
CHILDREN'S SERVICES PERFORMANCE FRAMEWORK

SUMMARY REPORT

Purpose of Report

1. The purpose of the report is to inform Scrutiny of the improvement journey with regards to Children's Services performance management and to present Scrutiny with performance data up to the end of Quarter 3 2015/16.

Background

2. Children's Services were inspected in 2015. Ofsted found services to be inadequate in two areas, which resulted in an overall inadequate judgement for the service.
3. The two areas were:
 - (a) Children who need help and protection
 - (b) Leadership management and governance
4. Areas identified for improvement were:
 - (a) Performance and Data
 - (b) Leadership and Governance
 - (c) Practice
 - (d) Management Oversight
5. With regards to performance and data the inspection found that performance data was unreliable for a wide range of reasons including:
 - (a) 'Clunky' information management system and inconsistent ways of recording the same information across teams, making it difficult to draw reliable information from the system
 - (b) Information recorded late, so reports did not always have all the relevant data for that period
 - (c) Data collated and held in different places by different people, with no single overview of who did what, meaning that as some individuals have left /posts made redundant, gaps in data collection occurred eg timeliness of health assessments for Looked after Children

7. With regards to management oversight of performance the inspection found that:
- (a) Poor use of performance data and information generally across all area.
 - (b) Practitioners and managers unaware of own team/service performance and were unable to know how they compared with others, minimising potential to share learning and good practice.
 - (c) As data not reviewed nor understood, no improvement targets set.
 - (d) Elected Members are not rigorous in their understanding of performance to challenge Senior Managers.

Recommendation

8. It is recommended that :-
- (a) Scrutiny consider the progress made to date
 - (b) Scrutiny examine the quarter 3 performance against the Children's Services key performance indicators

Susanne Joyner
Director of Children and Adult Services

Background Papers

Darlington Children's Services Ofsted Inspection Report

Sharon Raine : Extension 6091

S17 Crime and Disorder	
Health and Well Being	
Carbon Impact	
Diversity	
Wards Affected	
Groups Affected	
Budget and Policy Framework	
Key Decision	
Urgent Decision	
One Darlington: Perfectly Placed	
Efficiency	

MAIN REPORT

Performance Management – What we are doing to overcome above issues

9. Immediate progress to date, we have:

- (a) Reviewed our suite of performance indicators to ensure we measure and monitor the ‘right things’, in a timely way – monthly.
- (b) Established a set of Key Performance Indicators (**Appendix A**)
- (c) Established performance targets for the key indicators (**Appendix A**)
- (d) Ensured that all indicators are generated from a standard format, which stores and collates source data (as an interim measure until we move to the new information management system.
- (e) Established regular monthly Managers’ Practice Clinics (Performance leads and senior managers, challenged by Heads of Service/AD) to examine the key performance indicators and understand why things are happening, identify issues and agree actions required.
- (f) Commenced case audits starting with ‘Section 20’ cases (those children in our care with the agreement of their parents). The audit findings will identify if decisions made were correct and in the best interests of the child. The report findings will be complete by 7 January, and will report to the Improvement Board in February.
- (g) Developed a timetable of systematic audits by managers to provide assurance ‘spot checks’.

- (h) Ensured that Managers understand what is expected of them and their accountabilities in relation to case monitoring and performance monitoring, at individual and team level, through performance clinics, supervision and team meetings etc.
- (i) A systematic review of data quality has been undertaken and a structured data quality audit process will be put in place as a result of this.
- (j) The new performance management framework ensures effective monitoring of trends/patterns/themes, along with improvements to address slippage/areas for concern and compare ourselves with other local authorities.

Medium Term Actions

10. The medium term actions are:

- (a) Progress is underway with regards to implementing the new case management system, Liquid Logic.
- (b) Testing has commenced on the system, and data cleansing is being undertaken routinely, in preparation for switch over to new system.
- (c) Practice standards are being developed so that all staff understand what is expected of them, and they know what good looks like.
- (d) The new QA Framework will be fully embedded by March 2016 and will include systematic audits.
- (e) Service user feedback currently exists via various routes. A system will be developed to collate it, and inform future learning.
- (f) Training programme is in place to ensure staff compliance and understanding of systems and data entry.

11. Data alone only tells a partial story. To really understand what it is telling us (the 'so what?') the data needs to be triangulated with:

- (a) The context – why things are happening e.g. managers' knowledge of the reasons for data anomalies eg one or two large families skewing statistics
- (b) The findings from audit eg the quality of assessment
- (c) Service user feedback eg what difference did an intervention make to a child's behaviour or a parent's confidence?

12. The following pages give an overview of some of the key areas for Scrutiny. These are currently based on data to end December 15.

Quarter 3 Performance Against Key Indicators

Early Help

What the Scrutiny Needs to Know and Why

Effective Early Help should help to reduce the numbers of children requiring statutory interventions. Children may be 'stepped down' to Early Help from being a Child in Need, to provide a continuity of service for the family for a period of time. Children may also be 'stepped up' to Children's Social Care from Early Help, where more formal intervention is assessed as necessary. The board needs to know:

- (a) That all statutory partners are playing their part in delivering Early Help, including taking the lead for undertaking the Common Assessment Framework.
- (b) Whether Early Help is timely and successfully diverting children from statutory interventions.

Current Performance

Area	Number of CAFs opened	
	2014-15	2015 (9 months to Dec)
Area 1	68	167
Area 2	123	162
Area 3	125	115
Total	316	444

At the end of December 2015 a total of 444 CAFs were opened, compared to 224 for the same period in 2014, showing a continuing positive trajectory of doubling overall numbers in 2015-16, which evidences that agencies are more aware of the Early Help requirements on them too.

The increase of CAFs in Area 1 is due to the focus of early years staff on more targeted provision for children under the age of 5 years and youth staff targeting resources to young people with additional needs.

Contacts and Referrals

What the Board needs to know and Why

The Scrutiny needs to know:

- (a) What percentage of all the contacts made to our 'front door' (the CAP) are referred on to Children's Social Care, and what happens to those that are not.
- (b) Of those referred to Children's Social Care, what percentage go on to have an assessment, and what happens to those that do not.
- (c) What percentage of referrals are deemed to require 'no further action' (NFA). If this is a high percentage, it could indicate a problem, e.g. that agency referrals are of poor quality and thresholds are not well understood.
- (d) The percentage of children previously referred to children's social care, who are re-referred within 12 months. If this figure is high, it *could* indicate that decisions made in relation to the earlier referrals were not appropriate.

Current Performance

Contacts

The number of contacts since 2013 has remained fairly stable – from an average of 499/month in 2013/14 to an average of 517/month as at Q2 2015/16, showing an increase of 5% over the two year period. The average number of contacts as at end of December remains at 517, with month on month variations. This suggests that the contacts made are more appropriate, in line with the Indicators of Concern document, and improved screening is occurring.

Referrals

Although the number of contacts has risen only slightly, Darlington's referral rate has risen more significantly over the same period, showing that more contacts are converted to referrals. This upward trend has halted as of December, with a small reduction in the rate. Historical and comparator data is not available to benchmark against.

Further analysis is required those contacts not referred, this analysis will be included in the year end performance report to Board.

Re-referrals within 12 months of the previous referral

In 2014/15 the percentage of re-referrals in Darlington was 16.5%, compared to the statistical neighbour (SN) average of 23%, and the national average of 24%.

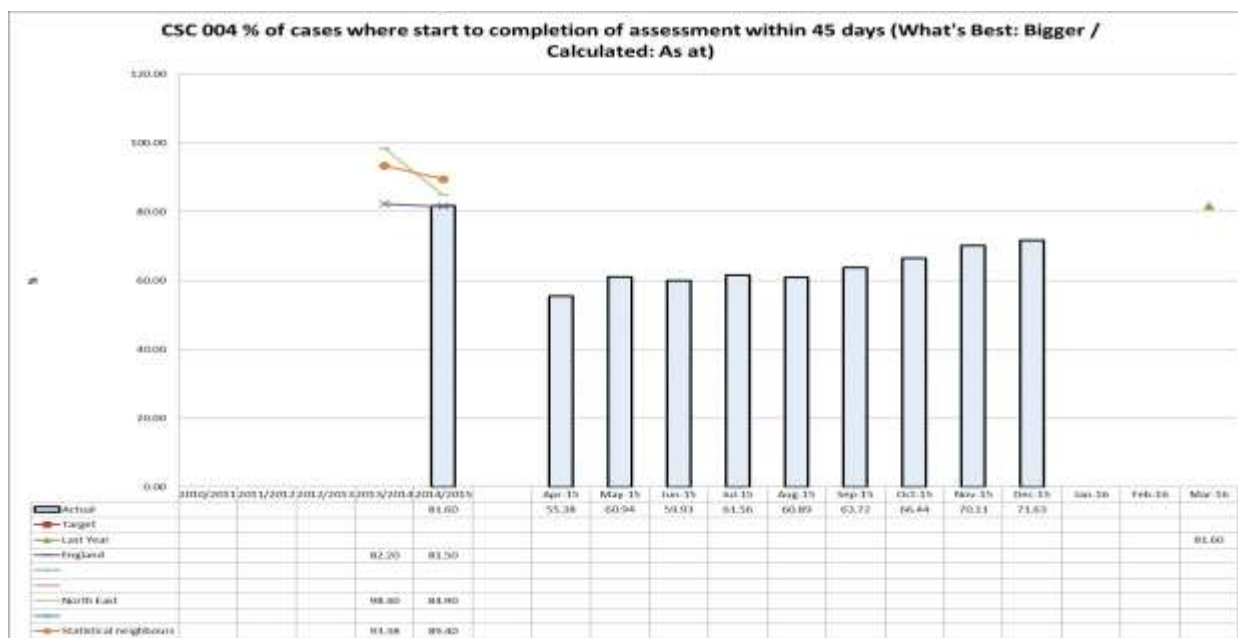
During 2015/16 the rate had begun to rise, reaching 28.32% at end of November; however, as of December, this has fallen to 27.08.

Referrals to Assessment

Conversion Rate

Current performance is consistent with performance from Q3 2014/15, at 81%. This remains in line with regional and SN benchmarks, and is above the 2014/15 year end. The increase in conversion rate can be symptomatic of inadequate judgement as officers may be more risk averse. This is being monitored to ascertain any specific issues associated with the increase.

Timeliness of Assessment



As of Q3, 71.6% of cases were completed within 45 days of starting; this has significantly improved from a base position of 55.3% in April 2015. Month on month performance is currently 90.12% of assessments completed within timescales as at December 2015. The cumulative effect of the month on month progress can be seen, and will continue to be evidenced through the indicator..

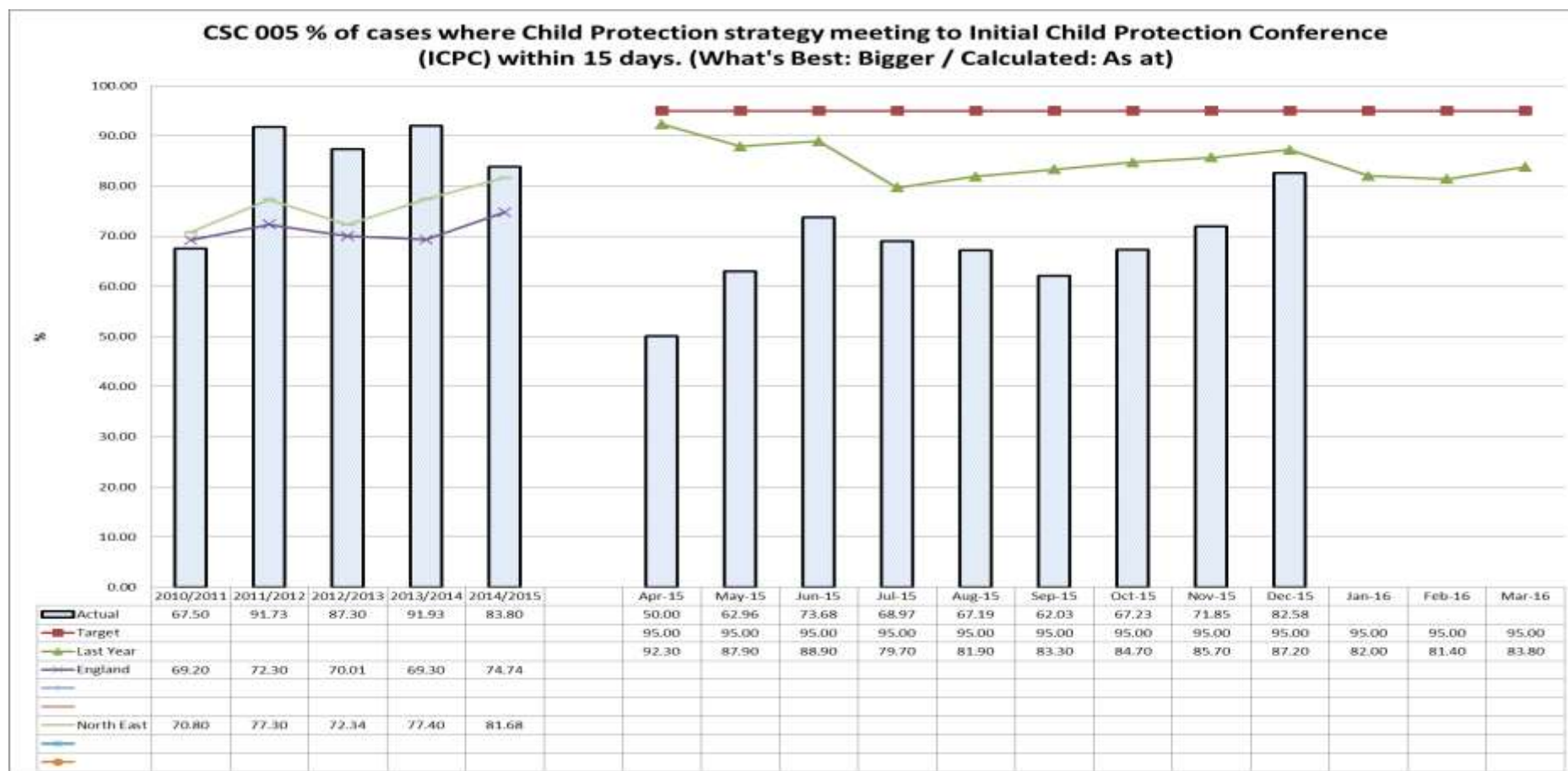
Child Protection

What the Board needs to know and Why

The board needs to know:

- (a) How quickly the Initial Child Protection Conference (ICPC) is held, once the strategy meeting has happened.
- (b) How the rate of children on a child protection plan compares with SNs (per 10,000). If the rate is significantly different, it warrants a closer look to ascertain why.
- (c) The percentage of CP cases are allocated to a qualified social worker (all CPP cases should be)
- (d) The percentage of CP cases where the social worker has seen the child within the timescales specified in the CPP
- (e) What percentage of CPP reviews are made within the required timescales.
- (f) What percentage of children are on a Child Protection Plan (CPP) for more than 2 years, or have a repeated CPP within 2 years of a previous plan, as this could indicate drift in taking appropriate action to safeguard a child.

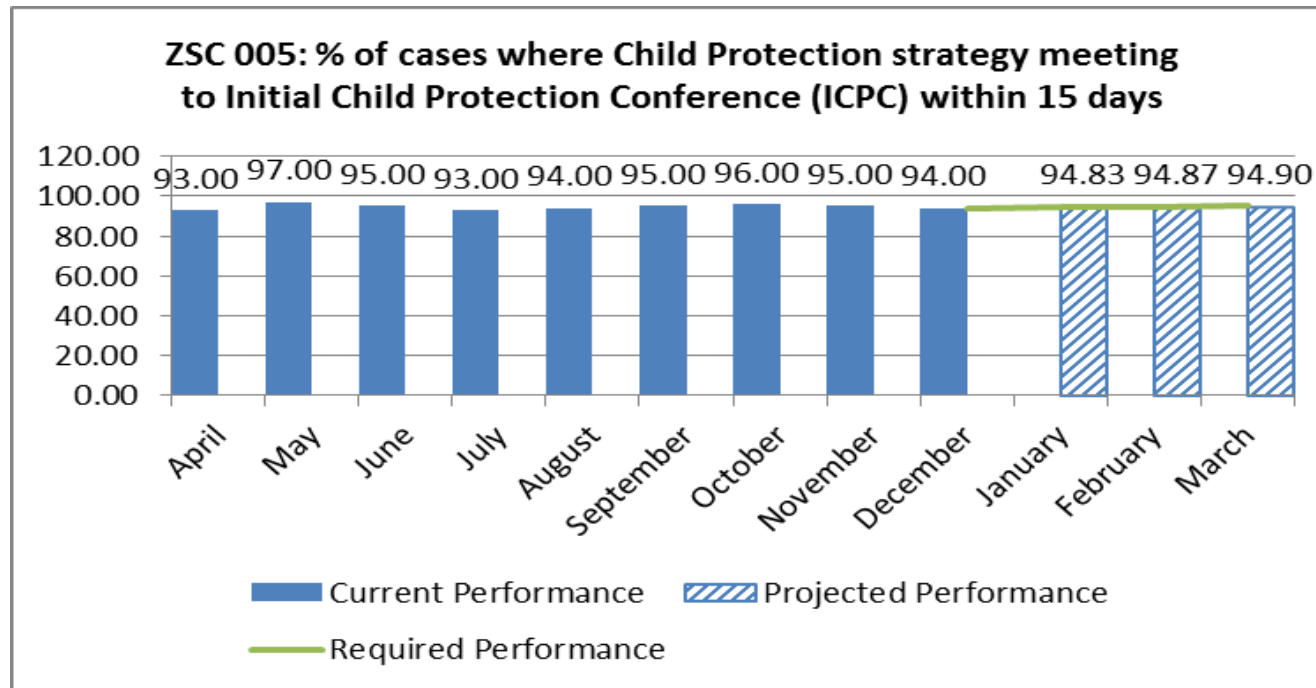
Percentage of ICPCs held within 15 days of strategy discussion



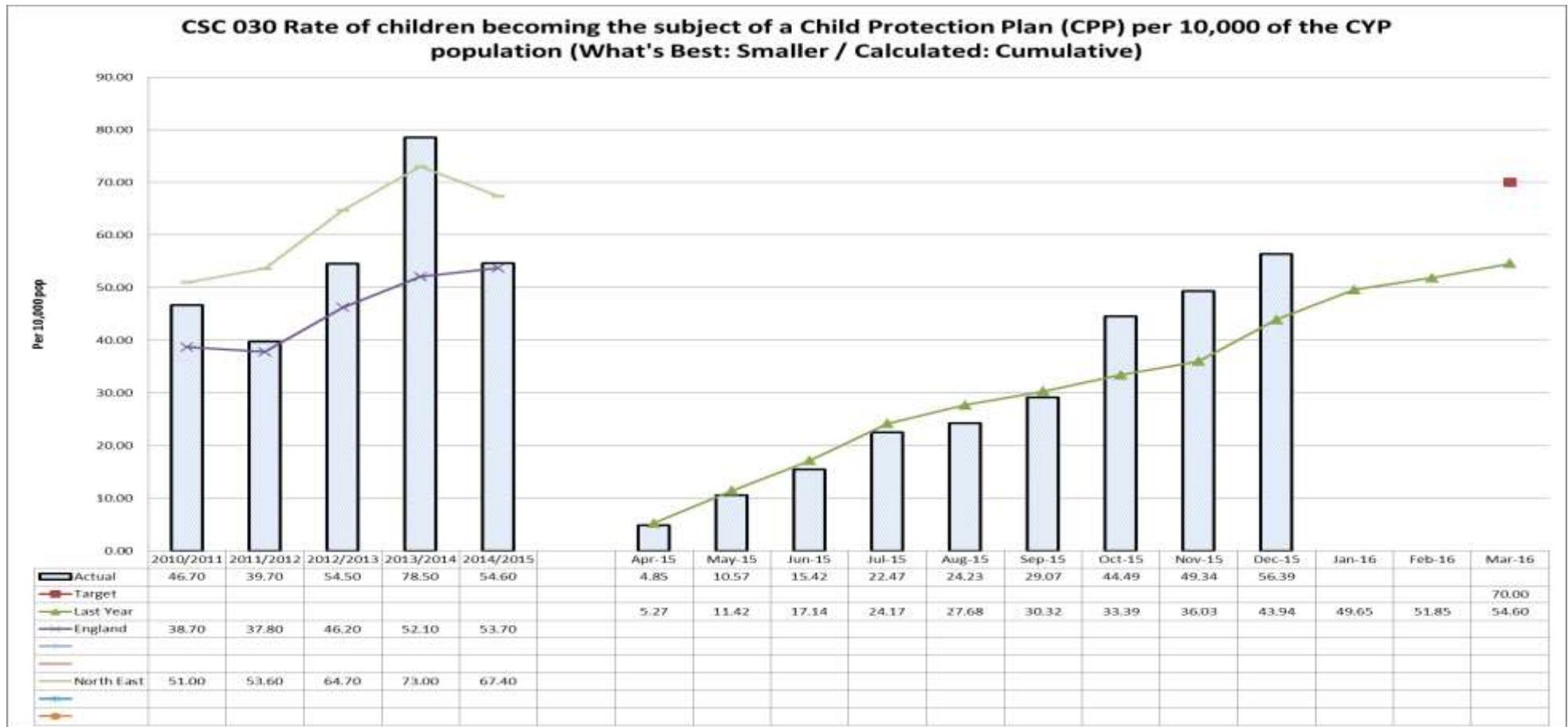
As of Q3, Care First reporting shows that 82.6% of ICPCs had taken place within 15 days, showing a positive improvement of 10.73% on the November rate, and significantly better than the beginning of the reporting year.

Investigation of the change in 201516 performance shows that the slightly lower percentage is due to a delay in recording on the case management system. This is due to the way that the system is configured and delays in the quality assurance process of the strategy discussion, rather than poor performance in the timeliness of ICPC's. As such, the safeguarding unit is monitoring timeliness as a manual system, as an interim measure through transition to Liquid Logic implementation. This manual monitoring shows the performance at 94% as at end of December as illustrated in the graph below.

The target outlined in the improvement plan was for 95% of ICPCs to have taken place within 15 days by March 16. The most recent projection, based on the safeguarding unit's data, confirms that we achieve this target.



The rate of CPPs per 10,000 population



The annual rate per 10,000 of children subject to CPP shows some fluctuation. Darlington has tended to have a lower rate of children becoming subject of a CPP than regional neighbours (54.6 compared to 67.4 in 2014/15). However, as of Q3 Darlington's rate has increased significantly and is higher than the year end figure for 2014/15. An initial sample check of 55 families (88 children), who became subject to a CPP between August 2015 and January 2016 has been undertaken. Of these 55 cases, only 7 could have worked under a child in need plan. This demonstrates that current thresholds for CPP are correctly applied.

CPP allocation to Social Worker

Since April 2015 100% of CPP cases have been allocated to a qualified social worker, in line with National requirements.

CPP Reviews within timescales

Performance for completion of reviews within timescale remains good at 100%.

Percentage of CP cases where the child has been seen in accordance with specified timescales

Performance as at December shows 56.78% of children and young people were seen in accordance with timescales specified in the plan.

There have been recording issues and we know that statutory visits are sometimes recorded on case notes, which means the system does not pick these up in the standard performance report. A number of actions are underway to ensure all statutory visits are made within timescales and recorded consistently:

- Guidance instructions have been issued, and followed up through supervision processes
- Analysis is being undertaken on team performance to allow for focussed management oversight and action to address shortfalls
- Method of alerts being developed to ensure manager have early sight of visits that are due and can monitor closely
- The case management systems has been altered to allow recording of CP, CiN and LAC visits separately to give managers more detailed performance reports

Quarter 4 data will present a more accurate figure of performance, which will support anecdotal evidence that suggests a much higher percentage of visits are being carried out in timescale.

CSC 011 Child Protection Plan (CPP) for 2nd or subsequent time (within 2 yrs of last plan) (%) (What's Best: Smaller / Calculated: As at)



As of Q3, 6.25% children in Darlington had been subject of a CPP for a second or subsequent time; however, this still performs well when compared to both regional and statistical neighbours and the all England average. Although this is an increase on last year's performance, aiming to maintain current performance would still see a positive outturn for Darlington.

% of children with a CPP for 2 years or more

Darlington performs well compared to SNs and National average. As at December 1.52% had a CP plan for more than 2 years, this equates to 2 children.

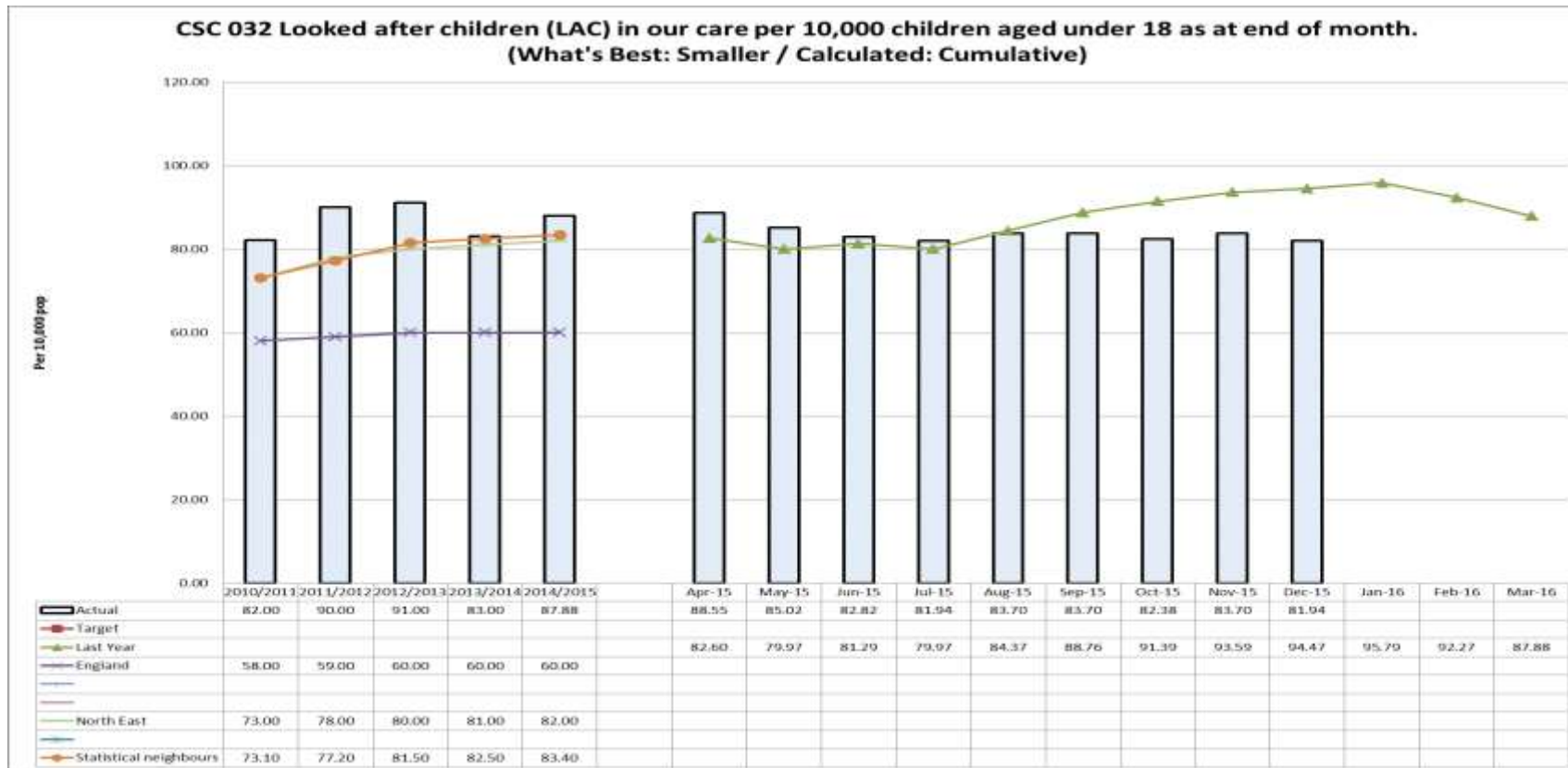
Looked After Children

What the Board needs to know and Why

The LA is the Corporate Parent of all our Looked after Children (CLA), hence we need to be able to closely monitor how well we are performing that role. In particular, the improvement board needs to consider:

- How the rate of children looked after by the LA compares with SNs (per 10,000). If the rate is significantly different, it warrants a closer look to ascertain why.
- The percentage of CLA cases that are allocated to a qualified social worker (all LAC cases should be)
- The stability of CLA placements, because we should try to minimise the number of different placements that a child or young person has to maximise their wellbeing and chances of achieving good outcomes
- The percentage of CLA placed more than 20 miles from home, to try to minimise the disruption for the child or young person.
- The percentage of CLA visits that are carried out within statutory timescales
- The % of CLA who have their initial health assessments within 20 working days of being taken into care, to ensure that the child or young person's health needs are known and provided for.
- The % of CLA with up to date health and dental checks.

Looked after Children in our care per 10,000 population aged under 18 as at the end of the month

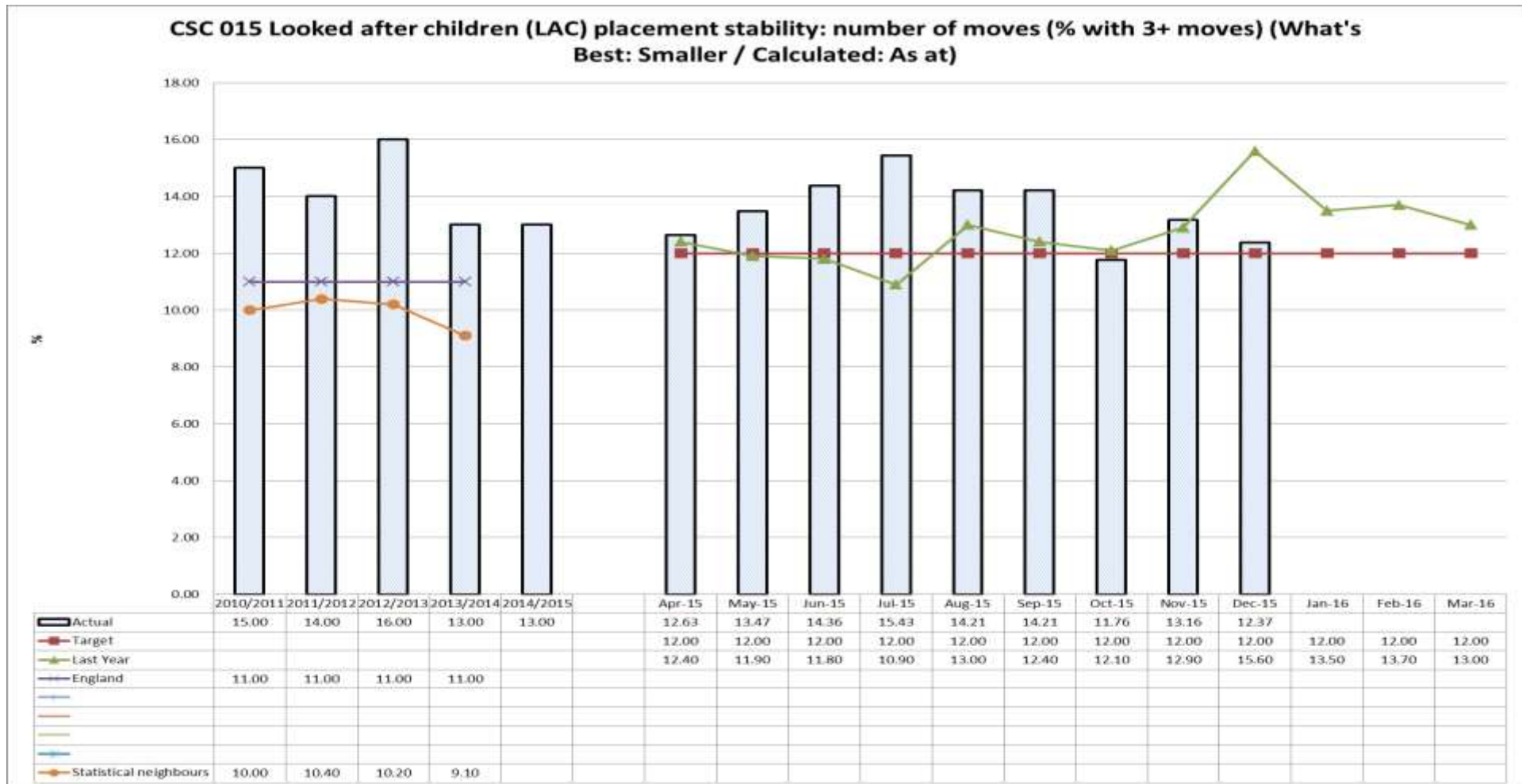


As of Q3 the rate of Looked after children in our care (under 18yrs) per 10,000 population in Darlington has reduced from 88.59 in April 2015 to 81.9 (186 children zsc 014), exceeding the performance of statistical neighbours (83.4). Based on the most recent forecast our rate will drop slightly by the end of Q4, showing that we are on course to exceed target.

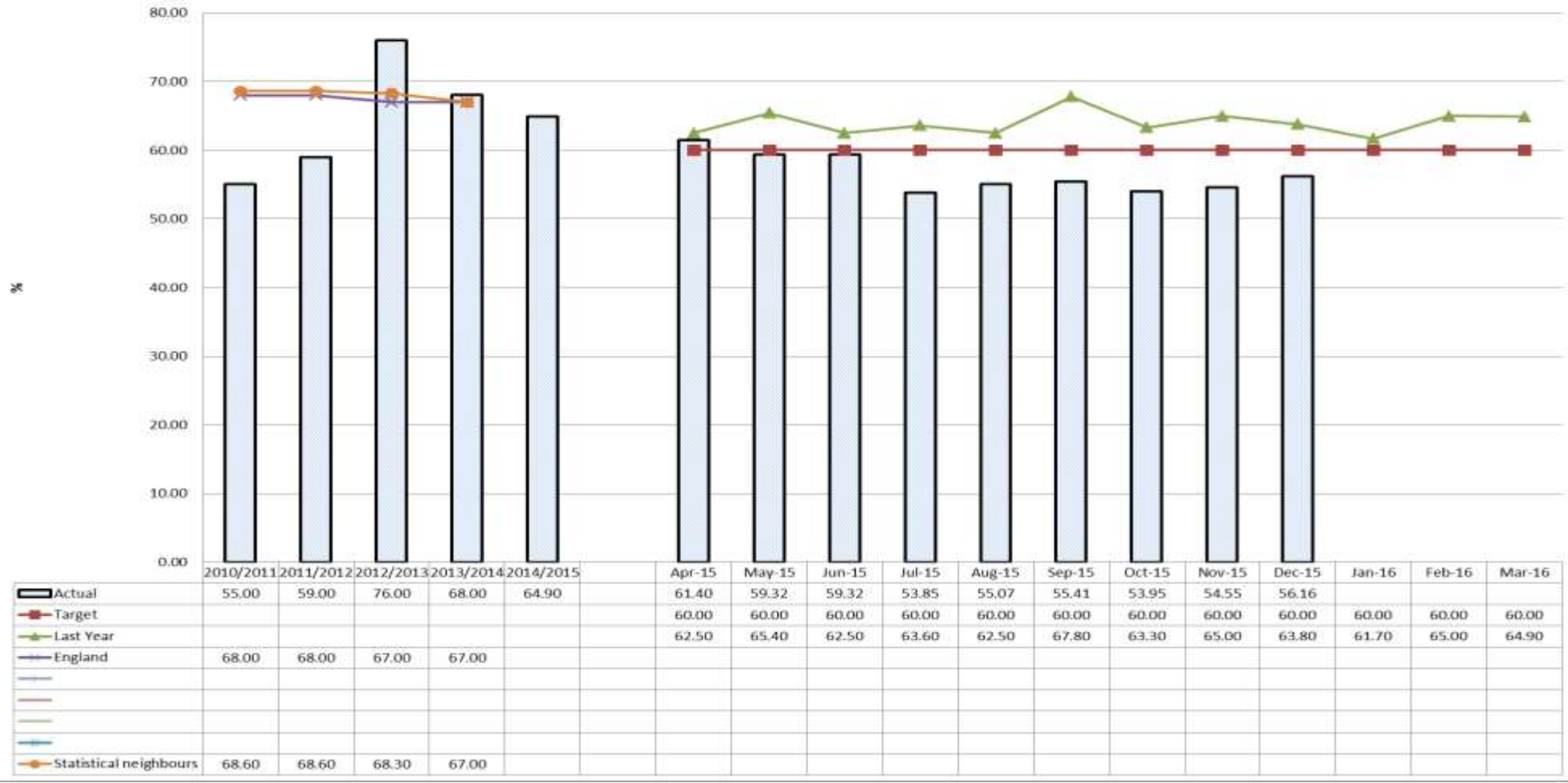
CLA allocation to Social Worker

Since April 2015 100% of CPP cases have been allocated to a qualified social worker.

CLA placement stability - percentage with more than 3 moves and percentage of CLA who have been looked after for more than 2.5 years who have been in the same placement for at least 2 years



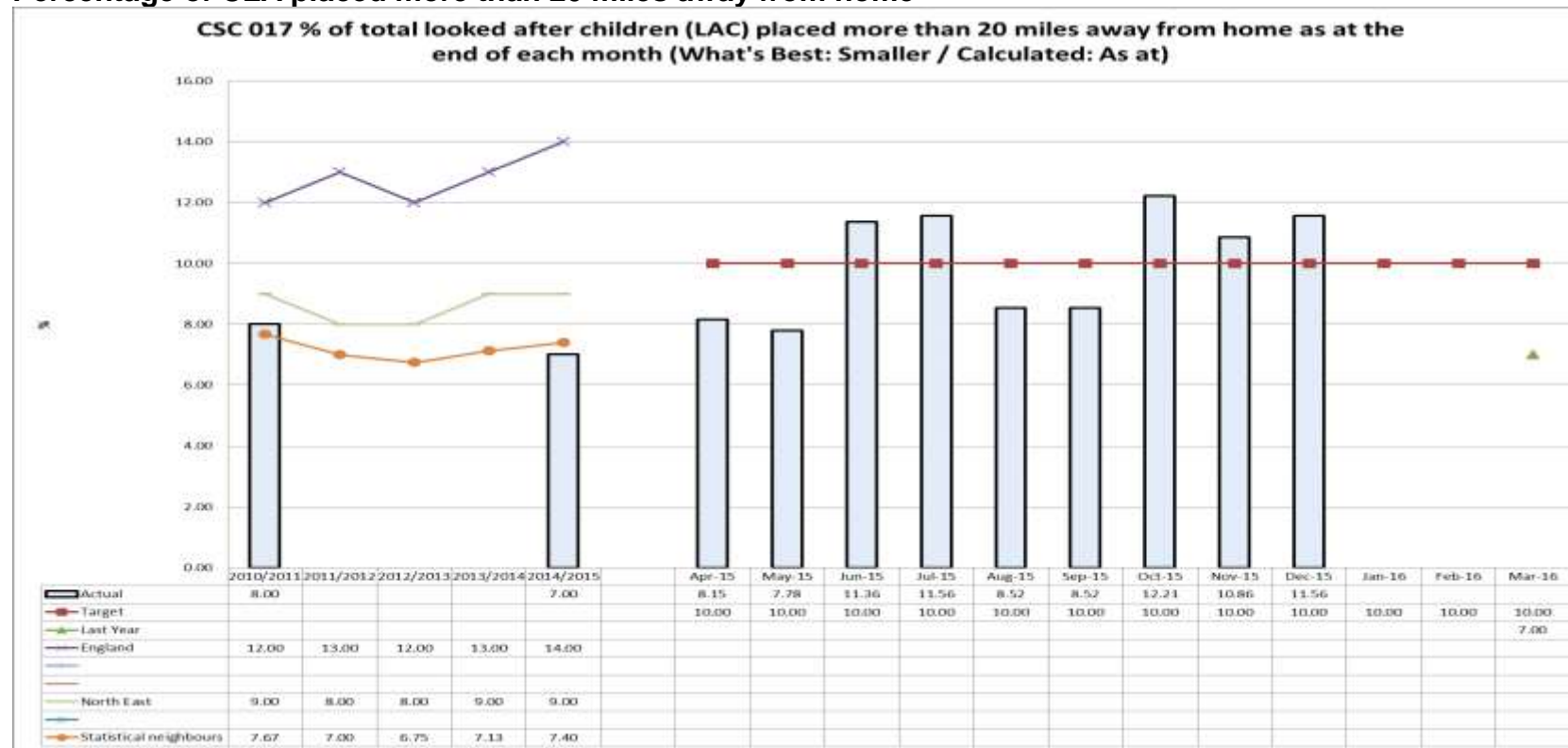
CSC 016 Stability of placements of looked after children (LAC) - length of placement, been in the same placement continuously for at least 2 years, looked after for 2.5 years (What's Best: Bigger / Calculated: As at)



Darlington's trend for LAC with 3+ moves has been higher than our statistical neighbours. Q3 shows an improvement with 12.37% of LAC having 3+ moves. This is lower than last month and a significant improvement on the same period in the previous year and last year's outturn performance

Over the previous two years, Darlington's performance compares well with statistical neighbours at approximately 67%. Performance in this indicator has dipped during 2015/16. The Head of Service monitors this performance indicator closely and due to the small number involved is fully aware of the individual cases that this this refers to.

Percentage of CLA placed more than 20 miles away from home



The percentage relates to small numbers (20 children), all of whom have very complex needs. All are placed in a neighbouring authority, and we know and understand the story of each individual. However, performance remains in line with England performance, and is currently higher than NE/SNs.

Percentage of statutory visits in timescale

At the end of December, 62% of visits to CLA were within statutory timescales. As with the indicator looking at CP statutory visits within timescale there have been both practice and recording issues. The recording issue is now addressed and the case management systems altered to provide better data, which will result in a more accurate figure of performance for January. The Head of Safeguarding is managing this performance closely, has issued practice guidance and is working with team managers to ensure that visits are being carried out in timescale and are recorded on the case management system correctly and promptly.

Initial Health Assessments (IHA) completed within 20 days of the child or young person becoming looked after

At the end of Q2 there was one IHA outstanding. Further work is underway with the LAC nurse and teams, to ensure timeliness of notifications is improved.

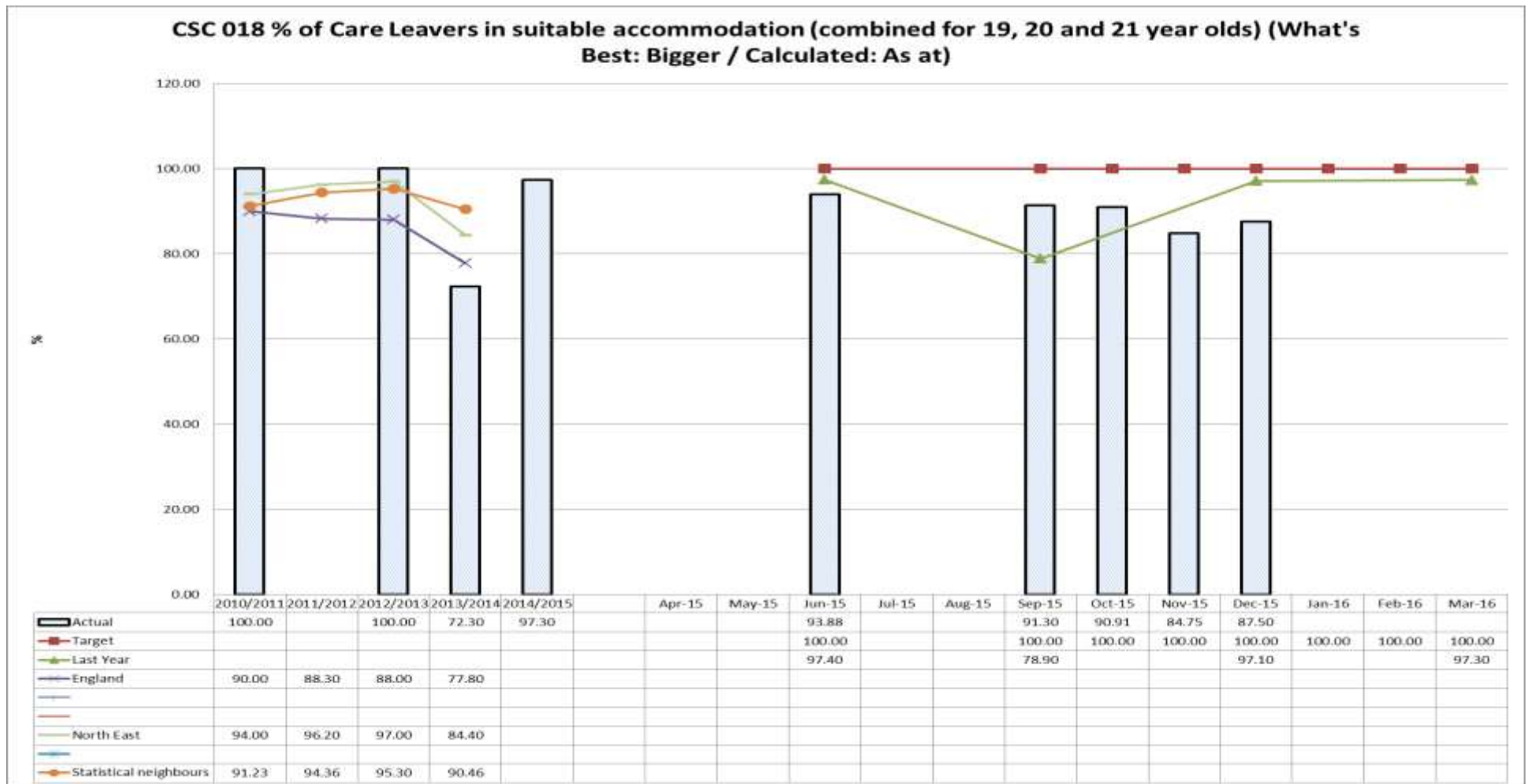
Percentage of CLA with up to date health checks

At the end of December, 63% of children had up to date health checks. We are currently analysing what percentage of CLA have refused their Health Check, to ensure that an accurate measure of performance is presented and understood as this is not currently recorded on the case management system. The paperwork for completion of health assessments has been agreed with Health colleagues and the Family Placement Service are taking a greater role in the co-ordination of health assessments to ensure that they are booked in a timely manner.

Percentage of CLA with up to date dental checks

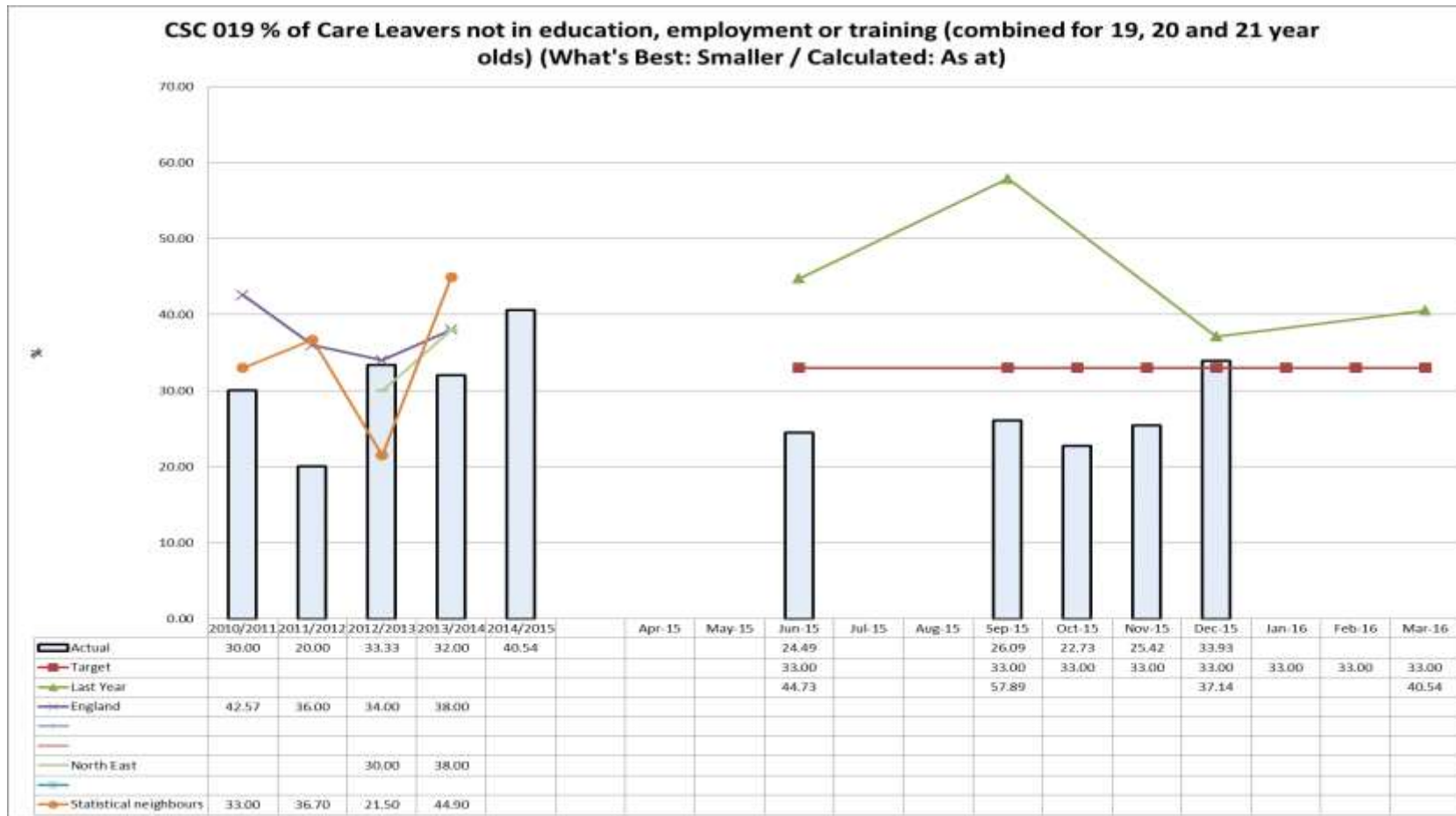
At the end of December, 58% of children had up to date dental checks. Work has been undertaken to build this data into the case management system and to input historic data. In the meantime we have developed an interim manual system to enable us to manage performance. As with health assessments the Family Placement Service are taking a greater role in the co-ordination of dental checks to ensure that they are booked in a timely manner.

Care Leavers
Percentage of Care Leavers in Suitable Accommodation



Performance tends to be good in this area and the numbers represented are very low. Performance has dipped in November and December, with one young person in B&B briefly due to bail conditions.

Percentage of Care Leavers not in education, employment or training



Performance at Q3 is better than the same period last year; however, December saw an increase of 8%.

We have a long term strategy in the Improvement Plan to continue to improve this figure and narrow the gap between Care Leavers and their peers. We are working with colleges and further work is to be undertaken around apprenticeships with DBC.

Workforce Data

Caseload Data

Area 1:

				Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15			Nov-15			Dec-15			Jan-16							
Agency	Statut	FTE	Recommendo dMax:Primary Caroload	01.04.15	15.04.15	01.05.15	15.05.15	01.06.15	15.06.15	01.07.15	15.07.15	01.08.15	15.08.015	01.09.15	15.09.15	01.10.15	12.10.15	19.10.15	26.10.15	02.11.15	09.11.15	16.11.05	23.11.15	30.11.15	07.12.15	14.12.15	21.12.15	04.01.16	11.01.06	18.01.16	25.01.16	
Area 1																																
Rachel Palmer	Practice Supervisor (0)	1		4	2	12	12	12	13	17	16	17	17	21	24	7	7	7	7	7	7											
Denise Giles				22	22	20	20	23	22	20	20	20	22	20	19	18	18	13	13	13	13	1	1	1	1	1	1	1	1	1	1	1
Anna Maria Sidds				24	23	23	23	19	19	22	20	19	19	22	24	24	24	24	24	24	24	22	22	21	22	22	23	23	25	27	27	27
Louise Duxon	Social Worker (N)	1	18																													
Cleopatra Hallow	AYSE (M)	4	44	16	19	16	16	13	15	20	20	20	19	22	25	17	17	17	17	17	11	12	10	9	9	9	8	5	5	6	6	
Samantha Skelton	AYSE (N)	1	18	17	18	14	16	18	20	19	19	19	19	19	19	19	19	19	19	19	17	14	14	14	4	4	4					
Paula Burns	Social Worker (0)	1	18	18	18	20	20	20	22	19	22	22	22	22	22	25	25	25	23	23	23	22	24	20	19	16	15	15	17	17	17	
Rachael Hamilton															7	7	7	12	12	10												
Rebecca Cheezman	Social Worker (P)	1	18													10	14	14	12	12	12	14	15	15	13	16	16	16	19	19	19	
Tony Martin	Advanced Practitioner	A																			0	4	4	4	4	4	4	4	4	4	4	4
Sarah Risher	A		18																			0	18	18	18	18	18	18	16	2	2	2
Amanda Burdett	A		18																			0	15	16	17	17	16	15	13	13	13	13
Jacqueline Haigh	A		40																			0	16	19	19	19	19	19	19	19	19	19
Rishard Guy																																
Nichola Davior																												0	11	13	13	

Area 2a:

				Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15			Nov-15			Dec-15			Jan-16							
Agency	Statut	FTE	Recommendo dMax:Primary Caroload	01.04.15	15.04.15	01.05.15	15.05.15	01.06.15	15.06.15	01.07.15	15.07.15	01.08.15	15.08.015	01.09.15	15.09.15	01.10.15	12.10.15	19.10.15	26.10.15	02.11.15	09.11.15	16.11.05	23.11.15	30.11.15	07.12.15	14.12.15	21.12.15	04.01.16	11.01.06	18.01.16	25.01.16	
Area 2a																																
Loish Spender	Practice Supervisor (0)	1					15	19	24	24	25	22	24	22	19	22	22	22	22	22	22	22	21	22	22	23	17	15	9	4		
Deborah Barber	A		18					10	14	16	19	20	22	16	10	17	21	21	10	22	22	22	19	21	23	24	19	24	22	17	10	19
Lisa Ball	A		18																													
Elizabeth Flood	AYSE (N)	1	16	20	20	20	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
Faith Hunt	Social Worker (N)	0.5	9					3	12	16	16	19	19	19	19	19	19	19	19	19	16	16	16	16	16	16	16	16	16	16	16	16
Rebecca Torry	A		18					13	17	22	22	22	17	15	15	15	15	15	15	15	13	13	13	13	13	13	13	13	14	14	13	14
Kirsty Hulse	AYSE (N)	0.61	10	15	16	16	16	16	18	18	18	18	18	18	18	18	18	18	18	9	8	7	7	7	7	7	7	7	7	7	7	
Aileen Braham	Advanced Practitioner	A																				0	13	13	13	13	13	13	13			
Traci Tauero	A																											0	11	16	17	17

Area 2b:

Caseloads have reduced since April, in some cases (18) remain higher than would be recommended for social workers in the locality team, however 9 of the 18 are less than 3 over the preferred level. Additional agency workers are being recruited to reduce caseloads further and recruitment is being considered through the retention and recruitment work.

Sickness Data

As at 31 December 2015, YTD

- 5.88 days lost per FTE or 4.52% (excluding Life Stages 0-25)
- 9.68 days lost per FTE or 7.45% (including Life Stages 0-25)

Compared to an Authority wide figure of 6.68 days per FTE