Children in Charge?

How might IROs navigate the demands of the professional role to improve agency for young people in care planning?

A participatory study.

Bec Buss

A thesis submitted for the Professional Doctorate degree in Social Work and Social Care,

Tavistock and Portman NHS Foundation Trust,

University of Essex.

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In discharging these duties, the IRO has a number of specific responsibilities:

promoting the voice of the child.

(DfCSF, 2010, p11)

You should pay more attention to young people, listen more, and help a person out as much as you can. And you stand alongside the young person until they leave.

(Elizabet, care-experienced adult participant)

Abstract:

Care-experienced people often cite feelings of lack of control over their lives whilst in care. As an Independent Reviewing Officer (IRO) of over ten years, I was interested in exploring care-experienced people's views of how IROs can best use care reviews and their professional role to increase care-experienced young people's participation in their own care planning, improving feelings of agency. Critical Realism was used as a holistic framework to underpin the study, specifically considering Bhaskar's four Planes of Social Functioning (Bhaskar, 2014).

A participatory model was used, with a research group formed of two care-experienced young adults and one IRO. The group devised, conducted, and analysed the research. The methodology involved focus groups with eight care-experienced people (both in-care and care leavers) and seven IROs.

Four themes emerged using Thematic Analysis - the importance of relationships, choice, adult-focused meetings and approaches, and the impact of Local Authority demands. Subthemes of the effects of restricted resources and the lack of understanding of the IRO role also emerged. Considering the data holistically, a picture appeared of a defensive system which avoids co-creation and has limited consultation with young people. Experiences of IROs varied; however, examples of IROs acting as facilitators, allies, interpreters, and negotiators were given.

The study asserts that IROs are well placed to use their professional role to promote agency, despite organisational constraints, especially if they remain in the position for some time and can facilitate their role effectively considering the four Planes of Social Functioning. IROs can facilitate change, moving beyond tokenistic consultation towards meaningful co-production of reviews, modelling this for care planning. Care-experienced people are not asking to be in charge but want significant engagement and to be part of the planning process.

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Chapter One: Setting the scene.

It's because I think a lot of young people don't realise they've got options sometimes …. a lot of people that I've worked with, young people … that are in the care system and living outside of their families, don't feel that they have options.

(Dana, IRO participant)

Too often, young people who have been in the care of the state feel they have little or no control over their own childhoods; being 'done to' is a repeated theme in accounts from individuals that is echoed in the literature (Coram Voice, 2015; Sanders, 2020). Increasing agency and rebalancing power is an often-cited aim of social work, yet children in Local Authority care rarely feel empowered by their family, state, or society.

Each child in care has a 'care plan' devised by their social worker; these plans are scrutinised by Independent Reviewing Officers (IROs). The regular care review meetings where these plans are examined, sometimes called 'Looked After Reviews', usually involve the young person, their carer, social worker, IRO, and key people such as parents and teachers. This review meeting serves to consider the progress of the care plan, reviewing the previous period and looking forward to the next. Both statutory devices - the care plan and the care review - may provide significant opportunities to ensure young people

are co-producers of the plans for their lives. This research considers how IROs might use their role to promote experiences of agency for young people in care, drawing on the views of care-experienced individuals.

IROs have a legal duty to ensure care plans are appropriate, checking for delay and drift. They must ensure, as far as possible, that a young person's voice is heard in care planning. They are guided by the IRO handbook (DfCSF, 2010), which sets out much of the statutory guidance specific to the role. There is limited research on the IRO position; the studies that have been conducted will be explored in Chapter Three. However, my practice experience suggested that IROs may be key professionals who can facilitate care-experienced people to have an increased sense of involvement and agency over their own lives, especially as they move to adulthood. As an IRO, I was keen to take a doctoral journey to explore how practice might be consolidated and developed, adopting a dual role of both IRO and researcher.

This paper aims to explore how IROs can use their professional practice to support young people in the care system; it seeks to examine the barriers and opportunities the role provides by considering the views of care-experienced people and IROs through qualitative research, devised with a participatory method. In essence, recently care-experienced people were recruited to form a research group; we

then designed, executed, and analysed the research study together.

As the doctorate progressed, questions began to emerge which formed the basis of this thesis:

- *How do care-experienced people experience their IROs?*

- *According to care-experienced people, how can IROs promote participation in care planning?*

- *What barriers inhibit IROs from facilitating meaningful involvement for young people in their care reviews?*

- *What opportunities are present for IROs to build experiences of agency for care-experienced young people?*

1.1   Definitions.

Terminology.

Key definitions and terminology are essential to outline the research terms and ensure clear understanding. Language determines so much, is linked to power, exclusivity, and inclusiveness (see section 1.4), and relates to underpinning values. Terminology and explanations of care-experienced people and IROs help frame this study's exploration.

1.1i Care-Experienced.

For this paper, I will use the term 'care-experienced', which has been chosen by several user-led organisations (Hugman, 2019; NSPCC, 2023), rather than the governmental terms 'Children Looked After', 'Looked After Children', and 'Care Leavers'. The term 'care-experienced' refers to both children and adults who have spent time in state care. The terms 'in-care' and 'care-experienced adult' will also be used to differentiate between the two care-experienced groups that participated in this research.

Legal Framework.

Care-experienced children are those under 18, for whom the state takes parental responsibility under The Children Act (1989) through:

- Interim or Full Care Orders where the Local Authority shares parental responsibility with parents under Section 31

or

- delegated authority from a parent or no parent/carer present under Section 20.

Children enter the care system for a variety of reasons. The Government records these as:

- abuse including neglect (65%)

- parenting capacity being 'chronically inadequate' (family dysfunction) (13%)

- no parents (absent parenting) (9%)

- family going through a temporary crisis (family being under acute stress) (7%)

- child's or parent's disability or illness (5%)

- low income or socially unacceptable behaviour (1%)

(Gov.UK, 2023)

Children in care may be placed in a range of accommodation, including with foster carers, residential care homes, residential schools, with parents, secure settings, and semi-supported accommodation (DfE, 2022). However, there is a national shortage of foster carers and residential homes, with some children being sent great distances from their families. In addition, Neoliberal policies have initiated the development of the privatisation of both fostering and residential services, which often provide care at a high financial cost to the public purse (Jones, 2019 and 2021). Recent governmental figures document a continued rise in children being in care in England, with 83,840 on 31st March 2023, an increase of 16,770 in the last decade alone (Gov.UK, 2023).

Outcomes for children.

It is often cited that those who have been in care are likely to have poorer outcomes (e.g. McKeown, 2020), however, this fails to acknowledge the impact of children's experiences prior to care and that there might be an accumulative effect alongside loss when entering care. The fracturing of ties with parents, siblings, families, culture, and communities may be painful for care-experienced people and impact their emotional well-being. However, Wade *et al.* (2011), Sebba *et al.* (2015), and Diaz (2018) are clear that outcomes for care-experienced children compare more favourably than children who have long-term social work involvement at home. There is some identification of this by children themselves; in one study, 83% of participants reported that care had improved their well-being (Selwyn *et al.*, 2018). Increasing agency may well improve this further.

Poverty and social disadvantage.

Frost and Hoggett (2008) point out that social work often occurs with individuals who have experienced poverty and social disadvantage, resulting in 'state intervention and control', suggesting this can be described as 'social suffering'. They note 'the lived experience of the social damage inflicted in late capitalist societies on the least powerful, and the intra-psychic and relational wounds that result' (p.440). This

suggests to me that the development of capitalist societies, where there is a significant divide between rich and poor, results in the communities and individuals at the poorer end of society being more likely to have negative experiences in what Bhaskar (2014) describes as the four Planes of Social Functioning: Material Transaction through poverty of housing, education, and lack of the basics for living; Social Interaction whereby the culture, language and experiences of those in poverty are deemed unimportant by those with societal power; Social Structure where structures constrain groups and individuals to follow the socially prescribed roles of unimportance; and the Stratification of Embodied Personality as Frost and Hoggett propose subsequent links to poor mental and physical health. They indicate that poverty and social disadvantage can be internalised as hurtful, shameful, and isolating. I would suggest that this develops the possibility of inter-generational and communal harm, which provides the backdrop, and sometimes the reason, why social workers may be involved. These four Planes will be explored throughout this thesis, with further exploration in Chapter Two.

Shared experiences, different individuals.

It is important to note that experiencing state care elicits some shared experiences, however, Sanders (2020) cautions against seeing care-experienced people as a homogeneous group. Each care-experienced

person has their own individuality, life story, personality, and unique functioning, which are different even when they come from the same family.

Research remit.

For this research, it became evident that specific groups - children with profound learning or physical disability and children who are asylum-seeking with poor English language skills - deserve tailored consideration, time, and resources, which were not available within this study. Primary and pre-school aged children were also excluded from this research for practical purposes and to have a more focused approach. The remit, therefore, considered care-experienced secondary school-aged young people and young adults (up to 26 years).

1.1 ii Independent Reviewing Officers.

Definition of the role and legal remit.

IROs are qualified and experienced social workers whose 'primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration' (DfCSF, 2010, p.9). IROs were formally introduced after examples of drift and concerns around poor care planning. Fears were raised that Care Reviews were often overseen

by the very people who were responsible for devising the care plans and as a result, were ineffectual (Dickens *et al.*, 2015). Children were unlikely to attend. Additional guidance (DH, 1991) placed reviews as part of a process of care planning but did not address the issue of direct managers chairing them. General concerns around safeguarding children in care led to the Utting report (1997) after abuse of children in care homes in Wales was uncovered, whilst at the same time, the growth of children's rights was occurring internationally. The Children Act 1989 and the Human Rights Act 1988 brought new efforts to consider how best to scrutinise Local Authority care planning, and following landmark case law (Re W and B; Re W (Care Plan) and Re S (Minors) (Care Order: Implementation of Care Plan); Re W (Minors) (Care Order: Adequacy of Care Plan) [2002]), the government put in place a statutory requirement for each child in care to have a named IRO through the Adoption and Children Act 2002 and the Children Act 2004. The Children and Young Person's Act (2008) and the IRO Handbook (DfCSF, 2010) brought further strengthening of the regulations, describing the remit of the role, and bolstering the requirements on a Local Authority, for example, by requiring 'recommendations' made at reviews to become 'decisions' after five working days. The Care Planning Placement and Case Review regulations and guidance (DfE, 2015) also reiterated statutory

requirements. An in-depth description of the role's introduction can be found in Dickens *et al.* (2015).

Beckett *et al.* (2016, p.148) identify 'The IRO is part of an interactive system of checks and balances which, together, may increase the likelihood that professional judgement will be exercised effectively on the child's behalf'. IROs generally see young people at the time of their care reviews, which are held at twenty working days of coming into care, then at three months and subsequently every six months, unless there is a change of care plan, in which case the sequence may start again (DfCSF, 2010). IROs can formally challenge Local Authorities and if they do not judge the response to be adequate for the child's needs, can refer the issue to Children and Family Court Advisory and Support Service (CAFCAS), effectively asking the court to assist.

Contacts with children.

Ofsted's 2011 survey suggested 79% of children said their IROs keep in touch between reviews, but this is variable depending on the young person and the IRO. IROs may send texts/messages or cards - including at significant times such as birthdays and celebratory days, make phone or video calls and visit in person, often a few weeks before the review. It should be noted that with increasing numbers of children in care, high allocation numbers for IROs may make it a

challenge to hold children consistently in mind.

In some Local Authorities, IROs are given other quality assurance duties such as being Child Protection Conference chairs, fostering review panel chairs, care home reviewers, and auditors, however, this piece will focus on the statutory role with children in care.

Role experiences.

It is helpful to keep in mind Beckett *et al.*'s (2016) points that IROs are qualified social workers, noting that one individual may hold a social worker, manager, and IRO post at different times within their career. Such breadth of experience may bring insight and understanding but also may add layers of complications and contradictions. In addition, IROs may be care-experienced themselves, adding further dimensions to the role.

There is little research considering the role of IROs; interestingly, many studies on children in care barely mention them. Research specifically exploring the role, alongside some around care reviews, will be considered in Chapter Three. There has also been some recent debate around retaining the position, with MacAlister (2022) wishing to remove it; the previous Conservative government had signalled its intention to maintain and review the role, but it is unclear if the Labour government will concur. This will be further explored in the literature

review in Chapter Three.

This research was conducted in a Southern Local Authority of many rural areas, large towns, and a principal city with areas of deprivation that fall within the top 10% of deprived areas in England (ONS, 2019). There are also hugely affluent locations. The research participants were all drawn from this Local Authority.

1.2 Motivations.

1.2 i Professional experience.

After a decade of working as an IRO, I am passionate about discovering how review meetings can assist young people in feeling heard and fully involved in designing their care plan, especially gaining increased agency as they edge towards adulthood. I have witnessed young people use their reviews to significant effect, shaping their lived experience; at other times, young people have been acutely embarrassed by the process. Considering how IROs might support young people to be fuller participants in decisions about their lives, experience increased agency, and so improve well-being, inspired my doctoral study. This was underpinned by Critical Realist thought and a Radical Social work education.

1.2 ii Personal experience.

As a researcher and practitioner, I recognise the impact of self (Trevethick, 2018). My experiences shaped me, including the impact of growing up in a large institution compound for teenage boys in care, where my father worked. At home, I had two brothers, the youngest was first fostered by our family and then adopted - my earliest memory is of him arriving at our home with the social worker who brought him. I cannot but reflect that these experiences impacted my pathway to social work and subsequently on my practice; the Critical Realist concept of the Embodied Personality (Bhaskar, 2014) (see 2.1) was helpful here, and ideas around the role of self will be included in this thesis. Yet, I am not care-experienced myself, so however closely linked my past and present are to care-experienced people, I cannot truly know the myriad of experiences of being in state care. I saw the benefits of a participatory approach to this research; opportunities to cross reference and reflect with care-experienced people were of enormous value throughout the practice-near research.

1.3 Practice near research.

This study falls within a practice-near research remit in that it is inspired by my own experiences as an Independent Reviewing Officer; it acknowledges the complexity and the variety of life events for care-

experienced people and IROs that comprise part of my working life. This practitioner research aims to consider situational learning and to make recommendations to support the improvement of practice.

Impact of self and neutrality.

A criticism of not remaining neutral in research is levelled at those who acknowledge the impact of self; however, Fook (2000, p.105) cautions that our postmodern world, where substantial global economic changes have led to 'technocratisation' and devaluing of professional skills and knowledge, relying on data and economic advantages, has overlooked the value of qualitative research. Fook denies the impartiality of the researcher. Therefore, there is an interplay of examining a position in which I am employed whilst taking the role of a researcher. Cooper (2017) described practitioner research as 'practice near research', noting that practice is about relationships between individuals, organisations, and systems. He stated that 'practice near research' makes it impossible to remain neutral, with researchers impacted on many levels, including the emotional and physical. Cooper suggested several processes may occur. The first might be 'the smell of the real', that practice research brings us up close in every way 'in a visceral, bodily, and therefore live, emotional way' (2009, p.432). He observed that practice research is usually based on the researcher's passion – this was certainly the case for this study, where my own love

of teenagers, personal ethics of promoting agency and underpinning

Radical Social work ethos, supported the choice and execution of the

study. Participatory research embraces this closeness, suggesting co-

creation brings huge benefits (Beresford, 2021). Indeed, Balakrishnan

and Claiborne (2017) claim that practice and action bring their own

truths, which should not be seen as secondary to theory and logic.

Challenging my own assumptions.

D'Cruz and Gillingham (2017, p. 436) raise concerns around

participatory research compromising the 'integrity and critical distance'

of the researcher. Indeed, Cooper (2017) suggested that the nearer the

researcher comes to others, the more psychically we will be

intertwined – as an IRO and researcher this was especially pertinent

as my work history has given me an in-depth experience of the role.

Cooper advised that theoretical positioning and an understanding of

how this occurs helps to clear up confusion - the use of Critical

Realism as a theoretical positioning and the use of formal and informal

reflection were companions in aiding the researcher stance. To present

a qualitative, practice-near study with a researcher stance of 'stepping

back', an ongoing examination of literature and discussions with the

co-researchers assisted in challenging my own experiences and

interpretations. Reflective sessions with others in the doctoral program

who were not IROs provided the opportunity for questions and testing

of viewpoints with others who operated within the social work profession. Importantly, Bhaskar argued that social scientists have a moral obligation to highlight the 'negative mechanisms', 'this stance goes against the predominant view in the social sciences which posits that the research investigator must always remain objective, neutral, value-free and dispassionate' (Houston, 2023, p.30).

Cooper (2017) stated that personal change is inevitable in practice near research; this was my experience as I re-evaluated, thinking more deeply about my actions and the interplay with values and the wider environment. In conversations with the care-experienced researchers, I was faced with my own shortcomings and strengths as an IRO, identifying areas of growth and development.

Practitioner research – drawbacks.

Lunt and Shaw (2017) reviewed practitioner research identifying two types – organisationally sponsored (Type 1) and individual (Type 2) approaches. For Type 2, which fits this research, they note several challenges, including that unrealistic hopes might be invested by the researcher and participants, an issue I had been mindful to address when recruiting the care-experienced researchers and participants, as well as reflecting on this personally. Lunt and Shaw also consider how an individual's research may be taken up and used for an

organisation's purposes rather than the original intention of the researcher. Other challenges identified were 'tensions across teams, where a shared project is planned, frustration, disillusionment and disappointment with self, colleagues and the practitioner research process are all real possibilities' (Lunt & Shaw, 2017, p.210).

From the start of this research, I was aware of the difficult role of a participatory researcher, where responsibility, role, power and more interweave especially given my practitioner role as an IRO where there is an expectation to have answers and to lead. Throughout these were constant battles, wanting to empower others while noting the care-experienced researchers were volunteers. I certainly did not want to let them down. Further reflection around my positioning as a practitioner researcher will be included in Chapter 4.

Practitioner research – benefits.

Fuller and Petch (1995) point out that social work practitioner-researchers can bring advantages of being rooted in practice, expertise of analysis, interviewing and recording skills, and data access. In addition, Lunt and Shaw (2017) note that practitioner research 'has an intrinsic emergent quality to it and cannot be reduced to a set of prior rules or textbook mantras, and as a form of learning cannot nor ought to be reducible to individual skill-acquisition' (p.216).

This was found to be partially true; however, previous research and 'textbooks' were of immense value, but an 'emergent quality' was also evident as the study was shaped by outside situations and the process itself, such as my learning around the participatory method, and moving from 'training' co-researchers to 'exploring together'. Cooper (2017) asserted that near-practice research includes the discovery of 'complex particulars'. He emphasised that being close to an individual or small group highlights their uniqueness and individuality but also brings valuable insight on a broader level, 'a fundamental challenge to the continuing dominance of a positivist world view' (p.432).

1.4 Language and power.

As a professional doctorate, there were times when writing in the first person, considering my own learning and positioning in the process, became an appropriate way to write. I was mindful that I wished for my work to be accessible to other IROs and Local Authorities. I aim to balance the tightrope of academic writing while using language clearly and accessibly, hoping it will be available and helpful to practitioners. In addition, a grant was secured to work with care-experienced people to provide a 'care-experienced friendly' version of the findings; this is a task to be completed following the completion of this thesis.

Numerous authors have considered the use and power of language

(e.g. Hung Ng & Deng, 2017; Salleh, 2014). Gregory and Holloway (2005, p.37) note the importance of language in social work; they state: 'the power of language is widely recognised; language is used to establish membership of a group and conversely to restrict access to outsiders; to indicate allegiance to a cause, to establish, and sometimes coerce into, a position; to restrict communication and the type of communication; to influence the construction of a situation. It is subject to both whim and fashion and yet has an extraordinary capacity to metamorphose. It can empower or control, provide vision or demoralise'.

Martin (1992) describes how academic writing may include using complex academic language to maintain boundaries by professional groups, ensuring group identification and preventing outsiders from crossing the borders. Given writing around organisational defences (e.g. Chapman, 2004; Halton, 2019), it might be suggested that academia and professional groups within education may use language as part of their defences. Within social work, Gregory and Holloway (2005) state that language conveys values, has a social power and can be used to establish group membership or exclude outsiders. Martin (1992) also asserts that language choice indicates intellectual status and is used as a form of power and privilege. Lunt and Shaw (2017) point out that practitioner research tends to have a more active

practitioner voice where professional and personal reflection forms part of written communication.

1.5   *Outline and rationale of chapters.*

Brief overview.

Throughout this thesis, care-experienced people's views will be explored first, followed by consideration of the IRO voices; this is an intentional presentation and in-keeping with a participatory approach, where lived experience is seen as highly valuable (Beresford, 2005). To this end, the research was conducted with a participatory approach – two care-experienced co-researchers were recruited, and the method (focus groups) and outline of the research questions were devised. Nine care-experienced participants were recruited, of which three had left care, and the remaining six were of secondary school age or attended college. Seven IRO participants were recruited. The research was conducted mainly using focus groups, although there was a slight alteration where two IROs gave written responses as they were unable to attend the session but wished to participate (see Chapter Four). Following this, we analysed the research data using a thematic approach. My own analysis, drawing on the previous reflective discussions with the care-experienced researchers, will be included.

Research questions.

My overall aim was to consider how IROs might navigate the role to promote agency for care-experienced people, drawing on the views of care-experienced individuals. To do this, the research group wanted to consider how care-experienced people experience their IROs to gain some context before examining how IROs can promote participation in care planning. We were interested in identifying barriers that might hamper the role and in considering opportunities. The overall question of how IROs can navigate their professional role was discussed, and broken down into the following research questions by the research group:

- *How do care-experienced people experience their IROs?*

- *According to care-experienced people and IROs, how can IROs promote participation in care planning?*

- *What barriers inhibit IROs from facilitating meaningful involvement for young people in their care reviews?*

- *What opportunities are present for IROs to build experiences of agency for care-experienced young people?*

Chapter descriptions (see Appendix Seven for chapter mind maps).

Critical Realism (CR) was used as an underpinning concept and to

explore findings; therefore **Chapter Two** will outline CR, focusing on Bhaskar's (2014) four Planes of Social Functioning: Material Transaction with Nature, Social Interaction, Social Structure and Stratification of Embodied Personality. The framework assists in thinking holistically, as CR asserts that each plane interacts with, and is impacted by, the other. CR recognises the idea of power in human relationships with the enabling of agency requiring the sharing of power, ideas around power and powerlessness, both for children and IROs will be discussed.

Chapter Three draws on literature to further explore children's 'agency' as, if IROs are to promote agency and children's voices, there needs to be some understanding of the concepts surrounding these complex ideas. Understanding how children might experience their reviews was also helpful to explore as a background to the research, enabling a consideration of what is already known. Literature considering the IRO role was included to examine how it functions – what was already known from care-experienced people about their IROs? What was still to be explored? What barriers and opportunities have been identified regarding the IRO role and the building of agency?

Despite my enthusiasm about using a participatory method for this research, it came with significant challenges and benefits. I could find

no English participatory research studies devised, conducted and analysed by care-experienced individuals concerning IROs, although studies such as Kelly *et al.* (2020) explored how care-experienced peer researchers were used in a study around care leavers in Northern Ireland. There also appears to be a renewed international interest in participatory research and child co-production (e.g. Percy-Smith *et al.*, 2023). From the UK, Larkins *et al.* (2021) and The Children's Research Centre (2023) provided participatory examples when researching with children. As a result, ***Chapter Four*** will consider the participatory methodology. Experiences of participatory methodology for this study will be presented in Chapter Six. The chapter will also present the process of the research, including planning, method, delivery and analysis.

Chapter Five will outline the major themes found through thematic analysis: relationships, choice, adult-focused approaches, and the Local Authority remit. Alongside this, two minor themes will be presented: lack of resources and understanding of the IRO role.

Chapter Six will briefly reflect on a participatory approach, considering the challenges and advantages. This section builds on Chapter Four.

Chapter Seven will present further data analysis, returning to the research questions. Drawing on the thematic analysis and reflective

discussions with the care-experienced researchers, the chapter will present my data analysis. The aim is to move beyond the words spoken to look at broader themes including what was left unsaid. The chapter asserts that care-experienced people do not wish to be 'in charge' when in care but want meaningful involvement which goes beyond a cursory acknowledgement of their views. Meaningful co-production will be presented as a way that IROs might increase experiences of agency for children in care.

Chapter Eight outlines the main findings, draws conclusions about navigating systems and the need for child-centred approaches, and considers practice opportunities. Recommendations for children, government, Local Authorities and IROs are woven into the chapter.

All names of the care-experienced and IRO study participants have been changed by an internet random name generator or selected by the participant. The two care-experienced researchers are named (Autumn and Summer); they have given consent for this and, in keeping with participatory research, using their real names gives them recognition of their part (Water, 2024). Quotations and pictures from the participants will be included to present different forms of expression.

Chapter Two: 'Yes, but why?' Underpinning ideas.

'A young person isn't stupid.'
(Luna, care-experienced adult participant)

Philosophical ideas and stances underpin every piece of research.
Creswell and Creswell (2023) use the description 'worldview' rather
than terms such as paradigms, epistemologies, and ontologies, noting
this sets research in a global perspective. Critical Realism (CR),
especially the four Planes that Bhaskar (2014) proposed operate in
our world, appeared to provide a framework which acknowledged the
complexity of the lives of care-experienced people and IROs and was
used as an underpinning worldview to this research.

A glossary for key concepts for Critical Realism is provided on page
248.

Cooper (2017) described CR as 'a post-Marxist philosophical tradition
led by the work of Roy Bhaskar, articulating a kind of surface and
depth model of social processes in which knowable social phenomena
are produced by generative profound structural principles' (p.440).
Radical Social Work embraces CR given the alternative it offers to
positivism and postmodernism, and an alignment to CR's commitment
to social justice (Houston, 2023). CR suggests there is reality, and we
are in the process of 'knowing' which regulates what is known. Bhaskar

considers the social positioning of knowledge, suggesting that social structure pre-exists agency, but that human agency can either reproduce these structures or transform them (Oxford Conversations, 2019). CR notes that one piece of research, or one method, will not disclose everything – this research is part of a broader, more detailed jigsaw. It shows only part of the picture but hopefully helps to bring more knowledge of that picture.

CR acknowledges the role of power in the different Planes, suggesting that agency and power are inexorably intertwined. Agency cannot be achieved without an individual having some power; conversely, if an individual has limited power, their ability to exercise agency is confined. While acknowledging that both agency and power are constrained and affected by all four Planes, there are still opportunities for IROs to share some of the power invested in their role (Social Structure) for example, by co-producing reviews with young people. Bhaskar (2014) noted that agentic actions are fundamental for everyone as we interact with the four Planes, although agency may be curtailed, it is still present. As a result, concepts of power for children and adults will be discussed (agency will be explored in Chapter Three, drawing on literature).

2.1 Critical Realism: theory to help understand the world around us.

Lomghofer and Floersch (2012, p.50) claim that 'few in social work research ... have attempted to integrate … domains of knowledge production or engage in critique for the purpose of knowing how our knowledge is inevitably enabled and limited by ... ontological and epistemological claims'. They asserted that we split the world into separate realms - the social and the psychological - inciting oppositional styles of opinion that impact practice and research. They contend that such disagreements are troublesome, while Critical Realism (CR), a worldview initiated by the thinking of Roy Bhaskar, aids in bringing the different positions together. I started to imagine CR as a complex woven wicker basket with interconnected strands; some strands might not touch but are affected by each of the other components, even if to different degrees. I found this significant in my growth as a researcher, and CR became a helpful underpinning to the research; for example, literature became some threads of the weave.

What is Critical Realism?

Archer *et al.* (2016, p.2) suggested, 'CR is not an empirical program; it is not a methodology; it is not even truly a theory, because it explains nothing. It is, rather, a meta-theoretical position'. Oliver (2012)

pondered that CR has been underused by researchers, partly because it does not link to specific research enquiry methods. She argues that CR can help draw together different approaches bringing with it a critical focus. She goes on to claim that CR brings a valuable approach to social work as a result. Tensions between different perspectives 'reflect contradictions at the heart of social work, characterised as it is by theoretical plurality, competing practice traditions, diverse client populations and a mandate both to care and to control' (Oliver, 2012, p.374). CR enables researchers to acknowledge and examine these tensions, incorporating different viewpoints and considering transformative CR and Radical Social underpinnings such as anti-oppressive and anti-discriminatory practice to bring about change (Houston, 2023). Houston adds, 'Theories, methods, investigative questions and practice interventions are all underpinned by philosophical premises requiring critical interrogation. This is the reason why meta-theory and philosophy (of the kind promulgated by CR) are imperative for social workers, particularly when they assess people's interactions with their social environments' (p.28).

Corporate agents.

CR writer Archer (1995) described structural elaboration, remarking that constructions are maintained and altered through cooperative action by people who can reflect on their contact with each other.

Larkins (2019) notes that Archer suggested that there are 'Corporate Agents' - groups of individuals who can gain appropriate resources that can facilitate, express interests, organise, and invoke action. Larkins stated, 'They shape, affect and transform the conditions which other collectivises experience' (p.4). Can IROs be Corporate Agents, seeing children as 'being' not 'becoming' (Atwool, 2006)? Might they enable care-experienced people to be Corporate Agents? By using a participatory method (see Chapter Four), might the research group become Corporate Agents to influence IROs, social workers, social care managers, and even the system as a whole?

Bhaskar (2008b) proposed that social scientists are obliged to call out mechanisms identified in research, noting that researchers formulate hypothesis and then seek evidence of 'retroductions'', that is, the evidence or cause that might exist for X to be true or untrue. He suggested that considering what is absent for human growth (such as social capital, finances, education, agency etc) and locating what is in the domain of the 'real' (such as class, patriarchy, attachment) must lead to 'absenting the absent' (bringing transformative change to banish mechanisms that prevent human and societal growth). Bhaskar (2014) wrote with increasing optimism around the possibility of change, after all, a small pebble can make large ripples in a pond, and surely it is worth trying?

The four Planes.

Houston and Swords (2022) explain that CR suggests three levels of reality: the first being the 'empirical', what we can see, experience, and observe first-hand; the second being the actual – occurrences that are happening whether we observe them or not; the final being 'causal', unseen mechanisms which create, or impact on, events we can discern. Bhaskar (2014) proposed four Planes which operate in our world: Material Transaction with Nature, Social Interaction, Social Structure and Stratification of Embodied Personality. He suggested that all social events occur simultaneously on all four Planes. These Planes might crudely be considered as follows:

Material Transaction with Nature acknowledges that we cannot be removed from the natural side of our existence, including the biology and nature around us. Issues such as war, environmental crisis, and poverty also create material conditions which interplay with the other Planes. Dean *et al. (2006)* suggested that CR 'rejects attempts to divide the social from the material and insists that all human activity takes place within material conditions' (p.47). According to CR, both IROs and care-experienced people function within this Plane, impacting and being impacted by this world; for example, much research indicates that care-experienced children overwhelmingly come from economically deprived backgrounds (e.g. Rees, 2013;

Mathers *et al.*, 2016; Drew & Banerjee, 2019). Mooney (2020) notes poverty (plane of Material Transactions) being intrinsically linked with social policy and societal structures (plane of Social Structure).

The Plane of *Social Interaction* assists us in considering meaning, shared rules, and understood cultural 'norms', including the use of language and unequal distribution of wealth and resources (Bhaskar, 2014). The impact of the broader culture of the UK and the culture of the workplace where IROs operate, and where children in care grow up, sit well within this Plane. As an IRO, I notice the influence of community and the clash of a mainly middle-class, female, white profession, allocated to often working class, male, care-experienced young people, sometimes of different ethnic backgrounds (also noted by Dahle, 2012). In addition, I am shaped as a researcher by my experiences (white, female, brought up working class, British, etc.) and am part of these cultural rules.

Within the Plane of *Social Structure*, Bhaskar (2014) suggested there are roles that people inhabit, enacting multiple parts in an ever-modifying world. This Plane includes economic policies such as austerity. It could be argued that children in the state's care are positioned in a certain role within the social structure that is different from that of other children. Thomas (2014) noted that young people in care are involved in systems designed by adults that erode children's

capacity, removing agency, to a greater extent than those living within their own families. Likewise, IROs fulfil a set role interpreted by the government, local authorities, teams, and individuals. Additionally, social policies such as the IRO Handbook (2010) and The Care Planning Placement and Case Review Regulations and Guidance (2015) shape how IROs deliver this role.

Finally, the Plane of the *Stratification of Embodied Personality* considers the position and actions of the individual which then impacts on surroundings, psychoanalytical thought fits neatly into this part of the weave. Bhaskar (2014) saw problems such as addiction and narcissism in this Plane. Crow *et al.* (2008) discussed how practitioners must be skilled in understanding their own and the child's emotional state – their 'embodied personality' is key in how they carry out the role and interact with others.

Limitations.

Those adopting a positivist position would question CR research, given their belief that all knowledge can be investigated through quantifiable data and asserting that the researcher should be an objective analysist (Druckman & Donohue, 2020). Professional doctorates focus on the profession in which the researcher is located and therefore one might assume would struggle with the positivist

notion of disassociated researchers. As a researcher and IRO, there inevitably is an interaction of these two roles, those with a positivist theoretical stance, would therefore question my researcher role in this study. Each part of the research process will be impacted by my own professional experiences. However, CR asserts that no researcher is free from influencing the research subject given that values, experiences and unseen mechanics are at play. Alternatively, those adopting interpretivism, who see reality as socially constructed and so all meaning is subjective, would refute CR's acceptance of objective realities (Warwick, 2019).

One limitation noted of CR in the research field, is its lack of setting out of a CR research process given it is a metatheory rather than a procedure. In this research, CR acted as an underpinning position which aided reflection and exploration rather than a set method. CR is also criticised for the complexity of the literature of its main author, Bhaskar (Warwick, 2019), a stance I agree with. Repeatedly re-visiting Bhaskar's work was an exhaustive although fascinating, labour, with each visit enabling a little more of understanding. Whilst still at the start of exploring Critical Realism, the insights it has brought to date, have been valuable.

2.2 Power.

Concepts of power were crucial to exploring the role of care-experienced people and IROs, it is one of the strands of the CR weave that impacts all four of Bhaskar's (2014) Planes. CR strongly links power and agency as twin forces which researchers seek to explore (Bhaskar, 1994). CR seeks for causal mechanisms and considers how people can achieve agency to effect change (Stutchbury, 2021). The choice of a participatory approach was partially initiated from considerations of issues of lack of power. Holland *et al.* (2010) note that power is often seen as repressive but suggest that 'power in adult-child relations is … both a productive and repressive force' (p.362). Many others have considered concepts of power in social work (e.g. Gilbert & Powell, 2010; Okitikpi, 2011). Power regarding children and IROs seemed pertinent to explore.

2.2i Power and powerlessness for children.

Post-structural writer Gallagher (2008) recognised issues of power around children's agency, stating that children have minimal power, although this is dynamic and depends on context. Concepts of agency and children being 'heard' or 'having a voice' are closely allied.

Legal remit.

Gallagher *et al.* (2012) recognised that children's participation may be necessary, but many children and young people still refer to feelings of powerlessness. Despite attempts to 'hear the voice of the child', they conclude that practice may be more problematic than some of the rhetoric suggests. Under International and UK law, children have legal rights to not only have their voice attended to but some right for their views to be acted upon, for example:

> *'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'*
>
> (UN Convention on the Rights of the Child, Article 12, 1989)

and

> *'a court shall have regard in particular to—*
>
> *the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding).'*
> (The Children Act, 1989, 1(3) a)

Adult determined and controlled.

The question these articles do not answer, is who determines the ascertainable wishes and feelings of the child or whether a child has the relevant understanding? These legal rights are always presented through an adult, yet how adults interpret and present these wishes and

feelings is rarely considered. Freeman does explore this, contending that the 'Gillick competency is too narrow a concept for children whose understanding is compromised by adult failures of communication and that children's experiential knowledge of their own interests should be sought' (1998, p.53). In other words, even when young people's choices (exercising their power) are considered, they are still in an adult-controlled environment.

Despite legal rights being set in a Plane of Social Interaction, there is an 'adultist fallacy, this sets rational adults at the apex of morality and regards childhood as a slow climb up from lower, natural, pre-social, pre-moral babyhood to higher, socialised, moral adulthood' (Alderson, 2016, pp. 28-29). Atwool (2006) previously described children in care as being seen as 'becoming' rather than 'being' and so not afforded power; Atwool documented how children 'have a unique contribution to make' (p.8), highlighting the need for children to be genuinely heard. She stated, 'It is often argued that children cannot take the responsibility that goes with rights. One of the problems with this argument is that the same can be said of many adults, yet they are not denied access to their rights on this basis' (p.9). Atwool, asserts that this approach becomes a 'self-fulfilling prophecy' as failure to fulfil rights means that children are not given opportunities to take responsibility, noting this is especially pertinent for children in care.

Might IROs truly afford rights to children, enabling power to be shared and facilitating children to 'practice' the skill of making choices?

Boylan and Braye (2011) considered the challenges of care and control, noting a dilemma where differentiating between wants, rights, and needs is difficult, especially when affording children power. Goldson *et al.* (2002) noted the friction between a child's involvement, voice, rights, and power against the fundamental ethos of safeguarding.

Beyond words.

In addition, it is essential that gaining children's views must consider more than words alone. Rhedding-Jones *et al.* (2008, p.54) state, 'giving children a voice, listening to their stories, watching their agentic actions and seeing them has to be grounded in an awareness of the asymmetric power relations between children and adults. Focusing on children's voices is not just a convenient way to legitimise postmodern knowledge.' This highlights just some of the complexity concerning issues of power when considering children, especially when exploring how IROs might promote agency for young people. Issues of agency will continue to be explored through the literature review.

2.2ii Power and powerlessness in the IRO role.

My experience would suggest that IROs are sometimes regarded as

being in positions of power by others in terms of the Plane of Social Structure. Yet, IROs are also very conscious of the limits and constraints of their role, sometimes feeling powerless. As 'independent' from the social work teams, IROs are employed by the Local Authority with a separate line management. They are hired as critical friends, but social work teams and Local Authorities can choose not to accept IRO recommendations (DfCSF, 2010). Their power is, therefore, confined.

Power of the role.

Conversely, the IRO has some power afforded by the position in the hierarchy of a Local Authority: according to the IRO Handbook (DfCSF, 2010), this must be at the same level as managers or above. An IRO service is expected to have a formal process of challenge (DfCSF, 2010), however, this is supposed to be used after steps have been taken more informally with the social worker and manager, although interestingly, these steps should be recorded on a child's file. The guidance notes that resolving disputes takes time and that the service managers should ensure adequate space and support to do this effectively. It might be argued that the IRO's power to use this function is curtailed if not.

Consultation.

The IRO Handbook (DfCSF, 2010) requires IROs to consult children around attendees and matters for discussion at reviews, in effect, the IRO can share some power with children. IROs can also support children to chair their reviews, with the IRO Handbook encouraging them to ''hand over at least part of the chairing role' (DfCSF, 2010, p.19), an action which challenges the power balance in a meeting. Diaz (2018) found that some social workers had reservations about children chairing their reviews, suggesting some children might use this as an opportunity to 'rub a few people's noses in it and maybe have a bit of fun at everyone else's expense' (p.113). As an IRO of over a decade, in which time I have supported many young people to chair their reviews, I have never heard this view expressed by social work colleagues or seen child use reviews in this way. Diaz's participant perhaps is a reflection of adult concerns around power and ideas of paternalism.

In addition, it is pertinent to return to Freeman's point that it remains the adults in the position of power who decide and interpret to whom they delegate their authority (Freeman, 1998) – i.e. it is the adult IRO who chooses how much to involve care experienced children in these decisions.

Wider setting.

On a broad level, IROs, care-experienced children, and social work in general, are set in a system of neoliberal government, where social work operates under a managerial system formed in the Plane of Social Structure. According to Gilbert and Powell (2010), there is a system of surveillance and management which restricts practice. This concept was seen in IRO views during this research (see Chapter Five). However, Foucault (1977) describes how there can be opportunities for tactical resistance within this system, where individuals can exert their own 'micro-physics' of power to bring empowerment to others. Critical Realists would describe this as individuals taking opportunities to be 'Corporate Agents' (Archer, 1995), where action may effect positive change in Social Interaction and Structural Planes, through use of personal skills, actions, and identities on the Plane of Stratification of Embodied Personality, to empower care-experienced people.

Summary.

CR provides an underpinning worldview to explore how IROs might empower care-experienced people. CR links power and agency, arguing that when a group or individual has more power, they are more able to have greater agency. In Chapter Three, the literature

around children's views, agency and the IRO role is considered; here,

we will see more of the constraints around power regarding the IRO

position.

Chapter Three: 'What do we know?' Learning from literature.

(IROs) They …stick up for kids, speak up and say how the kids are feeling.

(Elizabet, care-experienced adult participant)

Background.

Social work in England currently sits in a post-pandemic situation, where neo-liberal policies echo through local governments struggling with financial difficulties, increasing poverty, high levels of referrals, and with experienced social workers more likely to leave the profession (SWE, 2023b). Commentators have repeatedly warned that social work faces challenges and threats (Ferguson & Lavalette, 2013). IROs are positioned within this context.

In 2010, the Labour Government strengthened the role of IROs, believing there needed to be further checks and balances to address drift in care planning (DfCSF, 2010). Just six years later, attempts were made by the Conservative Government to weaken the powers of IROs in the Children and Social Work Bill. However, these clauses were dropped in the 2017 Act after lobbying of the Conservative Government. Subsequently, the Government commissioned Narey and Owers, whose 2018 report suggested that the role should be removed, noting that skills might be deployed elsewhere and that Local

Authorities would save much-needed finances. Their proposal to

remove the role was dismissed by the government, perhaps because

of the experiences around the Children and Social Work Bill and the

support of the then Children's Minister, Nadhim Zahawi, who said, 'I

see you all as the grit in the oyster without you the pearl may never be

produced. That is why your role is so important' (Zahawi, 2018).

Zahawi was clear that IROs were an essential part of the care team

and wanted to fend off any future attempts on the role. However, the

Conservative manifesto in 2019 recognised the life-long struggles

care-experienced people often faced but stated, 'We will prioritise

stable, loving placements for those children – adoption where possible

or foster parents recruited by the local authority. We will review the

care system to make sure that all care placements and settings are

providing children and young adults with the support they need'

(Conservatives, 2019, p.16). Interestingly, adoption was placed first as

the Conservative's preferred option for stability, stating ideology clearly

in their headline. Critics note that the subsequent MacAlister report

was commissioned by a government that had been responsible for

children's services since 2010; it contained many old assertions with

little evidence, used ideologically conservative language, and berated

the very social workers the author stated he trusted (SWAN, 2021).

What all agreed on is that there has been a rising number of children in

care, although MacAlister was careful to avoid considering the contribution of austerity policies to this increase. Even the Association of Directors of Children's Services, a body not usually given to criticising governmental policy, make this link (ADCS, 2017).

MacAlister (2022) believed that IROs have a lack of independence to challenge poor practice, little meaningful contact with children, high allocations, and spend time providing casework support to social workers, ensuring they complete Local Authority processes. He saw the role of IROs as an expression of distrust in social workers, suggesting advocacy would adequately replace them. However, care-experienced children expressed concerns about this recommendation (Coram Voice, 2023a and b), with various organisations highlighting IROs' value and raising concerns about the erosion of children's rights and safeguards (BASW, 2022 & Article 39, 2020a). Article 39 pointed out that while there is some overlap between advocates and IROs, IROs also perform a very different role in terms of quality-assuring care planning. The National Association of Independent Reviewing Officers believes that the attempts to remove the role are down to 'a faction within ADCS, and possibly the DfE, that is sceptical about the value of the IRO role and makes repeated attempts to weaken or dismantle it' (NAIRO, 2022, p.5). The previous Conservative government signalled that IROs should remain in place but expressed intentions to examine

if there should be any modifications (DfE, 2023); a General Election and new government meant this did not occur, it is unclear what the new Labour government might propose.

3.1 Literature review rationale.

Levy and Ellis (2006) specified that a literature search may justify research and help establish the methodology and theoretical foundation for the study. In addition, Sylvester, Tate and Johnstone (2011) recognise that literature reviews can synthesise existing papers and assist in identifying areas still needing research. I was mindful that the literature review presented a background to my research questions, considering the experiences of young people, how care-experienced youth might want their IROs to assist them, considering barriers for IROs and examining opportunities. It aimed to help explore the 'empirical' (what can be seen') and consider the 'actual' and 'causal' levels (Houston & Swords, 2022). Reflecting on the literature, theoretical, research, practice and policy literature was included.

Rationale for areas considered in literature review.

My overall research question 'How might IROs navigate the demands of the professional role to improve agency for young people in care planning?' led me to consider a number of areas in the literature review. Firstly, consideration of concepts directed me to explore

'agency' and 'children's voices' – what do these actually mean?
Literature enabled an investigation of these ideas suggesting they may
be understood differently and are not straight forward. Exploring
children's understandings and views of care reviews and IROs enabled
a contextual approach to draw on existing research and build a wider
picture of what might be working well and what barriers existed for an
effective IRO service from the perspective of those who experience it. I
also wanted to explore the small amount of literature around the IRO
role, to assist in examining what had already been investigated
especially around navigating the role. Finally, I was interested in
considering what gaps might be present in literature concerning IROs
to see if this might be pertinent to my research.

Literature identification:

Initially, I used Google Scholar to identify available literature through
free access or abstract descriptions (see Appendix Two), taking time
to read through descriptions. This process occurred repeatedly across
the four years of the doctoral course. A learning point was that I should
have kept a database of articles considered to avoid repetition of
reading. Some literature and podcasts did not meet the criteria but
were helpful for background information – for example, those looking
at children's views in child protection rather than children in care.

In addition, searches were conducted of library databases (Tavistock and Portman, Essex University, The Open University) and EBSCOhost, JSTOR and SocINDEX. Sites such as Research In Practice, Ethical Research Involving Children, The Centre for Children and Young People's Participation, Stories to Connect, and the Children's Research Centre were also explored. Due to my academic roles, I was able to draw on my own books (around 200) and purchase some publications specifically for this research.

Once identified, each article was screened for inclusion, often through reading of the abstract. In order to keep within the professional context, I devised inclusion criteria which focused on children in England, that were written in English, and with a focus on children who are care-experienced rather than involved in other areas of social work (although used for background reading). In addition, articles were mainly dated from 2011-present day for IRO-specific literature (the initial date was chosen to allow for the implementation of the IRO handbook in 2010). Although background reading included that around younger children, the main focus was on children of secondary school age and above.

Once a piece was selected, bibliographies often assisted in locating further reading or specific authors (O'Leary, 2018). Colleagues who work within the IRO and academic fields were also approached for

suggestions, either directly via email or by asking for suggestions through LinkedIn, however, replies only identified one extra source, which was outside the United Kingdom.

Issues to consider.

Finlay (2002) and Alexandov (2009) suggest a literature review cannot be unbiased, considering that the selection of keywords and decisions to include or discount articles was not subjective. As Bhaskar (2014) suggested, knowledge is created and located in social, material, and individual settings, so selection was influenced by my location in Social Interaction and Structure and my Embodied Personality of internal functioning.

Levy and Ellis (2006) indicated that not all literature has the same validity, recommending peer review as a quality assurance process. Therefore, published research was used as a base for discussions. It should be acknowledged that journals, research, reports, and agencies are set in particular contexts; examples here might be the government-backed work of Narey and Owers (2018) and MacAlister (2022).

Black (2005) and Wren (2012) observed challenges around participants' involvement, for example, considering that participants' reactions may be influenced by their motivation, anticipation of effects and the unconscious impact of answers meeting social expectations.

Such influences may affect the research findings' quality, authenticity, and precision, particularly when set in a positivist methodology. Guillemin and Gillam (2004) remind us that values are highly significant and highlighted this concerning participant selection, the nature and way questions are presented by a researcher, and the researcher's influences; here, participatory values seemed significant.

Systematic literature reviews identify existing literature, summarises it, and reviews it, enabling researchers to consider what is present and what remains to be explored (Xiao *et al.,* 2017).

This review identified that no research has been completed specifically into the IRO role since Beckett *et al.*'s publication in 2016, and none has been completed with care-experienced people as researchers. I could find no research looking at what care-experienced people want from their IROs even though studies considering children's reviews, where IROs were mentioned, were included in the literature review search. Literature focused on limitations so a second gap was identified in considering *how* IROs can increase agency for care-experienced people.

3.2 Ideas of agency and a child's voice.

Bhaskar (1994) suggests that 'all social life is embodied in a network

of human relations' (p.34) and that although agency and structure may be viewed separately, they are intricately connected. To define how IROs may promote agency and voice, there must first be an understanding of the ideas around these concepts, given they are without set definition and provoke discussion, links to CR's four Planes help to explore these notions.

There is much literature which concludes that children in poverty, a Material Transaction with Nature (Bhaskar, 2014), may be placed at a disadvantage in their cognitive functioning, including memory, executive functioning, and self-control (e.g. Anandi *et al.,* 2013; Adamkovik & Martoncik, 2017). Here, there must be caution that assumptions are not drawn; even if a teenager in care has a *different functioning* because of their early social, psychological, and economic circumstances, it does not mean they should not be afforded agency. Indeed, pre-determinist assumptions of reduced cognitive processes must be avoided - I have observed many young care-experienced people navigating enormous demands with ingenuity, intelligence, and skill, and therefore, question the measures used to define intelligence and cognitive functioning.

3.2i Agency.

Theoretical positions.

Concepts of agency have been much discussed by thinkers such as Marx (1852), who said, 'Men make their own history, but they do not make it as they please; they do not make it under self-selecting circumstances, but under the circumstances existing already, given, and transmitted from the past. The tradition of all dead generations weighs like a nightmare on the brains of the living'. Given that Blanded and Gibbons (2006) note that poverty is persistent, with individuals likely to have longstanding generational family experiences of limited finance, we might propose that this is more pertinent to children in care, who often come from disadvantaged backgrounds (Bennett *et al.,* 2022). Teenagers in care operate 'under the circumstances existing already', often as the result of intergenerational struggles over several generations. Marx's view is encompassed within the CR tradition which acknowledges the interplay between material, social and internal worlds, suggesting we cannot make free choices and decisions – to have full agency - as there are acknowledged and hidden constraints and influences. However, Bhaskar (2014) believed that agency was real and that individuals made a difference, refuting the idea that everything is predetermined. He judged that taking responsibility, individually and collectively, avoided Social Structures

being replicated, considering that agentic actions can improve society. The acknowledgement of children's agency in law (Social Structure) has developed, for example, the UN Convention on the Rights of the Child (1989) and The Children Act (1989) which afford rights to self-determination and can be used to enhance opportunities for agentic actions for young people in care.

In terms of the Plane of Social Interaction, Liebel (2020, p.1) states 'it is important to emphasize that there is not only one childhood, but always different childhoods, be it with regard to the history, to each individual life course, or to different societies and cultures'. Thomas and O'Kane (1998) also noted that our cultural frameworks encompass the best interests, agency, and voice of the child; however, children, social workers, IROs and Local Authorities may have cultures which are not aligned. Whilst participatory research champions ideas of agency linking it with 'voice' and 'empowerment', questions emerge around who really holds power in research (Wilkinson and Wilkinson, 2024) (see 6.1).

Adult fantasy.

Thomas and O'Kane's (1998) research, which included some secondary school aged children, asked groups of social workers and children to order reasons why they wanted agency in decision-making.

They determined that social workers had a 'recurring adult fantasy' that was a way of children getting what they wanted - in effect the Embodied Personalities of the workers interacted with the Social Structure of adults being in control. In contrast, the children wanted to be *included* in decision-making. Given that social workers are representatives of organisations, it would be logical to suggest that this adult fantasy reflects that of the organisation (Social Structure), which may well erect defensive strategies to 'protect' children and the organisation.

Hinshelwood and Skogstad (2000) noted that the 'anxiety-defence' model might be expressed as 'anxiety-culture-defence' within organisations. Thus, on the planes of Social Interaction and Structure, an organisational defence may be to, on the one hand, 'promote' ideas of listening to children in care while, on the other, denying them in reality. Perhaps there are links here to cultural anxieties around sharing power and the role of adults holding paternalistic oversight (see the discussion of children and paternalism in Liebel, 2020). This may be even more evident for teenagers in care given societal views, where negative perceptions are perpetuated through the media (Dobbs, 2022). There is a dichotomy for teenagers in care as they may be subject to adultification - Davis (2022) suggests an interplay with being a Global Majority child or from a background of domestic

abuse, poverty, homelessness, care-experience or being transgender – while at the same time Local Authorities may seek to confine and control because of elevated risks of being exposed to harm such as gang exploitation (Children's Commissioner, 2021). I would propose that social workers reflect the organisation (Social Interaction) and society (Social Structure) in which they are situated. Hinshelwood and Skogstad (2000) suggest organisational culture needs to allow for errors; I would extend this to Local Authorities, allowing social workers, children and young people in care to make mistakes, too. Atwool (2006) points out that children should be allowed to make mistakes, even when they have been given clear information.

3.2 ii Children's voices.

Being listened to.

Social Work England's requirement to 'value each person and an individual, recognising their strengths and abilities' and 'respect and promote the human rights, views, wishes and feelings of the people I work with' (SWE, 2023, p.1) promotes the concept of listening to children's voices, however, Carnevale (2020) suggests that children's voices are often heard of with a 'thin conception', meaning that adults focus on the words said and make their own interpretations. McLeod (2006) noted that practitioners state they focus on listening to young

people, but many felt unheard. Later, OCRD (2012) research found that 73% of care- experienced children believe their views "always" or "usually" impact decision-making – did the introduction of IROs play a part in this change? Does this signify an increase in a 'thick conception' of young people's voices, where expressions are understood 'hermeneutical(ly) – relationally, socially, culturally and politically embedded' (Carnevale, 2020, p.2). The Children's Commissioner (2019) found being listened to was significant, with one young person advising 'to sit down with the child on their own and ask them how they feel, how's the placement going? If they're having a bad time at placement, why?' (p.5). Vis and Thomas (2009) recommended a structural system designed around individual children to facilitate the expression of their views. Sadly, Diaz (2018) suggested that some senior managers blame young people or social workers for not being part of meaningful participation. If this is the case, it is unlikely an organisation will build appropriate structures to listen to children; instead, it will focus on locating challenges with the individual.

Schofield and Thoburn (1996) identified preparation, advocates, skilful chairing, respect and facilitating time to debrief as crucial for children's agency. Since IROs were appointed, Vis and Thomas (2009) and Edwards *et al.* (2019) have described the importance of children attending meetings, stating that their research participants felt more

involved in decision-making if they attended.

Importantly, while the act of 'listening' is frequently identified as important, the concept of what listening actually is, might be different to adults and children. McLeod (2006, p.45) suggests that 'the way the young people judged whether someone really listened was by whether they acted in response to what they had heard' whereas social workers described openness, respect and receptivity as 'listening'.

We see that ideas of allowing agency and 'listening' to children's voices are complicated concepts, enmeshed in subconscious underpinnings and organisational anxiety and with different definitions. However, there is a way forward if children are well prepared, attend well-chaired meetings, contribute to making plans and change is effected. There appears to be a need to acknowledge organisation and personal anxiety to put in structures to support young people in their decision-making. Missing from the literature were children's views on how this should happen.

3.3 Children's views of care reviews and IROs.

It should be recognised that reviews are not usual experiences for children, with Dickens *et al.* (2015) pointing out that children living with their parents do not have the right to have their voices heard before a parental decision. Most children in the United Kingdom do not have

regular meetings with a group of adults to check how they are progressing; this is not true for children in care.

Adult-focused and boring.

When considering literature around care planning, Thomas and O'Kane (1999) heard children using words such as 'scary' and 'boring'. Subsequently, Pert *et al.* (2014) found that young people did not enjoy adult-centred care review meetings and preferred child-centred approaches where they had choices and were not 'embarrassed or overwhelmed' (p.8). Roesch-Marsh (2019) also concluded that 'most child welfare … decision making is formal, adult dominated groups where children often feel bored, embarrassed, confused and/or unable to speak' (p.904). We might consider that these reviews operate in the Plane of Social Interaction (Bhaskar, 2014), where cultural norms dictate how meetings are often adult-focused and a young person's agency minimised. These thoughts echoed recently when a carer explained that we could not hold a 'proper' care review as the young person was present and, indeed, was chairing the meeting.

Relationships.

Jelicic *et al.'s* (2013) found that 'a good relationship with the IROs was crucial in children's understanding of their role in the care planning process, and this was primarily explained in terms of attitudes and

ability to ensure the child's views are taken into consideration' (p.39). Pert *et al.* (2014) also noted that when young people had positive relationships with their IRO, they found the review process more meaningful. Roesch-Marsh *et al.* (2016) went on to describe how relationships were important at each step of the care planning and implementation process. Interestingly, Hartas and Lindsay (2011) suggest that participation is not as important as the adults being 'genuinely attentive and responsive to young people's perspectives, and aware of the plurality and polyphony of their voices' (p.131).

Regarding the young person/IRO relationship, Jelicic *et al.* (2013) reported that relating to children, enabling them to feel at ease, and building rapport was extremely important to them. One young person stated, ''Like I've trusted so many people in my time, yeah, and they've just let me down, so it's really hard for me to trust someone, so for me to trust [IRO's name] is a good thing' (Jelicic *et al.*, 2013, p.36). Selwyn and Briheim-Crookall (2022) noted that a few young people saw their IRO as being more responsive with better communication skills than their social workers:

'Good IROs are important - make sure it happens.' (young person aged 11-18yrs)

and

'I have a better relationship with my IRO as they are more reliable, and

they do the best that they can.' (young person aged 11-18yrs)

(Selwyn & Briheim-Crookall, 2022, p.45).

Here, we see the IRO's individual functioning on the Plane of Embodied Personality, possibly being supported by the culture of the environment in which they were working (i.e. the Plane of Social Interaction) and the use by the IRO of their role in the Plane of Social Structure. Pert *et al.* (2014) and Diaz (2018) also found that young people had positive views of IROs but saw their involvement as purely focused on the role of chairing their review.

Diaz (2018) highlighted that the young people interviewed identified IROs as a 'voice of reason' in their lives, so it is unsurprising that Coram Voice (2023b) cite a child being concerned about MacAlister's recommendation to remove the IRO role, saying that although they did not see them frequently, they were reassured by their involvement. Willow (2023) presents her view that MacAlister's framing of a 'reset' of children's services is part of a governmental ideological attempt to deregulate social care, with an attack on the legal protections surrounding children, one of which is the IRO.

IROs advocating for children?

Young people also found it helpful when IROs were able to advocate for children, and they were able to see change, for example:

'He's really professional and he listens to me, and he really involves me with the meetings and makes sure that I'm there from the start of the meeting to when it's finished... He's really formal in the way that he talks. He can get his point across and people will listen. He tends to get everything that I need. He's very good at compromising with people. He's very good at basically doing what my needs are and listening to me and not bothering what other people are saying'

(Jelicic *et al.*, 2013, p.37).

Further views are set out in Figure One.

Figure 1: A good IRO from the children's perspective
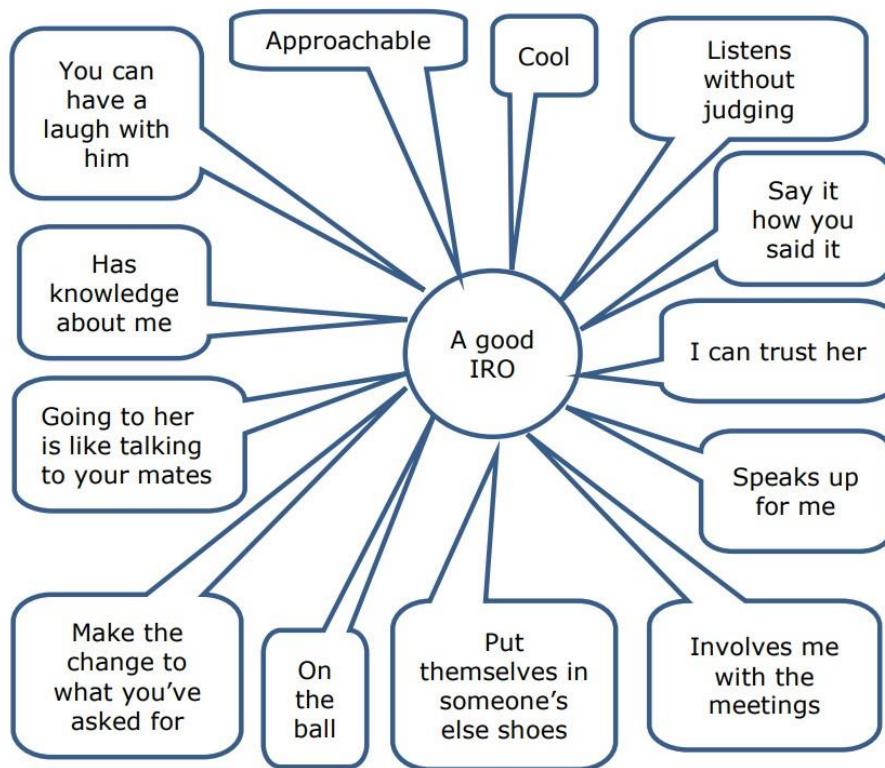
Figure One: Children's views about IROs from Jelicic *et al.*, 2013, p.37.

Contrasting views.

More recently, in response to the Care Review (MacAlister, 2022),

Coram Voice was charged with gathering young people's feedback.

Concerning the IRO role being removed, two themes emerged

(although all participants did not agree upon them):

1) children were concerned about the removal of the IRO: 'I would be worried if they took IROs away. I don't see mine that often, but it's good to know they are there.'

and

2) IROs might not be independent and have to follow the directions from their Local Authority: 'I don't think IROs are truly independent anyway - their wages are paid by the council.'

(Coram Voice, 2023b, p.7).

The main messages from young people in literature, around their ideas might be summed up as follows: if an IRO can develop a trusting and positive relationship with a child, where they listen and advocate for them, this is seen as beneficial by children. Where IROs are unable to build this relationship or are seen as unable to challenge the Local Authority, the role becomes less interesting to children.

3.4 The IRO role.

Ideas around the IRO role can provoke strong reactions, with some wishing to remove it (Narey & Owers, 2018; MacAlister, 2022), seemingly mainly on the grounds of financing, as IROs must be employed at the level of a team manager or above (DfSC, 2010), but

also noting the lack of evidence of impact for children. Interestingly, every IRO service must produce a yearly report to provide evidence of impact and challenges (DfCSF, 2010), but there is no national examination of these reports. Others fiercely defend the role, suggesting it provides a much-needed check and balance for children in the care system and often provides a longer-term relationship with children (BASW, 2018; Article 39, 2020b).

Key studies.

Compared to other aspects of children's social work, few studies examine IROs. Key research identified as being conducted since the introduction of the IRO Handbook are Ofsted (2011 & 2013), Jelicic *et al.* (2013), Dickens *et al.* (2015) and Beckett *et al.* (2016). In addition, two more recent articles that consider care reviews and mention IROs are helpful: Roesch-Marsh *et al.* (2016) and Diaz (2018).

These pieces of literature were examined, and themes emerged – the positioning of the IRO service, variation of practice, high allocations, Local Authority response to challenges, staying in the role, IRO experience and skill, and lack of IRO-specific training.

3.4i Positioning of the IRO service.

Employed by the state.

The position of the IRO service within Local Authority structures

provides an interesting juxtaposition, while the IRO is employed by the Local Authority they are supposed to be 'independent'. The Local Authority may make extra demands on IROs and not adhere to statutory guidelines, such as levels of allocations, however, as employees IROs are expected to follow these demands. On a broader level, IROs are employees of the state and, therefore, are bound by the requirements of the government (Plane of Social Structure). Beckett *et al.* (2016, p.149) note that Freidson (2001) identifies some professionals profess to 'be independent of those who empower them legally and provide their living'. They go on to explore some of the dichotomies and political positioning of social work and its location as a profession. However, they recognise that IROs have a quality control role, which perhaps places them more in the discussions around bodies such as the Children's Commissioner and inspectorate organisations than within the social work profession.

Independence.

Beckett *et al.* (2016) raise the issues of IRO independence, splitting this into five areas: professional independence, operational independence, perceived independence, institutional independence, and effective independence. Professional independence involved IROs using their judgment and expertise to exercise their role, including to 'champion' children's voices. Operational independence is described

as the separation of the IRO from being part of the day-to-day functions of the social work teams, with IROs having an overview. However, Beckett *et al.* note that the participants debated IRO's independence, suggesting 'an effective IRO is *inevitably* involved in care planning' (Beckett *et al.*, 2016, p.152). Perceived independence considers how the IRO is viewed by others, issues such as being based in the same office, having positive relationships with social workers, and agreeing with Local Authority plans (Social Interaction); these factors may impact how parents see IRO independence. They also point to the Children and Young Persons Act (2008) as providing a legal framework to put 'institutional independence' in place, removing IROs from Local Authority settings – although a deadline in November 2015 was not met (Social Structure). This might be reconsidered although Ofsted (2013) and Dickens *et al.* (2015) concluded that removal from a local authority is not advisable. Perhaps the final category, that of effective independence, might be seen as the most important but builds on some of the other forms – the ability to make a difference (acting as Corporate Agents).

Complimentary to social workers and team managers.

Beckett *et al.* (2016) note that internally, the 'core social work triangle' of social workers, team managers and IROs, while not wholly uncritical of each other, broadly understood their roles as nuanced and

complementary. Children and parents understood this. Diaz (2018)

shows the understanding of senior managers may be somewhat

removed from this view. Dickens *et al.* (2015) cite a comment from a

team manager: 'independence does not mean working in isolation',

adding that while IROs may form independent judgements, the role

should be understood as 'independence in context' (p.154).

Views from outside of the system.

Looking more broadly, Beckett *et al.* (2016) consider that outside

observers, such as politicians and judges, tend to split IROs and social

workers into a Kleinian 'good mother' and 'bad mother', with 'the 'good

social worker' (IROs being the unfettered 'fearless champions' of the

child) and the 'bad social worker' (preoccupied only with following

procedures, managing workloads and keeping within budget)' (p.155).

Beckett *et al.* (2016) found that certain 'drivers' sometimes impinged

on the needs of children and the desire of social workers and IROs to

focus on children. Budgets, Local Authority procedures and high

workloads were identified as being problematic; there was an

implication 'that managers and social workers may sometimes be so

preoccupied with pressures on them to stay within budget, manage

workloads or meet targets, that their focus is in danger of shifting

towards the needs of the organisation, or even their own needs, and

away from the needs of individual children' (Beckett *et al.*, 2016, p.151).

3.4ii Variation of practice.

There appears to be a variation of IRO practice explained by high caseloads, lack of legal advice, poor supervision, threats of disciplinary action for making challenges, lack of value/recognition of the role from the organisation and the addition of other duties (Kent, 2012; Jelicic *et al.,* 2013; Dickens *et al.*, 2015; Diaz, 2018).

Individual's skill.

How an individual IRO carries out their practice, being able to listen and act is 'fundamental to a child's understanding of their role. If the IROs listened to them without judging, meaningfully involved children in care planning, made sure their voice was heard above all the powerful voices of the professionals, and, above all, made things happen, then children knew IROs were there to make a concrete and positive difference to their lives' (Jelicic *et al.,* 2013, p.39). This suggests the IROs can use their Embodied Personality and their positioning in the Social Structure to act as Corporate Agents. It depends on the individual's skill in carrying out these two functions, which may vary across an IRO service.

Variation within the same Local Authority.

Diaz (2018) quotes an IRO who acknowledged a difference of practice within their team, meaning there was inconsistency. He identified that some IROs have more confidence around who is included in reviews and for how long, while others accept a significant adult presence. Dickens *et al.* (2015) point to individual variations of practice in terms of approaches and skills. Beckett *et al.* (2016) add that different IROs within the same authority are afforded different levels of influence and, just as the case with other professionals, IROs 'vary considerably in skill, commitment and overall quality of work' (p.153). They identify the added impacts of personality, workload, understanding of the role and the quality of supervision provided.

Valued.

Beckett *et al.* (2016) noted that social workers generally valued IRO support in ensuring care plans were implemented rather than questioning the social worker's professionalism. They also applaud this as an achievement by IROs but add that this was down to individual 'professional effectiveness' rather than simply the position in the Local Authority; they state 'rather, it is to some degree always going to be contingent on the skills, energy and commitment of the individual professional' (p.155).

3.4iii High allocations.

Statutory guidance not followed.

In a much-publicised case of A and S v Lancashire County Council [2012] EWHC 1689 (Fam), the IRO gave honest evidence, identifying how he had failed the two children concerned. The IRO disclosed he was allocated to two hundred children, although this was two years after the statutory guidance was issued. Ofsted (2013) stated that high allocations limited the effectiveness of IROs. Jelicic *et al.* (2013) conducted mixed methods research in England three years after the IRO Handbook (DfCSF, 2010) issued guidance that caseloads should be between fifty and seventy with lower numbers if children had disabilities. However, they stated this was widely ignored. Issues such as travelling long distances and being required to undertake other duties should be considered when allocations are made (i.e. allocations should be adjusted downwards).

Increase in number of children in care.

Jelicic *et al.* (2013) found that while London boroughs had slightly lower allocations, county councils had an average of eighty- eight, indicating the statutory guidance was not followed. They concluded 'it would be unfair to describe the role as failing if the problem really lies in the capacity available to fulfil it' (Jelicic *et al.,* 2013, p.7). Diaz

(2018) also recorded IROs reporting pressure due to high allocations given the number of children coming into care has risen steadily for several decades, and since Diaz's research, levels of children in care in England have increased again in 2023 to 83,840 (Gov.UK, 2023). There appears to have become an acceptable culture (Social Interaction) to ignore the requirements set out in the Social Structure i.e. the IRO Handbook. Anecdotal and practice experience would endorse that guidance continues to be sidelined. Although no data is available to consider if there has been a comparable increase in IROs, one might suspect the squeeze on council's budgets (Social Structure) might well mean allocation numbers have increased.

Impact on relationships and consultation.

Bacon (2015) asserted that the system is not able to hear children or enable them to speak. Although this research did not specifically explore the IRO role, it could be argued that high allocations are a preventative factor in allowing IROs to build relationships to facilitate hearing children's voices. Jelicic *et al.* (2013) identified that involvement outside of reviews is constricted due to high caseloads, limiting the opportunity to challenge drift in care planning. Dickens *et al.* (2015) found the IROs that were interviewed cited high workloads and not having enough time to prepare and visit children as they wished. My professional experience tells me high caseloads impact the

visiting of children between reviews, something identified as supporting children by Diaz (2018). This is especially pertinent if children are placed away from the Local Authority locality. Winter (2009) explained that social workers reported relationship building had to compete with statutory tasks and was frequently drowned out; this chimes with IRO voices.

Keeping in touch.

Ofsted's 2011 survey showed that 79% of 1,530 children said their IRO contacted them between reviews. Ofsted found that 'when IROs were able to spend more time with children, their wishes and feelings were more likely to be fully understood and taken into account in reviews and in care planning' (2013, p.5). This links back to section 3.2 above, where IROs having time to build relationships was important for children.

3.4iv Local Authority response to challenge.

Delay/lack of response to challenge (culture on the Plane of Social Interaction and Social Structure).

Research in Practice encourages that 'effective challenge should be viewed as a positive function of the learning organisation' (Clements & Street, 2016, p.4), but when a legitimate challenge is made by an IRO, Ofsted (2013) and Jelicic *et al.* (2013) found that Local Authorities do

not always respond. Ofsted (2013) notes that most senior managers are keen to claim that they welcome the IRO role, but I would hypothesise that the question's author may have influenced the response. Jelicic *et al.* (2013) found that 59% of IROs did not feel valued by senior managers, with 61% not believing they were in a supportive environment. Diaz (2018) reports a comment from a senior manager who described some of the interactions with IROs as 'battles' (p.126), potentially a very telling word in describing the location of the IRO service in their Local Authority.

Jelicic *et al.* (2013) noted that the Directors of Children's Services should set a culture of appreciating the IRO's independence and challenge. They describe one Local Authority where messages from senior staff were very positive, alongside action, with IROs having manageable allocation numbers and monthly reports of IRO concerns being discussed with the Director, thus IROs were able to act as efficient Corporate Agents on behalf of children.

Lip service.

Jelicic *et al.* (2013) also noted that IROs may find a delay and slow response from managers. Jelicic *et al.* (2013, p.91) suggested it 'was common for practitioners to pay lip service to the notion that it is the IROs job to challenge, but to resent it in practice'. Dickens *et al.* quote

one IRO participant commenting: 'You are everybody's best friend when you are supporting them in their position: you are frustrating and obstructive when you are taking a different view ... Reaction depends entirely on what the issue is and who you are taking it to' (Dickens *et al.,* 2015, p.152).

Beckett *et al.* (2016) also found team managers tended to value the input of IROs; however, in some Local Authorities, raising issues was not culturally accepted and was seen as a negative judgement rather than as part of the checks and balances with team managers seeing IROs as overreaching their role. Identifying the culture embedded in the Plane of Social Interaction helped to understand how effective the IRO service could be.

Lack of challenge.

In addition to others' perceptions of IROs, Ofsted (2013) suggested that IROs were not consistently robust in their challenge, and the IRO role in monitoring and challenging was not well developed. However, Jelicic *et al.* (2013) saw that IROs sometimes fail to challenge poor care planning due to 'overt or covert messages within their authority' (p.68). Here IROs did not seem confident or equipped to use their Embodied Personality to challenge the issues on the Plane of Social Interaction.

Quietly raising standards.

Diaz (2018) found that while young people tended to have good relationships with their IROs, and IROs could make a positive difference when there were more complex issues, IROs seemed unable to effect change. This somewhat contradicts Jelicic *et al.*'s (2013) earlier research which noted that where IROs become a resource to teams, assisting social workers in their care planning, IROs were 'quietly raising standards behind the scenes' and 'the need for them to challenge poor practice is reduced' (p.4). Beckett *et al.* (2016) considered that while an organisational overview was important, the individual authority and approach, where IROs tried to engage, challenge, and support social workers, was more effective and valued. Dickens *et al.* (2015) also reported that teams preferred a more cooperative rather than confrontational approach to challenge. Establishing an effective culture within the Plane of Social Interaction seemed positive. However, while this may be effective practice for children, demonstrating this impact to Ofsted, a significant driver in Local Authority activity, is another matter. A similar conclusion was drawn by an earlier study of IROs in Wales (CSSIW, 2009).

3.4v Staying in the role.

Consistency.

There is some evidence to suggest that IROs tend to stay in the role longer than social work colleagues (Jelicic *et al.*, 2013; Beckett *et al.*, 2016; Dickens *et al.*, 2015), with Beckett *et al.* noting a high turnover of social workers while IROs provided stability. Diaz (2018) found that all but one of the young people interviewed had multiple social workers but only one IRO; the exception was a child with two IROs but around twenty social workers. The Children's Commissioner identified that IROs provided consistency while there was a 'revolving door' of social workers (2019, p. 13). This is important if Tregeagle and Mason (2008) are to be believed: 'For the most part, a sense of being listened to, and having views ''taken into account'', resulted from a period of getting to know the worker' (p. 396). Therefore, a long-serving IRO may be able to build relationships with children, which enables them to feel heard. McLeod noted, 'Clearly, achieving a constructive relationship with some teenagers is the work of many months, or even years, and will not easily be achieved in a regime where brief interventions are the norm' (2010, p. 285).

Make up of IRO staff.

A tendency for longer serving IROs and more frequent turnover of

social work staff demonstrates the workplace culture (Plane of Social Interaction) and the way the roles are inhabited (Plane of Social Structure). The IRO role is one of the few positions where a social worker can hold a management-level post while maintaining direct work with children. Hicks (2015) notes that males disproportionately occupy senior roles in social work, and there is a distinct lack of consideration of intersectionality, ignoring issues of class, ethnicity, and concepts of binary genders. However, it is accepted that social work is a female-majority profession (McPhail, 2004). The Plane of Social Structure dictates that younger women are more likely to take the role of caregiver and so change employment to fit childcare needs. Perhaps IROs are more likely to remain in the role because of their demographic; they are required to be experienced social workers and so potentially may be older and not taking career breaks to have children, as well as already having experienced different roles.

The impact of changes.

The Children's Commissioner (2019, p.10) included the voice of a young person who stated, "I don't really mind anymore [changing social workers]. I did at first but it's like I got over it. I don't know, just haven't really been bothered about it because they just come and go … so it doesn't really matter.'' The same might be said of IROs. The impact of this on the Embodied State of the child is evident – how can

this young person be empowered if a decision is made, but then a new worker comes in and starts again? What does this say about the feelings of rejection, failure, and anxiety of the child? It may be hypothesised that the child is raising a defensive strategy to guard against further rejection and loss (Grand *et al.*, 1985). The child's Embodied Personality has developed to expect fleeting relationships. As an IRO, I have worked with children who have expressed many of these emotions, with the longevity of the professional connection enabling the expression of stormy emotions without disrupting the relationship.

3.4vi IRO experience and skill.

Roesch-Marsh suggested 'that it is often the chair of a meeting who makes the crucial difference between a productive or unproductive decision-making group' (2019, p905), whilst Cossar, Brandon and Jordan (2011) state that where a review is mismanaged, children may become distressed, and meetings may be harmful. However, I have worked with teenagers who have told me they 'save up' their emotions for reviews as a way to ensure their views are heard and because they have found the reviews a safe space to express their distress. IROs must ensure children's views are considered in care planning, and both Ofsted (2011) and Pert *et al.* (2014) agree that IROs can effectively manage reviews. Ofsted (2013) later identified

that local authorities must create the opportunity for IROs to carry out this skilled work. Indeed, IROs need to have a holistic understanding of children in care, acknowledging that children may have 'deeply held views regarding living with risk; removal from their families; unresolved feelings of guilt and loss; and not being listened to' (Winter, 2010, p.188). In effect, IROs must acknowledge the impact of all four Planes on a child in care.

Building relationships on limited contact.

Diaz (2018), drawing on the views of child participants, identified that IROs needed adaptability and balance to develop relationships on a human level. He pointed out that this was challenging given the infrequency with which children saw their IROs; thus, a specific skill set was needed. In addition, IROs require the same skills as social workers to bring about the co-development of reviews; Ruch *et al.* (2020) note that these skills go beyond the verbal and encompass flexibility, considering rituals, repetitions, gestures, and more (Plane of Embodied Personality).

Diaz (2018) also found that due to inexperience or lack of training for social workers, IROs were sometimes left explaining the care plan to parents and children as the social worker had not completed this task. This meant that the purpose of the review, to examine the care plan,

was diverted but did demonstrate the IROs' skills and values.

3.4vii Lack of IRO-specific training.

The family law case of A and S v Lancashire County Council [2012] EWHC 1689 (Fam) records the IRO identifying lack of formal training as an impediment to his statutory duty. Jelicic *et al.* (2013) also found a lack of training and development and recommended addressing this.

Diaz (2018) found that IROs often have had no formal training around participation, despite this being a central tenant of the role; he also found this was the experience for social workers and their managers. Diaz suggests that this means there may be a limited understanding of the basic principles of participation. Lundy (2018) indicates these core concepts include *space,* enabling opportunities for children to speak; *voice,* facilitating children to speak; *audience,* ensuring adults actively listen; and finally, *influence,* acting on children's views (Appendix 6).

Summing up the literature.

The literature review noted that agency for children, while subject to adult positioning and constraints on all four Planes of social functioning, was placed in a context where children's views were slowly gaining validity and attention. Children appeared to have mixed views of their IROs; however, where IROs were consistent, had

relationship skills to build trust and were able to challenge the Local Authority, they were valued. Regarding the IRO role, there were issues around how they might be perceived within Local Authorities and how legitimate challenge was received. IROs often had high allocations and variable practice with few opportunities for specific training. However, IROs tended to stay in the role longer than social workers and displayed professional skills.

The literature mainly focused on challenges around the IRO role in care planning, especially in addressing drift and delay, with some exploration of experiences of reviews. Although researchers made recommendations, the views around what care-experienced people want from their IROs and how they can support involvement in care planning were missing, as were experiences of how care-experienced children were involved in consultation. Although all the primary research studies concluded the role provided significant opportunities to improve the lives of care-experienced children, this study addresses the gap in the literature, considering as it does, how IROs might be able to promote the agency and well-being of young people in care through promoting consultation and co-production.

Although literature was available considering the co-production of services with children in other situations, literature around care planning and reviews was confined to basic consultation rather than

co-production. Regarding the IRO role, this study considers how IROs might use meaningful consultation and what might be needed to facilitate this.

No research was located where care-experienced people co-produced a study in this area, so this aspect was missing from the current literature. My study hoped to address some of these missing issues, focusing on care-experienced views. The next chapter will explore some of the background and issues around participatory approaches, in addition, Chapter Six will consider some of the advantages and challenges faced in conducting a participatory study.

Chapter Four: 'How are you going to do that?' Methodology and Methods.

They do take your voice into account, that's a true fact.

(Leo, in-care participant)

Background.

This chapter will consider the background of participatory methodology, presenting the rationale for choosing this approach. Following this, the outline of how the research was conducted will be presented, mirroring the timeline of the research project. The research was split into two parts firstly, organising the participatory framework by recruiting researchers and devising the method, and secondly by conducting the research and analysing the data.

In essence, two care-experienced individuals were recruited as co-researchers, and we jointly devised research questions and the data collection method (focus groups). Nine care-experienced participants were recruited (see Table One) with separate focus groups for in-care and care-experienced adults, enabling comparison and more tailored age-appropriate approaches within the sessions. Seven IRO participants were recruited (Table Two). Sessions were recorded and transcribed; the research group then analysed the data using Thematic Analysis (see Table Three in Chapter Five). Further analysis

considering the research questions, drawing on the data and reflective conversations with the care-experienced researchers will be presented in Chapter Six.

4.1 Participatory methodology.

Why use a participatory approach?

During a lecture, a chance remark about 'participatory research' echoed loudly in my thoughts. This approach fits perfectly with the subject matter and my underpinning values. If the research were to consider the increase of agency for care-experienced people, surely a participatory methodology would echo its aims? There are numerous ethical issues in carrying out research with young people, especially in situations of adversity, it is crucial to use appropriate methodologies to meet their varied needs (Water, 2024, Boyden & de Berry, 2004). In the past, methodological approaches when researching with children have often viewed them as passive, simply as 'objects of research' or as 'vulnerable' and 'incompetent' (Clark, 2010). Alderson and Morrow (2020) note that children's rights are divided into the 'three Ps' – protecting, providing, and participating, with the first two being over-used in research. Employing a rights-based approach acknowledges that children and young people are capable of making sense of and

impacting the world around them. D'Amicoa *et al.* (2009, p.218) note that participatory approaches fit with emancipatory and rights-based methods, which focus more on inclusion and participation than 'care and protection' and 'adult benevolence', this is echoed by Water (2024). Indeed, Mason and Danby (2011) suggest that rights-based approaches recognise entitlement and citizenship that are not linked with age, identifying children as experts with legitimate contributions to make. While these perspectives are laudable and often cited, my experience is that this is not always a reality for children in care.

Other literature, including CR writers, would suggest a more complex positioning for participatory research and development of services, where issues such as gender, class, ethnicity, history, politics, power and more, interplay to limit or extend the success of participation (Almeida *et al.*, 2023; Fitzmaurice & Brown, 2023). Kellett (2010) highlights that children are embedded in power differences that are attributed to different groups, including class, age and linguistic skills, and these equally impact research - noting the interplay of the four CR Planes. However, Stuttaford (2004) suggested that participatory or emancipatory research contemplates marginalised groups and considers the juxtaposition of inequalities and privilege, reflecting that research may result in social action and transformation. This is echoed Bhaskar's (2008b) view that it is the researchers' responsibility to

identify the 'real' domain, including unseen mechanisms, and work towards addressing inequalities.

Adshead draws on Lewin (1952), who suggested that participatory research could aid marginalised communities in moving to independence and parity. Reason and Torbert (2001) assert that participatory research enables others, as well as ourselves, to develop, giving us a more honest knowledge and accessing our emotional, cognitive, and sensual interactions with the world. CR would describe this as researchers seeking to explore the unseen mechanisms which are at play. 'The lived experience and knowledge of the participants – identified as an oppressed group – are directly valued and central to the process, which seeks to be empowering and to produce knowledge and action that are directly useful for them' (Kramer-Roy, 2015, p.1212). In participatory research, this experience directly links academia and social lived knowledge.

Beresford (2005, p.4) asserts, 'the greater the distance between the direct experience and its interpretation, then the more likely resulting knowledge is to be inaccurate, unreliable and distorted', and identifies that this is in the qualitative realm, unlike positivist research, which values distance. Beresford (2021) later suggested that the greater the number of people involved in producing 'ideology', the less likely it will be to be oppressive, and vice versa. These considerations fit well into

Bhaskar's (2014) four Planes, allowing these imbalances to be considered.

D'Cruz and Gillingham (2017) link participatory research to the growth of consumerism (listening to the consumer's voice), however my CR and Radical Social Work positioning differs, locating the approach within societal development rather than promotion of individual consumer rights. This moves away from a Neo-liberal stance which interprets society through commerce. D'Cruz and Gillingham also posit that participatory research can have dilemmas of 'privileging service user knowledge' (p.435) however it was of note that the care-experienced co-researchers and myself were interested in learning from IRO (professional) voices as well as those of care-experienced groups; there was a sense of learning together. D'Cruz and Gillingham ponder the implications of prioritizing service user knowledge in research if co-researchers want findings changed or omitted, although this was not an experience of this research.

Recent use of co-production and participation.

The re-emergence of co-production and participation has been heartening, with many organisations increasingly embedding ideas of working with young people. Participation has been seen as a protective factor in the development and provision of services (SCIE, 2006;

Hamilton *et al.,* 2019), understanding of violence and young people (Jamieson *et al.*, 2016) and important in terms of challenging child sexual exploitation (Warrington, 2017). Organisations such as the Institute of Developmental Studies and Save the Children have developed thinking around participation.

In terms of research, in the last few years, many universities have been developing participatory research approaches, with the University of Reading developing a Participatory Action Research toolkit (2023), universities such as Bristol and Sheffield setting up Participatory Research Funds, and the Institute of Developmental Studies running courses on carrying out Participatory Action Research (PAR). Initially I looked at some of the frameworks used, however, decided I would discuss with the care-experienced researchers to allow for an emergent approach, considering that part of my participatory methodology led me to developing the project with the co-researchers as far as I was able. Underlying principles and ethics were already embedded in my thinking although some of the PAR approaches were helpful to develop this further. While an emergent approach had potential challenges – such as having no clear initial structure and the opportunity to lose focus, it allowed for opportunities and collaboration with the design of the research being established by the research group. Works such as The SAGE Handbook of Participatory Research

and Inquiry (Burns, Howard & Ospina, 2022) and Participatory

Ideology: From exclusion to involvement (Beresford, 2021) provide a

theoretical base for participatory research in general, both

internationally and within the UK.

Many studies have helpfully involved consultation of groups or young

people, who assisted in carrying out research, which seemed to sit at

'rung 5' of Hart's (1997) ladder model of participation (see Appendix 6).

Indeed, there is no shortage of research involving children or

conducted by children (including that of the Children's Research

Centre and The Centre for Children and Young People's Participation),

particularly in health and education. The growth of youth participatory

research and activism was evident globally. Save The Children has

produced a range of resources around involving children in research

for practitioners and children (including 2004, 2008, 2016), setting out

the rationale, ethics, and practice of such an approach. More recently,

the second edition of *A Handbook of Children and Young People's*

Participation (Percy-Smith *et al.*, 2023) takes a global view of

participatory approaches with children. Papers exploring the theoretical

backgrounds of youth-involved research present a critical analysis of

participatory research (Alderson and Morrow, 2020, Alderson, 2008;

Coppock, 2011; Kim, 2016).

Many of these works sit in health (including mental health), education

and social development, leaving an impression of a lack of participatory research in Children and Family social work.

Lenette (2022) argues that participatory research may sound laudable, but the approach is fraught with difficulties, asserting that 'Claiming to privilege participation does not necessarily equate to explicitly adopting models where people who are multiply marginalized can negotiate power relations and exercise agency in decision-making' (p.41). She notes that intersectional power dynamics exist and urges researchers to discuss this openly. Ozkul (2020) also warns that participatory research may be altruistic but fails to demonstrate a more profound knowledge of what is involved in promoting genuine participation. Bhaskar's concept of identifying the 'real' – the issues that impacted on both researchers and participants, was important in exploring how to mitigate power dynamics. Indeed, this was explicitly addressed in the day long 'Learning Together' session (see 4.4) with the co-researchers.

Despite an exhaustive search over four years, using access to three academic libraries, professional social networking, and search engines such as Google Scholar, I could find no studies where care-experienced young people were fundamental in designing, conducting and analysing social work research within England. The closest I could find was the Centre for Children and Young People's Participation at

the University of Central Lancashire, where care-experienced children had been involved alongside non-care-experienced young people in research projects. This centre works with young people to co-design and conduct research. Larkins and Satchwell's (2023) paper considered stigma and the care experience, and although this was co-produced with young people, some were not care-experienced. The research and documents from this centre proved extremely valuable. Other research involved care-experienced people carrying out the methods but not in project design or analysis.

When initially thinking of participatory approaches, I wondered how close I could come to 'level 8' of Hart's (1997) model, which suggests child-initiated projects and shared decisions with adults. It should be noted that Hart suggested the ladder model was not a rigid tool but a model to aid reflection of practice (Hart, 2008). While my topic was based on feedback from some young people who described care reviews as 'boring' or 'difficult', I initiated the research; thus, the research only superficially meets the description of being child-initiated. This project sits more fully with Treseder's (1997) refashioning of Hart's model, where he described programmes initiated by adults but where children are involved in each step of design and execution.

Use within this study.

A participatory approach was selected, in line with social work values and aiming to bring some sense of agency to the research group, gaining an increased understanding of research and developing their research skills, focusing on a topic that has impacted their lives. My original hope was that I could draw from a range of young people from diverse backgrounds and experiences (Jamieson *et al., 2016*) to reflect different views and histories. I hoped this would inspire young people to do further research. The group had the opportunity to develop teamwork, communication, research, managing different situations, planning, analysing, and hypothesising skills. It was hoped this would develop the skills to think more widely and consider other's views.

Positioning as a practitioner researcher.

Considering the planes of Social Interaction and Stratification of Embodied Personality, I reflected that in my professional role, I particularly enjoyed working with young people who are seen as more 'challenging' by society, although my view is somewhat different, seeing these young people as creative, interesting, and with voices that need to be heard. Examining my motivation, I was keen for care-experienced people to be able to be heard and to assist in providing opportunities for young people to be involved in research, grow, and learn. Additionally, developing my learning and practice was important,

assisting me in understanding this topic more deeply. A participatory method was not seen as superior to other approaches but one which seemed underused in children's social work.

Navigating positioning as a researcher of my own professional role brought numerous considerations (see also 1.3). I found myself struggling with the 'visible power' (Gaventa, 2020) as both co-researchers and participants were aware of my role as IRO and instigator of the research. Despite ensuring conversations with the co-researchers early on, they often deferred to me when I was hoping for a sharing of power. On reflection, my 'visable' role perhaps made it inevitable that I would have 'power over' the relationships and research, despite my attempts to forge the research as a vehicle of 'power to' change and challenge (Gaventa, 2020). I was prepared to experience a struggle within myself to devolve power, but initially failed to consider that conversations would not dispel my structural visible power for co-researchers or participants. During the research sessions, I made conscious attempts to ensure the co-researchers were promoted as equal researchers. I reflected that this occurred more often with the IRO participants where I sometimes needed to re-direct questions to the co-researchers and away from myself. It seemed that the IRO participants unconsciously viewed me as having more power and acted accordingly – some IROs responding on a Plane of Social Interaction given my

professional positioning on the Plane of Social Structure.

As a researcher I was very mindful of my own identity including class, ethnicity, disability, and gender (see also 4.4, 4.5 and Chapter 5). Some of these matched with some participants while others did not. Such identities wove a complicated picture for example, as a white woman from a working-class background, this identity was in common with some care-experienced participants but not some IROs; however, qualifications and profession meant there were common experiences with IRO participants but not the care-experienced. In addition, participants were aware the research was a doctoral study, and some IRO participants made comments which indicated concepts of increased power on my part by virtue of education. Such similarities and differences could not be changed but needed to be acknowledged as part of the structures in social functioning.

A discussion with one of my supervisors led me to reflect on the challenges of tensions between the desire to empower and the role of the researcher. I concluded that I was attempting to use my own power, both as researcher and IRO, to advocate and promote the voices of children in care in order to evoke positive change. Although I had some hypothesises as to what this change might look like, I was curious and open to what might emerge from the research and how it might impact my own practice. This positioning echoed with the challenges of being

'an insider' rather than an unknown researcher coming from another discipline and influenced the research. Watkins (2022) notes that having a 'duality of positions' as an insider (in my case an IRO) and outsider (a researcher) may cause confusion for participants. I reflected that my perception was this was more evident with the IRO participants than the care-experienced, especially after initial conversations around confidentiality with the care-experienced individuals and assurances that no IRO names should be used and no details of the session divulged to IROs or social workers. IRO participants continued to address me in the session, even when a care-experienced researcher had asked the question. Whilst those with positivist positioning would state this devalued the research, a CR standing enabled a validation of being a practitioner researcher given that CR acknowledges that no researcher is personal disconnected to their research, as well as acknowledging the challenges these connections and separations bring. While my own experiences interpreted the research findings, interactions with the co-researchers, my doctoral colleagues and supervisors brought a richer deeper understanding – perhaps uncovering part of what CR would call the causal 'unseen', mechanisms which create and impact on events we discern.

The intersection of different identities, concepts of power, positioning as a researcher and IRO presented a complicated pattern where aspects

needed to be acknowledged and balanced. Inhabiting the different role required consistent reflection, with times when I needed to adjust the balance, for example, when the 'in-care' research section was completed and a bowling activity followed, my role shifted from researcher to practitioner although the session was aimed not only as a 'thank you' but an ethical opportunity to check on the emotional impact of the research session. The dual role of researcher and professional became of value at this point as I was able to utilise my Embodied Personality during the session, connecting with each young person in turn and using professional skills to provide opportunity for de-brief. Had I been a researcher, skills working with teenagers may not have been developed.

Upon reflection, my position as an IRO assisted with recruitment, although this was challenging, it was professional standing that finally enabled young people to be recruited. It could be argued that here power within Social Interaction (my role) and Embodied Personality (through professional relationships) assisted in gathering participants and co-researchers. Had this role not been in play, responses may have been fewer, therefor the dual role did bring benefits.

Given CR notes that our experiences of all four Planes over our life course impact on our social functioning, I reflected that some of my life experiences made connection with some care-experienced individuals.

For example, I have experienced significant lack of resources such as finance and secure housing, issues which are common for children in care. My experience of growing up surrounded by teenage boys in care, and my own adopted brother all shapes my responses. As a researcher, I wanted to uncover some of the unseen, to glimpse mechanisms which create and impact on young people in care. Perhaps this was partially because of a connection? I recognise that this might be seen as an attempt to 'rescue' and considered where this might sit in my own value base, however, my practitioner and reflective experience identified that my positioning is not located in putting things right for others but assisting others as a Corporate Agent to instigate individual and societal change. I was very mindful that the doctoral journey was undertaken to enhance my own practice which is perhaps unusual motivation for a researcher. This went back to my Radical Social Work roots and to participatory values – of working *with* rather than *for*. This practitioner and personal stance underpinned my researcher positioning.

4.2 Providing support, gaining consent.

Ethical approval.

Ethical considerations were included throughout this study. Ethical approval was sought through the Tavistock and Portman Trust Research Ethics Committee (TREC) process and the local authority's

Social Care Research panel. Permission for the research was pursued in two stages: firstly, to recruit researchers and devise the research, and secondly, to carry out the research once the method had been developed.

It was acknowledged that there may be triggers if care-experienced researchers were reminded of emotive times. As a result, regular check-ins occurred with the care-experienced researchers. In addition, consent forms (Appendix 3) asked the care-experienced researchers to provide the names of specific individuals they could approach for more support and national support organisations' details were also provided.

To promote the safety of participants, researchers were not alone with participants at any time. All three researchers had current DBS checks. For the in-care group, a bowling activity after the research session enabled me to speak to each individual and provide an opportunity to discuss any issues.

Information given.

Researchers were alert to any possible distress during and after sessions. All care-experienced participants were given written information about support organisations and were required to name a support individual. IRO participants could receive support from national

organisations or their line managers.

While it was hoped that seeking the participants' views would bring a sense of their voices being important and heard, clear written and verbal information was given about the limitations of the research (Alderson and Morrow, 2020). There are no guarantees that Local Authorities will accept recommendations; however, the opportunity to speak out and explore shared experiences may bring benefit and validation. All participants were informed verbally and in writing that their participation was voluntary and that their comments may be published however, no identifying factors would be included to link comments to individuals. All participants under 18, gave 'assent' to participation on these grounds with one child dissenting from one of the warm-up activities (Water, 2024). Participants knew they could withdraw consent for two weeks after their session.

4.3 Recruitment of care-experienced researchers.

Diversity and gate keeping.

Following initial ethical approval, the first practical step was to recruit care-experienced researchers to form a group of around six care-experienced people, although, at the suggestion of the Local Authority ethics panel, there was approval for up to ten. The hope was that within the group, there would be different skills, abilities, and interests

so that different people would wish to undertake various parts of the organisation of the research. Beresford (2019) considers co-productions historical and political context, highlighting issues such as tokenism and the supremacy of bureaucratic structures designed to manage participation. Water (2004) calls for reflexivity around recruitment of children - I wanted to recruit care- experienced researchers and participants to represent the diversity of care-experienced young people, but fully acknowledged that I would need to recruit by going through 'gatekeepers' – the very people who may, albeit subconsciously, keep certain voices away from the research. D'Cruz and Gillingham (2017) suggest that working with organised groups may still leave out 'hard to reach' groups who still have important knowledge to contribute. To mitigate as far as I could, details were sent out to a range of people, including a local Care Leavers organisation, the local Children in Care Council and social care teams (including family support, children in care, fostering, housing support, education) as well as posting on social media. Colleagues, including managers from the different teams, received the information enthusiastically, promising they would get back to me and highlighting how important they thought this might be.

There were no replies.

Delays.

Trying to hypothesise later, I came up with a series of questions. The first was, did the high workload of professionals impact their ability to keep my research in mind and pass the information on? I was mindful that the response in subsequent conversations was, 'I am so sorry, I forgot, it has been so busy'. This reflected studies that noted the overload of tasks for IROs and social workers (Beckett *et al.*, 2016; Hall, 2023) and the impact of the plane of Social Structure. The impact of researching in a post-Covid, more virtual working world (Foley & Foster, 2022) and the rise of referrals and numbers of children in care in England (ONS, 2022) perhaps played their parts. Within this period, I also had a bereavement, so it was easy to identify that after bereavement, my focus was elsewhere, and I had little emotional space to follow up.

Amendments to design of the research.

After many months, only two care-experienced young adults were interested in becoming care-experienced researchers. After re-evaluation, consideration of timescales and discussion with the two care-experienced adults, Autumn and Summer, we decided to move forward with a reduced research group rather than the six I had planned for – adjusting the project design in light of this unforeseen

problem.

The care-experienced researchers.

Autumn and Summer are white British sisters in their early adult lives. They had spent their teenage years in care in separate locations with differing care experiences although shared early care. They were keen to ensure I understood they were very different people with different experiences despite their blood relationships, and indeed they are very different personalities. In line with participatory approaches, I consulted with Autumn and Summer on using their names or synonyms; both care researchers wished for their real names to be used. Autumn had experience of being involved in previous research, but on discussion, it emerged that this was interviewing alongside a researcher, using set questions she had no prior involvement with; she was not involved with the subsequent analysis. Summer also had some experiences of seeking the views of care-experienced people.

4.4 Learning together.

Navigating together.

Several factors were considered when working as a group; for example, researchers may have different ideas, personalities, and understandings. In addition, care-experienced people may have

external issues which might challenge their involvement, such as poverty or difficulties with housing (the Plane of Material Transactions with Nature).

Another area to consider was that of social positioning. Young people in care are often led by adult decision-making, choosing where they should live, if they should move, where to go to school, which family members they can and cannot see, and where they can go (Dickens *et al.,* 2016). This is to a degree that far exceeds that of most children living in their own families. I was aware that the care-experienced researchers may look to me to 'take the lead' as the instigator of the research and an IRO. Mayall (2000) acknowledged that adults are researching in a Plane of Social Interaction where children are subordinates to adults; she attempted to position herself as an adult who does not have the knowledge held by the child participants but wants to learn from them. My positioning reflected this stance. Spyrou (2011, p.6) notes that 'Recognizing how our adult status impacts the whole research process and by extension, the production of children's voices requires a reflexive self-awareness,' something I was acutely aware of.

Bhaskar (2014) describes how individuals fit into a Plane of Social Interaction, where there are shared rules and norms, while social structures set out how people play out different roles; care-experienced

young people and IROs are no different and can be very aware of what

is expected from them and where they 'fit' in the social care structure.

Although I tried to encourage the care-experienced researchers to take

ownership throughout, I often found that they waited for me to initiate

steps and complete tasks despite being competent individuals

themselves. I was mindful, too, of my professional habits and how they

convey power - my role as an IRO requires me to take the lead in

meetings, and I reflected on my conditioning in this respect. Even

simple habits, such as taking a chair at the head of a table, needed to

be amended. In care reviews, if meeting in a more formal setting, I will

encourage the young person to sit alongside me at the head of the

table, attempting to send a visual message about power. For this

research, it was important to reflect on body language and verbal

expressions to convey to the care-experienced researchers my

intentions of completing this work together, acknowledging where there

were limitations. Water (2024) notes that power relationships are multi-

dimensional and shifting; we specifically discussed similarities and

differences between us (as well as the participants) noting positions of

power including reflecting on age, experiences, personality,

professions and the wider contexts of an 'adult centred society'.

Initially, I devised a 'training' programme to explore the research

methods over four half-day sessions, meeting in a neutral venue,

however having a smaller group meant the exploring research methods was completed in a day-long session, with extra smaller meetings before and after each research session to check in and also to use reflection. Preparation was aided by the knowledge of the care-experienced researchers who had some prior involvement in research or consultation although we reflected on the differences and similarities of these experiences with this research.

Percy-Smith and Thomas (2023, p.3) note the move in thinking from negations of power and collaboration to considering 'the complexity of intergenerational space' and a re-focus on 'dialogue and communicative action'. At the same time, Larkins *et al.* (2023) explore how 'training' is provided by adult researchers rather than exploring how young care-experienced people wish to research themselves. Reading this article after the research was completed chimed with my journey. From initially devising a set of 'training' (Appendix 5), this moved quickly to *learning together* the different techniques such as interviewing and focus groups.

Research questions.

I acknowledge that I devised the overall area of research, however, we constructed questions and structure together discussing and agreeing on what should be asked. This was done early in the day-session, and

then refined after deciding that our method would be through focus groups. We formulated the research questions as:

- How do care-experienced people experience their IROs? We devised questions to discover if care-experienced participants knew who their IRO was, if they attended reviews, if they felt able to give their views, if they felt heard by their IRO, what they thought the role involved, etc.

- According to care-experienced people, how can IROs promote participation in care planning? Here, the questions focused on how IROs might support young people, especially around care planning.

- What barriers inhibit IROs from facilitating meaningful involvement for young people in their care reviews?

- Are review decisions were actioned, and if not, why? This question came from Summer. I was concerned that this altered the focus to social workers but within our discussions, we agreed it was important to include and reflected it linked to the IRO role given the requirement for IROs to monitor care plans and ensure actions are carried out (DfCFS, 2010). The question allowed us to explore if care- experienced participants knew this.

- What opportunities are present for IROs to build experiences of agency for care-experienced young people? The focus here was

on what participants wanted from their IRO, including asking

care-experienced people what advice they would give others.

I was mindful that the questions were built on our experiences and

understanding in all four social planes. We discussed the need to try to broaden

out opportunities for answers which went beyond ourselves, for example,

considering how issues of ethnicity or gender might have changed the

questions or brought different questions. Whilst having three researchers was

of assistance, greater difference may have been helpful in locating areas of

'absence' which were outside our experience (Bhaskar, 2008b).

4.5 Planning the Research Methods.

Identification of participants demographic.

Part of our discussions included considering who to involve as

participants. The care-experienced researchers were very keen to hold

a separate session with IROs in addition to those with young people,

and we developed the research with this in mind. In collaboration, we

decided to hold two care-experienced groups, one for those in care

and one for those who were 'care leavers'. This would enable a

comparison of two care-experience groups, but on a practical level, we

could devise more age-appropriate sessions for the two groups.

Selecting the method.

Discussions considered the practice, merits, and challenges of standard research methods such as interviews, questionnaires and focus groups. These conversations enabled us to explore our understandings. Ethical issues were specifically addressed as we talked. We spent time investigating how these methods could be carried out, including considering on the role and conduct of the researcher. This enabled a checking out of the co-researchers understanding and to ensure knowledge and skills were built.

I was aware that many who use (Youth) Participatory Action Research (e.g. Kennelly *et al.*, 2023) methodology, developed creative methods to execute specific research projects. I suggested we considered creative approaches such as journalling, photography, art, or animation (for example Coyne & Carter, 2024), however, the care-experienced researchers did not embrace these approaches. I reflected that focus groups may have felt familiar to the co-researchers and allowed them to feel more secure as researchers. After discussion, focus groups were selected as the method, however, kinetic activities and opportunities to write and draw were incorporated within the under-18s session. We discussed how some simple 'warm up' questions might be helpful for younger participants, giving them opportunities to answer questions with clear answers (such as 'do you

know who your IRO is?') before moving to more discussion and nuanced questions. We considered that IROs and adult care-experienced participants may be more comfortable with discussion-based sessions than teenagers. It was interesting to see that it was at this point the care-experienced researchers became more confident. Autumn suggested that group discussions would enable people to explore ideas rather than just focusing on their own experiences. Adichie (2009) warns of the 'danger of a single story'; the lives of care-experienced people and IROs are multi-layered, and we hoped focus groups would help explore this.

The basis of focus groups.

Focus groups may have different formats, such as group interviews or planned discussions, but they are unlikely to be free narratives, given that facilitators help to explore research questions. Smithson (2000) noted drawbacks, including that one individual might dominate a group while other voices are minimised or that groups may 'reproduce normative discourses' working on shared assumptions (p.104). Davies and Laing (2002) state the need to consider conflicts between participants and how to manage these. Smithson (2000) suggests that focus groups can bring depth and help participants explore, citing Du Bois's (1983) work, which noted that this helps to place theory in lived experience. Davies and Laing (2002) also see the positives of focus

groups in that they may help to clarify issues. Hyden and Bulow (2003) add that participants need to establish a common ground and then contribute to it, however, Barbour (2011) notes that although there may not be a consensus, focus groups combine structure and spontaneity. All of these issues were explored during the 'learning together' session (4.4) with the co-researchers to ensure they had a fuller knowledge and understanding of focus groups.

Once the method was devised, there was a return to seek academic and local authority approvals, which were granted with no extra conditions.

4.6 Recruiting participants.

Care experienced recruitment.

Leaflets and emails were sent out again to different teams such as the social work teams (where responsibility for care-experienced children was held), supervising social workers, Leaving Care Personal Advisors, the Virtual School, Children in Care Councils, the IRO team, and a local Leaving Care group (See Appendix Three). Except for the two care-experienced groups, recruitment relied on other professionals contacting possible participants. Again, very positive responses were received from professionals, but few young people were put forward.

The impact of the personal on the research became all too evident, as

it was chance encounters with workers who generally seemed to assist in recruiting participants. One social worker spoke to three young people and transported them on the day of the research, although I understand these young people had different IROs. A team manager organised a taxi for another child to attend. Apart from one, all the children put forward were done by workers I knew personally. This echoes the benefits of practitioner research that Dodd and Epstein (2012) identified. Nine care-experienced people participated in the study – six who were in-care and three who were care-experienced adults.

My aim to ensure inclusivity, drawing in voices not always heard, was partially met with half of the participants not being involved in formal groups such as the local or national Children In Care Council. In conversations during the afternoon bowling activity for the in-care group, only two said they had participated in any previous research. From the care-experienced adult group, two had been involved in other research; one had not.

Demographics of the recruited participants, which present age, gender and ethnicity, are shown in Table One.

Group one: in-care	Age	Gender	Ethnicity:
Leo	17	Male	White British
Jacob	16	Male	White British
Bradley	16	Male	White British
Maya	15	Female	White British
Chloe	15	Female	White British
Theo	13	Male	White British
Group two: care-experienced adult			
Elizabet (name chosen by the participant)	18	Male	Irish Traveller
Estrella	19	Female	White British
Luna	23	Female	White British

Table One: Demographics of care-experienced participants.

The gender demographic of the group, with five males and four females, reflected the make-up of the care-experienced population in England as a whole, as the most recent data identifies 56% of children in care are male, 44% are female (Gov.UK, 2023). These statistics do not account for those children not identifying as male or female; currently, the government has no process to allow for the collection of this data.

The care-experienced participants did not represent the ethnic data for those in care in England - 73% white, 10% mixed ethnicity, 7% black, 5% Asian, and 5% 'other' or not recorded (Gov.UK, 2023). All care-experienced participants were white and British, except one with an Irish Traveller ethnicity. One participant of Black African ethnicity did not attend on the day due to sickness, so their views are not recorded.

While the participants were unaware of the ethnicity of the researchers (who are white) before the sessions, the presence of a researcher from a different ethnic background was likely to have brought a different dynamic and broader experience, as well as potentially widening the pool of participants through their personal connections. Ramji (2008) refers to cultural commonality as important, while Manohar *et al.* (2017) cite numerous authors who consider that someone of the same social, cultural, and linguistic features should conduct cross-cultural research. For this study, the researchers largely reflected the care-experienced participants in terms of ethnicity.

Recruitment and demographics of IRO participants.

Recruiting IROs was straightforward via an email to the IRO team, and the session was organised without difficulty, with five positive responses for the focus group. It is unknown if any of the IROs were allocated to any of the in-care participants. IRO participants were

asked to share demographic details of age, gender identity, length of time as an IRO (see Table 2), ethnicity, and length of time in the current Local Authority. It was interesting to note that four IROs who participated in the focus group were white females, and I was curious about this. The length of time as an IRO in the current Local Authority ranged from a few months to nine years. Ethnicity is not included in Table Two to protect confidentiality.

To explore the lack of ethnic diversity (what CR might term the 'absent'), I approached Global Majority colleagues for informal conversations to assist my understanding of the barriers to their participation. The term Global Majority (Campbell- Stephens, 2021) is increasingly being used as a preferred term to that of 'ethnic minority', which does not reflect the world reality, or 'person of colour', a term more located in America.

One colleague, who described herself as black British, provided written answers which have been included in the analysis. Separate conversations with Global Majority colleagues revealed different understandings of why they did not become involved, with high work levels and experiences of structural racism being cited. Given that I have no ethical agreement to give further information, these conversations served to develop my practice rather than be included here. Studies around racism within English social work are focused on

service users and practice; however, research on the experiences of social workers and racism *within* Local Authority departments is emerging (Mbarushimana & Robbins, 2015; Tinarwo, 2017; Dominelli, 1989).

I perhaps understood more about the lack of male participants, as only two males were in the female-dominated team. Contacting these colleagues directly to explore if there were any barriers, one responded, later sending written comments to the research questions. The views of non-binary/non-gender identifying IROs are absent from this research.

Helpfully, the seven IRO participants were of different ages and lengths of time in the role; some were newer to the local authority (see Table Two). The IRO participants did not match the overall gender, age or ethnicity proportions of children in care.

Age range:	20-29	30-39	40-49	50-59	60 -69
	0	1	1	2	3
Length of experience as IRO:	Under 1 year	1-5 years	5-10 years	Over 10 years	Not disclosed
	0	3	2	1	1
Length of time in LA as IRO:	Under 1 year	1-5 years	5-10 years	Over 10 years	Not disclosed
	2	2	2	1	0

Table Two: Demographics of IRO participants.

4.7   Conducting the research: video platforms with IROs and care-experienced adults.

A video platform (Teams) was used for IRO and care-experienced adult sessions with the data presented in Chapter Five. Even before the global pandemic in 2019, researchers increasingly used video calls for qualitative studies, although Weller (2017) notes that face-to-face was still the gold standard. Thunberg and Arnell (2022) suggest different views around using video calls in qualitative research, with negatives including that video research misses the opportunity to observe body language. They also note the impact of technical difficulties, although these were not evident in the research here as all seemed to arrive on time and be present throughout without a hitch.

Presenting an image on a screen.

Licoppe and Morel (2012, p.405) suggest that researchers and participants have 'pre-openings' which enable individuals to think about how they are presented on camera, controlling how they look in the camera frame, considering what is expected of them. Interestingly, most individuals had virtual backgrounds, showing a decision to present a particular image or to disguise surroundings. Virtual backgrounds also served to remove participants from their location in the eyes of others online. These environmental situations still encroached into the virtual space beyond what could be seen or heard, for example, when an IRO had to move because of her dog or when a care-experienced adult participant needed to attend to her child.

Informal interactions.

Weller (2017) raised the issue of beginnings and endings in video research, highlighting that these differ from in-person meetings. She identifies that these interactions focus on technical matters rather than small talk, given the focus on headshots; non-verbal gestures are limited. This was the case with the IRO group, however, the care-experienced adults' session started and ended in more informal conversations, before and after the recorded section.

Weller (2017) also suggested that video research may enable less

confident participants to speak. Within group forums, I questioned the validity of this point, noting that a good researcher's skill in group forums was to ensure all voices were heard.

Refocusing of attention.

Edwards and Holland (2020) draw on Gibbs *et al.*'s (2002) work to consider that while technology may have its benefits, it may refocus the attention of the researchers away from the session towards the recording. I did not notice this in myself during the session, focusing on the individuals present, although the ability to play back offered the opportunity to pick up body language and nuances I had not seen before. Edwards and Holland (2020) suggest that this reshapes the connection between the researcher and the data, as researchers can replay recordings to analyse data and involve other researchers who were not present in the session to join the analytical process.

Laptops versus phones.

I wondered about the impact of the researchers and participants viewing their own image during the online sessions. In comparing the IRO and care leavers group, IROs connected through laptops while care leavers joined on phones. Did this make a difference to the engagement? Weller (2017) noted that a sense of presence and rapport can still be established when using video platforms; I wondered

if having a smaller phone image impacted this negatively. I wondered also if there was a connection on the Plane of Material Transition, i.e. if the IROs had access to resources the care leavers did not, such as laptops or wifi.

Enabling participation.

Using a video call platform enabled IROs and care-experienced people to participate despite being based in different locations, some outside of the county. In this sample, some IROs had never met in person but had been present in larger virtual meetings. Deakin & Wakefield (2013) identify the ability of video platforms to enable participation regardless of location as an advantage of video research in that it widens participation, removing the issue of geographical separation. I noted it allowed different IROs to attend, especially ensuring the session was over a lunchtime when meetings were not likely to be held (although IROs may well be travelling to the next review at this time). The online session with care-experienced people was a matter of choice for the individuals who opted for online rather than an in-person session.

Reliability.

Using Teams as a platform enabled good audio and visual recording. I noticed a few minor 'inaudible' sections in the recording of the in-person session despite having two dictaphones placed in the room. In

the Teams recordings, there was just one incident where two people spoke for a few seconds simultaneously, which could not be unpicked. Edwards and Holland (2020) point out that technological advances have enabled more accurate research recording. Given the Local Authority's use of recording on Teams since 2019, my experience has been that recording failures are minimal, while Edwards and Holland (2020) cite examples of researchers having recording devices fail during face-to-face research.

Questions asked.

In the planning stage, we agreed that I welcome the participants and revisit the outline of the session and the confidentiality considerations. Information and consent forms had been sent to all participants (see Appendix Four). Once done, I would hand over to the care-experienced researchers to ask the questions. Apart from having to intervene when an IRO asked a question of a researcher, the care-experienced researchers were then responsible for asking the research questions. As a research group, we considered the impact of care-experienced people asking questions and were mindful of noticing responses.

The questions asked of IROs were:

- *How can you encourage young people to go to their reviews?*

- *How can you help young people to have a say in their care plans?*

- *How can you help young people have more of a say in reviews?*

- *Do the things agreed at reviews, happen? Do they always happen on time (if not, why do you think this is the case?)*

The session was limited to an hour, and the three researchers worked together to keep to the timings. Care plans are written before reviews, so the second and third questions helped us define this.

For the care-experienced adults, the same questions were asked but rephrased:

- *How can IROs encourage young people to go to their reviews?*

- *How can IROs help young people to have a say in their care plans?*

- *How could IROs help young people to have more of a say in their reviews?*

- *Do the things agreed at reviews, happen? Do they always happen on time (if not, why do you think this is the case?)*

Immediately after the session, the research group stayed online to gather initial reflections.

4.8 Conducting the research: in-care and in person.

Doodle spaces.

The in-care group took place in an ample space to enable the participants to move around. 'Doodle spaces' were provided so participants could draw or write throughout the session (some are included in Chapter 5). It was explained that these could be used however the participants wished. The purpose of these 'doodle spaces' was to enable other ways to collect participants' views and provide an alternate space if participants became anxious or wished to have time out. Welcome snacks were provided, and consent forms were checked. The session started with some introductions and explanations about confidentiality, including that we did not wish for participants to identify their IROs and that their views would not be shared with their IRO or social worker but would be recorded anonymously. A group agreement for the day was devised together. Two helpers (social work students unknown to the group) joined to help with practical tasks and aid one participant who needed extra support.

Activity One saw each person, participants, researchers, and helpers write five words on foam cut-out hands to describe themselves or things they loved; some are shown in Figure Two. This activity aimed

to establish a trust to be established between the participants as well as with the researchers. It helped to identify 'the empirical' domain – the identification each individual wanted to present (Bhaskar, 2008b). As I was unaware of the ethnicity of participants until the day, the foam pack had hands of different skin tones.

Figure Two: Descriptions of self: introductory activity for in-care participants and researchers.

Kinetic activity.

Activity Two used a kinetic approach, where participants were asked simple 'yes/no' questions and moved to different sides of the room to answer them; these questions were designed to start them thinking about the role of IROs and reviews.

Yes or no answers were sought for the following questions:

- Do you know who your IRO is? This helped us to ensure the young person knew what an IRO is and establish if they knew their IRO.

- Do you attend your review? We were interested to know if young people attended, and this question was designed to help them start thinking about their reviews while still being able to move around. We hoped this would be a less emotional way to introduce the topic, allowing the young people to move their bodies in an answer.

- Can you read your care review minutes? We wanted to understand if young people were given access to this document, this had arisen from the IRO session.

- Do you have a say in who attends your review? We were interested in finding out if IROs and social workers were working with young people to agree on attendance at meetings. We wondered if the young people understood they had a say and felt agency.

- Do you feel able to speak at your review? Our experiences and literature suggest that being heard is essential in identity and agency. Again, asking this during an activity involving movement was designed to introduce the ideas and enable a physical reaction rather than only a verbal one.

- Do you feel people listen to you at your review? This question aimed

to introduce the idea that being able to speak was different to feeling heard. Whilst a subtle difference, it helped to build a picture of the young people's experience of agency.

Discussion activities.

Activity Three (first focus group activity) centred on the role of the IRO, where participants wrote or drew their understanding of the role, what they understood the reviews were for, and their general experiences of reviews. In CR terms, we wished to discover and identify the impact of the reviews on the participants, to start to see the impact of the 'real'. Here, the participants were split into pairs, discussed their answers, and wrote them on post-it notes, which were returned to the main group for feedback and discussion. In effect, this was asking participants to look back and reflect on their experiences. We hoped writing, drawing, and discussing in pairs would help the participants build their ideas. The introduction of dictaphones for this activity impacted the group with an initial reluctance to speak. It took some time for the group to 'forget' the presence of recording devices – Rutakuma *et al.* (2019) suggest that the use of audio recording devices can inhibit participants' responses. However, the group did appear to 'forget' the presence of the dictaphones as the session progressed.

Finally, in Activity Four (the second focus group activity), the group

was asked questions looking forward, asking the participants about *how* IROs can support them:

- *How can IROs encourage young people to **go** to their reviews?*
- *How can IROs help young people to have a say in their **care plans**?*

- *How can IROs help you have more of a say in your **reviews**?*

- *Do the things agreed at reviews, happen? Do they always happen on time (if not, why do you think this is the case?)*

The final question was:

- *If you could give one piece of advice to other care-experienced young people, what would it be?*

In effect this was asking participants to look forward, using their knowledge to look at what might shape IRO practice to support young people to have increased experiences of agency. Houston (2023) noted that CR sees it important to think about transformative change, this question assisted in exploring what might be needed.

Smithson's (2000) concerns around an individual dominating the group were partly seen in that some individuals were more forthcoming while three were quieter. However, no one person dominated. Skilled facilitating by Autumn, who was leading the final group discussion activity, ensured each person had an opportunity to speak. Using alternative ways of communicating (for example, having drawing paper

on the table or using Post-it notes) and, for one individual, a dedicated helper enabled quieter voices to contribute to the session.

At times, when there seemed hesitancy, Summer and Autumn gave examples; while these were given to facilitate conversations, I was aware that their experiences and views as care-experienced people were also meaningful. Similar experiences occurred for Kelly *et al.* (2020). The examples the care-experienced researchers gave did *not* result in replications by the participants but allowed them to come up with their own examples and views. The input helped to place the research in lived experience (Du Bois, 1982).

Explicitly asking if participants agreed or disagreed with a narrative encouraged participants to be able to give their views; participants were willing to hold different positions. This seemed to mitigate, to an extent, the group's reproducing 'normative discourses' and shared assumptions (Smithson, 2000, p.104), although some elements of this were seen.

Elements of conflict were not seen (Davies & Laing, 2002), however, I noticed one female who appeared to focus on one of the older males, trying to get his attention and at times, echoing his views. Hyden and Bulow (2003) understand participants function as individuals, subgroups and as a whole, so we were mindful to observe this. Participants appeared to accept each other's views, and no conflict

was noted in the afternoon bowling activity, where all participants had a good rapport. Hyden and Bulow (2003) recommend that participants establish a common ground. I reflected that having an activity (bowling) before the research may have influenced the internal group rapport, enabling quieter participants to be more vocal. Alternatively, it may have promoted a communal response, leaving less room for different views.

4.9 Method for analysis: Thematic Analysis (TA).

The rationale of using TA.

Once the sessions were concluded, they were transcribed and coded using TA. Initially, coding alone, I was interested in re- coding with the group – would the care-experienced researchers code differently, identifying different themes? Thematic Analysis (TA) was chosen as an approach as it provides a more straightforward method for new researchers (Newell *et al., 2017)* and, therefore, a helpful process for the care-experienced researchers, as well as enabling the different interpretations of the researchers to be considered. Conversations around TA were held with the co-researchers to enable a clear understanding of this part of the analysis. TA supported identifying themes (Billig, 2008) that may be used to provide recommendations for social work, promote positive change, and identify good practices.

Kara (2012) explains that TA involves identifying the topics within the text, coding them and considering their repetition. Nowell *et al.* (2013) assert that TA is a method in its own right, as it is a system for locating, arranging, describing and publicising themes. They cite Boyatzis' (1998) description of it being a 'translator' method, allowing for communication with others. Locating themes 'represents some level of patterned response or meaning within the data set' (Braun & Clarke, 2006, p.82).

Issues around TA.

Braun and Clarke (2022) remind us that finding themes is an act of construction depending on the individual and their positioning, adding that theoretical perspectives underpin this. They note that reflective experiential TA approaches explore the words and contextually situated experiences, behaviours, and perspectives. Fugard and Potts (2019) add that themes may be summaries of patterns underpinned by the researcher's knowledge of theory and the context of the researcher. I was reminded of the different Planes that CR suggests (Bhaskar, 2008), considering that each of the social interactions of TA was conducted under the influence of these other Planes. The involvement of three researchers (myself and the two care-experienced researchers) in considering the data assisted in supporting different views, past and current experiences, and

personalities to be brought to the coding, with notice given to the different emphases seen. Orme and Shemmings (2010) discuss how a 'line by line' examination of the text aims to go beyond the words, suggesting this is similar to social work, as the process aims to dig deeper.

Overall process.

	Phase	Process
1	Familiarisation with the data	Initially transcribing the data, re-reading transcript to check for accuracy and noting areas that appear significant.
2	Create initial codes alone	Going through printed out transcripts sentence by sentence, underlining in colour each code.
3	Grouping of codes into themes	Grouping the codes into themes, identifying similarities.
4	Coding and grouping 2	Phases 2 and 3 repeated a few weeks later on a fresh print out to refine codes and themes.
5	Coding	Support the coding by co-researchers.
6	Grouping into themes	Support the sorting into themes with co-researchers and compare to step 4.
7	Reflections	Verbal reflections on themes.
8	Writing of thesis	Opportunity to reflect and refine, linking to the literature review.

Table Three: analysis process

Initially, I considered software to assist in TA, however after experimentation, I found this was not helpful. Perhaps due to my experiences of dyslexia, I chose a more tactile approach, coding the pieces alone by printing out the transcripts and going through line by line, identifying key words or phrases. Colour pens were used to

highlight similarities where there was a repeat of phrases or words. Fugard and Potts (2019, p.501) also point out that TA 'involves drawing connections at a deeper level, where two fragments of text using different words can be seen as related at the level of meaning or a common phenomenon'. These themes emerge as data is read and re-read. Once the codes were completed, the codes were recorded on a larger piece of paper they were grouped to form themes. 214 codes identified. This was process was repeated, a few weeks later, to see if there were any differences, one extra code was added due to re-examination. Fugard and Potts (2019, p.502) state that TA 'can also propose meaning behind the surface expressions of the data'. This draws on discourse analysis elements, which function on the premise that language is used purposefully, even unconsciously, so researchers may uncover individual filters and sometimes unacknowledged meanings. The process was repeated with the care-experienced researchers, this time with the care-experienced researchers going through the transcriptions line by line together while I listened or asked for clarification. Codes were then compared, and themes were then identified and named. Comparison was made with my earlier TA work. I reflected that there was much consensus between us on the four themes identified: the importance of relationships, choice, adult-focused meetings and approaches, and the

impact of Local Authority demands. Underpinning this was a variety of

experiences of how the role was conducted. Lack of resources and

lack of understanding about the role emerged as subthemes. Three

smaller codes – about treatment from foster carers and making a

complaint about a social worker, were discarded from the collating of

themes as these were not repeated and not related to the research

questions (see Table Four).
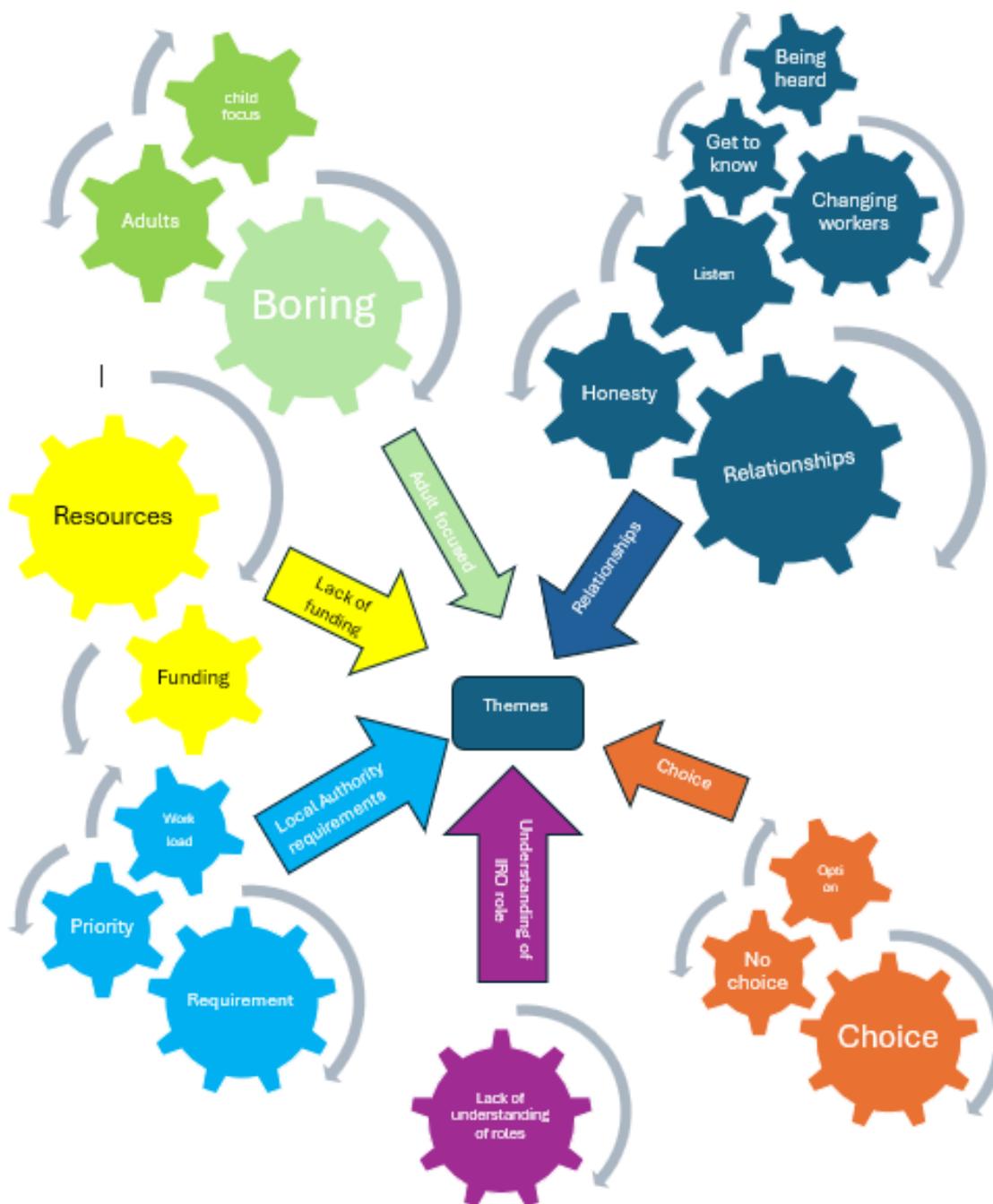
Table Four: Generating of codes into themes.

Orme and Shemmings (2010) point out that discourse analysis focuses on language, considering how words are used and seeking to find the meanings of the words by paying attention to them. Thus, while TA

was employed, consideration was given to what was behind the words, primarily through the reflective sessions, fitting with Braun and Clarke's (2022) reflective experiential model. Underpinning all of the main themes identified, was a sense of the emotional load which both the child and the IRO carried within these meetings (see Chapter 7).

Timing of analysis.

While TA may be used during the study process to shape research (Fugard & Potts, 2019), this analysis was completed after all data was transcribed. This approach meant there was continuity of the same questions being asked of the groups, thus enabling direct comparison.

Immediately after the sessions, the research group reflected on how the sessions had worked and what struck us, making notes/recordings of these. This approach was chosen due to the reflective analysis of experiences at the Tavistock and Portman; it enabled us to compare our own experiences and impressions and reflect on them.

Summary.

Use of a participatory methodology focused on values of inclusion and the sharing of power with groups who feel they are not heard. The research process has been presented considering how support and consent were achieved, how researchers were recruited, and the methodology designed collaboratively. Recruiting care-experienced

participants took some time, although direct access to IROs ensured a quicker response. The research was conducted through focus groups, with some activities for the in-care group. All material was transcribed and coded through Thematic Analysis (TA). The themes which emerged from TA, along with reflections, are presented in Chapter Five.

Chapter Five: 'What did they say'? Messages from the data.

'Basically, they lead the reviews, they ... will discuss how you're doing… that's basically what they do.'

(Leo, in-care participant)

Background.

This chapter will present themes from Thematic Analysis (TA), with Chapter Six drawing further on the data to consider additional meaning. Illustrations in this chapter come from the post-it notes answers as well as 'doodles' from the 'in-care' group on paper that was available for the young people throughout the discussions. Data from all three groups – in-care, care-experienced adults, and IROs- will be included. Four main themes were seen across the in-care, adult care-experienced, and IRO groups: the importance of relationships, choice, adult-focused meetings, and the influence of Local Authority requirements (see Table 3). Two sub-themes emerged: lack of resources, an issue only noted in the IRO group, and lack of understanding of the IRO role, a point mentioned in all three groups. Fugard and Potts (2019) suggest that themes and subthemes emerge in TA and that these themes might overlap, complement or disagree. The noted themes reflected this, they were not distinct in some respects, merging and interweaving.

It should be noted that CR proposes that there is a reality that exists independently of our own experiences, but it also recognises that our realities are filtered through language, social construction, and how we make our meaning (Oliver, 2012). This position located our presentation and data analysis in a place where we became researchers seeking truth and meaning while acknowledging our limitations and lenses of interpretation. We recognised our experiences, gender, class, educational background, ethnicity and much more, which impacted how we heard, set out, and interpreted the data, the different Critical Realist Planes, or strands of the weave, impacting our analysis and influencing the points we noticed or that stood out from the text.

Settings.

Cook-Gumprerz and Kyratzis (2001) note that various factors impact how children communicate, including context, social positioning (Social Interaction), emotional involvement (Embodied Personality), and the people involved in the discourse. For the in-care session, we were mindful that we were in a local authority building – a formal setting, albeit one that social workers do not usually attend. There was a clear interaction of social positioning, with the older young people contributing more; an observation of the younger participants identified them sometimes looking towards and deferring to the older. As the

session progressed, the youngest participant seemed to gather confidence, at one point disagreeing with the older males, challenging their assumptions. It was noted that this young person then spent the afternoon more closely interacting with the older males than the other participants, becoming more verbal and animated, an example of child-child discourse being created (Cook- Gumprerz & Kyratzis, 2001).

For the other groups, interactions were more time-constrained and bound by the limits of online communication (see 4.7). The four main themes seen repeatedly within the different groups are presented in Table Five.

Theme:	In-care 6 participants	Adult care-experienced 3 participants	IRO 8 participants	Total mentions:
Importance of Relationship • Building relationship • Listening/chance to be heard • Honesty • Impact of changing workers	26	14	21	61
Choice.	28	6	25	59
Adult-focused meetings and approaches.	24	11	16	51
Influence of Local Authority requirements.	4	1	25	30
Lack of resources.	0	0	6	6
Understanding of the IRO role.	2	1	2	5

Table Five: Themes with number of mentions.

5.1 The importance of relationships.

Issues of relationship were discussed repeatedly in the data, with sixty-one overall references; care-experienced participants mentioned relationships on forty occasions, although, for the in-care and IRO groups, this was slightly lower than remarks around choice, with the care-experienced adults discussing aspects of the relationship more than any other issue. I wondered if this was due to care-experienced adults leaving behind key professional relationships at age eighteen and if there was a subconscious recognition of how important these relationships had been.

Relationship-based practice is a term often used in children's and family social work; however, Hingley-Jones and Ruch (2016) identify no single definition or interpretation of the concept but suggest the term comprises psychodynamic and systemic understandings. From a CR perspective, all relationships are impacted by the four Planes. From this study, the data displayed relationships being built of four sub- themes: the importance of building connection, the need to listen and to be heard, the need for honesty, and the impact of changing workers.
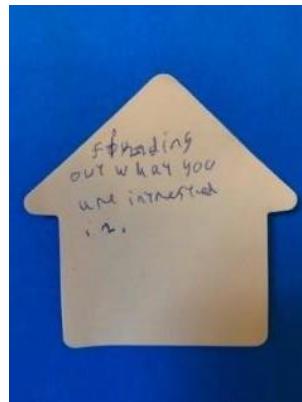
5.1i Building relationships and connection.

Time together builds connection.

Smithson (2000) suggests comparing different focus groups and noting commonalities when completed - it was clear that building relationships was an important commonality across the three groups. For care-experienced participants, this required meaningful time and connection with the IRO. One participant commented:

> *'the foremost is that you need to build relationship with the young person' and 'I wouldn't even say getting to know them, there needs to be relationship.'*
> (Luna, adult care-experienced participant)

The repetition of the word *relationship* and the force with which it was expressed highlighted the importance of connection for Luna; other care-experienced participants echoed this view. Relationship was described as more than knowing about someone, needing in addition, a forging of emotional connection.

Whilst in Diaz's (2018) study, none of the young people had met their IRO outside the review meeting, this was not the case in this research.

Young people described meeting up with their IRO and having phone calls; for example, Maya (in-care participant) said her IRO visited her at home with her sibling. All favoured holding in-person conversations, with additional communication through texts, cards, and calls. One young person recounted that for his last review, he had a phone call from his IRO, stating that the other young people were 'lucky' to have visits. When coding the research, the word 'lucky' became prominent in the minds of all three researchers; we interpreted this as the young person wanting time with their IRO. Moreover, there was a sense of 'chance' and lack of choice in the opportunities to develop relationships. Time with IROs enabled opportunities for relationship – for there to be use of Embodied Personalities to cut through differences on the plane of Social Interaction to forge connection. IROs had a similar viewpoint to care-experienced people, stating that there needed to be:

> *'The time and space to build meaningful relationships'*
> (Leanne, IRO participant)

and emphasised:

> *'Building relationship over time. Keeping in touch in between meetings.'*
> (Steve, IRO participant)

Only one care-experienced participant (Theo) said they had no contact with their IRO outside the review meeting, echoing the variation of

practice amongst IROs, even in the same Local Authority, as seen in

Dickens *et al.* (2015) and Beckett *et al.* (2016).

Acknowledging difference.

Dahle (2012) reminds us that there are often differences in

backgrounds between children in care and the professionals allocated

to them. This highlighted differences on the plane of Social Interaction

as well as positioning in Social Structure. One IRO highlighted:

'Young people need to see people in their review they can relate to, that they believe will understand them and advocate for them. This can mean people who look like them, come from a similar class or gender etc.'
(Leanne, IRO participant)

She went on to acknowledge the barriers which might occur between

care-experienced people and IROs, reminding us that:

'Walking into, to, a meeting faced with a group of women if you are a teenage boy, or white people if you are black or from the Global Majority or middle class can be very intimidating.'

(Leanne, IRO participant)

There is an acknowledgement of the Plane of Social Interaction

(Bhaskar, 2014), where care-experienced people may have different

understandings and 'norms' to those of the professionals around them,

making connections and building relationships more challenging. The

IRO participant recommended that when there is a difference, this

should be acknowledged as a way to start building a relationship.

Building emotionally safe spaces.

Alongside forging connections through time and acknowledging differences, a key to building relationships was for IROs to provide secure emotional spaces for children, facilitating responsive, protective places where young people could express themselves - the word 'trust' being used repeatedly across the three groups.

Care-experienced people required their IROs to build a rapport, perhaps using humour. One participant recommended that IROs:

> *'have a laugh and a chat and get to know them, make them feel comfortable.'*
> (Elizabet, care-experienced adult participant)

Enabling a child to feel 'comfortable' requires IROs use their Embodied Personality to display skills of containment with abilities to identify and manage emotional content; as Cooper suggests, providing 'a capacity for emotional receptivity towards other people's psychic and relational conflicts, traumas and anxieties …The containing faculty promotes psychological growth and maturation by tolerating the turbulence of unspeakable anxiety or conflict, rather than jumping to 'problem solve' it or deny its reality' (Cooper, 2015, p.2). Although Chloe was quiet throughout the sessions, she suggested that IROs need to have good relationship skills when discussing emotional

issues. In response to being asked how IROs can help her have more of a say in her reviews, her reply was:

'to help me manage my feelings in the meeting'.
(Chloe, in-care participant)

IROs must recognise that children may have 'deeply held views regarding living with risk; removal from their families; unresolved feelings of guilt and loss; and not being listened to' (Winter, 2010, p.188); participants' responses indicated that IROs must acknowledge and help with these emotions. Care-experienced researcher Autumn suggested that IROs play an equally as important role as the social worker and must safeguard a safe space to speak. Both Summer and Autumn noted the use of reviews as opportunities to expel emotions, with emotional projections making connections with workers (Bower & Soloman, 2018):

'I loved having my meetings so I could get everything off my chest.'
(Autumn, care-experienced researcher)

Hingley-Jones and Ruch (2016) suggest that relationship-based social work requires professionals to support children to contain 'unbearable' emotions and their experiences of 'emotionally and socially austere, anxiety provoking circumstances' (p.241).

Waddell (2002, p.6) suggests, 'Any one state of mind in the present, however fleeting, is founded in the past, and at the same time it encompasses a possible future.' This echoes CR's stance of all four Planes interacting. Riesenberg-Malcolm (2006) believes that without experiencing other's emotional states, we cannot do anything about them. These comments suggest that to build effective relationships, emotional experiences must be considered, even felt, by IROs. I wondered if being able to do this assisted the IRO to identify some of the unseen mechanisms at paly for teenagers in care? The care-experienced researchers certainly supported this.

Adult care-experienced participant Estrella added:

'I suppose you've just got to be comfortable, haven't you? To express whatever you want to say, cos you're not going to do it around people you are not really comfortable with.'
(Estrella, care-experienced adult participant)

IROs acknowledged their role in containing emotions:

'So, I think it's about, for me, the most important thing is the child feels comfortable about the meeting and that they can get their views across and ask those questions.'
(Alex, IRO participant)

The emotional impact on researchers.

As researchers, we also identified the emotional content of participants' discussions of their own emotions, experiencing

transference and countertransference (Bacon, 1988), for example,

Autumn and Summer's feelings of deep sadness at Bradley's

statement:

> *'It also depends on age, if they are like younger obviously, they are going to make it happen because they don't want the child to get upset, but when it's older it's like, oh yeah, they understand that sometimes what they ask for doesn't happen.'*
>
> (Bradley, in-care participant)

Autumn particularly experienced the emotion of Bradley's words during

coding, perhaps because of her positioning in her family. There were

also undertones of experiences of adultification here. As Davis (2022)

suggests, certain groups are more likely to be treated in this way,

especially on grounds of being a Global Majority child or from a

background of domestic abuse, poverty, homelessness, care-

experience or being transgender. There was an interplay between

different Critical Realist Planes, with the Embodied Personality of the

researchers (own experiences and emotions) weaving with the Plane

of Social Interactions (the impact of wider culture).

Relationship on a child's terms.

Luna, a care-experienced adult, emphasised that if a young person

does not want a relationship with their IRO, that is their choice,

however, if they do, the IRO needs to ensure a young person feels

comfortable enough to give their views. Luna gave an example of a

care-experienced child asking their IRO to allow the social worker to attend part of the review rather than the whole; she considered that for a young person to be able to do this, they would need a trusting relationship with their IRO.

One IRO recognised that they needed to build on the relationships young people have with others, noting this may not be the social worker, and perhaps consult with other meaningful adults whom the young person sees as trustworthy. The IRO session started with thinking about relationships, and throughout the session, different IROs returned to this concept. One IRO noted that given the frequency of reviews and the high workload, building an open and honest relationship with a young person was a challenge.

Repeated mentions of relationships by care-experienced and IRO participants demonstrated a desire for connection on the young person's terms. This involves IROs using their Embodied Personality to invest time and develop skills to manage emotion to promote connection. Luna's distinction between 'getting to know' and 'relationship' indicates a deeper interaction is desired. Differences in demographics must be acknowledged and diversity in the IRO workforce encouraged.

5.1ii Being listened to.

Research participants highlighted '*listening*' as a key component of relationship. IROs in the study recognised the need to listen to young people, trying to resist other pressures that might impact their ability to do so. The word 'listen' was mentioned on sixteen occasions in the IRO responses. Meeting children before reviews created an environment where children could later express their views and feel heard. As seen in the literature review, Hartas and Lindsay (2011) suggest that being attuned to a young person and engaging in active listening is hugely significant.

IROs facilitating young people to speak.

All care-experienced participants, except Theo, indicated they felt they could speak in their reviews, an issue not often explored in other research. Perhaps this indicated a culture of Social Interaction where care-experienced teenagers were able to speak? This may be hugely important for feelings of agency, suggesting IROs often facilitate care-experienced children having some say in care planning. The responses indicated that IROs can navigate the meetings to ensure

young people have a space to express their views. Participants stated:

'Even if it is boring …it is good for you to get your views out and for them to work a plan, discuss it with you, and then your life will be better.'

(Leo, in-care participant)

and

'So, I would probably agree with Leo because, like, the stuff that I felt gets my point across.'
(Jacob, in-care participant)

Interestingly, one care-experienced adult participant noted that his relationship with his IRO included helping him to express himself and enabling other adults to understand his views:

'I got to say what I wanted to say, and she was telling me words I should say and shouldn't say. She was good. I hope she comes back.'
(Elizabet, care-experienced adult participant)

IROs facilitating children to be heard.

Overall, IROs facilitated children to speak and enabled their voices to be heard. While most care-experienced people saw reviews as opportunities to ensure adults listened to their views, Theo said he did not have the opportunity to speak despite attending his reviews. Theo explained he attended so he could hear (other participants also expressed this). This meant that adults did not listen to Theo through the facilitation of his IRO, as he neither spoke in his review nor saw his IRO outside of the meeting.

Limiting listening.

Jacob suggested that IROs could go through care plans with young people to ensure they had an opportunity to put toward their views. This research indicated that young people do not have sight of their Care Plans or Pathway Plans. If this is the case, it limits agency for young people as they are denied the opportunity to check and respond to the written plans which set out what should happen for their future. It also means that young people cannot see if their views have been translated into their Care Plan. As young people had not seen these plans, there were no comments about the accessibility of how plans were written and presented. There was an indication that the Social Structure for these teenagers had built defensive structures and procedures may mean forms that are not child-friendly are devised, preventing young people from accessing written care plans. Might this apply to the format and sharing of Care Plans and Pathway Plans, which may limit or promote listening?
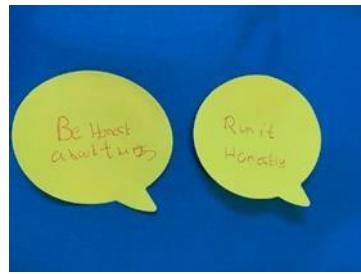
5.1iii Honesty.

Acknowledging difficulties.

Honesty was raised by an in-care young person and received strong support from the others in the group. It was a word which particularly resonated with care-experienced researcher Autumn and myself. Diaz (2018) reported that reviews have been used by carers or schools to raise issues of young people's behaviours, creating an atmosphere of blame in the review. This was not found in this study, but there was a sense from some young people that IROs were too positive. Leo spent some time explaining that IROs and others often will focus on what has gone well, for example, if a child had done poorly in an exam, an IRO might congratulate a child for sitting an exam rather than acknowledging that he had not done as well as he might. Jacob said, *'Tell us the truth. Don't lie to us.'* This was met by agreement from the rest of the group, who felt they were not being prepared for the 'real world' by not acknowledging difficulties. A number of participants held on to the idea of 'honesty' and repeated it later in the focus group to the point that it emerged as a theme in the coding.

Local Authorities' responsibilities in parenting.

Given that the Local Authority is the corporate parent for these children (Social Structure), it is not unreasonable for children to expect IROs to acknowledge when they have not done well. Government Guidance around applying corporate parenting does not mention providing boundaries for young people (DfE, 2018), nor does The Care Planning Placement and Case Review regulations and guidance (DfE, 2015).

This is at odds with the Common Assessment Framework (HM Government, 2018), which social workers use to assess parents, where 'boundaries' are part of the assessment triangle. The omission of a discussion around boundaries in statutory guidance to Corporate Parents is notable and at odds with statutory guidance around assessing parents.

Honesty around provision.

IRO participant Alex also raised the issue of IROs needing to be honest, although this was more around what could be offered to young people in the light of current resource restrictions, such as locating a specialist care home geographically close to family. This acknowledged the broader picture of children's social care.

5.1 iv The impact of changing workers.

Children in care and broken or short-term relationships.

The impact of **changing workers** was seen as a negative factor in building relationships with social workers or IROs, with care-experienced adult Estrella saying she had nine social workers and had stayed at multiple foster homes, although she had one IRO. Bhaskar's (2014) CR notes social functioning is affected by the surrounding material world, our cultural understanding and settings, our roles and individuality; however, children in-care have disrupted relationships, often being removed from parents, carers, wider family, schooling, and communities which impacts on this functioning.

Subsequently, care experiences might be characterised by short-term relationships if children are moved from carer to carer (Skoog *et al.*, 2014) with repeated changes of social worker or IRO. We hypothesised that long-term, positive relationships may be seen as fundamental building blocks damaged for children in care but crucially sought after.

The changing of social worker or IRO.

The changing of social workers or IROs often involves the breaking of a relationship and the introduction of yet another new person. However, most of the seven IROs in the study had been in the same role, in the same Local Authority, for some years, with only two who had been in post for less than a year (see 4.6). This suggested some reflection of the Children's Commissioner's study which stated that IROs provided continuity while there was a 'revolving door' of social workers (2019, p.13) – a Social Interactional culture of consistent change.

Bower (2005) suggests that the high levels of staff movement mean emotional ties are left unformed, impacting the levels of available emotional support. She describes limited contact time with service users and a lack of a therapeutic approach, which means workers become increasingly unconfident.

IROs also recognised the impact of changing social workers on the ability to build relationships with young people, suggesting this might 'dilute' the relationship. One IRO noted that longer-term social workers may be better able to:

> *'hold.. that young person in their mind more regularly.'*
> (Fallon, IRO participant)

and advocate more effectively for an individual.

IRO participant Leanne noted that changes in social worker were sometimes the reason why review recommendations were not implemented, and this had a detrimental impact on young people's experiences and relationships with professionals:

'Why would any young person have any reason to believe that reviews are useful and purposeful if things agreed do not happen in a timely way or do not happen at all?'
(Leanne, IRO participant)

Changes of workers in other settings.

One IRO also raised the issue of changing workers in other Local Authority departments and other agencies indicating Societal Structures of change; this hindered the ability of an IRO to resolve some problems faced by children, citing issues with Education and Health Care Plans (EHCPs), transport and homes (brokerage). This IRO recognised that relationships with staff in other areas enabled her to contact the relevant person promptly, but when staff changed, this avenue to resolve challenges was blocked. Another IRO described how knowing who to contact enabled IROs to resolve issues that made a huge difference in the lives of young people in care, thus building trust and relationships. This IRO acknowledged that the shift of workers in other areas also made it hard for social workers to support children.
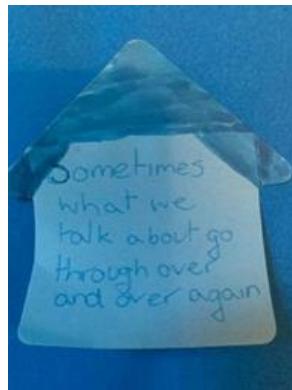
5.2 Choice.

The desire for **choice** was highlighted as a theme across all the groups, with care-experienced participants discussing this on thirty-four occasions. However, discussions around *choice* received the highest coding identifications in the in-care (twenty-eight mentions) and IRO (twenty-five mentions) sessions, suggesting its importance. For care-experienced adults, *relationship* featured far more heavily than *choice,* although one care-experienced adult noted that relationship enables choice, showing overlapping themes.

Who attends.

Positively, there appeared a culture (Social Interaction) where most in-care participants felt they had a choice in attending their reviews, although one thought he was made to go by his foster carers. Leo (in-care participant) reported that he 'sometimes' had a choice about *who* attended his care reviews; however, the other in-care participants said they had no say about attendees. In-care participants wanted to be able to choose a family member, trusted adult or 'someone in the

same boat'. Pert *et al.* (2014) noted that for young people, having their parents attend review meetings was important and made them feel more positive about the meeting. This was reflected by many of the care-experienced participants who wanted their families to be present, not knowing they could ask for this. One care-experienced adult participant clearly stated that their family should not be invited to protect their safety. There seemed to be a lack of understanding that parents were required to attend or at least be consulted – a requirement of the IRO Handbook, a Social Structure. This returns us to the need for social workers and IROs to consult young people on attendance, as this research indicated that this is not routinely done. Interestingly, Pert *et al.* (2014) found foster carers were far less positive about birth family attendance. My practice experience suggests the attitude of the foster carer towards the family member is significant in making the involvement positive or otherwise, although I can find no studies considering this. There may be complex dynamics at play here, including attachment, lack of clarity around the fostering role for some, how professionals described family members to foster carers and more.

One in-care participant, Leo, recognised the power of working with others, identifying that the reviews brought people together, working collaboratively for his benefit. Interestingly, he was one of the older in-

care participants, so perhaps he had more understanding due to his maturity.

'I'm happy for them to be there, yes, I really don't mind. So in the end of the day, they are all there to help, so, yes!'
(Leo, in-care participant)

This indicated an understanding of the opportunities care reviews can provide for positively impacting young people's lives. The IRO was seen as orchestrating this meeting, with Leo expressing his part.

Where the meeting is held.

Care-experienced people did not seem aware they could choose *where* to hold their review. Care-experienced young people gave a mixture of views about this:

'(I'd) like it at home.'
(Chloe, in-care participant)
and

'Also, to be placed at school 'cos at home it's just harder. All the background noises, it's just distracting.'
(Maya, in-care participant)

and

'erm, probably out and about somewhere.'
(Jacob, in-care participant)

The main issue raised was that young people wanted to choose where their reviews were held. Maya felt that IROs needed to ensure she had the opportunity to include her agenda. This was identified by one IRO, who suggested that IROs should:

'really push the message that it is your meeting, you have the say on who attends, when it is held and what time and the agenda.'
(Leanne, IRO participant)

Reading minutes.

Only two in-care participants said they had been given the choice to read their review minutes. One of these participants actively read the minutes and commented:

'Everything I wanted to say was in there.'
(Bradley, in-care participant)

One of the care-experienced adults, Elizabet, said that they found the minutes difficult as '*I can't read straight'*, they suggested minutes should be more colourful and easier to read, or that reviews could be recorded. Again, the issue was raised about giving young people a

choice regarding how they received their minutes, with Elizabet

describing how young people should be asked for consent.

Flexibility.

IROs quickly identified the need to be flexible and to hold the review in

a way which suited the child, including holding a meeting in parts. One

of the first comments in the IRO session was:

> *'It's about offering options as well… It's, it's because I think a lot of young people don't realise they've got options sometimes, because … a lot of people that I've worked with, young people in the, that are in the care system and living outside of their families, don't feel that they have options.'*
> *(Dana, IRO participant)*

Other IROs raised the idea of young people needing to be in control of

their reviews as a positive. IRO participant Sam wanted time to be able

to find the views of each young person on how the reviews were run,

who would be present and how the minutes were to be recorded – in

other words, to allow a meaningful choice for young people,

demonstrating the desire for co-creation. It was acknowledged that the

timing of review meetings arranged by IROs was not always in line with

young people's choices. IROs raised issues such as reviews being at a

distance, personal caring responsibilities, and needing to hold reviews

after a day at school, impacting the meetings' timing. The

intersectionality of multiple identities, roles and commitments was

evident on all four Planes.

Consultation and co-creation.

Choice links closely to agency as having the ability to influence and choose demonstrates involvement in decision-making (see 3.2). Thomas and O'Kane (1998) suggested that professionals had a 'fantasy' that children wanted agency in decision-making to get what they wanted when children just wanted to be included. The suggestion found in this research was that care-experienced participants wanted to be *involved* rather than *in charge,* and IROs concurred.

Despite all care-experienced participants having a choice about attending reviews, with one exception: agency around the review meeting was limited. Care-experienced participants were unaware of the agency they could have over where, when and who attended their review and what was included on the agenda. IRO participants recognised that young people are unaware of these options, although there was no IRO comment about how to rectify this or how Embodied Personality and the professional authority from the Social Structure, might be used to effect change. Care-experienced researcher Autumn suggested a mismatch between the stated desires to offer choice, as heard in the IRO session, with the reality of experience for children in care. The IRO Handbook states, 'It will be for the IRO and the social worker, in consultation with the child, to agree the best way to manage the process for each child before each review' (DfCSF, 2010, p.15).

However, it outlines that the IRO should speak to the child privately before the first review to discuss any issues. In addition, The Care Planning Regulations (DfE, 2015) are unclear about who should consult a child, who should attend, and where the care review should be held. It does state that an IRO can adjourn a care review if they are 'not satisfied that the child has been properly prepared for the meeting' (p.125), indicating this is a social work role.

Thus, the lack of IRO clarity around enabling agency for children in these decisions seems to reflect the statutory guidance. Perhaps the message from care-experienced participants in this research can be summed up by Luna's comment:

'The thing is, you need to ask the child what they want, that's the first and foremost.'
(Luna, care-experienced adult participant.)
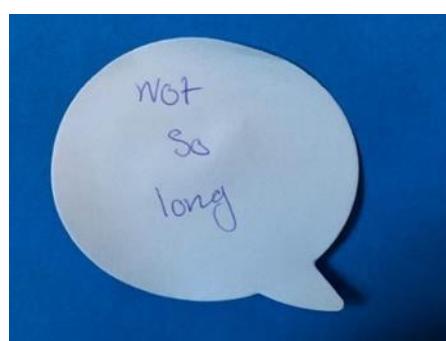
5.3 Adult-focused meetings and approaches.

Boring!

On the plane of Social Interaction, a culture of adult-focused

approaches and meetings were a consistent theme across the three groups; this was mentioned twenty-four times by the in-care group, eleven by the care-experienced adult participants and sixteen mentions from IROs. The repeated experience of adult-focused 'boring' meetings has been reported in other research where children's views have been sought (Thomas & O'Kane, 1999; Roesch-Marsh, 2019). The theme of adult-focused care reviews interweaves with young people being given choices by their IRO and social worker. The very first comment in the IRO session identified this:

'Because I know that I get concerned that these end up being adult's meetings, and actually they're meant to be young people's meetings.'
(Sam, IRO participant)

The in-care group was asked to write three words to describe their reviews, Jacob's comment was met with agreement by other participants:

'Very, very boring'
and
'I just don't want to be there, I could be out doing other stuff, rather than sat there staring at a screen.'
(Jacob, in-care participant)

Another young person described them as

'Intense, interesting, overwhelming.'
(Maya, in-care participant)

The experience of adult-focused reviews was echoed by a care-experienced adult participant who said:

'Every meeting I had was boring, boring as f**k, every meeting I had was boring, you sat in the room for about three minutes, and you fall asleep through it.'
(Elizabet, care-experienced adult participant)

The words 'boring' or 'bored' were used 12 times throughout the care-experienced sessions, suggesting reviews were not child-centred. One participant explained that sometimes he would hide so he didn't have to attend. The word 'boring' was used alongside concepts of adult-led discussions, lack of humour and having to remain seated in one place for a length of time just 'talking'. Although young people felt heard, the structural system was not designed around enabling true expression of views for children (Vis and Thomas, 2009). Mannay *et al.* (2021) recommended arts to promote relationships, increase children's confidence and enable views to be explored. In this study, care-experience participants indicated that simply 'talking' was an adult-focused approach, set in a Social Interaction system organised and conducted by and for adults, while activities such as eating and having 'a laugh' may make the reviews more child-centred (i.e. not boring).

Adult-determined times of reviews.

Diaz (2018) found that reviews were set up in line with social workers' and IROs' diaries rather than when children wanted them; this sometimes left the child physically out of the room when the meeting occurred. For this study, it was clear that some reviews were held at

adult rather than child-determined times, with children being removed from other activities to attend:

They should know your favourite lesson and timetable, and try to arrange it around it, but I know it's not my timetable.'

(Leo, in-care participant)

A discussion during the in-care session noted that sometimes reviews were held in school at a time which did not suit the young person. The following dialogue between three participants shows the experiences of reviews being at adult-determined times:

Jacob: They've pulled me out of my favourite lesson …

Leo: imagine if you're in your favourite lesson and then …

Bradley: I know! That happened! I was in construction, and they pulled me out.

Jacob: A four-hour cooking lesson; I've been pulled out of one of them before…. And that was part way through.

(Leo, Bradley and Jacob, in-care participants)

Interestingly, researcher Autumn suggested '100% that IROs are flexible' around timing, indicating a different experience.

Length of reviews.

In-care participants stated that reviews were often too long, with the length being determined by adults rather than the child:

I'd prefer them not to be so long.'

(Jacob, in-care participant)

and

> *'The timespan, the timespan, it varies from one hour, it could be forty minutes, it could be an hour to maybe two hours, it's long, it can vary, that's the thing.'*
>
> (Leo, in-care participant)

and

> *(I'd prefer them to be) 'Not so long, like twenty minutes.'*
>
> (Chloe, in-care participant)

Summer and Autumn disagreed with care-experienced comments about long reviews; Autumn reflected, 'I actually liked it when my reviews were long'. The comments reminded me of a recent conversation with a teenage boy who had made it clear I should not limit the time for his review to an hour. This serves as a reminder for IROs to use their Embodied Personality to negotiate with young people and if possible, co-create a review according to their needs.

Adult-focused language.

Another indication of an adult-focused meeting was the experience of one participant who described the use of inappropriate language:

> *'In my review, the parents were spoken ill about, like, there was not good language used when speaking about the parents or about what happened. It was always sort of, like, um, the parents are to blame sort of thing, which I get, but you don't say that to a child'.*
>
> (Luna, care-experienced adult)

This experience showed an example of adults not being aware of the implications of their words and failing to use child-focused language. Luna did not identify who used this approach but indicated it was professionals. Alvarez (1992) described how the idealisation of a parent is part of development no matter the reality, using the term 'a necessary angel'; thus, professionals need to be very careful when talking about parents in front of a child, but it appears this did not happen. There are links to social work values where respect towards all is required (SWE, 2023). The emotional load for Luna was obvious as she tried to distance herself from the comment using the third person: 'the parents' rather than 'my parents'.

Two IROs also pointed out that the use of language is important when building relationships with young people to avoid adult-centred approaches. One IRO recommended consultation methods should be more 'user friendly and age-appropriate', indicating that this was not the current situation. Whilst using TA to code, Summer particularly noticed the use of adult language by the second IRO who raised the issue of language but then went on to use terms such as 'care plan', 'business', and 'placement'. Summer explained that care-experienced people sometimes don't know or don't understand the language used by adults. This seemed to be a juxtaposition where there was an understanding of the impact of language, but this had not bedded into

practice; it provided a micro-example of the overall research where IRO's stated intentions did not match practice. The IROs Embodied State (whereby her personality and functioning acknowledged the implications of language) was at odds with her role in the Plane of Social Structure (using language determined by her role). Interestingly, IROs in this local authority have written their review minutes to children for many years, introducing the approach more widely to the Local Authority; this practice assists IROs in thinking about the use of language (Watts, 2020).

Care-experienced and IRO participants acknowledged the emotional impact of language. There is a growing dialogue around the use of language by social workers and how this affects care-experienced people and those around them. Rodgers, a care-experienced adult, notes, 'The way the 'world' talks about us, acts as a guide to how others view us and gives us a narrative to identify with', also adding, 'the narratives that society creates become our internal beliefs of ourselves' (Rodgers & Tyers, 2020, p.1). Thus, the language embedded in the Social Interaction, directly moulds the Embodied Personality.

Child's presence refocusing reviews.

Interestingly, Estrella indicated that her reviews were impactful

because of her presence. When asked if she felt able to speak at her reviews, she replied:

'Yes, I did. I didn't care, I just said what needed to be said or nothing would of happened.'
(Estella, care-experienced adult participant)

Luna also explained that when the 'boring stuff' had been completed, she would then talk for 'an hour' about what she wanted to talk about. Although this sounded like a more extended meeting, it was clear that both felt at the centre of discussions, and the IRO was able to facilitate a child-focused meeting.

Challenging 'boring'.

Without explicitly stating that care reviews could be 'boring', IROs implicitly acknowledged it, noting how the young person did not often shape the meetings. Comments recognising care reviews could become adult-focused were threaded throughout the IRO session. IROs suggested reviews could be completed while undertaking an activity rather than only talking. One in-care participant suggested that IROs could bring food to reviews, an idea which met with all the group's approval. While this may be a simple statement, some research suggests eating together has many benefits, including growing social bonds, developing trust, increasing personal satisfaction with life, and making people feel happier (Dunbar, 2017). In addition,

Dunbar asserts that 'a path analysis suggests that the causal direction runs from eating together to bondedness rather than the other way around' (Dunbar, 2017, p.198). Therefore, bringing biscuits to a review may have more profound significance and positive benefits. My practice experience endorses this, with residential homes sometimes providing food if a review was near lunchtime; I have suggested we 'eat and chat' rather than having a review before eating, noticing that teenagers often become more engaged and comfortable in the review. One IRO reflected that she took young people out to drink hot chocolate to build relationships, aid participation and obtain their views. While IROs acknowledged the adult focus, some were acting as Corporate Agents to actively seek to change this.

In essence, adult-focused meetings seemed to be usual practice, with children being excluded from organisation around when they should be held, appropriate language also needed consideration. Overall, from a young person's perspective, reviews needed to be more 'fun', with one care-experienced participant recommending more interaction. Ideas of reviews being run with activities aligned with young people's interests were seen as positive. Care-experienced people seemed to be able to battle through the adult-focus to ensure their voice was heard.

5.4 The influence of Local Authority requirements.

High workloads.

Considering how IROs navigate the demands of the professional role underpinned part of this research, the requirements of the Local Authority (Social Structure) emerged as a key area to navigate. The influence of Local Authority requirements was the primary concern of the IRO participants, alongside issues of choice, both having twenty-five mentions in the IRO session. It may well be that this is hidden from care-experienced people in the main, as it is a part of the work which is usually undertaken behind the scenes rather than at reviews, although five mentions were made in care-experience sessions. This may not interest care-experienced people, who understandably might focus more on what the role means for their lived experience. Care-experienced researcher Autumn found IRO comments around being directed by the Local Authority and not the child, were hugely important. During coding, she concluded that 'everything goes back to

professionals' and that the Local Authority was 'not being led by young people'. She found an IRO comment that 'there's a whole bunch of things we are missing…' especially upsetting, noting IROs acknowledge they are not completing work in a way they would wish, to the detriment of young people.

Summer specifically wished to ask about the non-completion of review decisions. In-care participant Leo described a situation where a social worker had not completed a task, resulting in his missing a trip abroad. I noted that Leo had talked warmly of his social worker and located the issue with the Local Authority putting high workloads on social workers. Others in the group approved of Leo's comments via nods and noises of agreement.

> *'Sometimes it's workload, so they can't do it. There's a backlog.*
> *There's a big load.'*

and

> *'They are busy, busy people.'*
> (Leo, in-care participant)

Although IROs are generally longer serving than social workers, there

was some question from one IRO participant, who struggled with the

feasibility of forming meaningful relationships because of other tasks:

'So I do, I do wonder, um, whether we're, the role is robust enough for
what they want us to be.'
(Alex, IRO participant)

This comment appeared to suggest the participant was questioning

both her own and the role's robustness to build relationships. We might

question if the hesitation in the sentence indicated an emotional

reaction where there was some realisation of this. It was unclear if

'they' referred to children or management. The comment was followed

by IRO participant Alex, who asserted that young people are 'entitled'

and 'should' have a deeper relationship with their IRO if they wish it.

This chimes with Winter's (2010) hypothesis that relationship-building

competes with and is overcome by statutory tasks.

Inaction around review decisions.

The idea of high workloads was highlighted by an IRO participant,

Leanne, who suggested that review decisions were not actioned partly

because of the workloads of social workers and that crises in other

areas became more pressing, leaving the review decisions forgotten.

IRO participants Leanne and Sam picked up on the IRO role of

ensuring review decisions were implemented, noting that IROs needed

the time and oversight to check, the inference being that they did not have this opportunity – the culture and structures in which they operated did not facilitate this. IROs indicated that there was a need for workload capacity to ensure separate visits and completion of tasks. IRO and care-experienced participants described high workload levels for both IROs and social workers; these levels impacted the time to build relationships and the ability of social workers to complete tasks agreed upon at reviews.

In-care participants Bradley and Theo, however, said that review decisions were always actioned:

> *'So they say they are going to do something, they do do it.'*
> (Bradley, in-care participant)

and

> *'It does happen, everything happens on time'.*
> (Theo, in-care participant)

Maya pointed out that:

'It does happen, but not always on time. If it doesn't happen on time, I just keep nagging about it and keep reminding them.'
(Maya, in-care participant)

None of the participants noted that they understood that they could have contacted their IRO to ensure decisions were completed promptly. In effect, this limited their agency.

Additional requirements.

A repeated theme through the IRO session was the difficulty of navigating the IRO role in terms of being child-focused and 'independent' and yet having requirements from the Local Authority that were seen to sit outside the statutory guidance. One IRO felt that Local Authority requirements changed positively, only to be altered again to what she saw as a less child-focused approach. IRO Alex added that she felt young people are not receiving their 'entitlement' from IROs because of the high workloads. IROs cited additional directions from management, such as extra paper-based tasks and prescriptive formats for reviews, as impeding their ability to complete the statutory tasks and to be child-centred and flexible. IROs highlighted the directions of the Local Authority impacted their ability to offer choices to young people:

'We have directions from senior managers, I mean we've had a meeting today, um, that's telling us that we need to be doing … (list of tasks) …and that doesn't fit. We're all individuals and that doesn't fit'.
(Alex, IRO participant)

Other IROs agreed with this statement, and other comments were woven throughout the session. IROs expressed the desire to have fewer constraints from the Local Authority and the ability to be more child-focused, the dichotomy being that the Local Authority employed them. There was a clear desire for a change in Social Structure.

Managerial approaches and anxiety.

Diaz (2018) suggested reviews are used as managerial tools by Local Authorities, citing a 'tick box' culture. This phrase was also used three times in the focus group with IROs, for example:

'You know in terms of the tick boxing stuff. If we go back to that, you know, where does that sit from a sort of senior management perspective around when you think of that (lifestory work) probably being one of the most important things for young people?'
(Fallon, IRO participant)

Munro (2018, p.37) considers that 'anxiety about managing uncertainty has supported the creation of a performance culture and regulatory regime which searches for compliance with process'. Cooper and Lees (2019) also suggest that 'task-related anxieties (are) predominantly depressive in their nature, and those emanating from the managerial

and political environment as predominantly persecutory' (p.239).

Cooper and Lees (2019, p.243) note, 'Rigidly protocolized information-sharing practices are a salient feature' in child protection organisations. Children and Family social work could be seen as not in a state of equilibrium but 'might be described as on the edge of chaos' (Ford, 2018, p.99) with unexpected and sudden changes and where anxiety is a significant feature (Cooper, 2009). These anxieties and practices were indeed evident in this research and might be examples of where the 'unseen mechanisms' were being discovered. This was seen in the IRO session, for example:

'But the feeling that you get from the top down, is that this is what their expectations are, they're very different to what the child's expectation is, isn't it? Very often.'
(Dana, IRO participant)

Interestingly, Jelicic *et al.* (2013), Dickens *et al.* (2014) and Beckett *et al.* (2015) all note that relational cooperation and challenges are seen as being most effective for IRO services. In this study, it appeared that IROs laid their inability to complete their work to the best of their ability at the door of senior Local Authority managers. Jelicic *et al.* (2013) noted that 61% of IROs in their study felt that senior managers did not value them.

Fractal patterns of blame.

We might hypothesise that IROs placing 'blame' on senior managers might reflect a 'fractal patterning' (Stevens & Hassett, 2012). Shoesmith (2016) identified 'blame cultures' within the Social Structures and Social Interactions of Local Authorities, these seem to be defensive structures which fail to enable a learning culture and a sharing of responsibility. Fractal patterning suggests that when we look at organisations, we see repeated systems and patterns; for example, where there is a head of an organisation who blames their workers for any challenges, blame then echoes throughout the organisational structure becoming a cultural pattern, with teams and individual workers assigning responsibility to others. Indeed, echoes of blame and anxiety reflect our broader society, organisations, teams and families, characterising the Social Plane of Interaction. Stevens and Hassett (2012) argue that fractal scaling presents societal patterns that demand risk avoidance. Might the Local Authority directions reflect defensive and risk-averse practices that echoed through our society's system? Do we see here that 'patterns observed at a micro level of a system can also be observed at a macro level and vice versa' (Smith, 2019, p.473)?

Defensive positions.

Contrasting ideas of blame and defensiveness were seen from IROs and in-care groups when discussing social workers. Brown and

Levinson (1987) suggest that when analysing discourse, researchers may identify young people using politeness as a strategy to avoid challenge and being offensive. Indeed, some in-care participants defended their social worker who had not completed a task. This might have been due to a good relationship and identification with the worker or as a polite strategy.

In addition, IROs did not discuss their legal role in checking tasks were completed, that the care plan was on track, or raising with senior managers if there were disagreements. It was also interesting to note that no IRO mentioned allocations exceeding statutory guidance, despite this often being the case in this local authority and nationally (Jelicic *et al.*, 2013; Diaz, 2018). Not only did responses seem to defend their role (Plane of Social Structure), but the lack of consideration of their role appeared to be Embodied Personalities defending emotional well-being. Perhaps the inability of IROs to provide what was seen as needed was too painful to contemplate? Had the Local Authority developed defensive practice, might this indicate further patterning, echoing through the system (Stevens & Hassett, 2012)?

Wider position of social work.

These extra prescriptions and tasks must be seen in the wider

positioning of Local Authority social work. Bower (2005) asserts that turmoil in social work emerges from frequent policy changes, repeated restructures, (a churn in the plane of Social Structure), targets and tick-boxes. Furthermore, Chapman (2002) identifies that targets introduced by management can have unintended consequences, in this research, the targets and tick boxes were experienced as preventing IROs from having time to build meaningful relationships with young people.

Perhaps part of the complexity is the contested nature of social work (Fish & Hardy, 2015). The International Federation of Social Workers describes social work as:

'a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance well-being. The above definition may be amplified at national and/or regional levels.'

(IFSW, 2014, p.1)

However, the reality for Local Authority social workers and IROs alike, is that they are employees of Local Authorities, who are required to produce data for the government and are set in a political agenda subject to the requirements of the national government, a Social

Structure. It is unsurprising therefore, that not only is the nature of statutory social work contested and changing, but that there is a distinct lack of clarity of roles and a clash between how IROs wish to practice with the demands of the Local Authority. IROs were wanting care-experienced people to be 'in charge', although employed by the state:

'We're being directed by the Local Authority and not by the child.'
(Sam, IRO participant)

There have been some calls for IROs to be removed from Local Authorities and located elsewhere, perhaps in CAFCASS teams (Tickle, 2016), given concerns being raised about independence, yet there are also benefits of working within a structure (Dickens *et al.,* 2015).

Diaz (2018) interviewed senior managers (three directors and four heads of service) and was surprised to find that they 'rarely touched upon the importance of the SWs and IROs relationship with children and young people, the impact of a transient workforce and the challenges SW faced in having time to get to know children and young people' (p117). Indeed, one questioned if it was a social work role. There appeared to be a difference of view between senior managers, young people, and practitioners. Given that such topics are being discussed, it might suggest Local Authority senior managers are

moving away from relationship-based social work to a care management system focusing on data collection and tasks being completed (Tunstill, 2019). The move to seeing Children and Family social workers as 'case managers' follows similar changes in adult social work (Lymbery & Postle, 2010). Karylle, a care-experienced adult, suggested that there should be some acknowledgement of a change from social worker to care manager, considering children should be given an honest account of what the role entails (The Care Leaders, 2023). This directly contradicts a plethora of work which suggests relationship approaches are important (Munro, 2011; Coram Voice, 2015; Ofsted, 2011; and more).

The change from international definitions to a bureaucratic function may well account for the issues raised around the lack of time to complete work and the inclusion of what are seen as additional tasks to IROs but key tasks to managers. Indeed, Munro (2011) noted that relationships with young people become marginalised when social workers spend time completing paperwork and focusing on performance indicators. Munro sees this as a deficiency in the Social Structure of the English social work system.

The overall message from the impact of Local Authority requirements was that extra tasks and prescriptive directions in how statutory tasks were completed were negatively impinging on the ability of IROs to

complete statutory tasks in a relationship-based and child-focused way. The impact of government demands, and the broader political landscape of Children and Family social work in the Social Structure directly affected the ability to build strong relationships with children and to monitor children's care plans effectively. It seems little has changed in this respect since research a decade ago. However, a note of caution must be added here, as Hingley-Jones and Ruch (2016, p.243) point out, we must avoid the temptation to 'split' and become polarised and instead be able to hold a 'creative tension' with needs for relationship as well as the more procedural aspects of the role. They suggest that acknowledging this tension is a first step towards balancing the two needs; this must be followed by ensuring structures allow for both relationship and procedure.

The IROs' responses in this research reflect those of social workers given in studies in England and beyond. For example, Welander *et al.* (2017) found that social workers had become increasingly dissatisfied with the environment provided by employers, seeing that employers did not offer a balance between demands and resources, a lack of 'reward' of effort, a mismatch of organisational ethics and not having responsible employment practices. They described this as a 'violation of psychological contract'. In this sample, IROs expressed unhappiness that they wished to be relationship-focused and enable

choice, but felt the ability to act as Corporate Agents do this was curtailed. Astvik *et al.* (2019, p.1382) found that where social workers experienced 'low degrees of conflicting demands and quantitative demands, high degrees of openness and human resource orientation in the organisation and a high degree of perceived service quality', they were more likely to stay in the role. Thus, the quality of the environment impacts the likelihood of staff to remain in post and be invested in their roles. This is important given this study's findings that relationships are key to providing the environment for agency and choice for care-experienced young people.
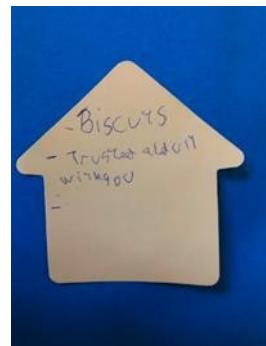
5.5 Lack of resources.

Financial environment.

A minor theme evident in the coding was issues of limited finance, an issue which sits both in the Plane of Material Transaction and Social Structure and impacts on the two other Planes. Lack of funding leads to an acknowledgement of the setting of neo-liberal politics (Hingley-

Jones & Ruch, 2016) and the impact of governmental austerity policies, which have been widely examined regarding social work (Ferguson & Lavalette, 2013; Webb *et al.,* 2023) as well as to children themselves (Gupta *et al.,* 2016). The implication of this policy continues to resound today. In addition, recent governmental policies have continued to see Local Authorities needing to reduce spending, partly due to government funding not matching the rising cost of living. Therefore, the situation for Local Authorities is one where services have been paired back, and spending is not often available. Cooper (2010) and Webb *et al.* (2023) note that this socio-political context directly impacts the growth of task-based approaches, performance indicators and tightened budgets: the Planes interact!

Bhaskar's (2014) assertion that we function on a Plane of Material Transaction with Nature acknowledges that we cannot be separated from the natural side of our existence. War, ill health and poverty create material conditions in this social Plane, and care-experienced people are more likely to have been impacted negatively. CR 'rejects attempts to divide the social from the material and insists that all human activity takes place within material conditions' (Dean *et al.,* 2006, p.47), so both IROs and care-experienced people function within this Plane, impacting and being impacted by this world. With the increase in child poverty in the UK (Hirsch, 2023), this Plane has

become all too evident in social care. Mooney (2020) notes that poverty 'scars our society', reflecting that poverty is multi-dimensional disadvantaging people in housing, education, finances, opportunity and more. He asserts that poverty is constructed by society rather than individuals and relative to societal norms.

Budgets and relationship.

Hingley-Jones and Ruch (2016) assert that financial austerity policies have profoundly affected relationship-based social work. They suggest that 'In a financially austere climate, professionally-informed practice shrinks in response to what might be referred to as 'relational austerity' – practice that is increasingly authoritarian rather than authoritative and combative rather than compassionate – emerges as an unintended consequence of this ideological manoeuvre' (Hingley-Jones & Ruch, 2016, p.241). Perhaps the broader policies have resulted in a 'wicked problem' (Grint, 2008) where the situation is unpredictable, the challenges seem unsolvable, and solutions make more problems. Attempts to identify the unseen mechanisms appear to have failed at this time.

One IRO noted that having a budget to complete activities with young people would build relationships and help IROs understand individuals' interests. This was identified as not available in the Local Authority. As

a practitioner-researcher, I am very aware that IROs often fund activities from their own pocket, for example, purchasing birthday cards, taking young people out, etc. This is done to 'hold the child in mind' and build a relationship. It denotes that the IRO sees the young person as important and worthwhile. This was picked up when another IRO suggested financial resources would enable her to involve young people in their reviews, as it would allow for creativity.

Wider budgets.

IROs noted the impact of lack of resources more generally, for example, one raising the issue of the long waiting lists in the Child and Adolescent Mental Health Services (CAMHS) and another, the limited availability of specialist care homes for children with extra needs. There was an acknowledgement by IROs that care-experienced children are in a position of structural disadvantage, which limited their options and ability to make choices.

5.6 Understanding of the role.

Children's understanding of the IRO role.

A minor theme seen across the three groups was a lack of understanding of the role of the IRO. When asked directly, in-care and care-experienced adults struggled to identify IRO duties beyond those of chairing reviews.

'they basically, practically, chair your reviews…they discuss how you are doing.'
(Jacob, in-care participant)

Pert *et al.* (2014) and Diaz (2018) also found that children did not understand the scope of the IRO role, believing it to be to chair their reviews. However, this study found that children *were* able to identify IRO activities which happened outside of a review, including visiting, keeping in contact, and helping to resolve issues, for example:

'they phone me to basically say, like, how I've been doing in my house, like, they speak to my social worker about it, and see what we can improve.'

(Jacob, in-care participant)

Care-experienced adult, Elizabet, expressed surprise when learning that IROs could seek to resolve issues between the review schedule but also ascribed being able to move from inappropriate accommodation to the input of the IRO.

There was further awareness from care-experienced participants of IROs working alongside other professionals, especially that the IRO would speak to others outside of the meeting:

'a young person isn't stupid; they know all those people speak to each other about that young person.'
(Luna, care-experienced adult participant)

When asked directly about the function of the role, young people were unable to describe functions outside of chairing reviews; however, care-experienced people were able to verbalise activities outside of the meetings. Autumn reflected, 'I'm just thinking the IRO is actually an important person, I would say, but they're not advertised very well, so to speak.'

Other professionals' understanding of the role.
IROs indicated their belief that some social workers do not understand the statutory nature of the IRO role. When talking about agreements made in reviews, one IRO suggested:

'I'm not convinced that all the time the social workers work with the plan we've produced.'
(Alex, IRO participant)

Another expressed dissatisfaction with social work teams:

'I'm not convinced everybody reads the minutes either. You know…we write them in, but sometimes it feels like sending them into this void, and you wonder who really reads them.'
(Sam, IRO participant)

Despite this frustration, IROs also spoke positively of social workers, acknowledging the impact of high workloads, good supervision and training. They acknowledged that some tasks, such as life-story work, might appear daunting for social workers if they had not been completed before.

There appeared to be some frustration from the IRO group, indicating that some team managers might sideline them by not looking at review recommendations under supervision, even though '*these things are important for the young person'*. I hypothesised that the IRO intervention is more likely to be effective when there are good relationships between individual team managers and IROs. This may be impacted by the length of service of staff, with more solid professional relationships with long-standing team managers and IROs, and conversely, a poorer understanding where there are inexperienced or frequently changing managers.

Summary.

TA highlighted the importance of relationships and the need for choice, issues which were impacted by issues on all four Planes. Care-experienced people still described adult-focused approaches, indicating a lack of agency and negatively impacting their day-to-day experiences and emotional well-being. The influence of Local Authority requirements, the lack of resources, and the limited understanding of the IRO role were identified as curtailing the ability of IROs to function as they wished. Chapter Seven will examine these findings and explore their meanings, drawing out the underlying messages from participants by revisiting the research questions. However, it is helpful to briefly consider the experiences of using a participatory approach.

Chapter Six: 'Working Together.' Reflections from a Participatory Approach.

Participatory research is developing as a powerful method for researchers, sitting alongside other established research techniques; however, employing this approach was far from simple in its execution. Chapter Four explored some of the background and rationale around participatory research, but this short chapter presents a brief overview of some challenges and advantages experienced when conducting this study.

6.1 Challenges.

Start-stop-start progress impacting momentum.

Perhaps the most significant challenge experienced in this study was the 'start-stop-start' nature throughout. While this was not a feature arising from participation, it did impact all three researchers' motivation and enthusiasm. Issues of waiting for two sets of ethical approval (academic and local authority) and then slow responses concerning recruiting participants meant the process took time with periods of non-activity. I significantly underestimated the impact of the high workloads in Children and Family social work in England (Preston, 2022), which, I later hypothesised, delayed recruitment. While I had initially been

aware there might be personal issues from care-experienced researchers that could impact the progress of this study, this proved not to be the case; instead, it was my own personal circumstance with a bereavement that caused a delay. Processing grief and the practical demands of managing the affairs of a loved one were not in the research plan. We acknowledged the changing momentum felt by the care-experience researchers and myself, with bursts of enthusiasm on the approach of the actual research sessions.

Sharing of power.

The sharing of power was an anticipated issue and proved to be the case. Wilkinson and Wilkinson (2024) note that participatory research require collaboration but still requires power dynamics to be navigated. Despite the desire for participatory research, the project remained 'my research' given that it was instigated, driven and funded by myself with my own clear aims to improve my own and hopefully other IRO practice. This dichotomy was all too uppermost in my mind as I strove to include the co-researchers in decision-making and organising the practicalities of the research. There were some areas where the co-researchers did not wish to be involved – mainly in the practical areas of devising posters, booking rooms etc. Reflection of this has changed, initially feeling disappointed having wanted to share all areas, to an

acknowledgement that participatory research enables co-researchers to say 'no' (Water, 2024). Wilkinson and Wilkinson (2024) note that writing up and representing of data often lies with the researcher rather than 'project partners' thereby highlighting potential areas of power imbalance. The co-researchers were offered opportunities to be involved in writing papers for submissions to journals given they could not co-author this thesis, although they declined. A plan is in place to write a youth-friendly version with them in the future.

With a smaller group of researchers than envisioned, there were fewer personalities and views to navigate, although working together required consideration and the need to compromise. I was keen to use creative methods such as art or photography in the way we captured voices, however, both care-experienced researchers were enthusiastic about focus groups. After discussion, this was the process we used while incorporating active/creative parts to the in-care session and allowing for informal expression through provisions of places to 'doodle'. At the main 'Learning Together' session, I realised I had not fully considered my role – was I a facilitator or a co-researcher? Discussions in the session established the groundwork for us to be co-researchers together. The research was not a giving up of power, but a sharing, with the understanding that I had the overall responsibility (Wilkinson and Wilkinson, 2024).

Influence of care-experienced researchers.

Reflecting on the IRO session, the research group believed there was, at times, a hesitancy and 'holding back' because of care-experienced researchers. Summer wondered if IROs adopted a defensive and guarded stance as a result, suggesting if I had been the sole researcher there may have been a different response. Conversely, this may have been the situation for care-experienced participants as they knew my IRO role. The presence of care-experienced researchers proved to be extremely helpful for care-experienced participants; at times, in-care participants used phrases such as 'in the same boat', and we wondered if this also referred to Autumn and Summer. Both care-experienced researchers could give small examples, which enabled participants to understand the questions.

Lack of diversity.

A drawback of the smaller group of care-experienced researchers was limited diversity in the research group. While our ages and experiential backgrounds differed, we were all white females. A wider variety of researchers may have assisted in drawing in other researchers and participants (see section 4.6).

6.2 Advantages.

Values.

Despite the challenges, there were numerous advantages of using a participatory approach, including care-experienced researchers in devising, executing, and analysing the research, modelled partnership where co-participation was genuinely valued. It enabled further exploration of the unseen as all three researchers had different skills to bring and ways to consider the data and look for the 'absent'. Fundamentally, this approach focused on underlying values and how these play out in research and practice. The approach promoted 'the rights, strengths and well-being of people', the first Professional Standard from Social Work England (SWE, 2023), by identifying and encouraging the strengths of the care-experienced researchers and drawing on the lived expertise of the care-experienced participants. The approach gave attention to and amplified the voices of care-experienced people, upholding fundamental values such as respect and protecting human dignity (BASW, 2020). These values underpinned ideas of where power could be shared (see 2.2).

Facilitating understanding.

A participatory approach facilitated insight and enabled mutual growth of understanding between the researchers through exchanges of ideas

and bringing an interrogation of the data by researchers with different experiences and knowledge. As a practitioner-researcher, the partnership with care-experienced researchers and the research findings invigorated my passion and mindfulness to act as a Corporate Agent and provide a different experience for young people where I am able.

In practice, including care-experienced researchers brought a different dynamic in devising the methodology. Creating research questions was a collaborative effort with other ideas emerging; through discussion, we could refine the questions and define what we wanted to explore. The questions were grounded in life experience for the care-experienced researchers. Having younger researchers enabled questions to be crafted in youth-appropriate language.

Both care-experienced researchers understood that their analyses of the data would be woven into this thesis, shaping the recommendations. For the Thematic Analysis, I initially coded on my own, and later, the care-experienced researchers coded while I was present, with clarifications and subsequent discussion to come to an agreement. It was interesting to see that we identified the same themes throughout, with the differences being the number of occurrences of themes, and agreement was quickly reached. Themes emerged which could be located in all four Planes. We all concluded

that the data led us to identify a system that is not child-focused and that co-creation would be advantageous. Perhaps the main difference during analysis was where data provoked strong emotional reactions in the care-experienced researchers, giving a glimpse of the intensity of feeling around care experience and the impact of feeling unheard in an adult-devised system.

Participatory approaches influencing practice.

The experiences and views of care-experienced people immediately impacted my practice. Reading care-experienced views written in other publications (for example, Jelicic *et al.*, 2013 and Coram Voice, 2023a and b) was helpful. However, the research sessions and the discussions with the two researchers added an extra dimension and emotional content not available in written form. I have become more intentional in asking children how to run reviews, emphasising this in conversations. I have attempted to become more creative in how reviews are run. I became firmer in my requirements for consultation of children, for example, insisting children were asked when a professional wanted to attend a review in place of her colleague. However, the team only then gained consent from the children's carer. Personally contacting the young people directly enabled them to make a decision. While a small example highlights the intentionality and refocusing of practice, ensuring the children's opinions were sought

and acted upon, safeguarding meaningful consultation in a busy working environment. I hope modelling this approach to children's rights enables actions as a Corporate Agent to increase feelings of agency for care-experienced people and demonstrates practice to colleagues.

Summary.

Using a participatory approach brought significant benefits, which valued lived experience and knowledge, producing information that might be useful for those involved (Kramer-Roy, 2015). The approach modelled ways of power sharing with young people. Outside forces impacted the progress of the study, impacting levels of motivation. Participatory approaches affected the responses of participants in both positive and negative ways. However, the approach enabled a connection with the emotional experiences of the care-experienced researchers and participants (Reason & Torbert, 2001), motivating changes in my practice.

Chapter Seven: 'What does it all mean?' Digging deeper into the data.

'I don't get the choice on any of it.'
(Jacob, in-care participant)

Social work literature and Local Authority rhetoric often use the terminology of 'children's voices' and 'listening to children'; however, Tisdall (2012) and I'Anson (2013) suggest that this can become a trope, where children's voices are presented and interpreted by adults. What is presented is also filtered through our culture and unspoken social rules in a Plane of Social Interaction, as well as through our roles as researchers, IROs and care-experienced adults within the Plane of Social Structure. However, Bhaskar (2014) suggested we need to consider the underpinning truths which are present despite our positioning. Interpreting the voices of all participants benefited from reflection with the care-experienced researchers and the doctoral group. Houston (2023) drawing on Bhaskar (2008) suggests a six-step CR approach for social work, firstly to understand and identify the 'real' (issues such as patriarchy, class, etc), secondly to notice what is 'absent' (what is missing from ensuring wellbeing such as lack of social support, knowledge, power), thirdly to 'connect with emergence' by identifying what is lacking and asking questions as a result. Step

four requires the individual to 'remedy absence', thinking about how

we can 'absent the absence' (Bhaskar, 2008b), in other words, how

we might fill the gaps where there have been missing elements for

wellbeing? Houston notes that following step is to identify why the

'absences' are present. Finally, step six requires attempts to make

transformative change. This chapter returns to the research

questions, linking to the TA and exploring the data holistically.

7.1 How do care-experienced people experience their IROs?

Care-experienced participants believed relationships are key, including

the relationship with their IRO. 'Relationship' has been a consistent

theme from children in literature (including MacAlister, 2022; Selwyn &

Briheim-Crookall, 2022). This research adds to these voices. Cooper

(2010, p. 243) claimed that 'the threat to relationship-based social

work is a political matter'; therefore, if they are willing to listen to care-

experienced voices, it is the government's responsibility to ensure the

environment for relationship-based work is enabled. The 2023

Conservative Government stated its intent to reshape children's social

care, it is unclear if the new Labour government will significantly

review the IRO role or children's services. I believe any further work

should be co-created with care-experienced people. I acknowledge

this involves the sharing of power, and some consider it a step too far,

given adult anxieties around enabling children to make decisions (Thomas & O'Kane,1998).

Although all participants could identify their IRO, responses from care-experienced participants indicated various involvements and experiences. The data suggested that IROs were implicated as part of an adult-focused system (see 5.3) where IROs or social workers did not include young people in essential decision-making around care reviews (see 5.2). Interestingly, this was acknowledged by IROs; the challenges around this will be discussed in 7.3.

While Elizabet had been unable to gain change alone, when the IRO endorsed Elizabet's wishes, there was action. While there was reliance on an adult's intervention to effect change, perhaps a more positive interpretation might be that by working together, the young person and IRO achieved change and agency was promoted. The IRO acted as an *ally*.

Several care-experienced participants described how their IRO acted as a *facilitator*, providing a secure space to express emotions and ensuring adults listened to their voices (5.1). This was also a recollection described by the care-experienced researchers.

One care-experienced participant identified their IRO as acting as an *interpreter*. While one might hope that adults around a care-

experienced teenager would want to understand their views, this care-experienced participant described the IRO, supporting them in using the language that was needed to enable adults to hear.

Overall, most care-experienced participants had a positive experience of their IRO once in the care review, however, there were no reports of consultation or co-creation of reviews. Children in care seemed unaware of the requirements for their views other than in the meeting itself. This indicated an adult-devised and focused system (see 7.3).

Examples were given of IROs using their Embodied Personalities – their skills, values, and sense of self – with some care-experienced participants placing IROs in roles of *allies, facilitators* and *interpreters,* positions from which they could be Corporate Agents.

7.2 According to care-experienced people, how can IROs promote participation in care planning?

It became clear that care-experienced participants had not been involved in writing their care plans, including the post-16 Pathway Plan, although they may have been consulted. Some had never seen their care plan. According to CR, this might be defined as an 'absence' leading to the research connecting with emergence by identifying what is lacking and asking questions as a result (Bhaskar,

2008b). All participants struggled to answer this question, seeing care reviews as planning forums rather than understanding the social work team is responsible for writing a care plan with/for them.

Eventually, Jacob suggested that IROs could go through plans with young people before reviews. I wondered if the care-experienced participants viewed the co-creation of plans as so far from reality that commenting on written plans was as far as they could see was possible. This seemed far from the general practice over a decade ago in this Local Authority, where social workers would take a blank Pathway Plan template while visiting to co-create it with a young person. I wondered if co-creating care plans was an unusual concept for professionals too and reflected on why practice had changed – what mechanism had impacted the Social Interactions and Structure? I hypothesised several reasons why plans were not co-created; firstly, participants seemed to operate in a Plane of Social Interaction where rules and expectations formed the norms of adult-devised systems and paperwork (see 7.3). Secondly, the impact of external drivers was at play, with staff being told that Pathway Plans needed to be constructed to fulfil the demands of data collection for Ofsted. Thirdly, I was aware that the format had been designed to fit the electronic system, resulting in a previously used co-created form being discarded. As a result, forms were not seen as being youth-friendly and had heard this

repeatedly from young people. While IROs might encourage social workers to write plans with children, Local Authorities need to provide the correct tools to make it meaningful. Current formats had not been co-created with care-experienced individuals. My final proposition was that it took time to complete forms with young people in a meaningful way; however, high workloads (SWE, 2023b) may prevent this from being a priority.

Care-experienced participants wanted IROs to go through their care plans with them; however, the co-creation of plans would take this a step further to promote agency and enable choice (see 5.2). IROs are in a position to ensure consultation has taken place and can raise this with managers if a child's view is not evident.

7.3 What barriers inhibit IROs from facilitating meaningful involvement for young people in their care reviews?

Barrier One: Management of risk and anxiety through prescription.

Whilst high allocations have been cited in other studies (Ofsted, 2011 and 2013; Jelicic *et al.*, 2013; Dickens *et al.*, 2014; Beckett *et al.*, 2015), IRO participants did not specifically raise this as an issue. Instead, IRO participants saw one of the main barriers to be the Local Authority prescribing how work should be carried out (see 5.4) and that

this increased procedural tasks:

I think if we were given less constraints on how the Local Authority expected us to produce minutes and actually enabled us to talk to children about how they wanted their reviews to be….

(Sam, IRO participant)

However, as noted by two judgements (A & S v Lancashire County Council, 2012; BT & GT, 2018), high levels of work do not protect individual IROs from legal criticism.

My hypotheses considered that the *prescriptions* of how work should be completed were Local Authority devices to manage risk and anxiety – a Social Structure put in place as a result of an underlying mechanism. Whittaker (2011, p. 493) acknowledges risk is an 'inescapable reality given the complexity that is inherent within the work', while Munro (2011) calls for a 'risk sensible' rather than a 'risk averse' culture and that there should be a larger focus on the emotional properties of organisational culture so that anxiety is recognised and processed. The underlying emotional load seen in all the codes seemed to be in play here. The IRO responses indicated experiences of systems characterised by Munro as defensive and 'over-bureaucratised', which need to become more child-centred. The IRO discussion suggested that the Plane of Social Interaction presented a culture of adversity to risk, which was managed through

building bureaucratic procedures.

Acknowledgement by senior managers of Local Authorities that social work dwells in a Social Interaction Plane of anxiety and risk aversion may help reduce the development of excessive bureaucratic structures and processes. Hingley-Jones and Ruch (2016, p. 235) suggest 'a healthy and mature professional mindset and context that resists being split and austere, requires a balanced integration of bureaucratically-driven and relationally driven practices. Critical to this mindset is the importance of facing up to the reality of anxiety rather than avoiding it, as social defences seek to do'. Identifying why anxieties occur within organisations can be helpful and prompt a fresh consideration of processes and paperwork.

Barrier Two: Management of anxiety of Ofsted through prescription.

Given that the Local Authority is set in a system of Ofsted inspection, it is not unreasonable to consider that some of the prescriptions may result from a forthcoming inspection. Murphy (2021) notes that focusing on inspection brings increased bureaucracy; she describes this as 'Ofsted Anxiety Disorder', recommending instead that there are 'managerially sanctioned discretionary spaces' (p.78). Hingley-Jones and Ruch (2016) use the phrase 'stumbling through' for social work practice; this acknowledges that work may not seem smooth and

organised, however 'it implies firstly, a movement that seeks to respond to the sensitivities and unpredictability of people's lives, resisting a static, fixed mindset. Secondly, it acknowledges the frailty of our interventions and our need for professional confidence, authority, and humility, and in so doing, it avoids the seductive overtures of the de-personalised, evidence-based directives that currently hold sway' (p.248). Nevertheless, senior managers may see unpredictability as undesirable with processes used to mitigate irregularity when attempting to ensure Ofsted compliance. Bhaskar proposes that taking time to consider Bhaskar (1994) the 'network of human relations' (p.34) and their causal factors enables us to consider how to progress. Such anxieties would suggest that Local Authorities need to 'take a breath', acknowledge risk and anxiety around Ofsted, and then provide a balance of paperwork and process, with significant opportunities for IROs to build relationships on the terms of the young people. This undercurrent of emotional burden was seen throughout the responses from IROs.

Barrier Three: Defensive positioning.

One IRO noted they had come from a meeting with management that day, which may have influenced the session (Barriers One and Two). In addition, defensive positioning was seen within the IRO participants, protecting their well-being within the Stratification of Embodied

Personality by locating problems with a different group. Menzies-Lyth suggested that 'of particular significance are the defences developed to deal with anxiety-provoking content' (1989, p.28). CR's approach of 'connecting with the emergent' enabled consideration that IROs located the 'problem' away from the IRO role, hypothesising that this was possibly a strategy to relocate the anxiety of not facilitating child-centred approaches.

Only one IRO mentioned the requirement to ensure review decisions were actioned, and at this point, the conversation was moved to discussing social workers. It could be surmised that IROs were not regularly checking decisions were completed, but they could not acknowledge this in front of peers or care-experienced researchers. The change in conversation appeared to move away from topics where acknowledging professional deficits may have been difficult, or even painful, for IROs to admit.

The defensive strategy of denial, the rejecting or blocking of anxiety-provoking thoughts, feelings or needs, appeared to be at play in the Embodied Personalities of the IRO participants, where they avoided conversations about their responsibilities, inactions, or inabilities to use the power of their professional role. All three researchers considered the interplay of several reasons for this – firstly, that care-experienced people were questioning them, and IROs may not have wished to

appear unable to fulfil their role; secondly, that other IROs were present, making admissions of inadequacy undesirable in front of peers; and finally that it may have been too painful for IROs to admit to themselves that they had not supported children as they might. This emotional burden appeared a heavy one.

Locating failures elsewhere ensured the Embodied Personality was defended. Interestingly, the reflection on this session led to a conversation with the care-experienced researchers, where I painfully acknowledged some of my inadequacies in supporting children and considering why these 'absences' were present.

Barrier Four: Pressure of adult-focused expectations.

A further barrier expressed by IRO participants was that of others expecting adult-focused meetings (see 5.3). Autumn particularly noticed the mismatch of IRO's views around using child-centred approaches being far from the experiences cited by care-experienced participants. We were struck by the discord between IRO participants identifying this but not connecting it to their professional role in challenging adult-focused approaches. It appeared that IROs were working in and adhering to an adult-focused system (see 5.3), feeling unable to challenge this (Embodied Personality) and exercise their professional power (Social Interaction), locating blame with the environment in which they were operating (Social Structure).

It was interesting to see the lack of discussion around IROs' power; instead, further defensive/denial positioning was evident. The IRO conversation centred around barriers from others and avoided discussing the professional responsibility to ensure care plans have considered the child's wishes and views and holding a child-centred meeting; instead, there was a surrendering to the expectations of other adults. The omission of discussion around the power and duties of IROs, given they have a specific remit to ensure children's views are in care plans (DfCSF, 2010), suggested a disenfranchised position on all four Planes. IROs can exercise their professional authority to ensure consultation occurs and reviews are child-focused; there appeared a need for IROs to become 'Corporate Agents' (Archer, 1995), effecting change and transformation in a Plane of Social Structure to promote co-production of reviews. Still, a feeling of helplessness (Embodied Personality) prevented this.

Barrier Five: Challenge.

Developing a structure of relational challenge and constructive dialogue with social workers, team managers and senior managers (including at the director level) has been seen as the most effective way for IROs to support social work practice (Beckett *et al.,* 2014; Dickens *et al.*, 2015). Confrontational methods are seen as obstructive and less effective. Chapman (2002) identifies that when leadership has

a stance where they believe they know best, there is a deficiency of learning, with agencies moving back and forth from learning to presuming. Chapman describes this as agencies having 'learning difficulties'. The IRO session indicated that no structures provided helpful feedback loops and constructive discussion, including at the senior levels.

7.4 What opportunities are present for IROs to build experiences of agency for care-experienced young people?

Giving choice.

Despite the barriers for IROs, data analysis suggested they could be instrumental in building agency experiences for young people. Care-experience participants were clear that the first step was ensuring consultation on the location, timing, participation, and agenda of reviews, given the current description of a lack of agency:

'I don't get a choice about any of it.'

(Jacob, in-care participant)

Taking time to consider if a child has been adequately consulted around the review, including when, where, who and what is to be spoken about, should be part of an IRO's preparation (DfSCF, 2010). Sadly, the data suggested other demands on time often crowd out this.

Noting that the majority of care-experienced people in this study had private discussions with their IROs, there is an opportunity for IROs to ensure they are more specific in highlighting where children have rights for agency during these pre-review conversations. This has no extra financial or time implications but relies on IROs remembering to be explicit, starting with consultation around the essential preparations for the review. Meaningful, timely discussions between the child and their IRO would resolve issues seen as significant by the child, for example, avoiding reviews during an important school lesson. While we do not know if IROs involved in this study were responsible for the in-care participants, there was a distinct lack of acknowledgement on behalf of IROs around the failure to consult children. Perhaps a lack of professional confidence and limited training around the role contributed to this failure. Some care-experienced participants' responses indicated that a lack of such preparation and consultation negatively impacted their well-being, with expressions suggesting participants experienced anger, frustration, and a sense of no choice or agency.

Consultation must be age-appropriate and repeated as children develop, remembering that consulting children is multifaceted (McDowall, 2016). IROs should be mindful that discussion is a first step to participation, where children are not 'in charge' but active

agents in the review process (McDowall, 2016; Hart, 1997).

Consultation requires more than just being asked; to be meaningful, it should involve dialogue (Tisdall, 2012), with Larkins *et al.* (2014, p.726) reminding us that participation is 'messy, fluid and relational'.

IROs should accept that a child may change views and make mistakes just as adults do; however, the more opportunities children have to practice decision-making, the more competency they will develop (Leeson, 2007). In-care participants said they would make mistakes and wanted IROs to be honest.

Holding in mind and relationship.

At the risk of repetition, although this will not apply to every child, the care-experienced participants wanted meaningful relationships with their IRO. While not usurping the social worker's role, the need for IROs to try to understand individual young people and listen to and advocate for them was necessary; IROs may use their Embodied Personalities and role in Social Structure to act as *interpreters* and *negotiators*. Ensuring in-person visits are made to young people between reviews when agreed upon, would help to build trust and rapport, enabling IROs to become attuned to the emotional life of that young person and building skills of containment when the review is held (Cooper, 2015). With more electronic means of communication

available, a connection can be maintained in multiple ways, although

participants preferred face-to-face before reviews, with other means

being additional. These different methods of communication can

enable a child to know their IRO is holding them in mind, despite not

seeing them face to face; for a child, this may mean they understand

that their IRO is accessible between reviews and is actively thinking of

them, their needs, and well-being. This maintains an emotional link

and builds relationships. There was a clear sense of care-experienced

participants wanting IROs who would stand alongside them to

concentrate on their needs and be able to advocate on their behalf. If

an IRO is a more longstanding staff member, where social workers

have changed, an IRO may have a more established relationship and

be able to gain a young person's actual views. They may then act as a

facilitator and *negotiator* for a young person, as seen in Elizabet's

example. This relies on the IRO in using all relationship elements

outlined by participants (see 5.1), given that the relationship is

fundamental to building co-created approaches (Relational Activism,

2023). IROs have opportunities to use and further develop skills of

emotional containment for children, using their Embodied Personality,

especially within longer-term relationships with children.

Being creative and child-focused.

Rather than limiting reviews to prescribed structures, care-experienced

participants wanted more informal meetings as this would encourage attendance and involvement. Younger care-experienced participants used more concrete examples, such as using food or pets in reviews or keeping meetings time-limited (see 5.3). Some saw the use of creativity would facilitate agency through encouraging participation. Creativity may also provide different ways for children to express their needs and wishes rather than relying on verbal communication. I also wondered if these methods created protective barriers for children, moving the adult focus away from the child and towards an activity. The more tangible ideas expressed by younger participants appeared to be within age-related development. In comparison, older care-experienced participants could express more abstract concepts, such as the importance of becoming an ally, containing emotion, or forging an emotional connection. Older care-experienced participants also wanted IROs to act as *negotiators*, speaking with other adults to move care plans forward. There is an opportunity for IROs to develop their own flexible, child-centred practice, concentrating on the needs of the children rather than the adults, with co-creation being at the centre of this approach.

Modelling and promoting good practice.

As independent from social work teams, their level within local authorities, and being experienced social workers, IROs have a unique

standing from which they can negotiate; care-experienced participants were aware of this, understanding the IRO holds a more senior role to a social worker. Given this position, IROs have an opportunity to model and develop practice for social workers, for example, by insisting on consultation or crafting how the review is held. There is an opportunity for IROs to inhabit their professional role in the Social Structure, where they can model and encourage younger social workers to experiment and develop their forms of co-creation. The IRO participants repeatedly expressed child-centred aims and demonstrated skills, values, and approaches (Stratification of Embodied Personality), which might place them in an ideal situation to promote consultation. I hypothesise that training IROs in co-production techniques would also enable the service to demonstrate partnership with children. Not only is this likely to promote good practice, but it could potentially decrease experiences of powerlessness and promote a sense of inclusion for children in care.

Summary.

While there appeared to be variability in how IROs carried out their role within the Social Structure, with adult-focused approaches dominating, there were examples of IROs using their Embodied Personality to ensure children's views were heard. IROs were often able to create

safe spaces to ensure children could express their emotions in a contained way.

All participants' responses indicated a lack of ideas around the co-creation of care plans, with ideas limited to care-experienced participants seeing their plans. While social workers may base care plans on discussions with children, there was no sense of children seeing them as meaningful documents for their own lives. There appeared to be a disconnect between agentic involvement and the written forms, despite it being an IRO's role to ensure the care plan is built on the child's views.

IROs seemed unable to acknowledge, in front of care-experienced researchers, an IRO researcher and their colleagues, their role in challenging the adult-focused approaches they identified. Instead, they located the reasons for the lack of involvement in the extra prescriptions from senior managers. Care-experienced participants identified opportunities and experiences where IROs were described as *facilitators*, *allies*, *interpreters* and *negotiators.*

Chapter Eight: 'Bringing it together.' Final comments and recommendations.

'I think it's just about you need to be child-focused, but how can you be child-focused when the general consensus is it's not child-focused anymore? It's just that I'm actually gobsmacked, I can't believe it.'

(Luna, care-experienced adult participant)

The four Planes of Social Functioning proposed by Bhaskar (2014), provide an interactive and changing experience for children in care and IROs alike. Bhaskar (2008b) believed there are opportunities for positive change – a 'Pulse of Freedom'- through dialogue, action, and advocacy. He suggested social movements should understand the social structures and mechanisms at play on the four Planes and then offer alternatives with theory and practice working together. Bhaskar (2014) noted, 'while we don't create society, we do reproduce or transform it'. A Critical Realist approach recognises that care-experienced people, IROs and Local Authorities can use conscious action to change practice to benefit children in the care system positively. Professional doctorates offer the opportunity to consider aspects of professional practice, encouraging positive change. This chapter presents an overview of the findings of this participatory study, reflecting on the four Planes of Social Functioning; it considers how IROs might work collaboratively with children in care, navigating

systems to enable increased experiences of agency and forging child-centred spaces. Drawing on the data from this study, considerations for children in care, government, Local Authorities and IROs are presented in bullet point form at the end of each section.

Previous studies have focused on the processes and positioning around the IRO role; this research sought to add to knowledge by examining how IROs might assist children in care, mitigating some of the negative experiences in a system where they have little control. The study considers the role the IRO has in supporting the emotional well-being of children in care, concluding that IROs can practice, model, and promote relational consultation; it encourages IROs to use this foundation to move to a system of co-production.

8.1 Messages for children.

Care-experienced participants expressed the importance of relationship, choice, and child-focused approaches. Children will have different ideas about building this relationship, but IROs must ensure approaches that work for each child, i.e. co-creating the relationship. An IRO should build these relationships alongside the allocated social worker (DfCSF, 2010).

Consultation.

Young care-experienced people need to be made aware that they

should be involved in developing the agenda, the timings, the location, and attendance at reviews and that their social worker and IRO need to make sure they are asked about these matters. While IROs are required to cover specific subjects, including the overall care plan, there remains flexibility around how this is done. The IRO Handbook (DfCSF, 2010) states that reviews should be child-focused, therefore, they need to be run in a way which works for each child; co-creation with young people would enable this to occur.

Young people need to be informed and reminded of the different strands of the IRO role; for example, their IRO can be contacted between reviews and can assist them in following up review decisions, with complaints, or compliments (DfCSF, 2010).

Messages for children:

- Your IRO should contact you; you can contact them.

- Your IRO and social worker should ask you about where and when your reviews are held, what is spoken about and who attends. Your IRO needs to know if your views are part of your care plan.

- Your review should be run in a way that works for you. Talk to your social worker and IRO about how you want this done.

- Your IRO can help you if you have complaints or compliments;

you can get in touch between reviews to ask them to help.

8.2 Considerations for government.

Care-experienced participants did feel that adults listened to their

voices in care reviews; however, it was evident that they are not

afforded the level of agency which has been determined by statutory

requirements such as the IRO Handbook (DfCSF, 2010) and the Care

Planning Regulations (DfE, 2015) which form part of the Social

Structure. The participants voiced their experiences of lack of choice

and their desire for it. In addition, care-experienced participants were

unaware of their rights in this respect, for example, not being aware

they could contact their IRO between reviews if they needed support; it

might be pertinent to suggest that professional adults around them had

not communicated children's rights effectively, which in turn curtailed

their access to agency. The reasons for this may be multifaceted and

situated within aspects of all four of CR's Planes. Regarding Material

Transaction with Nature, society and Local Authorities are located in a

position of lack of resources, with many authorities having budgets that

don't cover outgoings, and looking to cut costs. Set on the Planes of

Social Interaction and Structure, the impact of the broader political

landscape (5.5) and the shaping of social work cannot be ignored

when considering the barriers faced by IROs. The effects of the

austerity policy continue to mould society and day-to-day social work

practice (Arrieta, 2022). Given the well-documented link between increasing poverty leading to higher levels of social work involvement, a cycle has developed into a 'cultural norm' (Plane of Social Interaction), where services are stretched, leaving families less supported, resulting in increased need and demand (Bywaters *et al.*, 2022). As a result, governments and Local Authorities develop policies and prescriptions in the Plane of Social Structure to manage needs, it may be that some of these needs have arisen due to previous policies. The culture subsequently becomes one of reduced choices with a focus on adult perspectives, evident in the descriptions of adult-focused meetings and approaches by care-experienced participants. It should be noted that the IRO Handbook was published in March 2010, two months before the Conservative Government came to power and implemented a strict austerity policy. It was written at a time when there were different cultural interactions with a political party with other expectations and underlying assumptions. As a result, it is unsurprising that the policy does not match the current working environment.

Supporting policy.

IROs are situated in conditions with high workloads and defensive structures which use prescriptions to manage organisational and societal anxieties (Plane of Social Interaction). These environments also impact social workers, which may partly explain the high staff

turnover. Allocations did not appear reduced where IROs worked with children with disabilities, were placed outside of their district or county, or where IROs undertook other duties (DfCSF, 2010). In addition, it may be that children with limited English language, such as asylum-seeking young people, may be considered as requiring extra IRO time. There is some sadness and frustration that this new research suggests little has changed in the last decade for the IRO role when young people are reporting similar experiences around their agency to that seen in the work of Jelicic *et al.* (2013), Dickens *et al.* (2015) and Beckett *et al.* (2016). The IRO Handbook (DfCSF, 2010) appears not fully applied despite setting out statutory guidance. There seem to be few implications if the IRO Handbook is not followed. Therefore, it is recommended that the new Labour government consider how adherence might be examined without resulting in increased anxiety.

Promoting relationships

Care-experienced participants believed relationship is key, including the relationship with their IRO. This is repeated in children's voices, including those in the Care Review (MacAlister, 2022) and children's responses to the Care Review (Selwyn & Briheim-Crookall, 2022). This research adds to these voices. Cooper (2010, p. 243) claimed that 'the threat to relationship-based social work is a political matter'; therefore, if they are willing to listen to care-experienced voices, it is the

government's responsibility to ensure the environment for relationship-based work is enabled. The previous government intended to reshape children's social care; I believe any further work should be co-created with care-experienced people; however, I acknowledge this involves power sharing and might be considered a step too far.

Statutory guidance outlines that full-time IROs should have an allocation of between 50-70 young people, suggesting reductions if young people have disabilities, taking into account travelling distances and reducing allocations if other tasks are undertaken (DfCSF, 2010), this is not the experience within many Local Authorities. Consideration should be given to exploring how best to support Local Authorities to adhere to the guidance put in place. Although no young people with limited English language skills were included in this study, it is reasonable to suggest that supporting a child in this situation may require extra time from an IRO (e.g. with asylum-seeking children). It is acknowledged that this may come with some funding implications in a time of fiscal restraint.

Annual reports.

Given that within each IRO service, there is a requirement to produce an annual report (DfSCF, 2010) considering areas of impact, the government would do well to commission research to look at these

statements. These documents would assist in identifying themes of where the IRO service makes a difference for children and where there are limitations. This data would provide a rich source of information about the services of different Local Authorities and an overall picture in England.

Information for children.

The *Independent Reviewing Officers' Handbook: Young People's Guide* (DfE, 2011) helps provide an outline for young people to understand the role of an IRO. However, the guide consists of 15 pages of writing with no illustrations, which is off-putting for some young people. If the government completes a review, commissioning an updated version, written *for* care-experienced people *by* care-experienced people, would be helpful. This would inform young people of how they can exercise agency. This research did not include the voices of care-experienced people with significant learning needs or those with limited English language; however, appropriate alternative guides would be important to develop (Cabinet Office, 2021).

Location of services.

Given the messages from this research, focusing on relationship-based approaches, it would be prudent for IROs to be situated within Local Authority buildings, preferably near social work teams.

Encouraging relationship-based, collaborative approaches are more likely to be effective in this situation, providing a higher level of challenge and offering better outcomes for children (Dickens *et al.*, 2014). The research did not identify if the IRO service should remain within Local Authority services or be outsourced; however, the need to monitor the progress of the care plan may suggest the need for access to personnel and to the children's files.

Considerations for government:

- Use any review to ensure IROs can build meaningful relationships with children so that reviews are child-centred, considering how co-production can be embedded.

- Consider how the IRO Handbook statutory guidance can be effectively employed, including ensuring levels of allocations are adhered to. In addition, consider lowering allocation numbers where children have limited English language, such as asylum-seeking young people.

- Update the Independent Reviewing Officers' handbook: young people's guide, preferably written by care-experienced people.

- Commission research to consider the annual reports from IRO services to identify where the service impacts and noting limitations.

- Given that research suggests that a relationship-based challenge

is more effective, place IROs within the local authority offices.

8.3 Considerations for Local Authorities.

Reviewing process:

The wider environment, including Ofsted inspection and social

anxiety around risk and children, leads Local Authorities to devise

processes to manage fears and worry. This study suggests Local

Authority prescriptions on how to conduct the role, requirements of

extra tasks, and lack of funding could negatively influence the ability

of IRO services. Some of these processes were presented as

curtailing the ability of IROs to follow statutory guidance. In effect,

Local Authorities can choose how 'independent' IROs might be by

prescribing how the work is executed and crafting the environment in

which the work is set. IROs felt constrained by Local Authority

requirements, which they saw as going beyond the remit of statutory

guidance or which were prescriptive in how the role was

implemented; they described this as not facilitating relationships with

children or enabling genuine participation.

The IRO Handbook clearly states that 'The review is the child's

meeting' (DfCSF, 2010, p.20) and outlines how reviews should be

child-centred and the remit of consultation. Ensuring IROs can

complete key statutory tasks without adding extra prescriptions would

support children's being at the centre of the care review process.

Co-production.

Designing systems and forms *with,* rather than *for,* a range of care-experienced people would help ensure child-focused reviews (SCIE, 2006; Dixon, Ward & Blower, 2019). At the same time, this may require additional training for IROs, social workers and managers, foster carers, and others, hopefully delivered *by* or *with* care-experienced people.

Relational systems.

This study indicated a system where challenge was not relational and not always responded to effectively. Given the example from Jelicic *et al.* (2013), where a relational system had been established and embedded from the Director down, a positive process can be established with constructive, regular, and helpful communication channels. Relational challenge and constructive dialogue with social workers, team managers and senior managers (including at Director level) are more likely to be effective (Beckett *et al.,* 2014; Dickens *et al.*, 2015). Confrontational methods can be experienced as obstructive and less effective. Local Authorities who wish to develop an effective IRO service might do well to put in structures that provide helpful feedback loops and constructive discussion, including at the most senior levels. We might also consider that children benefit from seeing

parents cooperate and resolve issues positively; as corporate parents, surely it would benefit children to see Local Authorities modelling this in their behaviours and processes?

Funding for child-centred reviews.

Within tight Local Authority budgets, allowing money to be spent on creative care reviews may not be seen as a top priority; however, the voices from this research would suggest that it may have positive consequences for enabling care-experienced children to be more involved in their reviews, and so potentially have increased wellbeing and sense of agency. As pointed out by one IRO, sometimes issues seen as 'small' and unimportant by the adults may be considered significant for a child.

Recommendations for Local Authorities:

- Review processes to ensure they comply with the IRO Handbook.

- Design systems *with* care-experienced people. Ensure Care Plans and Pathway Plans are accessible to young people and ensure young people are meaningfully consulted, subsequently having sight of plans when written. Build in training around co-production.

- Design systems based on relational challenges.

- Consider a small fund which can be available to IROs to enable more engaging, creative reviews, shaping reviews to be more child-focused.

8.4 Considerations for IROs.

Relational practice and skill.

Interwoven in Social Functioning is the Plane of Stratification of Embodied Personality, where the individual character, behaviour, skills, value base, and psychological functioning, impact how the IRO role is performed. This research indicated that IROs can use some of these in a positive way to support young people, given that participants expressed examples of IROs providing secure areas to express complex emotions. Participants valued connection in a child-defined and honest way, and where IROs listened, relationships were identified as key.

Each Plane responds to, and is linked with, the other Planes, an example of this was relationships: where there needs to be a culture of spending time with children (Social Interaction), systems which enable time to be spent (Social Structure), personal abilities to forge connections (Stratification of Embodied Personality) and which may be promoted by engaging in funded activities (Material Transaction). The whole system, therefore, interacts and is impacted by each Plane. IROs need to build relationships with young people based on the

needs and preferences of each individual. The need for IROs to try to understand individual young people, listening and advocating for them was important; IROs may act as interpreters and negotiators. Ensuring in-person visits are made to young people between reviews when agreed, would help to build trust and rapport, allowing IROs to be attuned to the emotional life of that young person; this, in turn, would assist in providing a safe emotional environment when the review is held. Other methods of communication in between times can enable a child to know their IRO is keeping them in mind, despite not seeing them face to face.

Consultation and preparation.

Taking time to consider if a child has been appropriately consulted around the review, including when, where, who and what is to be spoken about, should be part of an IRO's preparation (DfSCF, 2010). Sadly, the data suggested other demands on time often crowd this out. Private discussions between children and their IROs provide opportunities for IROs to be more specific in highlighting where children have rights for agency. This requires no extra financial or time implications. IROs may access training in co-production (SCIE, 2022).

Significantly, lack of preparation and consultation of a child may impact negatively on their wellbeing, with Cossar *et al.* (2011) also considering that mismanagement of reviews may cause distress to children and be

harmful. While this was not seen in this study, IROs might consider how good preparation enables a child-focused review. Schofield and Thoburn (1996) suggested preparation involving advocates, skilful chairing, respectful approaches, and facilitating debriefing time, which all contribute to a positive review. Spending time to co-create the review, if a young person is willing, will assist in promoting agency for care-experienced people.

Consultation needs to be age-appropriate, multifaceted and repeated as children develop. IROs should be mindful that consultation is the first step to participation. Consultation requires more than just being asked; it should involve dialogue to be meaningful. In-care participants clearly said they would make mistakes and wanted IROs to be honest about this.

Professional authority.

Also seen on the Plane of Embodied Personality was a defensive positioning of IROs, locating difficulties elsewhere and avoiding consideration of their inability to use the power invested in the role. This defensive positioning indicated some inability to fulfil their prescribed role (Social Interaction and Structure). IROs demonstrated awareness of the need to work with children promoting agency, but structural demands and the expectations of others to be adult-focused

appeared to curtail the ability of IROs to assert their power and ensure child-focused approaches were employed. As a result, problems were located elsewhere. In effect, where IROs' actions did not align with intentions, an adult-centred system was reproduced rather than transformed - the Embodied Personality wrestled with wishes to promote agency and co-production whilst containing anxieties around completing tasks, managing others' expectations, and meeting employer's requirements. However, IROs can exercise their professional authority to ensure consultation occurs, and reviews are child-focused.

Modelling.

IROs have a role to quality-assure care plans and ensure children's views are embedded. IROs may model consultation and co-production in how they approach and conduct reviews, as well as how they write minutes. All these points sit squarely within the remit of the IRO Handbook; however, IROs need to work in an environment where they have the skills, time and support to ensure these requirements are fully followed.

Recommendations for IROs:

- Ensure children are consulted with a meaningful, intentional dialogue about when and where reviews are held, who attends,

and how it is conducted - co-create your reviews where possible.

- Work towards visiting children in person at least once in between reviews. Where a young person is agreeable, use other communication methods such as calls and texts as appropriate in between reviews. Use relational skills, tuning in to the emotional needs of children, interpreting and negotiating for them when needed.

- Take time to explain your role to a young person, explain what you do outside of a review meeting, and explain repeatedly as the child develops.

- Develop and use professional authority to model child centred meetings and review plans.

- Be 'honest'! Acknowledge where a child has not done well, then think about how to support them to move on.

8.5 Final comments.

Building child-centred systems.

Care-experienced participants continued to view social care processes as adult-focused rather than child-centred or co-created. However, the thematic analysis revealed no evidence of children wanting to be 'in charge'; instead, they wanted meaningful participation in decisions and discussions around their lives. This requires the sharing of adult power

rather than the wholesale devolution of control to children.

Throughout the duration of this study, I have seen examples where IROs have used baking, trips to activity centres, crafts, participating in a shared goal-focused activity, and more to build relationships and enable children to 'speak' in different ways. While child-centred approaches vary, sharing power with young people to co-create relationships with IROs and the review process provides a way forward to address some of the powerlessness experienced by children in care.

This research highlighted the juxtaposition between a bureaucratic and a child-centred service, with an absence of children co-creating systems and plans for their lives. For the care-experienced researchers, the emotional and lived experience of a bureaucratic system was hugely significant and seen as a failure of practice, coming as it often did, on top of trauma from within family settings. Interestingly, a sense of this was presented in the IROs session. However, we should note that while professionals and academics may talk and write about these issues, care-experienced people live them. The care-experienced researchers particularly noted these systems' impact on their sense of powerlessness and emotional well-being. This was seen as an underlying truth; it highlighted how vital IROs are to

shape their practice, ensuring children know their rights and guaranteeing meaningful consultation. Given the potential for childhood experiences to have lifelong implications for children, a move towards co-creation was identified to increase children's emotional well-being. Interestingly, this research identified care-experienced participants describing adult-focused systems, but there was recognition that IROs often facilitated arenas where they could speak. The IRO role plays its part within this Social Structure and is seen as such by children and their families, IROs, Local Authorities and partners alike.

Opportunities within the IRO role.

The voices of care-experienced people and IROs alike suggested that there is potential for IROs to be more impactful in the lives of young people. Central to the messages of this qualitative study was that where IROs can use relationship-based approaches, offering genuine choice and informing young people of their rights, the opportunity to be child-focused occurred. Contrary to the findings of Minnis and Walker (2012), participants felt heard in their care reviews; this sense of agency might be boosted by further consultation and planning of reviews with young people.

IROs are often longer-term professionals for children, despite the lower

frequency of contact with them, which may enable a deeper

understanding of a child's needs and personality and provide the

opportunity to assist in embedding opportunities for agency. IROs may

act as 'Corporate Agents', accessing appropriate resources to

facilitate, organise and involve others in action (Archer, 1995),

demanding young people their rights and responsibilities for example

ensuring their involvement in the setting up and agenda of reviews,

 and offering child-focused reviews. They can act as a voice of

advocacy in a Local Authority system at a high level whilst challenging

or supporting social workers on a day-to-day basis – they can be

facilitators, allies, interpreters and negotiators alongside children,

ensuring a child-centred approach (Chapter Six).

And finally…

There have been no recent studies around the role of the IRO despite

the political discussion considering its removal. This study, therefore,

brings timely data to the conversation, with new evidence suggesting

an effective IRO service would be possible if the necessities of the IRO

Handbook were followed. Further, if IROs move beyond the

requirements of the Handbook to co-creation rather than consultation,

experiences of participation for care-experienced people might help to

mitigate feelings of powerlessness. Given that this is qualitative research focusing on children's agency, there is scope to examine further how IRO services are effective, or need changing, by reviewing the annual reports written by each Local Authority. This may enable a comprehensive view if the government do re-examine the role.

Issues of Material Transactions with Nature, including biology, nature, and poverty, cannot be removed from social functioning. IROs also operate within cultural expectations; however, these may clash with children and workers coming from different backgrounds, especially given issues of gender, class, ethnicity, disability, spirituality, and so on. Building relationships helps to mitigate these Social Interactional rules and understandings, breaking down barriers and creating more meaningful dialogue. The importance of relationships for children in care is well established (Pert *et al*., 2014); however, this research highlights the significance of child-IRO interactions.

Given the variation of IRO practice (Jelicic *et al.,* 2013; Dickens *et al*., 2015; Diaz, 2018; as well as within this study), each IRO must develop expertise within their Embodied Personality, to ensure young people in care can feel secure. The IRO must contain their own emotional states and those of children, families, and other professionals.

This participatory study identified that IROs and care reviews were seen as valuable by the care-experienced researchers and participants. IROs have the potential to make a difference in children's experiences in the care system, promoting feelings of worth by enhancing agency. CR suggests individuals can choose to use their position for the advantage of children (Larkins, 2019), so although children are not 'in charge', there is significant scope for IROs to ensure meaningful involvement by safeguarding choice in terms of care reviews, notifying children of their rights, and encouraging social workers to share care plans with children – all points raised by participants in this study. This requires IROs to use the power invested in their role (Plane of Social Structure), however, the Government and Local Authorities need to provide an environment enabling this, and IROs must be active agents in facilitating consultation and co-creation. IROs could be enabled to move beyond rhetoric and cursory inclusion of voices towards meaningful consultation and ultimately to co-production.

Care-experienced participants did not want to be 'in charge' but wanted IROs to go beyond tick box tokenism, valuing meaningful dialogue. Standing alongside care-experienced people, sharing power

and listening to their words may enable IROs to become Corporate

Agents, facilitating change whilst holding in mind the advice of

Elizabet:

'You should pay more attention to young people, listen more, and help a person out as much as you can. And you stand alongside the young person until they leave.'

(Elizabet, care-experienced adult participant)

Glossary:

Key Critical Realism terms used in this thesis.

Planes	Four levels in which all social interactions operate
Material Transition with Nature	The impact of nature and biology (e.g. environment, war, poverty) on our social interactions.
Social Interaction	How individuals interact with each other, including class, cultural, language, wealth, social position etc
Social Structure	How we interact in the systems about us including economic policies, how we put in a system of 'care' for children who cannot live with their families, government, Local Authorities etc.
Embodied Personality	How our individual make up effects our interactions with others, for example personality, addiction, emotional state etc.
Corporate agents	Individuals or groups who are able to find resources to facilitate change. These resources may be financial, positions of power, use of collective voice or action etc.
Finding absences	Identifying what is missing in order for human beings to grow
Empirical	What we can see and witness ourselves (for example poverty)
Actual	Things that happen whether we see them or not (for example class)
Causal	Mechanisms which we do not see, or may not recognise, but impact and create events, these could be physical, social, psychological, conceptual etc. (An example of a recognised mechanism may be global warming).
Agency	The understanding that all have the capacity to influence and change social growth, although this is impacted by all four planes, and is sometimes curtailed by the individual's position in them.

Appendices.

Appendix One: Further work.

To promote the voices of care-experienced people, a plan is in place to produce a young person's version of this research, supported by a grant from BASW. This will involve gathering a group of care-experienced individuals to put together a youth version using their creativity and language. Permission has been granted from the Local Authority to allow a group of care-experienced people to produce this guide. Hopefully, this can be circulated as a tool to promote agency for young people in care, raising their awareness of how IROs can support them.

The questions posed to care-experienced people within this study, have subsequently been used by the 'Voice of the Child' workstream for the National IRO Managers Partnership (NIROMP), a national group comprising of IROs and Managers. A questionnaire format was used and sent to NIROMP members with 55 children replying from at least 4 different local authorities. Responses indicated a varying picture although numerous comments were made around the IRO being seen as someone who could enable children's voices to be heard. The responses also echoed the findings of this research.

Appendix Two: Literature review process.

Literature identification:

Initially, I used Google Scholar to identify available literature through free access or abstract descriptions. Articles and abstracts were considered. This process occurred across the four years of the doctoral course, as I was interested in this subject from the outset. The outline below is based on the searches completed in the last year. A learning point was that I should have kept a database of articles considered to avoid repetition of reading only to discard on the basis that the literature did not explore the IRO role. Some literature was read/podcasts listened to, which did not meet the criteria but were helpful for background information – for example, concerning child protection rather than children in care.

In addition, searches were conducted of library databases (Tavistock and Portman; Essex University; The Open University) and EBSCOhost, JSTOR and SocINDEX.

Sites such as Research In Practice (https://www.researchinpractice.org.uk/), for which I have a subscription through my employment, Ethical Research Involving Children (https://childethics.com/), The Centre for Children and Young People's Participation and Stories to Connect (https://stories2connect.org/) and the children's Research Centre (https://wels.open.ac.uk/research/childrens-research-centre) were also explored.

Regarding considering agency and practice around working with children, I also considered my own social work books (around 200). I was able to purchase some publications specifically for this research thanks to a small grant.

Colleagues who work within the IRO and academic fields were also approached for suggestions, either directly via email or by asking for suggestions through LinkedIn.

Once identified, each article and abstract was screened for inclusion.

Inclusion criteria:

- Concerning children in England.
- Written in English.

- Focus on 2011- 2023 for IRO-specific literature (the initial date was chosen to allow for the implementation of the IRO handbook in 2010).
- Focus on children who are care-experienced rather than involved in other areas of social work (although used for background reading)
- Focus on children of secondary school age and above (although background reading included that around younger children).

Once the key articles were identified, their bibliographies were examined for further appropriate resources, and other articles written by the authors were explored.

Results for article search for IROs:

Term	Results	Excluded	Inclusion
'Independent Reviewing Officers'.	Articles considered: 349	Articles - describing the role, - those focusing on child protection, education, crime, law, - those describing original research with no extra content, - considering Wales or Scotland, - not written in English. - where IROs were included in a list of professionals or their role was purely described.	Articles - considering IROs in England, - that were available for peer review, - publicly available thesis which included methodology.
'LAC reviews' 'Looked After Reviews' 'England'	166 (plus those above)	Articles - only describing process, - focusing on education, health, - from Wales or Scotland, - where IROs were not mentioned.	Articles - recording children's views, - where the IRO role was discussed

Appendix Three: Recruitment fliers.

Recruitment flier for research group:

Aged 16-25?
Are you the sort of person who likes to ask questions
Want something to add to your CV?

Looking for a small group of care experienced people who would be interested in designing and carrying out a piece of research.

Topic: how can IROs support young people to feel heard and involved in their care plan

What?

We will decide HOW to research together, carry it out and, if you like writing, we might to publish some articles.

When?

We plan to meet in October to decide how to carry out the research.

And...

Although this is unpaid, there are lots of other benefits potentially: learning how to research, develop team working skills, publishing, building your confidence, having yo voice heard etc. Hopefully, this study will help make a difference for people in care.

No experience needed.

Xxx Council and Essex University have approved the first step of this project.

It is part of my own studies I'm a student AND an IRO.

For more information or if you have questions, please get in touch straight away.

Bec Buss email xxxxx@essex.ac.uk mobile: xxxxxxx

(Sorry- if I'm your IRO I am not allowed to include you at this stage)

Recruitment flier for care-experienced participants:

Are you in care and 12 – 18?

We would love to know your views:
- how can we make CWCF meetings better?
- how IROs can help you to feel you have the right say in your life?

Afterwards, there will be pizza and bowling!

When?
- Tuesday 14th Feb, 10.30am – 3pm in xxxxxx.

Interested? Email **Bec Buss** xxxx or text xxxxx for more details.

The research group is made up of care experienced people and an IRO.

Really sorry, if Bec Buss is your IRO, we can't include you in the research ☹
This is part of research agreed by the Tavistock and Portman education and xxxxx panel.

10 spaces only!

Have your say!

- Care experienced?
- Aged 17-24?
- Been to your reviews when in care?

We are looking for 6 people to talk to about
- care reviews
- how IROs can help young people have more of a say in plans made about them.

This group discussion would be for 1 hour on TEAMS on Wednesday 5th April, 7-8pm.

This is research designed and carried out by care experienced people and an IRO. Contact Bec Buss on rb19832@essex.ac.uk or text/WhatsApp xxxxxxx for more information.

Appendix Four: Detailed information and consent forms.

Consent/information form for care-experienced researchers.

Information for Co-Researchers.

What is the research?

As an IRO, I know that young people in care do not always feel part of their care planning and can find care reviews very difficult. This research explores how IROs can make the review a meeting that works better for young people in care and feel they are part of building their own care plans. To do this, it would be great to have a group of up to 10 Co-Researchers to work with me. Co-Researchers will be aged 16-24, care-experienced young people, hopefully from different experiences and backgrounds. We will try to organise sessions at times when the majority of the group is available.

We will research other young people who are care-experienced and IROs.

The aim is to put together some guidelines for IROs based on our findings so young people can help IROs understand how they can best run care reviews for young people.

What will this involve?

The Co-Research Group will:

1. have research preparation sessions where we will look at different types of research.
2. decide *how* we will carry out this research, for example, questionnaires, groups, interviews etc.
3. be involved in carrying out the research: how often will depend on what we decide
4. attend the planning, reviewing and general catch-up sessions, likely to be once a month.
5. be involved in analysing the research.
6. be involved in writing articles to be published about the research (optional).

Why should you join?

Being part of the group, you should learn about research and gain experience in how to carry it out. It is likely you will develop your skills in group work, expressing yourself, leadership and analysing what we find. If you choose to, I hope we can write some articles together to publish our findings. All of these are skills which are helpful to add to your CV for a job or an application for study.

Support:

It is really important that you are supported throughout this process so we will meet regularly as a group and also after each research session with Participants. Just in case there are times when

you need extra support, you are required to give the name of an adult who can be contacted (preferably with you present) who might be there for you. I will make 3 copies of this form – one for you, one for me and one for your support person. Your social worker or Leaving Care PA will be notified that you are part of this study.

Who will be in the group?

10   '

chosen, I really hope you will participate in the research itself). All Co-Researchers will have experience of being in the care of XXXX Council. The Co-Research Group will research young people in care and IROs.

'   – there are strict ethical rules I need to follow. This does not mean your views are unimportant, and as your IRO, I always want to hear them – just in a different way.

It is likely sessions will be held in XXXXX so the ability to travel there is important. I cannot pay you for your time but have funds for some pre-agreed travel costs.

Why am I doing this?

I am an IRO for XXXX Council who loves working with young people of secondary school age and above. I have seen how some young people struggle with their reviews and with feeling heard in the plans made for them. Because of this, I decided to study for a doctorate and to see if research could think about how IROs might work in a way to make reviews better for young people. The doctorate is being completed at the Tavistock and Portman Trust.
If the research is looking at how to make your voices heard, what better way than to get a group of young people to research with me.

Your information.

Confidentiality is important – that includes the confidentiality of the Co-Research Group and your social worker/Leaving Care PA/carer or other IROs without your consent. You would be expected to keep information confidential too.

A few other bits of information:

Being a Co-Researcher will not affect any support or the way the IRO team work with you.

All data will be kept confidentially – you can check this out here (link to data confidentiality)

If you have any worries about how I am researching, you can contact the Head of Governance at the Tavistock by emailing: xxx@tavi-port.nhs.uk

Setting up this group has been agreed through The Tavistock and University of Essex Ethics panel and xxxxx Council.

While there are no guarantees that there will be changes in the way care reviews are held as a result of this research, we can try to have an impact and help increase research into how best young people in care can have their voices heard!

If you have any questions, you can contact me on xxxxx@essex.ac.uk – I am happy to talk this through with you.

I hope you can join me in this exciting research!

Bec Buss

Consent form: Co-Researcher Group.

Project: 'Children in Charge? How might IROs navigate the demands of the professional role to improve agency for young people in care planning?'

Consent to take part in the research group.

I .... group.

- I understand that even if I agree to participate now, I can leave at any time (although it is unlikely you will be able to rejoin the group – we can talk about it!).
- I have had the purpose of the group explained to me in writing and I have had the opportunity to ask questions.
- I understand that participation involves being part of a group of care-experienced young people who will, alongside Bec Buss, work on developing the research, carry out the research and look at what we can learn from the research. There may be opportunities to co-write articles.
- I understand that I will not benefit directly from participating in this group.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report, my identity will remain anonymous unless 1) if I am under 18, I choose to put my name to the group and this has been agreed by someone with parental responsibility, or 2) if over 18, I choose to use my name.
- I understand and agree, that I will respect the confidentiality of others in the research group and the research participants.
- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- Data will be kept for up to 10 years after the exam board in a secure location. My personal data will only be used for the purposes of running the group and can be removed at my request if I leave the group.
- I understand that I can see any information which has been kept under freedom of information legislation.
- I have read the information provided on the other side of this form.

Signature of Co-Research Group member: Date:

Signature of researcher: Date:

I believe the Co-Researcher is giving informed consent to participate in this study:

Name of support individual: ……………………………………………. Tel: ……………………………………….

Name of social worker/Leaving care PA: …………………………………………………………………………..

This research is being carried out as part of a doctoral thesis for Bec Buss, through the Tavistock and Portman. The Research Supervisor is Dr Sylvia Smith who can be contacted via Tavistock and Portman, Tavistock Centre, 120, Belsize Lane, London, NW3 5BA, email: xxxx@tavi-port.nhs.uk. Formal approval from TREC was received on 17/12/2021, and approval from XXXX Council was received on: 25.7.22

Co-Research Group contract.

XXXX Council's advice is that we agree a contract to outline what is expected from you as a Co-Researcher. Please read the below and sign if you are willing to stick to this agreement.

- I agree that I will respect the confidentiality of others in the research group – this means that I will not discuss anything about the Co-Researchers or what they have said, outside of the research group (with the exception of safeguarding).

- I agree that I will respect the confidentiality of the research participants – this means that I will not discuss anything about the participants or what they have said, outside of the research group (with the exception of safeguarding).

- I agree to inform Bec Buss if I, or someone else involved in the project, is at risk of harm during this research project - this may have to be reported to the relevant authorities.

- I will do my best to attend each session agreed upon and to be on time, if there are reasons for not being able to make it or if I will be late, I will let Bec know as soon as possible.

- If I start the project but cannot continue, I will discuss this with Bec.

- I understand that I am representing care-experienced people who are or have been in the care of XXXXX Council and also the Co-Research group, so I agree to behave in a way which will not discredit them.

- I agree to treat other Co-Researchers and all Participants with respect, allowing for differences of views, not using personal comments and listening to others.

- I agree to give my expertise as a care-experienced person and use this to help the research.

Signature:

Name (in print):

Date:

Care-experienced participant: detailed information and consent form.

**Are you in care or care experienced?
Are you in school year 7 and above, or a recent care leaver?
Like to give your views about Children We Care For Reviews and work out how they might be better?**

We are looking for care-experienced young people's thoughts about what might make care reviews more effective in involving you in the plans made for you. Would you be willing to help us?

How are we doing this?

We have formed a small research group which is made up of care-experienced young people who have received training around research and Bec Buss, an IRO. The research group has decided the ways we will find out more – the research methods. We can't promise that your views will make a change to how your care reviews are run (although we hope it will!) but we can help to make your voice and ideas heard.

The research group will also be asking IROs about the way they run reviews and make sure your views are heard.

What will be involved?

We will be running the research in the morning where we will ask you to talk about reviews and join in some activities to help us understand your experiences and what you think might make reviews better. As a thank you, after the research, we have booked bowling at the XXXXXX.

What you need to know:

As a person who is/has recently been in care, it is important for you to know that what you say will be held in confidence. While your words and thoughts may be included in the research, this will be done **anonymously**. Your IRO and social worker will not know these are from you. While we will keep your information confidential if we are worried about harm to yourself or someone else, we will need to speak to the appropriate people to keep you safe, we will try to talk to you about this first.

There is no pressure for you to join this research – you should do so only if you are happy to. You can stop at any time. Once you have given us your views, you have two weeks where you can ask Bec Buss to remove them from the research; all comments will be recorded anonymously but if we can identify your views and comments, these will be removed.

For all Participants, we require you to give the name of someone who can give you support if the conversations bring up difficult feelings for you. Once completed, we will copy this form 3 times – one for you, one for us and one for your support person. For those under 18 consent is needed from a person with Parental Responsibility and your social worker is notified that you are taking part. For those over 18's please include your Leaving Care PA's details if you wish them to be notified.

All information will be kept in a secure location, personal details will be kept to data protection laws. You can see more about the [Trusts](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/): https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/

If you have any concerns about the conduct of Bec Buss, or any other aspect of this research project, you should contact the Head of Academic Governance and Quality Assurance by emailing: xxxxxx@tavi-port.nhs.uk.

This research is being carried out as part of a doctoral thesis for Bec Buss, through the Tavistock and Portman. The Research Supervisor is Dr Sylvia Smith who can be contacted via Tavistock and Portman, Tavistock Centre, 120, Belsize Lane, London, NW3 5BA, email: xxxxxx@tavi-port.nhs.uk. Formal approval from TREC was received on DATE, approval from XXXXXX Council was received on: DATE

Many thanks!

The Co-Research Group.

Consent form:

'Children in Charge? How might IROs navigate the demands of the professional role to improve agency for young people in care planning?'

Consent to take part in research

………………………………………

- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use my data within **two weeks** after the focus group, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the
- opportunity to ask questions about the study.
- I understand that I will not benefit directly from participating in this research.
- I agree to my participation being audio-recorded (in the focus groups).
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research, my identity will remain anonymous. This will be done by changing my name and disguising any details which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts of my comments may be quoted in the final thesis and any conference presentation, published papers etc
- I understand that if I inform one of the research group that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms, any transcripts of the original audio recordings and any data will be retained in a secure location for up to 10 years after the exam board confirms the results.
- I understand that under freedom of information legalisation, I am entitled to access the
- information about me.
- I understand that I am free to contact Bec Buss to seek further clarification and information.

Signature of participant: _____   _____Date _____

Signature of researcher: _____Date _____
(I believe the participant is giving informed consent to participate in this study.)

Name of your social worker/leaving care PA:

Contact details:

Name of your support individual:

Contact details:

Calling all IROs.

'Children in Charge? How might IROs navigate the demands of the professional role to improve agency for young people in care planning?'

We are researching how IROs might use care reviews to increase the way in which young people in care are involved in their care planning.
Would you be willing to help us?

How are we doing this?

We have formed a small research group which is made up of care-experienced young people who have received training around research and Bec Buss, an IRO. The Co-Researcher group has decided the ways we will find out more – 'the research methods'. The Co-Researcher group will be asking those in care or recent care leavers, their ideas about how reviews can be improved. The Co-Research group will also be asking IROs about the way they run reviews and encourage young people to participate.

What will be involved?

An hour-long discussion with questions from the research group. This is likely to be on Teams in January 2023 and will be recorded.

What you need to know:

While your words and thoughts may be included in the research, this will be done **anonymously**. We will keep your information confidential but if we are worried about harm to yourself or someone else, we will need to speak to the appropriate people to keep you safe, we will try to talk to you about this first. Managers do not need to be made aware of your participation.

There is no pressure for you to join this research – you should do so only if you are happy to. You can stop at any time. Once you have given us your views, you have two weeks where you can ask Bec Buss to remove them from the research; all comments will be recorded anonymously but if we can identify your views and comments, these will be removed. The research has been agreed by the XXXXX Social Care Research Panel.

For all IRO Participants, we ask that if you need extra support, you use your line manager or support through the Local Authority's staff support services.

All information will be kept in a secure location, personal details will be kept to data protection laws. You can see more about the [Trusts](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/): https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/

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Many thanks!

The Co-Research Group.

Consent form:

'Children in Charge? How might IROs navigate the demands of the professional role to improve agency for young people in care planning?'

Consent to take part in research

……………………………………

- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use my data within **two weeks** after the *focus group*, in which case your comments will be deleted from the transcript.
- I have had the purpose and nature of the study explained to me in writing and I have had the
- opportunity to ask questions about the study.
- I understand that I will not benefit directly from participating in this research.
- I agree to my participation being audio-recorded. Once transcribed, the audio will be deleted.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research, my identity will remain anonymous. This will be done by changing my name and disguising any details which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview may be quoted in the final thesis and any conference presentation, published papers etc
- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms, any transcripts and any data will be retained in a secure location for up to 10 years after the exam board confirms the results.
- I understand that under freedom of information legalisation, I am entitled to access the
- information about me.
- I understand that I am free to contact Bec Buss to seek further clarification and information.

Signature of participant: _____Date _____

Signature of researcher: _____Date _____

(I believe the participant is giving informed consent to participate in this study.)

Appendix Five: Exploration of Research – sessions considering research.

Exploring research sessions: notes.

Session 1.

Outline of the research – what is research, what are limitations, what are the possibilities?

Get to know each other activity:

One experience you all have is that you have been in the care system and all have had CWCF reviews however you are all different. Write down one experience or skill that you have that you think none else in the room might have.

The plan is to work together to find out more about research and to actually carry out the research together. We might not always agree, we may need to work out how we can manage this, how we would want to work together and be able to equally have a say in how we carry out the research. Discuss issues of power.

Agreements on how we work together.

What I am aiming to do for this study.

What I am hoping to look at. Discuss where this fits in with emancipatory research – and limitations given I am choosing the subject. Outline what I am asking the group to do. Refine and discuss with care-experienced researchers. Exploration time.

How would you do it?

Ask young people to think about ideas around how to do research – asking are their ideas any less valuable than established methods?

What do you think research is?

Discuss qualitative and quantitative research and different methods.

All research is underpinned by ethics, ideas of the world (e.g. positivism)

Consider the limitations in researching

Examples:

- Might not go as planned.
- might run out of steam!
- LA might not accept our recommendations,

- recommendations might not be taken up by individual professionals.
- You might not see any change.
- If we publish – might have negative feedback.

Session 2.

<u>Research methods: interviews and their analysis.</u>

Interviews – unstructured (narrative/conversational), semi-structured (e.g. guided conversations), and structured (standardised); different types of interviews.

Different types of interviews – *Think through Unstructured, Semi-structured, and Structured – positives and negatives.*

- Open /closed questions.
- Scaling.

Exploring skills which might be needed: Listening, Restraint -   ,
listening to your self and reactions (why do you feel this way?), being able to tune in to the interviewee – are they upset, tired, bored, be respectful and as neutral (ie if something surprises
           ,   – make a note of this and discuss with the   '
           ,   ,
dynamics.

What are the advantages? Space to go in-depth, space to think, individual experiences and validations. Opportunity to expand, investigate, and clarify what is said.

What are the disadvantages? People answering what they think we want to hear, only recalling negatives, memory – remember later something important, no chance to bounce ideas,

Where do Ethics come in? including use of self, issues of power etc. Need to tape interviews – have a backup! **Confidentiality.**

<u>Analysis.</u>

Can analysis be truly impartial? Are we products of our genetics, experiences, personality, culture …

Session 3.

Research methods: focus groups and questionnaires (and analysis)

Focus groups:

Consider different types of focus groups.

Potential for conference with focus groups.

What are advantages? – able to think through ideas and challenge thoughts, develop thoughts etc.

What are the disadvantages? -influence of the group, ethnicity, gender, personality! Influence of the facilitators, missed voices etc.

Ethics -including what happens afterwards?

Questionnaires

Different types - Open and closed questions. Scaling. Consider these are generally self-reporting.

What are the advantages?

What are the disadvantages?

S**ession 4.**

Action research

Use of different approaches such as photography, diary keeping, films etc.

What are the advantages/disadvantages?

Can we make up our own methods? What might these be? Spend time exploring ideas.

Ethical considerations and data protection –

Emotions:

- Consider own experiences of being asked questions – what emotional reactions did you have
- How we consider and react to emotions as researchers -not there to be counsellors even though you might wish to, but need to make sure people are safe.
- What should we do if someone expresses anger?
- What should we do if someone is tearful?
- Managing a group situation – how?

Data protection.

'   !

- ALWAYS be with another member of the group when with Participants – do not have conversations about the research alone.
- Do not meet/phone/communicate with Participants outside of the research and do not arrange to meet Participants outside of the set sessions (unless you know them of course!)
- Please tell me if you know a Participant (friend/relative etc) so we can be clear and ethical.
- ALWAYS talk to me if you have any concerns about a Participant.

- Use the end-of-session feedback times and the catch-up   '
  with things you struggle with.
- If we use face-to-face, I will need to be present even if you are the interviewer!

How are you going to take care of yourself? (Use the sessions, speak to me, take time to reflect, write a diary, draw, speak to your sw/LCPA/named support).

Selection of method Session

Choosing research techniques and a more focused examination of the techniques chosen and the ethics surrounding them. Planning the research.

Appendix Six: Hart and Lundy models of children's participation.

Hart's model:

Children and adults share decision-making
Children start and direct action

Adults start but share decisions with children
Children are informed and consulted

Children are informed and given actions
Children are tokenistic

Children are decoration
Children are manipulated

Adapted from Hart, R. (1992) Children's participation; from Tokenism to Citizenship. Florence, UNICEF.

Lundy Model:

Adapted from Lundy, L. (2007) 'Voice' is not enough: conceptualizing Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal, 33(6); pp. 927–942.

Appendix Seven: Chapter mind maps.

1. Setting the scene.

- **1.1 Definitions**
  - 1.1i Care-Experienced
    - Legal framework, reasons for care and living arrangements
    - Outcomes for children
    - Poverty and social disadvantage
    - Shared experiences, different individuals.
    - Remit of research - exclusions and inclusions
  - 1.1ii IROs
    - Definition of role and legal status
    - Contacts with children
    - Role experiences
- **1.2 Motivations**
  - 1.2i Professional experience
  - 1.2ii Personal experience
- **1.3 Practice-near research**
  - Impact of self and neutrality
  - Challenging my own assumptions
  - Practitioner research - drawbacks
  - Practitioner research benefits
- **1.4 Language and power**
- **1.5 Outline and rational of chapters**
  - Brief outline
  - Research questions
  - Chapter descriptions

2. Underpinning ideas

2.2 Power

2.2i Power and powerlessness for children
- Legal remit
- Adult controlled and determined
- Beyond words

2.2ii Power and powerlessness IRO role
- Power of role/hierarchy
- Consultation
- Wider setting

2.1 CR: theory to help understand
- What is CR?
- Corporate agents
- The 4 planes
  - Material Transaction with Nature
  - Social Interaction
  - Social Structure
  - Satisfaction of Embodied Personality

Key studies

3.4i Positioning of the IRO service
- State employed
- Independence
- Complimentary to sw and managers
- Views of those outside the system

3.4ii Variation of practice
- Individual's skill
- Difference even within same LA
- Valued

3.4iii High allocations.
- IRO Handbook guidance not followed
- Increase of children in care
- Impact on relationship and consultation
- Keeping in touch

3.4iv Local Authority response to challenge.
- Lack/delay of response
- Lip service
- Lack of challenge
- Quietly raising standards

3.4v Staying in the role.
- Consistency
- Make up of IROs
- Impact of changes

3.4vi IRO experience and skill.
- Building relationship on limited contact

3.4vii Lack of IRO specific training.

3.4 The IRO role

Summary

3. Literature

Background
- Political views
- MacAllister's care review

3.1 Literature rationale
- Sources used
- Issues to be aware of during reading

3.2 Ideas of agency and child's voice

3.2i Agency
- Theoretic positions
- Adult fantasy - professionals and organisational

3.2ii Children's voices
- Being listened to
- Attendance=involvement?
- Preparation

3.3 Children's views of IROs and care reviews
- Adult focused and boring
- Relationships
- IROs advocating for children?
- Contrasting views

Chapter 4 Methodology

Background

4.1 Participatory methodology
- Why use a participatory approach?
  - Children as value in own right
  - Interplay of different planes
  - Participatory as a way to promote change
  - More accurate representation
  - Use as protective factor
  - Use within academic settings
  - Consultation
- Recent use of participation
  - Use in UK with care experienced
  - Employing in this study
- Use within this study
  - Advantages for young people
  - Advantages for my own practice

4.2 Providing support, gaining consent
- Ethical approval
- Information about the research
- Diversity and gate keeping
- Delays

4.3 Recruitment of care-experienced researchers
- Amendment to design of the research group
- The care-experienced researchers

4.4 Learning together
- Navigating together
- Considering methodology
- Research questions

4.5 Planning the research methods
- Identification of participant demographic
- Selecting focus groups as a method
- The basis of focus groups
- Recruiting care-experienced participants

4.6 Recruiting participants
- Demographics of care-experienced participants
- Recruitment and demographics of IRO participants

4.7 Conducting the research: video platforms
- Presenting an image on screen
- Informal interactions
- Technology and focusing attention
- Laptops versus phones
- Enabling participation
- Reliability
- Questions asked

4.8 Conducting the research: 'in-care' and in person
- Doodle spaces
- Kinetic activities
- Discussion activities

4.9 Method for analysis: TA
- Rationale for TA
- Issues around TA
- Timing of analysis

Summary

Chapter 5: Messages from the data.

Background
- Settings

5.1 The importance of relationship
- 5.1i Building relationship and connection
  - Time builds connection
  - Acknowledging difference
  - Build emotionally safe spaces
  - The emotional impact on researchers
  - Relationship on a child's terms
- 5.1ii Being listened to
  - IROs facilitating young people to speak
  - IROs facilitating care-experienced people to be heard
  - Limiting listening
  - Acknowledging difficulties
- 5.1iii Honesty
  - Las responsibilities in parenting
  - Honesty around provision
- 5.1iv Impact of changing workers
  - Short term and broken relationships for children in care
  - Changes in SW and IRO
  - Changes of workers in other settings

5.2 Choice
- Who attends
- Where the meeting is held
- Reading minutes
- Flexibility
- Consultation and co-creation

5.3 Adult focuses meetings and approaches
- Boring!
- Adult-determined times
- Length of reviews
- Adult focused language
- Child's presence re-focusing reviews
- Views on challenging 'boring'

5.4 The influence of Local Authority requirements
- High workloads
- Inaction around review decisions.
- Additional requirements
- Managerial approaches and anxiety
- Fractal patterns of blame
- Defensive positions
- Wider position of social work

5.5 Lack of resources
- Financial environment
- Budgets and relationship
- Wider budgets

5.6 Understanding of role.
- Understanding of children
- Understanding of professionals

Summary

Chapter 6: Lessons from a participatory approach.

8.2 Advantages

- Values
- Facilitating understanding
- Working together on devising questions
- Participatory approaches influencing practice.

Summary

8.1 Challenges

- Start-stop-start
- Sharing of power/decision making
- Impact of care-experienced researchers
- Lack of diversity in research group

Chapter 7: Digging deeper into the data.

7.1 How do care-experienced people experience their IROs?

- Ally
- Facilitator
- Interpreter

7.2 According to care-experienced people, how can IROs promote participation in care planning?

- Children lack of knowledge of their rights in care planning
- Forms not child friendly

7.3 What barriers inhibit IROs from facilitating meaningful involvement for young people in their care reviews?

- Barrier 1: Management of risk and anxiety through prescription.
- Barrier 2: Management of anxiety of Ofsted through prescription.
- Barrier 3: Defensive positioning.
- Barrier 4: Pressure of adult focused expectations.
- Barrier 5: Challenge.

7.4 What opportunities are present for IROs to build experiences of agency for care-experienced young people?

- Giving choice.
- Holding in mind and relationship.
- Being creative and child focused.
- Modelling and promoting good practice.

Summary

Chapter 8: Comments and recommendations

- 8.1 Main findings
  - The four planes
    - Recommendation: IRO Handbook
- 8.2 Navigating a system
  - Barriers
    - Recommendation: LA environment
    - Recommendation: systems of challenge
- 8.3 Child centred systems
  - Recommendation: review used to ensure relationship child centred approach
  - Recommendation: structures to move beyond IRO Handbook
  - Recommendation; co-produce new IRO Handbook
  - Recommendation: co-design systems
  - Recommendation: Explain the role
- 8.4 Further opportunities
  - Recommendation: visits to young people/communication
  - Recommendation: be honest!
  - Recommendation: ensure intentional dialogue/co-create
  - Recommendation: research IRO annual reports
  - Recommendation: funding
- 8.5 Final comments

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Word clouds for key words in Transactional Analysis.

Relationship:

Choice:
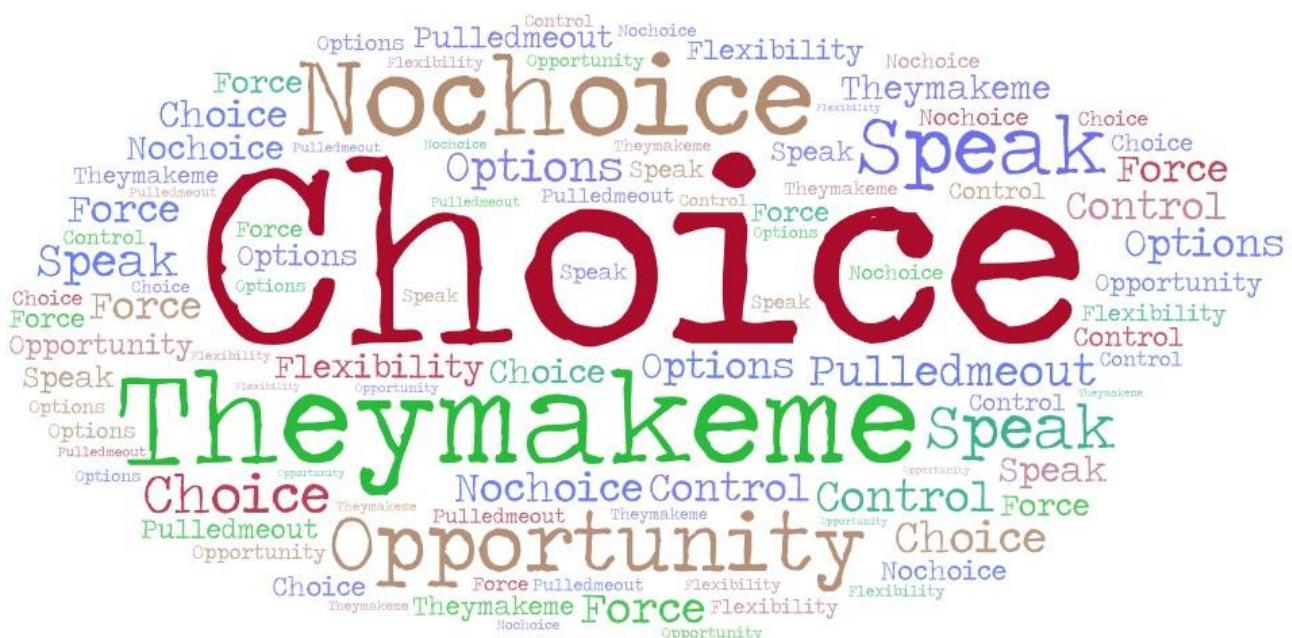
Adult focused meetings and approaches:

Influence of Local Authority requirements:
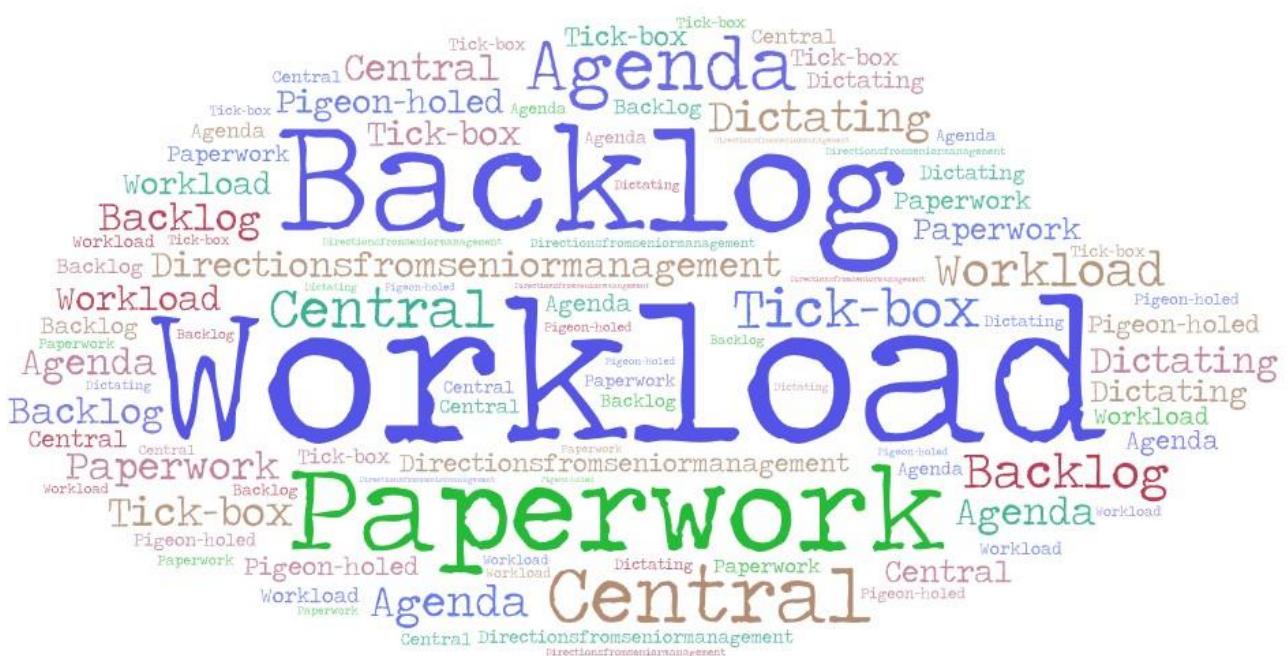
Lack of resource:

Understanding of the IRO role.