Children's Services Committee

Report title:	Performance Monitoring 2018-19
Date of meeting:	22 January 2019
Responsible Chief	Sara Tough
Officer:	Executive Director Children's Services
Strategic impact	

Strategic impact

Robust performance and risk management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.

Executive summary

Performance is reported on an exception basis, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. Those that do not meet the exception criteria will be available on the Performance section of the Norfolk County Council web site. The only measure which is currently rated as Red (CIN with an up to date CIN plan – Appendix 2), is discussed later in this report.

This report focusses primarily on data as at end of November 2018 and in addition to vital signs performance, this report and its appendices contain other key performance information via the (MI) Report (Appendix 1)

Locality-level performance information is available on the Members Insight area of the intranet.

Recommendation:

Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

1. Introduction	I. Introduction														
1.1 Performance dashboar	rd														
1.1.1 The performance dashbo	•						•				•		-	•	
then complements that e	exception	reportin	g proces	s and er	hables co	ommittee	membe	rs to che	ck that k	ey perfo	rmance	issues a	re not be	ing miss	sed.
Norfolk Cour	ity Co	uncil			Child	dren's S	ervices	Commit	tee - Vit	al Sign	s Dashb	oard			
															NOTE
Green	is in line with	• •	•		•	•	• • •	• •	•		•		se than high ause the ind		
	get value is t	hat which re	lates to the l	atest meası	ure period re	sult in order	to allow con	nparison aga	ainst the RA	G colours.	A target may	/ also exist f	or the currer	nt and/or fut	ure perioc
✓ Column24	Column25 👻 Bigger or											Column37 👻			Column40
Monthly	Smaller is	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Target
[ChS] Percentage of Referrals into	better														
Early Help Services who have had a referral to EH in the previous 12	Smaller	9.4%	10.2%	6.5%	3.0%	6.3%	5.4%	6.1%	7.6%	3.6%	2.5%	2.2%	3.3%	5.3%	20.0%
months															
ChS} Percentage of Referrals into	ND	15 / 160	13 / 127	11 / 168	4 / 132	9 / 144	8 / 147	7 / 114	12 / 157	6 / 169	3 / 122	2 / 90	6 / 181	8 / 150	
Section 17 CIN Services who have	Smaller	23.5%	23.8%	23.9%	24.2%	24.1%	24.2%	20.8%	21.3%	21.6%	22.6%	22.8%	16.3%	17.0%	<20%
had a referral to S.17 CIN in the previous 12 months	Officier	20.070	20.070	20.070	24.270	24.170	24.270	20.070	21.570	21.070	22.070	22.070	10.070	17.070	-2070
	ND	2189 / 9320	2252 / 9482	2233 / 9341	2240 / 9245	2173 / 9001	2173 / 8963	2162 / 9030							
{ChS} Percentage of Children Starting a Child Protection Plan who															
have previously been subject to a	Smaller	8.3%	8.1%	8.1%	8.2%	8.2%	7.5%	7.5%	7.5%	6.8%	8.2%	8.4%	8.4%	8.5%	<15%
Child Protection Plan (in the last 2 years)															
,,	ND	67 / 809	66 / 814	70 / 859	71 / 869	69 / 844	66 / 875	67 / 888	66 / 883	59 / 870	76 / 924	79 / 938	80 / 948	84 / 990	
{ChS} Child in Need (CIN) with up to date CIN Plan	Bigger	64.7%	62.4%	58.9%	59.1%	65.8%	81.7%				57.4%	61.1%	66.7%	70.2%	
	ND	973 / 1505	979 / 1570	909 / 1544	850 / 1439	917 / 1393	785 / 961				638 / 1112	696 / 1139	749 / 1123	798 / 1137	
{ChS} Child Protection (CP) - % children seen	Bigger	80.9%	84.7%	82.7%	89.1%	87.3%	83.6%	89.0%	85.0%	86.5%	80.0%	82.3%	76.6%	92.9%	100%
	ND	295 / 508	354 / 504	440 / 532	521 / 585	508 / 582	498 / 596						438 / 572	511 / 550	
{ChS} LAC with up to date Care Plan	Bigger	95.3%	95.6%	94.3%	96.0%	95.7%	94.0%	91.5%	93.2%	94.5%	94.6%	95.7%	98.7%	95.4%	
	ND	1078 / 1131	1076 / 1125	1085 / 1151	1118 / 1164	1127 / 1178	1108 / 1179	936 / 1184					1175 / 1191	1138 / 1193	
{ChS} LAC with up to date Health Assessment (HA)	Bigger	78.0%	76.2%	75.1%	76.5%	74.2%	77.4%			80.6%	80.4%	87.5%	83.0%	86.2%	100%
	ND	610 / 782	604 / 793	604 / 804	613 / 801	596 / 803	627 / 810					722 / 825	697 / 840	713 / 827	
{ChS} Eligible Care Leavers with up to date Plan	Bigger	83.5%	82.3%	83.1%	79.7%	75.6%	76.3%					95.6%	99.6%	97.8%	
	ND	177 / 212	181 / 220	187 / 225	189 / 237	183 / 242	183 / 240					217 / 227	224 / 225	225 / 230	
{ChS} Percentage of all young people in EET	Bigger	91.6%	91.5%	91.1%	91.0%	90.8%	90.4%		93.9%	92.5%	87.8%	86.0%	89.4%	92.3%	92%
	ND														
{ChS} Percentage of Relevant and Former Relevant Care Leavers in	Bigger	62.6%	61.2%	59.2%	58.2%	58.3%	58.4%			55.8%	54.1%	48.1%	49.4%	50.5%	
EET	Digger	02.070	01.270	00.270	00.270	00.070	00.470			00.070	011170	10.170	10.170	00.070	

1.2 Report cards – Appendix 2

- 1.2.1 A report card has been produced for each vital sign. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improvement performance. The report card follows a standard format that is common to all committees.
- 1.2.2 Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 1.2.3 Vital signs are reported to committee on an exceptions basis. The exception reporting criteria are as follows:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive months/quarters/years
 - Performance is adversely affecting the council's ability to achieve its budget
 - Performance is adversely affecting one of the council's corporate risks.
- 1.2.4 Vital Signs performance is reported on an exception basis using a report card format, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. To enable Members to have oversight of performance across all vital signs, all report cards will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.

1. Impact of Support for Education Improvement

1.1 Ofsted Outcomes

1.1.1 Schools:

Ofsted statistics now include the previous Ofsted judgement for schools that have been sponsored or re-brokered as an academy. Since September, the percentage of Norfolk schools judged good or outstanding has remained at 84% compared to a national average which remains at 86%.

1.1.2 Early Years Providers:

The percentage of early years providers judged good or outstanding has declined slightly since September but continues to be above national averages at 96% compared to a national average of 95%.

1.2 Education Outcomes

Once validated data is released by DfE, a full analysis of outcomes will be shared at <u>http://www.schools.norfolk.gov.uk/Supportforschoolimprovement/School-Performance</u>) for discussion at the March committee.

1.3 Use of Statutory Powers of Intervention in LA Maintained Schools

There are currently five schools that are subject to LA intervention following the issuing of a warning notice (see https://www.gov.uk/government/publications/schools-causing-concern-2)

Warning Notices have been issued in the autumn term 2018 to Colman Infant School and Robert Kett Primary School.

1.4 Exclusions from Schools

Permanent exclusion data from the autumn term is provisional at this stage, 95 pupils have been excluded, 39 of which are confirmed as permanent, the remaining 56 pupils are still in the period where the exclusion could be rescinded.

Fewer pupils were permanently excluded from secondary schools in the autumn term compared to Autumn 2017. 61 pupils have been excluded from secondary schools, compared to 74 pupils in 2017. In primary schools however there has been an increase from 21 to 33 pupils.

1.5 Participation post 16

92.3% of Norfolk pupils in year 12 and 13 were known to be participating in fulltime education or employment with accredited training (e.g. apprenticeships). This is 2.3 percentage points above national average. The percentage of students whose destination remains unknown is just 1.0% (national 5.9%).

2. Early Help

2.1 At the end of November 2018 the Family Focus teams were supporting 673 families across Norfolk, with 1487 children and young people in these families. The West team are supporting 149 cases, which makes them the busiest team this month. In November 2017 Family Focus were supporting 615 families across Norfolk, and the West team were supporting 125 of these families.

5% of new cases were re-referrals, and this represents 8 families across Norfolk, which continues the low number of re-referrals, and is an indicator that practitioners and team managers are supporting families successful to move onto universal services and maintain progress.

There were 139 families waiting to be allocated at the end of November 2018, and highlights that the Family Focus teams are being asked to hold more cases, both stepping up from universal services, and stepping down from children's social care teams. Family Focus managers have an agreed protocol to support families while they wait to be allocated, and this involves effective triage of all cases, cases allocated according to the level of risk, and ongoing telephone support, until a named family practitioner has the case.

2.2 The Partner Focus team supported 127 partners to manage the Family Support assessment and planning process. It's important to remember that there are only 5 members of staff in this team across the county, and they support an impressive number of partners to understand and manage risk, so that cases stay at threshold level 2, rather than escalating to more intensive services.

The Partner Focus team are also responsible for training internal and external partners and trained 75 professionals in Family Support Processes and Signs of Safety.

- **2.3** The Community Focus team handled 232 requests for Information, Advice and Guidance in November 2018. Some examples of these requests were:
 - A school was seeking a charitable trust to support a child with significant needs to attend a school trip
 - A district council colleague housing colleague was asking for links to the Hoarding and Self-Neglect Strategy
 - We were asked to promote the Men's Sheds initiative, to support men who have mental health difficulties
 - A parent was seeking an online Solihull parenting course
 - A school were asking for information about support for young carers, and how to get a young carers assessment
 - A grandparent was asking about grandparents' courses, as they have recently become the full time carers for two of their grandchildren
 - A school Parent Support Advisor was asking for information about primary age emotional literacy resources

3. Social Work (MI Report at Appendix 1)

3.1 Contact and Referrals

3.1.1 The number of contacts reported has remained steady over the past 4 months but is higher than seen in February to April. This is partly due to how we now count contacts. Since the implementation of Liquid Logic this includes all contacts raised in the Early Help Module (EHM) regardless of whether it went through CADs (previously contacts recorded on the EH system DOREIS were not included). This will also have had an impact on the percentage of contacts that converted to referrals, as many contacts now reported on were never made with the intention of seeking a referral to Social Care. With the new CADs model in place, we might expect to see the percentage of contacts accepted as referrals fall further over the coming months. Whilst there has been a significant drop in the number of referral this month compared to the same time last year (528 compared to 954), it does need to be noted that in late 2017 we saw anomalous rates of referrals. However, looking back to the same period in 2014, 2015 & 2016, referral rates in November have previously been circa 750 so it is true to say we are experiencing much fewer referrals at present.

3.2 Assessments

- 3.2.1 The number of social work assessments completed over the past 3 months are lower than seen at the end of 2017 and start of 2018. This is likely due to a drop in the referral numbers since the very high rate of referrals received in the 6-month period of June November 17. We would expect to see the numbers continue to reduce as the introduction of the CAD Service appears to have already seen some reduction in referral rates.
- 3.2.2 After a strong 3 months, there was a slight decrease in the percentage of Social Work Assessments completed in 45 working days. There is a wide variance of performance across localities, as such, it is important that all the localities ensure they have systems in place to support workers in completing timely work on an ongoing basis. It is positive that alongside better timeliness, we have seen some improvements in quality of assessments. 4 localities have had one case, one worker audits and analysis of logged audits from these shows that in 65% of cases the practice standards for Assessments were met or consistently met. For many of those that didn't met practice standards, this was due to timeliness of completion rather than inadequate quality.

3.3 Child In Need

3.3.1 Although not at the same level seen prior to April 18, we are seeing increasing percentages of Children in Need with an up to date plan across the County. Only one locality saw a significant decrease in performance in this which could be linked to them recently becoming a pilot locality for a new social work model, whereby Assessment and FIT functions have merged, and social workers now hold cases from referral to closure, step down or transfer to LAC. This means both assessment and FIT social workers have had to get used to new ways of working and the HoSW and managers need to understand how and if this has impacted on performance in this measure, alongside solutions to improve. Notwithstanding this, dip sampling of exceptions from the locality has evidenced that for many children who didn't have an up to date CIN plan, particularly those who had recently had or were having an assessment completed, a Rapid Network Meeting was held, with an associated support plan in place.

3.4 Child Protection (CP)

3.4.1 Whilst the number and rate per 10K under 18 population of children subject to CP plans has increased, this is a national trend and Norfolk has consistently been lower than the National average for the past 5 years in terms of rate per 10k under 18s. At 39 per 10k population under 18, we remain below our statistical neighbour (45) and national (45.3) averages. There are localities with a larger cohort of children subject to child protection planning, however this is not unexpected across a diverse County such as Norfolk. Notwithstanding this, we need to remain

mindful of the increasing numbers in Norfolk and seek to understand if there are any themes that can be explored to underpin learning and practice.

- 3.4.2 Our percentage of children who have become subject to a CP plan for a second or subsequent time did rise in November 2018 and, given the slightly higher numbers also seen in August and October 2018, we may see the rolling 12 months figure exceed the 22.4% seen a year ago. However, it is noted that our statistical neighbour & national averages have also risen. There may need to be further exploration if numbers continue to rise. We continue to see very small numbers and percentages of children being subject to CP plans for more than 2 years, and the number on plans for 18 months or longer has decreased.
- 3.4.3 The percentage of children seen on CP plans within 20 working days is at the highest level over the past 12 month and is indicative of social workers ensuring their recording is up to date and accurate. All but one locality are performing at over 90%. However, the one locality under 90% has increased from 81% in October to 87% in November. One locality saw all their children subject to CP plans within the 20-day timescale. There has also been an increase in the percentage of children on CP plans seen within the 'stretch measure' target of 10 working days. For some children and families, it is right that visiting frequency might not be as often as 10 working days, in those cases managers should ensure there is clear oversight and rationale recorded.

3.5 Looked After Children

- 3.5.1 Whilst it is recognised that Norfolk's rate of LAC per 10k population under 18 is significantly higher than Statistical Neighbour (56.2) and National (64.0) averages, we have seen the number and rate fall from a high of 1,204 (71.2 per 10k population) in August 2018 to 1,193 (70.6 per 10k) as at the end of November 2018. There have been several streams of work to identify, drive and monitor action on those cases where children could either return home to their parents' care or be cared for outside of being looked after (specifically via Special Guardianship Orders). This includes a weekly LAC tracker and a 'return home' project which currently has 100+ children identified for possible reunification with their families. The quarterly LAC analysis helps identify trends & cohorts of LAC children who may need more focus, as well as hypothesis on practice that needs further exploration.
- 3.5.2 We continue to see very strong performance with regard to looked after children having Care Plans updated (95.5%) and this is seen across all localities. We are still working on ensuring that social workers are recording Pathway Plans for Eligible Care Leavers correctly on the system but we are pleased to report that circa 98% of these young people have Care Plans in place.
- 3.5.3 The percentage of children having an Initial Health Assessment within 20 working days of becoming LAC continues to be an area of focus to ensure improvements seen in weekly reports are sustained. Performance continues to improve with social work teams ensuring more requests are made in the 5 working day timescale (85% in the 20 working days prior to 29/11/18) and Health Partners providing more capacity for the IHA appointments to be undertaking within 20 working days of the child becoming Looked After. We continue to be tenacious in our challenge to staff and Health Partners alike to improve further.

3.6 Care Leavers

3.6.1 Localities have responded well to messages regarding ensuring recording of Keeping in Touch Forms is up to date and accurate and we know that we have been in touch with 75% of care leavers in the past 2 months. At present data shows a considerable fall across all localities in the percentage of care leavers in Education, Employment or Training compared to April 18. Whilst 50.5% of Care Leavers being EET is in line with National Average (51%), in April 18 the Norfolk figure was 58.5%. There needs to be further analysis of this to establish whether this remains a recording issue, whether we have reported figures slightly differently in the past (pre LCS) or whether there really has been such a significant drop in the number of our care leavers who are EET.

3.7 Caseloads

- 3.7.1 We are already seeing some decrease in caseloads since the introduction of CADS in October18. As at the end of November 2018, 32% of Social Workers had a caseload over the recommended caseload policy compared to 36.5% at the end of September 2018. The caseloads of Assessment Team social workers in particular has fallen; as at end of September 18, 15 Assessment social workers had caseloads of 25 or more compared with 9 at end of November. We would expect to see this trend continue alongside a drop in the number of referrals.
- * Eligible care leavers are young people aged 16 or 17 who are currently looked after
- ** Relevant care leavers are young people aged 16 or 17 who have been eligible care leavers
- *** Former relevant care leavers are Young People aged 18-21 who have been **eligible** and/or **relevant** care leavers

4. Financial Implications

4.1 – As requested this is now contained in a separate report.

5. Issues, risks and innovation

- 5.1 These risks are regularly reviewed and updated as appropriate by the CS Leadership Team.
- 5.2 This is contained in a separate report.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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