

Quarterly Improvement Performance Scorecard - March 2016

No	Rec	Rec Summary	Measure	What it Shows	Thresholds			Q1	Q2	Q3	Q4	Comment/Additional Information
					Requires Improvement	Good	Outstanding					
Listening to and acting on the voice of children and young people												
1	15	Learning from complaints	Percentage of complaints resolved at stage 1	If complaints are resolved at stage 1 this shows that we have listened to the complainant and that they have been responded to appropriately.	75-84	85-93	95-99	80%	94%	100%	80%	Q4 - As at 8 April 2016, 20 out of 25 complaints had been resolved and closed at Stage 1, equalling 80%. Work is ongoing with the other 5 - including meetings - to try and resolve these at Stage 1. None have yet been escalated to Stage 2.
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	Practice Alerts being raised demonstrates that IROs are challenging practice				58	60	28	11	This data is taken currently from the safeguarding sharepoint which is incomplete for February and March as it is compiled from manual reports from the IROs. An accurate figure will only be available at the end of the month.
3			Percentage of Practice Alerts addressing drift	This demonstrates that IROs are challenging and addressing drift				3%	7%	4%	2%	There are issues with the accuracy of the reporting. These figures represent formal alerts where concerns about drift have not been responded to and issues could not be resolved at an informal level. It is difficult to make a judgement about the figure other than there are still children where drift is needing to be addressed. You would expect fluctuation dependent on the children reviewed that quarter.
4			Percentage of cases alerted due to drift where this was addressed before escalation beyond formal stage 1	This indicates if drift is addressed promptly in response to Practice Alerts	75-84	85-94	95-100		75%			This is a new measure - data is currently being collected to report on this
5			Percentage of Practice Alerts resolved at formal stage 1 or before	Response to Practice Alerts within timescale shows that challenge is being acted on to improve practice.	75-80	81-85	86-90	100%	100%	100%	100%	All practice alerts were resolved before formal stage 1 which is positive.
6			Percentage of Child Protection Conferences held within timescale	Child Protection Conferences should be held within timescale to ensure progress is made against the plan, and that there aren't delays for children and young people.	85-89	90-94	95-100	82%	92%	98%	92%	Whilst every effort is taken to ensure that all CP conferences are held within timescales occasionally delays are unavoidable. There is a weekly report that sets out the delays, the reasons why and which team these were from. 100% of CP and review conferences were held within timescale for quarter 4. The initial case conferences that were out of timescale were due to late notification from social workers.
7			Percentage of Child Protection Plans open for more than 15 months	Child Protection Plans should not remain open for more than 15 months in the majority of cases.	16-20	10-15	Below 10	11%	6%	6%	6%	All CP plans open over 12 months are scrutinised closely by Safeguarding and frontline teams to ensure plans are appropriate and are achieving their aims in a timely fashion. 16 children and young people (from 7 families) have currently been on a plan for 15 months or more. All these cases have been scrutinised to ensure there is not delay for these children and young people
8			Percentage of children and young people's views that are heard at Child Protection Conferences	Children and young people's views are represented at child protection conferences to ensure these are considered by all professionals.	70-80	81-90	91-100	87%	94%	95%	90%	Children and young people's views are presented at conference in a variety of ways either through attendance, evidence from visits and reports presented at conference. Whilst every effort is made to obtain the views of individuals there will be times when they refuse to speak to Social Workers. there is an advocacy service at first review for all children subject to a plan but the commissioned service is struggling to provide this. this is being addressed with them.
9	4	Timely Early Help	Percentage of decisions made within 1 working day	Timeliness of decision making	70-80	81-90	91-100					System reporting has just been established for this service, but is not yet reliable for reporting performance. We will be sampling from cases to understand the child's journey and to assess the quality of the data reporting.
10			Maximum time taken from contact to referral to Early Help Services	The greatest time taken for a decision on what service is right for the child/ young person.	5 working days	3 working days	1 working day					
11			Maximum time taken from referral to receiving Early Help Services	The longest time is has taken for a family to receive a service	7 working days	5 working days	2 working days					Currently we have no way to report on this measure, we are looking at ways to build this into the reporting system so that we can clearly identify how swiftly families receive services and consider how we can improve their experience. We are aware that demand is currently outweighing our capacity so some families do wait to receive a service.
12	7	Strengthen frontline practice for CSE and MFH	Percentage of cases where return interviews have been completed following missing from home or care (Individuals)	Return home interviews are important to ensure the risks and reasons for the young person going missing are understood, however these are voluntary. A high percentage shows good engagement with young people.	70-75	76-80	81-90		71%	69%	71%	The agreement for the independent service to conduct an return interview is voluntary. Some individuals have declined to completed a return interview. The decline can be from the parent or carer or from the child or young person. All declines are scrutinised via the MFH/CSE Sub group and performance reviews of the commissioned service. Where the young person or parents have declined a return interview from the independent service and they have a social worker or lead professional via a CAF, contact is made with these professionals and Social Workers are made aware of their duty to complete the return interview in line with the Pan Cheshire Protocol; while the statistics don't reflect this, there may have been a higher number completed.
13	8	Quality of assessments	Percentage of children and young people seen within 10 days of the combined assessment start date	Children and young people's views and experiences are considered from the start of the assessment.	75-84	85-94	95-100	29%	54%	59%	65%	Although improving there still remains some issues with recording and linking in the correct visit date to assessments, which means this measure is under-reporting activity. In Q4 from reviewing cases there was clear evidence in 90% of cases that children were seen as part of the assessment. This recording issue has been raised at Practice and Performance sessions and performance is improving.
14	9	Quality of plans	Percentage of children and young people subject to a child protection plan for a second or subsequent time (cumulative)	The amount of children which have had support from children's social care were there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9	23%	21%	21%	19%	This measure considers repeat plans from any time period, eg if a child had a plan when they were 3 years old and then has one again at 15. If we limit repeat plans to within the last 2 years (so more likely to be due to similar circumstances and issues), then performance is at 10%.
15	10	Appropriate step down or closure	Percentage of repeat referrals (cumulative over a 12 Month Period)	The amount of children which have had support from children's social care, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	25-30	20-24	Below 20	25%	22%	22%	22%	There is robust audit activity around both repeat referrals and contact activity to ensure that risk assessment and decision making is appropriate. This is also used to inform multi-agency training around information required at referral stage.
Senior management oversight of the impact of services on children and young people												
16	1	Senior managers' oversight of connected persons	Percentage of Reg 24 assessments presented to the fostering panel in statutory timescales	The correct process is being followed within timescale for connected persons	80-89	90-94	95-100	NA	100%	66%	100%	There is a small number in this cohort. There is increased confidence that all Reg 24 assessments are presented to panel, although some timescales need to be tightened around extensions.
17			Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100	100%	67%	83%	93%	There were six private fostering arrangements open during this period, so this figure is based on 15 potential private fostering visits within this quarter, 14 were completed within timescales - the one visit missed was unforeseeable as young person had left country to return home for funeral, so this is good performance

18	1/155	Senior managers' oversight of private fostering	Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100	0%	0%	0%	0%	Two private fostering arrangements should have been signed off in February 2016, these were not seen by ADM within timescales. Both were delayed by the completion and receipt of DBS checks. There were three other private fostering arrangements in Quarter 4 however these all ended prior to the 45 days. In the current process, the ADM does not review case until DBS, PFAAR and the CIN Plan are in place. Practice standards and current procedures for Private Fostering will be review and updated in April 2016 to improve performance in this area.
19	1	Senior managers' oversight of YP in unsuitable accomodation	Number of care leavers recorded as homeless	Number of care leavers who are homeless or in unsuitable accommodation						3	3	Out of 184 care leavers within the 18th, 19th, 20th & 21st birthday cohorts, there are 3 in unsuitable accommodation. Two of these are considered unsuitable as they are in custody/prison and one is unknown, but not engaging
20	16	Strengthen commissioning arrangements	Number of children and young people using advocacy	Advocacy is being offered and used				41	39	46	71	Of the 71 cases, 51 are Child Protection cases
21			Number of children and young people using advocacy that are at risk of CSE	Advocacy is being offered and used by young people at risk of child sexual exploitation				0	1	1	3	7 referrals for Child Protection Advocacy with CSE risk came in during this quarter. 1 opted out, 3 have been offered the advocacy service but have not confirmed as of yet as to whether they wish to use the service and 3 are using the service this quarter
22			Number of children who agreed to access advocacy services who did not receive the service prior to the first Child Protection review.	Children and young people are being encouraged to access advocacy services to get their voice heard				0	3	1	0	All children who agreed they wanted the service received a service prior to their first Child Protection review .
23			Average time young people wait to be matched with an independent visitor	The delay children and young people experience in being matched with independent visitors				5-6 months	4-7 months	3 months	2 months	There were 3 referrals in Q4. Of these three, two were matched within 2 months, and 1 other is still awaiting a match.
The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.												
24	153	Impact of the neglect strategy	Percentage of children and young people on child protection plans due to neglect	The prevalence of neglect in Cheshire East	2% reduction	5% reduction	10% reduction	56%	48%	47%	44%	The latest IRO sample audit on CP plans for emotional abuse shows that the correct category of plans is not also used so this percentage may not be reflective.
25			Percentage of plans for neglect which have had a previous plan for neglect	The proportion of children and young people who need more support from children's social care, following intervention where changes were made.	20% - 16%	15%-10%	Below 10%	11%	16%	13%	17%	As at 31/3/2016 there were 35 individuals on a plan for neglect that had been subject to a plan previously. Of these, 20 has been subject to a previous plan for neglect.

Audit Improvement Scorecard - March 2016

NB: Measures relate to audits that commenced prior to the improvement plan (Q3 includes cared for audit findings, where appropriate)

No.	Audit Measure	Q1	Q2	Q3	Q4	Direction of Travel	Comment/Additional Information
1	% of case files meeting the standard for management decision making and recording	78%	66%	76%		↑	In this last cohort, auditors requested a management review in 13 cases, which shows that management decision making and recording is still an area that requires improvement.
2	% of children seen within 24 hrs of a Section 47 decision	42%	62%	67%		↑	9 cases in the last audit were appropriately the subject of S47 enquiries. Of those, 6 (67%) were seen within 24 hours. Of the 3 cases where the children were not seen within 24 hours two children were seen within 3 days. Neither constituted an immediate risk to the child. The third child was seen 7 days after the strategy meeting. The allegation was made by an older sibling who was seen in school within the 24 hour timescale, however all of the children within the family should have been seen within the 24 hour timescale.
3	% of Child in need (CIN) cases where there should have been a Section 47	100%	97%	100%		↑	There were no missed S47s in the last cycle.
4	% of CIN reviews with an appropriate recommendation for a change of plan including those reviewed by the Independent Reviewing Officer.	100%	88%	80%		↓	There were 5 cases where there was a change of plan - 1 was step down and 4 were step up. Of the 5 changes of plan, the Auditors queried 1 of the decisions. The Auditor did not disagree with the decision for Children's Social Care to close the case, but considered that a CAF should be put into place to provide continued support for the family. Following a discussion with the relevant Manager, a CAF was subsequently put into place.
5	% of CIN and child protection (CP) cases which meet the practice standard for incorporating and recording the views and wishes of children and young people.	77%	79%	86%		↑	Of the 22 cases audited, 19 (86%) evidenced children's wishes and feelings being incorporated, but the recordings of this were of a variable standard.
6	% of children who have a CIN plan after 35 days	42%	59%	67%		↑	This standard applied to 18 cases. 12 (67%) had a plan within 35 days, leaving 6 (33%) with a plan outside of the 35 day standard.
7	% of cases in which practice standard is met for regularity of visits by a social worker	79%	78%	67%		↓	Analysis of the data shows that the performance for CIN cases has improved, whilst there has been a dip in relation performance in CP cases. Performance challenge sessions are addressing individual and team practice in this area

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 June 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.
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 engagement from 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 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		The Annual Foster Carer's survey has not been carried out yet but is planned to take place this year before July 2016.
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 assessmenr 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 accomodation. 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					This information is being collated from GP practices and hospitals and will not be available until the end of April

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)			This information will be available later in April.
16			Number of Police investigations following reported cases of FGM	Female Genital Mutilation is responded to and investigated			This information will be available later in April.
17	158	National Panel is notified about SCRs	Number of cases referred to Ofsted	Cases are referred to Ofsted		0	There have been 0 cases referred to Ofsted this year.
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
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.