



Care Planning and the Role of the Independent Reviewing Officer

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Chapter 1: Introduction

Effective care planning and implementation is essential for the wellbeing of children in care. It is the cornerstone for achieving permanent and stable placements, and the best possible outcomes for them (e.g. health, education, family contact, preparation for independent living, understanding of their background and identity). Plans should be based on accurate assessments and knowledge of the child's needs, circumstances and views, and those of his/her family. Legislation and government guidance require that plans are regularly reviewed to ensure they are appropriate, up-to-date and viable. Since 2004 'independent reviewing officers' (IROs) have had a statutory role to play in leading these regular reviews, to ensure the plans are appropriate, suitable action is being taken to implement them, and the child's voice is heard in this process.

IROs are employees of the local authority, but independent of the line management of the case. Since the earliest days of their operation there have been debates about their effectiveness and the reality of their independence (e.g. in the *Care Matters* green paper of 2006: DfES, 2006). The dissatisfaction led to some calls for IROs to be moved out of local authorities, but rather than pursue that option the New Labour government decided to address the concerns by clarifying and tightening the planning and review requirements on local authorities, and strengthening the role of the IRO. These changes were introduced in new regulations and statutory guidance (DCSF, 2010a, 2010b). They came into force in April 2011.

The aim of this research study was to investigate how the care planning and review requirements were being put into practice, and in particular how the role of the IRO was developing. The study was undertaken by the Centre for Research on Children and Families at the University of East Anglia, funded by the Economic and Social Research Council, and ran from summer 2012 to autumn 2014.

This chapter and the two that follow set the scene for the research findings. This chapter outlines the 2010 requirements for care planning and review and the research questions, and sets out the structure of this report. The second chapter sets care planning and the role of the IRO in context, and Chapter 3 describes the research methodology.

1.1. The care planning and review requirements

Since the research concluded, a new version of the statutory guidance on care planning, placement and case review has been published (DfE, 2015d). This new version updates and consolidates the 2010 guidance, incorporating a number of changes that had already been implemented (for example, regarding 'delegated authority'). Where there are significant differences, these are mentioned in the text; but the key provisions regarding the powers and duties of the IRO are unchanged. All children and young people who are 'looked after' by a local authority, whether under a care order, placement order, interim care order or accommodated under s. 20 of the Children Act 1989, are required to have an up-to-date care plan, which should be regularly reviewed by an IRO.

Care plans

The term 'care plan' has two related meanings: it is a set of objectives for the child and related tasks and timescales, but these have to be recorded in a formal document, and this document is known as the 'care plan'. The matters that the care plan should address are specified in the *Care Planning, Placement and Case Review (England) Regulations 2010*, as subsequently amended (hereafter 'the Regulations'), and elaborated on in the statutory guidance (DCSF, 2010a; now DfE, 2015d). The regulations and the 2010 guidance both came into force in April 2011. The 2010 *IRO Handbook* (DCSF, 2010b), also statutory guidance, was implemented then too, and this continues in force.

There are two essential elements to the care plan: (Reg. 5): the plan for the child's long-term upbringing ('the permanence plan') and the plan for the arrangements to meet the child's needs, specified under seven key dimensions.

The statutory guidance states that the objective of permanence planning is 'to ensure that children have a secure, stable and loving family to support them through childhood and beyond' (DCSF, 2010a: para 2.3; and DfE, 2015d, para 2.3). The main permanence options are either reunification with one or both parents (or other person holding parental responsibility); placement with 'connected persons', that is, relatives or friends, and consideration of the most appropriate legal order for that; long-term placement with non-related foster carers; or adoption. (The new guidance raises the profile of long-term fostering as a permanence option.) For some young people, plans will be long-term residential care, or semi-independent or supported living. These are not listed as permanence options because they are not family settings, but the 2015 guidance recognises that residential care can also give children 'a sense of security and belonging' (DfE, 2015d: para 2.6). At the beginning of a period of being looked after, and perhaps at some stages during a period of being looked after, the permanence plan may be a 'parallel plan' (that is, with two or possibly more alternatives), whilst assessments are undertaken to determine which is most appropriate. Children and young people may be placed in temporary placements whilst the plan is being formulated, or steps are being taken to implement it (e.g. searching for and assessing a prospective foster or adoptive family).

The arrangements for meeting the child's developmental and day-to-day needs are identified under the seven dimensions of the 'Looking After Children' Framework (discussed further in Chapter 2): health (including the current health plan); education (including the current personal education plan, PEP); emotional and behavioural development; identity (with particular regard to the child's race, religion, culture and language, and their understanding of the reasons why they are in care); family and social relationships (including contact); social presentation; and self-care skills. The plan should take account of the wishes and feelings of the child (considered in the light of his/her age and understanding), the parents and other relevant persons (Children Act 1989, s. 22). All these matters should be recorded on the written plan (Reg. 5).

Reviews

The term 'review' also has a dual meaning: it is a formal meeting, chaired by the IRO, but it is also used for the process of information-gathering and consultation that leads up to that meeting (DCSF, 2010a: Chapter 4; DfE, 2015d: Chapter 4). This should ensure that the views of all relevant people (the child, parents and other family members, and the various professionals involved) are taken into account, even if some of them do not attend the actual meeting.

The Regulations specify a minimum frequency for reviews, although they should take place sooner if there has been a significant change of circumstances, or more frequently if the child's needs require it. There should be no significant change to the child's care plan without it first being considered at a review, unless this is not reasonably practicable (Reg. 32). The first review should take place within four weeks of the child starting to be looked after; the second, within three months of that; and thereafter at least every six months (Reg. 33). The permanence plan should be specified by the second review, although as noted, it may be a parallel plan at that stage.

Schedule 7 of the Regulations specifies the matters that the review should address. These include the effect of any change in the child's circumstances since the last review; the child's legal status, and whether any change is necessary; the arrangements for contact with his/her family, and

whether any change is necessary; whether the placement continues to be the most appropriate available, and whether any change is necessary; the child's educational needs, progress and development, and whether any change is necessary; and child's health, and whether any change to the arrangements for his/her health care is necessary; the child's identity needs, and whether any change is necessary; and the child's wishes and feelings about any aspect of the case, in particular about any changes since the last review, or any changes that the authority proposes to make.

The care planning guidance emphasises that the review meeting should be child-centred (DCSF, 2010a: para 4.20; DfE, 2015d: para 4.22), and the IRO Handbook refers to it as 'the child's meeting' (DCSF, 2010b: para. 3.16). The guidance states that there should be discussion between the social worker and the child at least 20 working days before the review, about who the child would like to attend, and where and when the meeting should be held (DCSF, 2010a: para 4.20; DfE, 2015d: para 4.22). As far as possible, the child should also be involved in decisions about the agenda, and the IRO Handbook encourages IROs to 'hand over at least part of the chairing role' to older children and young people (DCSF, 2010b: para 3.37).

The child (if he/she is of sufficient age and understanding) and his/her parents should normally attend the whole of the review meeting, although inevitably this depends on the circumstances of the case (DCSF, 2010a: para 4.21; DfE, 2015d: para 4.23; DCSF, 2010b: para. 3.17). If it is not suitable for them to attend together, there could be a separate meeting with the parents; or the parents/child could attend for part of the meeting (DCSF, 2010b: paras. 3.6, 3.10, 3.18-19). As will be seen later in this report, when the research findings are described, the involvement of children and parents in review meetings is almost always seen positively, but even so raises considerable dilemmas and challenges, to ensure that their wishes and views are genuinely taken into account and they have suitable opportunity to speak, and also that the meeting is constructive and achieves the required tasks.

Independent Reviewing Officers

The statutory role of the IRO was introduced by the Adoption and Children Act 2002, through amendments to the Children Act 1989 (although prior to that some local authorities had their own systems for specialist reviewing officers: Grimshaw and Sinclair, 1997, discussed in Chapter 2). The requirements were subsequently amended by the Children and Young Persons Act 2008. The principal duties are now listed in s. 25B of the Children Act 1989, and specified in more detail in the regulations and statutory guidance.

Under s. 25B(1), the independent reviewing officer must –

- (a) monitor the performance by the local authority of their functions in relation to the child's case;
- (b) participate, in accordance with regulations made by the appropriate national authority, in any review of the child's case;
- (c) ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the local authority;
- (d) perform any other function which is prescribed in regulations made by the appropriate national authority.

Section 25B(3) enables the IRO to refer the child's case to an officer of the Children and Family Court Advisory and Support Service (Cafcass; or, in Wales, a Welsh family proceedings officer), should they consider it appropriate to do so.

IROs are required to speak privately with the child before any review, unless this is not reasonably practicable, the IRO considers it inappropriate, or the child refuses (Regulation 36). IROs are expected to ensure that all those involved in the review meeting(s) make a meaningful contribution (DCSF, 2010b: para. 3.11). The Handbook estimates that 'a caseload of 50-70 looked after children for a full time equivalent IRO, would represent good practice in the delivery of a quality service' (DCSF, 2010b: para. 7.15).

Under Regulation 36 IROs are required to chair the review, although as noted above the IRO Handbook encourages them to hand over chairing to older children and young people, for at least part of the meeting, if/as appropriate. They are also required to ensure that the wishes and feelings of the child's parents have been ascertained and taken into account; that the persons responsible for implementing the decisions of the review are identified, and timescales (DCSF, 2010b, para. 7.24); and that any failure to implement the decisions of the review 'are brought to the attention of an officer at an appropriate level of seniority within the responsible authority' (Reg. 36). The guidance specifies that in the event of disagreements or problems arising, IROs should attempt initially to resolve matters informally with the social worker and/or his/her manager (DCSF, 2010a: para 4.39; DfE, 2015d: 4.44; DCSF, 2010b: para 6.1).

Each local authority should have a procedure for confirming the 'decisions' of the reviews. The IRO Handbook notes that 'there has been much discussion and debate over many years about the status of decisions made at reviews and an acknowledgement that the review cannot tie the hands of a local authority in relation to some issues, particularly where there are resource implications' (DCSF, 2010b: para 3.70). To address this, the guidance proposes that the IRO should inform the relevant manager of the decisions of the review within five working days, and he/she then has five working days to consider them and respond. If there is no response, the matter is considered agreed (DCSF, 2010b: para 3.71).

Each local authority is also required to have a procedure for dealing with problems and disagreements, known as a 'local dispute resolution process'. This will involve a series of steps, so that matters can be escalated to the appropriate level, but the Handbook notes that the IRO is not obliged to follow the steps in sequence, and may bypass stages in order to deal with a matter more swiftly or effectively. The Handbook says that the IRO should record all the actions he/she takes to try to resolve the dispute on the child's case file (DCSF, 2010b: para 6.7).

The IRO has the power to refer the case to Cafcass at any stage in the process (CA 1989, s. 25B(3); DCSF, 2010b: para. 6.3), although the expectation is that concerns will normally be resolved in other ways (DCSF, 2010b: para 8.10). The circumstances under which they may do are specified in the Regulations: if the IRO considers the local authority has failed 'in any significant respect' to prepare the child's care plan, review his/her case or effectively implement the decisions; and 'having drawn the failure or breach to the attention of persons at an appropriate level of seniority within the responsible authority, it has not been addressed to the satisfaction of the IRO within a reasonable time period' (Reg. 45(3)(a)). A Cafcass officer will then be appointed to deal with the case. He/she will make enquiries to try to resolve the matter, but if these are unsatisfactory, Cafcass may take the case back to court (Cafcass (Reviewed Case Referral) Regulations 2004). These may be proceedings under the Human Rights Act, proceedings for judicial review, or proceedings under other legislation, most likely the Children Act 1989.

There have only been ten formal referrals to Cafcass since IROs started in 2004 (as at February 2015: figure supplied by Cafcass). This low take-up is one of the reasons why there have been doubts about the independence of IROs and whether they are really offering an effective 'challenge' to local authorities, and as noted above there have been doubts about this since as early as 2006 (DfES, 2006: paras. 8.33-8.34).

1.2 Research questions

The research proposal for the present study was written in 2011. The research questions were:

- How are the 2010 Care Planning, Placement and Case Review Regulations and Guidance being implemented across the country?
- What has been the impact of the new regulations and guidance and the IRO Handbook on the role of the IRO and on the processes of care planning and reviewing?
- How is participation by the child and by the parent(s) in the care planning and reviewing process managed by the IRO?
- What are the views of children and young people about the care planning and review process, and the role of the IRO? Likewise, what are the views of parents?
- What are the overlaps and differences in the roles and responsibilities of the range of individuals and agencies involved in parenting and planning for children in care? In particular, (a) what is the impact of different organisational structures and administrative arrangements, and (b) how are tensions managed and resolved when decisions need to be made that may be high risk and have life-long implications for children?

To answer these questions, the study used a mixed methods approach, involving analysis of children's services case files, interviews with social workers and IROs, interviews with young people and parents, focus groups, and a nationally distributed questionnaire (for IROs, team managers and children's guardians).

1.3 Outline of the report

Chapter 2 sets care planning and the role of the IRO in context by summarising the historical background (specifically, the evolution of reviews and the role of the IRO), other relevant research, and crucial theoretical dimensions and perspectives. These include 'corporate parenting', children's and young people's participation, and understandings of regulatory or 'inspectorial' roles and the enforcement of legal requirements.

Chapter 3 describes the research methods. It also describes the profile of the questionnaire sample (IROs, local authority managers and children's guardians).

Chapter 4 gives an overview of the cases in the file survey. There were 122 cases in all, from four local authorities. The chapter draws primarily on the statistical data but complements this with pen pictures of some of the children and their circumstances, which use information from the in-depth interviews. The children in the sample were under a range of legal statuses, and there was a wide range of ages and lengths of time in care. The children had backgrounds of adversity, and many were continuing to face health and/or behavioural difficulties. The chapter also gives a picture of their placements and the evolution of their care plans.

Chapter 5 sets the process of care planning in its wider legal, organisational and inter-agency contexts. It draws attention to the number of decision-making settings and levels, the relationships and interactions between them, and the roles of other agencies. The chapter assesses the way that care plans are made, reviewed, shaped and implemented in this complex context, highlighting the ambiguities of 'making' and 'reviewing' the plan, and the multiple functions of the review. It describes the key issues in organising and conducting the review meetings, including patterns of attendance and choice of venue. It also discusses the role of the court and the children's guardian when cases are in care proceedings.

Chapter 6 identifies the different roles of the IRO, highlighting ten particular aspects. Some of these clearly reflect the requirements in the Handbook, but others seem to go beyond it, as IROs get involved in making and implementing plans, not only reviewing them. This flexibility has advantages for responding to and preventing problems, and maintaining relationships between all involved (professionals, carers, parents, young people); but it also brings the potential for blurred boundaries, overlaps and frustration.

Chapter 7 looks at the participation of children and young people in the planning and review process. It highlights the complex range of principles, requirements and considerations that come into play, the practical steps that IROs and others take to involve children, the obstacles they face, and the views of young people themselves. The key message is that the needs, rights, wishes and wellbeing of the children and others (such as their parents and carers) require a holistic 'both/and' approach, rather than 'either/or' thinking.

Chapter 8 considers the involvement of parents and carers in care planning and review. It highlights three key themes: roles, rights and relationships. The different people involved (parents, carers, professionals) have different roles in decision-making for the child and their day-to-day life, different rights and responsibilities. The quality of the relationships between them all are vital to what the plans are and how they work out. One of the valuable roles that IROs sometimes performed was to be a 'bridge' between the different parties.

Chapter 9 addresses the question of the independence of IROs, and their ability to challenge. It identifies five different aspects of independence. The study found that most IROs were able to exercise effective independence in challenging care planning and provision that they considered inadequate, but this was more often done through discussion and negotiation than formal dispute processes. Most respondents, with the exception of children's guardians, were against the removal of the IRO service from local authorities, concerned that this would undermine the potential for these more collaborative ways of bringing about change.

Chapter 10 concludes the report by identifying the key messages for policy and practice.

Chapter 2: Understanding care planning and review

This chapter sets out a number of contexts for understanding care planning and review, and the role of the IRO. It describes the historical background, the findings of other research and three key theoretical perspectives for understanding the challenges and debates.

The chapter starts with an overview of the evolution of care planning and the role of the IRO, up to 2011 when the new regulations and guidance came into force. This historical account reveals long-standing concerns that are still heard today: about drift and delay in making and implementing plans, about the best ways of dealing with these problems, and about the relationship between the courts and local authorities.

The second part of the chapter describes the situation since 2011. It summarises the findings of other research into IROs, notably by the Children's Rights Director (2011a), Ofsted (2013) and the National Children's Bureau (NCB, 2013a and 2014), and also the findings of a high profile court judgment, the *Lancashire* case of 2012. It describes the roles of other organisations and the significance of 2013-14 reforms to care proceedings.

The following parts of the chapter outline three key theoretical dimensions for making sense of care planning and the role of the IRO, and describe their working-out in policy and practice. These are 'corporate parenting', children's and young people's participation, and the concept of 'law as last resort' (Hawkins, 2002). This latter concept helps to illuminate the role of professionals whose task is to enforce legal requirements.

2.1 Background

The importance of clear and effective planning for children in care, and of regular, thorough review of those plans, has long been recognised. Statutory requirements for regular reviews of children in approved schools were introduced in 1933, and for children in foster care in 1946 (the Children and Young Persons (Boarding Out) Rules 1946 (see Brill, 1991). That 'review' was a report to a committee and there was no question of the child attending. The 1946 rules were subsequently replaced by the Boarding Out Regulations 1955, which remained in force for over thirty years, until up-dated by the Boarding Out of Children (Foster Placement) Regulations 1988 (implemented in 1989). More extensive changes came in 1991, when Children Act 1989 Guidance and Regulations were issued (DH, 1991).

Research in the 1970s and 1980s revealed problems of poor planning and 'drift' for children in care, and that decision-making about long term plans was often poor despite regular reviews (Rowe and Lambert, 1973). Later research identified great variation in the importance ascribed to reviews and the ways that they were conducted (DHSS, 1981; Sinclair, 1984; Vernon and Fruin, 1986). In some offices they were dealt with as a paper exercise, in other areas by a meeting simply between the social worker and his/her manager, or in a meeting that considered a number of cases one after the other, chaired by more senior manager in the social services office. Reviews of children in residential care were more likely to involve a wider range of people, including the child; but overall, children were unlikely to attend, and parents and carers even less so.

Despite the very different organisational framework and expectations about attendance, the goals of the review process nowadays may be compared with those described in the DHSS report on inspections of boarding-out practice in England in 1979-80:

The overall purpose of the review can be summarised as bringing knowledge of the past and present to bear on formulating plans for the child's future. In order to do so it is necessary to bring together and consider all the aspects of parenting shared by the agency, by those caring for the child and by his natural parents. The review must take into account the views of the child and make use of the expertise of other professionals who are involved, for example, in his health care and in education. The review can also provide an important opportunity for monitoring the work of the social worker who is responsible for ensuring the child's needs are met. Plans may have to be made within the constraints of available resources but they should form the basis of future work with the child, his family and his carers and be related to well-defined timescales. They need consideration both between and at subsequent reviews to ensure that they are amended as appropriate, that there is a commitment to them by those responsible for taking action, and that the required action is carried out.

(DHSS, 1981: 13)

Sinclair (1984) shows that there were discussions as long ago as in the early 1980s about the potential benefits of an independent reviewing officer. She writes: 'If reviews are to offer a truly critical evaluation of the case then a reviewing officer who is independent from the case, and is not in a position of line management responsibility may be better able to undertake this task' (Sinclair, 1984: 80). However, she also noted the risk that an independent reviewer may not know the case so well, and the major organisational and resource implications of such a change.

The 1990s: Children Act 1989 Guidance and Regulations

New regulations and guidance on child placement, planning and review were introduced in 1991, when the Children Act 1989 came into force. The guidance gave a detailed list of the matters to be included in the plan (DH, 1991: para. 2.62). It stressed that reviews were part of a 'continuous process of planning and reconsideration of the plan' and local authorities should ensure their review system provided for 'full participation of both children and parents in the decision-making process' (DH, 1991: paras. 8.3, 8.8). It emphasised the importance of consultation prior to the review meeting with (amongst others) the child, his/her parents, carers, and relevant professionals, and stated that 'Only in exceptional cases should a parent or a child not be invited to a review meeting' (DH, 1991: para. 8.10). The guidance said that the review should be chaired by an officer more senior than the child's case worker, with the intention of bringing 'a degree of oversight and objectivity to the monitoring of the responsible authority's practice and decision-making ...', but it did not specify whether this had to be different to the worker's immediate manager (DH, 1991: para. 8.13).

The Department of Health (the relevant central government department at the time) sponsored a major programme of research into the implementation of the Children Act in the 1990s, one of which focused on the planning and review system (Grimshaw and Sinclair, 1997; see also Sinclair and Gimshaw, 1997; Sinclair, 1998). This research was undertaken in 1993-5, and involved a national survey of local authority documentation about care planning and review (e.g. policies, procedures, consultation and report forms, information leaflets – 80 authorities supplied materials) and a detailed study of practice in three local authorities. This comprised a file study of 180 cases and a survey of the social workers holding those cases (49 responses); observation of a sub-sample of 42 meetings, and interviews with the attendees from a further sub-sample of 12 cases (this included the social workers, chairs and young people, and (as relevant) other professionals, carers and parents, giving a total of 66 interviews). There were two focus groups with young people, and three

regional workshops. There was also a survey of arrangements for chairing review meetings, discussed further below (Grimshaw and Sinclair, 1997: 16, 62-4, 74, 171-2).

Grimshaw and Sinclair concluded that the new regulations and guidance had led to improvements in social work planning for children in care, and participation of children and parents, but there was still room for improvement (1997: 242). In particular, they thought that there was an over-focus on the review meeting, and there should be a shift to thinking of review as a process, ending with a final child-centred meeting and completion of the necessary records (1997: 250). They recommended a clearer conceptualisation of care plans, that they should consist of two elements, the overall objectives and the steps that should be taken to achieve them (1997: 245). They also recommended a clearer conceptualisation of participation, awareness of its various levels and forms, and a proactive approach to achieving it (1997: 248). Finally, they recommended that 'Local authorities should clarify the decision-making role of reviews in relation to other decision-making bodies and to the responsibilities of senior management' (1997: 251).

Grimshaw and Sinclair's points about understanding the review as a process not just a meeting, and the two parts of the care plan, have proved influential. The relationship between the decisions made in reviews and through other managerial and organisational processes has proved harder to clarify, as the empirical data from this study will show; and their messages about the role of specialist officers to chair the reviews (discussed below) have perhaps been unfairly forgotten.

The 1990s: other key developments

Key developments in the 1990s included a) high profile programmes to ensure safety and improve outcomes for children in care, notably the introduction of the Looking After Children materials (1995 on) and the *Quality Protects* programme (1998 on); b) growing understanding of the importance of hearing children's views and promoting their participation; c) continuing debates about the proper role of the court in reviewing the progress of care plans after a care order had been made, and d) the evolution of local authority systems for reviewing cases.

The Looking After Children materials were developed as part of an initiative to introduce the idea of 'outcomes' to social work thinking and, through that, to improve social work practice and care planning for children in care, inter-agency working, and the quality of care that the children received in their placements (Ward, 1995; for a critique, Bell, 1998). The project identified seven key dimensions for considering a child's needs and progress, and the help they required (health, education, emotional and behavioural development, identity, family and social relationships, social presentation, and self-care skills). It introduced a set of documents to assess, record and review these. The forms were initially designed as research instruments but a number of local authorities began to use them as ways of meeting the new planning and review requirements under the Children Act 1989. They were developed into practice tools over the period 1991-95, and then implemented nationally. By 1998 they were being used by nearly all local authorities in England (Bell, 1998). (They have been adopted in other countries too, notably Canada and Australia.) As noted in Chapter 1, the seven dimensions are now specified in the 2010 Regulations as matters which the care plan must address.

Widespread concerns in the 1990s about the ill-treatment of children in care came to a head with the investigation into child abuse in children's homes in North Wales (Jillings, 1996, not made public until 2013; Waterhouse, 2000). They led to the Utting report (1997) on the importance of proper safeguards for children in care. The *Quality Protects* programme, led by the Department of Health under the Labour government, aimed to ensure that local authorities provided 'safe, effective and

high quality children's services', through improvements to management and quality assurance systems (DH, 1998). It specified eight national objectives to improve outcomes for children in need, children in the child protection system and children looked after. Two of the objectives were specifically relevant to children in care: Objective 1, 'To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood'; and Objective 4, 'To ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care'. (The *Quality Protects* programme was followed by *Choice Protects*, 2002-05, which was intended to improve fostering services and placement stability.)

Running alongside, and part of, the emphasis on outcomes, safety and quality, was a growing appreciation of children's rights. The UK ratified the United Nations Convention on the Rights of the Child in 1991, and awareness of its provisions and implications grew over the following decade. Children's participation in decision-making (and indeed, the participation of their parents and other relevant persons) was increasingly seen as a matter of principle (their right – UNCRC Article 12) and pragmatics (that it was more likely to lead to better-informed decisions, with a greater chance of success). Children also have a right not be separated from their parents against their will, unless this is in the child's best interests and suitably authorised by the appropriate bodies (UNCRC Article 9); and children in care have a right to 'special protection and assistance from the state' and to periodic review of their cases (Articles 20 and 25). At the same time, children have rights to be protected from harm, and states should give primary consideration to their best interests (UNCRC Articles 19 and 3). A rights approach gives a new framework for old dilemmas about protection and participation. Thomas (2000) captures the state of children's participation in their reviews in the 1990s (see also Thomas and O'Kane, 1998, 1999). Issues of children's participation are discussed in more detail later in this chapter, and the findings are presented in Chapter 7.

As for the courts, the introduction of the Children Act 1989 led to new tensions with local authorities about the balance of powers for deciding, implementing and reviewing care plans. The Act brought the end of wardship for children in care, and thus removed the courts' powers to review what happens to children who are subject to the care orders they have made. At the same time, the Act put a new emphasis on the importance of the care plan by introducing the requirement that the court should only make an order if it considered it better than making no order at all (s. 1(5)). To be sure of this, the court would need to be confident about the plan and the capacity and determination of the local authority to implement it. The courts did not always have that confidence. These two changes and the courts' doubts about local authority practice set the ground for the courts to demand increasing levels of detail from the local authority about the care plan, and calls from some judges and others for changes to ensure that the courts could review cases post-order if this was considered necessary.

The dilemmas were debated forcefully at the 1997 President of the Family Division's inter-disciplinary conference (Thorpe and Clarke, 1998). One of the leading judges, the Honourable Mr Justice Wall (later to become President of the Family Division), argued that there was a consensus amongst family judges that some reform was necessary so that the progress of children in care could be monitored in cases where the judge considered this necessary, or if the care plan had gone wrong at an early stage. Arran Poyser, from the Department of Health Social Services Inspectorate, proposed that there should be the possibility of a care plan review hearing in the 12 months following the making of a care order. This would be instigated by the local authority or the guardian ad litem if there were significant changes in the care plan, unforeseen circumstances meant it was now inappropriate, or the local authority was unable to implement it as agreed by the court. One of

the working groups proposed that key items in the care plan should be 'starred' and failure to implement them would trigger such a review.

Michael Leadbetter, director of social services in Essex county council, argued strongly against these suggestions, speaking of the 'myths' that external inspection and monitoring helps solve problems, or that the more arm's-length the inspection and review is, the more effective it is. He argued for an in-house but independent monitoring and reviewing system, free of operational responsibilities but with access to relevant managers and with suitable status, reporting directly to the head of children's services (his own authority had such a system: Leadbetter, 1998). Following the conference, a sub-group met to give further consideration to possible ways forward. They proposed that all local authorities should set up independent review units, answerable to the senior children's services manager.

The 1990s: the early evolution of independent reviewing officers

By the middle of the 1990s, many local authorities had already begun to employ specialist officers to lead reviews, who were independent of line and resource management for the case, even though it was not a statutory requirement. Grimshaw and Sinclair (1997) give a detailed picture of the variety of arrangements, and the arguments at the time for and against independent reviewing officers.

Data was obtained through a survey, covering 48 local authorities. The researchers identify four main systems: a) where the supervising team manager chaired the meeting, b) where a team manager from another team chaired it, c) where there were specialist reviewing officers, and d) where other senior managers chaired reviews. About half of the local authorities had one of these systems, whereas the other half had a mixture of arrangements. The use of specialist reviewing officers was the only system used in nine local authorities, but there were a further 15 that used specialist reviewing officers on some or most cases, alongside other arrangements. Overall, there were 21 authorities that used supervising team managers to chair the reviews (nine used them only, 12 used them alongside one or more of the other arrangements: Grimshaw and Sinclair, 1997: 169-189).

Grimshaw and Sinclair (1997) report different views about the pros and cons of the different arrangements. The advantages of using supervising team managers were their knowledge of the case, continuity and clarity of responsibility; the disadvantages were possible lack of objectivity, 'cosiness' and collusion with poor social work practice. The advantages of using specialist reviewing officers were their independence of line management, objectivity, continuity of chairing and consistency of approach across the authority; the disadvantages were seen to be potentially uncertain and difficult relationships with team managers, and practical problems such as time and travel, workloads and administrative arrangements.

Overall, Grimshaw and Sinclair considered that the responses reflected a rather bureaucratic and organisational approach to the issues, and that aspects of children's and parents' participation were much less prominent (1997: 181). They concluded that no chairing system seemed to offer clear advantages, and, in a message that resounded powerfully for us when we analysed the data from the present study:

All chairs will have to confront a complex decision-making environment. It is possible that one of the most useful roles of specialist reviewing officers might be to act as the linking and enabling agents in this environment.

(Grimshaw and Sinclair, 1997: 242)

2000-2010

The implementation in October 2000 of the Human Rights Act 1998 gave the courts a new opportunity to try to enhance their powers to scrutinise the care plan and the local authority's actions after the order had been made. In the case of *Re W and B; Re W (Care Plan)* [2001] EWCA Civ 757, the Court of Appeal proposed that 'starred milestones' should be identified in the care plan and procedures established for the case to be referred back to court if they were not achieved. There was a particular concern about children who did not have a parent or other person who was able or willing to question the decisions and actions of the local authority. The milestones would relate to aspects of the care plan which 'are so fundamental that there is a real risk of a breach of Convention rights if they are not fulfilled, and where there is some reason to fear that they may not be fulfilled' (para. 79). The Convention rights being referred to were Article 8, the right to private and family life, and Article 6, the right to a fair hearing.

The judgment was subsequently overturned in the House of Lords (March 2002: reported as *Re S (Minors) (Care Order: Implementation of Care Plan); Re W (Minors) (Care Order: Adequacy of Care Plan)* [2002] UKHL 10, [2002]), on the basis that it breached a 'cardinal principle' of the Children Act, the division of responsibilities between the courts and local authorities. However, in giving the leading judgment, Lord Nicholls of Birkenhead went on to say (at para 106):

I cannot stress too strongly that the rejection of this innovation on legal grounds must not obscure the pressing need for the government to attend to the serious practical and legal problems identified by the Court of Appeal or mentioned by me. One of the questions needing urgent consideration is whether some degree of court supervision of local authorities' discharge of their parental responsibilities would bring about an overall improvement in the quality of child care provided by local authorities. Answering this question calls for a wider examination than can be undertaken by a court. The judgments of the Court of Appeal in the present case have performed a valuable service in highlighting the need for such an examination to be conducted without delay.

The government's response was to introduce the statutory role of IRO, in s. 118 of the Adoption and Children Act 2002. This amended s. 26 of the Children Act 1989, enabling regulations to be introduced to establish IROs to monitor the local authority's implementation of the care plan, with the power to refer the case to Cafcass if they considered that appropriate. It is worth noting here the findings of two studies into the implementation of care plans during the 1990s (Hunt and Macleod, 1999; Harwin *et al.*, 2003). Both concluded that local authorities did not simply 'tear up the care plan' once an order was made, but genuinely tried to implement it. That is not to deny that setbacks such as delay or placement breakdown sometimes occurred, but the problem was not one of deliberate non-compliance.

The new regulations came into force in September 2004. Within two years, doubts about the effectiveness of the IRO service were expressed in the *Care Matters* green paper (DfES, 2006), and in the subsequent consultation there were mixed views about whether IROs should be separated from local authorities (DfES, 2007a). In the *Care Matters* white paper the government announced that it would amend the legislation, regulations and guidance to 'significantly strengthen' the role of the IRO (DfES, 2007b: paras. 7.25-33). It proposed to do this rather than move the service to an external organisation, but resolved to keep this option under consideration if the changes were not effective, and to legislate to ensure this was a possibility. Amongst the key changes to strengthen the role would be a requirement for each child to have a named IRO, and revised guidance so that a referral

to Cafcass was no longer considered a last resort, but 'a real option to ensure proper scrutiny of local authority decisions' (DfES, 2007b: para. 7.32).

The necessary legislative changes were made in the Children and Young Persons Act 2008. Section 11 of the Act gave the Secretary of State power to establish a separate body for IROs, but there was a 'sunset clause' in s. 14, that this power only lasted seven years from the passing of the Act. It will expire in November 2015. The Act introduced new sections 25A-25C to the Children Act 1989 (discussed in Chapter 1). An important change here was to extend the IRO's monitoring role, to cover 'the performance by the local authority of their functions in relation to the child's case' rather than their functions in respect of the review. The aim was to give IROs more effective oversight of the whole of the child's case (the key changes to the role of the IRO are summarised in Annex 3 of the IRO Handbook: DCSF, 2010b). The new regulations and guidance were published in 2010, and came into force in 2011.

It is worth noting that until 2009 there was no substantive research into IROs on which to base any conclusions about the effectiveness or otherwise of their role, and what factors may affect this. Two studies were published that year. The first study was a study of IROs in Wales, undertaken between May 2008 and January 2009 (CCSIW, 2009). This involved a survey of all 22 local authorities in Wales, and in-depth fieldwork in six of them. It included examination of case files, interviews with practitioners, managers, parents, carers and young people. Overall it was very positive about the role of IROs, and found that they had contributed to improvements in local authority performance regarding looked after children; and that they were generally highly regarded by parents, children, foster carers, social workers, local authority managers and professionals in other agencies. However, it also noted inconsistent recording of care plans; care plans not always based on good quality assessments; plans for permanency not always expressed with specific targets or clarity about the desired outcomes; and care plans not always updated to reflect the current situation. The study also found cases where recommendations were repeated between reviews with no evidence of discussion or actions being taken by the IRO to address this. There was evidence of robust challenge by IROs in some authorities, usually resolved in the early stages. The study found that good relationships with social workers, managers and others was a key to positive resolution of issues: 'Social workers spoken to for the review pointed out that where IROs used good relationships as a basis for challenge, and challenged in an empowering way, they were likely to get better resolution' (CCSIW, 2009: 22).

The second study published in 2009 was undertaken by the Children's Society. It investigated the needs and skills of IROs to engage with children who have complex communication needs (Franklin and Osborne, 2009). It was undertaken in summer 2009, and involved a questionnaire for IROs and IRO managers (66 responses) and three stakeholder consultation events (44 attendees in all). For many IROs there was a lack of knowledge and training to work with children with these needs; a lack of understanding of, and access to, appropriate methods to facilitate involvement; and not having enough time to spend with the children. The report called for more training and support for IROs to help them do this work, but also for improved access to resources, including the involvement of other workers, specialist IROs and independent advocates if/as required, and appropriate caseloads.

2.2 The role of the IRO, 2011 onwards

Four notable sources of information and opinion about the role of the IRO have been published since 2011. There are the results of an on-line survey of children's views conducted by the Children's Rights Director (CRD, 2011a); the high profile court judgment in the *Lancashire* case in 2012; the results of an Ofsted thematic inspection (Ofsted, 2013); and the findings of research by the National

Children's Bureau (NCB, 2013a and 2014). Further perspectives include a survey by BASW (Kent, 2012), the activities of the National Association of Independent Reviewing Officers (NAIRO), and policy for working with Cafcass in the light of changes to care proceedings introduced in 2013-14.

Children's Rights Director survey

The on-line survey by the Children's Rights Director in England ran from December 2010 to February 2011 (i.e. before the new regulations and guidance came into force, although the findings were not published until afterwards). It obtained responses from a total of 1,530 children and young people in care (CRD, 2011a; and see CRD, 2011b). Overall there were positive messages about IROs in this study. Two-thirds of the respondents said they knew what an IRO was (higher amongst older young people). The two main jobs that the children saw IROs doing was checking that they were being looked after properly, and chairing their review meetings. Over two-thirds, 70%, thought it was important or very important for a child in care to have an IRO, although more than this, 79%, thought it was important or very important to have a social worker. About half the children had only ever had one IRO, but a quarter had had two, and another quarter three or more. The children were asked which organisation they thought IROs should work for. About a third of them were 'not sure' but the largest group, nearly four in ten (39%), said the local council. The study had a large number of responses and gives an interesting picture of young people's views, but does not have any additional information or viewpoints, and as a multiple choice on-line survey inevitably lacks the depth and nuance that intensive interviews and focus group discussions can elicit.

The Lancashire judgment, 2012

A much less positive picture of the role of the IRO was delivered in the judgment of Mr Justice Peter Jackson in the case of *A and S v Lancashire County Council* [2012] EWHC 1689 (Fam) (and see Jackson, 2014). This case involved two boys, referred to as A and S. They were taken into care in 1998, when they were aged 2 and six months respectively. After assessments, the boys were placed with their paternal aunt, and care orders were made. The placement broke down after a year, the boys returned to foster care, and orders freeing them for adoption were made in March 2001. Contact with their birth family ended. Suitable prospective adopters could not be found, and in 2004 the plan changed to long-term fostering. However, the legal status was not changed. The boys had numerous placements during their time in care, and were abused in two of their foster homes. In 2008 they were placed with experienced foster carers. This broke down for the younger boy in 2010, but continued for A. In May 2011 another child was removed from this foster home, and A went to a solicitor to get legal advice because he wanted to stay. (A's foster carers later became his special guardians.)

This led to a court application for the revocation of the freeing order, and the whole circumstances of the case became known. Mr Justice Jackson gave a lengthy judgment, with some extremely strong criticism of the IRO service. The IRO himself made a long statement, and gave oral evidence. The judge described the statement as 'a remarkable document, [which] contains an unsparing analysis of the respects in which he [the IRO] accepts that he failed the boys' (para. 134). He had taken over as IRO for the boys in 2006. His statement reported that at times he had a case load of over 200 cases, was working extremely long hours and had a period of ill-health; a lack of effective supervision and training; a lack of legal advice; and acknowledged his lack of awareness about the implications of the freeing order. The problem with freeing orders was that they ended all legal ties with the birth family and so there was no-one with parental responsibility apart from the local authority, and therefore no independent person who could question and if necessary challenge the local authority about their plans and actions. That duty fell on the IRO, and the judge held that he had failed in it

(and the IRO himself acknowledged this). The judgment records that there were 37 LAC reviews in the years after the care plan was changed to long-term fostering; 'On each occasion the chair recorded that LCC were going to apply, or in some cases had in fact applied, to revoke the freeing order. The fact that it never actually happened passed without comment' (para. 60).

The judge criticised the IRO for not understanding the law properly, not monitoring the progress of the case closely enough, and not challenging the local authority strongly enough. He observed that 'the primary failings in this case were front line social work failings, compounded by abusive behaviour in two foster homes. The inadequacy of the IRO system was an important secondary contributor, in that it did not pick up on and remedy the primary problem' (para. 131). He found the IRO personally responsible for not upholding the boys' human rights under Articles 6 and 8 of the European Convention, awarding damages against him as well as against the county council. The judge spoke of the 'utter ineffectiveness of the independent reviewing system in protecting A and S's interests' (para. 146).

Mr Justice Jackson made recommendations for improvements in five areas (para. 172):

- Enhanced status for IROs – notably, so they can have immediate access to senior managers;
- Adequate training, on children's needs and on legal aspects;
- Manageable caseloads;
- Effective management and support;
- Access to legal advice.

Ofsted thematic inspection, 2013

Ofsted undertook a thematic inspection of the IRO service in ten local authorities in England in winter 2012-13, drawing on 111 cases, and interviews with children and young people, carers and professionals (Ofsted, 2013). It concluded that:

The pace of progress in IROs taking on the full scope of their enhanced responsibilities as outlined in the revised regulations was too slow in most authorities visited by inspectors. IRO oversight of care plans was not consistently robust. IROs did not sufficiently challenge delays in the making of permanent plans for children's futures. The views of children were not always taken into full account. The IRO role in monitoring and challenging local authorities' overall performance as corporate parents was underdeveloped.

(Ofsted, 2013: 4).

The investigation did find examples of good practice with children and young people and effective challenge, but concluded that the effectiveness of the IROs was constrained by their heavy caseloads, and that at times they were too sympathetic to the pressures that social workers were under, leading them to collude with weak practice (Ofsted, 2013: 13-14). The inspectors found that senior leaders valued the quality assurance role of the IRO, and that dispute resolution protocols were in place in nearly all areas, although these were not always well understood or used when required. Links with Cafcass when cases were in care proceedings were generally under-developed, although there were effective protocols in two of the authorities (Ofsted, 2013: 25).

As regards the organisational location of the IRO service, the report concluded 'the effectiveness of IROs would not be easily improved by removing them from the employment of local authorities. In most local authorities visited, there remained considerable scope for improvement under the current arrangements' (Ofsted, 2013: 5).

National Children's Bureau, 2013 and 2014

The NCB research involved national questionnaires of IROs, IRO managers and directors of children's services, followed by an in-depth study in four local authorities (NCB, 2013a, 2014). The questionnaires were distributed in April-August 2012, and they received responses from 295 IROs, 65 IRO managers and 60 DCSs. Out of the 152 local authorities in England, they received at least one completed questionnaire from 122 (80%). As for the in-depth study, in each area they held one focus group with IROs and another with social workers; undertook interviews with four relevant stakeholders and looked after children, and examined care plans, reviews and case notes from a selection of ten cases (i.e. 40 cases in total).

The key conclusions echoed those of the Lancashire judgment and the Ofsted inspection. They were that IROs need to make more of an impact on service-wide quality (not just individual cases), making more of a strategic difference in their authorities. IROs need to be well managed themselves, with good supervision and training, an effective dispute resolution process, and ready access to specialist advice, especially independent legal advice. The IRO service needs to be valued within its local authority, and challenge should be encouraged and received positively. The NCB noted the problem of high caseloads and concluded 'it would be unfair to describe the role as failing if the problem really lies in the capacity available to fulfil it' (NCB, 2014: 7).

As regards the organisational location, the NCB did not conclude it was necessary for IROs to be employed outside LAs:

Although some may argue that being employed directly by the local authority does not allow IROs to work 'independently' of the organisation, participants described the true test of independence as IROs' ability to challenge the local authority on poor practice. The location of the service, whether within the local authority or outsourced, was not crucial as long as IROs recognised when they needed to challenge and were free to do so.

(NCB, 2014: 7)

Further perspectives

The British Association of Social Workers, BASW, conducted an on-line survey of its members about the role of the IRO in autumn 2012 (BASW, 2012; Kent, 2012). There were 290 respondents, mostly from England, about a third of whom were IROs. It found 'huge variance' across the country, but echoed the Ofsted and NCB reports in finding caseloads often above the figure suggested in the statutory guidance. This limited IROs' ability to fulfil their role properly, but there were also reports of good practice in involving children, monitoring care plans and chasing up social workers. The substantial majority of respondents saw IROs as doing their jobs effectively and without being compromised by pressures to change their recommendations; but some examples of bullying and intimidation were reported.

The National Association of IROs, NAIRO, was founded in 2009. It has campaigned to raise the profile of the IRO service and standards of practice. It has a membership of about 200 (figure reported at the 2014 NAIRO annual conference), so the majority of IROs do not belong (the DfE estimated that there were approximately 1,000 IROs working in England in 2012: NCB, 2013: 18), but nevertheless the Association has achieved recognition as a representative body. Other representative bodies are the National IRO Managers Group and the London Regional IRO group.

NAIRO has produced a Code of Practice for IROs and a protocol for management of the IRO service within local authorities (both referred to in the *Lancashire* judgment, paras. 197-8). It has highlighted

issues of intimidation within some authorities, writing about this to then Minister for Children, Tim Loughton, in May 2012 (NAIRO, 2012). The letter acknowledged that in many areas of the country the system is working well and there are management support mechanisms that facilitate genuinely independent practice, and also noted that there may be cases where IROs' performance is not satisfactory, but gave examples of threats and apparent victimisation of IROs in some authorities.

In spring 2015, NAIRO undertook a survey of its members about the question of organisational independence from the local authority (NAIRO, 2015). A total of 56 members completed the survey, about a fifth of the users of its online forum, from 25 different local authorities. Almost three-quarters of the respondents, 72% (40), thought the IRO service was best placed within local authorities. Less than a fifth, 19%, (11), thought IROs services should be located outside local authorities. There was high support for the proposition that there should be stronger measures to strengthen the independence of IRO role within LAs (91%, or 51 respondents agreeing).

NAIRO concluded that their overall policy position would therefore be that the IRO service is best placed within local authorities, and they would not campaign for its removal from them; that 'urgent and robust measures should be taken to enhance the genuine independence of IRO within local authorities'; and that they would 'encourage and support the development and piloting of different models for provision of IRO services within local authorities which may enhance their independence' (NAIRO, 2015: 10-11).

Care proceedings reforms 2013-14

Major reforms to the conduct of care proceedings introduced in 2013-14 have considerable implications for IROs. Under the Children and Families Act 2014 and related changes to court rules, the duration of care proceedings is normally limited to 26 weeks, unless there are specific reasons for them to take longer. Linked with this is an expectation that cases will be brought to court in a good state of readiness, with assessments completed as far as possible; and that additional expert reports will be ordered by the court only when necessary (as opposed to the previous test of 'reasonably required'). Furthermore, the court is only required to consider the permanence provisions of the care plan, not all the other details, although it is still required to consider contact under s. 34(11) (and whilst not required to do so, it may decide to consider other details of the care plan). The role of Cafcass guardians has been affected by these changes, and they are now required to undertake a much swifter case analysis at the start of the proceedings (Cafcass, 2013, 2014b); but also, the changes make it even more important that there are effective links between guardians and IROs, to exchange information, discuss any contentious issues and 'hand over' the care plan at the end of proceedings. A good practice protocol for Cafcass-IRO working during care proceedings was developed in 2013 by the ADCS and Cafcass (replacing Cafcass, 2011). The new protocol was supported by the DfE, the National IRO Managers Group and NAIRO (ADCS and Cafcass, 2014).

The protocol recognises that responsibility for effective contact between the guardian and the IRO is shared between both parties. It specifies that it is the responsibility of the guardian to make contact with the IRO, and that the need for and nature of any ongoing consultation should be decided between them. It specifies that the IRO should inform the guardian of the arrangements for child care reviews, and ensure that he/she is sent copies of the records. The IRO should be supplied with copies of all the court papers, including care plans, experts' reports, the guardian's report(s), orders and judgments. The IRO is required to enter a record of any discussions with the guardian on the child's case file.

If the guardian has concerns about the local authority's management of the case they 'may' consult with the IRO, and the IRO is required to inform them of any significant issues that arise in planning and review meetings. The protocol specifies that the guardian's attendance at reviews 'is generally not required', but the guardian is expected to consult with the IRO prior to the review 'when appropriate'. After the proceedings end, the guardian is required to ensure the final court care plan is provided to the IRO, discuss it with them and provide written handover information on a standard template. The protocol states 'Following the withdrawal of the children's guardian the IRO remains the only independent scrutiniser of the local authority's actions in relation to the care plan for the child' (ADCS and Cafcass, 2014).

2.3 Corporate parenting

The concept of 'corporate parenting' is central to care planning and the role of the IRO. It is the term used to capture the range of roles and responsibilities that a local authority has towards children looked after by them. The primary legal duties are set out in the Children Act 1989 (as amended by the Children and Young Persons Act 2008), sections 22 and 22A-G. They are to 'safeguard and promote' the welfare of the children by providing them with suitable accommodation and maintaining them in other respects; to give first consideration to placing them with a parent, then with a relative, friend or other 'connected person'; and to ascertain and give due consideration to the wishes and feelings of the child, his/her parents, and other relevant persons.

Translating the legal requirements into social work policy and practice means ensuring that the children's 'ordinary' childhood needs are met, and securing specialist help for any additional needs that they may have. The central goals for all looked after children are to make sure they receive good quality care, and achieve permanence and stability. These are regarded as the foundations for successful outcomes in other areas of life, such as education, health and employment. For the majority of children who enter care, permanence is achieved *outside* the care system, through reunification with the birth parent(s), adoption or kinship care (under certain legal statuses; it is possible to remain looked after but placed long-term with family or friends); but for a minority, the local authority will be the long-term corporate parent, with the physical and emotional parenting tasks being undertaken by foster carers or residential workers (Schofield *et al.*, 2007, 2008, 2011a).

As the local authority is a corporate public body, there are also responsibilities for the *way* things are done, following due process, with transparency, involving relevant people, hearing the views and promoting the rights of all the different individuals involved; and for managing services within *budgets*, being accountable for the spending of public money. The focus on the organisational context also draws attention to the part played by local policies, procedures and practices, and agency culture. Research has long shown that there is considerable variation between and within local authorities in all aspects of the looked after system – for example, in rates of entry, adoption, kinship care, and reunification (e.g. Packman, 1968; Rowe *et al.*, 1989; and Sinclair *et al.*, 2007, discussed below).

The concept of corporate parenting is not new, and Parker (1980) used it to draw attention to the way that certain rights and duties become vested in organisations when a child is in care, but the actual tasks of carrying out those responsibilities are exercised by a number of different individuals. Parker observes that 'It seems inevitable that responsibilities for children in care will continue to be divided between a number of people and hence pose problems of collaboration and primary responsibility' (Parker, 1980: 63-64).

Corporate parenting has become more prominent in policy thinking in recent years to emphasise the responsibility of the council as a whole, including local politicians. It has acquired added importance because of the increasing significance of commissioning and purchasing services from independent sector agencies (improved commissioning of foster care was one of the aims of the *Choice Protects* programme from 2002-05: e.g. DfES, 2004). These changes add to the divisions, complexity and ambiguity of professional and agency roles and responsibilities.

A further crucial factor in corporate parenting is that there is widespread public and political scepticism about the capacity of the care system to deliver good outcomes for children, although research gives a much more nuanced and generally positive picture. As Thoburn and Courtney (2011: 214) put it:

There is no room for complacency and every reason to seek to prevent the need for long-term care: but the evidence is that the state can succeed in ensuring good parenting to children who have to spend short or long periods away from their families but also that it fails too often to do so.

But the pessimistic views of care, combined with sceptical views about local authorities and state welfare in general, and pressures on public finances, have led to increasing political and policy drives to restrict the use of state care, shorten the length of time that children stay in it ('private' options such as reunification, kinship care or adoption are preferred), and to increase the role that the independent sector plays in providing care.

The looked after children system: an overview of numbers and expenditure

On 31 March 2014, there were 68,840 looked after children in England, a figure which has risen each year since 2008, when it was 59,360 (DfE, 2011; an increase of 16%). The 2014 total represents a national rate of 60 per 10,000, but there is considerable variation in rates between different authorities, with the highest in Blackpool (152), and the lowest in Wokingham (20) (DfE, 2014a). Differences are closely associated with underlying levels of poverty and deprivation (Bywaters, 2015), but these do not explain all the variation (Dickens *et al.*, 2007; ADCS, 2014): in other words, local policies and practices make a difference. Variation in underlying need is a better indicator of whether children are likely to remain in care, than it is to admission rates (Dickens *et al.*, 2007; DH, 2000: 89-92); or to put it another way, local policy and practice, such as thresholds for admission and the availability of 'edge of care' and other family support services, have a crucial influence on how many children start to be looked after.

It is not just the 'snapshot' figure that matters, on one day per year; equally important in terms of the likely experiences of children and families, and possibly more important for the workload of social workers, is the number of children who are looked after at some point over the course of the year. This includes all those including entering and leaving during the year. In 2013-14, 97,950 children were looked after at some point during the year (excluding children on short-term respite care: DfE, 2014a: National Table B1). There were 30,430 children who started a period of being looked after during the year, and the same number who ceased to be looked after during that period. It is notable that out of the total number of children looked after during the year, fewer than half (49%, 47,670) had been looked after for more than 12 months. The numbers indicate that over the course of a year many children experience movement in and/or out of care.

Most of the children starting to be looked after do so because of abuse or neglect (55%), followed by socially unacceptable behaviour (19%) and family dysfunction (10%) (DfE, 2014a: National Table C1). Most come into care under s. 20 of the Children Act 1989 (60%: DfE, 2014a: National Table C3). This

is a 'voluntary' agreement, although it may not feel very voluntary to the parent or child, and parents can sometimes be presented with a very explicit choice between giving 'agreement' or the local authority taking court action (Bullock *et al.*, 2006: 1346). Nevertheless, for most children the likely outcome is that they will leave care relatively quickly. Almost half the children who left care in 2013-14 did so from s. 20, and half did so within a year of starting (DfE, 2014a: National Table D4). The most common reason for leaving care was to return home to parents or relatives, 34% (DfE, 2014a: National Table D2). For children who remain in care longer term, it is more likely that they will be on a care order. About a fifth of children start being looked after under an interim care order (plus, for a few, under a full care order); but those who remain in care longer-term are more likely to be on a care order (46% of children looked after on 31 March 2014, with a further 12% on interim care orders: DfE, 2014a: National Table A2). On 31 March 2014 there were also 9,260 children on placement orders, just over 13% of the looked after population.

In terms of placements, returning to the national snapshot figure on 31 March 2014, three-quarters of the children were in foster care (75%, 51,340). Just over half of them, or 40% of the total number looked after, were placed with local authority foster carers. A quarter of all looked after children were placed with foster carers provided by an independent agency. Just over one in ten were placed in kinship care. As for other placements, 5% of the children were placed for adoption, 5% were placed with parents, 3% were living independently and 12% were placed in various forms of residential care (DfE, 2014: National Table A3). Two-thirds of the children (46,150) had only had one placement during the previous 12 months; 22% had had two placements, and 11% had had three or more (DfE, 2014a: National Table A3).

A system involving so many children, often with high levels of need, and so many placements is, inevitably, very expensive. Local authority expenditure on looked after children in England in 2012-13 was almost £3.5 billion (£3,496 million: DfE, 2014b, Table 5; NAO, 2014; PAC, 2015). Expenditure on residential care was nearing £1 billion (£937 million – for 12% of the children) and on foster care was approaching £1.5 billion (£1,462 million – for 75% of the children). (The other £1 billion includes leaving care support services, adoption services, short breaks, special guardianship and kinship care support and services for asylum-seeking children.)

Of the £1 billion spent on residential care, approximately two-thirds went on independent sector provision, and one-third on local authority provision. Of the £1.5 billion spent on foster care, the balance was closer to fifty-fifty: approximately £700 million, 47%, was spent on independent provision, and £780 million, 53%, on local authority provision.

There is considerable variation in spending between local authorities, and between providers. The National Audit Office (2014) reports that in 2012-13, the average annual cost of local authority foster care placements was between £23,000-£27,000, but the range varied from £15,000-£57,000; and for independent foster care placements, the average annual cost was between £41,000-£42,000, but the whole range was from £18,000-£73,000 (NAO, 2014: 10-11). As for residential care, a local authority placement was in the range of £129,000-£215,000, compared to a range of £122,000-£200,000 in a voluntary, private or independent home.

The National Audit Office (2014) concluded that neither the Department for Education nor local authorities had a strong understanding of the variation in costs. There was no statistical link with quality. It was highly critical of the Department for Education for lack of effective oversight of the system (NAO, 2014: 12), a theme subsequently pursued by the House of Commons Public Accounts Committee (PAC, 2015). The NAO was critical of local authorities, asserting that they based placement decisions on short-term affordability rather than longer term strategies to meet assessed

needs. It also observed that local authorities often compete with one another and with independent providers to recruit suitable foster carers, mainly on the amount they pay (NAO, 2014: 19, 22).

Since 2011, there has been a legal duty on local authorities to ensure they have sufficient places in foster homes and residential units to place their looked after children within their area (allowing that an out-of-area placement may be in the interests of some young people: Children Act 1989, s. 22G, the 'sufficiency duty'). This has increased the importance of foster carer recruitment, but also working with other agencies to ensure a suitable range of options. The ADCS *Safeguarding Pressures: Phase 4* report found that authorities appeared to be making efforts to improve their approach to commissioning, and have more formal arrangements as part of a sufficiency strategy, and/or consortia approaches with other authorities. The focus was usually to try to increase the use of in-house foster carers, rather than relying on agency and residential placements (ADCS, 2014: 71).

Common concerns and research evidence

Given the number of children involved, the range of difficulties they have and the considerable amount of public money involved, it is not surprising that the effectiveness of the looked after children system is a focus of public, professional and political concern. This lay behind the introduction of the LAC materials in the early 1990s, and the *Quality Protects*, *Choice Protects* and *Care Matters* initiatives discussed earlier in this chapter. In 2012-13 a consortium of voluntary sector agencies organised an inquiry into the effectiveness of the system, the *Care Inquiry* (2013). Since 2012-13, public and political attention has focused particularly on the sexual exploitation of young women in care, and local authorities and partner agencies have been obliged to reconsider their policies and practices on this issue (e.g. Ofsted, 2014).

There have been criticisms of the care system over many years for delays, instability and poor outcomes; one frequently mentioned shortcoming is the gap between the educational attainment of young people in care, and the average attainment of the general population of children (e.g. in the *Care Matters* green paper, DfES, 2006: 3; NAO, 2014; DfE, 2014c, d). Whilst most commentators do acknowledge that poor outcomes are likely to be linked with what has happened to many of the children *before* they became looked after, and the prevalence of emotional and behavioural difficulties and mental health disorders (Meltzer *et al.*, 2003), even so the care system is often blamed for reinforcing this disadvantage, rather than redressing it.

Forrester (2008) identifies three possible reasons for the negative views about care. First is a lack of understanding about the looked after population, notably that most of the young people in care at the age of 16 (taking school-leaving exams), or 18 (formally 'ageing out' of care) have not been there since early childhood, but have entered later, often with significant difficulties. A second reason is that public care is expensive, and reducing its use offers the prospect of saving money; and third, that the perception of failure reflects underlying social attitudes to the children and families it is serving – 'when human services deal with failures in our society they tend to be accused of causing the failures themselves' (Forrester, 2008: 209). Forrester (2008) and Forrester *et al.* (2009) argue that the negative perception has damaging consequences, because it means that care is seen as a last resort rather than a positive service which could be provided for more children and their families, at an earlier stage, before the children have suffered so much harm.

Generally, research into the care system paints a more positive picture than the prevailing stereotypes. Useful research summaries are given by Bullock *et al.* (2006), Forrester *et al.* (2009), Courtney and Thoburn (2011) and Boddy (2013). However, it is important not to over-generalise across different groups of children and young people, or across different local authorities. Bullock *et*

al. (2006) note the need for improved support services for parents, relatives and adopters, to help when children are reunified or move to new families, together with high standards for the selection of placements and carers (on reunification, see Farmer *et al.*, 2012; Wade *et al.*, 2012, Biehal *et al.*, 2015; on adoption support, see Selwyn, 2014; on kinship care, see Hunt and Waterhouse, 2012). Bullock *et al.* (2006) also identify the need for improved services for care leavers (as do Forrester *et al.*, 2009; Stein, 2012), and there have since been developments in England in this field (e.g. 'staying put' policy: HM Government 2013; DfE, 2015a, updating the 2010 statutory guidance). They also call for a less rigid, more multi-faceted understanding of 'permanence', which takes greater account of children's feelings, subjective experiences and emotional relationships.

Timms and Thoburn (2006), reporting on a survey conducted in 2002, of 735 children and young people who were looked after by UK local authorities, found that whilst many wished more had been done to help their parents, or had aspects of care that they wished to complain about, most described benefits of being in care:

... for the majority of our respondents, being looked after has brought positives alongside distress and sadness ... The majority of respondents wrote about the many ways in which their carers helped to relieve their distress, made them feel part of the family and provided the sort of parenting that they had missed out on in the past.

(Timms and Thoburn, 2006: 166)

A similar, generally positive picture is given by an on-line survey undertaken in winter 2014-15 by the Children's Commissioner for England (2015). There were 2,936 responses, from children and young people in care or care leavers, aged between 8 and 24. Over 80% considered that they were living in the right place for them, and almost 96% said that they felt safe in that place. Almost half had not been moved in the previous two years. Over 90% said they felt good about the future 'often' or 'sometimes'. Of course, one should not be complacent: there was still a fifth of the children who did not feel they were in the right place, and 8% who said they never felt good about the future (but we do not know the reasons for these answers). There is always room for improvement, and respondents thought that the main things that would make life better for children and young people in care were being listened to, being supported, being understood, having stable placements and consistent relationships with people who cared for them. But there was evidence that many were receiving these things. The very negative views of care are not borne out by the research evidence.

The impact and limits of the corporate parent: the importance of relationships

The most significant recent study of the looked after children system in England is Sinclair *et al.* (2007), *The Pursuit of Permanence*. It identifies the ways that local authority policies and practices can affect what happens to children, but also shows their limitations to ensure good outcomes for children. The vital factor for children's wellbeing is good quality care.

The study took a sample of children looked after in 13 local authorities, between mid-2002 and mid-2004 (i.e. before the introduction of IROs). There was a total of nearly 7,400 children, with information from social worker questionnaires on almost 4,650 and 95 detailed case studies based on interviews with young people, their carers and social workers. There was also social worker information on nearly 1,600 foster households and 315 residential units; questionnaires from 114 team managers; and 54 interviews with senior managers.

The study found that local authorities try to keep children out of the care system if they can, and return them home quickly if possible. The authors describe the care system as a kind of sieve, sorting

out who can and cannot go home, and returning those who can as soon as possible (Sinclair *et al.*, 2007: 99). Over 60% of those who return home, do so within six months of entering, but there are large differences between authorities in the proportions of children returning in the first year. There are also differences in adoption rates, the use of foster care, residential care, kinship care and placement with parents (p. 244). Such differences are not explained by differences in the children (pp. 264, 267, 271), but by differences in policies and the availability of resources. As well as differences between councils, there were differences at team level. For example, rates of adoption were seen to hang particularly on social worker caseloads, and rates of reunification with the availability of community resources (p. 246). The other key factors affecting outcomes for children are the quality of their *placements* and the quality of the *relationships* offered to them.

Children who do not go home within a year have a lower chance of leaving the care system, apart from very young children going to adoption or older children 'ageing out'. The care system is a system of *movement*, as children move from one placement to another, or home. Most placements are not intended to last, and most movement is in the early days as decisions are being taken about long term plans (p. 178).

Whilst decisions about what should happen to children are shaped by their age and other characteristics (notably their own behaviour, their family's difficulties), council policies and practice were found to have a major influence (p. 131). The study gives little attention to legal status or the formal reviewing system, but does emphasise the importance of council-level factors such as resources (for example, the availability of residential care), staffing policies (notably for recruitment and retention of social workers, but also foster carers), and the role of procedures and panels of various kinds to standardise and raise the quality of decision-making (pp. 252-3).

However, the study also found that whilst local authority policies and practices can affect movement of children, they are less able to affect 'happiness' or long-term stability in foster care (p. 273). Councils' limited power is shown by the lack of variation in the wellbeing ratings of the children or in scores on stability of long-term placements (p. 258). The researchers consider that councils are most likely to promote the wellbeing of children if they are able to provide them with long-term security and give them good foster carers (p. 258). The key to this is the skill and commitment of the social workers and the foster carers themselves.

The final conclusion of the study is that relationships are vital for children's wellbeing – with their own families, with foster carers and residential staff, and with social workers:

Councils themselves do not have relationships ... They are corporate parents, not real ones. They work through paper, committees and bureaucratic rules ... [But] with skill they can nurture and enable the relationships that children in care can make. In this way they will make the best use of the greatest wealth the care system has: the commitment and human qualities of those who make it up.

(Sinclair *et al.* 2007: 275)

The importance of relationships is also emphasised by Bullock *et al.* (2006, discussed above) and the *Care Inquiry* (2013). The latter report holds that relationships are 'the cornerstone of planning and practice ... Relationships should be the lens through which all work with individual children, family members and carers should be viewed. Relationships must also be the lens through which policy development should be tested, refined and reviewed' (2013: 9). They see relationships as 'the golden thread running through a child's life'.

Scepticism about local authority services: delegating children's social care functions

An important aspect of current developments in corporate parenting is the growing policy emphasis on delegating social care services to independent sector providers. There has been the rapid growth of the independent foster care sector since the mid-1990s (Sellick and Connolly, 2002; Sellick, 2011), but more recent developments are that the social work role and tasks themselves could be delivered through independent 'social work practices'. This idea originated in the 2006 *Care Matters* green paper, as a response to scepticism about the care system and the effectiveness of local authority social work with children in care.

Legal provision to enable practices to be piloted was introduced in the Children and Young Persons Act 2008. This was the Act that expanded the role of the IRO and also contained the 'sunset clause' making it possible for the IRO service to be moved from local authorities to an independent agency (discussed above). The lessons from the pilots therefore have relevance for understanding the nature of corporate parenting, commissioning and the question of independence for IROs.

The *Care Matters* green paper discussed the role of corporate parent and its implications for social workers as follows:

As the corporate parent of children in care the State has a special responsibility for their wellbeing. Like any good parent, it should put its own children first. That means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives. Children's social workers embody the corporate parenting role on a day to day basis, but high turnover rates mean they are often an inconsistent parent. They can also lack the autonomy to be a strong advocate for the child. We want to change this and help social workers fulfil the role of an excellent corporate parent.

(DfES, 2006: 31)

The green paper proposed that social work with young people in care could be delivered through independent 'social care practices', rather than local authorities. The idea was that these new organisations would give greater autonomy and flexibility to social workers to work directly with the young people, to enable them to be stronger advocates and an 'excellent corporate parent'. The proposal was developed by a working party led by Julian Le Grand and the terminology changed to social work practices (Le Grand, 2007).

The green paper and the working party recounted a number of frequently cited problems in local authority social work – the lack of continuity and stability; diminished professional autonomy and responsibility; social workers spending too much time on paperwork and bureaucracy, and too little on working directly with the children; and a lack of incentives for innovation and responsiveness. Social work practices (SWPs) were proposed as a solution to these problems. They would be run by voluntary or private sector organisations, or groups of partners like a GP practice. They would take on all the work with the young person, although the local authority would retain legal responsibility and any significant changes to the care plan would still have to be agreed in a formal review. The practice would be paid a standard fee for each child, and then extra amounts if they helped him/her achieve specified outcomes.

The working party report suggested that the scheme be piloted. Section 1 of the Children and Young Persons Act 2008 gave local authorities the power to delegate services for looked after children and care leavers to an independent provider, but initially this was only implemented on a pilot basis. Six local authorities were selected to run the pilots, starting in 2009, but only five started, between

December 2009 and May 2010. They were in Blackburn with Darwen, Hillingdon, Kent, Liverpool and Staffordshire (McGregor, 2010a, b). The pilots were evaluated by Stanley *et al.* (2012, 2013, 2014), but the model of independent practices chimed well with the coalition government's approach to welfare services, and as early as September 2010, the Department for Education announced that it intended to extend the pilots (McGregor, 2010b).

The evaluation was published in 2012. It compared the pilot sites with six other areas, matched on key criteria such as demographic characteristics, profile of the looked after population, and agency features. The evaluation did not find evidence of a marked improvement between the SWPs and the other areas. The organisational structures and practical arrangements varied between the different pilots, but one of the key findings was that all the pilots were heavily dependent on their links with their local authority for a range of services, expertise and support. The effectiveness of the relationship with the local authority was 'fundamental to the survival and achievements of the social work practices' (Stanley *et al.*, 2012: ii). The report concludes that the pilots worked best as a partnership, rather than a more formal purchaser-provider arrangement (Stanley *et al.*, 2012: 135). By the end of the evaluation (May 2012), two of the pilots were due to close.

As for the quality of social work practice and relationships with children and young people, the researchers found that there were no substantial or consistent differences between the pilot and the comparison sites. With regard to care planning, the evaluation found examples of good practice and shortcomings in both settings, and equally high levels of children's involvement in their reviews (Stanley *et al.*, 2012: 68-72). Likewise, there were no significant differences in the quality of children's relationships with their social workers. Most children in both types of setting said that they found it easy to contact their key worker, and there were experiences of social workers giving a high quality service in both (Stanley *et al.*, 2012: 85, 91-2). Staff in the pilots did think that they had more time to spend in direct face-to-face work with children and families, but this was because they had reduced caseloads, rather than less bureaucracy and paperwork (Stanley *et al.*, 2012: 43, 55).

In November 2013, the government put s. 1 of the Children and Young Persons Act 2008 into force for all local authorities, despite the cautious findings of the evaluation and even though take-up for the extended pilot scheme had been very slow. In April 2014 it launched a consultation on allowing a wider range of children's social care functions to be delegated to third-party providers (i.e. not only looked after children and care leavers, but possibly child safeguarding services). Many responses to the consultation objected to the prospect of this work being offered to profit-making agencies, and in response the government amended the draft regulations to exclude profit-making bodies (DfE, 2014e). The new regulations came into force in September 2014.

Corporate parenting and other agencies

Being an active and aspirational 'parent' for looked after children requires local authorities to work closely with other agencies, notably health and education, but also independent residential care agencies, and independent sector foster care agencies. They have to be involved in the planning and review process, and frequently have a vital part to play in implementing the plans and achieving the best outcomes for the children. Carers are expected to attend the reviews, and relevant professionals from other agencies should give reports to the reviews, and may attend them.

As regards health and education, there are specific requirements regarding regular health assessments and reports, and for personal education plans. These should feed into the regular reviews. More than that, local authorities are expected to be strong advocates for their looked after children, to ensure they get the best health care and educational support.

For health, statutory guidance sets out requirements on local authorities, clinical commissioning groups and NHS England (the latest version was published in March 2015, to take account of recent organisational changes in the NHS: DfE, 2015b; the version in force at the time of the study was DCSF and DH, 2009). Agencies are required to ‘recognise and give due account to the greater physical, mental and emotional health needs of looked-after children in their planning and practice’, and ‘ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, including those placed in their area by other local authorities’ (DfE, 2015b: 10). Clinical commissioning groups and local authorities should appoint a designated doctor and a designated nurse for looked after children, who work at a strategic level to ensure all the agencies meet their responsibilities. The guidance states that social workers have an important role in promoting the health and welfare of looked-after children. There should be a ‘named health professional’ (previously referred to as ‘lead health professional’) to coordinate the provision of health services for each individual child.

As for education, there is a specific legal requirement in the Children Act 1989 to ‘promote the educational achievement’ of looked after children (S. 22(3A), inserted by the Children Act 2004). Statutory guidance to promote the education of looked after children emphasises that directors of children’s services and lead members for children’s services should make it a ‘top priority’ to close the attainment and progress gap between looked after children and their peers, and to create ‘a culture of high aspirations for them’ (DfE, 2014d: 5). Each authority is required to appoint a ‘Virtual School Head’, VSH, who operates at a strategic level to ensure that there are effective policies and provision for the children’s educational needs, whatever their school or other arrangements (see Berridge *et al.*, 2009). There should be a designated teacher in each school, to be responsible for the individual children. The child’s social worker, supported by the authority’s VSH, takes the lead in initiating their personal education plan, PEP, while the designated teacher leads on how it is developed and used in school (DfE, 2014d: 15).

Decision-making processes for corporate parents

As public bodies, the decisions that local authorities make must comply with legal principles of good decision-making, notably that they are compliant with legal duties and within their legal powers, fair, reasonable and proportionate. Under the Human Rights Act 1998, local authorities are required to comply with the European Convention on Human Rights. There are duties to ensure that children and adults do not suffer inhuman or degrading treatment (Article 3), but also to respect private and family life (Article 8) and to ensure that any decision affecting a person’s human rights is made through a fair and open process, in a reasonable time (the right to a fair and public hearing, Article 6). Article 8 imposes positive obligations on public authorities to protect and promote the right to family life. As well as the ambitions for children’s wellbeing, the care planning and review system is meant to ensure compliance with these requirements for safety, privacy, family life and due process. The *Lancashire* judgment shows the consequences for the local authority and the IRO of failing to satisfy these obligations.

The requirements for parents and children to be involved in reviews, ideally through attendance at the meetings, but if not through consultation beforehand, is a consequence of this legal context, as well as social work thinking about the importance of participation. Involvement is a matter of rights, as well as the goals of better decisions and better outcomes. Being looked after brings children some extra rights; most children do not have a right to be consulted before decisions are taken by their parents or others responsible for looking after them. But this is not a straightforward benefit, and it has frequently been observed that the requirements of being looked after by a public agency bring extra demands on children. Most children are not expected to attend regular meetings with half a

dozen adults or more, some of whom they may not know very well, to discuss their lives and share in decisions about them (e.g. Thomas and O’Kane, 1999: 221).

There may be tensions between the expectations for looked after children to have as ‘normal’ a childhood as possible, the legal responsibilities for decision-making, and the requirements of their participation in their reviews. As regards decision-making, government guidance emphasises that authority for day-to-day decisions should be delegated to the child’s carer, as far as possible; as regards decisions with longer term consequences (such as the choice of the child’s school) decision-making authority should be delegated in the context of the permanence plan. In other words, if the plan is reunification, the parents should continue to play a significant part; if it is for long-term foster care, the foster carers should have a significant say (discussed further in Chapter 8 of this report: see DfE, 2013a, now incorporated in the revised 2015 guidance, DfE 2015d: para 3.195; and see the 2011 Fostering Network report and their delegated authority decision-making tool: Fostering Network 2011a, b).

As regards attendance at review meetings, the issues of the child’s feeling ‘normal’ and secure, versus proper diligence in ensuring their wellbeing and progress, may be particularly acute for children in long-term foster care. Following a government consultation, amendments to the care planning regulations and guidance came into force on 1 April 2015, so that reviews of children who have lived for more than a year in placements that have been officially recognised as long-term foster care, may only include one meeting per year (this will be decided on a case by case basis). There should still be a review every six months, but the intermediate one need only involve consultation and information gathering, and a review of the information received, if that is considered appropriate for the child (DfE, 2015c; DfE 2015d).

These observations lead on to the next section of the chapter, about the participation of children in care planning and review.

2.4 Children’s participation

The Children Act 1989 requires local authorities to ascertain and give due consideration to the wishes and feelings of the child and his/her parents, when making any decision about children who they are looking after or proposing to look after (s. 22 of the Act). Children’s wishes and feelings have to be considered in the light of their age and understanding (s. 22(5)(a)). These legal requirements are one of the foundation stones for the care planning and review system and the role of the IRO, although they do not necessarily imply that children (and their parents) should be invited to attend formal review meetings (their views could be, and often are, obtained in other ways). One of the IRO’s specific roles, under s. 25B(1) of the Children Act 1989, is to ensure that children’s wishes and feelings are known and taken into account. The IRO has a corresponding responsibility regarding parents’ wishes and feelings, but this is specified in the Regulations (Reg. 36(1)(c)).

The Care Planning Regulations do not *require* children to attend their review meetings, but the IRO is required to speak to them in private about the matters to be considered at the review, unless the child refuses to do so or the IRO considers it inappropriate given their age and understanding. But the clear expectation in the care planning guidance and the IRO Handbook is that children should participate in the meeting, or at least part of it; and that as they get older they should be encouraged to take an increasingly great part, even to chair it, if possible. But there is a prescribed set of matters that the meeting has to cover, it will be attended by a range of different adults, and possibly the child’s parent(s). What is the reality of children’s participation in this complex context, and how can it be most effective?

DfE statistics (to be discussed in more detail later in the chapter) suggest that, nationally, fewer than half of looked after children aged over 4 actually attend their review meetings, but this is lower than other studies have found, including this one (58%: see Chapter 5, p. 68). In summary, the requirements, expectations and ambiguities raise profound questions about how children's participation in their reviews is understood, promoted and managed. There are extensive bodies of theoretical, research and practice-oriented literature about children's participation. This section highlights some of the key issues, specifically relevant to looked after children reviews.

Key questions about children's participation

The key questions that children's participation raises for child welfare practitioners are well-known. Useful summaries are provided by Thomas and O'Kane (1998, 1999), Sinclair (2004), Thomas (2007), Hart (2008), and van Bijleveld *et al.* (2013).

First, there are questions about the rationale for it and how the different reasons interact. Five perspectives stand out. One is that the purpose of participation is developmental, to help children and young people by developing their social skills, improving their self-confidence and so on; another perspective is that the purpose is to bring about better and more durable decisions, and to improve the planning and practice of the welfare agency. A third perspective is that participation is important to aid protection, to listen to the voice of the child about what is happening in their lives. The other two perspectives share the view that these pragmatic benefits are in some ways beside the point, children should be involved regardless of the 'benefits', but have rather different starting points. One is that participation is important because children are active social beings, and adults should recognise their competence and ability to take part in decision-making about their own lives; and the fifth perspective is that it is a matter of children's rights that they should be involved.

Second, there are questions about the compatibility of children's participation and their wellbeing. This applies particularly for children who are receiving social work services, because they may have suffered backgrounds of abuse or neglect. Their capacity for participation, and their wishes and feelings, need to be understood in the light of the harm that may have caused them. Under the Children Act 1989, the primary duty of local authorities is to safeguard and promote the welfare of the children they are looking after (the equivalent phrase in the UNCRC is the child's 'best interests'). This may not always be easily compatible with following their wishes.

But the notions of welfare or best interests raise a third set of questions. These terms are notoriously ambiguous, and there are two particular difficulties. One is the indeterminacy of children's welfare/best interests – in other words, that it is impossible to predict every possible outcome of a decision. What will really turn out to be in the child's best interests? For all children, the future cannot be guaranteed, although some elements are more predictable than others. Children in care are more at risk of adverse outcomes, and there are often difficult decisions to be made, and limited options. For example, a particular placement may meet some of their needs, but not others; and the costs and benefits of changing the placement may be highly uncertain. A second aspect is the value base and cultural dimension of welfare or best interests. Different communities and cultures place different emphasis on different aspects of child rearing, and have different views about what sort of outcomes are successful (e.g. desired behaviour for girls and boys; communal or individualist values).

A fourth set of dilemmas is that there are three aspects of 'protecting' children that are brought into play through their participation in planning and decision-making. One is protecting children from the potentially adverse consequences of unwise decisions, and the second is protecting them from the

pressures of taking part in onerous meetings, or being involved in discussions that make them uncomfortable or unhappy. But these protective concerns have to be set alongside a third protective aspect, that listening to children is important to find out about their lives and experiences, and safeguard them from harm.

Fifth, there may be tensions between the rights of the parents to participate and express their views, and the rights of the child to participate and express his/hers; and it may not be possible to follow the wishes of either or both parties. Local authorities are required to ascertain and give due consideration to the wishes and feelings of the parents before making any decision about a child they are looking after (CA 1989, s 22); and even if they share parental responsibility with the parents under a care order, they may only overrule a parent 'if it is necessary to do so in order to safeguard and promote the welfare of the child' (CA 1989, s 33). Whilst recognising the tensions, Schofield and Thoburn (1996) argue against thinking in terms of a balance, or 'see-saw', between parents' rights and children's rights. For them, participation should not be seen as 'a finite cake to be divided up', but rather something that should be maximised for both parties. Aiming for this will add to the quality of debate, and also to the quality of the experience of the debate (Schofield and Thoburn, 1996: 16).

The dilemmas are intense, but the literature gives a number of enduring themes and messages for practice. First, the importance of good preparation for the children, with explanations about the limits on any choices to be made, and what will happen at a meeting; and ongoing support for children and young people after the decision/meeting, so that they are not left simply to make choices and carry the consequences. Closely linked with this is the importance of good relationships with social workers, and other professionals or carers, to do the preparatory and follow-up work, and the importance of their commitment to the child and to the principles of children's participation (especially van Bijleveld *et al.*, 2013). Other useful points for practice are that children usually want to be heard and involved, not to have full control (Thomas and O'Kane, 1999); that workers should take a flexible approach that sees competence as issue specific, rather than making blanket judgements about children's capacity (Thomas, 2007), and indeed should focus on the child's competence rather than incompetence; and to avoid either/or thinking, but aim to maximise protection *and* participation, parents' rights *and* children's rights (Schofield and Thoburn, 1996).

Children's participation in reviews: research findings

Research studies into children's involvement in their reviews in the mid-1990s (i.e. before the introduction of IROs) provide a starting point for understanding the key implications of these debates and dilemmas, for policy and practice. The main studies are by Roger Grimshaw and Ruth Sinclair (1997), and Nigel Thomas (2000; see also Thomas and O'Kane, 1998, 1999). Thomas has also published an overview of developments in care planning and review between that time and the publication of the 2010 regulations and guidance (Thomas, 2011); and together with colleagues has published further research on children's views about their involvement in reviews (Pert *et al.*, 2014), discussed below.

Thomas undertook an initial small scale study of children's participation in reviews and planning meetings in one local authority in 1994. This involved analysis of the minutes of reviews and planning meetings (116 in all) and four interviews with children (Thomas and O'Kane, 1999; Thomas, 2000: 115, 132). He found that overall children attended 62% of the meetings, but this varied with age. Below 8, attendance was 'insignificant'; from 8-12, 50%; from 13-15, 75%, and for young people aged 16 and over, 100%.

Thomas' main study focused on the involvement of children in 'middle childhood', 8-12 years of age. This was undertaken in seven authorities in 1996-97, and involved a quantitative survey of 225 children's cases, interviews and group discussions with a sub-sample of 47, and interviews with adults (social workers and carers, and some parents) (Thomas and O'Kane, 1999; Thomas, 2000). He found that children had attended all or part of the most recent review or planning meeting in 48% of cases (i.e. almost exactly the same proportion of 8-12 year olds as attended in his previous study). Most children did not enjoy the meetings, but those who attended gave four main reasons for doing so: that it was 'their life' and they wanted to *have their say* in meetings about them; others attended mainly to get *information*, hear what the adults had to say; some attended because they felt they were *expected* to; and a few attended because it was an opportunity to have *contact* with members of their family.

Thomas makes the point that attendance alone is not an adequate measure of participation. It is necessary to look at the part that children play in the meeting and the influence they have on the decisions. The majority of the children (67%) felt they were listened to 'a lot', and felt well supported; but only 28% thought they had a lot of influence, and 33% felt they had very little. But Thomas concludes that what the children wanted 'was above all the opportunity to take part in dialogue with adults, not for either themselves or the adults to determine the outcome' (Thomas and O'Kane, 1999: 227).

Grimshaw and Sinclair (1997) studied the participation of children as part of their research into the care planning and review system the 1990s. They found that overall 55% of children and young people attended their review meetings, but this has to be broken down by age. Just under 10% of children aged below 5 attended, 30% of 5-10 year olds, 80% of 11-15 year olds, and 97% of those aged 16 and over (Grimshaw and Sinclair, 1997: 145).

As regards parental attendance, Grimshaw and Sinclair found that mothers attended less than half the reviews (44%) and fathers a fifth, 20% (1997: 146-147). Parental attendance dropped off the older the child was, and the longer the child had been looked after. Parents were also less likely to attend if their child was on a care order; they were more likely to attend if the child was accommodated under s. 20 or on an interim care order (these factors are also likely to be linked with length of time looked after).

Grimshaw and Sinclair, like Thomas (2000), make the point that attendance is not synonymous with participation. They found that higher levels of participation were achieved by older children, and those who are better prepared. More than half the young people they interviewed felt that they had been given an opportunity to say what they wanted, and that their contribution had made a difference (Grimshaw and Sinclair, 1997: 154-5). There were other more critical remarks, about the meetings being boring and a rigid approach to the agenda. In general, young people's participation was limited by their discomfort at being in large meetings, possibly with people they did not know; having to discuss matters which they did not consider relevant; if they disagreed with the plans, feeling that their views were then 'twisted' or ignored; and not being clear about what would happen next, when, and who was responsible for it (Grimshaw and Sinclair, 1997: 156-9).

Theorising children's participation in their reviews: moving on from Hart's ladder of children's participation

One of the most influential models of children's participation has been Roger Hart's ladder (Hart, 1992, 1997), which itself drew on Arnstein's earlier ladder of citizen participation (1969). Hart's ladder has eight rungs, ranging from 'manipulation' to active involvement and shared decision-

making with adults. Hart devised his ladder when studying children's involvement in community development and environmental projects. It does have implications for children's participation in decision-making on an individual basis, but there are some limitations in applying it to social work with children who may have been abused and/or are severely troubled, or children in public care. Nigel Thomas (2000, discussed further below) argues that children's participation depends on how they are supported, how the review is organised, and how genuine the commitment of the workers.

The bottom three rungs of Hart's ladder are examples of non-participation: these are 'manipulation', 'decoration' and 'tokenism'. Moving into degrees of participation, rung 4 is 'assigned but informed'. This is when children are told about an activity or a possibility, and asked to take on a specific role or task. They do have information about what is involved, and a choice whether to participate or not, but no choice about how the activity is run or what their role is. The next rung is 'consulted and informed', which means that the children's views are sought and taken seriously, but there is no guarantee that they will be acted on. Level 6 is when the plans or activity are initiated by the adults, but the decisions are shared with the children. Next comes 'child initiated and directed' and the highest rung is 'child-initiated, shared decisions with adults'. Hart's explanation for having the top two rungs this way round this that is that whilst 'child initiated and directed' might look like full participation, it tends to be limited to specific and more modest areas. Hart holds that children can actually achieve more, be involved in bigger schemes and decisions, if they do so with together with adults – but at the top of the ladder, the roles of the adults are those of advisers, enablers and facilitators. Here the limitations in applying the model to social work with troubled children become most apparent, where the adults also carry responsibilities for protecting the children and promoting their welfare. Even so, one of the core messages of Hart's ladder still applies, to avoid operating at the bottom three rungs. Hart also notes that it is not always necessary to be aiming for the top of the ladder – some children, in some circumstances, may choose to stay on the lower rungs, and that may be appropriate for them.

There have been numerous adaptations and reinterpretations of Hart's model (discussed in Thomas, 2007; Hart, 2008). Shier (2001) identifies the importance of 'openings' (the personal commitment from individuals), 'obligations' (the formal commitment from organisations), and 'opportunities' (resources, time, skills and training) to put participation into practice. Hart himself has acknowledged limitations, notably that the ladder is too easily seen as sequence for *children* to develop competence, with the expectation that they should move up it, whereas he intended it to reflect the extent to which *adults and organisations* enable children to participate; and also, that it is rather individualistic, and does not take full account of cultural differences in which more collective approaches may prevail (Hart, 2008).

Thomas (2000) uses his findings to ask incisive questions of Hart's ladder, exposing the limitations of a simple linear model of participation. He asks:

Is a child who attends a meeting because s/he is told that s/he must, and then takes a very active part in the discussion, higher or lower on the ladder of participation than one who attends as a free choice but then says nothing? Is a child who takes a very active part in dealing with all the matters on the agenda, but who does not realise that she could have asked for other things to be discussed, a 'participant' or is she merely being 'consulted'?

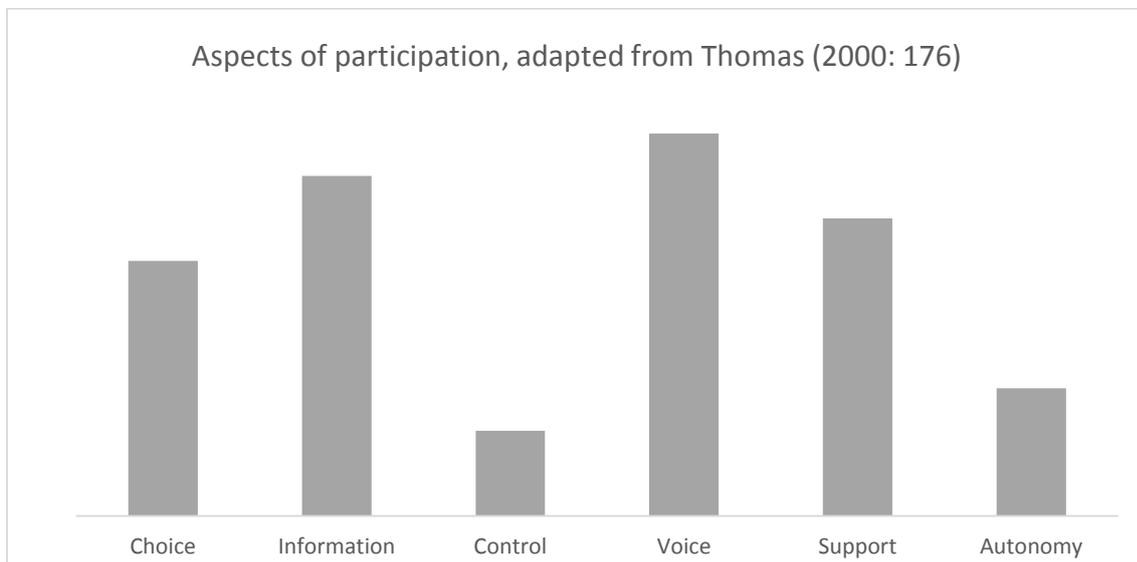
(Thomas, 2000: 175)

Thomas argues that there are different aspects of involvement, and compares them to bricks or pillars in a wall. He calls it a 'climbing wall' to distinguish it from the idea of a wall as a barrier, and

suggests six key aspects: the level of *choice* that a child has over his/her participation; the amount of *information* they have about their situation; the degree of *control* that they have over the decision-making process; how much *voice* they have in the discussion (how much are they allowed to say?); the level of *support* that they receive; and the degree of *autonomy* that they have (that is, freedom to make decisions independently of what others say).

Thomas (2000: 176) shows these different dimensions in a bar chart, to give a picture of the different aspects and levels of involvement. In the example given below, Figure 2.1, the child is allowed to say quite a lot and has a reasonable levels of information and support; but in fact, they have relatively little freedom to do anything else, and little control over the decision. Thomas proposes that there is more than one route up the climbing wall – increasing different aspects will lift the child’s overall level of participation and control over his/her own life. Thomas’ model shows that participation is multi-faceted, and serves as a useful guide for policy and practice.

Figure 2.1: Aspects of participation, adapted from Thomas (2000: 176)



The current picture: recent research and national statistics

Thomas has recently been involved, with colleagues, in a study of children’s participation in their reviews in one local authority in England (Pert *et al.*, 2014). The study involved interviews with 25 looked after children and young people (ages 8 to 17) and 16 foster carers. It is a relatively small study and as the authors acknowledge, a fuller picture requires additional perspectives (e.g. IROs, social workers and parents). Nevertheless it raises important issues, and the findings chime with previous research, namely that successful participation requires good preparation, commitment from workers, clear explanations, and child-friendly practices.

All the children and young people in Pert *et al.*’s study attended their review meetings, and considered it important to do so; but, as with the previous research, there were mixed feelings about them, and uncertain understandings of their aims. The majority found them boring, and they were unhappy about their lack of choice and control over who attended. Some said that they did not know who all the attendees were, and most would have preferred fewer people. There were complaints about the suitability of consultation forms. The researchers considered that the quality of the relationship with the social worker was the foundation for successful involvement (the IRO was

not mentioned in this context). Foster carers' views were that reviews were unsatisfactory as a forum for children's participation, but vital as a professionals' meeting. The value to children and young people came from the professionals taking the necessary action after the review.

Since 2011, the Department for Education has published national statistics about the attendance and participation of children in their reviews, as part of their annual data regarding children looked after by local authorities in England (the SSDA903 return; see National Table A8 in DfE, 2011 and DfE, 2014a). The data presented in 2011 goes back to 2007. The data only includes children who have been looked after for more than four weeks. As regards age, the tables show children aged under four separately, commenting that they are not required to participate, but do not break ages down any further than that. The tables give the percentages, excluding the under-4s, on a number of elements, including 'child physically attends and speaks for him or herself', 'child does not physically attend but briefs an advocate to speak for him or her', 'child does not physically attend but conveys his or her feelings to the review by a facilitative medium', and 'child does not attend nor are his or her views conveyed to the review'. The data on these aspects are shown in Table 2.1 below.

It is important to appreciate that the guidance notes to local authorities for completing the return specify that the entry 'child does not physically attend but briefs an advocate to speak for him or her' actually includes advocates *and* IROs (DfE, 2013b: 67); but the published table does not mention the IRO. Table 2.1 below does show this, although the evidence of the present study is that the involvement of independent advocates is rare. Nor does the DfE question recognise the fact that the social worker, the foster carer or the residential worker may have been briefed by the child to speak on their behalf. Examples of a 'facilitative medium' are 'texting the chair, written format, phone, audio, video, CD-ROM, Viewpoint' (Viewpoint is an online system for pre-review consultation).

In 2007, 48% of children were recorded as attending and speaking for themselves, but this dropped to 46% in 2010, and 43% in 2012. By 2014 it had risen again to 44%. However, the percentages need to be understood in the context of the rising number of looked after children, which has increased from 59,970 in 2007 to 68,840 in 2014 (an increase of 15%). The number of children aged 4 and over, and required to have a review because they had been looked after for more than four weeks (and where information was available), rose from 48,150 to 53,580, an increase of 11%. The actual number of children attending their reviews and speaking for themselves rose from 27,720 in 2007 to 30,320 in 2014, an increase of 9%.

In 2007, 17% of children were recorded as not attending but briefing an advocate or the IRO to speak on their behalf. This had fallen to 14% by 2014. In terms of the actual numbers, there is some variation over the period, but the figure in 2014 was much the same as it had been in 2007. (Also, the number of reviews where the child attended but the IRO or an advocate conveyed their views has remained much the same, at about 1,000.) In 2007, 12% of children were recorded as not attending, but conveying their views to the meeting by a facilitative medium (i.e. consultation forms or other means). This had risen to 14% by 2014. In terms of numbers though, it had risen from 6,550 to 9,520, an increase of 41%. In 2014 there were 2,220 children, 3%, who did not attend and whose views were not conveyed to the review, but this had fallen from 2,870 in 2007.

In summary, the national statistics show a modest increase in the *number* of children and young people attending their reviews since 2007, although it has not quite kept pace with the increase in the number of looked after children who are eligible for reviews and required to participate; but they show a significant increase in the use of consultation forms and other methods to convey their views if the child does not attend.

Table 2.1: Participation of children in their reviews: national statistics, 2007-14

Year	Child physically attends and speaks for him or herself	Child does not attend, views represented by the IRO or an advocate	Child does not attend, views conveyed by facilitative medium	Child does not attend, nor are views conveyed to the review
2006-07	48% (27,720)	16% (9,590)	11% (6,550)	5% (2,870)
2007-08	48% (27,960)	17% (9,690)	12% (6,750)	3% (1,940)
2008-09	48% (28,280)	16% (9,500)	11% (6,680)	4% (2,130)
2009-10	46% (29,490)	16% (10,300)	11% (6,850)	3% (1,980)
2010-11	44% (28,700)	16% (10,680)	12% (7,640)	3% (1,920)
2011-12	43% (29,040)	16% (10,840)	12% (7,800)	3% (2,000)
2012-13	43% (29,530)	15% (10,080)	13% (8,880)	4% (2,050)
2013-14	44% (30,320)	14% (9,870)	14% (9,520)	4% (2,220)

(Statistics relate only to children aged 4 and over, and those looked after for four weeks or more.

Sources: DfE, 2011, National Table A8; DfE, 2013b: 66-68; DfE, 2014a, National Table A8.)

2.5 Law as last resort: a naturalistic approach to understanding decision-making

A useful framework for making sense of the role of IROs is provided by Hawkins (2002). Over a period of nearly 20 years, Hawkins studied the decision-making processes and practices of agencies in England that inspect workplaces for compliance with health and safety legislation. Hawkins observed that decisions to prosecute cases were relatively unusual, compared to the large number of violations, and that the way the decision-making processes work filters out all but the most extreme or persistent cases. He argues that decisions about whether or not to take cases to court are not made straightforwardly according to the rules and regulations of formal law and policy documents, but are shaped by a wide variety of other factors. Hawkins calls this a ‘naturalistic’ approach, aiming to capture the way the decisions are really made. He proposes a three-part framework: ‘surround’, ‘field’ and ‘frame’. Hawkins uses this material to offer a way of thinking about decision-making more generally, in agencies where the law provides a key framework, there is an overriding goal of people’s safety and wellbeing, and court proceedings are the ultimate sanction for non-compliance. The approach readily translates to the work of IROs, particularly their decisions about whether or not to instigate formal dispute resolution processes, and ultimately, to refer formally to Cafcass.

It should be noted here too that the tendency to avoid court action is well-known in other fields, such as divorce and separation, where out-of-court agreements are usually preferred (Mnookin and Kornhauser, 1979; Eekelaar *et al.*, 2000; Mather *et al.*, 2001). Even after legal action has been started there is a tendency for lawyers to treat court appointments as a yet another opportunity for negotiation, preferring to reach settlements through discussions outside the courtroom (Galanter, 1984).

The *surround* is the wider political, economic and social context in which events occur and workers undertake their tasks. In terms of looked after children, important features of the surround include attitudes about parental rights and children’s rights; relations between central and local government, and between local authorities and the courts; the common perceptions about the shortcomings of care, as discussed earlier in this chapter; debates about the proper role of the state and the role of independent providers; resources and costs.

Hawkins observes that this wider environment may well be characterised by moral and political ambivalence about the role and functions of the regulatory agency. This certainly applies to social work with looked after children in England. Agencies and individuals are likely to be criticised in the popular media, political debate and court judgments, both for being ineffective in ‘rescuing’ children from abuse *and* for being too swift to separate children from their families. The tensions between the courts and central government over adoption policy in 2013-14 exemplify some of the dilemmas, with the courts insisting forcefully that adoption should be ‘the last resort’, ‘only when nothing else will do’ (*Re B-S* [2013] EWCA Civ 1146); not in direct contradiction, but certainly in tension, with central government policy to speed up the adoption process and increase the number of children who benefit from ‘loving homes’ in adoptive families (NALB, 2014). Another aspect of the ambivalence is public attitudes to the young people themselves, who may be seen as both ‘victims’ and ‘villains’. A prominent example in 2014-15 is the heavy criticism of social work, other welfare agencies and the police for failing to tackle problems of child sexual exploitation. There is little sense of the profound difficulties of trying to engage with such troubled young people.

The *field* is the bureaucratic and organisational setting in which cases are handled and decisions made. It is shaped by the legal mandate, but also by local policies and procedures, workplace routines, and the norms and expectations of the staff. In a bureaucratic setting, highly significant decisions such as taking a case to court are usually sequential and layered – that is, they build on one another and are likely to be passed up an organisational hierarchy, checked and made by a number of different people with different responsibilities and concerns. This builds in a filtering process which diverts all but the most severe or egregious cases from court. (Dingwall *et al.*, 1983: 77, observed a similar process at work in their ethnographic study of decision-making in child protection work, and likened it to getting three lemons on a gambling machine.)

These observations resonate with local authority services for children in care. There are numerous planning processes and panels to check and authorise decisions, and the formal care planning and review system is only one part of this. It is also important to consider the role of other agencies, and the courts. The importance of local policy, procedure and practice is exposed by differences between local authorities that cannot be explained by differences in the child population; but there are also differences between different teams within the same local authority, reflecting the importance of office-level culture and individual interpretations of policies and events (see, for example, Sinclair *et al.*, 2007; Wade *et al.*, 2012).

Frames are the ways of looking at things that workers use in their everyday practice to make sense of situations, to interpret their experiences (Goffman, 1974). These are shaped by the surround and field, and in turn shape them – the three dimensions are in continual, dynamic interaction. Hawkins identifies a number of dominant frames. First, there are the worker’s beliefs about causation and blame – why is it that this employer did not comply with the regulations, and how culpable are they? The model easily transfers to beliefs about social workers’ behaviour, and why they may not have completed the tasks prescribed in the care plan. Given the many pressures that they may face, how reasonable is it to hold them (fully) responsible for failing to undertake a task? What sort of mitigating factors, and how many, should be taken into account? The report of the Ofsted inspection gives an example of such a frame, empathy with social workers for the demands placed upon them, with one IRO quoted as saying ‘I know how difficult it is to be a social worker’ (Ofsted, 2013: 13-4).

Hawkins identifies another frame about the likelihood of court action having any impact – will it ensure different behaviour in the future from the person/company being taken to court, or from others? To translate this to the field of looked after children, what difference is the formal dispute resolution process, or referral to Cafcass likely to make, to this child and his/her family, or to other

families? Can one be sure that the child will do better as a result? Or the agency, or the individual? Such doubts are intensified by the time taken to reach decisions in court, and the often blunt nature of legal remedies; so negotiation is likely to appeal as offering quicker and more specific solutions. These considerations make it more likely that workers will try to resolve matters informally, wherever possible (and of course, this is the expectation in the IRO Handbook).

Further, Hawkins identifies that when a case is on the edge of court proceedings, the dominant frame is a legal one, focusing on the question 'do we have a strong case?' Workers have to review their actions and assessments, and present their material in such a way that it will satisfy legal criteria about good evidence, and has a good chance of winning the case. Taking a case to court and losing brings costs to the reputation of the organisation and the individual, as well as financial costs. It is likely that these sort of considerations may impact on the thinking of IROs and local authority managers, the further case travels along the dispute resolution process, and the nearer it gets to being referred to Cafcass. Both sides are likely to feel the pressure to resolve the issue without things going that far.

Finally, research into the role of the children's guardian confirms the pattern of professionals and agencies trying to avoid open disputes in court, preferring to resolve matters through negotiation and agreement. In the first decade of the Children Act 1989, while it was still the guardian *ad litem* service, there were doubts whether guardians were effective because they rarely challenged the local authority's proposals at the final hearing. Research showed that they played a much more important role earlier in the process, in shaping the plan (Clark and Sinclair, 1999; Masson and Winn Oakley, 1999; McCausland, 2000; Hunt *et al.*, 2003). As Bourton and McCausland (2001: 65) put it:

... guardians were seen both as mediators and as enablers of change, this latter coming about through challenge and/or discussion with others closely involved with the cases, notably the social workers ... The professionals who contributed to the research were clear that the guardian had most influence on the process itself, rather than the specific outcome.

In summary, there is a compelling picture, in welfare practice and in other areas of life, of formal legal proceedings and referral to court being considered a last resort, and processes of deflection and negotiation much more likely to be employed. The value of court proceedings may often be that they are the threat against which settlements are reached ('the anvil against which the hammer of negotiation strikes': Galanter, 1984: 270), or 'bargaining in the shadow of the law' (Mnookin and Kornhauser, 1979). This perspective offers potential insights into the role of the IRO, how they can influence care plans and the use (or non-use) of their power to refer the case to Cafcass.

2.6 Conclusion and key points

This chapter has given an overview of the history of care planning and review, the central debates and dilemmas, and the findings of previous research. It has set the context for the empirical material to be presented in later chapters. In particular, the various dimensions of corporate parenting are picked up in Chapter 5, which considers the organisational and inter-agency context of care planning and review; issues around children's participation are discussed in Chapter 7; and the role understandings and decision-making processes that make formal referral to Cafcass a last resort are explored in Chapters 6 and 9 (on the roles of the IRO and the independence of IROs, respectively).

- The care planning and review process has a long history, as has the role of independent chairs within it. Previous research has shown the importance of effective reviews, but challenges in terms of ensuring full participation of the relevant people, and in subsequently implementing the agreed plans.

- The statutory role of independent reviewing officer was introduced in 2004, primarily in response to court misgivings about the reliability of local authorities to implement agreed care plans. There have been long-standing doubts about the effective independence of the role.
- Research has given a more nuanced picture of the strengths and limitations of the role. Notable challenges include the high workloads and resource limitations that face IROs, and the wider staffing difficulties and resource shortages that face local authorities. There are also challenges of inter-agency working.
- Despite well-known shortcomings and much public criticism of the care system, research gives a more balanced picture, showing that it can be a positive experience for many young people, safeguarding them from harm and helping them to achieve better life outcomes.
- A central challenge for the care system, and for planning for children in care, is to manage the roles, rights and responsibilities of the many different people involved in 'corporate parenting' – the local authority, social workers, managers and IROs; the birth parents; the foster carers (or other carers); other agencies, including health, education and independent fostering/residential care providers, and possibly the courts; and the young people themselves.
- Enabling the participation of children and parents is a core task for the review process and the role of the IRO. Participation is best understood as a multi-faceted concept, which carries different practical implications for building up the various components.
- The relatively low number of cases that have been formally referred to Cafcass may be understood in terms of the general tendency that court proceedings are regarded as a last resort, but which provides a framework for negotiation and an incentive for settlement.

Chapter 3: Methodology

A mixed methods approach was used to get a full picture of care planning and the role of the IRO:

- Analysis of case files of 122 looked after children, in four local authorities;
- In-depth interviews on half the cases (61), for extra information and views: there were interviews with 50 social workers on 54 cases (because of some holding two cases in the sample), 45 IROs on 54 cases, 15 parents and 15 young people;
- Two focus groups with young people;
- A multi-professional focus group in each LA (4);
- Nationally-distributed questionnaires for IROs (65), social work managers (46) and children's guardians (39).

Ethical scrutiny and approval was given by the Research Ethics Committee of the School of Social Work at the University East Anglia. Additionally, the project was approved by the Association of Directors of Children's Services.

The major part of the study was based in four local authorities in England, chosen to cover a range of organisational and demographic characteristics. There were two large county councils, one unitary authority (a small city) and one London borough. There were 30 case studies per authority (32 in the largest), randomly selected but within parameters to ensure a range of legal statuses, ages and lengths of time in care. There were in-depth interviews on a sub-sample of these cases, and a multi-professional focus group discussion in each area.

Fieldwork was undertaken between October 2012 and July 2014, phased across the four areas. The case file analysis in Authority A took place between October 2012 and January 2013, with most of the professionals' interviews on the intensive sub-sample between February and May 2013 (in one case, staff changes in the local authority meant that the IRO was not interviewed until September 2013). Interviews with parents and young people took place in late 2013 and spring 2014. The case file analysis in Authority B took place between November 2012 and February 2013, with most interviews on the intensive sub-sample between May and October 2013, although the interviews with parents and young people took place later, December 2013-February 2014. The case file analysis in Authority C took place between April and September 2013, with most interviews on the intensive sub-sample between October and November 2013, but interviews with parents and young people in spring 2014. The case file analysis in Authority D took place between November 2013 and February 2014, with most interviews on the intensive sub-sample between February and March 2014, although the final interview, with a young person, took place in July 2014.

Nationally, there were 68,840 children looked after by local authorities in England on 31 March 2014, a rate of 60 per 10,000 (DfE, 2014a: Table LAA1). Authorities A and B both had a high *number* of children looked after, but B actually had the lowest *rate* of the four authorities, considerably lower than the national average. Authorities C and D had far fewer children looked after than the other two areas, but both had rates considerably above the national average.

3.1 Case file analysis

At the start of the research period in each local authority, the authority supplied an anonymised list with basic details about the children they had been looking after for six months or longer. This key data included their date of birth, legal status, length of time in care, gender, the name of their social

worker and IRO. The six month requirement was so that the children should have had their second LAC review (due after four months) and a permanence plan (even if at this stage it was likely to be a parallel plan, that is, with alternative permanence options, depending on the result of further assessments and/or court decisions). This means that the sample excludes 'short-term' cases where the children enter care and leave within six months. Also, it does not include children in respite care, unless this was being provided to children who were already looked after.

The researchers selected the sample for analysis from the local authority's list. The primary criterion was to ensure an even spread of different legal statuses – children who were accommodated under s. 20 of the Children Act 1989; children on interim care orders; and children on full care orders. The purpose of this was to explore the impact of the different legal statuses for care planning, especially the sharing of parental responsibility and the role of the court. Within the spread of legal statuses, we also ensured an even spread of ages (using age categories 0-4, 5-12 and 13 plus) and time in care.

Even in the short period of time between the supply of the list and the researchers starting to read the files, there were changes in the legal status of some of the children (and in six cases the list itself was already out of date or inaccurate). The composition of the sample, based on legal status at the time of starting to read each file was: children accommodated under s. 20 of the Children Act, 37, or 30% of the sample; children on interim care orders, 36, 30% of the sample; and children on full care orders, including those with a placement order (or in three cases, a freeing order), 33 + 16, so 49 in all, 40% of the sample. A quarter of the children had been in care for under a year and a quarter had been in care for four years or more. Nine (7%) had been looked after for more than 10 years.

Using a detailed schedule, researchers gathered data from the electronic case files on matters such as the reasons the children had become looked after, their assessed needs and family circumstances; and their histories from the time they entered care (notably their placements and recorded reasons for any moves, family contact arrangements, health and educational progress, and the evolution of their care plan). There was a special focus on reviews since 2010, studying the minutes and records to obtain data on attendance, children's participation, venue, matters discussed, detail of the plans and decisions reached. The case file data was analysed with the aid of SPSS. It gives a comprehensive overview of the needs of children, their progress over time, and how their care plans developed.

3.2 Interviews

In order to add depth to this picture, a sub-sample of cases was selected for closer study through interviews with social workers and IROs. The plan was to interview (separately) the social worker and the IRO on half the cases, selected in light of information gleaned from the file analysis to ensure a balanced and informative range of cases and workers. Two basic criteria were to get as many different professionals as possible, and to avoid having more than two cases held by any individual worker. Nearly all of these interviews took place by telephone. In the event, the social worker *and* IRO were interviewed on 50 cases. There were a further six cases where *either* the social worker or the IRO was interviewed, but for reasons such as long-term sickness or staff changes it was not possible to interview the other professional. There was one case where two IROs were interviewed, the main one and a maternity cover IRO.

Interviews focused on getting further information about the child's circumstances, the evolution of the care plan and the current goals for the child. There were questions about the roles that each professional had played in the care planning and review process for the selected child, what had gone well, any sticking points and how they were dealt with. In particular, the interview focused on the most recent review, in order to capture more detail of the process and the workers' experiences.

There were also wider questions about their understanding of the care planning and review process in general, and the role of the IRO.

In addition there were interviews with a smaller number of parents and young people. These interviews were usually undertaken face-to-face. The interviews focused on their experiences of social work intervention, reviews and the role of the IRO.

It was not required that the young people and parents should come from the same cases as the social workers and IROs, but could come from other cases in the larger sample. In the event, of the 15 parent interviews all but one was from a case where there was also an interview with the social worker and/or IRO. Of the 15 young people who were interviewed, 11 came from cases where there was also an interview with the social worker and/or IRO. There are three cases where there were interviews with the social worker, the IRO, a parent and the young person; and 14 where three of the parties were represented.

It was never intended to interview as many parents and young people as social workers and IROs, for three reasons. First, many of the children are too young to be interviewed, so there was always a smaller 'pot' from which to select the young people (the study only sought to interview young people aged 10 or older). Second, the circumstances of the young people and parents might have made it inappropriate to interview them. One aspect of this was that it was decided not to interview parents or children currently involved in care proceedings, because it was important not to risk distracting them from their meetings about the court case. This further reduced the size of the 'pot'; and there were further cases where there was no contact with the parents, so it was not possible to send them an invitation, or where social workers advised that it would not be suitable to interview the parent/young person because of their personal circumstances and vulnerabilities. Additionally, there were 13 cases where an invitation was sent out via the social worker, but there was no response (nine parents and three young people).

The third reason is that there is other research about the views of parents and young people, and it was not necessary to duplicate that. For example, researchers from the UEA *Centre for Research on Children and Families* already have data from interviews with parents of children in long-term foster care (Schofield and Ward, 2011; Schofield *et al.*, 2011b) and from foster carers (Schofield *et al.*, 2012, 2013); and there has been other research about young people's experiences and views about their reviews (e.g. Thomas and O'Kane, 1999; Thomas, 2000; Pert *et al.*, 2014) and about their views of IROs (Children's Rights Director, 2011a; and from Wales, CCSIW, 2009).

Information leaflets and consent forms were written for professionals, parents and young people. The design of the young people's materials was discussed with a group of young people in care, who gave useful suggestions for improvements. Social workers were asked to forward the materials to parents and young people who had been identified as possible interviewees.

For children and young people aged between 10 and 15, a letter was also sent to the child's parent(s), if their address was known, informing them of the study and the intention to ask their child to take part in an interview. Parents were asked to contact the researchers if they objected to their child being interviewed. They were sent a reply form and stamped addressed envelope for return, plus telephone numbers and email details to do so. In two cases, a parent refused permission for their child to be interviewed.

An interactive, 'child-friendly' guide for the interviews with children and young people was devised, drawing on the wide experience in the CRCF of interviewing children and young people. The guide was also discussed with the young people's group, and piloted with two young people.

All interviews were tape-recorded with the consent of the interviewee, and transcribed. They were analysed using a thematic approach (Boyatzis, 1998), looking for comparisons and contrasts between different individuals and the different groups. Analysis was undertaken with the aid of the *NVivo* computer software.

The child and young person interviewees were nine boys and six girls. The youngest was aged 10, and the eldest 17. In three cases, the young person's foster mother stayed with them for the interview, supporting them and occasionally making comments, which were included in the analysis.

The 15 parent interviews were 13 mothers, one mother and father together, and one father. One of the mothers was an adoptive mother. Three of the mothers were accompanied by their partners, one of whom played an active part in the interview, and one by her parents, who (at the mother's invitation) gave further information about the case because of the mother's impaired memory.

As described above, the interviews usually took place some time after the case file analysis and often showed further changes in the child's circumstances and care plan. The study therefore demonstrates the on-going and dynamic nature of care for children and care planning. This is discussed in more detail in Chapter 4, and throughout the report.

3.3 Focus groups

In order to gain a wider range of perspectives about policy and practice in the four local authorities, a multi-agency focus group was held in each area. These were held in Authority A in April 2013; Authority B, May 2013; Authority C, December 2013; and Authority D, February 2014.

The composition of the group varied from authority to authority, but across all four focus groups a full range of relevant professionals and others was included. Attendees included IROs and IRO managers, looked after children's social workers and managers, child safeguarding social workers, fostering and adoption social workers and managers, foster carers, staff and managers of children's residential homes, Cafcass officers and managers, local authority lawyers, looked after children health professionals, CAMHS workers, looked after children advisory teachers.

The discussions followed the same format, of tracing a child's 'journey' through the care system, to identify the key steps in planning and reviewing, who is involved at the various stages, where and how decisions are made, and how difficulties and disagreements are managed. The discussions were recorded and transcribed, and analysed alongside the one-to-one interviews.

There were also two focus groups with young people. These were held in Areas B and D, in February and March 2014. Attendees were young people currently in care or recent care leavers, recruited through the authorities' young people in care councils, with help from the workers who co-ordinate and support these councils. Again, the discussions were recorded and transcribed, and analysed alongside the one-to-one interviews.

3.4 Questionnaires

In order to gain a further range of perspectives, and to see whether the experiences within the four study authorities were consistent with experiences elsewhere in England, the study also sent out questionnaires for IROs, team managers of local authority looked after children teams, and Cafcass guardians.

The original intention had been to distribute the questionnaire in autumn 2012, before the work in the four local authorities. However, the National Children's Bureau had sent round their questionnaire for IROs, IRO managers and children's services directors in summer 2012 (NCB,

2013a), so it was decided to postpone the questionnaires for a year. The delay proved beneficial, in that it meant the questionnaires could focus on issues and dilemmas that had come up in the case file analysis and interviews. A particular benefit was that it gave the opportunity to send a questionnaire to Cafcass children's guardians as well as IROs and LAC managers, which had not been part of the original plan. This was because of comments about the role of the guardian while cases are in care proceedings, and the role that they play in decision-making for the children and reviewing the local authority's plans. Furthermore, the topic of links between Cafcass guardians and IROs had become a higher profile national issue over the period 2012-13, as initiatives to reduce the standard duration of care proceedings to 26 weeks came into force. A 'good practice protocol' for inter-professional working between children's guardians and IROs was jointly published by the ADCS and Cafcass in January 2014 (ADCS and Cafcass, 2014). The inclusion of LAC managers and children's guardians in the questionnaire survey brings new perspectives compared to the NCB study.

The questionnaire for LAC team managers was emailed to directors of children's services, using the contact list on the ADCS website, with a request to cascade it to relevant managers. The questionnaire for IROs was emailed to regional representatives on the National IRO Managers group, asking them to cascade it to IROs via other IRO managers in their regions. These questionnaires were sent out and collected in December 2013-January 2014. The questionnaire for children's guardians was emailed to one of the Cafcass regional managers, who was acting as contact for the study, and via her on to other regional managers, with a request to forward it to relevant staff. The Cafcass questionnaire was sent out and collected in January-March 2014.

The team manager and IRO questionnaires included questions about the professional experience of the respondents, their role in devising and reviewing care plans, inter-professional working and the impact of the IRO, the frequency of disagreements and how they are dealt with, the role of the children's guardian, general views about the performance of the local authority in looking after children and the effectiveness of the IRO service. They were also asked whether they thought the IRO service ought to be removed from local authorities. There was a combination of questions with yes/no or tick-box answers, and free text boxes for respondents to describe their experiences of working together and views about the IRO service, and about the general performance of the local authority for its looked after children. The questionnaire for children's guardians was shorter but contained similar questions. The responses to the different questions were analysed in NVivo and SPSS, as appropriate.

Managers of looked after children teams, IROs and children's guardians are all extremely busy, and requests to complete research questionnaires will inevitably take a lower priority against more pressing tasks. The researchers extended the deadlines and sent out a number of 'reminder' messages in order to increase the number of responses. Although it was hoped for a higher return, the study received back 150 questionnaires in total, from a good range of authorities across the country. Furthermore, the free text boxes elicited some very thorough and informative answers, so the questionnaires give valuable information which complements and confirms the picture emerging from the four study areas.

3.5 The questionnaire samples

There was a total of 150 questionnaire returns, comprising 65 from IROs, 46 from managers in the children's services department, and 39 from children's guardians. Questionnaires from IROs came from 38 different local authorities and the managers' questionnaires from 40. Guardians' questionnaires came from 23 different offices. There was at least one response from 61 different authorities (40% of the LAs around the country), and two or more responses from 15. There was a

full range of authorities, from all around the country and different types of authority (county councils, inner and outer London authorities, metropolitan boroughs, smaller and larger unitary authorities).

The questionnaires for children’s services managers had been intended for team managers of looked after children’s teams, but analysis of the responses indicated that 34 were from team managers, ten from service managers and two others. The others were the manager of a specialist therapeutic service, and an IRO manager. These two cases have been excluded from the statistical analysis, but their responses have been taken into account in the qualitative analysis.

There were considerable levels of experience in all three groups. Over 60% of the IROs had 20 years or more post-qualifying experience; this applied to almost three-quarters of the guardians (72%), over half the team managers (54%) and four of the ten service managers (40%). These are shown in Table 3.1. Fuller details are given below.

Table 3.1. Levels of experience in the questionnaire sample

	IROs N = 65	Team managers N = 34	Service managers N = 10	Children’s guardians N = 39
20 or more years post-qualifying experience	62%	54%	40%	72%
5 or more years employment in current post	62%	49%	30%	82%

IROs

More than six in ten of the IROs had been employed in their present post for five years or more (62%, 40 respondents). (This is somewhat higher than the figure in the NCB survey, which was 51%: NCB, 2013a: 22).

Forty of the IROs in the present study (62%) had more than twenty years post-qualifying experience altogether (previous posts and current post combined). Half of them (32) said that they had 20 or more years’ experience between qualifying as a social worker and starting their job as an IRO, and only nine (15%) had less than 10 years’ experience. Three-quarters of the IROs had experience of being a team manager (or other managerial post) prior to becoming an IRO.

Just over two-thirds of IROs (69%, 45 respondents) indicated that they had worked in their current LA in another post prior to taking up their current post as an IRO. This is also somewhat higher than the figure in the NCB survey, which found that 59% had worked in the same LA in some capacity prior to becoming an IRO (NCB, 2013a: 22).

The majority of the IROs were full-time employees of the local authority (67%, 44). There were 11 (17%) who were part-time employees of the local authority. There were ten (15%) who were self-employed/ employed through an agency. These figures closely resemble the profile of the IRO workforce in the NCB survey, which found 70% full-time employees, 16% part-time employees, and 15% self-employed/ through an agency: NCB, 2013a: 22).

About a third of the IROs also worked as chairs of child protection case conferences (32%, 21). The NCB study found that nearly half of IROs (46%) undertook other duties as well as their IRO tasks, but this included a wider range than just chairing child protection conferences (NCB, 2013a: 26-27). (The NCB survey found that chairing CP conferences was the major additional task, but other work

included foster carer reviews, managerial roles within the IRO service, training and development work, other quality assurance tasks such as file audits, and LADO duties (Local Authority Designated Officer, investigating allegation against people who work with children)).

The average case load for full-time IROs working solely as an IRO was 75 (that was the mean: the median was 72), but this disguises considerable variation. The range was from 43 to 119. The lowest figure was from a medium sized unitary authority, and the highest from a smaller county council, but there was no consistent pattern linking type of authority with caseload. The average caseload in the survey was just above the range recommended in the IRO Handbook (50-70: DCSF, 2010b: para. 7.15).

Excessive IRO workloads had been identified in the Ofsted and NCB reports as an issue that was impairing IROs' effectiveness. There was some evidence that this was being addressed in local authorities. Nearly four in ten said that their caseload was lower than the year before (39%, 25 of those responding: seven were new employees so the question was not relevant). Almost 30% (19) said that it was about the same; but a fifth of the respondents, (20%, 13) said that their caseload was higher than it had been a year before.

Local authority managers

Of the 34 team managers, half (49%, 17) had been employed in their current post for five years or longer. They had worked an average (mean) of 15.7 years between qualifying and taking up their present position, which included employment as a qualified social worker and previous managerial posts. Over half the team managers, 54%, had 20 years or more post-qualifying experience (previous posts and current post combined).

Of the ten service managers, three had been employed in their current post or five years or longer (30%). They had worked an average (mean) of 14.5 years between qualifying and taking up their current position, again including employment as a qualified social worker and previous managerial experience. Four of the service managers, 40%, had 20 years or more post-qualifying experience (previous posts and current post combined).

Four-fifths of the team managers (80%, 28) had worked in their current LA in another post prior to taking up their current post (12 as a social worker only, and 12 as a social worker and then a manager; two as a manager only, and two in other roles).

All but two of the service managers had worked in their current LA in another post prior to taking up their current post.

All but three of the team managers, and all but one of the service managers, were full-time employees of the local authority; the other four were employed through a social work agency. There were no part-time managers in the sample.

Managers were asked to give the average caseload for social workers in their team/service. Although there was a considerable range, almost half of them (21) said that caseloads were between 16 and 20 in their team/authority. The average (mean) was 18 and the median was 17.5.

Cafcass guardians

More than 80% of the guardians (82%, 32) had been working as children's guardians for 5 years or longer; a third had served 15 years or more. Almost three-quarters of the guardians (72%, 28) had more than 20 years post-qualifying experience (combining previous jobs and their current post). The

range of previous posts included social worker, senior practitioner, team manager, probation officer, child protection training officer, child protection chair and IRO.

Six of the guardians (15%) were not engaged full-time in court-related work. Four of them were part-time employees, and the other two, although employed full-time, reported that they did other duties apart from case work.

Of the 33 with full-time caseloads, the majority (61%, 20) held private law cases as well as doing public law work. The average (mean) total caseload was just under 19, and the typical split between public and private law work was 13 public law cases and 6 private law. It should be noted though that there was a considerable range in the total caseload, from 12 to 32; and thirteen did only public law cases. It is possible that some of the guardians at the lower end of the range did other duties as well as case work, but did not indicate this clearly on the questionnaire.

In summary, whilst we cannot say that the questionnaire sample is representative of the wider populations of IROs, local authority managers and children's guardians, we do have the views of an experienced group of workers from a number of different areas around the country.

3.6 Conclusion and key points

This chapter has described the research methods and the composition of the questionnaire sample. The study used a mixed methods approach, involving analysis of children's services case files, interviews with social workers and IROs, interviews with young people and parents, focus groups, and a nationally distributed questionnaire (for IROs, team managers and children's guardians). A limitation of the present study may be that it relies, predominantly, on what the people involved say happens, rather than what definitely does. This is clearly true of the interviews and questionnaires. Case reports and file records gave us more detail of the chronology of events and a sense of the processes involved, but even so, they are summaries of what has happened from the perspective of the person writing them, and are notoriously prone to errors and inconsistencies (Scott, 1990). Observations of the review meetings might conceivably have been a useful addition to the study, but it would have been important that the presence of a researcher did not deter anyone from participating, and even these are only a part of the care planning and review process, or the duties of the IRO. A full scale ethnographic study would have been necessary to observe every aspect of the process and the work of the IRO, which was not feasible (and even then, some aspects would have been missed, and interviews would have been necessary to help interpret the observations). But by using a range of sources and drawing on a variety of potentially contrasting perspectives, we consider we have gained an authentic picture of real life practice, complete with its uncertainties, contradictions, shortcomings and successes.

- The range of sources and methods, the breadth of perspectives, and the diversity of the personal and professional experiences of interviewees and questionnaire respondents, gives confidence that the study has captured a comprehensive and accurate view of the operation of the care planning and review system, and the role of the IRO.
- The depth and detail of our data enables us to draw a picture of IRO practice that is thoroughly grounded in the realities of practice and the experiences of those most involved, the practitioners, managers, young people and parents. For a complete analysis, this 'bottom-up' perspective needs to be set alongside the 'top-down' policy context and research findings presented in Chapter 2.

Chapter 4: The children and their families

This chapter gives a picture of the children in the sample, their needs and circumstances, placements, care plans and legal status. It draws primarily on the statistical data from the case file analysis, but complements this with 12 case studies, which draw on the interview data as well. These come from across all four authorities. They have not been selected because they are the 'best' or 'worst' cases, or even 'typical', but because they give depth to the broad statistical picture, illustrating the wider themes and implications for care planning. The cases are referred to at other points in later chapters; further cases are also introduced. The names given to the children and parents throughout the report are pseudonyms.

Care plans for children are made and evolve in a complex matrix of circumstances: notable factors are the child's legal status and the involvement (or not) of the court; the child's age; their own needs, abilities and wishes; the needs, abilities and wishes of their parents and other family members; the length of time they have been in care; and the suitability (or not) of their current placement. These are compounded by other organisational and resource factors, discussed further in Chapter 5. This chapter focuses on the dimensions related more directly to the children and their families, but the key message for practice is to appreciate the ongoing, dynamic interaction of all these elements.

As described in the Methodology chapter, the sample was selected from children who were currently looked after, and had been for at least six months. They were selected from three legal status categories: children who were looked after under s. 20; children on interim care orders; and children on full care orders. This was done to explore the impact of the different legal statuses for care planning, especially the sharing of parental responsibility and the role of the court. Further details of the legal profile and how it changed over time are given in Section 4.1 below.

The circumstances of the children and their families are described in Section 4.2. The children and their families faced multiple difficulties, prior to the children coming into care and continuing and/or changing once they were looked after.

Age is known to be a crucial factor in care planning (e.g. Sinclair *et al.*, 2007), and proved to be so for the children in the sample. For example, at the time of file analysis adoption was the care plan for nearly half the under-5s (17 of the 38, 45%; 13 of them were under 3), whereas it was the plan for only two of the 5-12 year olds (one aged 6 and the other 8), and none of the teenagers. A number of interviewees spoke about the pressure of time in making care plans, especially for the younger children when adoption might be a consideration; and one of the study authorities had a policy of holding reviews for the under-5s every three months, rather than six-monthly, in order to ensure proactive planning. The significance of age is discussed further in Section 4.3.

Placements and length of time in care are discussed in Section 4.4. At the time of the file analysis, nearly 60% of the children (73) were placed with non-related carers; just over one in ten (13) were living with one or both birth parents; nearly one in six (16%, 19) were placed with members of their extended family; and 12 children, 10% of the sample, were in residential care. A quarter of the children had been in care for under a year and a quarter had been in care for four years or more. Nine (7%) had been looked after for more than 10 years.

4.1 Legal status

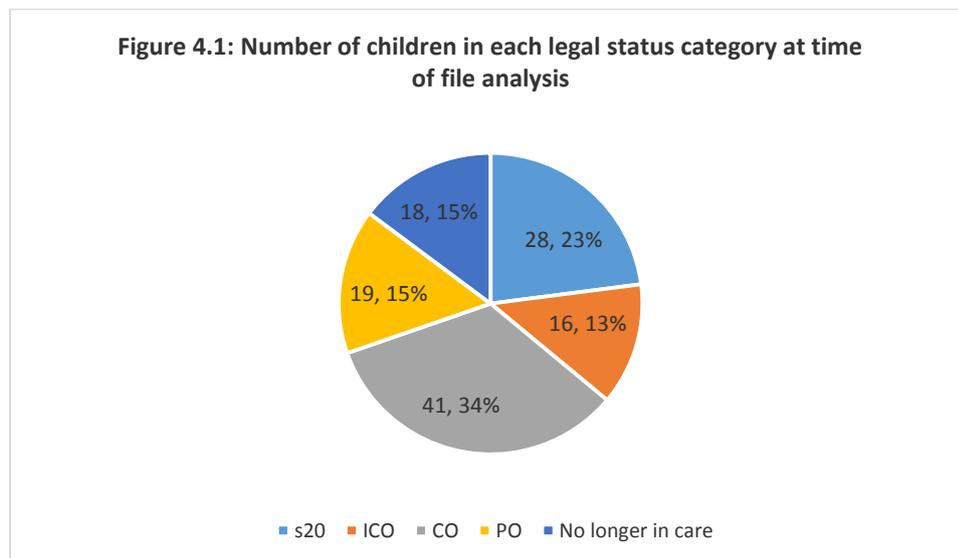
As noted in the Methodology chapter, each of the study authorities supplied an anonymised list with basic details about the children they had been looking after for six months or longer. The

researchers selected 10 cases from each of the three legal categories per authority, but by the time the file analysis was started, some weeks after the supply of the list, a number of the legal statuses had already changed (indeed, in six cases the file analysis showed that the list had been out of date at the time it was supplied). *The legal status at the time of starting to read each file was:* children accommodated under s. 20 of the Children Act, 37, or 30% of the sample; children on interim care orders, 36, 30% of the sample; and children on full care orders, including those with a placement order (or in three cases, a freeing order), 33 + 16, so 49 in all, 40% of the sample.

Looking back to the legal status of the children when they *started* their current period of being looked after, the file analysis showed that more than half had started under s. 20 (55%, 68). Just over a quarter had started on interim care orders (26%, 32). Fifteen children had started under police protection (12%), six on emergency protection orders and one on a care order.

Changes in legal status often occurred over the few months that the researchers were doing the file survey. The profile at the time of file analysis is shown in Figure 4.1 below.

The interviews on cases in the intensive sub-sample gave information about subsequent changes in some of them, confirming the picture of on-going change.



At the time file analysis was complete 18 children (15%) had left care, so 104 were still looked after.

Of those 104, there were 28 children accommodated under s. 20 (23% of the whole sample, or 27% of those still looked after), and 16 on interim care orders (13% of the sample, 15% of those still looked after). There were 41 on care orders (34% / 39%) and 19 (15% / 18%) on placement/freeing orders, so 60 altogether, 49% of the whole sample or 58% of those still looked after.

Nearly two-thirds of the 28 children on s. 20 had been looked after for less than two years (64%, 18), whereas just over two-thirds of the 41 children on care orders had been looked after for more than two years (68%, 28). These findings are consistent with a well-known pattern, that children are most likely to *become* looked after under s. 20 accommodation, but those who *continue* to be looked after are more likely to be on a care order (e.g. see national children looked after statistics: DfE, 2014).

Given the high profile of the *Lancashire* judgment (discussed in Chapter 2), it was intriguing to discover that the sample contained three young people who were still on freeing orders.

James, 13. Came into care when he was 1. He was placed for adoption when he was 3, but this ended because of concerns about neglect. He has been in his current foster placement since he was 4, with his sister. This is planned to be a permanent placement.

James is a white British boy who came into care when he was 1 because his mother, who has learning disabilities, was not able to care for him and his sister. He has two other older siblings, who had previously been taken into care. James and his sister were placed together for adoption, but this broke down quickly. James has been diagnosed with Asperger's Syndrome. He is doing very well in his foster placement, and comes across as a happy and well settled child.

In the research interview, the IRO said '... those initial stages were quite tragic in lots of ways, but the outcome has been wonderful, it really has. They're both in a wonderful placement with foster carers that love them to bits, and they're both doing better than ever expected. I mean, the young man, academically, is doing really well.'

James' mother has other children in care, so she has regular contact with their social worker. James' social worker says she has offered to give her information about how James and his sister are doing, but she has said she does not want this, because it is too upsetting. James and his sister say they do not want any contact with their mother.

For the 18 children who had left care, two had been s. 20 cases and had gone home without any order; one young person on a care order had become 18, and therefore left care; nine were now on SGOs; three were on supervision orders; two were on residence orders; and one had been adopted.

All but two of the children who had been on care or placement orders still had that status, except the one child who had been adopted, and the other young person who had become 18.

Most of those on s. 20 were still accommodated on s. 20, but for a quarter (9) care proceedings had been taken, with six of the children changing legal status as a consequence (to ICO, CO and PO or SGO). Two of the s. 20 children had gone home and one was on a special guardianship order without having had care proceedings.

Deborah, whose case is described below, was still accommodated under s. 20 at the time of file analysis, but she was one of the cases in the interview sample, and by the time the interviews took place she was the subject of a special guardianship order to her previous foster carers.

Deborah, 2 year old girl with physical and learning disabilities. Came into care at the age of 9 months, under s. 20. Placed with temporary foster carers, by the end of the study they had become special guardians for her (no care proceedings).

Deborah is a white British girl with considerable physical and learning disabilities. Her parents both have learning disabilities. There was history of concern about Deborah's low weight and feeding problems, and failure to thrive, and the abilities of her parents to provide the level of care she requires. At the age of 8 months she was admitted to hospital because of the concerns, and came into care under s. 20 (with her parents' reluctant agreement), as part of the hospital discharge plan. Deborah's parents have another child, who remained living with them on a child protection plan. He does not have the same needs for medical intervention.

Deborah was placed with temporary foster carers for further medical and parenting assessments to be undertaken, with a view to rehabilitation within six months. The parents had an advocate to help them in their meetings with social workers, including the child care reviews.

Over time the concerns mounted about the parents' understanding of Deborah's condition and needs, and abilities to care for her. The local authority started to consider alternative plans, including adoption. After some delay a family group conference was arranged and an aunt put herself forward as a long-term carer. The foster carers said that they would also like to be considered as long-term carers. Placement with the aunt was considered the first option, and an assessment of her was started. This progressed slowly, and then the aunt withdrew.

By the end of the study the foster carers had become special guardians for Deborah, without care proceedings. The local authority had approved a long-term support package. The plan is that Deborah's parents will see her every other month. In the research interview they said that they accept the placement with the foster carers and consider that they are doing the right thing for Deborah; but hoped that one day, when she is older, she will choose to come back to live with them.

As could be expected, there was considerable change for the 36 children on interim care orders. Over a third (39%, 14) were still in care proceedings, just under a third (31%, 11) were now on care orders (with the addition of a placement order in two cases) and just under a third (31%, 11) were no longer in care but had gone home or to kinship care; six were on SGOs. Georgie's case is an example of a case which ended with no order.

Georgie, 1 year old. Came into care under s. 20 when he was six weeks old, and the local authority started care proceedings soon afterwards. At the time of file analysis, he was on an ICO, placed with his mother. Later, when the research interviews took place, he was living with his mother with no order, on a child in need plan.

Georgie is a white British boy who came into care when he was six weeks old. Both of his parents had experienced abuse in their own childhoods and were in care themselves. When Georgie was born his mother, Lisa, was aged 16 and his father, Liam, was 17. Lisa had been living in a residential unit, but the local authority arranged a placement in a mother and baby foster home. Georgie was born six weeks prematurely and his development was carefully monitored. Despite some health concerns he was always assessed as making good progress.

After six weeks, Lisa left the foster placement, making many complaints (unsubstantiated) about the unreasonableness of the foster carer. Georgie was then moved to a new foster home, under s. 20. The local authority swiftly started care proceedings and obtained an interim care order. The authority proposed that Georgie's parents should be assessed separately, in the community, but the court ordered a residential parenting assessment of them together, with Georgie. At the end of this 12-week assessment, the family were allowed to return to the community.

Shortly afterwards the parents' relationship broke down because of domestic violence from Liam. The local authority assisted Lisa to get independent accommodation and Georgie stayed with her (in the research interview Lisa complained bitterly about the suitability and conditions of the flats). At first, regular contact was arranged for Liam, but he was violent again to Lisa, including threatening her at the contact visits. His contact was stopped.

Lisa was able to look after Georgie satisfactorily by herself. When the case came to full hearing the local authority had intended to apply for a supervision order, but in the end, all parties agreed that there should be no order.

Completed proceedings had led to court-approved care plans in 79 cases. In keeping with other research into looked after children and the implementation of care plans (Hunt and Macleod, 1999; Harwin *et al.*, 2003; Beckett *et al.*, 2014), the file analysis showed a very high rate of implementation. There were only five cases where the plan for permanence had not been implemented, and eight others where it had been implemented but subsequently changed (note though that a placement breakdown does not necessarily lead to a change of permanence plan – the goal could still remain, say, long term foster care).

Karyn’s case (below) is an example of proceedings being completed in a timely manner and subsequent placement for adoption in accordance with the care plan, although the workers interviewed thought she could perhaps have been placed more quickly.

Karyn, 2 years old. Selected for the sample as a s. 20 case, but by the time of file analysis she was on a placement order and placed with prospective adopters, with her older siblings who were already living there.

Karyn is a white British girl, who was on a child protection plan before she was born because of her parents’ drug misuse. She had to withdraw from heroin addiction after she was born. Karyn lived with her mother for the first year of her life, despite her mother’s poor engagement with services (her father was in prison). Karyn then lived for a short time with her grandmother, but suffered neglect there. She eventually came into care under s. 20 when she was just over a year old. Care proceedings were started within six weeks, and concluded within six months. Three family members originally put themselves forward as carers, but none were positively assessed.

Karyn has two older siblings who had previously been removed and placed for adoption. The care plan was quickly settled as being to place to place Karyn with them. The social worker and IRO who were interviewed thought that the placement should have been arranged more swiftly (Karyn was not moved until five months after the placement order was made). At one stage the IRO raised a ‘practice alert’ at what she saw as a lack of clear planning. Nevertheless, she judged that Karyn’s needs were well met in the foster home and continue to be well met in her prospective adoptive family; and Karyn had been placed there just over a year after entering care.

Of the five cases where the plan for permanence had not been implemented, four were adoption plans where it had not been possible to find suitable adopters. There was one case where the child had global development delay and the court agreed a preferred plan of adoption if adopters could be found within 12 months; if not, it would change to long term foster care, which is what happened.

There were four cases where the plan was adoption and the child had been placed with prospective adopters, but it disrupted before the adoption application was made. One of these is James (case study above). Despite his difficult start in life, he was doing very well in foster care. One of the other young people whose prospective adoptive placement had broken down was now a teenager and also doing well in foster care. A new prospective adoptive placement had been found for the third child, who was now 8. The fourth case was a young woman who was 17 at the time of file analysis, in a residential unit and expecting a baby. She had experienced significant difficulties throughout her childhood and had been in 11 placements during her 13 years in care. (It is important to appreciate that the study sample only includes unsuccessful or as yet un-concluded adoption plans, because a successfully implemented adoption plan means that the child is no longer looked after and therefore would not be in the sample.) There were two cases where young people who had been adopted

when they were small children became looked after as teenagers, both of them now showing extremely troubled behaviour (one of them is Leah, see below).

Leah, 16 years old. Looked after under s. 20 since she was 14. Adoption disruption, very troubled behaviour. Since becoming looked after she has had four placements, the current one with parents of a friend. By the end of the study, things seemed to be stabilising.

Leah is a 16 year-old white British girl, who had been adopted at the age of 4. She became looked after when she was 14, at her own request and that of her parents. She was displaying very troubled behaviour, absconding from home, sexually active and at risk of sexual exploitation, using drugs and alcohol, not attending school. The initial plan was to work towards Leah returning to her adoptive family, although Leah did not want this. By the end of the study all were accepting that this was not achievable, and she should stay in her chosen placement. She had been in three foster placements prior to that, but had absconded from them all, although she said that she had found two of them helpful. In the end Leah had effectively chosen her own placement, with the parents of a friend. Her placements had been out-of-authority, for her own wellbeing, but this had caused problems for her education because at first the other local authority would not arrange a school place for her. The IRO was active in pressing for this to be resolved between the two authorities, which eventually it was.

Whilst in care Leah had re-established contact with members of her birth family. Leah resisted attempts by the social worker to regulate the frequency of this. The relationship with her adopted family had been strained at first, but by the end of the study Leah was visiting them every fortnight and she was getting on better with her parents.

Leah, her adoptive mother and the IRO all appreciated the role of social worker in this case. The IRO said 'the strength in this case has been the social worker, who has just been there for her ... you know, I have not seen the strength of a relationship like that for a long time really, and that has reassured me that she [Leah] has got somebody who she can trust and she comes back to ...'.

4.2 Children's needs and family backgrounds

Just over half the sample were boys (66 children, 54%) and slightly under half were girls (56, 46%). This almost exactly matches the national profile of looked after children, 55% male-45% female (DfE, 2014a: Table A1). Nearly two-thirds, 65%, were white British and just over a third were black or of other minority ethnic origin. Nationally 74% of looked after children are white British (DfE, 2014a: Table A1), but there is large variation between local authorities according to their demographic profile. In the study sample, all but six of the 62 children in Authorities A and B were white British, which reflects the overall ethnic composition of their looked after populations. Authority D is a much more multi-racial area and fewer than a third of its looked after children are white British; in the study sample, it was only 4 out of 30.

Children's needs

In keeping with other studies of looked after children, the children and young people in the study had experienced a range of adversities and many were continuing to face health and/or behavioural difficulties. From the information on the electronic case records, over half of the children (53%, 65) had shown evidence of emotional or behavioural difficulties at some stage, and almost a third (30%, 37) were currently doing so. It was also recorded that 21 children (17%) had learning disabilities, 11 (9%) had a physical disability, and 11 (9%) had physical health problems. Twenty of the children

(16%) had received a statement of special educational needs. Despite the difficulties, 53 of the 64 children aged 5-15 were in mainstream school (83%), and 11 of the 20 aged 16-17 were in mainstream school or college (55%).

Just over half of the children (53%, 65) had been on a child protection plan at the time of becoming looked after, and two-thirds (66%, 80) had been on a plan at some stage. There was evidence on file that 66% had experienced neglect, 47% emotional abuse, 35% domestic violence, 30% physical abuse, and 17% sexual abuse (the child may have experienced more than one of these). Almost a quarter of the children (23%, 27) had themselves behaved in ways that were abusive to others.

Four of the young people were unaccompanied asylum seekers, all of whom were males, aged 16-17 and accommodated under s. 20. All four were in education.

Matthew, Tony, Jenna and Janelle's cases (below) illustrate the considerable needs that looked after children can have throughout their childhoods, and how these can create challenges for their placements, social relationships and education; but they also show the progress that can be made through skilful and determined care, and effective working between carers, social workers, IROs, schools and others.

Matthew, 12, came into care aged 9. Accommodated under s. 20, placed in a residential school. By the end of the study, he was settling well in a new placement and having overnight contact with his mother.

Matthew is a white British boy who came into care when he was 9. He had been diagnosed with Asperger's Syndrome and ADHD, and there were long-standing concerns about his behaviour, in particular sexualised behaviour. He had been excluded from school because of his behaviour and although he had been attending a pupil referral unit, they had been unable to manage his behaviour, and no day provision was considered suitable. His mother was not managing to cope. A placement was eventually found in a residential school (52 weeks per year), some distance from his local authority.

Matthew stayed there for over two years, but the LA (social worker and IRO), and his mother, grew increasingly unhappy with this placement and it was no longer seen as appropriate. A change of IRO was significant and the new IRO thought Matthew ought to be moved quickly, but even so it took a year to find a suitable placement and agree the funding for it (it required tripartite funding from Children's Social Care, health and education). Eventually one was found back in his home authority. The plan is that he will stay there at least until he is 16.

The move to a closer school made it possible to review Matthew's contact with his mother. There had been contact throughout, monthly at the school, but Matthew and his mother both wanted more than this. By the end of the study, when Matthew and his mother were interviewed, there was unsupervised contact every other weekend, and overnight staying contact at his mother's house had been started. His mother was hoping that this might lead to Matthew eventually coming home to live with her, when he is 16.

Tony, 16 year old boy. Came into care under an ICO when 4 months old, care order made when he was 2 years old. Now in residential care, planned to stay there until independence.

Tony is a white British young person who came into care as a baby because of neglect and abuse by his mother, which left him with long-term medical conditions and impaired vision. After the

care order was made he returned to his mother for about 2 years, with regular respite care. At the age of 4 Tony returned to foster care, and the plan was long-term foster care or specialist adoption. His second foster placement broke down when he was 10, due to his sexualised behaviour, and then the plan changed to long-term residential care until independence. He has been in his current placement since he was 13, a unit with specialist therapeutic provision and in-house education. Tony is considered to present a risk to other members of the community, and there are regular risk assessment meetings. However, in review reports and the research interviews Tony is described as happy, secure and making good progress. Tony himself gave this impression in his research interview, which took place some time after the interviews with the social worker and IRO. At that point, he was doing a course at a local college. Recent care planning has focused on re-establishing contact with his birth parents and developing his pathway plan for leaving care.

Tony has a half-sister who is adopted. They used to have direct contact but this ended because of Tony's behaviour. After a gap with no contact, they now have letter contact. Tony had not had any contact with his father, or even known who he was, but wanted to find out. His mother helped the social worker trace him, and a DNA test was necessary to confirm the relationship. By the time of Tony's research interview, he was having letter contact with his father. He had not had any contact with his mother since he was 4, when there had been a s. 34 contact order allowing the local authority to refuse it. However, by the time of his interview he had had one telephone conversation with her. He was hoping that there could be face-to-face contact in the near future.

The social worker and IRO who were interviewed were both relatively new to the case, and both said a lot of work had to be done to catch up on tasks that had not been completed. The IRO said that she kept up the pressure to make the assessments and arrangements for starting contact with his parents, and assessing the possibility of rebuilding Tony's links with other members of his birth family, because she was concerned about his isolation and how he would manage when he leaves care.

Tony's placement and his therapeutic help are expensive, and these are reviewed regularly by local authority resource panels. At one point the agency which runs the residential home decided to end its contract with the therapeutic service provider. This provoked intensive discussion about who should provide the therapy and the cost, or whether Tony should move placement. Therapy did continue with a new provider. Recently there was discussion about changing the provider to CAMHS, but the social worker and IRO resisted this because the therapist had built a good relationship with Tony.

Jenna, 16. Came into care aged 10, initially under s. 20, then a care order. She was in a long-term foster placement that ended after four years, because of behavioural difficulties. By the time the study finished she was in a new foster placement which was planned to be long-term. Jenna was settling well and hoping to go into sixth form.

Jenna is a white British young woman. She had lived with her mother until she was 7 years old, but suffered neglect and sexual abuse during that time. When Jenna was 7, her mother abandoned her with her father and his new partner. They looked after Jenna for three years, although there were concerns about the standard of care. They were unable to cope with Jenna's behaviour and she came into care under s. 20 at the age of 10. The initial plan was to assess whether Jenna could return to one of her parents, but care proceedings were started after eight months when her mother was found and said she wanted Jenna back, and the LA did not consider this appropriate. The care order was made when Jenna was 12.

Jenna has had three foster placements. The first lasted just under a year. This went well at first but then the carers were unable to manage Jenna's behaviour. She moved to a new placement where she did very well at first, but her behaviour has always been challenging, at home and at school. Difficulties arose with the second placement as Jenna's behaviour became more aggressive, and the female foster carer became unwell. A respite foster placement was arranged, but the IRO and social worker struggled with the question of how far to support the placement, whether it was really sustainable and suitable for Jenna. By the time Jenna was interviewed, some months later, the placement had ended and she was now placed with the people who had been the respite carers. She still has contact with her previous carers, and still refers to them as 'Mum' and 'Dad'.

Jenna's foster placements were arranged through an independent fostering agency, and the agency's fostering social worker was an important source of support to the carers and Jenna. She has a statement of special educational needs, and was generally well-supported in her school. Two referrals were made to CAMHS, but she did not meet their criteria at first, and later input was time-limited and not effective.

Contact has been a significant issue throughout Jenna's time in care. At first there was a high level of contact between Jenna and her father and his partner, but over time this declined. The final care plan was for contact four times a year with her father and his family, but this dwindled and eventually stopped. Towards the end of the study, when Jenna was interviewed, contact with her father had re-started on Facebook. Jenna did not want contact with her mother. Jenna has had indirect contact with two of her half-siblings.

Janelle, 13 year-old girl. ICO at time of file selection. At the time of file analysis she had been looked after for eight months, was on a care order and placed in residential care, having fortnightly contact back home with her parents.

Janelle is a 13 year-old girl of mixed race heritage, black Caribbean and white British. There have been long-standing concerns about her behaviour, and since she has been in care she has been assessed as having severe impairment in psychosocial functioning and poor executive functioning skills, possibly ADHD. There have been concerns about her sexualised behaviour, and whether her parents were able to protect her from sexual exploitation. She had been staying away from home for long periods, and had not been attending school. She spent two weeks in care when she was 12, following an assault by her father, but then came into care again when she was 13, with her mother reluctantly agreeing to s. 20 accommodation. Janelle absconded from her placement and the local authority started care proceedings shortly afterwards. Her parents were unhappy with the care plan and Janelle's placement, which is a long way from home, and opposed the care order. The care order had been made by the time the file analysis was completed.

Janelle is placed in a residential unit in a rural area, some distance from her home authority. The initial plan was for assessments to be undertaken to determine the longer term plan. By the end of the study period, the care plan was that Janelle would remain in this placement for at least 18 months, but what happened after that would depend on her progress. Specialist foster care or reunification had been discussed, but there was no fixed long term plan. When Janelle was first placed there she self-harmed and threatened suicide because she did not want to stay, although she never tried to run away. Relationships with other residents have been very difficult at times. By the end of the study period, Janelle still wanted to go home, but was becoming happier with the placement and recognised that she needs support. Staff were working with her to help her

recognise the risks of sexual exploitation. Janelle's home authority had agreed to pay for CAMHS input in the authority where the residential unit is based, but Janelle did not engage with this.

At the time the professionals were interviewed, they reported that Janelle had done very well educationally in in-house provision, and had progressed to an off-site unit which was going extremely well. When Janelle was interviewed, some months later, she was not going to school because of an 'incident' that she was waiting for her social worker to 'sort out'.

Janelle has four younger siblings who still live with their parents. Contact between Janelle and her parents and siblings was initially fortnightly at the residential unit, and daily by telephone. Contact went well and changed to being in her home town every other week.

Family backgrounds

Data was collected on the difficulties faced by the birth parents and carers of the children prior to them becoming looked after. Four mothers were known to have died, and there was no information as to whether another four were alive or dead. It was recorded that nearly half (46%) of the mothers had been a victim of domestic violence, 17% had been a perpetrator of domestic violence, 28% had misused drugs, and 21% had misused alcohol. The local authority files showed that 17% had experienced severe mental health problems, 12% had a learning difficulty and 13% had been looked after themselves.

Less data was available on fathers – in 36 cases there was no or little information on file. It was known that nine fathers had died, and for 14 it was not known whether they were alive or dead. Only one-fifth of the fathers were known to have parental responsibility for the child (21%). It was recorded that over a third (36%) had been a perpetrator of domestic violence, and 9% a victim of domestic violence. Almost a third (30%) had criminal convictions, 20% had misused drugs, 20% had misused alcohol, and 4% had been looked after themselves.

Nearly a third of the children (30%, 36) had received significant levels of care from a person other than their birth parents, step-parent or parent's partner. The most frequent category here were grandparents, at nearly a fifth of the sample (18%, 22).

Karyn's case, previously described, indicates some of the challenges of working with families who resist intervention, as does Crystal's case, below. Danny's case is an example of a placement with members of the extended family, and some of the dilemmas that this can provoke, in terms of assessing and deciding the long-term suitability of the placement.

Crystal, 7 years old, on care order. Currently placed in short-term foster care. The care plan is that when the time is right, she will move to a long-term foster placement. She has no contact with her birth parents (s. 34 contact order).

Crystal is a white British girl, who has suffered neglect and sexual abuse. Her parents are drug users, and after Crystal was born she suffered from drug withdrawal, and spent her first five weeks in hospital. Crystal had been on a child protection plan before birth, later this became a child in need plan, but went back to a child protection plan when Crystal was 4 years old. When Crystal started at school, she did not talk or engage with anyone, or take part in any activities. She was suffering from developmental delay, and was still in nappies at the age of 5. Her parents did not engage with drug and alcohol services, or parenting support. The local authority initiated care proceedings. The parents contested the application and the court made an interim supervision

order. Crystal remained at home whilst the proceedings continued. At the final hearing, the court made a care order and Crystal was taken into foster care that day.

A psychological assessment during the proceedings had recommended that continuing contact with her parents was important for Crystal, and there was a contact order for the parents to have supervised contact twice per week. Not long after coming into care Crystal made disclosures of sexual abuse by her parents. The local authority applied for an order to refuse contact. Crystal did not want to have contact with her parents or other members of her extended family. A new psychological assessment recommended that there should be no contact. The order was granted. Crystal has been doing very well in foster care. She has a statement of special educational needs and the social worker and IRO reported that although her development was still delayed, she was now making good progress at school. She was now talking to other children and making friends, and taking part in activities.

Danny, 2 years old, became looked after when he was two months old, and was placed with his paternal grandparents. He has remained with them ever since, and is now the subject of an SGO to them, and a child in need plan.

Danny is a white British boy. He was the subject of a child protection plan before he was born, because of concerns about likely neglect, based on domestic violence between the parents, parental mental ill-health and his mother's learning disabilities. After a short time living with his parents he was placed with his paternal grandparents when he was two months old, under s. 20. Care proceedings started when Danny was 15 months old, and concluded a year later. At the final hearing the local authority's care plan was adoption with unrelated carers, although the IRO supported an SGO to the grandparents. The guardian had supported adoption, but changed her mind during the course of the hearing, in favour of the SGO.

There were delays and uncertainty in assessing the grandparents as kinship carers. The initial kinship assessment had supported an SGO to the grandparents, but this had not been properly completed, and then the worker had left. There was delay in re-allocating the work, and by the time this was addressed, it was necessary to update it. The second assessment concluded against an SGO. This caused uncertainty for the grandparents and difficulty for the LA in deciding what to do. The IRO says she liaised with the social work team manager about the general lack of clarity in care planning, and with the manager of the kinship care team regarding the kinship assessment.

The local authority's concerns in the updated assessment were mainly about the long-term suitability of the placement. This was based on concerns about the grandparents' care of their own children and the need for high levels of support and guidance caring for Danny. There were also concerns about the grandmother's health, and about Danny having special needs, and whether the grandparents could cope with this. Health services shared these anxieties, but eventually concluded that on balance the placement was satisfactory. There were other concerns about the suitability of the grandparents' accommodation. In the research interview, the social worker thought that the care proceedings made the grandparents improve the conditions in the home and make it safer. After the SGO was made, the local authority helped them move into more suitable accommodation. Danny is now a 'child in need'. The plan centres on contact arrangements and ensuring Danny gets to medical appointments. Contact is supervised by the grandparents. A family support worker visits weekly.

Siblings

Most of the children (84%, 103) had at least one sibling of child-age and a third (34%, 41) had three or more siblings aged under 18. Nationally, only 14% of families with dependent children have three or more dependent children (ONS, 2013). Just over a third of children with child-age siblings (38%, 39) were living with one or more of their siblings. There were 16 children living with all of their siblings together, and all but one of these were from smaller sibling groups of two or three children.

Sibling separation was common: 87 children had child-age siblings not living with them (71% of those with child-age siblings). Sometimes the siblings were in a variety of different placements or at home: 34 children had siblings in foster or residential care, 17 had siblings who had been adopted, 21 had siblings in kinship care placements or with a parent unrelated to the child in our sample, and 33 had siblings who were living at home with one of their own parents.

Planning for contact between siblings and deciding whether siblings should be placed together or apart proved to be some of the most difficult and contentious care planning issues. In terms of contact, some cases required complex and resource-intensive arrangements (e.g. venues, transport, supervision, and some arrangements at considerable distance). Jacob's case is an example of some of the challenges of supporting siblings to be placed together.

Jacob, 7, one of twins, of dual race heritage. Came into care aged 6, on s. 20, is now on a care order. The boys have always been placed together but they exhibit very aggressive behaviour and two previous foster placements were unable to cope. By the end of study they are in a new foster placement, planned to be long-term. They were having contact with their mother and father separately, supervised, on alternate months.

Jacob is of dual race heritage, African and European. He and his brother had been looked after by a family friend and her partner under a private fostering arrangement since he was 3. When the boys were 5 the friend died, and some months later her partner said he could no longer care for them. There were attempts to support the placement but the boys came into care when they were 6. The first placement broke down quickly because of their challenging behaviour. The second placement lasted for nearly a year, but by the end the carers said they were no longer able to manage. The boys then moved to a new placement, planned to be long-term. The foster carers are a couple and the male carer is black. This was an important consideration to help meet the boys' cultural and identity needs.

Jacob and his brother had contact with their parents while they were living with the family friend, but this was problematic. They were ill-treated, and witnessed violence between their parents and their father's extreme alcohol use. After the privately arranged placement broke down, both parents were assessed (separately) for possible reunification, and another family friend, but none were assessed as suitable.

The boys' behaviour is extremely troubled and considerable support is required. One strategy is that the boys go to separate schools, and the IRO was active in arranging this, writing emails to the assistant director to get funding agreed for school transport. In the research interview, the IRO described Jacob's school as 'absolutely excellent', and said 'he would have been thrown out of other schools because of his needs'. CAMHS/ educational psychologist and a family therapist were also involved to support the carers.

Contact with parents

More children were in contact with their mothers than their fathers. Excluding cases where the parent was deceased or the child was currently living with their parent, 21 children (20%) were not having any contact with their mothers at all, compared to 60 children (56%) not having any contact with their fathers. A third of the children (33%, 35) were seeing their mothers at least fortnightly and a further 30 children (29%) were seeing their mothers at least twice a year. There were 18 (17%) who had phone or letter contact with their mothers. As for contact with fathers, 17 children (16%) were seeing their fathers at least fortnightly and a further 18 (17%) had contact with their fathers at least twice a year. Ten children (9%) had phone or letter contact with their fathers.

For over two-thirds of the children (69%, 84), the contact plan changed significantly during their time in care, as illustrated by the cases of Tony, Matthew and Crystal (above).

4.3 Age

The sample had an even spread of children in the age ranges 0-4, 5-12 and 13+. There were 38 children aged 0-4, 31% of the sample, of whom 10 (8%) were under 1. There were 41 children aged between 5 and 12 (34%). There were 43 (35%) aged over 13, of whom 20 (16%) were 16-17 years old (so 53% were between 5 and 15). This age spread closely resembles the national profile as at 31 March 2014, which was 23% under 4 (6% under 1; 17% aged 1-4), 57% between 5 and 15, and 21% aged 16-17 (DfE, 2014: Table A1). The study sample has a higher proportion of under-5s and lower proportion of 16-17 year-olds, but the intention was never to draw a statistically representative sample of the national looked after population; rather, it was to have a sample which enabled a full exploration of key issues in care planning and the role of the IRO.

The children's ages give rise to key issues for care planning and placement finding. For example, as noted in the introduction to this chapter, adoption is far more likely to be the care plan for the youngest children, aged under 3. On the other hand, residential care is far more likely to be used for the teenagers. Of the 12 children in residential care, all but two were teenagers. The other two were both aged 11 at time of sample selection (Matthew was one of them; he was 12 when interviewed).

Children under 5

There were 38 children in the sample aged under five. They had been looked after for periods ranging from 6 to 50 months. Over a third (37%, 14) had entered care in their first month of life and 61% (23) had entered care in their first year. At the time of the file analysis, the permanence plan was adoption for 17 (45%), kinship care for 10 (26%) and reunification for eight (21%). Even in this group of very young children, three (8%) had a plan for long term foster care at the time of file analysis. One of them was the case where the court had agreed a preferred plan of adoption if adopters could be found within 12 months; if not, it would change to long term foster care, which is what happened. Two 3 year old children remained together in placements with their siblings with whom they had strong bonds.

Children aged 5-12

There were 41 children in the sample aged 5-12. They had been looked after for periods ranging from 7 months to 8 years and 10 months. At the time of the file analysis, the permanence plan was adoption for two (5%), reunification for four (10%), kinship care for 11 (27%), long term foster care for 19 (46%), and residential care for two (5%). Parallel plans remained in place for three children where assessments were still to be completed. Two of the children with a plan for long term foster care had entered care in their first three years of life, but were to remain in placement with their

siblings rather than be adopted. Four children had experienced a long term placement breakdown, including one who had originally been placed for adoption.

Young people aged 13 and over

There were 43 young people in the sample aged 13 and over, but it is helpful to distinguish between the children who were looked after *prior* to becoming teenagers, and those who became looked after *as* teenagers. Sinclair *et al.* (2007) use the terminology 'adolescent graduates' and 'adolescent entrants'. Examples of the former, from the case studies given earlier, are James, Tony and Jenna (and it is also worth considering Matthew here, because he was not far short of his 13th birthday when he was interviewed). Examples of the latter group are Leah and Janelle.

There were 21 young people who had been looked after *prior* to becoming teenagers. Long term foster care was the plan for the vast majority (71%, 15). Four young people had a plan for long term residential care and two had a plan for reunification. Over half of the young people who had been looked after prior to becoming teenagers (52%, 11) had experienced a long term placement breakdown at some point during their time in care.

There were 22 young people who had come into care *as* teenagers. For these young people, plans were varied and included foster care (7 young people), residential care (5), reunification (4) or independent supported living (4). The difference between the graduates and the entrants in the rate of foster placements is notable (71% compared to 32%). One young person who had come into care as a teenager had a plan for kinship care and one had a permanence plan yet to be decided. Since coming into care, two young people had experienced the breakdown of a placement that was planned to be long term.

4.4 Placements and length of time in care

At the time of the file analysis, over half the children (52%, 64) were in foster care placements with non-related carers, planned as temporary for 22 and long-term for 42. Over a third of these foster placements (36%, 23) were provided by independent foster care agencies.

A further nine children were placed with non-related carers who were expected to become (or already were) adopters or special guardians.

There were 12 children, 10% of the sample, in residential care (all independent providers) and four were living semi-independently (two in local authority provision, two independent agencies).

There were 14 children living at home, that is, with one or both parents; seven of them were no longer looked after having left care in the period between case selection and case file analysis. Three were on supervision orders, two on residence orders and two had no order. Of the seven children still in care, three were at home on care orders and three on interim care orders. One child on an interim care order was missing, believed to be abroad with his mother.

Nearly one in six of the children (16%, 19) were placed with family members or other connected persons, all planned to be long term or permanent. Nine of these children were under special guardianship orders. The other ten were still looked after: five under s. 20, three on care orders, one on an interim care order and one on a placement order.

This was the first period of being looked after for 104 children, 85% of the sample. It was the second period for 16 (13%) and the third for 2 (2%). Two-thirds of the children had only had one or two placements, but 11 (9%) had had five or more, as shown in Table 4.1 below.

Table 4.1 Number of placements child has had in current period of being looked after

	Frequency	Percent	Cumulative Percent
1	49	40.2	40.2
2	33	27.0	67.2
3	20	16.4	83.6
4	9	7.4	91.0
5	2	1.6	92.6
6	2	1.6	94.3
7	4	3.3	97.5
8	1	.8	98.4
10	1	.8	99.2
11	1	.8	100.0
Total	122	100.0	

Fuller details of the placements are given in the tables below.

Table 4.2 categorises the child's placement at time of file analysis, distinguishing types of placement and planned duration. The different types of placement are foster placements with unrelated carers; with family or friends; placement with parents; residential care; pre-adoptive placements, and others. These placements are further categorised according to whether they are currently approved as temporary or long term/permanent, and whether they are planned to become long term or permanent. It is significant to note that most children are in placements that have been approved as, or are hoped to be, long-term or permanent – 95, or 78%.

Table 4.2 Child's current placement type (friends/family in italics; bold font for those planned to become or already approved as LT/permanent)

	Frequency	Percent
Temporary placement (with unrelated carers), planned to be temporary	23	18.9
<i>Temporary placement (with friends/family) but planned to be LT/permanent</i>	2	1.6
Temporary placement (with unrelated carers) but planned to be LT/permanent	6	4.9
Long-term placement (unrelated carers) which was previously temporary	20	16.4
New long-term placement (unrelated carers)	15	12.3
<i>Long-term placement which was previously temporary (friends/family)</i>	6	4.9
<i>New long term placement (kin)</i>	10	8.2
With birth parent	13	10.7
Residential care, temporary	3	2.5
Residential care planned to be LT	3	2.5
Residential care planned to be till independence	6	4.9
Pre-adoptive placement – unrelated carers	6	4.9
Pre-adoptive placement – previous foster carers	3	2.5
<i>Pre-adoptive placement – friends/family</i>	1	.8
Living semi independently	4	3.3
Missing abroad with Mother	1	.8
Total	122	100.0

Table 4.3 shows how the different types of placement and planned duration are linked with the length of time that the child has been in care. As might be predicted, temporary foster care placements are more usual for children who have been looked after for shorter periods of time, whilst long term and permanent placements are more common for the children you have been looked after for two years or longer. As an example, there are 35 children in long term foster care with unrelated carers (20 in placements that had previously been classed as temporary, and 15 in placements that had been intended as long term from the beginning). Of these 35, 25 had been in care for more than two years (71%).

Table 4.3: Child's current placement type by length of time in care

		length of time in care current episode				Total
		Up to 12 months	13-24 months	25-48 months	4 years +	
Child's current placement type	Temporary placement (with unrelated carers), planned to be temporary	10	13	0	0	23
	Temporary placement (with friends/family) planned to be permanent	0	1	1	0	2
	Temporary placement (with unrelated carers) planned to be permanent	2	1	2	1	6
	Long-term placement (unrelated carers) previously temporary	1	3	7	9	20
	New long-term placement (unrelated carers)	2	4	2	7	15
	Long-term placement which was previously temporary (kin)	3	2	1	0	6
	New long term placement (kin)	2	4	0	4	10
	With birth parent	7	2	2	2	13
	Residential care, temporary	0	2	1	0	3
	Residential care, planned to be LT	2	0	0	1	3
	Residential care, planned to be till independence	0	2	1	3	6
	Pre-adoptive placement - unrelated carers	0	3	3	0	6
	Pre-adoptive placement - previous foster carers	0	0	2	1	3
	Pre-adoptive placement - friends/family	0	0	1	0	1
	Living semi independently	0	1	1	2	4
	Missing abroad with Mother	1	0	0	0	1
Total	30	38	24	30	122	

So, the sample shows that the longer a child has been looked after, the more likely they are to be in a permanent or long-term placement. But there is another aspect that complicates the picture, because the longer a child has been looked after, the more likely they are to have experienced the breakdown of a planned long-term placement. Only five of the 92 children who had been looked after for less than four years had experienced the breakdown of a long-term placement, but 13 of the 30 children who had been looked after for longer than four years had done so, 43%. This does not mean that the breakdown itself necessarily occurred later than four years (although it had done for Jenna). It might have happened earlier on, but the difficulties that contributed to the breakdown,

and the impact of the breakdown, in turn contribute to the need to stay in care longer (James and Tony are examples).

4.5 Conclusion and key points

This chapter has given an overview the children in the sample and their families. It has highlighted the complex, overlapping ways that the needs and circumstances of the children and the families interact with legal status, age, length of time in care, placements and care plans. The profile of needs and the pattern of placement moves are consistent with other studies of looked after children. The case studies have illustrated the considerable difficulties that many of the children face, creating challenges for their carers, social workers, teachers, IROs and others. They have begun to expose some of the organisational and resource challenges that carers and professionals have to address in making plans for children; but it is also possible to see the benefits of effective care, and clear and inclusive planning. Despite the many challenges, it is notable that at the time of file analysis, 78% of the children and young people were in placements that were planned to be long-term or permanent. The following chapter looks in more detail at the processes of care planning and review.

- Care planning and placement decisions need to take account of the difficult backgrounds of many of the children, the developmental risks, and the likelihood of new strengths or problems emerging at any stage. Carers need preparation and support for this.
- Parents and family members often have very difficult histories themselves. Planning for permanence and then for contact needs to address how these difficulties impact on the children's wellbeing and development, in the short and longer term.
- The age at which children come into care has major implications for care planning. For infants and pre-school children, there has to be an emphasis on timely assessments, and swift decisions about reunification or longer term substitute care. Children in middle childhood are less likely to be considered suitable for adoption, but potentially face a long time in care. Identification of and support for kinship carers, and high quality long-term foster carers, is essential. For adolescents there may be particular challenges in taking account of their own wishes and feelings, but also ensuring their safety and wellbeing; and addressing current difficulties but also looking ahead, planning for independence and ongoing support.
- Decisions about sibling placement (together or apart) and sibling contact can be especially demanding, and must be based on good evidence and assessment of the needs of all the children, now and as likely to develop in the future.

Chapter 5: Care planning and its contexts

Care planning and review is a complex process, far removed from a simple, linear model of assessment-planning-implementation-review, as the case studies in the previous chapter illustrate vividly. It has to deal with the considerable, often complex and changing needs of the children and their families, through a system which is itself multi-layered and subject to change, with many different priorities and 'players'. The formal review process for looked after children is only one part of this wider, elaborate and sometimes contradictory environment (the surround and the field, as Hawkins, 2002, would categorise them: see Chapter 2).

Four aspects stand out. First, there is the *local authority context*, with its management and decision-making structures, budgetary concerns and staffing issues. Notable organisational aspects are child protection processes, the various panels to authorise placements, funding or entry to care (authorities tend to have different systems and may use different terminology), team structures and social work supervision. A further key factor is the availability of suitable placements for the children. Second, there is the role of *other agencies*, notably education and health, but also independent foster care agencies and residential units, all of which can be pivotal to whether plans are implemented in a timely and effective manner. Third, there is the *court*, which becomes the decision-maker when cases are in proceedings (and linked with that, the role of Cafcass and the children's guardian); and fourth, there are the *actions and decisions of the individuals* involved – the children themselves, their parents, carers and other 'connected persons'. The list below summarises the main elements.

- Social work supervision
- SW-TM-IRO discussions
- Dispute resolution processes
- Child protection plans/pre-LAC work
- LA panels – 'care planning', 'permanence', 'placement', 'resource'
- Legal planning meetings
- Adoption planning processes
- Placement availability and suitability
- Other agencies – education, health, independent foster care agencies, residential units
- Court
- Decisions of foster carers and residential workers – 'delegated authority'
- Decisions of the young people and families, carers

In summary, 'corporate parenting' means there are many decision-making settings and levels, with different agencies and professionals involved. The agencies and professionals might share some goals (and all would say they want the best for the child), but differ on how they are to be achieved, and in particular how resources (staff, time and money) are to be used. This chapter looks at the way that plans are made, reviewed, shaped, and implemented (or not) in a range of settings and through a range of processes.

5.1 Making and reviewing the care plan

The first stage of the care planning and review process is, of course, to formulate a plan. As noted in Chapter 1, a care plan has two essential elements: the plan for the child's long-term upbringing ('the permanence plan') and the plan for the arrangements to meet the child's day-to-day needs, specified under the seven dimensions of the Looked After Children materials (including contact). The first review should take place within four weeks of the child becoming looked after, and there should be a permanence plan by the second review, no more than three months after that. In some cases assessments may still be underway at that point, or the case is in court, and the permanence plan has to be a 'parallel plan', setting out possible alternatives.

In other cases, a considerable amount of assessment and planning might have been done before the child became looked after, perhaps under a child protection plan or through the formal pre-proceedings process. The IRO, and if relevant the court, may or may not be satisfied with the quality of that work and the decisions made. Here it is worth recalling that a significant proportion of IROs also chair child protection case conferences (a third of the IROs in the questionnaire sample, see Chapter 3). There were mixed views about this: some thought that it improved care planning by bringing continuity, others were doubtful because it blurred the roles and potentially undermined the element of independent scrutiny:

... this IRO has chaired the meetings right from the child protection conference right through, so she had kind of carried on being consistent, so actually she had known parents longer than I had ... she knew the family and all the background of the family. She had quite a good relationship with mum and she was able to kind of talk things through with mum, who had a learning disability as well. (Social worker interview 3)

The drive to amalgamate child protection conference chairs and IROs ... I am not sure where that would leave the focus ... I would be very worried that I would be able to do both sets adequately; the demands are really quite different. So I think if we drive into that, and there is a move to do that in our service, I don't know if we ultimately might end up just weakening both sides of the system, rather than strengthen. (IRO interview 41)

There was a question in the questionnaires for local authority managers and IROs about whether, in practice, they distinguished between the permanence plan and the plan for day-to-day arrangements. Although the majority in both groups thought that this was an important difference, the responses show the interweaving and interdependence of the two elements: as an IRO put it, 'The issues are obviously inter-related but the permanency plan needs to be clear from an early stage.' Another IRO expressed the links between the two elements by saying that effective day-to-day arrangements to meet the child's immediate needs 'provide a firm foundation for the future'.

Overall, IROs were more insistent than the managers in emphasising the distinction. Nearly nine in ten of the IROs (86% of those responding, 50) said that in practice they made a distinction, although a number qualified this by pointing out that the issues were interlinked; amongst the managers, 70% (28) said there was a distinction in practice. IROs often wrote that they addressed both aspects in

reviews, but focusing on the permanence plan was important to avoid drift. A quarter of the managers thought that there was not a clear difference in practice between the two elements (a small number of responses were uncertain or unclear). Those who did not agree used phrases such as 'the two are interlinked', 'they go hand in hand' and 'a child's needs are treated holistically'.

Organisational realities show in some of the answers from managers, who linked the distinction between the elements of the care plan with a decision about which team should hold the case; that is, several managers explained that in their authority, cases would only transfer to a 'looked after children' team when the permanence plan had been decided – up till then, it would be held by another team.

Making or reviewing?

As the IRO Handbook observes, there has been much debate over many years about whether reviews make decisions or recommendations (DCSF, 2010b: para. 3.70). The Handbook talks of decisions, but recognises that the review 'cannot tie the hands of a local authority in relation to some issues', notably regarding resources. The system for dealing with this, proposed in the Handbook (which is statutory guidance), is that the IRO should inform the relevant team manager of the decisions of the review within five working days, and he/she then has five working days to consider them and respond. If there is no response, the matter is considered agreed (DCSF, 2010b: para. 3.71). Once a care plan has been agreed, any significant delays, changes or moves of placement should be notified to the IRO, if possible in advance, and the IRO will decide if they require an immediate review, or if matters can wait to the next scheduled review (DCSF, 2010b: paras. 3.74-82). The data from the study show some of the overlaps, ambiguities and complexities that lie beneath these apparently clear distinctions and processes.

From the answers in the questionnaires and the interviews, it was possible to identify a continuum of responses from the IROs. These represent different 'frames' that they use to explain and justify their actions (Hawkins, 2002). At one end were those who held to a firm distinction between making and reviewing; then came those who held to the distinction, but thought that sometimes necessity forced them to breach this; then those who saw the boundaries as being intrinsically more blurred; and finally, those who took a much more robust view and saw themselves as quite properly playing an active part in making care plans, not only reviewing them.

An example of the first approach comes in the following comment from an IRO, from one of the questionnaires:

My view is that the IRO does not formulate the care plan but is presented by the social work team with a care plan to review. During the course of reviewing that care plan, as an IRO I will advise what aspects of the plan I believe should be changed to meet the young person's needs ... I am not an IRO who ratifies just because I am told to do so. I take a very strong line in my work and I will not endorse care plans unless they are of a 'good enough' standard. (IRO questionnaire 27)

This IRO went on to describe how he/she would regularly contact social workers in between reviews, so he/she was doing more than 'simply' scrutinising the plan at the regular reviews, but in keeping with the strong sense of role demarcation, the purpose of this contact was not to help devise the plan, but to check on progress:

As an IRO I am aware that I need to regularly talk/meet/ring the allocated social worker to stay in touch throughout the intervening periods between reviews to find out how matters

are progressing. I will also have contact at times with the young people and parents and carers should they contact me with any issues. (IRO questionnaire 27)

The 'clear distinction' viewpoint is also shown in the following comment, from the IRO quoted earlier about the difference between reviews and child protection case conferences:

I am very clear about the difference between the checking of a plan and the making of a plan, and what came out of that discussion was not that a plan was made, because I wasn't saying this child should go back home to family or should stay put, but I was saying that there needed to be a process of assessment urgently undertaken to get the right plan, because the plan that we had clearly wasn't an agreed plan for anybody ... (IRO interview 41)

The second approach shares the understanding that IROs should only review the plan, not make it, but concedes that in some circumstances it is necessary to take a more active role. It is captured in the following comment, from one of the IRO questionnaires:

Strictly speaking we shouldn't 'formulate' it. The social worker should formulate it and the IRO should scrutinise and challenge/suggest improvements if necessary. In practice, it is often quite different, and a poorly formulated plan is developed and improved by the IRO. Sometimes the plan is in such poor shape that I find myself constructing it with the social worker. Arguably we should not do this and should adjourn the review to allow the social worker to put up a plan. Usually I take the view that it is not in the interests of the child to do this – I have only done it once. (IRO questionnaire 34)

The comment reflects wider issues about social worker capacity (both in terms of time and ability to undertake the required tasks), and the quality and availability of supervision for the social workers. It also reflects the pressures to ensure that children do not lose out as a result of these internal difficulties. It is a good example of an IRO using a 'child's interest' frame to explain why he/she did not take a more insistent line.

The third approach, that the boundaries are not really that clear anyway, is reflected in the following comment from an IRO, in one of the interviews. She said that reviews both check *and* make plans, and went on:

If I was to say to a social worker, 'it is not my plan, I didn't make this plan, you made this plan, but I am reviewing it', that's slightly sort of disingenuous ... hopefully by consensus you might reach a view that changes the plan ... another plan evolves through the reviewing process. (IRO interview 38)

The fourth position is captured in the following comment from one of the IRO questionnaires:

I take a very active role in ensuring that plans are appropriate and am fully involved in considering alternatives as necessary and proposing these/challenging inadequate planning as required. (IRO questionnaire 35)

In this comment there is no sense of apologising for taking a more active role, it is presented positively and without any sense of somehow breaching the proper limits of the IRO's role. Later in the questionnaire, the IRO went on to say:

I take part in discussions about the child/case within and outside the normal LAC meetings, and am able to contribute ideas and concepts from best practice and past experience that may fit with achieving permanence and which may not have been considered by social worker/team manager – including for financial reasons. (IRO questionnaire 35)

There is further discussion about the roles and role understandings of the IRO in Chapter 6.

5.2 Organising and conducting the review

Aims of the review and the importance of preparation

Reviews were seen to serve a number of related purposes, and the weight between them would vary according to the circumstances of the child. The main purpose, mentioned most often in the interviews, was to ensure that the care plan was still on track – ‘To make sure that we keep on track and ensure that we have given the child everything they need’ as one social worker put it (Social worker interview 3), or as another said, ‘they monitor and they review and they endorse’ (Social worker interview 1). ‘Keeping on track’ was important for meeting timescales and avoiding drift: ‘It is about progressing things in a timely, clear way, it has got to be clear, clarity is very important’ (IRO interview 11). But this objective has to be seen in terms of the two aspects of the care plan: keeping the permanence plan on track, and keeping the arrangements on track. For some children the permanence plan might have been achieved (for example, they are in a stable long-term foster placement) in which case the focus will be on the arrangements.

But reviews were not simply about keeping a plan on track. As the following quotations show, a variety of other frames were used as well. Reviews were also seen as an opportunity to consider whether the plan was effective in meeting the child’s needs; the child’s progress and wellbeing in the placement; for hearing the child’s voice (and the family’s); and as a way of getting a full discussion between everyone involved in the case, including the child and if possible the parents.

... to make sure that every aspect of the care plan is meeting the child’s needs. Not just looking at where they are placed, but also their education, their contact with their family, their integration into the community, any activities they are involved in, their social needs in terms of friendship – so it is a holistic look at their current situation, whether that care plan is meeting their needs and looking at what changes we need to make so that it does fit their needs. (Social worker interview 35)

I think that [the main aim is] really ensuring that the child is looked after properly. (IRO interview 13)

... my main aim at every review is that the young person is clear about what their care plan is, that they have a voice and that I am satisfied that Social Care have done everything within their power to provide a good enough service, a really good quality service and strive for best really. (IRO interview 30)

I think it is a really good opportunity to be able to sort of get everybody around a room, because outside it tends to be sort of emails and phone calls, but it is nice to get everybody in the room and discuss all the issues and review where you have been for the last six months. (Social worker interview 11)

And Leah’s mother said:

The main aim is to help Leah to be safe, to be in education, to learn how to look after herself and relate to others in a safe and appropriate way; to become more and more independent, learning life skills, and to develop in the best way possible, hopefully keeping all the helpful and good relationships, family, birth family where possible.

Given this multiplicity of purposes, it is not surprising that review meetings could sometimes be hard to manage, and that reviews are regarded as a process rather than simply a meeting. Good

preparation was regarded as vital; as one IRO said 'one thing I learnt pretty quickly was that the better my preparation was for my review, the better my review was, and I've found that to be consistent throughout' (IRO interview 16).

All considered it important to try to gather the views of all involved beforehand, through reports from the relevant professionals and consultation documents (paper or electronic) for children, young people and families, although there were mixed views about the consultation forms, discussed further in Chapter 7). Getting the reports in good time was also seen as important, for everyone to have a chance to read them beforehand and not to lose time in the meeting. As one IRO put it:

... reports to be completed and written properly and thoroughly, and provided to everyone three days at least before the review, so that everyone has the opportunity to read it, look through it, agree it or not agree it, and then we don't need to waste all the time going through elements that don't need to be discussed really. But if it has not been read, then it takes up the review time ... there is no point sitting there for hours on end going round and round in circles, it [the review] should be about presenting the care plan and agreeing a way forward ... (IRO interview 20)

James' IRO also emphasised the importance of getting reports in time and talking with the child/young person before the review:

... If I get a report before a review, then I've got time to look at it, digest it, and have an opinion about it, rather than if I'm given it just before the review and I skip through it quickly, because I know I'm holding everybody up. So, preparation, having reports beforehand, seeing young people before the reviews. And then again, that doesn't have to be face to face ... because for the young people that I know, sometimes I don't go and see them before a review; sometimes I phone them and have a telephone conversation, and I think that's as effective, and sometimes they prefer it

The challenge of having discussions that are honest, comprehensive, sensitive and inclusive, may mean that the review has to involve a series of meetings, although practicalities of workload and sometimes distance meant that this was not always possible; more often, it could be that one review meeting takes place, but is held in stages, with certain people attending for part of it only. This was often the case for children's attendance, but could apply to others – for example, teachers might attend for part of the meeting, to give information about the child's progress at school, but leave before the discussions moved on to more personal matters (the ambiguities of this are discussed further in Chapter 7). One IRO explained it as follows:

... it is a professionals' meeting but it is the child's meeting, and if the professionals want to say something that they struggle with then they have to speak with me separately, but I will tell the child that people want to say things and I will meet with them ... there are teachers in the meeting and sometimes it is a series of meetings. It is not just one big posh professional meeting, it is the child's review, so it could be a series of meetings. I can meet with the child and the foster carer ... or I can arrange to see the parents, because the children don't want the parents in the meeting. A review isn't one meeting and that's how professionals get hung up on a review meeting, and I don't see it that way. (IRO interview 18)

Venue and attendance

Such considerations also played a part in decisions about where the meeting should be held. The venue of the child's most recent review was not always recorded, but where it was, almost half were held where the child was living (foster or residential care, or at home: 43 of 87 known venues, or 49%). Children's services buildings were the next most usual venue, 32% (28). The child's school or college was used in 15% of cases (13); 5% (4) were held in other community venues. The data suggested that there may be differences of approach between the four local authorities in the study. The statistics for the venue of the last review showed that two of them were more likely to hold reviews in the child's home (foster home or residential), and the other two more likely to hold them in other venues. However, it is important to recall that the sample is not representative of all children in care, so one must be cautious about over-interpreting this: but it can be said that in all areas there was considerable concern about the suitability of different venues and timing of reviews (e.g. during the school day or evenings), particularly about children's choices and whether and when meetings should be held in schools.

The suitability of the venue is linked with the question of who attends (e.g. it may not be possible for a very large meeting to be held in a foster carer's house; teachers may say they are not able to attend meetings away from school; it may not always be suitable to invite the parents to the foster carer's home). Analysis of the most recent review report showed that the number of attendees ranged from two (a young person who was almost 18, living in semi-independent accommodation; he did not attend himself) to 11. This was the case of a 13 year-old boy in long-term foster care, who was placed with his sister. Attendees were the boy and his social worker, the girl and her social worker, both foster carers and their supervising social worker, an education support worker, two maternal relatives and the IRO. Two-thirds of the review meetings (66%, 79) were attended by 4-6 people.

Overall, 62 children, 51% of the sample, were recorded as having attended at least part of their review meeting, but after infancy the likelihood of children attending increased steadily with age. For children aged 5 and over, the attendance rate was 58%.

Eight out of ten babies aged under 1 were present at their review; but after that, 25% of the children aged 1-4 were present. For those aged 5-9, 35% attended all or part of their review, rising to 50% of those aged 10-12, 65% of those aged 13-15, and 80% of young people aged 16 and over. This is similar to the overall pattern found by Grimshaw and Sinclair (1997) and Thomas (2000), although in the present study the attendance rates are higher for younger children (under 5), almost identical for 5-12 year olds, and lower for the teenagers. Children and young people's involvement and their different views about it are discussed in more detail in Chapter 7.

As regards parents' attendance, looking again at the most recent review, mothers had attended the meeting in just over a third of relevant cases (36%, 42 of the 116 cases where the mother was still alive). There had been a separate meeting or telephone discussion in a further six cases, 5%, making a total of just over four in ten mothers being involved in the review process. Fathers' involvement was much lower, with only 11% attending (13 out of 114 relevant cases) and 3% (3) having a separate meeting or telephone discussion. There were ten reviews out of the 110 relevant cases where both parents attended the same meeting. There were 15 cases, 13%, where other birth relatives attended – in seven cases with the mother, one case with the father, and the other seven without either parent.

Parental involvement was less likely the longer the child had been in care, and was lower for the older children, and for children on care orders (the same pattern as found by Grimshaw and Sinclair, 1997). Mothers attended over six in ten of the reviews for children who had been looked after for less than a year (62%, 18/29) and fathers a quarter (25%, 7/28). Mothers attended less than a fifth of the reviews for children who had been looked after for four years or more (18%, 5/28) and fathers none (out of 29 possible cases).

Mothers attended almost half the reviews for children aged under five (46%, 17/37), and 5-12 (43%, 17/40), but only a fifth of the meetings for teenagers (21%, 8/39). Fathers attended about a fifth of the meetings for children aged under five (22%, 8/37), about one in ten of the meetings for children aged 5-12 (11%, 4/33) but only one of the 40 meetings for teenagers. Mothers and fathers were both more likely to attend reviews when their child was accommodated under s. 20 or on an interim care order, than if they were on a care order.

As regards the relationship between the child's attendance and the parents' attendance, the data reveals that it was relatively unusual for the child and a parent to attend together, and rare for the child and both parents. For mothers, of 107 cases where relevant data was available, there were 23 where the mother *and* the child attended. There were 19 where the mother attended but not the child, 33 where the child attended but not the mother, and 32 where neither attended. As for fathers, of 108 cases where relevant data was available, there were only four where the father *and* the child attended. There were nine where the father attended but not the child, 50 where the child attended but not the father, and 45 where neither attended. There were just three reviews where the mother, father and child attended: these three children were all aged under 1, in short-term foster care placements, and by the time of file analysis two were on placement orders.

The relationship between venue and attendance is also a complex one. Although the data on venues is limited, children were more likely to attend all or some of their review if it was held in the place they were living, or at school. However parents were more likely to attend if it was held in a children's services office or other community venue. There are many possible reasons for these differences, to do with the circumstances of each case, agency policy about venues, and practicalities of timing and room size, but the differences do reiterate the challenges of involving children *and* parents.

Jacob's case provides an illustration of the challenges of making suitable arrangements for parents and children to attend the review meeting. The IRO described making detailed plans to ensure that his mother did not have contact with him and his brother when she came to the review, which was held at the school. Even so this is what happened, when his mother was unexpectedly still outside the school after the boys left the meeting. Parents' involvement in care planning and review is discussed further in Chapter 8.

Formality and informality

For IROs, one of the main challenges in conducting effective reviews was getting a suitable balance between formality and informality. Reviews have to be well organised to ensure that they cover all the relevant matters required by the regulations and statutory guidance, but flexibility is required to make sure they are effective and inclusive for the children/young people and parents. Being overly formal and rigid was not considered helpful, but a number of interviewees did see value in the sense of formality and the structure that the review process brought. For example, Matthew's IRO said:

I think, probably the formality of it is helpful. Yeah, the fact that it's an identified meeting ... rather than things that kind of just happen on an ad-hoc basis ... because the young person

will know that on a particular day we're going to be looking at the care plan, look what's happening, how much progress they're making towards that ... They know when they're gonna be able to have their say.

Another IRO said:

I'm quite agenda-led. And every time I'll check whether they've been to the dentist, opticians, immunisations, general health, emotional, emotional wellbeing, because I just want to know that that those questions are asked on a regular basis. (IRO interview 45)

The comment reflects the view that 'keeping things on track', the primary aim of the reviews, does require a methodical and thorough approach, so that things are not forgotten. But the importance of responding to the needs of the child, and being sensitive to the fact that reviews might take place in settings such as the child's foster home, meant that it was also important to be flexible. As another IRO put it:

With reviews, they're all run very, very differently. This is in somebody's house, so you have to be mindful it's their home; it's not an office. There are young children there that are going to take priority over the information that I need as the reviewing officer. So it's done far more informally than it might... I say, informal, and the way it's conducted, and what's said, and obviously if a child wants something, then everything stops and that's taken care of. (IRO interview 5)

Social worker and IRO interviewees could see both sides of the coin. Tony's IRO said:

... generally I do use the same structure, but I think you also need to be sensitive to the young people about what it is they want to talk about and what it is that is happening, what they think is helpful, so I don't think you can be totally rigid, you have to be child focused.

And Matthew's social worker talked about the value of reviews being organised and structured, but then went on:

I am getting contradictory here really, because I think it is quite nice in the foster carers' home, but then I also think that that's weird you know, I mean our own children don't have professionals coming in to talk about them. From a professional point of view it seems nice and other people are getting to see how things are for this child. I feel like I am sitting on the fence and I am going to get splinters.

The challenges and considerations of involving children and young people in their reviews are discussed further in Chapter 7.

5.3 Care planning and review in local authority context

Resources and panels

The IRO Handbook observes that the review cannot tie the hands of the local authority, especially when there are resource implications (DCSF, 2010b: para.3.70). The realities of resource limitations, and the relationship between the looked after review system and other local authority decision-making structures, gave rise to some of the most contentious issues and strongest opinions in the study. Local authorities have various panels to authorise significant levels of expenditure, approve placements and changes of placement status (e.g. a temporary foster placement changing to long-term), and in some authorities to review whether a child should become looked after, and/or whether care proceedings should be started. The detailed arrangements and the terminology vary

between different local authorities, but the general principles hold true: decisions which have major implications for the child's up-bringing, and for the local authority's budgets, are highly likely to be reviewed by one or more panels involving more senior managers, possibly from different teams/services within the children's services department, and perhaps professionals from other local authority departments (such as lawyers), and sometimes with other agencies.

There is a wide variety of meetings and panels for looked after children, not all of which focus on resources and funding (or at least, not primarily or explicitly so). The main example here are adoption and permanence panels, which review the quality of social work assessments of children and/or prospective adopters/long-term foster carers. But plans for finding, approving and supporting placements do have to take account of the available (or potentially available) resources, in terms of money, staff time and expertise, and suitable placements. Part of the purpose of IROs is that they should review care planning and decision-making independently of these resource considerations and managerial structures, but once again the data show the subtleties and realities of that task.

The significance of the wider context led one social worker to say:

... the LAC review is often a meeting that really isn't able to make big decisions, it can make small decisions ... But the general direction of the case, it is often in court or there are other processes going on, where actually when it really comes down to it, you know the LAC review won't be the decision-making place. (Social worker interview 7)

Putting it this baldly was unusual, although several of interviewees spoke about the restrictions on local authority decision-making when the case was in care proceedings, discussed further later in this chapter. But the importance of local authority resources became very apparent when the case involved an expensive out-of-authority placement; and in such cases, the pressure on resources is combined with policy decisions about the general benefits to children and families of having placements closer to home (Children Act 1989 s. 22C; DCSF, 2010a, paras. 3.28-3.35; DfE, 2015d: paras 3.30-3.40). This did mean that expensive placements were very carefully reviewed by local authority resource panels, outside the looked after review process, and some interviewees spoke of pressures to move children to closer, or less expensive, placements. Tony's social worker described having to go to separate panels to get authorisation for funding his placement and his therapeutic help. His IRO talked about the uncertainty of long-term funding, and the action she might take to resist any change if she did not consider it in his interests:

... it is quite an expensive therapeutic residential placement. At the last [funding] review they agreed funding until the end of the year, but my hope would be that ... I mean the local authority is reviewing it, and if suddenly they changed the plan that he couldn't be there ... I think we need to cross each hurdle as we meet them, at the moment the plan is for him to be there. If they change the plan in terms of funding you know we might need to get advocacy etc in, because we need to think about what is in this lad's best interests and not necessarily what is in the local authority's budget.

Tony's IRO went on to say that in her experience funding panels do not always take account of the recommendations of the LAC review – 'sometimes they do and sometimes they don't' – and that funding panels which involved other agencies ('joint funding', typically with health and/or education) were even less likely to do so, an issue discussed further later in this chapter. She concluded:

I guess there is two processes, there is the LAC process and then alongside that the organisation review, the financing and funding, and those two aren't always compatible. And

sometimes you have to put up fights and arguments and stuff and say you don't agree with this and kind of challenge, so I guess that is just how it is.

On the questionnaire, one of the IROs bemoaned 'Decisions being made by panels of managers with no case responsibility and limited knowledge and understanding of the child's needs, rather than by social workers and team managers' (IRO questionnaire 22). He/she linked this to the reluctance to fund external placements, but also described it as 'symptomatic of a general distrust of social workers and preference for impersonal, bureaucratic systems and top-down control'.

Against this though, an IRO in one of the focus groups emphasised the importance of consultation about complex cases, and said that a panel might pick up something that had been missed:

So there are safeguards all around. It's quite an efficient system I think. And, especially as I said earlier, on that panel there are people, a lot of expertise and quite senior managers, so you know, with a lot of experience. So, if something is missed off along the line they are able to pick it up. And of course it's, you know, gate keeping, because there are limited resources and those panels are partly responsible for ensuring that the local authority gets the best deal possible.

The study gave some evidence of organisational steps (as distinct from the determination of individuals) to ensure that there was a better interaction between the LAC review system and other decision-making processes. For example, in one of the study authorities it had been decided that a senior IRO would attend the meetings of a monthly panel which reviewed the cases of children in out-of-authority placements. He said:

I'm there more or less to advocate what the IRO and social work team think is best for that child, and I'm quite happy to fall out over that ... You stand alone, do you know what I mean, 'cause a lot of them will be coming from a different place than me, and I only have to come from the IRO's point of view. Yeah, and sometimes I will say – I'll be rational about it, but I will say ... if you decide that you're going down a different route of planning to what the care plan is, then you need to be aware that the IRO may well go to Cafcass. Not often do I have to say that ... And the panels themselves – I'd better not pat myself on the back – said that me being there has been helpful sometimes ... I can shed a bit more light, and they can say: well, actually we think you're probably right, and we'll look at it differently. (IRO interview 45)

Many IROs wrestled with the limitations and dilemmas of review decisions that had resource implications. As one put it, in one of the interviews:

I can't say, 'You will spend the money' that is not within my power to say that, so it was a recommendation rather than a decision. The decision was, I suppose, 'to re-start therapy would be ideal', but the actual decision about doing it remains with the manager who has to spend the money.

But would you have pursued it, if the decision hadn't been made?

Yeah, I would have done. I am not saying that was final, but I am saying I can't simply send a message saying 'pay for this', I can't do that, but I would certainly have pursued it ... (IRO interview 38)

On the questionnaires, one IRO expressed a notably strong view about his/her independence of resource considerations, contrasting it with (what he/she considered to be) the perspective of team managers:

Independence from LA control allows me to identify need and challenge when that is not being provided. The SW and LAC TM have to meet that need through provision of resource and that taints their assessment. Oh yes it does. It has to. (IRO questionnaire 15)

But other IROs did appreciate that all decisions had to take account of the financial implications, even if they should not be driven by them; as another IRO, from a county council, put it:

As an IRO I am outside of the management line and can intervene. I don't have to consider resources (although I appreciate that public monies have to be spent responsibly), and so I can argue on the basis of a child's needs. The only other person doing this is the SW who is at the bottom of the hierarchy. (IRO questionnaire 39)

Many IROs, in the questionnaires and the interviews, described times when they had intervened directly to speak to senior managers, write reports or attend panels to support the argument for a particular decision. There is more discussion of this in Chapter 6, on the roles of the IRO.

Common concerns about care planning and review

On the questionnaires, local authority managers and IROs were asked to identify the three most common concerns that they had had over the previous year about the general performance of the local authority in planning and caring for looked after children. Children's guardians were asked to do the same for the local authority with which they worked the most. Forty managers answered the question, giving 104 items in all (some did not give three); 57 IROs, giving a total of 168 items; and 37 guardians, giving 107 items. There were notable differences in the responses from the different occupational groups, reflecting their different 'frames' (Hawkins, 2002) – that is, their own professional perspectives and priorities.

For the team and service managers, the most frequently mentioned problems were to do with lack of resources, in particular the lack of suitable placements. Half the managers, 20, mentioned at least one difficulty to do with placement choice or quality, and a quarter of all their responses, 25%, related to problems around placements, including fostering, residential care and adoption. Second were problems of poor quality assessments and planning (18% of the 104 items).

For IROs, the most frequently mentioned problems were to do with delay in implementing the goals and tasks in the care plan, followed by poor quality assessments and planning. At least one difficulty to do with delay was mentioned by 24 of the 57 IROs, 42%; and at least one difficulty to do with assessment or planning was mentioned by a third of them, 19 of 57. These two themes made up 21% and 20% of the 168 items respectively.

As for children's guardians, the most frequently mentioned problems (by a long distance) were to do with poor quality assessments and planning from children's services; these were mentioned by two-thirds of the guardians (25 out of 37) and made up over a third of the items they listed, 35%. Even here though it is important to recognise that there is a variety of experience, and good practice as well as poor. For example, one children's guardian criticised social workers for 'a rather rigid and formulaic approach' to birth parents, but then went on to say 'However, I also see some very good practice, with thorough and sensitive assessments undertaken, even when these ultimately result in parents not getting their children back.'

There were also overlaps between the three groups. So whilst the managers mentioned the problems with placement choice and quality more frequently than the others, the other two groups also recognised them as some of the most common difficulties; and all three groups recognised the difficulties of high workloads and high staff turnover, and limited financial resources.

A further question asked IROs and managers to identify three factors which could improve the effectiveness of the IRO role. Almost two-thirds of the IROs (37 of 56 responding) identified a reduction in their workload/caseload. Just under a fifth of managers (18%, seven of the 38 responding) also mentioned lower caseloads for IROs. Just over half the managers, 20 out of 38, made suggestions which envisaged a more active role for IROs, including scrutinising and challenging the care plan more rigorously, engaging more with social workers and other professionals, and/or making a wider contribution to improvements in the children's services department.

5.4 Placements and other agencies

Some of the most difficult challenges were to do with finding and supporting suitable placements for the children, and securing the necessary level of support from other agencies, notably education and health. Effective links with health and education professionals are essential for the successful implementation of care plans, and up-to-date reports on these two aspects are required at each review. Some children's placements required joint funding with health and/or education, which could be difficult to arrange (as was mentioned by Matthew and Tony's IROs). These challenges became more complex when children are placed in foster or residential homes provided by independent agencies, and/or in out-of-authority placements, because then questions of funding and inter-agency liaison became more prominent (including with other local authority children's services departments). This often involved decisions about funding, but the challenges were not only about money, but more basically about 'how much' support was appropriate to keep a placement going, and about whether cases met the thresholds/service criteria of other agencies.

Placements

As regards the financial aspect of placements, social workers and IROs talked about management pressures to keep costs down, in particular to reduce the use of independent foster care agencies, which were often regarded as expensive. However, there were examples of IROs and social workers arguing, successfully, for children to remain in placements where they were doing well. On the questionnaire, one IRO described a case involving two brothers with extremely challenging behaviour, who were placed with agency foster carers and making very good progress (IRO questionnaire 39). The carers had said they would like to care for the boys long-term, but the local authority proposed to move them to an in-house placement. The IRO's view was that the boys should remain in the placement and the only reason to move them was resources. According to the IRO, the social worker and team manager also thought this, but had been overruled by senior managers. The IRO used the formal dispute process and it went to principal manager level, where agreement was given for the boys to remain.

Jenna's case demonstrates some of the dilemmas about how much support and funding to put into maintaining a foster placement. Her permanent foster carers (agency carers) had been finding it increasingly hard to cope with her behaviour, and the social worker and IRO wrestled with the question of how far to support the placement, or whether it would be better for her to move. They did agree to some periods of respite care, arranged through the foster care agency, but by the time Jenna was interviewed her permanent placement had broken down and she had moved full-time to the respite carers.

Another case from the interview sample further illustrates some of the dilemmas of supporting and funding foster placements. This is the case of Aisha, a 10-year-old girl who had been in care since the age of 4. She was on a care order, placed in long-term foster care with two of her brothers. Aisha and her brothers are Muslim, of dual race heritage (African/European). The foster carers are white

British, and not Muslim. There had been concerns about the children's sense of cultural identity, but the foster carers did engage with the local authority in developing a plan to address this.

The foster placement was originally meant as a temporary placement, and was arranged through a fostering agency. The placement is now approved as permanent, and the foster carers have 'transferred' to the local authority. Overall, the social worker and the IRO were satisfied with Aisha's progress and the suitability of the placement, although there had been and still were some concerns. One was about the children's culture and sense of identity, another about the use of respite care.

The foster carers have their own children, and in the process of negotiating the 'transfer', the local authority undertook to provide periods of respite care for Aisha and her brothers, amounting to four weeks per year. The IRO was unhappy about the extent of this and the way it was being used:

... we'd had a couple of experiences where the carers had arranged respite during the children's birthdays, or around Christmas time you know, and we were saying, 'Actually, you know, you have to think of this, 'cos that doesn't make them part of the family, which is what we want as part of these permanent plan arrangements' ... So the task at the review before the last one, was I wanted the social workers to explore with the carers, around the respite levels, when it was happening, how the children found it as well, and whether there should be a reduction. I think part of the hesitancy of social workers is it is part of a contract that we've agreed with them you know ... So some work has been done, in terms of the carers have said 'Oh, it was accidental.' Yeah, I don't know, but there too many times it was happening. But that's been resolved now, that's been looked at.

Issues around standards of care, longer term viability of the placement and what additional support was necessary or desirable also arose in cases where children were placed with kinship carers (as in Danny's case). Indeed, these might also rise for children in residential care (e.g. Matthew's case, where the IRO and social worker were unhappy with the care he was receiving; and Tony's case, where there were disagreements about the provision of therapeutic support, and the cost).

Sometimes there could be conflict between local authorities about placements. For example, Leah eventually found her own placement with the parents of a friend, but this family were already potential carers for a child known to children's services in the area where they lived, and Leah being there disrupted their plans to place this child with them.

Another case from the interview study, Courtney, involved considerable tensions between two authorities about adoption planning. Courtney was taken into care shortly after she was born, and care proceedings commenced. She had an older sister who had been the subject of care proceedings in a neighbouring local authority. The sister was placed with relatives, and originally it was planned that Courtney should go to join her. However, the sister's placement broke down, and her local authority decided on an adoption plan for her. Courtney's social worker wanted to try to find a placement where the girls could be brought up together, and the neighbouring authority eventually agreed, but (according to the social worker) very reluctantly. An apparently suitable placement for both girls was found, and Courtney moved there. Then the adopters were uncertain about whether they could manage both girls, and the other local authority decided to go ahead with seeking a separate placement for the sister. The social worker thought that they had made this decision too hastily, without giving the adopters time to adjust to having Courtney with them. By the end of the study period, Courtney had been adopted, and discussions were still underway about how contact between the girls might continue. In interview, the social worker expressed strong views about the other authority, and about relationships between local authorities generally:

Although we are one government service if you like, each local authority is so protective. I mean logic would have told me that we should have had the care reviews for both children together. Logic would have told me that we should have had all the social workers together. I am aware that the local authority's logic doesn't work and I think that would be your biggest issue, because then you would have two people who oversaw this case who could have possibly joined together and looked at it as if it was one authority with two children.

Health

Many looked after children have considerable physical and emotional health needs, including physical and learning disabilities, and are more likely than other children and young people to participate in risky or unhealthy behaviours (see Chapters 2 and 4 of this report). As discussed in Chapter 2, there is statutory guidance to local authorities, clinical commissioning groups and NHS England on promoting the health and wellbeing of looked after children (DfE, 2015b; DfE, 2015d).

All looked after children should have a health plan which is updated at least every six months for children under 5, and at least annually for older children. The arrangements for the child's health care should be reviewed at each LAC review, and feed into the overall care plan. Each local authority should have a designated doctor and a designated nurse for looked after children, whose roles are strategic, to ensure that health services for looked after children are effectively organised and delivered. There should be a lead health professional for each individual child.

Despite the importance of health care, analysis of the children's most recent reviews showed that attendance of a health professional at the meeting was relatively unusual, in only 19 cases (16%). This does not mean that the health workers had not contributed to the review process, because they should have submitted an updated health report; and attendance might not be crucial if there were no particular health concerns. However, attendance of health representatives was unusual even when children were reported to have disabilities or to be currently experiencing health or emotional problems. A health representative attended seven of the 28 cases where the child was recorded to have had a history of physical health problems, and three out of ten cases where the child was recorded to have current physical health problems.

In one of the focus groups there were complaints from children's social care staff about the lack of full information in health assessments. The designated nurse said:

One of the advantages of my role as a designated nurse over the whole of [the authority] is that I'm able to have a greater overview to try and bring all these processes into place so that they are improved ... I think we have started to see some significant changes and improvements and better working relationships with social care, with everyone that's actually involved in the child's care. And raising the standards throughout health, whether inside or outside, but it's the start of the process.

Difficulties in securing appropriate services from Child and Adolescent Mental Health Services (CAMHS) were the most often mentioned problems, in the interviews and questionnaires. In particular, there was seen to be a lack of appropriate services to address the most challenging behaviour, such as young people who had sexually abused other children, including their siblings.

Sometimes differences in approach and eligibility criteria became apparent when children moved placements. In Jenna's case, for example, the CAMHS in the area where she was placed operated a different approach to the service in her home authority. She had been receiving a service from CAMHS in her home authority, but when she moved to the new area they were not able to continue

this, as she did not meet the criteria for a service there. When her behavioural difficulties increased, the CAMHS service in the home authority offered a consultation service to the social worker and carers, but there was no direct work with Jenna. In Janelle's case, there were delays in getting authorisation for her to have input from CAMHS, because her placement was out of area. Eventually her home authority agreed to pay for this, but after two sessions Janelle herself refused to engage with it.

Education

Improved educational outcomes for young people in care is a key national policy goal, with statutory guidance to local authorities on the arrangements they should make to help achieve this (DfE, 2014d, 2015d), as discussed in Chapter 2.

Each looked after child of school age should have Personal Education Plan (PEP), which addresses their educational progress, activities, views about school, and any support they require. It should be updated in a PEP meeting every six months, which takes place at the school. The difference between PEP meetings and LAC reviews, according to Leah, is that 'The PEP is just education and my review is everything'. She did not think it would make sense to merge them because then the meeting would be too long.

An education representative attended more than half of relevant reviews in the study (i.e. where the child was of school age), 55% (48 out of 88).

As usual, the study found a range of experiences and views about the educational support for the children. Some have considerable behavioural problems that make it very difficult for schools to cope with them, but others were reported to be doing well at school. Social workers and IROs were critical of the level of support from certain schools, but there were also reports of good working relationships, and good efforts from the teachers and other staff to help the children. The major complaints were not about what happened to children who were *in* school, but about the lack of services and support for children who were out of education. But in one of the focus groups, the virtual school head (VSH) said:

When I first took over the virtual school there were often kids out of school for months because most of their care placements hadn't actually thought they need to apply for schools, as if it happened by osmosis in some way. So children were often having disrupted education for no real reason actually, you know, it just needed to be done. So we've done a lot of work with that, with our social work colleagues. We work really closely with the IRO service now, and with the team who find the placements. So I get notified when children are moving, so we're on to it really quickly to make sure, actually are they able to stay in their school?

There was evidence of considerable efforts to keep children in their schools if possible, even if their placements changed. This might involve paying for transport, but foster carers sometimes took on the extra help with travel. One IRO reported that her authority had a policy that they would only pay for extra travel for one term, and also spoke about the importance of parity between foster carers.

In the interviews, one social worker described a school as 'quite dire in relation to their looked after children processes ... quite lousy', but in Jacob's case, the IRO described the school as 'absolutely excellent'. The local authority had paid for a cab so that Jacob and his twin brother could continue going there even after they moved to their new placement. It had now been decided that the boys would go to separate schools, to help them develop their social skills and not to fight so much.

In James' case, the social worker had made a complaint to the VSH that his previous school had not spent the pupil premium on him, but she went on to describe his present school as 'really, really good. You know, if we say "jump" they say "how high?" They are so good and accommodating of anything we ask of them'. Jenna's behaviour had been very problematic at school, and the IRO thought the staff had not fully appreciated the extent of her difficulties at first; but now, she was making good progress and felt very well supported by her form teacher.

5.5 Care planning and the courts

The impetus for making the role of IRO a statutory requirement on local authorities came from the courts, as described in Chapter 2. It is important for the courts to be confident in the effectiveness of the IRO service, to be sure that court-authorized care plans are monitored and implemented properly; or, if they have to be changed, this is done transparently and in the best interests of the child. But also, whilst care proceedings are in progress, it is important that there are effective links between children's guardians and IROs, with clear communication and avoidance of unhelpful or unnecessary duplication.

There were different views about the ongoing importance of reviews, and the respective roles of the IRO and the guardian, whilst care proceedings were in process. Some interviewees and questionnaire respondents thought that reviews were superseded by the court's role as decision maker, and the IRO by the guardian's role as reviewer and influencer of the care plan. As a social worker said in an interview:

... whilst we're in proceedings, I don't see the importance of it [the review meeting], no. I don't think it really is important because other things take priority and precedence. But, um, after proceedings, yes, definitely, for kids on care orders ... it is important because they can get lost to the system otherwise.

So when a case is in court, you feel it's perhaps unnecessary ... to have the meeting?
Yeah, because the courts direct what's going on, and then all you're doing is rubber-stamping it in a care planning process, in a LAC review. (Social worker interview 1)

And an IRO, from a different local authority:

... the role of the IRO in care proceedings probably needs to be scaled back ... Because most key decisions are taken by the courts, so the IRO's role has to be superseded really by the court, and rightly so. And it does mean sometimes review meetings are a bit false to me, it feels to me that you can't really make decisions in certain situations, because all of that has to be referred to the court anyway. (IRO interview 24)

However, although the overlap and tensions with the court were widely acknowledged, most IROs thought that there was still an important role for them and for review meetings when cases were in proceedings. One aspect is to check carefully that the child's needs are being satisfactorily met. As one IRO put it:

... when it is in the court process you don't have a lesser role, because although some of the direction of your role is already laid out ... [the] times when you need to be most mindful are when you expect things to be going in a certain way ... you know if you are expecting things to go at a certain pace blindly and don't test that out. It is being aware that you need to test out your assumptions, and within any review I always ask social workers and family placement social workers to provide comment on the care that is being provided ... so you

test that out at each review, you know: what are this child's needs and are they being sufficiently met? (IRO interview 42)

Contact was often cited as an example of an issue where the IRO and the review process had a continuing and important role to play. One key task might be to add detail to the court plan, for example about the transport arrangements and venues; another would be to review the implementation of that plan, and if necessary take it back to court, if it was not working well. Furthermore, the IRO and the review process address other issues, such as the child's education and health care, which may not be addressed in such detail in the court care plan (especially so given the 2013-14 changes to care proceedings).

The view that IROs have a valuable contribution to make to the progress of the child's case and the representation of his/her voice, even when cases are in proceedings, is reflected in the following comment, from an IRO. When asked if she thought the roles of IRO and guardian complemented one another, she said:

I do, probably more so now than when I first started as a social worker, because the role of Cafcass has changed quite significantly. When I first became a social worker, I remember the guardian being quite actively involved with young people and having that oversight, visiting and seeking out the views of children and parents. But they don't seem to be as active any more, I don't see them going to visit children as much, I don't see them contributing as much. I do think there is an element, especially from the local authority side of things, in ensuring there is no delay. A guardian is not necessarily going to ensure that there isn't any delay in the social work aspect of the care proceedings, so I think there is an important function in that side of things as well. (IRO interview 5)

Contacts between IROs and children's guardians

Effective working relationships between the IROs and guardians have been a priority since the role of IRO was created. Cafcass published practice notes on it for its staff in 2007 and 2011; but the 2013-14 reforms to care proceedings have intensified the need for clear guidance, leading to the new national protocol in 2014, which is designed to be adopted in each local area, by being signed by the relevant senior officers (ADCS and Cafcass, 2014). It recognises that responsibility for effective contact between the guardian and the IRO is shared between both parties, and sets out a framework for exchange of information and consultation.

The large part of the present study was undertaken before the new protocol was launched (the beginning of 2014), although drafts of it were known in late 2013, and some interviews took place after this, and the questionnaires were circulated after this. Generally the interviews and questionnaires described practice before the launch of the new protocol, and confirm the need for clear guidance and good support for inter-professional working. Some do refer to the new protocol and comment that this is beginning to bring about changes. Generally the data shows frustration from both sides about poor communication, and considerable scepticism from guardians about the 'independence' of IROs; but there are examples of positive guardian-IRO links, and a sense that things are generally improving now. The data suggests that effective working relationships have been largely a matter of individual initiative and commitment, rather than consistent management arrangements.

The questionnaires for IROs and children's guardians contained a section where they were asked to assess their own role and that of the other professional during the course of care proceedings. There was a range of issues, and respondents were invited to tick whether they happened always, mostly,

sometimes, rarely or never. A summary of the responses regarding the exchange of information during proceedings is shown in Table 5.1 below ('always' and 'mostly' categories are combined, as are 'rarely' and 'never'; the 'sometimes' category can be calculated from the statistics given). It is important to note that the respondents are not paired, so they are not talking about the same cases, but the table does reveal that the two groups have very different perceptions of what happens.

Table 5.1 IROs and children's guardians' perceptions of contacts during care proceedings

When case is in proceedings:		Always or mostly	Rarely or never
<i>CG contacts IRO to give updates on court and receive updates on care planning</i>	IRO	27%	27%
	CG	67%	10%
<i>IRO contacts CG to receive updates on court and give updates on care planning</i>	IRO	44%	19%
	CG	8%	62%
IRO and CG discuss care plan at end	IRO	19%	45%
	CG	54%	23%

The table shows that both groups tend to emphasise what *they* have done, rather than the other professional. So, just over a quarter of the IROs, 27%, say that the children's guardian initiates contact in all or most care cases to give information about the court proceedings and receive updates on care planning, and the same proportion say this rarely or never happens; but in sharp contrast, two-thirds of the children's guardians, 67%, say that they always or mostly contact the IRO. (IROs were much more likely to say that they received updates on the court proceedings from the social worker: two-thirds, 66%, said this happened in all or most cases).

On the other side of the coin, over four in ten IROs, 44%, say that in care cases they will always or mostly contact the guardian; but fewer than one in ten guardians, only 8%, say that the IRO always or mostly contacts them. Nearly two-thirds, 62%, say this rarely or never happens.

As for discussions between the IRO and the children's guardian at the end of the proceedings, fewer than one in five IROs, 19%, say this happens in all or most cases, and more than twice as many, 45%, say it happens rarely or never. The proportions are reversed for the children's guardians. Just under a quarter of them, 23%, say that such discussions take place rarely or never, whilst 54% say they happen always or mostly. The guardians are nearly three times more likely than the IROs to say these discussions happen in all or most cases; but even so, at 54% it is only just over half of them.

What sense can one make of these findings? They suggest great variability in practice, so it is possible that all are giving an accurate account of their own experience; but another factor may be the common human tendency to remember what one has done oneself, rather than what other people have done; and linked with that, a tendency to remember things that have gone wrong or caused dissatisfaction, rather than things that have worked smoothly, without incident. But also, the findings point to the importance of individual initiative and commitment to making and sustaining good links between IROs and children's guardians.

This individual variability was confirmed in the interviews and the written comments in the questionnaires. It is reflected in the following two quotations, from different IROs in the same authority:

I've got very good links with the guardians and so if I pick up a looked-after case, and I know it's in court, I will immediately try to find out who the guardian is, to link with them, or if I don't know I will get in touch with the service manager for Cafcass, because I think it's

important that the guardian and the IRO work together – and I don't always agree with them, and they don't always agree with me. (IRO interview 37)

But the other IRO said '... we don't have an awful lot of contact with guardians, or I don't have an awful lot of contact with guardians' (IRO interview 34).

From another authority, an IRO said:

Well we have got all the stuff in place, it says we should all contact each other, but it doesn't happen – I don't know why, whether it is timescales or it is not enforced enough. I mean I rarely get a guardian contact me, but I did get one at a review last week which was good, because it helps, but it is not happening enough ... the thing is, whatever care plan you actually make you are expecting me to monitor after, but surely we should all be talking together a bit better. (IRO interview 26)

An IRO from a third authority thought that both sides were making efforts to improve relationships between Cafcass and the IRO service:

... that relationship is improving. I think there's greater collaboration there. I don't think it's anywhere near where it should be, and I think that's partly to do with their capacity. I think it's a bit to do with our capacity, but I think theirs is even worse, at the moment. I think it could be a far more fruitful relationship than it is, in terms of children's best interests, and I think it's still got a long, long way to go, but it's better. (IRO interview 14)

And finally, an IRO from the other authority, interviewed after the launch of the new protocol said:

I have seen a slight change with this protocol being in place, in that the guardians are making more of an effort to keep in touch with the IROs, so I think in a way this protocol will start to work. (IRO interview 5)

In two of the study authorities, and in a number of the questionnaires, there was mention of periodic team meetings between Cafcass guardians and IROs, which were regarded as an effective way of promoting good links and mutual understanding.

As regards attendance at reviews, the ADCS-Cafcass protocol (2014) says that the guardian's attendance 'is generally not required'. The Cafcass Operating Framework says that this 'may be a good way of understanding all the factors in a case and all the players, but attendance should generally be kept to pivotal meetings only' (Cafcass 2014a, para. 3.14). A number of IROs noted that guardians did not come to reviews as often as they had in the past, and some regretted that.

As for the guardians' views, these are captured in the questionnaires and comments from Cafcass representatives in the focus groups. The following comment from a guardian in the questionnaire demonstrates typical themes:

At the start of a case I either email or telephone the IRO to inform them of who I am ... I can gather information from the IRO if the child has already been having reviews ... I see my role as influencing the care plan whilst it is in court but it is the role of the IRO to help enforce that care plan for the children and it is helpful for us to consult with each other to promote the best interests of the child. I have experienced some very good interaction between myself and the IRO which has helped shape the local authority thinking and decision making ... the standard of IRO varies person to person and local authority to local authority, so it is sometimes hit and miss who will keep in touch with me. There are those who are prepared to really promote the interests of the child and do appear more independent, or those who

do only what they need to do and never really challenge the local authority or social workers involved, even when they should probably do so. (CG questionnaire 1)

The quotation reflects an understanding that consultation is important but also the experience of variability, with some 'very good interaction'. It shows doubts about the readiness of IROs to challenge where necessary. It also reflects one view about the different roles of the guardian and IRO in care planning for cases in court: the guardian sees herself as 'influencing' the care plan, and the IRO helping to enforce it. But another guardian saw the IRO's role in a slightly different way, not just to enforce the plan but to ensure that other agencies pay their part too:

My role during proceedings is to raise issues with the IRO that they can get a grasp of from a more influential multi-agency role, and to work with them on resolving issues. I also liaise with them as to their view of proposed care plans. (CG questionnaire 2)

These general principles were shared amongst many other guardians, although some took a less positive view about how well they were being achieved. A number of guardians questioned whether IROs always had sufficient and accurate information about the case, and how good IROs were at insisting on this, although others said they had found IROs very useful sources of information about cases. Some guardians said that they contacted the social worker (and team manager if necessary) rather than the IRO. One guardian expressed common misgivings:

I have worked in both roles and this is personal experience, so please don't generalise from it. The IRO has little real power – they lack genuine independence and are painfully aware of resource issues for their authority etc. – many of them may have worked for that authority as social workers and will have allegiances. (CG questionnaire 31)

IROs tended to have a somewhat different view of these issues. They often thought that they had fuller information about the case than the guardian, and some said that sometimes guardians appreciated the IROs' greater knowledge. They also thought that they could use their knowledge of the authority and their links with other staff to good effect. Furthermore, IROs often thought that they knew the young person better, because guardians might have very little direct contact with the child. It is also worth noting that for many looked after children, the guardian is only involved for a relatively short period of their time in care, if at all (i.e. they do not play any part in the s. 20 cases that do not go to court). The roles of the two professionals overlap at times, but each see rather different aspects of the process and are likely to 'frame' their experiences accordingly.

5.6 Conclusion and key points

This chapter has highlighted the breadth and complexity of the systems and professional relationships through which care plans are made, implemented and reviewed. This context of complexity, overlap and tension compounds the depth and complexities of the children's needs, as described in Chapter 4. It becomes clear that care planning and review cannot be understood as a straightforward, linear process: there are many tangents, turns, constraints and outside forces pressing on it. Another factor is the breadth and ambiguities of the IRO's role. The next chapter goes on to look in more detail at the range of roles that IROs fulfil and the subtlety of much that they do.

- Care planning and review take place in a context of multiple decision-making settings and levels, with different agencies and professionals involved. The review may not be the final decision-making body.

- Although the statutory guidance says that IROs' duties are to review the care plan, not make it, in practice there is a range of experience and different views about the IRO's role in this. In particular, IROs said that they might have to take on a more active role in making the plan in response to shortcomings in social work practice and planning; others identified intrinsic overlaps between reviewing and making plans.
- Reviews have multiple purposes. The main one was seen to be 'keeping the plan on track'; other elements are to review how well the child's needs are being met; his/her progress and wellbeing in placement; hearing the child's views and wishes; hearing the views and wishes of the parents and relevant others; and bringing together everyone involved in the case.
- Effective reviews require skilful chairing. Issues of who attends (and what parts they might attend), formality/informality, and venue, all require careful consideration.
- The relationships between the local authority care planning system and the courts, and between IROs and children's guardians, can be demanding, and may be shaped by powerful stereotyping and misunderstandings. Guardians and IROs had very different perceptions about how they worked together when a case was in proceedings. The 26 week limit for care proceedings does have implications for the role of the IRO (although the substantial majority of the children IROs work with are not involved in current proceedings) and there is a national protocol for working relationships between IROs and children's guardians. Children's guardians were often sceptical about the independence and effectiveness of the IRO.

Chapter 6: The roles of the IRO

When considering the contribution of IROs to the care of looked after children, it is important to bear in mind that the IRO is, in normal circumstances, one of at least *three* social workers who have a responsibility to ensure that the needs of any given child in care are being properly met. The other two social workers are, first, the child's allocated social worker, on whom the primary responsibility falls for discharging local authorities' responsibilities towards children in care, and, second, the allocated social worker's line manager, part of whose job is to ensure that the allocated social worker carries out his or her job properly. In many cases, additional social workers will also be involved, such as residential workers, the workers who recruit and support carers, various other managers, and, if the child is subject to care proceedings, the court-appointed social worker, the children's guardian, who has 'a duty to safeguard the interests of the child' under s. 41 of the Children Act 1989. It is therefore worth asking what is distinctive about the IROs role *vis-à-vis* the roles of these other social workers, all of whom would presumably see themselves as working to 'safeguard the interests of the child'.

6.1 Overlapping roles

Similarities and differences between IROs and other social workers

It is clear from this study that there are considerable overlaps between the roles of these different social workers. For instance, one IRO stated in an interview that 'the [IRO] role is to ensure that this child has all her needs being met ... through health, education, contact with family, her emotional needs, social needs ... so it's overseeing that she's got everything she needs, really ... in terms of the placement' (IRO interview 44) but this also reads like a description of the role of a child's allocated social worker, whose function after all is not to care for the child personally, but to bring together appropriate care provision for the child and oversee its delivery. Again, when an IRO describes an important part of their role as 'making sure that the child has a voice in the planning process' (IRO interview 35), or asserts that 'I think we've become a voice for the child or young person' (IRO interview 37), this is entirely in line with the IRO Handbook which lists 'promoting the voice of the child' first among the specific responsibilities of an IRO (DCSF, 2010b: para 2.14), but children's guardians may also define their role as being 'the independent voice of the child' (this exact phrase was used in the questionnaires, by two guardians from different areas). Allocated social workers, too, may also understand their role in just such terms: 'I feel that ... the majority of my role as a social worker is to definitely make sure that we can be the voice of the child' (Social worker interview 4).

Similarly, the IRO Handbook specifies that the IRO's primary role is to 'ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child' (DCSF, 2010b: para 2.10). Several IROs stated that one of the key aspects of their role was to 'prevent drift' or 'avoid drift and delay', but this could equally well be seen one of the responsibilities of the managers of Looked After Children teams.

Making the best use of limited social work resources

There is an 'opportunity cost' involved in the IRO system, first because IROs and their administrative support tie up resources that could otherwise be made available for direct service provision, secondly because the IRO service removes experienced social workers from front-line practice, and thirdly because additional social work time will inevitably be taken up by having to answer to at least two separate monitoring systems (line manager and IROs), than would be the case if social workers were only answerable to one: 'I think a lot of it is just duplication.... So it's a lot of work, in relation to social workers, duplicating stuff over and over again.... Again and again and again. Saying stuff, just, you know, repeating, repeating all the time' (Social worker interview 1).

The function of IROs, as defined by the Handbook, *is* different in several respects from that of any of the other social workers involved: IROs have special responsibility for chairing reviews (para 2.11), they have an overall responsibility for monitoring the performance of the local authority towards looked after children (2.13), and they also have a unique organisational position, since they are expected to have a status equivalent at least to an experienced team manager, but to be 'independent' in the sense of being specifically prohibited from having management responsibility for the allocated social worker, for 'preparing the care plan', or for 'control over the resources allocated to the case' (DCSF, 2010b: paras 2.17-2.18). But do the distinctive aspects of the IROs' position have sufficient utility to outweigh the cost of this additional tier of social workers? And if so, *how* should IROs deploy their efforts in order to make the best use of them?

To make this point in a more concrete way: although data on social work caseloads is difficult to interpret, a 2014 UK-wide survey found the average caseload for a looked after children's social worker was 21 (Unison, 2014: 24). This would mean that a social worker has somewhat under 2 hours per week to complete all the work necessary for each case (including direct contact with child and carers, travelling, recording, paperwork, liaison with other professionals, supervision, meetings and organising practical arrangements such as contact). This sort of arithmetic alone may, at least sometimes (to put it no higher than that), be the explanation for delays and shortfalls in the delivery of services to children. In such situations, simply to put in an additional layer of scrutiny – yet another person for the social worker to answer to – could be counterproductive, since it would take away even more time that the social worker could have used for direct contact, organising arrangements and so on. The money spent on additional scrutiny might be better spent on more social work time. However it might also be the case that an extra layer of scrutiny could be valuable, if it contributed in a positive way to the service being delivered, i.e. more than 'just' checking.

IROs generally seen as making a positive contribution

On the whole, and with some exceptions, most respondents, including social workers, managers, children and parents, took the view that IROs *did* play positive and useful roles. Even the social worker cited above, who complained about the duplication involved in the review process, considered nevertheless that 'it's a process that needs to happen ... so there is an overview of ... that child's care planning' (Social worker interview 1). And, although one might perhaps expect social workers to feel over-managed as a result of having to account both to their own line managers and IROs (and often to guardians and courts as well), in fact they often expressed their appreciation of the fact that IROs were checking up on them, and indeed offering more than that. For example, this social worker appreciates the monitoring and the consultation that an IRO can offer:

I hate saying this, but I think they are really good ... I think it is quite good and very healthy to sit and discuss things rather than just me making decisions and not being accountable for them. I think that would be very dangerous. And not always effective for the child. (Social worker interview 39)

6.2 Making plans or reviewing them?

The IRO Handbook states that IROs are 'not to manage the case, supervise the social worker or devise the care plan' (DCSF, 2010b: para 1.22: see also para 2.18) but social workers frequently spoke about IROs giving them support, discussing options and making suggestions. As we saw in Chapter 5, IROs held a range of views about the balance between making plans and reviewing them, reflecting the complexities and ambiguities of practice. At one end of the spectrum there were those who asserted a strict demarcation between making and reviewing, and tried to hold to the reviewing side, and at the other there were those who were open and unapologetic about taking an active role in creating as well as reviewing plans. In the middle, frequently expressed views were that necessity pulls IROs across the boundary into formulating the plan, but also that the distinction is some ways a false one, and that reviewing and making plans are wound together in an ongoing process. This section gives further evidence of the different aspects, drawing on the views of team managers (from the questionnaires) and social workers (from the interviews).

Some of the looked after children's team managers said that they and their social workers did not actually make the child's permanence plan, but often inherited it from a previous team (and perhaps from the court); those who did see themselves as having a role in making the plan, tended to assert that they and the social workers made it in supervision (following assessments and appropriate consultation with others), and the IRO's role was to check it. This position is captured in the following comment, from one of the questionnaires:

As a child in care team manager, I oversee the formulation of a permanence plan for a child. I ensure, through on-going supervision and guidance to the social worker, that they follow and comply with permanency planning policies. The social worker's role is to formulate the permanence plan, in partnership with the adoption/fostering/kinship team, guided by expert advice, if necessary. The IRO's role is to scrutinise the plan, to both ensure that the relevant procedures have been followed and that the plan developed is in the child's best interests. (Managers' questionnaire 1)

But the blurring of the distinctions was apparent. For a start, team managers often spoke of *themselves* as reviewing the plan, through social work supervision, so did not see the IRO as the only scrutineer. And team managers also recognised that IROs could play a part in creating the plan, for a variety of reasons:

I am of the view that the social worker should set out the plan and the IRO should review and ratify the plan. On occasion the IRO may become more involved in formulating the plan but this is not the role – this may happen if the social worker is not doing the job as competently as I would wish, but also when there have been changes of worker the IRO may be the person who has a greater overview knowledge of the situation. (Managers' questionnaire 4)

The IRO reviews plans but in reality, due to the lack of experienced QSWs [qualified social workers], they do support formulation of planning at times. (Managers' questionnaire 20)

IROs tend to review the plan, unpicking it and the reasoning/assessment behind it, rather than formulate it, but this does depend to some extent on the IRO, the more experienced IROs tending to be a bit more proactive. Also in times of crisis, i.e. first review after an unplanned admission/ change of placement, they tend to be more actively involved in planning, but this does also depend on how coherent the plan presented to the review at this stage is or is perceived to be. (Managers' questionnaire 39)

Nearly all team managers said that if there were disagreements they would discuss these with the IRO, and matters were usually resolved at that stage. But some expressed misgivings about the role of the IRO in making plans:

On occasion I have had concerns that the IRO is too involved in formulating plans inappropriately, and I have been clear that this is not their role as they are not the worker's team manager. (Managers' questionnaire 4)

One team manager described a case where he/she and the social worker had devised a complex plan for contact between a large group of siblings in different placements, taking account of their differing and high levels of needs. In the review the IRO decided this was too complicated and reverted to the previous arrangement where all the children had contact together. The team manager decided that it would be too confusing to change the arrangements again, but commented 'If time wasn't a constraint, I would either attend the review or discuss with the IRO in advance. I would usually expect the social worker to do this but she hadn't and stated she had felt under pressure in the meeting'. The manager's frustration came across even on a written form: 'The IRO crossed over into care planning rather than reviewing' (Managers' questionnaire 21).

Even so, this manager was able to describe another case where an IRO's input had contributed to a change of plan, but in a way that the manager considered helpful. Generally, team managers tended to appreciate the role of the IRO, whether in 'making' or reviewing. In the quotation below, this is because of their perceived independence:

I see the IRO's role as being key, as they are in many senses independent of the care team for the child, and their visits and consultation with the child are an important safeguard and challenge to plans and day to day decision making. (Managers' questionnaire 25)

Differing views as to whether the IRO is a plan-maker or a plan-checker were also to be found among the social workers interviewed. In fact, rather strikingly, even within the same authority quite different understandings could exist about where decision-making takes place. Thus the following social worker is adamant that decisions are *not* made by IRO, although even here the blurring comes across in the recognition that they can contribute to the plan:

No, that would be team manager ... And I'm very, very clear about that now; they [IROs] wouldn't ... they don't ... I guess they can contribute to the plan ... and they can ask questions about the plan, but actually, the final say about the placement, about the plan, about further planning, is the team manager's responsibility. (Social worker interview 37)

But to another social worker from the same authority, it seemed obvious that the review was the primary decision making forum:

I think if it's in the court arena it would be in the court. But other than that I'd say it was in the review arena.

Right, okay. So they are not something that's made by you and the team manager?

Not significant decisions, no. Because obviously you've got the decisions in terms of the care plan and stuff are obviously made at the review. (Social worker interview 38)

This lack of consensus as to whether IROs make plans or check them reflects a certain ambiguity within the Handbook itself which speaks in paras 3.70-3.73 about 'decisions made at reviews', but accepts that these still have to be agreed by the team manager (and specifies the period of five days for them to disagree). Also, the Handbook describes IROs as chairing reviews where 'consideration must be given ... in relation to the care plan ... whether to confirm or change it' (DCSF, 2010b: para 3.8), so IROs are clearly involved in developing new, or at least modified plans. They do so, however, as part of an elaborate system of checks and balances through which plans must pass before they are finalised and implemented, as described in Chapter 5. What was apparent is that different balances could be struck between the elements of this system, partly according to the nature and needs of the cases, but also according to the different individual approaches of the IROs and the other social workers involved.

6.3 Fluid roles

Just as the boundary between making plans and reviewing them is more fluid than some of the guidance might suggest, so, in a similar way, other aspects of the roles performed in practice by IROs had rather more fluid boundaries than those prescribed in the Handbook. The following were the key roles played by IROs. In some cases they are very much in line with the guidance in the Handbook, in others less clearly so:

- 1) *Monitoring permanence and future planning*
- 2) *Identifying problems and gaps in arrangements for children*
- 3) *Holding an objective overview*
- 4) *Knowing the child and ensuring his/her 'voice' is heard*
- 5) *Acting as a bridge between parents/extended family and the LA*
- 6) *Keeping things on track*
- 7) *Offering advice or practice wisdom*
- 8) *Providing continuity*
- 9) *Providing extra 'fire power'*
- 10) *Direct intervention*

To consider each of these in turn:

1) *Monitoring permanence and future planning*

The Handbook states (para 3.50) that 'One of the key functions of the care plan is to ensure that each child has a plan for permanence by the time of the second review', and the IRO is meant to ensure not just that a plan exists on paper, but that it is actually being implemented in a timely way that avoids 'drift' (para 3.39). As one social worker put it:

[The IRO] would work through all the aspects of care for this little girl and ensure that we're actually doing what we should be doing, and if we're not setting timescales that we have to achieve them by. (Social worker interview 36)

This is a core role, arguably *the* core role of the IRO, so one would expect to see this being performed thoroughly. Generally speaking it was. In the case materials examined for this study, permanence plans were usually in place that were clear and were being pursued with reasonable speed, and IROs were actively involved in making this happen, although it was apparent that there were often difficulties, setbacks and changes. All social work operates in conditions of uncertainty, need and limited resources, and it would not be fair to argue that the extra tier of scrutiny represented by the IRO has 'failed' simply because difficulties sometimes arise, provided that IROs could be seen to be picking up on delays and problems, and to be using the authority of their position to help drive things forward. On the other hand, if a poorly developed plan or an unimplemented decision was allowed to pass without comment by an IRO, or if the same unimplemented decision is simply recorded from one review to the next without evidence of any follow-through on the part of the IRO (as in the *Lancashire* case), then clearly the question does arise as to the value being added by the IRO. From the 122 cases studied in this project, serious shortcomings of these kinds were the exception rather than the rule.

In some situations, where plans were well-developed and moving forward satisfactorily IROs quite appropriately took a 'back seat', but where plans were taking too long to be clarified or were not being implemented with an appropriate level of urgency, there was abundant evidence of IROs intervening to unblock things, using a range of methods ranging from setting tasks and timescales in reviews, to negotiation with social workers, team managers and service providers outside of reviews, to the use of various levels of formal challenge. In the case of Austin, for instance, a 4 year old boy who had come into care aged 2½, the current IRO (there had been two others) was critical of previous and current social workers for, among other things, not driving things forward at an appropriate speed. To address this she increased reviews to three-monthly in order to monitor the case more closely, spoke to the social worker prior to the review and the team manager afterwards to get things moving, contacted a psychologist herself when she thought therapeutic services were not being arranged quickly enough, and used the 'case alert' system to raise concerns. The issues that concerned the IRO were addressed and Austin's temporary foster carers were now approved as his prospective adopters. There were many other instances of IROs acting assertively to move cases forward in many different ways.

That said, there were cases where unclear plans or long delays did not appear to have been adequately challenged. For instance, Marlowe was a 14 year old boy with mild learning difficulties, mental health problems, and challenging and sometimes violent behaviour, who was in residential placements during the period of the study. The permanence plan recorded in the fourth review was only that 'he is to remain in the care of the local authority care until he reaches majority', which is

not adequately detailed or placement plan, but passed without comment. It was raised by the social worker in the same review that the local authority was looking for another placement, but the review decisions made no comment about the kind of placement Marlowe needed, or the handling of his move, and this suggested a lack of focus on the what is arguably the single most important aspect of the plan for a child: in what kind of placement ought he or she be living? That said, it must be acknowledged that in this case, as was true for a number of very challenging adolescents, part of the problem was the difficulty in finding *any* placement that could actually contain him, something that cannot fairly be laid at the feet of any of the social workers responsible for the case, whether the allocated social worker, team manager or IRO.

2) *Identifying problems and gaps in arrangements for children*

In addition to monitoring the overall plan, IROs have a responsibility for looking at the detail of planning, the day to day arrangements, ensuring not only that the overall plan is moving forward at an appropriate pace and in a clear direction, but also that a child's needs are being addressed here and now. Again there were many examples of IROs intervening in various ways to ensure that specific aspects of the arrangements were resolved. For Aisha, the IRO used the dispute resolution process to resolve a long hold up over obtaining a passport for the child (Aisha had links with another country outside the UK). For Jacob, the IRO met with the social worker and the team manager after the first review to satisfy herself that the contact arrangements would be safe for the child, and wrote to the deputy director to resolve a problem about transport funding.

In some cases, action on aspects of the arrangements did seem too slow. To return to Marlowe, discussed above, his third review noted that the medication he had been receiving for two years was not suitable for long-term use, and might actually aggravate difficult behaviour rather than help to manage it. However, action on this did not become a review decision until the next review, six months later, when a medical review of the medication was requested. This medical review recommended a reduction in medication, but by the fifth care review, another six months on, no reduction had occurred. At this point, however, the IRO did take decisive action, specifying a one week deadline. At the subsequent review, where Marlowe was reportedly making good progress, the fact that he was more active was attributed to his being taken off the medication. Although the IRO's involvement did appear, eventually, to make things move more quickly than they otherwise might have done, it was regrettable that a year had passed since the issue was first raised in a review, particularly when one considers that Marlowe's challenging behaviour was the major obstacle to his having a clear permanence plan.

3) *Holding an objective overview*

(a) *Casework*

The IRO's ability to bring a new perspective or a 'fresh set of eyes' to a case was widely commented on. For example, from this IRO:

I think sometimes you can drop into a case that six months ago was okay and six months later when you go in, there is a kind of a sixth sense about, this isn't right and sometimes that's missed by social workers. And I again can think of a situation recently where I have had a new case to me and I phoned up the social worker to say that I am really not happy with how this was presented to me, there is something wrong about these carers. And we

discussed it and she said, 'Thank you for that, I hadn't really thought or noticed.' So I think that fresh pair of eyes is really quite important. (IRO interview 38)

One IRO used the term 'helicopter view', giving the following image:

... we are not the hands that provide the direct service, although based on the logic and the attention to process, we can steer those hands we have that helicopter view and you need to lower the helicopter at a given points to provide closer scrutiny If you can picture a helicopter with say a spotlight, and you are responsible for an island and you need to have a clear view of different aspects of that island and then you know, yes, you will automatically come down in certain areas, but sometimes the helicopter is hovering higher than you would have liked. And yeah, I suppose we have a doorway to the management system, in terms of a management system that is responsible for social workers that are providing the service. So if there are areas where change needs to happen or things are not true to process or the logic there, we can try and circumnavigate that, by presenting the picture to the manager. (IRO interview 42)

The image here – the helicopter, the spotlight and the island – gives a picture of IROs having an overview of individual cases, and the wider context, but sometimes needing to drop down, or focus in on a particular area, to get more detail about it. The IRO said that smaller caseloads and more time were necessary to do that properly.

The value of this objective viewpoint was often appreciated by social workers and team managers:

When you look in from the outside, you can sometimes see things a little bit differently than ... when you are involved in a case (Social worker interview 4)

I appreciate the independent overview of our practice. Challenge is made without blame, and healthy debate results in improved planning. (Managers' questionnaire 27)

It is helpful to have independent scrutiny of social work planning and interventions – particularly when this is collaborative and non-confrontational. (Managers' questionnaire 30)

These comments indicate one of the ways in which IROs can lay claim to being 'independent' in the sense that the word is used in the IRO Handbook. Some respondents questioned how real this independence was (to be discussed further in Chapter 9) but it was clear that many did indeed see IROs as being independent in the specific sense of separate from day to day operational responsibility, and regarded this as valuable. Indeed, a combination of this position of oversight, together with the fact that IROs are relatively experienced practitioners, often made them a valued source of help, advice and support, as will be discussed below ('offering advice and practice wisdom').

(b) Service development

The IRO Handbook envisages the IRO's overview role not only as a check on plans for *individual* children, but also as a resource for improving the *overall* quality of care planning and practice in the local authority. As it puts it, 'This should include identifying patterns of concern emerging not just around individual children but also more generally in relation to the collective experience of its looked after children of the services they receive' (DCSF, 2010b: para 2.13).

The quotation from the IRO who spoke about the helicopter view, above, shows the potential for a productive relationship between a *case* overview role and wider *service* development role, in that the IRO spoke of them having ‘a doorway to the management system’, to draw managers’ attention to areas where change needs to happen.

A variety of mechanisms were identified through which this wider review function was carried out. One of the IRO questionnaires described a system where IROs had ‘representation on all the governance groups for looked after children,’ and the ‘Director and deputy director attend our team meetings regularly to discuss the overall service’. In another authority the channels of communication were summarised as:

1. Quarterly reports on IRO alerts (dispute resolution process)
2. Annual report
3. Regular joint meeting between IROs and Children’s Services Managers
4. Occasionally concerns emailed to Head of Service (IRO Questionnaire 24)

On the other hand, some IROs were not aware of *any* general (as opposed to child-specific) channels of communication. Individual concerns, said one IRO, were flagged up ‘through raising alerts on individual cases’, but he/she was ‘not aware of strategies to raise issues in respect of [the] general performance of [the] LA’ (IRO Questionnaire 56). Another IRO, in a different authority, observed that the IRO team did not really raise general concerns ‘as far as I know’, and that the service ‘doesn’t appear to seek to aggregate IRO views into [an] overview of LA performance – a missed opportunity’. (IRO Questionnaire 34). An IRO from another authority wrote:

I have raised with my manager the lack of systems for keeping track of themes and issues, e.g. from case file audits or vulnerable groups such as children at risk of child sexual exploitation. However I am not aware of any action to rectify this being planned. (IRO Questionnaire 30.)

There was evidence from the managers’ questionnaire that at least some recognise the potential for the IRO service to contribute to wider service improvements, and would like to see this happen better:

They bring their years of experience of working with young people and have understanding of the ways of engaging young people. There is a need to ensure that this consultation and involvement is effective and is not only used to focus on the review but can be fed into how we shape and deliver services. (Managers’ questionnaire 2)

But the considerable variation between authorities, and the fact that some IROs had no knowledge at all of formal mechanisms for sharing emerging themes and issues, indicate that this particular aspect of the IRO service – a role specifically set out in the current guidance – is still in need of development.

4) *Knowing the child and ensuring his/her ‘voice’ is heard*

This is another role which is very much core to the IRO’s function (Handbook, paras 2.9 and 2.14), and one which was frequently mentioned (though, as we have seen, IROs are not alone in seeing this as central to their role). This is the subject of the next chapter (Chapter 7).

5) *Acting as a bridge between parents/extended family and the LA*

The review process was frequently seen as a way of acknowledging, informing or involving parents, substitute parents, and other extended family members. IROs were frequently active in managing tensions, setting boundaries, mediating or re-engaging parents with the LA. This role is the subject of Chapter 8.

6) *Keeping things on track*

As discussed in Chapter 5, 'keeping things on track' was the most frequently mentioned aim of the reviews, but the data also showed the implications of this for the role and tasks of the IRO, for what they do in practice and how they do it. The key aspects that came across were their opportunities and responsibilities for keeping all the different parties engaged with the plan and working together. This includes ensuring the child's voice is heard and acting as a bridge for the parents, but also engaging the child's carers and other professionals/agencies. It could be considered building and maintaining the 'team around the child'.

Leah's case (summarised in Chapter 4) provides a good example. She was a 16 year old girl who was accommodated at 14, at her own request as well as that of her adoptive parents, and had since been in care, though with continuing contact with her adoptive family. She had absconded from three foster placements before moving in with the family of a friend. She was old enough and confident enough in her own power to 'vote with her feet', and this meant that, to a large extent, the adults around her, professional and otherwise, were left with the task of supporting, advising and troubleshooting as best they could. But, interestingly, even though the records of the reviews themselves did not suggest a particularly proactive approach by the IRO, the young person herself, the social worker, and the young person's adoptive mother *all* expressed appreciation of the role played by both the IRO and the allocated social worker in bringing people together and ensuring that plans were driven forward. Reviews were quite frequent – five over a 16 month period – and their value seemed to be that they allowed key participants, including the young person, to get together and take stock over a period of rapid change.

What this case and others demonstrate is that reviews are not necessarily just monitoring systems for the service being delivered but can themselves be *part* of that service. Leah did not necessarily accept the advice she was given, or the arrangements that people attempted to make for her, and described herself as having a stormy relationship with her social worker, but the social worker was still the one person she chose to keep in touch with, and she saw both the social worker and the IROs as figures whose support she valued. And, despite describing the review meetings as boring, she also considered them to be valuable:

Leah: I think [reviews are] good because then you get like the inside of what's going on in the home as well.

Right. In the home?

Leah: Not just. What's going on like at school and all that because everybody has that, if you all want a chance to know, and it is just like a nice way to like all communicate together ... And just share like, well not your feelings really, but ideas, yeah share ideas about what you think is the best to happen and all that. It's what people want I think, I think it is good. Some people think it's pointless but I think they are good.

In Leah's case, both the social worker and the IRO were very actively involved, and were to some extent working in parallel, with the IRO taking on some almost casework functions, as will be discussed later. It is also worth noting that 'team maintenance' is not exclusively a role undertaken by IROs, but is often one of the main roles undertaken by allocated social workers.

7) *Offering advice or practice wisdom*

There was a lot of new managers out there with limited experience and I felt sometimes like I was supervising the social worker. (IRO interview 43)

As noted above, the IROs' 'helicopter view' made them a useful source of advice to many social workers. Despite the Handbook's injunction that 'it is not the responsibility of the IRO to ... supervise the social worker' (para 1.22), this advice-giving could appear very much like casework supervision, and some social workers looked for this:

Let's say if I was going to go down now and speak to one of them about one of my cases, I would expect them ... to have a good understanding of the child, or at least know of the case and the child. And to have a good overarching knowledge of the child so we can discuss the issues ... I want that knowledge and understanding from them actually, that's what I would be looking for. (Social worker interview 42)

This overarching perspective is generally agreed to be one of the benefits of professional supervision, which in local authority social work is typically provided by a social worker's line manager. It is worth considering, therefore, why there appears to be a need for additional sources of supervision, and why it should be that line managers cannot meet it. One IRO's response to this was that 'Managers, no matter how good they are ... can't see the wood for the trees because they're driven by other drivers.' (IRO interview 4)

A wider question worth exploring is the nature of these 'drivers' that might prevent managers from being able to offer the necessary degree of detachment – they would presumably include things like budgets, performance targets and the need to allocate new work – for if these really are making it difficult for managers to supervise the social workers for whom they are responsible, there may be better ways of addressing the problem in the long run than by letting IROs, *de facto*, take over some of the functions of supervisors. However it was clear that IROs' contribution was widely appreciated in this area, suggesting that a need is being filled.

8) *Providing continuity*

Another function which some IROs mentioned was that they, in various ways, maintain continuity. The word was used in several senses. First it was used to refer to continuity of oversight and support to a child in a situation where there was a rapid turnover of social workers: as one IRO said, 'It's quite sad, that we can be – not always, but can be – the only consistent person at their LAC reviews' (IRO interview 45). Another said:

Because I have been in role a long time ... there is a very strong continuity thing that I provide in what I do, because at times of upheaval within the system, which happen fairly frequently, you get a lot of turnover of persons and often you are providing that sense of continuity for the kids and their families. (IRO interview 41)

When it occurs, continuity in this sense is an accidental by-product of the IRO system, for it is by no means inevitable that the IRO on any particular case will necessarily be longer-serving than the other social workers involved. (In the case of Marlowe, for instance, there were four social workers and *five* IROs over a 3¼ year period.) However there were certainly a number of cases where IROs were providing continuity in this way.

A second sense in which 'continuity' was used referred to the fact that IROs are often (though again not always) long-standing employees of a local authority, who have some knowledge of a family over a long period of time:

Having worked in [LA] for all those years, I know all the families and so when you are now on grandchildren which is what I literally was on, you have the knowledge of the whole family there. (IRO interview 43)

Yet another sense in which the idea of continuity came up was in relation to knowledge of the 'system':

I think the nature of the IRO role is that you are people that have kind of been around for a long time, and will have done different work within the looked after children system. My experience was with looked after children and I think one of the advantages is kind of knowing the system as well. (IRO interview 35)

While the potential utility of these latter kinds of continuity is clear, they are of course also accidental by-products: it is not necessarily the case that IROs have longer knowledge of families or the 'system' than do the other social workers involved. One might also ask whether continuity of these kinds is necessarily beneficial in terms of the independence which an IRO is supposed to have from the day to day operations of the local authority. Is the 'helicopter view' of an IRO enhanced or diminished if he or she has been working with a family in various capacities over many years, and may, in a previous post, have played a part in bringing the case to its current position? (Different views about this question are reflected in different views about whether IROs should also work as chairs of child protection case conferences: some interviewees saw value in this, others were opposed to it.) A related question is whether the IRO's capacity to provide an objective overview might be enhanced or diminished if he/she has had a longer time to become familiar with the practices of the local authority than has the social worker whose practice the IRO is supposed to be overseeing. Some IROs are in a position to offer continuity in a case, but the fact that this is so is a reminder that it cannot be assumed that IROs will always be able to provide detached oversight. They too require effective supervision.

9) *Providing extra 'fire power'*

Social workers quite often mentioned that IROs could be useful as allies in battles about resources, and many IROs clearly saw this as part of their role:

And you know if there is an issue, then yes, you've got the IRO as an additional professional who would fight the case or add weight to the argument. (Social worker interview 37)

We feel a bit like we have lost some power in terms of making decisions and asking for resources and things, but I think when you have a case that you deal with you find that [IROs] ... will fight your corner. (Social worker interview 11)

Interviewer: Have you ever supported a social worker making a case for a resource?

IRO: Many times, absolutely.

Interviewer: Have you ever challenged and gone back if the resource panel...

IRO: Never had a 'no'. (IRO interview 16)

On the team managers' questionnaires, one described a case where the IRO had taken a highly proactive role in a case, including arguing for additional resources:

Excellent communication with the social worker when identifying future placements; would accompany social worker to relevant panels to secure funding and support, would conduct her own research to suitable placements ... There would be three-way discussions between team manager, social worker and IRO. She would also read information with regards to suitable placements and inform team manager and social worker her view of the suitability of the placement. (Managers' questionnaire 23)

In this manager's experience, it was 'very unusual' for the IRO to attend the panel, but the wider evidence of this study suggests it may not be that uncommon; and even if attendance at panels is relatively infrequent, intervention to argue for additional funding and resources was certainly shown to be a regular feature of IRO practice.

This role is really about authority, which is undoubtedly necessary if IROs are to perform their core functions. Providing extra firepower in discussions about resources is one way in which IROs can move forward plans that have become stuck, or address needs which are not currently being met. In general, IROs seemed to be seen as being valuable in this respect, though it is important to note that not everyone was confident of their influence in this regard:

Interviewer: Do people really take notice of what IROs say?

Social worker: I'm not sure of the answer to that, to be honest ... I don't feel, and I could be completely wrong, but I don't feel that because something is recommended or very strongly recommended that it should happen as a result of a child care review like the description I've just given you, that is not a given; because it's a strong recommendation and it's right for this child doesn't mean that it will happen. (Social worker interview 36)

The IRO Handbook, of course, is clear the IROs do not have the final say over resource allocation. Indeed, the final say may not even belong to the local authority, if it involves another agency, or if the child/young person themselves decides that they do not want a particular placement or service. And it is important to appreciate that any significant spending decision is likely to have knock-on effects in terms of the overall budget for looked after children. As one team manager put it:

IROs bring an independent view to the process in advocating for young people. I am satisfied with this process but they sometimes do not have a realistic view of budget constraints and what we are legally obliged to provide financially. (Managers' questionnaire 32)

10) *Direct intervention*

On occasion IROs undertook specific tasks, such as contacting other agencies, which might normally be expected to be the role of the allocated social worker. For instance in the case of Leah, discussed above, the IRO made two significant interventions outside of the review process: first, she lobbied for the young person to retain her allocated LAC social worker, with whom she had an excellent

working relationship, rather than be transferred to a social worker in the leaving care team, as would have been the agency's normal procedure. Secondly she pushed, successfully, for the young person's local authority to pay for college fees, when the local authority where she was placed refused to do so. In neither case was formal dispute resolution invoked: the IRO simply argued persistently, much in the way that good social workers do when necessary on behalf of service users on their caseloads.

As noted earlier, the IRO in the case of Jacob (age 7) was also extremely active, challenging decisions about potential carers and contact, writing emails to the assistant director to get funding agreed for school transport, negotiating with a fostering agency to get carers to agree to keep Jacob until a new placement was ready, and liaising with the children's guardian. The father said that the IRO contacted him to give him information more often than Jacob's allocated social worker.

Arguably in these cases, the IRO is acting as an additional social worker for the child, raising the same kinds of issues as those mentioned earlier in respect of situations where the IRO acts like an additional supervisor or manager.

6.4 Role flexibility or role confusion?

IROs carry out a number of roles, then, some laid down by the IRO Handbook, some not mentioned there, and some specifically precluded by it, and there is considerable overlap with the roles played by other social workers (notably the allocated worker, the team manager, the children's guardian).

Some overlap may be down to contingencies (e.g. social worker changes or limitations), but some is intrinsic. If IROs are to develop meaningful working relationships with children, and be able to form their own judgements about a child's views and wishes, which they must do in order to perform their core function as defined by the Handbook, they are inevitably going to have to step into areas of work that are traditionally the domain of a child's allocated social worker. Similarly, if they are to be able to challenge plans that seem to them inappropriate, they will inevitably (as we have already noted) become co-creators of the new plans that emerge, and henceforth be reviewing plans in which they themselves have a stake.

In practice, the boundaries between the roles played by IROs and those played by the other social workers are porous and fluid, changing in different circumstances and according to different personalities. The question therefore arises as to how this fluidity can be used beneficially, to ensure a better service for children and families than would result either from too strict and inflexible an approach, or from an overly lax one which might impair IROs' abilities to form truly independent judgements, diminish their authority, or unnecessarily duplicate work that is properly the responsibility of other social workers.

Balancing care and control?

An important message from the research is that flexibility about roles did not appear necessarily to make IROs any less effective in their core functions. Those IROs who stuck most closely to a narrow definition of their role, did not appear to be better at challenging local authority plans than the ones who adopted a looser approach, and became involved in advising social workers, suggesting alternative courses of action, negotiating plans with managers, and getting directly involved in resolving blockages and problems with services. Many IROs seemed quite capable of becoming involved in these kinds of ways without compromising their ability to challenge plans and practice

effectively, just as good family social workers are able to transcend the care/control dilemma and combine their role as enablers with the assertive exercise of their statutory authority. (This raises questions about 'independence' and what it really means that we will return to in Chapter 9). Some IROs did talk about the apparent tensions between being helpful and supportive, but also able to be suitably firm and challenging when necessary. Another aspect was that a less formal approach was seen often to be quicker and just as effective. As James' IRO put it:

... you can get a lot of things sorted without using procedures, without escalating, without getting people's backs up ... you know, a quick conversation and it's sorted, quite often. 'You haven't done this – when are you going to do it by?' 'I'm going to do it next week'. Next week, 'Have you done it?' 'Yes, I have'. Job done, as opposed to spending half an hour, an hour on an email. So you're not covering yourself, you're not demonstrating you're doing your work, but the outcome is the right one, in a much shorter space of time. So that proximity and that relationship allows stuff like that to happen ...

The important point in this quotation is that the IRO says he does check up the following week, so the monitoring and control element is still there, but is being exercised in a lower key, less overt manner. But although there was a preference for resolving things in non-confrontational ways (and the IRO Handbook specifies that this should be the approach), it will probably be necessary for all IROs to challenge more formally on occasions. An IRO who had difficulty holding this tension might perhaps not be the best person for the job, just as a social worker unable to manage the care/control dilemma is not the best person for statutory social work.

What is the priority need?

A separate question to whether these different kinds of roles can be combined, is which of them is most needed? If the main problems in the LAC system were of a kind that could be resolved purely and simply by rigorous scrutiny and challenge, then one would have to argue that many IROs are wandering too far from their brief, and getting distracted from the core function for which, at not inconsiderable cost, they have been employed. If, on the other hand, many of the problems of the LAC system are the result of factors like lack of social work time, lack of foster placements, or lack of access to service provided by other agencies, scrutiny and challenge on their own may not be sufficient to move things forward. (An improvement on one case, in these circumstances, may be achievable only by diverting time and resources from others.) In these circumstances, what actually does exist in practice would be likely to be more useful: that is to say, a body of experienced social workers (i.e. IROs) who stand outside of the line management structure, have an overview of all looked after cases, and *exercise quite wide discretion* as to how best to deploy their skills, experience and authority in any given case, according to circumstances. Not just scrutiny on its own, in other words, but scrutiny combined with an ability to assist directly with resolving the problems that scrutiny reveals.

The data in this study suggests that problems like high workloads and limited availability of care resources *are* major factors in delays and difficulties. It follows that scrutiny and challenge on their own would not help very much, particularly when one bears in mind that the performance of each allocated social worker is already monitored by at least one other person (his or her line manager) and often also by a children's guardian and a court. More active IRO involvement of various kinds does seem more likely to yield benefits for children in care. As one IRO observed:

So I still sometimes, even though we have to be challenging the social worker, I think we should help sometimes, because I think we don't have the pressure from above that they do, about care plans, about finances and that type of thing. (IRO interview 26)

It is worthy of note that, albeit with some exceptions, social workers and team managers, who one might anticipate would resent intrusion into their territory, were broadly welcoming of the contribution made by IROs. While it would be possible to argue that this suggests cosiness or collusion, there is a reasonable case to be made that this is evidence that IROs have been creating and adjusting their role in order to give children's care plans the best possible chance of succeeding.

6.5 Conclusion and key points

This chapter has identified the range of roles that IROs undertake, which do not always reflect exactly the expectations of the IRO Handbook and the care planning guidance. It is not only the number of different roles, but also their ambiguities and overlaps with the roles of others, that demonstrate the complexities, challenges and opportunities of the IRO's job. For example, the research shows that it is impossible to 'only' review a care plan; at the very least, the recommendations and decisions will have a creative impact on the way the plan develops, and at times there are clear and decisive changes. Equally, the response to poor planning or practice is not 'only' to challenge it, but to assist in various ways in making the necessary improvements. The data show there are more ways than one of challenging poor practice. Confrontational approaches may sometimes be required, but constructive help is also a form of challenge, and may be more effective if it is based on full discussions and collaborative working. Focusing on what professionals actually do, the ways that they translate formal policy into practice, is a 'naturalistic' approach to social research (Hawkins, 2002, as discussed in Chapter 2). The benefits of such an approach are that it gives a better informed and more reliable basis for future change. Rather than imposing new regulations or shouting louder about following the set rules, a clear understanding of what really happens and why things have evolved that way, is a better basis for planning more realistic and effective improvements.

- IROs are usually one of at least three social workers with responsibilities for ensuring the wellbeing of individual children in care, and in practice their role overlaps with that of the others.
- There are considerable differences of opinion amongst IROs, social workers and team managers as to whether or not IROs make plans or check up on them: the guidance itself is unclear on this. The fact is that effective IROs *are* involved in making plans, albeit in negotiation with the other social workers responsible for the child.
- IROs are, generally speaking, carrying out their core functions effectively in relation to the plans and arrangements made for children, though there is variation and some examples of weaker practice. Their contribution is also, generally speaking, valued by social workers and team managers.
- One aspect of the IRO's role, as set out by the guidance, that particularly needs further development, is that of raising awareness of general themes and wider issues about how a local authority is looking after the children in its care, as well as about individual cases.

- IROs often carry out roles which come close to case supervision and casework, even though these are supposedly excluded by the guidance. However, the evidence does not suggest that IROs who interpret their role in a more flexible way are less effective in their core functions. Some degree of role flexibility may well be the best way of optimising the contribution that IROs can make.

Chapter 7: Involving children and young people

Just the child's participation alone is quite a complicated thing. Where is it [the review meeting] going to be held? Where is the child going to feel most comfortable? Who is going to come? If the parent comes is the child going to be intimidated by the parent? Is the parent going to take over the meeting and it is all going to be about the parent's needs as opposed to the child's needs? So all those things, you know, it is not easy to manage. (IRO interview 28)

As mentioned in the previous chapter, one of the IRO's key roles is to know the child and ensure his/her voice is heard. Under s 25B(1) of the Children Act 1989, IROs are required to ensure that the child's wishes and feelings are ascertained and given due consideration by the local authority. 'Promoting the voice of the child' is listed as a specific responsibility in the IRO Handbook (DCSF, 2010b: para 2.14). However it is not only a case of promoting their views, but actively facilitating their *participation* in the review process. Paragraph 3.16 of the Handbook states that 'the review is the child's meeting', and paragraph 3.37 expresses the hope that older children and young people may actually chair all or part of their own reviews. In practice these objectives are not always straightforward, as the Handbook recognises: for example, there is set list of items that the review must address, and in 'exceptional circumstances' it may be considered inappropriate for the child to attend all or part of the meeting (DCSF, 2010b: paras 3.17, 3.32). A child may not wish to be involved, or it could be the case that a frank discussion is needed between professionals and parents which, for a variety of reasons, cannot or should not take place in the child's presence. So, the idea of the review as 'the child's meeting' is a much more complex and ambiguous matter than it might at first appear, which means that in this area, as in others, IROs are necessarily juggling a number of different principles, objectives and priorities.

As highlighted in Chapter 2, 'participation' is complex and multi-dimensional concept (as indeed is independence, as we shall discuss in Chapter 9). There are different understandings of the reasons for involving children, and the chapter highlighted five perspectives: *instrumental* (it helps practitioners reach better decisions), *developmental* (it helps children build skills in thinking about their lives, talking and listening, raising self-confidence), *protective* (hearing the child's viewpoint is essential for safeguarding their wellbeing), *competence-based* (children are active and able social beings, and should be treated as such), and *rights-based* (if the discussions are about them, they should be involved). There are the tensions of protecting children from discussions that might be worrying or hurtful, but also ensuring a full exchange of information and views. Hart's ladder of children's participation (1992, 1997) sees a sequence of stages, going from 'manipulation' at the bottom up to 'child-initiated, shared decisions with adults' at the top (note, adults are still playing an important part). Thomas (2000) takes a somewhat different approach, seeing children's involvement in terms of six requirements, or building blocks: *choice, information, control, voice, support* and *autonomy*. The key point here is that children's involvement in the decisions made about their lives is not a matter of all or nothing; nor, Thomas would argue, can it be measured along a single dimension. The important issue is whether participation takes place in a form and at a level that is appropriate to the needs, wishes and rights of the child or young person in question.

7.1 Establishing the child's wishes and feelings

Whilst there is no ambiguity about the *importance* of properly establishing the wishes and feelings of the child, the study found different views about *how* this is best done, and *who* should do it.

The Handbook makes clear that IROs are expected to work with, and establish a relationship with the child (DSCF, 2010b: para 3.33). This extends beyond review meetings themselves. IROs should normally speak to the child in private before a review (DSCF, 2010b: paras 3.9, 3.33-3.34), or at least, in the case of babies and younger children, observe or interact with them (para 3.35). Where the review does not happen at the child's placement, the IRO is expected also to meet with or observe the child in the placement (para 3.36). But there are other ways of ascertaining the child's views than speaking with them directly: children should also have the opportunity of completing a pre-review consultation form, either on paper or on-line; and some young people may feel more comfortable expressing their views to others, including their foster carer or social worker.

IROs were not in practice always able to meet children and young people in advance of the review. In the case file data, it was not always clear whether the IRO had, or had not, met or spoken with the child before the most recent review. For children aged 5 and over (84), it was recorded that the IRO had done so in 25 cases (42%). In a further three, this was offered but not wanted by the child. There was evidence that children aged 5 and over had engaged in at least some kind of consultation process prior to the review in 72% of cases (52), whether through the use of a consultation form, or by their social worker or foster carer talking with them. The analysis of the most recent review minutes showed that the views of children aged 5 and over were recorded in 87% of cases (72), conveyed either directly by the child in the meeting, or via the consultation document, or by a representative.

A more contentious issue is that of meeting or consulting with a child between reviews (as an additional visit, not just immediately or very shortly before each review). Whilst there is no formal requirement for IROs to visit children in between reviews, some IROs regard this as desirable as part of the relationship building process, or to obtain as full as possible a picture of the child's perspective (see Ofsted, 2013). The present study showed that this is not something that happens often, or could happen, in most cases. The case file analysis of the recorded minutes for the most recent review showed that IROs had met with the child between reviews in 6% of cases.

The IRO questionnaire found that 23% (15) said they visited most children between reviews; 30% (20) visited some children; 32% (21) visited a few children; 11% (7) rarely visited between reviews and 3% (2) said they never did. In response to a question asking whether they were satisfied they were involving children satisfactorily, 35 of the 57 IROs responding (61%) mentioned constraints of heavy workloads and limited time to visit children as often as they would like.

But the interview and questionnaire data also demonstrated that this was an issue that IROs saw as linked to their professional judgement. Practical factors such as caseload and the geographic location of the placement were dominant considerations, but essentially they thought that the decision about which children required additional visits should be down to their professional discretion (but they should have the capacity to do this if that is what they decided):

I would like to be able to see the child between reviews but workloads do not really allow for this. (IRO questionnaire 42)

I do think that all children may not want to meet with IRO, if they are in a stable placement. However, in practice I do not have the capacity ... (IRO questionnaire 6)

I have not found that children and young people want a particularly close ongoing relationship with their IRO. Rather they appreciate someone who checks up regularly that they are happy, safe, cared for and their needs are being met; and someone who can intervene on their behalf if things are not going well and their needs are not being met. (IRO questionnaire 22)

We know that the Handbook says that we should visit the child before, but with a case load of a hundred-odd, it's just impossible to go and do a separate visit from the meeting. (IRO interview 37)

The last point is worth bearing in mind. A caseload of a hundred, even assuming a full time IRO with no other responsibilities at all than for those children, means only around 17 hours *per year* to spend on each child, including all the necessary travelling, recording, meetings, preparation, direct contact, and liaison with social workers and others (a caseload of 70, the upper end of the recommended range in the IRO Handbook, gives 24 hours, or 12 hours per review if there are just two in the year). In reality of course, there will be other demands that eat into that time, including supervision, team meetings, general administrative duties and training.

For children and young people who already have trusted adults who will ensure that their views are taken seriously, it may not even be desirable for the IRO to try to get to know the child in a way that might duplicate or unsettle that other relationship. Part of the skill of an IRO lies in knowing when it is important to work on establishing a closer relationship with a particular child, and when it is reasonable to trust others – the allocated social worker, a foster carer, a residential worker – to do what is necessary in terms of building a relationship with a child, to enable the child to make his or her views and feelings known.

Consultation documents/formats

One of the main mechanisms for establishing the child's wishes and feelings are the pre-review consultation forms. The IRO Handbook specifies that these should be sent out to children (and parents, carers and other relevant adults) at least ten days before the review (DCSF, 2010b: para 3.9). It was reported that foster carers or social workers would often help younger children to complete them. In practice forms were not always sent out or completed, perhaps because of administrative problems or pressure of work, but also because there were mixed views about their relevance and usefulness.

One of the study authorities used an online system known as *Viewpoint*, which is commercially available and used in a number of local authorities (<https://www.vpthub.com/>). It was referred to in several of the questionnaires. One of the young people interviewed for this study said that she preferred the online forms because they were more confidential (she thought there was less chance of them being sent or given to her mother), but found the paper ones 'a lot easier' (16 year old young woman).

There were a number of comments about the limitations of the consultation forms (echoing findings from earlier research, such as Thomas and O'Kane, 1999; Thomas, 2000):

The consultation documents for the young people, I think they are a bit sometimes babyish, especially for like teenagers. (IRO interview 29)

... a lot of my young people, when they're at a particular point, I can tell that they don't want to fill in these consultation forms, and I say, providing they're there [at the review], that's fine. Even some of the younger ones struggle with these consultation forms. I don't like them, and I've got some social workers that, are more innovative, and find different ways – which is actually much more helpful, and the child enjoys doing it. (IRO interview 37)

Now what tends to happen is that the workers generally just send out forms. So if you are lucky they will remember to send it out, if you are lucky it will get received, if you are lucky the carers will sit down with the children and help them to do it. And frankly you might not receive anything. And it is a bit limited in its value if the carers have just sat and written it for the children. (IRO interview 41)

On the other hand, there were some positive comments about them and their usefulness:

I think the children really enjoy filling those books in, especially when they are sort of around the age of sort of five to ten, eleven, twelve, and it really gives them the opportunity to say what they want in their own little books. As much as I can sit down and every time I see them and ask them what they want, it gives them a different format and someone else is listening, these are shared with everybody. I can sit in and tell them what the children are saying, but if it is actually written and read from what the child is saying it is a bit different, especially as parents see me as the one that has removed the child, you know you are never going to say anything positive about me. (Social worker interview 40)

Of course, the completed forms may not always say things that are positive about the parents, or that the child wants to be shared with others in the review. The forms may include a box for young people to indicate if they do not wish the information to be shared, and one IRO spoke about always checking with the children what they wanted to be read out in the meeting. Another IRO recounted that a mother had complained she was not allowed to see her son's consultation document, but his reason for not showing it to her was that it said things he thought would be too painful for her, '... things like, "I want to stay in this foster placement; I don't want to go back to my mother, and this is why I don't want to go back to my mother; and I want my foster carers to be my mummy and daddy"' (IRO interview 14).

Other comments were non-committal, suggesting that the forms are not always seen as that important in practice:

.. some [children] do like them, there are children that like to fill them in, so I normally just give them the choice of we can fill this in, or you can fill it in, or you can just read it.

Okay, so what do most children tend to do?

Most children tend to leave it.

They don't want to fill it in?

I think I have got about four children that fill them in out of 28, so not very high. (IRO interview 40)

Another point worth noting is that what the children write on the forms may not necessarily be what they really think or feel, but what they think they ought to say. As a young person said at one of the focus groups:

They give you a form that you can write down who you want at your review, but I know that when I was a child I always used to put that I wanted my Mum and my Dad there, but like sometimes I didn't, but I felt as though I had to put it down.

This comment points to the importance of understanding the child's expressed views in context, and recognising the complexities of their wishes and feelings. This needs someone who has an effective and sensitive relationship with them. This may be an IRO or another professional, but the person who the children most often mentioned when asked who they would talk to if they had something that was worrying them, was their carer (echoing the findings of Sinclair *et al.*, 2007).

There was also recognition of the need for a greater range of communication tools and methods, including social media and mobile technology, and also training for working with children with additional needs.

Advocacy

The IRO Handbook requires IROs to make sure that each child understands what an advocate is and how one might help them 'whenever they want support and not just when they want to make a complaint' (DCSF, 2010b: para 3.14). But once again things are rather more complex in practice, as to who knows the child best and can speak for them most reliably (this is also discussed in Chapter 8). Some IROs spoke of *themselves* as advocates for the child, as did some social workers, as shown in the quotations below. The first is from an IRO and the second from a social worker:

... what made you decide to take the IRO job, was there something about it that interested you particularly?

Yes, I think it is the advocacy element of it really, you know it is the voice – it is very much about participation and trying to promote that really, because I was certainly aware being a social worker that that wasn't necessarily always as promoted as it should be. (IRO interview 11)

I think, you know, whenever I go to a meeting to do with any of the children I'm responsible for, I'm there to bring that child alive, you know, to really promote what I think the child is like, what he/she needs, everything, you know. I know the children extremely well that I work with and that's my job, you know, my job is to get them the best lifestyle and the best deal I possibly can, and it is often in the face of adversity and panels and goodness knows what all. I mean, I just like the energy and I like the interest and the real advocacy. (Social worker interview 35)

In the interviews, some IROs recognised that they may not necessarily be the best person to speak for the child, and that presenting the 'voice of the child' was most often about finding the person that the child trusted:

Some of the challenge is having the right people there ... Sometimes you might have a social worker who is providing that, or it can be a family support worker that knows the child and sometimes it can be a CAMHS worker who actually knows the child better. So when I say the

right person, it is having someone there who they feel very comfortable with and who knows them quite well. (IRO interview 35)

There were other times when IROs thought that an additional person, such as specialist advocate, might be necessary. This arose mainly in three sorts of cases; first, if the child had additional learning or communication needs, and second if the IRO was unhappy with the local authority's plan and wanted 'extra firepower' (see Chapter 6) beyond what they themselves could provide. This was often to do with resource and funding matters, as shown in the following quotation from Tony's IRO:

If they change the plan in terms of funding you know we might need to get advocacy etc in, because we need to think about what is in this lad's best interests and not necessarily what is in the local authority's budget.

The third type of situation is if the IRO supports a plan that they consider in the child's best interests, but it is not what the young person themselves want. As an IRO said in one of the focus groups:

... we do as IROs make referrals on behalf of young people to voice their troubles if we feel that they need an independent person to advise them. Sometimes it maybe that a child placed out of the LA doesn't want to return to the LA, but that we feel it would be in their best interest for them to return. Therefore they might need advocacy on their behalf, you know. It's not readily available, but we make them aware of it or make a referral on their behalf if it's felt appropriate for the case.

7.2 'The child's meeting': negotiating principles and practice

As described in Chapter 5, the review process was seen to serve a number of related purposes. When asked about the main purpose, most IROs and social workers spoke in terms of keeping the plan on track – for example, '... to pull together the plan, make sure the plan is appropriate, look at any changes, anything that needs to be done. Keep the plan moving on' (IRO interview 43). They spoke less often about giving a voice to the child, and were more likely to talk in terms of the child's needs, making sure they were being addressed.

That is not to imply that IROs or social workers who did not specifically mention 'involving the child' or 'hearing the voice of the child' (or similar phrases) when asked about the aims of the review were not mindful of these things, just that they did not mention them in their initial response. As an example, one IRO who answered in terms of reviewing the care plan, '... really thinking about what is going on for this child at this time, but also what are the long term needs or medium term needs, everything involved in that', later spoke strongly about LAC reviews being 'most definitely, very, very much the child's meeting', and contrasted them with child protection case conferences, which she believed were 'very much driven by the parents or the professionals'. She was hoping to apply some of the lessons of LAC reviews to child protection conferences, '... because it is a child's meeting and if they don't want someone there, then they don't come. And the IRO looks to do things in different ways, so the child is first and foremost' (IRO interview 40).

The child's wishes and feelings are not the deciding factor, but are one element of the information necessary for those involved to determine what is in the child's best interests and how he/she can best be helped. As one IRO put it, talking about the aims of the review:

It's really to ensure that everything that needs to be done for that child or young person is being done, and I will always say to a child or young person that I want them to be involved, I'll listen to their views. It doesn't always mean what they want they will get, and that we'll agree with everything ... it's ensuring that all their needs are being met, that the child is happy in their placement, that they feel listened to even if they're not going to get what they want. But at least they feel listened to. (IRO interview 37)

Furthermore, as noted earlier, the review process does have a set agenda which must be covered one way or another, whatever the child's wishes. To use Thomas' terminology (2000), the child may be given a voice, support, information, and choice but not control over the nature of the process itself. Even when a child actually chairs or leads a review, the IRO is likely, in reality, to maintain overall control, as the following comment from a social worker suggests:

Yes, some of them, they are quite bold and they chair the meeting. 'Okay, now we'll talk about this' ... Obviously the IRO kind of manages it, but the child kind of decides in what area they want the meeting to talk about.

You don't find that by doing that, sometimes you get areas left out?

No, no, because the IRO has got ... they're still in charge, you know, 'Okay, what do you want to talk about now? Do you want to talk about health?' (Social worker interview 48)

The purpose of involving children in the review process then, is not to place children in charge of the plans, but to ensure that their views are known and that as far as possible they feel listened to and taken seriously.

IROs spoke of conducting the review meeting in a different way if the child was present. This could be done by addressing the issues of most concern to the child first, or by deferring to the child, as in the example above, while in fact steering the meeting. Some IROs spoke of themselves as being quite agenda-led (and were perceived that way by young people), others were more content to let the discussion evolve, confident it would cover everything it had to in the end:

The best reviews I've had are either co-chaired with the young people or led by the young person's wishes and feelings. I like my review meetings to be quite organic so it comes from the young person's perspective. It's amazing how much you can cover on your agenda by just having the young person speak about stuff that's bothering them and you eventually get to all the issues you're supposed to cover in your agenda. (IRO interview 5)

But even this quotation shows that the IRO did have the agenda in the back of her mind. From this perspective, children chairing their own reviews, which may at first sight appear to be at the higher end of Hart's ladder, may risk being quite far down, a form of tokenism. This is not to belittle the efforts to get young people to lead their own reviews, or dismiss the potential benefits, but it is to highlight the ambiguities of talk about the review being the child's meeting.

For the IROs and social workers there was also a perceived need to avoid exposing children or young people to conflict between the various adults involved (much in the same way that it would generally be agreed to be a good idea for the parents of any child, as far as possible, to sort out their differences outside the child's hearing). There was a consensus among IROs that if the presence of the child, or the child's wishes, precluded important matters from being discussed or important figures from being present, then the meeting might have to be held in stages or other meetings

arranged to conduct that part of the business. The danger is that young people may then feel that the 'real' decisions are still being made without them. As one IRO put it:

If you tailor it so they are not going to be there when you are going to be talking about difficult things, and then they come in ... that seems sort of sneaky doesn't it, if you are a child, people talking about you? (IRO interview 41)

This IRO's comment suggests that children may see a phased review as a form of manipulation. But the dilemmas are not only about what can be discussed 'in front of the children', there was also a sense that some aspects of the child's wishes and feelings might have to be held back, partly to protect their privacy, but also the feelings of some of the adults involved, notably the parents (as with the IRO who did not show the consultation form to the mother, quoted in section 7.1 above).

Young people could be angry about what they perceived as breaches of confidentiality, for example in this remark from a young woman in care aged 16:

... my social worker thinks it's funny to be asking 'have you gone to the STD Clinic?' ... And then she is like 'oh sorry'. It is just like she didn't need to ask really, like that is for the personal meetings, not the meetings with everybody else in it.

Other young people were more confident that what they told their social worker or IRO would be handled sensitively. Another young woman aged 16 recounted her experience of her IRO:

I don't know if he has a superior position but it seems like that to me. Like if it was in a diagram he was at the head of the table, and like he would look around and like weigh up different views, you see and I think – I don't know, I think – his role is more to listen to everyone ...

Do you think he listens to you more?

Yes, definitely, yes.

More than anyone in the review meeting?

Yes, probably, yes. I would probably say more than anyone because there is like an opportunity to talk to him alone before. I never really have anything to say, but if I did I think he would listen and he would ask me 'do you want this to be shared with the meeting with everyone else?' and when he reads it out like at the review meeting, he asks me if I want it to be read ... so yeah, I think he listens.

This young woman thought that if there was information that she did not want shared in the meeting, but was still important, the IRO would probably share it with whoever it concerned afterwards. But she was also conscious of the impact on others of raising an issue. In the research interview she said that at one stage she had been unhappy that her foster mother – who she called 'mum' – would not let her go out as much as she would have liked, but she had not raised this at a review. She explained:

I am not sure I mentioned it much because it kind of felt like, I don't know, almost like I was betraying mum [foster carer], because it is like 'this is mum'. And yeah, like in the same way anyone else would ask their mum and not like go and tell their teachers 'mum is not letting me do this', it felt as if I had done that it would have been like I am trying to get them to over-rule what mum is saying, like I don't really value what she is saying. Yeah, I wouldn't really mention that.

So, although one of the key benefits of the review was often seen to be bringing everyone together in the same room to discuss the case (see Chapter 5), it is clear that there are numerous pressures that may inhibit what is said there (or on the consultation forms, as noted earlier). These pressures are both powerful and subtle, and it may not always be readily apparent how they are affecting the behaviour of the people involved, and their impact on the dynamics of the meeting.

In practice a significant proportion of review meetings took place without the child being present. As described in Chapter 5, the case file analysis of the most recent review showed that just under six in ten of the children and young people aged over 5 attended some or all of the meeting. Attendance increased steadily with age, to eight in ten of those aged 16 or above.

Children might prefer not to be directly involved for a variety of reasons, one of which is a desire for normality. Children might understandably be uncomfortable about discussing deeply personal matters with a group of adults. There is a tension between a child's desire for a level of privacy similar to that of children not in care, and the need for professionals to share information. One young person observed:

I'm that type of person who doesn't like people knowing things about me ... I don't want that ... A normal kid, not everyone knows everything about, you know, everything about their life. (Young people's focus group)

Another young person recognised the importance of checking that children are happy and safe, but still found the level of scrutiny intrusive, and the difference from 'normal' life:

I think the thing is like everything is too formal ... I think there are like too many differences between children that are in care and children that aren't ... I understand like with the reviews and all that, that is fine because they have to make sure everything is fine, because not every child will be happy in their placement and they need to check that, no doubt, but to my mind there are just so many differences, like they just feel annoying like. (16 year old in foster care)

IROs were sensitive to this issue, and again tried to be responsive to the child's wishes about *how* they might be involved in the review:

We are talking about a system that is not something that their [non-LAC] peers would normally engage in so it is quite a strange situation to be putting children in ... Quite a lot of the children say they don't want to come to the meetings, 'I just want you to come round and I will tell you what I think, and then you can go and do it and let me know'. (IRO interview 19)

Well I think some young people are quite happy to attend reviews and give their views and be the centre of attention if you like ... but for others, they are really anxious about reviews and they re-live almost the reasons why they are in care. (IRO interview 34)

The boundaries that children and young people set around what counted as 'private' also involved *who* they felt was relevant to the issues or problems being discussed. Schoolteachers were mentioned several times as professionals who children did not always want to be involved in discussions about their out-of-school lives. The following comments are from a young person and an IRO:

And when you were at school, would there have been teachers there from your school?

I didn't really want to talk about it with them to be honest, school was school.

(Carmel, young woman aged 17 in foster care)

I might have to see the teachers afterwards, because they [children and young people] don't want them in there hearing their personal bit. (IRO interview 18)

One IRO described an occasion when a teacher had arrived at a review without being invited, and she had asked the teacher to leave:

One thing the child said was, 'I do not want this teacher at my review.' And he took it upon himself to come and we had already got a written report from him which was good enough, but he wanted to come ... So I said to him, 'This is the child's home and she doesn't want you. I am quite happy, I have got your report, if you want to tell me something else I will happily phone you afterwards, but this is the child's meeting and it is the child's decision'.

(IRO interview 43)

But it is worth noting that while both the IROs quoted here had respected the child's wish not to have the teacher at the meeting, the teacher was still involved in an exchange of information and views. If the school are to understand the child's needs and behaviour, so that they can help him/her most effectively, and if the IRO and social workers are to have a full picture of the child's needs, abilities and progress, that has to happen.

Other (often older) young people felt that they needed to be party to the discussion of personal matters about them at reviews, as these two examples illustrate:

No one likes hearing difficult things, but then I would rather be in a meeting and talk about it with them instead of them talking when I am not there. (Tony, 16, in residential care)

I am noseey, very noseey! But I need to know when, what they have been talking about me and if there are other people keeping [things] behind me I need to know what they are talking about. I am 16, I am not 2, I know what they are talking about.

You would rather be there to have a say.

I would rather be listening, yes. (Jenna, 16, in foster care)

It should also be said that there were examples of excellent help from teachers, appreciated by the social workers, IROs and young people themselves. Jenna's case is an example (see case summary in Chapter 4). The IRO described how her reviews were held at the foster home. The first part would be for the IRO, social workers and foster carers to discuss matters, then Jenna would arrive, coming from school with her teacher. Jenna described her form teacher as being 'my second mum ... she is my mum at school'.

None of the young people interviewed in this study spoke in terms of 'rights' to explain why they should be at their own review, but there are hints of this understanding in the two quotations above, and in the following one from Carmel (but who, in contrast to Jenna, does not want to be only listening):

I am like the main person, which is right, because you never want to feel in a review, your review, you don't want to feel like the black sheep do you? You don't want to be, you know only listening, you want to be involved in it.

Debates about who should be involved in reviews and how, who 'knows' the child best, and what kinds of issues it is acceptable (in both developmental and moral terms) to discuss whilst a child is present will be considered further in Chapter 8.

7.3 Helping the child to participate and feel listened to

One of the key requirements for enhancing children's participation is to make the process as 'child-friendly' as possible. It did not always feel like this to the children and young people in this study. A number of them complained about the consultation forms and the meetings being repetitive and boring. For example, regarding the consultation forms, James, 13, in a very settled long-term placement, said:

I get those but I don't fill them in. I just don't see the point because all that you write in there is like 'are you happy with your Social Worker?' 'Are you happy where you live?' 'Is there anything you would like to change?' and for me it is always 'no, there is nothing I need to change' so I don't bother filling them in ...

As regards the reviews, Leah (16 years old) said:

I hate LAC Reviews, they are the most boring ... It is just going over and over the same stuff that you went over last time ... It was like more exciting right at the beginning when I was in care, it was a bit exciting then because I like 'oh I am having a meeting, I wonder what they are going to say about me'.

There is a summary of Leah's case in Chapter 4. In terms of Thomas's six aspects of children's participation, she had exercised a high degree of autonomy in deciding about where she should live, absconding from two placements and effectively choosing her own, with the parents of a friend. But despite her feelings about the reviews, and her patent ability to make and implement her own decisions, she still thought it was important to attend, 'because I don't like people talking about me behind my back ... I want to know what they are saying'. She said that she would advise other young people in care to attend their reviews 'because you get to know what is going on with yourself'.

IROs described a range of different ways in which they tried to make the review more 'child-friendly'. (Sheffield Children's Involvement Team, 2013, has developed a full process for facilitating 'child centred reviews', but none of the authorities in this study was using that or an equivalent systematic approach; rather the ways in which each review was 'child centred' appeared to depend very much on the skills of the IRO and the circumstances of the case.)

Examples included practical things such as providing cake, or ensuring that the young person's agenda items (however peripheral to adult concerns) are dealt with first:

At the beginning of a review, while I am talking to a young person or if a young person is not going to be there, I would always say, 'What are the important things that we need to discuss today?' ... You know for a young person ... I remember a few weeks ago. 'Can I have a gerbil? When can I be on Facebook? And can I have a mobile phone for my birthday?' So we started the review with those things. (IRO interview 36)

If the young person is there, I direct everything through the young person and kind of have them as my focus and then say, 'Shall we ask your school how you are getting on?' You know it is kind of chaired in a very different way when a young person is there. (IRO interview 17)

Some IROs discussed the use of humour or playfulness as a strategy for engaging children, offering reassurance or putting them at their ease. For some this also involved 'props', food or drink as a way of either actively involving children, or to create a more comfortable environment for the meeting.

What I do, in the review, is tell jokes, and he laughs, and then we take a break from the jokes. So it's taking a break from the jokes, as opposed to taking a break from the review, but it works well. He sits through it, he laughs, he jokes, he feels relaxed, and he takes part. (IRO interview 14)

Well when they turn up they get a packet of *Haribo* [sweets] and then they get given a sticker and trust me, teenagers take stickers! And to the little ones, I say that they can give a sticker to anybody in this meeting that you think will listen to what you have to say, and they will go round and give them a sticker. Yes the little ones, I don't think I would get away with that for 15/16 year olds ... but they all take the packet of *Haribo*, even if they are 17. I just want to make it ... well, not stupid and light and fluffy, but okay, it is serious and if you struggle with some of this you have to say to them 'you can leave the room and come back' ... I just want it to be as okay as it can be to have your whole life talked about in front of you. (IRO interview 18)

This kind of lightness was mentioned many times by children and young people as something they noticed, and appreciated. Social workers also often confirmed that many IROs went out of their way to make children feel comfortable:

They tailor each LAC Review according to the age of the child ... so if they are, say a 10 year old, they can be given the laptop to operate it for that day, so like he or she is the boss of the review which is good, so they make them look forward to it. (Social worker interview 46)

Good preparation and suitable venues were also considered essential for an effective child-friendly review. A full report from the social worker, delivered in good time, could enable the reviews to avoid the more repetitive checking-up elements that are off-putting for many children and young people:

... what a lot of young people find boring is 'when was your last LAC medical?', 'when was your last dental check?' etc ... If they're covered in the social work report, they don't need to be gone over and over during the review ... (IRO interview 5)

IROs generally preferred to hold review meetings in the place the child was living, seeing this as easier for the child (particularly for the child to 'dip in and out' of it), but recognising that not all children would want this. Some might not want their parents or their teachers to visit their home, or there may be safety reasons why the meeting could not be held there. Also, particularly in the early days of a case, or if court proceedings are underway, there may be too many people involved to make it feasible in a family home. As a result review meetings may be held in venues that are not especially child-friendly:

I think if we can't have a LAC review in a foster home, perhaps because of safety issues, we need to find somewhere else. And I think that's difficult, I think often it's in an office and I do not like holding LAC reviews in offices. I do not find they're very conducive to children, being in an office. (IRO interview 34)

Another key factor for effective participation is that the child or young person knows the people in the review. This was not always the case, as this segment of conversation from one of the young people's focus groups demonstrates:

- YP9 I've had people turn up to my reviews I didn't know.
YP6 Generally they do explain ...
YP9 They explain who they are, but like, you don't know their name. Not when you walk into a room and you just see a bunch of strange people you never met before. Like sitting round the table you feel like an unease, don't want to talk about anything because you don't know why they're there ...
YP2 Some social workers can't always make reviews and that's always really frustrating for the child, and they have stand-in social workers and they've never met them before and all they've done is read through their case.

One IRO, who thought that young people should be more involved in care planning, suggested that a regular meeting with the local authority's children and young people in care council would be a useful way for them to give their views on how the authority was doing.

7.4 Children's reflections on the review process and the IRO

The review process

In general children and young people saw the purpose of reviews as being to see how things were going, and some saw the reviews as setting *them* targets and monitoring their progress; some children referred mainly to progress at school; some saw the reviews as a process that asked for their views; and for some of them, reviews also provided an (extra and welcome) opportunity to see family. The themes are illustrated in the quotations below. The range of views echo the findings of Thomas' studies in the 1990s (see Chapter 2), suggesting that whilst the legislative and administrative contexts may change, the fundamental concerns and experiences remain the same:

Well I have three targets that I have to do every review, they give me three targets to do that I pick and obviously then [foster carer] says 'yes, she has completed them' or 'no, she hasn't' or 'she has got worse' or 'she has got better'. (Jenna, 16, in foster care)

... like their purpose for me is basically so a group of adults can get together and say how well me and my sister are doing at school. And then they go and then they come back next year and then they do the same. That's basically all I see in those meetings ... I am kind of glad they take place so people can know how well I am doing, but like other than that, there is no real point to them in my mind, there is no real point like. (James, 13, in foster care)

Yeah, it's all about me answering everything really. Like it is more about, like, if [IRO] asks my social worker about me, and they have got a question, then they will ask me. I am like in the middle of conversations between [IRO] and the social worker or whatever, I can just step in and say 'that's my view of it' you know. (Carmel, 17, in foster care)

Was there anything good about it at all?

No, just seeing mum.

Just seeing mum.

And dad as well, of course. (Lucas, 12, in foster care)

Some children's accounts showed a sense of agency regarding where or when a review took place, but there were other examples of children who were unhappy with the arrangements but unclear about how to change them. Also noticeable was that although children felt their views were sought and that changes to their care could be made, they were much less clear about how decisions were reached and implemented. In this respect, whilst the IRO might be seen as 'the boss' in the meeting, their role in effecting change was much less transparent for children:

You see things have got sorted at my review but I just don't know who sorts them, that's what is really annoying, they do get sorted but where they are all talking among themselves you don't know who is actually doing anything ... they take all each other's email addresses or whatever, you see I don't actually know what happens behind, it is like there is this door and you don't know what actually happens behind it. (17 year old in foster care)

The IRO

The interviews and focus group discussions with children and young people suggested that most were positive about their IRO. Their accounts often focused on *personal qualities* or traits. Children and young people who were able to describe the role of the IRO did so in terms of them asking questions, writing things down, checking that everyone is doing their bit, running the meeting, being the 'boss of the social worker' and helping to plan for the future:

Their job is to see that if everybody is safe in the house, if the fosters carers are doing their bit and I am doing my bit, talking about my behaviour, different people's opinions of the issues I have and talking, just talking waffle sometimes. (Jenna, 16, in foster care)

Where children had a clearer sense of what their IRO actually did for them, it was because this had been experienced in a concrete way, such as following up a clothing allowance, getting contact set up or changed, or supporting a housing application. The following is an example, from Carmel:

Can you think of an example of something that [the IRO] has got sorted out for you that you wanted to happen or change?...

Well quite recently really, I got my housing form through and I thought that was going to take ages, because these things do, but I said in my review that I really need to get that sorted and get it out of the way because it was bothering me, and he got it sorted, you know. So he is one of these types that don't hang about, he does push it along a bit ...

The interviews also revealed different ways in which children and young people feel they get to know professionals and carers, and feel 'known' by them; this is significant in relation to the sometimes competing claims made by professionals and carers in a child's life to be one whose particular role was to speak for the child, or represent the 'voice of the child'. Some common themes across the interviews in terms of how children perceived the IRO, or their relationship with them, can be described in the following ways. First, children often contrasted a kind of '*day-to-day*' knowing based on frequency/routine time and most associated with foster carers or sometimes the social worker, with *knowledge built up over time* based on continuity, which could be associated with the IRO:

I think I would tell [SW], because I have known [IRO] the same amount of time but I see [SW] more, because I only see [IRO] like once but I see [SW] like twice or maybe more. (James, 13, in foster care)

Because it has been [the same IRO] all the time, I think it just feels normal. And I think it is better that it has been him, because if anything was to come up or a decision needed to be made, like he is in a good position to put in his input because he has always been there, so he knows kind of how the family is and all that. (16 year old in foster care)

Second, children and young people also frequently commented on the traits or characteristics of professionals involved in their lives, as a way of describing what kind of relationship there was between them. One teenage girl expressed this as the '*personality click*' and this idea was often seen as a reason for getting on or not getting on with professionals:

I think so, yeah because like if you don't get on with somebody, you are not going to listen to them are you? You are not going to really want to talk to them, so that personality click has to work for you to get on and be happy ... You have to be happy with someone to talk to them ... if I don't like a person, I won't talk to them, you know I'm very closed in myself (Carmel, 17, in foster care)

Third, children's interviews also showed examples of what can be seen as a '*strategic sharing*' of themselves or of information. This appeared to be a way of managing or perhaps retaining some level of control over getting to know (and trust) people, in the context of, for example, changing social workers and infrequency of IRO visits:

I would always give it time, when I meet new people I will give it a time and then I will put my guard down. (Jenna, 16)

7.5 Barriers to involving children and young people

The IRO questionnaire showed that just over half (56%, 33 of 59 responding) felt they were not as effective as they would like to be at involving children; although as one commented there is 'always room for improvement'. Nearly three in ten (29%, 17) said they were satisfied, although some of these described areas in which they were still looking for improvements. The most significant barrier was seen to be heavy caseloads, as previously discussed. The problems caused by lack of time for preparatory work, visits and post-review conversations and paperwork, came up repeatedly in the comments made by IROs and others. It is necessary to add another element to Shier's model of factors affecting children's participation (discussed in Chapter 2): alongside 'openings', 'opportunities' and 'obligations', we need to add 'obstacles'. Shortage of suitable venues and the limitations of the consultation forms were other frequently mentioned constraints.

Responsibilities for the various tasks of preparing for reviews are shared between the IRO and the allocated social worker. IROs are expected to speak to the child before the review, as discussed earlier in the chapter, and they are also expected to speak with the social worker at least 15 working days before it. Social workers should supply their report at least three working days beforehand (DCSF, 2010b: para 3.9). The consultation documents should be sent out at least two weeks before the review, and although the Handbook does not specify whose responsibility this is, it was usually seen as the social worker's task. Another expectation in the IRO Handbook is that there should be a discussion between the social worker and the child at least 20 working days before the review, about who the child would like to attend and where it should be held (note, not the IRO: DCSF, 2010b: para 3.16). If all this preparatory work was not done, or not properly or in sufficient time, it

could mean that review meetings did not have all the relevant information, took longer than they needed to, or were not always set up as the child would have wished.

Good preparation and reports were also seen as essential for reducing the risks of unexpected developments or shocks in the review. One IRO described a review meeting in which the foster carer had said, without prior warning, that she did not think she could offer a long-term home to the child after all. A young woman described hearing for the first time in a review meeting that her mother did not want to have contact with her, 'that set me back a bit, obviously, like knowing my own mum doesn't want to talk to me' (now 16 years old, in foster care).

The following quotations, from IROs in three different authorities, give their views of the difficulties:

I think it's frustrating when children aren't supported to prepare for their review ... like at the last minute, they [social workers] are at the review giving the young person a consultation document to do. That's not preparing a young person for their review. You should be meeting with the child before and saying, 'Is there anything you want to ask or is there anything that I'm not doing?' ... I get frustrated when social workers don't do the task and give you ridiculous excuses like, 'Oh, I put the consultation documents in the post. Didn't you get them?' ... it's frustrating when tasks are not done and there's no reason why they haven't been done. (IRO interview 4)

We're still in this awful position, that we ask the young person 'who do you want at your review?', and then nine times out of ten, it's too late, because they're there. (IRO interview 45)

I can think of my experiences this week just in terms of chasing to make sure we know whether the child wants to come to her review, does she want it after school, at school, who's there, you know. There are still lots of things we're having to do ... Reports and care plans are atrocious ... We're not respecting our children and families by not providing reports that are shared with children before meetings, or parents or professionals ... it makes our job harder you know, the realities, because you've got to a lot more planning, digging and chasing. (IRO interview 12)

As we shall see in Chapter 9, however, the other side to this coin is that some social workers and team managers complained about IROs not making the time to ask about developments and plans, leading to decisions in reviews that they found unhelpful.

7.6 Conclusion and key points

There are potential benefits but also tensions and challenges in involving young people in the review process. At one level, much of what has been discussed in this chapter could be seen in terms of 'balancing' opposing principles. This is a useful image in one sense, in that it makes it clear there are (at least) two sides to be considered, and both are important; but the 'see-saw' implications, that one side goes up only if the other goes down are not as helpful (see Schofield and Thoburn, 1996, discussed in Chapter 5). Rather, the challenge for IROs, social workers and others involved in caring for the child and working with his/her family, is to find ways of maximising *both* (or *all*) sides in a series of difficult dilemmas; and, as far as possible, to resist either/or thinking. (It may be that things do eventually come to decisions like this, but that should only be at the end of a process.) The issues include ensuring that children's rights *and* needs are properly prioritised, but *also* attending to the

views of birth family *and* professionals; to enable a full discussion whilst *also* protecting the feelings of the children *and* the parents; to facilitate information sharing and *also* to respect the child's wishes for *and* rights to a normal level of privacy and a life that is, as far as possible, like that of other children. There is also the need for the IRO to come to an independent view of the child's wishes and feelings, which may require them to form their own relationship with a young person or child, but to recognise that some will already have the trusted adults they need to ensure their voice is heard, and not to duplicate or undermine this.

- Establishing children's views and encouraging their participation is a key role of IROs, but the review process has important functions in relation to monitoring and ensuring the implementation of the care plan which may not fit easily with the child's wishes. IROs are managing multiple objectives and principles that are sometimes in tension. The review may be 'the child's meeting' but it cannot be entirely led by the child.
- If IROs are to 'promote the voice of the child', they need to establish effective working relationships with the children and young people for whose reviews they are responsible. However, the nature and extent of this relationship will vary from case to case. Some young people will have sufficiently good relationship with carers, social workers and others to make it unnecessary for IROs to build an intensive separate working relationship.
- IROs do adopt a variety of methods to build good relationships with children within the review process, and wanted to use their professional judgement about visiting children and young people between reviews.
- A variety of obstacles were identified which made it more difficult for IROs to involve children as well as they would like. These included time constraints, lack of suitable venues, reliance on others to fulfil their part in preparing for the reviews, and the shortcomings of existing consultation documents.
- Many children and young people do not in fact attend their reviews: this is particularly the case with younger children. Children and young people often found the meetings boring but those interviewed did consider it important to attend, and did seem to appreciate the efforts made to consult and involve them.
- There are multiple tensions that IROs and others involved in the care planning and review process have to manage in order to promote children's participation. The goals are always to maximise *all* sides of the equation, as far as possible. Many of these are unavoidable, intrinsic challenges of 'corporate parenting'; but the most pressing challenge was seen as a practical one, the heavy caseloads and limited time of IROs and social workers to do this sensitive work.

Chapter 8: The involvement of parents and foster carers in care planning and review: roles, rights and relationships

At the end of the day we are all here to look after them, and it is weird because it is like they have four parents really, and then they have like a corporate parent which is social services, so I think, you know, they are pretty well looked after. (Mother of two children in long-term foster care.)

I am a mum really, but with four children who are not here, but I am still a mum. (Mother of four children all taken into care; the youngest had recently been made the subject of a placement order.)

In understanding the process as well as outcomes of care planning and review it is necessary to take account of the multiple parents involved in the lives of children in care. Planning for permanence focuses on families for children which provide loving and committed parents through childhood to adolescence. The corporate parent in law is the local authority, represented by the social worker, and both the foster carers and the birth parents have claims of different kinds to be considered as parents for the child. Kinship foster carers may feel that they have a special claim to relatedness – while residential workers may also make a claim, as caretakers for a child on a daily basis, for a parental role and status. Finally, the quality assurance of the child's care pathways is the responsibility of the IRO and so some of their experiences of concern about or satisfaction with the child's progress may feel quite 'parental'.

Some of these issues have been discussed in previous chapters in particular in relation to corporate parenting and the role of the IRO but here the focus is on parents and carers who have a predominantly personal investment in their parenting roles in relation to children in care. In this chapter we present data from parents' interviews, from foster carers in focus groups and from interviews with social workers and IROs where they were invited to comment on the role of parents and carers in care planning and review. We are also able to draw for context on our research with parents of children in foster care (Schofield and Ward, 2011; Schofield *et al.*, 2011b) and with foster carers (Schofield *et al.*, 2012, 2013).

8.1 Parents, foster carers and the care planning guidance

Parents' involvement

Biological, legal and caretaking parents have a formal role within the care planning guidance (DCSF, 2010a; DfE, 2015d) and their views are to be considered as part of the care planning and review process (Care Planning, Placement and Case Review Regulations, Reg 36). This makes sense because of their shared and potentially complementary roles in meeting the needs of children. As the opening quotation suggests, children will also experience and be aware, as they grow up, of the multiple families and parents in their lives and the different rights these parents may have and resources they may bring. For children there are implications for the quality of care they receive resulting from these shared parenting arrangements, but also for the extent to which both children and the various parent figures have clarity about parenting roles in the care of the child and the care planning decisions and arrangements.

With regard to the involvement of multiple parents, as with the involvement of children, the core principles of care planning, such as the child's interests are paramount, the LAC review is the child's

meeting and so on, do not have straightforward consequences. If, for example, it is in the best interests of the child to have more frequent contact with one parent than the other, then almost certainly both parents and associated extended family will need active work and support to manage their entitlement to participate in the review process and to enable constructive contact to take place. So the wellbeing of parents and their acceptance, if not agreement, to such arrangements may not be paramount but is necessary if children's assessed needs are to be met and the care plan implemented successfully.

For parents therefore, as for children, there are complex networks of *roles* and participation *rights* in the care system and an even more subtly evolving networks of *relationship*-based issues and emotional ties. Attachment figures or sources of identity for a child may be current foster carers or birth parents or a combination. IROs and other social work practitioners are having to recognise not only the formal requirements of the system in terms of who is a 'parent', but also the quality of relationships and emotional significance that particular parents may have for this child at this stage in their childhood and their care career.

A further dimension when it comes to participation and decision-making lies with the question of which parent *knows* the child best and therefore may have the most to contribute to care planning and decision-making. From the IRO's point of view there is the need to take account of competing 'experts' on the child's thoughts, feelings and developmental state. This expertise may arise from roles parents have played in the child's life or the closeness of relationships they have established with the child.

Key issues for practice also revolve around the quality of the child's relationships, what the Care Inquiry (Boddy, 2013) referred to as 'the golden thread', that become established and may be facilitated by social workers and IROs involved in care planning. Supportive relationships will enhance the experiences of all types of parents and lead to better outcomes for children. But perhaps because of the range of roles and relationships, the study has shown how significant the concept of a flexible review *process* in addition to and outside of the review *meeting* will be for managing the multiple parental contributions.

Delegated authority and placement plans

This issue of multiple roles or role complexity is increasingly recognised by the Department for Education's emphasis on 'delegated authority', highlighted in special guidance on delegated authority (DfE, 2013a, 2015d). The argument in favour of greater delegated authority to foster carers is based on the belief that looked after children should not have to feel different from their peers and that caregivers in the role of parents need the powers to make decisions:

Poor planning around delegation of authority can delay decision-making and lead to children missing out on opportunities that enable them to experience a fulfilled childhood and feel part of their foster carer's family or the daily life of their children's home. Looked after children say that problems obtaining parents' and local authorities' consent to everyday activities make them feel different from their peers and cause them embarrassment and upset. Failure to delegate appropriately, or to make clear who has the authority to decide what, can make it more difficult for foster carers and residential workers to carry out their caring role and form appropriate relationships with the children in their care.

(DfE, 2015d: para 3.193)

Although especially relevant in long-term foster care, all foster carers need some freedom to make decisions. Awareness of the significance of delegated authority was evident among social workers in the study, who saw it as a matter of trusting carers. Although the principle of increasing the decision-making powers of foster carers is now official policy, at a case level it was emphasised by IROs in the study that significant changes in areas of responsibility should be discussed and recorded in the care plan. Although this is consistent with the care planning guidance, the *placement plan* within the care plan was often not specifically reviewed. The way in which all decisions are to be made for children in care, including those to be delegated to foster carers, should be set out in the placement plan, which replaces the former *placement agreement*. The placement plan is designed to clarify the various parenting roles, in particular the roles to be taken by the foster carers, and should be checked and updated as necessary at LAC reviews; just as education and health plans are or should be. The implementation of the policy on delegated authority would logically be administered through appropriate use of the placement plan (DCSF, 2010a: 88; DfE, 2015d: para 3.216).

One area which should be taken into account is the nature of delegated authority in different types of placements and therefore the different nature of the role of parents and foster carers depending on the permanence plan:

When deciding who should have authority to take particular decisions, the most appropriate exercise of decision-making powers will depend, in part, on the long term plan for the child, as set out in the child's permanence plan. For example, where the plan is for the child to return home, the child's parents should have a significant role in decision-making; where the plan is for long term foster care, the foster carers should have a significant say in the majority of decisions about the child's care, including longer term decisions such as which school the child will attend.

(DfE, 2015d: para 3.195)

It was not clear from the study that the placement plan was being used and regularly updated alongside the care plan at LAC reviews or would necessarily be updated when, for example, a placement changed from being short-term to long-term. Children's files and LAC review minutes rarely referred to placement plans and the focus groups confirmed that this was an area of practice which did not regularly feature within care planning at LAC reviews, although this is a requirement of the Care Planning Guidance (DCSF, 2010a; DfE, 2015d).

The rest of this chapter explores the roles played by birth parents and foster carers in care planning and review as they emerged from the study. These will be considered in relation to parental roles with and on behalf of the child but also in relation to other figures who have responsibilities in a wider sense for the welfare of the child and successful implementation of the care plan, the social worker and the IRO.

8.2 Birth parents' experience of care planning: ambivalence and affirmation

Research on the experiences of parents of children in care raises a number of issues about the potential for continuing tensions, but also the potential for parents resolving some of the difficult feelings present when children first go into care (Schofield and Ward, 2011). Parents' roles in the processes of care planning are likely to be affected by, and to affect, the different trajectories taken by parents over time. These in turn will have an impact on children's welfare and sense of identity.

For some parents in this study, difficult feelings in the early stages after a child had been removed changed and became more resolved over time:

I felt really upset the way they took him off me ... I am still upset now, but I am taking it bit by bit and saying he is in the right care and they look after him. (Mother of Danny, placed with paternal grandparents on an SGO.)

I did have a conversation with one of the social workers quite a long time ago and she did say to me 'Did you ever feel like you could do it?' [have the children back to live with her] and at that time I didn't feel I did, you know. And to be honest with you the way they are settled now I don't think it would be fair for me to step in and say 'come here', because they are doing so well. (Mother of two children in long-term foster care.)

This potential for change over time, crucial to care planning, very much reflects other research on the experience of parents of children in foster care (Schofield and Ward 2011), in particular the recognition of mixed feelings. The following quotation comes from the mother of three children, two of whom were in long-term foster care and the youngest placed with grandparents. The child who was included in the sample for the current study was Lucas, aged 12, in foster care with his younger brother:

I am such a different, stronger person, and do you know what, I take my hat off to them for taking them away from the domestic, the emotional and the mental abuse that they have seen. (Lucas' mother)

Whilst accepting of local authority intervention, this mother also gave a poignant description of managing the painful feelings associated with losing the children:

... there is not one day, one minute of the day that I don't think about them children, but I have taught myself over the years to get that box and put that pain in there, because you can't keep feeling guilty, you have got to go on, you can't keep going back and feeling guilty. Now I have got this thing where I have got a ladder in my head, first of all at the start when they went I was on this ladder and all the steps were breaking, I wasn't getting anywhere, but now this ladder I am half way and there is no steps breaking at all. So once I get to the top of that ladder you know ... so I have to block off ... not forget about the children, but I have to forget about where they are because it's aching, a constant ache of thinking about them 24 hours a day. And I have now come to terms with, 'Stop it, stop hurting, stop feeling guilty, get on with it.'

Parents of children in care have a range of potential rights to participate in decision-making regarding their children (CA 1989, ss 22, 33). Social workers and IROs both have a role in facilitating their involvement in care planning and review. This 'official' position needs to take account of a range of factors; for example, the need to capitalize on a child's positive relationship with a non-abusing parent or to assess the risk of a potentially harmful one. But the nature of the work with parents is also likely to reflect the constraints of the inevitable power imbalance and how that is handled in practice. In this study, it was apparent that parents also had mixed feelings about the reality of their power to influence decisions, as this example suggests:

They never left us out of any plans; they would tell us what ideas they had and what was best for Cheryl and we just went along with it. There is no point trying to fight social services. (Mother of Cheryl, 11 months, who had recently been made the subject of a placement order.)

Using Arnstein's ladder of participation (1969) this would perhaps be participation in terms of 'being kept fully informed'. This quotation is from a mother with learning difficulties who had had multiple children removed from her care. Her sense of fatalism was strong; on the one hand she and her partner were informed and involved, on the other hand there was little sense that the plans might be influenced by them. Alongside the fatalism was also a hope that 'social services' would make good decisions: 'I just agreed with what they wanted, just do whatever is best for her'.

Danny's mother and her new partner were now undergoing a parenting assessment for their unborn child (Danny was a three year old who was placed with paternal grandparents under an SGO). The partner had tried to support Danny's mother through the court proceedings, and expressed his sense of the tension between needing to co-operate with the local authority and yet wanting to assert a parental identity:

Do whatever is necessary, if they say jump off Canary Wharf, then jump off Canary Wharf. That is quite excessive but it's – that is what I would say – do everything in your power and again, never forget that you're the parent, never forget that.

The examples of ambivalence towards children's services reflect some parents' sense of being at times offered one set of messages as to their role as parents (you are very important in your children's lives), when sometimes having to accept something rather different (you have to accept the decisions of others in relation to your children). This is a perennial problem with the experience of participation in decision-making; if you do not get the outcome you seek and if nothing changes as a result of your participation, was the participation genuine? Was anybody listening? (Schofield and Thoburn, 1996). This feeling or perception needs to be addressed by social workers and IROs if parents are going to remain motivated to participate and contribute, although even with good support not all parents will get to the point of accepting decisions made against their wishes.

In this study, a parent's sense of being powerless in the face of certain decisions would at times be explicit. Matthew's mother described how she had been promised regular contact (he was accommodated under s. 20 of the Children Act 1989), but her son (nearly 13 at the time of the research interview) was then placed in a residential placement at a distance and contact was restricted. It was not clear whether this restriction was because of the geographical distance or other reasons, but it left his mother feeling that she had been tricked: 'I was hoodwinked a little bit at the beginning'. The unsatisfactory nature of the arrangement became apparent to all, and through the review process, with the mother often taking the initiative and showing notable persistence, this led to a placement move to a more local placement where more positive contact was then established. The placement move also coincided with a change of social worker, with whom the mother felt there was a more positive working relationship:

She will ask my opinion as well. You know when we were talking about him coming home to sleep she is asking my opinion and how I feel it will be and she is listening to me.

Also reflected in this quotation and again part of the wider research picture, is the absolute centrality of the parents being able to feel that they were still able to act as parents. Often it is the parent's ability to retain some sense of parental identity; to appreciate the way the child is developing; to have some capacity to be involved and be proud of their son or daughter's progress, that helps to achieve a constructive parental engagement and that can give the child permission to move on:

I always put down to them that I am still the mum. I should be getting involved while he's little. Mum keeps saying to me 'Don't forget, you are not to forget, you are still his mum'. (Danny's mother)

I think that it is positive and I think that they treat you like one of the, you know, one of the parents. You know we are the parents, but we are not the direct parents if you see what I mean. (Mother of two children in long-term foster care)

8.3 Birth parents, social workers and IROs: building constructive relationships

There is inevitably potential for tension in the relationship between parents of children in care and social work professionals. Within our study factors which affected how parents viewed and responded to social workers and IROs included their reliability, accessibility and consistency; a recurring bone of contention was the frequent changes of social worker. But, as has been identified above, a central component to a constructive working relationship was allowing, wherever possible, birth parents to retain a sense of parental identity which can often make acceptance of, and cooperation with, the local authority 'bearable', as one parent put it, in what might otherwise be an unbearable situation:

She made me feel like the mother that I am, yeah. (Lucas' mother)

Within this study there was often a sense of recognition of, or resignation to, the role of the social worker:

They are just doing their job, aren't they? They were doing what was best for Deborah. They are not getting at us – they are just doing what they got to do. (Mother of Deborah, a three year old girl with additional needs, in foster care.)

What seemed to be most 'bearable' for parents and productive for care planning was some form of respectful working relationship. This could accommodate disagreement and the giving/hearing of criticism, but our study did illustrate a number of issues in terms of what parents wanted (or expected) from professionals and how they defined a 'good' social worker or IRO. One of these was the importance of social workers who *listened* but also *communicated* regularly with parents. As the following examples illustrate, communication was appreciated when it included both the passing on and also the seeking of information and views from parents:

Yeah [SW] included me, because she knew that I loved Cheryl and wanted to do the best for her, and she kept me informed and told me what was happening, and appointments and all that. (Cheryl's mother)

When we were talking about him coming home to sleep, she [SW] is asking my opinion ... and she is listening to me. If I say I think I can handle it and that I think we will be fine, she has listened and we have tried it ... She phoned me just to ask how did it all go, and I really felt like I can tell her truthfully as well. (Matthew's mother)

By contrast, where parents felt that they had not been included in the sharing of information or had not been able to give their views, this was often taken personally or could damage both that parent's sense of parental identity and their inclination to cooperate with social workers. In the first example below, the mother of Tony, a teenage boy in long term residential care, talked about becoming increasingly detached from his life and from the care planning process over a period of about ten years. At the time of interview, and through the actions of a longstanding IRO and a new social worker, a better working relationship was being built with this mother, and importantly, contact had just been re-established with her son:

Sometimes I have felt like I have been in the dark and not kept up to speed of what has been happening and it wasn't until I said to them, you know, 'you are not telling me anything, so how am I supposed to give my input or help with anything if you are not going to co-operate with me?' (Mother of Tony, 16 year old in long term residential care)

In the second example, Jacob's father described how crucial up to date information was for sustaining his relationship with his sons (Jacob was one of twin boys in foster care). There was monthly supervised contact between the boys and their father:

They are growing up and their interests keep changing. Again it would be good to have the information because I might think 'oh today you like football', maybe tomorrow they are going to wake up and say 'I like something else'. But if I don't know I am going to go and get football stuff and then pass it out, 'Here son' and they say 'I don't want this' and I look bad! (Jacob's father)

These quotations suggest that it is the tone and context of the communication that is key. It helps in particular if a parent feels that they are being kept informed not just as a procedural formality but because the social worker believes that the parent loves the child and wants to know that all is well for the best reasons. This is likely to make all the difference to how the parent will experience the communication and in turn how the parent will communicate with the social workers, but also with the foster carer and the child.

The importance of respectful two-way communication which could act to affirm parental identity was also evident in accounts of relationships with IROs: 'He treated us normal; he treated us like we were normal people' (Cheryl's mother). This comment was from a mother with learning disabilities, but reflects a wider need for parents to feel that despite the stigmatised and often blamed position in which they found themselves they could still be seen as 'normal'.

In another example, a mother remarks on how 'good' an IRO was in terms of actively acknowledging her, after a not so good previous experience:

This was the first ever time that I felt wanted and heard in a review because she is sitting there going 'Hang on a minute please, so [mother] what do you think?' Never had that. (Lucas' mother)

Another dimension of this complex working relationship between parents and professionals was the question of, as one mother put it, who the professionals are 'for'. In the following examples, the first describing a social worker and the second an IRO, both mothers appear to acknowledge an acceptance that whilst professionals had the wellbeing of the child at the centre, or were 'for the child' they could also be for the parent too:

When I said that we had a great time [the first overnight stay for her son], she [SW] was like so happy and I really do think she is totally on my side and Matthew's side, yeah, she is really lovely.

I think [IRO] is on everyone's side; he was a little bit for us and a little bit for the social worker, a big part for Cheryl of course, I think he is trying to do the best for her, yeah.

Where this working relationship was achieved, some parents expressed the feeling that the social worker cared about them, despite many negative or painful events:

Yes she really did care, like. Sometimes I used to think 'Oh she is against me' ... but she weren't, she was just so there like to help me, guide me and tell me what is going to happen. Like she would always explain everything properly and stuff ... She is truthful, she is straightforward, always tells me as much as she knows. (Mother of a three year old girl placed at home on a care order.)

8.4 Birth parents' experiences of the review process: bridges and boundaries

As discussed in earlier chapters, the review process is central to planning for children in local authority care. The formal meeting serves to establish a structure for care planning and a particularly 'visible' role for the IRO. However the activities surrounding this meeting (or meetings), before and after, are equally important for the effective involvement of birth parents and children. In our study, parents talked about their experiences of the review process and specifically about the role of the IRO within this. The following example provides not just an illustration of the IRO's particular role, but also an interesting insight into how this mother perceives their independence:

You need to have someone who can work with social services, but is not a social worker. Someone who is in that authority but helps you put it in another way, so the social workers don't get offended. (Cheryl's mother, who had learning difficulties.)

As set out in Chapter 6, one significant role played by the IRO in the review process can be described as 'bridging'; enabling parents to sustain their involvement or, importantly, find a way back to being involved with the local authority and with their child's life. Parents in our study expressed this in different ways, sometimes seeing the IRO as a mediator, 'translator', or advisory figure:

She always emphasises any point which has to be made, and then when everyone is discussing about anything you can always speak up on things which you didn't know about ... and if I have got a question I can always ask her, and then she will explain whatever it is. (Jacob's father)

He is like an independent person who will just come and listen to see and try and like give you advice and like guide you and stuff ... I can ask him for advice and he will give me advice, whether or not I take that or not is entirely up to me, but he is willing to give me advice. (Mother of a three year old girl placed at home on a care order.)

IROs were also aware of this responsibility or capacity to perform this bridging role, and also of the care (and often time) needed to facilitate parents' participation in ways that were beneficial to all. It was widely acknowledged that certain preparation was often needed to maximise such benefits, including setting clear boundaries with parents prior to the meeting, making special arrangements for attendance and/or review reports and adopting a responsive, flexible approach. The examples

below of the review as a means to 'hook' or connect parents into their children's lives, and the IRO's role in this, was a recurring theme across the interviews:

[The parents'] role is limited to a degree and the review process is one area where you can hook them into what's happening in significant areas of the child's life. (Cheryl's IRO)

I think sometimes that when birth families attend reviews there can be quite a lot of tension or anger towards the social worker. I think that the IRO is in a position to calm things down, to be the negotiator between the parties, and again have a look at – a kind of perception thing, without the emotion and the anger and all that kind of stuff. And I think that the reviewing on a lot of cases has been to kind of rein people in, and bring the birth family back to where things are, and kind of steer the review. (Social worker interview 8)

This sense of a bridging or negotiating role, and all the components of that, highlighted the importance of the IRO's professional judgement and personal sensitivity in making the standard bureaucratic system work flexibly for parents as well as for each child.

Alongside these more positive experiences for parents of the review as a welcome and important opportunity to become or remain part of a child's life, there were also accounts of the challenges parents faced when attending reviews. There were descriptions that are a reminder of the very painful experience of loss and hurt that can occur for parents at reviews:

I just remember sitting round a table with a very hostile older daughter, a foster carer I had never met, several social workers ... I was very emotional at this point so I said, 'I don't understand how you are talking to me about her sense of loss and rejection; she has put herself into care. I am the one who is being rejected!' (Mother of a 16 year old girl.)

This mother went on to say that the professionals were not always sensitive to her situation or to how issues were presented or discussed in the 'public' setting of the review meeting:

She [SW manager] said, 'Oh, doesn't she [daughter] look so much better now' and I felt that was like slap in the face. In front of the child! I felt like saying 'Well, I've obviously been a complete failure'.

The theme of discussion 'in front of the child' was something raised by a number of parents in our study and links to views expressed by both social workers and IROs about children's participation. One common concern for parents was that it could be inappropriate to discuss certain issues or problems that children might have, when the children were present. Parents expressed concerns in terms of protecting children's privacy or self-esteem, or sparing them embarrassment. The sense was that sometimes there needed to be boundaries set for what could be discussed while a child was present and that reviews could and should accommodate this:

You don't necessarily want to sit there and run over all the bad stuff with Matthew sat there. So it is just little things like that, without the child there you can really be brutally honest, whereas if he was sat there you would be worrying about his feelings, wouldn't you? (Matthew's mother)

I think I have sometimes said 'Is the child going to be here for the whole meeting?' and they said 'Oh, what do you want to say?' because there have been one or two times, I think I wanted to talk about her safety online, and her safety with men. (Mother of a 16 year old girl.)

This next comment is from a foster carer who echoed these parents' views and appears to do so from his parental sense of the need to protect children from certain kinds of discussion:

It's a very formal meeting for a 10 year old to attend, where perhaps the minute detail of their life is being mulled over. And children need to be protected in many different ways, and I think they need to be protected from that, personally. (Male foster carer in a focus group discussion.)

In some situations professionals appear to accept what gets said in front of children at review meetings, but it is parents who question it. Another parent commented on the expectation seemingly accepted by a range of professionals, that a child would talk about difficult and complex feelings in a meeting:

Then the questions, 'So how do you feel?' Don't forget in front of everybody. 'Is there anything you want to talk to me about mate?' A child is not going to turn round and say, 'Well actually I'm not really happy. I don't really want to be here ... I want to be with my mum'. So he turns round and goes 'Everything is fine'. (Lucas' mother)

This mother had concerns that conclusions were drawn from what was said or not said by children in reviews which might lead to important but perhaps mistaken decisions.

Although most professionals would also query whether children can speak about their often difficult or mixed feelings in meetings, questions such as 'How are things?' referring to school, the foster family or contact almost inevitably get asked as part of involving the child. Parents do not have the same access as professionals to the range of other sources of information about the child's progress and expressed views, or to knowledge about what weight these are given in decision-making, so they can only rely on what they hear at the meeting itself.

A further concern expressed by parents about children being present at review meetings was in relation to the need to show unity or to at least manage disagreement. This view seemed to be shared by professionals and foster carers, as well as birth parents, as the following examples illustrate:

It is very hard to talk about a child and what is happening with his future with him sat there, and especially if I did have problems with the school or anything I don't want to be seen to be sat there bad-mouthing the school in front of him. (Matthew's mother)

Only once it got a bit heated, and I thought no I don't want this in front of [child], he can go back to class, he doesn't need this, we have got to be seen to be working together and pulling together. But that was only once ... but it just puts your back up a bit. But not in front of the child. (Foster carer of an 11 year old boy in long-term foster care.)

What I want to try and do is, if the child or young person is present, they see that we're all working together even if we don't all agree with one another. (Carmel's IRO)

8.5 The role of foster carers: what is a 'real' parent?

The ambiguities of multiple parents, including foster carers, were commented on by all parties, including this parent:

Does she [the child] call you mummy and daddy?

Yeah.

What does she call her foster carers?

Mummy and daddy as well. (Deborah's mother)

The extent to which foster carers may be seen or see themselves as parents in the child's life and in the reviewing process will depend on many variables, in particular whether the placement is a short-term or a long-term placement but also more subtle aspects of the relationship. In this study, foster carers were managing a range of responsibilities and relationships in different placements, for example short-term caring for children due to be placed for adoption or returned to family or extended family, or long-term caring for a child in an agreed permanent placement.

Whilst children's social workers and IROs both reported their sense of formal and personal responsibility for the child's wellbeing, currently and into the future, there was also in most, although not all, cases an acknowledgement of the fact that the success of their plans relied on the day to day caregiver to meet the majority of the child's needs and so make the majority of caretaking decisions. The increasing use of the concept of the 'team around the child' for children in care, mentioned by some respondents, arguably reinforces the important role of the foster carer in this professional network. However this role for carers also needs to be balanced with the sense of 'normal' family life and parenting that has to be offered to the child in the foster home, as the following example suggests:

It is a really positive placement actually and I think these carers are very emotionally warm and I think that is what [child] and her brother need ... it doesn't feel like it is a foster placement, it feels like it is an extended family placement and the foster carer advocates really well for both of them. (Social worker interview 28, describing the case of a 17 year old young woman placed in foster care with her younger brother.)

The question of whether foster carers should be treated as fellow professionals and / or as parents emerged in different ways and demonstrates an inevitable role ambiguity for foster carers (Schofield *et al.*, 2013). Thinking of foster carers as fellow professionals was one way that IROs and social workers indicated respect for their role: 'Foster carers are professionals in their own right – they're also doing a job' (Carmel's IRO).

Foster carers were often acknowledged as, or expected to be, 'experts' in relation to having knowledge and skills about understanding and meeting the child's needs. In the first example below, the social worker described a difficult case where a child needed to be sensitively prepared for a move to a long term foster placement, but the foster carer was also able to reassure the child that she held children in mind even when they had moved on:

I mean the foster carer is very experienced and she has always spoken, you know, she has photos around her of the young people that she has fostered and she will say to (child) that they stayed here for a time. (Crystal's social worker)

In this second example, the social worker talked about the importance of the foster carer's advocacy role (and initiative) in reviewing the care needs of a boy with behavioural difficulties:

He came into our care with medication, then we made a referral to the community paediatrician for a review and the foster carers strongly felt that he didn't need the medication, but of course he has symptoms of minor ADHD. Then she monitored his behaviour and they strongly felt that it needs to be reviewed. (Social worker interview 24, describing the case of an 11 year old boy in long-term foster care under s. 20.)

This notion of foster carers as experts on the child could be seen as based on knowledge arising from their caring and parental relationship with the particular child 24 hours a day or as a result of their professional experience of children in care, or most often a combination of both. Seeing foster carers as professionals also gave rise to feelings of protectiveness towards them as colleagues and of recognition of the support they needed, both routinely and at times of particular difficulty. In the first example here, the IRO highlights a challenging situation; the introduction of foster children to their adoptive parents. In this particular case the adoptive parents had been very concerned about something the foster carers had said that suggested the children were more challenging than they had been led to believe:

That's left the foster carers very, very fragile about the links with the adopters ... So, given how anxious she [female foster carer] can be, it is very important that she has her worker there to support her and to just pick up on any issues that come up within the meeting. (IRO interview 41)

A carer's need for support in the professional role is paralleled by an appreciation of the approval of their parenting role by the IRO:

I think sometimes the foster carers need that review as well, as reassurance. Everyone needs reassurance ... and also if they are doing really well, and say there has been challenging behaviour and they come through that and they are blossoming ... and the IRO comments on how well they are doing and stuff, they are the proud parent really and they are smiling, and it is a bit of a pat on the back for them. (Social worker interview 21)

The next example, however, highlights the boundaries or limits to being a 'real parent'. Whilst foster carers may be expected to provide a home and family which 'doesn't feel like a foster placement', part of their professionalism is also to maintain an awareness of the potential and constraints of their role and also the roles of the other parents (not least the corporate parent) in the child's life. This dilemma is illustrated here by a social worker discussing some highly valued foster carers but expressing some concerns about their role as parents:

The good thing about these foster carers is that they do treat them like their own children – and then you have to remind them that they are not their own children, and that they are looking after them on behalf of social care. So it's that borderline for them where they have got that relationship – and obviously you want them to be there and be that supportive parent for them, so it is how they manage that with another parent in the background who is doing things that are maybe disruptive. So yeah, there is a balance there. (Social worker interview 29)

In addition, when thinking about foster carers' complex parental role, there are inevitably questions about how willing birth parents will be to accept that foster carers may play this role in the lives of their children. Research by Schofield and Ward (2011) found that although parents did struggle with the idea that other, officially approved, parents were caring for their children, some were able to accept both the nature of the fostering role and to build a working relationship with foster carers. As discussed above, some parents in this study also talked of carers doing 'a brilliant job' and caring for their child 'better than I can'. They were even able to accept that foster carers 'obviously' need to make decisions for children and that children may even call them mummy and daddy.

Where the idea of the foster carers as parents was acceptable to birth parents, this was particularly facilitated by qualities in the carers, the establishment of a bounded but positive working relationship supported by social workers, where parents felt that children were happy with the carer, and where the communication with carers was open:

No, there has never been any worry. I have never made a nuisance. I have even got their foster carers' phone number on the phone. I text her every second day to see how my daughter is. (Mother of two: a son returned home on a supervision order and daughter in foster care.)

I know the foster mum, because obviously when we have our contacts I always meet with the foster mum and she always gives me a kiss and cuddle, and [child] calls her mum and me mum. Yeah, that did hurt to start off with, but to be fair she lives with her permanently and I can understand that, so that's why. (Mother of six children: two adopted, one in foster care, one in residential care and two living at home.)

The review process can serve as an important context both for building a relationship, and establishing lines of communication and boundaries between birth parents and foster carers appropriate to the situation. As discussed above, this relates to the core point, acknowledged by both IROs and social workers, that whatever the history, many parents continue to care about their children and need reassurance:

You know when you very much want your child back, to be asked what you think about someone else caring for your child is an incredibly difficult question, and more often than not I do get an answer. You know I think it is very brave, and in this particular situation they [parents] were happy with the care that was being provided and that did fit with the bigger picture, in that in this particular foster placement it was very good quality care, and I think the particular foster carer would have been a comfortable presence for them. (IRO interview 42)

Whatever the situation that placed their child in care, we never doubt that parents do love their children, and it was beneficial for the parents to have met the foster carer and kind of feel they are part of the plan. (Social worker interview 4)

It seems unfortunate, however, that in some cases there is an expectation that birth parents only get the reassurance they need from meeting foster carers at reviews rather than having separate opportunities outside the formal processes to meet, as parents / carers with shared concerns, without the child or other agencies present. As figures presented earlier in this report suggest, only a minority of parents attend reviews and without other opportunities, in long-term foster care parents may not see and talk to the people who are caring for their children for many years (Schofield and Ward, 2011). There will be situations when direct contact between parents and carers is not appropriate, but often barriers appear to have been put in the way of this direct contact that may not be necessary.

8.6 Conclusion and key points

The study has shown how the involvement of carers and parents in care planning and review can work out in practice. As elsewhere in this study, there is a complex interaction between procedural guidelines for 'involvement' in care planning that reflect the 'rights' or the appropriateness of individuals to have a voice, and the implementation of those rights and procedures that takes into account the different factors in each case. In particular the different *roles* of parents and carers, given the nature of the permanence plan, and the different quality of *relationships*, for example between parents and social workers or between foster carers and parents, will affect the extent to which procedures and guidance on parent and carer involvement contribute to the goal of better outcomes for the child.

- There are multiple parents and parent figures involved in the life of a child in care, which has an impact on all aspects of care planning and review, especially when taking account of the need for a permanence plan.
- The IRO's role in facilitating relationships within this network of parents, as in other areas of their activity, will rely on their ability to use the guidelines and procedures flexibly to create and support a care plan and review process that will meet the child's needs.
- The meanings of 'parent', 'family' and 'home' for all participants, and especially the child, need to be taken into account in each case, with change over time to be expected; for example, the parents' capacity to contribute positively to the child's life may increase or decrease, the child's need and wish for contact with different family members may change .
- The placement plan needs to be appropriately agreed and reviewed regularly, especially when a plan or circumstances change. This will ensure that all parents, carers and professionals in the team around the child understand the implications of the permanence plan, the types of parental authority delegated to foster carers, and how parental decision-making about children will involve the children themselves.
- From the comments of parents and carers in this study, it was clear that successfully managing this negotiation of roles, relationships and boundaries relies on IROs and social workers exercising professional judgement, taking into account the needs of the child and the parents / carers, but also using interpersonal skills within the review process to ensure that it is sensitive to the power imbalances and to the emotional investment that parents, carers and children bring to care planning and review.

Chapter 9: Independence and ability to challenge

IROs are 'independent' reviewing officers. The idea of independence is a fundamental part of the rationale for their existence. Paragraph 2.18 of the IRO Handbook states 'The independence of the IRO is essential to enable him/her to effectively challenge poor practice', and discussions about the efficacy of IROs and the future development of the IRO service regularly touch on the question of whether IROs are independent enough. It was an issue in the Ofsted evaluation and the NCB research:

There were some concerns, expressed by a very small number of IROs and some Cafcass representatives, that IROs might be perceived as not sufficiently independent of the local authority as long as it remained their employer. (Ofsted, 2013: 32)

There has been continuing scepticism about whether they are making enough difference to the quality of the service and whether their independence is compromised by being under local authority control. (NCB, 2014: 6)

As noted in Chapter 2, neither Ofsted nor the NCB concluded that it was necessary to remove the IRO service from local authorities, but there are still the questions of whether IROs are sufficiently independent to be able to 'effectively challenge poor practice', and how they do so. 'Independence', however, is a complex concept, and it is necessary first to consider what it means in this context.

9.1 Varieties of independence

Independence has a number of different and overlapping meanings, and it is worth distinguishing five senses in which the word is used in relation to IROs. They are:

- a) *Professional independence*
- b) *Operational independence*
- c) *Effective independence*
- d) *Perceived independence*
- e) *Institutional independence*

To consider these one at a time:

a) *Professional independence*

The literature on professionalism identifies 'independence' as one of the defining characteristics of a professional: professionals come to judgements on the basis of their expert knowledge, skills and code of ethics, rather than simply following the instructions of others. Freidson (1999: 127), for instance, speaks of professionals being able to take 'a stance that is independent of, even opposed to, the demands of a particular political regime or client'.

This kind of independence may be called *professional independence*. One would hope that not only IROs but all of the various kinds of social worker involved with looked after children would, as responsible professionals, also possess this kind of professional independence (along with teachers, doctors, lawyers and other professionals who are typically also involved). However the existence of the IRO role is a recognition that there are 'other drivers' (to reuse a phrase from an IRO quoted in Chapter 6) which can sometimes, for any professional, get in the way of full professional independence. Managers and social workers may, for instance, sometimes be so preoccupied with

pressures on them to stay within budget, manage workloads or meet targets, that their focus is in danger of shifting towards the needs of the organisation and away from the needs of individual children. Why would an additional, independent tier of social workers be needed, after all, if this were not the case?

That said, it is important to bear in mind the importance of professional independence for *all* social workers involved in a case, and also that professional independence does not mean acting regardless of the legal and organisational context or the views of others. There are calls for IROs to be 'fearless champions of the child' (e.g. Natasha Finlayson, chief executive of the *Who Cares? Trust*, quoted in Lepper, 2015), but being a fearless champion (in the sense of acting in a child's best interests 'without fear or favour') is equally as important for allocated social workers, who have the most contact with the child, and for the managers who have responsibility for allocating limited resources in a way that maximises positive outcomes for all the children receiving a service from their organisation, not just this particular child. All three, as employees of the local authority, have a shared duty to safeguard and promote the welfare of the child. Inter-professional working can be more straightforward when there are clear differences of roles and responsibilities, making it easier to know who should do what. When roles and responsibilities overlap there is more ambiguity and a greater risk of 'treading on someone else's toes' (see Dickens, 2004; 2006).

'Independence does not mean acting in isolation'. This phrase was used in one of the team managers' questionnaires. He/she used it in the context of describing a case where, in his/her opinion, the IRO's intervention had been unhelpful. It involved a 13 year old boy in foster care, where the plan was reunification with his mother. The team manager described a difficult working relationship between the local authority and the mother, but after 'significant work' the plan for reunification had been formulated and endorsed by all parties, including the child. At that point, however, the IRO spoke to the child and said that he didn't have to go home as the plans had not been finalised. According to the team manager this left the young person very upset and confused, unsure whether to trust what he had previously been told. It also further harmed relations between the mother and the local authority. The team manager thought that the IRO should have spoken to those most directly involved (social worker, the team manager him/herself, the children's guardian and the CAMHS worker), to get their views, before speaking to the young person.

IROs should not be seen as the only champions for looked after children, and it is potentially unhelpful if they are cast in this role to the exclusion of others (potentially unhelpful to children, as in the example above; and to IROs themselves, by creating unrealistic expectations of what they could and should be doing). Rather, given that professional independence is a demanding concept that can be difficult for any individual to maintain appropriately and effectively (e.g. to know when to hold one's ground and when to accept that the other person may be right), the IRO's role is better understood as an additional check in the corporate parenting system, that can help all involved to keep a clear and balanced focus on the interests of the child.

b) Operational independence

In order that they should be able to provide that additional check as effectively as possible, IROs are deliberately located at a distance from some of the operational responsibilities of allocated social workers and managers. Paragraph 2.18 of the IRO Handbook notes that the regulations 'do not

prescribe the position of the IRO within the local authority but do prescribe minimum levels of independence'. Regulation 46 specifies that the IRO must not be:

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

This kind of independence may be considered *operational independence*, and involves separation from day to day responsibility for the young person (visits, making plans) and from the allocation of resources. It is not difficult to understand the reasoning behind this, and the discussion earlier has already alluded to the operational pressures that may sometimes get in the way of professional independence. It is conceivable that a social work manager operating within tight budgets may be reluctant to release resources for one child that might be needed for others, and may for this reason sometimes be resistant to the idea that a particular child really does *need* a certain costly resource. Equally, it is possible that a social worker juggling a large caseload may find it difficult, on occasion, to take on an additional time-consuming task, which will reduce the time they have available for other tasks or other children, and as a result may sometimes find it difficult to recognise that completion of a certain task is essential to the wellbeing of that child. IROs, on the other hand, who do not have to worry about budgets (although there was awareness that budgets were limited and public money has to be properly spent and accounted for), and do not themselves have to take on social work tasks, may be relatively immune to these kinds of pressures, though they will of course have similar pressures of their own: their own caseloads to manage and their own competing demands, as will be discussed at the end of this chapter.

There is a good case to be made for having a figure in the review process who possesses operational independence and is therefore able to take the 'helicopter view' or 'see the wood for the trees' (an expression that was used several times in this study to describe the IRO contribution). However, as we saw in Chapter 6, independence in this sense is a more problematic concept than it might appear at first sight, because the boundaries between *scrutinising* plans, *making* them and *delivering* them are difficult to delineate, to the point that even the IRO Handbook itself is somewhat unclear as to where they lie. IROs in practice are not completely insulated from involvement in plan-making, and not infrequently take on roles which overlap with those of the allocated social worker, or the team manager.

Nevertheless most IROs interviewed in the present study saw themselves as being sufficiently at arm's length from operational activity, even if not completely separate from it, to be able to take a distinctive view of their own. The following comment from an IRO reflects the idea:

I think the difference for us is, you're not the caseworker, so you aren't involved in all those tensions ... You're sort of up a bit, looking down, you know, on all what's happening. So you're seeing all of it, rather than just the bit that the social worker's got to deal with or the teacher's got to deal with ... and you actually can see how it's either linking together, or it's not, with the child in the middle. (IRO interview 37)

And social workers could appreciate the combination of the IRO's detached view and their playing a more active role in the 'team around the child':

I think generally we work really well together and I think it goes back to that team around the child. You know, they are sort of holding it together and they do have sort of an outside picture or sense of what is going on so really they have a different, an overview. (Social worker interview 6)

However, there are mixed views. As we have seen, some team managers complained that at times the 'independent' view was unhelpful, overturning delicate plans or carefully worked out arrangements, but others said they were glad of it and would like to see a more challenging role. As examples:

I appreciate the independent overview of our practice. Challenge is made without blame, and healthy debate results in improved planning. (Managers' questionnaire 27)

IROs bring independent consultation of children and young people and this can change the direction of care planning and reviewing ... scrutiny on permanence plans and arrangements ... challenge on care plans presented. I would prefer this process to be more robust and challenging. (Managers' questionnaire 17)

Children's guardians were notably sceptical about the independence of IROs, as was mentioned in Chapter 5, and will be discussed further later in this chapter.

c) *Effective independence*

If the IRO service is to perform a useful function, it is necessary that the IRO is not only capable of forming independent professional judgements, but of *actually influencing events*. This point is worth making because the two do not necessarily go together: an outsider may be an astute observer, but lack the necessary authority to make things happen. *Effective independence* is really another way of describing power, authority or influence. It may or may not accompany operational independence. Indeed there is almost certainly a degree of tension between the two, for to be effective is in fact to have some operational influence. This point was made in Chapter 6, which described the range of roles that an effective IRO may adopt, taking them into the operational areas of making and implementing care plans.

This chapter will return later to the question of whether or not IROs possess this kind of effective independence.

d) *Perceived independence*

A fourth kind of independence this was often mentioned in the present study may be called *perceived independence*. Even if IROs are capable of thinking and acting independently, and even if they are genuinely separate from operational responsibility, it remains important that this is also *perceived* to be the case by children, parents, and other stakeholders in the review system. The discussion later in the chapter will include examples of parents and young people who did perceive IROs to be independent, as well as examples of others who were less sure on this point.

e) *Institutional independence*

The final kind of independence is one that has often been discussed as an option for IROs, and involves the complete separation of IROs from local authorities. This we will refer to as *institutional independence*, and it may be seen as a logical extension of operational independence. The obvious

precedent here is the removal of children's guardians from local authority control, and their employment in 2001 by a new and completely separate agency, Cafcass. As discussed in Chapter 2, the Children and Young Persons Act 2008 made it possible for the Secretary of State to impose a similar separation on IROs by order at any date up to 13 November 2015. As will be shown below, the substantial majority of IROs and local authority managers in this study were opposed to such a step.

9.2 To what extent are IROs able to challenge poor practice and effect change?

In many respects the key question about whether or not IROs are sufficiently independent is whether they possess *effective* independence; which is to say, whether they are able to influence events on behalf of children. Operational independence is important only insofar as it supports or impedes effective independence.

The findings of this study suggest that the appropriate test is not to ask whether IROs are always able to prevent every delay, or immediately to resolve every problem with planning or service delivery. It would be unreasonable to expect this particular set of social workers to be able to resolve all of the problems which the two other kinds of social workers in the triangle, with similar training, background and expertise, have failed to resolve. A more appropriate test is to ask whether the efforts of IROs to resolve problems and delays resulted, generally speaking, in real changes that were beneficial to the children. The evidence of the present study is that the answer to this question is yes. There was abundant evidence, from the case studies and the questionnaires, of IROs intervening in ways that helped to move things forward in a constructive direction.

For example, in the case of Harvey (an academically able boy of 13 but with severe behavioural problems, accommodated under s. 20), the review minutes show clear action points to ensure improvements to case records, avoid delays and resolve issues, with tight timescales; and that action points were followed up to check they had been completed. The original plan had been to work for Harvey to be returned to his mother. This proved difficult and at the second review, the IRO stated that stability and long-term plans needed to be developed, for reunification or long term foster care as contingency. At the third review, when the plan changed to long term foster care, the IRO was clear that 'inconsistency in [Harvey's] life cannot continue any further and so clear and achievable plans have to be made for him'. The IRO asked the social worker to apply to an independent fostering agency if in-house foster care could not be found quickly: this was done and young person was now placed with long-term foster carers through an independent fostering agency. This was seen as good match, although it was some distance from the home authority. Later, difficulties emerged because of Harvey's behaviour towards the carers' own children, and also because he was excluded from school. In the research interview, the IRO described the placement as fragile, but the foster carers were trying to sustain it. The everyday needs of the young person were also addressed in action points in review minutes, including support for his interests and hobbies, and life story work. In the research interview, the IRO described how she had raised case alerts when decisions had not been implemented, including about arranging contact between Harvey and his maternal grandmother. She also held a meeting with the team manager to ensure he was fully aware of the issues and challenges.

To give another example, the case of Jacob, one of the case studies described in Chapter 4. He was a 7-year-old boy, one of two siblings, and the IRO wrote emails to the assistant director to get funding

agreed for school transport, so the two of them could go to separate schools. She also negotiated with the fostering agency for the short-term carers to agree to keep the children until a new placement was available. The father in this case commented that the IRO contacted him to give him information more often than the social worker. The IRO said in interview she had particularly stressed the importance of good assessments of possible carers, and for clear thinking about contact arrangements, actively challenging the social worker's thinking (something, incidentally, that the social worker welcomed) and held a meeting with the social worker and team manager after the first review to ensure contact arrangements were safe. She also described doing detailed work before the review, preparing the boys and the parents, and making arrangements to try to ensure there was no unsupervised contact between them (although in fact this happened).

Formal and informal challenge

In chapter 5, we looked at the challenges for IROs in balancing formality and informality in conducting the reviews; there is an equivalent dynamic in the use of formal and informal methods of addressing difficulties in cases, and following up progress. First, it was certainly the case that social workers perceived that IROs could be 'challenging', whether they used formal or informal approaches. Although social workers might find this uncomfortable, there was evidence that they could also appreciate its necessity and usefulness:

I find [IROs] really helpful because even though they are working for the local authority, they still come down on you like a ton of bricks if certain things haven't been done. And also, because they are part of the organisation, they are aware of the issues ... they are easily accessible to us, you know. (Social worker interview 47)

It does make you more efficient, because when you know that the IRO is on your back, you kind of have to kind of say, 'Oh, my God; I didn't realise I didn't do that', so, you have to kind of get on with it. (Social worker interview 46)

Having said that, some social workers questioned the ability of IROs to really make a difference. So, for example, one social worker said she was 'quite confident' that the IRO would support her in taking up an issue about funding for a child's placement '... but what teeth he would have in all reality, I don't see the evidence there' (Social worker interview 5). And another worker thought that their influence had actually declined in recent years:

If I was being honest, I would say not as much as they used to. I think because of the circumstances and the financial situation that children's services are in, I think they don't have quite as much influence as they did. (Social worker interview 8)

It is worth noting that since the IRO guidelines specifically preclude them from control over resources, it is not surprising that in times of financial cuts IROs are perceived as having less ability to make a difference.

As described before, IROs preferred to use informal approaches wherever possible. In an interview, one IRO described his way of working as follows:

I mean, just yesterday ... I started off with a review, first thing ... when I got back, there were three different children that I had concerns about, so I nipped upstairs to where the social workers are sitting, and had a word with the team manager about one of them. I had a word

with another team manager about another one. Now, I know those conversations are going to make a difference, because these people are going to get back to me today, and if they don't, I'll be chasing them again. And my working life is full of that; none of that is captured in recording. (IRO interview 14)

Despite that preference, formal escalation had been used by most IROs responding to the questionnaire. Over three-quarters, 76%, reported using their local dispute resolution procedures at least once in the previous 12 months. The median number of times was three. Over a third, 36% had taken independent legal advice at least once, and 19% had used the Cafcass help line.

On the questionnaires, IROs were asked to describe the case where they thought they had had the most impact in the previous year. A total of 55 cases were described in some detail. The response from the local authority (that is, the social worker, team manager and/or senior managers, as relevant) was described in positive terms in two-thirds of the cases. In a third of the cases the IROs considered the response slow, even if eventually a satisfactory outcome was reached. Nearly all the cases did end up with what the IRO considered to be a good outcome for the child (although this is not surprising given the question). Reflecting on these cases, a number of IROs said that they wished they had instituted formal dispute resolution procedures more quickly, but as one wrote:

With the benefit of hindsight, I would have acted sooner, but this is always the case. We are expected to resolve concerns informally, and raising formal concerns is only to be used as a last resort. (IRO questionnaire 17)

There was evidence of very different experiences, as shown in the two following comments from the questionnaires:

I feel managers and senior managers respect me as an IRO. I have not experienced any pressure to take another line or have never experienced negativity from senior managers/ managers/ social workers. (IRO questionnaire 26)

As per usual in [LA], when an IRO challenges it feels like you are just a complete nuisance. (IRO questionnaire 27)

Interestingly a higher percentage of LA-employed IROs (81%) had invoked formal processes than had self-employed IROs (50%) although caution needs to be taken in interpreting this because of the small number of self-employed IROs in the sample (10). It may be that self-employed IROs, lacking permanent contracts, feel more vulnerable to raising concerns; but against that, the perception of the IRO quoted immediately above was that LA employees were more beholden to the authority and less likely to challenge. But the statistic does show that IROs who are employed by their local authority *do* invoke formal procedures, at least at times. Like a good schoolteacher, or a skilled social work practitioner striking a balance between their care and control functions, an effective IRO should possess sufficient authority not to have to rely on the use of formal processes other than in exceptional cases, and the IRO Handbook repeatedly makes clear that 'informal' approaches should always be used where possible (paras 3.5, 3.71, 5.8, 6.1, 6.10).

Less confrontational approaches included setting timeframes for tasks and following up to make sure that they had not been forgotten, raising concerns informally with social workers and team managers, and then going into the various systems of lower-level warnings known as 'practice alerts', or 'case alerts' in different local authorities. In many cases the most effective challenge may

not even have been experienced by those involved as a challenge at all, but rather as helpful advice. As one IRO observed about the working relationship with team managers: ‘... it is about using your whole skill base to engage that team manager and try to help them understand that actually you are being helpful and not trying to be difficult’ (IRO interview 39).

What this IRO is suggesting is that the business of gaining influence is often about relationship building, which may well include the IRO demonstrating that s/he understand the difficulties that the people s/he is trying to influence are up against. Just as authoritative social work practice does not preclude empathy or supportiveness, effective independence on the part of IROs did not preclude positive working relationships and direct engagement with operational staff.

In some cases, even when IROs seemed to have scrutinised cases in a thorough way, identifying problems and shortfalls, they had not been able to bring about the changes they would have liked. Thus, in the case of Marcus, a 9 year old boy with serious learning difficulties, the action points recorded at reviews were thorough and SMART, and followed on directly from issues that arose in discussion. However, although the IRO noted that a permanence plan was needed at the first review, and recorded that the case should be put before permanence planning panel by the next review, a long term plan was still not in place by the fourth review, when the child had been in care for over a year.

In interview, the IRO noted that the team in question had been restructured and its manager had left, which explained why the response to the actions points in the review was so slow:

It’s one of the downsides of being in house, you kind of become sympathetic to their problems ... there’s no point jumping up and down because there isn’t the people to jump up and down to ... I should have pursued it more, but given the complexity of his needs, I thought that I’d give it time to see if they could identify the type of long term placement that he would need before we rush into the legal implications. (IRO interview 4)

Cases like this raise important questions about what can realistically be expected of an IRO, given that many delays are the result of resource shortfalls and organisational problems over which IROs have no direct control (and indeed are explicitly excluded from controlling by the Handbook). In the quotation, the IRO himself expresses some concern that perhaps he had been too easy on those with operational responsibility and too willing to sympathise with their difficulties. But this is not a straightforward matter. On the one hand, it is possible to argue (as the IRO himself did) that he was being too understanding of the difficulties of his operational colleagues, and was thereby jettisoning some of the detachment that is supposed to come with operational independence. On the other hand, it could be that this IROs’ willingness to recognise the difficulties of the team (difficulties which he could not necessarily resolve), will have maintained relationships that he will be able to use to the advantage of children in other cases, a leverage that he might have lost with an overly confrontational approach. This is a familiar dilemma for professionals who are ‘repeat players’ rather than ‘one-shot players’ (Galanter, 1974).

9.3 Challenge and the response of senior management

There have been concerns that senior managers in the children’s services department can sometimes ignore or unreasonably resist recommendations made by IROs, and in some local authorities have actually pressured IROs to drop matters (e.g. NAIRO, 2012). The Ofsted study

concluded that 'senior leaders valued the quality assurance role of the IRO. Nearly all said that they would generally welcome more consistent, and stronger, challenge from IROs' (Ofsted, 2013: 5), but it is tempting to observe that they would say that, wouldn't they, to Ofsted inspectors. The NCB research found a gap between what senior managers said and the way that IROs described things. Senior managers in that study reported that they valued the service and regarded IROs as experienced professionals, but IROs described mixed experiences. Just over four in ten felt their role was valued by senior managers (41%), 30% thought it was not, and 30% neither agreed nor disagreed (NCB, 2013: 48-49). IRO managers were more likely to consider that the service was valued by senior management, with over three-quarters agreeing.

In the present study, there was some mention of senior management resistance to the role of the IRO, but like the NCB study, the picture was mixed, and there was also evidence of a growing recognition of the service. On one of the IRO questionnaires, an IRO wrote:

There is evidence that in some LAs, IROs are bullied and intimidated into toeing party line ... While the incidence of problems I think is relatively rare ... I believe there is much more pervasive incidence of unhelpful management cultures which do not support the IRO role or encourage effective challenge. I believe there are significant numbers of DCSs who don't believe in the value of the role. (IRO questionnaire 34)

There was some other evidence to support this view, but the picture is a very mixed one. Different responses to case-based challenge were described above (described in broadly positive terms in two-thirds of the cases, but one-third too slow or unsatisfactory); IROs also described a range of different experiences when their team had raised wider concerns about the corporate parenting performance of their local authority. Almost four in ten of the answers described the reactions of local authority managers in broadly positive terms (39%, 22), just over a third of the answers could be characterised as a variable or noncommittal (35%, 20), and just over a quarter (26%, 15) could be characterised as negative.

As an examples of positive responses:

Recently the response has been excellent due to changes in the senior management team. We feel listened to and actions have been taken. (IRO questionnaire 7)

Positive – there is an understanding of the creative tension with the IRO role and the willingness to listen to concerns when raised. (IRO questionnaire 32)

As examples of variable responses:

Heard and at times policy is changed and issues raised are addressed, on other occasions we have been silenced. (IRO questionnaire 13)

Variable! Sometimes listened to, but other times not. Not always clear if change due to IRO team input or other factors. (IRO questionnaire 24)

And two examples of negative responses:

Acknowledged and agreed with to an extent, however it does not seem to make much difference. Also, some professionals get very defensive – this has been turned on us and we

have been accused of being overly negative and challenging in the wrong way. (IRO questionnaire 59)

This has generally been poor. Whilst the initial response is that the message is heard, there is rarely any positive, supportive action. The current culture is one of interpreting everything as poor practice, rather than ask about the organisational barriers to good practice. (IRO questionnaire 51)

The final comment identifies an important issue, the relationship between individual practice and the wider organisational context that facilitates or inhibits good practice. This is a crucial dynamic in the practice of social workers, IROs, team managers and senior managers, although it is impossible to definitively unravel the impact of organisational and individual factors. On one of the team managers' questionnaires, a team manager wrote:

It is difficult to comment [on the effectiveness of IROs] as it feels at times as if the views of the IRO are not always welcomed by managers within the service although at times it is clear that they have a very valid contribution to make. It is a combination of positive and negative effects. It is also noticeable that the personalities of the IROs sometimes make a difference to how effective the IROs are perceived. (Managers' questionnaire 2)

Inevitably, there are differences between individual IROs, in terms of their skills and their viewpoints, just as there are differences between social workers, team managers and senior managers. The question is how can good practice be most effectively supported and disseminated, and how can organisational cultures, structures and processes facilitate this. We return to this issue later in the chapter.

There was a sense of ongoing development, and positive changes of approach towards the IRO service. One IRO said:

... rather than being an irritant, a post that has been imposed, I think the legitimacy of the service has been recognised by staff and I think they genuinely see IROs as worth their place in the system, and they are worth consultation and involvement. Not always, but that's how I would see it. (IRO interview 38)

Two other IROs, both from same local authority (but different from the IRO quoted immediately above), described a changing culture towards IROs. One alluded to pressure from management to drop an issue that he wished to pursue about the legal status of a young person. However, this IRO went on to say that this had been in the past, and that the balance of power had shifted:

Now, there were times where I raised that in the past, where I was basically told, 'Look, he's got absolutely nothing to gain by change of legal status, and if you mention it again ...' It wasn't actually said, 'You'll be disciplined', but you know, 'We won't look at it very, very kindly'. Now, that just wouldn't be said now ... there's absolutely no way that anybody would dare to say that now ... I know, because it's evident on a day-to-day basis, that the powerbase is much greater than it was; the tools at our disposal are much greater, and there are procedures and processes in place that allow us to do our job far more effectively than we were ever allowed to previously. (IRO Interview 14)

The other IRO from this authority described a change in the approach to IROs' raising their concerns through formal 'case alerts', recorded on the child's file:

... there was an occasion where we were told 'back off' with our case alerts because of the effect that it was having on the social workers and the teams ... in terms of the pressure that they felt they were under and the impact that it had on their morale ...

Right, so you seem to have a kind of good working relationship at team manager level to get things done ... but then higher up you feel there's resistance to the IRO service?

Well it waxes and wanes, you know. At the moment we're being told to do anything, any issue, whatever it is, pick up on it, do your case alert ... they are kind of saying, 'No, raise everything.' Which is how it should be, isn't it? You shouldn't really be in a dilemma about, 'Should I raise that issue or not?' It should be clear. (IRO interview 15)

9.4 Perceptions of challenge and independence

In terms of perceived challenge and independence, team managers generally saw themselves as being actively challenged by IROs – nearly half, 46%, reported having had major disagreements with an IRO over at least one case in the last year – but at the same time they were broadly positive about the contribution that IROs made: 88% of team managers (36) thought IROs had some positive effect, including 15% (6) who thought their impact was 'highly positive' (10% thought they made no difference (4), and one thought they had some negative effect). But a key factor is the perceived independence and effectiveness of IROs to people *outside* the local authority. As previously discussed in Chapter 5, Cafcass guardians were notably sceptical, but the other important groups to consider are parents and young people.

a) Cafcass

The single group who were most negative in their evaluation of IROs were children's guardians and their managers, a number of whom, though by no means all, were quite harshly critical. It is important to bear in mind that guardians see a relatively small subset of the total population of children in care, often the most difficult cases, and for a limited time, particularly under the 26-week regime. The following were among the more negative comments:

I know I feel very separate from the local authority, this gives me more ability to push them when I think it is necessary, which is very difficult to do sometimes, professionally and emotionally. I don't get the impression IROs do at all. I see very little evidence of independent thinking in care plans; it seems to me rubber stamping of the local authority plan in most instances. (CG questionnaire 19)

There are examples that you could find that, where, you know, years and years and years of not complying with a care plan, a local authority care plan has just gone unchallenged ...

There are situations recently come back into court where first question Cafcass have asked is, 'Where was the IRO?' (Cafcass manager, speaking at one of the focus groups)

But as the case file analysis showed, and consistent with other studies of looked after children, cases like this are rare. That is not to deny their seriousness when they do occur, but it is important to appreciate that these are the exceptions rather than rule.

What then of the often quoted fact about the low number of formal referrals to Cafcass (just ten up to February 2015)? Can this tell us anything about IROs' effectiveness or ineffectiveness? As mentioned in Chapter 2, the low number of referrals has been used as a criticism of IROs, evidence of their inability or unwillingness to challenge. But as we saw when discussing Hawkins' (2002) understanding of law as a last resort, it should not be a surprise that there have been so few referrals. There is always pressure to avoid taking cases to court; and indeed, that is actually an important part of how the law works, to help bring about change through negotiation and mediation under the threat of legal action. The possibility of a referral may be enough to open up negotiations, and get an agreement that prevents the need to involve an external agency and possibly the court. Given the emphasis in the IRO Handbook on resolving disagreements informally, and the wider context of law as a last resort, it is impossible to draw any conclusions about the effectiveness of the service simply from the number of referrals to Cafcass. As one IRO said:

What they don't take in consideration, before an IRO gets to challenge at Cafcass level, there's a lot of hoops to be jumped through. So initially you go to the social worker and try, just on that level, to iron out any problems; team manager; then you'd be involving my manager, then you'd be getting involved with, probably, service managers, potentially assistant directors. And usually, any disputes we've had, we can get solved at that sort of level ... You can see the government's point, are we challenging our local authority enough? I would say that we do challenge it quite a bit, but what we don't do is record it, of course. And with this new dispute resolution procedure, anything in the future ... that gets above the social worker, so the team manager up, we're going to record as an observation on [the files] so that when Ofsted come in and say 'do you challenge the local authority?', we'll be able to plonk a file in front of them and say, 'yes, we do'. (IRO interview 45)

Young people and parents

Positive endorsements of IROs' independence and authority came from some young people and parents. For example, Matthew's mother thought that the IRO had 'quite a lot of power' with his residential school. She gave the following example:

So like if in these meetings we discuss, say, about Matthew going horse riding and they haven't sorted it out then the IRO will come down on them, you know – 'This should have been sorted, you have had six months, why haven't you done it?' And I think the school are kind of scared of the IRO, if that is the right word.

And Crystal's mother had a sense that the IRO was independent, even if he/she did agree with what the local authority was proposing:

Yeah, he has got an independent view; he doesn't take what they say and ignore what we say, and he is interested to know that we do care, we do love our little girl and we didn't hurt her and he's more open and he is honest. You know, if he feels that I'm wrong he says to me 'You are wrong, it was not like that, it was like this, so please try and understand this is how it has got to be.' And I feel that he is just the right person to make this work if it is going to work.

In both of these cases, the IROs score well on *perceived* independence. In the first quotation, IROs are perceived to possess *effective* independence (they make things happen). In the second, the IRO

is perceived to show professional independence: the mother commends him for forming his own judgement about what is best for the child, and sticking to it, even if it involves disagreeing with her.

In the following example, a young woman – Carmel – comments on the different but complementary roles of her IRO and social worker:

Can you talk to [your IRO], or would you talk to him, in the same way that you talk to [social worker]?

I think it would be different, I think it would be more plan-wise with [IRO], but with [social worker] I can talk about anything with her, I don't think I have that relationship with him.

(Carmel, young woman aged 17, looked after since 14, on s. 20.)

Carmel saw a particular function of the IRO as making things happen (effective independence), in that she described how he had helped get things sorted with her housing application – ‘he does push it along a bit’ (see Chapter 7). Another young person, in one of the focus groups, spoke about review meetings as being a place where decisions could be made, ‘such as if I wanted to see my parents or something like that ... I felt as though the reviewing officer could make that happen’. The facilitator went on to ask if raising issues in the review was more effective than just raising them with the social worker, and the young person said:

Yeah ... I just felt that the reviewing officer had more power, and often my social worker would tell me anyway to bring it up in review. And my social worker didn't really action things straight away. In a review they would have to minute it and so it would be noted. It was like formal for me.

However, there were parents and young people with more sceptical or critical views about IROs, their effectiveness and their independence. Rhianna was a six year old girl who had been placed in foster care with her brother; he subsequently went home, but she stayed in care. Her mother complained that the IRO had said she would chase up an issue around contact between Rhianna and her brother, but had not done so. Rhianna's mother's perception was that ‘you say what you want and everything else, but they just won't listen’. She said:

She [IRO] sides with Social Services ... they are all very cliquey cliquey ... They are all like sitting there laughing and joking as you walk in, and things like that.

Do they know each other well?

Yes they do know each other well, they all work in the same building ... on the same floor, so they do know each other well.

Rhianna's mother was unhappy that (as she saw it) the IRO failed to do what she said she would, linking this to her perception that the IRO and the other social workers see each other as colleagues and friends: that is to say, she *perceived* the IRO as not being truly independent. That noted, though, it is important to remember that the fact that an IRO takes the same view as the other social workers in a given case, is not in itself evidence that IROs are not independent, and some parents did recognise this. One example is Crystal's mother, quoted above; another is Cheryl's mother (Cheryl was 11 months old and the subject of a placement order at the time her mother was interviewed). The interviewer asked her whether she thought the IRO agreed with social services, and she answered:

I think he did, yeah, I think he did probably agree with social services ... but it was what was best for Cheryl.

Challenge and independence: variations among IROs

The study showed considerable variation between IROs, in two respects: their own views, and their practice. When there had been several different IROs involved in a case, significant variations in practice were sometimes obvious, not only to ourselves as researchers looking through the records of reviews, but also (unsurprisingly) to young people, parents and social workers. Thus, Tony was critical of one particular IRO who was very unreliable, but went on to say that 'the one I had before her, his name was X, he was awesome, no, he was totally awesome'.

Social workers also commented on variability between IROs. For example, when one was asked whether IROs had 'clout within your local authority ... power to get things to change, to get team managers to act?', she said that she thought most of them did, but there was individual variation. She identified a key difference as the readiness and ability to follow things up between reviews, not to leave it until the next one:

... some of them actually keep a tab on the important decisions that's been made, and so they actually either contact the social worker or the manager to find out ... some of them follow up on the timescales to see, if this action hasn't been done, why hasn't it been done?
(Social worker interview 48)

There were also some suggestions that the influence of IROs differed between authorities, but the evidence on this was not conclusive. One IRO spoke about significant differences of approach between authorities:

In some local authorities IROs are seen as a pain and as frustrated team managers who can't do it anymore and are seen as 'they are not doing it, but they are being difficult'. But in other places they are seen as the eyes and ears of the local authority and there are others who decide that sometimes it is useful. You know, when things go wrong they say, well where is the IRO on this? (IRO interview 31)

However, the responses on the IRO questionnaires showed that IROs from the same local authority could have very different views about the effectiveness of their service, and about the way that it was viewed by senior managers. For example, there were six questionnaires from IROs from one particular local authority. Two of them said that when the team raised wider issues about the local authority's performance, the response from senior managers was 'generally positive', and one other response could also be classified as a positive. But one said it was 'varied', and two others were negative, both commenting on the lack of feedback about their suggestions. One wrote that the authority did not seem to be open to challenge, and 'overall effectiveness at times limited'. Similarly, there were three questionnaires from another local authority: one was positive, and two were noncommittal.

The level of *effective independence*, then, varies from IRO to IRO, and is inevitably linked to variations between social workers, team managers and senior managers, in their willingness and ability to respond to points made by the IRO. Although the questionnaires showed that there were different structures and mechanisms between authorities for picking up on patterns and problems

across cases (see Chapter 6), the experience of how well these work in practice varies, even within the same local authority.

But importantly, it also depends on the circumstances of the case. The same IRO may be more or less effective in different cases. This may depend partly on their skills and knowledge, but also on the stage of the case, and what they are recommending. As one IRO put it on a questionnaire:

The LA is not one body. In practice it's a lot of different levels. You are everybody's best friend when you are supporting them in their position: you are frustrating and obstructive when you are taking a different view. Senior managers want us to be their 'eyes and ears' and report back on staff, but don't want us to object to management decisions. Social workers want us to support them against senior managers, but not push them to do things within timescales. Reaction depends entirely on what the issue is and who you are taking it to. (IRO questionnaire 39)

9.5 Institutional independence: inside or outside?

Would IROs be more effective if employed, not by the local authority, but by some other, separate agency? Opinions were much divided on this question of the desirability of *institutional independence*, as shown in the questionnaire responses. Table 9.1 below shows the responses to a question whether the IRO service should be separated from local authorities.

Table 9.1: Support for separation of IROs from LAs

Role of respondent	Support for separation of IROs from local authorities
Children's guardians	67% (n = 39)
Self-employed IROs	30% (n = 10)
IROs directly employed by LAs	25% (n = 53)
Team managers	18% (n = 45)

One pattern that is visible is that the views do, to some extent, reflect the current position of the person giving the response. Thus, among those who completed our questionnaires, children's guardians, a group who were separated from local authorities some years ago, were more than three times as likely to support institutional independence than team managers, who are of course integral parts of the local authority operational hierarchy. Two-thirds of guardians, 67%, supported institutional independence, as against just 18% of team managers.

IROs themselves, who currently occupy a position somewhere between that of team managers and that of guardians in terms of their closeness to operational decision-making, were in between those two other groups when it came to their views on this question, although the majority opposed separation from local authorities. Self-employed IROs (who, while not independent, are somewhat at arm's length from the local authority), were more in favour of separation compared to IROs directly employed by local authorities: 30% favoured separation, as compared to 25% of local authority employed IROs. The 2015 NAIRO survey of its members found a lower level of support for separation among IROs (of all varieties) at 19% (NAIRO, 2015).

Since all IROs are currently employed by local authorities (whether as salaried employees, or freelance contractors) there are currently no non-local authority IROs with whom to compare them, and therefore no data which could be used as the basis for a direct comparison of the two alternatives. However the arguments presented either way in interviews and focus groups can be briefly summarised.

Points in favour of separation were that it would provide a more objective viewpoint, unencumbered by the pressures, loyalties and shared understandings that may come with being part of the local authority. An important factor for some was that this would free them from the top-down pressure from senior managers to 'toe the party line', as discussed above. Also, a significant factor for many IROs, team managers and social workers was that a separate organisational location would make the IRO service more credible in the eyes of children, parents, the courts and other professionals.

Points against separation were to do with the positive benefits, already discussed, of engagement and involvement as a means to influence practice for the better, but also about the benefits of easy access to information which would no longer be available to an outside. As one IRO put it:

You have got the keys to the doors and actually you can just walk in. When you are outside and people are kid of putting up obstacles and barriers and holding the doors closed, you can't get in. (IRO interview 21)

Inside or outside? Some observations

As discussed in Chapters 5 and 6, the IRO is one of several social workers and others in the local authority who have responsibility for wellbeing of each child in care, all of whom have a part to play and none of whom can be seen as solely responsible for shortcomings in the system. Clearly there are sometimes delays and there are still unsatisfactory placements, but the main cause of these problems, or the remedy for them, does not necessarily lie in the IRO service. Similarly, though IROs' practice can fall short, it does not necessarily follow that their institutional location is the reason for this, or that institutional independence is the remedy.

For instance, if (as seems likely) many of the problems with service delivery are caused by shortfalls in staffing levels and limited material resources, then it would unrealistic to expect IROs to be able to resolve all of them. IROs may be able to see the problems differently than those who are responsible for giving or withholding resources, since the latter, inevitably, have to be conscious of their budgets. But since IROs do not command additional resources, they cannot necessarily remedy the problem itself. Even if they do manage to negotiate additional resources for one child, this will necessarily mean less resources available for others. (This means that managers who seem resistant to costly care plans are not necessarily less child-focused than IROs: they may be more conscious of the knock-on effect on *other* children.)

By the same token, if some IRO practice is less assertive than one might like, it is not necessarily the case that this is due to their being part of a local authority, but may reflect the skills, motivation or assertiveness of particular individuals (and this is not just IROs, but also IRO managers, social workers, team managers and senior managers). And whilst there are currently no institutionally independent IROs with whom to make comparisons, the present study suggests that the variability among IROs was as much a function of variability between cases and individuals as it was a function

of where the IRO service is located. There are also lessons here from the national evaluation of social work practices (Stanley *et al.*, 2012), discussed in Chapter 2. The key point there was that the effectiveness of the practices did not depend on their institutional independence, but rather on realistic workloads and the strength of their ongoing relationship with the commissioning local authority.

The issue of *perceived independence* is important, and was one of the most common arguments for separation mentioned by social workers, team managers and IROs who were concerned that, from the perspective of service users, it was difficult to believe that an IRO employed the local authority would take a genuinely independent position. As discussed above, though, parents and young people often did see the IRO as someone strong and independent, even though employed by the local authority, and it is possible that the impression of collusion may sometimes arise because parents or children see the IRO supporting the local authority in acting in a way they do not like, something that would inevitably quite often occur even if IROs were independently employed.

There is also a persuasive argument that the influence of IROs was in many cases strengthened by their ability to engage with social workers and team managers, recognise their difficulties, and help resolve problems. For all these reasons, the present research (like the Ofsted and NCB studies) concludes that there is not a strong case for the kind of severance from local authorities that is advocated by proponents of institutional independence. Just as good social workers are able to combine 'care' and 'control' functions, good IROs are helpful, involved and challenging. The data in this study suggests that the operational independence proposed by the IRO Handbook, blurred and sometimes self-contradictory as it undoubtedly is, does on the whole seem to allow capable IROs the necessary freedom of movement to establish effective working relationships with social workers and managers.

One final point is that the brute fact of resource limitations, as discussed above in relation to the overall service, applies also to the IRO service itself. What IROs can do will necessarily be limited by the time and administrative support available to them. There will sometimes be times where, because of budget restrictions or staff shortages, IROs cannot realistically expect their operational colleagues to work any faster than they are already doing on a given case, and need to draw attention to structural problems at the local authority level, rather than demanding more from social workers than they can deliver. By the same token, there were also be times when IROs are already working at capacity, and cannot deliver any more.

To give an example, both the NCB and the Ofsted evaluations of the IRO service noted that IROs needed to record more of what they did in order to be able to properly evidence their contribution. The point was widely accepted by interviewees in the present study, but all recording takes time, and more detailed recording would take more time, inevitably reducing the hours available for other equally desirable activities such as talking to children or progress-chasing with social workers between reviews. IROs, in other words, have to balance competing claims on their limited resources, like other social workers. This too is a reality which would not be fundamentally altered by relocating IROs in a separate agency.

Thus, while the findings of the present survey do not indicate that institutional independence is necessary, this is not to say that further steps could not be taken to enhance effective independence. This point was also made by the NAIRO survey of their members' views about

independence (NAIRO, 2015). These would include ensuring that IROs are adequately resourced to give them time to follow-up on cases, get to know children, and to capture the full range of their activity in written records.

9.6 Conclusion and key points

This chapter has discussed the nature of IROs' independence, and its implications for their ability to challenge poor practice, both at the case level and at a wider level of bringing about service-wide improvements. It has identified five different aspects of independence, and explored the interactions between them. It has considered evidence about the views of IROs and others, from the interviews and the questionnaires. The research concludes that there is not strong evidence for institutional independence; indeed, important opportunities to influence change would most likely be lost if the IRO service were to be separated from local authorities. Whilst further steps could be taken to enhance effective independence, these should not be at the expense of the opportunity for more cooperative and engaged ways of working. Interviewees and questionnaire respondents generally considered these to be the more effective approach to achieving change within the corporate parenting system.

- Independence is not a straightforward concept, and it is important to distinguish different meanings of the word. This chapter identified five different kinds of independence: *professional independence, operational independence, effective independence, perceived independence and institutional independence*.
- While a degree of distance from day to day operations is important for IROs to have a distinct perspective, effective independence may actually require sufficient engagement with operational problems to win influence over operational staff (social workers and managers).
- Under current operational arrangements it is possible for IROs to show *effective independence* through challenging care planning and provision that seems to them inadequate.
- It is important to appreciate that challenge does not necessarily involve formal escalation, but more often discussion and negotiation, which may in many cases actually be experienced as help and support.
- Most IROs did not favour removal of the IRO service from local authorities. In this study, the only group that favoured this were children's guardians, who have already been separated from local authorities and see a rather specific phase of the child's time in care. The evidence of the present study does not support the separation of IROs from local authorities, as it does not suggest that this would enhance effective independence.
- An effective IRO service requires individuals with the necessary personal qualities, backed up by sufficient resources to be able to carry out their functions thoroughly, clear structures for raising and resolving issues, and strong management support.

Chapter 10: Conclusion and key messages

This study has investigated the processes of care planning and review for children who are looked after by local authorities in England, focusing in particular on the roles and responsibilities of the independent reviewing officer, IRO. The empirical material presented in this research report draws on a case file survey of 122 looked after children from four local authorities in England; a total of 125 interviews and six focus groups across those four authorities; and 150 questionnaires from a total of 61 different local authorities (see Chapter 3 for more detail on the research methods).

There is extensive, highly detailed government guidance on care planning and review, and on the duties of the IRO (DfE, 2015d; DCSF, 2010b), which have been referred to throughout the research report; but in order to make sense of the process and the role of the IRO, it is crucial to see this guidance in context – a wider context ‘above’ it, and the practice context ‘below’.

It is necessary to have a grasp of the historical and legal context of care planning and review, and the evolution of the role of the IRO; it is also important to appreciate the wider political context, of lack of trust from central government towards local authorities, the drive to outsourcing of public services, scepticism about local authority care for children, and tight budgetary restrictions. These issues are what Hawkins (2002) terms the ‘surround’. It is also important to see the review process, and the role of the IRO, in the legal and organisational context of ‘corporate parenting’, where legal and practical responsibilities for the wellbeing of children are divided between numerous individuals and various agencies. This level is what Hawkins (2002) referred to as the ‘field’. The key issues in the surround and the field were described in Chapter 2.

But it is also vitally important to appreciate what actually happens in practice, and to understand how practitioners make sense of this (what Hawkins, 2002, calls the ‘frames’). This is best achieved not simply by comparing practice to what ‘ought’ to happen according to the guidelines (although that is a necessary component of any analysis), but trying to understand why the system has evolved the way it has, the problems that it is trying to resolve in practice. These may not always be the same as the problems that the formal guidelines intended it to address. This detailed look at the realities of practice was presented in Chapters 4 to 9. It started with an overview of the 122 cases in the case file sample (Chapter 4). In Chapter 5, it described the local authority and interagency decision-making context (including the courts), the practicalities of arranging and managing reviews, and the ambiguities of ‘making’ or ‘reviewing’ care plans. Chapter 6 looked in more detail at the roles of the IRO, highlighting ten key roles, the fluidities between them, and the overlaps with the roles of others (notably the allocated social worker and their team manager). IROs’ practice may not always match the roles prescribed in the guidance and regulations, and various explanations were given for this. Chapter 7 presented the evidence around the involvement of children and young people in their reviews, and Chapter 8, the involvement of parents and foster carers. Chapter 9 looked at the questions of challenge and independence.

One of the most fascinating aspects of this research was that for any finding or assertion, there were always contradictory examples or propositions. In writing up the study we have tried to reflect the majority views, and also the balance between different viewpoints.

Looking at the 122 cases, we found that the majority of children and young people were doing well, or at least relatively well compared to the situation they were in at the time they entered care; but that is not to be complacent, there were certainly cases where planning and reviewing had been

unclear at times, and there had been undue delay in addressing difficulties. But it would not be fair to blame this all on the IRO, or indeed the local authority. A range of factors such as delays in court decision-making, slow or negative responses from other agencies, placement shortages, staff turnover, heavy workloads and the unpredictabilities of the young people and their families, were likely to interact to produce the difficulties.

As regards the role, or roles, of the IRO, the majority of interviewees and questionnaire respondents did consider them to be making valuable contributions to care planning and the wellbeing of looked after children. They did consider IROs to be suitably challenging, but there were also those who called for greater challenge (and this included team managers and social workers, not only IROs). There was a preference for more cooperative, less confrontational methods of intervention, but there was evidence that most IROs had used some of the more formal dispute resolution procedures, and were prepared to do so if they considered it necessary. Most IROs thought that their views were respected by local authority managers and social workers, but some gave examples of resistance or their views not being properly addressed. The majority of respondents were opposed to the separation of the IRO service from local authorities, but there was also some strong support for it, notably from children's guardians. (It is worth noting here that the new national protocol for inter-professional working between guardians and IROs only came into force towards the end of our study, and there were signs that it was contributing to improved relations, as described in Chapter 5.)

What sense can we make of these ambiguous and apparently contradictory findings? Three aspects are most important. First, there are individual variations, not only in the skills and preferred approaches of different IROs, but also in the competence and confidence of social workers, team managers, senior managers, children's guardians, foster carers, and so on. Effective intervention is not the result of only what IROs bring, but of the dynamic relationships between all the different people involved, including the children and their families. Different workers have different experiences, and even within the same local authority, there were different views about care planning and the effectiveness of the IRO service – for example, whether the key decisions in a case were made in the review or by the social worker and their team manager (Chapter 6), or how responsive social workers, team managers and senior managers were to issues raised by IROs (Chapter 9). Second, it is not only down to the personal and professional attributes of the workers involved. Different issues arise in different cases, and workers who might work very well together in most cases may find themselves at loggerheads in others. As an IRO put it on a questionnaire, previously quoted in Chapter 9, 'You are everybody's best friend when you are supporting them in their position: you are frustrating and obstructive when you are taking a different view ... Reaction depends entirely on what the issue is and who you are taking it to'. The challenge of understanding this variability, and working through it so that disagreements in one case do not impact on decision-making in another, is a core requirement for all professional staff.

And third, the variability is a consequence of the gravity of the work, and the very challenging circumstances under which it is undertaken. Our main point here was made in Chapter 6, in analysing the reasons for the various roles that we found IROs to be undertaking, and the ways that they were carrying them out. Many of the problems of the looked after children system are the result of factors such as lack of social workers and social work time, lack of good quality foster and residential placements, and lack of services provided by other agencies, which means that scrutiny and challenge on their own may not be sufficient to move things forward. There is no point shouting

more and more loudly at people to do something which is simply beyond their power to do. So, the role of the IRO has evolved in order to be most useful in these particular circumstances: that is to say, to combine scrutiny with the collaborative approaches, a willingness and ability to assist directly in resolving the problems, to sometimes help in making plans not just checking them, to 'keep things on track', to build bridges between young people, parents and social workers, to help maintain the 'team around the child'. But the IRO service itself faces challenges of heavy workloads and limited resources, and so the extent to which this can always be done is limited. Intervention tends to be restricted in terms of how much time is spent and when (it is less usual between reviews). The downside of this evolutionary path is that IROs may not always appear sufficiently challenging or independent; and indeed, sometimes they may not be. But awareness of these potential drawbacks, together with an understanding of the realities of practice and the reasons why practice takes the forms it does, is a better basis for realistic, targeted changes and improvements, rather than wholesale criticism and risking the positive features that have evolved.

Social policy, law and social work have tendencies to 'magical thinking', to look for simple solutions to complex problems. It is a consequence of the very great levels of need that they are dealing with, and the genuine desire to try to do something about them, quickly. This tendency has contributed to the highly regulated approach to social work management and delivery – if there is a problem, let's introduce another procedure, an extra meeting, a new organisation or a re-organisation. This approach has been tried for many years but has been found wanting, as highlighted by the Social Work Task Force (2009) and the Munro review of child protection (2011).

Another part of this tendency is to create new roles and new specialisms to try to solve the long-standing dilemmas and complexities, a 'knight in shining armour'. Such posts can be alluring, but are often overladen with unrealistic expectations. IROs were perhaps cast in such a role when they became a statutory requirement in 2004, in response to the courts' doubts about the reliability of local authorities to implement court-ordered care plans. But greater awareness of existing research findings would have told two important things. The first is that the doubts were in large part misplaced: delays and changes might occur, but these were mainly attributable to changes in circumstances and plans not succeeding, not wilful non-compliance (Hunt and Macleod, 1999; Harwin *et al.*, 2003). The second was from the experience of authorities that had introduced their own specialist reviewing systems: that the role of an independent reviewer, and the implications for others in the corporate parenting system, are not straightforward, but nuanced and challenging (Grimshaw and Sinclair, 1997). Inevitably, IROs fell short of the unrealistic expectations. The 2010 guidance and regulations were intended to give them more authority to challenge local authorities, but the fundamental ambiguities and dilemmas are still the same.

No-one working in or with a public sector welfare bureaucracy should be misled by the rhetoric of independence. It is, as discussed in Chapter 9, a complex notion. Simplistic understandings are not only unrealistic, but potentially dangerous – after all, working together, not working independently, has long been the vital message to workers in the child protection system, clearly shown in the title of the statutory guidance about it (DfE, 2015e). Furthermore, local authorities are spending public money, so there have to be transparent and corporate decision-making processes. As a social work team manager wrote in one of the questionnaires (quoted in Chapter 9) 'independence does not mean working in isolation'. Independence can lead to poor decisions for children, and the rhetoric about it can also create unrealistic expectations of the professional role, 'setting it up to fail'. IROs are able to form independent judgements, and are able to shape and challenge care plans, as the

study has shown; but it has to be understood as ‘independence in context’. This multi-dimensional context includes law, national policy, organisational processes, inter-agency working, finances and financial procedures, social work practice, and the actions of children, young people, parents and carers. An approach to the professional role that takes account of the wider context *and* is grounded in the realities and subtleties of practice can still be ambitious (for children and for the agency), but has a much greater chance of success. The chance of success is enhanced by recognising the *social work* skills and contribution of IROs to safeguarding and promoting the wellbeing of children and young people in care.

Key messages for policy makers

- It is important to recognise the value of the collaborative and supportive work that IROs do, for social workers, parents and children, not just the formal challenge. It is also important to appreciate that there will be many negotiated settlements, and the negotiations may be particularly difficult in some circumstances. A full picture of the IRO service should take account of this ‘hidden’ work.
- If the IRO service is to be effective, it is essential that IROs have realistic workloads and good administrative support. Calls for a clearer ‘footprint’, more recording of their intervention, should be married with provision of sufficient resources.
- The requirement of realistic workloads and adequate resources does not only apply to the IRO service, but to the looked after children service as a whole, and to the other agencies that provide support for children in care and their families.
- Procedures and support for the administrative aspects of the planning and review process need improvement. The volume of reports and administrative work, the design of IT systems and the poor quality of template forms were seen to make it harder, rather than easier, to maintain clear and up-to-date records. Systems need to avoid duplication, and be more meaningful and ‘user-friendly’.
- It is important to value the positive role that care can play in the lives of children from troubled and abusive backgrounds. Many young people themselves speak positively about their time in care, and the help they have received from their social workers, IROs, and carers. Unduly negative views of the care system are damaging, because they build a bias against taking children into care, and this can be potentially harmful to children who need that help.
- An independent organisational setting for IROs is unlikely to resolve the intrinsic ambiguities and challenges of their job, and may well have detrimental consequences, by limiting their opportunities for influence and intervention.

Key messages for the courts and children’s guardians

- It is important for courts to be sure that IROs know of and support the local authority’s care plan. It should be routine to ask for confirmation of the IRO’s view.
- Children’s guardians should be aware of the Cafcass protocol for IROs and guardians working together in care proceedings. The research showed considerable stereotyping and negative attitudes between the two groups, although there were also examples of effective cooperation and positive evaluations of the other professional’s role.
- Given the restrictions on the guardian’s role in the context of high demand and time-limited care proceedings (‘proportionate working’), it is important that guardians try to keep in

touch with IROs while the case is in proceedings. They may not be able to attend the LAC reviews, but should try to discuss matters beforehand, ensure that they are notified swiftly of the decisions, and receive the minutes promptly.

- Periodic team meetings between guardians and IROs were effective ways of building good working relationships (see also Dickens, 2015).

Key messages for local authority managers

- Senior managers should ensure there are clear systems to hear the views of IROs about case related matters, and the wider service the local authority is providing. There should be clear systems for giving feedback on these matters.
- Senior managers have a responsibility to ensure effective links and agreements with other agencies, especially education and health, to prioritise services for looked after children and their families; and independent foster care providers, to ensure a suitable range of high quality provision, and effective monitoring and support for their foster carers.
- Team managers should ensure that social workers keep IROs informed of the progress of cases, and are prompt in completing all the necessary paperwork for LAC reviews.
- Team managers should enable social workers to undertake the tasks identified in the review in a timely manner, and ensure that they do.
- There were many complaints about the quality and poor user-friendliness of pre-review consultation forms (either paper or on-line), for young people and for parents. These need on-going review and up-dating.

Key messages for IROs and IRO managers

- Social workers and team managers do recognise the importance of the IRO's independent view and the need for challenge, but prefer the more collaborative and less confrontational ways of doing so. Most IROs preferred this way of working too.
- It can be difficult to judge the right time to move from these informal approaches to formal dispute resolution procedures, and often easier to see it with the benefit of hindsight. IROs should be prepared to use the formal processes, but try informal approaches first, as expected by the IRO Handbook.
- The annual IRO report is an important opportunity to highlight the outcomes of the informal approaches, to draw attention to any benefits for children, families and workers that have been achieved through these ways of working.
- Involving children and young people in their reviews can be challenging, but also one of the most rewarding parts of the job. The guidance specifies that review meetings should be 'child centred', but also there is a list of matters that have to be covered. It may not be easy to square these requirements, involve parents as well, ensure the discussion is comprehensive, honest and constructive, and protect the child from inappropriate information or unhelpful views. Practical aspects such as venue, timing and who attends/for what part of the meeting may require careful planning.
- Hearing children's views more widely, not only in the reviews, is a crucial step towards promoting their participation. Building good links with the local authority's children and young people in care council would be a way of doing this.
- Young people do complain that reviews are 'boring', but as they get older, most do attend and consider it important to do so. The research showed IROs using a variety of methods to

make reviews more 'child friendly', and there are innovative approaches such as the child centred review system developed by Sheffield Children's Involvement Team. It is important to make sufficient time to talk with the children beforehand, to help prepare them, and afterwards, to check that they feel they were heard, and have understood the decisions. IROs and social workers should discuss and clarify who will do this work.

- The study has shown the value of the multiple roles and tasks that IROs and the review process can achieve, but these are not a substitute for the social work service that should take place *between* reviews; it is important to differentiate between these two aspects.
- It is not a requirement to contact or see children in between reviews, and in most cases this is not necessary. In some cases it may not be practicable. There may be cases in which it is desirable but IROs should think clearly about the reasons for this and the implications for the roles of the other professionals and carers involved.
- Parental participation is also an important part of the job, and a number of parents spoke positively about the IROs' role in helping them to participate in reviews and stay involved in their child's life. Again, this requires good preparation and time to talk with the parent(s) afterwards. IROs and social workers should discuss and clarify who will do this work.
- Contact arrangements can be some of the most complex and contentious matters, whether between children and parents, or children and their siblings. Plans should be carefully discussed and explained between all the parties.
- Review recommendation should be 'SMART', identifying who is responsible for implementing them, the timeframe for doing so and the monitoring arrangements. Social workers appreciated IROs who took an active role in checking whether tasks had been undertaken.
- Sharing information, tips and viewpoints is an essential step towards promoting best practice. There are a number of groupings that facilitate this, including NAIRO, the national managers' group, and at least one other online discussion network.
- IROs need 'challenge' and support themselves. IRO managers have an important responsibility to provide this, and to represent their service in discussions with local authority managers.

Key messages for social workers

- Social workers should be sure to keep IROs up-to-date with developments in the case, and their progress in implementing the agreed plans (and any obstacles they have faced).
- It is important to provide the review documentation in good time. If planning or implementing the plan has been particularly complex, it is important to speak to the IRO as well, to explain the issues and try to avoid unhelpful decisions being made.
- Many IROs have considerable knowledge and experience of cases (the particular case, or similar cases), the agency and relevant resources, and social workers should be confident to ask for their advice, but not to try to defer decision-making responsibility to the IRO.
- Social workers should not rely on the review process for aspects of the social work role and tasks that should occur between reviews.
- Social workers should work with IROs to plan how best to involve children and young people, and parents, in the review process.

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