

IRO Annual Report

2024-25

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1. Introduction

“We are aspirational for all children and young people. We lead with excellence and promote best practice in partnership with each child and the important people in their life. The child’s voice is key, and we independently advocate and review children’s plans so they can be kept safe and reach their full potential.”

The Safeguarding Service’s vision, 2024

There is a requirement, set out in the IRO handbook (paragraph 7.11), that the IRO service should produce an annual report for the scrutiny of the corporate parenting board. This report should identify good practice over the past year and highlight issues for further development.

Separate reports have been produced to look at the activity around the child protection process and the work of the LADO (Local Authority Designated Officer) which also sit in the Safeguarding Service.

This report covers the IRO service during the period from 1 April 2024 to 31 March 2025. As per the requirements of the handbook, it will set out the work undertaken within the service and provide a commentary regarding the statistical information. It will refer to the procedures around resolving concerns, the extent of participation and the development of the IRO service. It also will review progress in relation to the targets set for the previous year and set new ones for the year ahead.

2. The role and purpose of the Independent Reviewing Officer

The appointment of an independent reviewing officer (IRO) is a legal requirement under Section 118 of the Adoption and Children Act 2002.

IRO’s make an important contribution to the goal of significantly improving outcomes for looked after children. Their primary focus is to quality assure the care planning process for each child and to ensure that his/her current wishes and feelings are given full consideration.

In March 2010 the Government issued new statutory guidance for local authorities and IRO’s on care planning and reviewing arrangements for looked after children. Broadly the expectations are as follows:

- Promoting the voice of the child
- Ensuring plans are based on up to date detailed and informed assessment
- Identifying any gaps in the assessment process or provision of service
- Making sure that the child understands how an advocate could help and their entitlement to one.
- Ensuring that there is no drift and delay in the care planning and delivery of service
- Monitoring the activity of the responsible authority as a corporate parent

It is not the responsibility of the IRO to manage the case, supervise the Social Worker or devise the care plan. It is important for the IRO to develop a relationship with the child.

The primary focus of the IRO is to quality assurance the care planning and review process for each child and to ensure that their current wishes and feelings are given full consideration.

In each childcare review the IRO will consider the holistic care plan for the child paying particular attention to the plan for long term permanency ensuring a consistent plan for the child throughout the duration of their childhood. The IRO will find out about the health, education, emotional and behavioural development of the child alongside issues around identity, family and social relationships, social presentation and self-care skills.

There is an expectation that the IRO will check that the child has appropriate savings and a bank account where appropriate. Rights and entitlements around having a passport, and a driving licence are discussed and ensuring that a national insurance number has been applied for when the child is of sufficient age.

A year ago, the Safeguarding service was restructured to separate the Independent Reviewing Officer (IRO) role from the Independent Child Protection Chair role. This was in response to the demand upon the service because of an increase in both the numbers of children who are looked after and those subject to Child Protection Plans. Overall, the Safeguarding service has seen an increase upon the service of 28.8% over the past 12 months, and specifically an 18% increase in our children who are looked after.

To accommodate this continued increase in demand upon the service the decision was made to split the 2 independent chair roles, creating 6 independent reviewing officer and 4 independent child protection chairs. This has allowed officers to be efficient and robust in their area of expertise. The data which is explored within the report supports the concept of this change, as despite the increase in demand on the service the overall performance data of the service has continued to improve over these past 12 months.

The IRO's in Milton Keynes are an experienced group of professionals who bring knowledge and skills to their work with young people and their families. Many IRO's have had previous experience of management in other areas and have occupied specialist roles. We have had good staff retention with only one new IRO joining the service over the past year which has allowed continuity for children and the service alike. IROs offer expert support to one another and to operational colleagues to achieve the best possible outcomes for looked after children and those leaving care.

Conferences are often managed as hybrid conferences, where the family, IRO and the Social Worker attend in person however certain professionals can join via Microsoft Teams, which encourages good attendance from the multiagency network. IROs continue to liaise with families, carers and professionals in advance of meetings to ensure that the focus remains on the child and that the voice of the child is kept central to the process.

3. Milton Keynes and the Safeguarding Service

Milton Keynes has continued in both its population growth and development over the past year, with the city being consistently ranked as one of the fastest growing urban areas of the UK. Over the past 12 months the population growth rate has been around 1.5-2% largely due to migration from other areas of the UK with the continued demand for housing. The city attracts people due to its affordability compared to London, its growing job market and its appeal as a place for young professionals and families. There has been an increase in people relocating from London as they

seek more affordable housing and a better quality of life while staying in a reasonable commutable distance. Therefore, Milton Keynes has experienced a significant housing boom, and new developments have been a response in this demand for home particularly in areas like Bletchley, Wavendon and Stony Stratford. Milton Keynes also has a highly diverse population, with around 40% of the population from minority ethnic backgrounds with significant communities from Asian (especially Indian and Pakistani) Black (Caribbean and African) and Eastern European (Polish and Romanian) backgrounds. The population is relatively young, with 24-26% of the total population under 18 years of age. This is higher than the national average for England and Wales where this percentage is more typically 21-22%. This results in a growing demand for schools, both primary and secondary and other family related infrastructure such as parks, recreational activities and targeted early help services.

Milton Keynes is a relatively affluent and growing city and has a mix of socio-economic backgrounds across its neighbourhoods. As an overall city Milton Keynes is above average in terms of wealth, education and access to services. However, like many cities it has areas of deprivation where families experience poorer living conditions, lower income, and fewer access to opportunities. These areas can have significant implications for child protection and the wellbeing of children growing up there. The index of multiple deprivation (IMD) that measures deprivation across different dimensions such as income, housing, education and health highlighted areas of Milton Keynes that face higher levels of deprivation. The most notable areas of concern are generally in the south and west of the city. In these areas there are significant geographical inequalities with certain neighbourhoods ranking lower and more deprived than the average.

Deprivation in these areas can result in increased financial stress for families which can lead to emotional stress and mental health challenges, domestic abuse and parental substance abuse are also often linked to poverty and mental health challenges. In response to these challenges Milton Keynes have focused on several key initiatives to help safeguarding children in deprived areas, such as the targeted early help service and school support services with dedicated pastoral support teams and school counsellors.

In the 2021 census the Office for National Statistics (ONS) evidenced that 48.7% of households in Milton Keynes were deprived in at least one of the assessed dimensions of deprivation. This statistic masks the true picture of some areas of significant deprivation in Milton Keynes. 18 areas in Milton Keynes are ranked in the 20% most deprived nationally with 8 amongst the most deprived 10%. This is particularly notable within Bletchley East, Woughton and Fishermead wards which were ranked in the 3% most deprived areas in England. There is a high correlation between children on Child Protection Plans within these areas. This is notable as sometimes the family stress of social and economic deprivation can contribute to an increase in neglectful care, mental health challenges and domestic violence. The need to understand and support these specific communities is important as this year 44% of children subject to Child Protection Plans in Milton Keynes become looked after children.

There is a wealth of research linking socio-economic inequalities and poverty to the occurrence of Child Protection concerns, a study by Cheng & Lo (2015) found that maternal stress, which is linked to financial instability can lead to impaired parenting and an increase in neglecting a child's emotional and physical needs. The UNICEF report (2012) highlighted the negative impact of poverty on a child's mental health and found that poorer households are more likely to experience

psychological distress and behavioural problems. Hughes and Goodfellow (2020) found that county lines and exploitation is more prevalent in deprived areas and young people from low-income families are often exploited. The evidence base consistently demonstrates that poverty significantly increases the risk of child neglect, abuse and exploitation. Therefore, tackling child protection concerns requires not addressing only family's needs but the broader structural inequalities that exacerbate these risks. Interventions must focus on providing social support, improving access to services and reducing poverty at a systemic level to prevent harm and promote children's safety and wellbeing.

The population growth in these identified areas, in part, provides context to the increase in children being identified as being exploited in Milton Keynes both criminally and sexually. A contextual safeguarding team was launched 2 years ago to safeguard this identified group of children. This upcoming year planning has begun to launch a risk outside the home pathway for these children who are subject to Child Protection Plans, to further strengthen our response to the risks faced to children at risk of harm outside the family home. An important target of the ROTH pathway is to support children to continue to be cared for within their families, avoiding the need for them to become looked after. This is in keeping with the vision of the social care reforms that acknowledges children tend to have better outcomes when they can be safely cared for within their own family.

This year there has been a continued focus on strengthening the targeted early help offer to families in Milton Keynes to mitigate the impact of some of the previously discussed socio-economic challenges that can result in safeguarding concerns. Positively those children identified as formally requiring services under S17 has reduced for the 2nd consecutive year. Milton Keynes rate per 10k has this year become in line with statistical neighbours and national averages compared to last year where MK was at 348 per 10,000 compared to 336 for the statistical neighbours. The previously high S17 cohort was evidenced to be linked to significant drift and has been identified and addressed using the audit tools outlined within the quality and assurance framework over the past 12 months. The robust early help offer has also continued to ensure targeted and effective support is offered to children and families within the community without requiring families to seek intervention from statutory services.

October 2024 Milton Keynes Children Social Care had their Ofsted full ILACS inspection, resulting in Milton Keynes Childrens Social Care's first 'good' overall grading with features of outstanding, specifically for care leavers. The Safeguarding service and the IROs played a key role in the preparation and execution of this inspection, providing a robust oversight of cases where children are looked after. The IROs have focused on the preparation for this inspection by identifying key themes in practice challenges and good practice, feeding these up to senior managers with recommendations. The purpose being to identify systemic challenges that are arising, and utilising tools such as the dispute resolution policy, data management processes and audit tools. This has allowed senior managers to target the culture, policies and processes governing practice to impact effective change.

The inspection found that Milton Keynes Childrens Services provided good quality care for looked after children, particularly focusing on placement stability. There has been a focus on ensuring that children do not experience multiple placements which is important for emotional stability and development. The inspection noted that the local authority has worked hard to improve placement

matching, ensuring children are placed with families or foster carers who can best meet their individual needs, providing stability and continuity.

Positively the report also acknowledged that safeguarding practices for looked after children is effective, with a robust system in place to ensure that children's welfare is regularly reviewed and safeguarded. The inspectors observed that social workers are generally well-trained and knowledgeable, and they work collaboratively with other services to ensure children's needs, including health, education and emotional well-being are fully supported. A key positive aspect of the inspection was that children in care are given opportunities to have their voices heard. The report mentioned that children are encouraged to participate in reviews and their views are considered when making decisions for their future. There has also been a focus in strengthening advocacy service to ensure children can have their rights and wishes represented effectively.

It was also noted the role leadership played in obtaining this inspection outcome, with leadership seen as generally effective with a commitment to improving outcomes for children. The inspection acknowledged that leadership teams had made significant progress in addressing previously identified challenges.

Areas for improvement that were noted was to ensure the consistency across all teams, particularly in the timeliness of interventions in some cases. There were some concerns about the continuity of social worker allocations for some children, which can affect the quality of relationships and case continuity for children in care.

The Milton Keynes approach to Safeguarding continues to use the theoretical framework of 'signs of safety' and this is well embedded within the management of Child in Need, Child Protection Plans and Looked after Children's Care Plans. This allows workers to take a strengths-based approach whilst balancing this with effective risk assessment and safety planning. A year ago, we saw the 'child first' approach launch in Milton Keynes, which promotes valuing children's lived experiences, making decisions that prioritise them, and ensuring our interventions are making a positive difference in their lives. The focus of this approach is to ensure the right interventions are offered at the right time, and that children are kept within their families when it is safe to do so. The IROs have been at the forefront of this launch alongside senior managers, setting and leading the expectations and standards of best practice which incorporates a 'child first' Milton Keynes. This approach is now well embedded in Milton Keynes, and we have seen the positive impact it has had upon practice for children in Milton Keynes.

4. The national picture

In 2021 we saw the 'loving families, stable homes' paper authorised by Josh McAlister, which brought significant focus to the importance of family-based care for children in the child welfare and care system in the UK. McAlister, who was leading the review of children's social care in England, presented a blueprint for reforming the care system for children, emphasizing the need for a more family-centric approach. The report is critical in shaping the conversation about improving the outcomes of children in care. Josh McAlister's vision for the future of children's services strongly advocates for the idea that children should be raised in stable, loving family environments rather than institutional settings like residential homes. The report emphasizes the

need for foster care and kinship care to be at the heart of the system, where children are placed with families who can offer them the stability and emotional support they need.

To fulfil McAlister's vision there is a need for a shift in policy and practice away from group homes or residential care where possible, in favour of models that prioritise family living and minimise the distribution that children in care experience. More investment in recruiting foster carers is proposed, ensuring families are equipped to provide the necessary support for children who have often been through traumatic experiences. There is a focus on stability and long-term placements with a key recommendation from the report being about the need for local authorities to provide stable and lasting placements for children. For too long children have experienced multiple moves, which can have damaging effect is on their emotional well-being and development. This is a pattern we have seen in Milton Keynes that has seen an increase in the use of high-cost residential placements and children with 3+ placement moves, often being the children requiring such placements.

To remedy the challenges faced within the care system McAlister's report focused on strengthening the role of families in the care system, particularly kinship care where children are placed with extended family members, friends or close community connections. By placing a greater emphasis on loving and stable families and ensuring children in care are given the opportunities to thrive, McAlister's report aims to transform the care system into one that focuses on the long-term wellbeing and sense of belonging for children.

As of now the Children Bill that aims to address the challenges facing children in the current care system is progressing through Parliament and its exact provisions are still being debated. It will likely go through a series of readings, committee stages and possible amendments before it becomes Law. Several local authorities have been selected to pilot the changes proposed in the Childrens Bill, these pilot projects are designed to test out the reforms before they are rolled out on a national scale, ensuring the proposed changes are feasible, effective and capable of delivering the intended improvements to childrens services. Over the next year Milton Keynes will be taking the learning from these pilots and looking to develop and plan our local response to these reforms. The safeguarding service and the IROs will play an integral role in supporting with the development and planning for these changes, as well as in the future their implementation.

Reflections 2024-25

Several priorities were set last year.

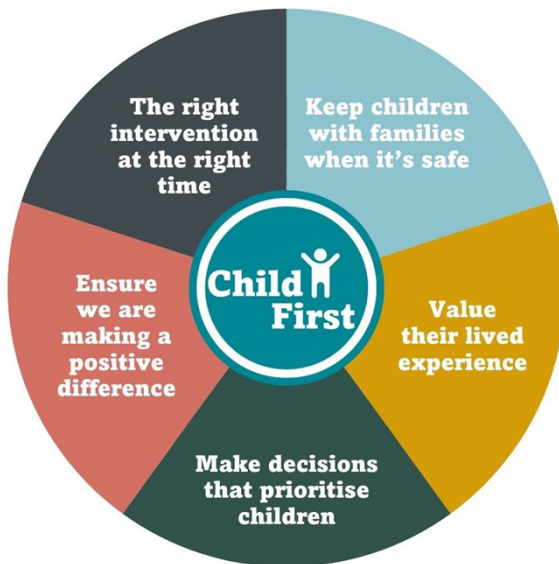
What has worked well?

- **Child first:** Towards the end of last year, we saw the 'child first' approach launch in Milton Keynes (see picture 1), which promotes valuing children's lived experiences, making decisions that prioritise them, and ensuring our interventions are making a positive difference in their lives. The way we do this is to ensure the right interventions are offered at the right time, and that children are kept within their families when it is safe to do so.

The IROs were at the forefront of this launch alongside senior managers, setting and leading the expectations and standards of best practice which incorporates a 'child first' Milton Keynes. The 'Child First' Milton Keynes is now well embedded in practice in Milton Keynes,

with it being acknowledged in the Ofsted inspection that children's wishes and feelings are well understood and incorporated into care planning.

Picture 1 – 'The child first Milton Keynes.'



Core principles

Hear them

Empower them

Link them

Protect them

- **Reorganisation of the service** - Splitting the 2 independent chair roles within the safeguarding service means that there are 6 Independent Reviewing Officers (IROs) and 4 Independent Child Protection Chairs. Given the increase in children open to Safeguarding, this allows both roles to efficiently and robustly focus on their area of expertise and respond effectively to this increase in demand. Positively the on-time performance data and overall increased performance of both roles supports the success of this change.
- **Staff retention and capacity** - The team has remained stable over the past year, with many members who have worked within their roles for a considerable amount of time. This offers continuity to children and families, which is of vital importance when the operational social work teams can have a higher staff turnover.
- **Quality and assurance** - The IROs are well established within several different Q+A tasks designed to promote best practice and provide a consist response for children and families. Each IRO sits on one of the permanency panels. This allows them to offer an independent perspective, scrutiny and oversight of the senior management decisions on these cases. The IROs also partake in the monthly randomised audits of cases.
- **Participation:** The IROs routinely write direct to the children and provide them with their direct contact details, so they are easily accessible to the children. This means children can easily communicate with their IRO should they have a worry about their care planning, and their voice can remain central to their planning. IROs will encourage children to be present and support them to partake in their Child Care Reviews, this ensures children feel heard and included in decisions that impact them and their life.
- **Midway reviews:** We have now embedded Midway reviews in between review Child Care Reviews in our practice this year, allowing us to track the progress of the Child Care Plan between reviews

and pick up and tackle any drift and delay for these cases. A new form was generated that allows us to formalise this process and clearly hold to account the case holding teams if there is drift and delay with care planning. We have seen via case auditing the impact this has had upon improving the standardisation and quality of practice for children.

- **Timeliness of Child Care Reviews** – An area of practice that has been a previous challenge, Child Care reviews within timescales has continued to improve this year and the year ended with 90% of children having a Child Care review and their outcomes distributed within statutory timescales. This has been supported by a 56% reduction in the amount of time it has taken for children to be made looked after. This has meant all the statutory tasks required of social workers at the point a child becomes looked after are undertaken promptly, avoiding drift and delay in care planning.

What are we worried about?

- **Care Plans:** Some care plans have not always been updated prior to a Child Care Review for all Children in Care. Having access to the plan before the meeting is important to ensure it is carefully considered and scrutinised to ensure it fully meets the child's needs. To mitigate this the IROs often have a meeting with the Social Worker prior to the review to ensure they are clear about what is in the care plan.
- **Pathway plans;** 95% of initial pathway plans are completed late, which raises concerns for how well prepared for adulthood our care experienced children will be. The transition from adolescence to adulthood is a difficult milestone for all children, but it is acknowledged it is even more so for a child who is care experienced. It is therefore important these children are well prepared and supported for this transition, as they will be facing challenges with things such as their housing and finances that many other children won't have to have face at such a young age.

It is positive that our care leaving service received an 'Outstanding' grading from Ofsted which reassures us that once they are receiving support from this team pathway plans are meeting need for our care experienced adults.

- **Placement sufficiency:** There is a national challenge with placement sufficiency and a lack of appropriate local placements means that 46.9% of placements are located outside Milton Keynes. This a particular challenge for some of our more complex to care for children, for example children subject to Deprivation of Liberties Orders (DOLs) where finding good quality residential provisions that meet need can be difficult.
- **Placement stability:** 17% of children have 3 or more placements which is a 34% increase. This is in part linked to the challenges with placement sufficiency, meaning sometimes children are initially placed in emergency placements which they must move on from after a short period. Additionally with the focus on moving more children on from residential homes were safe to do so, this had led to an increase in placement moves.
- **Transition planning;** It is recognised that generally outcomes for children are better when they live in a 'family' style setting such as a foster placement or with a kinship carer. However,

a small number of children will need to be cared for in residential childrens homes, due to the complexity of their needs. The local authority endeavours to move children on when appropriate to family style care arrangements, and for these moves to be successful this transition needs to be carefully planned, and the child included in this planning. This is an area of practice that some practitioners need to be supported to develop their understanding around what makes a good transition plan and how to deliver this.

- **Disproportionality:** At present there are a total of 73,000 children and young people in Milton Keynes aged 0-17, 38% of them are from the Global Majority (Black, Asian, Brown, dual-heritage, indigenous to the global south). Of these 8.8% of children are from a mixed ethnic background. However, it is notable that children from a mixed heritage are disproportionately represented across all areas of our service – CIN 11%, CP 16% and 13% of children for whom we care for. We need to better understand why this is, and if there are any structural inequalities or witting or unwitting racism that is contributing to this occurrence. We need to examine as a system what can be done differently to address this disproportionately for these children,

5. Data and Performance

5.1 Changes in LAC population

Table 1 shows the number and rate of LAC during the period 2024 – 25. The numbers of looked after children in care have continued to increase over the course of the year by 18%, following a 12% increase in the previous year, ending the year on 69 children looked after per 10,000 compared to the previous year's 56. This remains lower than the national average of 70, although higher than our statistical neighbours of 65.5. It is important to consider how our number of Looked after Children compares to the rest of the nation as it is important that we are confident we are making children looked after under the correct circumstances. Any significant outlier to our statistical neighbours or the national average, we need to understand what we are doing differently to ensure children are safely cared for within their families, not requiring them to become looked after.

In Milton Keynes we have a robust early help offer which includes 10 family centres and well-established Children and Family Practices which offer intensive support for families not assessed to require statutory services. This is in line with McAlister's vision for the future development of the care system which has a strong focus on targeted early help services. Strong early help services prevent some children requiring statutory intervention. However, with the population increase over the past year, coupled with an increase of children subject to Care Proceedings and unaccompanied asylum-seeking children (UASC) the overall number of children in care have increased.

It is notable that children on Child Protection Plans over the past year ending their plans due to becoming looked after increased from 31% of children moving to being looked after to 44%. Some of these changes are also understood from the perspective of the 'child first' approach which has underscored the necessity to be responsive to the change in risk a child is facing, and appropriately escalating cases when it is not possible for a child to be safely cared for within their family. There are a small minority of cases where children have become looked after, when neglect has been the prevalent concern for a prolonged period, with families receiving multiple periods of intensive intervention which hasn't been able to adequately result in sustained reduction of risk. A change in

approach has meant permanence for these children has been sought outside the family home, breaking the cycle of frequent episodes of harmful and neglectful care.

Table 1; Rate of children in Care April 2024-March 2025.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Children in Care at month end 24/25	430	438	450	457	466	481	489	516	504	498	504	507
Children in Care at month end 23/24	365	357	360	362	363	372	381	390	403	394	403	410
CiC Monthly + / -	20	8	12	7	9	15	8	27	-12	-6	6	3
MKC Rate 2024-25	59.1	60.2	61.8	62.8	64.0	66.1	67.2	70.9	69.2	68.4	69.2	69.6
MKC Rate 2023-24	51.6	50.4	50.8	51.1	51.3	52.5	53.8	55.1	56.9	55.6	56.9	57.9
National Rate 2023-24	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0
SN Rate 2023-24	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5

There has been a notable change in the number of children for whom we care for over the last 12 months, ending the year with 77 more children in our care. This is a change from last year’s position where we ended the year with 57.9 children per 10,000 in our care, compared to this year ending on 69.6 children per 10,000. We have moved from being below the national rate to in line with this, and higher than our statistical neighbours. This is more notable when the national rate and the statistical neighbours have reduced the number of children they are for over the past 12 months.

When we examine the reasons for this, of children becoming looked after over the past 12 months 83 children were aged between 15-17years of age. This is a high number of late entrants into local authority care and are often children where the relationships at home with their parents have broken down and are often children who have been known to statutory services earlier on in their childhood. Many these children have been supported into semi-independent living under S20. 25 children who have become cared for this year have been unaccompanied asylum-seeking children (UASC), meaning 12.7% of our total cared for children are UASC.

Often Social Workers don’t have a clear understanding of the processes and legalities around age assessments and asylum applications with the Home Office for children who are UASC. Additionally, this cohort of children can have specific and unique health, emotional and educational needs because of their lived experiences and the trauma they have often experienced. Their cultural identity and experiences can often be very varied, and it is important that the professionals working alongside

these children ensure they are informed so they are able to best support and advocate for these children to be prepared for adulthood in the UK. The IROs are in a position where they are fluent with these processes and will support social workers to navigate potential difficulties and challenges that can arise for these children, advocating that they get the care they are entitled to (see case study 'Child C').

The next largest group of children into care are the 0-4year olds, which was 88 children, (45 under 1yr). These are children more likely to be accommodated initially under an interim care order. Positively when we consider the care arrangements for our children subject to care orders 5.6% are placed with their parents under placement with parents' regulations, and 18.3% are placed with other family members or kinship carers. 3.8% of these are in permanent placements with these carers. This evidences that although there is a higher number of children becoming cared for by the local authority, there is a continued commitment to supporting the wider family network to be able to care for their children with the local authorities support and oversight in such circumstances.

Positively 24.1% of children left care due to becoming subject to child arrangements order or a special guardianship order, which is an increase on the previous year's 21%. We do need to approach this with caution however, as we have a slightly higher number of children with 3+ placement moves (17%) compared to the national average of 15%. We need to understand if any of these are because of SGO arrangements breaking down, meaning early permanence has not been sought for these children. As the social care reforms are the focus of service development over the next 12 months, and the role of the wider family within planning features significantly, there is a planned focused service review into our SGO assessments and support to ensure this is robust and able to meet need under these new reforms.

The Independent Chair will explicitly consider all the ways that permanency may be achieved in each Childcare Review and Midway Monitoring. This may include considering a return to birth family where appropriate and safe. In this instance the Independent Chair will always advocate that a clear assessment that outlines what has changed to mean this is now a safe option for the child is completed, ensuring these moves are in the child's best interest and aren't likely to breakdown.

The permanence tracking processes are now well embedded which provide robust senior management oversight of the care plans for these children. There are panels chaired by service managers every 6 weeks and then a panel chaired by heads of service every 14 weeks. This provides scrutiny and prevents drift and delay in progressing permanence for these children. The IROs also sit on these panels and contribute to ensure an added layer of quality assurances and scrutiny upon care planning.

The data concerning the numbers of looked after children is also closely monitored and scrutinised by the operational teams and the safeguarding service through performance management meetings, Placement and Budget Sufficiency group and External Placements panel to ensure that we fully understand the reason that children become looked after and consider permanency options at the earliest opportunity.

The emergency LAC panel is also well established, and this looks at creative ways of supporting older children within their families by making resources available, thus identifying which children require S20 accommodation and which can be safely cared for by their family with support. This prevents children becoming accommodated in crisis situations where the opportunity to carefully match

children with their placements is less available. This year this panel has also reviewed cases where rehabilitation back home is being considered, to ensure a multiagency response is provided.

Case example - Child C

Child C is an unaccompanied asylum-seeking child who arrived as part of the national transfer scheme. The home office disputed his age which he stated to be 15yrs, and an age assessment was requested. The deputy team manager undertook an 'eyes on' screening of child C who was assessed not to be 15yrs, and instead concluded he was 16yrs, this enabled Child C to remain in the semi-independent living provision where he was living. At the point of case allocation, the IRO highlighted with the Social Worker that a full age assessment was still required and outlined the processes to refer for this. Alternatively, the age screening could be accepted by MKCC, and this outcome communicated to the Home Office. The implications to child C if this is not completed is that he cannot progress his asylum claim and would not have status in the UK upon adulthood. This would have a significant consequence for child C upon adulthood as his ability to be eligible for benefits, housing and his ability to work could be impacted.

Progress was tracked within the Child Care Review and the IRO remained concerned this was not being actioned in a timely manner for child C. There had been 3 Social Workers changed between the 1st and 2nd childcare review, which contributed to some of this drift and delay, and this action was overlooked by social workers each time. It was noted that recommendations made in supervision by the team manager were not being actioned by social workers.

The IRO utilised the dispute resolution policy and after informal conversations with the allocated social worker, to help educate them on the process she raised a written informal dispute resolution with the team manager. The IRO requested that if MKCC are not accepting the screening age of 16years that a referral is made to NAAB for a full age assessment. It was also requested that the social worker updates the home office with either their acceptance of the screening outcome or the outcome of the full age assessment, to allow the immigration application to be processed for child C. The IRO put clear timescales in place for these actions and offered the social worker guidance and advice on the processes and the impact they have upon child C. The letter of acceptance of the age screening was provided to the home office for child C's asylum application and status could be secured prior to adulthood.

5.2 Family Group Conferencing Service

FGC Services contribute significantly to the MK Child First approach and Signs of Safety practice model. Children are always visited as part of the FGC process and their voice central to the conference process. This service provides a cost effective and family focused means to reduce the need for looked after children, court proceedings and child protection plans and the concomitant costs (financial and staff time) (see case study 'baby b').

Milton Keynes Council works hard to ensure they are practising in a manner that is consistent with the Southwark Judgement whilst ensuring all options are considered before a child becomes looked after. A multi-agency edge of care panel sits weekly, and a range of interventions are considered to support young people and their families. In particular the Family Group Conference Service is used to good effect and is instrumental in enabling families and networks to step in and make good decisions about supporting young people where there are worries about them at home.

This service can also be used when considering stepping a child or young person down from a placement and returning them to their family to ensure that a robust support plan is in place. This year has been some occasions when this service has been adapted to look at support with adoption breakdowns and lifelong links for children as they move on from the care environment, to support them to look at their support networks and they move to independence.

The Family Group Conferencing service has also published their annual report which evidences the positive impact of this service in more detail.

[Family Group Conference Service | Milton Keynes City Council \(milton-keynes.gov.uk\)](https://www.milton-keynes.gov.uk/family-group-conference-service)

Family Network Meetings (FNMs) are a key component of the social care reforms. These meetings are designed to engage extended family and close friends in the decision-making process when a child is at risk of entering care. The aim is to strengthen family support network to prevent unnecessary intervention from the local authority and keep children safety within their families wherever possible. Under the 2023/24 childrens social care implementation strategy. Following the independent review by Josh McAlister, FNMs are part of the effort to;

- Shift power to families, giving them a voice early on in the process.
- Reduce the number of children entering the care system by finding safe solutions within the family.
- Ensure social worker work collaboratively with families, not just for them.
- Build 'family help; services around early intervention and holistic support.

This model has many similarities to the FGC model that is already well embedded in Milton Keynes, which well positions Milton Keynes to move forward confidently with this area of the reform. The FNMs will provide Social Workers a framework to coordinate the support and response from the family network at the earliest possible stages.

Case example – Baby B

Baby B was an unborn baby girl who was subject to an initial child protection conference prior to birth. The initial plan looked like baby B might be made subject to an interim care order at birth, as the risk was deemed too high, whilst further assessments were completed and intervention provided. Baby B's father had been convicted of sexual images of children 10 years previously, specifically pubescent boys.

The family convened an urgent FGC, which was scheduled within weeks of the CP conference, and at this meeting ensured that everyone knew what the full detail of the concerns relating to father and what the perceived sexual risks were. They all agreed between them how father's time with baby B would be supervised, and who in the family network would be safe to undertake any personal care of baby B. The family drew up their own safety plan which they presented to Children Social Care. This plan included the paternal grandmother moving into the family home to ensure baby B's mother could also have some support and breaks in supervising father's time with the baby B. Because this agreed family plan was in place, it was agreed that the risk could be safely managed whilst specialist risk assessments were undertaken of father. This meant baby B was able to remain in the care of her family and have safe, supervised time with her father.

The specialist risk assessment concluded that father was at low risk of sexual harm to the baby. Work was completed with mother about how low risk is not NO risk, and she was provided support about how to protect baby considering this previous offence and risk assessment and baby B remained in her parent's care.

5.4 Unregulated and Unregistered Placements

The position regarding unregulated placements has come under greater scrutiny in recent years. From October 2023 any provider offering supported accommodation to 16–17-year-olds who are looked after children or are care leavers in England must register with Ofsted. Pre-2023 these placements were unregulated, allowing providers to house young people even in caravans or hotels without oversight. The reform aims to halt dangerous and exploitative practices. These reforms mark a major shift, aiming to eliminate unsafe, unmonitored placements and ensure consistency across all supported accommodation used by vulnerable 16 and 17-year-olds.

Unregistered placements refer to accommodation where children are housed in settings that are providing care without being registered with Ofsted – a legal requirement for any service delivering care to looked after children under the Children's Homes Regulations. Often these placements are a last resort in response to the severe national placement shortages, especially for secure or therapeutic care settings, for children, who are often our most vulnerable with high needs and complex behaviours and often seen as 'difficult to place' or in emergency circumstances when there are safeguarding needs and no time to source a regulated provision.

A year ago, in Milton Keynes there was the introduction of the unregistered placements policy which requires IROs to complete a childcare review within 2 weeks of the move of a child to an unregistered placement, as opposed to the statutory 20 days, and thereafter at a greater frequency than required within the statutory framework of every 12 weeks for the duration of the placement. There is also a requirement for a Head of Service to visit the child in this placement within 72 hours of them being placed to ensure it is a safe home for them to reside in whilst the home either works to achieve their OFSTED registration or a registered placement is identified.

This policy is now well embedded and there have been some examples where this has resulted in serious safeguarding issues being identified and promptly resolved for children (see case study Child A). It is acknowledged that unregistered home can put children at serious risk, they lack safeguards, aren't inspected and often house children with high needs who need regulated care. It is for this reason Milton Keynes is looking to invest in some small local residential childrens homes so our most complex and vulnerable children can be cared for closer to home.

Case example – Child A

Child A was placed in an unregistered placement following his regulated placement breaking down after he had started a fire in his bedroom. His IRO visited him at lunchtime the next day following his move the evening before. Upon arrival the IRO identified that child A was sleeping on a mattress on the floor with no duvet or pillow, just two bath towels. The carers at the home said that as he was moved late at night, and they were unprepared.

Child A had no coat as some of his clothes were burned in the fire. The home had nothing in it apart from white goods, a toaster, kettle and a broom. A sofa was being delivered the following afternoon. There was no food at the home and the carers had no plans to go shopping. Child A said that he has not eaten, and the home asked for his IRO to approve McDonalds for him. The bath was also blocked as the water was not draining properly.

The unregistered placement provider at the time Child A was placed had reassured the local authority they could provide the care required for this child and had not made the local authority aware of sparsely the home was furnished and that Child A would not have access to basic care such as a bed, duvet, pillows and food.

Due to the unregistered placement policy and the IROs prompt visit, this was identified and immediately actioned, ensuring the child received these items that day. This highlights the vulnerability of such placements and the need for them to have the additional oversight and scrutiny to ensure they can meet need. This child was quickly moved onto a registered provision.

5.5 Profile of children in Care

It is important to reflect upon the profile of our looked after children. This means that we can ensure that their unique identity needs are properly met within placements and by specialist services. The fostering and adoption services are involved in recruitment of carers from a range of background and profiles to promote our ability to match children to placements where their needs will be met and where they will be able to develop a sense of identity which takes account of all aspects of their care.

Milton Keynes also has a highly diverse population, with around 40% of the population from minority ethnic backgrounds with significant communities from Asian (especially Indian and Pakistani) Black (Caribbean and African) and Eastern European (Polish and Romanian) backgrounds. According to the 2021 census 37.8% of people identified as Black, Asian or Minority ethnic (BAME) compared to the English average of 26.5%. Last year this group of children were disproportionately represented in the care population at 41.5% however this year it has reduced to 36.5%, which is more representative of the local population (see table 3).

However, It is notable, when examining the data more closely, that children from mixed heritage backgrounds represent 12.1% of the children we look after, compared to just 8.8% of the general population aged 0–17. Although this has decreased from 13.6% last year, the proportion remains disproportionately high in relation to the wider population. This disproportionality is important because it may point to underlying inequalities in how children and families from mixed heritage backgrounds are supported. A higher representation in care could indicate gaps in early intervention, systemic bias, or a lack of culturally appropriate services. Accurately recording and understanding children's ethnic backgrounds is vital for supporting identity, ensuring a sense of belonging, and delivering tailored services that meet their specific needs. It also enables better service planning, helps monitor trends, and ensures we are meeting our responsibilities fairly and effectively across the system.

In order to better understand this there is some planned auditing work over the next quarter to look at children from a mixed heritage subject to CP plans and who are looked after, to understand their specific experiences and if there are any weakness in the system that are creating this disproportionality.

When considering the gender of the children that we care for, the number of boys has increased from 59.6% to 61.5% over the past year. More boys than girls are looked after by local authorities nationally, with boys consistently making up a higher proportion of the care population—around 56% in the UK. This gender disparity is often linked to a combination of factors. Boys are more likely to exhibit externalizing behaviours such as aggression, defiance, and risk-taking, which can lead to greater involvement with social services or the youth justice system. They are also disproportionately diagnosed with special educational needs, such as ADHD or autism, which can place strain on families and increase the risk of placement in care if adequate support is lacking. Furthermore, boys may be more likely to come to the attention of authorities due to visible or disruptive behaviours, even when girls may be experiencing similar levels of harm in less overt ways.

To address this imbalance, it is important to adopt more gender-sensitive early intervention strategies. This will be particularly relevant within our targeted early help service for boys in schools through emotional literacy programmes, behaviour mentoring, and accessible mental health services tailored to young males. Expanding support for families with children who have additional needs—particularly boys—can also help prevent family breakdown and working closely with our colleagues

in SEND to achieve this. Training professionals to recognise and respond to boys' emotional distress more effectively, as well as ensuring that youth offending services work closely with social care teams, can reduce unnecessary entry into care. Ultimately, a more preventative, joined-up approach focusing on early identification and tailored support can help tackle the root causes of why more boys are looked after than girls. It is important that this is considered within the social care reforms this year, when considering the specific services and interventions being tailored within the family centres and targeted early help service.

Table 3 – Ethnicity and Gender breakdown of children in care population

Ethnicity	Percentage 2024/25	Percentage 2023/24
A1 White British	59%	54%
A2 White Irish	0.39%	0.49%
A3 Any Other White Background	3.9%	3.9%
A4 Traveller of Irish Heritage	0.1%	0%
B1 White and Black Caribbean	4.7%	5.6%
B2 White and Black African	0.7%	0.2%
B3 White and Asian	2.1%	2.6%
B4 Any Other Mixed Background	6.7%	7.8%
C3 Bangladeshi	0.59%	0.2%
C4 Any Other Asian Background	5.1%	6.6%
D1 Caribbean	0.9%	0.73%
D2 African	10.2%	11%
D3 Any Other Black Background	1.7%	1.96%
E2 Any Other Ethnic Group	3.92%	4.92%
Gender	Percentage	
Female	38.5%	39%
Male	61.3%	59.6%
Transgender	0.2%	1.1%
Non-binary	0%	0.19%

Table 4 – Type of placement for children in care at year end

Type of placement	2025	2024	2023	2022	2021
Foster placements – U1,2,3,4,5,6	67%	71.4%	86%	71.5%	71%
Secure accommodation – K1	0.2%	0%	1%	0.6%	1%
Homes and Hostels – K2, K3	17%	6.34%	3.8%	3.6%	5%
Hostels and other supportive residential placements – H5	0%	6.36%	3.1%	8.3%	7%
Residential schools – S1	0.4%	0%	0%	0%	0%

Other residential settings – R1,2,3,4	5.6%	4.89%	3.1%	2.8%	0%
Placed for adoption – A3,4,5,6	1.8%	3.91%	0.6%	3%	5%
Placed with own parents - P1	6%	5.13%	3.1%	9.7%	9%
In lodgings, residential employment or living independently – P2,3	0%	0.24%	0%	0.3%	2%
Other placement – Z1	2%	0.98%	0%	0.3%	0%

Milton Keynes remains committed to promoting permanency for children and young people. We are proud of our focus on keeping children within their wider families and networks where this can be managed safely. Extended families and foster carers are encouraged to care for children under a Special Guardianship Order which confers parental responsibility and ensures that children are no longer looked after. Thereby giving them a sense of security and longevity in relation to their placement. A support Services panel is well established which considers packages of support for this cohort.

For a small minority of children, residential childrens homes will be the most appropriate setting to provide them with the care and safety they required. However, for most children, returning to a family style setting, where they can build loving and caring relationships with trusted care givers will be in their best interests. There has been an increased focus on ensuring all children residing in residential childrens homes have a clear step-down plan, so everyone working with the child knows what needs to be achieved for the child to be able to return to a family style setting and the steps required to achieve this. Careful and robust scrutiny of children placed in residential children’s homes, via individual care planning as well as a monthly external placements panel chaired by a senior manager ensures that these placements are purposeful and lead to good transition arrangements to semi-independent, stepdown to fostering or return to family in a timely manner.

The figure for children in secure accommodation remains positive with 0.2% of children subject to Secure Orders, which equates to 1 child. There are strict criteria which is in place to protect this cohort and can only be used when no other type of accommodation is considered sufficient to keep the young person safe. It is important to plan for these children to return to the community as soon as this can be safely achieved. Placements of this type are monitored very closely. Regular meetings take place which include an entirely independent panel member to ensure that the panel can determine and recommend whether criteria continue to be met.

5.6 Average IRO caseload 24-25

The beginning of this year, the average caseloads for Independent Reviewing Officers (IROs) were steadily increasing, in line with a rise in the number of children being looked after. This increase was anticipated and planned for, following the implementation of the *Child First* initiative. The rise in numbers reflects a deliberate adjustment of thresholds to ensure that Section 20 was being appropriately used for homeless 16/17-year-olds, and that children cared for by family members—where the arrangement is not a private one—are receiving appropriate support.

To manage this increase and maintain quality oversight, the decision was made earlier in the year to separate the dual Independent Chair role. This move was designed to protect IRO caseloads and allow them the space and time to robustly oversee, and quality assure care plans for the children in our

care. As a result, the average IRO caseload has reduced from 90 cases in 2022/23 to approximately 70–75 cases. While this remains above the IRO Handbook’s recommended range of 55–70 cases for a full-time IRO, it is significantly more manageable than at the start of the year.

However, caseloads will need to be carefully monitored, especially considering the continued growth of Milton Keynes. As the population increases, the number of children in care is likely to rise, requiring proactive planning to ensure sustainability.

Workload pressures are further compounded by placement factors of 47.9% of children are placed out of county 36% are placed over 20 miles from Milton Keynes. This increases travel time for IROs conducting placement visits. Additionally, placement instability adds to workload, with 17% of children experiencing three or more placement moves—above the national average of 15%. Each move often necessitates additional reviews, further impacting IRO capacity.

5.7 Childcare reviews and distribution of outcomes.

The IRO handbook sets out a requirement for Initial Childcare Reviews to be held within 20 working days of becoming looked after. Subsequent reviews are held after 3 months and thereafter at no more than 6 monthly intervals.

Good practice suggests that an early review should be held following any unexpected change to the care plan. This might include an unplanned move. There is also an expectation that a Childcare Review will be convened to agree to cease the Looked After Child status where this has not been part of the previously agreed plan.

On occasion, in specific circumstances, an agreement may be reached to hold fewer formal Childcare Reviews in the case of long term settled placements. This can only be considered where a young person is in full agreement and all those involved in the care plan consider it to be appropriate. In cases such as these, a formal review should be held annually but a less formal review will still take place at the six-month point which is recorded on the child’s file.

Table 5 – Service performance relating to timeliness of childcare reviews

Performance	2020-21	2021-22	2022-23	2023-24	2024-2025
Was the review in timescale	98%	96%	95%	90%	95%
Outcomes and minutes distributed in timescale	56%	44%	66.9%	72%	90%

A total of 1265 meetings were held over the last year in comparison to the 2022/23 which was 906 and 2021/22 which was 864 meetings which shows an increase of 39.6%. It is therefore impressive that with such a significant increase in childcare reviews the on-time performance has risen and sits at 95% for CCRs completed within timescales. Once a Childcare Review has been held the statutory guidance within the IRO handbook stipulates outcomes of this meeting should be distributed within 20 working days. 90% of these outcomes have been distributed within timescales over the past 12 months which is a significant improvement upon recent years (table 5).

The reasons for this improvement have been largely due to the split in dual role, allowing IROs to focus more robustly on their cared for children, and not having their focus split with the demands of the Child Protection side of the service. IROs now has increased freedom of their diaries and can plan their travel to visit children and undertaken their reviews accordingly, without the necessity to be present in the office for Child Protection Conferences. This ultimately means our children who are cared for are receiving a more responsive service where drift and delay in their care planning can be addressed in a timely manner.

The importance of the timely distribution of these outcomes is to practice in a manner that is consistent with the agreed standards of best practice that ensures that we are working in a multi-agency way. This means all professionals and family within the child's network and plan are aware of their role within the plan and accountable to fulfil this role to ensure the welfare of the child. Without this documentation there is the concern drift, delay and poor communication could adversely impact of the child's welfare and rights being promoted and protected.

6. Monitoring and Scrutiny

The fundamental tasks of the IRO are to monitor and scrutinise the activity of the Local Authority as a corporate parent, ensuring that it is operating in line with care planning regulations and meeting the needs of children and young people in its care. Where this is not the case, it is the duty of the IC to challenge robustly and ensure a suitable outcome.

A new midway monitoring process has become embedded this year, which requires the IROs to complete a file review and meeting with the social worker at the mid-way point between CCRs. The focus of this review is to ensure the file is up to date, the care plan is progressing as expected and that it is continuing to be in the best interests of the child. The IRO may make recommendations or raise any concerns as part of this monitoring process, with the focus being to secure timely permanence for the child and ensuring that loving and caring relationships to be formed and maintained.

The IROs also sit on the new permanence planning panels that have launched this year. There are 5 panels; children placed for adoption, children subject to S20, children in unmatched placements children placed with parents and children subject to new interim care orders. These panels are chaired by service managers, and the focus is to ensure early permanence is identified for children, whether that be in Local Authority care or within their wider family network. The aim of the panel is to scrutinise the plans in place to ensure they are the correct plans to meet the child's immediate but also long-term care and development needs. The plans devised within these panels are then presented to the Head of Service panel, adding an additional layer of senior management oversight and scrutiny for these most vulnerable children. These panels have newly launched and the next 12 months will be spent carefully evaluating and understanding their impact.

7. Quality of Planning.

It is an integral part of the role of the IRO to quality assure the care planning for the child. This includes scrutiny of the Care/Pathway plan, the Placement Plan and the Health and Education plans (EHCP). Each should be considered at Childcare Reviews to ensure that actions are discussed and progressed, and that drift and delay is identified, and progress ensured. Any concerns identified to the quality-of-care planning is addressed through the dispute resolutions protocol, which formalises the concern held by the IRO and requests management or senior management oversight of the concern as appropriate to resolve.

This year the midway monitoring processes has become well embedded, which sees the IROs completing a midway review for childcare reviews that are 6 months apart. This review consists of a meeting between the IRO and the Social Worker, and the progress of the plan is reviewed and discussed. Any additional actions that are required are incorporated into the Child Care Plan as appropriate. We have seen the benefit of this in the early identification of drift and delay, allowing the IRO to appropriately support the Social Worker and Team Manager to ensure the plan is on track (see Case Study, Child G).

This year the quality assurance framework was launched which includes frequent case file audits and in-depth independent learning reviews (ILRs) of cases where there is a concern that there have been missed opportunities to provide the best service to a child or young person within our care. The IROs have been integral in supporting with the development and launch of this framework and the 4 practice development leads (PDLs) work alongside the principal social worker to undertake focused audits and share the learning within the service.

Case example – Child G

Child G is a 16year old girl who was born in Aberdeen and lived with her mother, who moved to Scotland from Nigeria, until she sadly passed away in a car accident when child G was 13 years old. Child G went to live with her aunt and uncle in Milton Keynes and an SGO was granted, whoever this sadly broke down and Child G came into local authority care under S20.

The midway review that took place between Child G's 2nd and 3rd childcare review (CCR) and it identified that several actions agreed at the 2nd review had not been actioned, including the referral for the review health assessment, the pathway plan and the application for Child G's naturalization so she could become a UK citizen had not begun.

The IRO communicated with the Social Worker the importance of these tasks being completed and the midway process highlighted these outstanding tasks and the drift and delay to the Team Manager who was able to oversee the completion of these tasks before the 3rd CCR. The timeliness of the completion of these tasks was more pressing from the perspective that Child G was 16yrs old and reaching adulthood. Should she become an adult without citizenship this would have several logistical challenges for her from a financial and housing perspective, and it was a source of worry and stress for her. The timely action from the IRO and subsequently her Social Worker has a significant impact upon her feelings of worry and anxiety.

8. Challenge and Dispute Resolution

It is a key function of the Independent Reviewing Officer, as outlined in the IRO handbook. To challenge on behalf of a child or young person to resolve problems arising out of the care planning process. To ensure this, a local dispute resolution process must be in place. It is equally important to recognise and celebrate good practice with the practitioner and their line manager.

In line with the guidance, there is an expectation that the Independent Chair will speak to the Social Worker in the first instance, involving their manager if necessary to raise concerns and try to resolve any issues which arise in an informal arena. Where this is the case, the Independent Chair should ensure that this activity is clearly recorded on the LCS recording system using the IRO dispute resolution tab. This ensures that there is a clear record of action taken on behalf of the child or young person and that there is an IRO footprint to be found on the file.

Where an issue cannot be resolved in this way, the Independent Chair is required to complete the dispute resolutions form which can be found on the child's electronic file. This may still be classified as an informal dispute resolution in the first instance although the IRO has a responsibility to escalate where they consider that this might be necessary. The legislation provides for a referral to CAFCASS at any point in the process.

Table 6. Record of Dispute resolutions.

Dispute	22/23	23/24	24/25
Informal Dispute	164	171	117
Formal Dispute	41	60	149

24/25	Q1	Q2	Q3	Q4
Informal Dispute	34	24	33	26
Formal Dispute	38	33	34	44

There was a notable increase in the use of the formal dispute resolution policy over the past year – with a 148% increase (table 6). When this is considered over the course of the year (table 7) these DRs have been raised consistently over the duration of the year, evidencing a consistent oversight and timely response to challenges with quality, drift or delay in care planning. Themes that have arisen in DRs have been around inappropriate placement moves (see case study, child K) delays with care plans or pathway plans being produced, age assessments being delayed and challenges around the appropriate use of S20.

Informal DRs have decreased over this period has decreased by 31% over the past year. The reason for this is that informal DRs have been moved onto formal DRs in a timelier manner in line with the DR policy, if resolution has not been able to be reached at an informal stage. The benefit of this to children is that disputes are being resolved in a timelier manner, preventing drift and delay in care planning for children. 71% of formal DRs achieved a resolution within 2 weeks.

This year 'Care Plan' tracking meetings have been launched, this is a fortnightly meeting, chaired by the Safeguarding Service Manager, where all out-of-date care plans are tracked directly with the responsible team managers. This has supported to see a significant improvement in care plans being completed in a timely manner, supported a culture which recognises the importance of this and is more impactful than raising multiple DRs direct with individual social workers for out-of-date care plans.

Case example – Child K

Child K was a 14yr old girl who came into foster care with her siblings. After 5 months the foster carer was struggling to care for child K and her 3 siblings and gave notice on the placement. No alternative foster placement could be identified, and Child K was placed in a residential childrens home. Whilst it was acknowledged Child K's care plan remained one of foster care, she settled into this placement well. She was previously disengaged from education, and there were concerns for her mental health. Child K successfully reengaged in education and began studying for her GCSEs, she got a pet Cat which she was very fond of and presented as happy and settled in her home. At her 4th child-care review the social worker raised that her intention was to search for a foster placement for Child K as this was in line with her care plan. Child K became distressed, as this is not what she wanted to happen. The Social Worker also expressed doubts and worries if this decision was in Child K's best interest, given how well she had thrived in her current placement.

The IRO collated feedback from the multi-agency network to better understand the views of all the professionals working with child K. She put all this information together and formally presented it to the team manager and head of service who had made the decision for child K. The IRO advocated that it was in child K's best interest to finish her GCSEs in her current school, in her current placement where she has managed to settle after a period of instability. The improvement in her educational outcomes, emotional well being were all noted as reasons for this challenge. It was agreed that child K would remain in her placement until the completion of her education in line with her wishes and feelings and to ensure the best outcomes for her and the placement search for a foster placement was delayed, in line with child K's wishes and feelings.

9. Secure Accommodation Reviews and disruption meetings.

Secure accommodation reviews

The Service Manager for Safeguarding is responsible for chairing Secure Accommodation Reviews to ensure that the criteria for keeping a child in a secure home on welfare grounds is met. It is good practice to hold the Childcare review meeting separately as these two meetings have very different agendas and focus. There is also a requirement for two independent panel members to attend. One of these usually comes from the safeguarding service. The purpose of the panel is to recommend

whether the criteria is met for the secure placement and that actions are in place which will encourage transition.

During the period between 1 April 2023 and 31 March 2024 there was 1 child who spent a period in a secure care facility and was successfully moved to an alternative placement. This is an improvement on the previous year when 2 children spent periods of time in secure. It is important that we continue to work closely with our colleagues in health and commissioning to ensure appropriate stepdown plans are identified and sought from the first day a child moves into the secure accommodation. The success of this transition will hinge on the quality of the step-down plan and the provisions identified being suitable to meet these children often complex needs.

For the child who had moved on from the secure provision, there was a careful and personalised care plan identified, with the correct placement for them in the community secured. Previously this has required the use of Deprivation of Liberties Orders and unregistered placements, and it is positive on this occasion this was not required. The IROs have very carefully monitored these cases to ensure these placements have been able to fulfil these children's identified care plans. The introduction of the unregistered placements policy has further strengthened practice in this area, ensuring senior leadership oversight of these children's care planning and the quality of the placement provision.

Disruption meetings

In 2025, two disruption meetings have been held:

- One following an adoption breakdown (Child M)
- One due to a breakdown in a long-term matched foster placement (Child L)

Disruption meetings are convened when a long-term foster or adoptive placement breaks down. These meetings are scheduled no sooner than 10 weeks post-disruption to allow time for reflection and emotional processing. The purpose of these meetings are to facilitate systemic learning and to identify themes in practice or systemic weaknesses that may have contributed to the breakdown. The insights from these meetings are also used to inform future practice and guide care planning for the child.

The disruption meetings for these children have provided critical insights for service development, highlighting the importance of robust assessment, continuity of care, and trauma-informed practice. Both cases underscored the need for improved planning and support around Special Guardianship Orders and adoptive placements, particularly in ensuring carers are fully informed and prepared for the complexities of children's lived experiences. The reports emphasized the value of direct work with children, life story work, and the importance of maintaining stable attachments. They also revealed systemic gaps in communication, multi-agency coordination, and the timeliness of support, prompting actions such as audits of SGO assessments, enhanced training for social workers, and clearer planning for transitions and reunifications. These reflections will inform practice improvements and strengthen safeguarding responses for children experiencing placement disruption.

Following these disruption meetings, several key recommendations were made to support both individual care planning and wider service development. These included the need for audits of Special Guardianship Order (SGO) assessments and support plans to evaluate whether breakdowns could

have been foreseen and prevented. There was a strong emphasis on improving trauma-informed practice, including refresher training for prospective adopters and social workers, particularly around therapeutic parenting and managing endings with children. The importance of continuity in attachments was highlighted, with recommendations to maintain relationships with previous carers and ensure transitions are carefully planned. Both reports stressed the need for better multi-agency communication, timely sharing of information, and the use of stability meetings when placements show signs of strain. Additionally, it was recommended that adoptive carers be given access to redacted child files to fully understand the child's lived experience. Finally, both cases underscored the value of direct work with children, including life story work, and the need for clear, realistic planning around reunification with birth families where appropriate.

10. Quality Assurance

The Independent Reviewing Officer (IRO) plays a pivotal role in driving service improvement and ensuring the quality-of-care planning for Looked After Children. Positioned uniquely within the service, IROs are well-placed to identify key themes and practice issues, and to support the upskilling of staff in line with best practice standards.

At an individual level, IROs rigorously scrutinise the quality-of-care planning for the children on their caseloads. At a cultural level, they contribute to the development of practice and learning across the service. At a structural level, they inform policy and procedural development through their grounded understanding of frontline practice.

IROs are therefore central to both strategic and operational quality assurance. They are instrumental in identifying and challenging drift and delay in care planning. Their contributions include:

- Monthly case file audits, conducted alongside allocated social workers.
- Participation in thematic audits, where they are uniquely positioned to identify cross-cutting themes and trends (see Q&A example).
- Preparation of complex reports for senior management, drawing on quarterly data to inform service development.

In addition, IROs contribute to household reviews for foster carers and residential providers, working closely with commissioning and fostering colleagues to ensure high-quality placements for children.

They also collaborate with Local Authority Designated Officers (LADOs) in cases involving concerns about foster carers or professionals in positions of trust. Their evidence-based input supports robust and defensible decision-making in managing allegations processes.

Over the past year, IROs have also played a key role in several Independent Learning Reviews (ILRs) and thematic audits, including those focused on new entries into care, sexual abuse, and care planning.

Q&A Example

The IROs contributed to the *Children Coming into Care – Highlight Report* provides a comprehensive review of 30 cases where children and young people recently became looked after by Milton Keynes City Council. The review, based on a sample from November 2024, aimed to understand the circumstances leading to care entry and to evaluate the effectiveness of current practice. The children reviewed were predominantly aged 11–16, with a majority identified as White British. Legal routes into care included both Interim Care Orders and Section 20 agreements, with the latter used in 17 of the 30 cases.

The report highlights several areas of good practice. Notably, the use of Section 20 was generally appropriate, and the implementation of the Child First initiative has led to improved progression to care proceedings, reducing previous concerns around drift and delay. The updated Pre-Birth policy has also contributed to more timely and effective planning for unborn babies, with several cases demonstrating early permanence planning and proactive safeguarding. Additionally, writing to children has become embedded in practice, with records showing thoughtful and child-focused communication.

However, the report also identifies significant areas for improvement. Drift and delay were evident in 43% of cases, often due to a lack of SMART planning and over-optimism about parental change. Emotional neglect was frequently under-recognised, particularly in cases involving maternal mental health issues. Domestic abuse featured in nearly half of the cases yet was often assessed in isolation rather than within the broader family context. The use of safety plans was inconsistent, and there were concerns about the breakdown of Special Guardianship Orders (SGOs), particularly where carers lacked understanding of trauma and its long-term impact. One case involving a family with No Recourse to Public Funds (NRPF) raised concerns about discriminatory practice and inadequate pre-birth planning.

The impact of this report on the service is multifaceted. It has prompted a renewed focus on reducing drift and delay through continued case mapping and the development of a neglect toolkit. The findings have also led to planned reviews of practice in key areas, including domestic abuse, NRPF cases, and post-SGO support. Workforce development has been prioritised, with training on emotional neglect and trauma-informed care being explored, including the use of virtual reality tools. Overall, the report serves as a catalyst for strategic and operational improvements, reinforcing the importance of timely, child-centred, and evidence-based practice across the safeguarding service.

11. Summary

A year of growth, challenge and impact

The past year has been one of significant transformation for the IRO service in Milton Keynes. In response to a sharp rise in demand—an 18% increase in Looked After Children and a 28.8% overall growth in safeguarding activity—the service underwent a major restructure. The separation of the Independent Reviewing Officer and Child Protection Chair roles allowed for greater specialisation, improved performance, and a more focused approach to quality assurance.

This change has already yielded positive results. Timeliness of Child Care Reviews improved markedly, with 95% held within statutory timescales and 90% of outcomes distributed on time—up from just 72% the previous year. The introduction of midway reviews has also been instrumental in enabling IROs to track progress between reviews and intervene early where there is drift or delay.

Strengthening Quality and Participation

IROs have continued to play a central role in quality assurance across the service. They have contributed to monthly case file audits, thematic reviews (including audits on sexual abuse, new entries into care, and care planning), and quarterly performance reporting. Their presence on permanency panels and emergency LAC panels has ensured independent scrutiny of care planning and placement decisions.

Children's voices have remained at the heart of the IRO role. IROs routinely write directly to children, provide their contact details, and encourage participation in reviews. This commitment to participation was recognised in the recent Ofsted ILACS inspection, which rated Milton Keynes Children's Services as "Good" overall, with "Outstanding" for care leavers. IROs were instrumental in preparing for and contributing to this success.

Challenges and Areas for Development

Despite the many successes of the past year, several challenges remain that require focused attention moving forward. One of the most pressing concerns is the timeliness and quality of Pathway Plans. A notable 95% of initial plans were completed late, raising questions about how well-prepared care-experienced young people are for adulthood. The transition from adolescence to independence is already complex, and for children in care, it can be especially daunting. Ensuring timely, thoughtful planning is essential to support their emotional, financial, and practical needs.

Placement sufficiency and stability also continue to be significant issues. Nearly half (46.9%) of children are placed outside Milton Keynes, and 17% have experienced three or more placement moves - above the national average. These figures reflect the national shortage of suitable placements, particularly for children with complex needs or those subject to Deprivation of Liberty (DoLs) orders. Emergency placements and unregistered homes, while sometimes necessary, often lack the stability and therapeutic support children require. The introduction of Milton Keynes' unregistered placements policy has helped improve oversight, but the need for local, high-quality residential provision remains urgent.

Another area of concern is disproportionality. Children from mixed heritage backgrounds continue to be overrepresented in the care population, accounting for 12.1% of looked-after children compared to just 8.8% of the local child population. This disparity suggests potential systemic issues,

including gaps in early intervention or unconscious bias in decision-making. Planned audits will explore these patterns in greater depth to ensure equity and culturally competent practice.

Transition planning for children moving between placements or returning to family care also requires improvement. While the ambition to move children from residential to family-style settings is commendable, these transitions must be carefully planned and child-centred. Poorly managed moves can undermine stability and emotional wellbeing, especially for children who have already experienced trauma or multiple disruptions.

Finally, while the dispute resolution process has become more robust—with a 148% increase in formal disputes and quicker resolution times—it has also highlighted recurring themes. These include delays in care planning, inappropriate placement decisions, and inconsistent use of Section 20. The IROs have responded with assertive challenge and leadership, but these issues point to broader systemic pressures that must be addressed collaboratively across the service.

Driving Change Through Reform: The IRO Role in a Transforming System

As we look ahead, the national landscape of children's social care is undergoing one of its most significant shifts in decades. The government's response to the Independent Review of Children's Social Care—*"Stable Homes, Built on Love"*—has set out a bold and ambitious vision for reform. These changes are not just policy adjustments; they represent a cultural shift in how we support children and families, with a renewed focus on prevention, permanence, and partnership.

At the heart of these reforms is a commitment to early family help, stable and loving homes, and strengthening kinship care. There is a clear expectation that local authorities will reduce reliance on residential care, improve support for care leavers, and ensure that children's voices are central to every decision made about their lives. For Milton Keynes, this aligns closely with the values already embedded in our *Child First* approach.

The IRO service is uniquely positioned to lead and support the implementation of these reforms. With their independent oversight and deep understanding of frontline practice, IROs are not only quality assurers—they are leaders of change. Over the next year, IROs will play a pivotal role in ensuring that care planning reflects the reform agenda. This includes challenging plans that lack ambition or permanence, advocating for early and appropriate use of Special Guardianship Orders, and ensuring that children are not left in limbo due to system delays.

IROs will also support the development of new practice models, such as the Risk Outside the Home (ROTH) pathway, which aims to safeguard children facing harm in the community while keeping them within their families where safe to do so. They are involved in the development of the Family Network Meetings (FNMs) which will be key to empowering families to find their own solutions and reduce unnecessary entry into care.

As the reforms call for a more data-informed and accountable system, IROs will continue to contribute to performance monitoring, thematic audits, and service development. Their insights will help shape local responses to national priorities, ensuring that Milton Keynes remains at the forefront of best practice.

In summary, the IROs are not just adapting to change—they are helping to lead it. Their role in the coming year will be critical in embedding the principles of the social care reforms into everyday practice, ensuring that every child in Milton Keynes receives the care, stability, and support they deserve.

IRO Service Targets for 2025–26

1. Strategic Development and Leadership

- Continue to embed the formal split of the Independent Chair role to create a dedicated IRO function, enabling more focused oversight of Looked After Children.
- Embed and evaluate the newly launched permanency planning panels to ensure timely and appropriate permanence for all children.
- To further embed best practice and ensure scrutiny of some of our most vulnerable children with the continued implementation of the unregistered placements policy, highlighting homes that are unsuitable promptly.

2. Permanency and Placement Planning

- Promote early permanence for all children entering care to reduce the number of placement moves and improve stability.
- Ensure all children in residential care have a clear step-down plan to transition to family-based settings where appropriate.
- Review and strengthen Special Guardianship Order (SGO) assessments and support packages in line with the social care reforms.

3. Participation and Advocacy

- Continue to promote and expand access to independent advocacy to ensure children's voices are central to care planning.
- Work with the Participation Service to improve feedback mechanisms and celebrate children's achievements.
- Maintain direct communication with children through letters and regular contact and encourage their involvement in reviews.

4. Quality Assurance and Practice Development

- Continue monthly case file audits, midway reviews, and monitoring forms to ensure consistency and quality.
- Collaborate with Practice Development Leads to review and improve care planning documentation and tools.
- Share learning from disruption meetings, Independent Learning Reviews (ILRs), and thematic audits across the service.

5. Challenge and Dispute Resolution

- Maintain robust use of the dispute resolution process to challenge drift, delay, and poor planning.
- Track and analyse dispute themes to inform service improvement and workforce development.

- Continue care plan tracking meetings to address overdue plans and promote accountability.

6. Equity, Inclusion, and Reform Implementation

- Audit cases involving mixed heritage children to understand and address disproportionality.
- Promote culturally competent practice and ensure identity needs are reflected in care planning.
- Support the implementation of the social care reforms, including the Risk Outside the Home (ROTH) pathway and Family Network Meetings (FNMs).

7. Data-Driven Practice

- Use Power BI and performance dashboards to monitor trends, identify gaps, and target interventions.
- Collaborate with performance teams to ensure data accuracy and relevance in decision-making and service planning.

Conclusion: Building on Strength, Leading Through Change

The 2024–25 year has been one of both challenge and progress for the IRO service in Milton Keynes. Amid rising demand and increasing complexity, the service has demonstrated resilience, adaptability, and a steadfast commitment to improving outcomes for children and young people. The separation of the IRO and Child Protection Chair roles has enabled greater focus and impact, while the embedding of midway reviews, strengthened dispute resolution, and improved timeliness of reviews have all contributed to a more robust and responsive service.

Children’s voices have remained central to our work, and the *Child First* approach has become more than a principle—it is now a practice standard. IROs have continued to advocate fiercely for children’s rights, challenge drift and delay, and ensure that care planning is not only compliant but compassionate and ambitious.

Looking ahead, the national social care reforms present both an opportunity and a responsibility. These reforms call for a system that is more preventative, more family-focused, and more accountable. The IRO service is not only ready to support these changes—it is ready to lead them. With a clear set of priorities for 2025–26, including a focus on early permanence, equity, participation, and data-informed practice, the IROs are well-positioned to drive forward the next phase of improvement.

As we move into a new year, the vision is clear: every child in Milton Keynes should grow up in a safe, stable, and loving environment where their voice is heard, their identity is respected, and their future is bright. The IRO service will continue to be a driving force in making that vision a reality.

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