

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee/Panel:</b>	Children and Families Advisory Panel
<b>Date:</b>	17 October 2017
<b>Title:</b>	Independent Reviewing Service and Safeguarding Unit Annual Report
<b>Report From:</b>	Steve Crocker, Director of Children's Services

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#### 1. Summary

1.1 The purpose of this paper is to update members as to the work of the Independent Reviewing Service (IRS) and Safeguarding Unit in the last year and to produce a document which meets statutory requirements.

#### 2. Contextual information

2.1 The statutory guidance within the 'IRO Handbook' (2010) states that the IRS manager should be responsible for the production of an annual report for the scrutiny of the members of the 'corporate parenting board'. That requirement is discharged through the presentation of this report to the Children and Families Advisory Panel.

The IRS has a key quality assurance role in respect of both planning for individual Children looked after by Hampshire County Council and, though auditing work and aggregation of issues, reflecting back performance issue to the Children's Services Department.

2.2 The report is presented in two appendices:

- Appendix 1 being the annual report on the work of the safeguarding unit and IRS.
- Appendix 2 being the detailed outcome of an annual audit of care plans and care planning for children looked after by the authority.

#### 3. Finance

3.1 No finance issues arise from this report.

#### **4. Performance**

4.1 As presented in the main body of the report performance in respect of the Independent Reviewing Service and Safeguarding Unit remains strong. The care plan audit which is incorporated within this report highlights many positive areas and some for improvement in relation to Hampshire's work with and planning for children for whom the authority has a corporate parenting responsibility.

#### **5. Recommendation(s)**

- 5.1 That the Children and Families Advisory Panel;
- Note the continuing sound work of the Safeguarding Unit and Independent Reviewing Service.  
and
  - Note the outcomes of the Annual Audit of Care Plans and Care Planning for Hampshire's 'Looked After' children.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No
<b>OR</b>	
<b>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</b>	
N/A	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

As this report is not recommending any changes no assessment of impact on equalities is necessary.

#### **Impact on Crime and Disorder:**

None

#### **Climate Change:**

N/A

## **PART 1. Annual Report: The IRS and Safeguarding Unit**

### **THE IRS**

#### **1. Background, context and key facts**

1.1 The IRO Handbook states that the IRO manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting board. A further report, based on this one will therefore be taken to member's Children and Families Advisory Panel later this year.

1.2 In addition the IRO Handbook specifies a further six areas that an annual report should reference. They are as follows:-

- Development of the IRO service including information on caseloads, continuity of employment, the make up of the team and how it reflects the identity of the children it is serving
- Number of reviews that are held on time, the number that are held out of time and the reasons for the ones that are out of time
- Extent of participation of children and their parents
- Outcomes of quality assurance audits in relation to the organisation, conduct and recording of reviews
- Procedures for resolving concerns, including the local dispute resolution process, an analysis of the issues raised in dispute and the outcomes
- Whether any resource issues are putting at risk the delivery of a quality service to all looked after children

1.3 This report will also identify good practice and issues for further development, including where action is needed.

1.4 Particular context is given to the elements of this report relating to the IRS by the continuing high aggregate numbers of children who are 'Looked After' or subject to a CP plans. At 31<sup>st</sup> March 2016 the CP Plan figure was 1,434; at 31<sup>st</sup> March 2017 the figure stood at 1,265, a welcome drop over the year of 169, or 12 %. However this was offset in terms of any relief of pressure on the service by an increase in CLA numbers over the same period from 1,313 to 1,439, or a 9% change. An exercise conducted some time ago on IRO use of time equated 2 CLA cases to 3 CPPs. Using this weighting the service has arguably seen a small increase in overall workload over the year.

#### **2. Development of the IRO service, including, information on caseloads, continuity of employment, the make up of the team and how it reflects the identity of the children it is serving**

2.1 There are currently 20.5 FTE established IRO posts, line managed on an area basis by two Lead IROs. This figure remains unchanged from the year to end March 2014. Some of the pressure on the service has continued to

be absorbed by an increased use of sessional CP chairs and by a small number of CLA reviews being conducted by sessional IROs. This increase in sessional staff use allows a more flexible and targeted approach to workload management and has facilitated the ending of expensive agency staff use, thus also proving to be cost effective.

- 2.2 The IRS staff group has remained stable with one retirement of a full time worker leading to one appointment. The further retirement of a half time post holder has allowed budget to be used more flexibly in the use of sessional IROs, as above. The more significant change for the service in the last year has been the resignation of an established Lead IRO. This post was filled from a strong field of interviewed candidates through the appointment of an ex Hampshire IRO who had left the Hampshire IRS some three years previously to manage the reviewing service in a neighbouring authority.
- 2.3 The planned increase in the use of sessional staff as described above has been successful with two ex senior police officers now chairing some CP conferences alongside three retired C & F branch staff and one ex agency IRO who has agreed to now work for us at Hampshire sessional rates. These latter four are also used to chair CLA reviews when needed.
- 2.4 Overall the service continues to be well served by a stable core of experienced IROs and solid management from the Lead IROs.
- 2.5 The statutory guidance within the IRO Handbook states that an estimated caseload of between 50 to 70 children for a full time IRO would represent good practice in the delivery of a quality IRS for looked after children. The average caseload for IROs in Hampshire at March 31<sup>st</sup> 2016 stood at 72 CLA, an increase from the 64 reported a year previously.
- 2.6 However alongside their statutory role as IROs these officers also chair Child Protection Conferences; data regarding this work is given at 2.4 above.
- 2.7 These figures translate to the IRS servicing 3,719 CLA reviews and nearly 6,000 CP conferences (1851 ICPC; 4141 RCPC) in the 12 months considered. During this period 4 'Reg 15' placements were reviewed.
- 2.8 Having a dual IRO and CP conference chairing function is still seen as helpful from a safeguarding perspective, delivering continuity for children and families and ensuring that care plans incorporate robust risk management where the same officer has seen cases through CP Conference processes to CLA status. However the continuing high overall numbers of CLA and CP cases bring pressures to the service in respect of full quality delivery of the statutory IRO function.
- 2.9 Changes continue to be made to try to mitigate the effects of these pressures such as the use of sessional staff (cf. 3.3); taking the opportunity afforded by guidance changes to 'desktop review' children in permanent,

linked placements at alternate reviews; working with the department agenda around 'safe' rehabilitation of children to reduce CLA numbers.

- 2.10 The majority of children in care in Hampshire are White British, this being reflected by the majority of IROs within the IRS. 3.5 FTE IROs are male (17% of the IRO staff cohort) compared with over half (57%) of the authority's CLA population.

### **3. Number of reviews that are held on time, the number that are held out of time and the reasons for the ones that are out of time.**

- 3.1 The result for review timeliness in the last twelve months is 79.6%, an increase from the 74.8% reported a year ago. Common reasons for reviews being late, as reported regularly to District Managers by the Lead IROs, still include:

- Initial reviews not being booked
- Lack of necessary documents (Updated Plan/PEP/Health plan)

- 3.2 Nearly all 'late' reviews are held within days or at most weeks of their 'due' date.

### **4. Extent of participation of children and their parents**

- 4.1 The current reported position on participation by young people aged over 4 years in reviews is around 88% according to information from the data team extracted from ICS. This continues to look optimistic when considering the data from the care plan audit which suggests a lower figure in the region of 66% (Considering children aged 5 years or over). It remains unclear why these figures are so variant but it is suggested that greater rigour is applied in the care plan audit when IROs are thinking about whether a positive response to the question is justified.

- 4.2 Child participation in CP processes also remains an area where improvements could be made. An audit of two weeks of November 2016 CP conferences where a child aged over 4 years was subject gave that children were invited to 71% of conferences but attended only 10%. Offset against that was the result that 95% of children's wishes and feelings were represented in reports to conference (including social work reports).

- 4.3 The annual care plan audit further considers the issue of participation in CLA review processes. However an area of particular concern is the signing of care plans. The 14/15 audit gave that 13.5% of children had signed their care plans. In 15/16 this figure had fallen to 10%. The current audit records that just 5 children had signed the care plans associated with the 303 reviews audited (less than 2%). Of these 5 children 4 were aged 17 years. In respect of parents signing, 4 care plans viewed had a parental signature. No care plan audited was signed by both a child and parent.

4.4 There is at present no ongoing mechanism for reporting on figures for general parental participation in reviews.

## **5. Outcomes of quality assurance audits in relation to the organisation, conduct and recording of reviews**

5.1 The audit of care plans and reviews carried out over four weeks in January in 2016 has been completed and comprises part 2. of this report.

5.2 A repeat audit of agency participation in, and report contribution to, CP conferences was conducted in the Autumn, using minutes of the 83 CP conferences held during a week in November of 2015. The results of this audit have been reported to the HSCB Quality Assurance Group and show that overall performance in this area has remained strong, especially from key partners, despite the pressures all are experiencing in the wider systems. This audit will be repeated later this year but be conducted differently, giving headline data but slightly less detail. A more contemporaneous reporting will be facilitated by avoiding the need to await production of CP conference minutes.

5.3 All IROs facilitated children completing the 'Bright Spots' survey, conducted in concert with Coram Voice. Outcomes in headline are that overall children felt well looked after; trusted their carers (who were also seen as interested in their school life); trusted their social workers; liked school. 85% felt life was improving. However there are issues which need to be recognised and addressed regarding bullying, feelings of self worth, understanding the felt impact of being in care, numbers of placement moves, children not understanding why they are in care or why contact with parents is limited, participation in decision making and understanding their own circumstances. The results of the survey have been shared with CFMT and will be shortly taken to CFWMT for wider discussion and agreement of a way forward.

5.4 Lead IROs continue to regularly conduct audits of review records and child protection plan quality. The results from this work are shared with individual IROs within supervision and contribute to evidence for the 'Valuing Performance' processes.

5.5 The CLA Review spread sheet maintained by CLA admin is used to provide evidence regarding timeliness of the production of the review record (as opposed to timeliness of the actual review meeting). A recent audit of records not yet produced showed that nearly all IROs were up to date in respect of review record production. Where this is not the case it is dealt with by the Lead IROs through monitoring and supervision.

5.6 Direct observation by the Lead IROs of IROs chairing Conferences is undertaken to provide supporting evidence of practice standards.

## **6. Procedures for resolving concerns, including the local dispute resolution process and an analysis of the issues raised in dispute and the outcomes**

- 6.1 The formal Problem Resolution Process (PRP) was commenced 29 times by 15 different IROs in the reporting year, compared with 22 times by 12 different IROs in the previous year. This represents an increase and more balanced use across the service.
- 6.2 Themes emerging over the last year from use of the PRP have been around lack of planned movement to permanent placements (5); inadequate planning and pathway planning (5); lack of appropriate provision (4) – see 8.3 below; timely progression of plans once in place (3); safeguarding issues not addressed (3). A key issue related to quality of plans is reported by IROs to be the quality of the underpinning assessments. A range of other issues have been addressed.
- 6.3 Below this formal mechanism a raft of work occurs to resolve problems. One indication of this is the use of the 'IRO note' on ICS. (Notes recorded by officers in their role as a CP chair are separately recorded). In the year to 31<sup>st</sup> March 2017, 2,648 IRO notes were recorded, an increase from the 2,399 the previous year. Use remains unbalanced across the IRS and part of a recent IRS development session focused on this issue, seeking for a more standardised approach to note use. This will be further raised with individuals in supervision sessions.
- 6.4 The issue of permanence is further highlighted through the care plan audit. County wide 91% of children who were being considered at their second or subsequent review had a permanence plan. This is a significant increase from the 75% seen from the previous year's data.

## **7. Any resource issues putting at risk the delivery of a quality service to all looked after children**

- 7.1 There is a continued pressure on the service from the aggregate numbers of children who are looked after or subject to CP plans. This pressure impacts on the capacity of IROs to, for example, contact children between reviews and proactively track progress of all plans.
- 7.2 The issue of finance availability continues to impact on the ability of the wider service to progress SGOs for children who might otherwise not be within the care system. The moves to address this are recognised and welcomed.
- 7.3 Placements for children continue to be made more often on the basis of availability than choice but needs are usually appropriately met. A particular issue is the availability of family placements for adolescent boys. This is recognised to be a national issue, not one which Hampshire can necessarily resolve through use of its own resources.

## 8. Good Practice

- 8.1 At the point of writing a process has been confirmed to enable IROs to seek independent legal advice when necessary. The Children and Families branch position with regards to IROs being able to see legal advice given to operational colleagues has also been confirmed.
- 8.2 IRS managers have contributed to the development of IRS services in both the Isle of Wight and Torbay.
- 8.3 Response to use of the PRP from operational colleagues remains generally positive and its use properly seen in the context of driving better outcomes for children.
- 8.4 Lead IROs and the Head of Service continue to input to the reconstituted Care Matters Board, its sub-groups and other departmental meetings.
- 8.5 Lead IROs continue to input to area and district PAGs using an agreed data set and analysis format. They attend local management meetings when appropriate. The Head of Service reports relevant data to the County PAG and is part of CFWMT.
- 8.6 These links are important not just in providing an 'IRS voice' but also in ensuring the service does not become isolated or lose sight of operational realities.
- 8.7 The completion of the 'Bright Spots' survey.
- 8.8 The service has ensured continued delivery of an effective CLA reviewing and Child Protection Conference chair service despite the significant volume of work.

## 9. Issues Identified for Development in the last report

- 9.1 *Complete and implement a strategy in relation to child participation in CLA and CP processes. The Head of the Service is working with the relevant District Managers lead and others to deliver measurable better performance in these areas.*  
Audit work shows an increased number of children are now invited to their CP conferences. A letter designed for chairs to send to children, offering contact prior to conferences, is now routinely used. Attendance at conferences by children has also increased although there is still a reliance on the social worker's report to ensure the child's voice is heard in the CP process. Participation in CLA review processes are detailed in the second part of this report. Lead IROs have regularly contributed to the Care Matter's Board Participation sub group.
- 9.2 *Work is required to reconcile DaIT and Audit reports of child participation in CLA reviews. The Head of Service will undertake on this work.*

This has yet to be fully addressed (cf 5.1). The issue will be put on the agenda for further discussion in IRO team and whole service meetings.

- 9.3 *More balanced use of the PRP across the IRS workforce. The Head of the Service and Lead IROs will continue to monitor IRO performance in this area and challenge as necessary. As reported (cf section 7) the position is improved but more work is necessary to reach a fully balanced position.*
- 9.4 *More balanced use of recording by use of IRO note and CP chair note across the IRS workforce.*  
This is also reported at section 7. and similarly to PRPs some improvement can be reported but more still needs to be done.
- 9.5 *Ensure processes and supports are in place to facilitate good quality assessments and re-assessments in CP and CLA casework. IRS managers will work with operational colleagues and WDT to progress this.*  
The challenge processes (PRP and lower level challenge) have been used to help drive this work. In districts with higher agency social worker use and more staff 'churn' it remains arguably harder to address.

## **10. Issues for further development over the next year**

- 10.1 The drive to ensure all IROs record in ICS and use the PRP process in a consistent way will continue.
- 10.2 Dependent on the success of the branch strategy to safely reduce the number of CLA, the service will strive to reduce use of sessional staff, as service capacity allows.
- 10.3 IROs undertaking reviews will consistently challenge where Care Plans are not signed by children of an age and understanding to do so.
- 10.4 The IRS will continue to work with operational colleagues to best secure increased child participation in processes which affect them
- 10.5 To work with operation and admin colleagues to ensure the successful county wide introduction of the audio recording of CP conferences.
- 10.6 The IRS will work with others to successfully introduce the new CiN/CP plan template with its emphasis on capturing the views of children as well as professionals and parents in addition to demonstrating how well the plan is progressing. The new template will help drive the move towards more outcome focused plans.

## THE SAFEGUARDING UNIT

### 11. Overview

- 11.1 The unit has continued to deliver effective services in the last year. The core staff group has remained stable with one change to admin staff and the 0.5 FTE LADO post holder retiring, the vacancy being filled by the previous Lead IRO for the West.

### 12. Detail of work within the unit

- 12.1 The LADOs should be informed of all allegations against adults working with children and provide oversight, advice and guidance to ensure individual cases are resolved as quickly as possible. The LADOs also act as safeguarding advisors. There are 2.5FTE established LADO posts.
- 12.2 Referrals to LADOs have increased steadily over previous years (academic years) to an annual total of 679 at the end of August 2015. This represented a 50% increase on the previously reported annual total; the figure climbed further to 761 referrals recorded in the year to end August 2016; 656 referrals have been recorded to date this academic year.
- 12.3 This increase in referrals has come from nearly all types of setting, indicating an ever greater awareness of the LADO role across the broadly defined children's workforce.
- 12.4 In the last year the LADOs repeated a survey of customer's views which demonstrated an exceptionally high level of positive feedback. This has already been shared with CFMT as a virtual report.
- 12.5 Input to key stakeholder groups such as the armed forces, faith and Further Education groups is undertaken by the LADOs which both furthers knowledge of the role and engenders confidence in the service and referral outcomes.
- 12.6 In respect of school communities the LADOs have continued to develop inputs through both responses to referrals and also through well attended and positively received training days for Designated Safeguarding Leads (DSLs) to which all education sectors have been invited. In the South East of the county the DSLs have organised themselves into a local support group; the LADO for the East of the county will help facilitate this group.
- 12.7 LADOs attend the regional LADO forum as well as jointly facilitating the pan Hampshire/IOW LADO group. These provide useful opportunities for sharing ideas of best practice and service development.
- 12.8 A more detailed report on the work of the LADOs is presented annually to the Safeguarding Board's QA sub group.

- 12.9 There are key tasks of a largely admin nature undertaken in the unit. Where there are sensitivities or complexities in the information under consideration the Head of the Unit oversees and takes responsibility for decision making. This work breaks down as follows for the year to end March 2017:
- 892 'Other Agency' checks (Local authority or independent agencies carrying out checks on prospective adopters or foster carers with a Hampshire connection – each check may cover different household members and addresses )
  - 2,046 Ofsted checks (On adults applying to work in regulated child care settings/childminders – may include checks on partners, adult household members, different addresses listed as separate checks)
  - 60 'Child Death' notifications
  - 20 'Pre Inspection' Ofsted/ISI checks – plus 5 such 'ad hoc' requests (A collation of LADO, ICS and occasional locally held 'soft' information on establishments Ofsted plans to inspect) NB The unit has dealt with a further 15 such requests since 1/4/17 as the inspectorates appear to be more routinely asking for CSD information before inspecting.
- 12.10 There are just 3FTE admin staff who undertake all this work. They also act as admin support to the LADOs and give p.a. support to the Head of the Unit.
- 12.11 The role of the Head of Unit has been confirmed in relation to establishments found to be inadequate by Ofsted where safeguarding concerns are noted.
- 12.12 Child Employment and Entertainment Officer activity is subject of a separate report recently considered by CFMT.

## PART 2. The IRS Care Plan Audit 2017

### Part 2 of this report details the outcomes of the Care Plan Audit conducted by IROs from 6<sup>th</sup> March to 31<sup>st</sup> March 2017

#### INTRODUCTION

This report is an analysis of the responses from the 2017 Audit completed by Independent Reviewing Officers (IROs) in respect of every statutory review started and completed between 10th and 31<sup>st</sup> March 2017 inclusive. The primary audit areas comprised of the following sections:-

- ✚ Survey Population
- ✚ The Care Plan
- ✚ The Personal Education Plan (PEP)
- ✚ The Health Assessment (HA)
- ✚ Overall Needs of the child
- ✚ The Review
- ✚ Equality and Diversity

The raw survey data is available if requested. Whilst it forms the basis of the data and report it has been cleansed to correct small errors in recording. Data in the report may therefore vary very slightly from the raw data but the information as presented in this report represents the most accurate picture. The questions used within the survey are also available if requested.

Two points to note: Q32: 'Is the SDQ score evidenced in the PEP?' Is a new question for the 2017 audit and therefore there is no comparative data with previous surveys. Secondly the County Adoption Team is now a single team and therefore cannot be separated into East or West this year. The 2017 data is split by East, West and Adoption.

#### SURVEY POPULATION

The first part of the survey established the basic data relating to the audit population.

##### **(1) The Number of Children by Age Group and Area**

The table below illustrates the numbers behind the percentage figures used in the remainder of this report; in addition to including information about age group and area.

Age Group	Audit Year and Area						
	2016		2016 Total	2017			2017 Total
	East	West		East	West	Adoption	
0-4	26	28	54	25	13	16	54
5-9	23	21	44	31	27	4	62
10-15	36	48	84	58	58		116
16+	21	27	48	35	36		71
<b>Total</b>	<b>106</b>	<b>124</b>	<b>230</b>	<b>149</b>	<b>134</b>	<b>20</b>	<b>303</b>

The audit in 2017 covered 303 children's reviews - a significant number giving valid data. This represents an increase in the 2016 audit cohort of 230. In part this increase is due to the increased number of children looked after but more significantly due to increased compliance in the East of the County. It is noted that no agency IROs were in post at the time of this year's audit.

Four of the reviews held were for children remanded in to care solely as a result of youth court judgements.

## **(2) Which type of Review is this?**

Returns for children at the 4 month review were of particular interest with regard to evidence of permanency planning, addressed in section 4 of this report. Of the total cohort 12% were in this category. A total of 90% of children covered by the audit had already had at least one statutory review.

### **Cohort by Review Type and East/West/Adoption**

Area	Which type of review is this?			Total
	1 month review	4 month review	10 month review+	
East	12%	4%	84%	100%
West	8%	19%	73%	100%
Adoption	5%	25%	70%	100%
<b>Total</b>	<b>10%</b>	<b>12%</b>	<b>78%</b>	<b>100%</b>

## **THE CARE PLAN**

The second part of the survey established initial information about the care plan adequacy. For all children in the cohort bar two, IROs recorded that a care plan was in place at the review. The two anomalies in this regard are siblings, subject to court proceedings. Court care plans have been submitted. Best practice would be for the IRO to be clear that a local authority care plan needs to be in place.

## **(3) Is the care plan up to date?**

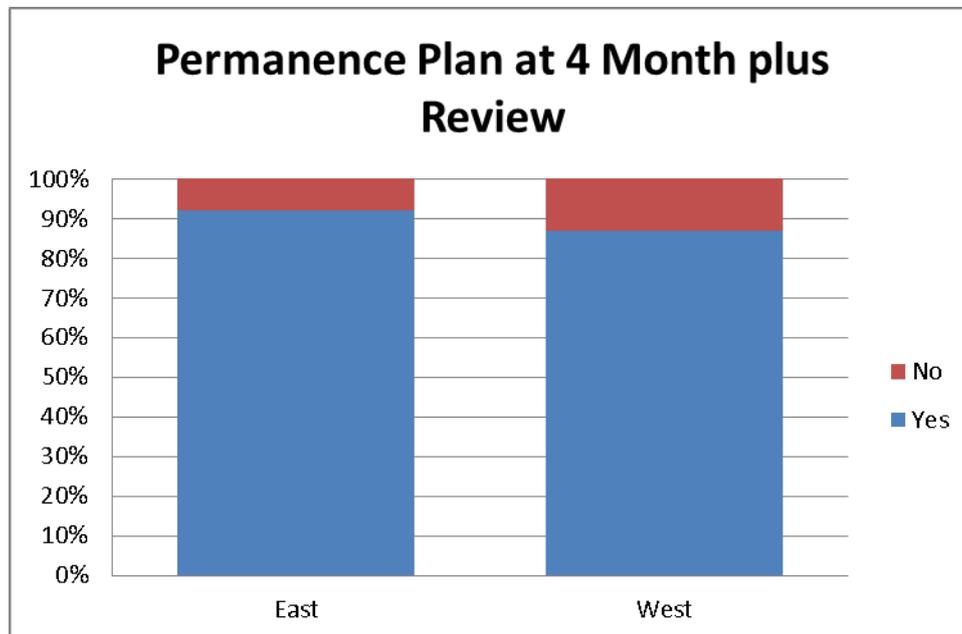
County wide and on average 93% of care plans were assessed as being up to date, a slight decrease from the 97% recorded for the 2016 audit. There was little difference between the percentage of plans not up to date in the East and West, 7.4% and 7.5% respectively. All adoption plans were up to date, as one would hope.

## **(4) Does the child have a permanence plan?**

A key question is whether children have a permanence plan at their 2<sup>nd</sup> (4 month) or subsequent reviews. Manual filtering of data gives that, excluding those whose first review was considered and those who were remanded to care, 90.5% of children in the cohort had a permanence plan in place. This breaks down as follows: Excluding 1<sup>st</sup> reviews and 'remands' gives 273 cases: 107 of 123 in the West had a permanence plan (87%); 121 of

131 in the East had a permanence plan (92%); 19 of 19 adoption cases had a permanence plan (100%).

This shows an improvement on the data reported in last years audit report which gave that county wide and on average therefore 79% of children had a permanence plan in place at the 4 month stage or beyond and 21% did not.



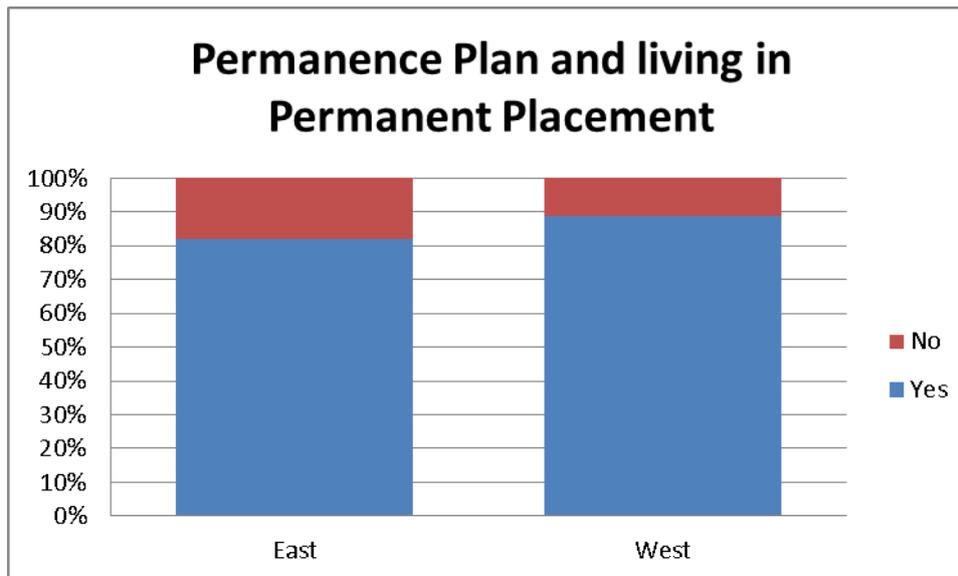
Every child has an entitlement to a permanence plan by the time of their 4 month review. An increased understanding and integration of this in to Social Work practice driven by Team Managers and the uniform implementation of DSM chaired panels is likely to have improved this figure. Additionally, in any case where the permanence plan is absent at the 4 month review or beyond the IRO has a responsibility to initiate an immediate problem resolution protocol (PRP).

#### **(5) Is the Child Living in their Permanent Placement?**

In the 15/16 audit County wide, 66.8% of children were assessed as living in their permanent placement. This was an improvement since the 2014/15 audit when the figure was 54.2%. This current 16/17 audit gives a further marginal increase to 67.3% of children living in their permanent placement.

Of the 247 children who had a permanence plan identified 44 were not, at the time of audit, living in their permanent placement – one designed to last until they are at least 18 years old. This means that, for those where a permanence plan had been identified 82% were in what was regarded as a permanent placement.

There is small area variance in this data: In the East 82% of children with a permanence plan were in their permanent placement. For the West the figure was higher, at 89%. The adoption service had a number of children whose plan was clear but for whom permanent placements were not yet achieved with 50% of audited cases showing this status.



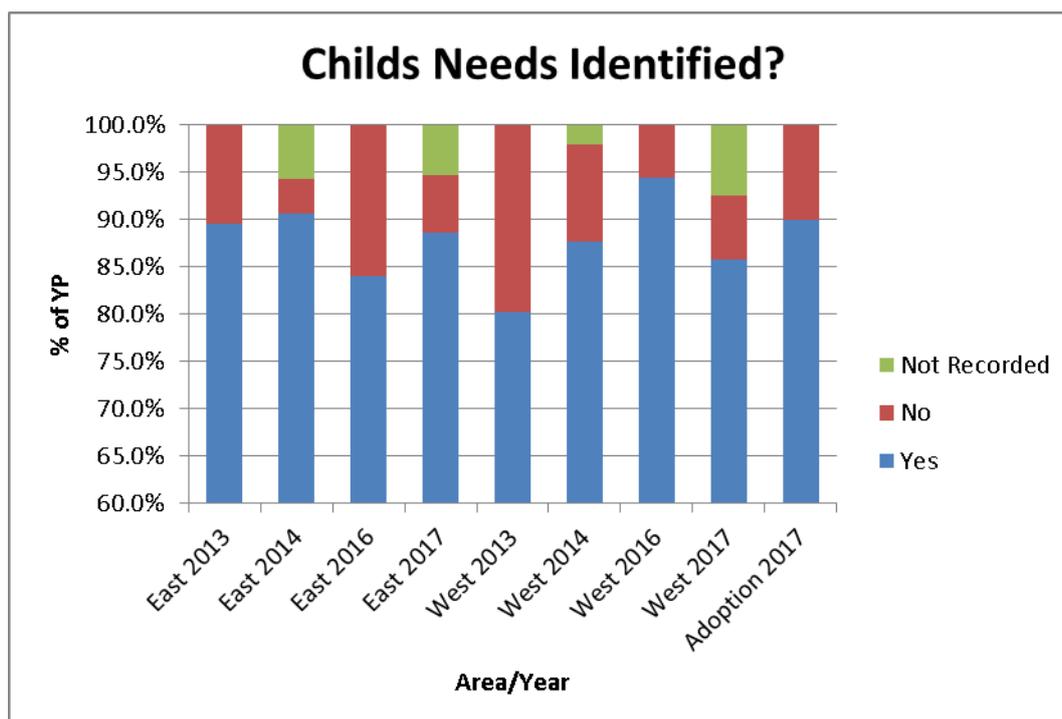
#### (6) Are all of the child's needs identified in Their Care Plan?

Across the county IROs assessed that all the child's needs were met in 88% of cases reviewed. This shows a small drop from the reported figure of 90% from the 15/16 audit.

Area performance in this regard showed less variance than in previous audits with the East cases giving a figure of 89%; the West 86% and adoption 90%.

As previously reasons given by IROs for care plans not identifying all of the child's needs centred chiefly on care plans with missing information and incomplete sections or needs being only partly identified.

Trend data in this regard can be seen in the following:



### (7) Has the Child and/or Parent Signed the Care plan?

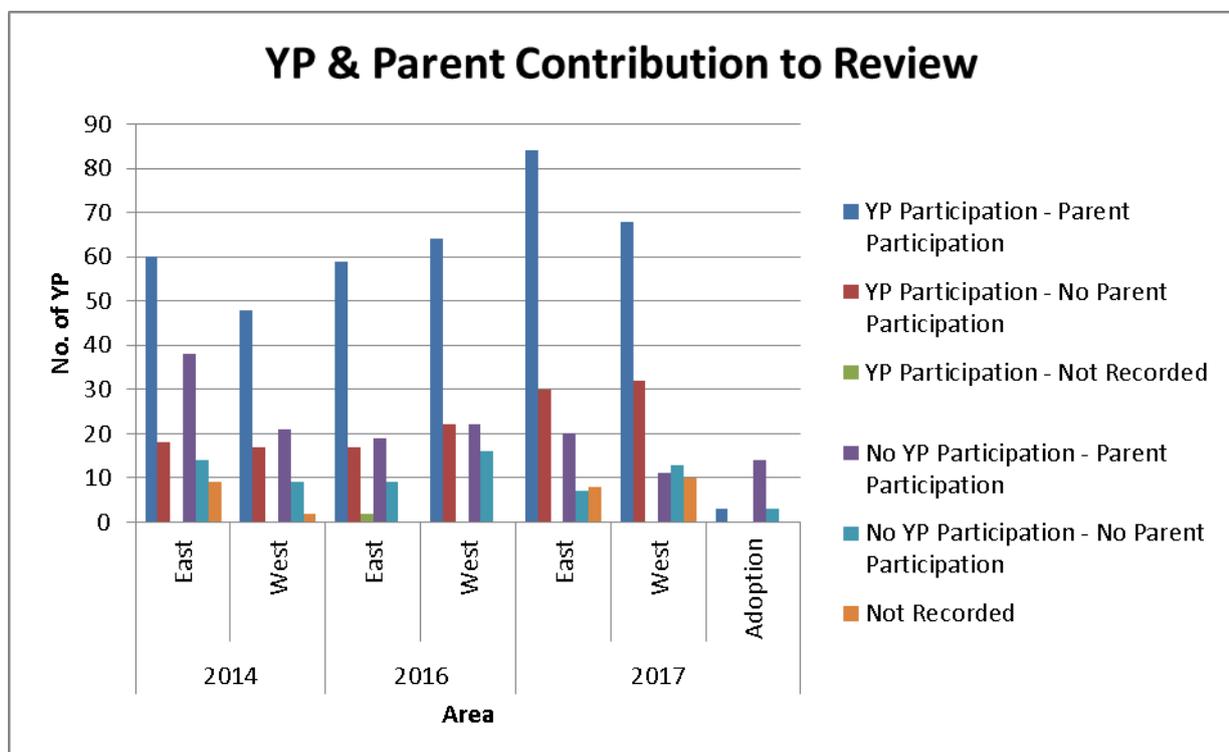
Children and parents signing care plans remains an increasingly significant challenge for the authority at a time when this could be a useful tool to formally show engagement of those most affected by care planning. Whilst younger children and those with disabilities may not be able to meaningfully demonstrate participation in this way and not all parents will willingly engage in such an exercise, the data below highlights the scale of the issues faced in this regard.

The 14/15 audit gave that 13.5% of children had signed their care plans. In 15/16 this figure had fallen to 10%. The current audit records that just 5 children had signed their care plans – 2% of those audited. Of these 5 children 4 were aged 17 years. In respect of parents signing, 4 care plans viewed had a parental signature. No care plan audited was signed by both a child and parent. Of the 9 plans with a signature 8 were in cases held by teams in the West of the county.

### (8) Aside from signatures, within the Care Plan is there evidence of participation/contribution by the Child/Young Person?

Whilst there has been a significant decrease in the percentage of plans formally signed by children and parents other evidence of participation in care planning and contribution to plans shows a more positive trend. Just over half of plans were underpinned by evidence of participation by both the child and parent (51%); in respect of evidence of parental participation the figure was 66%; child participation remained at 72%, the same as last year.

Year on year trend and area breakdowns can be seen in the following graph:



## **THE PERSONAL EDUCATION PLAN (PEP)**

This set of questions determined the adequacy of the PEP.

### **(9) Has the PEP meeting been held?**

Of the cases audited where a PEP meeting was required due to the child's age (224 cases) the meeting had been held in 190 (85% of) cases. This is an improvement on the figure of 77% reported in the 15/16 audit.

In the majority of cases where the meeting should have been held and had not been the review was the first or 4 month point review. However in 11 cases no PEP had been held when the third or a subsequent review was reached; in only one of these cases can this be explained by the child then reaching the age when a PEP is mandated.

There is some small area variation in the data: In the East 83% and in the West 87% of cases where a PEP meeting should have been held evidenced that this had happened. In the adoption 11 cases should have had a PEP and 8 (73%) actually evidenced this had happened.

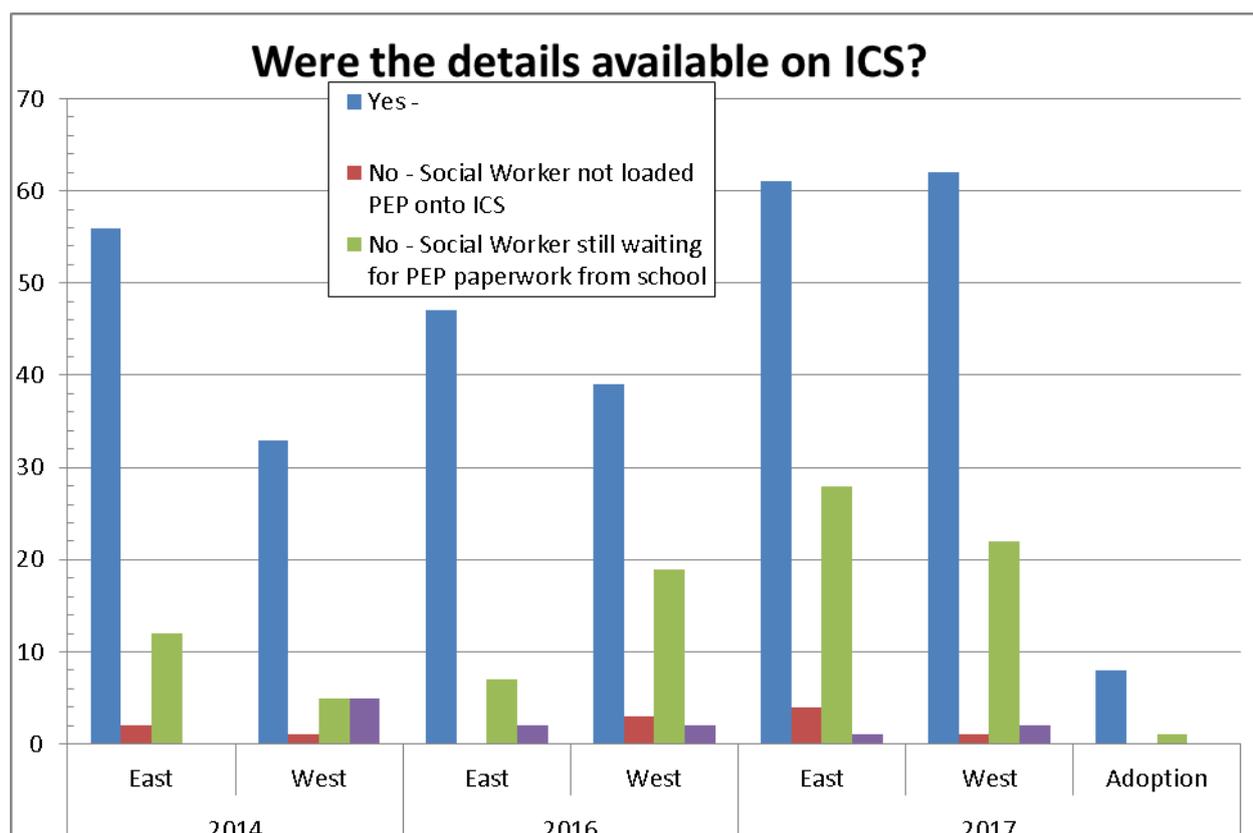
### **(10) Has the PEP document been loaded on to ICS?**

In the 190 cases where a PEP meeting should have been, and had been held, the PEP document could be found on ICS/ESCR in 131 (69% of cases). This is a further decrease from the 73% reported in 15/16 and the 78% in 14/15.

Of the 59 where the PEP paperwork was not found in ICS by far the most common reported reason was that the document had not been received from schools following the PEP meeting. This was the case for 51 (86%) of the 59 cases.

As also reported last year this issue represents nothing more than a failure to collate and transfer information within reasonable timescales, but it has significant ramifications since it leaves the Local Authority care plan effectively incomplete.

Data is shown graphically below:

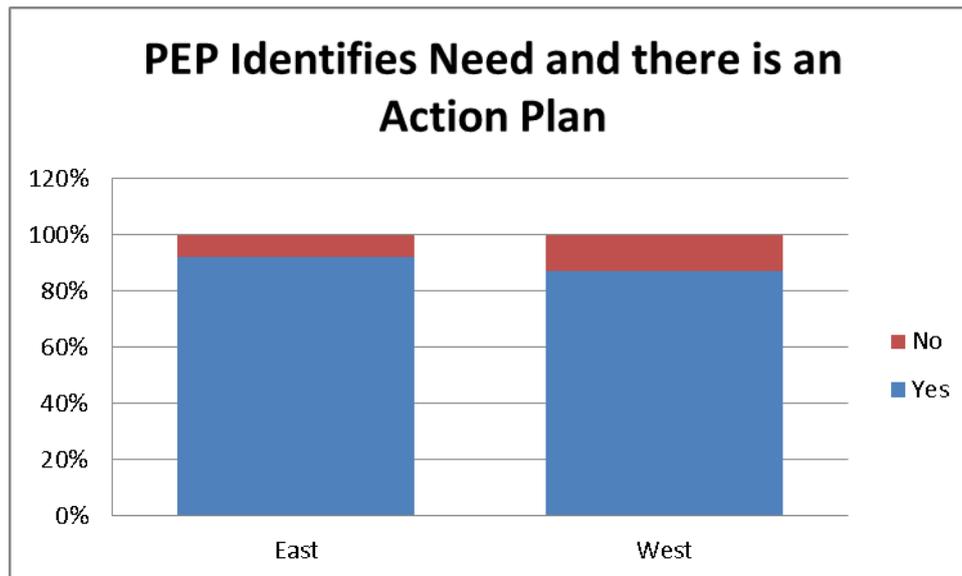


**(11) Were the Key People in Attendance at the PEP?**

County wide 92.4% of PEP meetings held were verified as having had the key people in attendance in cases where paperwork could be seen. This is an increase in the figure of 82.4% reported last year. Both East and West had reported data of over 90% in this regard and adoption case PEPs (small in number) recorded 100%.

**(12) Is section 7a of the Child/Young Person's PEP good enough? i.e. Does it identify the Child/Young Person's needs and is there an action plan to meet them?**

Section 7a identifies the child's needs and details the tasks required to meet them. County wide the percentage of PEPs viewed where section 7a was considered good enough was 92.5% - a similarly high figure to the 93.2% reported from last year's audit. Both East and West recorded data of over 90% in this regard (91% and 95% respectively) with adoption cases recording 7 of 8 (88%) of PEPs meeting that standard.



**(13) Is the PEP clear about what actions all stakeholders must take to ensure the child reaches their targets?**

Of all the PEPs viewed, across all the team's cases, on average 88% were clear about what actions all stakeholders had to take to ensure children reached their targets. This is barely changed from the 89% reported last year. West performance in this regard was slightly better than East (92% and 87%).

**(14) Does the PEP show how the available funding streams will be used to improve education outcomes?**

Again focusing on those 131 PEPs where the PEP document could be seen 54% showed how the available funding streams would be used to improve education outcomes. This is a reduction on the previous two years reported figures of 59% in 15/16 and 56% in 14/15.

In the East the percentage of PEPs showing how the available funding streams would be used to improve education outcomes was not significantly changed at 57% (58% last year). In the West the percentage of PEPs showing how the available funding streams would be used to improve education outcomes decreased from 60% in the 2015/16 to 55% in this audit.

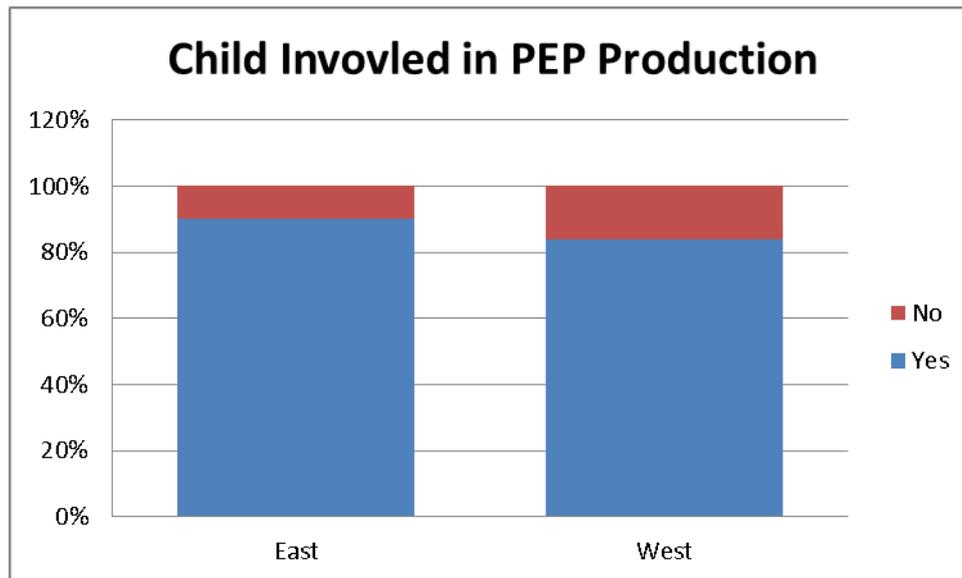
**(15) Is the SDQ score evidenced in the PEP?**

This is a question included for the first time in the care plan audit so no trend data is available. The SDQ score is clearly not being routinely used as part of understanding a child's educational needs. County wide, of PEPs seen, 37% evidenced the SDQ score. This was more likely to be the case in the East (42%) than in the West (31%). Only one adoption case of the 8 seen on ICS had the SDQ score referenced in the PEP.

**(16) Is there Evidence that the child has been involved in their PEP?**

Of all PEPs viewed county wide, 85% evidenced child involvement, an increase on the 78.5% reported last year. Performance improved across East (90% from 85%) and West (84% from 72%). In adoption cases 3 of 5 evidenced involvement.

Lack of involvement is not confined to DCT cases or younger children: There is no discernible pattern to the cases where involvement is not seen.



### **THE HEALTH ASSESSMENT (HA)**

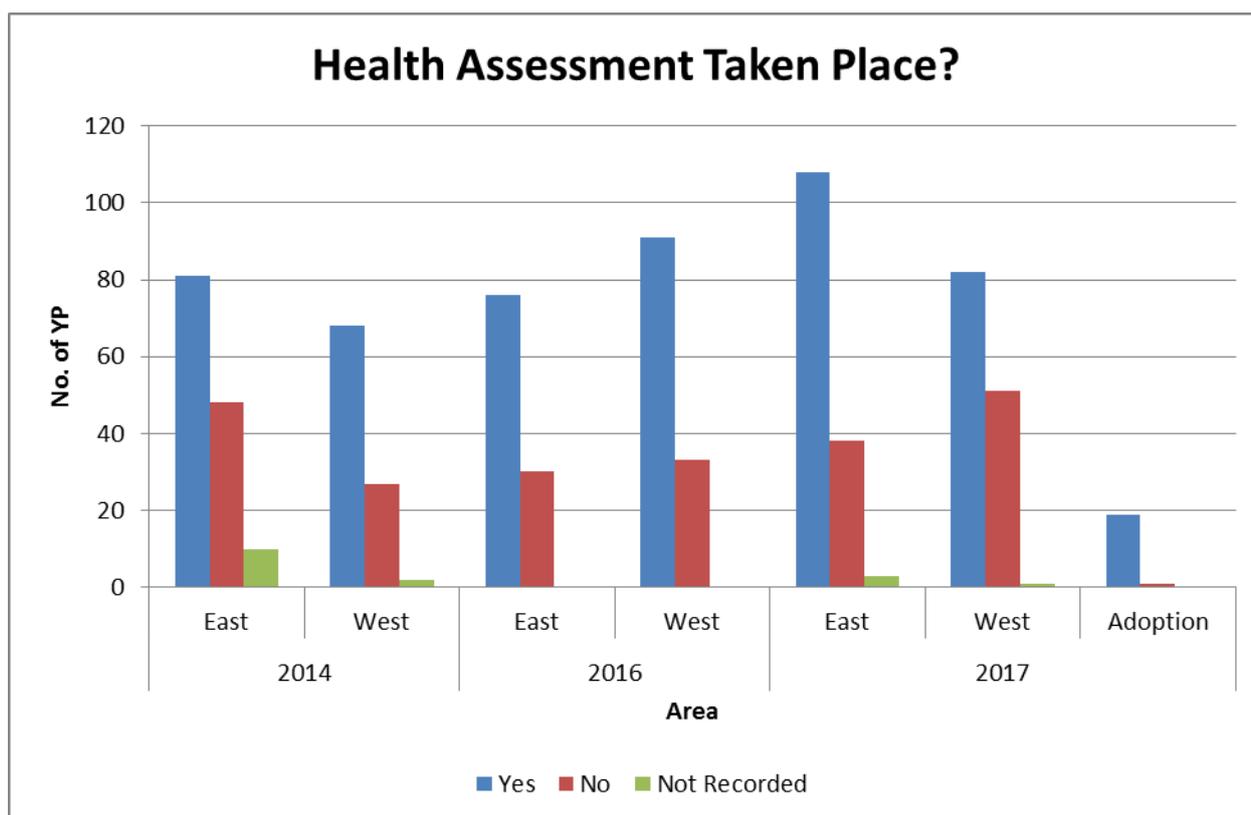
This section focusses on the adequacy of the Health Assessment (HA).

#### **(17) Has the Health Assessment taken place?**

County wide the audit gave that 69% of health assessments had taken place (209 of 303 cases audited), a drop from the 15/16 audit figure of 73%.

Of the 94 cases where no health assessment had taken place 29 were at the 1 month review point, 46 recorded as having reached their third review with no assessment in place. The remainder were at their second review point bar a handful which had no data recorded. Of these 46 it is notable that 31 were aged 15 years or older.

In respect of area performance 72% had taken place in the East, as recorded last year, but 61% - a drop from 73% - in the West. All but one adoption case had a completed health assessment. This related to an initial review for a child just weeks old.



**(18) Was the Health Assessment Available on ICS?**

Where they had been completed nearly 90% are filed on ICS (ESCR). Where this has not happened the reason for delay in all but 3 instances was recorded as the completed assessment not yet having been sent to the social worker.

**(19) Is the health plan as seen appropriate to the child's needs?**

Of the 187 health assessments seen 157 (84%) were seen to be appropriate to meet need. All the adoption health plans were in this positive category; 79% in the East and 85% in the West. Less plans were seen to be appropriate to meet need in the East, West and county wide than in the previous audit. (15/16 audit: County wide 89%; East 87%; West 91%).

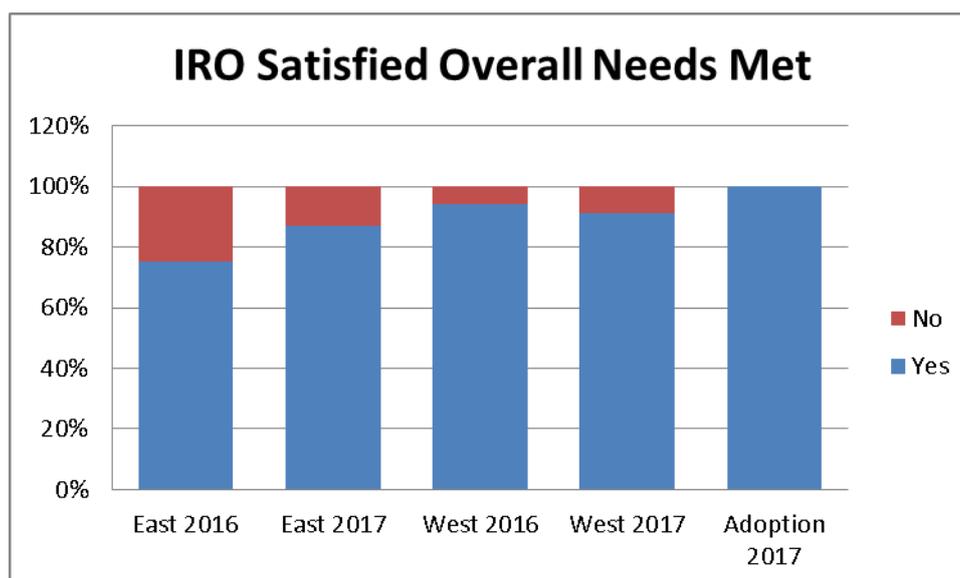
**OVERALL NEEDS OF THE CHILD**

This section focussed on the overall needs of the child and whether they were being met.

**(20) Having held the Child's review are you satisfied that their overall needs are being met?**

Of the 303 cases audited the IRO assessed that overall the child's needs were being met in 271 cases (89%). This is an increase on the 85% reported from the 15/16 audit.

In the East the percentage of cases where the IRO was satisfied that the child's overall needs were met increased significantly from 75% in the last audit to 87% in this one. For the West the figure remained high at 91% (previously 94%). The IROs were satisfied that needs were met in all adoption cases.



### (21) Why are the child's overall needs not being met?

Where the IRO did not feel that overall needs were met they could use a 'free narrative' box to record reasons. These were diverse and for some children multiple, but can be clustered under broad headings. The most common issues related to education/PEP issues; the need for long term or permanency planning and provision (including progression on SGOs); Plan quality and task definition and progression and health assessment and provision issues. All issues recorded are shown in the chart below.

### Why are the Child's Overall Needs not Being met? (Issues Categorised)

Ed/PEP	19
L/Term planning or resources/SGO	19
Plan quality/task definition	13
Health/Health assessments	11
Placement breakdown/lack of placement	8
Contact issues	6
Recognition/management of risks	5
Communication of plan to child	3
CAMHS needs	3
Review decisions not progressed	2
Other	2

### THE REVIEW

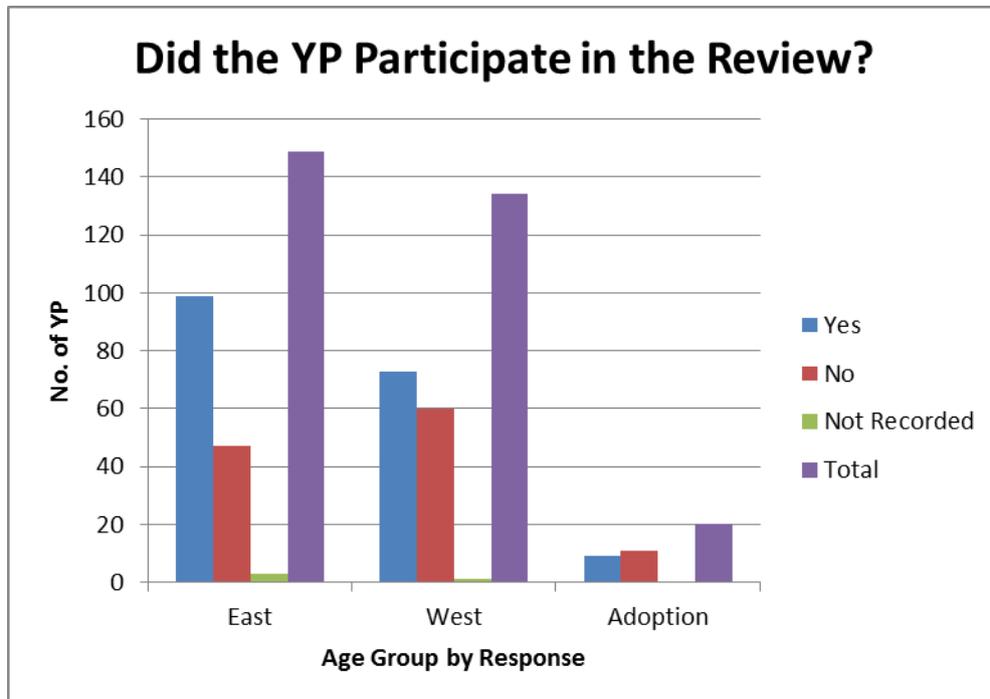
This section focussed on the Review.

### (22) Did the Young Person Participate in their Review?

Countywide a total of 181 (60%) of children participated in their review, a slight increase on the 2015/16 figure of 58%. In the East the percentage of children who participated in their review increased to 66% from 54%; in the West the figure fell from 61% in the 2014/15 audit to 54% in this one. For adoption cases participation was seen in 9 of 20 reviews, largely due to the age of the children.

Filtering to consider only children aged 5 years old and above gives a county headline figure of 66% for participation in reviews.

Of those 122 children who did not participate 66 were deemed to be of insufficient age and understanding; 38 actively chose not to. For the remaining 18 reasons varied from an unexpected party invitation taking understandable precedence to a misunderstanding as to whether or not the child would be on school holiday.



### (23) Did the Child Attend their Review?

This presents a challenge: The data records that 55% of children attended their reviews; a decline from the 65% recorded last year. The tables below give numbers and percentages.

#### Numbers

		Did the YP attend the review?			
Period	Area	Yes	No	Not Recorded	Total
2014	East	84	45	10	139
	West	60	35	2	97
<b>2014 Total</b>		<b>144</b>	<b>80</b>	<b>12</b>	<b>236</b>
2016	East	70	36		106
	West	81	43		124
<b>2016 Total</b>		<b>151</b>	<b>79</b>		<b>230</b>
2017	East	90	56	3	149
	West	64	69	1	134
	Adoption	13	7		20
<b>2017 Total</b>		<b>167</b>	<b>132</b>	<b>4</b>	<b>303</b>

**Percentages**

Period	Area				Total
		Yes	No	Not Recorded	
2014	East	60.4%	32.4%	7.2%	100.0%
	West	61.9%	36.1%	2.1%	100.0%
<b>2014 Total</b>		<b>61.0%</b>	<b>33.9%</b>	<b>5.1%</b>	<b>100.0%</b>
2016	East	66.0%	34.0%	0.0%	100.0%
	West	65.3%	34.7%	0.0%	100.0%
<b>2016 Total</b>		<b>65.7%</b>	<b>34.3%</b>	<b>0.0%</b>	<b>100.0%</b>
2017	East	60.4%	37.6%	2.0%	100.0%
	West	47.8%	51.5%	0.7%	100.0%
	Adoption	65.0%	35.0%	0.0%	100.0%
<b>2017 Total</b>		<b>55.1%</b>	<b>43.6%</b>	<b>1.3%</b>	<b>100.0%</b>

#### **(24) How did the Child Contribute to their Review?**

Children used a range of methods to contribute to their review. The favoured methods were that the child spoke for themselves, used the consultation form or their foster carer advocated for them. See the table below.

Methods of Contribution	Period		
	2014	2016	2017
Child/Young Person spoke for themselves.	101	114	128
Consultation form.	43	46	46
Personalized written format.	0	4	0
Use of Email/Text.	0	1	0
Through Family Member.	48	27	29
Through Carer.	95	96	44
Through Advocate service.	2	3	2
No contribution given.	18	19	31
Other	31	0	19
<b>Total</b>	<b>338</b>	<b>310</b>	<b>299</b>

**(25) Did the IRO meet privately face to face with the Child/Young Person prior to the commencement of the statutory review?**

Positive responses to this question have not changed countywide over the last three audits, being around 30/31%. In the current audit more are recorded as “No because YP declined / did not wish to.”

Data in respect of numbers and percentages is given in the tables below:

		Did your (IRO) meet privately face to face with the YP prior to the commencement of the statutory review?				
Period	Area	Yes	No	No because YP declined / did not wish to.	Not Recorded	Total
2014	East	53	64		12	139
	West	21	39		35	97
<b>2014 Total</b>		<b>74</b>	<b>103</b>		<b>47</b>	<b>236</b>
2016	East	39	45		22	106
	West	34	66		24	124
<b>2016 Total</b>		<b>73</b>	<b>111</b>		<b>46</b>	<b>230</b>
2017	East	49	60		37	149
	West	34	52		47	134
	Adoption	8	12			20
<b>2017 Total</b>		<b>91</b>	<b>124</b>		<b>84</b>	<b>303</b>

		Did your (IRO) meet privately face to face with the YP prior to the commencement of the statutory review?				
Period	Area	Yes	No	No because YP declined / did not wish to.	Not Recorded	Total
2014	East	38.1%	46.0%	8.6%	7.2%	100.0%
	West	21.6%	40.2%	36.1%	2.1%	100.0%
<b>2014 Total</b>		<b>31.4%</b>	<b>43.6%</b>	<b>19.9%</b>	<b>5.1%</b>	<b>100.0%</b>
2016	East	36.8%	42.5%	20.8%	0.0%	100.0%
	West	27.4%	53.2%	19.4%	0.0%	100.0%
<b>2016 Total</b>		<b>31.7%</b>	<b>48.3%</b>	<b>20.0%</b>	<b>0.0%</b>	<b>100.0%</b>
2017	East	32.9%	40.3%	24.8%	2.0%	100.0%
	West	25.4%	38.8%	35.1%	0.7%	100.0%
	Adoption	40.0%	60.0%	0.0%	0.0%	100.0%
<b>2017 Total</b>		<b>30.0%</b>	<b>40.9%</b>	<b>27.7%</b>	<b>1.3%</b>	<b>100.0%</b>

The issue of meeting children between and at a reasonable time before reviews remains problematic for IROs due to overall service capacity issues. IROs report contacts with children but not necessary face to face meetings. This question needs to be better framed for subsequent audits to reflect children and young peoples increased use of various e-communication and social media as part of their normal communication with peers and others.

**(26) Were any changes made in respect of the review meeting at the request of the young person?**

County wide there were 18 cases where changes were made in respect of the review meeting at the request of the young person, double the 3% percentage figure as reported in the 15/16 audit.

Numbers are too small to meaningfully quote district/adoption service positions, but 6 changes related to venue, 4 to invitees, 1 to the date of the review. Of the 'other' category most related to a young persons wish not to discuss contact in front of family members.

**EQUALITY AND DIVERSITY**

This section focussed on the identification of issues of equality and diversity.

**(27) Did the Care Plan Identify Issues of Equality and Diversity?**

Of 303, 105 did identify such issues (35%)

Of the 105 there were 6 adoption cases, 60 in the West and 39 in the East.

Given the diversity of response from East and West further thought may need to be given to the framing of this question in future audits to ensure a consistency of response.

**Range of Equality and Diversity Issues Identified**

Religion	25
Language	29
Culture	10
Gender	15
Sexuality	6
Disability	39
Race/ethnicity	27
'Other'	6

Other includes: Impacts of health related and behavioural issues

**(28) Is the IRO satisfied that any needs arising from equality and diversity are being met?**

Positively in all but one case the IRO assessment was that the needs identified arising from issues of equality and diversity were being met.