

Independent Reviewing Service
Annual Report for the period
April 2024 to March 2025



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Introduction

The Independent Reviewing Officer (IRO) service has an authoritative role, in assuring the quality-of-care planning is achieved. The Independent Reviewing Officers Guidance (Wales) (2004) states this report must identify good practice but must also identify issues for further development, including those where urgent action is required. The guidance urges the Local Authority to make effective use of the reports from its IRO service so that it can be satisfied that its services can achieve best outcomes for the children and young people concerned.

This Independent Reviewing Service report focuses upon the work of the IRO Service from April 2024 to March 2025. As part of the service's quality assurance role, the report contains performance information in respect of the statutory reviewing of children who are Care Experienced, including children with plans for Adoption and Young People with Leaving Care Pathway Plans (under 18) by Bridgend County Borough Council. It also includes information on children subject of Child Protection plans and reviews of these plans at Child Protection Case Conferences.

The report also includes information that relates to regulatory requirements in respect of resolution of case disputes; IRO caseloads; participation and consultation of young people in their Reviews, challenges and achievements in the reporting period and service priorities for 2025-2026.

Legal Context

The appointment of the IRO Service by local authorities is a legal requirement and their core functions are governed by the legal regulatory framework outlined below:

- The Children Act 1989
- The Human Rights Act 1998
- The Adoption and Children Act 2002 (detailed the requirement on local authorities in respect of the appointment of IROs)
- The Independent Reviewing Officers Guidance (Wales) 2004
- Social Services and Wellbeing (Wales) Act 2014
- Care Planning, Placement and Case Review (Wales) Regulations 2015
- Wales Safeguarding Procedures.

Glossary

Independent Reviewing Officer	IRO
Care Experienced Review	CER
Care Experienced Child	CEC
Initial Child Protection Case Conference	ICPC
Review Child Protection Case Conference	RCPC
Child Protection Register	CPR
Advocacy Active Offer	AO
Advocacy Issue Based	IB
Social services and Well-Being Act 2014	SSWB Act
Personal Education Plan	PEP
Multiagency Safeguarding Hub	MASH
Signs of Safety	SofS
Cwm Taf Morgannwg	CTM

Core IRO Functions

The Independent Reviewing Service has an important quality assurance function and works towards ensuring all children within the care of Bridgend County Borough Council have a robust effective care plan. This plan is aimed towards improving outcomes for children and young people in providing a stable and secure childhood where their health, education and emotional wellbeing is promoted through effective care planning. It is the function of the Independent Reviewing Service to ensure the care plan is appropriate and progresses safeguarding for children and young people whilst ensuring all their identified needs are being met.

IROs are required to independently review the care plans of all CEC and those children with a Child Protection Plan and whose names are on the CPR. The Local Authority has a duty to review the care plan for all CEC. These meetings are multiagency and include relevant agencies such as health and education and will usually include the child/young person, their Social Worker, carers, and family members.

Time scales for Reviews are set out in the Children Act (1989) and Part 6 of the SSWB Act, with the first review taking place within 20 working days of placement. The next review is held within three months following the initial review and then subsequent reviews are held within six months from the second review. Subsequent reviews are held every six months unless there has been an unplanned change of placement where a CER must be held within 20 working days.

The IRO Service has a statutory responsibility under the SSWB Act, Wales Safeguarding Procedures and the IRO Standards. Within Bridgend County Borough Council, the IRO Service has the following roles and responsibilities:

- To review and oversee the effectiveness and the appropriateness of the care plans for those children and young people for whom the local authority has responsibility and who are subject of a child protection plan and those children and young people within its care.
- The IRO Service are responsible for ensuring all CERs, ICPC and RCPC take place within compliance as outlined in the regulations. To provide a report following each meeting to include recommendations as to any changes to the child/young person's care plan.
- To monitor the progress of the care plan by tracking cases between reviews, to hold a Mid-Point Review with the child's Social Worker to ensure progression of the agreed recommendations.
- To ensure the child/young person's rights are protected and enhanced.
- To ensure the voice of the child is heard throughout the care planning process and to monitor the child's wishes and feelings and ensure they are recorded.
- To provide support, advice and mentoring to social work staff in relation to effective care planning.
- To raise IRO concerns through the agreed resolution protocol and to escalate unresolved concerns regarding care planning to the appropriate level of the local authority management structure. To consider the need to seek independent legal advice and possible referral of a case to CAFCASS.
- The Quality Assurance function of the IRO Service aims to highlight concerns around specific cases and any trends relating to care planning practice. It also has a duty to highlight good practice within the service. The IRO Service will be linked to service wide Quality Assurance strategy.
- To ensure all CEC and young people are subject of health plans to promote health and development. The IROs have the responsibility to ensure the health plans are monitored and meeting the children's needs.

- All CEC and young people are subject to PEP. The social worker and school are responsible for ensuring this is in place, but the child's IRO will ensure this and make any recommendation and timescale in the CER should a PEP not be in place.

Composition of the IRO Service

The current IRO cohort have a wealth of experience, and all have been qualified social workers for a substantial period. Currently the team is comprised of:

One full-time Manager (Permanent)

Seven full-time IROs (permanent)

One permanent member of staff who works three-and-a-half days per week

One permanent member of staff who works 2.5 days per week.

One permanent member working 2 days a week.

One agency staff member full time hours.

During the period under review, the team has experienced periods of long-term sick leave, and three full time people remain on sick leave. Due to one member of staff leaving to start a new post in June 2025 the team are currently recruiting for one full time staff member interviewing 29th August 2025. There is also 3 months agreed agency post commencing 15th September 2025 to support the service to complete its statutory functions during the period in which Team members will be on phased return to work.

The service is actively recruiting to replace agency staff and interviews are planned for August 2025.

Caseloads

The average full time IRO caseload is currently between 55 - 65 cases and part time equivalent which is the same as the period 2024 – 2025. Previous Annual reports have highlighted the caseload pressures and high caseloads in Bridgend comparatively to other local authorities in 2020 - 2023 and the comparative data. Bridgend Childrens Services Locality Teams caseloads have slowly decreased since this time meaning referrals to our service for an allocated IRO have also reduced. This is due to a service wide focus on strategies to reduce and look for alternative family-based safety plans for children and early intervention diverting families away from statutory services.

As a team we have successfully managed to meet our statutory duties in terms of compliance in both the Care Experienced and the Child Protection arena.

An over-arching principle of the service has been to maintain the same IRO wherever possible so that children and young people have an element of continuity in their lives. Often the IRO is the only person who has remained consistent for the children who are often faced with changes of social workers, team structures and placements. This strategy also ensures that valuable information held by IROs, particularly knowledge of the child's history and family dynamics is not lost. We also seek to reconnect the allocated IRO with a family should they require our services in the future to maintain continuity.

The IROs continue to complete quality assurance documents following every CER, ICPC and RCPC, this document requires cross reference against the child's file and is used to identify any outstanding pieces of work or documents to which the child's/young person's social worker and team manager are alerted. The IRO Standards require the IRO to undertake far greater levels of tracking in between CERs, this also includes a formal mid-point review to ensure the recommendations are on-track and to ensure progress is being made and the child's care plan continues to reflect their needs.

The 2023/24 annual report noted the start of a reduction in the number of children subject to the child protection register, this reduction has continued in this reporting year and currently fluctuates around 80 children.

Signs Of Safety Model

The Signs of Safety model of whole system Social Work practice that the Local Authority has committed to requires Child Protection Conferences to be held in person, with families, their safety network and our partner agencies. The belief for our Service is that this model of practice is a way to support family safety planning and strengthen existing practice. The IRO Service are trained in Signs of Safety and continue to develop month by month, currently preparing our practice and systems to be in alignment with the model via MOSAIC database system.

Since October 2024 we (the IRO Service) have been completing all Initial Child Protection conferences and subsequent review conferences in person using this model.

We have procured and fitted white boards in specific conference rooms in Civic Offices to complete the conferences using this model.

We have developed a short animation to help children, families and social workers explain the process.

We have developed our invitation process and information for families and professionals and added a feedback QR code to the invitation letter.

We have offered de brief sessions following each initial conference for all professional parties to learn and develop alongside our partner agencies.

With our partners in Training and Development we have offered 8 live practice sessions for other Professionals who may wish to “practice” being at a conference and ask questions about the model. We will be offering more in the last quarter of 2025.

We have worked closely with our colleagues in Business Support who have been invaluable in helping to arrange the conferences, record meetings and offer ideas.

We have worked with colleagues in other agencies to develop Signs of Safety style reports and within Childrens Services Fostering and Edge of Care.

We have developed a padlet that helps the team, colleagues and newer members of the Social Work teams in their Care Experienced and safeguarding conferences practice.

We will be moving to use Signs of Safety within Care Experienced work, and this will be called Signs of Stability. Training starts in September 2025 with our colleagues in the CECT and 15+ Team.

Feedback from families and professionals has been sought via QR code and de briefs. This has generally been positive, and both professionals and family have suggested being in person is a more meaningful way to be working than online. It is challenging to gain meaningful feedback in writing or online as families and children can feel reluctant to do so, the IRO Team manager and Quality assurance link person for the Local Authority will be looking to develop this area in October as take up has been low.

The IRO team are now committed to meeting in person regularly, to working together via online and in person sessions to embed the new model of practice and to continue to address areas that need development. We regularly have speakers to our team meetings to support our continued understanding of the continued transformation of the service as a whole and research academic materials. IRO Team Manager has met with Training and development to explore additional team development and there is a whole team development day in September.

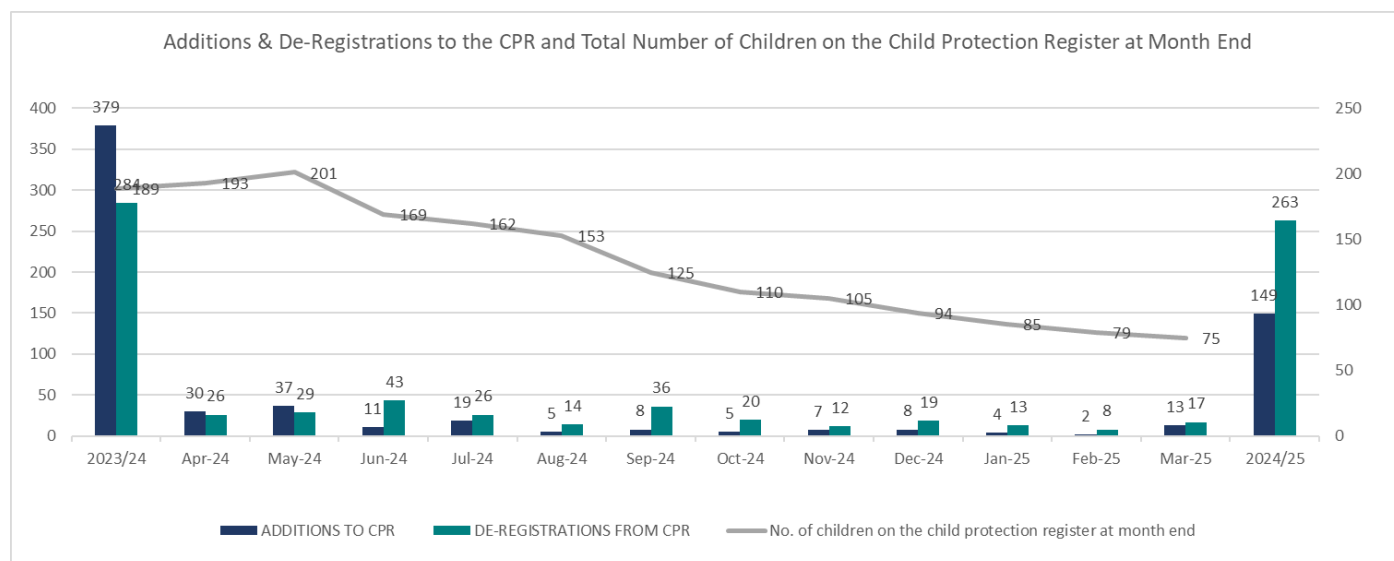
Continuous improvement strategy

In this period some changes have been implemented to support the local authority's objectives of reducing the length of time children's names remain on the CP register:

- Monthly meetings between the IRO Service Manager and the Group Managers and relevant personnel focussing on continuous improvement.
- IRO Service Manager attends a panel for children who are currently Looked After under Section 76, children who are subject of PWP (Placed with Parents regulations) and children with Kinship carers who could consider Special Guardianship Order; or in High Cost out of County Placements with a view to sharing information and having oversight of planning and quality assurance issues.
- Weekly reflection meetings with Service Manager for Safeguarding and core personnel in connection with targeted themes- this commences with identified group of children removed from register at first review.
- Signs of Safety meaningful measures meetings with regards to the workstreams for Signs of Safety implementation and learning.
- IRO Service Manager audits all requests for an ICPC and considers good practice, compliance and any areas for improvement.
- Where IRO's identify cases at the second RCPC where limited progress has been made, they inform the Group Manager of their concerns. The Group Manager then examines the case and where appropriate arrange a consultation with the Social Worker to consider all options to progress the plan and prevent drift.
- If a conference chair recommends legal advice should be sought, they will inform the Group Manager to raise awareness of the cases being escalated.
- IRO Manager Links with Principal Officer for Locality teams with regards to data for Children whose names have been on the Child Protection register for 12 months with regards to planning Case Mapping to which the IRO is invited. The Principal Officer also shares the legal tracker for all Children who are currently subject of Care proceedings and PLO which assists the IRO team in planning and organising their feedback to the Children's Guardian and ensuring they have sight of the relevant Care Plan.
- IRO Manager has bi-monthly interface with Group Manager for Care Experienced Children to discuss core themes. The IRO remains the responsible person for monitoring the Care plan of the individual child.
- Attendees at Child protection conferences – professionals, family and child are offered online feedback option which is sent directly to the Team Manager .
- Development of Quality Assurance scheme for the IRO service with Quality Assurance manager with a view to engagement and feedback from children and families being key to continuous learning. This will be in place by December 2025.
- Team members have attended training in Appreciative enquiry and active learning cycles are key to future continued development of the service.

Child Protection Register Population

Chart 1 additions and deregistration to the CPR April 2024 - 2025



We have seen a targeted and steady reduction in the numbers of children subject to child protection registration. We have historically had disproportionately high numbers of children subject to registration when making comparisons with other Local Authorities.

There have been strengthened processes and targeted work throughout the directorate to reduce the numbers subject to the CPR.

Updated forms and training have supported improved screening and decision making in MASH, this has helped to divert families away from statutory intervention in favour of a more proportionate response. The more robust screening of referrals ensures that only cases requiring statutory intervention progress to a Care and Support assessment or strategy meetings.

Better-informed decision making reduces unnecessary Section 47 investigations, ensuring resources are focused on children at highest risk. This prevents families from being escalated unnecessarily, avoiding the emotional and practical disruption of child protection processes.

Further improved have been made in MASH in terms of What Matters conversations (further enquires) What Matters conversations focus on families lived experiences and what is available to them in their own family and friendship networks and community that can support them to find a solution to the challenges they are experiencing.

More thorough What Matters conversations had led to a more proportionate responses—stepping in with early help rather than defaulting to child protection pathways.

In cases where a Care and Support assessment is required, the use of the tools such as mapping and family network meetings means families and their wider support systems are directly involved in planning solutions. This increases family's investment in making positive changes, reducing reliance on statutory interventions.

We have continued to build on our partnership working as this supports a better coordinated multi-agency response, providing holistic support, reducing duplication and ensuring children's needs are met earlier. This impacts on the number of children subject to the CPR as more effective partners working reduces drift on cases and this supports cases not deteriorating and requiring a child to be made subject to child protection processes.

Most significantly, the Signs of Safety framework provides a strengths-based approach which helps practitioners and partners balance strengths, risks, and worries. The model provides clarity which results in interventions being targeted and timely, with real clarity of what will make the biggest difference for child safety and wellbeing. This avoids unnecessary registration while still safeguarding children effectively.

Across the directorate considerable activity has been undertaken to secure a stable, permanent and experienced workforce. Greater workforce stability means consistent relationships for children and families, leading to more trust and sustained progress.

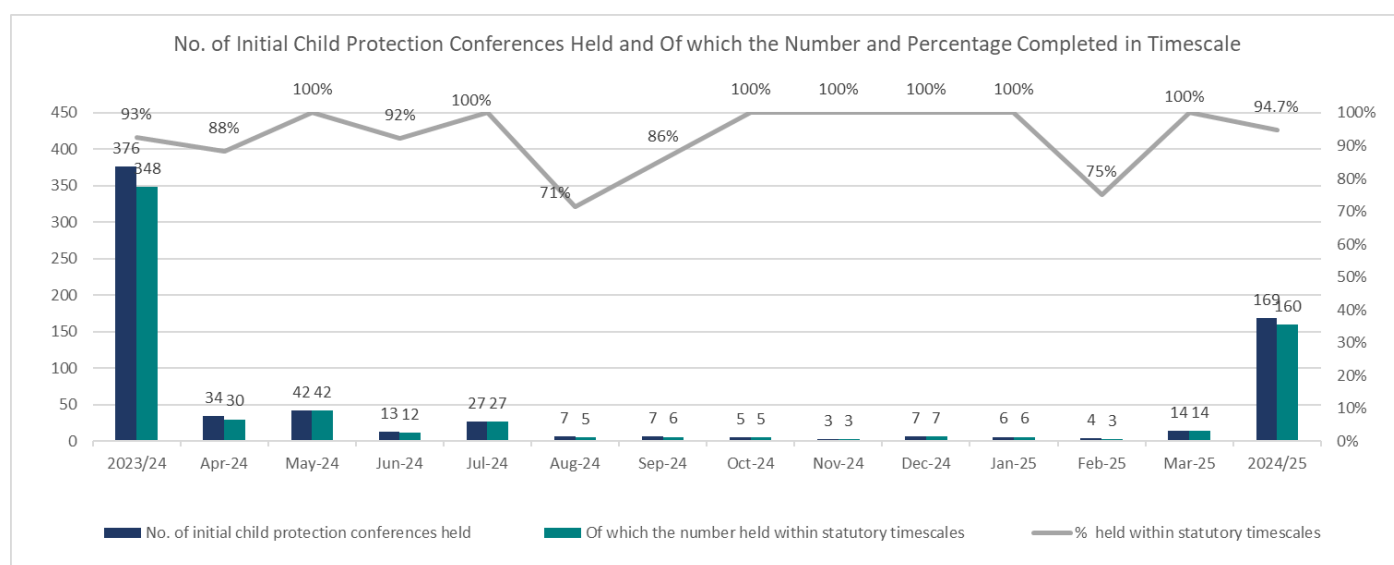
Experienced practitioners bring professional confidence in risk assessment and decision-making and stronger management oversight ensures quality and consistency in thresholds, planning, and reviews.

These factors combined improvements create a more proportionate, family-focused, and strengths-based safeguarding system.

Ultimately the implementation of the SofS practice model has helped to reduce CPR figures because children are safeguarded effectively without over-reliance on registration. However, quality assurance work and dip sampling continues to sense check our decision making, identification of themes, the sharing of good practice but also where there is learning from case work.

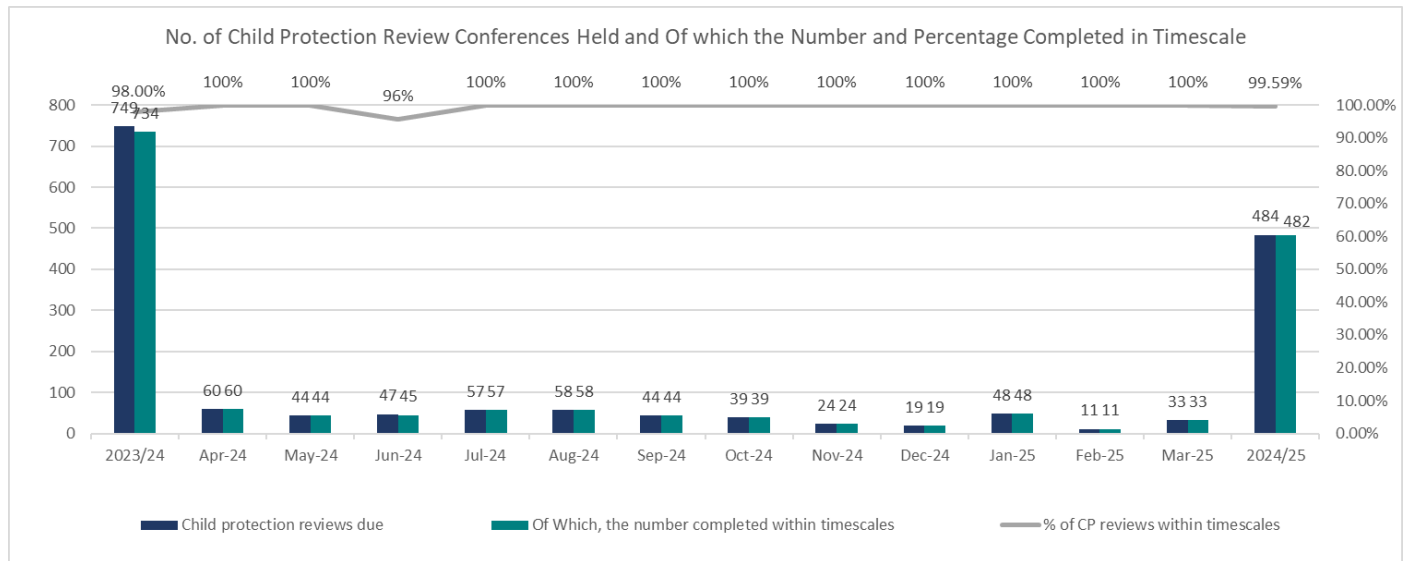
Our numbers of children subject to the CPR now aligns with our regional Local Authorities and more widely with Welsh Local Authorities.

Chart 2 – Number of ICPCs and Number Held Within Statutory Timescales



Compliance remains high in this area, the reduction seen in February only related to one case. In more recent months the IRO Service has experienced high levels of IRO sickness, this has had a slight impact on compliance. We have successfully recruited a full time IRO who converted from agency. Overall, our compliance in this area remains strong when compared to other Local Authorities and regionally.

Chart 3 – No. of CP Reviews Held and No. in Compliance

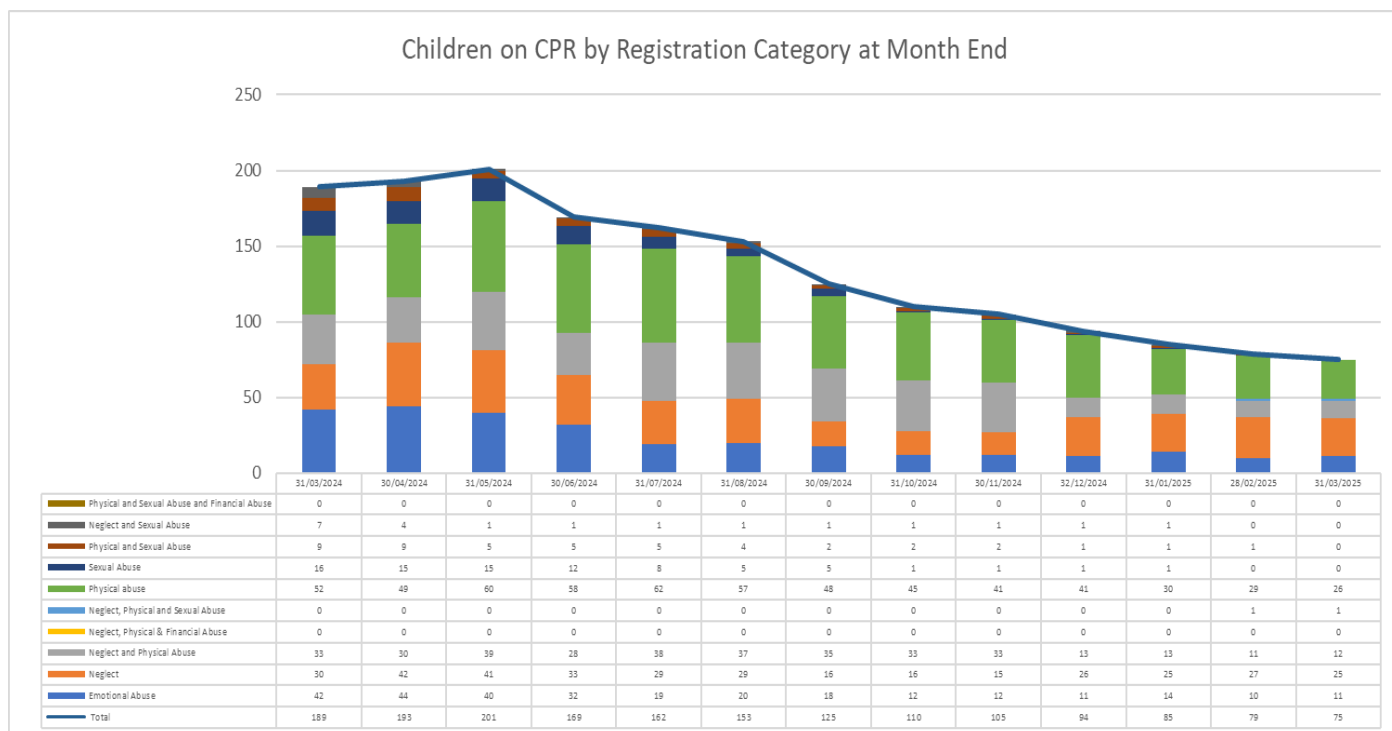


Compliance in this area is very strong, the first case out of compliance was due to there being no suitable interpreter for the family. The second case due to human error in calculating the compliance date.

Chart 4- CPR Categories

Category	31/03/ 2024	30/0 4/20 24	31/0 5/20 24	30/0 6/20 24	31/0 7/20 24	31/0 8/20 24	30/0 9/20 24	31/1 0/20 24	30/1 1/20 24	32/1 2/20 24	31/0 1/20 25	28/0 2/20 25	31/03/ 2025
Emotional Abuse	42	44	40	32	19	20	18	12	12	11	14	10	11
Neglect	30	42	41	33	29	29	16	16	15	26	25	27	25
Neglect and Physical Abuse	33	30	39	28	38	37	35	33	33	13	13	11	12
Neglect, Physical & Financial Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0
Neglect, Physical and Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	1	1
Physical abuse	52	49	60	58	62	57	48	45	41	41	30	29	26
Sexual Abuse	16	15	15	12	8	5	5	1	1	1	1	0	0
Physical and Sexual Abuse	9	9	5	5	5	4	2	2	2	1	1	1	0
Neglect and Sexual Abuse	7	4	1	1	1	1	1	1	1	1	1	0	0
Physical and Sexual Abuse and Financial Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	189	193	201	169	162	153	125	110	105	94	85	79	75

Chart 5 – Children on CPR by registration category at Month End



As can be seen from this chart, there has been a change since the previous report in that Physical Abuse is the most common category of registration overall. However, if we consider the data overall and combine the categories which include Neglect, it remains high throughout the period under review. It is common that Emotional Abuse is frequently used when the issue of the case is parental domestic abuse.

Definitions of the Categories of Abuse:

Physical Abuse

Physical abuse means deliberately hurting a child or young person. It includes physical restraint, such as being tied to a bed, locked in a room, inflicting burns, cutting, slapping, punching, kicking, biting, or choking, stabbing, or shooting, withholding food or medical attention, drugging, denying sleep, inflicting pain, shaking, or hitting babies, fabricating or inducing illness (FII).

Emotional or Psychological Abuse

This describes physical, sexual, psychological, emotional, or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, an institution, or any other place).

Sexual Abuse

There are two different types of child sexual abuse. These are called contact abuses and non-contact abuse. Contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes sexual touching of any part of the body whether the child's wearing clothes or not, rape or penetration by putting an object or body part inside a child's mouth, vagina, or anus, forcing, or encouraging a child to take part in sexual activity, making a child take their

clothes off, touch someone else’s genitals or masturbate. Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts of the internet and flashing. It includes encouraging a child to watch or hear sexual acts, not taking proper measures to prevent a child being exposed to sexual activities by others, meeting a child following sexual grooming with the intent of abusing them, online abuse, including making, viewing or distributing child abuse images allowing someone else to make, view, or distribute child abuse images, showing pornography to a child, sexually exploiting a child for money, power, or status (child exploitation).

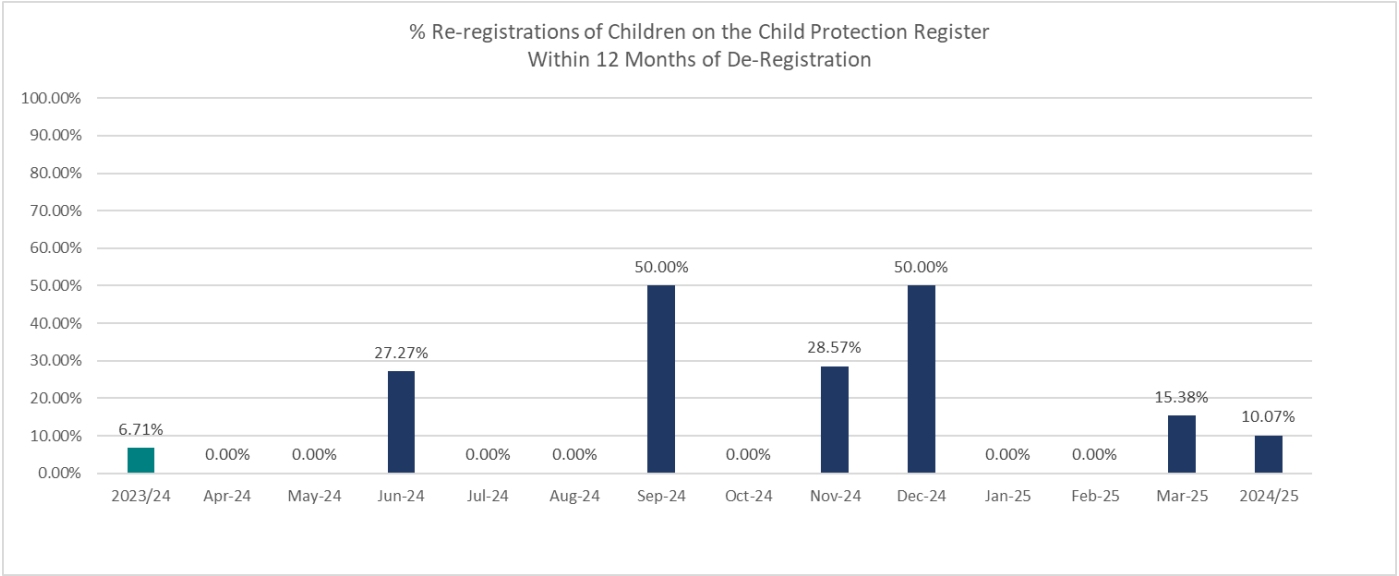
Financial Abuse

Financial abuse includes theft, fraud, pressure about money, misuse of money.

Neglect

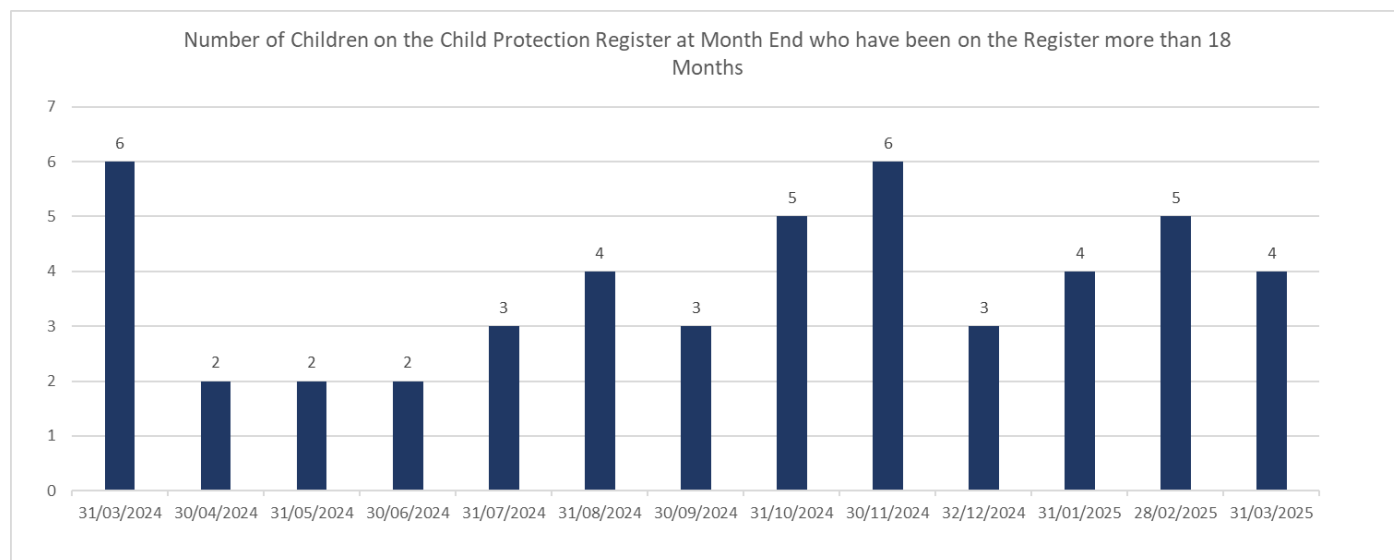
This means failure to meet a child’s basic physical, emotional, social, or psychological needs, which results in an impairment of the child’s wellbeing (for example, an impairment of the child’s health)

Chart 6 - Re-registrations within 12 months:



Any case that returns to an ICPC within 12 months of being de-registered will be audited by the IRO Service Manager to scrutinise the processes that were followed and consider themes and any lessons that can be learnt. Our numbers of re-registrations compared to our regional partners is significantly lower. This demonstrates we are removing children from the CPR safely and appropriately with the right support and strategies in place to prevent an escalation and a further period of registration within a year. As the overall numbers of children subject to the CPR has significantly reduced, the percentage will appear greater however when scrutinising the data it only equates to a very small number of children.

Chart 7 - Children subject to the CPR for more than 18 months.



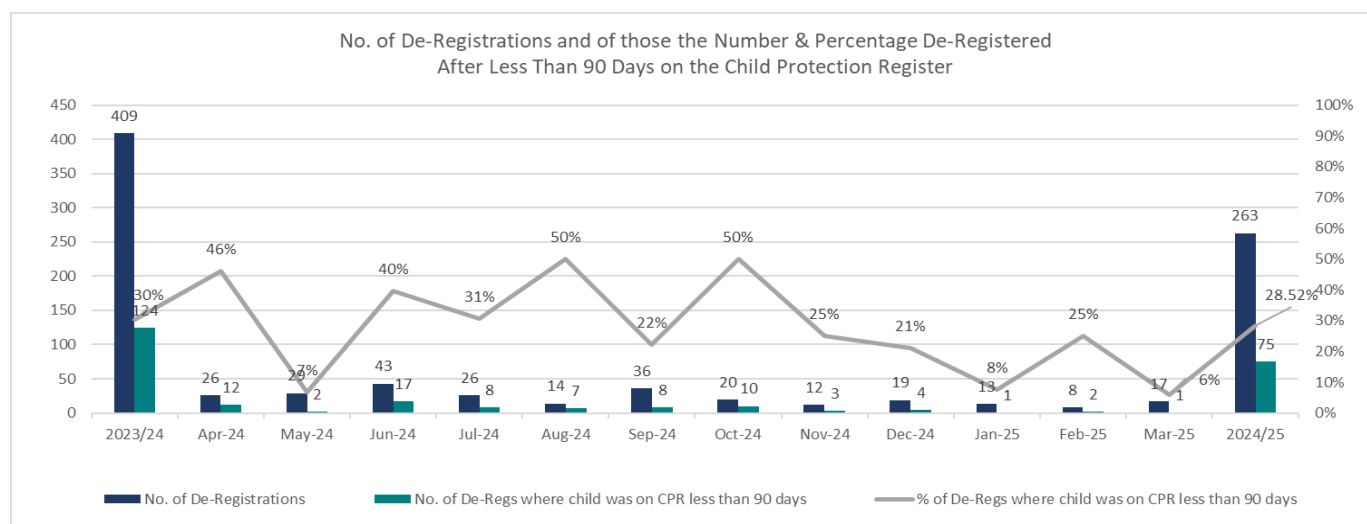
The IRO Service Manager and the Principal Officer for the Safeguarding Hubs have agreed to meet monthly to consider the children who have been subject to the CPR for more than 18 months. The Principal Officer requests the team manager and team seniors to hold case mapping sessions with the Social Workers to assist in moving the case on and creating change. Of the four children who have been subject to the CPR for this length of time I can provide the following reassurance.

Two of these children have been de-registered since the reporting period and have become Care Experienced.

One child has been de-registered and is currently open to the Safeguarding Team via Care and Support.

The 4th child the Local Authority is seeking a Court Order in respect of this child.

Chart 8 - Children whose names were removed from the child protection register at first review conference (less than 90 days on CP register)



When a child is de-registered from the CPR at the first review, this could suggest they were made subject to the register prematurely or de-registered too quickly. We have undertaken audit activity to explore this and are starting to see a reduction in this area. The yearly figure is 28% however following targeted work we are starting to see a reduction of de-registrations at first review (Quarter 1 –14%)

Children’s Participation at Child Protection Conferences

Children’s participation at their ICPC and RCPC is hugely important and something we would like to see an increase in. The Signs of Safety model supports this. We accept it may not be appropriate for children or young people to attend part or all the meetings but there are mechanisms in place to enable them to attend part of the meeting, the use of advocates has also supported children to attend and understand their meeting.

It remains a continued challenge for the IRO service to gain children's participation in Child Protection conference meetings; the chairperson will encourage and discuss this in preparation for every conference. To support children’s understanding of what to expect at a conference, we have developed an animation to explain what a child and their family can expect on the day of their conference and this can be viewed on Youtube:

https://www.youtube.com/watch?v=vH_m76RYLwg

Care Experienced Population

All children who are placed with Foster Carers are allocated a named IRO on the same day the IRO Service receive the notification from the Childcare Teams. This is a statutory requirement and is consistently met by the service.

Chart 9 – Number of Child who became looked after and those who ceased to be looked after

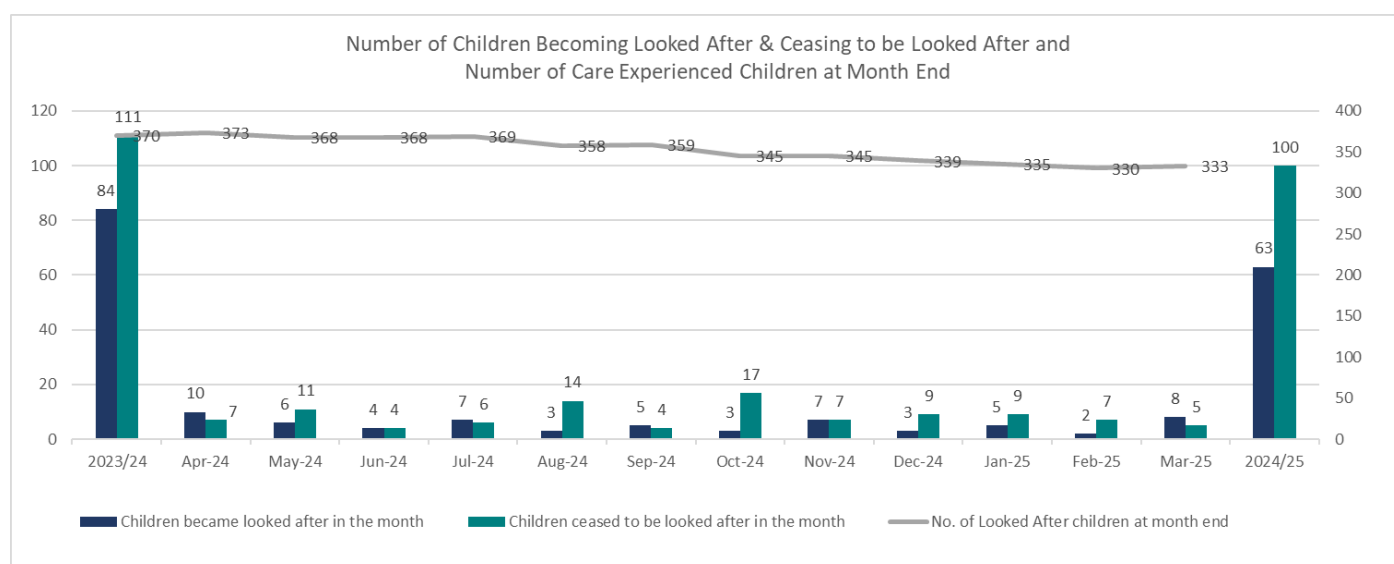


Chart 11 details the number of children who were in the care of Bridgend County Borough Council over the period from April 2024 – March 2025. We have continued to decrease our care experienced population over the last 3 years.

Targeted work has been undertaken to further reduce our numbers of care experienced children and young people, it is pleasing to see the steady reduction has taken place in this period from 370 to 333.

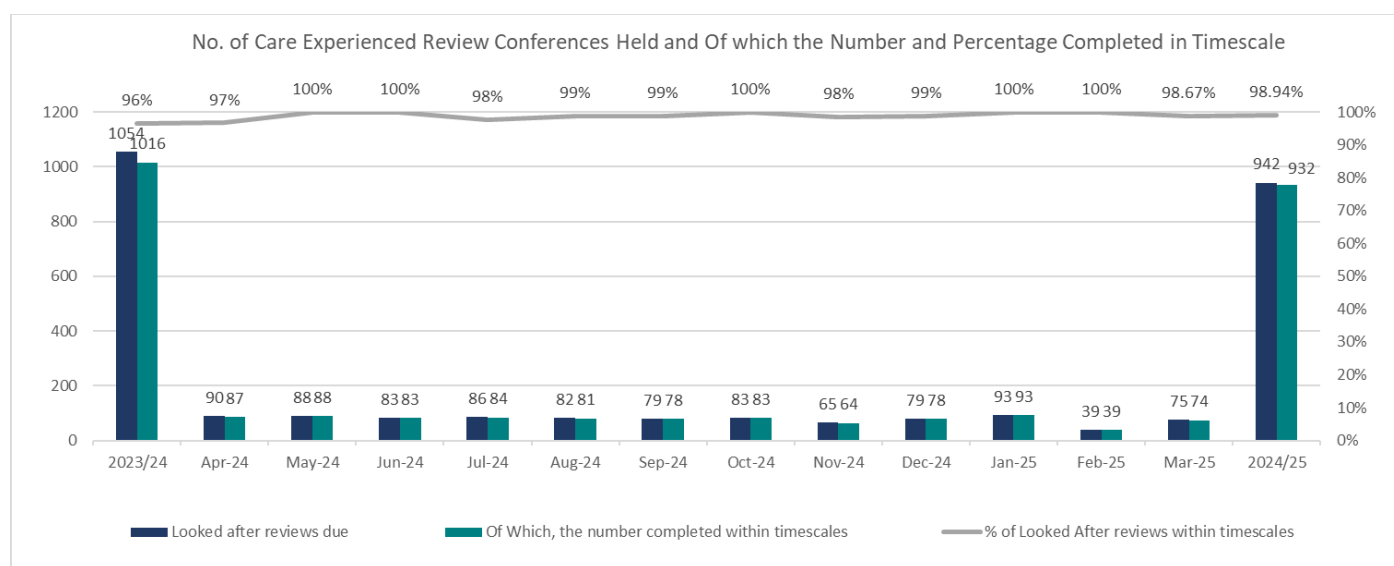
There are robust processes in place to ensure is targeted work in place to ensure that children who can remain with family or return home, do so in a planned and safe way.

The Signs of Safety (SOS) model also supports children being diverted from becoming care experienced. The model emphasises the importance of families finding their own solutions to problems within their own network of family members, friends and community services. The model makes identifying the risks much clearer but also recognises the strengths and what is working well. This enables families to feel empowered and part of the solution.

The Signs of Safety model complements our reunification framework to set clear plans that work towards a clear return home for children to their families. Focus on driving this forward through continued development of the SOS model has been key in progressing child led and co-produced plans for children.

In CTM the number of care experienced children per 10,000 remains higher than the Wales average. Wales has considerably higher rates of children who are care experienced per 10,000 of the population compared to England. On 31st March 2023, 116 per 10,000 of the population were care experienced compared to England where 71 per 10,000 of the population were care experienced.

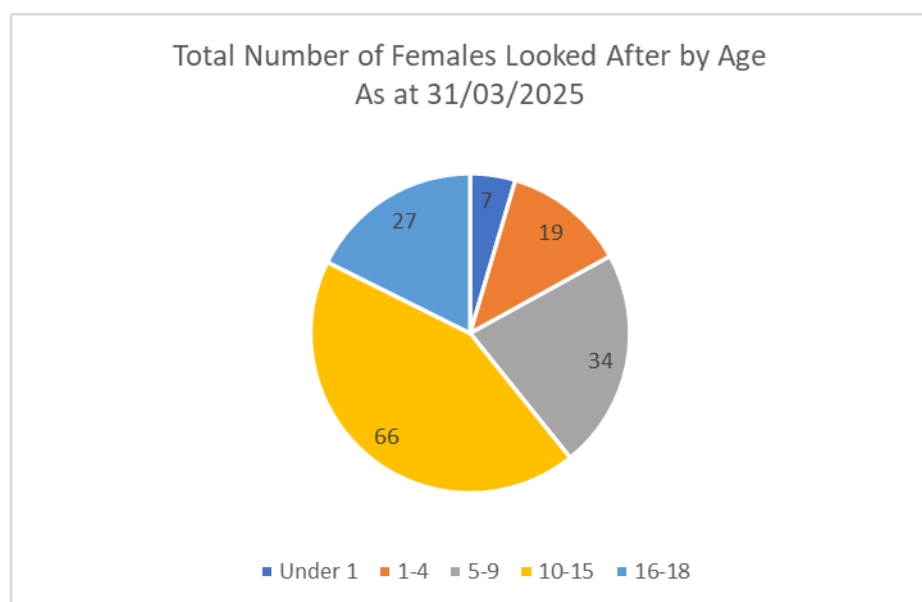
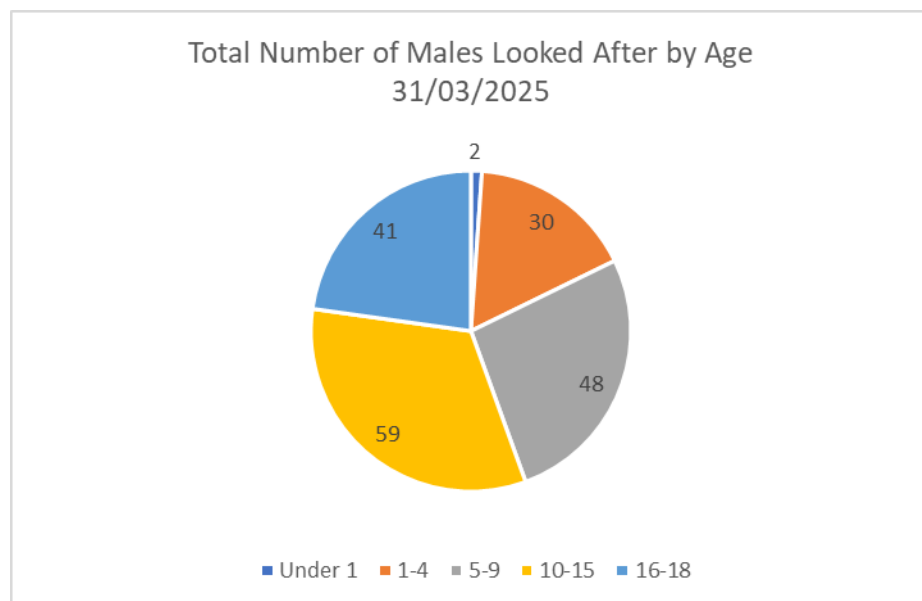
Chart 10 – No. of Care Experience Reviews (CER) and No. Held in Compliance



We have increased our compliance from last year (96%)

Every effort is made to arrange the review within timescales, but this is not always possible due to a multitude of factors including social worker availability, and the availability of the young person should they wish to attend. The IRO Manager monitors this figure on a monthly basis, and highlights concerns to senior managers where necessary.

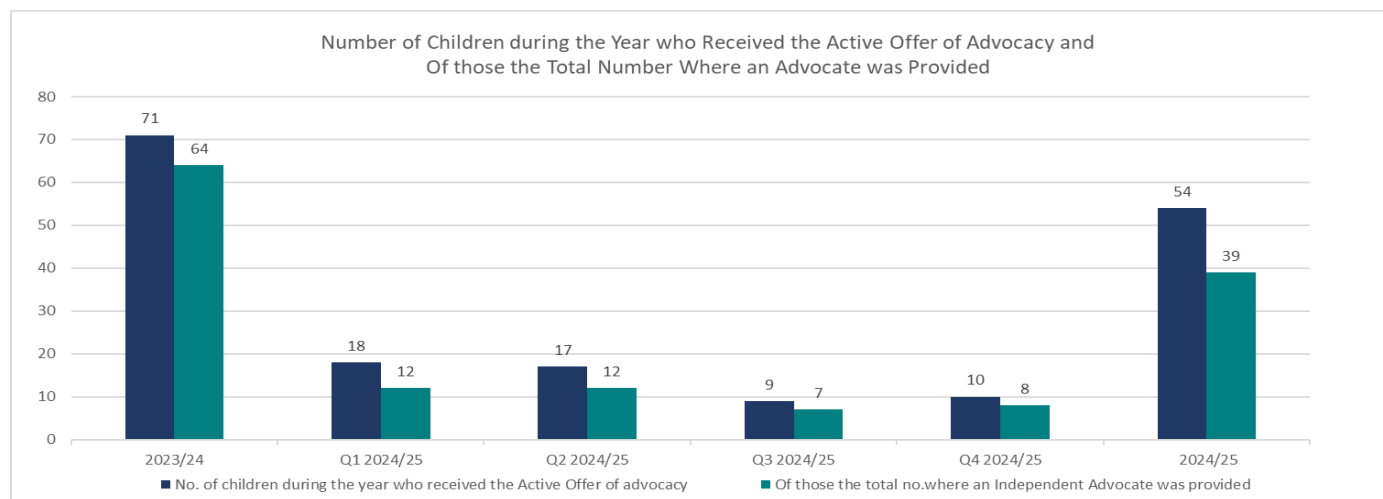
Chart 11 & 12 – Care Experienced Children (CEC) by Gender and Age



The largest age group continues to be those between the ages of 10-15 years for both male and female children this has not changed from the last reporting period.

Advocacy

Chart 13 – Number of children receiving Active Offer of Advocacy and those provided with service.



Since the introduction of the SofS practice model, we have seen a reduction in referrals to the Advocacy services. The SofS model placed much greater emphasis on putting the child at the centre of interventions and decision making. As such we envisaged we would see a reduction because Social Workers are now undertaking a greater level of direct work with children to ascertain their lived experience and wishes, this has negated the need for independent advocacy in many cases, however the offer is still made.

In the last reporting period 64 children had received a service, so we can see this year this figure as slightly reduced to 54.

As part of the IRO consultation with young people, they consistently raise the offer of advocacy and revisit these conversations throughout their involvement.

We have increased our use of Parental Advocacy in this period.

Parent Advocacy aims to reduce the number of children entering the care system in Wales. The Parent Advocacy Programme, funded by Welsh Government as part of its Radical Reform of Social Services, provides choice and control to parents by creating compassionate communities. The goal is to empower families and keep families together wherever possible. We will do this by taking preventative and positive action. The Parent Advocacy Programme supports parents to navigate systems and to be fully involved in the decision-making processes when social services intervention is required. (National Framework for Parent Advocacy)

Regional Service TGP Cymru received funding from Welsh Government to roll out regional services, following the same footprint as the established Children's and Young People's Statutory Advocacy regions. This includes Mid and West Wales, North Wales and Cwm Taf Morgannwg. The funding runs from April 2023 until end of March 2026. The funding made available by Welsh Government was allocated to regions based on their Child Protection population. Following discussions with local authorities, we decided to concentrate the service on child protection related meetings. Bridgend has an allocation of 82 meetings per year and this covers Initial Child Protection Case Conferences, Core Groups and Review Child Protection Case Conferences. We limited the number of meetings per parent/couple per year to try and make the service as accessible to as many parents as possible, so three meetings per year were agreed. Following recent discussions with Bridgend, we have now added CASP (Care and Support Plan) to the referral criteria as take up of the service has been lower than

expected, perhaps linked to the decreasing child protection population. We may further review this with a view to supporting parents of Children Looked After, if it is felt a parent would benefit from advocacy support.

This service is in the early stages of development but to date 11 parents have been supported in meetings. Positive feedback has been received from a number of families;

“It was great being shown the Code of Practice app and the Safeguarding Procedures as we could check for ourselves if things were being done right and we were being treated as we should be. This will help us to speak up for ourselves in the future”.

“You were able to say exactly how things were for us. We think that you being independent made this possible. You were able to represent us when we felt overwhelmed”. “We felt we had a voice.”

Business Support

The previous IRO Annual report discussed the relatively new business support model. In this period, it's pleasing to report this model is now embedded and working well. The model does present some challenges for the IRO Service and has had a slightly detrimental impact on compliance, generally the model is embedded and working well. The IRO Service Manager has regular interface with the team leads for business support to resolve any issues at the earliest opportunity.

Team Meetings

The IRO Service continue to have monthly in person team meetings. The meetings provide a shared learning space for the team and enable learning, themes and practice guidance and directorate priorities and changes to be disseminated. The Team invites speakers and uses this space and additional sessions to work on practice and support.

The IRO Service Manager continues to have quarterly meetings Western Bay Adoption Service, Cafcass Cymru, and other attends forums with regional partners in Cwm Taff Morgannwg. Links have been made with the IRO Team managers for neighbouring Local Authorities to share development and learning for Signs of Safety.

The Team have also embedded a programme of Action learning Sets which acts as a peer support forum focussing on sharing the wealth of expertise within the team.

Case Dispute Resolution and Complaints

In this period the formal case resolution process has been initiated twice regarding care planning for a Care Experienced child. Any escalating concerns have been resolved at an informal stage. There have been complaints managed at team level and feedback has been received regards complaints made via the stage two and independent investigation. The service has received compliments also from colleagues and families.

IRO Quality Assurance Audit

The IRO's complete quality assurance audits after every CER, ICPC and RCPC. The quality assurance audit form provides data on practice standards and captures data and information relating to the IRO standards. Once completed by the IRO following the meeting, the form automatically goes to the Safeguarding Team Manager of the case holding team for their scrutiny and management oversight.

This form also alerts the Safeguarding Team Manager to any outstanding pieces of work, compliance issues and identifies areas of good practice and this has continued during this period.

The IRO Service Manager is also meeting regularly with the Quality Assurance Officer to identify a shared process within the Local Authority for themes, learning and improving practice. The IRO Team Manager has been an active participant of the Reflective Sessions held across the directorate, these sessions have focussed on learning and improving in the areas of Section 47 investigations, strategy meetings and Care and Support Plans and subsequent review meetings.

The IRO team manager has met with the Quality Assurance Manager with a view to compiling a programme of Quality assurance work which enables the team to access both the qualitative data in a meaningful way and the quantitative data about active and lived experience of Children and families. This will be fed back to practitioners and inform the cycle of continuous improvements and active learning within the service.

Parental surveys have been undertaken to gather baseline data for parents' experiences of child protection conferences prior to holding SofS conferences. We now plan to run the same surveys to understand how SofS conferences have provided a different experience. I look forward to reporting the findings as we envisage parents to feel more positive about our new approach.

Independent Legal Advice

The reciprocal agreement with Neath Port Talbot remains in place and enables the IRO Service to have independent legal advice when needed. This has previously been used on several occasions but not in this reporting period.

Cafcass Cymru

The IRO service has a positive working relationship with Cafcass Cymru, and quarterly interface meetings are held. The CAFCASS liaison has commented to D Wright deputy head of Service as follows : *"It was commented that [IRO Team manager] have been very consistent in your commitment to the interface meetings and seem very focussed on practice. "*

The resolutions protocol allows the IRO Service to refer a case to Cafcass if the IRO believes the child's human rights are not being met by the local authority and they have been unsuccessful in resolving this via the resolutions protocol. In this period the IRO Service has not referred any case to Cafcass, however, they do liaise with Cafcass regularly and ensure Cafcass is invited to CERs for any children who has an allocated Cafcass officer. As a result, IROs are alerted more quickly to issues arising in the court process and can liaise at an earlier stage where disputes arise with the Local Authority. This relationship provides Children's Guardians with the means to communicate issues arising directly with the IRO that are relevant to the on-going development and monitoring of a care plan, either during proceedings or following an Order being granted. IRO's are required to give feedback on Court Care Plans and ADM decision making. IRO feedback is sought when care planning for children changes such as when a Placement with Parents is being considered for a Care Experienced child or when a Child is Placed for Adoption.

Lisa French-IRO Service Manager.

Appendix 1-Action Plan

Appendix 2-Team Plan

