



Annual Report Independent Reviewing Service 2021/22

London Borough of Southwark
Children and Families Services

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Summary to year end 2022

- Numbers of looked after children in Southwark increased from 449 to 457 between 1st April 2021 to 31st March 2022 (1.7% increase)
- There were also increases in children entering and ceasing care in Southwark during the same time period (37% and 20% increases respectively)¹
- There was a decrease in the total number of reviews (of children's care plans) held in the year (n= 1222 vs 1264, meaning 42 less reviews in the year)
- Timeliness of children and young people's reviews decreased by 4% to the year-end 2022.
- 94% of children and young people over 4 years old participated in some way in their review and 6% did not.
- There will be continued focus throughout 2022/23 to ensure that reviews are child centred and children are given every opportunity to participate.
- The number of unaccompanied asylum seeking children increased by 87% to 71 at year-end 2022. This resulted in Southwark being removed from the rota for the latter part of the year.
- The proportion of children who are of Black or Black British ethnicity remains well above inner London (IL) and above statistical neighbours (SN) averages (41% for Southwark vs 28% and 36% for IL and SN respectively), necessitating particular skills from the IROs when reviewing the cultural, emotional and health needs of these children and young people who are likely to be more sociologically and economically disadvantaged.²
- Placement stability for children in care has improved, with 8.5% of children looked after at the end of the year with three or more placements during the year. Short term stability (those with three or more placements) is now in-line with the London and statistical neighbour averages at 71%, whilst long term stability (same placement for 2 or more years) performance is above London and statistical neighbours 72%.
- IROs raised 677 case alerts between 1 April 2021 and the 31 March 2022.³ There were 61 formal escalations in the same time period.⁴ This suggests that 616 formal escalations were avoided through the use of the case alerts.

¹ This is percentage decreases between year end figures 2020/21 vs 2021/22

² See Research in Practice, '[Understanding the lived experiences of black and ethnic minority children and families.](#)'

³ Case alerts are created by IROs on the case management system (Mosaic) to alert the allocated social worker to a care planning concern or issue they wish to draw attention to and have addressed.

⁴ Escalations are governed by the protocol contained in [online policies and procedures](#). Escalations occur when the initial case alert remains unresolved. IROs can refer an escalation to CAF/CASS at any time but must notify the Head of Service for QA who in turn will inform the Assistant Director and the Director for CSC.

1. Introduction

- 1.1 The purpose of this annual report is to provide an overview of the activity of the Independent Reviewing Service for Looked After Children between 1 April 2021 and 31 March 2022. This report is required by statutory guidance (see 1.3 below and 7.11 of the IRO Handbook, 2010) and seeks to analyse and evaluate practice, plans and arrangements for looked after children. The report is also intended to review the effectiveness of the Independent Reviewing Officer Service in ensuring that the Local Authority discharges its statutory and corporate parenting responsibilities well towards those children who are looked after.
- 1.2 This annual report provides qualitative and quantitative information about the service provided in 2021/22, and also sets-out the priorities for 2022/23 to further improve the effectiveness of the service.

Legal Context and Purpose of Service

- 1.3 The Independent Review Officers Service is set within the framework of the [IRO Handbook \(Department for Children, Schools and Families, 2010\)](#) and reflects statutory regulation, the [Care Planning Regulations and Guidance which were introduced in April 2010](#).
- 1.4 Independent Reviewing Officers (IROs) have a critical and statutory role in relation to the improvement of care planning for looked after children. The responsibility of the IRO is to have an overview of the child's care planning arrangements and of the child's wellbeing in placement. IROs achieve this primarily through chairing multi-agency reviews of children's care plans and will have a strong focus on plans for children's futures, as well as oversight of the child's health and education. The IRO must offer constructive and targeted scrutiny and challenge regarding case management and care planning through regular review and monitoring and follow up between children's reviews as appropriate to the child's needs and circumstances.

Functions & Duties of the IRO Service

- 1.5 The primary task of the IRO 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.⁵ The IRO Service must have strong oversight of all care planning for children and young people throughout their time experiencing care services, notably at the key transition points where children and young people are entering and leaving care. This is in order to ensure that children and young people's needs are well identified and defined, and that the planning of service delivery is proportionate, impactful and effective in a positive way, and without delay.

⁵ [IRO Handbook, 2.10](#)

1.6 To achieve the above, the IRO Service is expected to:

- Ensure that **the care plan is based on a detailed and up-to-date assessment of the child's needs**, and sets out realistic and effective actions to meet those needs, within an appropriate timescale for the child;
- **Identify any gaps** in the assessment process or provision of services, and notify the corporate parent about the implications of this for the child;
- Ensure that the **child's voice is heard**, their views, wishes and feelings are given full consideration and weight and, as appropriate, the child fully understands their care plan and the implications of any proposed changes to it;
- Ensure that the **child understands how an advocate could help** and that a referral to an advocate is made if necessary;
- **Consult** with and involve the child's parents, as well as other significant adults in the **family and professional networks**;
- Ensure any **safeguarding issues are identified** and addressed;
- **Challenge robustly any drift or delay** in the progress of the child's care plan, or the delivery of services to them;
- Ensure that **formal statutory reviews are held and recorded** within timescales set out by statutory guidance;
- **Monitor the local authority's actions** in between the review meetings, to make sure that progress is being made to achieve the outcomes for the child as set-out in their care plan, and to act on any concerns about drift or delay;
- **Take appropriate action** if the local authority fails to comply with regulations, or is in breach of its duties to the child in any material way, including making a referral to Children and Family Court Advisory Support Service (CAFCASS).

Service Overview



Fig 1

- 1.7 Figure 1 above shows the IRO Service within the wider service structure for Quality Assurance and Practice Improvement. The Service Manager for Quality Assurance (Care) is responsible for the direct line management of the IRO Service provided by IROs and also has management responsibility for the provision of advocacy and children and young people's participation (for those receiving children who are looked after by the local authority).
- 1.8 The Service benefits from close links to Permanency and Care Services (0-15) and 16 plus Service, Safeguarding and Family Support Service, the Virtual School and Head and other services within Quality Assurance and auditing services. There is also collaborative work with the Extra Familial Harm Service and with the QA Safeguarding Service (Child Protection Conferencing). This is to ensure that there is continued IRO oversight at the point that this is required for children and young people's experiences of services provided to them.
- 1.9 Administrative support is provided by a fulltime administrative officer managed by the Quality Assurance Unit (QAU) Administration Manager. IROs are responsible with social workers for arranging looked after review meetings, and also for recording all review meetings. There is administrative capacity for the distribution of care plans and IRO reports to the professional network. Social workers are tasked with sending out consultation documents and sharing plans and IRO reports with children and parents.

- 1.10 The Southwark IRO Service is staffed by permanent and locum staff (5.5 x permanent and 1 x locum). The Service will at times make use of sessional staff and additional capacity via the AidHour Service and freelance IROs whenever there is a need to ensure capacity to function within statutory regulation. For example, when there is an increase in numbers of unaccompanied asylum seeking children requiring a service from the local authority.
- 1.11 The IRO Service (despite use of agency and sessional IROs) has been largely stable over the past 12 months to April 2022. A permanent Service Manager was appointed in September 2021. The new Service Manager had been employed by Southwark within Care and Permanency Services for some years and therefore, is very familiar with our looked after population. The Service Manager has been focussing on recruitment of permanent IROs to enable the service to cease using agency staff.
- 1.12 Approximately 73% of children receiving care services are allocated to the full time IROs and approximately 27% are allocated to those who are sessional IROs. There was an increased use of sessional IROs over 2021/22 due to growing numbers of unaccompanied asylum seeking children entering the care of Southwark, and to afford the Service the flexibility it requires. This ensures immediate IRO oversight for this particularly vulnerable and often traumatised group of children and young people. However, in 2022/23 we will be seeking to reduce the use of sessional staff as 3 more permanent staff have been recruited.
- 1.13 IROs who are male, and of Black or Black British ethnicity continue to be unrepresented in the profile of our IRO service, although there are 3 IROs who are female, and of Black/Black British ethnicity. Habitually and in line with expectations, the IROs consider and promote the specific cultural and identity needs of children and young people through the review of their care plans.
- 1.15 All IROs have at least five years post-qualifying experience as a social worker and are registered with Social Work England. IROs have previously held managerial roles in other services and have had experience of oversight within safeguarding services as well as services to looked after children.
- 1.16 Some of Southwark's IROs have known children on their caseloads for almost the whole of their life (children now in their early teens who came into care as very young children, e.g. under 6mths old). Often, IROs are the consistent professionals in children's lives and as such, hold a wealth of knowledge about them.

Email to IRO from a Supervising Social Worker

Your input into care planning and **delivery** for L has been enormously appreciated. It really demonstrated the value of an effective IRO in holding the team to account and moving things forward so that L's needs were met.'

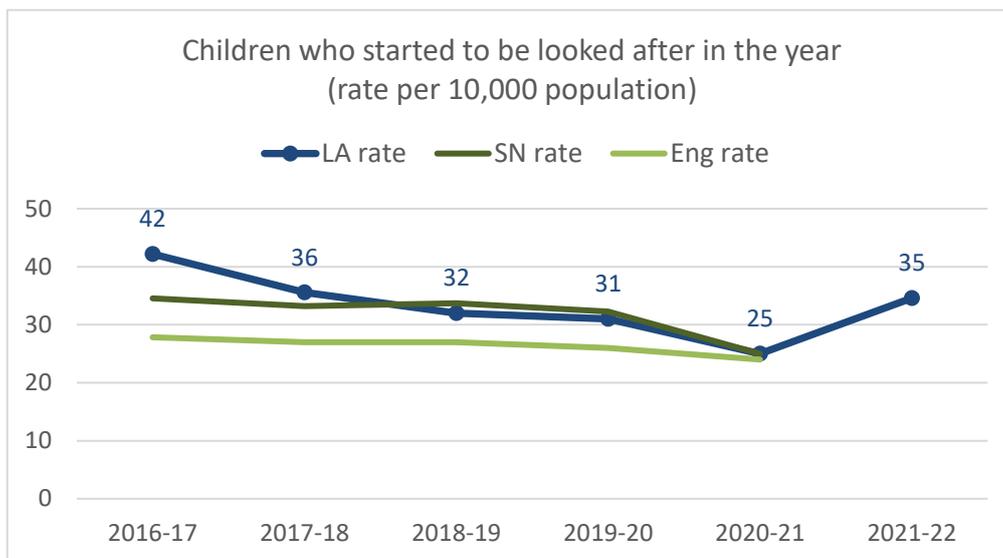
Caseloads

- 1.17 IRO caseloads in Southwark are within those limits recommended in guidance (see 7.13 to 7.15 of the IRO Handbook). The recommended average caseload is between 50 and 70 looked after children. The average caseload an IRO holds in Southwark is approximately 52 to 56 children. Full time and permanent IROs can hold up to 60 cases. The highest currently is 60. The workload for an IRO may also be considered in relation to time taken to travel to placements as well as the complexity of issues for each child. Children and families whose origins are in other countries may need additional time in the care planning and review process to properly explore their cultural needs, as well as additional time for interpretation.
- 1.18 IROs have now mostly moved back to holding in person reviews however, some children and young people prefer virtual methods of interaction. If a review takes place virtually there is an expectation that the IRO will visit the child or young person where they live either before or after the review. All children and young people should be visited by their IRO a minimum of twice per year.

Multi-agency Liaison & Quality Assurance

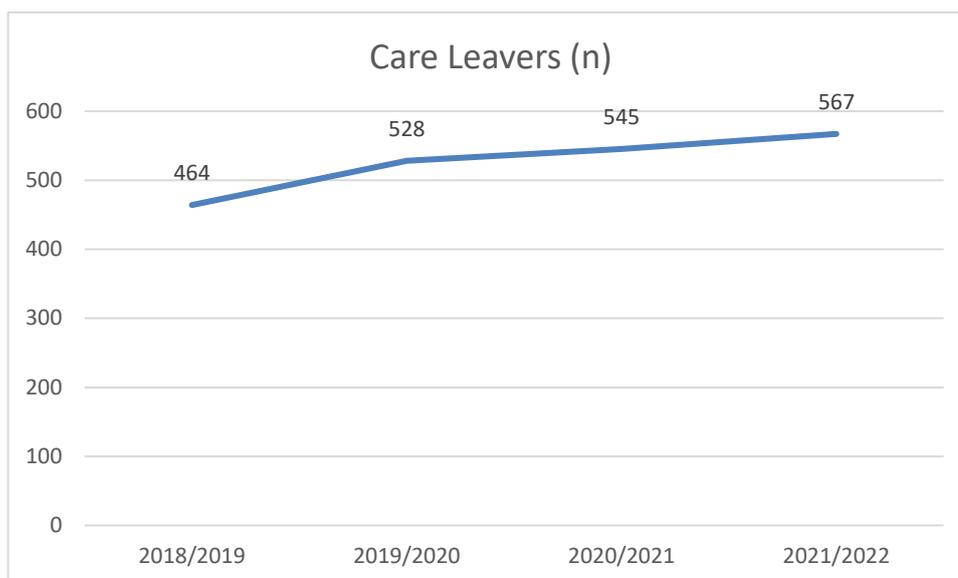
- 1.19 A permanent Assistant Director for Quality Assurance and Practice Improvement has been appointed and commenced their role in July 2022. They directly line manage the Service Manager for the IRO Service.
- 1.20 The Head of Southwark's Virtual School regularly attends IRO team meetings to discuss educational provision, personal education plans (PEPs) for children and how these are monitored through review and to highlight key areas for IRO attention such as achievement at KS5. Health Leads such as the Nurse for children in care also routinely attend IRO team meetings to ensure health outcomes for children in care are actively monitored. The Service Manager also attends a weekly multi-agency meeting which focusses on the timeliness of PEPs, Initial Health Assessments and Review Health Assessments.
- 1.21 CAF/CASS liaison has improved and there are quarterly meetings with the Service Manager and CAF/CASS. IROs remain in close contact with Guardians and have electronic access to legal bundles to ensure oversight of children's cases where these are in proceedings.
- 1.22 The IRO Service Manager attends the Extra Familial Harm Panel, Complex Needs Panel and the Access to Resources Panel for children entering the care of Southwark Council.
- 1.23 IROs regularly participate in monthly and thematic case audit and the Service Manager attends monthly performance meetings for the All Age Disability, Care and Permanency and 16+ Service

2. Profile of Southwark's Children & Young People



Graph1
Source: SSDA903

- 2.1 The graph above relates to the rates of children starting to be looked after and compares Southwark's rate of children entering care with our statistical neighbours and the national rate. Southwark's rate has increased over 2021/22 and this upturn is as a result of an influx of unaccompanied asylum seeking children.
- 2.2 For IROs, manageable caseloads (as previously evidenced at 1.17) enable improved oversight, allowing time for midway reviews and attendance at other key meetings for children (such as Permanency & Placement Planning Meetings, Stability Meetings and Professionals Meetings). This then means a greater focus on collaborative working across Southwark's services and with other agencies (schools, primary, community and acute health care, CAMHs etc.)



Graph 2
Source: SSDA903

2.3 The graph above (Graph 2) shows the numbers of children leaving care by year (2019 to year end 2022). Each year the numbers of young people leaving care has increased, with a 22% increase across the four years shown above (n= 103). IROs have oversight of pathway planning for young people as they approach leaving care age and liaise closely with the 16+ Services. The 16+ Service is in touch with approximately 97% of care leavers aged between 19 and 21 years. Audit work has demonstrated that staying in touch and forming trusted relationships for Care Leavers is a particular strength.

No. & Rate of Children Looked After (CLA)	SNs 2019/20	Southwark 2019/20	Southwark 2020/21	Southwark 2021/22
CLA as at 31 st March (n)	361	458	449	457
CLA as at 31 st March per 10,000	61	70	69	69
CLA starting to 31 st March (n)	179	204	166	228
CLA ceasing to 31 st March (n)	177	222	167	214

Table 1
Source: SSDA903

2.4 The table above (Table 1) shows children in care as at the 31st of March by number and rate as well as the numbers starting and ceasing to be looked after in the year. The table below (Table 2) shows the proportions of children in care by ethnicity.

- 2.5 As noted in the summary, children who are of Black or Black British are over represented amongst our children in care (41% for 2021/22). There are no published mid-year population estimates by ethnicity and age for London boroughs. The published comparative data (for whole population) comes from the Office of National Statistics (ONS) estimates for 2019. This shows that for all under 19 year olds in Southwark's population, 40.1% and 13.1% of children and young people were of Black and Mixed ethnicity respectively. Southwark's looked after children population was 41% and 19% respectively by comparison.
- 2.6 The proportion children and young people looked after by Southwark who are Black or Black British ethnicity is almost equal to the proportions of children of White and Mixed ethnicities combined.
- 2.7 The proportion of children who are of White or Asian ethnicity who are looked after by Southwark is lower than both our statistical neighbours and the inner London averages.

2.8

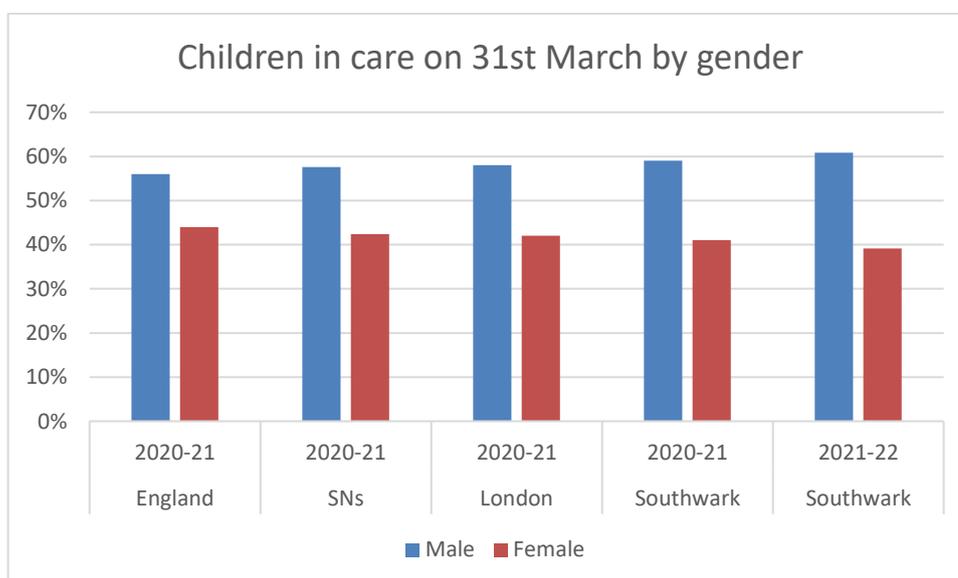
Children by Ethnicity %	England 2019/20	SNs 2019/20	Inner London 2019/20	Southwark 2019/20	Southwark 2020/21	Southwark 2021/22
White	74	33	35	25	26	23
Mixed	10	18	17	17	20	19
Asian or Asian British	4	9	10	5	5	7
Black or Black British	7	37	30	48	45	41
Other ethnic groups	4	6	7	5	4	9

Table 2
Source: SSDA903

Southwark School Census Data (%)				
White	Mixed	Asian	Black	Other
31	13	6	41	9

- 2.9 This is significant for the IRO Service. The professional development, and the profile of the IRO Service, should keep pace with the needs and profile of our children and young people. IROs must be well informed of children's cultural needs and monitoring activities and children's reviews must reflect their needs around health, skin and hair care as well as dietary and identity needs.
- 2.10 Through Southwark Stands Together (SST), the Council has made a commitment to ensuring that Southwark's staffing profile at senior levels is reflective of the local population, and to promote equality and diversity at all levels. Similarly, a commitment is made to make our IRO Service reflective of children and young people's ethnicity, and knowledgeable and responsive to their cultural and emotional needs. Achieving and maintaining a sense of security in care may be more difficult for children and young people of Black, minority ethnic and multiple heritage backgrounds, and for unaccompanied asylum seekers. These children and young people may face racism, discrimination and isolation which can challenge their ability to develop resilience and high self-esteem.

- 2.11 A bespoke and mandatory training programme has been developed and commenced in September 2022 for all social work staff, inclusive of IROs which covers racism, anti-discriminatory practice, black history and reducing inequalities. Southwark also run a mandatory inverse mentoring scheme where white senior managers are matched with a black, Asian or ethnic minority member of staff as their mentor.
- 2.12 There is continued developmental work on Life Long Links and ReConnect programmes to safely support children in care to establish meaningful links with people who are important to them and offer them insight into their history, culture and identity.⁶
- 2.13 The graph below (Graph 3) shows the gender of children and young people which remains comparable to statistical neighbours, inner London. As with our statistical neighbours, more male children than female receive care services.



Graph 3
Source: SSSA903

- 2.14 Southwark’s looked after children are proportionately older than our statistical neighbours and the inner London averages. The highest proportion are aged between 10 to 15 years (43% at end of 2021/22). The proportion of children who are aged under 10 years old is more or less comparable to both our statistical neighbours and the inner London averages.
- 2.15 Strong IRO oversight of care plans for very young children coming into care is crucial if the plan is to return children home where this is assessed as a realistic possibility. Many of our young children’s parents and carers are affected by issues such as domestic abuse and violence, substance and alcohol use, and or mental health issues. Often, these issues are not resolved for children and

⁶ Lifelong Links aims to ensure that children in care have positive support networks around them to help them during their time in care and into adulthood.

they remain in care, therefore, securing permanency early on at the initial and second reviews for these children becomes critical.

- 2.16 Permanency for children can be achieved in a number of ways. Children can be matched for adoption or matched for long term foster care. Children can also be placed with someone who is connected or related to the child or children (Connected Carers).

Children by age %	England 2019/20	SNs 2019/20	Inner London 2019/20	Southwark 2019/20	Southwark 2020/21	Southwark 2021/22
Under 1	5	4	4	4	4	2
1 to 4	14	9	9	6	9	6
5 to 9	18	12	12	13	11	10
10 to 15	39	38	38	45	44	43
16 and over	24	36	37	32	32	39

Table 3
Source: SSDA903

3. Outcomes & Performance

Stability of Care

- 3.1 IROs have a significant role in supporting children to remain in placement and in ensuring that they are in the right type of placement to meet their needs (stability of care). Stability of children’s placements has improved over the last year with fewer children experiencing three or more placement moves (a decrease of 1.5% compared with the previous year, and now comparable with other boroughs) and more children remaining in the same placement for longer (see Table 4 below).
- 3.2 Where children were living (by placement type) as at the end of year 2022 is shown in the table below (Table 4). Some comparative information on placement type is unavailable, for example, permanent foster placement information. Southwark has a higher proportion of children in foster care than our statistical neighbours and inner London averages, and a good proportion of placements for children are with permanent foster carers. It is deemed preferable for children to be placed with families rather than in a residential setting. However, for some children and young people, a residential setting may be more conducive to their needs.
- 3.3 Audit work completed with the Care and Permanency Service has shown that children in long term stable placements with committed carers do very well at school and socially. This was also the case for another young person in a very effective residential placement.
- 3.4 During the focused visit by HM Inspector (Ofsted) in September 2020, sufficiency of placements for older children with complex and high needs was highlighted as an area for improvement. Southwark has joined the [Commissioning Alliance](#) to support work on sufficiency of placements and

developing capacity within and in the proximity of the Borough is a high priority. Placement sufficiency remains a national issue.

Children by Placement Type	England	SNs	London	Southwark	Southwark
	2020-21	2020-21	2020-21	2020-21	2021-22
Foster placements	71%	75%	71%		76%
Concurrent planning foster placements	-	-	-	-	1%
Foster placements with relative(s) or friends(s)	-	-	-	-	20%
Foster placements confirmed as permanent (long term)	-	-	-	-	42%
Placed for adoption	3%	2%	2%	1%	1%
Placement with parents	7%	4%	3%	2%	1%
Other placement in the community	2%	2%	2%	-	0%
Children's homes, secure units and hostels	14%	16%	20%		18%
Other residential settings	1%	2%	2%	2%	2%
Residential schools	-	0%	-	-	0%
Other placements	1%	0%	-	-	0%

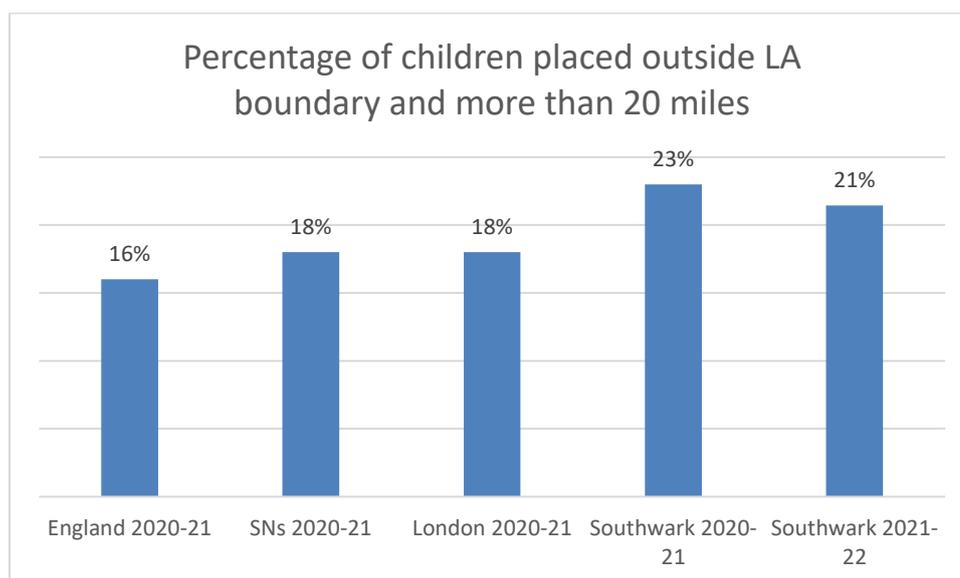
Table 4 Source: SSDA903

Stability of Care	SNs 2020/21	Inner London 2020/21	Southwark 2020/21	Southwark 2020/22
% of children with 3+ placements	9%	9%	10%	8.5%
% of children in care for 2.5 years in placement for 2 years +	70%	72%	71%	76.4%

Table 5 Source: SSDA903

3.5 Wherever possible, children and young people should be placed to live close to their families for obvious reasons. The graph below (Graph 7) shows the proportion of children in care at the end of the year placed more than 20 miles from their home. For Southwark’s children and young people, this is above both the England, inner London and statistical neighbours’ average, although it has reduced by 2% in 2021/22. This can also impact on IROs’ time to perform other key duties and tasks if they have to travel extensively to where children are living to conduct reviews.

3.7 To monitor this and to support children and young people better, the IRO Service will be looking at ways to identify earlier where placements are becoming unstable and to improve how this information is collated to provide improved quality assurance of all children’s placements.



Graph 7
Source: SSDA903

3.8 As stated, IROs have a statutory role in seeking to improve outcomes for children in Southwark’s care. This includes ensuring that children have an initial health assessment in good time, and that they then have an up to date annual

health assessment and developmental checks, and that their mental health and wellbeing is monitored and addressed.

- 3.9 Whilst the majority of children and young people have an up to date annual health assessment (95% as at the end of year 2022), the timeliness of initial health assessments requires improvement. There is a weekly meeting to address this which is chaired by the Assistant Director and the timeliness of initial health assessments is increasing.
- 3.10 Children's access to timely dental checks has been and remains an area significantly impacted by the pandemic and had dropped significantly in 2021 to 30%. This outcome is improving and children are now accessing dental services more readily with performance for 2022 at 57%. The vast majority of children in care have a contemporary SDQ score (81%), but these indicators of emotional and behavioural health need should be consistently evident in children's care plans. However, there is embedded clinical capacity (for children's mental health needs) available to Southwark's children as well as a Virtual Mental Health Lead exclusive to children and young people in care.
- 3.11 Audits continue to show that IROs are addressing health assessments in reviews to inform review recommendations. SDQ results need to be used better to inform care plans and reviews. Audits indicate that SDQs are completed, but social workers and IROs must relate the findings more explicitly to the child's care plan.

Outcomes for Children Looked After	England 2020-21	SNs 2020-21	London 2020-21	Southwark 2020-21	Southwark 2021-22
Number of children whose immunisations were up to date	86%	69%	75%	86%	82%
Number of children who had their teeth checked by a dentist	40%	36%	38%	30%	57%
Number of children who had their annual health assessment	91%	92%	94%	97%	95%
Children looked after for at least 12 months aged 4 to 16 with an SDQ score	80%	84%	85%	94%	81%
Average score per child	14%	12%	12%	14%	13%

Table 8
Source: SSDA903

Educational Achievement & Attainment

3.12 The IRO Service is instrumental in supporting and improving the completion and quality of Personal Education Plans for children and young people, and in monitoring and tracking attainment and achievement outcomes. A PEP should be started within 10 days of a child becoming looked after and their plan must be in place by their first review. PEP documents include:

- Strengths and achievements
- Views of the student
- SMART academic targets
- Current and target attainment data

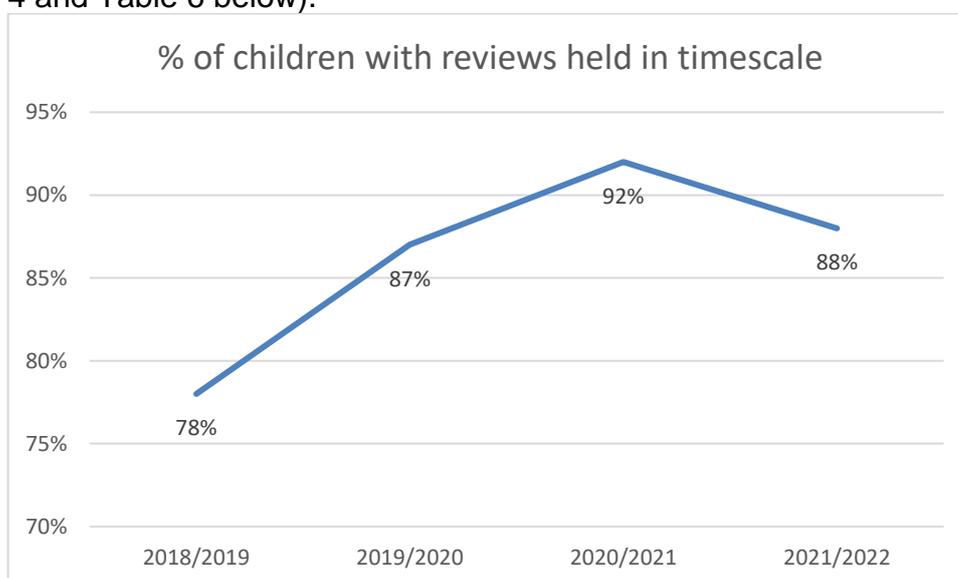
3.13 The Virtual Head reported that 42% of Southwark's 2021 GCSE cohort achieved a Grade 1-9 in English and Maths. 19% of our looked after children achieved a 9-4 pass in English and Maths in 2021. Due to the pandemic there were no formal exams. Instead, teacher assessed grades were given so comparisons could not be made regarding the previous year or national statistics.

Children & Young People's Reviews

- 3.14 A child's initial review should be conducted within 20 working days of the child becoming looked after; and the second review should be conducted within three months of the initial review of the child's care plan. Subsequent reviews should be held not more than six months after this. A review should be held in a venue which is comfortable for the child or young person, usually where the child or young person is living. IROs are now seeing children and young people where they live either before the review, as part of the review, or afterwards, depending on the wishes of the child or young person.

The Care Plan and IRO minutes were reviewed in 2022 and following a consultation with children, young people and social work staff the Care Plans are now being written in the first person and co-produced with children and young people. The IROs are writing their minutes as a letter to the child or young person. Initial feedback from social workers, IROs and children and young people has highlighted how much more meaningful this style of co-production and writing is and that it can be used as a piece of life story work now or in the future.

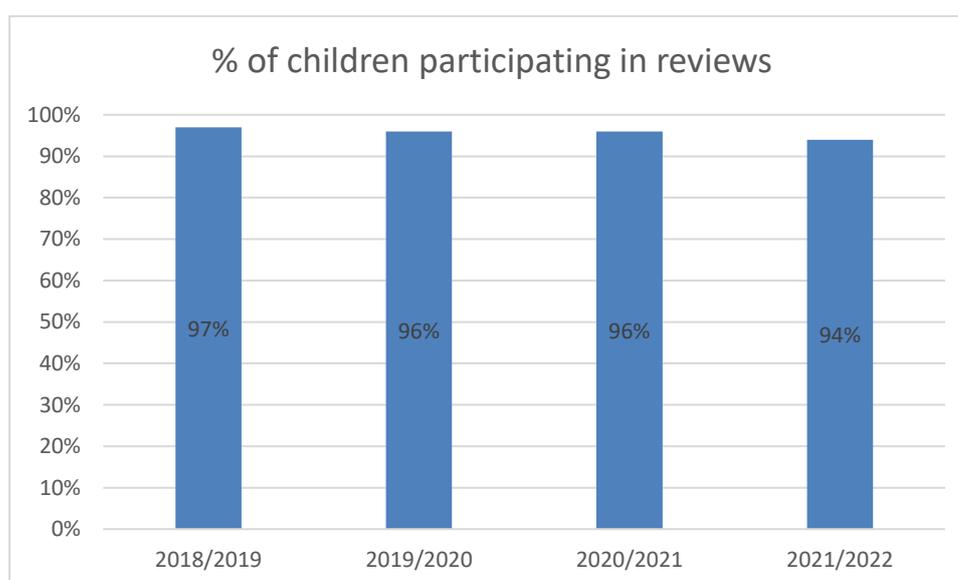
- 3.15 The timeliness of children's reviews has decreased slightly. The proportion of reviews held in timescale was 88% at the end of the year (2021/22) (see Graph 4 and Table 6 below).



Graph 4
Source: SSDA903

Reviews for Children Looked After	2018/19	2019/20	2020/21	2021/22
No. of children looked after for 20+ working days at 31st March	437	441	444	439
(of the above) No. of children with reviews held in timescale	343	385	407	394
% of children with reviews held in timescale	78	87	92	88
Total no. of reviews held in the year for all children & young people	1267	1278	1264	1222

Table 6
Source: SSDA903



Graph 5
Source: SSDA903

Children & Young People's Views

3.16 The above graph shows the proportion of children and young people looked after (at the end of year) aged 4 years and above who had participated in their review in some way. There is no published comparative information available for participation. Various methodology is used to encourage children's participation, notably if they do not wish to physically attend their review. Children and young people often meet with their named IRO face to face before their review to give their views. They can also use texting, emailing and online methods to share their views about where they live, their education, their social life and their health care. There are plans to develop an 'App' and website for children and young people and this will be an additional medium where they can share their views.

3.17 Family time with birth families and carers remains a high priority for children and the frequency with which they can see their parents and or their siblings.

- 3.18 IROs will consult with children and young people before, during and after their reviews to hear their views, wishes and feelings and to monitor their needs whilst in care. The Service has moved from recording consultations on paper to an electronic format which is overseen administratively by the Quality Assurance Service and with greater involvement from the Children's Rights Officer. How we gather and report upon what children and young people are saying about the services they receive and the quality of their care is an area for greater focus in 2022/23.

4. Children and Young People's Views

Bright Spots Survey

- 4.1 The Bright Spots Survey was conducted with children and young people in care from January to April 2020. Children and young people gave their views on a series of wellbeing indicators. The IRO Service, including the Children's Rights Officer, was very actively involved in the planning and implementation of the this survey.
- 4.2 A substantial proportion of children who participated in the survey aged 11 to 18 years indicated that they did not speak regularly to the adults that they live with (40%). In response, the IRO Service has offered to hold focus groups with Carers to understand what further help and support can be offered to ensure children and young people feel confident and able to talk regularly with the adults with whom they live about their wishes and feelings.
- 4.3 The vast majority of those who participated stated that they liked their living accommodation and their bedrooms (95%). As stated previously, a good number of children (1 in 5 surveyed) stated that they were unhappy with contact arrangements with their parents. The obvious restrictions in place during the pandemic has impacted children and young people's level of contact with birth families. To address this, IROs are placing greater focus on improving contact arrangements during reviews and ensuring appropriate referral to ReConnect.
- 4.4 Ninety one percent of children and young people participating in the survey felt that they had a good understanding of why they were in care, but a significant proportion of under 5s didn't have such an understanding. IROs are focusing on explaining to very young children as they enter care why these arrangements are in place for them. A stronger focus on life story work will support very young children in achieving an understanding.
- 4.5 Eleven percent of 11-18 year olds were identified as having low well-being. Most of were young people aged over 16. They also had in common:
- No adult in their life they could trust
 - Didn't like how they looked
 - Felt they were not given opportunities to be trusted
 - Didn't get to spend time outdoors

- 4.6 The above relates to the issue previously noted of improved use of SDQ information in care planning to assist with directing services to young people through the Clinical Care Service.
- 4.7 Support provided by the Children's Rights Officer has also highlighted that throughout the pandemic the mental health and the general wellbeing of young people remained a concern due to limited contact or poor relationships with family and friends and professionals.

A further Brightspots survey will be commissioned to take place in 2022/23.

Children's Rights Officer & Speakerbox

- 4.8 Speakerbox⁷, our Children in Care Council is chaired by designated young people supported by the Children's Rights Officer (CRO) and is divided into Speakerbox Junior and Speakerbox Senior. It continues to shape practice and influence decision making, and has developed effective conversations with the Corporate Parenting Committee. Workshop sessions with senior managers, focussing on specific topics, such as housing for young people leaving care, have been powerful and effective ways to communicate and to influence plans and services for young people. Children, young people and parents are actively involved in the recruitment of social workers and managers of all levels, there is an expectation that all recruitment will include a panel of young people and parents. Panel chairs and members frequently feedback how much children and young people bring to the process and how insightful they are. Children and young people have also been involved in developing and delivering training packages for staff and there have been focus group with children and young people to inform changes to statutory forms and processes.
- 4.9 Speakerbox have been planning activities and events throughout 2021/22 to take place each holiday period to provide new opportunities and experiences for children in care and care leavers. These activities have included a project on identity for different age groups, a film making project, well-being and pampering sessions, a sports mentoring programme, a young parents group to build connections and confidence using children's centres and trips to Thorpe Park and Legoland.
- 4.10 The virtual school are collaborating with Speakerbox in 2022/23 and providing financial support to fund activities to inspire children and young people.

⁷ SpeakerBox is a forum for Southwark children and young people in care and care leavers up to the age of 25.

Advocacy and Independent Visitors

- 4.11 IROs are proactive in making referrals and encourage children and young people to make referrals for an advocate if they feel they are not being heard or specific issues are not resolved in a timely or satisfactory way. Social workers and Personal Advisors are also proactive with making referrals or promoting advocacy for children and young people.
- 4.12 Southwark commissions Coram Voice to provide advocacy and Independent Visiting services to children and young. In respect of advocacy, in 2021/22, Coram Voice provided advocacy to 135 children and young people. This is an increase by 15 from the previous year.
- 4.13 Coram received 103 new referrals and completed 98 closures (ceasing advocacy). In addition, 8 children and young people were provided with advocacy funded by Coram Voice Outreach and Always Heard.
- 4.14 The advocacy service is designed to be as accessible as possible, via a freephone helpline, text and website, outreach, referrals from professionals and carers, and promoted with age specific and translated promotional materials. All Southwark young people have access to telephone interpretation where English is not their first language. ⁸
- 4.15 The total number of cases has risen but the hours provided to children has dropped over the 2021/22 period (total number of cases = 131 vs 150, total number of hours =1677.6 vs 1647.91).
- 4.16 A high proportion of children who have a disability accessed advocacy services in 2021/22. Sixty-five children or young people used the service throughout the period who identified as having a disability, which equates to 48.1% of the young people worked with.
- 4.17 Access to advocacy services seems not to be reflective of children and young people in care's ages or ethnicity (see profile at Section 2). Advocacy is more likely to be accessed by those who are much older (16 to 21 years of age) and who are either of Black or Black British African, Black or Black British Caribbean or White ethnicity. It could be argued that it is always desirable that children and young people with a disability are over represented in this cohort, which they currently are.

⁸ Coram Voice Annual Report into the provision of Advocacy Services to Southwark 1st April 2021 – 31st March 2022

4.18 The predominant issues raised via advocacy are shown below.

ISSUE	No.
Housing	74
Finance, benefits and debt	51
Concerns about social worker/Personal Advisor	45
Request to move placement	43
Complaint	42
Support at meetings	37
Pathway Planning	34
Education, training and employment	33
Legal	24
Homelessness	33

4.20 Children and young people were concerned about getting the right support at the right time with educational and housing needs, and about the level of finances received as well as support to manage these. IROs bring these issues raised via advocacy to bear during children's reviews and via monitoring and oversight of cases.

4.21 More active monitoring of the work done by Coram is taking place, and the Service Manager for the IRO Service and Children's Rights Officer has established regular meetings with Coram and the wider Social Work Services (All Age Disability, Care and 16+) to track children through the process to speedy resolution of issues where practicable.

In respect of Independent Visitors, Coram Voice provided 33 children and young people with an independent visiting service with 250 recorded visits between young people and their independent visitors across the year. There were a broad range of different age groups accessing the independent visiting service with 14 children aged under 13 years (42%) and 19 children aged 14-19 years (58%). 42% of the young people matched a reported to have a disability, have an Education and Health Care Plan (EHCP) or have mental health needs.

Feedback from young people about Independent Visitors

'S is an independent person I can always talk to – it's always easy to get hold of her. She's always there. I think of her as a friend and not another service.'

'What's been positive is that I've been able to do stuff that I wouldn't have done otherwise, especially going to new places that I wouldn't have seen without my IV.'

5. Monitoring & Escalation

- 5.1 As stated, IROs have a statutory responsibility to raise concerns about the arrangements or services being provided for and to children and young people, and ensure that Southwark Council addresses issues raised in a prompt manner to prevent delay in service provision or decision making affecting children's care.
- 5.2 It is usual that issues raised for children can be resolved at an early stage by talking to or meeting with the social worker or Team Manager directly. IROs will seek to resolve issues informally, and this is evidenced by data which shows that from 1st April 2021 to 30th March 2022 there were 677 case alerts (on Mosaic) by IROs resulting in resolution at an earlier stage necessitating far fewer higher level escalations. The main focus is improving services for children and pursuing any alerts through to resolution.
- 5.3 IROs may not always pursue escalations assertively enough if they perceive that services are under pressure. However, IROs need to maintain their independence as befits their statutory function.
- 5.4 The IRO Service has mechanisms in place to scrutinise the practice of IROs and make sure that the focus remains entirely on the needs of the child. Managerial oversight of midway reviews and escalations are the checks and balances in place to monitor IROs' effectiveness in responding to concerns and achieving improved outcomes for children.
- 5.5 The table below (Table 7) shows escalations made to year end 2021/22 by type of issue raised by the IRO Service. As can be seen, the predominant issues centre on the quality of care planning and care plan delays as well as health and education. **Please note that numbers will not tally as IROs will select multiple choices from Mosaic when recording alerts and escalations.**

Issue raised	Issues number
LAC Inadequate care plan	14
LAC Drift in implementing plan	17
LAC Safeguarding concerns	3
LAC Social work provision concerns	8
LAC Placement concerns	10
LAC Education concerns	15
LAC Health concerns	15
LAC 18+ planning concerns	2
LAC Incomplete review decisions	12
LAC Other	10

Table 7
Source: Mosaic

- 5.6 From April 1st 2021 to March 31st 2022 IROs have made 61 formal escalations to managers. Two escalations (4%) were escalated to stage 2 to Head of Service to be resolved, with none escalated to Stage 3 (Assistant Director). No issues were referred to CAFCASS, although as stated, IROs work in close liaison with Guardians for independent oversight of care planning.
- 5.7 Monitoring, alerts and escalation is an area which requires ongoing review to ensure the IRO Service is as effective as possible in the interests of children. Evidence of the IRO 'footprint' is becoming more evident, and this work will continue through 2022/23 to improve how well children's views, wants, needs and wishes are monitored and promoted.

6. Developmental Work for 2022/23

- 6.1 Work is ongoing continually to improve the effectiveness and quality of the work done by IROs and the wider Service. A Service Plan was developed at the start of 2021/22 to guide this work and is currently under review to ensure it is driven by performance information, audit outcomes and any learning gained via case review.
- 6.2 We will be seeking to ensure that the Service meets the Practice Standards for Children & Families that was launched in 2021, ensuring that further developmental work is done to achieve this. The following priorities have been identified for 2022/23;
- Working across all services, improvements to the timeliness of allocation of a named IRO to every child entering the care of Southwark Council
 - Increasing the timeliness of children's looked after reviews
 - More face to face time between IROs and children and young people where they live and in the community

- Training provided to the social work teams by the Quality Assurance Unit and young people, to ensure Care Plans are co-produced with children and young people and written in the first person
- Continued improvement in making reviews child centred (writing letters directly to children following reviews about decisions made that affect them) and increasing participation in reviews.
- Collating and reporting on issues and themes arising from consultation with children and young people before and during their reviews and ensuring these are evident on children's case files
- Training to be rolled out in 2022/23 for parent advocates who are supporting parents at Child Protection Conferences to extend this offer to parents attending LAC reviews to increase parental participation
- Greater contact and collaboration with Speakerbox and proactively responding to children and young people about their wants and needs and how to promote meaningful young person centred reviews (young people chairing their own review, for example)
- Speakerbox reaching a wider group of children and young people, particularly those with additional needs or a disability, living out of borough, in custodial settings and unaccompanied asylum seeking children
- Responding to learning from audit and case review and reflecting this in service provision
- Ensuring advocacy access is reflective of children and young people's profile and ensuring themes are used to inform and improve service delivery
- Improving monitoring and escalation processes in the interests of children and young people's care planning and evidencing the IRO's 'footprint'