

Quarterly Improvement Performance Scorecard - June 2016

No	Rec	Rec Summary	Measure	Thresholds			Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Comment/Additional Information
				RI	Good	Outs.						
Listening to and acting on the voice of children and young people												
1	15	Learning from complaints	Percentage of complaints resolved at stage 1	75-84	85-93	95-100	80%	94%	100%	80%	100%	Of the 25 new complaints received in Q1: 13 have been responded to and closed at Stage 1; 8 are ongoing or outstanding; 1 is suspended; and 3 have expressed dissatisfaction with the Stage 1 response and further work including meetings is underway to try and resolve at Stage 1. No complaints have been escalated to Stage 2 as yet.
Frontline practice is consistently good, effective and outcome focused												
2	2	CP Chairs and IROs address drift and improve planning	Number of Practice Alerts made				58	60	28	23	51	The number of Practice Alerts has increased. The Practice Alert Process has been revised to increase consistency in raising alerts, so it expected that the number of alerts focused on these priorities will increase in the next quarter.
3			Percentage of Practice Alerts resolved at formal stage 1 or before	75-80	81-85	86-90	100%	100%	100%	100%	100%	All were resolved without needing further escalation which is very positive and shows professionals are responding to practice alerts.
4			Percentage of Child Protection Review Conferences held within timescale	85-89	90-94	95-100	82%	92%	98%	100%	99%	The improvement on the performance in this area has been maintained for 2 quarters and is ahead of stat neighbour and national average. This is reflective of improved practice around timely notification and arrangement of review conferences. It is important to note that there were always be the occasional unforeseen circumstance that will prevent performance being 100% continually.
5			Percentage of Child Protection Plans open for more than 15 months	16-20	10-15	Below 10	11%	6%	6%	6%	7%	All CP plans over 12 months are scrutinised closely by Safeguarding and frontline teams to ensure plans are appropriate and achieving aims in a timely fashion. This equates to 19 children and young people.
6			Percentage of children and young people's views that are heard at Child Protection Conferences	70-80	81-90	91-100	87%	94%	95%	90%	88%	This measure is giving an inaccurate figure due to coding in the case management system. This is now being addressed so we should see a subsequent increase in performance. Current service information suggests performance is close to 100%. This measure reflects all children over the age of 4 where their views have been articulated via a range of participation methods at both initial and review conferences.
7	4	Timely Early Help	Percentage of decisions made within 1 working day	70-80	81-90	91-100					71%	The standard for decisions in relation to Early Help cases is within 3 working days. For this quarter 84% of cases had a decision and were passed on to services within that timeframe.
8	7	Strengthen frontline practice for CSE and MFH	Percentage of cases where return interviews have been completed following missing from home or care (Individuals)	65-75	76-80	81-90		71%	69%	71%	65%	45 return interviews were not fully completed in Q1. Some parents refuse return home interviews as they are voluntary - this accounted for 52% of those not completed, and is usually due to the incident being the first time the young person has been missing, or due to a one off incident, or as a result of mis-communication on curfews, under which circumstances parents feel an interview is not necessary. 18% were due to young people declining the service. Other circumstances where interviews were not conducted include instances when the young person was not available for the interview due to going missing on another occasion, and instances where workers were still trying to visit the child at the point of data collection. Where a Cared for Child declines the service the social worker would address the missing incident in their visits and complete a RHI form but this would not captured in this figure. Cheshire East are still receiving a high number of notifications being reported into the service with an increase this quarter of 16%. It currently takes 3 days on average to see a child/ young person, and complete a return interview which is consistent with the last quarter. The demographics of the young people going missing are the same as those in the last quarter with children averaging around 15 years old.
9	8	Quality of assessments	Percentage of children and young people seen within 10 days of the combined assessment start date	75-84	85-94	95-100	29%	54%	59%	65%	62%	Whilst an improved picture audit suggests that the figure for this is higher and work is ongoing to ensure the true picture can be readily extracted and reported
10	9	Quality of plans	Percentage of children and young people subject to a child protection plan for a second or subsequent time (cumulative)	15-20	10-14	5-9	23%	21%	21%	19%	23%	Whilst this is showing a continued upward trend our most recent comparison data in the NW (from Q3) indicated that the majority of authorities were reporting rates higher than the national average for 14-15, with %'s ranging from 5.9% to 30.3%. Repeat plans for Q1 represent a small number of families with multiple siblings.
11	10	Appropriate step down or closure	Percentage of repeat referrals (cumulative over a 12 Month Period)	25-30	20-24	Below 20	25%	22%	22%	22%	25%	Whilst there is a small increase in the number of re-referrals the rate of re-referral remains fairly constant. This continues to illustrate the need to develop better early help for complex families and to support agencies in continuing their lead role with the family. An audit was completed on all children subject to a repeat plan and the common reasons for this were identified and have been fed back to the service to improve practice.
12	12	Timeliness Initial Health Assessments	Percentage of initial health assessments requested within 48 hours of coming into care	70-80	81-90	91-100	16%	4%	4%	20%	69%	During the first quarter of 2016-2017 there were 57 children who entered the care system, 55 of which required IHA Part A completing within 48 hours of entering care. The number of IHA Part A being completed within timescale has increased each month from 42% in April 2016 to 88% by the end of June 16 with a total of 69% for Quarter 1. This is due to a review and change in process to enable operational efficiency
13			Percentage of initial health assessments completed by paediatricians within 20 days	70-80	81-90	91-100	41%	32%	29%	12%	36%	50 children in Q1 required an IHA completing within 20 working days. Seven did not require completion due to one transferring from another local authority with a completed IHA and six returned home within 20 days of entering care. The number of IHA completed within timescale has increased each month from 24% in April 2016 to 57% in June 2016, with a total of 36% for Quarter 1 2016-2017.
Senior management oversight of the impact of services on children and young people												
14	1	Senior managers' oversight of connected persons	Percentage of Reg 24 assessments presented to the fostering panel in statutory timescales	80-89	90-94	95-100	NA	100%	66%	100%	67%	3 Reg 24 Assessments were approved by the Fostering Panel in the last 3 months. Extension requested on 1 assessment due to checks not being returned within timescales.
15	1/155	Senior managers' oversight of private fostering	Percentage of Private Fostering cases visited in timescales	80-89	90-94	95-100	100%	67%	83%	93%	96%	7 young people received statutory vists within the quarter, 21 statutory visits completed, 1 visit went outside of timescales due to a failed visit.
16			Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	80-89	90-94	95-100	0%	0%	0%	0%	0%	4 cases were due for sign off by ADM this quarter but none were within timescales. Further training on Private Fostering has been offered to teams
17	1	Senior managers' oversight of YP in unsuitable accomodation	Number of care leavers recorded as homeless						3	9	0	We currently have no care leavers recorded as homeless
18	16	Strengthen commissioning arrangements	Number of children and young people using advocacy				41	39	46	71	283	87 in April, 95 in May, and 101 in June. The numbers have risen due to the automatic referral by CP Chairs for Child Protection Advocacy
19			Number of children and young people using advocacy that are at risk of CSE				0	1	1	3	8	All children subject to CSE CP plans are referred for advocacy - many attend the meetings themselves and do not want an advocate. In the last quarter 2 young people have used the advocacy service.
20			Number of children who agreed to access advocacy services who did not receive the service prior to the first Child Protection review.				0	3	1	0	2	2 siblings due to not being able to make contact before conference so the advocate attended conference and made contact with family for their next review.

21			Average time young people wait to be matched with an independent visitor				5-6 months	4-7 months	3 months	2 months	2- 3 months	We have had 4 matches this quarter. An IV stocktake has been carried out this quarter and the report and analysis will be provided to CLT.
The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.												
22	153	Impact of the neglect strategy	Percentage of children and young people on child protection plans due to neglect	2% reduction	5% reduction	10% reduction	56%	48%	47%	44%	47%	Slightly higher than last quarter but still comparable with Stat Neighbours
23			Percentage of plans for neglect which have had a previous plan for neglect	20% - 16%	15%-10%	Below 10%	11%	16%	13%	17%	12%	As at 31/3/2016 there were 35 individuals on a plan for neglect that had been subject to a plan previously. Of these 15 has been subject to a previous plan for neglect.

Annual Improvement Performance Scorecard - March 2016

No	Rec	Rec Summary	Measure	What it Shows	Thresholds			Annual Figure 2015-2016	Additional Information
					Requires Improvement	Good	Outstanding		
Listening to and acting on the voice of children and young people									
1	15	Learning from complaints	Number of compliments received to Children's Social Care	The number of compliments should increase as we improve services	High is good			61	The number of compliments received this year has exceeded last year's figure of 42.
2			Number of complaints around particular themes.	The number of complaints on specific themes should reduce as these themes are addressed.				99	The number of complaints received last year in 2014-15 was 98, therefore the amount of complaints has stayed more or less the same.
Frontline practice is consistently good, effective and outcome focused									
3	2	CP Chairs and IROs address drift and improve planning	Number of good Practice Alerts made	Good Practice Alerts show that there is good practice and this is being recognised by IROs.				195	More good practice alerts have been made than those that challenge bad practice (157) which is positive, and shows that there is evidence of good practice and that this is being recognised.
4	3	Supervision is reflective, challenging and focused on CPD	Percentage of PDPs in place (ensuring gaps in practice identified through supervision are addressed)	All staff in post over 6 months should have a personal development plan (PDP) in place.	70-79	80-89	90-100	69%	This is in line with the wider Council's performance which overall has 71% of plans in place. However, this does also include a large proportion of new starters, who would not have a PDP until they had completed their 6 month probation period, so performance on this measure is higher than this figure suggests. We will be working to increase our performance in this area and a workshop will be given to social work staff and managers at the Practice and Performance workshops in September on PDPs to improve engagement with process and the quality and continued use and evaluation of development plans.
5	7	Strengthen frontline practice for CSE and MFH	Percentage of Social Workers who have been trained in using the CSE tools for assessment and intervention	The amount of Social Workers who have had the training to support them to work effectively with children and young people at risk of child sexual exploitation.					The core training offer for social workers has been launched in March 2016, which includes CSE training. The takeup of this offer will be closely monitored and evaluated over the next 6 months, and reporting will be available against this measure. Sessions on CSE have been provided to social work staff through the Practice and Performance workshops in December 2015. CSE training is also available through e-learning. Members of the CSE/ MFH team also sit in the social work teams once a month to promote informal support.
6			Percentage of children and young people reporting that they feel safer at the end of the intervention for CSE	Children and young people feel safer as a result of the work that was completed to address the CSE risks	70-79	80-89	90-100	100%	This quarter saw an increase in work related to teenage boys aged between 13 and 16. Prior to this quarter it was largely girls being worked with in this age bracket. The girls coming to the attention of the service have been largely very young or in the 17-18 year old bracket with a smaller percentage being in the 13-16 age range. The service has further strengthened partnerships with other agencies and service in this quarter which has had an impact on the offer of support available to professionals working with these vulnerable young people and more seamless safeguarding.
7	8	Quality of assessments	Percentage of assessments completed within 15 days <i>*Threshold only up to 50% as any higher would not be considered outstanding</i>	The amount of assessments completed within the target of 15 days to drive improvement to timeliness for assessments.	20-24	25-29	30-50*	28%	This measure is used to drive progress and ensure there is not unnecessary delay for children and young people. Performance on this measure is good, but we know from audit that the quality of assessments still require improvement overall.
8			Percentage of assessments completed within 35 days	The amount of assessments that are completed in line with Cheshire East's practice guidance.	65-70	71-75	76-100	78%	This shows that assessments are being completed in a more timely fashion and that the majority of children and young people don't experience delays, however we know that the quality of assessments are not at the level we want them to be.
9	11	Implementation of delegated authority	Percentage of Foster Carers that are clear on what decisions are delegated to them (Foster carer annual survey)	Foster carers are clear on the decisions they can make so this does not cause delays for children and young people	70-79	80-89	90-100	98%	In the last Foster Carers' Survey in June 2016, 98% (53) were aware of delegated authority. 82% (37) felt they were supported to make reasonable and appropriate decisions using delegated authority.
Senior management oversight of the impact of services on children and young people									
10	1/155	Strengthen senior managers' oversight of private fostering	Number of open Private Fostering cases	Private Fostering is identified				14	The Annual Figure last year 2014 - 2015 was 6, this year we have nearly doubled this figure with eleven new arrangements and 3 carried forward from 2014-2015. We can attribute this to the awareness raising efforts of the LSCB Private Fostering Sub Group who have ensured that Private Fostering Recognition is on the agenda in Cheshire East. In particular we have seen an increase in education referrals regarding Private Fostering. In September 2016 a Private Fostering Refresher presentation was delivered at the quarterly Practice and Performance Workshop which impacted on the new referrals in Quarter 3. In addition to this, lots of work has been completed to improve the links and communication between the Safeguarding and Quality Assurance Unit and the CIN/CP Teams which has resulted in regular informal discussions regarding potential private fostering arrangements and requests for information and support on existing cases.
11	1	Strengthen senior managers' oversight of YP in unsuitable accomodation	Percentage of care leavers in homeless accommodation that have an appropriate risk assessment which references the risk presented by older residents	Risk assessments are being completed which consider the risks from other residents in order to protect young people	80-89	90-94	95-100		A newly revised risk assessment tool is being implemented from April 2016, as this has just been implemented reporting is not yet available for this measure. The new risk assessment tool has been sent out to every Personal Advisor and Social Worker working with these young people, and we are in the progress of re-assessing them using this new tool. Outcomes for all of these young people are being monitored by the Service Manager.
12	16	Strengthen commissioning arrangements	Number of young people placed in foyer accommodation	Young people in foyer accommodation are identified and monitored				11	We know how many young people are placed at Foyer accommodation. As of the first week of April this was 11, 5 of which are care leavers. Those that are care leavers have personal advisors who are risk assessing their placements using the new risk assessment tool. This risk assessment tool is also being rolled out to other parts of the service to ensure consistency of risk assessments for all young people placed in Foyer accomodation. A tracker reviews all young people placed at the Foyer on a monthly basis.
13			Percentage of children and young people that were pleased with the advocacy or independent visiting service they received	Children and young people felt that the service met their needs and their views were represented	75-79	80-89	90-100	94%	We carried out 39 Outcome wheels with children and young people and under Having my Say there was an increase in score in 37 of them. We also carried out a National Service User satisfaction survey in December, we had 30 returns 21 were very happy and 9 were happy. We are looking at doing this every quarter rather than twice a year and splitting it into Issue based Advocacy, CP Advocacy and Independent Visitor to give more accurate results
The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.									
14			Number of FGM cases identified in any age group that are recorded on the FGM enhanced dataset	Evidence that healthcare professionals are identifying and recording FGM				3	

15		FGM Strategy	Number of FGM cases identified in young people undr 18 reported to Cheshire Police via 101	Professionals are reporting FGM in accordance with the Serious Criome Act (2015)		0	
16			Number of Police investigations following reported cases of FGM	Female Genital Mutilation is responded to and investigated		0	
17	158	National Panel is notified about SCRs	Number of cases referred to Ofsted	Cases are referred to Ofsted		2	Two cases were notified by CSC in 2015-16.
18			Number of cases referred for consideration for a case review	Cases are considered for case reviews		3	3 referrals were received but not met the criteria for a SCR. 2 multi-agency reviews were held and 1 single agency review. 1 True for Us exercise was carried out.
19			Number of single agency case reviews held	Number of cases meeting this level of review		1	1 case (SAR001) was reviewed this year on a single agency basis.
20			Number of reflective reviews held	Number of cases meeting this level of review		3	3 reflective reviews have been held and lessons learnt have been disseminated through LSCB communications and the Sfaeguarding Children Operational Group (SCOG)
21			Number of serious case reviews held	Number of cases meeting this level of review		0	There have been no serious case reviews held as no cases this year met the criteria.
22			Number of 'True for Us' reviews held	Number of opportunities for learning we have used to develop services in Cheshire East		1	City and Hackney true for us exercise completed and reviewed for learning
23			Number of cases referred to the National Panel	Compliance with the protocol and that cases are referred to the National Panel		1	1 case which did not meet the criteria for SCR was notified to the NPE for verification by LSCB Chair.