******IRO Quality Assurance Guidance**

**Name of Senior Manager Approving: Hayley Bodiam**

**Date of Issue: June 2023**

**Date to be Reviewed: June 2024**

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|  |  | **Version History** |
| **Version** | **Date** | **Notes** |
| V1 | 05.06.23 |  |

# **IRO Quality Assurance Liberi Form**

# **Guidance April 2023**

# Introduction

The IRO QA process take place following a looked after child review meeting and is designed to support care planning for looked after children, consider how children’s individually assessed needs are being met, and support progression of their care planning by those tasked to support them as corporate parents. As part of the quality assurance function fulfilled by IRO’s, they will form a view about the quality of the work being undertaken, progress of the Care Plan and the effectiveness of the plan to meet the child’s assessed needs.

The sections of Care Planning, Placement Stability, Supporting Transitions and Safeguarding all require an evaluative judgementof Inadequate, Requires Improvement, Good, or Outstanding (see grade descriptors within the guidance below). The evaluative judgement considers the overall intervention and in some instances therefore will not reflect the current social worker’s practice. In ‘comments’ ensure you provide a rationale for the judgement which comments on the area of practice, focussing on the impact and outcome for the child/young person and offer guidance and reflection to the Social Worker and Team Manager on the work needed to develop practice. If a section is graded Inadequate, the escalation process should be followed.

## Participation

### **Page 1 IRO Quality Assurance**

**Did the child/young person chair or part chair the meeting?**

Yes / Partly / No / NA

**Did the child/young person attend?**

Yes / No / NA

**Please rate the participation of the child/Young person**

Did not participate / partly participated / fully participated

**Consider;**

* Did the child/young person have a sense of ownership, involvement, and self-efficacy in the care planning process. Was the YP enabled to have some control?
* How was the child/young person’s voice heard?
* Was chairing/part chairing discussed/offered and supported?
* Did the social work statutory visit discuss the forthcoming looked after review, location, and attendance? Was the Consultation Form completed?
* Are the child/young person views gathered and clearly recorded on file?
* Is the child/young person seen (and seen alone where appropriate)
* Is the child/young person’s lived experience recorded on file?

## Care Planning

**Please rate the quality of the care plan presented to the CIC review by the social worker**

Inadequate / Requires Improvement / Good / Outstanding

**Consider;**

* Does the child’s care plan/pathway plan comprehensively address their individual needs including the need for timely permanence?
* Is a pre meeting report available and does it inform the review?
* Do children understand what is happening to them?
* Are appropriate/involved agencies contributing to the care plan?
* Are plans regularly reviewed and updated in line with current guidance?
* Do purposeful visiting forms assess the suitability of children’s living arrangements?
* Is placement stability included and contingency plans?
* Was a C&F completed when the child came into care?

**Good:** To achieve good, all the areas identified below have been completed and are of good quality. Care planning is timely and effective, based on individual assessment of need and analysis. It includes partnership working and plans which are reviewed with those in the child’s network in a timely manner, with clear actions and outcomes. Plans are SMART and convey the wishes and views of the child. Permanency is considered and included in the child’s Care Plan.

• A C&F assessment has been completed when the child initially came into care

• The care plan fully reflects the child’s current needs and the actions set out in the plan are relevant, viable, timely and achievable.

• The Pre-Meeting report provides an updated detailed assessment of the child’s current situation with contingency plans which are specific to the child/ YP; the pre meeting report informs the care plan.

• If required there has been a timely Placement with Parents Assessment / sibling assessment completed.

• A Pathway Plan has been completed in preparation for YP’s 16th birthday and completed alongside the YP (if time in care allows that). YP has been given their 16+ pack. The YP is supported to complete the ‘All About Me’ booklet by their social worker

• Permanency Planning Meetings (PPMs) are being held to track the plan for permanency.

• The PPMs are held, timely & recorded and the plan is reviewed.

• Education plans are in place and effective: EHCP annual review and PEPs have taken place. The child has been involved in their PEP/ EHC plan and their views are evident.

• Health assessment has taken place within timescales; the assessment and recommendations have been actioned and the child/ YP’s health needs are reflected on their care plan. Any outstanding health needs are being followed up

• For a child/ young person who has been Looked After for over a year, an SDQ has been completed

• Children are encouraged and supported to maintain contact with their immediate family, any person who holds Parental Responsibility, other significant family members (including grandparents and half siblings)

• Family Time is not cancelled unless there is a very good reason, for example, it is deemed that it would not be safe for it to take place, or the child is too unwell for it to take place. The child’s wishes are considered and influence decisions that are made including not to have family time.

• The recommendations from the last review have been actioned and the IRO has been kept updated about any significant changes for the child/ proposed changes to the care plan/ any safeguarding concerns.

• The YP has a passport by their 16th birthday if legally allowed to have one; a child/ YP has a passport, if they are due to travel abroad on holiday with their carers or to take part in school activities.

**Outstanding:** To achieve outstanding, all the areas outlined in the section have been consistently completed over the last six months, the child/YP’s voice is clear and there is evidence of the quality & creativity in the work**.** In addition to meeting the above requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of good and results in sustained improvement to the lives of children, young people, and families. Research- informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

**Requires Improvement:** if any of the areas outlined above have not been completed, a good grade is not able to be given, however, this section should be graded RI if the pre meeting report has not been completed 3 days prior to the review. RI should be given when this section isnot meeting all good grades, but there are no widespread or serious failures that create or leave children being harmed or at risk of harm. Assessments should be timely with risk and protective factors identified and action taken to safeguard children. Risk and protective factors are identified. Conclusions flow from analysis and findings in relation to significant harm are clear. All statutory case files requirements are met. However, the case file is not yet at a ‘good’ standard, neither is the practitioner able to present the case well or explain the deficits within the recordings and does not provide sufficient assurance that we are delivering good protection, help and care for children, young people, and families.

**Inadequate –** if at least three areas outlined above have not been completed over the last review period. The file does not demonstrate a suitable level of assurance. There are, or appear to be, widespread failures or serious failures that leave children harmed or at risk of harm. Response to referrals is not timely or effective, there are poor quality assessments and plans, insufficient involvement of family and children and poor managerial oversight. Case file is not able to evidence compliance with statutory requirements. IRO to initiate the escalation process at the appropriate level.

**Is the child capable/old enough to understand their care plan?**

Yes / No

**Consider;**

* How has the child/young person been informed of their care plan?
* What methods/tools have been used to communicate based on the child’s age and stage and identified needs?
* How has the child been supported to share their views about where they live, who they live with and who they see?

**To what extent is management oversight evident in the plan?**

Not at all evident / Evident a little / Some evidence / Fully evident

**Consider;**

* Is the level of supervision in line with the Supervision Policy and Guidance?
* Is the level of supervision appropriate and within timescales?
* Does formal supervision review previous actions from the looked after child review meeting?
* Does management oversight support assessment and planning, progressing the plan and agreed actions in a timely manner?
* Are statutory duties undertaken, building on strengths, and considering risk?

**To what extent does the social work practice evidence the practice framework for each of the following?**

Not at all evident / Evident a little / Some evidence / Fully evident / NA

**Consider;**

* How has practice been informed by the practice framework?
* What approaches did you observe the social worker using in the review?
* Is the use of theory and research evident and how does this inform the assessment of the child, their wishes and feelings and lived experience?
* Is the care planning informed by the practice framework and models of work that support care planning such as re-unification, family time, social connections, placement stability and transitions?
* Do social work visits demonstrate analysis?
* Are approaches evident in recordings? (Assessments, Care plan/Pre-Meeting Report and statutory visits since the last CIC review).
* Is the Practice Framework recorded with details on how the approach was used? And is the impact evidenced? (Not just named).

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|  | Not at all evident | Evident a little | Some evidence | Fully evident |
| Strength based approaches | No evidence of this approach. Strengths and/or previous successes are not known  What is going well is incomplete or not answered | Limited strengths are identified and/or not used to inform the plan/intervention | Strength based approaches are used at times recorded/evidenced which leads to a some understanding of the existing strengths in the family/child/young person/network.  What has gone well in the past is known but is not used to support planning | Strength based approaches are used recorded/evidenced throughout, which leads to a full understanding of the existing strengths in the family/child/young person/network.  What has gone well in the past is known and this is used to support planning |
| Motivational Interviewing | No evidence of this approach | There is limited exploration around motivation to change with the family/child/YP. | There is some exploration around motivation to change with the family/child/YP.  There is some use of MI techniques/skills | The social worker explores and understands motivation for change with the family/child/YP. They explore ambivalence and readiness to change  There is use of MI techniques/skills to engage, as support families to move through the stages of change |
| Systemic Approaches | No evidence of this approach | There is little understanding of the child/YP’s whole ‘system’ (e.g., family cycles, scripts, and history). The impact is not fully explored | There is some understanding of the child/YP’s whole ‘system’ (e.g., family cycles, scripts, and history). The impact might not be fully explored  Relationship based practice is evidenced at times | The whole ‘system’ of the child/YP is understood (e.g., family cycles, scripts, and history) and how these impact on the child/YP is used effectively to inform assessment and planning.  Relationship based practice is evidenced |
| Restorative practice | No evidence of this approach | There is little understanding of conflict or how to move families forward positively  There is little evidence of restorative skills are used (e.g., Solution focussed questioning, acknowledging unique perspectives, mediation skills) | There is some understanding of conflict. Children/YP/families are supported to repair their relationships  Some restorative skills are used (e.g., Solution focussed questioning, acknowledging unique perspectives, mediation skills) | Conflict is understood and acknowledged. Children/YP/families are supported to repair their relationships and moved forward  Restorative skills are used (e.g., Solution focussed questioning, acknowledging unique perspectives, mediation skills)  Child/YP/family own their plan’s and are not ‘done to’ |
| Trauma informed | No evidence of this approach | There is little understanding of the history of the child/YP/family and the impact is not fully explored  Language could be improved (e.g., might be victim blaming.) | There is some understanding of the history of the child/YP/family. The impact might not be fully explored  Approach is sometimes sensitive, and relationship based, and language is sometimes trauma informed (verbally and/or recorded) | The history of the child/YP/family is known, and the impact of past trauma informs the approach taken.  Behaviour is understood in the context of the child/YP’s experience  Approach is sensitive and relationship based, including language that cares/is trauma informed (verbally and recorded) |
| Social connectivity | No evidence of this approach | There is little use of Genograms/Eco Maps  Family time and/or supporting connections for the child/YP is not fully explored.  Referral to FGC/LLL has not been considered | There is some use of Genograms/Eco Maps etc to explore the wider ‘family’ and network.  Family time is supported  Referral to FGC/LLL is made when appropriate | There is good use of Genograms/Eco Maps etc to fully explore the wider ‘family’ and network.  The wider network is utilised in plans where possible.  Family time is supported, and child led and the Child/YP’s connections are explored to support resilience and self-efficacy.  Referral to FGC/LLL is made when appropriate |
| Contextual Safeguarding | No evidence of this approach | There is little understanding of all risks (both extra and Intra familial)  There is little use of tools and/or they have not been used to direct the intervention/plan  Language could be improved (for e.g., putting themselves at risk) | Most Extra and Intra familial risks are explored  Appropriate mechanisms have been used to respond to safeguarding concerns (e.g., DCSM, exploitation tool etc)  There is good use of Language, verbally and recorded (e.g., vulnerable to exploitation) | All Extra and Intra familial risks are explored and understood  There is a multi-agency response to risk and appropriate mechanisms are used to respond to safeguarding concerns (e.g., DCSM, exploitation tool etc)  Parents/carers are supported to understand risk and how to respond  There is good use of Language, verbally and recorded (e.g., vulnerable to exploitation) |

## Placement stability

**Please rate the quality of the placement stability**

Inadequate / Requires Improvement / Good / Outstanding

**Comments**

Free Text

**Consider;**

* Do children have positive and stable relationships with carers and professionals?
* Are children and young people safe and settled where they live?
* Does the child/ren/young person live somewhere that meets their needs?
* Is the child/young person living with siblings? (If this is in their best interests)?
* Is family time supported based on their assessed needs?
* If there are concerns regarding living arrangements, visits are undertaken by the SW and stability core group meetings are held to support the placement.

**Good:** To achieve good, all the areas identified below have been completed and are of good quality.Placement Stability is being supported to minimise unplanned moves with robust profiling, matching and placement. The placement meetings aim to access the child’s needs and permanency. Placement Planning and Safe Care Plans support placement stability. There is a plan with timescales for any planned moves with a transition plan. Where additional support is needed this is timely and its impact reviewed.

* The child experiences a consistency of social worker. If the social worker leaves, a goodbye visit is completed with the child and the child knows that a new social worker will be allocated.
* Unless there are exceptional circumstances, social work visits, attendance at PEP/ Placement Plan meetings are completed by the child’s social worker rather than a duty social worker.
* A Placement Plan Meeting is held and included the child/ YP before the placement started or within 5 working days of placement. The Placement Plan is recorded and distributed to the Child/ YP and the Foster Carer.
* A Placement Plan has been updated following the Fostering Panel agreeing the plan for permanency.
* A Placement Plan has been updated at the least when the child is due to experience significant transitions. i.e. starting secondary school/ moving into year 12.

There is evidence that the social worker has identified & addressed with the FC/ FSW any issues concerning standards of care including pocket money and savings?

* An individual and up to date Safe Care Plan is in place; there is evidence that the social worker has discussed the safe care plan with the child/ young person.
* Delegated Authority is clearly identified and appropriate to the placement type.
* Where the foster carers are struggling and the placement is becoming unstable, there is a pro-active action, including Stability Core Group meetings being held/ referral to Sense of Belonging programme, if KCC FC’s. IRO is kept updated with any issues.
* If a Child/ Young Person moves placement a visit is completed within seven working days. There is evidence that the child is seen on their own and that their views are sought.

The child's social worker visits the child in the placement as required and within statutory guidelines. Some visits are unannounced, and the Social Worker spends time with the child away from the placement. Visits are clearly recorded, including any actions that are required because of the visit. Interpreters are used where necessary.

**Outstanding:** To achieve outstanding, all the areas outlined in the section have been consistently completed over the last six months, the child/ YP’s voice is clear and there is evidence of the quality & creativity in the work**.** In addition to meeting the above requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of good and results in sustained improvement to the lives of children, young people, and families. Research- informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

**Requires Improvement:** if any of the areas outlined above have not been completed, a good grade is not able to be given.Not meeting all good grades, but there are no widespread or serious failures that create or leave children being harmed or at risk of harm. Assessments should be timely with risk and protective factors identified and action taken to safeguard children. Risk and protective factors are identified. Conclusions flow from analysis and findings in relation to significant harm are clear. All statutory case files requirements are met. However, the case file is not yet at a ‘good’ standard, neither is the practitioner able to present the case well or explain the deficits within the recordings and does not provide sufficient assurance that we are delivering good protection, help and care for children, young people, and families.

**Inadequate –** if at least three areas outlined above have not been completed over the last review period. The file does not demonstrate a suitable level of assurance. There are, or appear to be, widespread failures or serious failures that leave children harmed or at risk of harm. Response to referrals is not timely or effective, there are poor quality assessments and plans, insufficient involvement of family and children and poor managerial oversight. Case file is not able to evidence compliance with statutory requirements. IRO will initiate the escalation process at the appropriate level.

## Participation and Consultation

**Who was involved in the review and what was their level of participation and consultation?**

**What was the level of participation and consultation from the following agencies?**

Consulted / participated / provided a report / participated and provided a report / did not attend / did not provide a report

## Supporting transition

**Please rate the quality of the support for any significant transition**

Inadequate / Requires Improvement / Good / Outstanding / NA

**Comments**

Free Text

**Consider;**

* Are transitions assessed and planned?
* Is the child/young person helped to understand their rights, entitlements, and responsibilities?
* Is the child/young person provided with all relevant documents they need to begin their lives as young adults, such as national insurance numbers, birth certificates and passports?
* Are transitions between placements and placement moves are planned?
* Is the child/young person informed and supported so they know when and where they are moving to and the care and support arrangements?

**Good:** All the areas identified below have been completed and are of good quality.Children are supported at key transition points such as changes of where they live, who they see and where they attend school/change school years. Care leavers are supported, and plans are clear including the network around the child and transition to adulthood. Transitions and endings are planned and consider how improvements continue when the child leaves care.

* If there is a plan for a child to move to live with their sibling, there is an updated sibling assessment which considers all of the children’s needs.
* If a child/ young person is due to move to a planned long-term foster placement, there is evidence that work is completed, to ensure that it is an appropriate matched placement.
* If a child/ young person is due to move to a planned permanent foster placement, a Matching for Permanency meeting is held prior to the placement being agreed, to consider whether it is an appropriate placement
* The reasons for any proposed moved are explained to the child / YP. The child /young person is involved in thinking about their new placement and the things that they would like in their new placement.
* The child/ YP is involved in the preparation for a move and can visit a proposed placement. A transition plan is in place.
* Staying Put arrangements are considered & progressed in a timely manner; discussions start following the YP’s 16th birthday.
* Has a PA/ rep from 18+ team attended at least one review prior to the YP’s 18th birthday.
* If there are issues about cost of placement, has been discussed and agreed with the 18+ team within appropriate timescales.
* A timely referral has been made to AST Adults team or the Vulnerable Adults team if required.
* CWD, 14+ have a transition plan

**Outstanding:** To achieve outstanding, all the areas outlined in the section have been consistently completed over the last six months, the child/ YP’s voice is clear and there is evidence of the quality & creativity in the work**.** In addition to meeting the above requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of good and results in sustained improvement to the lives of children, young people, and families. Research- informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

**Requires Improvement:** if any of the areas outlined above have not been completed, a good grade is not able to be given.Not meeting all good grades, but there are no widespread or serious failures that create or leave children being harmed or at risk of harm. Assessments should be timely with risk and protective factors identified and action taken to safeguard children. Risk and protective factors are identified. Conclusions flow from analysis and findings in relation to significant harm are clear. All statutory case files requirements are met. However, the case file is not yet at a ‘good’ standard, neither is the practitioner able to present the case well or explain the deficits within the recordings and does not provide sufficient assurance that we are delivering good protection, help and care for children, young people, and families.

**Inadequate –** if at least three areas outlined above have not been completed over the last review period. The file does not demonstrate a suitable level of assurance. There are, or appear to be, widespread failures or serious failures that leave children harmed or at risk of harm. Response to referrals is not timely or effective, there are poor quality assessments and plans, insufficient involvement of family and children and poor managerial oversight. Case file is not able to evidence compliance with statutory requirements. IRO will initiate the escalation process at the appropriate level.

## Safeguarding

**Please rate the quality of the safeguarding**

Inadequate / Requires Improvement / Good / Outstanding / NA

**Comments**

Free Text

**Consider;**

* Is the child/young person safe and do they feel safe?
* Are risks assessed? including how safety can be created as well as any risks disrupted?
* Is the child/young person receiving help to reduce the risk of harm or actual harm?
* Does the contingency plan reflect risk, needs and vulnerabilities?
* Are protective relationships developed, and others dismantled?
* Does Purposeful Visiting identify risk and remedial action?
* Are strategy meetings timely?
* Are Missing Response Plans completed; exploitation tools and referrals to CAHMS/DCSMs considered to inform contextual understanding?

**Good:** All the areas identified below have been completed and are of good quality.Children are safe. Plans create safety, consider protective factors, and disrupt risk. Plans protect relationships, as well as dismantle them. Work with the child and network supports safety planning and informs assessment and planning.

* Has the IRO been kept updated with any safeguarding concerns for the child/ young person?
* If a young person has gone missing, has the Missing Pathway been effectively used with management oversight?
* Have return interviews been completed for each missing episode and within timescales; is there evidence of the YP’s voice?
* If the child/ young person leaves the placement & this is ‘authorised’, do you consider this is appropriate, do we know where the YP is going? Has it been assessed as safe?
* If a young person is missing on a regular basis & there are significant concerns about the young person’s safety whilst missing, have appropriate multi-agency procedures been followed i.e., Alert to AD, referral to the Adolescent Risk Management meetings (ARM), strategy discussion if a YP has been missing on three occasions, referral to LADO if required.
* Is an active Risk Management Plan in place; have the push and pull factors been considered & has disruption activity been considered/ actioned.
* Is there evidence that the SW / TM have considered the potential issues for the young person which could include: CSE, domestic abuse between partners, involvement in criminal activities, gang membership; becoming a victim of crime, alcohol/substance misuse, deterioration of physical and/or mental health, trafficking; PREVENT; poor care in placement, no means of support or legitimate income – leading to high risk activities.
* Has the CSE/ Gang and trafficking toolkit been completed? Has contextual safeguarding been considered?
* Is there evidence of effective management oversight on Liberi?
* Is there a Missing Response Plan in place? Is it accessible on file?
* Has work been completed with the YP to draw up their own safe care plan?
* Is there evidence that a missing FGC been considered?
* Is there an effective and up to date chronology which outlines the periods when the child / young person is missing and any concerns which have been raised?
* If an allegation is made against a foster carer/ member of staff, has the LADO been consulted & appropriate procedures followed?
* If there are standard of care issues within the placement, have these been appropriately addressed?
* If the YP’s freedoms are being restricted, have the Deprivation of Liberty Safeguards been considered?

**Outstanding:** To achieve outstanding, all the areas outlined in the section have been consistently completed and there is evidence of an overall analysis, with a compassionate & insightful understanding of the YP’s situation and there is evidence of the quality & creativity in the work.In addition to meeting the above requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of good and results in sustained improvement to the lives of children, young people, and families. Research- informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

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## Escalation

**Are there any matters that require IRO escalation?**

**Is an escalation or appreciation being raised against any of the following?**

Practice appreciation / External escalation / No action required

**What has gone well for this child?**

Free text

**What could we have done better?**

Free text

It is important to record the positive practice observed and record appreciations formally.

Please note systemic concerns in a team/service which may be impacting on the service provided to a young person. This will reassure the Social Worker that their efforts have been noted and highlight when a poor grading may be related to factors outside of their control and not a reflection of them as a practitioner.