Independent Reviewing Officer (IRO) Annual Report 2023/2024

The contribution of Independent Reviewing Officers to Quality Assuring and Improving Services for Children in Care.

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September 2024

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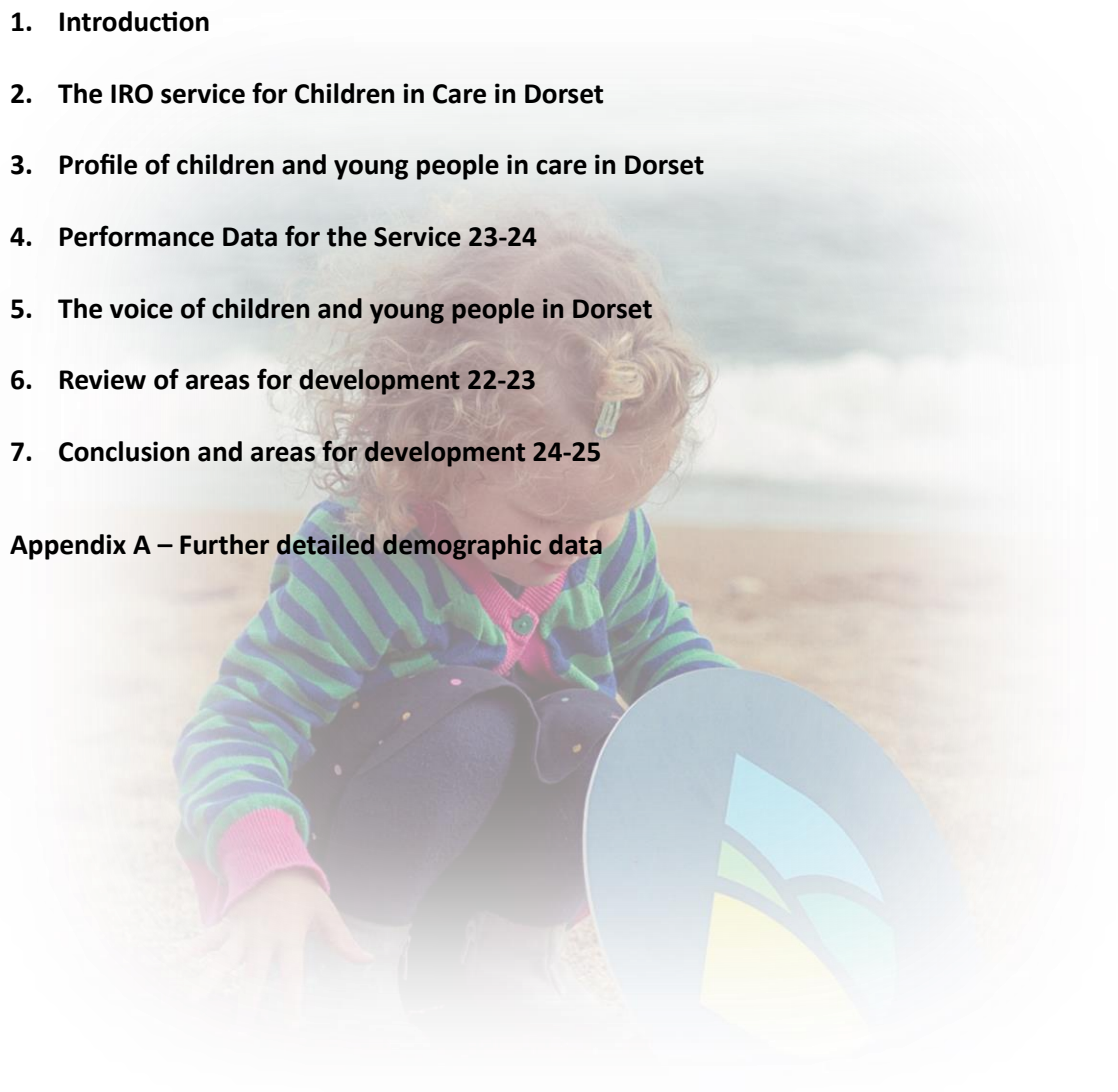


1. Introduction

For the aspirations and expectations for children in our care to be realised, it is important that we provide an annual report that sets out our progress. This annual report provides both quantitative and qualitative evidence relating to the Quality Assurance Reviewing Officer (QARO) Service in Dorset Council, as set out in the IRO Handbook. In Dorset QAROs undertake the statutory function of the IRO for children in our Care. This annual report covers the period 1 April 2023 to 31 March 2024.

The report evidences a service which continues to develop and provides good quality work to support children being well cared for and achieving good outcomes. The report includes key information outlining the work of the service with and for children in care and the report includes case examples of IRO work with children.

The IROs have a collaborative approach to working which enables them to work alongside our Corporate Parenting Board, our Children in Care Youth Voice team, and the Pan Dorset Safeguarding Children Partnership (Dorset Safeguarding Partnership for 2024 onwards). Our journey continues to model a relational approach based on 'High Challenge and High Support' and builds upon the values and aims of Dorset Council, and the 'Dorset Children Thrive' model.

The IROs continue to operate a relational approach as this is most effective in improving the experiences and outcomes for our children in care and that this is supported through structures including informal and formal escalations.

Through a range of QA activities and performance management tools the service contributes to effective and timely care planning for Children in Care. This report will provide an overview of performance data, the extent of young people's participation, the profile of our children in care, and details of the 'dispute resolution' process and its effectiveness. The report concludes with a review of progress with the aims and objectives set in the last annual report and aims and objectives for the service for the upcoming year.

The independent review of children's social care by Josh McAllister (May 2022) produced several recommendations and the goal of a social care system that puts lifelong loving relationships at the heart of the care system. Concerns were identified about the effectiveness of IRO services nationally. The government response 'Stable Homes Built on Love' has been piloted in Dorset via the Families First for Children Pathfinder to help shape the reforms. IROs have a pivotal role in the oversight and progression of family-led solutions and promote the contribution of family networks to the plans for children enabling more children to be cared for in their family networks, with the right support and funding from professionals.

We are continuing to build on the positive view of Ofsted in their inspection report Oct 2021 which stated:

'An increasing number of children's reviews are written directly to children, an important part of helping them to understand key moments in their lives and their story through childhood. Independent Reviewing Officers, known as QAROs in Dorset, have regular oversight of children's lives and the plans for their future. Children's voices, either directly or through their advocates, are clearly heard within reviews.'

94% of children in care reviews are held in time and participation rates are high. The number of children having contact with their IRO is high and numbers of escalations have been sustained where the service to children needs to be improved.

Alongside all statutory areas of focus, this year IROs have continued to focus on supporting better transition planning for young people leaving care in Dorset, as well as a focus on dentistry and special education needs support. The SEND inspection in Dorset in March 2024 noted that:

"*There is strong oversight of children and young people in care living in homes away from Dorset. They are not considered 'out of sight, out of mind'. There is increased oversight of children's progress and experience by social workers* ***and quality assurance reviewing officers****, particularly when there are issues of concern, such as allegations made against staff or a less than good Ofsted judgement."*

Unaccompanied asylum-seeking young people have been an increasing part of our child in care family and the number in the care of Dorset increased from 34 in March '23 to 54 in March '24 with our quota under the National Transfer Scheme increasing to 67. A new service has been set up in Dorset to ensure the specialist knowledge and practice for this group of young people is developed and supporting structures and projects are implemented. This is and will continue to be an important area of focus for IROs, ensuring that the needs of this group are fully understood and met in an area which is demographically 97.1% white (2021 census, *ONS - accessed on 11 10 24*), and we now have a 'link IRO' who has a particular interest in this area (further details within this report).

2. The IRO service for Children in Care in Dorset

The IRO service is now made up of 11 IROs, 5 full time and 6 part time. There is a mix of genders and a range of background experience including Child Protection, Adoption, Fostering, Permanence Teams, Probation, CAFCASS, and including Frontline Management and Service Management. IROs have also developed areas of specialist interest such as children with disabilities and asylum-seeking young people. The team is not split into specialisms, which maintains versatility, broad knowledge and experience across the whole team. However, if required, it is possible to allocate an IRO with specialist knowledge or interest, or an IRO of a specific gender if needed/requested.

The ethnic diversity in the team is low, although it is comparable to the population in Dorset. However, we do have Black Caribbean and White European ethnicities represented. Different sexualities are also represented in the team.

The team has been stable throughout the year with one IRO changing to part time and 1 new appointment following a retirement. The Service Manager has remained in post since May 2023.

Caseloads for IROs are between 50-60 (full time equivalent) and include a significant amount of travel due to the number of children placed out of county. We aim to keep sibling groups with the same IRO where possible to aid consistency and understanding of the whole family picture and history. If a child comes back into care for some reason we endeavour to assign the same IRO again for consistency.

IROs in Dorset have access to independent legal advice through a reciprocal arrangement with a neighbouring Local Authority and this was renewed last year and is beginning to be used more effectively.

Working with other teams

Dorset has a locality-based model for Children in Care. This is being developed to include a Permanence Service Manager from May 2024, who will oversee the line management of the four permanence teams, whilst they remain linked to their locality through matric management. Each Locality has an IRO named as the link worker. We have expanded the use of 'link IROs' to now include the Birth to Settled Adulthood Service, the Care Leavers Service and the new Asylum-Seeking Young People service. Escalation tracking meetings between the IRO service manager and Locality Service Managers have begun to improve relationships and working together between the different parts of the service. The plan to increase visibility and provide training to the operational teams about the role of the IRO has not yet been implemented but will be a priority for 24-25.

IROs regularly attend Permanence Planning Meetings, Stability Meetings, Extra Familial Harm, (contextual safeguarding) meetings and other decision-making forums for their children. The Service Manager attends various regular tracking and oversight meetings to assist in shared decision-making, information sharing and advocating for the needs of children in care.

The team have also taken part in and contributed to workshops and feedback sessions co-producing the Families First for Children Pathfinder programme and several pieces of evaluation work.

Quality Assurance role

Dorset has adopted the name 'Quality Assurance Reviewing Officer' for IROs to reflect the increased responsibilities around Quality Assurance work. The team sits within the Quality Assurance and Partnerships service, under a quality assurance service manager and undertakes monthly individual case audits, thematic audits, assisting other teams with information gathering and auditing. This year has seen a focus on SEND, in preparation for the SEND inspection in March 2023.

Quality Assurance work is also completed monthly by the Service Manager, including thematic audits, quarterly escalation reports and contributions to our 'Good and Better Board', which celebrates good practice.

IROs complete monitoring forms at each review which identifies quantitative data around relevant issues, for example, participation, whether children's views are represented, completion of plans, whether appropriate meetings are taking place (for example Permanence Planning Meetings) and gives an overall grading (in line with Ofsted grading). This contributes to senior management oversight, preventing or addressing drift and delay, and overall performance management.

The Quality Assurance and Partnership Service, which the IRO service is part of, includes a focus on 'closing the loop' in terms of learning from audits and feedback. It is achieved in collaboration with the Principal Social Worker, colleagues in Practice, Policy and Procedures and Workforce Development who sit within the partnership.

Supervision and training

Supervision for IROs takes place regularly and covers personal, performance and practice issues. An area for development in 23-24 has been regular reflective peer supervision sessions, and face to face team meetings with guests/visitors from partner teams and agencies to develop stronger relationships and up to date knowledge about development in other service areas. A Team

Development Day has also been held in February 24. This included using the Clifton Strengths coaching model within the team, collaborating with the Virtual School, Corporate Director for Education and SEND service manager to support good outcomes for Children in Care with SEND, especially out of county. We also agreed team goals for 24-25.

Team Development Day Feb 2024

Training for IROs is available through the council training programme and IROs have been provided with a range of training opportunities throughout the year including Restorative Practice, Motivational Interviewing, Age Assessment, and Triple Planning (for asylum seekers); Mental Capacity Act training; Eligibility requirements under the Care Act 2014; Early Permanence - SWAC (South-West Adoption Consortium) Conference; Pan-Dorset CDOP Learning Event; Compassionate Inquiry - Modalities of Therapy; Hopefulness and Working with Adolescents - Pan-Dorset Conference Supporting the Mental Health of Children and Families, Young people and Adults Learning Event.

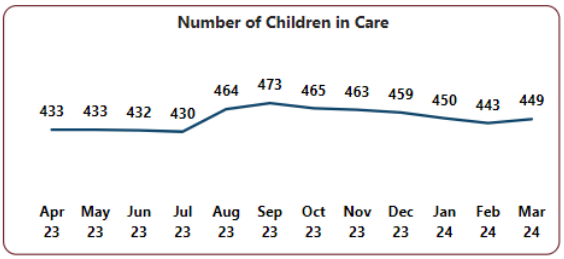
Three newer members of the team also attended a NAIRO training day for new IROs.

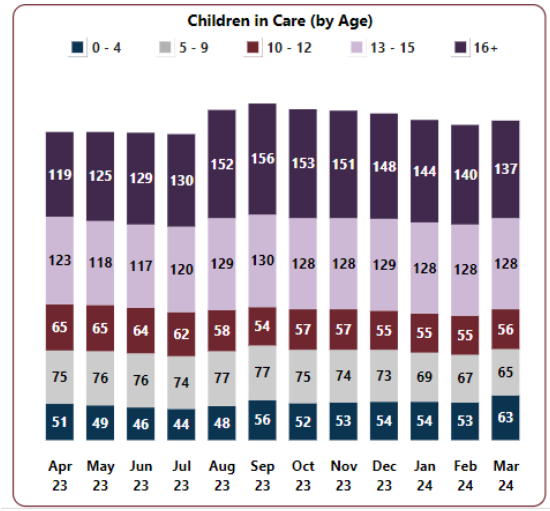
The Clifton Strengths coaching is also being implemented in Dorset and all IROs have completed the assessment and taken part in a team session on how to understand and use the approach. The Service Manager is using the model in supervision with IROs to develop practice in a strengths-based way.

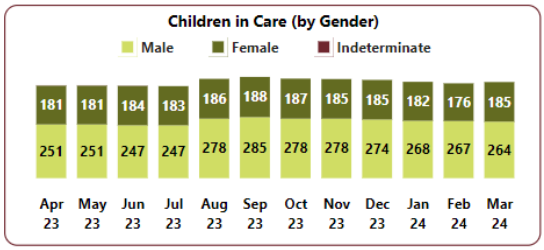
An area of development in 23-24 has been strengthening Regional and National links and specific professional development opportunities in relation to the IRO role itself. The regional group has been more active this year and has organised an all-day training and networking event for July 2024.

A new digital app, 'Mind of My Own' has been commissioned by Dorset to enable children to share their views more easily and frequently, and on their own terms. This will be adopted by the team as the method of consulting with young people prior to reviews. Currently their views are gathered in person by the IRO via a discussion prior to the review, which works well, but this will be an additional tool to support those who don't wish to talk in this way, or at a specific time, or find it easier to communicate in a different way. It also has a version for children with learning needs and an in-built translation function, which will be very valuable for young people where English is not their first language, or they are unable to speak English. This will be rolled out in summer 2024.

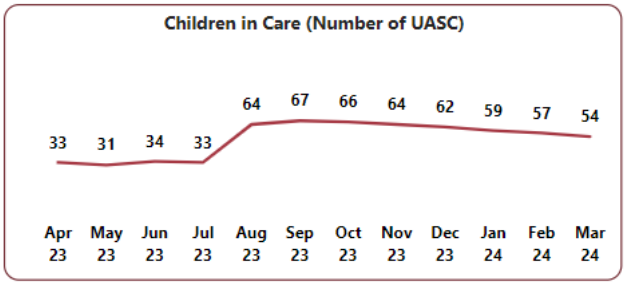
3. Profile of children in care in Dorset







Children in Care (by Ethnicity)	Apr 23	May 23	Jun 23	Jul 23
White	363	364	361	362
Asian	6	6	6	6
Black	3	14	13	13
Mixed White and Asian	4	3	3	3
Mixed White and Black	10	11	11	9
Mixed other	10	10	11	10
Other minority				
Non-white British (%)	19	19	20	19
Non-white British (Number)	83	83	85	83



The table above show the most significant change is the increase of the number of children in care in August 23, which is clearly attributable to the number of children seeking asylum which Dorset took responsibility for at that time. This is also reflected in the ethnicity chart showing an increase in black and 'mixed other'. There is also a noticeable increase in 'Non White-British'. This chart does not show the figures for 'other minority' but in March 24 there were 51.

Numbers in other categories have fluctuated but not changed significantly and the overall number of children in care in Dorset is still decreasing in line with plans.

Another area of progress for 2023-24 is the new addition on the children's service database and of more gender options (in addition to sex), pronouns and sexuality (optional) within the assessment documents.

4. Performance data for the service:

Number and Timeliness of Reviews, Recommendations and Minutes.

IROs in Dorset now all consistently write their minutes in the form of a letter to the child or young person, and some produce additional age-appropriate versions.

The total number of reviews completed this year is 1,280. Overall, the number of reviews completed in timescales has improved this year. Throughout most months of the year over 90% of reviews are completed within timescales with high points of 97 and 100% in some months. Some of the lateness shown on these charts is caused by delays in write ups which can mean the data is not captured in the report for the month. Other reasons have included illness or emergencies, for example bereavement within a foster family, causing last minute cancellations.

The charts show a significant increase in the number of reviews in September and November which reflects the significant increase in asylum seeking young people whom Dorset took responsibility for in August and completing all the first reviews at short notice in September. This was a challenge which is reflected in the drop in timeliness that month. There is a low point in Jan 24 where 17 reviews were not within timescales, which is not what we want, but it is positive that this is an anomaly within the year, and was likely impacted by the inability to hold reviews over the Christmas break, high number of second reviews for the asylum seeking young people before Christmas, leave within the team and some specific issues with family situations.

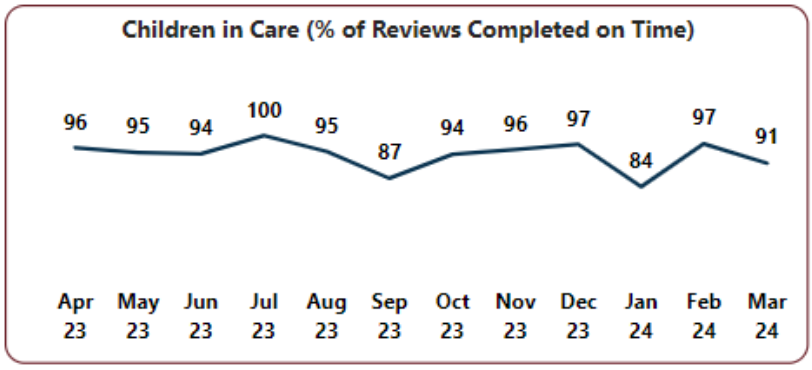
Ensuring the minutes are completed and distributed within the appropriate timescales of 20 working days is a priority area for improvement, which will require ongoing focus in 24 -25. It is positive to note that the timeliness of recommendations has improved further. As can be seen in the table below minutes are completed, just not as promptly as we would like. This has been affected this year by sickness absence and workload pressures.

Annual figures

Task	Total number	Percentage	Comparison to 22-23
Child in care reviews that took place	1280		
Child in care reviews that took place within timescales (not including overdue reviews)	1199	93.67	↑
Child in care reviews with completed recommendations	1280	100	↑
Child in care reviews with completed recommendations within 5 working days	1128	88.13	↑
Child in care reviews with full review minutes completed	1182	92.34	↓
Child in care reviews with full minutes completed within 20 working days.	589	46.02	↓

It is important to note that there are some discrepancies between these figures and the monthly performance data reports. If review paperwork on Mosaic has not been completed by the time the snapshot report is run, it will not be captured in the monthly snapshot reports.

Children in Care (Reviews)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Percentage Completed Within Timescales	96	95	94	100	95	87	94	96	97	84	97	91
Number That Took Place	104	93	122	125	80	164	102	136	109	106	116	115
Number Completed Within Timescales	100	88	115	125	76	142	96	130	106	89	113	105



Participation and advocacy

Children and young people (%) who participated in their reviews											
99	97	88	93	97	93	94	93	93	90	89	93
Apr 23	**May 23**	**June 23**	**Jul 23**	**Aug 23**	**Sept 23**	**Oct 23**	**Nov 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**

Participation levels for reviews remain high and children are encouraged to participate in a way that feels comfortable for them. This could be sharing their views, wishes and feelings with their IRO, with the use of an advocate to represent their views, attending their review and joining the discussion or in some cases, chairing their own review. Use of advocates for reviews is low at present with most children and young people consistently telling us they would prefer an existing trusted adult (for example foster carer) to speak on their behalf or to speak for themselves. This is something we are curious about and hope to improve. We also receive feedback from care experienced young people that meetings in general can be challenging times where they do not always feel able to speak up.

Consultation questionnaires are sent out via an online form prior to every review, and are sent to parents, carers, other family members and professionals. These cover a range of areas including relationships, emotional wellbeing, health, education, family time, information sharing, and offer the space to add requests or recommendations and help the IRO to prepare for the review and understand the perspectives of those involved in the child's life prior to the meeting so they can make sure it is as meaningful and useful as possible and all important points are covered.

The response is good from carers, however there is a noticeable lack of take up from parents and family members. The method for collating this feedback also requires improvement as it is currently completed manually by business support colleagues. This is still an area that needs improvement.

The Service Manager has completed 3 observations of reviews through the year, and held conversations with foster carers, parents and young people, as well as collecting feedback from social workers and others to gain a picture of the areas of strength and areas for improvement within the service. This is largely positive with young people saying they feel listened to, and adults feeling reviews are well managed, inclusive and productive. We are planning workshops with the Youth Voice team and care-experienced young people's network in June 2024 to understand how we can make reviews more child centred.

An appreciative enquiry was held in respect of a CIC review where the young person was supported to chair their own review. A video was produced and shared with the team and with the Good and Better Board to encourage this practice to spread further.

IRO contact and relationships with children and young people

IRO contacts on 31st March 2024	
All Children in Care	448
Percentage of all Children in Care who have had an IRO contact in the last 6 months	92%
Those in placements where a contact is expected to take place	433
Percentage of those above, who have had an IRO contact in the last 6 months	95%

For the first half of the year (April 23 – September 23) 97% of children expected to have contact with their IRO over the previous 6 months did so, with 5 IROs achieving 100%. For the second half of the year (Oct 23 – March 24) it was 95% with 3 IROs achieving 100% for that period.

This indicates a consistent picture and shows a sustained improvement from the beginning of 2022. In 2022-23 the rate of contact was 89% and 98% respectively.

Contact is tailored to the young person's needs wishes and feelings. Young people who are more vulnerable or who have a particularly strong relationship with their IRO having more. 2 children had 9 and 11 contacts within 6 months. Between September 2023 and March 2024 74% of children had more than one contact with their IRO (331 out of 449).

'Contact' in this context includes in person visits, telephone calls, text conversations and cards. IROs in Dorset use creative and individualised ways to build relationships with young people. This can include taking them for a milkshake or hot chocolate or doing an activity/playing a game.

Circumstances where a contact 'is not expected to take place' includes children 'placed for adoption' or children in a hospital setting. However, IROs in Dorset usually maintain contact with those children where appropriate.

Feedback from young people

"He is friendly and respects my opinions"

" He really listened to what we had to say and always did something about it quickly"

"Rebecca has provided support. She has helped me go to the mosque. She has enabled me to keep in contact with friends in London. Rebecca hears what I say and acts upon it. She always checks in on me. She is someone who supports me and wants the best for me."

Feedback from foster carers:

We are grateful for Glen's support over the years with this young person and his older brother.

Iain is a very positive role model and makes a good impact. D feels he can talk to him, and he listens to him. He has the D's best interest at heart. He really promotes the foster carers as being an expert on the child and is inclusive. He helps builds the relationship with the CCSW. Very professional, you can set the clock by him, always on time! I asked him to come early to talk to D, and he straight away agreed to this. He will be a constant as the SW has changed recently.

He is on the ball and trying to address problems we have. If our SW has been off sick, he takes up the mantle on our behalf, so goes above and beyond really.

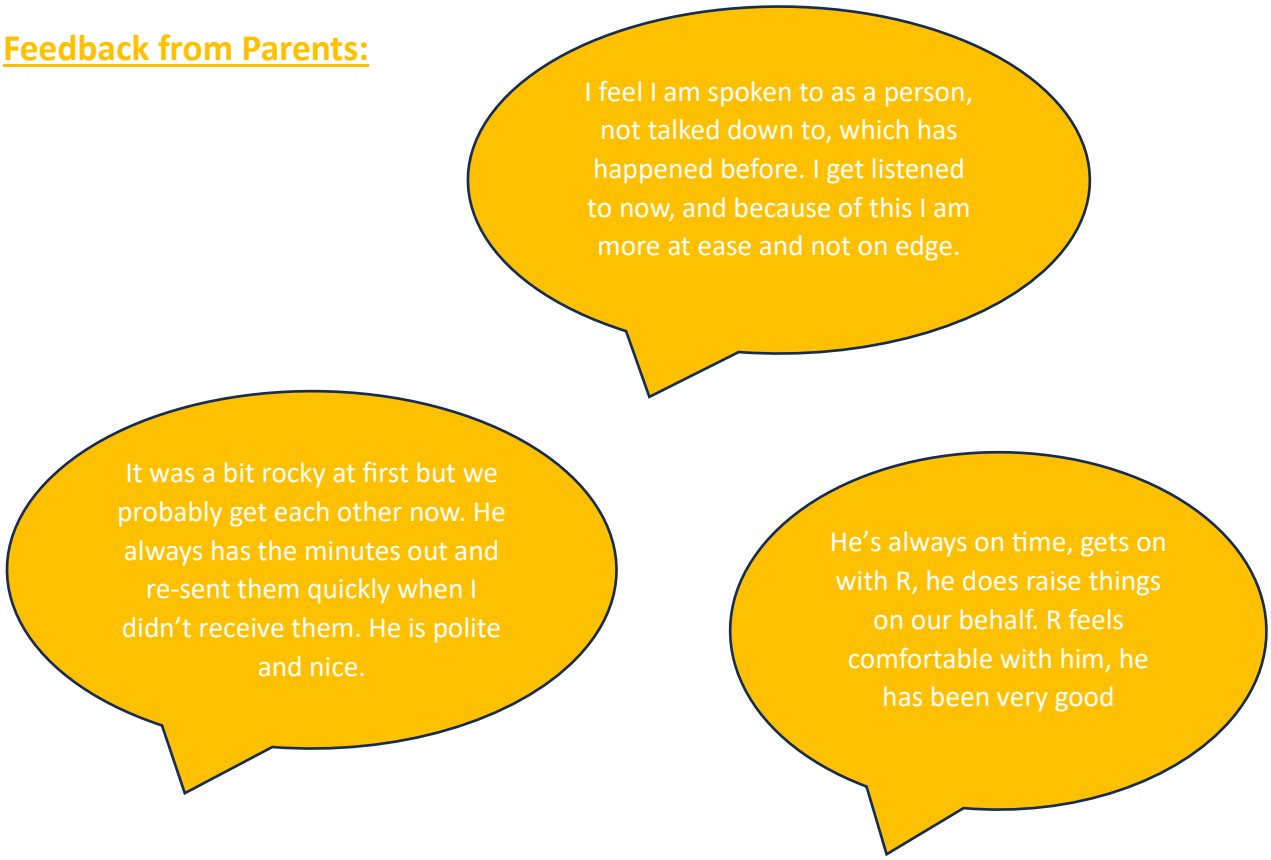
Feedback from Social Workers:

Debbie has always taken the time for C and built a trusting relationship over the years, that has been a crucial part of her support.

Jacqui always considers the needs of the children and is a fierce advocate for all children and young people. She has a very measured and balanced approach and always remembers to highlight the positives, as well as challenges. She takes the time to really get to know the children and their foster families, to advocate for them and you can see this reflected in the relationship she has with them

I thought it was a very productive and child-centred review which generated a robust, comprehensive plan.

Feedback from Parents:



Gaining more structured, detailed feedback from children, young people, and families about their IRO, their review meetings and what could be better, is an area for further development in 2024-25 and the use of Mind of My Own will be a helpful tool for that.

What care experienced young people have told us, via Youth Voice, is that they do not like being asked repeatedly for feedback by lots of different adults, they feel they must repeat themselves and often don't get to hear if anything has changed as a result. We are now working closely with the new Youth Voice Network and a team of care experienced young people who have said they wish to give feedback, and this will become an ongoing partnership. Initially we are planning some workshops in June 2024 and will develop plans to improve reviews in line with that feedback.

Dispute resolution (escalations)

Dispute resolution is achieved with a variety of approaches and tools which IROs can draw from according to the situation. Issues are raised in conversation, at meetings and articulated in recommendations at reviews. If these do not achieve the outcome required for the child then they can use 'pre-escalations', informal escalations, formal escalations of varying levels, and/or escalation resolution meetings. The ethos is one of high support, high challenge and the expectation on the IRO is to approach issues with balanced and strengths-based communication, looking for solutions and with a focus on the outcome for the child. They should be a safety net and tool for learning and improvement, not a criticism of individuals, teams or practice.

The Service Manager has produced quarterly reports to share and analyse the escalation data and make improvements to the process. These are shared with operational managers in our Quality of Practice Action Group.

Pre-escalations:

As set out as an objective in the 22-23 IRO annual report, the escalation process has been developed this year and a new tool of 'pre-escalation' introduced. This was in response to feedback from IROs and Social Work teams that the escalation process captured on the system, although titled 'informal', felt formal and much of the challenge and informal dispute resolution work was happening informally via telephone calls, e-mails and conversations. While it is not possible to capture all of this influence, the pre-escalation data does demonstrate more of the work by QAROs to resolve issues collaboratively, proactively and to avoid the need for an escalation. The new process and report also uses more helpful categories which help us see where the themes are in terms of resolving issues, analysing solutions and where we need to take action to support improving practice. It also reflects areas of focus by the QARO team.

This pre-escalation tool was introduced at the end of October 2023 and since then has been used effectively as shown below:

Pre-escalation type	Number of Children	Number of Notes
QARO Pre-escalation : Care/Pathway Plan missing or out of date	51	58
QARO Pre-escalation : Child's journey not reflected on the file	39	48
QARO Pre-escalation : Child's voice not being heard	11	12
QARO Pre-escalation : Education (incl. SEND)	24	34
QARO Pre-escalation : Family contact	1	1
QARO Pre-escalation : Health	17	18
QARO Pre-escalation : Permanence/transitions	61	73
Total	**154**	**244**

This report shows that the IROs have been focussing on transitions to adulthood and permanence planning, with many of the pre-escalations being in relation to ensuring Pathway Plans are completed when young people turn 16 and are then updated as they approach 18. Others focus on Permanence Plans being completed and updated, and that plans are being progressed to achieve long term matching with foster carers as well as progressing plans for when children turn 18.

The 'child's journey not reflected on the file' category refers to missing documents, 'chronology of significant events' not being updated and delays in recording visits. Care experienced people have told us how much they dislike having to repeat their story to new workers and how important it is that they can look back at their records and understand what happened and why. Keeping their records up to date and accurate is not only important for safety and sound decision making, but also respectful too.

The significant number of records relating to education/SEND also demonstrates the IROs focus on supporting Dorset's work to improve the experience of children with SEND. The team completed a dip audit for every child in care with SEND, and raised pre-escalations and escalations as required.

Health pre-escalation particularly reflects the work the service has done this year to support improved access to dental care for children in care, which was raised as a collective escalation this year. A comprehensive report was collated by the team highlighting which children were having difficulties accessing NHS dentists, or any dentist at all. This led to further actions to identify dentists for those specific children, improve data accuracy, and is now feeding into the local delivery of a national project to improve oral health via the CIC nursing team and Dorset Health partners.

Informal and Formal escalations concluded.

Informal Escalation	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Totals
117	38	16	10	3	0	**184**

In the year 2023 - 2024 we have seen the overall numbers of escalations sustained. The significant changes this year are a decrease in informal escalations and increase in Stage 1 escalations. I would suggest this is most likely due to the introduction of the pre-escalation tool and therefore IROs moving straight to a stage 1, where their pre-escalation has not achieved the outcome needed.

Consistent with last year, most escalations were resolved 'informally' with the Social Worker or Team Manager, and all were resolved before reaching Stage 5. No referrals needed to be made to CAFCASS this year. This shows the benefit of the collaborative approach and strong relationships with the operational teams which enable issues to be resolved before reaching those stages, but also that IROs are confident and willing to escalate higher if required.

Area of focus	Escalations completed between Apr 23 – March 24
Care Plan implementation	96
Concerns re: provision of services	30
Concerns re: safety	14
Concerns where the child/young person lives	20
Education issues	14
Health issues	16
Issues re: family time/time with important people	13
Life story work/later life letters	6
Other	31
Outstanding CiC review decisions	52
Staff turnover/sickness	0
Statutory handbook and care regulations not met	77
Transitions (post 16/18)	15
Voice of the child/young person	22

As the table above shows the most common areas raised by IROs were around statutory handbook and care regulations, care plan implementation (drift and delay), and actioning of outstanding review decisions. Multiple areas can be raised on one escalation.

These 'umbrella' categories are limited in what they can tell us about the practice issues requiring attention and the report will be improved in 24-25 to mirror the categories used for the pre-escalations. This will help us see the areas where operational teams need support and development. It will also show how the IRO service is working collaboratively with the rest of the organisation to improve practice and outcomes for children in care. This will mean the escalations become a more effective tool to improve practice through support (identifying need) not just challenge.

The escalations have also identified that the IROs have been effectively acting as a safety net in areas where staffing has been a challenge, raising issues for attention where management oversight has been stretched or there have been changes.

Escalation tracking meetings

Escalation tracking meetings will be introduced in 24-25. This will be an opportunity for learning in both the IRO and Locality teams in terms of how we work together better to achieve the best outcomes for children. It will also ensure that escalations are closed promptly once resolved, and drift and delay in resolving escalations is reduced. The tracking conversations will be recorded on the escalation document to show management oversight on the child's record, and we can be confident that the data on open escalations is accurate.

This activity will support timely resolution of escalations for the child. The length of time taken to resolve escalations has been difficult to accurately report on due to delays in the forms being completed, and it is hoped we can demonstrate some improvement in that area next year.

Developing a structure for escalating to external services and partners, is still an area for development. Whilst this does happen, an improved system and structure would enable IROs to challenge more easily and proactively. A letter template is being developed to improve this.

Recognition of good practice:

To reflect the commitment of this service to strengths-based practice and high challenge high support, we have also created a 'recognition of good practice' note which is added to the child's record to shine a light on good practice.

There have been 22 notes to recognise good practice since the introduction of this tool in Oct 2023, covering issues such as relationship-based practice, good quality plans, and child focussed recording on the file.

Example of the impact of an escalation:

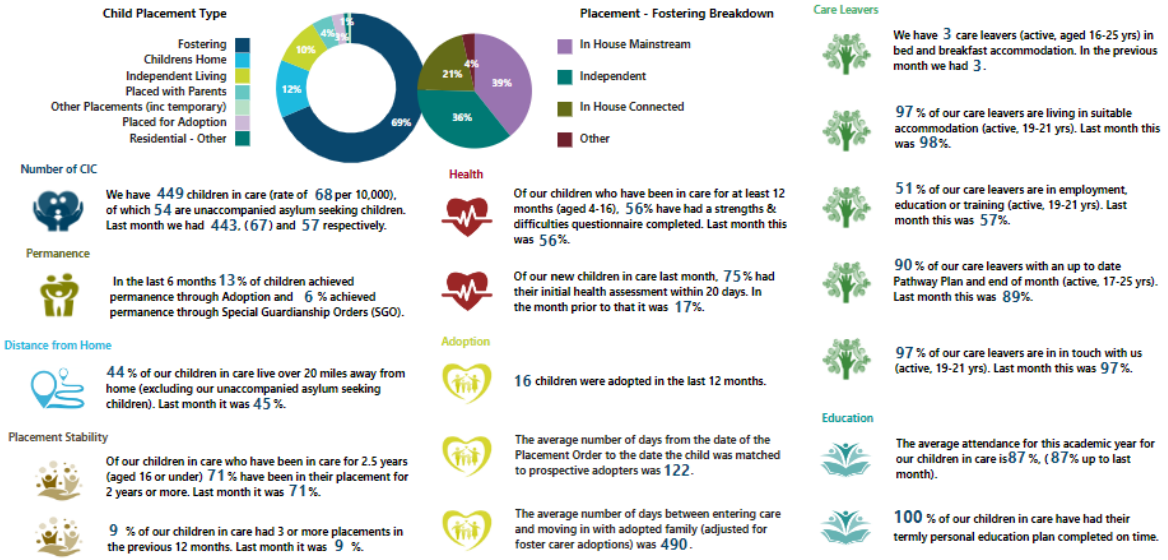
A decision was made to arrange an age assessment of a young person (17 at the time). An escalation was made by the IRO who raised that there was no evidence or grounds for this and the impact on them would be considerable in terms of fear and anxiety about her future. This was raised on 12 January 24 and after following up in February was closed with a decision by the SW team than no age assessment was required.

Thematic audits and broader Quality Assurance work

The IRO Service Manager has completed several thematic audits relating to key areas of concern for children in care this year and the team have completed a collaborative thematic audit looking at the Child's Voice and Family Participation.

The findings of these are being used to develop a learning event in September 2024, which we hope will become an annual event thereafter.

Snapshot of performance data for children in care in Dorset (taken on 31st March 2024)



Current resources issues impacting on outcomes for children in care

One of the current challenges for Dorset is children and young people living in other counties. This can impact particularly on timeliness of IHAs (Initial Health assessments), access to education provision (especially where the young person has SEND) as well as planning for support and accommodation when the young person turns 18.

This is a particular issue for Asylum Seeking Young People and there are several projects in progress to provide accommodation and support within Dorset to improve this. The sufficiency strategy includes plans to increase homes for care leavers with a specific focus on those who were unaccompanied asylum-seeking young people. For example, linking with local providers to increase capacity for supported and semi-supported accommodation with the aim of 2 more houses in place by 2025.

The availability of NHS dentist places has also been a challenge leading to overdue dental checks for children in care. As mentioned above, the IRO team have supported efforts to address this, and new national oral health programme is coming in 24-25 which health colleagues in Dorset will tailor to prioritise children in care.

The 'Birth to Settled Adulthood' service is launching in April 24 which will improve the experience of children in care who have eligibility for support from Adult Services under the Care Act. Adult Services will be working with children earlier, closer, joined up planning will enable the correct provision to be identified and in place sooner. This will be especially beneficial in residential settings, or where children have complex high-level packages of care.

5. Young People's experience/voice

Last year's IRO annual report shared the outcome of the Bright Spots Survey for Children in Care, illustrating areas where children and young people had told us they are happy, and areas where they needed more support. The themes from the results of the survey have been incorporated into the agenda and plan for Informal Corporate Parenting Board, and workshops have been delivered by young people on 'Being Safe and Settled' and the 'The Dorset Promise', with future workshops planned. To ensure that the voice of young people and their experiences shape our service going forward, the findings from the Bright Spots Survey will inform the Corporate Parenting Delivery Group action plan, which will be developed for 2024-25

In Youth Voice, 'The Network' has been established and is growing. The Network is a way of seeking young people's views that is more trauma informed. As described above, children in care tell us they don't like being repeatedly asked for their views on the same things by different adults, so The Network uses places we already have, and trusted adults, to gain young people's views. The Network is developing a small team of young people who have offered to help us. It will be gaining a range of voices, for example, care experience, SEND, children in residential care. The IRO service look forward to working with the Network regularly in 24-25 to support the gathering of those views and changing what we do in response to what we hear via 'check and challenge spaces'.

Children and Young People continue to tell us that we need to improve our language, using less jargon and statutory terms and more child-centred, 'normal' words. For example, instead of 'placement' use 'home' or 'where you live'; and not to use 'permanence' for long term matching. IROs endeavour to be trail blazers in this area and lead by example, and the QA service manager is requesting changes to Mosaic forms where possible to support this culture change.

The Bright Spots Care Leavers survey has been completed in March 24 and the results will be received for next years' report.

5. Review of areas for development identified in the 2022-23 Annual Report:

1. Improve the IRO footprint.

The IRO footprint on the children's records has been improved in various ways. For example, the introduction of pre-escalation notes and recognition of good practice notes, and IROs adding notes when they attend meetings or take part in discussions show the continuous presence in the care planning process. Formal escalation numbers have been sustained and the process for these continues to be developed and improved further.

Plans to collate the consultation document information and address the fact that very few parents or family members complete these is an outstanding action and needs further work in 24-25.

The midway review template for mosaic has been designed and approved and will be added to Mosaic for use and tracking in 24-25.

2. Improvement in the take up of advocacy and participation in children in care reviews.

Young people's participation in their review is high, however the quality and nature of this can be improved further. We have seen some examples of outstanding practice this year with young people chairing their own reviews and feeding back to us how empowering this felt. Workshops have been planned with Youth Voice Network in June 2024 and will build on this and increase the quality of participation further.

Improvement in take up of Advocacy is ongoing work. The Advocacy Procedure has been reviewed and improved to include the revised National Standards, and a page has been created for the Children's Service Hub. Prompts will be added to Mosaic in key documents and a workshop for IROs and NYAS advocates has been planned for later in 2024.

Monthly meetings with NYAS have been held and have identified some of the barriers and solutions to improve working together. NYAS have attended an IRO team meeting and permanence team meetings to improve working relationships and promote the use of advocates. Advocacy take up has been tracked weekly and encouraged in 1:1s to ensure IROs promote this with Social Workers in their consultation meetings.

3. Develop mechanisms for detailed feedback on the IRO service.

These mechanisms are still being developed. Working with the Youth Voice network will provide feedback from young people. It is hoped that a QR code can be added to all recommendations sent out with a link to a feedback form. Peer audits will also be completed in 24-25.

4. Focus on asylum-seeking young people in care to Dorset.

The service has a link IRO for the asylum-seeking children's team and several IROs have completed specific training on the needs of this group. The escalations identified in this report demonstrate that the team are focussed on supporting good practice in this area. The team also leaned in to support when, in August 2023, Dorset welcomed 30 new young people over a short period of time, assisting with initial visits and providing oversight of the new accommodation providers, identifying areas of concern and young people's needs.

5. Contributing to the 'Stable Homes, Built on Love' Pathfinder work

Members of the team have taken part in workshops and the co-design of new pathways and shaping the new approaches.

6. Conclusion and Plan for 23/24 - 5 key priorities

Reflecting on our progress over the last year I am pleased to report that the service remains stable, committed and focussed on children in care. The team has become closer, and the sense of team has grown. The decision of the team to choose the child's voice as the theme for next year speaks volumes about their motivation and drive.

Where we need to improve is in consistently and systematically challenging where things need to improve, and following through until the outcome is achieved, in the timescales that young people need us to. As the Service Manager I will continue to develop systems to support the team to do this, as well as challenge them to do their best work.

We will also integrate our work more closely with the child's voice, looking both inward to ourselves for how we make child in care reviews more accessible, and child focussed, and looking outward to amplify children's voices where they are not being heard.

The five key priorities for the IRO Service in 24-25 are:

1. Increase the focus on the child's voice.

This year the IRO service will take part in the Takeover Challenge and ask young people what we can do to listen to them better, and what they want us to change or improve for them. We will then put this into place and feed back to them when it has been done.

Use pre-escalations and escalations to amplify young people's voices where they are not being heard.

The IRO team will be pioneers for the Mind of My Own app, promoting its use with children and young people in care.

2. Improve challenge around drift and delay

The IRO service will introduce more consistent structured midway reviews, which track whether recommendations have been followed through, and give more opportunities to prevent drift and delay for children.

Quarterly escalation reports will show improved challenge of drift and delay through improved reporting systems.

3.Support better transition planning for care leavers

IROs will start completing a check in with young people 6 months after they turn 18, and this information will be used to raise any current issues they need support with, but also to help the organisation learn how to plan for a good stable transition for children leaving care.

The team will continue to raise escalations around permanence planning for older children, and appropriate challenge in the 12 months before a young person turns 18.

4. Support with learning from audits

The learning from thematic audits will be used to develop a training day for adults who support children in care (Social Workers, CIC nurses, foster carers, virtual school workers etc) this will cover permanence planning, reunification, and placement stability.

5. Maintain timeliness of reviews and recommendations

The team will continue to maintain good timeliness with its core functions – Child in Care Review timeliness, completing recommendations. We will also improve the timeliness of minutes being written up and sent out through performance management, and completion of escalations within 20 days.

Appendix A

Children in Care at End of Month	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Rate per 10,000	64	64	64	64	69	72	70	70	70	68	67	68
Number	433	433	432	430	464	473	465	463	459	450	443	449

Children in Care who are UASC	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Number	33	31	34	33	64	67	66	64	62	59	57	54
%	8	7	8	8	14	14	14	14	14	13	13	12

Children in Care (by Age)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
0-4	51	49	46	44	48	56	52	53	54	54	53	63
5-9	75	76	76	74	77	77	75	74	73	69	67	65
10-12	65	65	64	62	58	54	57	57	55	55	55	56
13-15	123	118	117	120	129	130	128	128	129	128	128	128
16+	119	125	129	130	152	156	153	151	148	144	140	137

Children in Care (by Legal Status)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
C1 Interim Care Order	32	28	29	29	35	41	41	43	44	47	44	39
C2 Full Care Order	312	309	305	304	302	300	301	302	298	290	285	290
E1 Placement Order Granted	24	26	25	24	24	24	25	21	24	24	25	29
V2 Single Period of Accommodation Under S20	65	70	73	73	103	108	98	97	93	89	89	91

Children in Care (by Gender)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Male	251	251	247	247	278	285	278	278	274	268	267	264
Female	181	181	184	183	186	188	187	185	185	182	176	185
Indeterminate	1	1	1									

Children in Care:	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Who Were Previously CIC (Number)	50	50	50	51	51	50	49	48	47	48	47	51
With a CP Plan (Number)	0	1	0	0	3	5	1	3	1	1	1	0
Who Were Previously CIC (%)	12	12	12	12	11	11	11	10	10	11	11	11

Children in Care (by Ethnicity)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
White	363	364	361	362	365	369	360	356	354	348	347	353
Asian	6	6	6	6	6	6	6	6	6	4	4	4
Black	3	14	13	13	16	16	17	17	16	16	16	14
Mixed White and Asian	4	3	3	3	3	3	3	3	3	3	3	3
Mixed White and Black	10	11	11	9	10	10	10	10	10	10	8	10
Mixed other	10	10	11	10	9	10	11	15	15	15	13	14
Other minority												
Non-white British (%)	19	19	20	19	25	26	26	27	26	26	25	25
Non-white British (Number)	83	83	85	83	115	122	121	123	121	118	111	113

Children in Care (Duration in Months)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
0-3	24	29	35	41	75	76	75	78	43	32	28	33
4-6	42	36	17	10	15	26	25	24	50	59	61	35
7-12	54	50	62	60	56	42	42	39	32	31	35	64
13-24	64	66	69	68	71	83	81	75	84	82	80	77
25-36	38	41	35	38	37	38	35	42	39	41	40	40
37+												
Children in Care 2.5 Years or More	230	237	232	230	233	231	232	231	233	227	221	216
Children in Care more than 12 Months	313	318	318	319	318	329	323	322	334	328	319	317

Children in Care (by Need)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Absent Parenting	33	31	34	33	61	62	61	59	58	55	53	52
Abuse or Neglect	243	245	239	238	242	248	247	251	249	244	239	246
Cases other than Children in Need	3	3	2	1	1	1	1	1	1	1	1	1
Disability	24	25	25	23	23	24	23	23	23	22	21	22
Family Dysfunction	91	90	92	92	92	92	90	86	86	86	86	86
Family in Acute Distress	28	26	27	30	30	30	28	28	28	28	28	28
Parental Illness or Disability	6	8	8	7	7	7	7	7	7	7	8	9
Socially Unacceptable Behaviour	3	3	3	4	4	4	3	3	3	3	3	3
Any Other Reason	0	1	0	0	3	3	4	4	0	4	3	6
Sentenced to Custody	0	0	0	1	0	0	0	0	0	0	0	0

Placement Stability	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
3+ placements in last 12 months (%)	9	9	9	11	9	9	8	10	8	8	9	9
In placement for 2+ years (<16 CIC for 2.5+ years) (%)	64	65	63	64	66	65	66	67	69	69	71	71

Children in Care (New by Age)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
0-4	3	3	2	3	7	9		6	2	1	4	10
5-9	3	2	2	1	2	1	3	2				3
10-12		2		2			2		2	1	1	1
13-15	1	1	3	1	11	3	3	4	1	1	3	2
16+	2	5	3	2	25	3	3	1	1	1		

Children in Care (New by Legal Status)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
V2 Single Period of Accommodation Under S20	4	9	5	3	38	9	4	5	2	2	3	3
C2 Full Care Order												2
C1 Interim Care Order	5	1	5	6	3	7	7	8	4	1	3	9
L2 Emergency Protection Order	0	0	0	0	3	0	0	0	0	1	1	0
L1 Under Police Protection	0	3	0	0	1	0	0	0	0	0	1	2

Children in Care (New by Need)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Abuse or Neglect	7	8	2	5	9	9	7	10	4	3	5	12
Disability		1				1						1
Parental Illness or Disability		2									1	1
Family in Acute Distress	1		2	3	1		1	2				
Family Dysfunction		2	3			2		1	1	1	2	2
Socially Unacceptable Behaviour				1								
Absent Parenting	1		3		30	4	3		1			
Cases other than Children in Need / Other					5							

Placement Stability	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
3+ placements in last 12 months (%)	9	9	9	11	9	9	8	10	8	8	9	9
In placement for 2+ years (<16 CIC for 2.5+ years) (%)	64	65	63	64	66	65	66	67	69	69	71	71

Children in Care (Permanence)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
CIC 4+ Months with Completed Permanence Plan (%)	91	91	92	93	94	92	95	97	92	90	92	93
Children Achieved Permanence (SGO)* (%)	11	9	12	21	18	19	13	12	10	3	4	6
Children Achieved Permanence (Adoption)* (%)	12	6	7	7	8	9	8	13	13	14	13	13

*Rolling 6 Months

Children in Care (Standard of Care Plan Rating)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Outstanding (Number)	20	34	30	28	21	21	35	29	15	22	27	25
Good (Number)	2	2	1	3	4	3	3	3	10	5	3	1
Requiring Improvement (Number)			2					1	2			
Inadequate (Number)	91	94	91	90	84	88	92	88	56	81	90	96
Good and Outstanding Combined (%)												

Children in Care (Health Assessments)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
New CIC Receiving Their IHA (%)*	0	33	57	89	44	26	56	60	67	17	75	86
CIC Health Assessments Up To Date - Under 5 (%)	80	80	89	93	88	86	87	89	80	89	93	86
CIC Health Assessments Up To Date - Over 5 (%)	79	75	77	77	79	73	78	74	78	90	90	91

* This measure is reported one month in arrears

Children in Care (Immunisations)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Immunisations Up To Date** (%)	88	85	87	87	87	84	88	83	85	85	87	88
Immunisations Overdue (Number)	55	66	58	52	57	91	73	86	72	63	53	43
Immunisations Up to Date (Number)	379	367	374	378	409	382	393	377	387	387	394	406

** for CIC 12+ Months

Children in Care (SDQ Scores)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Immunisations Up To Date** (%)	16	16	16	16	16	16	15	15	15	15	15	15
Immunisations Up To Date (Number)	64	63	63	65	66	66	66	66	65	60	56	56

** for CIC 12+ Months

Children in Care (Visits)	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Total Visits	348	371	397	381	472	457	420	398	387	440	405	387
CIC with Up To Date Visits (%)	83	79	85	88	80	79	82	89	82	85	95	86
CIC with Up to Date Visits (Number)	359	343	367	377	372	374	380	413	376	383	420	384

Children in Care (Timeliness of Visits)***	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Completed Late (Number)	62	47	74	58	61	77	71	74	39	64	75	49
Completed on Time (Number)	212	233	258	270	319	281	264	274	265	309	307	273
Overdue (Number)	74	91	65	53	92	99	85	50	83	67	23	65
Completed Late (%)	18	13	19	15	13	17	17	19	10	15	19	13
Completed on Time (%)	61	63	65	71	68	61	63	69	68	70	76	71

***6/12 weekly as per plan due in month