



Independent Reviewing Officers

Annual Report 2015-2016

Author: Jackie Deas

**Deputy Safeguarding Lead : Children and
Quality Assurance**

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1. Introduction

- 1.1 This is the Annual Report of the Independent Reviewing Officers (IROs) and covers the period April 2015 to March 2016.
- 1.2 During this reporting period, the team has achieved a full complement of staff following a seven month period of vacancies which were partially filled by agency staff. There has been a new case management recording system introduced, this has meant a change to practice and workflow recording. It is also taking some time to develop the data reports which consequently leaves this report limited in its presentation of performance information.

2. Structure and Reporting Arrangements

- 2.1 The IROs are managed within the Safeguarding and Quality Assurance Service and are line managed by the Deputy Safeguarding Lead: Children and Quality Assurance. There are three full time equivalent posts within the Service and one full time Administrator. This service sits within the Children and Young People Strategy and Commissioning Division in Children's Services.
- 2.2 The IRO Handbook suggests that an estimated caseload of 50-70 Children in Care is a reasonable level for a full time equivalent IRO; this represents good practice in order to enable the delivery of a quality service. The IROs caseload is consistently within those guidelines.
- 2.3 The Children in Care and Moving on Team are managed by the Service Manager: Care Outcomes, who works within the Children's Specialist and Targeted Services. However some Children in Care have Social Workers in other Teams and allocation depends on the stage of care proceedings, whether they have additional needs and are in receipt of short breaks provision.
- 2.4 Placements for Children in Care are provided by either the internal Family Placement Team or by Placements Commissioning who procure placements with Independent Fostering Agencies and residential providers across England and Wales.
- 2.5 Under the guidance of the IRO Handbook, the Service is required to submit an annual report to the Corporate Parenting Board and there is a local arrangement for it to also be submitted to the LSCB. A mid-year report is also provided to the People and Communities Leadership Team.

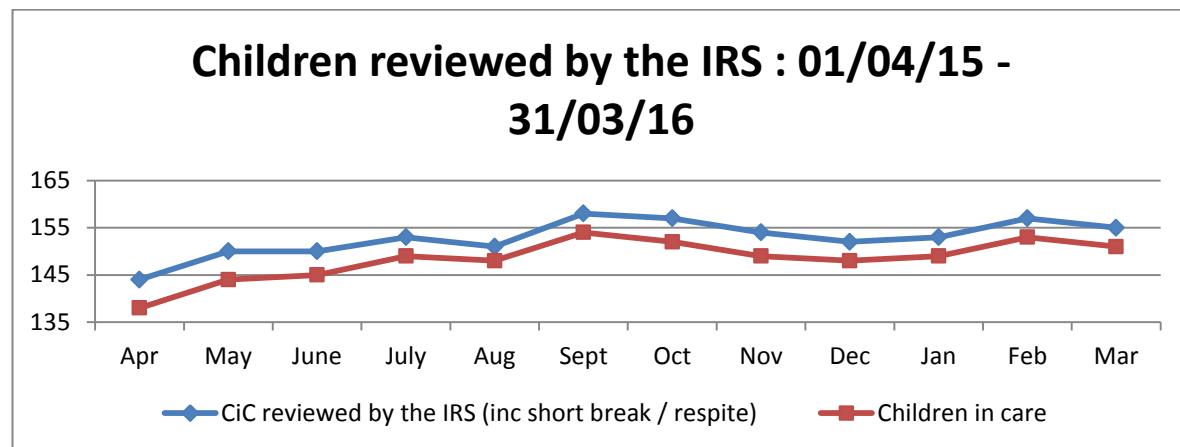
3. Profile of the Children and Young People in Care

3.1 Number of Children in Care Reviewed by the IROS

Diagram 1 below shows the number of Children reviewed by the IROs including children on short break respite who are also reviewed by the IROs. There was a steady increase in numbers of Children in Care in the first six months of the year. The population in care was at its highest in September and it has reduced since,

with a peak again in February. The increase has been in part due to a number of children proceeding to care orders through the court process.

3.2 Diagram 1: Children in Care Reviewed by the Independent Review Service



3.3 During the period of this report, 66 children left care. Table 1 shows the reasons for care episodes ending.

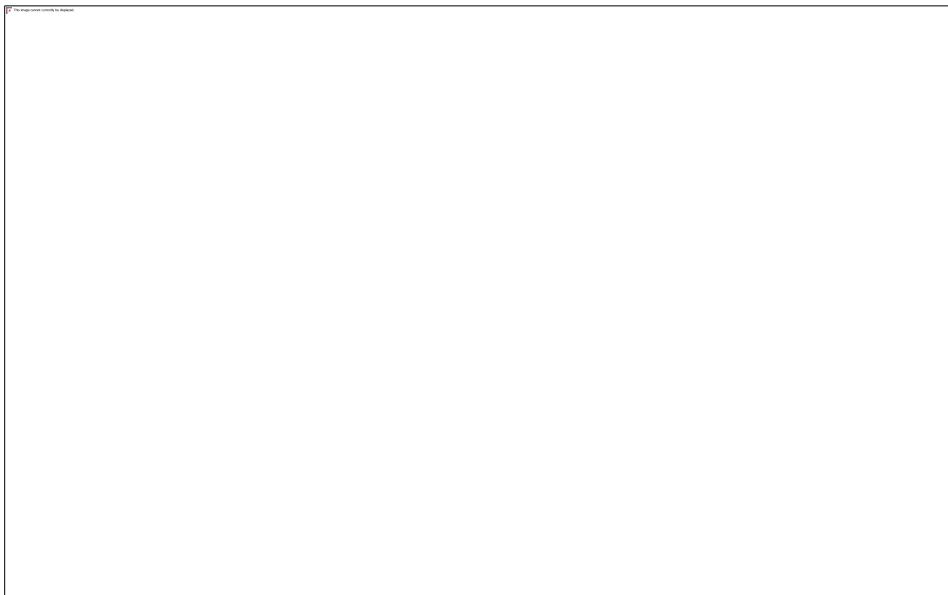
Table 1

Returned home	17
Adoptions	4
Special Guardianship Order	7
Short Break ended (not reviewed)	13
Transferred to adult services	3
Living with an adult without parental responsibility	4
Independent arrangement	13
Turned 18	4
Missing – (then choose to live in another area)	1

3.4 Ethnicity of Children in Care

3.5 The ethnicity of Children in Care is set out in Diagram 2. The number of Children in Care from BME backgrounds has decreased from the previous year. There is however no significant change since last year's report with the majority of Children in Care being White British. During this period, the Local Authority cared for two unaccompanied asylum seekers; one of the unaccompanied asylum seeker has now reached 18. In addition two children in the category Asian were placed in care following the police being alerted under Modern Slavery processes.

3.6 Diagram 2: Ethnicity of Children in Care as at 31.03.16



3.7 Given the number of BME Children in Care it is important to note that the majority of carers who children are placed with are white. Cultural and heritage issues related to a child's ethnic background are crucial to ensuring that all the protective factors are supported to enable young people in care to achieve better outcomes. The IROs continue to highlight the unmet ethnicity needs of young people.

3.8 Placements outside B&NES

The Annual Sufficiency Report 2015 outlined that, as a Local Authority, we have previously counted children who were placed more than 20 miles away from B&NES borders as being 'away from their home' area. From April 2015, the use of the term away from home area has been amended to 'children who are placed beyond our immediate adjacent local authorities' – Wiltshire, South Gloucestershire, Bristol, North Somerset and Somerset.

3.9 The majority of children and young people in B&NES are placed in the authorities adjacent to the home area in Foster Placements provided by Local Authority Foster Carers or Independent Fostering Agencies.

3.10 Out of a total of 149 Children in Care at the end of the reporting period, 15 were placed outside of the adjacent authorities. The breakdown of location is as follows:

- Four children in residential schools
- Two children in residential care homes
- Two children in parent and baby units
- Four children in foster homes (eight placements over the year)
- One young person in a semi-independent placement
- Two children placed with kinship carers under Regulation 24 Placement with Family and Friends under the Children Act 1989

3.11 Children who are placed further from home do require a higher level of vigilance than those children who are closer and who are more able to have regular

contacts with their familial and friendship networks. The IROs audited 20 children who are placed outside B&NES.

3.12 For the purposes of the audit, the IROs chose 20 children placed outside the actual geographical border of B&NES. The audit highlighted some good practice and the main findings that will help service improvement were as follows:

- That whilst the majority of Children in Care had an assessment a significant number of assessments had not been updated within a two year period; this is now being addressed and Children Social Care are committed to ensuring these are in place
- A significant number of children's views were taken into account in planning and review stages
- All children whose files were audited had appropriate contact with family and friends
- 85% of cases had been monitored by IROs during reviews which demonstrate best practice
- The audit highlighted that some children were not being visited at required frequencies
- The audit highlighted a gap in the recording of PEPs which was immediately remedied in those cases
- 95% of children had Care Plans
- 95% of children had Health Plans

3.13 Whilst the number of children and young people placed outside of the adjacent authorities is low, a child who is placed in the farthest reach of Somerset or Wiltshire is still a considerable distance from their original home address and professional network. The definition of this boundary is pragmatic but does not necessarily indicate a child's proximity to 'home' services.

4. IRO Activity and the Difference Made to Children and Young People in Care

4.1 During this period, the IROs have undertaken a total of 398 reviews. The team held a vacancy for seven months which was covered by agency staff and coincided with a significant spike in Child Protection Plans which necessitated re-deploying IRO capacity to cover Child Protection Conferences. This has had an impact on both the IROs capacity and the consistency of service delivery. The team has welcomed two new substantive members to the service in October 2015 with the third new substantive part time post holder starting in April 2016.

4.2 As the Safeguarding and Quality Assurance Service has re-established itself after holding vacancies for most of 2015 and has developed two roles to enable flexibility to cover both the IRO and Child Protection Chair role, there is work to be done over the next six months to weigh cases and consider the impact of travel and other caseload factors upon the team's workload. The Deputy Safeguarding Lead: Children and Quality Assurance will also undertake a scoping exercise with "like" authorities to establish whether the team's level of reviewing and visits is consistent with similar sized authorities.

4.3 As a team, the IROs are committed to ensuring their own practice is as good as it can be. In the course of the following twelve months, a system for establishing

more robust methods of monitoring the team's own performance will be developed using practice standards. This presents a good opportunity to ensure processes are effective.

- 4.4 The implementation of the new case management recording system has had a significant impact on the team, for example, IROs have not been able to record their reviews until the social work report is signed off and this has not been a seamless process. The IROs have made a significant contribution to progressing the use of the case management recording system and have raised issues accordingly and had a constructive dialogue with the Project Team. As the system becomes more embedded and we continue to offer feedback to the Project Team, these issues should ease.

4.5 Timeliness of Reviews

The IROs have reported challenges related to organising reviews this year. Arranging reviews is a shared responsibility between IROs and Children's Social Care and has been difficult partly because of changes of staff in both Teams. Reviews have needed to be re-organised which has impacted on timeliness, as has the implementation of the case recording system. The previous case management system automatically notified the IRO Administrator of children entering care and this helped everyone ensure timeliness. The new system does not have this facility and this has impacted on the consistency of timeliness of notifications to the IROs. This has also been identified in the Children in Care Quality Assurance Sub Group who audited a sample of new children in to care during 2015-16. A system for recording new children in care needs to be established which supports timeliness.

- 4.6 Performance against the local indicator (previously NI66) for timeliness of reviews for all Children in Care had remained consistently very good at the end of Q2 of 2015 and was reported in the six month IRO report at 95.5%. The reasons for reviews not taking place in a timely manner were because of lack of availability of the IRO in one instance, social work sickness and a change of placement.
- 4.7 The timeliness of reviews was not reported on in the Quarter Three Performance reporting due to the difficulties in establishing the data during the case recording system transition period. The Deputy Safeguarding Lead: Children and Quality Assurance was able to establish that six reviews had been out of timescales. We await the end of year performance information on this.
- 4.8 The IRO Administrator supports the team in ensuring all relevant parties receive notes from reviews within twenty working days. During 2015-16, 84.6% of notes of reviews were sent out within 20 working days.

4.9 Participation and Feedback from Children and Young People, Parents and Carers

- 4.10 The IROs undertook an audit in February 2015 into how children and young people, parents and carers rated the Service and this informed the Team's work plan.

- The IROs worked with the Family Placement Team to introduce a feedback form for foster carers to contribute to Children in Care reviews and for the IROs to contribute to Foster Carers reviews.
- Following on from Voice training, training set up by B&NES and offered to other local authorities to promote children's participation in the summer of 2015, a new 'Lucky Dip' sack was designed for use with younger children to help them 'chair' & participate in their review. The IRO who initiated this said: '*I have used these in a number of reviews for little children. This was in response to the Participation training we had where the idea of a 'Lucky Dip'/Picture card sack was suggested. The children love it.*'
- Children and Young People are offered the opportunity to contribute to their review by completing a consultation form and to providing feedback afterwards. In 2015-16, 18 feedback forms were returned by children and young people and 96 by adults. Participants are asked to rate the service they receive from an IRO out of ten, ten being the highest score. The average for 2015-16 was 8.41 down from an average score in 2014-15 of 9.35. This will need to be looked into in more detail and understood fully.
- These are some comments young people have made:
 - *Give more consideration towards my views / opinions*
 - *I would only like to stay for a little bit of my review because I get easily bored and distracted and I think it's better for the adults to have a chat instead of having to ask me questions as I get quite shy*
 - *Thank you for listening*
 - *IRO rating: 100!!*
- The Mobile App for phones and tablets, MOMO (Mind of My Own), was introduced in February 2016 and the IROs will help as many young people as possible to decide if this is their preferred method of feedback. Currently the uptake has been below ten children and this will be monitored over the course of the year.
- The IROs continue to ensure that children and young people understand the Local Authority's Complaints Procedure and are supported to make a complaint by their IRO or Advocate. A total of five complaints and two representations were made by young people in 2015-16. None of these complaints were made about the IROs although members of the Team were interviewed as part of the Complaints process.

4.11 At the six monthly report stage in November 2015, 78% of children and young people had participated in their own review. The data for participation for the year end is not available. The Advocacy Service provided by Off the Record reports that 221 Children in Care were contacted during 2015-16 and 46 were supported at their review by an advocate.

4.12 The IROs met with Off the Record to address how they were working together and had some useful actions to take forward. They discussed how best to prepare young people for reviews; how to avoid duplication for children and young people and supporting the production of child friendly Care Plans. One of the IROs represents the Team on the 'In Care Council' Steering Group.

4.13 Health Assessments

- 4.14 Based on information provided by the Designated Nurse for Looked after Children, timeliness of completion of Initial Health Assessments (IHAs) within 28 days of the child entering care (or 20 working days) has improved to 78% during the last quarter from January to March 2016. In quarter four 89% of the IHAs were completed within 28 days of notification from Children's Social Care to the LAC Health Team that the child had entered a care placement. For quarter four, nine Initial Health Assessments were completed by paediatricians for B&NES children. Unfortunately there was late notification from Children's Social Care for two out of the nine children. This had a negative impact on the timeliness of completion of the Initial Health Assessments as there were no available paediatricians' clinics within the three weeks left of the recommended timescale.
- 4.15 The Designated Doctor and Designated Nurse for Children in Care meet regularly with the IROs about health assessments and health plans and are particularly concerned about young people who refuse health assessments and how these can be facilitated to help young people address their health issues and meet their health needs. The level of open communication between health and social care demonstrates an example of good practice. Since discussion with the IROs, the LAC Nurse has communicated regularly with the Social Workers of two young people who had declined health assessments. Both these young people have now agreed to see the LAC Nurse to address specific health needs for example, immunisation, though not consenting to a full health assessment. These are two examples of recent co-working focussed on the Child in Care with the aim of improving specific health outcomes for the young people.

5. Areas of IRO Scrutiny and Monitoring

- 5.1 The IRO Handbook outlines the role of the IRO in providing scrutiny and monitoring – Quality Assurance - to the Local Authority. This section focusses on issues that have emerged from the regular monitoring functions.

5.2 Social Work reports on time

The six month IRO Report which was completed in October 2015, highlighted that 52% of social work reports had not been signed off by Managers. This was raised at the IRO/Social Care Liaison Meeting in November 2015 and Children Social Care are addressing this, a progress update will be provided in October 2016

5.3 Assessments, Care Plans and Pathway Plans

The IROs have been providing feedback on this key issue to Service Managers in Children's Social Care through the informal and formal issues resolution process, to the Divisional Director for Children and Young People's Specialist and Targeted Services and in the IRO/Children's Social Care Liaison Group. Progress on assessments is monitored in the Service Level Agreement with Children's Social Care.

- 5.4 Within the Children in Care and Moving on Team, 91.2% of Children in Care now have an up to date assessment. This is defined as an assessment which has been

completed within the last two years and can include a Single Assessment, a Child's Permanence Report, a Pathway Plan Needs Assessment, an Education Health Plan or a Sibling Together or Apart Assessment. The Service Manager for Children in Care Outcomes has advised that the remaining assessments will be updated imminently.

5.5 Whilst there is significant improvement in this area of practice, the IROs continue to report that they have chaired reviews without up to date assessment. A dip sample was taken from reviews chaired in January to March 2016 and a total of 29 were without an up to date assessment at that point. Many of these will be included in the 91.2% above. The IROs would also comment that the quality of assessments is not consistent and this issue has been shared in feedback at the IRO/Social Care Liaison meeting and with the Principal Social Worker. It would be useful to refresh the Assessment Policy on Tri-X (the Procedures Manual for Children's Service staff) for assessments and to include risk assessments in this.

5.6 All children under 16 have Care Plans. It is the IRO view that the quality of these is variable and very few children have said they have seen their Plan before their review. IRO's have asked Children's Social Care to provide Child Friendly Care Plans to all children and effort is being made to ensure this happens. The IROs will continue to monitor this.

5.7 With the introduction of Liquid Logic (the new client record management system) there appears to be a gap in the recording process for Care Plans and Pathway Plans for 16+ Children in Care. There is a potential concern that the Local Authority is therefore not fully meeting the Care Planning Regulations 2010 in all cases however the IROs and Children Social Care are aware of this.

5.8 Permanence Planning

5.9 At a child's first review, Permanence options will be discussed with a clear expectation that a Permanence Plan will be completed by the next review held at three months. The legal duty is that there is an achievable plan of permanence available by the 4th month of the care episode.

5.10 Since the Annual Report 2014-15, Children's Social Care has established a permanency tracker which monitors the permanence planning for Children in Care. This is a useful and welcome development.

5.11 The IROs view is represented at the Permanence Panel by the Social Worker for the child whose duty it will be to consult with the IRO and represent their views at the Panel. The IRO is advised by email of any decision or outcomes and the Panel does not produce a Plan in written form. It is then often incumbent on the IRO to document and detail the plan in the Review and to use language that the parents and child will understand. If it were set out in a written form, this would be clearer for all parties and parents would be more informed and involved. This system would benefit from being more robust and a Policy would support this.

5.12 Working with Children who are subject to Court Proceedings

5.13 The IROs have led work to establish a Protocol between Children's Social Care, Legal and Democratic Services and IROs to make sure there is a clear policy for IROs to endorse Court Care Plans. This Protocol was agreed and disseminated in February 2016.

5.14 The Protocol will be reviewed at six months and the IROs look forward to seeing progress on this key piece of work.

5.15 The Head of Safeguarding and the Deputy Safeguarding Lead met with the Head of Legal and Democratic Services to discuss the need for IROs to have access to independent legal advice in the summer of 2015. As a result of this meeting there is confidence that this will be available if requested and a formal process will be written.

5.16 Placements for 16-17 Year olds.

Whilst the Local Authority is meeting its Sufficiency Duty in terms of sufficient numbers of placements for this age range, some placements for 16-17 year olds put into question whether the accommodation meets their needs. The IROs have raised examples of 16-17 year olds in unregulated placements which need closer monitoring. The LSCB Children in Care Quality Assurance Sub Group will audit a sample of these cases at the IROs request in July 2016.

5.17 Services for traumatised and abused children

The IROs continue to observe that there are limited services for our most traumatised and abused children in terms of therapeutic services. This has been raised in a number of previous Annual Reports and is a countrywide issue for Children in Care. The IROs are aware that the universal Strengths and Difficulties Questionnaire (SDQ) system is in place for our Children in Care in B&NES and are keen to look in more depth at the impact of the SDQ on informing individual services for children and young people.

6. Quality Assurance and Feedback to Children's Social Care

6.1 As stated previously the IRO Handbook outlines the role of the IRO in providing scrutiny and monitoring – Quality Assurance - to the Local Authority. Aside from the daily tasks and expectations outlined in the IRO Handbook, which includes feedback from reviews and monitoring cases in-between, the IROs have the following mechanisms for providing the quality assurance function. They are

- Monthly feedback provided to the Deputy Safeguarding Lead: Children and Quality Assurance for the Service Level Agreement Report
- Attendance at the Children in Care Quality Assurance Sub Group of the LSCB
- Input to the IRO/Social Care Liaison Meeting (a quarterly meeting)
- Audit activity

6.2 The IROs have strengthened their role in quality assurance and have done this by:

- Highlighting information from audits undertaken in the year, made recommendations for changes and monitored the progress on these

- Raising concerns and challenges; these have been presented to Social workers and their Managers and the impact of these is being monitored
- Continuing auditing via the LSCB multi-agency Children in Care Quality Assurance Sub Group

6.3 Audits: Since the last Annual Report, the IROs have conducted an audit which is referenced in paragraph 3.11 of this Report. This was a substantial piece of work which reviewed 20 cases of children placed out of county. A full list of recommendations was outlined in the Report and several have already been actioned since the audit was undertaken in December 2015.

6.4 Feedback to Children's Social Care

6.5 The IROs feed back to Social Workers and Team Managers regularly as part of their monitoring function as outlined in the IRO Handbook. Their footprint is extensive and often in the course of daily monitoring, informal and formal challenges are also raised. By the end of Quarter 2, the IROs had made 20 direct challenges, formal and informal. Since the new case recording system has been implemented, the team have been unable to log the data on challenges and a request has been made to ensure this can be amended so that this information can be used effectively.

6.6 There is still work to do within the team and with colleagues in Children's Social Care on how we progress and quality assure challenge consistently. The Team need to be assured that they will receive responses to challenges and that they are able to evidence the impact for Children in Care.

6.7 The IROs continued to provide monthly feedback to the Divisional Director for Children and Young People's Specialist and Targeted Services which is a collation of themes and specific issues which have occurred during that month. In January 2016, the decision was made to submit this information as a report which will go directly to the Service Level Agreement with Children's Social Care and assist in monitoring the service to Children in Care more widely. The first six month Report will be submitted in July 2016.

6.8 During the course of the year, feedback has been provided to the Deputy Safeguarding Lead: Children and Quality Assurance and the Divisional Director for Children's Specialist and Targeted Services on the following categories. The table below provides highlights provided from the substantive members of staff within the Team during the year.

Feedback	Number of times raised
1) Cases where assessment is not up to date. Care / Pathway Plan is missing. Child / parents / carers do not have copies of Care Plan	45
2) Plans that do not show progress and where agreed actions from reviews have not been followed through	16
3) CIC cases where practice and/or decision making causes concern	17
4) Concern about the speed at which the Permanency Plan is being	10

progressed?	
5) Cases which demonstrate good practice and drive forward the Care Plan	34
6) Cases where equality and diversity are not sufficiently addressed in the Care Plan	10

6.9 Since the 2014-15 Annual Report the IROs conducted one thematic audit and the have contributed to the multi-agency audits for the Children in Care Quality Assurance Sub Group (CICQASG). The CICQASG is chaired by the Deputy Safeguarding Lead: Children and Quality Assurance and it became a formal LSCB Sub Group in September 2015. Progress with additional thematic audits has not been possible due to capacity this year and the team will endeavour to undertake auditing activity in August 2016.

6.10 As a result of their Quality Assurance functions, the IROs have made a difference in the following ways:

- They have continued to highlight issues about assessments for children and young people being updated and monitored
- They have raised concerns about the quality of assessments and risk assessments
- They have led the development production of a protocol for children in court proceedings to ensure their plan is endorsed by an IRO
- They have appropriately raised issues for children out of the immediate area
- They have raised issues continually on a case-by-case basis to ensure the local authority is meeting the needs of the child

7. Review of Priorities for 2015-16

1. The Team will continue to contribute to the Self-Assessment group and ensure that their work is contributing to preparations for an Inspection. *The Team have been unable to maintain membership of this group and will review their participation with the Director and Head of Safeguarding.*
2. The IROs will continue to develop and consolidate its quality assurance functions and deliver a consistent service in line with the IRO Handbook, the NAIRO Toolkit, and the Resolution Protocol with Children's Social Care and will be committed to developing a culture that drives forward all plans for children and young people in care. *This is ongoing and is a fundamental principle to the work and culture of the Team.*
3. The Safeguarding and Quality Assurance Team will work with the Head of Legal Services to consolidate a permanent arrangement for IROs to receive Independent Legal Advice as outlined in the IRO Handbook. *A meeting has been held with the Head of Legal and Democratic Services and this is being progressed.*
4. The IROs will increase the quality of participation of children and young people in their Reviews, including enabling young people and children to chair their own reviews. *This work is developing following the delivery of training by VOICE. The IROs have encouraged young people to chair their own reviews*

and have started to collect data on this which will be reported in the six monthly report in September 2016. IROs played a key part in identifying the MOMO app and promoting it as a good initiative for B&NES.

5. The IROs will increase the ways in which young people are enabled to feel confident to make complaints. *This is an ongoing action that the Team are committed to.*
6. The IROs will build and maintain a commitment to ensuring the individual needs of children and young people are met in the reviewing process, using the learning from training planned for May 2015. *Training took place.*
7. With Children's Social Care the IROs will monitor progress on updating assessments for Children in Care. *This is reflected in the body of the report. The IROs have provided feedback on the quality of assessment to the Principal Social Worker.*
8. The IROs will continue to monitor Care Plans and Pathway Plans and report the progress to the Leadership Team and the LSCB. *This is reflected in the body of the report*
9. The IROs will continue to seek clarity for children on Section 20 on short breaks who may require health and education plans. *This action will need to progress in line with SEND implementation and the use of Education, Health and care Plans*

8. Priorities for 2016-17

1. The IROs will develop a consistency of practice in relation to the processes they follow, recording of reviews and how the voice of the child and adult is reflected in review minutes.
2. The IROs will contribute to the Quality Assurance Framework which is being developed by the Head of Safeguarding and Quality Assurance.
3. The IROs have established a required set of reports from the case recording system which will enable the service to establish a performance management framework and will continue to work with colleagues to ensure these reporting mechanisms are available on the system.
4. The IROs will continue to monitor the progress of assessments in children and young people's reviews and will reference agreed target dates.
5. The IROs will review the Resolution Protocol with Children's Social Care and clarify the process for feedback on issues raised at all levels.
6. The IROs will meet the Advocacy Service on a regular basis.
7. The IROs will review progress with SDQs for Children in Care and feed any relevant information to the CICQASG or Children's Specialist Commissioners.
8. The IROs will contribute to the additional Policies which have been suggested in this report on Assessment (including risk assessment) and Permanence.
9. The Deputy Safeguarding Lead: Children and Quality Assurance will work with other IRO Managers to establish a comparable system for weighting cases and the numbers of reviews being undertaken per area. This will help demonstrate in more detail the quantity of work the IROs undertake.
10. The IROs will ensure that minutes are sent out to children and young people in a timely manner.

11. There is a significant proportion of BME children and young people in care and the reasons for this need to be looked at with Early Help colleagues and the Children's Social Care Duty Team. The IROs will champion this group of children and young people.
12. The IROs and Court Protocol will be reviewed.
13. The IROs will review the Care Planning Regulations 2015 and, in partnership with Children's Social Care, consider any changes to practice.
14. The IROs will work alongside the In Care Council and Shout Out to ensure the Voice of the Child is central to the reviewing process and the service is responsive to what they are telling us. The IROS will use feedback from children and young people to refine the service.