



INDEPENDENT REVIEWING OFFICER SERVICE ANNUAL REPORT 2016-2017



**CHILDREN'S SOCIAL CARE
QUALITY, STANDARDS AND PERFORMANCE**

Approved By:

Buckinghamshire Safeguarding Children's Board : 19.09.17

Children's Services Senior Leadership Team : 28.09.17

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Buckinghamshire Children's Services

Executive Summary

Our looked after population since April 2016 has remained fairly stable averaging at 458 children at 31st March 2017. The Independent Reviewing Officer (IRO) service conducted 1,221 reviews in 2016/17 and of these 1,172 (96%) reviews were completed within the prescribed time scale (an improvement from 91% in the previous year).

At the end of 2016/17 38% of our children in care were placed no more than 20 miles from home which is considerably fewer than our statistical neighbours (62%). During the first half of 2017/18 improvements have been made in this area (52% placed no more than 20 miles away from home as the end of July 2017), however there is still some distance to travel when comparing to the national average of 74%. The Council's residential strategy and Change for Children Programme will increase the local sufficiency of placements alongside improving the quality of the accommodation offer for Buckinghamshire children.

Placements that are out of County have a significant impact on children in terms of contact with friends and family, maintaining their school placement and on travelling time for IROs to reviews, given that most reviews take place where children are placed.

The IRO's role is to bring rigour and challenge to care planning, escalate contentious issues, drive plans for permanence and monitor and challenge the performance of the local authority as a corporate parent. Above all the IRO must make sure the child's current wishes and feelings are given full consideration.

The service continues to make a steady improvement and demonstrable impact on the quality of services provided to our children in care. The IROs remain aspirational for children through meaningful engagement with children and families to ensure they are involved in care planning with stretching targets. Appendix 4 details the positive progress in delivering the priority actions from the 2015/16 annual report

The IRO service now has a compliment of permanent, experienced staff which has meant there has been minimal change in the allocated worker for individual children over the last 12 months. The consistency of worker has been positive for children, as they know who will be turning up for their review meetings and the IROs can demonstrate that they know their children very well.

In terms of health outcomes for children in care, over the year:

- 95% had up to date immunisation compared to 88% in the previous year
- 95% had a dental check in the previous 12 months compared to 92% in the previous year
- 92.6% had a health assessment completed compared to 95% in the previous year.

The Council's joint commissioning team is working with Buckinghamshire Healthcare Trust to develop a health passport for looked after children. This will provide young people with a summary of their health history when they reach the age of 18.

The review process must be centred on the child and IROs are working continuously to make that a reality. Children are encouraged to participate in the review process as far as is practicable and reasonable to ask them to do. Last year 9 out of 10 children participated in their reviews and either spoke on their own behalf and/or had help to get their views across. In January 2017 a new App based tool called MoMo (Mind of My Own) was implemented to continue to strengthen the voice of the child in the review process.

One of the key functions of the IRO is to resolve problems arising out of the care planning process. The individual IRO is personally responsible for activating the dispute resolution process, even if this step may not be in accordance with the child's wishes and feelings. The council's protocol for raising concerns was reviewed during 2016/17 and a new protocol and on-line tool was launched in April 2017. This will ensure the service can demonstrate that rigorous and successful challenge is taking place when it is required.

There remains more ground to cover in terms of continued improvements which is achievable with a well-established and resourced service and a team of staff who are confident and experienced and know their children well.

Section 1: Introduction

This annual report provides an overview of the quantitative and qualitative evidence relating to the impact of the IRO service in Buckinghamshire County Council as required by statutory guidance (the Children Act 1989, Section 25B (1) and in their handbook¹). It is their job to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are congruent with the local authority's legal responsibilities towards the child.

Every parent wants the best for their child and as a corporate parent, Buckinghamshire County Council is working to ensure that all looked after children are healthy, safe and happy, do well at school, enjoy good relationships with their peers and can grow towards adulthood equipped to lead independent lives.

Each child has their own IRO from the time they start to be looked after. The IROs role is to bring rigour and challenge to care planning, escalate contentious issues, drive plans for permanence and monitor the performance of the local authority as a corporate parent. Above all the IRO must make sure the child's current wishes and feelings are given full consideration.

¹ Department for Education (2010). Independent reviewing officers' handbook. ([Link](#))

The Independent Reviewing Officer must be the visible embodiment of our commitment to meet our legal obligations to this special group of children. The health and effectiveness of the IRO service is a direct reflection of whether we are meeting that commitment, or whether we are failing.

Mr Justice Peter Jackson, NCB, 2014

IROs play a key role in achieving permanence for children by tracking care planning, often through court proceedings, by monitoring the implementation of plans and making changes to reflect new information or changing circumstances. Typically IROs conduct formal reviews at least once every six months until the child stops being looked after or becomes 18.

Reviews are held more frequently when children start being looked after, during adoption and guardianship proceedings, when a care plan changes or if the IRO identifies issues that need to be addressed urgently. By a child's second review their plan for permanence should be in place. The IRO must take a proactive role in ensuring that permanency planning is underway and there are no delays in decisions about the child's long term care plan.

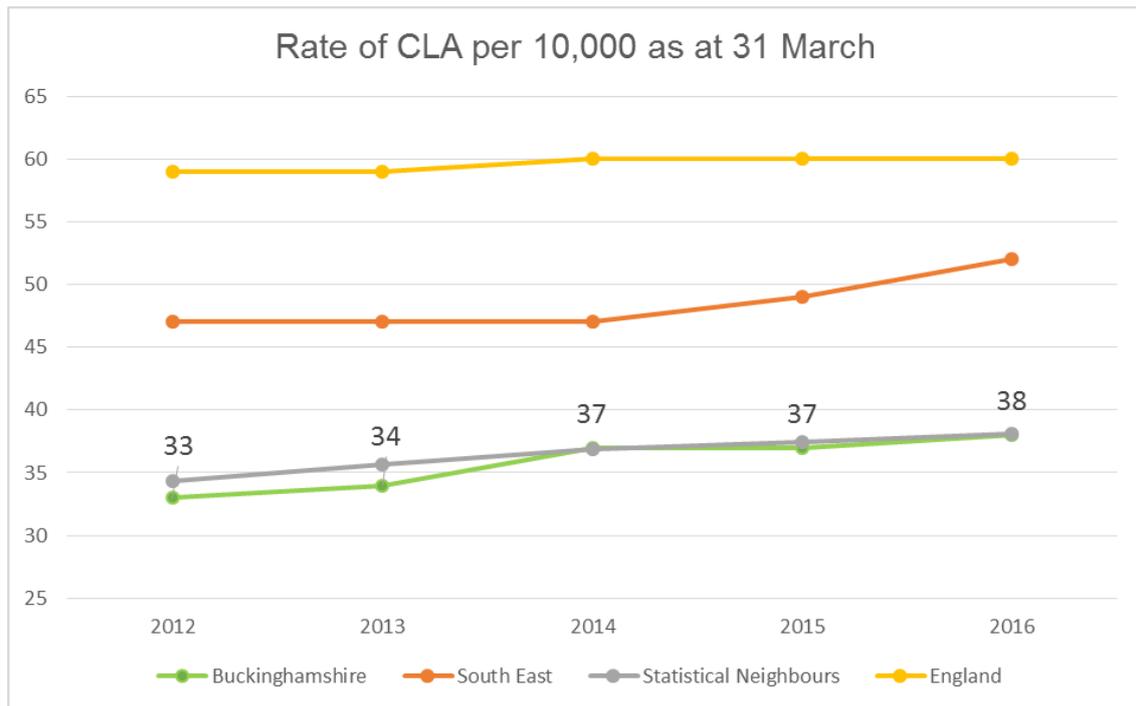
IROs must monitor each child between reviews and IROs examine each of their cases in depth at least 4 times a year. If the IRO believes a child's human rights have been breached, and all attempts to resolve the matter have been exhausted, they can ask the Children and Family Court Advisory and Support Service (Cafcass) to intervene.

Section 2: Profile of looked after children in Buckinghamshire

Buckinghamshire's Independent Review Officers (IROs) oversee the quality and implementation of the care plans for children looked after by the council. There were 458 children looked after by Buckinghamshire County Council on 31st March 2017. The number of looked after children has increased consistently since 2008 and the current total is the highest recorded in the last 20 years².

² There is no evidence that the increases are a result either of increasing numbers of children looked after under a series of short term placement or unaccompanied asylum seeking children. Numbers of both these groups have been stable since 2011.

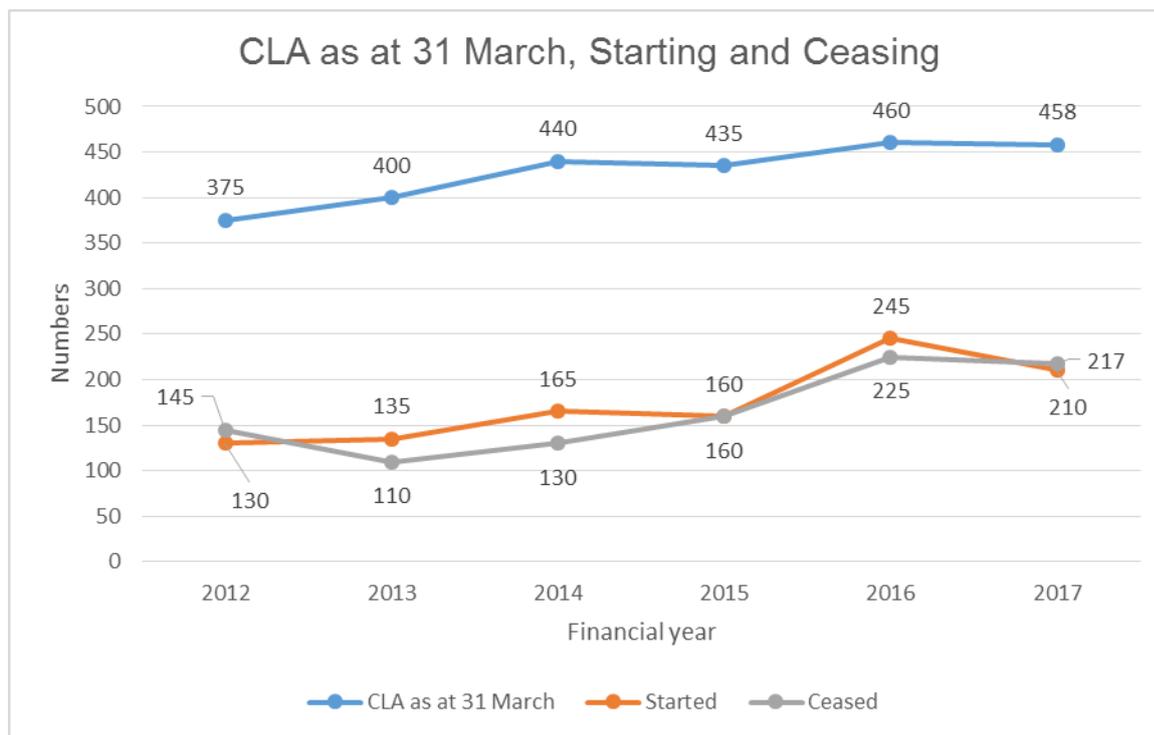
Figure 1 Rate of children looked after per 10,000 children (snapshot) compared to statistical neighbours and England



Source: Depart for education, Children Looked After 2015/16

Although the number of looked after children has increased by 22% from 2012 there has been little change in the rate of looked after children per 10,000 of the under 18 population (Figure 1). The number of children being looked after throughout the year is both driven by children staying and new children starting to be looked after by the local authority (Figure 2).

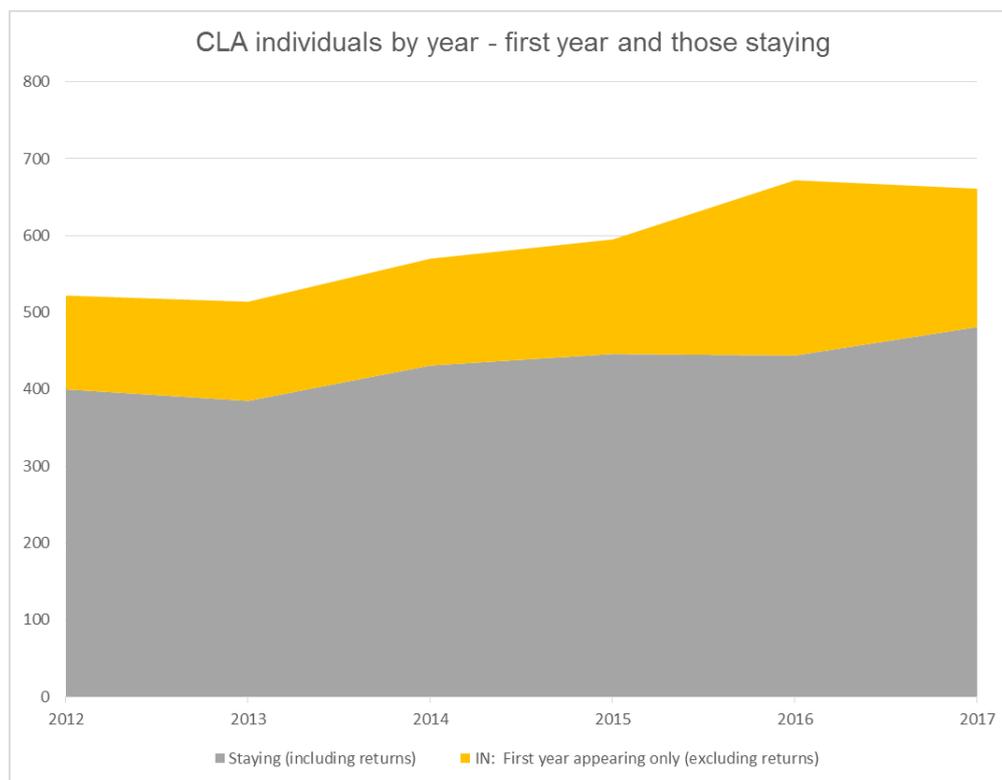
Figure 2 Number of children looked after as at 31 March 2017, starting and ceasing to be looked after in the year



Source: Depart for Education, Children Looked After 2015-16, including information from Children’s Information team from 2017.

There has been a change in the number of children starting to be looked after. In 2016/17, 210 children started to be looked after compared with 245 children starting a period of care in 2015/16. Figure 3 below suggests that although at points in time the number of children looked after remains relatively stable, there has been a gradual increase in time of the number of children entering care for the first time, compared to the number of children leaving care.

Figure 3 Number of individual children by year broken down by children appearing for the first time and children continuing to be looked after



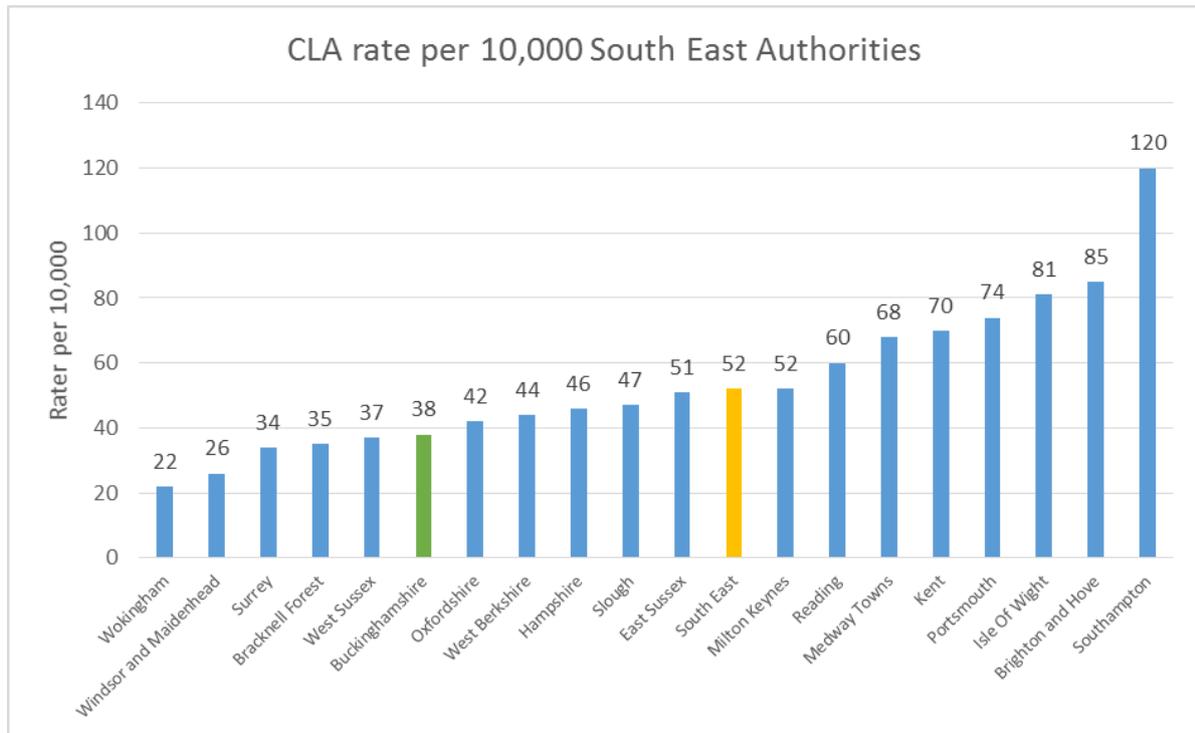
Source: LCS information on children looked after from 2012, to 2016/19

The growing number of looked after children has direct implications for the workloads of the local authority’s IROs. In fact the number of reviews increased by 33% compared with 2014-15. This is because there are more children to review but also because there has been a substantial increase in the numbers moving in and out of Buckinghamshire care placements, and an increase in court proceedings which require reviews more often than those in settled placements.

Other factors affecting the increasing number of children looked are because the council, in common with most other councils in the country, now looks after a larger proportion of those children, but also the increases in levels of poverty and its impact on people living in deprivation.

In 2017, 38 out of every 10,000 of those aged under 18 were looked after by the council. That is almost double the 21 per 10,000 in 1999. All but one of the 27 shire counties increased the share of their population they looked after between 1999 and 2015. Despite recent increases Buckinghamshire continues to have one of the lowest populations of children looked after, as a proportion of its population (Figure 4 below).

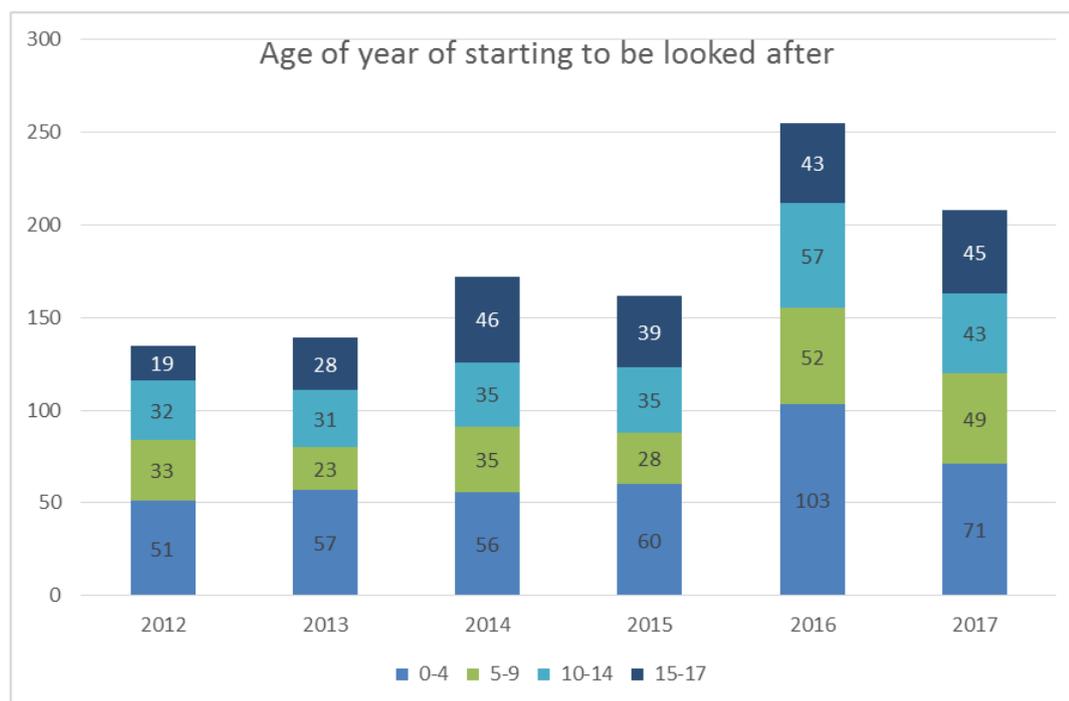
Figure 4 Children looked after per 10,000 population in South East 2017



Source: Department for Education. Children looked after in England 2015/16 return

Nationally, the age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children in care. 62% of children looked after across England were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under 1 year (from 6% in 2012 to 5% in 2016).

Figure 5 Age of children when they start to be looked after by year in Buckinghamshire



The picture in Buckingham differs to that seen nationally as can be seen in Figure 5 above. There has been an increase in the number of children aged 0-4 years and 5 to 9 years old who started to be looked after. Out of 1,221 reviews held in 2016/17, 250 children were aged under-4 at the point that the meeting was held. Early indications for 2017 shown by the last column in the graph are that this trend is continuing.

As at the end of March 2017, 62% of children were placed more than 20 miles from home. This is a matter of particular concern, not least because the proportion is higher than in neighbouring counties. Too many looked after children have to change schools when they become looked after and there is already evidence that educational outcomes for children in care are proportionally lower than their peers (Appendix 1). In addition to making it harder to deliver the outcomes that looked after children deserve, time that could be spent on professional practice is wasted on longer travel time for visits to children, meetings and reviews.

The work of the IRO is tailored to each child who they are responsible for. Over the last decade the characteristics of the children who the IROs work with have changed in a number of important ways with implications for how the service meets their needs. Over the last 10 years, the children, the service works with are:

- Younger - a third of those looked after are now aged under 10; although children are entering care at a younger age (Figure 5)
- More likely to be placed in external foster homes

- More likely to be subject to a formal order
- More likely to be placed further from their home - 50% are placed out of County; 62% more than 20 miles from home.

Section 3: Professional profile of the IRO service

The IROs sit within the Quality Standards and Performance Service with its core functions consisting of reviewing plans for children in care and monitoring and challenging the local authority in respect of its corporate parenting and safeguarding responsibilities.

IROs are located in the Aylesbury and High Wycombe offices, on the same floor space as the Social Work teams but in a separate area. The location supports effective work with social work teams. The team has experienced stability and steady improvement in performance over the last year, with a team of 8 IROs (7.2 FTE) now in post. This has resulted in all children experiencing continuity of IRO.

All IROs are qualified Social Workers and the majority of the team work full-time with one IRO working part-time. In terms of diversity, the profile of the service is more or less the same level as our looked after population i.e. over a third of our children in care are white. This is less so in terms of gender as there is only one male IRO in the team. The team is supported by three full time business administrators.

The IROs have regular monthly team meetings. As part of those team meetings, outside speakers and agencies join the meeting to provide training and updates. Recent updates have covered the themes of neglect and the graded care profile for managers. Visitors to the team meetings have been the Virtual School, the National Youth Advocacy Service (NYAS) and the manager of the Family Group Conferencing Service.

The IROs also have an annual "learning away day", where the team, present and discuss learning arising from recent research, audits and serious case reviews. Areas covered in last year's session included domestic abuse, and child protection conferencing and transfers to becoming looked after.

IRO caseloads have been between 58 and 67 per full time worker. This compares favourably with the recommended case load of 50-70 set out in the IRO Handbook. Maintaining this caseload has resulted in IROs being much more involved in monitoring cases and using the escalation process to tackle drift; evidencing their involvement through footprint; meeting up with children before reviews; and conducting earlier reviews where there is a proposed change of care plan or placement disruption.

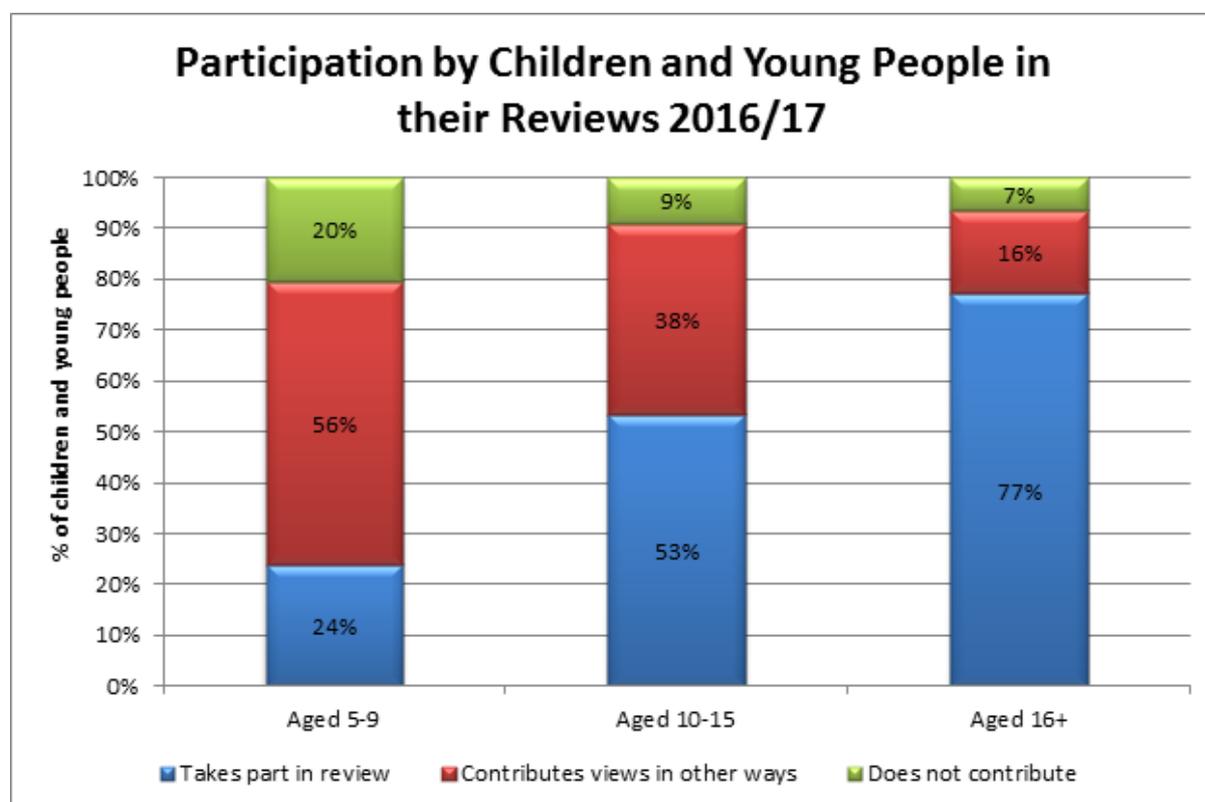
Eight observations of IROs chairing reviews over 2016/17 evidenced that the quality of the service is good and while the style of chairing varies, it is evident that participants are engaged in the process; and children, who attend, meet individually with the IRO before each review so their needs and wishes inform the review.

The IRO Manager has conducted audits of review minutes and given feedback to IROs in supervision. Where minutes and recommendations were found to be too long, IROs have been requested to reflect on and adjust their style accordingly. All reviews are therefore child-centred with specific recommendations that are aspirational and measurable.

Section 4: Voice of the child

One of the key tasks of an IRO is to discuss with children their wishes and feelings not just before their reviews, but also by visiting them between reviews, having telephone discussions and e mail exchanges. This is a critical part of the IRO's role and they must work continuously to ensure that the review process is centred on the child and what is important to them.

Children are encouraged to participate in the review process as far as is practicable and reasonable to ask them to do. 95 % of children participated in their reviews for the year ending 31st March 2017.



This year participation rates for children aged 5-9 years who have not contributed (either attended or made their views known) has increased to 20%, compared to less than 10% in 2015/16 who had not contributed. In the higher age range, participation is much better and only a small percentage (9% of those aged 10-15) and (7% of those aged 16+). The use of Mind Of My Own (MOMO) for children in the 5-9 age range will be promoted to improve their contribution to reviews.

The MOMO app was introduced in January 2017 as a means by which children could make their views known to their IRO in-between reviews. The impact of this will be assessed as part of the 2017/18 annual report. Alongside this, MOMO Express (an updated and more interactive version) is available for younger children and children with disabilities. This is being promoted and supported through the Children with Disabilities Social Work teams.

Views and comments expressed by children about their review through MOMO include.

- Location and timing of the review
- Concerns about parent or professional attending
- Asking whether they can be excused from some of the meeting
- Asking who they will be sitting next to in the meeting

The IROs have improved their links with the We Do Care Council through attending their meetings and contributing to their work activity over the year. Following feedback the IRO service has agreed to work on two specific projects that form part of the We Do Care Council's annual work plan:

- The inclusion of children on recruitment panels for Social Workers and Managers.
- Encouraging children in care to be more actively involved in their reviews by chairing all or part of their reviews with the support of their IROs

The Council's' contract with The National Youth Advocacy Service (NYAS) provides a number of services to looked after children, including:

- A free telephone service providing direct access to the NYAS legal team for information, advice and representation;
- Advocacy for individual children; and,
- A visiting service to residential and respite units in the county.

IROs have helped to ensure that children have access to advocacy through direct links with NYAS through a lead IRO. Weekly reports provided to the IRO Manager capture whether a referral to NYAS should be made following a review. Advocacy is essential for children who are looked after and these processes can make a vital contribution to safeguarding and promoting their welfare and rights.

NYAS provided advocacy support in 228 looked after children reviews between April 2016 and March 2017. Below is a comment from a child who used the NYAS advocacy service for support at their review:

'This has just been to the best LAC review. I got decisions on everything I asked for, without getting all frustrated and angry. If they didn't listen to me this time, I would have asked to move placements, and that isn't what I want 'cos I get on pretty well with Donna, but I've stuck to their rules for such a long time. I don't complain and stuff, but they need to know it's not fair and now it's time for things to change. I'm just so pleased that I got to say what I wanted in the review.'

Foster carers also have an important role to play. Buckinghamshire's IROs provide training sessions for foster carers on how to get the best outcomes from review meetings. The training provided by the IRO service over 2016/17 was well received, especially by new foster carers who attended. Some of them commented that they now have a "*much better understanding of the role of the IRO*" and also about their contribution to the child's review. The training also provided feedback from foster carers about the service's performance for example, the duration of LAC reviews (some of which went on for too long) and also a request to re-instate the consultation forms which used to be sent out to them prior to the review.

Section 5: Making things better for children

One of the key functions of the IRO is to resolve problems arising out of the care planning process. It is expected that IROs establish positive working relationships with the Social Workers of the children for whom they are responsible. The individual IRO is personally responsible for activating the dispute resolution process, even if this step may not be in accordance with the child's wishes and feelings, but may, in the IRO's view, be in accordance with their best interest. Their role in raising disputes goes beyond acting as a critical friend to their council colleagues, as Mr Justice Peter Jackson made clear:

*"The IRO should not be a friend of the local authority, critical or otherwise But the IRO should be a monitor or inspector who cannot be ignored. S/he must constantly hold in mind that every concession to working relationships with adult colleagues may make life easier for the adults but harder for the children ..."*³

Demonstrating rigorous and successful challenge is possibly the most important test facing IROs. Ofsted have previously highlighted the need for IROs to be in a position to robustly challenge all agencies involved to ensure that children's needs are met. During 2016, the protocol for IROs to raise concerns was reviewed and strengthened and the team has prioritised the recording and monitoring of these concerns on LCS, which has meant there is now (as of April 2017) a clear process for collating this information from the case management system.

³ NAIRO Conference 2013

The reasons for alerts are many and varied but a number of issues reoccur. Typically these relate to important tasks not being carried out when they should and care plans not being implemented with the necessary focus. For example:

- Delays in identifying placements
- Premature rehabilitation plans (retuning children home)
- Delays in family finding for permanency
- Negative impact of another child in placement
- Delays in re-allocation of Social Worker
- Plans not shared with child
- Delay in providing appropriate education resource
- IRO not informed or consulted about significant change to Care Plan.

Effective use of the issue resolution processes helps to limit issues of drift or delay and the unnecessary escalation of issues, and the changes in practice and outcomes for children have been:

- Social Workers being reminded to share their reports with the child and review participants, thus enabling children to be more aware of the plans for them.
- Increased monitoring and communication with the Social Work teams so that IROs are consulted earlier about potential changes for children which has resulted in IROs being able to bring reviews forward or to conduct earlier reviews for children.

The IRO service has embedded the Cafcass and Independent Reviewing Officer Good Practice Protocol for Public Law Work. This will help to ensure cases in proceedings are subject to robust analysis and challenge about the matters of critical importance to the child's safety, wellbeing and permanency needs.

A joint workshop between IROs and Guardians is scheduled to take place in September 2017 and thereafter there will be quarterly workshops to strengthen relationships and to improve practice. It is anticipated that future workshops will include Social Workers as these three practitioners form a key part of the team around the child.

Section 6: Key activities for 2017-18

KEY ACTIVITIES		LEAD AND BY WHEN
Continuous improvement of the IRO Service	Immediate escalation to the Team Manager where the permanence plan for an individual child is not clear by the second looked after review.	Independent Reviewing Officers will provide updates at each supervision to the IRO manager
	Review use of the IRO dispute resolution process to evidence use of timely	IRO Manager to analyse use of dispute resolution process and provide report to Head

KEY ACTIVITIES		LEAD AND BY WHEN
	escalations and impact on improving outcomes for children	of Service by December 2017
	Decisions from LAC reviews will be regularly quality assured to ensure they are embedded in social work practice and reflected in current care plans	IROs to undertake bi-monthly audits of children's journeys, commencing October 2017.
Voice of the child	Increase the number of children attending their reviews and reduce the number of 5-9 year olds not participating in their review	IRO Manager to provide quarterly performance reports to Head of Service in September, December and January
	Support children to chair or lead their reviews	IROs to identify in September children who could chair or lead their reviews
	Provide at least two training sessions for foster carers about how to make effective use of reviews	IRO Manager with the Fostering Team manager to deliver two sessions by March 2018
	Explore the use Skype communication for conducting some long distance reviews to reduce their travelling and offer another means of participation for children	IRO Manager to produce a scoping paper on effectiveness of and availability of other means of conducting reviews with an analysis of the impact on children's participation (by January 2018)
	Continue to regularly engage with the We Do Care Council by attending their meetings and participating in events	IRO Manager identify and agree with the We Do Care Council dates to attend events during 2017/18
	Revise the format of the review agenda and minutes to make it more appropriate for use by children, adopting a similar approach to the "Strengthening Families" model for reviews	IRO Manager to produce process change report for consideration at Operational Management Group by January 2018
Making things better for children:	Continue to report at intervals on the themes emerging from concerns	IRO Manager to provide quarterly reports to the Head of Service

KEY ACTIVITIES		LEAD AND BY WHEN
	raised by IROs and any actions needed to reduce these concerns.	
	Play an active role and attend the meetings of the Corporate Parenting Panel to support children's voices to be heard at these meetings	IRO Manager to attend each meeting of the Corporate Parenting Panel during 2017/18

Conclusion

The IRO service has made good progress over the last 12 months. The necessary improvement identified by Ofsted during their monitoring visits, have been addressed and there are solid foundations in place and a well-established and resourced team of staff in post to ensure positive outcomes can continue to be achieved for children who are looked after by Buckinghamshire County Council.

Appendix 1 - Education of looked after children

Buckinghamshire's Virtual School is part of Buckinghamshire County Council. All children in our care are part of the Virtual School. The majority attend their local educational setting, although the Virtual School does have a classroom for additional tuition and support in Amersham.

The team of 20 experienced educational staff work directly with schools, social workers, foster carers and the child in order to improve their educational achievements. They also offer support to children who have been adopted and live in Buckinghamshire.

Overall educational achievement in Buckinghamshire is very high and so the gap between looked after children and their peers is large. However the Virtual School can demonstrate the impact that it has on every looked after child and can evidence the good progress made by our children once they come into our care. The academic achievement in 2016/17 academic year is detailed below:

Measure	Number of Pupils in year 11	Percentage	Number of Pupils in year 11 April 16/ March 17	Percentage
Total number of pupils	44		33	
Pupils with EHCP	21/44	47.7%	19/33	57.6%
UASC/EAL pupils	7/44	15.9%	2/33	6.1%
CWD	5/44	11.4%	5/33	15.2%
Number of pupils who sat GCSE	25/44	56.8%	20/33	60.6%
Number who sat GCSE gaining 1 GCSE grade	24/25	96.0%	19/20	95.0%
Number who sat GCSE gaining 1 GCSE grade at C grade equivalent	13/25	52.0%	10/20	50.0%
Number who sat GCSE gaining 5 A*-C in EM	3/25	12.0%	2/20	10.0%
Number of whole cohort gaining 5A*-C inc EM	3/44	6.8%	2/33	6.1%
Number gaining Maths at 4 and above (those who sat)	7/25	28.0%	4/20	20.0%
Number gaining Eng at 4 and above (those who sat)	1/5	20.0%	4/20	20.0%

The virtual school:

- Works closely with the carer/home to slowly improve their attendance. Sometimes the VS classroom is used as an interim measure.
- Meets regularly with Headteachers and DT's to review needs and provide training.
- Provides termly foster carer training in relation to education
- Undertake up to date attachment training which is cascaded to schools.
- Has an excellent Book distribution scheme. They are sent out according to interest and ability.
- Holds annual multiagency conference on LAC related issues. Evaluation supports its value.
- Raises aspiration by links with local grammar schools who provide enrichment activities (Particularly AGS and Beaconsfield High)
- Provides exam entry and invigilation at VS classroom enabling pupils who are not in school to gain qualifications.
- Has an excellent commissioning of Year 6 transfer support with annual evaluation. (PPG+)

Areas for development:

- KS4 Attainment 8 and Progress 8 data reflects the complex issues bringing the older pupils into care (link to Rees Centre Research linking age at entering care and placement moves to attainment). It also reflects the very high proportion of pupils with an EHCP which means this cannot be directly related to the Bucks mainstream schools data set. Data available and narrative for pupils.
- VS records show we are not always informed about all children coming into care in a timely way so sometimes KPIs missed.
- Shortage of Good alternative provision and post 16 courses in Bucks.
- Exclusion is always something the VS asks its schools to avoid and provides respite at the VS classroom to avoid it whenever possible. However the nature of some of our pupils means that exclusions happen and the VS works very closely with the schools and carers in order to reintegrate the pupil as soon as possible. We provide resources and funding for nurture groups, alternative courses and play therapy where necessary.
- It is hard to provide as good a service to those living a long way away but the VS strives to provide the same service.
- Still hard to find provision when pupils are moved out of county suddenly or with EHCP leading to pupils out of school for too long.

Appendix 2 - Health of looked after children

Good physical, mental and emotional health is an essential pre-requisite to successful learning, happiness and success in life. Looked after children and care leavers are more likely to experience poor physical and mental health. Many looked after children come into care with chronic physical and mental health problems that are a result of their early experiences and neglect.

For children who had been looked after for at least a year on 31st March 2016:

- 88% had up to date immunisations
- 92% had a dental check in the previous 12 months
- 95% had a health assessment completed

Children in Care remain a priority within Buckinghamshire Healthcare NHS Trust (BHT) and the Children in Care team is supported by senior management to try and ensure that not only are the IHAs undertaken in a timely way but also to meet identified health needs and improve the health outcomes and life chances of this disadvantaged, vulnerable group of children.

The Children in Care health team has moved into the Safeguarding team and is managed by Nuala Waide, Associate Director for Adult & Children's Safeguarding.

Currently the Designated Nurse undertakes a combined role which encompasses the Designated role and also the Named Nurse role. There are discussions about the Designated Role with a view that it would be most appropriate for it to be situated in the CCG. The Provider lead would be Named Nurse; as per *Looked After children: knowledge, skills and competences of health care staff. Intercollegiate Role Framework, March 2015*

Following the last Ofsted Inspection in order to improve timescales and try and ensure that IHA is undertaken in line with the Statutory Requirement the following measures have been taken –

- A combined dataset has been agreed and developed between health and social care;
- Health team receive electronic notifications from the Social Care electronic system (LCS)
- Re-design/simplification of the health assessment paperwork to be provided by Social Care for Initial Health Assessments
- The 5 key dates which impact upon timescales have been identified with clear and agreed escalation processes in place where delay has been
- A dedicated secure in-box has been created in Social Care so that paperwork can be scanned and received/returned between health and social care securely
- A LAC Initial Health Assessment Clinic has been set-up with all children living in Bucks being offered appointments at the clinic
- A small pool of GPs have been identified and trained to see children placed outside of area for Initial Health Assessment. The agreed criteria is that these children will be of secondary school age and not previously/already known to the Community Paediatricians.
- Buckinghamshire Healthcare NHS Trust (BHT) is an integrated acute and community trust; arrangements have been made for the Consultants within the neo-natal maternity

unit to undertake IHA on babies who remain in hospital following birth; typically this may be babies who are born withdrawing from substances, or who are premature.

- There is a separately commissioned pathway for unaccompanied asylum seeking children (UASC). UASC who arrive in Buckinghamshire under the National Dispersal Scheme should have been seen for IHA before they arrive, however this has not always been the case.
- Refusers pathway –
 - If teenagers continue to refuse to be seen for IHA they are offered a Care Entry Health Assessment (CEHA) with the Designated Nurse, this follows discussion, advice and agreement with the child's Social Worker. Although this isn't an Initial Health Assessment it ensures that the young person is seen and has a comprehensive health assessment which focuses on lifestyle and risky behaviours.
 - The CEHA has been drawn up into Guidelines which have been signed off by the Clinical Commissioning Group, Buckinghamshire Healthcare NHS Trust, Social Care and the Corporate Parenting Panel.
 - All completed CEHAs are signed off by the Designated Doctor.

There are a great many complicated steps in trying to ensure that the statutory target for Initial Health Assessments is achieved and therefore much opportunity for failure despite best efforts. One of the principal challenges is when children are placed outside of the area not least because many other areas have capacity issues of their own and in many instances their books are closed to children placed in area from other local authority.

Appendix 3 The Independent Reviewing Officer team

IROs in Buckinghamshire Council are based in the Quality Assurance, Safeguarding, and Performance Unit (QSP) includes Child Protection Conference Team, Independent Fostering Advisor, Quality Assurance Manager, Family Group Conference Team, Data Protection, Freedom of Information and Childcare Complaints Team, and Local Authority Designated Officers (LADO).

The team currently comprises of 7.2 IRO posts at 31st March 2017:

- Ian Luke-Macauley - Service Manager (Full time)
- Cecilia Bool - IRO (Full time)
- Mary Kingston - IRO (Full time)
- Diane Blackwood - IRO (Full time)
- Pamela Sugrue - IRO (Full time)
- Helen Belmore - IRO (Full time)
- Lauren Watts - IRO (Full time)
- Daniel Otto - IRO (Full time)
- Sandra Clarke - IRO (Part time – 14 hours term time only)

Appendix 4 - Progress in delivering key activities in 2016/17

Action	Progress	Impact
1. Reduce the number of late reviews	Achieved : 96% of reviews completed in time	Children's plans progress in a timely way
2. Increase capacity in the IRO team	Achieved: Additional post created in the team and all staff are permanent	Experienced and stable team in post building positive and effective relationships with children
3. Recruit Fostering Independent Review Officer	On hold pending review of the fostering service	Regulation 44 visits are undertaken by managers from across the Quality, Standards and Performance service
4. Re-instate the pre-review report	Achieved: Report reinstated on LCS	Knowledge and information collated in one place resulting in more effective discussions at review meetings
5. IRO service manager to meet with Cafcass	Achieved: Meeting took place	The Cafcass and Independent Reviewing Officer Good Practice Protocol for Public Law Work is now embedded ensuring drift and delay avoided
6. Extend MOMO and launch worker account	Partly Achieved: Use of MOMO has been promoted across all social work teams. MOMO Express implemented for younger children and those with special educational needs	Positive response from children in being able to more readily raise issues with their IRO and Social Worker
7. Support Corporate Parenting Panel	Partly Achieved: Regular reports to Panel on outcomes from the Regulation 44 visits undertaken were presented to Panel	Corporate Parenting Panel aware of the experiences of children in the care of the local authority that are placed in 1A
8. Informal Away Day with We Do Care Council	Achieved: IRO Manager attended away day with We Do Care Council	Priority actions identified by the We Do Care Council included in the IRO service priorities for 2017/18
9. Revise format of the review agenda	Not Achieved	Carried forward into 2017/18
10. Add information to the Council's website on consultation and feedback forms	Achieved: The We Do Care Council website has information and links about how children can provide feedback. Information added to Council website on how to have a say	The 2016/17 annual complaints report highlights that 11 children and 6 care leavers submitted complaints over the year
11. Provide at least two training sessions for foster carers	Achieved: Training provided on how to how to get the best outcomes from review meetings	Positive feedback from those who attended, particularly new foster carers