

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Monday 15th December 2025

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Onkar Saini, Bharat Pankhania and Michael Auton

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.00am



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NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday
15th December 2025**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or **an other interest**,
(as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES: 17TH NOVEMBER 2025 (Pages 7 - 20)

8. CABINET MEMBER UPDATE (Pages 21 - 26)

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. IRO ANNUAL REPORT (Pages 27 - 84)

10. FAMILIES FIRST (Pages 85 - 116)

11. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 117 - 120)

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

12. PANEL WORKPLAN (Pages 121 - 126)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Monday 17th November 2025

Present:- Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, Lesley Mansell, Joanna Wright, Bharat Pankhania and Michael Auton

Co-opted Members (non-voting): Chris Batten and Kevin Burnett

Cabinet Member for Adult Services: Councillor Alison Born

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health & Prevention), Claire Thorogood (Assistant Director for Adult Regulated Services and Governance), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Executive Director of Place for Bath and North East Somerset, BSW ICB), Samantha Jones (Inclusive Communities Manager), Anne Marie Stavert (Head of Service, Residential Services) and Lucy Baker (Director of Learning Disabilities, Autism and Neurodivergence, BSW ICB)

50 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

51 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

52 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Onkar Saini and Councillor David Harding had sent their apologies to the Panel.

53 DECLARATIONS OF INTEREST

Councillor Michael Auton declared an other interest with regard to agenda item 10 (Adult Social Care Residential Services update for Community Resource Centres and Extra Care Services) as through his work with Community Catalysts he works with many people involved in Adult Social Care.

54 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

55 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There were none.

56 MINUTES: 13TH OCTOBER 2025

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

57 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following points from her update.

Fair Pay Agreement

The Fair pay agreement process in adult social care consultation was launched on 30th September and will close on the 16th of January 2026. The fair pay agreement is part of the government plan to Make Work Pay policy and is part of the intention is to build a national care service.

The ASC Negotiating Body will be established as a public body using powers provided by the Employment Rights Bill. It will bring together trade unions and people representing employers to negotiate on pay, terms and conditions and related matters.

In the consultation there is a recognition that achieving fair pay in ASC will come with a cost and £500m will be made available to manage the pressure for the sector.

Exactly what the fair pay agreement will cover will be determined by the ASC Negotiation Body which will be makeup of unions, providers, people by experience and the local authority commissioners.

Anyone may participate in this consultation. The Council plans to submit an official response. Commissioners are consulting with providers to include their perspectives, though many providers will also reply independently.

Better Care Fund Update

The Better Care Fund (BCF) is a national programme designed to integrate health, social care, and housing services, ensuring person-centred care and better outcomes for people and carers. It pools resources from the NHS and local authorities under Section 75 agreements, promoting collaboration to reduce hospital admissions, improve discharge processes, and support independence at home.

In B&NES, the BCF plays a vital role in supporting our local health and care priorities and underpins local strategies to improve health and wellbeing outcomes.

Delivery of work is overseen by the Health and Wellbeing Board, working with the Integrated Care Alliance and partners across health, social care, and the voluntary sector and we are in the middle of a 1-year plan.

Long COVID / Post-COVID syndrome

The most common symptoms of Long COVID include extreme tiredness (fatigue), shortness of breath, difficulties with concentration and memory, joint pain and aching muscles.

There's currently no cure for long COVID and the condition is still being researched. Multidisciplinary COVID services can offer treatments and resources that may help ease and support self-management of symptoms.

HCRG are commissioned during 2025-26 to provide a Long COVID Community Assessment and Rehabilitation Service for patients registered with GP surgeries in B&NES, Swindon or Wiltshire. This specialist service provides assessment, signposting and short-term rehabilitation for adult patients who are experiencing new and long-lasting symptoms of COVID infection, suspected COVID infection or following a virus, which are significantly impacting how they are able to function in day-to-day life.

Dedicated national funding for the service ends in March 2026 but patients with long covid will continue to be supported by community teams according to their needs.

Councillor Bharat Pankhania referred to the Fair Pay Agreement and stated that Care Workers do deserve this recognition. He added though that he was concerned as to the costs that would be passed onto the Local Authority should private enterprises raise their prices.

Councillor Born replied that the Council would not expect to feed the profits of the organisations that provide such care, but said it was not unreasonable to expect some degree of price increase and that this would be a matter for discussion through this process.

The Director of Adult Social Care added that she does expect to see some increase in costs, but did not expect the Local Authority to pay much more.

Councillor Pankhania asked if the accounts / profits of the care organisations were able to be seen by the Council.

The Director of Adult Social Care replied that an Open Book Policy is in place and that they do also benchmark across other Local Authorities. She added that should an organisation request a percentage increase then this would be discussed directly with them. She said that they have worked hard in recent years to drive down costs.

Councillor Lesley Mansell said that the Council must ensure that this work aligns with its own equalities criteria. She asked what part the Trade Unions will play in this process.

The Director of Adult Social Care replied that equalities issues would be taken into account as part of the consultation process and explained that the ASC Negotiation Body would comprise representation from Trade Unions, providers, people by experience and the Local Authority commissioners.

Councillor Liz Hardman asked if the likely increase in costs had been considered as part of the current budget setting process.

The Director of Adult Social Care replied that any changes were likely to come into effect from 2028 / 2029, but they were beginning to model on what may happen in the future.

Councillor Joanna Wright asked that the Panel see the official response to the consultation from the Council.

The Director of Adult Social Care replied that she would share this with the Panel via email once it had been drafted.

Kevin Burnett asked if there was a timeline in place for the proposals relating to Newton House and residential respite.

The Director of Adult Social Care replied that one was being worked on with the providers and would possibly be ready to share in January. She added that the key elements identified by the working group remain that the provision should be residential and within B&NES.

Councillor Michael Auton referred to B&NES Dementia Strategy Update and asked if the Ageing Well Network was part of the multi-agency steering group mentioned within the update.

The Director of Adult Social Care replied that they have been very much part of this work and apologised that they were not listed within the update.

Councillor Mansell asked for it to be ensured that equitable access to dementia support would be available across the whole of the Council.

Councillor Born said that this was one of the primary concerns of the strategy, that it should be suitable across all parts of the Council. She added that the Council were working on becoming a Dementia Friendly Authority with Age UK (B&NES).

Councillor Pankhania spoke of the merits of maintaining an active lifestyle, the importance of being active from an early age and for schools to have access to sports fields.

The Director of Public Health & Prevention replied that her team work alongside the Green Infrastructure team to protect and, where possible, expand these areas. She added that a Sports Field Strategy Survey was ongoing and the results of that would feed into the Local Plan.

Kevin Burnett referred to the Community Support Contract Awards and asked if this had led to the savings being achieved as hoped.

The Director of Adult Social Care replied that they have worked closely with the 3rd sector on these contracts to take into account the local needs and requirements. She stated that they have achieved the planned savings (£802k) and that no services have been cut.

Councillor Mansell asked for assurance that the contracts would be culturally competent.

The Director of Adult Social Care replied that they have worked with 3SG with regard to enabling the contracts to be culturally sufficient. She added that regular feedback on the contracts will be sought and said a Quality Assurance process was in place.

Councillor Hardman referred to the Vocational Hub and asked how people could access the services of the Hub, what the level of demand was and any challenges that it faces.

The Director of Adult Social Care replied that they offer a range of employment services and would like to put together a fuller offer, if possible, in the future. She said that many local businesses are willing to take part and that people are referred following a Care Act Assessment or via the voluntary sector. She proposed to bring an update to the Panel in September 2026.

Councillor Mansell asked if training and support is offered to the employers that take part in the provision of this service.

The Director of Adult Social Care replied that the businesses involved do receive support from the Council.

Councillor Mansell asked if the Virtual School, Youth Connect and Bath College were involved with this work.

The Director of Adult Social Care replied that yes, they do work alongside all three organisations as part of this service.

Councillor Mansell asked how the B&NES Suicide Prevention Strategy is evaluated.

The Director of Public Health & Prevention replied that the strategy had recently been updated and that a multi-agency action plan was currently being finalised and offered to bring this to the Panel in the early part of 2026. She stated that the strategy is monitored on a quarterly basis.

Councillor Pankhania commented that the update did not give enough detail of the measures in place locally. He said that he was concerned with the escalation that can take place between self-harm and suicide. He added that in settings such as the Accident & Emergency department at hospitals an intervention should take place if self-harm has been identified, and that in his view mental health services should be contacted immediately.

Lucy Baker, Director of Learning Disabilities, Autism and Neurodivergence, BSW ICB replied that Mental Health Liaison Officers are based within the emergency department at the Royal United Hospital and also a representative from Bath Mind.

She added that the Community Mental Health Framework in B&NES promotes a strengths-based, preventative approach to working with individuals and communities.

Councillor Pankhania asked if this provision was in place at the hospital 24 hours a day, 7 days a week.

Lucy Baker replied that the provision was in place until 8pm each day when an on-call service would then commence. She added that if patients were deemed to be of significant risk they would remain in hospital at least overnight.

Councillor Pankhania asked if an audit of people who have presented and been referred to these services could be undertaken.

Lucy Baker replied that this should be possible and would then seek to share it with the Panel.

The Chair proposed that a report on the Suicide Prevention Strategy and the requested audit be pencilled in for their January meeting.

Councillor Wright asked if the audit could detail whether patients were care experienced.

Councillor Hardman referred to Oral Health and asked what training was being given to staff working with children and older people.

The Director of Public Health & Prevention replied that staff working in nurseries and care homes have received training on how to clean teeth well.

Kevin Burnett asked if any feedback had been gathered from schools on a similar project recently undertaken by them.

The Director of Public Health & Prevention replied that she was unsure and would seek further information.

Councillor Pankhania stated that it was his view that good dental care for children is vital and suggested the ICB should look to provide mobile dental clinics.

Laura Ambler replied that she would ask colleague Victoria Stanley to provide an update to a future meeting.

Councillor Pankhania referred to the national pandemic preparedness exercise - Exercise Pegasus. He asked how evidence would be analysed and any actions implemented.

The Director of Public Health & Prevention replied that debriefing sessions were due to take place and that she expected national scrutiny of the exercise.

Councillor Hardman asked that the findings be shared with the Panel.

Councillor Pankhania referred to Long COVID and said that it was real issue for those affected by it. He explained that there was a need to prepare for further cases and to also minimise future infections.

Lucy Baker replied that a Long COVID Service continues to be commissioned, with funding available until March 2026. She added that there is a reduced prevalence and that when funding ceases patients will continue to be supported by community teams according to their needs.

Kevin Burnett commented that it was his view that schools feel that COVID has gone away and that messaging should be put in place that preventative measures should still be taken where possible.

Lucy Baker replied that she would assess what advice is in place currently for schools and said that the NHS no longer require testing to be carried out for COVID.

Councillor Hardman asked if community support would be adequate.

Lucy Baker agreed to provide further data and service details in a future report.

Councillor Mansell said she would welcome a further report as she had personally worked with people who have / have had Long COVID.

The Director of Public Health & Prevention said that the importance of ventilation during the winter months is recognised and would discuss with colleagues regarding an awareness message to schools.

The Chair, on behalf of the Panel, thanked Councillor Born for her update.

58 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

Laura Ambler, Executive Director of Place for Bath and North East Somerset, BSW ICB and Lucy Baker, Director of Learning Disabilities, Autism and Neurodivergence, BSW ICB addressed the Panel and highlighted the following areas from within the update.

Feedback sought on local weight management services

Across Bath and North East Somerset, Swindon and Wiltshire, a number of different services are available to support people living with obesity.

These services were designed at a time when rates of obesity were lower and before the introduction of new weight loss treatments, which have since grown in popularity.

In recent years, increasing numbers of patients have been referred to the specialist weight management services, which are provided by the region's hospitals, including the Royal United Hospital in Bath.

In light of the growing waiting lists, a review is needed to ensure services continue to meet the needs of patients and reflect developments in treatments.

Feedback from this survey will be used to develop a proposal on what services should look like in the future, and will be submitted as part of a wider application for funding to support local obesity initiatives.

Update on winter vaccinations

The ICB has agreed ambitions with NHS England for each of the key winter vaccinations and specific cohorts within that for flu, Covid-19 and respiratory syncytial virus.

These ambitions are set taking into account World Health Organisation guidance on herd-level immunity requirements, as well as national requirements for each individual programme.

These targets, and our local progress towards these, alongside any operational details are shared with the local authority health protection leads regularly on a weekly basis for operational purposes.

The ICB continues to encourage those people who are eligible for one or more winter vaccinations to come forward without delay.

As it stands, the three localities which make up the Bath and North East Somerset, Swindon and Wiltshire are all performing better than the national average in terms of uptake for the three main winter vaccinations.

Commissioning an all-age neuro-developmental pathway

The ICB has commissioned an all-age neuro-developmental pathway to provide a needs-based approach to support children, young people and adults with autistic and/or ADHD traits.

This new pathway forms part of the integrated community-based care procurement, with the implementation of the new pathway at the end of March 2026.

This needs-based model was co-created with people with lived and living experience from across BSW, as part of workshop events who co-developed a number of pillar principles.

As a pre-cursor to this model HCRG Care Group has been working with the ICB and partners as part of a longer-term test and learn programme to transform the children and young people neuro-developmental pathway to move from a diagnostic approach to a needs-based model to improve outcomes and access.

Within the pathway, adult patients awaiting an autism assessment were transferred from AWP to HCRG as part of the ICBC mobilisation. All patients on a medication pathway have now been transferred to HCRG to ensure no gap in medication provision along with around 50 military patients, who are unable to access the NHS Right to Choose pathway.

The ICB also identified around 10 patients who needed an assessment expedited due to risk, and these individuals have also been transferred to HCRG.

The remaining patients awaiting an ADHD assessment have all been contacted and offered the NHS Right to Choose pathway in the interim, as well as support to wait well while transformation work continues to complete the previously mentioned all age pathway by the end of March 2026.

Councillor Bharat Pankhania said that more cases of seasonal flu should be expected and called for the need to strengthen the message for having an annual vaccination. He asked about the uptake of the flu vaccine among healthcare workers.

Laura Ambler acknowledged there was a relatively low uptake and said that targeted campaigns had been put in place.

Kevin Burnett referred to the neuro-developmental pathway and asked about schools involvement and whether there were implications for EHCPs.

Lucy Baker made the Panel aware of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme and that funding for the schools involved was due to continue into 2026. She added that an aspiration remains for further schools to become involved in the programme.

She said that work regarding EHCPs continues with parents and carers on establishing a 'new normal'.

Councillor Liz Hardman asked for more information on autism assessments.

Lucy Baker replied that the waiting list was under 2,000 and all had transferred to HCRG and been contacted by them.

Councillor Lesley Mansell asked about promotion of the pathway, its entry point and monitoring.

Lucy Baker replied that promotion is ongoing through a range of agencies and that a communications plan is in place. She explained that it was possible to self-refer onto the pathway and that a monitoring process will be built into it.

Councillor Joanna Wright asked about the prioritisation for assessments regarding the neuro-developmental pathway.

Lucy Baker replied that prioritisation is based on need, with a focus on early intervention. She added that this was a huge piece of work and one that was important to get right.

Councillor Bharat Pankhania asked about causes and prevention of neurodiversity.

Lucy Baker replied that causes are not well understood and that the focus is on early identification and support.

Councillor Pankhania asked about flu vaccine uptake among healthcare workers.

Laura Ambler acknowledged that there was a low uptake and agreed to provide further data.

Councillor Mansell referred to local weight management services and asked if this would incorporate new procedures / medication.

Laura Ambler replied that these services would now include the use of new medication to help with weight loss.

Councillor Pankhania asked about monitoring over-the-counter sales in pharmacies.

Laura Ambler agreed to seek assurance / information from pharmacy teams.

The Chair thanked Laura Ambler and Lucy Baker for their update on behalf of the Panel.

59 ADULT SOCIAL CARE RESIDENTIAL SERVICES UPDATE FOR COMMUNITY RESOURCE CENTRES AND EXTRA CARE SERVICES

The Assistant Director for Adult Regulated Services and Governance summarised the update on in-house residential and extra care services, highlighting occupancy, staffing, and quality assurance.

- Cleeve Court is a two floor 45 bed residential care home located in Twerton, Bath for older people with dementia and Combe Lea is a two floor 30 bed residential care home located in Midsomer Norton for older people with a range of physical disabilities and dementia support.
- Extra Care is provided across 5 service locations (Avondown House, St Johns Court, Hawthorns Court, Greenacres Court and The Orchard). Extra Care services offer housing designed for individuals who value both independence and access to support services.
- The Stepdown service is delivered in partnership with Curo as a social housing landlord. There are six stepdown flats at two Extra Care sites (Hawthorn Court and St John's Court). The Stepdown service provides short term (up to 12 weeks) accommodation with care to people who are at risk of hospital admission or who are medically fit to leave hospital but are not ready to return to independent living.
- The Adult Regulated Services management team are highly knowledgeable and skilled with many years of experience working in older people's residential services. They demonstrate commitment, compassion and focus on the delivery of good outcomes for residents. The management of Extra Care and Combe Lea care home has been stable for some time.
- Residential Services has a permanent staffing establishment of 240 staff which equates to 43% of the total ASC workforce at B&NES. In addition to this, there are a total of 213 bank staff, including both dedicated bank staff (60) and permanent staff who also hold a bank contract (153). The bank

function provides staff with the opportunity to take on additional shifts which support care continuity and reduces reliance on agency staff.

- There are currently 23 vacancies across the residential services. Staffing vacancies are monitored and actioned with HR recruitment colleagues as well as reported to the Provider Services Quality and Performance meetings. This is managed through use of bank and agency staffing and where agency staff are required the service seeks continuity of agency staff.
- Staff retention has improved across Residential Services with 16 leavers recorded from April-September 2025 compared to 23 staff leavers for the same period in 2024.
- Staff are required to complete a suite of mandatory training requirements as part of their induction and ongoing professional training to enable safe, efficient, and effective services to be delivered to residents.
- Current CQC ratings - The five Extra Care schemes remain rated as 'good' and the two Community Resource Centres are rated overall as 'requires improvement' but with good in key areas such as 'caring' and 'responsive'.
- An independent provider has been commissioned to undertake unannounced mock inspection visits to both CRC's and each Extra Care service over the last year. A summary of the mock inspection feedback has been received by each service and included in the service's continual CQC action plan.
- B&NES Commissioners were invited by the Director Adult Social Care to undertake a Quality Assurance Visit to each Community Resource Centre in July 2025. Combe Lea had a strong assurance visit scoring 85% for good level of compliance and standards. For Cleeve Court the assurance visit resulted in a robust service improvement plan to address criteria scored as requires improvement or non-compliant.
- CQC conducted an unannounced onsite inspection of Cleeve Court CRC in July 2025 with assessment activity running from 17 July 2025 to conclusion in early October 2025. The inspection concentrated on the domains of 'safe' and 'well led' as these were rated as requires improvement at the December 2022 inspection. The draft inspection report has been received by the Director Adult Social Care and this is in the process of being checked for factual accuracy by 14th November 2025 CQC deadline. Following this process the CQC report will then be finalised and published but we cannot anticipate CQC timescales for publication.

Councillor Liz Hardman asked if there was enough space within the existing centres and whether funding was in place to support staffing costs and recruitment.

The Assistant Director for Adult Regulated Services and Governance replied that the expansion of Extra Care at Avondown House is being explored and said that bank staff are used to minimise agency costs.

Councillor Lesley Mansell asked about the impact of the work on staff well-being.

The Assistant Director for Adult Regulated Services and Governance replied that well-being support is provided from both within and outside of the Council and that a dedicated Human Resources business partner is in place.

Councillor Bharat Pankhania asked for further information about the unannounced inspections.

The Assistant Director for Adult Regulated Services and Governance replied that inspectors would arrive during the day and arrange to return within one week for a site visit. She explained that the Registered Manager and Head of Service would be present during the visit and that staff and residents would be spoken to as part of the process. She added that the service worked with the Lead Inspector to develop an action plan, and this was updated and reviewed with them in early August.

The Head of Service, Residential Services described the inspection process as positive and said regular feedback had been given by the inspectors.

Kevin Bernett asked about succession planning from a staffing point of view.

The Assistant Director for Adult Regulated Services and Governance replied that the Workforce Strategy includes areas such as apprenticeships and student placements in collaboration with Bath College.

The Panel **RESOLVED** to;

i) Note the update on Residential Services for Community Resource Centres (care homes) and Extra Care Services.

ii) Agree that a further update report will be presented to Panel following the publication of the CQC report for Cleeve Court and any other relevant CQC inspection reports as they arise.

60 MODERN SLAVERY

The Inclusive Communities Manager addressed the Panel and said she was happy to receive questions relating to the presentation submitted within the agenda pack.

Councillor Liz Hardman asked about what sectors of work were regularly involved and what actions can be taken.

The Inclusive Communities Manager replied that care work, beauty / nail bars, hospitality, car washes, drug movement and sex work were the prominent areas identified. She described the Disrupt Panel process and the way in which it has the ability to bring a multi-party group together to discuss concerns.

She added that she would recommend the Panel reading a report from the Local Government Association (LGA) on this issue.

Councillor Hardman asked about the number of incidents locally.

The Inclusive Communities Manager replied that 42 cases were reported to Avon & Somerset Police in 2024 and that this equated to 96 potential victims.

Councillor Paul Crossley asked about prevalence of cases, annual reporting to the Panel, and support for victims.

The Inclusive Communities Manager outlined the multi-agency work that takes place, especially the support from the Salvation Army who are the national organisation assigned to rehabilitate and support individuals that have been enslaved.

She added that officers also work with areas within the local nighttime economy and with Public Protection.

Councillor Lesley Mansell asked about awareness training and potential to integrate that with safeguarding procedures.

The Inclusive Communities Manager confirmed training is available for members and staff.

Councillor Joanna Wright suggested a briefing should be held for all councillors.

Councillor Hardman, current Chair of Council, agreed to raise the issue at full Council.

Councillor Bharat Pankhania asked about the exploitation of sponsored workers.

The Inclusive Communities Manager confirmed such cases are textbook examples of modern slavery and said there were many barriers to disclosure of their situation.

Councillor Crossley asked about organ harvesting.

The Inclusive Communities Manager stated this typically occurs abroad, with victims enticed by false promises, e.g. payment, bond deleted.

The Chair said that she would encourage a further briefing to be given to all Councillors and asked for the mentioned LGA report to be circulated.

On behalf of the Panel, the Chair thanked the Inclusive Communities Manager for the presentation.

61 PANEL WORKPLAN

The Panel reviewed the workplan, noting items to be brought forward, including:

- CQC Report - Unannounced onsite inspection of Cleeve Court
- Long COVID
- Neuro-developmental pathway
- Modern Slavery

The Panel **RESOLVED** to note their current workplan and these proposals for future updates / reports.

The meeting ended at 12.42 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Lead Member PDS Report 15/12/2025.

1. Recruitment to Assistant Director - Children's Social Care

Permanent recruitment is underway to secure a new Assistant Director for Children's Social Care. A selection process is scheduled during December. If successful, we hope the new Assistant Director to be in role by the beginning of the new financial year (April 2026).

2. Education White Paper

The anticipated government Education White Paper, which I noted in my last report, has been delayed. We now expect the paper to be launched in January 2026. More updates will follow as soon as we have more information. We do know that the recent government budget announcements confirmed that the DfE will assume responsibility for all future SEND funding from 2028, representing a significant policy shift. We do not yet have any additional details on what this will mean for Local Authorities, including any information on historic deficits held by councils for high needs budgets. We expect to learn more when the government releases the Education White Paper.

3. Safety Valve

We are still awaiting formal feedback from the Department for Education (DfE) on our most recent Safety Valve submission and continue to follow up actively. The DfE has continued to pause our SEND and Alternative Provision (AP) Free Schools, and we await further clarity on timelines and next steps. We don't expect the future of safety valve funding, free schools or future SEND funding to be addressed until the government launches its Education White Paper in early 2026.

Locally, we are implementing a series of actions to reassure families and demonstrate progress, including clear communication on upcoming changes, preparation for the forthcoming SEND Inspection, sharing our strategic priorities through 'Our Plan for SEND', and promoting the Local Offer to improve visibility and accessibility. These activities are designed to alleviate concerns, build confidence in our SEND system, and reinforce our commitment to improving outcomes for children and young people.

4. SEND Updates

We know that our Local Area will receive its SEND Inspection soon. As highlighted in my previous report, we continue to prepare, with teams across education, health and social care working together to ensure we can demonstrate what is working well across B&NES and what we are improving.

I know the timeliness of EHCPs is a concern; the national average for EHCP assessments completed within 20 weeks was 46% in 2024. We are below this at 29% and we do need to improve. We are committed to supporting families throughout the assessment process. We believe that the quality of the experience while families wait is just as important as the outcome, but we are focused on improving timeliness:

What we are doing:

- **Expanding our teams:** We have recruited and are training more statutory SEND staff and are working with additional Educational Psychologists to help manage the increased demand.
- **Improving our processes:** We are making ongoing improvements to our systems to help assessments run more smoothly and efficiently, including a dedicated phone line to answer parents' calls.
- **Providing interim support:** Our Inclusion and Alternative Provision support service is working hard to support our schools and other settings to meet the needs of all children and young people whilst their needs are assessed.

5. Meetings with Parent Carer Forum

As the lead member for children's services, it is important to me that I engage positively with our B&NES Parent Carer forum. To do this effectively, I recently attended a meeting with Forum representatives and council officers to oversee the development of a memorandum of understanding called The '**Together is Better**' agreement between B&NES Parent Carer Forum CIC (BPCF), Bath & North East Somerset Council (B&NES) Live Well B&NES (LWB) and SENDIAS Bathnes sets out how we can work together to ensure families of children and young people with special educational needs and disability (SEND) benefit from the best support, advice, and meaningful participation opportunities possible.

6. Free School Meals – Auto Enrolment

The Local Authority have successfully implemented our Free School Meals (FSM) Auto-Enrolment system. This welfare team will carry out the auto-enrolment exercise again in spring/early summer 2026. The FSM eligibility criteria widened so that any children in households where the parent receives Universal Credit will be entitled to FSM. This differs from the current system, where anyone who receives UC and has earnings below £7,400 is entitled. Members of this panel have asked for data, by ward, on those families who opted out of the auto-enrolment scheme. Unfortunately, this data has not been retained by the service area.

7. School Streets

As you know, responsibility for School Streets doesn't sit in my portfolio. However, I keep myself updated on these important developments, and I can share with you a report on

School Streets that was presented to the Climate and Sustainability panel on 27th November by Officers. The link to the report is here –

<https://democracy.bathnes.gov.uk/documents/s89525/School%20Streets%20Report.pdf>

8. Home to School Transport

Officers presented a report highlighting the council's spending and activity to ensure the council provides effective Home to School Transport to the Corporate Policy Development & Scrutiny Panel on 27th November. A link to the report is included below.

Whilst the Place Directorate monitors delivery and budget management for HTST, I am assured that we are doing all we can to deliver an effective service and continually monitor and implement solutions to manage costs.

<https://democracy.bathnes.gov.uk/documents/s89452/HomeSchoolTransport%20Finance%20Report.pdf>

9. Charlton House

As previously shared with this committee, the council is moving forward with plans to repurpose the now-vacant Charlton House site in Keynsham into a new specialist education and care facility. Initially, we planned to deliver this as a residential school; however, through consultation with providers, it has become necessary to deliver this as two projects on one site. One project will deliver a 30-place special school, and a second will deliver two small children's homes on the site. Both will provide dedicated support for young people aged 11–18 with Autism and Social Emotional Mental Health difficulties.

I have submitted an updated Single Member Decision (SMD) to amend the original SMD to reflect the changes we have made to the planned provision outlined in my original SMD in August 2024. I hope this will be approved by the time this committee meets.

We have started the procurement process to appoint the school provider. The Department for Education manages this process and should be concluded by May 2026. Alongside this, a separate procurement process for the children's home providers is underway. This process should be concluded by June 2026, and the council will be the appointee of this provider.

We need to ensure the community is consulted and engaged in this project, so consultation has begun:

- On the 24th November 2025 – the project website and online consultation went live for a period of 4 weeks. <https://www.bathnes.gov.uk/charlton-house-homes-and-special-school>
- 5th December 2025– stakeholder consultation event – in Charlton House
- 12th December 2025– public exhibition (with paper feedback forms)– in Charlton House
- 19th December 2025– consultation draws to a close

The school and residential homes will significantly strengthen local SEND provision – enabling more children to be educated and cared for closer to home rather than in costly out-of-county placements. This project will help improve outcomes for some of the area's most vulnerable young people and reduce the high costs associated with external specialist placements.

We are currently working on the build timescales, and we hope to have an official opening in late 2027. However, this is a complex project, and I will keep this updated on timescales as the project develops.

INTRODUCTION TO KEY AGENDA ITEMS

Families First Programme of Reforms update

I want to introduce this report which Phoebe Holland, acting Assistant Director Children's Social Care) and Paula Sumner, Interim Assistant Director for Children's Transformation, will present today.

The Children's Wellbeing and Schools Bill has reached its third reading in the House of Lords and Royal Assent into legislation is awaited.

Further Central Government grant funding (£547m) has been announced to support implementation and embedding of key reforms has been announced over the next three years. In B&NES we await further information regarding what this grant allocation will be for our local authority and conditions attached to this grant.

The current Families First Programme of key reforms requiring development and implementation include:

1. **Multidisciplinary family help services:** these are responsible for supporting families across targeted early help, child in need and child protection, through the provision of a consistent lead practitioner and a team around the family, with the objective of keeping families intact where it is safe to do so.
2. **Multi-agency child protection teams:** these are designed to improve the quality of safeguarding practice by bringing together skilled social workers, police officers, health practitioners and education professionals into single teams, an approach that will be put into law.
3. **Family group decision making meetings:** these involve giving extended families the opportunity to hold meetings and develop plans to safeguard and promote the welfare of children involved with early help or social care; under the Children's Wellbeing and Schools Bill, councils will be required to offer such meetings to families at the pre-proceedings stage, to enable them to develop alternatives to children going into care.

Independent Reviewing Officer Annual Report

I want to introduce this annual report, which is being presented by Sarah Hogan, Head of Service for the Safeguarding and Quality Assurance Service. The statutory work of the Independent Reviewing Service is reported on an annual basis via their annual reporting mechanism. The report presented today reviews 2024-2025.

Independent Reviewing Officers oversee the way in which children in care are supported and cared for. They review the quality of care plans and work to ensure timely, appropriate and good quality care. They raise concerns with key professionals and agencies when they have concerns.

Some key data included in the report:

Number of Children in Care

- **220 children** were in care as of March 2025, a **1.4% increase** from the previous year (217 in 2024).
- The number of children entering and leaving care was closely aligned, indicating stability in the cohort.
- **60 per 10,000 children in care per 10,000** in Bath and North East Somerset, slightly below the national average of 67 per 10,000.

Some profile issues:

- **Age:** 70% (155 children) are over 10 years old; 39% (86 children) aged 10–15, 31% (68 children) aged 16–17.
- **Ethnicity:** 74% White British children, 23% (Black and Brown children from a range of global majority ethnicity backgrounds).

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 December 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Independent Reviewing Officer (IRO) Annual Report 2023-2024	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Independent Reviewing Officer (IRO) Annual Report 2023-2024		

1 THE ISSUE

- 1.1 An annual report of the Independent Reviewing (IRO) Service for Looked After Children is required in accordance with the Children and Young Person's Act 2008 and subsequent statutory guidance published by the Department for Education. The report is produced to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the work of the Independent Reviewing Service (IRS) which is responsible for monitoring and reviewing the care provided to children and young people for whom the Local Authority are corporate parents.
- 1.2 The Children's Health and Wellbeing Panel review the annual report to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Note the stable numbers of children in care, the improvement in child in care timeliness compared to the previous year (2023-2024) and the rigour of the IRO service in reviewing plans for children in care. IRO's continue to offer challenge where there are themes impacting on children in care evidenced by IRO's use of the revised dispute resolution protocol.
- 2.2 Consider the feedback received and the findings of internal audit on the IRO service, where the service was awarded level 4 – substantial assurance. The service has good awareness of the areas requiring improvement which are areas of focus for 2025-2026.

- 2.3** Promote the role of the Independent Reviewing Officer (IRO) for the children in the care of the Local Authority. Recognising the value that IRO's offer to children in care, the relationship at times being one of the most long standing and providing consistency for the child. IRO's seek to form positive relationships with the children in which they are allocated, empowering them to participate in their child in care reviews and share they wishes and feelings.

3 THE REPORT

- 3.1** Please see attached the Independent Reviewing Officer (IRO) annual report for 2024-2025 which sets out how the IRO Service continues to ensure that Bath and North East Somerset Council are meeting the needs of the children and young people for whom it is corporate parent.

4 STATUTORY CONSIDERATIONS

- 4.1** The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.
- 4.2** The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for looked after children.
- 4.3** The Care Planning, Placement and Case Review (England) Regulation 2010 apply specifically to children who are looked after by a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.
- 4.4** IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.
- 4.5** IRO's are expected to ensure that;
- Review meetings are held for all children and young people who are being cared for by the Local Authority,
 - The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
 - Children and young people understand their care plan and any changes to this,
 - The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love and care that other children living within their families receive.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 No request is being made for additional resources, however the service continues to face significant pressures when staff are absent or leave the service.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An Equality Impact Assessment has been completed and is attached.

8 CLIMATE CHANGE

- 8.1 The Independent Reviewing Service seeks to use the most efficient means of transport when travelling to see children in care to reduce the services carbon footprint. The service has sought to implement ways of sending correspondence securely using digital methods.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 This report has been reviewed and endorsed by all Independent Reviewing Officers within Bath and North East Somerset Council.
- 10.2 The report has been shared and endorsed by the Director for Children's Services and Education. It was presented at the Corporate Parenting Group meeting on 03/12/2025.

Contact person	Sarah Hogan, Head of Service Children's Quality Assurance and Safeguarding
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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**Independent Reviewing Officer (IRO) –
Annual Report**

1st April 2024 – 31st March 2025

Author: Sarah Hogan, Head of Service, Children's Quality Assurance and Safeguarding

Date: November 2025

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1. Introduction and purpose of annual report

- 1.1 This report is produced to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the children that are currently placed in the care of the Local Authority.
- 1.2 The Independent Reviewing Officers (IRO) Handbook (2010) provides statutory guidance to all local authorities regarding children that are placed in the care of a local authority. The guidance seeks to ensure improved outcomes for children in care in order that they can reach their full potential. Section 7, paragraph 11 sets out that the manager of the IRO Service must provide an annual report on the delivery of the IRO Service which can then be scrutinised by members of the Corporate Parenting Board.
- 1.3 This annual report provides information on the profile of the children for whom the Local Authority is corporate parent and how the IRO service maintains oversight of the plans for these children, with IRO's monitoring how children's needs are being met and prioritised. The report will highlight where IRO's have offered challenge to the local authority in terms of its duties to children in care and the aspiration and objectives of the IRO service for the year ahead.
- 1.4 Following presentation to the Health and Wellbeing Board, this report will be placed on the Council website as a publicly accessible document and disseminated across children's social care for further consideration.

2. Reporting period

- 2.1 This report covers the period from 1st April 2024 to 31st March 2025. It has been agreed that future reports will be completed and presented at the start of quarter two, July 2026. This will allow for areas highlighted in the report to shape the plans for the IRO service and ensure any areas for development are taken forward in a timely way.

3. The legal, statutory and national context of the IRO role

- 3.1 The appointment of an Independent Reviewing Officer (IRO) for a child in care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.
- 3.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for children in care.
- 3.3 The Care Planning, Placement and Care Review (England) Regulation 2010 apply specifically to children who are in the care of a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.

3.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.

IRO core responsibilities:

- **Charing statutory reviews:** lead a review meeting for all children in care at required intervals, ensure care plans are up to date, specific and address the child's needs
- **Promoting the child's voice:** Ensure the child's wishes and feelings are heard and reflected in planning and build positive, trusting relationships with children and young people
- **Quality Assurance and Oversight:** Monitor progress against care plans and statutory timescales, identify drift or delay and challenge poor practice using the dispute resolution protocol.
- **Safeguarding and escalation:** Act promptly if concerns arise about a child's safety or welfare, escalate unresolved issues to senior managers or, if necessary, to CAFCASS.

4. Bath and North East Somerset Council as 'Corporate Parent'

4.1 All Officers and Councillors of Bath and North East Somerset have a duty to ensure that the needs of children in care are being met, and children grow up feeling loved, cared for, safe and have the same opportunities as their peers. There should be a commitment from all members of the council to advocate for the needs of children in care, promote and provide opportunities that allow children to develop and grow and to overcome the adverse experiences they may have experienced in their life before coming into care. *Local Authorities that have a strong corporate parenting ethos recognise the care system is not just about keeping children safe, but also to promote their recovery, resilience, and wellbeing* (Applying corporate parenting principles to looked-after children and care leavers, Feb 2018).

4.2 In March 2025, amendments were made to the Children's Wellbeing and Schools Bill. The corporate parenting duty being expanded to encompass government departments and public organisations, including Ofsted, NHS services, educational institutions (schools and colleges), the Youth Justice Board, and the Care Quality Commission.

4.3 Under these amendments, relevant bodies must:

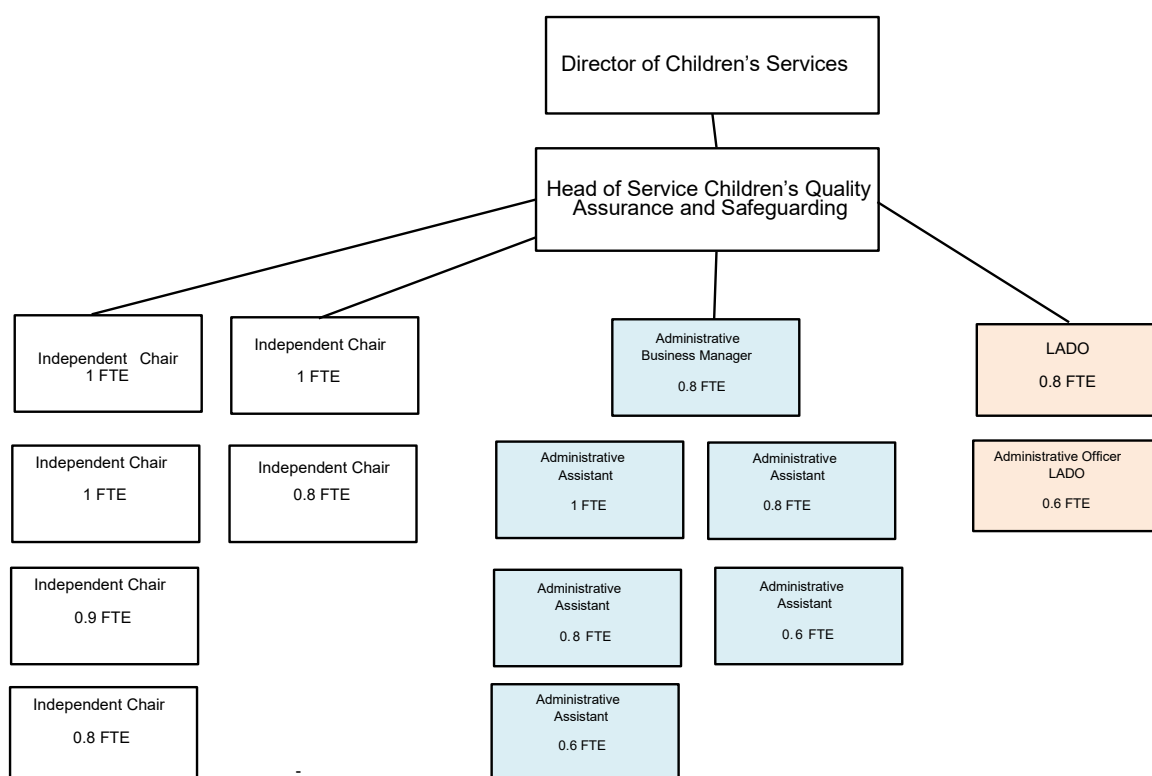
- Maintain awareness of factors affecting the wellbeing of looked-after children and care leavers up to the age of 25.
- Assess and deliver services and support aimed at promoting wellbeing and enhancing employment opportunities.
- Facilitate participation in activities that can positively impact life chances.
- Work in partnership with local authorities and comply with Department for Education guidance.

4.4 Within Bath and North East Somerset, the Corporate Parenting Group (CPG) is open to all Councillors, and all members of the CPG must ensure they have a

comprehensive overview as to the progress of children in care of the local authority, scrutinising the quality, effectiveness and performance of the services provided. CPG meetings are held four times a year and the arrangements are intended to ensure all Councillors have opportunity to attend. The manager of the IRO service attends CPG to support its members, to ensure any areas raised by CPG are considered by the IRO service and influence practice and planning for children in care.

5. Bath and North East Somerset Council IRO Service

5.1 Structure of Children's Quality Assurance and Safeguarding Service



5.2 The IRO service remains within the Children's Quality Assurance and Safeguarding Service. During this reporting period, the Head of Service was reporting to the Director of Children Services although retained links with the Education and Safeguarding Directorate. Although outside of this reporting period, a decision was made in September 2025 that the Head of Service would permanently report to the newly appointed Director of Children's Services.

5.3 The service continues to have three core areas of business.

Independent Reviewing Service: Appointment of an Independent Reviewing Officer (IRO) for children and young people in the care of the local authority is a statutory requirement under Section 118 of the Adoption and Children Act 2002. All local authorities are mandated to designate an IRO to safeguard the interests of children throughout the care planning process.

Child Protection Conferences: Leading Child Protection (CP) Conferences within statutory timescales. The service is responsible for reviewing and monitoring the progress of all children subject to a child protection plan. Timeliness of conferences and the duration of child protection plans are critical performance indicators that contribute to statutory reporting and regional benchmarking.

Allegations Management: A Local Authority Designated Officer (LADO) is assigned to manage allegations of abuse against individuals in positions of trust working with children (aged 0-18). The LADO ensures timely responses to such allegations and oversees employer-led investigations where threshold is met, always prioritising the child's welfare. The role of the LADO is defined in 'Working Together to Safeguard Children' (2018, Chapter 2, paragraph 4) and remains subject to local authority duties under Section 11 of the Children Act 2004.

- 5.4 In Bath and North East Somerset, we continue to have Independent Chairs whose role combines the function of the IRO and the delivery of child protection conferences. Following the introduction of a designated Local Authority Designated Officer in October 2022, Independent Chairs no longer routinely fulfil the requirements of this role, although provide duty cover when necessary.
- 5.5 Towards the end of Q3 (December 2024), the service experienced some disruption following the departure of two Independent Chairs. Their reasons for leaving the service were related to personal reasons and professional opportunity. In Q4 (January 2025) a full-time Independent Chair on a fixed term contract also resigned having sourced a permanent post in another Local Authority. After successfully recruiting to one post, the service had to fill the remaining vacancy by use of an agency worker. Any disruption to the staffing structure can have a significant impact due to the size of the service, children cannot be easily reallocated an IRO due to the volume of children already allocated and for some children this means short periods of time without an IRO and the Head of Service having oversight of these children.

6. South West Regional IRO group

- 6.1 The South West Regional group continues to meet virtually and in person and includes those with management responsibility for the IRO service in their area. Unfortunately, it has not been possible for Bath and North East Somerset to have regular representation at these due to conflicting demands, however information from the meetings is disseminated and assists with understanding regional themes and practices related to children in care.

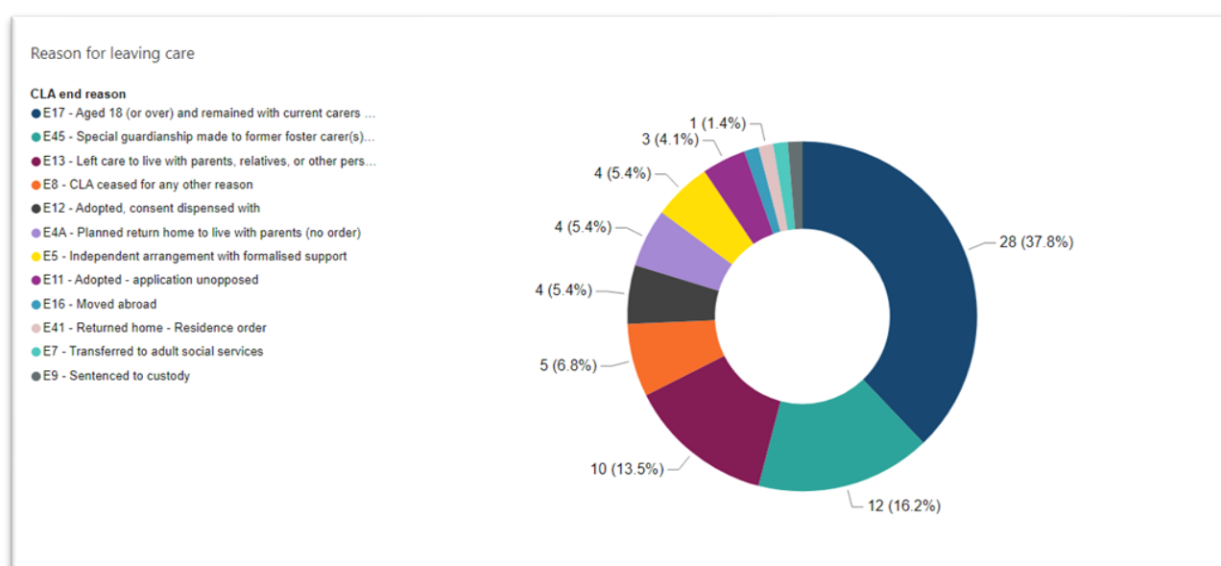
7. IRO caseload and service performance

Table 1: Number of children in care over five year period

	March 2025	March 2024	March 2023	March 2022	March 2021
No. Children in Care	220	217	228	197	181
CLA start	76	77	95	77	52
CLA end	73	91	65	61	54
% Increase of children in care from previous year	1.4	-4.8	16.3	+9	0

7.1 The number of children in care in this reporting period has remained relatively stable with only a 1.4% increase on last year. The numbers of children entering care and leaving in this reporting period have been aligned

Graph 1: Reason for a child leaving care



Taken from Power BI
CSC. IRO reportV4

Leaving care reason

7.2 As the above shows, the cohort of children leaving care when turning 18 equated for 37.8% (28 children) of the entire cohort. IRO's ensure that plans post 18 are being considered from a child's 17th birthday and earlier if it is likely that as an adult there will be a need for care and support. The IRO service strives to hold a final child in care review four weeks prior to the child's 18th birthday so that IRO's, those caring for the child and most importantly the child themselves has clarity as to what post 18 plans will entail.

7.3 Of the 14 children (E13 and E4A above) that left care to live with a parent;

- Two returned home following a positive reunification assessment and transition plan,
- Five ceased to be children in care at the conclusion of care proceedings, these children having been in their parents care throughout proceedings.
- Two children came into care following difficulties arising with family dynamics and both children returned home of their own accord.
- Three children came into care under Police Powers of Protection and left care within seven days to return to parents care or a family member.
- One child turned 18 but reason for leaving has been inaccurately recorded
- One child returned home for a short period whilst a new care arrangement was found.

Reunification

7.4 Reunification has become an area of focus across Children's Services in this reporting period, two children have returned home following a positive reunification assessment, but the Care Order has remained in place, these children remain children in care until the Order is discharged. IRO's monitor through the review process the necessity of a Care Order and make recommendations about its discharge.

7.5 Reunification is an area IRO's continue to give more consideration to, recommendations from reviews will include consideration of a reunification assessment should this be in line with a child wishes and there is sufficient evidence to suggest parental factors have been addressed or are being addressed.

7.6 No changes in care should take place without the IRO having the opportunity to scrutinise the assessments and give endorsement of the plan. If an IRO did not support the proposed care plan for the child, they would seek to address this directly with the social worker and their manager, if they remained concerned, they would utilise the dispute resolutions protocol (DRP) and inform their manager. There was no use of the DRP in this reporting period due to change in care plan.

Special Guardianship Order

7.7 There were 12 children who were made subject to a Special Guardianship Order to a former foster carer who was a relative or friend. These children were all in care but placed within a kinship care arrangement which is where they remained at the conclusion of care proceedings.

Adoption

7.8 Seven children in this reporting period left care having been adopted, all these children however were in care for over two years prior to being adopted, with one child having been in care for four years. When children move to live with their adopted families everyone expects there to be a period of transition and a period where children become familiar with the adults who it is hoped will be their forever family. IRO's are sensitive to the needs of all involved in adoption and whilst not wanting to rush adopters to make their application for the Adoption Order, would

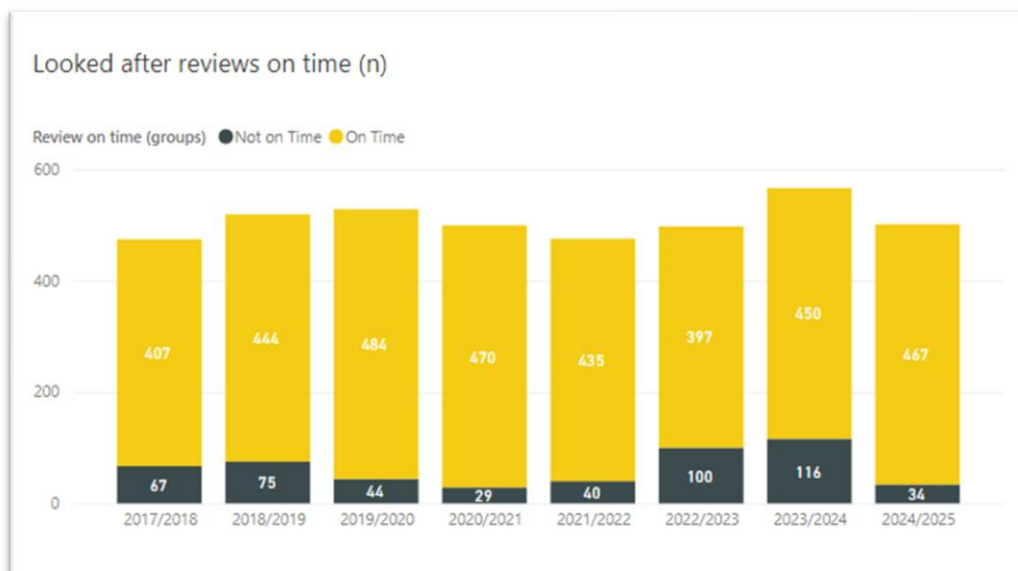
begin to question and reflect with adopters and social workers any delay in the Order being sought. Delays in seeking adoption orders have been a result of a child's complexity of need, adopters wanting assurances as to support plans before a child ceases to be a child in care and at times social work capacity to support the filing of Annex A (A report prepared for Court that sets out the child's welfare and suitability of adoption).

Custodial Sentence

7.9 One young person (Child Y) in care under Section 20, voluntary agreement, left care as they received a custodial sentence. A child will only remain a child in care when receiving a custodial sentence if there is a legal order in place underpinning this. Statutory guidance sets out the responsibilities of local authorities towards former looked after children in custody¹.

7.10 Child Y was known to the Youth Justice Service and was discussed at the Custody Review Panel, which the author of this report sits on. Based on His Majesty's Inspectorate of Probation (HMIP) Thematic Inspection Recommendations, it is advised that multi agency partnerships undertake learning reviews for any children sentenced to or remanded to youth detention accommodation. As a result of Y's custodial sentence, the Bath Community Safety and Safeguarding Partnership (BCSSP) undertook a review into Child Y's journey. The review highlighted areas of practice that could be strengthened including the use of professional's meetings with IRO input.

Graph 2: Timeliness of child in care reviews



Taken from Children's Social Care Performance - PowerBI

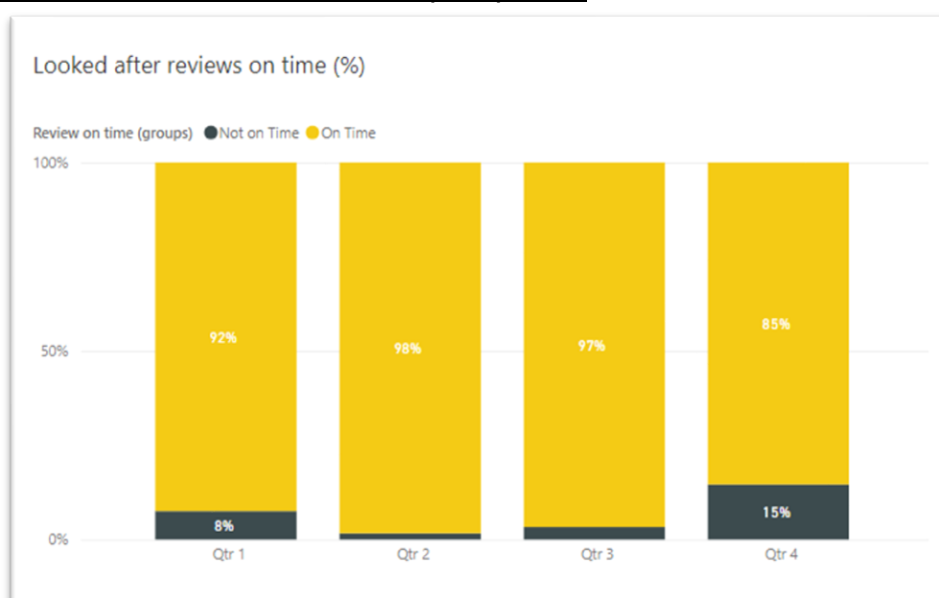
7.11 In this reporting period, IRO's led 501 child in care reviews, 87% (467) of which were within statutory timescale. A child coming into care, will have their first review within 20 working days, their second review within three months of

¹https://assets.publishing.service.gov.uk/media/5a7cb1c8ed915d6822361f73/Former_looked_after_children_in_custody.pdf

their first and subsequent reviews at six months intervals. Unplanned changes in care would also lead to the IRO triggering a new review within 20 working days.

7.12 The quarterly performance for review timeliness highlights that Q1 and Q4 saw the most reviews out of timescale, those reviews that didn't proceed as planned in Q1 were related to staff sickness, with an IRO being off work for all of Q4 (2023-2024) which resulted in some children experiencing a significant delay in their review being held. The dip in timeliness in Q4 correlates with several IRO's leaving the service at the end of Q3, start of Q4, which led to 74 children requiring reallocation within the service. As a small service, this number of children is difficult to absorb and where children were reallocated promptly, conflicts in diaries meant that not all reviews could proceed as planned. The challenges as to the allocation of an IRO for children in care during this time was highlighted to the Director of Children's Services.

Graph 3: Child in care reviews on time per quarter



Taken from Children's Social Care Performance – PowerBI

Midway reviews

7.13 Alongside statutory child in care reviews, the IRO service introduced Midway Reviews (MWR) for all children in care as of January 2024. These were introduced to provide a formal mechanism in which IRO's review the progress of a child's care plan in between statutory reviews. Whilst IRO's within Bath and North East Somerset maintain strong oversight of the care planning for those children which they are allocated, undertaking a MWR ensures minimum levels of scrutiny and strengthens the IRO footprint within a child's record. The implementation of MWR's allows for prompt identification of any drift or delay in care planning which is a fundamental aspect of the IRO role. IRO's are required to monitor the progress of the child's care plan throughout the child's journey through care and not just at statutory reviews.

7.14 MWR's are completed three months following the second child in care review and subsequent reviews. The IRO will undertake the review as a paper based exercise, however, should the IRO identify the need for clarification they will have a discussion with the child's social worker. In some instances, the IRO may wish to speak with the child, their carer or a specific family member. The IRO will capture these discussions within the MWR record. Once completed, the MWR will be shared with the social worker and their manager for their consideration and comment, with a copy of the review placed on the child's file.

7.15 When introduced, it was not envisaged that a MWR would be an onerous task however IRO's reported challenges in completing these due to information not always being readily available and therefore IRO's having to meet with social workers routinely to complete these. In Q4, it was agreed with the Director of Children's Services that MWR's would be paused due to level of activity required to complete them and the need to prioritise the statutory element of the IRO role. At the time of writing, MWR's have not been reinstated, however the service have been considering how MWR's could be used in a more targeted way as opposed to them being undertaken for all children in care i.e. completed where placement stability is an area of concern, where reviews identify lack of progress or care plans not being progressed, where there are identified concerns about a child's needs and levels of support required. At the time of writing, it is envisaged MWR's will be reinstated at the start of Q4 (25/26).

Social Work reports

7.16 The completion of social work reports has been an area for improvement throughout this reporting period, with IRO's raising these are not done within three working days before a review and there are instances where reviews are being held without a social work report. This is in breach of statutory expectations and has been an area of social work practice the IRO service has highlighted to senior managers within children's social care. In June 2024 an audit undertaken by the Head of Service looked at all child in care reviews held over a two week period to capture timeliness of social work reports and to see how many were completed three days ahead of the review as set out within statutory guidance. Of the 26 reviews, 77% had a report for the review, only 38% of these were completed three days prior to the review taking place. This has been a reoccurring area discussed at Service Improvement Board, Head of Service liaison meetings and with the Director of Children's Services. Currently there is no data report for this area of practice, IRO's therefore continue to address on an individual basis with social workers and their managers. Internal audit highlighted this area of practice when an audit of the IRO service was undertaken in Q4 (see section 14).

Table 2: Distribution of child in care review records

Quarter	% on time
Q2 (July-Sept)	42
Q3 (Oct – Dec)	35
Q4 (Jan – March)	44

7.17 The statutory guidance sets out that following a child's review, the IRO should provide a written record of the recommendations within five working days, with a full record of the review being distributed within 20 days. The monitoring of review record timeliness has been in place since 2021-2022 and a target of 85% of review records being sent in time was set for the service at the start of 2023. The tracking of review records is through the CLA tracker which is overseen by the IRO administrator and Admin Business Manager, revisions were made to the tracker at the start of this reporting period.

7.18 IRO's have monthly supervision and the performance data around review timeliness and completion of records is discussed. IRO's are transparent about the challenges they face in completing their written work in a timely way, this is also not unique to Bath and North East Somerset as other IRO managers across the south west have shared this is an area of performance requiring improvement within their service also. IRO's are very alert to the requirements placed upon them and want to complete records in a timely way, but the complexity of their role and competing demands are a barrier. The service has been given the opportunity to use magic notes as of Q3 of this current year (2025-2026), whilst early into its use it is believed these technologies will improve timeliness in this area.

7.19 Weekly completion sheets had been introduced in 2023-2024 as a way of gaining an understanding as to when reviews are being held and future dates, with this approach being felt to assist in capturing data more accurately. However, when this process was reviewed at the start of this reporting period, it was felt this process created additional work for IRO's and the data could be obtained through other systems and processes, the decisions was therefore taken to stop this practice.

8. Profile of children in care in Bath and Northeast Somerset on 31 March 2025

8.1 Nationally: To assist with the perspective of Bath and North East Somerset's profile of children, a summary of national trends needs to be understood. In 2025, there were 81,770 children in the care of local authorities in England, a 2% decrease on last year (1,760 children). This is a rate of 67 children in care per 10,000 children.

8.2 Of the children in care across England, males are slightly over represented at 56% with females at 44%. Children in care, across England are primarily from an older demographic. Over the last five years, whilst the overall numbers of children in care have increased (by 1%) the numbers of children aged under five have decreased – under 1s decreased by 8% and those aged one to four years decreasing by 14%, the numbers of children aged 16 years or over have decreased by 17%².

8.3 Children from mixed ethnic groups were over represented and children from Asian ethnic groups were under represented in the child in care population compared to

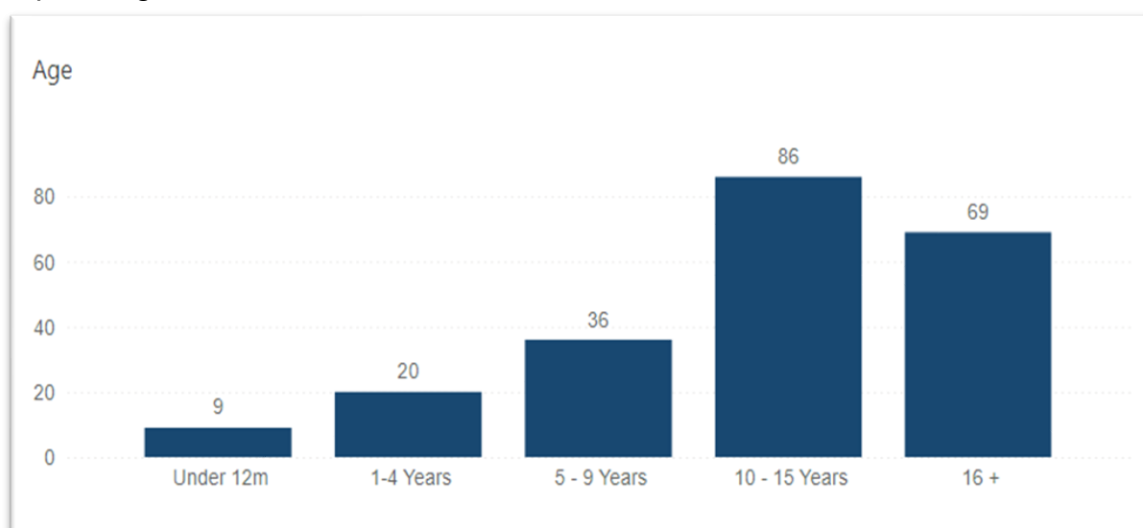
² <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2025>

the overall child population. Children of White ethnicity accounted for 71% of children in care, 11% were Mixed or Multiple ethnic groups, 8% Black, African, Caribbean or Black British, 5% were Asian or Asian British, 4% other ethnicities, 1% had no recorded ethnicity.

8.4 Children in care were primarily in care because of abuse or neglect (67%), with a child's disability accounting for 2%, parental illness or disability 2%, Family dysfunction 12% and 9% absent parenting. In 2025, most children in care were looked after under a Care Order (75%), 19% of children were voluntarily accommodated under S20 and 6% under a Placement Order.

8.5 Locally: In Bath and North East Somerset as of 31st March 2025, there were 60 children in care per 10,000. This year, in Bath and North East Somerset, 54% of children in care were male (down from 62% last year) and 46% female (increase of 9%).

Graph 4: Ages of children in care

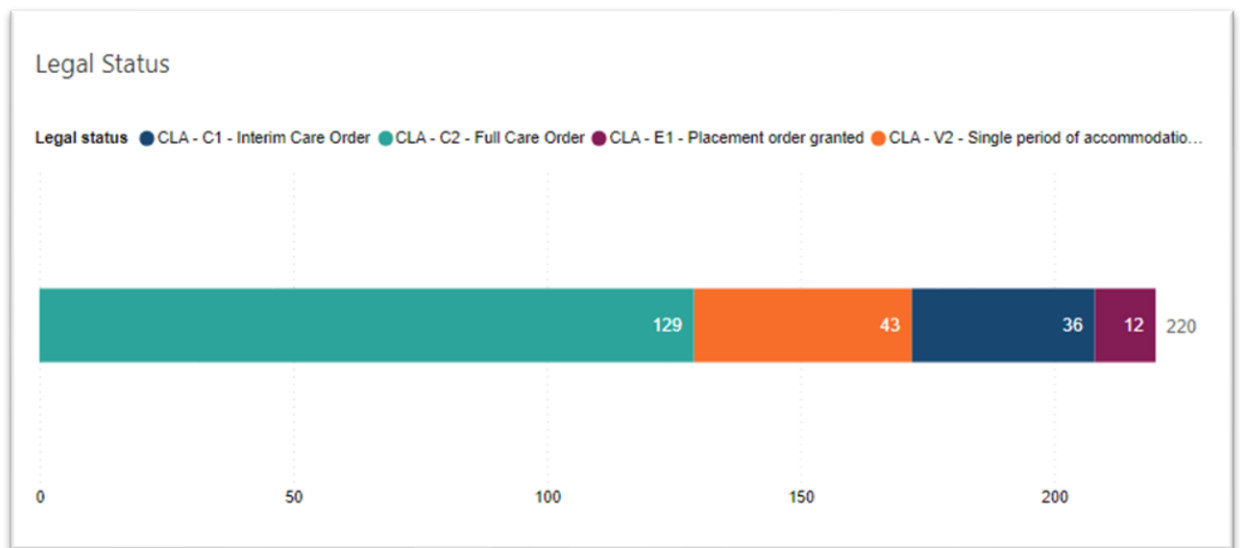


Taken from Power BI
CSC. IRO reportV4

8.6 70% (155) of the child in care population in Bath and North East Somerset are over 10 years old, with 39% (86) aged between 10-15 years old and 31% (69) of children 16 - 17 years old. Children under 12m are the smallest cohort, accounting for 4%. The age of children in care has remained relatively stable for the last five years and is aligned with national data for England.

8.7 As seen in England's end of year statistics, 74% of children in the care of the local authority identified as White, 13% were Mixed or Multiple ethnic groups, 4% Black, African, Caribbean or Black British, 5% Asian, 1% other and 1% not known/not recorded. 8% (18) of children in care at year end were Unaccompanied Young People of which 94% (17) were 16+.

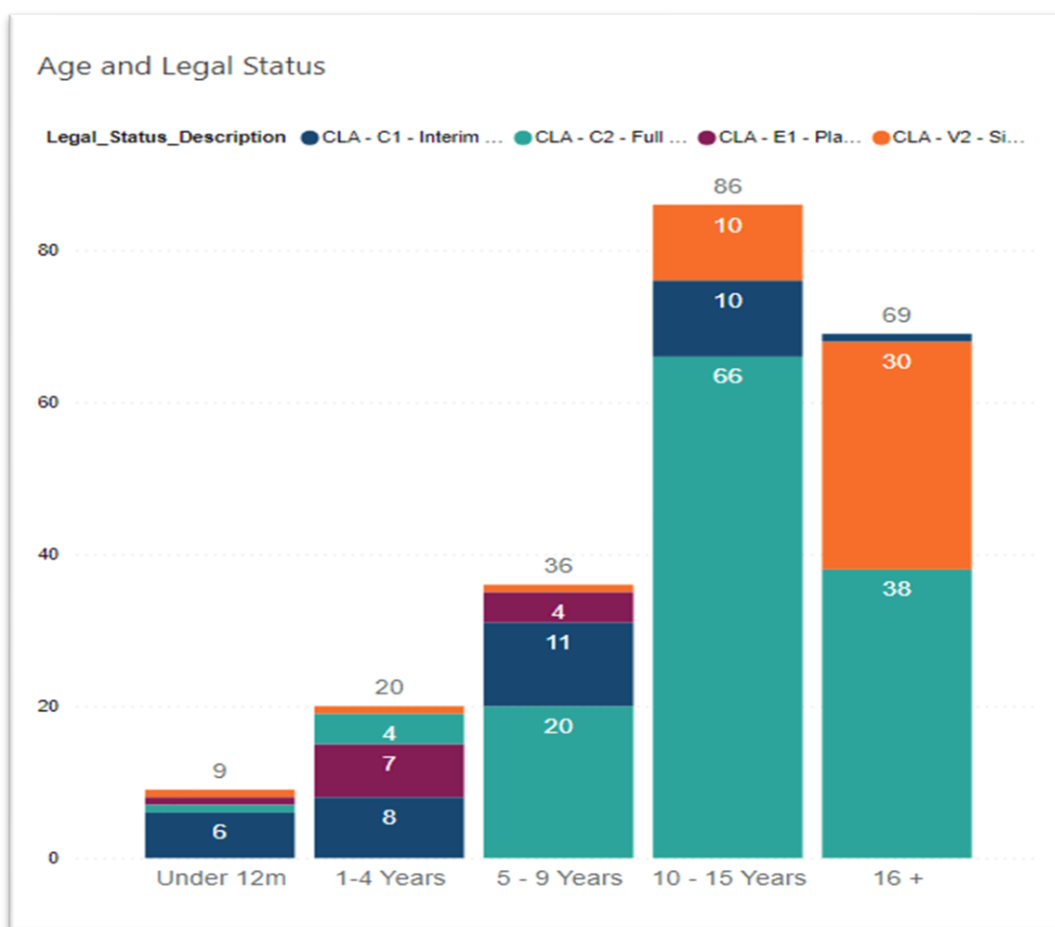
Graph 5: Legal status of children in care



Taken from Power BI CSC. IRO reportV4

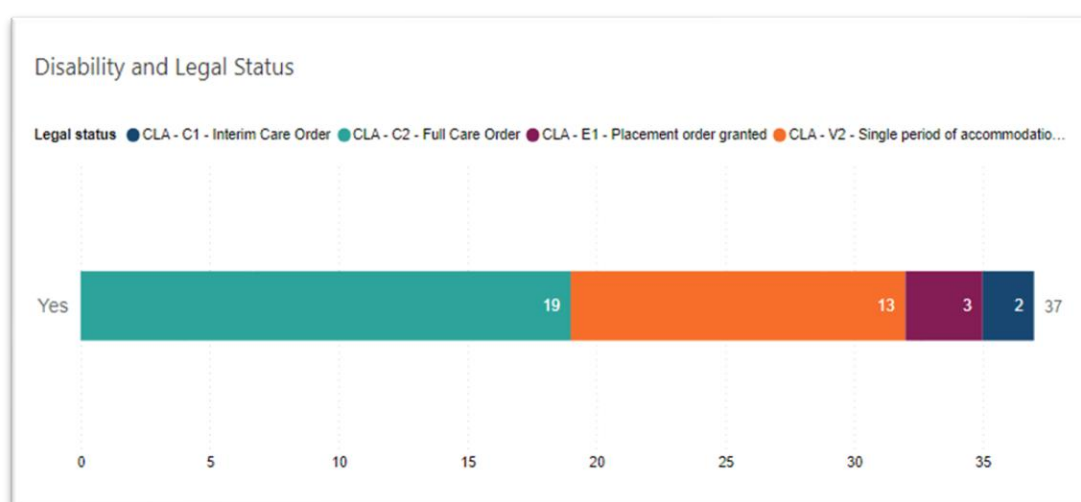
8.8 The legal status of children in care within Bath and North East Somerset continues to follow the trajectory seen over the last four years, with 59% of children in care subject to a Care Order and 20% in care under S20 (voluntary agreement). 16% of children are in care subject to an Interim Care Order, for these children permanency has not yet been achieved, and the Court will retain oversight until final decisions within the care proceedings are reached. Children subject to a Placement Order are low in numbers, accounting for 5%.

Graph 6: Age and legal status of children in care



8.9 The above graph shows the ages of children in care and their legal status, this shows that 56% (123) of children between the ages of 5 – 17 years old have a care plan that currently recommends they remain in care, and a Care Order is in place. There are 20 children who are aged between 5-9 years old subject to a Care Order of which 7 (35%) are placed with a connected person, which for the majority are blood relatives. The four children aged 1-4 subject to a Care Order are all placed with a connected person. A Care Order allows a Local Authority to share parental responsibility and is usually granted to protect a child from risk or abuse, it would appear this legal framework is being made to secure a child's care arrangement with a connected person by ensuring support continues to be provided by the Local Authority. IRO's should be robustly reviewing the plans for these children and any proposed legal order. It is positive that children are remaining with those familiar to them, however state intervention is very intrusive for a child (and their carers) and should therefore only be in place where entirely necessary. This is an area that requires further exploration, looking at all children in care under a Care Order placed with a connected person (family or friend) to understand the rationale for the legal order and the trajectory of this legal framework.

Graph 7: Disability and Legal status



8.10 17% (37) of children in care were deemed to have a disability. Of these children, 35% (13) were in care due to their disability and under a voluntary agreement. Three children were subject to a Placement Order, meaning adoption was the care plan at the conclusion of care proceedings. 54% of children with a disability were subject to a Care Order, these children will likely remain in the care of the local authority until adulthood.

8.11 Where children are deemed likely to have care and support needs as adults, the IRO will make clear recommendations at the child's review about the need to refer the child to the transition's panel and provide a clear direction as to the timescale for this. Whilst IRO's see most children discussed at panel in a timely way, IRO's continue to have concerns about the plans for these children post 18, often IRO's not having assurances as to plans at the child's final review. Where this arises, IRO's will raise their concerns with both children and adult social care. For children whose needs post 18 require assessment by adult social care, the IRO will invite the adult social worker to attend the final child in care review.

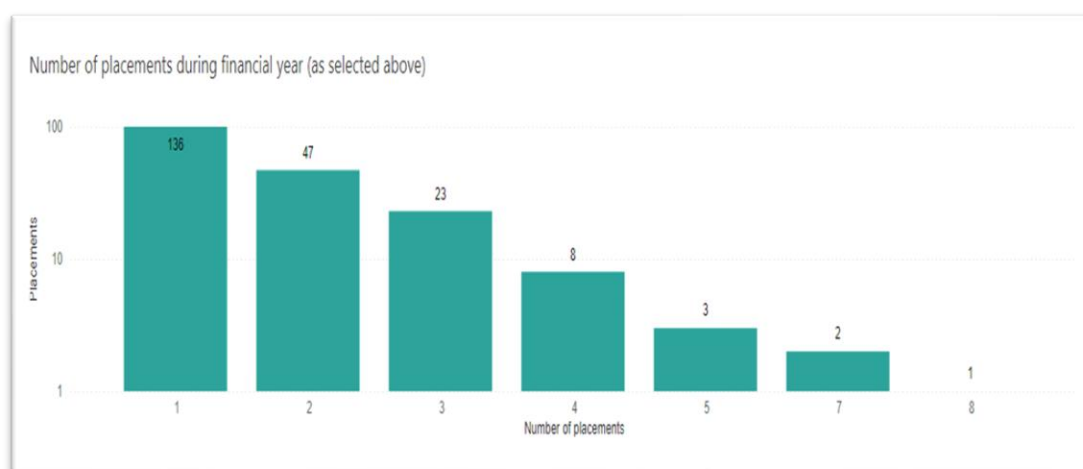
9. Placement of children in care

9.1 Local authorities have a statutory duty to place children in care as close to their home communities as possible, unless this were not deemed to be in the child's best interest. The principle when placing children is to place them within 20 miles of their family and support networks. When placed at a distance from family and their local community, children can feel cut off, estranged, experience disruption within their education and lose their confidence and social networks, impacting on their overall wellbeing. Nationally there are challenges in local authorities having sufficient placements locally, as such placement searches are extended and children are too often placed beyond 20 miles from what is familiar to them. In Bath and North East Somerset, of the 220 children in care at year end, 137 were placed beyond 20 miles from home.

9.2 The children's transformation programme includes a sufficiency project focusing on improving the local authorities fostering sufficiency, 16+ accommodation for

care experienced young people and the potential for the local authority to have its own children's home.

Graph 8: Placement stability



9.3 Placement stability has become an area of focus in this reporting period with 37 children experiencing 3+ moves within the 12 month period. Changes in care, whether planned or unplanned are disruptive for a child and should be prevented at all costs. IRO's expect to see responsive action by children's social care where carers express worries or difficulties in caring for a child. Where there are concerns about the stability of a placement a stability meeting should be held so concerns can be addressed and support identified to prevent a care arrangement ending. IRO's should be invited to attend stability meetings, however in this reporting period IRO's have shared they do not consistently get invited/notified of these meetings, when they do, they prioritise their attendance and contribute information to support the plans developed. Often, IRO's have been the consistent person for the child since entering care, for children who have experienced multiple moves, the IRO can provide insight into the precipitating factors and the child's journey to date. The IRO attending stability meetings and providing a narrative of the child's experiences assists in develop plans that promotes the child's current needs and allows the IRO to review and monitor how plans are progressing and what difference support is making.

9.4 Given the challenges with placement stability and sufficiency, the IRO service has seen children placed in a residential setting rather than a foster placement, which has been the preferred option. This is not unique to Bath and North East Somerset as again features nationally.

Residential care arrangements

9.5 Children placed in residential placements are subject to further scrutiny through the high cost placement meeting, now known as the Placement Support and Oversight Group (PSOG). The Head of Service for Children's Quality Assurance and Safeguarding attends these meetings and ensures IRO's contribute by providing their views on:

- whether the placement is meeting the child's needs,

- any identified concerns from the IRO's visits to the child or contact with them,
- any areas that need to be considered for the child
- Any additional support identified by the IRO that would promote stability within the child's care arrangement.

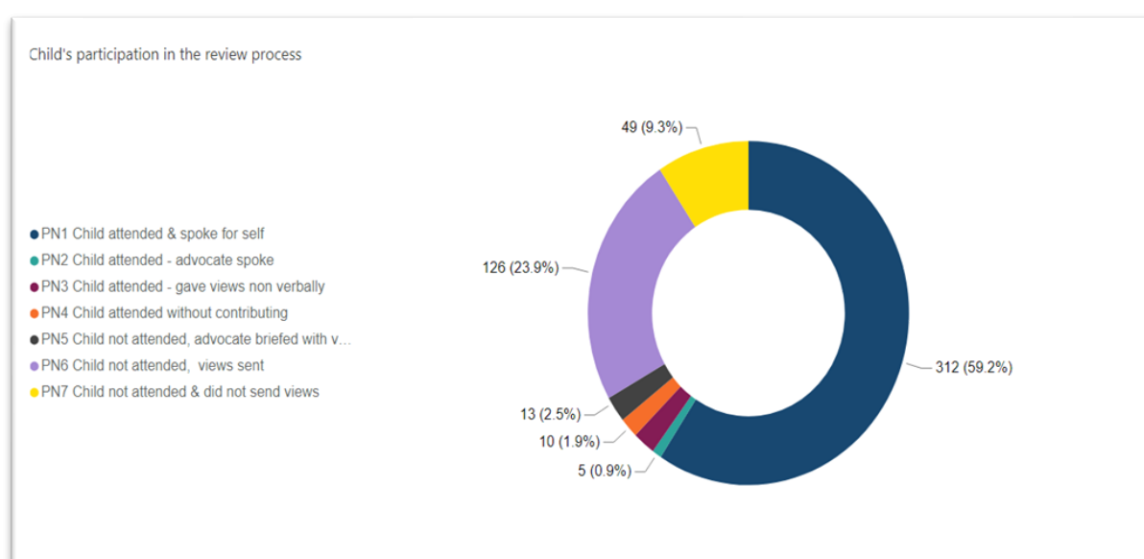
10. Unaccompanied, Asylum Seeking Children

- 10.1 In the UK, a child is deemed an unaccompanied asylum seeking child (UASC) having arrived in the UK without a parent or legal guardian. In this reporting period 18 children in care were UASC, accounting for 9% of the child in care population, a decrease of 3% from last year. The majority (16) of UASC were male, in line with previous reporting figures, with all but one aged 16+.
- 10.2 Within Bath and North East Somerset, UASC are allocated a social worker who is a specialist in working with this cohort of young people. There is no dedicated IRO for this cohort of children however the IRO service is well versed in reviewing the care planning for these children. IRO's are alert to the complexity of needs UASC have, being in a country unfamiliar to them, with communication barriers, a lack of understanding as to western culture and state intervention. IRO's seek to ensure all children in care understand their rights and entitlements and where a child cannot advocate for themselves or an IRO has concerns that the child is not expressing their wishes and feelings, the IRO will liaise closely with the social worker and carer for the child to see how their views can be gained.
- 10.3 There has been a drive to place UASC within local placements, in previous years this cohort of children had often not set foot in the local area and although this didn't impact necessarily on how they were supported it did present challenges when they turned 18 in terms of housing duties. This reporting period saw 55% of UASC children placed within Keynsham or Bristol, this is an improvement on previous years and means our UASC are more visible and can be linked in with local services and build links with one another.

11. Voice of the child, participation and feedback

- 11.1 The IRO service actively seeks to engage children in the review process, IRO's take a child centred approach to a child's review, recognising it is their meeting and as such every child should be supported to be present and actively participate. Where children have an advocate, the advocate and IRO liaise ahead of a child's review to consider how the child wants their review to be held, the venue for this and who will be in attendance. IRO's will often have to hold a review over several meetings to ensure all significant people have been consulted / participate, it is not always possible to bring the adults in the child's life together in one meeting

Graph 9: Children's participation in their review



11.2 The above demonstrates that of the reviews held in this reporting period, 62% of reviews held included the child, with the child contributing themselves, via their advocate or their views obtained non verbally. Only 9.3% of reviews did not see the child attend or provide their views.

Feedback

11.3 The service continues in its attempt to develop a feedback strategy that enables the service to obtain feedback from children, their carers and families. The service has been exploring the potential methods in which feedback can be obtained, consideration being given to the use of QR codes for questionnaires, telephone calls throughout the year, use of advocates and capturing more systemically feedback that comes into the service.

11.4 In this reporting period, IRO's have received ad hoc feedback all of which has been positive. Some examples of the feedback received, include.

- Parents thanked an IRO for a letter they sent their child. The parents commented that they were glad their child was being involved in what was happening around them, that their child's views were being listened to and they appreciated the IRO keeping them updated about matters relating to their children.
- A Team Manager attended a child in care review following which they emailed the IRO to say how 'wonderful' the review was. The Team Manager felt the IRO enabled the reviews to be child led and focussed, they felt the children gained a lot from (and enjoyed) being able to share their views in their way.
- The Consultant Social Worker within Children's Social Care highlighted challenges they faced in gaining an understanding of the child's lived experience since being in care however the IRO's CIC review records were deemed 'a significant aid', providing detailed understanding of the child's experiences and were written in a child-centred way. The Consultant SW gave

their sincere appreciation for the IRO's oversight and excellent summary of the experiences the IRO provided in each review.

- A member of the ACE team complemented an IRO on a child in care review and how the IRO's approach engaged the parent and contributed to the plans for the child progressing.
- A parent thanked an IRO for their child's review and shared it was the first time she had seen their daughter be herself at a review.

11.5 There have been two formal complaints in this reporting period, a parent complained they did not feel the IRO was responsive to their communication and concerns and highlighted that recommendations by the IRO were not being taken forward by the social work team. Whilst this complaint was not upheld, there was learning about how to ensure parents of children in care were engaged by the service. The second complaint was directly from a child in care, supported by their advocate. The child did not feel they had been fully supported to participate in their final review, having not been present. Some aspects of the complaint were upheld and the learning for the service and IRO related to ensuring all children in care were consulted with as to arrangements surrounding their reviews, where attempts unsuccessful IRO's to pursue contact with child and / or those supporting them.

12. Dispute resolution protocol:

12.1 The key function of the IRO is to resolve problems arising out of the care planning process, ensuring a child's care plan fully reflects their needs and any actions within the plan are consistent with the Local Authority's legal responsibilities for the child. All IRO's seek to establish positive and trusting working relationships with the children to whom they are allocated. IRO's will seek to ensure plans for a child consider their wishes and feelings and promote their individual needs as well as their aspirations. IRO's are expected to raise any concerns relating to the child respectfully and without delay. Any concerns should in the first instance be discussed with the Social Worker before utilising the Dispute Resolution Protocol (DRP).

12.2 The DRP was reviewed following the Local Child's Safeguarding Practice Review³ in January 2024. A subsequent review was undertaken by the permanent Head of Service in June 2024 following concerns about the understanding of the DRP across children's social care, the timescales within the DRP and how its use was recorded and reflected in the child's record. Following consultation with children's social care and IRO's the new DRP was launched in September 2024⁴.

12.3 In October 2024 the service implemented a system which sees regular review and tracking of the use of the DRP, the service can now see the number of DRP's raised by IRO's, under what stage, what the area of concern for the child related to and resolution date. DRP's are now embedded within liquid logic, this change has created a greater level of transparency around the use of DRP's and has

³ https://bcssp.org.uk/assets/7a7eb990/cspr_skye_executive_summary.pdf

⁴ <https://trixcms.trixonline.co.uk/api/assets/bathnes/9f84471e-adb4-47ab-a8ff-6623203e3526/dispute-resolution-protocol-sept-2024.pdf>

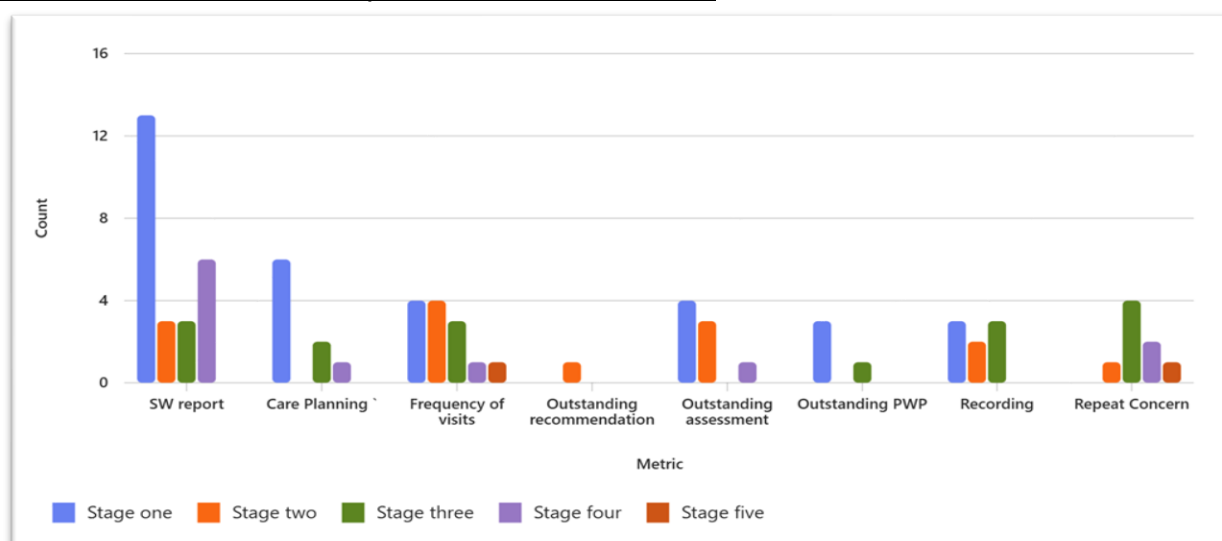
sought to make IRO's and children's social care managers more accountable to the issues raised and the resolution of these in a timely way for the child.

Summary of IRO's use of DRP October 2024 – March 2025

Q3 (Oct – Dec 24/25)		
Stage 1	Stage 2	Stage 3
8	10	5
Stage 4	Stage 5	Total
1	0	24
Q4 (Jan – March 24/25)		
Stage 1	Stage 2	Stage 3
14	5	3
Stage 4	Stage 5	Total
7	1	30

12.4 Across Q3 and Q4 there were 54 instances where IRO's used the DRP. Stage one is informal and captures issues raised directly with the child's social worker and the agreement reached. Stage two sees concerns raised with Social Workers Manager, stage three, the Team Manager, stage four the relevant Head of Service and Stage five the Assistant Director.

Reason for IRO use of Dispute Resolution Protocol



12.5 The above graph shows the category of concern leading to the IRO utilising the Dispute Resolution Protocol (DRP). Use of the DRP can include concerns about more than one issue for the child. The completion of a social work report (25) is the highest reason for use of the DRP by IRO's, in January 2025 a new approach was taken to this area of social work practice. Children's Social Care colleagues were advised that all children should have a review report available three days before their review, the expectation was set that reviews should only take place without a report in exceptional circumstances. If a review was held without a report the IRO would notify the social worker's line manager, Team Manager and the relevant Head of Service, with reports then expected to be completed no later than

five working days following the review date. This area of social work practice continues to be a challenge for the IRO service, data reporting around the completion of Social Work reports would strengthen the monitoring of this statutory requirement.

- 12.6 Usually, IRO's have made an escalation at stage one or two, when issues have not been resolved IRO's utilise the next stage of the protocol. In some instances, an IRO has escalated to the next stage due to either being unsatisfied with the response to the escalation or no response having been received.
- 12.7 The IRO service currently has no data reports available to support the tracking of the use of DRP's, the themes leading to escalation, timeliness of children's social care responses and outcome. A request has been made to Business Intelligence to develop a reporting mechanism that can support greater analysis of instances when the DRP is used and its impact for the child.

13. Quality Assurance by the IRO service

- 13.1 IRO's are required to maintain close oversight of the care planning for children in care. A significant part of an IRO's role is to quality assure the service provided to children in care, to ensure needs are being met, statutory requirements are being adhered to, and care plans are informed by a child's wishes and feelings and the completion of assessments. The IRO service whilst reviewing plans and level of service for individual children, also consider themes related to child in care cohort.
- 13.2 In this reporting period, the IRO service collectively raised concerns about the following areas of Social Work practice with Heads of Service in Children's Social Care and the Director of Children's Services.
- Completion of Social Work reports for child in care reviews.
 - Visits to children in care. IRO's were concerned that some children in care were not being seen within statutory timescales.
 - Children having up to date care plans. IRO's were routinely receiving out of date care plans for child in care reviews. Head of Service for Children's Quality Assurance and Safeguarding identified that social workers were not updating the child's care plan within LCS following changes in care arrangement. Raised with relevant Heads of Service and Assistant Director.
 - Needs assessments being completed every two years. There is a growing number of children in care who have not had a needs assessment for over two years.
 - Completion of pathway plans continues to be an area of practice closely reviewed by IRO's.
- 13.3 The IRO service has challenges in collating quality assurance activity as there are no reporting mechanisms that bring together all the QA activity, the service is therefore reliant on IRO's openly raising with one another the issues they are identifying in respect of children in care and bringing these to the Head of Service of Children's Quality Assurance and Safeguarding.

14. Internal audit

14.1 In Q4 of this reporting period, Internal Audit undertook a review of the risks and controls related to the Independent Reviewing Officers Service. This was part of the 2024/2025 annual audit plan. The audit reviewed the following key risks/control objectives:

1. IRO's are promptly allocated to Children in Care and reviews are conducted in line with statutory timescales and regulations.
2. The view and wishes of children in care are heard and considered when decisions are being made about them.
3. The IRO function contributes to positive outcomes for children in care.

14.2 The IRO service was awarded an assurance rating of 'Level 4 -Substantial Assurance. The three areas of assessment were assured as:

Assessment	Key Control Objectives
Good	Independent Review Officers (IRO) are promptly allocated to Children in Care and reviews are carried out in line with statutory timescales and regulations.
Excellent	The view and wishes of Children in Care are heard and considered when decisions are being made about them.
Good	The IRO function contributes to positive outcomes for Children in Care.

14.3 Key findings:

'It is the opinion of the auditor that the IRO Service is a dedicated team who are committed to achieving improved outcomes for children in care. The audit review highlighted that the IRO footprint within children's case records is good, and all supporting records/case notes reviewed were clear and comprehensive. Key developments and achievements has seen improvements in the timeliness of statutory reviews, development of the feedback strategy and midway review process, along with the review and relaunch of a clear and transparent dispute resolution process for IRO's to follow when becoming aware of practice issues that are/may be having a detrimental impact on a child in care.

The IRO service is also accountable and transparent in terms of its own performance concerns, in the main: timeliness of the completion and distribution of CiC review records and completion rates of midway reviews. The challenges and current performance in these areas are subject to ongoing reporting and monitoring via the Service Improvement Board, and the service is continuing to assess the level of quality assurance activity placed upon IRO's within current capacity/ caseloads; along with the impacts on children's care planning arrangements and outcomes.

The key improvements identified within this audit report, in the main, are in relation to the quality and availability of key performance data to support robust reporting and monitoring arrangements, along with clear accountability and actions to drive and deliver the necessary improvements to practice standards and performance.

14.4 There were two high risk recommendations arising from the audit relating to the availability / timeliness of social work reports and the impact of the IRO service in achieving improved outcomes for children in care. Whilst the Head of Service for Children's Quality Assurance and Safeguarding was seen to be raising practice concerns / areas for improvement with the Service Improvement Board, directly with the Director for Children's Services and Assistant Director, the IRO Service has not been seen to have received any formal feedback/reports on enquiries and actions taken to address identified practice issues. The recommendations from internal audit will be areas of focus for 2025-2026. Please see Section 16 for recommendations and action taken.

15. Update on areas identified for development in 2024-2025

15.1 Each year, the IRO service identifies areas of practice that require further development or improvement, the following were areas for the service to take forward in this reporting period.

Area for development / improvement	Update
Improving timeliness of CiC reviews. To ensure quality assurance of children's plans by midpoint review. (2024-2025)	There has been a 16% increase in the timeliness of child in care reviews this year, with 87% occurring on time, compared to 71% in 2023-2024.
	Midway reviews have been paused due to capacity within the service. The service is currently considering how the use of MWR's can be approached to strengthen their impact.
Feedback from children, young people, their families and carers. (2021-2022)	The service is developing a strategy that will promote feedback into the service using differing approaches. The service will work with the advocacy service and in care council to gain feedback from children in care as to how best to gain their views about the service.
Improving the number of children in care review records disseminated within 20 working days. (2024-2025)	This is an area requiring improvement, it is hoped the use of magic notes and Co Pilot will strengthen this area of practice for IRO's.
Audits to be undertaken, identified by the themes emerging from the quality assurance activity with the Service and data reports.	There have been two audits undertaken in this reporting period, relating to Social Work reports and completion of midway reviews. A report was also presented to senior managers in children's services about some of the themes emerging from IRO activity. In 2025-2026 the IRO

	service will undertake an audit into children placed with connected persons/kinship care under a Care Order.
Pathway plans and needs assessments of all children in care aged 15 years and 9 months. (2024-2025)	This is an area of need considered for all children in care by their IRO at every child in care review. Where the pathway plan is outstanding, the IRO will include this in their recommendations and include reference to this within their quality assurance reporting.
DRP protocol and policy is to be embedded across the service. DRP data is to be monitored. SQA HoS is to review the new DRP and protocol by 17.10.24. (2024-2025)	New DRP launched in September 2024, the use of the DRP is tracked and reported into service improvement board on a quarterly basis.

16. Summary and areas for development in 2025-2026

16.1 This year, the IRO service in Bath and North East Somerset maintained stable numbers of children in care and improved the timeliness of statutory child in care review, with 87% completed on time. The service maintained strong participation by children in their reviews and received positive audit feedback. The service has continued to challenge areas needing improvement such as completion of social work reports.

16.2 Looking ahead, priorities include reinstating midway reviews, continuing to embed the use of the dispute resolution protocol, developing practice guidance for children, parents and carers so there is clarity as to the role of the IRO and the processes involved. The service aims to have in place a feedback strategy which informs service delivery and captures how children, their carers and families experience the service.

Areas for development 2025-2026

Service development 2025-2026	Action
1. 90% of child in care reviews to be held within statutory timescales.	<ul style="list-style-type: none"> • IRO's to arrange review date four weeks before the statutory due date to allow scope for changes in date which should only be result of child requesting change in date. • Review timeliness to be included in weekly data reporting across children's services to highlight the

	<p>performance in this area of practice.</p> <ul style="list-style-type: none"> • IRO's to seek Head of Service for Children's Quality Assurance and Safeguarding agreement before any review is held out of timescale.
2. 75% of child in care review records to be completed and distributed within 20 working days of review date.	<ul style="list-style-type: none"> • IRO's to use Magic notes and Co-Pilot to support the completion of child in care review records. • Monthly review of timeliness in this area to be undertaken and findings distributed across IRO service and children's social care senior managers. • This to continue to be an area of performance reported to Service Improvement Board.
3. 90% of child in care reviews to have a social work report available three days before the review date.	<ul style="list-style-type: none"> • Data report to be developed that supports the monitoring of this area of practice. • IRO's to ensure Senior Managers are informed of reviews held where there is no social work report.
4. IRO's to meet with social workers 15 days in advance of the child in care review. (statutory requirement and area identified within internal audit April 2025)	<ul style="list-style-type: none"> • IRO's to ensure that when setting date for child in care review, they are diarising meeting with social worker 15 days before. • This meeting to be captured in child's record, including date meeting held, summary of discussion and next steps/actions including when social work report will be received by IRO.
5. IRO's to strengthen practice in respect of reunification and contribute towards this become a primary area of consideration for children in care.	<ul style="list-style-type: none"> • IRO's to attend reunification panel. • Child in care review records completed by IRO to reflect considerations given by IRO to care plan for child. • Where reunification being explored, IRO's to ensure these features in recommendations from child in

	<p>care reviews with clear timescales as to completion of reunification assessment.</p> <ul style="list-style-type: none"> • IRO's to challenge any delay in progressing reunification assessments / plans. <p>Head of Service for Children's Quality Assurance to work with Head of Service in Care Outcomes to closely review children identified for possible reunification and to track the progress of these children.</p>
6. Midway reviews for children in care to be reinstated.	<ul style="list-style-type: none"> • Midway reviews will commence at the start of Q3 2025-2026 for all children in care. • Midway review to be embedded within the child's record for easy identification and accountability. • Data reporting for this area of practice to be established to support monitoring of these being completed in a timely way.
7. Audit to be undertaken into children in care placed with connected person under Care Order.	<ul style="list-style-type: none"> • Audit to be completed in Q4 of 2025-2026 to review number of children in care placed with a connected person under a Care Order, the rationale for such a care plan and the plans for these children going forward.
8. Data reporting	<ul style="list-style-type: none"> • Exploration of developing date reports for statutory requirements of the service such as allocation of IRO within five days, outcome of Quality Assurance activity, completion of review records by IRO and distribution, midway reviews, use of the dispute resolution protocol.
9. Development of feedback strategy for the IRO service	<ul style="list-style-type: none"> • IRO service to develop a feedback strategy to ensure children, their carers and family members can provide

	<p>feedback about the service provided.</p> <ul style="list-style-type: none"> • Input from the in care council and off the record to develop feedback process and promote its use.
10. Practice standards / guidance to be developed.	<ul style="list-style-type: none"> • IRO service to have workflow process maps and practice standards for the IRO service.

S. Hogan
Head of Service Children's Quality Assurance and Safeguarding
November 2025

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Independent Reviewing Service
Name of directorate and service	Children's Services and Education, Children's Quality Assurance and Safeguarding
Name and role of officers completing the EqlA	Sarah Hogan, Head of Service, Children's Quality Assurance and Safeguarding
Date of assessment	November 2025

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> How the service/policy is delivered and by whom If responsibility for its implementation is shared with other departments or organisations Intended outcomes 	<p>The Independent Reviewing Service works directly with children placed in the care of the Local Authority and is a statutory requirement as set out in the Adoption and Children Act 2002. Since 2004 all Local Authorities have been required to appoint an Independent Reviewing Officer (IRO) to looked after children. In 2010 the IRO handbook was introduced which provides statutory guidance for IRO’s.</p> <p>The IRO Service sits under the Director for Children’s Services and Education, the functions of the Service are to ensure the care planning for children placed in the care of the Local Authority are sufficiently meeting the child’s needs.</p>
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> Is it a new service/policy or review of an existing one? 	<p>The Manager of the IRO Service has responsibility for completing an annual report for the Director of Children’s Services, the Lead Member for Children and the Corporate Parenting Group, providing information about the children and young people placed in the care of the Local</p>

<ul style="list-style-type: none"> • Is it a national requirement?). • How much room for review is there? 	Authority. This report is a statutory requirement as set out in the IRO handbook.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	The IRO Service reviews and monitors the care planning for children in care and the quality of social work practice within children's social care.

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	All IRO's hold a Social Work Qualification where issues of equality, discrimination and oppression are a significant focus. Social Workers participate in continued professional development as a requirement of their registration with Social Work England. IRO's access equalities and diversity training as offered by the council and share their learning and knowledge with colleagues. Issues of diversity and equality feature within supervision and team meetings, IRO's work with children who have experienced a great deal of adversity within their childhood and must be sensitive to and consider in their work the effect this has on children now and as they grow and develop.
2.2 What is the equality profile of service users?	The IRO Service works with children from birth to 17 years old who cannot remain living with their family. These children will have been exposed to varying degrees of neglect or abuse. Two thirds of the children placed in the care of the Local Authority are White British, there is an over representation of children and young people who are from a Black, Asian Ethnic Minority Group, this is not unique to Bath and North East Somerset.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there	The service has received some feedback from parents, carers and professionals about the service provided by IRO's in this reporting period, this has all been positive. Two formal complaints were made which highlighted the importance of communication with parents and

any gaps? Or differences in experience/outcomes?	children in care. The service is seeking to introduce QR codes on all correspondence to provide opportunity for anyone coming into contact with the service to provide feedback.
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	This EQIA has been completed by the manager of the IRO service, who is relying upon their knowledge, expertise and oversight of the service. The manager supervises all IRO's within Bath and North East Somerset and as Head of Service for Children's Quality Assurance and Safeguarding has good grasp of the presenting issues for children in care.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	It is intended that feedback will inform service delivery, how feedback is sought will take into consideration the diverse needs of the service users of the IRO service.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	A child who is placed in the care of the Local Authority is required to be allocated an IRO within five working days of their entry into care. The role of the IRO is set out within statutory guidance and	There is no scope for a care experienced young person to have input from an IRO as the IRO's duties end once a child turns 18. IRO's however consider all plans for children approaching adulthood

	<p>underpinned by legislation. Any child in the care of the Local Authority will be allocated an IRO irrespective of their age, disability, gender, religion or belief, sex and sexual orientation</p> <p>It is imperative that children form a positive relationship with their IRO, where there are identified difficulties in this relationship which cannot be resolved, the manager of the IRO service will look to reallocate and consider what the child may want from their IRO to support appropriate matching.</p> <p>Children over the age of 7 can have an advocate to support them in understanding the decisions being made about them and to capture their wishes and feelings. Advocates are available to all children in care seven years and over, for children with a disability advocates are experienced in finding ways to best communicate with them and on their behalf.</p>	and will escalate any concerns relating to plans for a child post 18 with children's social care colleagues and where relevant adult social care.
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The IRO report considers the breakdown of males and females in care of the Local Authority. Across England, as of 31 st March 2025, 56% of children in care were male and 44% female. In Bath and North East Somerset the gender breakdown is	

	<p>relatively aligned with 54% of children in care being male and 46% female.</p> <p>Children coming into the care of the Local Authority is a result of assessments and decisions made by children's social care colleagues, there is no greater chance of coming into care whether you are male or female, it is based on whether the child is deemed to be safe.</p>	
3.3 Pregnancy and maternity	<p>Given the remit of the IRO service, there would be no Unborn Baby's allocated to an IRO. If a child in care were to become pregnant then IRO's would ensure that appropriate support and planning was in place for mother, father and baby, this would include plans for baby once born.</p> <p>A child in care would be supported to parent their baby, remaining in their foster placement or moving to a more specialist provision where there are levels of support, advice and guidance that meet the needs of mother and / or father and baby.</p>	<p>The service provided to a pregnant child in care would not differ to any other child in care.</p> <p>Should a baby be placed in care and not alongside their parent, the IRO would ensure the parent was actively involved in any meetings the IRO led and had the opportunity to contribute to care planning.</p>
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	<p>The IRO service and statutory guidance that underpins the work of the IRO does not differentiate based on gender identity. IRO's are very alert to issues of gender and the confusion some children have</p>	

	with their identity. The IRO service will seek to ensure care planning considers a child's identity and support they may require. Specialist support will form part of the recommendations from a child in care review where areas of need for a child require additional input from those with the relevant expertise.	
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	<p>Children in the care of the Local Authority that have a disability have often entered care with their parents' consent. Children with disabilities have the same level of contact with their IRO as other children who don't have a disability. IRO's are sensitive to the vulnerabilities of children in care who have a disability. remaining alert to their care experiences, being curious about their experiences and being creative in how they obtain the wishes and feelings of this cohort.</p> <p>IRO's are expected to continually develop their knowledge and skills and review national and local learning reviews that highlight how best to work with children who are deemed to have a disability.</p> <p>The annual report includes data around the number of children in care that have a diagnosed disability and the legal status that underpins their placement in care.</p>	The views, wishes and feelings of Children with a disability is an area of challenge, IRO's are reliant upon those familiar to the child to convey their wishes and feelings, which the IRO will take into consideration when reviewing aspects of care planning.

<p>3.6 Age – identify the impact/potential impact of the policy on different age groups</p>	<p>The IRO service works with children from birth until 17 years old, with IRO's having oversight of the care plans being devised for these children. IRO's must provide a view on the final care plan devised for a child; in doing so they will consider the child's age, level of needs and issues related to identity and culture.</p> <p>IRO's will challenge a care plan that does not provide the child with age appropriate permanence, such as a care plan for a child under two years old being foster care as opposed to adoption or family placement.</p> <p>The age in which a child comes into care does not determine the level of contact or input the child receives from an IRO. The IRO however will need to consider different aspects of care planning, a young baby will have very different needs to an adolescent.</p>	
<p>3.7 Race – identify the impact/potential impact on across different ethnic groups</p>	<p>IRO's consider a child's race and culture when reviewing and monitoring the care plan. IRO's will ensure that children have care arrangements where their ethnicity and race are promoted and considered, ensuring children are placed in areas that they feel connected to and where they feel they are represented.</p> <p>IRO's ensure the use of translators and that documents for children and their parents are</p>	<p>Placement sufficiency can create challenges in matching children to carers where there is a community in which the child can feel connected to. Although in this reporting period, the Local Authority has managed to place a higher percentage of unaccompanied young people in the local area or neighbouring authorities.</p>

	<p>translated. IRO's will make recommendations at a child's review that promote the child's ethnicity, race and culture.</p> <p>Unaccompanied Asylum Seeking Children's journey to the UK will have been traumatic and often these children have lost parents, siblings and family members and face an uncertain future when arriving in the UK. IRO's expect work with these children to focus on their experiences at home, reflecting on their journey to the UK and will want to see that action is being taken by the Local Authority to secure the child's future stay in the UK.</p>	<p>IRO's always seek to ascertain the views, wishes and feelings of children in care and consider this when reviewing the plans in place for them. Where IRO's identified concerns about placement matching, they would explore this further with the social worker, if concerns were to such a level the IRO felt immediate action was necessary, they would raise directly with the social worker and their manager. IRO's would utilise the dispute resolution protocol if concerns remained about care planning.</p>
<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people</p>	<p>The statutory nature of the IRO service means that the service provision to a child in care should not alter based on any issues of equality. IRO's in working with children in care will be alert to presenting areas of need and ensure these are considered within a child's care plan.</p> <p>IRO's receive monthly supervision, any challenges they face or have identified in their work with children in care will be reflected upon and plans agreed to promote any issues of equality.</p>	
<p>3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?</p>	<p>N/A given age of service users.</p>	

<p>3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>	<p>IRO's are accountable in ensuring all aspects of a child's needs are being met.</p>	<p>The IRO report does not specify matters related to religion or belief; however this is an area that IRO's in their work with children focus on and review. IRO's would expect to see reference to how a child's religion, beliefs and culture were going to be met and promoted whilst in care.</p>
<p>3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>IRO's become appointed to children and young people at the point in which they become looked after by the Local Authority.</p> <p>A child coming into care will be expected to have a final care plan devised by their second child in care review, when they have been in care for approximately four months.</p> <p>IRO's will review and monitor the care plans being devised and will expect to see that all family members have been explored as a long term care option before Local Authority care or Adoption. IRO's will highlight any gaps in service provision or assessment.</p> <p>As part of their responsibilities, IRO's are expected to consider the child's needs in respect of physical health, education, mental health, relationships, care arrangement, connections within their local community, relationship with their social worker, permanency planning.</p> <p>IRO's will want assurances that intervention has been provided to the child's parents in order to address any safeguarding concerns or gaps in knowledge, IRO's would utilise the</p>	

	dispute resolution protocol if they had concerns that a child and/or their family were not receiving services that could improve the family dynamics and parenting capacity.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Carers are expected to support children and promote their needs and independence, taking into consideration how a child may experience living in a rural area and what they may need to navigate this in an age appropriate way.	
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	There should be no differential treatment for a child who has links to Armed Forces. Good social work practice and care planning would see full exploration of a child's family and networks, with any support and intervention identified being assessed as necessary for the family and delivered in a way families can freely access.	
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in	The IRO service works with children until they leave care, the IRO role ends when a child leaves care. When children leave care in a planned way, the IRO will have overseen the	

<p>Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	<p>progress of the plans for this and will seek to ensure the child's wishes and feelings and those of their family are central to the plans developed for a child leaving care. IRO's will hold a final child in care review ahead of a child leaving care, ensuring the assessment of needs informing the child's plan to leave inform the plans for the child once no longer a child in care.</p> <p>The IRO's role for a child leaving care in an unplanned way ends immediately upon the child leaving care, however IRO's will seek to gain assurance as to the support available upon leaving care. IRO's offer a post care review where this is felt necessary or wanted by the child and their family, this cannot be enforced given the statutory role of an IRO ends when the child leaves care.</p>	
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*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Feedback from children, their families, carers and professionals working with them has been an area that remains a challenge, the service does not have a designated resource to support the development and implementation of a feedback strategy. Some progress has been made in this reporting period and during 2025-2026 the service will introduce QR codes to allow anyone having an interface with the service to provide feedback.	Feedback mechanisms to be embedded within the service and included in all correspondence.		Sarah Hogan	2025-2026

5. Sign off and publishing

Once you have completed this form, it needs to be ‘approved’ by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council’s website. Keep a copy for your own records.

Signed off by:

(Divisional Director or nominated senior officer)

Date:

Independent Reviewing Officer (IRO) Annual Report 2024-25

Author: Sarah Hogan, Head of
Service Children's Quality Assurance
and Safeguarding

Reporting Period: 1st April 2024 –
31st March 2025

Bath & North East
Somerset Council

Improving People's Lives



Key Service Changes

Reporting Structure

The Head of Service will permanently report to the newly appointed Director of Children's Services starting September 2025.

Staffing Update

Q3/Q4 saw disruption caused by the departure of two Independent Chairs and one fixed-term Chair.

Temporary agency cover was arranged, though some children experienced brief periods without an allocated IRO.

Future annual reports

As of 2026-2027, the IRO annual report will be available in Q2

IRO core responsibilities:

Chairing statutory reviews: lead a review meeting for all children in care at required intervals, ensure care plans are up to date, specific and address the child's needs

Promoting the child's voice: Ensure the child's wishes and feelings are heard and reflected in planning and build positive, trusting relationships with children and young people

Quality Assurance and Oversight: Monitor progress against care plans and statutory timescales, identify drift or delay and challenge poor practice using the dispute resolution protocol.

Safeguarding and escalation: Act promptly if concerns arise about a child's safety or welfare, escalate unresolved issues to senior managers or, if necessary, to CAFCASS.

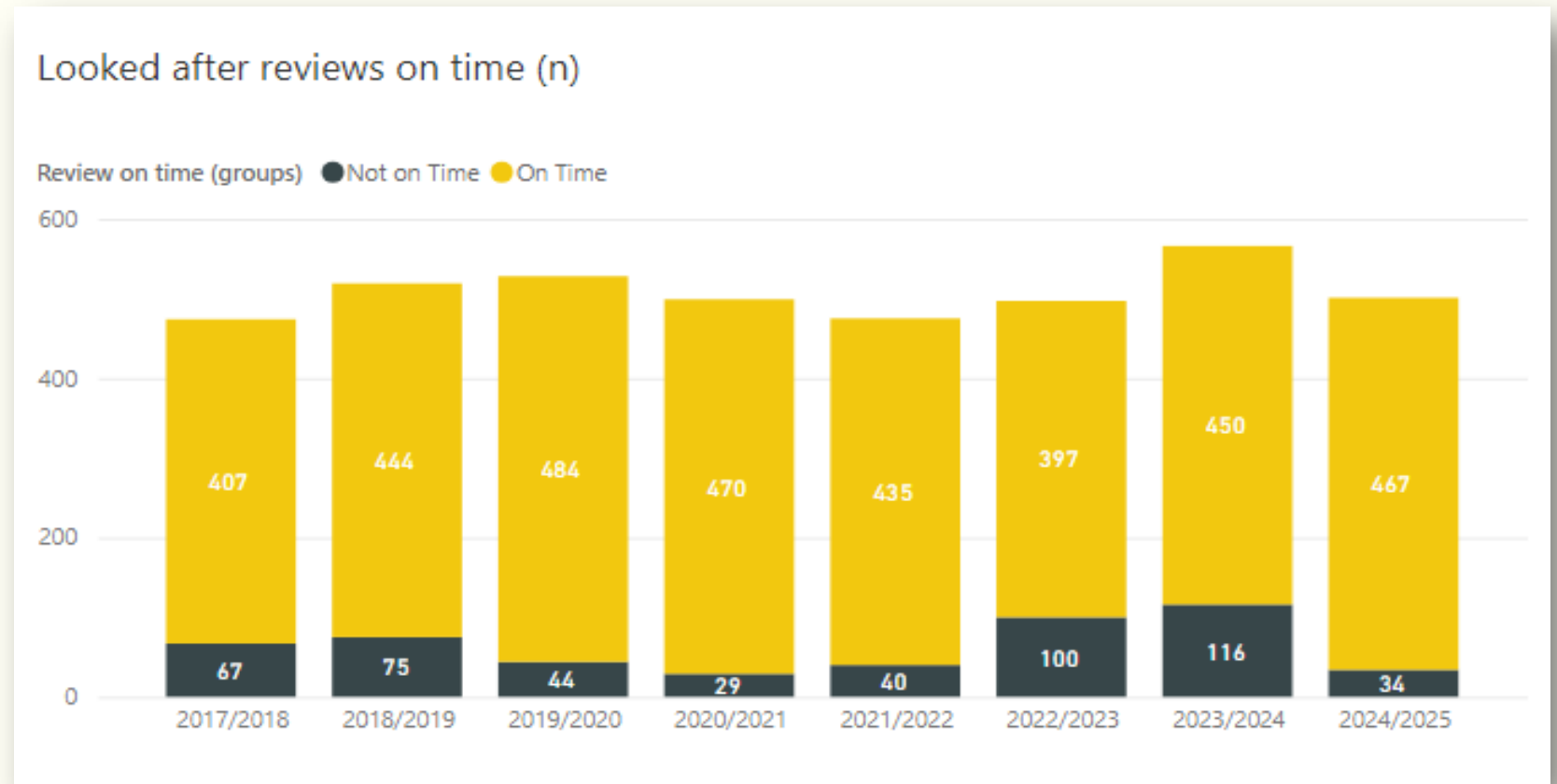
Numbers of children in care

	March 2025	March 2024	March 2023	March 2022	March 2021
No. Children in Care	220	217	228	197	181
CLA start	76	77	95	77	52
CLA end	73	91	65	61	54
% Increase of children in care from previous year	1.4	-4.8	16.3	+9	0

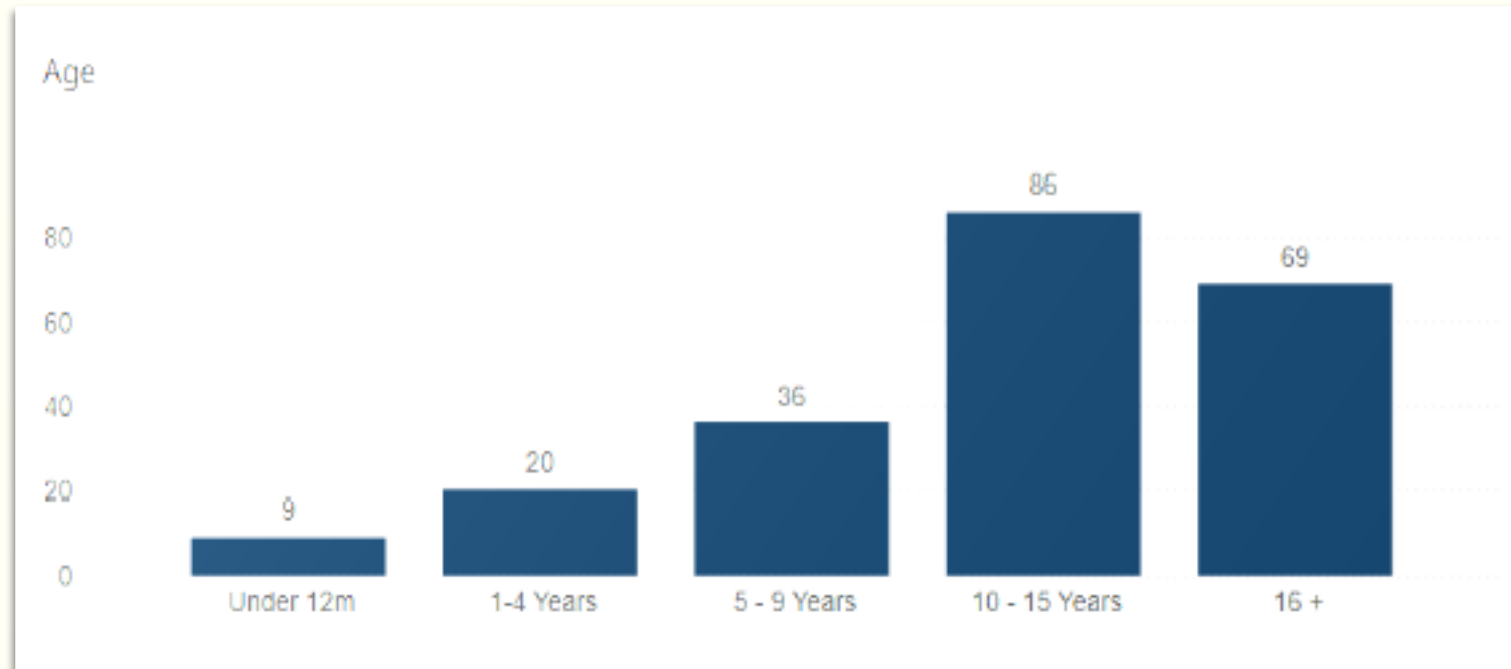
- Number of children in care has remained stable, only 1.4% increase on last year.
- Children entering and leaving care are aligned.
- Mostly children leave care when becoming 18, but other reasons include reunification, adoption and special guardianship.

Timeliness of child in care reviews

- IRO service led 501 child in care reviews in this reporting period.
- 87% of reviews were completed on time, 16% improvement from 2023 -2024



Ages of children in care



- 70% of children in care are over 10 years old
- 4% under 12 months old

Children with a disability

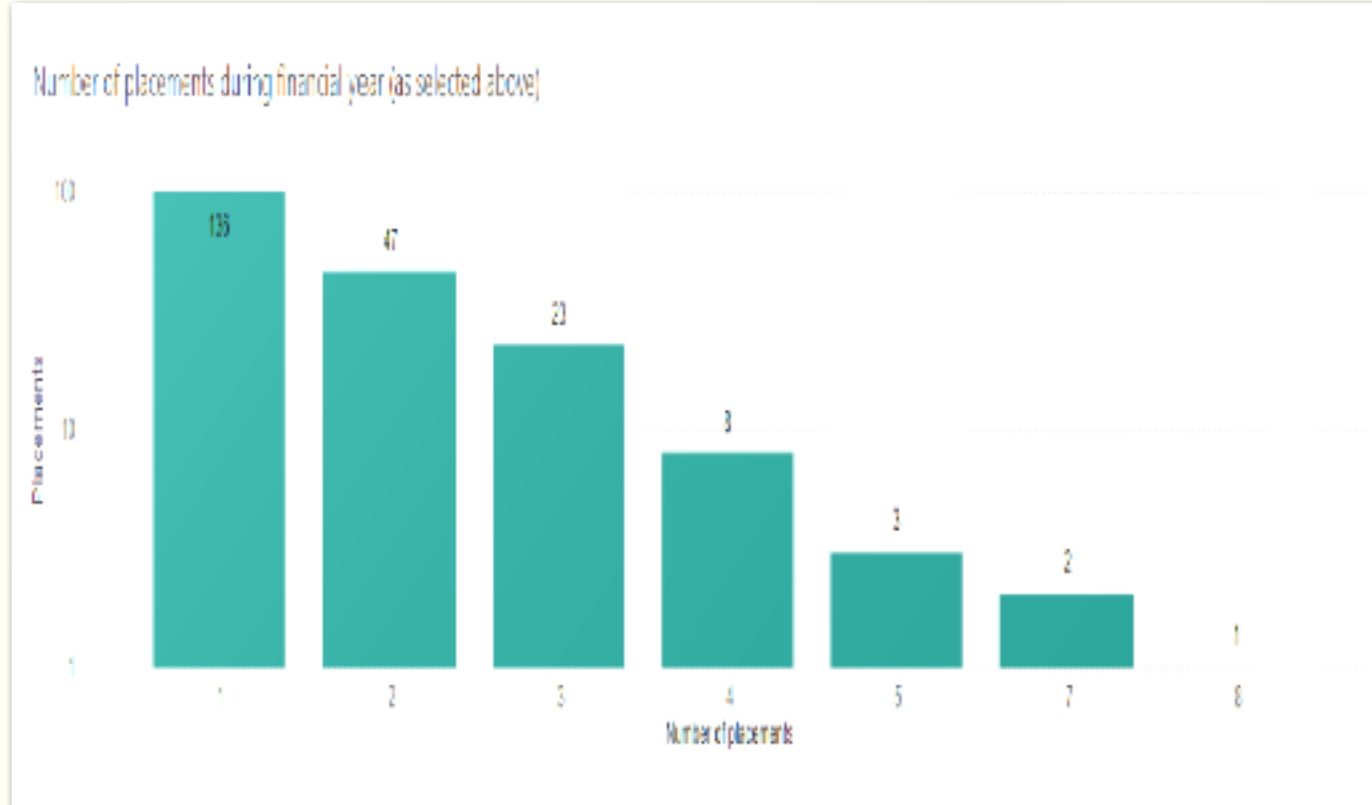
17% of the child in care population were deemed to have a disability

35% of these children in care due to their disability and with parental agreement (s20)

54% of children with a disability subject to a Care Order

8% subject to a Placement Order (adoption the care plan)

Placement stability



- 37 children experienced three or more moves in the year.
- 137 of 220 children were placed more than 20 miles from home.
- Improving local placement options and fostering sufficiency is area of focus for Children's Services

Dispute Resolution Protocol

Q3 (Oct – Dec 24/25)		
Stage 1	Stage 2	Stage 3
8	10	5
Stage 4	Stage 5	Total
1	0	24
Q4 (Jan – March 24/25)		
Stage 1	Stage 2	Stage 3
14	5	3
Stage 4	Stage 5	Total
7	1	30

Reasons for use of DRP

- No Social Work report
- Care Planning
- Frequency of visits
- Outstanding recommendations, assessment or PWP
- Recording
- Repeat Concerns

Voice of the child, participation and feedback

Our child was
listened to and
IRO kept
parents
updated.

IRO's records
were a
significant aid
in capturing
child's
experiences

Our
daughter
was
herself for
the first
time

The review was
'wonderful',
child focused
and led,
children
enjoyed and
contributed.

IRO's approach
engaged the
parent and
contributed to
plans
progressing

Internal Audit

IRO Service awarded an assurance rating of '*Level 4 -Substantial Assurance.*

The three areas of assessment were assured as:

Assessment	Key Control Objectives
Good	Independent Review Officers (IRO) are promptly allocated to Children in Care and reviews are carried out in line with statutory timescales and regulations.
Excellent	The view and wishes of Children in Care are heard and considered when decisions are being made about them.
Good	The IRO function contributes to positive outcomes for Children in Care.

Areas for improvement

- Continue to improve timeliness of child in care reviews – 90% target
- Timeliness of CIC review records – 75% target
- Social Work reports – 90% target
- Pre meeting discussion and planning – 15 days before review
- Midway reviews – reinstate and evaluate impact
- Strengthen practice in regards to reunification
- Embed feedback strategy
- Develop data reporting for service (allocation, QA activity, review record timeliness, midway reviews, use of DRP)
- Practice Standards

Bath & North East Somerset Council			
MEETING/ DECISION MAKER:	Children, Adults & Well-Being Policy Development & Scrutiny Panel		
MEETING/ DECISION DATE:	15th December 2025	EXECUTIVE FORWARD PLAN REFERENCE:	
TITLE:	Bath & North East Somerset Families First Partnership Programme Update		
WARD:	All		
AN OPEN PUBLIC ITEM			
List of attachments to this report:			
Families First Presentation			

1 THE ISSUE

- 1.1 The purpose of this report is to provide an information update to the Children's, Adults, Health and Well-Being Policy Scrutiny Committee about the Families First Programme of reforms, its statutory context, local implementation, funding, issues, and next steps. Committee members are asked to note progress and provide feedback on priorities and risks.

2 RECOMMENDATION

The Committee is asked to;

- 2.1 Proposal 1** Note the national requirements and local response to the Families First Programme.
- 2.2 Proposal 2** Comment on the proposed approach to service design and engagement.
- 2.3 Proposal 2** Identify any areas for further scrutiny or assurance.

3 THE REPORT

- 3.1 The Families First Programme (The Programme) is a national reform initiative arising from the Children's Wellbeing and Schools Bill and recommendations from the Independent Review of Children's Social Care. The Programme was developed by the Department for Education (DfE) in collaboration with safeguarding partners, including local authorities, health services, police, education and childcare settings. The guidance was officially published on 20th March 2025, with a joint ministerial foreword from the DfE, Department of Health and Social Care and the Home Office. It builds on learning from grant funded pathfinder local authorities which have been testing new approaches to family help, multi-agency children protection and family-led decision-making.

The key objectives of the programme include:

Strengthening early family support and reducing reliance on statutory services as well as the number of children who need to come into local authority care.

Integrate Family Help, Child in Need and statutory child protection to create a seamless system of support for children and families.

Establish a Multi-Agency Child Protection Team (MACPT) to support and oversee safeguarding concerns.

Embed Family Group Decision Making across all services (FGDM) to ensure family inclusion in planning and support decisions.

Create an Integrated Front Door for all contacts and referrals.

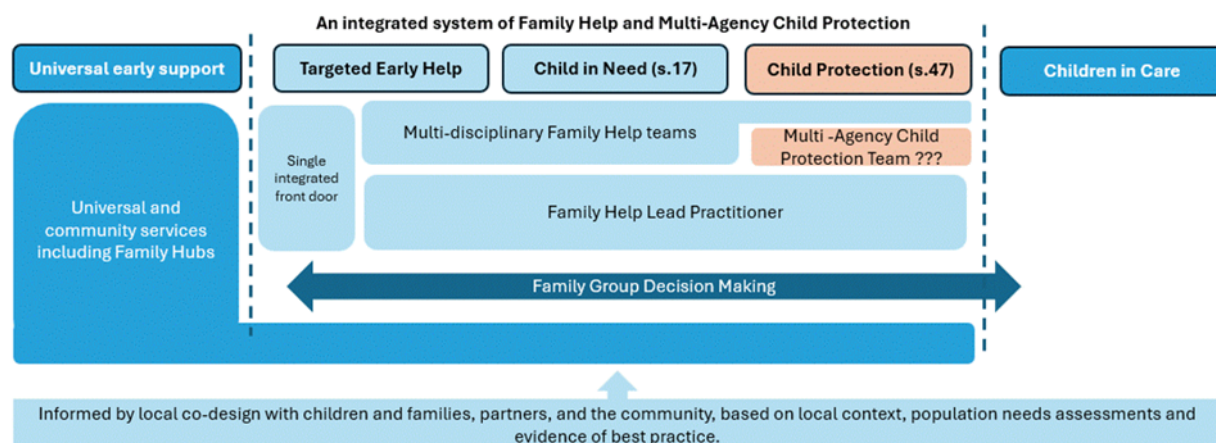
Josh MacAllister's Independent Review of Children's Social Care (2022) influenced many of the Programme's core principles. The Programme builds on recommendations from the review, aiming to rebalance children's social care by strengthening family support systems and reducing reliance on statutory interventions such as care. The programme integrates targeted early help with statutory child in need interventions via Family Help Teams, ensuring families receive targeted early help before statutory intervention is required. The Programme aims to transform family support and child protection in England by integrating multi-agency collaboration, early intervention and family-led-decision making.

In addition, recommendations from the National Panel's review of two high profile child deaths published in 2023 underpin the requirement to develop multi-agency child protection teams and the Child Protection Lead Practitioner (LCPP) role to strengthen safeguarding decision-making for children.

The reforms are described as the development of an integrated system of Family Help and Multi-Agency Child Protection. See below:

A whole-system approach to reform

Locally designed systems that meet the needs of the population with effective, integrated and joined up services with partners and that rebalance children's social care to earlier intervention



3.2

The DfE has designated 2025–26 as a transformation year to support implementation. Regular meetings with DfE advisors review and monitor our progress and enable a space for exploration of risks and issues impacting on the developments. In the latest meetings with DfE, they reported that local authorities are at different points in the transformation relating to this programme and the scale of change required will depend on current structures and service delivery arrangements. B&NES have worked at pace to complete a whole scale review of Children's Services to better understand the current working arrangements to inform the change required to meet the requirements. A key part of the guidance from DfE proposes that the transformation should be reflective of the needs and demands of local areas, this has resulted in the guidance being less prescriptive to enable this local response. DfE, at our most recent monitoring meeting in November 2025, were in support of our timescales of full implementation in July 2026. This fits with a requirement to ensure implementation and embedding of new arrangements during 2026-27.

Local Response

Our vision is to create a system of support in Bath and North East Somerset that places families at the centre of all decision-making, ensuring that every child grows up safe, supported, and able to thrive within their family and community wherever possible. This will be supported by continued commitment to strengthening and expanding our current prevention services so that families receive help at the earliest possible stage, reducing the need for statutory intervention and preventing escalation of risk.

We aim to develop an integrated approach that prioritises early intervention and prevention which is front and centre of our local programme. The local authority and its partners fully recognise the importance of timely support that can transform outcomes for children and families. There is a commitment to working collaboratively across agencies such as health, education, police, and voluntary partners so that we can collectively, identify emerging needs quickly and respond with tailored, holistic support.

Empowering families is at the heart of our ambition. Through Family Group

Decision Making and co-created family support plans, our ambition is that all children and families we work with will have a strong voice and genuine influence over the decisions that affect their lives. Our approach will focus on building resilience, strengthening protective factors, and supporting children and families to find sustainable solutions within their own networks wherever possible.

By embedding these principles into our practice, we hope to create a culture that values partnership, promotes inclusion, and delivers consistent, high-quality support. Ultimately, our goal is to reduce the number of children entering care, improve family stability, and enable children to achieve their full potential.

To achieve this vision we have achieved a full understanding of the needs and demand within B&NES across children's social care services through undertaking a detailed discovery this has focussed on:

- 3.3 Demand and caseloads.
- 3.4 Establishment (roles, posts and funding)
- 3.5 Use of funding for roles including grants
- 3.6 Processes and use of systems across the service.

Given the scope and scale of the reforms, a Programme Management approach has been adopted to provide the structure and resources that are needed to affect the necessary change.

The Transformation Steering Group meets monthly and has agreed four key workstreams to reflect the requirements of the Programme. The workstreams are:

- 3.7 **Integrated Front Door** – further development of a single point of entry and access to Children's Social Care for those within the local authority area needing support. This includes access to, what is currently, targeted early help, child in need, child protection and all other areas of children's services.
- 3.8 **Family Help** – providing a seamless system that ensures identification of need and support, led by Family Help Lead Practitioners (FHLPs) working across multi-disciplinary teams who will act as the lead professional/key worker and will, in most cases, stay with families as long as they require help and support.
- 3.9 **Multi-Agency Child Protection Team** – establishing a team that brings together social care, police, health and education to improve safeguarding responses. The workstream is also developing the role of Child Protection Lead Practitioners who will step in when families' needs change and there are safeguarding concerns.
- 3.10 **Family Group Decision Making** - this will be provided right across Family Help and the MACPT to strengthen family involvement in decisions, ensuring co-created solutions.

The Transformation Steering Group is the place where workstream leads present highlight reports based on progress since the previous meeting. Reports include progress, risks, issues, planned activity for the next period and RAG rating on status.

The workstreams meet every 2-3 weeks and they review project plans and milestones. They are focused on planning activity and discussing options for operating

models to ensure B&NES is successful in fully implementing the reforms as required. They also identify any risks and mitigations to ensure timescales are being achieved as well as escalating any key issues or blockages to the Transformation Steering Group.

Subgroups of the workstreams meet as and when required and are undertaking key tasks as set out in project plans, acting as task and finish groups often requiring smaller groups or with different membership.

The diagram below sets out the full governance structure:



4 STATUTORY CONSIDERATIONS

4.1 The National Families First Partnership Programme does not have its own statutory footing as a standalone legal requirement. Instead, it operates within the existing statutory framework for children's social care in England. The programme is guided by existing statutory duties under:

- a) Children Act 1989 – particularly Section 17 (duty to safeguard and promote the welfare of children in need) and section 47 (where there is reasonable cause to suspect a child is suffering, or is likely to suffer, significant harm).
- b) Working Together to Safeguard Children (statutory guidance) – which sets out the responsibilities of local authorities, health, and police as statutory safeguarding partners.

The Families First Partnership Programme guide explicitly states that it does not replace statutory guidance; rather, it supports implementation of reforms within those duties.

In summary, the Families First Partnership Programme is policy-driven, not a new statutory duty. It builds on existing legal obligations under the Children Act and statutory guidance like Working Together, while introducing reforms supported by the Children's Wellbeing and Schools Bill.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 For the financial year 2025-26 B&NES were awarded £528,927 to assist with transformation and implementation. We are required to report our activity and

spend quarterly to the Department for Education, and the table below sets out our reported agreed spend and commitments against this grant. To date, a total commitment of £477,443 has been agreed by the Transformation Steering Group to support the transformation work.

FFP Funding			
	Actual Spend Reported Q2	Commitment 2025-26	Total
Transformation Costs	£ 61,200	£ 206,833	£ 268,033
Partner Agencies	£ 40,000		£ 40,000
Workforce Dev		119410	£ 119,410
Sufficiency Data		50000	£ 50,000
Total	£ 101,200	£ 376,243	£ 477,443
To be allocated			£ 51,485

There is £41,485 remaining from the allocated funding. This funding will support single and multi-agency training, partnership engagement including further release of professional time to support development of the programme.

6. B&NES Progress

6.1 Integrated Front Door:

Our vision for the integrated front door is to create a single, streamlined access point for all contacts related to Family Help and Child Protection. We aim to strengthen our existing multi-agency arrangements so that professionals can share information quickly and directly, enabling timely and well-informed responses to referrals.

We plan to include Early Help Practitioners within the front door team to ensure families receive support at the earliest opportunity.

Lead Child Protection Practitioners (LCPPs) will also be connected to the front door, providing additional support and input into decision-making.

LCPPs are senior statutory child-protection professionals embedded within Multi-Agency Child Protection Teams (MACPTs), operating collaboratively with partners (police, health, education) to respond swiftly and effectively to significant harm. They act independently for Section 47 enquiries, chairing strategy meetings and conferences, and making timely statutory decisions under Working Together 2023. They will support with:

6.2 Decision-making & action: Analyse multi-agency intelligence; initiate enquiries or legal steps; chair child protection conferences.

Coordination & oversight: Provide expert supervision to social workers, ensure quality plans, maintain seamless case oversight across agencies.

6.3 Collaboration with family help: Work alongside Family Help Lead Practitioners to maintain support continuity.

By bringing agencies together in a strong, integrated front door, we can reduce duplication, improve coordination, and foster joint problem-solving and shared learning.

The working group leading on these developments have designed options for operating models that will allow us to implement a unified, accessible entry point where all contacts to the front door will be triaged to the right area of support. The aim is to streamline referrals, improve coordination among professionals, and ensure that families receive the right help at the right time, regardless of where they first seek assistance.

6.4 Family Help and Family Help Lead Practitioners:

Our local vision for Family Help Teams and the Family Help Lead Practitioner is to establish integrated, multi-disciplinary teams that support families across a continuum of need, from Targeted Early Help to more complex Child in Need cases. This approach aims to deliver a seamless and consistent service, reducing change for families as their circumstances evolve/risk increases.

We want to build Family Help teams with professionals from a variety of disciplines e.g. social workers, health professionals, education specialists, and family support practitioners with a range of skills to support domestic abuse, substance misuse and mental health issues, which regularly impact on parenting. Professionals will work collaboratively to provide holistic support to families. Families receiving support from Family Help Teams will receive support from a Family Help Lead Practitioner (FHLP).

Family Help Lead Practitioners, including social workers and alternatively qualified professionals, will case-hold children on a continuum from targeted early help right through child in need, child protection and legal planning. The aim is to ensure continuity of worker, reduce handoffs and build trust between families and professionals supporting reduction in risk and building support, thus, improving outcomes through collaborative, strengths-based approaches. Practitioners will conduct Family Assessments to understand the challenges and provide tailored support and work alongside families to co-create Family Help Plans.

There is a real emphasis in the Programme guidance on the importance of a strong and well-resourced targeted early help offer that supports families before challenges escalate into crises. It also strongly promotes proactive intervention, ensuring families receive support before statutory involvement is required. The guidance also sets out the need for universal services like education and childcare settings to provide accessible early intervention. It sets out the need for Early Help to be sufficiently resourced and positioned to reduce the number of children entering care through strengthening family resilience as early as possible.

6.5 Multi-Agency Child Protection Team and the Lead Child Protection Practitioner

The development of the Multi-agency Child Protection Team has been driven by the National Child Safeguarding Review Panel's review of high-profile child deaths and the need for strong decision making in respect of significant harm. Pathfinder Local Authorities have taken a range of different approaches to this depending on their size and existing structures. We are considering two key options for this, including a model where all Family Help Teams have a multi-agency approach and include a Lead Child Protection Practitioner (LCPP) who chairs all strategy meetings, oversees all child protection investigations and chairs child protection conferences. The other option is to develop one core Multi-Agency Child Protection Team with a group of Lead Child Protection Practitioners who can support the whole service in these functions, line managed outside of the mainstream Family Help teams to offer quality assurance and consistency of decision-making.

The working group for MACPTS has been tasked with designing the local approach to MACPT that ensures the safety and well-being of children, and they are responsible for planning, coordinating and executing all tasks relating to the creation and implementation of the team. Partners, including police and health are part of the workstream.

The Lead Child Protection Practitioners (LCPPs) will be social workers with substantial frontline child protection practice experience within children's social care (enquiries, reviews, conferences, decision making and supervision) and an in-depth knowledge of the statutory and legislative framework. They will provide key support, advice, decision making and quality assurance of child protection investigation and interventions to identify and reduce risk.

6.6 Family Group Decision Making (FGDM)

The Programme Guidance requires Local Authorities to embed FGDM throughout the system of help, support and protection, not just at crisis points. It sets out how FGDM should be offered at an early point to provide families with an opportunity to respond to concerns so that they are part of any support plan and so that this can happen before formal action is taken.

The approach must be aligned with safeguarding processes and used in a way that supports safe decision-making for children. It is likely that under the Children's Well-being and Schools Bill, local authorities will be mandated to offer FGDM before applying for a care or supervision order. In BANES we are in the fortunate position of having already established this approach of offering FGCs to all families open to social care.

FGDM is a core element of the Families First reforms, aimed at empowering families to take the lead in planning for children's safety and well-being. It should be embedded across early help and statutory services, offered early, and supported by multi-agency collaboration.

In B&NES we have a well-established Family Group Conference (FGC) service within the Family Support Plus Team. An FGC is a meeting where the wider family and friends' network has the opportunity to understand and talk about concerns then plan for the child(ren). This is organised and chaired by an FGC coordinator and attended by the social worker and other professionals. A key

element of FGCs is private family time which allows the family to create a plan without professionals being involved in their decision-making.

In response to FFP, the B&NES approach is to ensure family led decision making is embedded within the Family Help Team and MACPT, with all Family Help Lead

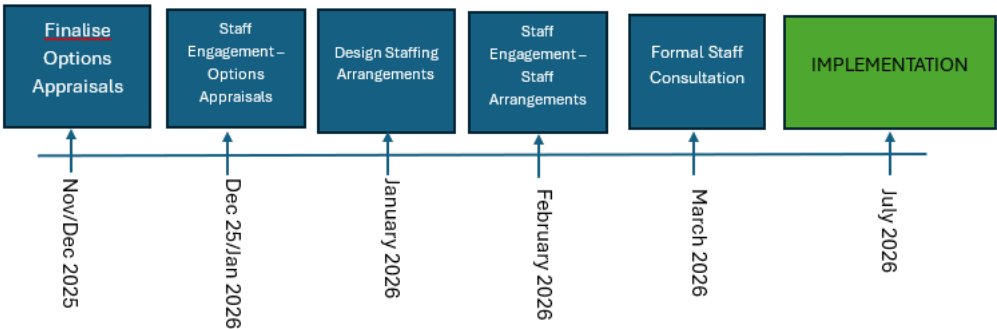
Practitioners trained in this as an approach. This will broaden the involvement of family networks throughout our work and meetings with families, rather than relying only on this being achieved by referring for an Family Group Conference. Within Targeted Early Help and Child in Need cases, all cases will be supported with Family Group decision making principles at the heart of practice.

7 Key Timelines, Stakeholder Engagement and Next Steps

During November 2025 a series of workshops were held with the Children's Social Care Leadership Team with Workstream Leads where options for delivery models for each area of the programme were initially presented for consideration.

During December and January 2026, these options appraisals will be summarised and shared with staff and key stakeholders where opportunities, through a variety of mediums, will be provided to influence our preferred approach for the future. The options for the operating model will be finalised in January 2026. Following this, the programme team will establish a variety of staffing options to successfully deliver that operating model, giving due consideration to our expected levels of demand. Those options will be shared with staff to gather their feedback and suggestions during February 2026.

Depending on the final options and staff arrangements, formal consultation will commence with staff and Trade Unions in March 2026. It is anticipated that this will occur over 45 working days so that we can fully implement the operating model and team design by 1st July 2026.



In addition to the workshops that took place in April and June of this year with key statutory partners and partners from the voluntary sector where details of the Families First Partnership Programme were shared, there are a series of engagement and consultation events and activities with key stakeholders including children, young people and their families, scheduled from now through to the summer of 2026.

We have also developed a structured communication approach, including regular staff briefings to provide updates on programme progress. In addition to this, there are a number of engagement events between December and January where staff

and stakeholders will consider a variety of options for operating models with opportunities to influence the way in which we implement these reforms in B&NES. Heads of Service and managers from across the service are also expected to cascade key messages to their teams. Additionally, staff involvement in workstreams is enabling frontline practitioners to actively contribute to the design of future service models.

The table below sets out the confirmed engagement events/activity for 2025/26.

Date / Period	Activity	Audience	Channel / Method	Purpose
19 Dec 2025	Share transformation plan with DfE	DfE	Official submission	Inform and align
Dec 2025 – Jan 2026	Staff engagement & workforce feedback on options (due mid-Jan)	Internal workforce	Summary of options document; feedback form	Gather input on options
Monthly (Internal)	Updates incl. workstream leads info, steering group updates, timeline	All staff	Email briefing; 7-min briefings via HOS/TM meetings	Keep informed; encourage feedback
Feb 2026	Share new structure (high-level: HOS/Managerial)	Internal workforce	Email; staff briefing	Inform about upcoming changes
1 Mar 2026	Start consultation (45 days / 9 weeks)	Internal workforce; unions	Drop-in sessions; union updates	Engage and consult
Mar 2026	Stakeholder event #3 (early consult phase)	Families & commissioned services	In-person event	External engagement
Jan 2026	Stakeholder event #2	Families & commissioned services	In-person event	External engagement
Monthly (External)	PCF updates	Parent Carer Forum	Email	Keep informed
Ongoing	Feedback capture	Internal workforce & stakeholders	FFP inbox; MS Forms link & QR code; Teams channel	Collect feedback
1 Jul 2026	Implement new structure	All	Internal comms; external updates	Confirm change completion

8. CONCLUSION

Bath & North East Somerset is committed to delivering the Families First Partnership Programme in a way that reflects the unique needs of our local communities. Our approach prioritises early intervention, prevention, and family group decision-making, ensuring that children and families receive timely, holistic support before challenges escalate into crises. By strengthening our existing prevention offer and embedding family-led decision-making at the heart of practice, we aim to create a system that reduces reliance on statutory care and improves long-term outcomes for children.

Progress has already been made, including the establishment of robust governance through the Children's Transformation Steering Group and the development of key workstreams: Integrated Front Door, Family Help, Multi-Agency Child Protection Team, and Family Group Decision Making. This approach aims to enable seamless collaboration across agencies and ensure that children and families experience continuity of support.

While challenges remain, such as data quality, workforce capacity, and sustaining partner engagement, mitigation plans are in place, and our implementation timeline of July 2026 is supported by the Department for Education. Continued oversight of the programme and partnership involvement will be essential as we move into the next phase of stakeholder engagement and operational design.

Our ambition is clear in that we want to build a system that empowers families, strengthens resilience, and delivers consistent, high-quality support. Through this transformation, Bath & North East Somerset will create a safer, more inclusive environment where every child can thrive.

9. RISK MANAGEMENT

A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Whilst the DfE Guidance sets out a start date of April 2026, DfE has confirmed our planned implementation date of 1st July 2026 and are assured by our programme management approach and our robust plans.

The quality of our demand and caseload data in some existing areas of the service is not as strong as it could be and has presented challenges in understanding the capacity that we need to design into any new operating model. To mitigate this a series of sessions have taken place with Heads of Service, Business Change and Business Intelligence to review the data that is available to us to arrive at a consensus allowing us to design services of the future based on a sound evidence base.

Continued partner engagement is essential to ensure that, as a partnership, we can fully implement the reforms and ensure improved outcomes for children and families.

To further mitigate these risks, an additional project manager has been appointed to provide more resource, and we continue to strengthen our

structured programme plans. We also continue to seek advice and support from our DfE Advisor.

10. EQUALITIES

At this point in the programme development and implementation, there are no key policy changes as preferred options for delivery models are yet to be agreed. As referred to in section 6.5 of the report, the key milestone for this is January 2026 at which point an EIA will be completed and relevant actions captured to ensure negative impact is mitigated. However, there are a number of equality issues that have been identified deriving from this national programme:

Accessibility and Inclusion

Digital exclusion: Families without access to technology or digital literacy may struggle to engage with services or participate in Family Group Decision Making (FGDM).

Language barriers: Non-English-speaking families may face difficulties understanding processes or accessing support unless translation and interpretation services are consistently provided.

Disability access: Families with disabled children or parents may encounter barriers if services are not fully accessible or inclusive in design.

Cultural Competency and Bias

Cultural sensitivity: Multi-agency teams must be trained to understand and respect diverse cultural norms and parenting practices to avoid misinterpretation or bias in assessments.

Implicit bias: Professionals may unconsciously treat families differently based on race, ethnicity, gender, or socio-economic status, affecting the fairness of decisions and support offered.

Equity in Service Delivery

Geographical disparities: The programme allows for local flexibility, which may lead to unequal service provision across different regions depending on resources and leadership.

Consistency of support:

The quality and availability of Family Help and MACPTs (Multi-Agency Child Protection Teams) may vary, impacting outcomes for children in need

Participation and Voice

Power dynamics: Families may feel disempowered in decision-making processes, especially if professionals dominate discussions or if FGDM is not facilitated equitably.

Children's voice: Ensuring that children are heard and their views are considered appropriately in planning and safeguarding decisions is essential so need to be inconsistently applied.

As options for service delivery are being designed the above implications will be considered to ensure actions to mitigate these risks are built into implementation plans.

11 CLIMATE CHANGE

Given that this report relates to reforming Children's Social care there is no direct correlation to the Council's target of reducing carbon emissions. However, all policies, procedures and work processes will consider any impact on the council's target.

12 OTHER OPTIONS CONSIDERED

None. B&NES have committed to implementing the requirements of the Families First Partnership Programme.

13 CONSULTATION

Jean Kelly, Director of Children's Services

Darryl Freeman, Executive Director Operations

Cllr Paul May, Cabinet Member for Children's Services

Jeff Wring, S151 Officer

Contact person	<i>Paula Sumner, Interim Assistant Director, Children's Transformation</i>
Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

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Children's, Adults, Health & Well-Being Policy Scrutiny Committee.
15th December 2025

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Bath & North East Somerset Families First Partnership Programme

**Paula Sumner – Interim Assistant Director,
Children's Transformation**

**Bath & North East
Somerset Council**

Improving People's Lives



Purpose

- Provide the Committee with an information update about the Families First Partnership Programme of reform
- Set out the statutory context of the programme
- Describe the B&NES local implementation plan
- Give an update on the DfE allocated funding and commitments
- Highlight any key risks and issues
- Set out the local priorities, progress and key milestones and next steps.

Recommendations

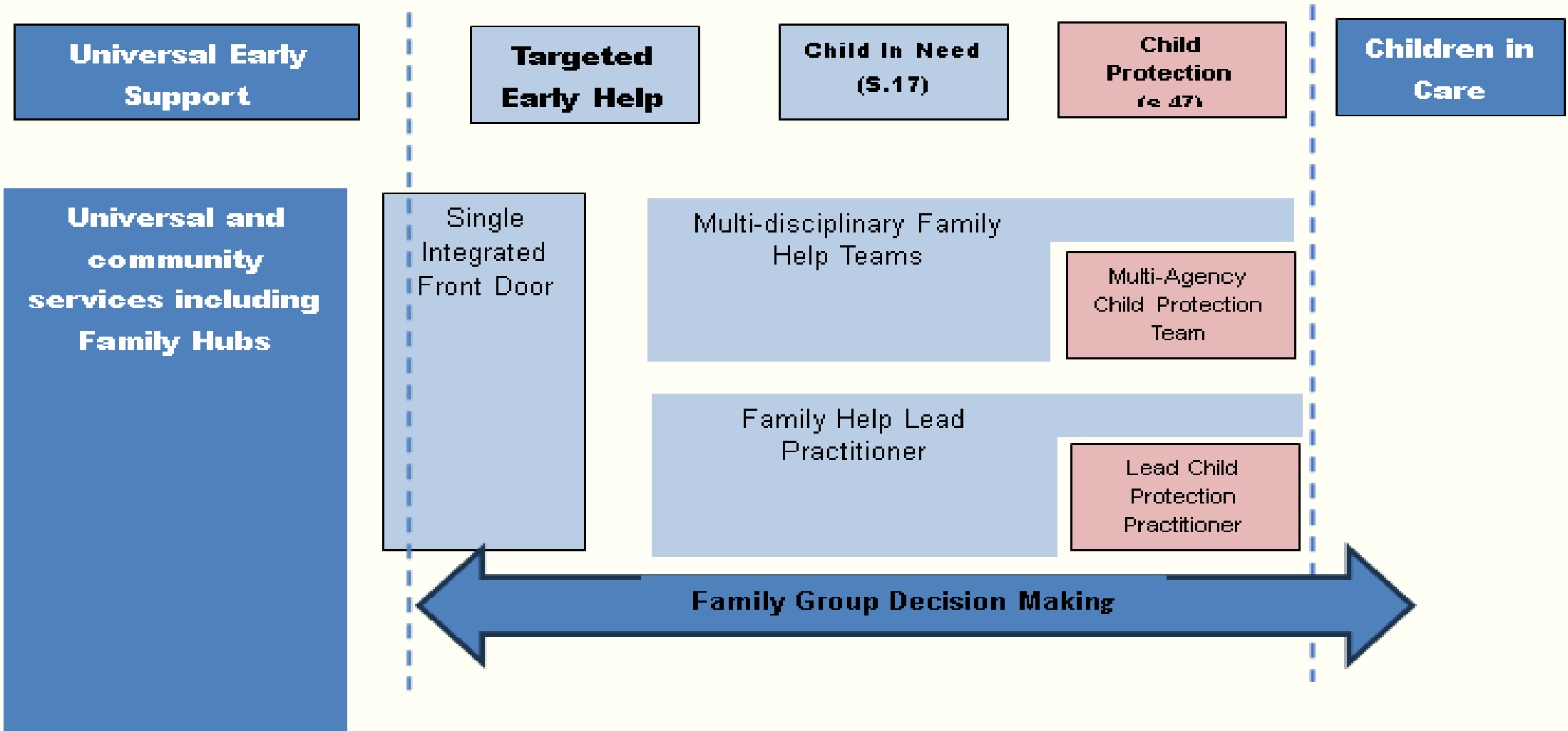
1. Note the national requirements and local response to the Programme
2. Comment on the proposed approach to service design and engagement
3. Identify any areas for further scrutiny or assurance

Background

- The Families First Partnership Programme (The Programme) is a national reform arising from the Children's Wellbeing & Schools Bill and outcomes of the Independent Review of Children's Social Care
- Joint Department for Education (DfE) and Department of Health (DoH) Programme guidance was published 20th March 2025
- Key Objectives of the Programme
 - Strengthening early family support and reducing reliance on statutory services and the number of children who need to come into our care
 - Integrate Family Help, Child in Need and statutory child protection to create a seamless system of support for children and families
 - Establish a Multi-Agency Child Protection Team (MACPT) to support and oversee child protection concerns
 - Embed Family Group Decision Making across all services (FGDM) to ensure family inclusion in planning and support decisions.
 - Create an Integrated Front Door for all contacts and referrals.
- Influenced also by the National Panel's review of two high profile child deaths published in 2023 – underpinning the requirement to develop an MACPT with experienced Lead Child Protection Practitioners (LCPPs)

An Integrated System of Family Help and Multi-Agency Child Protection

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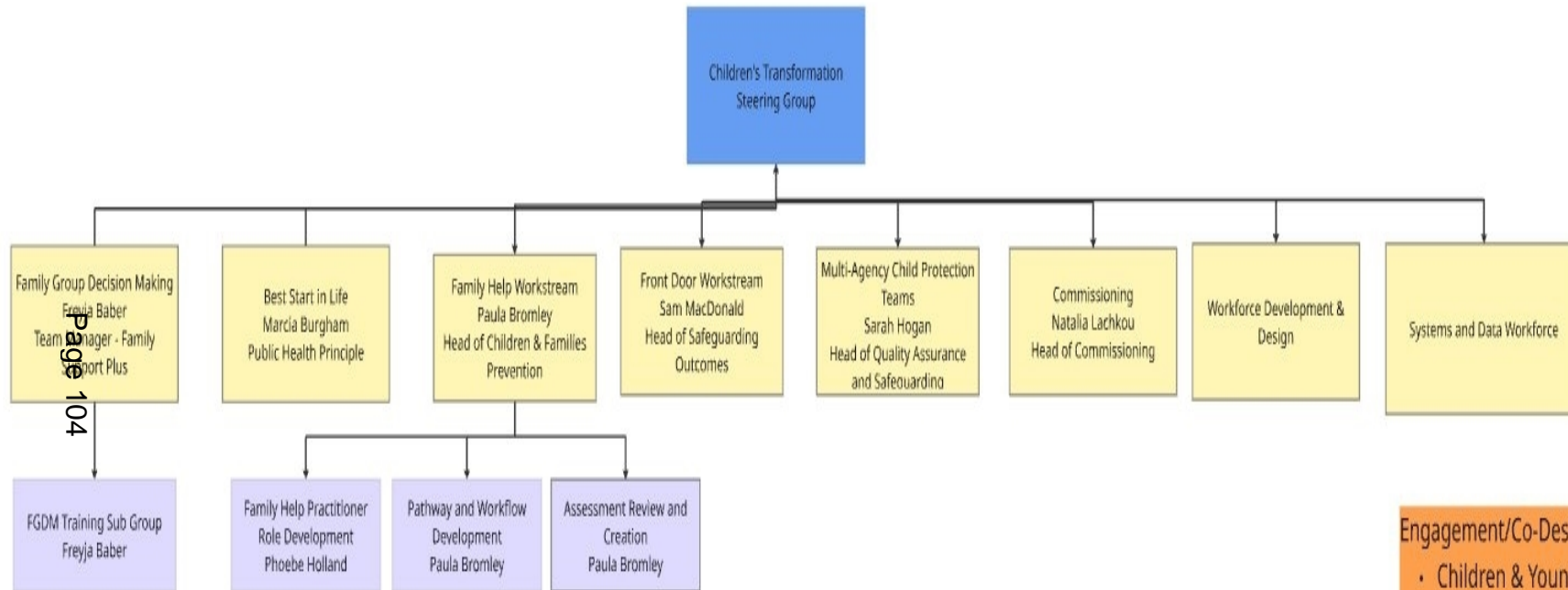
B&NES Local Response

- *Vision: To Create a system of help and support that places families at the centre of all decision-making, ensuring every child grows up safe, supported and able to thrive within their family and community. Supported by continued commitment to strengthening and expanding our current prevention approaches so that families received help at the earliest opportunity, reducing the need for statutory intervention and preventing escalation of risk.*
- Supported by:
 - An integrated approach prioritising early intervention and prevention
 - A commitment to work collaboratively across agencies to collectively identify emerging needs and respond in a timely way with tailored, holistic support.
 - An approach to empowering families through Family Group Decision-Making with families having a strong voice in genuinely influencing decision that affect their lives.
 - Developing a culture that values partnership, promotes inclusion and delivers consistent, high-quality support.

Programme Approach

- Firstly, we have gained an understanding of the needs and demand within B&NES across all services, undertaking a thorough analysis of:
 - Demand and caseloads
 - Staffing establishments
 - Use of financial resources to support the workforce establishment
 - Process and systems used across all services
- Based on this understanding a Programme Management approach has been adopted providing structure and resources need to affect change
- The Children's Transformation Steering Group (meeting monthly) oversees the Programme and has established the following workstreams:
 - Integrated Front Door: a single point of entry for those children and families needed help and support
 - Family Help: developing a seamless system that ensures early identification and support, led by Family Help Lead Practitioners from a variety of disciplines
 - Multi- Agency Child Protection Team (MACPT): establishing a team that brings agencies together to improve safeguarding responses and developing the role of the Lead Child Protection Practitioners to step in when a family's needs change and there are safeguarding concerns
 - Family Group Decision Making: provided opportunities for families to have agency in the development of their support. This will be provided right across Family Help and MACPT.

Programme Governance



- B&NES uses a structured approach with discovery phases to assess needs for effective programme implementation.

- Governance is overseen by a Transformation Steering Group meeting monthly to monitor progress and manage risks.

Engagement/Co-Design

- Children & Young People
- Parents/Carers
- Stakeholders
- Commissioned Providers

Workstreams meet bi-weekly to refine plans, while subgroups handle specific tasks ensuring focused delivery.

- Dedicated groups address data systems and workforce issues, supporting coordinated planning and timely execution.

Discrete project for developing local Sufficiency Strategy for Looked After Children and Child Experienced.

Statutory Considerations

- The Programme does not have its own statutory footing as a standalone legal requirements
- Operates within the statutory framework for children's social care in England set out in the following statutory duties:
 - Children Act 1989 – particularly Section 17 (duty to safeguard and promote the welfare of children in need).
 - Working Together to Safeguard Children (statutory guidance) – which sets out the responsibilities of local authorities, health, and police as statutory safeguarding partners.
 - The Families First Partnership Programme guide explicitly states that it does not replace statutory guidance; rather, it supports implementation of reforms within those duties.
- The Programme is policy-driven, not a new statutory duty. It builds on existing legal obligations under the Children Act and statutory guidance like Working Together, while introducing reforms supported by the Children's Wellbeing and Schools Bill

Funding

	FFP Funding		
	Actual Spend Reported Q2	Commitment 2025-26	Total
Transformation Costs	£ 61,200	£ 206,833	£ 268,033
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Workforce Dev		119410	£ 119,410
Sufficiency Data		50000	£ 50,000
Total	£ 101,200	£ 376,243	£ 477,443
To be allocated			£ 51,485

Progress – Integrated Front Door

- Vision: To create a single, streamlined access point for all contacts related to Family Help and Child Protection.
 - Plans to include Early Help Practitioners to ensure families receive support at the earliest opportunity
 - Include Lead Child Protection Practitioners (LCPPs) to strengthen and support timely decision-making.
 - LCPPs – experienced child protection professionals, collaborating with partners to respond to significant harm concerns. Support Section 47 enquiries, chair strategy meetings and conferences.
 - Bringing agencies together in this way will reduce duplication, improve coordination and foster joint problem-solving and shared learning.
- **The working group has designed options for operating models that will implement a unified, accessible entry point with all referrals being triaged to the area of support.**

Progress – Family Help and the Family Help Lead Practitioner

- Vision: Establish integrated, multi-disciplinary teams supporting families across a continuum of need, delivering a seamless and consistent service, reducing change for families as their circumstances evolve/risk increases.
 - Teams will be made up of a variety of disciplines with professionals working collaboratively to provide holistic support from the Family Help Lead Practitioner (FHLP)
 - FHLPs will be allocated families on a continuum of need ensuring, where possible, continuity of worker, and building trusted relationships with families – reducing risk and improving outcomes through strengths-based approaches
 - FHLPs will undertake whole family assessments and co-design Family Plans that will lead to sustainable improvements for families
- The working group has designed a variety of options for operating models that will implement multi-disciplinary Family Help Teams.

Progress – Multi-agency Child Protection Team and the Lead Child Protection Practitioner

- Driven by the National Child Safeguarding Review Panel's review of high-profile child deaths emphasising the need for strong decision-making in respect of significant harm.
 - B&NES considering 2 options
 - (i) Where all family Help Teams have a multi-agency approach including a LCPP chairing strategy meetings, overseeing all child protection investigations and chairing child protection conferences
 - (ii) A core Multi-Agency Child Protection Team with a team of LCPPs supporting the whole service in these functions and managed outside of the Family Help teams to offer quality assurance and consistency of decision-making.
 - LCPPs will be social workers with substantial frontline child protection practice experience.
- The working group has worked to further develop these options ensuring the safety and well-being of children.

Progress – Family Group Decision Making (FGDM)

- FGDM will be embedded throughout the system of help, support and protection – not just at crisis point
- Will be aligned with safeguarding processes supporting safe decision-making for children (Likely the Children's Well-Being and Schools Bill will introduce a statutory requirement to offer this before applying for a care or supervision order)
- Aimed at empowering families to take the lead in planning for safety and well-being
- We have well established approaches to Family Group Conferencing (wider family and friends' network has the opportunity to understand and talk about concerns and plan for the child(ren). Organised by a coordinator with social workers and other professionals in attendance- allows for private time for the family to create their own plan.
- We will ensure family led decision making is embedded within Family Help Teams and the MACPT – FGDM principles will be at the heart of practice.
- **The working group has developed options of how this will practically work in B&NES**

Risks and Mitigations

Continued partner engagement to ensure full implementation of the reforms is critical

Regular engagement events/activities and senior leadership discussions to maintain engagement.

Current Early Help approaches mean there is more work to be done in this area than others.

This work has been defined and is being worked through workstreams and Business Change.

Service redesign is required to respond fully to the reforms – DfE Timescales are challenging

Regular discussion with the DfE to offer assurance around our plans with support of a July implementation date.

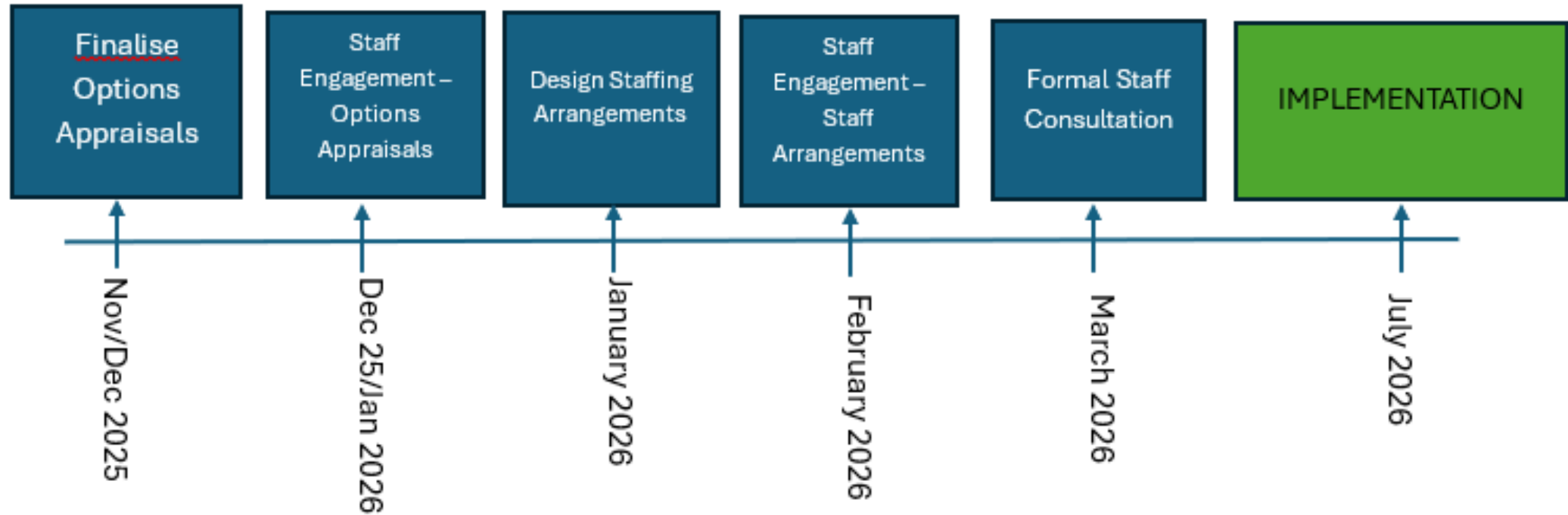
Workstream leads leading on changes alongside normal duties presents some risks around timely implementation.

AD Resource, additional business change resource to support workstream leads. Family Help workstream has additional support from the Consultant Social Worker. Additional project management resource appointed to provide additional capacity.

Availability of consistent data around demand, caseloads, and staffing establishment could be stronger

Heads of Service and managers have worked with the programme team to validate and endorse the data to enable capacity planning for the future.

Key Timelines and Next Steps





Questions

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**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 15 December 2025****Uptake of flu vaccine among health and care workers**

Since 1 September, frontline health and care workers, including those working in the region's hospitals, have been eligible for a free vaccination against the winter flu virus.

Statistics from NHS England, which are [available to view online](#), show that vaccination rates for health and care workers in each of the region's three localities of Bath and North East Somerset, Swindon and Wiltshire are above the national average, which currently stands at 39.9 per cent.

At the Royal United Hospital in Bath, a total of 3,016 flu vaccinations have so far been carried out, which gives the trust an uptake rate of approximately 54 per cent.

In Swindon, there have been 2,567 staff flu vaccinations since 1 September, which means approximately 53 per cent of frontline workers at the Great Western Hospital have been protected against the virus.

While at Salisbury NHS Foundation Trust, 1,928 flu vaccines have been given, which puts the hospital's current performance at 54 per cent.

Staff at all three acute trusts are continually encouraged to come forward for their vaccine, with regular clinics being held both on-site and in locations across the community.

Patients and public reminded to only order what they need

In the run-up to Christmas, the ICB is raising awareness of medicine wastage and encouraging people to only order what they need.

The NHS spends an estimated £300 million on unused medicines each year, with wastage happening when too much medication is ordered that isn't needed, items are stockpiled at home or prescriptions aren't checked before leaving the pharmacy.

People are now being reminded of how important it is to check what medicines they have at home before placing their repeat prescription order.

With the support of local communities, the NHS can reduce its medicine waste, prevent supply pressures, and ensure the right medication is available for those who need it most.

In addition to this, people are also being reminded that all community pharmacies in Bath and North East Somerset, Swindon and Wiltshire have signed up to the Pharmacy First initiative, which enables trained pharmacists to prescribe treatment, including antibiotics, where appropriate, for seven common conditions.

These conditions are:

- Impetigo (aged one year and over)
- Infected insect bites (aged one year and over)
- Earache (aged one to 17 years)
- Sore throat (aged five years and over)
- Sinusitis (aged 12 years and over)
- Urinary tract infections (women aged 16 to 64 years)

- Shingles (aged 18 years and over)

Any medicine supplied through Pharmacy First, or via the pharmacy contraception service, are documented on the patient's GP record.

In response to an earlier request from the panel, the ICB does not have access to sales records relating to non-prescribed, over-the-counter items, such as paracetamol.

[Acute hospital league tables \(content provided by Royal United Hospitals Bath NHS Foundation Trust\)](#)

Background

In November 2024, the Secretary of State announced that NHS England would assess NHS trusts against a range of performance criteria and publish the results.

This assessment allows NHS England to determine the support individual NHS trusts need to improve.

Those in the middle of the pack will be supported to improve, and those demonstrating persistently low performance will receive prompt intervention, while those performing at the top may be rewarded with additional freedoms.

In September 2025, the RUH was escalated to tier one by NHS England across all four performance domains, which are:

- Urgent and emergency care
- Elective recovery
- Cancer (62 day wait for treatment)
- Diagnostics

The trust was also projecting a financial deficit for end-of-year.

As a result of the combined operational and financial challenges, this placed the RUH in Segment 4 under the NHS Oversight Framework (NOF), quarter one of 2025/26. In the new acute trust league table published on 9 September 2025, the RUH was ranked 112th out of 134 acute providers.

Key drivers for position

The RUH is under significant financial and operational pressure and has seen a significant increase in terms of ambulance demand and emergency department attendances during the course of the year and exponentially since September, when wait-45 was introduced, whereby ambulance crews have a 45-minute time limit to hand over patients at an emergency department before leaving to respond to other calls.

These changes are significantly outside all planned assumptions and expectations in the order of 25 per cent for ambulance conveyances and 12 per cent for attendances.

There has also been a deteriorating position for referral-to-treatment waiting times, whereby there is a mismatch in the capacity required to meet the demand from increased referrals and a need to reduce the backlog of people waiting for elective care.

RUH response

The RUH has responded by strengthening its leadership team, implementing enhanced financial controls, launching an executive-led call-to-action, and appointing a turnaround team to focus specifically on financial recovery.

Collaborative work with the integrated care board to secure funding and accelerate improvements, principally for urgent and emergency care pathways and bed capacity is also happening.

This is particularly important as the RUH prepares its winter response to increased pressures during quarter four.

Performance recovery plans have been implemented across all four performance areas, with positive trajectories in reducing long waits for elective care and diagnostics, and an extraordinary improvement in ambulance handover.

Performance reported in October 2025 showed the following improvements;

- Average ambulance handover time decreased from 89 to 39 minutes.
- RUH ranking on four-hour standard has improved from 123rd to 103rd of 124.
- The number of patients waiting more than 65 weeks for elective care has reduced from 2,170 in August to 66 (as of 4 December).
- The number of patients waiting more than 40 weeks for their first outpatient appointment has reduced from 1,611 in August to 504.
- Cancer 28-day performance improved significantly to 64.6 per cent in October, from 53.5 per cent in the previous month, with further improvement expected in November.

Next steps

The next acute trust league table is due to be published shortly, and the RUH is expecting to see an improvement in its ranked position.

Strong progress continues to be made against the RUH's call-to-action recovery plan, and the trust expects to make ongoing improvements against its performance metrics and financial recovery for the remainder of the financial year.

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CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
15TH DECEMBER 2025				
15 Dec 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	IRO Annual Report	Sarah Hogan Tel: 01225 39 6810	Director of Children's Services & Education
15 Dec 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Families First	Paula Sumner and Phoebe Holland	Director of Children's Services & Education
19TH JANUARY 2026				
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Improvement Plan	Suzanne Westhead	Director of Adult Social Care
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Annual Complaints Report	Sarah Watts Tel: 01225 477931	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership Annual Report	Kirstie Webb Tel: 01225 396350	Director of Adult Social Care
FORTHCOMING ITEMS				
Page 122	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Dementia Strategy Update	Suzanne Westhead	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Children & Young People, Director of Public Health and Prevention, Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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