

**By:** Roger Gough, Cabinet Member for Children, Young People and Education

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**To:** Corporate Parenting Panel – 22<sup>nd</sup> March 2018

**Subject:** **PERFORMANCE SCORECARD FOR CHILDREN IN CARE**

**Classification:** Unrestricted

**Electoral Divisions:** All

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**Summary:** The performance Scorecard for Children in Care identifies the key performance data and targets that need to be monitored in order to promote the best outcomes for children and young people looked after by Kent County Council. The latest performance Scorecard for January 2018 is attached to this report, together with the Target setting proposals for 2018-19.

**Recommendation:** Members of the Corporate Parenting Panel are asked to **NOTE** and **COMMENT** on the performance data in the Children in Care scorecard and the Target Setting document for 2018-19.

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## **1. Introduction**

- 1.1 Performance scorecards have been developed within Specialist Children's Services to identify and monitor progress on a range of areas where improvements in performance and practice will lead to better outcomes for children and young people.
- 1.2 This report includes the latest Children in Care Scorecard which is for January 2018 (Appendix 1).
- 1.3 The report also contains the proposals for 2018-19 Targets (Appendix 2).

## **2. Context**

- 2.1 The Children in Care Scorecard has been developed to provide the Corporate Parenting Panel with an overview of the key performance measures for Children in Care.
- 2.2 The report is split into sections and includes a range of performance indicators and activity information.

- 2.3 The Children in Care Scorecard is currently focused on information provided by Specialist Children's Services. It is intended that performance reports from partners will also be shared with Corporate Parenting Panel so that performance issues can be further understood across organisations resulting in improved outcomes for children and young people.

### 3. Summary of Performance – January 2017

- 3.1 The previous CIC Scorecard submitted to Corporate Parenting Panel was for November 2017. During the period November 2017 to January 2018 the number of citizen CIC reduced from 1,428 to 1,423 and the number of Unaccompanied Asylum Seeking Children (UASC) reduced from 331 to 264, resulting in an overall reduction of 72 children in care. For January 2018 the rate of CIC per 10,000 Child Population (including UASC) was 50.6, which is below the latest published average rate for England of 62.0, and Statistical Neighbours 56.1. Both the England and Statistical Neighbour rates are as at March 2017.

- 3.2 Three of the performance measures in the CIC Scorecard were significantly away from the target:

3.2.1 **% of CIC for 18 months and allocated to the same social worker for the last 12 months.** Performance for January 2018 was 42.9%, which is a reduction from the previously reported figure of 46.1% (November 2017), and below the 'floor standard' of 45.0%. Two factors have had a significant impact on performance for 2017-18. The restructuring within the Disabled Children and Young People's teams has seen their performance fall from 63.8% in March 2017 to 30.1% in January 2018. We would expect to see performance for these teams start to improve 12 months following the start of the restructure, so from April 2018 onwards. Secondly there have been high rates of maternity leave, particularly in the South Kent Children in Care Teams who have had 10 Social Workers go on maternity leave in the past 12 months. This has resulted in their performance reducing from 59.7% in April 2017 to 29.9% in January 2018

3.2.2 **% of Initial Health Assessments (IHA) taking place within 20 working days of a child coming into care.** Performance for January 2018 was 75.6%, which is an improvement from the last reported figure of 73.5% (November 2017) but still significantly away from the target of 90.0%. The Health Service Target for this measure is 85.0%, so following discussions at Corporate Parenting Panel on the 29<sup>th</sup> January 2018 it is proposed that the KCC Target is reduced to 85.0% for 2018-19 to be in line with the Health Service. Against these proposals, and with a standard tolerance rate of 10.0%, current performance would fall within the Amber banding. This performance measure includes young people who refuse an initial Health Assessment. Reasons for refusal include:

- The young person does not want to be different to their peer group, to be asked personal questions and be taken out of

school for medical appointments as this draws attention to them. To address this, LAC Nurses can offer appointments after school, and young people are being encouraged by their Foster Carer, IRO and Social Worker to have the medical assessment. The LAC Nurses are also able to offer a visit to the young person in their foster carers home, if this is appropriate.

- The young person is missing at the time of the appointment and refuses to attend. The reasons for this would be discussed with the young person and reflected within the Returner Interview.
- If the young person has been accommodated under Section 20 of the Care Act, parents may refuse to give consent to the health assessment. Current recording does not allow these issues of consent to be separated out from those who have refused.

**3.2.3 % of cases where adoption was agreed as the plan within 4 months, for those children with an Agency Decision for Adoption.** For the 109 children in this cohort, a sole plan of adoption was made within 4 months for 59 children (54.1%). Of the remaining 50 children, 26 had adoption as the sole plan within 6 months. The definition for this measure requires adoption to be the sole plan at the 2<sup>nd</sup> Review, which is a maximum of four months of a child coming into care. For some children alternative plans are still being considered after this point, and this will be the correct course of action for these children.

3.3 Four performance measures have changed RAG banding between the November 2017 and January 2018 Scorecards. Those measures showing improved performance are:

**3.3.1 % of CIC in Foster Care/Relatives and Friends placements (excluding UASC).** Performance has improved from 84.9% to 85.2%, achieving the 85.0% target and therefore moving the RAG banding for this measure from Amber to Green.

**3.3.2 % Health Assessments held within the required timescale.** This measure includes both Initial and Review Health Assessments. Performance has improved from 88.8% to 92.7%, exceeding the target of 90.0% moving this performance measure from an Amber to Green RAG rating.

Those measures where performance decreased were:

**3.3.3 % CIC Placement Stability:** % in placement for the last 2 years. Performance has decreased from 71.0% to 69.8% resulting in a move from a Green to Amber banding. Current performance is therefore 0.02% away from the 70.0% Target

- 3.3.4 **% of CIC for 18 months and allocated to the same social worker for the last 12 months** has moved from a Green to Amber RAG rating and the explanation for the reduction in performance is explained in 3.2.1 above.

#### 4. Target Setting for 2018-19

- 4.1 The Target Setting process in Specialist Services starts with a review of the current measures to ensure that they are still relevant and reflective of the priorities for the Service. These will cover a mixture of both national and local performance measures. The Specialist Children's Services Divisional Management Team, together with the Management Information Unit, meet to review current performance and available benchmarking data. An informed decision is then made on the target for each performance measure, balancing the predicted performance with an element of stretch and aspiration. As many of the performance measures are already at, or close to, optimum levels of performance it is proposed that many of the targets set for 2017-18 are retained for 2018-19.
- 4.2 A document setting out the proposed targets for 2018-19 is attached for approval by the Corporate Parenting Panel. This includes relevant benchmarking data where it is available.
- 4.3 Additions and changes are proposed for nine performance measures. These are shaded within the Target setting document and are detailed below:
- 4.3.1 **Percentage of Children who participated at CIC Reviews.** The RED RAG banding for this measure was previously set at 85.5%. The 0.5% has been removed to make this consistent with other performance measures, all of which are measured based on a full percentage point.
- 4.3.2 **Percentage of CIC placed within 20 miles from home (excluding UASC).** The definition for this measure has been refined to exclude those children and young people who are placed with relatives and friends, on the basis that the location of these carers cannot be controlled by the local authority.
- 4.3.3 **Percentage of Initial Health Assessments taking place within 20 working days.** The Target has been reduced from 90.0% to 85.0% to bring it in line with the Target set by the responsible Clinical Commission Group in Kent. The definition for this measure has also been amended to exclude those young people who refuse an Initial Health Assessment within the first three months of coming into care. They will be included subsequent to the three-month period as there is still an expectation that they will receive an initial health assessment.
- 4.3.4 **Percentage of Health Assessments held within timescale.** This is a measure of the timeliness of all health assessments, initial and review. As for the previous measure the Target has been reduced

from 90.0% to 85.0% to bring it in line with the target set by the Clinical Commissioning Group in Kent.

- 4.3.5 **Percentage of Dental Checks held within required timescale.** The Amber RAG banding for this measure has been extended from 5.0% to 10.0%, which is in line with the other measures included within the Children in Care Scorecard. The Amber banding will be applied for performance between 80.0%-90.0%.
- 4.3.6 **Percentage of EHCPs Issued within 20 weeks for CIC.** This indicator will provide a measure of the timeliness of assessments for Children in Care requiring an Education and Health Care Plan. The Target set within the CYPE Vision and Priorities statement for all children in Kent is 90.0%. The baseline figure for Children in Care is not yet available. Once this has been obtained performance will be reviewed and a target for children in care will be proposed.
- 4.3.7 **Percentage of Children leaving care who were adopted (excluding UASC), or made subject to a Special Guardianship Order (SGO).** The previous measure focused on an outcome of adoption only. The inclusion of those who have been made subject to an SGO shifts the focus to include this outcome as an equal measurement of permanence at the end of an episode of care.
- 4.3.8 **Percentage of Returner Interviews completed within 3 working days.** The target of 85.0% has been retained for 2018-19, however it is proposed that the Amber banding is extended to 15.0% (to be applied for performance between 70.0%-85.0%). This retains the focus on the statutory timescale as the target whilst allowing for an increased percentage to take place outside of the 3 days. No benchmarking data is available, so this recommendation is made based on feedback from young people and the percentage of Returner Interviews that take place just outside of the timescale.
- 4.3.9 **Percentage of Returner Interviews completed for CIC.** This additional performance measure has been added to the CIC Scorecard for 2018-19, with a proposed Target of 90.0%. This is in recognition of the feedback received from some young people that three days is sometimes too soon, and that the emphasis should instead be placed on ensuring that Returner Interviews take place, regardless of the timescales. There continues to be a gap in the availability of benchmarking data for Returner Interviews and the target is deemed to be sufficiently challenging to maintain and improve current performance.

## 5. Recommendations

<p>5.1 Recommendations: Members of the Corporate Parenting Panel are asked to <b>NOTE</b> and <b>COMMENT</b> on the performance data in the Children in Care scorecard and the Target Setting document for 2018-19.</p>
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**6. Background documents**

None

**7. Contact details**

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