**Bath & North East Somerset Council**

*Improving People's Lives*

# Independent Reviewing Officer (IRO) ANNUAL REPORT 2023-24

**Author: Michelle McKay Interim Head of Service for Children's Quality Assurance, Children and Young People Directorate**

**Contributions by: Independent Reviewing Officers**

**May 2024**

**Contents**

# 1. Introduction and Purpose of the Annual Report

1.1. This report provides the Director of Children's Services, the Lead Member for Children's Services, and the Corporate Parenting Board with information about the children and young people currently in the Local Authority's care.

1.2. The Independent Reviewing Officers (IRO) Handbook (2010) provides statutory guidance to all local authorities regarding children placed in the care of a local authority. The guidance seeks to ensure improved outcomes for children in care so that they can reach their full potential. Section 7, paragraph 11 states that the IRO Service Manager must provide an annual report on the delivery of the IRO Service, which members of the Corporate Parenting Board can then scrutinise.

1.3. This annual report provides information on the profile of the children for whom the Local Authority is the corporate parent and how the IRO service maintains oversight of the plans for these children. It does not cover all areas of the child in care portfolio, as it focuses on the areas identified for improvement and the progress made in the last 12 months, along with future areas with reasoning. The report is compiled in line with GDPR, so when a small number of children are described under a certain characteristic that could cause identification, the number will be converted to a percentage.

1.4. Following its presentation to the Health and Wellbeing Board, this report will be posted 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 1 April 2023 to 31 March 2024. Some data sets may vary slightly from those published by Council Children's Services due to minor variations in the timeframe for data capture and data uploading onto various systems. The author of this report came into the post as an interim arrangement to cover this reporting period.

2.2. During this reporting period, a statutory Child Safeguarding Practice Review (CSPR) was commissioned by Bath and North-East Somerset Community Safety and Safeguarding Partnership (BCSSP) following the death of a child in care in March 2023. The outcomes and recommendations of the LCSPR[1] are considered fully within this report.

# 3. The Legal, Statutory and National Context of the IRO Role

3.1. 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

---

[1] https://bcssp.bathnes.gov.uk/sites/default/files/202405/CSPR%20Skye%20Executive%20Summary.pdf

authorities must 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 IROs and setting out the local authority's functions regarding case management and review for children in care[2].

3.3. The Care Planning, Placement, and Care Review (England) Regulation 2010 apply specifically to children in the care of a local authority. These Regulations aim to improve outcomes for children in care by improving the quality of the care planning processes.

3.4. IROs must oversee and scrutinise the Care Plan devised for every child or young person in the Local Authority's care. The IRO will ensure that everyone involved in the child or young person's life fulfils their responsibilities to achieve good outcomes for the child and permanency.

3.5. IRO's statutory responsibilities and functions are to ensure:

- Review meetings are held within a set time frame for all children and young people to consider their care plan, which is a key component for those in Local Authority care.
- The views and wishes of children and young people in care are listened to and central when decisions are made about them.
- 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.
- Concerns related to care planning or needs of children in care are raised as part of the Dispute Resolution Protocol (DRP).
- Quality Assurance (QA) is a core function of the IRO role.

## 4. Bath and Northeast Somerset Council as Corporate Parent

4.1. 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 involved in the child or young person's life fulfils the responsibilities placed upon them to achieve good outcomes for the child, along with permanency.

4.2. Children deemed looked after by a local authority are known or referenced by differing words or titles. It is worth respectfully advising that the children of Bath and North East Somerset to whom Council members are accountable would like to be known as Children in Care, CiC for short.

4.3. 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 that children

---

[2]https://assets.publishing.service.gov.uk/media/5a7e2b2740f0b623026899c6/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf

grow up feeling loved, cared for, safe, and have the same opportunities as their peers. All council members should be committed to advocating for the needs of children in care and promote and provide opportunities that allow children to develop and grow, overcoming the adverse experiences they may have experienced before entering local authority care.

4.4. Upon election, all Councillors take on the role of 'Corporate Parent' to children in the care of Bath and North East Somerset Council and those young people with care experience. Corporate parents have a duty to take an interest in the well-being and development of these children as if they were their own. Whilst the lead member for children's services has responsibilities, the role of corporate parent is carried by all councillors, regardless of their role in the Council (Corporate Parenting: Terms of Reference, Sept 2022).

4.5. 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 of the progress of children in the care of the local authority, scrutinising the quality, effectiveness and performance of the services provided.

## 5. The Bath and Northeast Somerset Council IRO Service

5.1. <u>Establishment of Safeguarding and Quality Assurance Service</u>
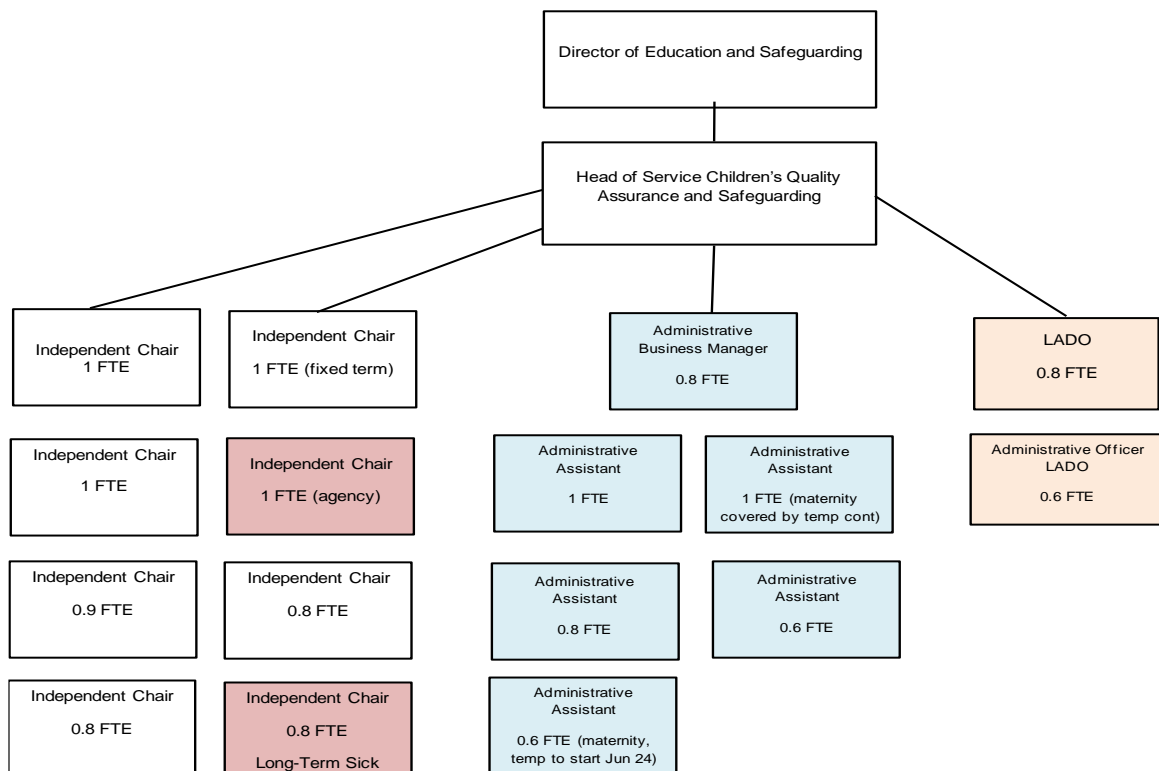


5.2. The IRO service continues to sit within the Safeguarding and Quality Assurance (SQA) Service for Children and Young People, which is currently part of the Education and Safeguarding directorate. This area of operation is

being considered by the wider Smarter Structures programme and may therefore change.

5.3. The SQA service has three core business areas, which are highlighted below:

i. The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the local authority's care. This is a legal requirement under Section 118 of the Adoption and Children Act 2002. All local authorities must appoint an IRO to protect children's interests throughout the care planning process.

ii. The delivery of Child Protection (CP) Conferences within statutory timescales. The service must review and monitor the progress of all children subject to a child protection plan. The timeliness of conferences and the duration of child protection plans are key areas of performance that form part of statutory returns and regional benchmarking.

iii. A Local Authority Designated Officer (LADO) to address allegations of abuse against a person in a position of trust working with children (0-18 years old). The LADO is responsible for ensuring allegations are responded to in a timely way, that where the threshold is met, an investigation by the employer is carried out and that the child's welfare is foremost. Working Together to Safeguard Children (2018) (Chapter 2, paragraph 4) set out the role of LADO and remains governed by the Local Authorities duties under Section 11 of the Children Act 2004.

5.4. As stated in previous reports, Bath and North East Somerset delivers the IRO and the CP function as an Independent Chair. This role is unique to this local authority and was created in 2017 to provide greater flexibility and capacity within the service. It is worth noting that both roles are significantly different and work under the guise of different legislation and differing escalation processes. At the end of the reporting year, the service had responsibility and oversight of approximately 357 children whose plans were either child protection or CiC.

5.5. The market supplement, agreed in March 2022, is attached to the role of Independent Chair and LADO, aligning the functions with those of team manager across children's social care and the pay awarded similar to roles within other local authorities. This has assisted with better recruitment for advertised vacancies. The team became fully staffed just before the end of this reporting period, with two long-term sickness members returning. Diagram 5.1 reflects the establishment as of May 2024.

5.6. The permanent Head of Service for SQA returned to the post in May 2024, with a two-week handover period agreed to maintain service delivery. Interim Head of Service arrangements have been in place for the duration of this reporting period.

5.7. During the reporting period, service delivery was notably affected by absences due to sickness and vacancies. Three Independent Chairs experienced prolonged sickness absences originating from the preceding

reporting period of 2022-2023. Additionally, two members returned however subsequently required a further period of sickness absences, leading to considerable challenges in managing caseloads and resulting in numerous Independent Reviewing Officer (IRO) engagements for children

## 6. IRO Service Provision Performance

6.1. The manager of the IRO service is responsible for appointing an IRO within five days of a child entering care; due to staff sickness and service capacity, this was not always achieved during this reporting period. While the average caseload of each IRO on a fully staffed team would have been manageable, the staffing deficit impacted caseloads for a period of time. Each IRO now manages a caseload within the desired range. Caseloads for IROs encompass both children subject to a Child Protection Plan (CP) and Children in Care. The IRO handbook outlines that the average caseload falls between 50-70 children per IRO. IROs have a combination of both CP and CiC, and case accountability does not go above 70 children.

6.2. There are no intentional changes to a child's IRO unless the IRO leaves their role or the child requests a new IRO; however, this was not the case from 2023 to early 2024, when some children experienced several changes in IRO

**Table 1**: Total Number of CiC over a four-year period

|  | March 2021 | March 2022 | March 2023 | March 2024 |
|---|---|---|---|---|
| **No. CiC** | 181 | 197 | 231 | **216** |
| **CiC start** | 52 | 77 | 95 | **79** |
| **CiC end** | 53 | 61 | 63 | **90** |
| **% Increase of CiC from the previous year** | 0% | +9% | +17% | **-6.5%** |

6.3. As the above data shows, the number of children and young people in care at the end of this reporting period has decreased by 6.5%, with 216 children in care at the year-end of March 2024

6.4. The current trend for the last two quarters of 2023-24 is that more children left care then came into care, a trajectory that has continued into the first quarter of 2024-25. On further analysis, it appears that the first quarter for 2024-25 is likely due to several CiC who had ceased to be looked after in the previous quarter, with a delay in their status ceasing on their electronic file, which reports to PowerBi. Therefore, the actual figure reported as CiC

leaving in 2023-24 should be higher, equating to 42- 44% leaving care and 36% being CiC overall, a decrease of the CiC population closer to 8%.

**Table 2**: Reason for CiC leaving care

| Reason for leaving care | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |
|---|---|---|---|---|---|
| **Turned 18** | 31% | 34% | 35% | 29% | **28%** |
| **Returned to family** | 33% | 17% | 23% | 27% | **31%** |
| **Placed under SGO** | 17% | 19% | 23% | 18% | **13%** |
| **Adoption (legal status)** | 15% | 30% | 7% | 9% | **4%** |
| **Other** | 4% | 0% | 8% | 18% | **24%** |

Source: Children's Services Data, Previous years parameters unclear. Parameters for 22-23 & 23-24 are defined by PowerBi as E—E-codes leaving care are combined into groups, e.g., E45+E46, rounded up to the nearest %.

6.5. As in the previous reporting year, the number of children leaving care to return living with their families has increased by 4%. This figure accounts for children who returned in a planned way and those who returned home unplanned. Children are returning to birth families with additional support and under the guise of orders, assisted by the reunification framework, explained in further detail below. 'Other' includes several factors such as - ceased for any other reason, transferred to adults' service, etc.

6.6. As advised in previous reports, the NSPCC reunification framework is utilised within the authority. The child's IRO will be informed when a decision is made to explore reunification and progress a return home assessment. The IRO considers permanency as a matter of course during a CIC review.

6.7. This report details children returning home to their families for various reasons, with some planned reunifications and others unplanned. The reunification process plays a crucial role in supporting the return home. This process ensures the carer possesses the necessary skills and resources for safe and effective parenting. This proactive approach seeks to promote positive outcomes for returning children and minimise the risk of future breakdowns requiring re-entry into the care system. Within the reunification framework, 14 children returned home.

**Table 3**: Quarterly Children entering and leaving care

|  | Q1 23-24 | Q2 23-24 | Q3 23-24 | Q4 23-24 |
|---|---|---|---|---|
| **Children coming into care** | 24 (0) | 32 (+8) | 9 (-18) | 14 (- 8) |
| **Children leaving care** | 25 (+7) | 21 (+10) | 18 (+3) | 26 (+7) |

Source: Children's Social Care PowerBi actual number start and end. Previous years in comparison in brackets.

6.8. The overall pattern in Table 3, demonstrates a decline in children coming into care, coupled with children leaving care, which has continued to grow.

6.9. The IRO Service, in a positive stride, facilitated 566[3] CiC reviews in the 2023-2024 reporting period reflecting a significant 14% increase compared to the 497 reviews conducted in 2022-23. All children newly into care will require their first child in care review within 20 working days of their entry into care, and their second review should take place within three months of the first, thereafter reviews take place every six months, unless there is a change in the child's care arrangement (this can be for planned and unplanned changes). The increase in the number of reviews for this reporting period is likely linked to the number of children coming into care and the need for those children already in care to require additional reviews due to changes in long term care plans or changes in care arrangements. It is difficult to determine this increase in reviews as positive or negative as the reasoning will be different for each child.

6.10. The number of reviews held out of timescale exceeding the timeframe is an area that requires improvement. Table 4 provides a breakdown by quarter and comparisons to the previous year to facilitate further analysis.

**Table 4**: Quarterly timeliness of CiC reviews

|  | Reviews out of timescale | Reviews in timescale | % Out of time | % On time | Total held* |
|---|---|---|---|---|---|
| **Q1** | 49 (19) | 109 (101) | 29% (16%) | 71% (84%) | 158 (120) |
| **Q2** | 18 (21) | 126 (101) | 12.5% (17%) | 87.5% (83%) | 144 (122) |

---

[3] *Source PowerBi advises 566, IRS tracker advises 480.

| | | | | | |
|---|---|---|---|---|---|
| **Q3** | 19 (20) | 103 (95) | 16% (17%) | 84% (83%) | 122 (115) |
| **Q4** | 34 (40) | 108 (100) | 24% (29%) | 76% (71%) | 142 (140) |

Source: LCS reporting N200

6.11.    Several challenges contributed to reviews exceeding the statutory timeframe. Accumulated staff sickness and annual leave impacted capacity within the service, as well as vacant posts taking some time to fill.

**Table 5**: Quarterly timeliness of distribution of CiC Review minutes

| | Min out of timescale | Mins in timescale | % Out of time | %On time | Total reviews held* |
|---|---|---|---|---|---|
| **Q1** | 69 | 50 | 58% | 42% | 119 |
| **Q2** | 70 | 52 | 57% | 43% | 122 |
| **Q3** | 59 | 31 | 66% | 34% | 90 |
| **Q4** | 144 | 5 | 97% | 3% | 149 |

Source: Business Support IRS Tracker [4]

6.12.    Following a child's review, IROs are statutorily obligated to provide written records of decisions or recommendations within five working days. A full review record must be distributed within 20 working days. The IRO service has not achieved its target of ensuring that 85% of review records are completed within the statutory timeframe. This year's reporting format for review record timeliness has been revised to enhance oversight and accountability. Previously, the report categorised data into three timeframes: 0-20 days, 21-25 days, and 26+ days. This year, the report utilises two categories: within and outside the statutory timeframe. This streamlined approach provides clearer insights into compliance levels and facilitates accountability for IROs and business support staff. Specifically, IROs are responsible for completing review minutes within 15 working days, and business support have 5 working days for dissemination.

6.13.    The IRO service completed and circulated 29% of CiC review records within the statutory timeframe of 20 working days during the 2023-24 reporting period. This represents a 3% decline compared to the previous year. It's important to note a potential data discrepancy. The IRS tracker system reports a completion rate of 29%, while further analysis suggests an overall figure between 25% and 40%, given an additional 86 meetings were completed by IRO, but data was not captured. This discrepancy may be due to the IRS tracker not capturing all CiC review meetings. Including these additional meetings could potentially raise the percentage of timely distributed minutes.

---

[4] IRS tracker does not directly match PowerBi figures.

6.14.　　To gain a more accurate picture moving forward, weekly completion sheets are completed by IROs and sent to the email inbox for business support. Business support will allow the integration of both data sources for a truer and more accurate picture. However, unless tracked, the minutes sent by IROs directly will not be considered within this data, and therefore, 71% were deemed to have been sent out of timescale.  The IRS tracker does not directly match PowerBi figures, given that there is a transition of IROs completing and sending their minutes from reviews directly to children and attendees of meetings and advising business support. They are now required to advise business support to prevent further discrepancies in data. A recent CSPR highlighted this issue; it was unclear as to whether a child had received their IRO's well-written and compassionate letter and minutes of the meeting due to no tracking of data during this period. The authority deems this unacceptable, given that this information should be known and available to advise them whether their child received their information around care planning. As a result, business support will monitor the process with an IRS tracker to ensure all children receive their letters and review minutes.

6.15.　　Timely completion of pre-meeting social work reports impacts the efficiency of CiC reviews. Incomplete reports can cause blockages within the child's electronic file, hindering timely access to information. However, even in such instances, consultations occur between IROs and social workers to ensure reviews proceed smoothly and provide updates for CiC participants. It is acknowledged that the previous SQA manager had identified and raised the issue of the non-completion of pre-meeting reports; the pre-meeting report completion rate for Q4 of the previous year was just 66.3%. A different approach was utilised, and a significant effort across the whole service was undertaken in Q1 of the current period, with sustained improvement until Q3; disappointingly, the current completion rate has dropped to 57.1% (refer to Table 6).

6.16.　　Several assumptions are made due to the significant drop after a considerable drive for completion involving the assistant director and the SQA service early in the first reporting period. The assumption is that the figures have declined in the last quarter, given IRO sickness, causing a number of already overdue  CiC reviews to be held at short notice. This caused a demand on the time of the social workers who were already committed to other areas of work.

**Table 6**: CiC SW pre-review reports timeliness

|  | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| **2023-24** | 8   % | 83% | 82.9% | 57.1% |
| **2022-23** | 66.3% | 67.3% | 73.5% | 66.3% |

Source: PowerBi quarterly dashboard

7. **Profile of children in care in Bath and Northeast Somerset (Bath and Northeast Somerset) on 31 March 2024**

7.1. Nationally: To assist with the perspective of Bath and North East Somerset's profile of children, a brief summary of national trends needs to be considered[5]. These will be considered in each domain below and a comparison to last year. The number of CiC by local authorities in England rose to 83,840 up 2%, continuing the rise in recent years. This rate is 71 CiC per 10,000 children, up from 70 last year. Both the numbers of CiC starting and CiC ceasing have increased; the number of CiC starting during the year has increased by 6% to 33,000, and the number of CiC ceasing during the year increased by 5% to 31,680. The number of CiCs that were adopted was down 2% to 2,960.

7.2. Many of the changes within the release of sex of children can be explained by the large increase in unaccompanied asylum-seeking children (UASC) this year. UASC has increased by 29%, following the 37% increase seen last year. UASC influenced many of the changes seen in the figures this year as they are a distinct cohort with specific characteristics; for example, they are generally male, aged 16+ years.

7.3. In 2023, most CiC were looked after under a Full Care Order (76%, down from 78%). However, the number and proportion of children looked after under voluntary arrangements[6] have increased; 19% of CiC were looked after under voluntary agreements this year, up from 17%. This figure is higher due to the increase in UASC, who remain voluntarily accommodated. CiC under a Placement Order continues to fall, down 4% to 4,350 children.

7.4. Age and Gender: Nationally, the latest government statistics on looked-after children in England show a 57% male and 43% female representation. This aligns with ONS mid-year population estimates where males are slightly overrepresented in the CiC population (compared to 51% in the overall child population)[7]. In Bath and North East Somerset, the gender breakdown of children in care differs slightly. Male children in care account for 62%, an increase from 50.5% in the previous reporting period and a wider gap than national figures. Conversely, female children in care represent 37%, a decrease from 48% the previous year and below the national average. A small discrepancy exists in Bath and North East Somerset figures due to the inclusion of children identifying as non-binary. As "non-binary" becomes a more widely accepted gender norm, data collection practices regarding gender identification may change in future reports. Birth identification may become the primary data point used[8].
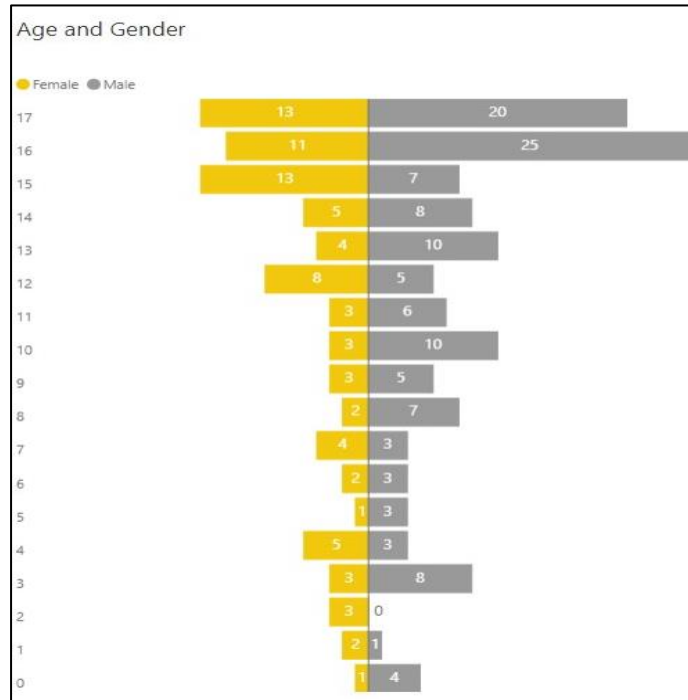
---

[5] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023

[6][6] Section 20 CA89

[7] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023

[8] https://osr.statisticsauthority.gov.uk/publication/collecting-and-reporting-data-about-sex-and-gender-identity-in-official-statistics-a-guide-for-official-statistics-producers/pages/1/

**Graph 1**: Ages of CiC



Source: Children's Social Care PowerBi score card

The above shows the age ranges of children in Bath and North East Somerset care over a period. This highlights the consistency over the years that most CiC are aged 10 and above. There has been an increase of 20 young people in the 16+ age range due to the increase in UASCs as part of the National Transfer Scheme. The groupings in Graph 1 and in Table 7 have been compiled into groups to prevent identification under GDPR and presented in percentages. Table 7 shows a comparison of all CiC.

7.5. Ethnicity: The ethnicity of the CiC cohort is mixed, as stated and includes a variety of ethnicities. Table 6 shows a comparison of all CiC in a comparison. Bath and North East Somerset data on the ethnicity of CiC shows a higher proportion of White children (74%) compared to the national average (71%). Children from mixed ethnic backgrounds (12.5%) also comprise a significant portion of the CiC population in Bath and North East Somerset.  While Black and Asian ethnicities are represented in Bath and North East Somerset (2% and 5.5%, respectively), these figures fall below the national average. It's important to note that more children in Bath and North East Somerset have unknown ethnicity recorded (4%) compared to the national figure (2%)[9]; this is likely to be the child's ethnicity not being recorded at the first point of contact with the service. Regardless, the IRO actively considers and promotes the cultural and identity needs of each CiC during their reviews and recommendations, ensuring each child's cultural and identity needs are met.

---

[9] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023

**Table 7**: Ethnicity of CiC

**Ethnic background**

| | All CLA | Not UASC | UASC |
|---|---|---|---|
| White | 74% | 80% | 0% |
| Mixed | 14% | 15% | 6% |
| Asian or Asian British | 5% | 1% | 53% |
| Black or black British | 3% | 2% | 18% |
| Other ethnic group | 2% | 1% | 24% |
| Not stated | 1% | 2% | 0% |
| Not recorded | 0% | 0% | 0% |

Source: PowerBi

7.6. Legal Status: Information is collected on the legal status underlying CiC, which helps to describe why the child is in the local authority's care. These include: a Care Order- a court order placing a child in the care or supervision of a local authority. A voluntary agreement also known as section 20 allows the local authority to provide accommodation for a child with parental consent or when no one with parental responsibility is in place. A Placement Order is a court order allowing a local authority to place a child for adoption

7.7. In 2023, Nationally, most CiCs were looked after under a Care Order (76%, down from 78%). However, the number and proportion of CiC voluntary arrangements have increased; 19% of CiC were looked after under voluntary agreements this reporting year, up from 17%. Much of this increase is due to the increase in UASC, who are usually voluntarily accommodated. CiC under a Placement Order continues to fall, down 4%, to 4,350 children.

7.8. In Bath and North East Somerset, current reporting data shows that there has been a steady increase in CiC subject to full Care Orders for the third reporting period who have a permanence plan to remain a CiC. Plans for these children will be closely reviewed by their IRO, with reviews held at least once every six months. Children in long-term care benefit from the longevity of the IRO relationship. This focus allows IROs to develop strong relationships with the children, acting as a consistent voice and advocate throughout their care journey, especially when changes in care arrangements are needed. Furthermore, IROs play a critical role in ensuring that Bath and North East Somerset, acting as corporate parents, not only fulfil their responsibility for a child but nurture the child's talents and improve mental well-being as well as long-term outcomes within education.

7.9. An IRO shared recent feedback about a child:

*this young person has a real talent and performed their own music at a local festival last summer. At their recent review, we heard they're using their music in their learning and have made great progress. This young person would not attend a school or*

14

*engage with professionals before their current placement and is a completely different child from the one I first knew several years ago. This is a positive outcome for this young person developing a passion they love''.*

7.10.    This reporting period shows a decrease in Interim Care Orders compared to the previous year. This indicates a reduction in children subject to full care orders in the future reporting period. Additionally, the reunification rate contributes to a slow but steady decrease in the overall CiC population.

7.11.    The permanence aspect of children being made subject to Placement Orders demonstrates a positive increase for the second consecutive year. Furthermore, identifying a forever home where a child will be loved and cared for throughout their life, as opposed to their minority years in a foster placement, is a positive outcome for CiC.  This is to be considered along with those children placed with a relative or connected person under an SGO, as these have also increased, and these placements are reflected in the departure date of leaving care.  Children made subject to a Placement Order have their care plan closely reviewed by the IRO to ensure timely progression is made in order to have the least amount of time and intervention in a child's life, and these reviews are held as per statutory guidelines and in some instances at a higher level than required to ensure finding and transition planning is progressing.

**Table 8:** Ages and legal status CiC

| Age category | Interim Care Order | Full Care Order | Placement Order granted | Vol. Accom Section 20 | Total |
|---|---|---|---|---|---|
| Under 12m | 5 | 0 | 0 | 0 | **5** |
| 1-4 years | 11 | 5 | 9 | 0 | **16** |
| 5-9 years | 4 | 24 | 2 | 3 | **33** |
| 10-15 yrs | 6 | 61 | 0 | 15 | **82** |
| 16+ years | 0 | 32 | 0 | 34 | **69** |
| Total | **27** | **126** | **11** | **52** | **216** |

Source: Children's PowerBi

7.12.    Age is a significant area that IROs will consider; if they identify a child who has been left at risk of harm in the CP arena for too long, this will be raised directly with the social work team and the manager of the IRO service, utilising the dispute resolution process.  Independent Chairs and IROs will highlight any children where legal intervention should have been considered sooner.

7.13.    Table 8 details the legal status and age breakdown of CiC as of March 31, 2024. Notably, the number of children under 12 months subject to ICOs has significantly decreased compared to the previous year (19 vs. the current reporting period). This aligns more closely with figures from the 2021-22 reporting period. Conversely, the number of CiC aged 16 and above accommodated under Section 20 has seen a considerable rise in the past three years, from 27 to 56, before settling at 34 in this reporting period. This increase can be attributed, in part, to the allocation of additional UASC to the council, as will be discussed later in the report. These UASCs remain classified as CiC. A slight decrease in placement orders granted for children is also evident. This likely correlates with the reduction in ICOs and FCOs mentioned earlier and is not considered a cause for concern.

7.14.    The figures include children with a disability, who account for 17% of the CiC population; a percentage of this group is likely to require an assessment by adult social care to consider what support they may need as they become adults. For these children aged 16+, a referral to Adults Social Care transition panel is necessary and IROs will make recommendations as to the timescale for such referrals being completed. The transition panel must consider whether a young person is entitled to a transition assessment under the Care Act 2014. The assessment will consider the young person's needs regarding care and support post-18, including accommodation for all over 18. In the last reporting period, IROs identified delays in completing transition assessments, which has left some children turning 18 without certainty as to what support they may receive from adults social care. Issues of drift and delay should be addressed promptly by the IRO via the DRP process.

7.15.    Ensuring a smooth transition from childhood to adulthood for CiC, especially those facing ongoing challenges like mental health issues or being a UASC, is an area of continuous focus and improvement. National guidance and the recent CSPR underscore the importance of effective communication and collaboration between health, children's social care, adult social care, and education. We recognise the importance of well-planned transitions with clear guidelines and the involvement of all stakeholders, including young people. While separate child and adult systems exist, legislation like the Children and Families Act 2014 supports young people with complex needs. Bath and North East Somerset is committed to playing a vital role in facilitating these transitions to adult services by involving young people in assessments to ensure their voices are heard, keeping all parties informed to ensure coordinated support, and allocating resources promptly to address their identified needs. Supporting the transition of services from child to adult care can be challenging and remains an area for improvement.

7.16.    Over the past year, there has been a significant focus on ensuring CiC have needs assessments and pathway plans. These plans are crucial in supporting a smooth transition to adulthood for CiC by identifying necessary independent living skills development and exploring post-18 accommodation options. As of the reporting period end, 57.1% of all 16 and 17-year-old eligible children have a pathway plan. While this demonstrates progress (see

Graph 2), there is room for further improvement. Notably, the data excludes some CiC due to differing collation parameters. IROs are actively monitoring this area and have conducted mid-point reviews of CiC records. When gaps or concerns are identified around no pathway plan, they are addressed through the Dispute Resolution Process (DRP).

**Graph 2:** Pathway plans
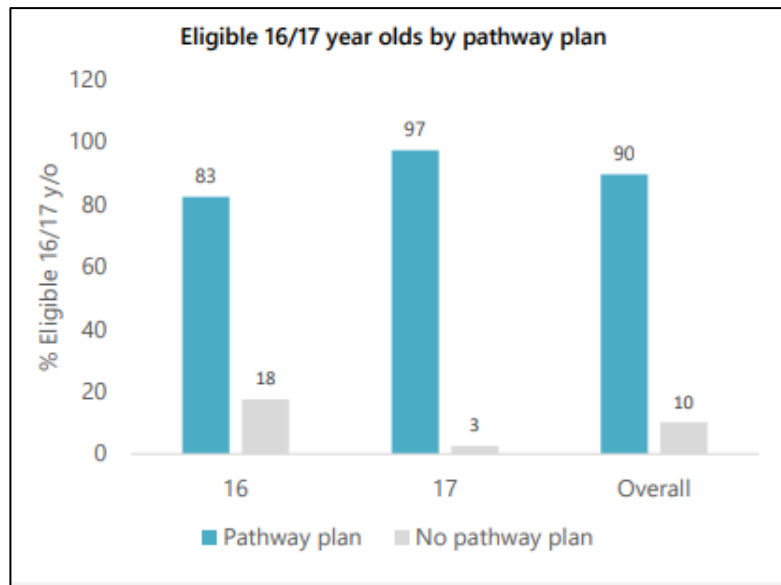


Source: Chat v6.0 -children services analysis % data snapshot April 2024

## 8. Children placed at a distance from Bath and Northeast Somerset

8.1. Local authorities have a duty to provide suitable accommodation for CiC within their area, ideally near the CiC's family home. However, a national shortage of appropriate placements can make achieving this goal challenging. In Bath and North East Somerset, the reporting period saw an increase in CiC placed outside the local authority area and a significant distance from their families or corporate parent. This trend is partially offset by 177 CiC from other authorities being placed within Bath and North East Somerset. Research indicates that family-type placements are generally better suited for younger CiC. However, some children require residential placements or specialised schools to address their needs and ensure safety; these placements are often located outside the local authority area. It is acknowledged that there is a national shortage of placements, and Bath and North East Somerset are looking at several ways to address this. Bath and North East Somerset has seen a slight decrease in the number of CiC placed outside the local authority area, with the current figure estimated at 57%. There are several reasons why it has decreased, which include children being placed with their own extended family, to name one.

**Graph 3:** CiC placed out of area
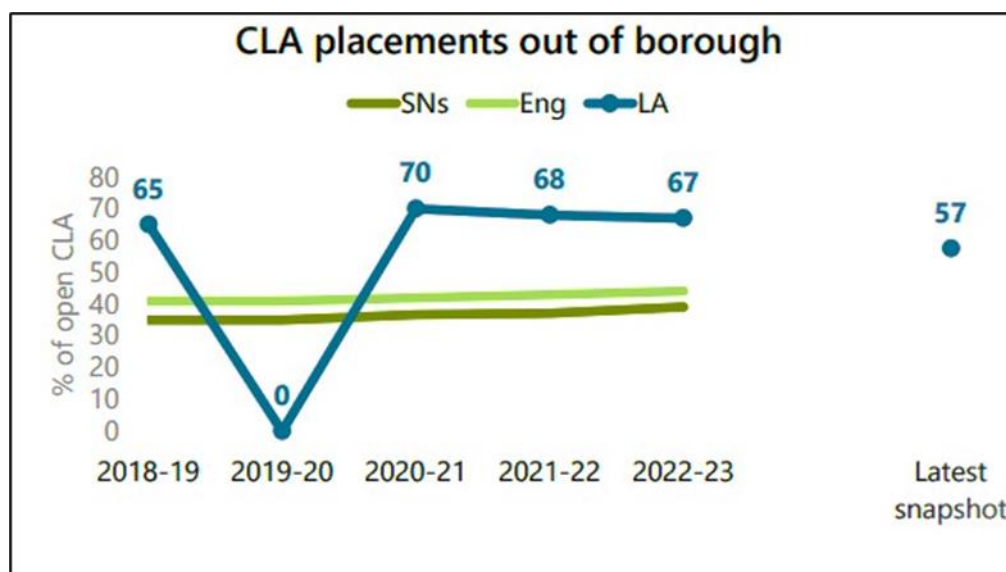


Source: ChAT v6.0 - % data to Insight January 2024

8.2. To address challenges associated with high-cost placements, out-of-county placements, and those involving UASC. Bath and North East Somerset senior management team hold regular meetings. These meetings prioritize the best interests of each CiC. The SQA Manager attends these meetings to ensure placements align with each child's evolving needs and well-being— discussions centre on whether current placements offer the most suitable environment for development. While cost-effectiveness is considered, decisions ultimately prioritise the CiC's well-being. This includes both immediate safety needs and long-term goals towards independence. The meetings identify placements that might hinder the development of independent living skills, particularly for older children placed out-of-county. The meeting process also balances CiC needs with responsible resource management. This includes exploring the potential benefits of a placement closer to Bath and North East Somerset to facilitate family relationships and continued support from Personal Assistants (PAs), especially for CiC transitioning to adulthood.

8.3. The SQA Manager actively participates in high-cost placement meetings, leveraging IRO updates to ensure placements demonstrably meet each child's needs, even if they incur higher costs. Ultimately, these meetings strive to secure placements that nurture the CiC's well-being, safety, and path to independence. This is achieved through a balanced approach prioritising effective resource utilisation and a child-centred approach.

9. **Unaccompanied, Asylum Seeking and Trafficked Children:**

9.1. In the UK, a person becomes a refugee when the government agrees that an individual who has applied for asylum meets the definition of the Refugee Convention. In turn, they will 'recognise' that person as a refugee and issue them refugee status documentation. Usually, refugees in the UK are given

five years' leave to remain as refugees. They must then apply for further leave, although their status as a refugee is not always limited to five years. Children become UASC if they do not have a parent or caregiver with them.

9.2. In this reporting period, Bath and North East Somerset Council have seen a decrease in CiC seeking asylum or refuge; there were 21 UASC as of the final reporting quarter for 2023-24.  This is a decrease on last year's figures of 32 UASCs accommodated. This is due to a hold on accepting referrals of UASCs into the area from the National Transfer Scheme. The authority made a representation to the government to pause referrals until other local authorities had met their 0.1 % allocation for under-18s, highlighting the impact of lack of local sufficiency, increased pressures on both resources and financial pressures impacting Bath and North East Somerset. However, the current figure is still an increase from 11 UASCs from the previous reporting year of 2021-22 year.  A risk was identified in a previous reporting period when the NTS allocated many UASCs to Bath and North East Somerset, which caused a sudden demand for services.

9.3. As advised in previous reporting periods and continued into this period, most UASCs received in Bath and North East Somerset's allocation are young people between 15 and 18, who comprise a large proportion of the Section 20 CiC cohort, see graph 4.

**Graph 4**: CiC UASC comparison
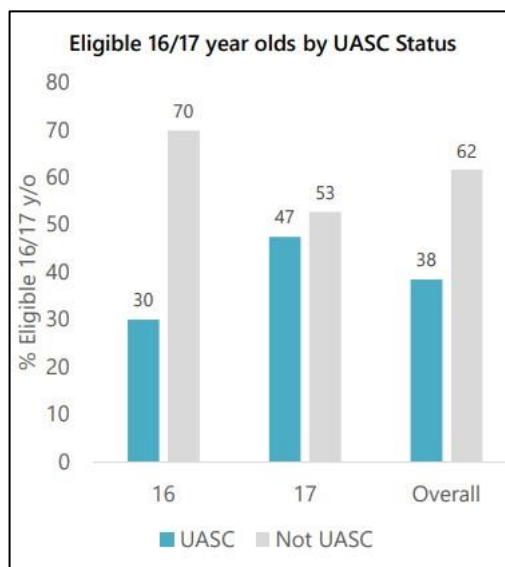


Source: ChAT v6.0 - % data to Insight January 2024
Note: Eligible being a CiC

9.4. Most UASCs are not placed locally or are already residing in larger cities across the country, often a placement they were placed in before being allocated to Bath and North East Somerset as the corporate parent. Some children who have a placement within the local area say they would like to move to larger cities where they can maintain contact with friends they already know or be part of the community they feel they can fit within. On

arrival in the UK, some UASCs speak little or no English, which makes integrating into a predominantly white English-speaking area difficult.

9.5. Regarding former relevant UASC who are deemed 'not in employment, education or training' (NEET) care leavers. They are 17% NEET aged 17/18; this figure decreases by over half to just 7% for UASC post-18. This aspect requires exploration during the CiC reviews by the IROs to ascertain the additional barriers, besides language, to joining education before 18 years of age. The SQA service will also continue to work alongside other children's services teams to consider the complexities of this cohort and how we best meet their needs.

9.6. The IRO service has recognised the importance of continuing to develop the skills, knowledge, and expertise in working with the cohort of UASCs. IROs introduce themselves to the children and young people, providing translated documents that explain their role, how they can be contacted and the purpose of a child-in-care review. Minutes of the reviews are also translated into the first language. It can often be daunting for UASCs as they feel that the IRO is part of the system and feel threatened or at risk of deportation, so additional time is required to develop meaningful relationships. IROs will meet all children in person before their reviews to reassure them and ensure the use of interpreters to enable the CiC to participate fully.

## 10. Voice of the Child, Participation and Feedback

10.1. This area has been a focus since the last reporting period and continues to develop. IROs oversaw 566 reviews in this reporting period, with previous attendance at 56% of reviews seeing a child attend and speak for themselves, have their advocate speak for them, or attend but choose not to contribute. This number has increased steadily through the past year. Children aged four and under will continue to be seen by their IRO in their placement with their carers for an observational relationship assessment, ascertaining how at ease the child is in their environment and how the child interacts with other members of the family/household, recording this as the child's voice. Some children choose not to attend their reviews; whilst they are encouraged to attend, it is acknowledged that some children do not wish to attend, and the IRO service respects this.

10.2. IROs and Advocates have worked together to ensure children's reviews are child-friendly. Throughout the year, Advocates have supported young people in making decisions about activities they want to do and ways that they want to lead their own meetings. IROs have facilitated these requests and have been positively working with Advocates to ensure that the meetings remain child-focused.

10.3. IROs have referred children to advocacy who lack confidence in the process or/and adults and those CiC who do not share views engage in discussions or the decision-making. Advocates' work with these young people has led to positive results; they have built trust through this relationship and, in some cases, have eventually run their own meetings.

10.4. One example is a young person who did not share their views with anybody and initially met their Advocate over four sessions. When they met their IRO for the first time, they had built enough trust in more than one adult to ask their Advocate if they could see their IRO more often. This request was supported and facilitated. Another young person was not speaking with professionals and was referred for advocacy. The young person eventually developed a rapport with their advocate to meet in person. Eventually, with advocacy support, the young person could share their views at their CIC review.

10.5. Outside of the reviewing process, Advocates and several IROs have increasingly jointly worked with young people on issues, which means that some issues have been resolved much faster. There has been ongoing communication, including a recent face-to-face meeting between SQA, Commissioning, and 'Shout Out' to consider improving collaborative working across services.

10.6. Direct feedback has been received from the advocacy service 'Shoutout', who advised, "It's been really good to work with IROs this year. Our communication has helped us understand what is happening to young people and better support them. When we work together around a review, it makes a difference to children's experience of the review process, and the young person can see how their views count. It has been really good that some IROs have written letters to young people after their review."

10.7. All CiC are sent a consultation document before their reviews and offered independent advocacy by the IRO service as a matter of process.

## 11. Dispute Resolution Protocol

11.1. The CiC service's dispute resolution process has been under intense internal and external scrutiny for the past year, which is expected to continue. The recent LCSPR identified weaknesses in how the SQA service used the previous dispute resolution process during 2022-23[10].

11.2. Key points identified that IROs primarily relied on informal email escalations to social workers and team managers when challenging care plans with no clear response timeframe. It is accepted that escalations were raised, but little resolution occurred with themes, e.g. incomplete pre-meeting reports and outstanding needs assessments/pathway plans, which persisted for several reviewing cycles without resolution. The lack of formal documentation and a centralised data reporting system hindered effective tracking and resolving disputes. This led to inaccurate reporting on the status of outstanding and resolved issues. Moving forward, in response to concerns regarding dispute resolution, a new standardised protocol and template were developed in late 2023 with input from other departmental HoS. Following a pilot phase, this process was ratified in January 2024.

---

[10] https://bcssp.bathnes.gov.uk/sites/default/files/2024-05/CSPR%20Skye%20Executive%20Summary.pdf

11.3. The new protocol aims to create a more transparent dispute resolution process. This includes using electronic recordings and establishing clear, measurable actions (SMART goals) to address identified issues. Additionally, all midpoint reviews identifying concerns with CiC plans or electronic files will be formally logged as Stage 1 in the Dispute Resolution Process (DRP). This ensures timely responses and follow-up by social workers, with tracking by SQA business support.

11.4. The CiC service acknowledges the need for improvements and is committed to continuing the standardised dispute resolution process with clear escalation protocols. Additionally, a temporary data reporting system is used to track and monitor disputes; this will move to electronic data report oversight in the next reporting period. Reviewing IROs' use of the dispute resolution process is crucial to strengthening this critical area.

## 12. Quality Assurance by the IRO

12.1. IROs must closely monitor the care planning for children and young people in care, including the progress of CiC between their reviews. Social Workers must inform a child's IRO of significant changes/events in the child's life. Any proposed changes in the care plan should be discussed with the IRO before implementation there can however be delays in significant information being shared with IRO's which can impact on the timeliness of reviews for CiC.

12.2. The IROs ensure minimum quality assurance around the child's care planning by completing the quality assurance and recommendations document in a child's electronic file following the review. As referenced in the last report, no midpoint quality assurance reviews existed for CiC. A tool on the CiC electronic file was a post-review QA document completed by IROs; this had minimal impact despite completion by IRO around care planning. This left the potential for drift, especially around transitional stages from children to adult services, requiring a pathway plan and multi-agency cooperation. This area has been developed, and a midpoint review template has been developed and implemented for CiC. These midpoint reviews are an opportunity to identify drift or poor practice, name areas for improvement and accountability, and utilise the DRP with clear timeframes for work completion, all before the CiC review.

12.3. The recent feedback below from a professional regarding an IRO demonstrates the challenges and good practices of IROs within the SQA service. ''I was impressed with your child-centred approach to the LA's care plan. Your feedback to the social work DTM was respectful, professional and well thought out. It is not easy to disagree with colleagues. Still, it is the fundamental purpose of having an independent IRO to have oversight to ensure that the care plan is in the best interests of the children we serve''.

12.4. The SQA service will focus on long-term outcomes, not just process metrics. Measuring children's outcomes via the quality assurance aspect and scrutiny of CiC plans is the best way to achieve this, ensuring the corporate

parent meets its statutory responsibilities. Areas highlighted during the CSPR process and its final recommendations have already started to be implemented.

12.5.    It has been identified nationally that a major challenge in children's services is the transition to adult services. Children's needs aren't addressed holistically across service provisions. It is identified that there is a positive trend with children's services improving their data intelligence and collaborative working, which includes Bath and North East Somerset, as well as addressing transitional arrangements that can significantly improve how services collaborate for a child's well-being. As the Children Commissioner Dame Rachel de Souza points out:

> '*We can't reliably say whether the system is achieving the outcomes we want for children; children fall through the gaps between services because the data and technology is not up to scratch; reform programmes often only touch on one element of a child's life without seeing them as a whole – that mental health, education, disability, and social care need to work alongside each other'.*

12.6.    The strength of an IRO and the SQA manager lies in having clear oversight of the child's journey from entering as a CiC to mapping their journey to reunification, permanency, and/or transition into adulthood. The SQA manager will report to the Service Improvement Board every quarter for all children, whether CP or CiC, the performance of the CP Chairs/ IROs. The improved dispute resolution process and focus on mid-point reviews position the SQA manager to significantly contribute to wider service delivery quality assurance.

## 13. Update on areas developed in 2023-2024

13.1.    Each year, the IRO service identifies areas of practice that require further development or improvement; areas identified in the reporting year 2023-24 are below, along with the updates. Any reds or ambers will carry over into the 2024-25 area for development; green will continue as standard practice.

**Table 9:** targeted areas for improvement 2023-24

| Area for development/ improvement | Update |
| --- | --- |
| Ensuring allocation of all CiC, which includes UASC. | For the reporting period 2023-24, the focus has been on ensuring every child in care has an allocated IRO when they enter the process, regardless of IRO capacity, this at year end has been achieved but with some challenges throughout the year.<br>The SQA has also been focused on ensuring social work pre-meeting reports for CiC reviews and pathway plans are available. Timely provision of both documents is essential to supporting and mapping a clear path for CiC. |

| | |
|---|---|
| Improving timeliness of CiC reviews. To ensure quality assurance of children's plans by midpoint QA. | This is an area that continues to be developed. |
| Review escalation policy and process. Address if not effective. | The escalation protocol/ policy has been reviewed, and a new protocol and template have been created. The protocol was agreed upon with other HoS in early January 2024, piloted, and fully implemented in April 2024. It will be reviewed within the next reporting period for effectiveness and data capture to ensure the Service Improvement Board is aware of issues raised by IROs and CP Chairs. |
| Ensure the child's voice is captured in the CiC reviews. | The CiC voice is critical to service development and improvement. Within CiC reviews, a clear-labelled section identifies the child's voice, which will continue to be developed. The child's voice is more evident within CiC reviews and is part of the midpoint QA undertaken by the IRO.<br>The DRP identifies a section of impact on the child, which includes the voice. The SQA Manager will continue to ensure innovative ways to capture this feedback are delivered within the service area. |
| Feedback from children, young people, their families, and carers. (2019) | This continues to be an area for improvement / development the challenges faced within the IRO service this year has meant little progress in this area. |
| Children in care will have access to life story work delivered in an age-appropriate way.<br>(2019 – 2021) | In 2021, a working group developed Guidance for Social Workers around completing Life Story Work with children on the edge of care and children in care. The purpose was to improve practice and offer consistency regarding what children can expect from us in supporting their narrative and identity through talking about their experiences.<br>The guidance and associated resources have now been finalised, they are available on the Tri-X system for all staff. IRO's however are yet to see evidence of life story work being completed with children in care. |
| Improving the number of children in care review records disseminated within 20 working days. | This is an area that continues to be developed. |
| IROs are to have input and oversight of any plans for reunification. | This ongoing, IRO's are seeking clarity however as to how reunification is understood and promoted within children's social care. |
| Themed audits are to be undertaken, identified by the themes emerging from the quality | Outstanding. |

| | |
|---|---|
| assurance activity within the Service and the data reports. | <span style="background-color:red;"> </span> |

## 14. Summary of period and areas for development in 2024-2025

14.1.    The period of 2023 – 2024 was difficult for children's services due to the CSPR being undertaken, particularly for the SQA service. Implementing the dispute resolution procedure along with midpoint reviews had its challenges; however, recognising a critical area ensures impact for the children in progressing their care planning when the IRO has identified areas for improvement and/or concerns.  The SQA service had the insight and understanding to quickly develop, improving service delivery, whilst acknowledging that individuals, in particular social workers and managers, have formed excellent relationships with children and that it is the system that requires focus, as this identifies inadequacies that increase the vulnerability of our CiC.

14.2.    At the time of writing of this report, the SQA service is fully staffed and functioning and in a position where it can fully focus on quality assurance delivery, ensuring that all CiC within Bath and North East Somerset have a care plan that focuses on permanency and improving their life outcomes. It is also acknowledged that much positive work with children by their social workers is undertaken across the service, which is very much valued. Recognition within this report supports areas of improvement,  which reflects the commitment of staff within the SQA service, including the IROs, Business support staff and LADO.

14.3.    All of our CiC, past, present, and future, are valued individuals who deserve the best outcomes, and the SQA service will continue to strive to improve their outcomes.  Bath and Northeast Somerset Council has recognised that having been a "child in care" is deemed and will be treated as a protected characteristic.[11] Areas for future and ongoing development to support CiC are identified in the table below.

**Table 9:** Areas of Future Improvements

| Area for development/ improvement | Risk & Measure |
|---|---|
| Pathway plans and needs assessments of all CiC aged 15 years and 9 months. | CSPR critical marker[12]<br><br>The IRO will identify all CiCs who do not have pathway plans and needs assessments in a timely fashion, and a SMART plan will be agreed upon with the social worker at the CiC review. The IRO will monitor this for completion at the midpoint review. If it is not completed as required by age or requested |

[11]https://newsroom.bathnes.gov.uk/news/care-experienced-people-bnes-given-protected-characteristicstatus#:~:text=People%20who%20have%20experienced%20being,and%20services%20help%20prevent%20discrimination.

[12] LCSPR Finding 7 CSC did not ensure compliance with procedures, no needs assessment or pathway plan

| | |
|---|---|
| | by the IRO, then the DRP will be actioned by the IRO.<br>It is accepted and recognised that the Children's Social Care managers are accountable for ensuring that the needs assessments and pathway plans are completed as part of the supervision process and management oversight. The DRP is a secondary action following the non-action of CS managers and social workers. |
| DRP protocol and policy is to be embedded across the service.<br><br>DRP data is to be monitored.<br><br>SQA HoS is to review the new DRP and protocol by 17.10.24. | CSPR critical marker[13]<br><br>DRP will be reviewed for effectiveness and data capture within the next six months/mid-October to ensure the impact on children in progressing care planning when concerns are highlighted by IROs. Updates will be given internally to Senior Managers via the Safeguarding Improvement Board quarterly. The data will allow insight into risks and barriers across CS and actions to remedy them.<br>The main risk is that the impact on children, whether CP or CiC, will be significant should their plans drift, transitioning to adults not be achieved in a timely way, or planning for permanency not be secured. The secondary risk is that the service delivery is not meeting its statutory duties and responsibilities in a safeguarding capacity or as a corporate parent. |
| Timeliness of CiC reviews to continue to improve.<br><br>To ensure quality assurance of children's plans by midpoint QA reviews in line with CP. Both will assist the IRO role in meeting its statutory function more effectively. | CSPR[10] critical marker<br><br>Although the timeliness of reviews has improved slightly, and IRO input is being added to the CiC file, it is critical to continue improving this area as a whole to ensure that the IRO LCS pathway is completed with the pre-meeting report, minutes, and letter to facilitate clear oversight and dissemination data. This area of focus will continue and is reported quarterly to the Service Improvement Board. Quality assurance of midpoint reviews are underway to identify drift and delay in the transition to adult services and permanency planning focus. |
| Improving the number of children in care review records disseminated within 20 working days of the child's review, achieving at least | CSPR[14] critical marker<br><br>As in previous years, the 85% target has not been met, with the reporting period for 2023-24 being low. Given the issues identified in this report around staffing within SQA service deficit, the current performance is still low and acknowledged. As |

---

[13] Rec 6: BCSSP LCSPR - The newly introduced Safeguarding & Quality Assurance Team tracking system and a review of the Local Dispute Resolution Procedure for all children in care is audited within 6 months of this LCSPR being published to ensure impact for children in progressing care planning when concerns are highlighted by IRO's.

[14] Rec 6: BCSSP LCSPR - The newly introduced Safeguarding & Quality Assurance Team tracking system (which includes completion of mid-point review)… audited within 6 months.

| | |
|---|---|
| 85% compliance in this area. | advised in this report, the overall figure is likely between 25% and 40% on time; therefore, the original 29% is highly likely to be underestimated based on previous and current data patterns. Early indicators for the first quarter of 2024-25 show an improvement in this area and it is anticipated that this area will make remarkable progress in the next reporting period. |
| Feedback from children, young people, their families, and carers. (2019) | This is an area that continues to be developed. Feedback forms are not completed, and QR codes are an area for consideration. The QR code and/or feedback forms could be disseminated with all CiC minutes. These will further include instructions on complaining about the IRO and the service provided, supporting CiC in rating their reviews. |

M. McKay
Interim HoS for SQA
31.05.2024


Revisions made by Independent Reviewing Officers
September 2024