

Children's Services Committee

Report title:	Performance Monitoring 2017-18
Date of meeting:	10 July 2018
Responsible Chief Officer:	Sara Tough Executive Director Children's Services
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 four measures which are currently rated as Red (LAC with an up to date health assessment, Eligible Care Leavers with an up to date Pathway Plan, the rate of LAC per 10k of under 18s and EHCP completion timescales), are discussed later in this report. Whilst the percentage of Care Leavers who are EET is rated as red, this is because the Local Authority has high aspirations for our young people and have a target of 70%. At 58%, the performance in this measure continues to be above statistical neighbour (53.6%) and national averages (50%).

This report focusses primarily on data as at end of April 2018 and in addition to vital signs performance, this report and its appendices contain other key performance information via the (MI) Report (Appendix 2).

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

Liquidlogic implementation has been overwhelmingly successful as a case recording system. However, data provided and available from Intelligence and Analytics at this point is limited. This work is still being developed, we therefore ask that committee take account of this technicality.

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.

Quarterly / Termly	Bigger or Smaller is better	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18	Target
{ChS} Percentage of Children Starting to be looked-after who have previously been looked-after	Smaller						17.6%	10.0%	9.0%	8.3%	7.0%	8.0%	5.3%	6.7%	<15%
		/	/	/	/	/	/	/	/	/	/	/	/	/	33 / 493
{ChS} LAC with up to date Personal Education Plan (PEP)	Bigger	86.5%	76.7%	63.5%		73.5%	88.1%	76.0%	83.2%	84.2%	89.2%	89.4%	88.5%	88.7%	100%
		/	/	/	/	527 / 717	597 / 678	541 / 712	570 / 685	591 / 702	610 / 684	599 / 670	577 / 652	564 / 636	
{ChS} Rate of Looked-After Children per 10,000 of the overall 0-17 population	Smaller	64.1	64.0	63.6	63.1	62.5	62.6	62.8	65.5	65.8	65.7	66.2	66.5	69.7	<55
{ChS} Increase the percentage of education establishments judged good or outstanding by Ofsted	Bigger				80.0%			87.0%	88.0%	88.0%	89.0%	89.0%	89.0%	89.0%	>86%
		/	/	/	/	/	/	/	/	/	/	/	/	/	
{ChS} Number of children subject to a Permanent Exclusion	Bigger					116.0	94.0		84.0	132.0	65.0		66.0	7100.0%	
{ChS} Percentage of Education, Health & Care Plans completed within timescale	Bigger											7.0%	9.0%	14.0%	

1.2 Report cards

1.2.1 A report card has been produced for each vital sign (Appendix 3). 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.

2. Impact of Support for Education Improvement

2.1 Ofsted Outcomes

2.1.1 Schools:

The percentage of Norfolk schools judged Good or Outstanding, as a percentage of schools with a judgement, remains unchanged at the national average of 89%.

So far this term, two previously Good schools have had their Good judgements reaffirmed. Two academies were judged as Requires Improvement (one previously Special Measures and one previously Requires Improvement) at their first inspections as sponsored academies.

2.1.2 Early Years Providers:

The percentage of early years providers judged good or outstanding remains strong at 95% of settings (at national) and 98% of childminders (above national).

Education Testing and Assessment

Moderation of Early Years Foundation Stage Profile showed that teachers are increasingly making accurate judgements, the percentage of schools with any additional actions to take dropping from 36% to 20%. This is important as an accurate assessment at the end of Early Years is the baseline for progress into National Curriculum teaching in year one. Key Stage 1 and 2 moderation is taking place now.

2.1.3 Post 16 Participation

The percentage of 16 and 17 year olds known to be in Employment Education and Training remains above national figures. Norfolk continues to have a very low number of 16 and 17 year olds whose destination is unknown compared to the national figure. This means that although there is a higher percentage of young people recorded as not in education, employment or training (NEET) than nationally, we can be confident that our data is accurate. There has been a drop in participation at 16 from 95.6% in December to 94.4% at the end of March, and at 17 from 87.1% in December to 86.7% at the end of March. This is due to young people who have left education or training provision early, or who are no longer in employment. We are focussing on more targeted preventative work with year 11 students based on an analysis by geography, student characteristics and occupational choices. This information is shared with providers to assist them in supporting vulnerable learners. We continue to actively support re-engagement of year 12 students.

2.1.4 Exclusion

Phase	Aut 15-16	Spr 15-16	Sum 15-16	Aut 16-17	Spr 16-17	Sum 16-17	Aut 17-18	Spr 17-18	Sum 17-18
Primary	31	31	21	33	16	22	22	19	10
Secondary	81	61	63	98	49	42	80	51	25
Other	4	1		3	1	2	3	2	
Grand Total	116	94	84	132	65	66	103	71	35

The number of permanent exclusions this academic year is lower than the previous two years. The number of confirmed permanent exclusions remains above national exclusion rates.

Department for Education fixed term exclusion data for last academic year is released in July. We are checking and challenging fixed term exclusion data with secondary schools this term, and will fully report our findings to committee in September.

Year Group	Aut 16-17	Spr 16-17	Sum 16-17	16-17 Total
1 and below	4	3	5	12
2	3	4		7
3	7	2	5	14
4	8	2	3	13
5	7	3	6	16
6	4	2	3	9
7	5	4	3	12
8	11	9	13	33
9	25	9	13	47
10	28	21	16	65
11	32	7		39

The number of permanent exclusions per year group was requested at the previous meeting and is shown above for the previous academic year. As can be seen, the majority of exclusions are for older secondary pupils.

2.1.5 EHCP

Education Health & Care Plan (EHCP) performance is high priority for children's services and our partners. The overall performance has been a concern as too few Plans have been completed within the governments expected timescale of 20 weeks. The process is rightly complex and involves the careful assessment of education need, so involves an education psychologist, a health assessment which may result in a diagnosis, and an assessment of any care needs.

In 2014 the existing Statement of Education need was replaced by an EHCP, In Norfolk there were 4500 children with a statement which had to be transferred to an EHCP by March 31st 2018. In Norfolk over 99% of plans were transferred to deadline with a handful where parents agreed that the process could not be completed.

New referrals since 2014 have escalated from an average of approximately 650 per year to over 1000 over last academic year. Performance in timescale has been weak because:

- there were higher than national average numbers of children with statements which need to be transferred;
- there are higher than national average numbers of children being referred for an EHCP;
- there has been insufficient staffing capacity to meet the demand.

Performance is improving, albeit slowly to date. Now that all statements of education need have been transferred this will transform in the coming months. We aim to achieve the national average performance within the next six months, and the Government's ambitious target of 90% by this time next year. The actions we have taken to achieve this are:

- re-organise the Education Services to create significantly greater staffing capacity;
- move the Education Psychology Service to the Education Services;
- appoint specific leadership to EHCP assessment;
- review the approach to EHCP assessment, to retain the person-centred philosophy within a faster timescale;
- work with the corporate Delivery Unit (SDU) to review roles, systems and process;

3 Early Help

- 3.1 The number of cases open to Early Help Family Focus (EHFF) teams across the county remains steady, with Family Focus teams holding 670 cases at the end of May 2018. Early Help Practitioners were supporting 1542 children and young people through these cases.
- 3.2 In-reach activity provided by EHFF teams to Social Work teams supporting trajectory and appropriate transition from Social Work led interventions. This is also being supported by our community and partnership (Process) managers for those families that can step down from Social Work teams to universal Family Support Process where targeted family support is not needed.
- 3.3 The new electronic recording system for Early Help Family and Partner Focus teams was introduced on 3rd May 2018. Practitioners are completing existing cases on Doreis (the previous case management system), and new cases are being added to the Liquid Logic Early Help Module. Team managers are working hard to understand the new system, and work with Social Work managers to ensure cases that step down are picked up in the right workflow.
- 3.4 The new workflow system has been particularly challenging for MASH colleagues, as they have moved exclusively to the new system, in line with Social Work. A rota of additional support from the locality teams has been put in place to ensure children, young people and their families receive a timely and appropriate response.
- 3.5 As part of the continual focus on using data to inform practice, a workshop has been planned in July 2018 to look at how Family Focus team managers triage requests for support, and what happens to the cases that don't need a family focus practitioner at this time. In addition, as we will soon have data sets from Liquid logic six weekly performance sessions have been put in place led by the Assistant Director for Early Help and will include all heads of service and team managers from across the localities.

4. Social Work (MI Report at Appendix 2)

4.1 Contact and Referrals

- 4.1.1 As at 26th April 18 there had been 2643 contacts made which is in line with the number seen in the preceding two months. Of all contacts made 17.7% did not meet the threshold for referral to children's social care and this indicates that partners may need to have increased confidence in what constitutes the need for social care intervention. An initial review of Children's Services 'Front Door' has been completed by an external expert and work is continuing to have a robust redesign of our front door arrangements in progress by this summer.

4.2 Assessments

- 4.2.1 Our rolling 12 month rate of assessments of 504.7 per 10k population under 18 is still below the National Average of 515 per 10k population under 18, we do complete more assessments per 10k population than our statistical neighbours (463.1). However a low proportion of our assessments (less than 50%) result in ongoing involvement. What is clear is that at the point of transfer from MASH to an assessment teams the information provided by referrers indicate that assessment is needed. Further exploration by assessment teams result in no further social care involvement being required. It is envisaged that the review and redesign of our front door arrangements will be impactful throughout the children's system, particularly assessment teams.
- 4.2.2 The authorisation of social work assessments within 45 working days needs to continue to improve. Performance increased slightly in April 2018. Norfolk's performance of 61.9% is lower than our statistical neighbour (83.8%) and national (82.9%) averages. Across the county there are some local differences that impact on this overall performance rate with some localities with better performance. A revised performance management framework has been developed whereby accountability for improvement in performance areas of concern are robustly monitored

and challenged. A series of workshops for assessment teams covering performance, process and practice have also been developed.

4.3 Child Protection (CP)

- 4.3.1 The number of children subject to CP plans has increased in April 18 following a drop last month however, at a rate of 38.2 per 10k of under 18s, we remain below our statistical neighbour (43.9) and national (43.3) 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. Whilst most localities have seen an overall rise in CP numbers over the past 12 months, 1 has seen a significant reduction which could indicate more impactful work with families at a lower level of intervention to ensure change is sustained and enduring. However due regard needs to be applied when considering that across the County 51% children becoming looked have previously been subject to CP planning.
- 4.3.2 Our number of Initial Child Protection Conferences on a 12 month rolling basis of 67.1 per 10k under 18s is only slightly higher than statistical neighbour and national averages of 63.2 and 65.3 respectively. An area for improvement is timeliness of ICPC's. The majority of localities perform well however there are occasions where this is not consistent across the county.
- 4.3.3 Our percentage of children who have become subject to a CP plan for a second or subsequent time has fallen from 22.7% in April 17 to 20.2% and is in line with our statistical neighbour averages of 19.7%. Whilst the percentage of children subject to child protection planning for over 2 years is very low, we have seen an increase in children on CP plans for over 18 months (an increase of 13 children from April 17 to April 18). This is not a widespread concern but one that we need to be mindful of.
- 4.3.4 Whilst the data in April's performance report shows a drop in timeliness for CP visits in 20 working days, this is due in part to the data being extracted from the system prior to the end of the month, which meant all visits undertaken may not have been recorded at that point. A revision of data to the end of April for the percentage of children on CP plans seen within 20 working days shows an increase to 88%. Visiting within 20 days is a statutory requirement and for many families making progress and sustaining change this is entirely right.

4.4 Looked After Children

- 4.4.1 The number of Looked After Children at the end of April 18 was 1179. Whilst LAC numbers have increased nationally (from 60 per 10k under 18 population year on year since 2015) Norfolk has increased at a higher rate (62 per 10k to 65 per 10k in the same period and now 69.7) and is higher than our statistical neighbours (53.4). To fully understand the story behind the increase in the number of Looked After Children there continue to be a number of activities underway. These include the weekly LAC tracker, and a monthly analysis of all LAC starts and ceases, age exit routes from care and time spent in care. There are 2 reviews underway to better understand our looked after children cohort. This work, together with the review of our front door arrangements and a transformation programme work stream, is working tirelessly to understand why numbers are increasing and in what circumstances could alternative support to a family have prevented their child coming into care.
- 4.4.2 Performance regarding ensuring our Looked After Children have an up to date Care Plan continues to be very good. Five localities currently have at least 93% of looked after children with an up to date looked after child plan.
- 4.4.3 The stability of placements for our long term looked after children (70%) is in line with national and statistical neighbour averages (70% & 69%) as is the percentage of children with 3 or more placements in any one year (Norfolk 11%, statistical neighbours 10.5%, national 10%). A slight drop in percentage of stable placements since the December 17 is likely due in part to work to find suitable and stable foster placements for some of our children in long term residential placements. However, there are some anecdotal reports of long term foster placements breaking down after permanency has been agreed. To better understand the validity and extent of this a dip sampling exercise is underway to be assured that the right support is offered to sustain these placements at the earliest indication of possible placement breakdown.
- 4.4.4 The percentage of children having an Initial Health Assessment within 20 working days of becoming LAC continues to be an area for improvement. Data held by the CS QA Hub indicates that 87.5% of LAC starts in April had a request for an Initial Health Assessment within 5 days of becoming LAC, however the completion rate by health partners between days 5 to 20 was 41.2%. There has been a small increase in the percentage of children with up to date Health Assessments to 77.4%, this is due mainly to Health Partners working on strategies to increase their capacity. We monitor this to ensure partners continue to improve their ability to offer timely appointments.
- 4.4.5 We continue to see increasing percentages of children participating in their LAC reviews (65.3%), which is positive and means that looked after children have their voice heard and play a pivotal role in developing their care plan. Social workers and IROs value the principles of LAC reviews being the child's review. The ongoing cultural change in how LAC reviews belong to the child is key to sustaining increased attendance by children.

4.5 Care Leavers

- 4.5.1 At 58%, performance regarding our Care in Education, Employment or Training continues to be good and above statistical neighbour (53.6%) and national averages (50%). We continue to monitor performance regarding care leavers we are in touch with as this is an area in recent months which hasn't been as high as we want and it is where recent performance has indicated a drop from our previous good position. Most (87%) of Relevant and Former Relevant Care Leavers have a Pathway Plan, however the performance for Eligible Care leavers is lower at 76.3% and we would want this to be higher.

4.6 Adoption

- 4.6.1 Performance information shows further increase in the percentage of adoptions being completed within 12 months of the 'should be placed for adoption' decision being made. The average number of days between a child becoming LAC and having an adoption placement has

remained steady over the past 12 months, and our performance regarding average number of days between placement order and being matched with an adoptive family has improved over the last year. Our adoption teams continue to be high performing and we are proud of the outstanding work they do alongside frontline social workers to ensure children with a plan for adoption have permanence achieved at the earliest possible opportunity.

4.7 Caseloads

4.7.1 The average caseload in Norfolk is currently 15. As at the end of April 18 six social workers had high caseloads of 30+, all of whom were in assessment teams. Additional team capacity has been added to three localities and has already had a positive impact on caseloads. The data regarding children experiencing changes of social worker outside of transfer to a new team shows a rise (from 4.3% to 11%). As the figures show rises across all the localities, including those who have historically had very low change of worker rates, this data is being tested to ascertain whether it is correct.

* 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

5. Financial Implications

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

6. Issues, risks and innovation

6.1 As requested this is now 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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