcomes for care leavers (e.g. education, employment and training) | 53 | 84 | 47 |
| Decision-making at corporate level in relation to the service for looked after children | 34 | 57 | 44 |

N 257-263; 58-59 IRO managers; 59-60 DCSs

In an open ended question respondents were invited to provide additional comments on the implementation and the effectiveness of the IRO service in their local authority. The quote below from an IRO manager provides a summary of the main messages emerging from these replies:

- *"The IRO manager post could be much more effective in ensuring quality of the IRO service if the post was not overstretched by other tasks.*
- *The co-location of Independent Fostering Reviewing Officer posts within the team is excellent for challenging quality of foster carer provision as the IROs/IFROs liaise closely.*
- *Having a strong line manager who advocates for the IRO service is very helpful.*
- *There is scope for more effective working with the Legal section.*
- *The service was hard hit by cuts last year, has regained some ground but is still stretched.*
- *We have an effective working relationship with social work teams which is based on mutual respect and negotiation/persuasion rather than just critical challenge - the value of this cannot be underestimated."*

In addition, some IROs and DCSs stressed how important it is for IROs to be truly independent if they are to be effective, but how difficult it can be to achieve this in practice. Some IRO managers stressed the value of the guidance in improving practice, while some DCSs questioned whether the guidance made a difference, and even whether an IRO service was really necessary. These findings echo some of the earlier findings about the perceived lack of support for the service among some senior managers.

5.3 Factors associated with overall effectiveness

We carried out an analysis to try and identify the key defining features of an effective IRO service. This was done in two ways: first, by looking at IROs' perception of what a good service should look like; and, then by looking at the association between Ofsted ratings and features of IRO services.

5.3.1 Factors associated with IROs' perception of a 'good service'

In this section we focus on IROs judgement of a 'good IRO service'. It must be noted that these features are based in IROs' perceptions rather than independent evaluation, but the survey findings suggest that respondents were open and honest about perceived weaknesses in the service. The survey indicators we used to define a 'good IRO service' were:

- IROs were satisfied with the effectiveness of their local dispute resolution protocol (Section 3.5.1).
- IROs' rating of working in a supportive environment (Section 4.4)
- IROs believed they were able to successfully challenge poor practice (Section 3.5.1)
- IROs believed they had contributed to service improvement (discussed in Section 5.2).

The factors we explored as potentially underpinning a 'good service' were:

- length of time working as an IRO for the same authority (Section 2.1)
- location of IRO service (Section 2.3).
- whether IROs undertook 'non-IRO' duties (Section 2.4)
- size of caseload (Section 3.1)
- satisfaction with line manager (Section 4.1)
- having sufficient access to opportunities for training/skill development (Section 4.3).

We carried out regression analysis which allowed us to examine the effects of multiple factors (e.g. caseload, non-IRO duties) on the indicators associated with a 'good IRO service' (e.g. IROs believed they had contributed to service improvement, were able to successfully challenge poor practice). This analysis allows us to estimate the effect of each factor on the outcome, with other factors held constant.

The regression analysis¹³ shows that:

- Sufficient **access to training** was associated with IROs' positive perceptions that they: were working in a supportive environment; could successfully challenge poor practice; and had made a contribution to service improvement.
- Satisfaction with **support from the line manager** was also associated with IROs' positive perceptions that they: were satisfied with the local dispute resolution protocol; were working in a supportive environment; and could successfully challenge poor practice.

Other factors show less consistent associations with different indicators of a good service. For example, independent accountability arrangements for IRO services were a significant factor in IROs' perception that they were working in a supportive environment, but not associated with other indicators of a good service. Similarly, a long length of service with an authority was a significant and independent factor in IROs' ability to challenge poor practice, but was not associated with other indicators of a good service. Size of caseload and undertaking non-IRO duties were not associated with IROs' perceptions of a 'good service', once other factors that influence both a good service and the level and nature of IROs' work are taken into account.

5.3.2 Factors associated with Ofsted ratings

We also looked at whether the good service indicators mentioned above (e.g. location, average caseload, non-IRO duties, good management support) were linked to OFSTED ratings of looked after children services and no statistically significant differences were found. As the survey data we collected mostly related to the recent past, we also run an analysis including only authorities that were inspected after April 2011¹⁴. This analysis does show a statistically

¹³ The full analysis can be found in Appendix B.

¹⁴ It should be noted that there were more IROs from poorer performing authorities inspected before April 2011 who answered our survey and therefore the findings on the

significant association between satisfaction with management support and a better Ofsted rating but only for the group of authorities inspected after April 2011¹⁵.

5.4 Conclusion

Overall our findings seem to suggest that the guidance introduced in 2011 has not yet succeeded in placing IROs at the heart of service improvement.

The IRO service annual report is seen by the guidance as important to monitor and instigate service improvement. While the survey findings highlight examples of how the report was used for this purpose, overall it is not clear how critical it has been in supporting service improvement.

Given the limited IROs' role in challenging poor practice generally and the difficulties they encountered in relation to individual cases, it was not surprising to find that many feel that they have not made a contribution to service improvement in terms of improving outcomes for looked after children and care leavers, and the quality of care plans. A substantial number of DCSs also do not think the IRO service has led to service improvement in some key areas (e.g. reducing the drift between reviews, improving outcomes for care leavers and the quality of care plans).

Compared with IROs and DCSs, many more IRO managers believe that the service has led to improvements in almost all the areas explored. On one point most respondents seem to agree: namely that most IROs have not contributed to strategic decision-making about services for looked after children.

Access to adequate training and satisfaction with line management support seem to be key factors underpinning a 'good IRO service', defined in terms of IROs satisfaction with the local dispute resolution protocol, feeling they work in a supportive environment, can successfully challenge poor practice and make a contribution to service improvement. The qualitative element of the study will be able to explore these crucial links between management support and service improvement in more depth.

group of authorities rated by Ofsted before April 2011 are skewed towards poorer performing authorities.

¹⁵ $r=0.17, p=0.012, N=161$ IROs

6 IROs' contact with external sources of advice

Guidance on referring cases to Cafcass

Since 2002 IROs have had the authority to refer the case of any looked after child to Cafcass [under Section 118, 2002 Act] if they are of the view that the child's human rights have been breached and all attempts to resolve the matter have been exhausted. The scope for such referrals is now extended. The IRO now has the authority to refer a case to Cafcass 'if the IRO considers it appropriate to do so' [Section 25B(3), 1989 Act].

When considering whether to make a referral, the IRO should have access to management advice and support in addition to independent legal advice where necessary. Cafcass Legal operates a duty helpline which is available to IROs for the discussion of possible referrals. The lawyers at Cafcass Legal cannot give IROs legal advice, but will discuss with the IRO whether any other steps can be taken before a referral is made.

[Page 55 sections 8.9 -8.10 and section 8.13 of IRO Handbook]

In some cases it will be agreed that a formal referral should be made, with a view to Cafcass undertaking their own investigation and, ultimately, applying for a judicial review of the case where there could be a possible breach of the child's rights. In cases where there is a degree of urgency, Cafcass may accept a referral immediately. In other cases, they may suggest a course of further action the IRO could take to resolve the problem, but with a view to it becoming a referral if this action is unsuccessful.

Once Cafcass accepts a referral, a children's guardian is appointed to undertake an investigation. This usually involves discussion with all relevant parties, including the child, and reviews of documentation so that the guardian can arrive at a judgement about the best interests of the child. Within 2 weeks, the guardian should decide on the most appropriate course of action. This may involve further attempts to reach a solution through mediation but, ultimately, a decision may be made to initiate legal proceedings.

For this study we carried out an analysis of enquiries made by IROs to Cafcass between April 2010 and October 2012. In total 104 enquiries were made in the period we analysed and in this chapter we explore:

- patterns of enquiries from IROs from different authorities
- whether inquiries focused on specific groups of children
- the nature of these inquiries and Cafcass' responses
- the nature of cases referred to Cafcass and the outcomes of them.

In the last part of the chapter we present data from a time-limited project which involved a legal centre providing a free legal service to IROs.

6.1 Patterns of enquiries across local authorities

Between April 2010 and October 2012 IROs from 49 different local authorities made an enquiry to the Cafcass helpline; this represents around a third of all local authorities in England. The number of queries raised by IROs from within individual local authorities ranged from 1 to 9, with most making just 1 or 2 (Table 6.1).

Table 6.1 Number of enquiries from individual local authorities

| No of enquiries from each LA | No of LAs |
|------------------------------|-----------|
| 1 | 25 |
| 2 | 11 |
| 3 | 6 |
| 4 | 6 |
| 5+ | 2 |
| Total number of LAs | 49 |

N= 104 queries

These findings reflect the survey results discussed earlier and raise the question of why IROs in most authorities do not contact Cafcass. This could be due to range of factors, including:

- IROs within some authorities may be unaware of the helpline or do not understand what the service offers.
- Some may see contacting Cafcass as a serious step with possible negative repercussions for the IRO in their relationship with the local authority, although in our survey very few IROs mentioned this as a reason for not contacting Cafcass.
- Internal dispute processes may work well and therefore IROs do not need to contact Cafcass. The survey results show IROs seemed to favour internal mechanisms. This is in line with the guidance, but there may also be cultural factors within some local authorities about the acceptability of involving external agencies.
- IROs have access to other mechanisms to resolve their concerns, such as good quality legal advice. The survey results show that many IROs used internal legal advice, but very few accessed independent sources of legal advice.

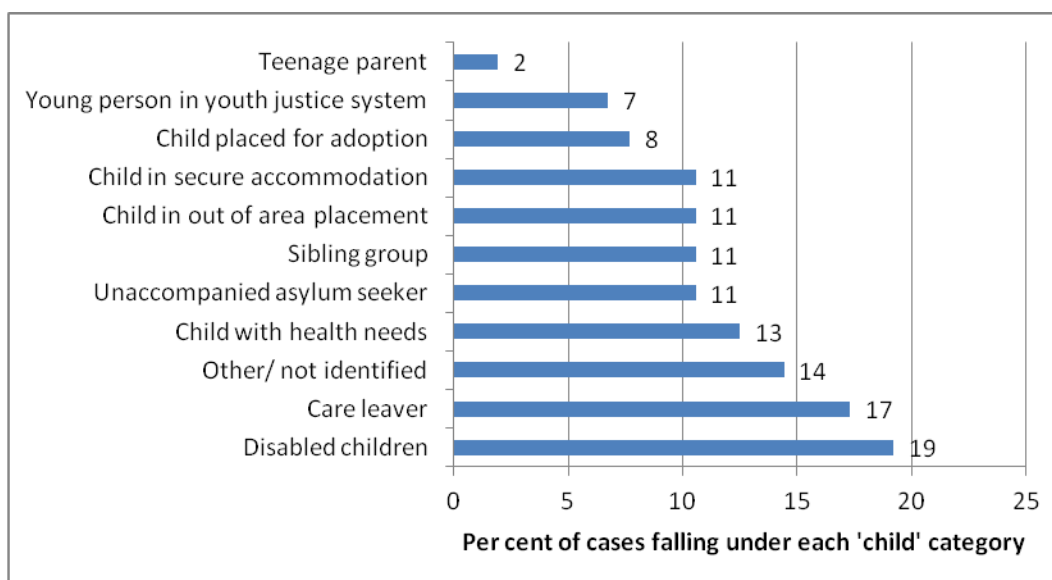
Based on the information collected through surveys, we conducted further analyses to explore whether there are any links between features of the local authorities or the nature of the IRO service where there had been contact with Cafcass. Our findings indicate that there are no links between contacts with Cafcass and the type of local authority, type of IRO employment (i.e. authority

employed versus sessional), size of IRO caseload and whether IROs carried out other duties. However, there is a link between Ofsted ratings and contacting Cafcass: IROs from poorer performing authorities, rated 'adequate' or 'inadequate', were more likely to raise a query with Cafcass (46%) than those from better performing authorities (23%). This suggests that IROs in poorer performing authorities are struggling to resolve their concerns using other, less formal, means.

6.2 Children particularly at risk of poor care planning

As shown in Figure 6.1, the largest groups about whom enquiries were made were disabled children (19%) and those approaching leaving care age (17%). In particular, for both of these groups, there were disputes about their transition to other services and funding issues. The analysis shows that children's needs could be overlooked where a number of agencies appeared reluctant to take responsibility for service provision. Some IROs seemed to feel powerless in these situations, and it raises issues of accountability within a multi-agency context. This reflects survey findings that dispute resolution processes do not usually apply to agencies outside local authority control, such as health.

Figure 6.1 Percentage of queries in each 'child' category



N= 104 queries. Some children fell into more than 1 category.

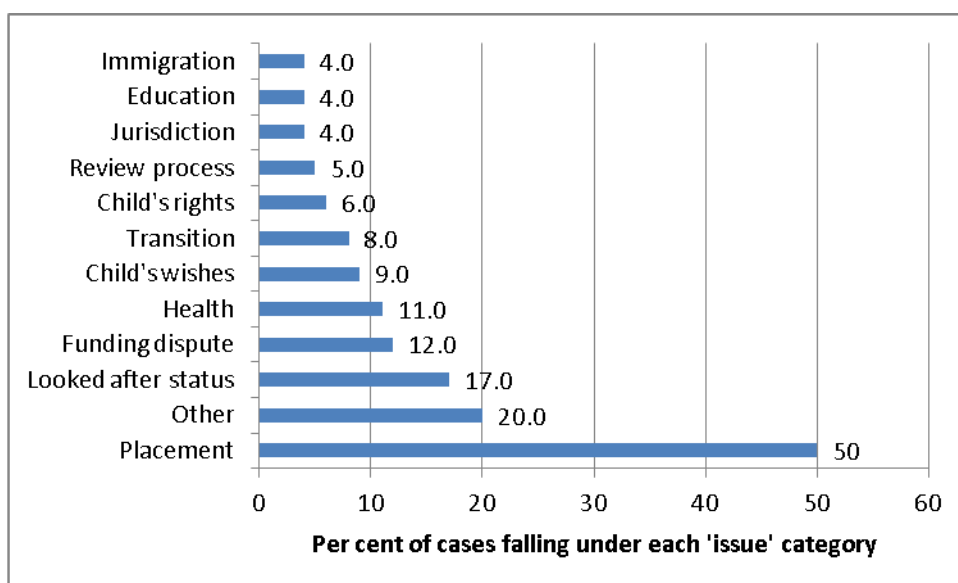
6.3 Nature of queries

In Figure 6.2 we show the nature of the queries made by IROs¹⁶ and the findings show that:

¹⁶ Our analysis relied on Cafcass helpline records so it is based on notes made by different staff operating the service, who varied in the level of detail they recorded.

- By far the most common concern related to the child’s placement, including its suitability, location or duration: half of the enquiries mentioned this. Concerns about the child’s placement came from 31 local authorities, and in 10 of these, there was more than one enquiry (with IROs from one county authority raising 6 separate concerns about children's placements). Examples of queries included disabled children approaching the age of 18 where the IRO was not satisfied with the proposed residential placement, or plans to return children to their birth parents where the IRO did not consider this to be safe.
- Nearly a fifth of queries (17%) were about looked after status and included situations where the IRO believed there should be legal proceedings to change the child’s care status. For example, a child who was looked after through a voluntary agreement¹⁷, but the IRO thought they should be made subject to a care order¹⁸; or where the child’s current order was thought to be inadequate to secure their future welfare.
- A fifth of cases were in the ‘other’ category which included: children’s financial entitlements; general safeguarding queries; the way cases were being managed at front-line or management level.

Figure 6.2 Percentage of cases within each category of concern



N= 104 queries. Enquiries could be coded in more than 1 concern category.

We analysed how many of the concerns raised were about the content of a child’s care plan, or about a delay in formulating or implementing the plan. Over half of the enquiries (55%) were found to relate to concerns about the care plan, with 32% being about its content and 23% about the ‘drift’ in implementing it (Table 6.2).

17 S20 of the Children Act 1989.
18 S31 of the Children Act 1989.

Table 6.2 Type of concern about the care plan raised by IRO

| | % |
|--|----|
| Concern about content of the care plan | 32 |
| Concern about drift/delay in formulating or implementing the care plan | 23 |
| Neither | 45 |

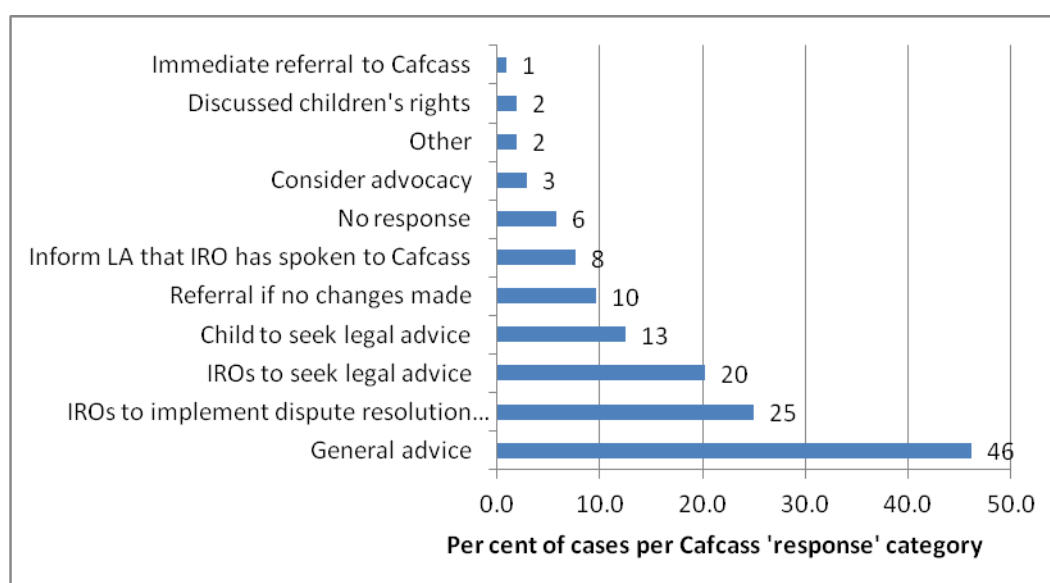
N=104 queries

6.4 Cafcass responses

Figure 6.3 shows how Cafcass responded to IRO queries and shows that:

- Almost half of enquiries were not specifically linked to concerns about care planning or implementation. In these cases, Cafcass seemed to be filling a gap by giving general case advice and guidance that perhaps could have been expected to be available either within the local authority or through peer support.
- In 25% of cases the Cafcass advisor specifically suggested that the IRO should deal with their concerns in a formal manner through their authority’s internal dispute resolution protocol.
- In 20% of cases the IRO was advised to seek legal advice. This could suggest that IROs were inappropriately attempting to use Cafcass to obtain independent legal advice: a resource which local authorities are statutorily obliged to provide for their IRO service. This finding is in line with our survey results which show that only a small number of IROs use independent legal advice, many IRO managers do not seem to encourage its use and some DCSs do not appear to be aware that authorities must ensure IROs have access to this advice.

Figure 6.3 Cafcass responses to IRO enquiries



N= 104 queries. Enquiries could be coded in more than 1 response category.

6.5 Referrals to Cafcass

A total of eight cases involving 14 children had been accepted as formal referrals by Cafcass at the point we undertook our analysis. The referrals had been made between November 2007 and January 2012 and the reports prepared by the guardian appointed to investigate were analysed for this study. Reports varied from 2 to 31 pages in length and differed in style and structure. Of the eight cases, three were from the same local authority¹⁹.

Looking at the background and care status of the children involved in the referrals:

- Their age ranged from 2 to 17 years, although the age was not apparent for two children.
- 3 children had specific health/mental health needs.
- 1 child was an unaccompanied asylum seeker and another was a child of an asylum seeker.
- 8 children were the subject of care orders and 6 were looked after by voluntary agreement.
- Placements for the children were sometimes uncertain or about to change, which was usually linked to the reason for referral. 7 children were living at home; 1 child was in supported lodgings (this had previously been his foster placement); 3 children were in foster care, although there were disputes about whether these were to be interim or longer-term arrangements. It was not clear in the remaining case involving 3 children what kind of placement they were in, but due to their age, it was likely to be foster care pending their planned rehabilitation home.

Analysis of the nature of the concerns shows that in 2 of the cases the IRO disagreed outright with the proposed care plan for the children. In the remaining cases, the IRO was concerned about delays in producing a clear, high quality plan or in implementing the care plan due to:

- differences of professional opinion between practitioners or agencies
- lack of resources
- concern that a specific family was the right match for a child
- failure to provide additional services that had been identified as necessary.

In all 8 cases analysed Cafcass agreed with the IRO that there were deficiencies in the service provided for the children: however, these were all resolved without a ruling by the courts.

These findings seem to suggest that the involvement of Cafcass in highlighting to a local authority a potential breach of the child's rights may be enough to effect the necessary change. This seems to be particularly the case where concerns centre on a failure to provide resources rather than where there is a difference of professional opinion about the child's best interests. Even in the

¹⁹ It should be noted that for 2 cases we were not able to identify the relevant authority.

latter type of case, Cafcass' intervention could serve to break the impasse by, for example, providing the guardian's expert opinion or prompting the authority to reassess the case. It must be noted, however, that some guardians encountered hostility and non-cooperation from local authorities when they attempted to intervene.

In Table 6.2 we provide examples of cases referred to Cafcass and their response.

Table 6.2 Summary of cases referred to Cafcass

| Situation | Cafcass response |
|--|--|
| Three siblings looked after by voluntary agreement. The plan was to return them to the care of their mother but the IRO had concerns about the safety of this option. | The guardian agreed there were risks if the siblings were returned home prematurely and requested confirmation from the local authority that they would not proceed with this plan until a review meeting was able to consider it. The guardian also asked for an assurance that the views of the IRO would be taken into account when making the decision. |
| The child had been placed in foster care and remained in the same placement but the status had been changed to 'supported lodgings'. The IRO considered the pathway plan to be inadequate, with no clear action specified, and that it was contrary to guidance because the child's social worker and personal advisor were the same person. | The guardian agreed that the pathway plan was inadequate and that it was inappropriate for the child not to have a separate personal advisor. After the guardian's intervention, the local authority made some improvements to the plan and appointed a separate personal advisor to the case. It was concluded that no legal action would therefore be appropriate. |
| A child living in foster care. The foster mother wished to be approved as a long-term carer for the child but the authority intended to move the child to an alternative long-term placement. | The guardian undertook an investigation, including eliciting the views of the child, and concluded that it would be in her/his best interests to remain with the current foster carer on a long-term basis. It appears that the authority accepted this recommendation. |

6.6 Use of Coram Children's Legal Centre Child Protection Project by IROs

Coram Children's Legal Centre provides free legal advice to children, families and carers. Between April 2011 and March 2013 it also received time-limited funding from the Department of Education (DfE) to operate a legal advice service for practitioners on child protection matters²⁰. The Legal Centre

²⁰ http://protectingchildren.org.uk/media_manager/public/129/Final-General-CPP-Leaflet-February-2012.pdf

subsequently agreed with DfE to extend this service to queries from IROs. They instituted a system for recording these enquiries from January 2012 and agreed to share their experiences with us. The Legal Centre's role was to give general advice; they could not intervene directly in cases in response to concerns raised by an IRO.

On average, Coram received 3 calls per week from IROs. Overall, IROs sought advice on three main topics:

- The law around a particular aspect of a child's case for review, such as when it may be appropriate to discharge a care order.
- Whether the IRO could or should hold a review in particular circumstances, such as a child in hospital or secure accommodation.
- How local authority care planning and decision-making could be challenged, including when it is appropriate and the processes to follow.

Examples of the types of case that IROs sought advice on between June-October 2012 are listed below:

- A teenager with a history of violence and substance misuse who was putting herself at risk of harm. She had a pattern of coming in and out of care by voluntary agreement, but her parent could not manage her behaviour. The authority had said there were no grounds to issue care proceedings but the IRO was querying this.
- A child whose care plan was for adoption but was asking for renewed contact with his mother, and the IRO felt this should be pursued given the likelihood that his care plan would be changed from adoption to long-term foster care. The mother had been found on Facebook and the IRO wanted to know if there were any legal obstacles to contacting her through this route.
- A child on a care order wished to have contact with her siblings, who were not in care, but her mother was refusing. The IRO had requested that an application for contact be made but, 6 months later, the authority had taken no action.
- A teenager on a care order in custody on criminal charges had a previous conviction for a crime against a teacher. His responsible education department was refusing to educate him, although they said they would arrange alternative provision. The boy wanted to continue to go to a local school.

These calls were similar to those made to the Cafcass helpline, with a range of problems involving both straightforwardly legal matters and frustration about poor practice and delay. It was sometimes apparent that an individual IRO had approached both Coram and Cafcass about the same case. The service is no longer available but our analysis raises the following issues:

- This analysis provides further evidence that that some IROs do not have access to the independent legal advice that should be arranged by their local authority. The Coram Children's Legal Centre was filling this gap, and some IROs no longer have access to this advice now that funding has

ended. There are, however, potential problems with accountability. If the IRO acts on legal advice obtained outside any arrangements made by their local authority, what status does this advice have? Given the expertise that the Centre developed, one possibility would be for local authorities to formally arrange for it to provide their independent legal advice service for IROs.

- Related to this issue of accountability, the Coram Children's Legal Centre did not have the same statutory powers as Cafcass to accept referrals and to launch an investigation. Although they can provide legal representation to children and families, this is in the same way as any other legal service and they do not have any special status in relation to local authorities or the courts.

6.7 Summary

The authority for IROs to refer cases to Cafcass is seen as an important safeguard where the local authority is failing to act in a looked after child's best interests. Cafcass provides a helpline for IROs and, if a case is formally accepted as a referral, will make their own investigations and, ultimately, can initiate legal proceedings against the local authority. We analysed an 18 month sample of enquires to the helpline (n=104) and all cases that had been accepted as formal referrals since the service began (n=8). Our findings suggest that about one third of authorities had contacted the helpline in the sample period. The reasons why others did not use the service are unclear, and could include positive explanations such as effective dispute resolution processes or negative reasons such as lack of awareness or fear of conflict.

The types of children most likely to prompt an IRO to contact Cafcass were disabled children or those nearing leaving-care age. About half of concerns were connected with the child's placement, particularly when a move was proposed, with the next most common query being the child's legal status. Sometimes there was a fundamental disagreement about the content of the care plan but, in other cases, concerns centred on drift and delay in implementing the agreed plan. Some queries suggested that IROs did not have access to the general support and legal advice that they are entitled to, and they were hoping that Cafcass could fill this gap. This mismatch between IRO expectations and what Cafcass can offer may lead to frustration on both sides.

In all 8 cases formally referred to Cafcass, the guardian agreed with the IRO that there were deficiencies in the local authority service but these were all resolved without the need for legal proceedings once Cafcass became involved. This suggests that the IRO's concerns had not been taken seriously and raises the possibility of whether independent arbitration would be useful in disputed cases and, if so, whether this should be provided by Cafcass or another agency.

Similar concerns about poor practice and a gap in the provision of independent legal advice were evident in the contact made by IROs with

the Coram Children's Legal Centre. This service did offer legal advice to IROs but could not take up individual cases on their behalf. The service is no longer available due to DfE funding ending, which may have left some IROs without an important source of support. Although questions about accountability would need to be resolved, the Centre could provide a useful service if re-instated.

7. Conclusion

The research findings so far indicate that the role of the strengthened IRO as set out in statutory guidance has not yet been fully implemented. Because there is no baseline data, however, it is difficult to assess the progress that has been made since the guidance became operational in April 2011. It may be the case that local authorities are still working towards full implementation, but this will only succeed if they are aware of the areas where the service is falling short. IROs described the factors that prevented them from fulfilling the role in the way it was envisaged, but this was not necessarily reflected in the responses of managers and may not therefore be subject to change.

The fact that both IROs and IRO managers are likely to work within a single authority for many years has the advantage of providing continuity, which is highly valued by children, but also has the potential disadvantage of restricting the flow of fresh ideas. Given the importance of the IRO's ability to challenge, there need to be measures in place to detect and prevent the service from becoming institutionalised or static.

The majority of IROs, and IRO managers even more so, are often required to take on duties beyond the IRO service. Most commonly, these relate to child protection conferencing but a range of other tasks were described. These may compromise IROs' ability to be effective, either through limiting the time available to them or through role conflict. Opinion differed about the tasks that may be incompatible with the need for independence as an IRO from other local authority functions, and this will be explored further in the case studies.

A significant change introduced by the guidance was the expectation that IROs would be responsible for monitoring each child's case, not just conducting the review. It is clear from the findings that there have been difficulties in achieving this: partly for practical reasons such as caseload size, but it also seems that the expectation has not fully been taken on board at senior management level, with DCSs affording this aspect of the role less priority. Monitoring activity was limited and the expectation that IROs would be in contact with the court and Cafcass when a case is in proceedings is particularly underdeveloped.

In spite of the difficulties, it is clear that IROs were identifying and finding ways to challenge poor practice in individual cases. Most commonly, this was through informal discussion but with the use of more formal dispute resolution processes if necessary. IROs were less positive about the effectiveness of their local dispute resolution process than their managers, and cited a number of weaknesses, including the fact that other agencies were not signed up to it. Although there were perceived shortcomings in their internal processes, there was very limited use by IROs of external sources of redress, such as the Cafcass helpline. This could be due to a number of reasons: it was considered unnecessary; IROs were failing to identify cases where children's rights were being breached; they are discouraged from doing so by overt or covert messages within their authority. The reasons why IROs do not use external sources of redress will again be explored in the case studies.

There was a perception that support for the IRO role was limited. Although most IROs were satisfied with their immediate manager, they described a lack of opportunities for role specific training and development. A sense of frustration came across from the survey responses, with a perception among many IROs that they were not valued by senior management and did not have the resources to do the job, including manageable caseloads and access to independent legal advice. In fact, most DCSs did not seem to have taken on board the fact that access to the authority's legal department does not constitute independent advice.

Given the pressures that IROs were under in delivering an effective service to the children on their caseload, it is perhaps not surprising that their capacity to fulfil a more general quality assurance role was underdeveloped. They do not seem to be seen as a driving force in identifying systemic weaknesses and in drawing these to the attention of senior managers. IRO managers also seemed constrained in fulfilling this role, with patchy practice in the quality assurance of IRO work and the opportunities presented by the annual IRO report not fully realised.

In terms of the overall contribution that IROs have made to improving outcomes for looked after children, there was little consensus. A large majority of IRO managers were positive, but many IROs and DCSs seem to believe that IROs' main achievements are centred on the review process. It does seem from the responses, however, that DCSs and IRO managers want IROs to be able to identify and challenge poor practice. As Ofsted increasingly focuses on front-line practice, authorities are reliant on their IRO service to ensure that high standards are being met.

Although it is not possible to say anything definitive about the factors that support an effective IRO service at this stage, there are indications that there are no simple answers. For example, access to adequate training and good support from the line manager seem to underpin IROs' positive views about their role and belief that they are providing a 'good service'. However, the link with other predictors of a good service, such as caseload size and the location of the IRO service, show less consistent findings in relation to IROs' perceived ability to do a good job. The qualitative element of the study will be able to explore these crucial links in more depth.

Appendix A Survey methodology

Appendix A describes the design and the sample of three surveys: IROs', IRO managers' and DCSs' surveys, including development of the local authority level data. Final section describes data analysis strategy.

A.1 Survey design

The purpose of the IROs and IRO managers' surveys was to gather data on features of the IRO service at a local level, and covered the following:

- Experience and length of time in role (IRO/manager);
- Whether directly employed or sessional (IRO only);
- Details of caseload (IRO);
- Specific tasks undertaken and how they are fulfilled (IRO/manager);
- Barriers and enablers to fulfilling their role (IRO/manager);
- Local management and support arrangements, including those for dispute resolution and legal advice (IRO/manager);
- Ability to raise issues relating to individual looked after children in the local authority and how satisfactorily they were addressed (IRO);
- Engagement with Cafcass and the outcome(s) of this (IRO);
- Issues raised in annual report and how satisfactorily they were addressed (manager);
- Judgment on effectiveness of specific aspects of the IRO role in local authority (IRO/manager).

The purpose of the DCSs' survey was to gain a senior management perspective on the functioning and effectiveness of the IRO role. The survey focused specifically on the implementation of the IRO role locally and its perceived effectiveness both in contributing to improvements in the quality of care planning and overall local authority performance in relation to outcomes for looked after children. Wherever appropriate, questions followed the same format as those for the IROs and IRO managers, in order that responses (within and across local authorities) can be directly compared.

Feedback on drafts of surveys was provided by the project advisory group, which consists of representatives from DfE, Cafcass, ADCS, Ofsted, IRO managers, IROs, academics and voluntary sector agencies working with looked after children. Surveys were piloted with two acting DCSs, two IRO managers and four IROs.

A.2 Sample

We aimed to carry out an online census survey of all DCSs ($N=152$), IROs ($N=1,000$ according to DfE estimate) and IRO managers working in England (estimated as at least $N=152$ assuming all local authorities employed at least one manager, but we expected that some might employ more than one)²¹.

²¹ There is no data on the total number of IROs or IRO managers working in England.

DCSs surveys were sent directly to all DCSs in England and they were encouraged to cascade the link to the other two surveys to the IRO manager and IROs in their local authority. IRO and IRO manager surveys were also cascaded through the National IRO manager network, DfE supported IRO regional networks, National Association of Independent Reviewing Officers (NAIRO), the IRO discussion forum (hosted by Kirklees Council), including the project advisory group and individual IROs who found out about our research through various means and got directly in touch with us to find out more about the project. We used these contacts to cascade the survey to both IRO managers and IROs via email link, and requested that they forward on to other IRO managers and IROs working in their area.

IROs survey sample

The final IROs sample consists of 295 IROs working in 104 local authorities (only one IRO did not indicate in which local authority s/he works). Assuming there are about 1,000 IROs working across the country²², the response rate for the IRO survey is 29.5 per cent.

IRO managers survey sample

The final IRO manager sample consists of 65 IRO managers working in 59 local authorities (the survey was completed by IRO managers in 39% of local authorities). In 54 local authorities the survey was completed by one IRO manager and in further five local authorities more than one IRO manager completed the survey.

DCSs/senior managers survey sample

The final DCSs sample consists of 60 respondents (39%). We gave permission to DCSs to pass on their survey to an Assistant Director or another suitable second tier manager but asked them not to delegate beyond that. Half of respondents to DCSs survey were second tier managers responsible for corporate parenting in local authority (46%), more than a quarter (29%) of respondents were DCSs and the rest were mostly directors, managers, or heads of safeguarding (25%). Half of them had worked in their current role for three years or more (50%) and further quarter for two years (27%).

Local authority level sample

Out of 152 local authorities in England we received at least one completed survey from 122 local authorities (80%) either from a DCS/senior manager, an IRO manager or at least one IRO. From almost a fifth of local authorities we received responses on all three surveys (18%) and from another fifth we received just one survey from one respondent (17%). The highest number of IRO respondents from one local authority was ten.

²² The estimated number of IROs (1,000) was provided by DfE (informal communication).

Combining relevant information from all three surveys we created a local authority level database which included survey findings as well as information on Ofsted inspections of looked after children services, number of looked after children in 2012 reported to DfE, type of local authority, and whether there were any enquiries made by IROs to the Cafcass helpline. Tables A.1 and A.2 show from which local authorities we received at least one response. As these results show we achieved a good representation of all types of the local authorities and Ofsted ratings.

Table A.1 Response by type of local authority in England

| Type of local authority in England | Number of local authorities | Responses to our surveys |
|---|-----------------------------|--------------------------|
| County councils | 27 | 25 (93%) |
| London borough (including City of London) | 33 | 26 (79%) |
| Metropolitan district | 36 | 30 (83%) |
| Unitary (including Isles of Scilly) | 56 | 41 (73%) |
| | 152 | 122 (80%) |

To classify local authorities we used the definition provided by the Local Government Association: http://www.local.gov.uk/c/document_library/get_file?uuid=dda9e0b0-7846-457a-932f-791aff4bfb4b&groupId=10171

Table A.2 Response by Ofsted ratings of local authority looked after children services

| Ofsted rating | Number of different local authorities | Responses to our surveys |
|---------------|---------------------------------------|--------------------------|
| Inadequate | 2 | 2 (100%) |
| Adequate | 68 | 53 (78%) |
| Good | 79 | 64 (81%) |
| Outstanding | 2 | 2 (100%) |
| | 151 ^a | 121 |

^aIsles of Scilly have no, or very few, looked after children and did not have an Ofsted inspection of this aspect of their service. An agreement is in place with Cornwall to provide the service when needed.

^bFor further analyses we created an Ofsted variable with only two ratings by combining Inadequate with Adequate and Outstanding with Good.

A.3 Data analysis strategy

All survey data, local authority and Cafcass data were analysed using PASW Statistics 18 (formerly SPSS Statistics)²³.

²³ www.spss.com

Each data set (i.e. IROs survey data, IRO managers survey data, and DCSs survey data) was analysed separately, initially using basic descriptive statistics (e.g. frequencies, means and cross tabulations), in order to provide a broad descriptive national picture of how the IRO role is operating, the extent to which guidance is being adhered to, commonly cited barriers and enablers, and the perceived effectiveness and impact of (different elements of) the role from various perspectives (IROs, IRO managers and DCSs).

As mentioned above, we compiled a local authority level database for the purpose of exploring associations between features of the IRO role, how it is implemented and any features of the local authority, such as Ofsted inspection rating of looked after children services, number of looked after children in 2012 reported to DfE, type of the local authority, and whether there were any enquiries made by IROs as recorded by Cafcass.

We also conducted multivariate regression analyses to explore the associations between specific features of IRO services; the ways in which the IRO role is implemented, and perceived contribution to improvements in looked after children's services.

In addition, we carried out a qualitative analysis of data collected by Cafcass²⁴ in relation to formal IRO referrals and informal enquiries over a 3 year period (corresponding with the Ofsted inspection round, April 2009 to March 2012). Our analysis focused on the number and nature of contacts with IROs, the types of referral made, the local authorities involved and subsequent action taken by Cafcass.

The overall purpose of this aspect of the study was to examine both the way the IRO service is perceived to be operating and whether there were any messages about the factors that support its effectiveness.

²⁴ Cafcass support the proposed research and made relevant data available.

Appendix B Regression analyses

We conducted a series of regression analyses in order to identify what factors might be associated with a 'good IRO service'. As mentioned in Section 5.4, we used the following survey indicators (i.e. outcome variables) to define features of a 'good IRO service':

- IROs' level of satisfaction with how the dispute resolution protocol works
- IROs' views on working in a supportive environment
- IROs' views on their ability to successfully challenge poor practice
- IROs' views on the extent to which they have contributed to looked after children service improvements.

The factors (i.e. predictor variables) we explored if they were associated with indicators of a 'good service' were following:

- length of time working as an IRO for the same authority
- location of the IRO service
- whether IROs undertook 'non-IRO' duties
- size of caseload
- satisfaction with IRO manager
- having sufficient access to opportunities for training/skill development.

We conducted a series of multivariate regression analyses for each of the four outcome variables in order to explore which predictor variables were significantly related to the outcomes when all variables were included in the analyses. Table A.3 shows final regression models for each of the outcomes variables with only statistically significant predictors included in the models.

The findings indicate following:

- IROs who indicated greater satisfaction with their IRO manager were more likely to be satisfied with how the dispute resolution protocol works. No other factors were significantly related to the outcome once satisfaction with their managers was taken into account.
- IROs who indicated greater satisfaction with their IRO manager and having access to opportunities for training and skill development were more likely to indicate working in a supportive environment. There were also differences in views of supportive environment depending on the location of the IRO service: IROs working in 'other departments' were more positive about their working environment than IROs working within Children's Services operational or QA department, or those working within Commissioning and planning department. No other factors were significantly related to the outcome once these three predictor variables were taken into account.
- IROs who have worked longer as an IRO for the same local authority, those who indicated greater satisfaction with their IRO manager and also having access to opportunities for training and skill development were more likely to successfully challenge poor practice. No other factors were significantly related to the outcome once these three variables were taken into account.

- IROs who indicated having access to opportunities for training and skill development had more positive views on their contribution to LAC service improvements. No other factors were significantly related to the outcome once opportunities for training and skill development was taken into account.

Table A.3 Final regression models for each of the four indicators of a 'good service' (presents parameter estimates and p values for each predictor variable and total amount of variance explained in the outcome variable)

| | Model A | Model B | Model C | Model D |
|--|---------|---------|---------|---------|
| Satisfaction with IRO manager | 0.331* | 0.274* | 0.207* | |
| Having access to training opportunities (comparing to not having access) | | 0.198* | 0.152* | 0.222* |
| Length of time working as an IRO for same LA | | | 0.184* | |
| Location of the service (compared to 'other departments') | | | | |
| CS operational department | | -0.224* | | |
| CS QA department | | -0.316* | | |
| Commissioning & planning department | | -0.210* | | |
| Outsourced | | -0.085 | | |
| Under head of Safeguarding | | -0.117 | | |
| Missing location information | | -0.315* | | |
| R^2 | 0.11 | 0.20 | 0.11 | 0.05 |

*p<0.05

Model A – Satisfaction with dispute resolution protocol

Model B – Views on working in a supportive environment

Model C – Ability to successfully challenge poor practice

Model D – Extent to which IROs have contributed to LAC service improvements

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Glossary and abbreviations

| Glossary | |
|---------------------|--|
| Care Order | A care order gives a local authority parental responsibility for a child. Although birth parents retain some rights, the care order allows the local authority to make decisions about where the child will live and who they will see. A care order lasts until the child is 18, unless it is revoked by the court. |
| Care Plan | <p>The purpose of the care plan is to safeguard and promote the interests of looked after children, prevent drift and focus work on achieving permanence for children. The purpose of the care planning process is to:</p> <ul style="list-style-type: none"> i. Ensure that children and their families and the child’s carers are treated with openness and honesty and understand the decisions that are made. ii. Provide clarity about the allocation of responsibilities and tasks, in the context of shared parenting between parents, the child’s carers and the corporate parents and ensure that actions lead to improved outcomes. iii. Demonstrate accountability in the way in which the functions of local authorities under the 1989 Act are exercised. <p>The 2010 Regulations set out the arrangements for looking after a child. The making of a care plan is central to these requirements. The care plan must contain information about how the child’s current developmental needs will be met as well as the arrangements for the current and longer term care for the child.</p> <p>Before a Court grants a Care Order it must be satisfied that a suitable Care Plan has been drawn up.</p> |
| Care proceedings | <p>A local authority can apply to court for a Care Order if they believe that a child is at risk of significant harm. The court must consider all the evidence, including the opinion of a children's guardian about the best interests of the child. Parents have the right to put forward their case and the right to legal representation, as does the child.</p> <p>If the local authority plan is for the child to be adopted, they can also apply for a 'placement order' which allows them to place the child with suitable adopters.</p> |
| Children’s guardian | <p>A children’s guardian is an independent and experienced social worker who is an officer of the court. Their job is to make enquiries (when asked to do so by the Judge) about the child’s circumstances and make a recommendation about what is best for them in the future. Children's Guardians are organised by Children and Family Court Advisory and Support Service (Cafcass).</p> <p>If there is an application for an Emergency Protection Order or a Care Order or anything related to that, the court will automatically appoint a guardian for the child. If there is an application for another type of order about the care of the child like a Residence or Special Guardianship Order the court may decide to appoint a guardian if the case is complex.</p> |

| | |
|---------------------------|--|
| Accommodated children | Some children are looked after by the local authority by agreement with parents rather than through the granting of a care order. In these cases, parents retain parental responsibility and can ask for the child to be returned to them at any time. Such children are entitled to the same care planning and review processes as children subject to a care order. |
| Reviewing the care plan | Care plans must be regularly reviewed to make sure that they still meet the needs of the child, and are being implemented. Independent Reviewing Officers (IROs) are responsible for conducting these reviews. |
| Children in Care Councils | Each local authority is expected to establish a children in care council to give a voice to the children and young people it looks after. Councils should be supported to meet regularly, to communicate their views about how the local authority could make being in care better for them and other young people and children, and to have those views taken seriously by their corporate parents. |

Abbreviations

| | |
|---------|--|
| Cafcass | Children and Family Court Advisory and Support Service |
| DCSF | Department for Children, Schools and Families |
| DfE | Department for Education |
| IRO | Independent Reviewing Officer |
| LADO | Local Authority Designated Officer |
| LSCB | Local safeguarding children board |
| NAIRO | National Association of Independent Reviewing Officers |