

SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. THOMAS

13th July 2017

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

CHILDREN AND YOUNG PEOPLE SERVICES – 4TH QUARTER (2016-17) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 4th Quarter Period (April 2016 – March 2017); the Monthly Key Priority Indicator Information (April 2017) and Complaints Data (April 2016 – March 2017).

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17 and are contained in this report. Comparison data for these Performance Indicators will become available over time. In addition, this report contains the CYPS Key Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016. Performance against the revised range of Key Priority Indicators continues to demonstrate consistent performance within the Service.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPS. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:
 - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2016– March 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at 30th April 2017)

Section 3 – Complaints and Compliments Data (April 2016 – March 2017)

Section 4 – Overview of Quarter 4 Quality Assurance Audits (January 2017 - March 2017)

List of Background Papers

None

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Section 1: Quarterly Performance Management Data and Performance Key

2016-2017 – Quarter 4 Performance (1st April 2016 – 31st March 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(NSI) National Strategic Indicators - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. The Welsh Government recently published a written statement confirming the revocation of the Local Government (Performance Indicators) (Wales) Order 2012. As such, 2015-16 will be the final year of collection of the former National Strategic Indicators (NSIs) by Welsh Government. In order to ensure minimal disruption for local authorities, many of whom will have included these indicators in their improvement plans for the current financial year, the WLGA's (Welsh Local Government Association) coordinating committee agreed that local authorities should collect them alongside the PAMs for 2016-17.

(PAM) Public Accountability Measures - consist of a small set of “outcome focused” indicators, selected initially from within the existing Performance Measurement Framework. They will reflect those aspects of local authority work which local authorities agree are considered to be important in terms of public accountability. For example, recycling, educational attainment, sustainable development, etc. This information is required and reported nationally, validated, and published annually.

All Wales The data shown in this column is the figure calculated using the base data supplied by all authorities for 2015/2016 i.e. an overall performance indicator value for Wales.

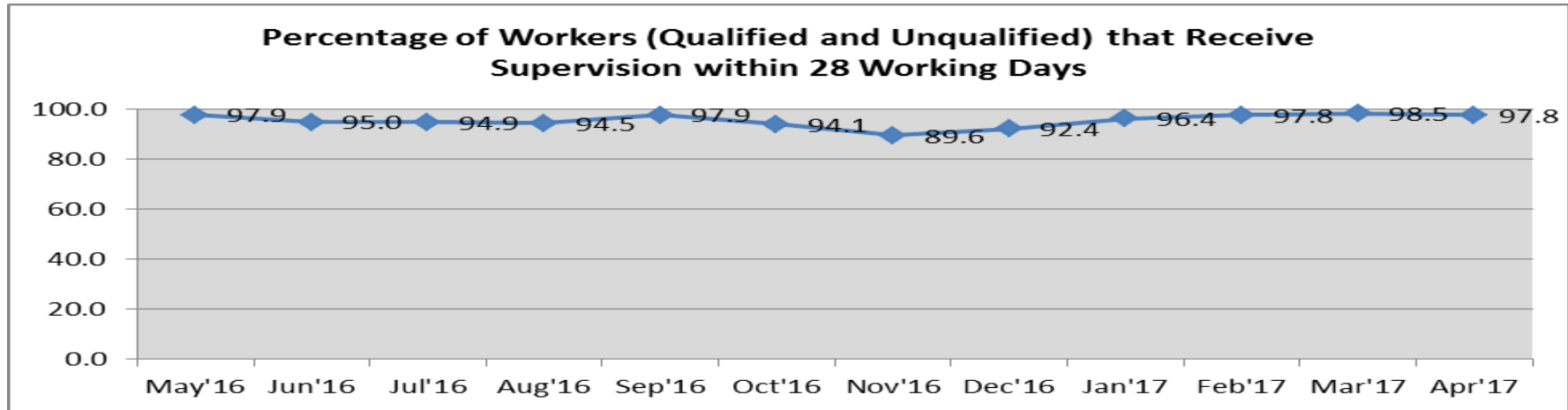
	Performance Key
😊	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
v	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

Social Care – Children’s Services							
No	PI Reference	PI Description	2014/15 Actual	2015/16 Actual	All Wales 2015/16	2016/17 (End of Year)	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	n/a - new		97.6% (1197 out of 1226)	n/a - new
2	PI 25	The percentage of children supported to live with their family	n/a - new	n/a - new		Populated by Welsh Govt.	n/a - new
3	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	n/a - new		Populated by Welsh Govt.	n/a - new
4	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	n/a - new		7.8% (18 out of 230)	n/a - new
5	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	n/a - new		233.1 days	n/a - new
6	PI 29a	The percentage of children receiving the core subject indicators at key stage 2 (includes CP, LAC + CRCS)	n/a - new	n/a - new		59.2% (29 out of 49)	n/a - new
	PI 29b	The percentage of children receiving the core subject indicators at key stage 4 (includes CP, LAC + CRCS)	n/a - new	n/a - new		17.5% (10 out of 57)	n/a - new
7	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	n/a - new		8.8% (3 out of 34)	n/a - new
8	PI 31	The percentage of Looked After Children at 31 st March registered with a GP within 10 working days of the start of their placement	97.2%	99.3%		99.5% (183 out of 184)	↑

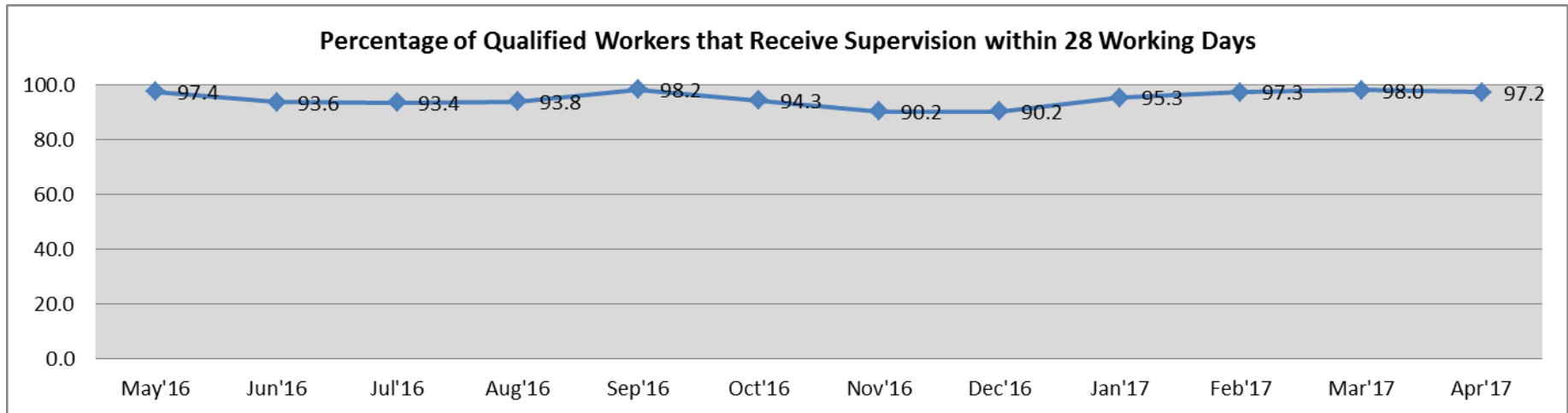
No	PI Reference	PI Description	2014/15 Actual	2015/16 Actual	All Wales 2015/16	2016/17 (End of Year)	Direction of Improvement
9	PI 32 (NSI)	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	10.7%	9.4%	11.9%	10.2% (22 out of 215)	v
10	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	7.1%	8.8%	9.8%	Populated by Welsh Govt.	
11	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	n/a - new		63.0%	n/a - new
11a	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	n/a - new		44.8%	n/a - new
12	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	n/a - new		1.1%	n/a - new

Section 2 - Key Priority Performance Indicators April 2017

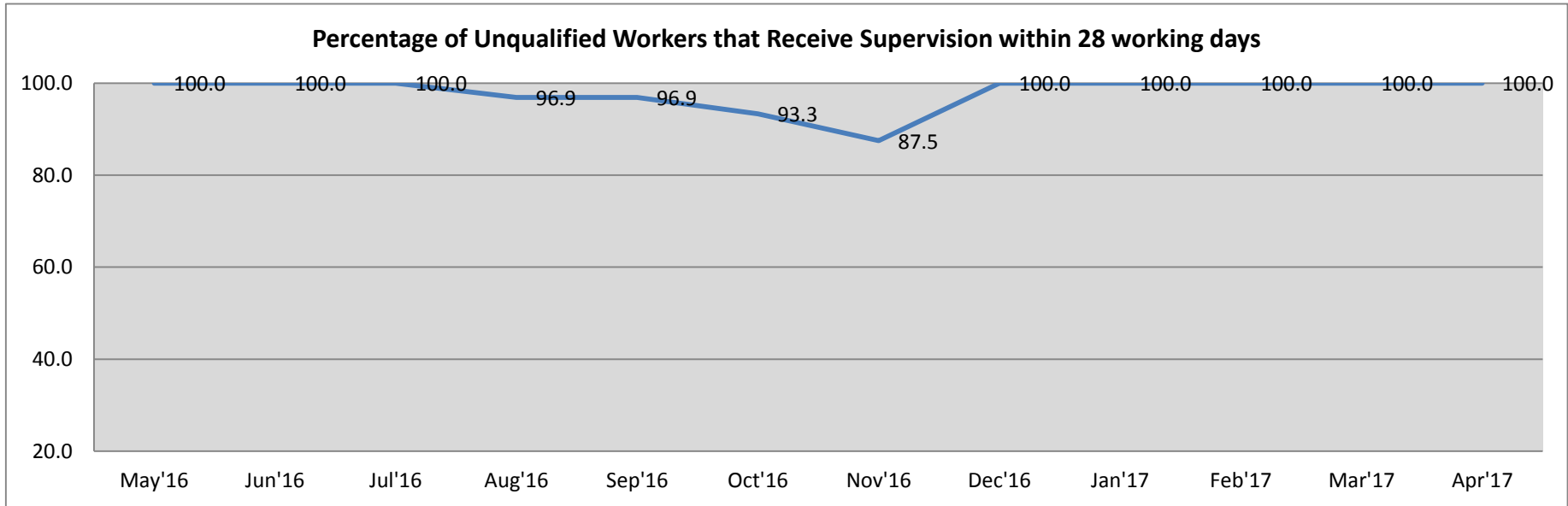
- Priority Indicator 1 – Staff Supervision Rates



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	97.9	95.0	94.9	94.5	97.9	94.1	89.6	92.4	96.4	97.8	98.5	97.8
Number of workers due Supervision	143	139	136	145	143	135	144	145	140	139	134	135
Of which, were undertaken in 28 working days	140	132	129	137	140	127	129	134	135	136	132	132



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Qualified Workers that receive Supervision within 28 working days	97.4	93.6	93.4	93.8	98.2	94.3	90.2	90.2	95.3	97.3	98	97.2
Number of workers due Supervision	116	110	106	113	111	105	112	112	107	110	98	107
Of which, were undertaken in 28 working days	113	103	99	106	109	99	101	101	102	107	101	104



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Mar 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	100	100	100	96.9	96.9	93.3	87.5	100	100	100	100	100
Number of workers due Supervision	27	29	30	32	32	30	32	33	33	29	31	28
Of which, were undertaken in 28 working days	27	29	30	31	31	28	28	33	33	29	31	28

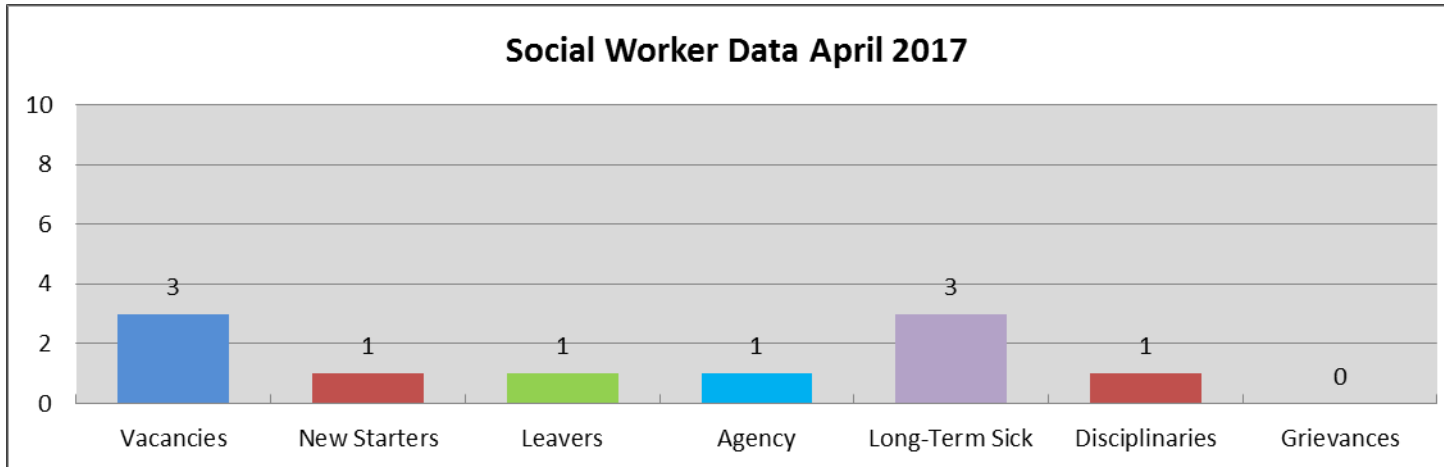
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 30th April 2017	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	432.0	11.7	113	17	6	9.7
Disability Team	522.5	14.1	208	22	3	14.7
LAC Team	394.0	10.6	159	19	6	14.9
Llangatwg	444.0	12.0	143	18	7	11.9
Sandfields	360.0	9.7	111	16	8	11.4
Route 16	271.0	7.3	53	10	3	7.2
Dyffryn	358.0	9.7	111	18	1	11.5
Intake	462.5	12.5	85	19	6	6.8
Totals	3,244.00	87.7	983			
Average Caseload - CYPS				17.4	5.0	11.2

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

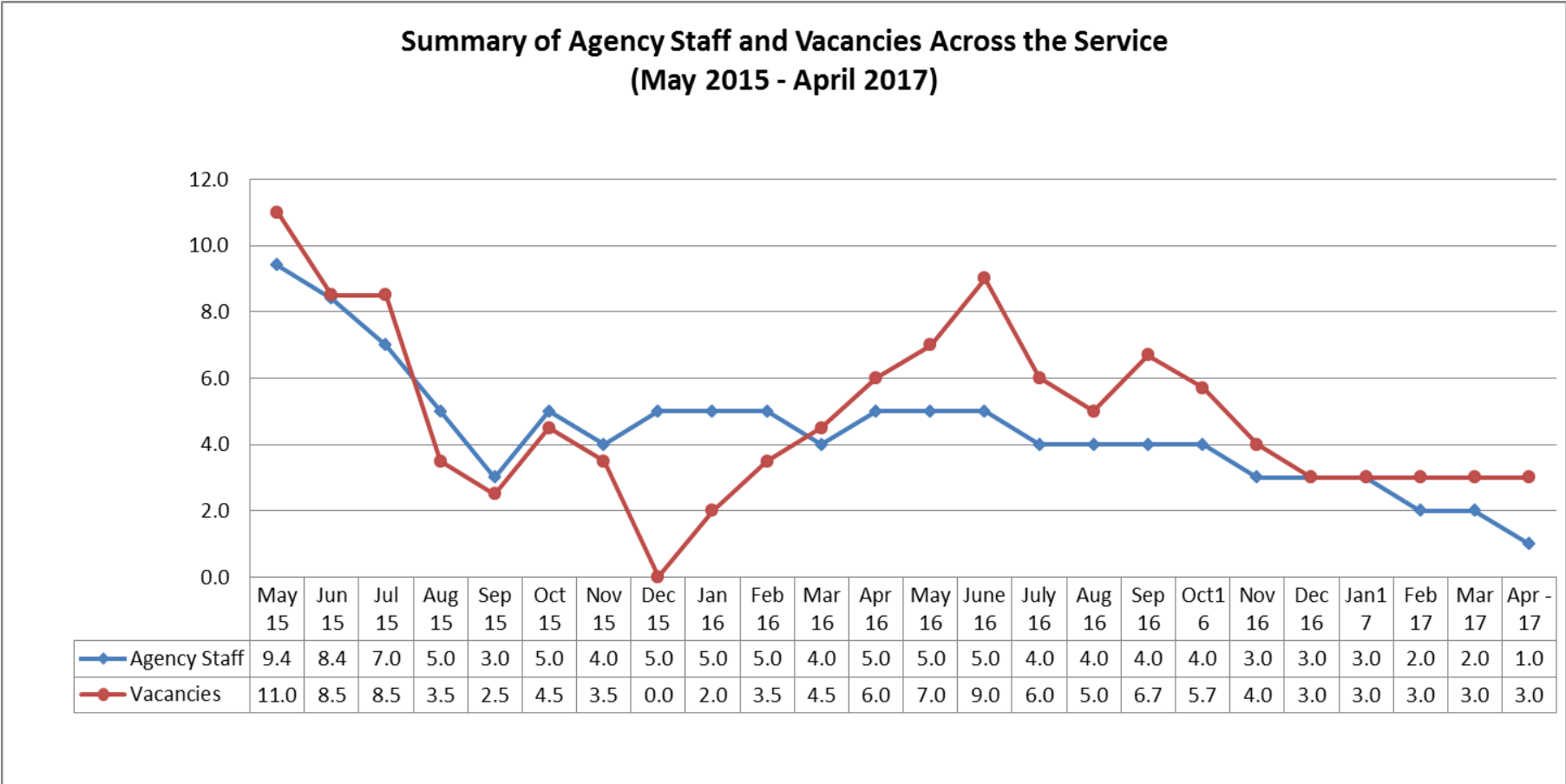
- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies	1		2					3
New Starters					1			1
Leavers	1							1
Agency					1			1
Long-Term Sick			2	1				3
Disciplinary				1				1
Grievances								0

Agency Worker: - Conference and Review Service covering maternity leave/sickness

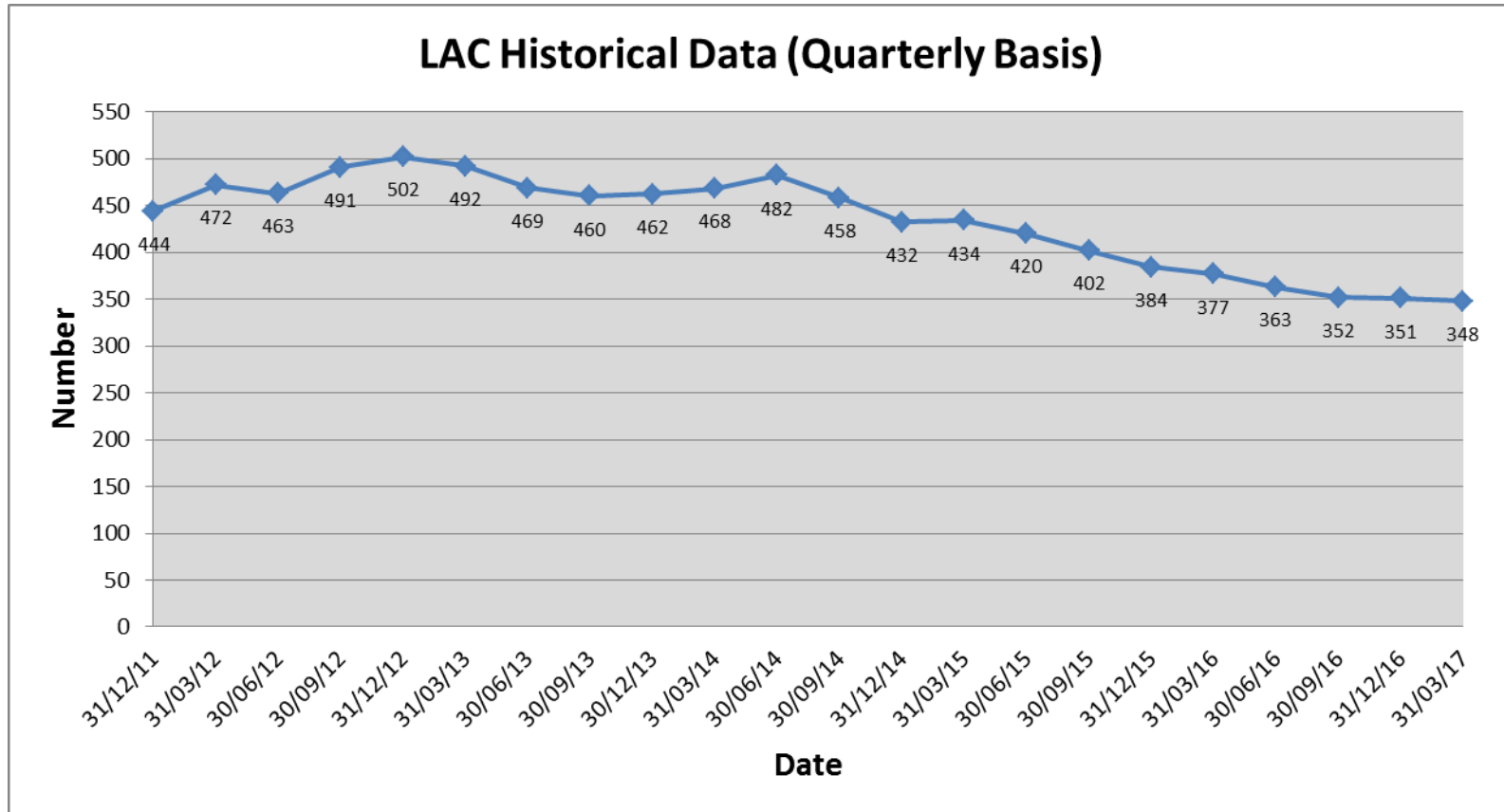
Summary of Agency Staff and Vacancies across the Service



- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits**

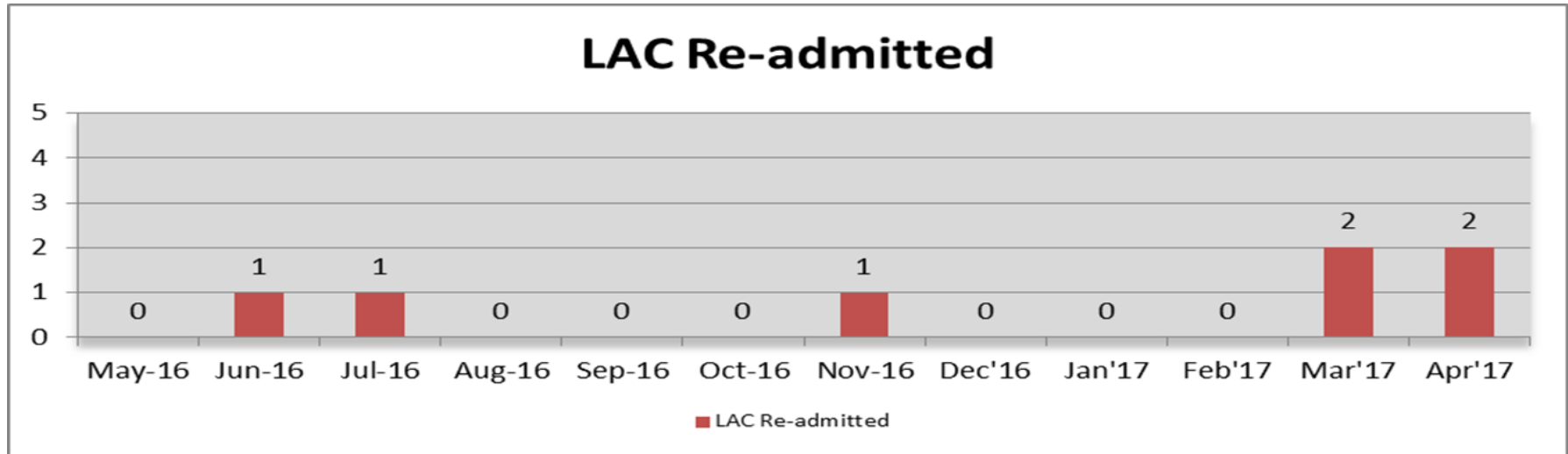
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. The report included in **Section 4** provides an overview to quality assurance audits and findings that have been undertaken during the Quarter 4 period January 2017 – March 2017.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



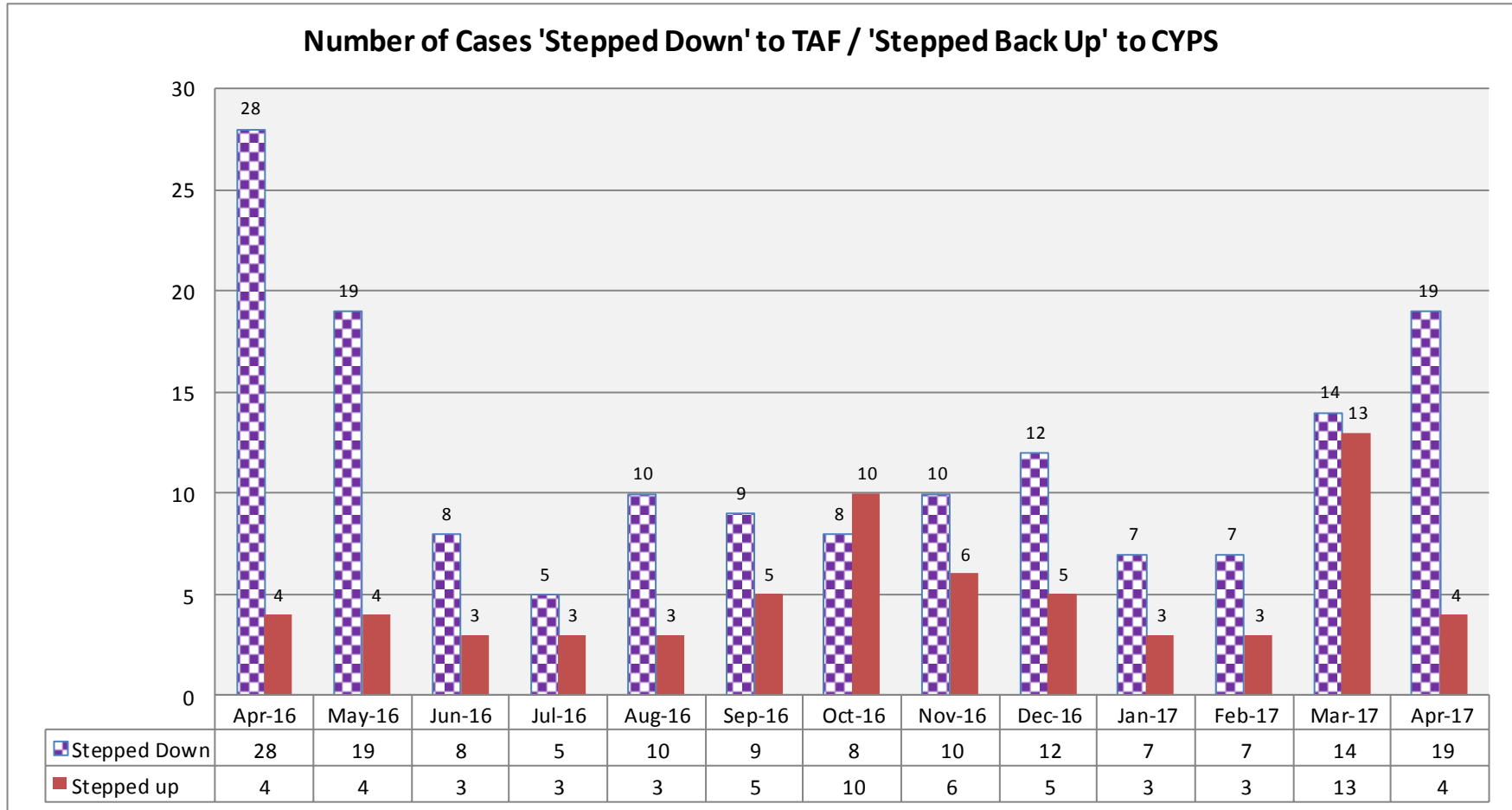
Number of LAC as at 30/04/17 = 354

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period**

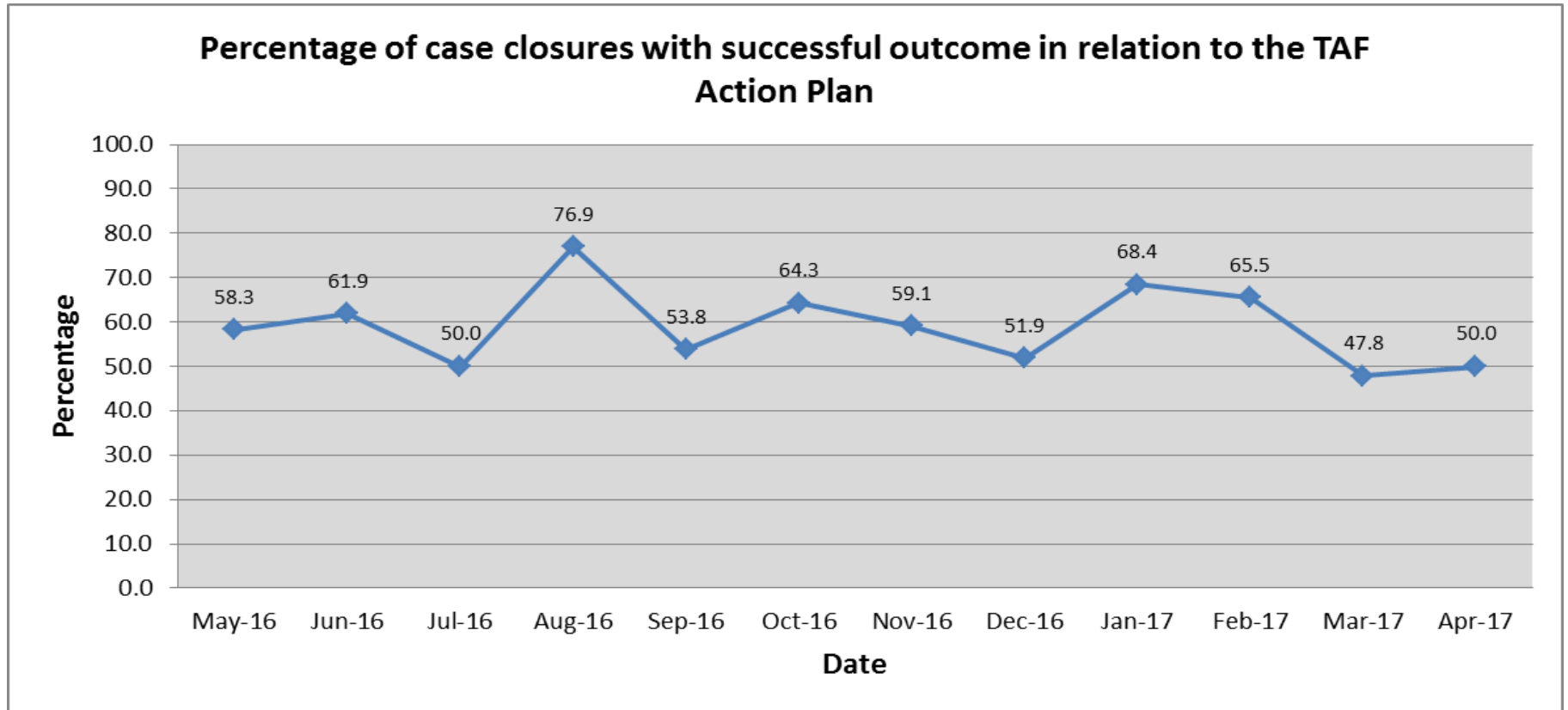


Date	Number Re-admitted
May 2016	0
June 2016	1
July 2016	1
August 2016	0
September 2016	0
October 2016	0
November 2016	1
December 2016	0
January 2017	0
February 2017	0
March 2017	2
April 2017	2

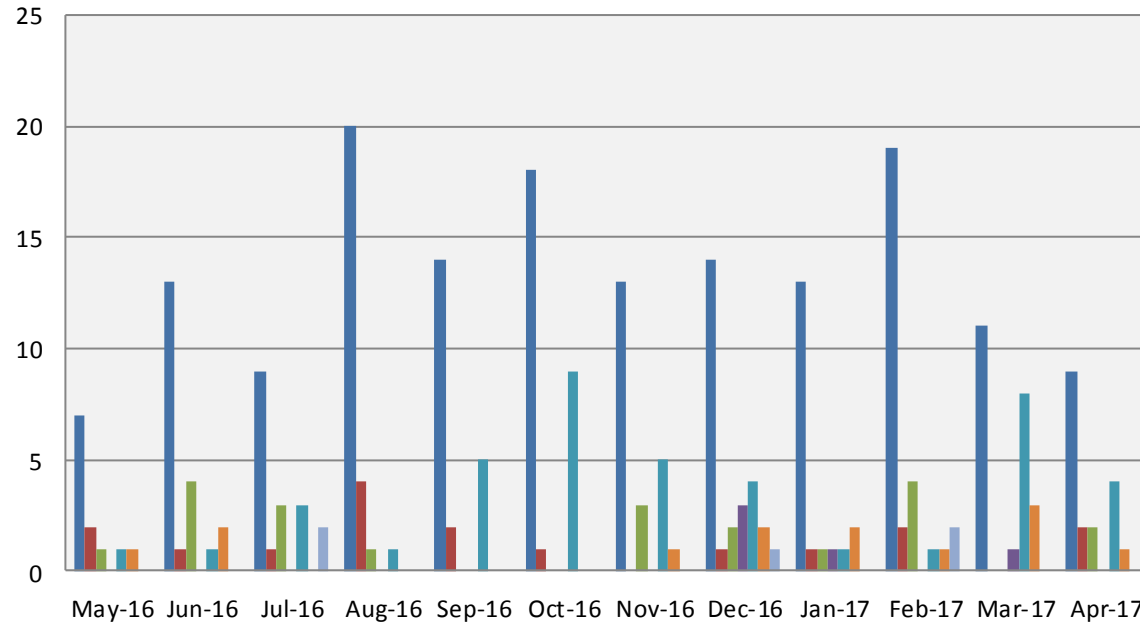
- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the Achievement of a successful outcome in relation to the plan: –**



TAF Case Closures by Reason May 2016 - April 2017



	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
■ Successful outcome in relation to the TAF Action Plan	7	13	9	20	14	18	13	14	13	19	11	9
■ Family opt-out	2	1	1	4	2	1	0	1	1	2	0	2
■ Non-engagement	1	4	3	1	0	0	3	2	1	4	0	2
■ Family moved out of area	0	0	0	0	0	0	0	3	1	0	1	0
■ Escalated to a statutory service	1	1	3	1	5	9	5	4	1	1	8	4
■ Stepped down to single agency intervention	1	2	0	0	0	0	1	2	2	1	3	1
■ Other reason	0	0	2	0	0	0	0	1	0	2	0	0

Section 3: Compliments and Complaints – Social Services, Health & Housing - Children’s Services ONLY
2016-2017 – Quarter 4 (1st April 2016 – 31st March 2017) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints/ Increase in Compliments
↔	No change in the number of Complaints/Compliments
v	Increase in Complaints but within 5%/ Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more/ Reduction in Compliments by 5% or more of previous year.

No	PI Description	Full Year 2015/16	Full Year 2016/17	Direction of Improvement
1	<u>Total Complaints - Stage 1</u>	27	19	↑
	a - Complaints - Stage 1 upheld	5	7	
	b - Complaints - Stage 1 <u>not</u> upheld	13	4	
	c - Complaints - Stage 1 partially upheld	3	2	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	6	

No	PI Description	Full Year 2015/16	Full Year 2016/17	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	1	2	↔
	a - Complaints - Stage 2 upheld	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	1	
	c- Complaints - Stage 2 partially upheld / other	1	1	
3	<u>Total - Ombudsman investigations</u>	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	
4	Number of Compliments	25	23	↑

Section 4 – Quality Assurance Audit Overview Report (January 2017 – March 2017)

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 4, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children’s Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing themes arising.

At the end of each audit day attendees are asked to fill out a basic feedback form which rates aspects of the day itself and the audit tool used, along with suggestions for improvements and any general comments. Feedback from auditors attending the audit day has been very positive over the 4th quarter in relation to the venue, facilities and audit tools used.

Audits Completed

During this quarter there have been four thematic audits completed. All audits completed in this quarter returned a 100% completion rate by the team managers who attended the audit days.

Audit Theme	Date Completed	Cases Selected for Audit	Actual Completed
Section 47 Paperwork Audit	16.01.17	39	39
Principal Officer Supervision Audit	20.02.17	16	16
CSE Strategy Meeting Audit	27.02.17	23	23
CP/LAC/Adoption Outcome Plans Audit	27.03.17	59	59

What are we doing well?

We've identified through the audit process what is working well from an audit perspective and highlighted many good working practices evident across the Social Services IT System.

In the Section 47 Paperwork audit we found that:

- 95% of the cases audited the auditor felt that the section 47 enquiry was completed timely
- In 85% of the cases there was clear evidence that the parent/carer was consulted during the enquiries
- In 66% of the cases that the child/young person was of an appropriate age, there was evidence they were consulted through the section 47 process
- In 77% of the cases audited the risks were clearly defined
- There was clear rationale provided in 89% of the cases on whether it was/was not proceeding to an initial child protection conference
- Of the cases that did proceed to initial child protection conference in 89% of the cases there was clear analysis why it was not proceeding to conference
- In 87% of the cases the auditors view it was the right decision to proceed to conference or if the case could be managed on a child receiving care and support basis
- In 83% of the cases the where possible risks to other children/young people the risks were considered
- In all the cases where a child protection medical took place the consent was obtained and the outcome of the medical was clearly contained within the section 47 document

In the Principal Officer Supervision audit we found that:

- Auditors felt that the new audit tool was easier to use and not too lengthy, whilst it also ensured that it fitted not just the case managing social work teams but was easy to use for other staff members too
- The audit process of selecting and retrieving files ready for use was succinct, this was a negative factor in the previous audit and was rectified with a process map of how it would be achieved
- Regular supervisions are taking place across the service and has provided good management oversight
- There were clear exemplars of good practice which demonstrated team managers being supportive and using HR policies and procedures
- All supervision records are being stored safely and securely by team managers
- A high majority of the personal supervisions have all appropriate sections being completed with clear identified actions (88%)
- System reminders were discussed with the supervisee in all of the cases audited where it was appropriate to do so
- In 87% of the cases audited workload and capacity was discussed with the supervisee
- In 94% of the cases auditors felt that the balance of cases were reflective of the staff member's experience

In the Child Sexual Exploitation Strategy Meetings audit we found that:

- There is an excellent level of professional attendance at the initial CSE multi-agency strategy meeting by agencies ensuring a multi-agency approach to each case

Attendance at Initial CSE Strategy Meeting	
Agency	Attendance Rate
Social Services	100%
Police	100%
Health	95%
Education	90%
SERAF	74%

- Auditors agreed that the meetings held were very thorough and they shared, clarified and identified risks and appropriate information from all agencies whilst giving clear actions after considering the information heard
- In 96% of the cases the SERAF assessment was completed by the social worker prior to the Initial CSE Multi-Agency Strategy Meeting being held
- For all cases, if a further meeting was planned the subsequent review meeting was held within three months of the initial meeting as stipulated within the Safeguarding Children and Young People from Sexual Exploitation Policy
- In every case where an alleged perpetrator was identified the likelihood of prosecution was discussed or if prosecution was not likely a range of alternative action was discussed in the meeting

In the Child Protection, Looked After Children/Adoption Outcome Plan audit we found that:

- Almost all new outcome plans the social worker had completed by the time of the audit
- Appropriate priority risks and strengths were identified in relation to the outcomes on the new plan (89%)
- Auditors felt that overall the better quality outcome plans were those devised with the young person and/or family as these were far clearer and easier to understand
- A high percentage of the LAC/Adoption and Review Conferences the auditors felt were clearly defined outcomes and not service led
- Auditors reported that priority risks were transferred from the old plan to the new outcome format
- It was clear from the audit that social workers were making good attempts at writing the CP/LAC/Adoption plans
- All outcomes for all types of meetings have an appropriate agreed start date

What will we improve?

1. Develop guidance for children/young people and their parents/carers on the purpose of section 47 enquiries
2. Evidence more clearly the visits and safety plans within the section 47 paperwork
3. Provide more information on the consultations held with other professionals/agencies within the section 47 paperwork
4. Standardise staff supervision files for each team within Children and Young People Services
5. Ensure all supervision documentation is signed where appropriate
6. Ensure any consultations held with Safeguarding PO is documented on the case file in relation to child sexual exploitation
7. To improve the timeliness of the initial CSE strategy meeting and the circulation of minutes
8. For all outcome plans to be circulated with five days of the meeting taking place

9. Ensure all fields on the outcome plan are completed and the wording within is understandable to professionals and children/young people and their parents/carers
10. To be more specific in the new plan what actions are needed to achieve the outcome
11. To ensure the outcome plan becomes a working plan

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where no processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this final quarter from each of the audits undertaken we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Practice Improvement and Quality

Assurance Groups. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles within the service.

The Section 47 Paperwork audit looked at a specific practice that is undertaken within the child protection process. This audit demonstrated that there were some very good analyses and some evidence of thorough investigations being undertaken by social workers during the course of the section 47 enquiries. It was also positive that a high majority of cases audited demonstrated that the document was completed within the appropriate timescales. However, there are some clear areas we have identified that we want to improve on, such as the frequency of visits to the child/young person, the routine recording of safety plans and the general information contained within the document. It was very positive to note that a high number of the cases audited the managers felt the decision making was correct.

The Principal Officer Supervision Audit looked at the quality of the team manager supervision sessions with their respective team members and the subsequent case supervisions discussed. This was the second audit undertaken in this area, improvements made following the first audit have resulted in the majority of improvements noted not arising in the second audit. We have identified some minor changes we would like to make, such as ensuring all files contain the necessary documentation and all teams have identical staff files with the documentation contained within. However, overall this audit demonstrated that there continues to be embedded principles of effective and regular supervision.

The Child Sexual Exploitation Strategy Meeting audit was a predominantly positive audit in that good working practices were highlighted along with agency attendance at the meetings. The meetings were very thorough and fully considered any risks to the child/young person. The potential prosecution or any alternative action that could be taken against an alleged perpetrator was discussed in all of the cases where a perpetrator was identified, this is key to safeguarding children/young people from child sexual exploitation by identifying, disrupting and prosecuting perpetrators.

The child protection and looked after children outcome plan audit demonstrated that good progress is being made around writing and implementing new outcome plans. As this is a relatively new process, the audit has been an opportunity to

quickly evaluate the new outcome plans and therefore has given the service clear indicators of what is working well and where we can improve going forward. Both Social Workers and Independent Reviewing Officers are embracing the new change in process, but we've identified that guidance is needed on the roles and responsibilities in relation to who completes parts of the plan and training on the process as a whole.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we want to improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Practice Improvement Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement, it also provides a visual audit tool that can be referenced in everyday tasks completed.

The Quality Assurance Group has invited teams to suggest themes to audit during 2017, the rolling audit program will then be agreed within the group and will also take into consideration any repeat audits needed to compare with audits undertaken in 2016 of the same theme, this will also inform of progress with audit actions identified and the success of their implementation.

Quality and Audit Coordinator – Mel Weaver