

Children and Families Improvement Partnership Board

Partnership Board report – Performance Report

Date: 4th March 2025

Board Member and Organisation:	
Steve Liddicott, Interim Deputy Director, Children’s Health and Wellbeing, DCC	
Ask of Board:	
Decision needed by the Board	No
Information to update the Board	Yes
Monitoring on performance by the Board	Yes
Information or Decision detail:	
For the Improvement Partnership Board to note and comment on the Performance Report	

DEVON
COUNTY
COUNCIL

IMPROVEMENT BOARD
PERFORMANCE REPORT

MARCH 2025

DEVON CC - IMPROVEMENT BOARD KPI LIST

- ▶ KPI 1 - Number of families working with Targeted Early Help (FIT)
- ▶ KPI 2 - % of contacts screened as RED/AMBER completed within 24 hours
- ▶ KPI 3 - % of re-referrals
- ▶ KPI 4 - % of assessments completed in 45 days
- ▶ KPI 5 - % of ICPS held within 15 days of the strategy discussion
- ▶ KPI 6 - % of children who became subject to a CP plan for a second or subsequent time in the last 2 years
- ▶ KPI 7 - % of children in care living in the same placement for 2.5 years plus (aged under 16, who have been in placement for 2+ years)
- ▶ KPI 8 - % of children in care aged under 13 living in residential care
- ▶ KPI 9 - Number of 16/17-year-olds assessed as homeless
- ▶ KPI 10 - % of children in care placed within 20 miles of their home
- ▶ KPI 11 - % of children in care with an Initial Health Assessment completed in timescales
- ▶ KPI 12 - % of young people known to social care who are not in receipt of full-time registered education
- ▶ KPI 13 - % of care experienced people EET
- ▶ KPI 14 - % of care experienced people in suitable accommodation
- ▶ KPI 15 - % of children with supervision in timescales
- ▶ KPI 16 - % of audits completed by the management team each month
- ▶ KPI 17 - Average social worker caseload
- ▶ KPI 18 - % of Agency social workers (front line teams)
- ▶ KPI 19 - % of Agency team managers

Improvement Partnership Board - March 2025

- ▶ The Improvement Partnership Board agreed the revised format and Key Performance Indicators (KPIs) outlined in the Improvement Partnership Performance report.
- ▶ **Data:** provide all necessary data for each of the Key Performance Indicators (KPIs) in the Improvement Partnership Performance report to the Improvement Partnership Board meeting on 4th March 2025.
 - ▶ Technical issues and the January Ofsted visit have delayed the addition of all the data
- ▶ **Data:** include the percentage of children in care placed both within and outside of Devon, including those living in Torbay and Plymouth, in the commentary for Key Performance Indicator (KPI) 11, which currently looks at the percentage of children in care placed within 20 miles of their home.
 - ▶ See slide 14
- ▶ **Data:** include timescales and the reasons behind children not having a completed or on time review health assessment in the commentary for Key Performance Indicator (KPI) 12, which looks at the percentage of children with an up-to-date review health assessment / work with Su Smart, Hannah Pugliese and Emma O'Connell to conduct a validation review of the percentage of children with an up-to-date review health assessment, ensuring alignment between the data from Devon County Council, NHS Devon, and Children & Family Health Devon (CFHD).
 - ▶ See slide 15 – the DCC/Health CIC Health Improvement T&F Group is working on this
- ▶ **Action:** add 'Timeliness of Strategy Meetings' as a Key Performance Indicators (KPIs) in the Improvement Partnership Performance report going forward.
 - ▶ An action is being added to the Improvement Plan together with a measure and target – proposed measure will be the % of strategy meetings held within 24 hours of the decision to hold a strategy meeting (manager's decision to progress a contact) with a target of 90%
- ▶ **Action:** Steve Moore to request that a colleague from NHS Devon liaise with Steve Liddicott regarding the performance tool utilised in NHS Devon, specifically focusing on its application in reporting better or worse positions.
 - ▶ In progress

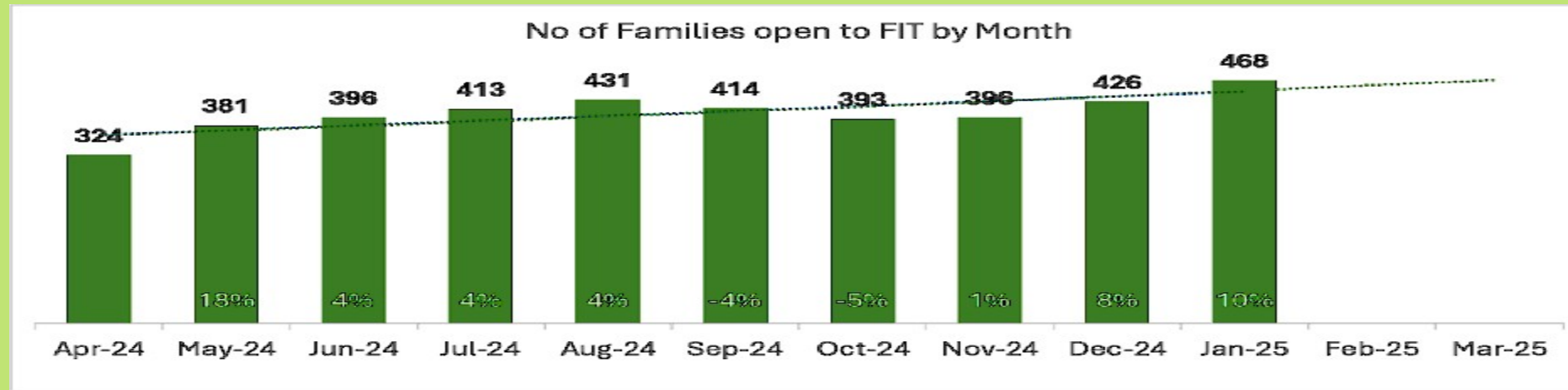
IMPROVEMENT BOARD KPIS

MARCH 2025

KPI 1 - Number of Families working with Targeted Early Help (FIT)

Target TBD

Tolerance TBD



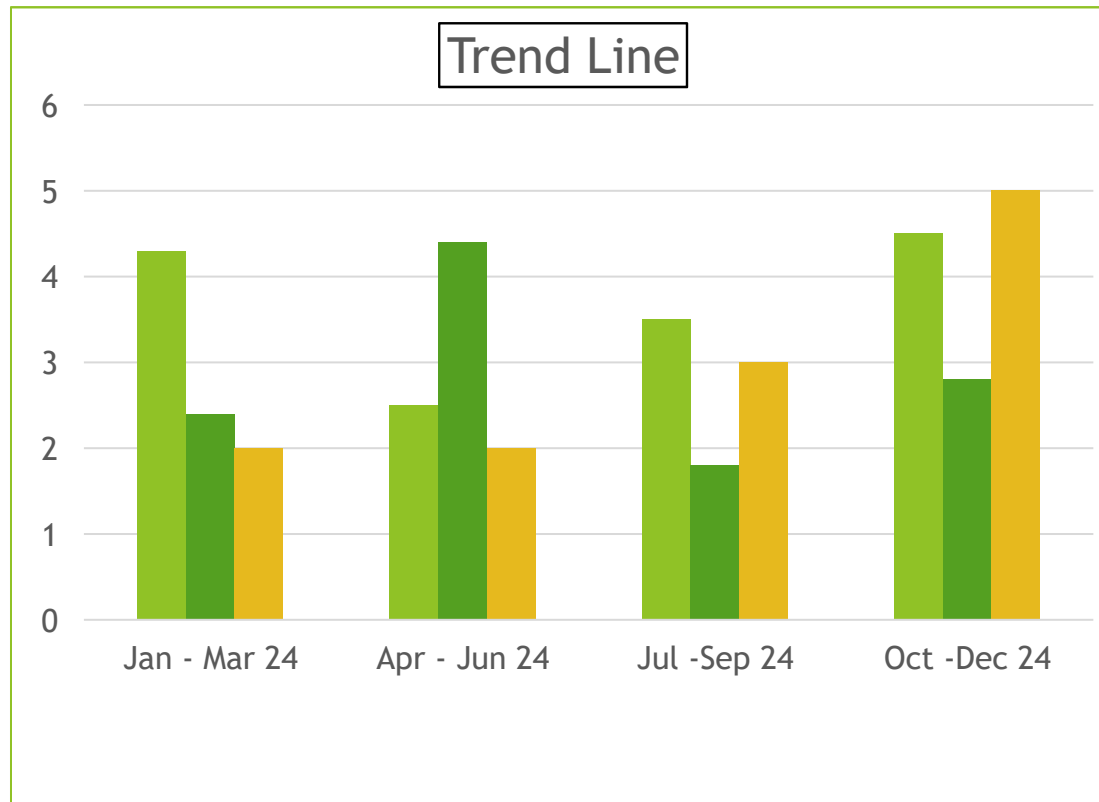
Commentary

- After a slight dip in the Autumn, the steady increase in the number of families working with Targeted Early Help Services has continued.
- Requests from the Front Door are largely appropriate. Demand has increased considerably.
- Some of the rise may reflect increased confidence in Early Help from other agencies.
- There has been significant workforce development over the past 18 months and more new staff are coming in in May/June, creating capacity to support significantly more families.

KPI 2 - % of of contacts screened as RED/AMBER completed within 24 hours

Target 95%

Tolerance 90%



Commentary

Due to the Ofsted visit & technical issues with this specific data set it has not been possible to present data for this month.

In lieu of data - we continue to perform at about 90%. 99% of all reds are actioned within the RAG rating timescale of 4hrs.

We continue to be at about 90% of ambers completed within the 24hr scale.

KPI 3 - % of re-referrals

Target 18%

Tolerance 21%



Commentary

- The percentage has climbed back up to 23% in January after a steady fall over the previous four months. We do not know the cause of this though it's still below the higher levels seen in the first half of last year.
- The rise could reflect delays from late December however we will see when we have February's data whether January's rise is an exception. If there is a further rise in February, this will trigger a specific piece of analytical work to identify what is driving this.
- From October to December, we were within the tolerance of 21% and have only now risen above it.

KPI 4 - % of assessments completed within 45 days

Target 95% Tolerance 85%



Commentary

- After several months consistently within the tolerance, the percentage dropped in September and has remained below the tolerance.
- The reduction is primarily related to the Mid and East locality where an increase in referrals together with management and staffing capacity has resulted in a drop in performance.
- A new team manager started in January and additional social work capacity has been agreed which should improve the timeliness of the completion of assessments and improve outcomes for children.

KPI 5 - % of ICPCs held within 15 days of the strategy discussion

Target 90%

Tolerance 85%



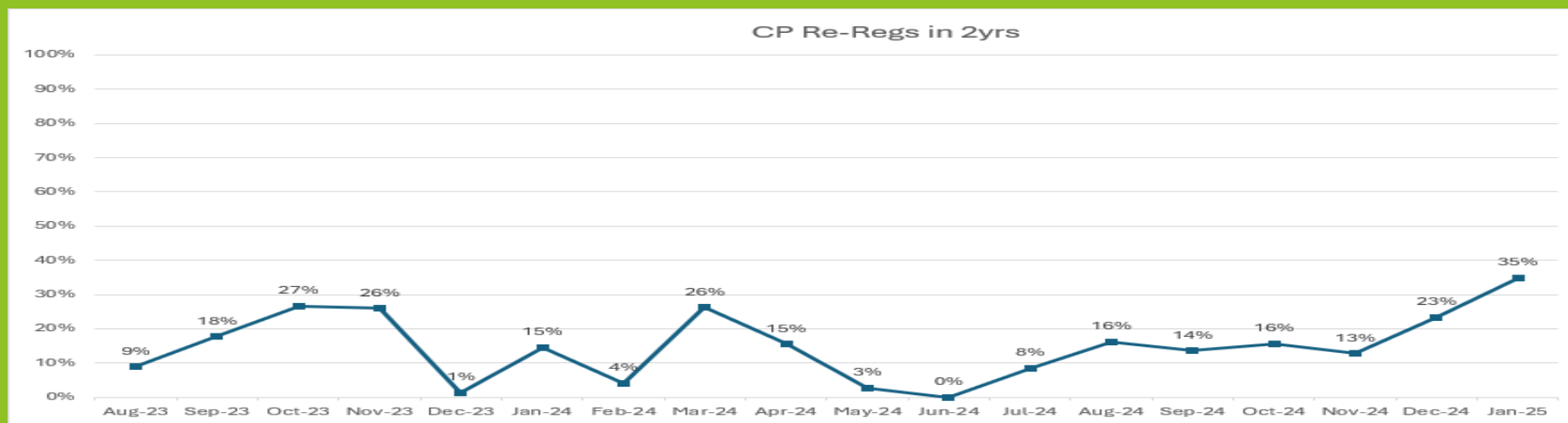
Commentary

- There has been a slight drop each of the past two months. The percentage is now just outside the tolerance.
- The service manager for the IRSO service has been tasked with insuring that if the operational services identify at Day 5 of a S47 investigation that an ICPC will likely be required, even if the enquiry has not yet concluded, the IRSO service will book the ICPC within the next ten working days, ensuring the 15-day timescale is met. This offers increased flexibility within the process to improve compliance with timescales. We expect this to lead to an evidenced upturn in compliance from March's reporting data.

KPI 6 - % of children who became subject to a CP plan for a second or subsequent time within the last 2 years

Target 10%

Tolerance 15%



Commentary

- After several months broadly within the tolerance, there has been a considerable rise in the percentage in December and again in January.
- The North Assessment Team have taken a very high number of children to a CP plan in the past few months, indicating an inconsistent application of thresholds.
- Work is being done with our partners in practice (Hertfordshire) alongside our assessment team managers on threshold application and confidence in managing risk, towards an intended outcome of aiding consistency. This should bring the percentage down gradually as this work is undertaken.

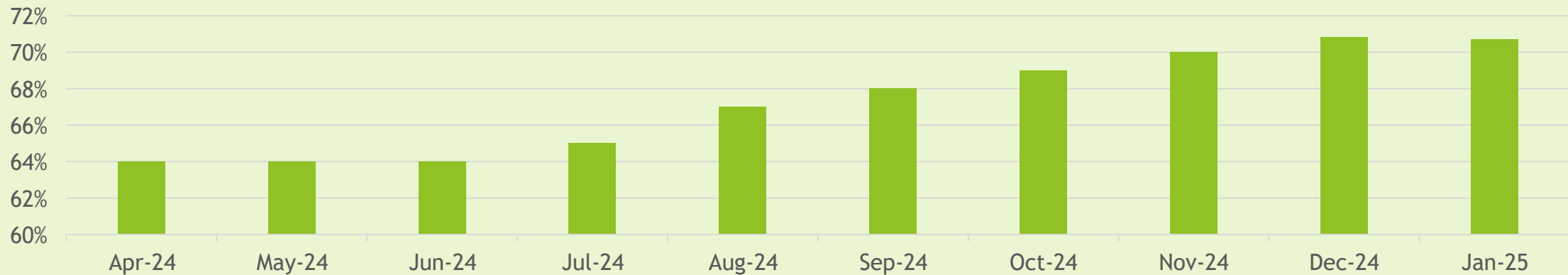
KPI 7 - % of Children in Care (2.5+ years) living in the same placement for 2+ years

(aged under 16, who have been in placement for 2+ years)

Target 75%

Tolerance 70%

% CiC in Same Placement 2.5+ years (U16, in Placement for 2+ years)



Commentary

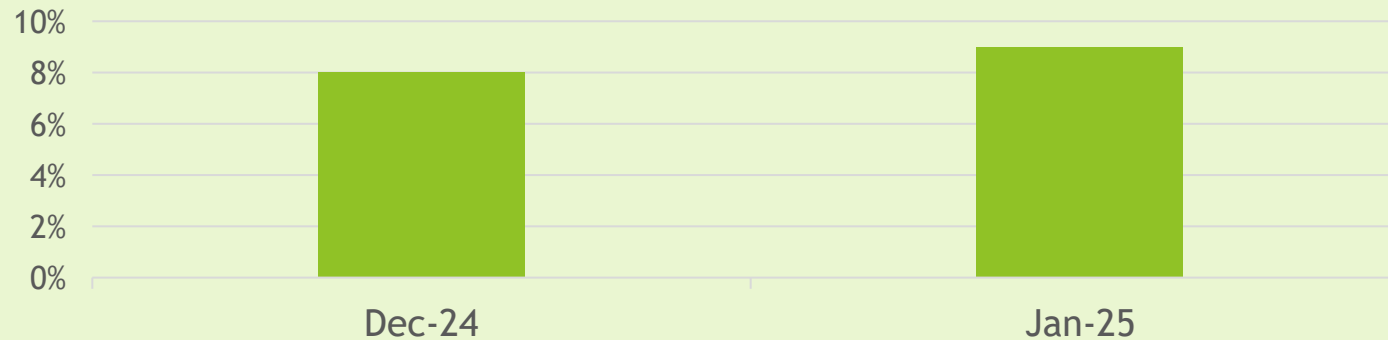
- The trend is holding within the tolerance and remains at 71%. We are doing some work across the service to enhance our permanency planning and care planning to ensure that we slow thinking down and have stronger support to carers to increase stability for children in our care.
- The long-term trend of steady increase towards our target of 75% is promising.

KPI 8 - % of children under 13 living in a residential placement

Target 2%

Tolerance 3%

% CiC Aged Under 13 Living in Residential Care



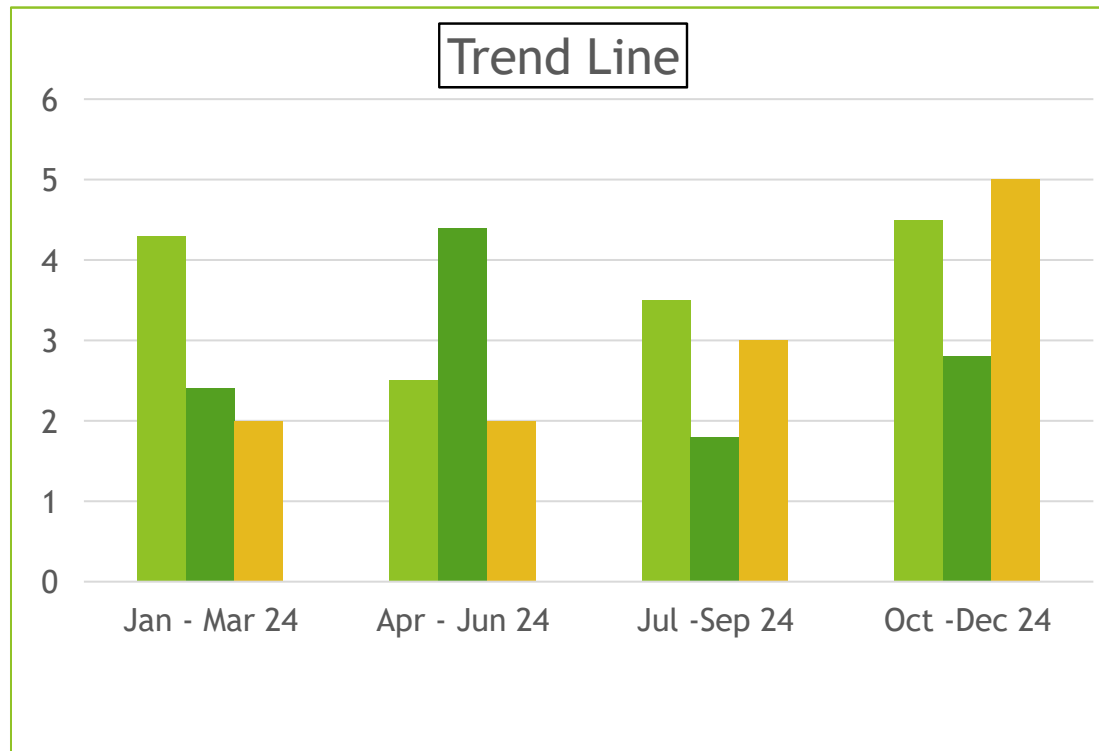
Commentary

- In December this represented 32 out of 381. In January this went up to 35 out of 398. This is an increase from 8% to 9%.
- There are too many children of this age group living in residential children's homes. We are currently targeting a cohort of these children in order to help them to step across into foster placements as soon as is practical. We are also thinking creatively about how some of these children may be able to experience family-based respite in order to help prepare them for family-based care.

KPI 9 - Number of 16/17 year old young people assessed as homeless

Target TBC

Tolerance TBC



Commentary

We do not currently capture this data as it is not listed as one of the initial categories of need.

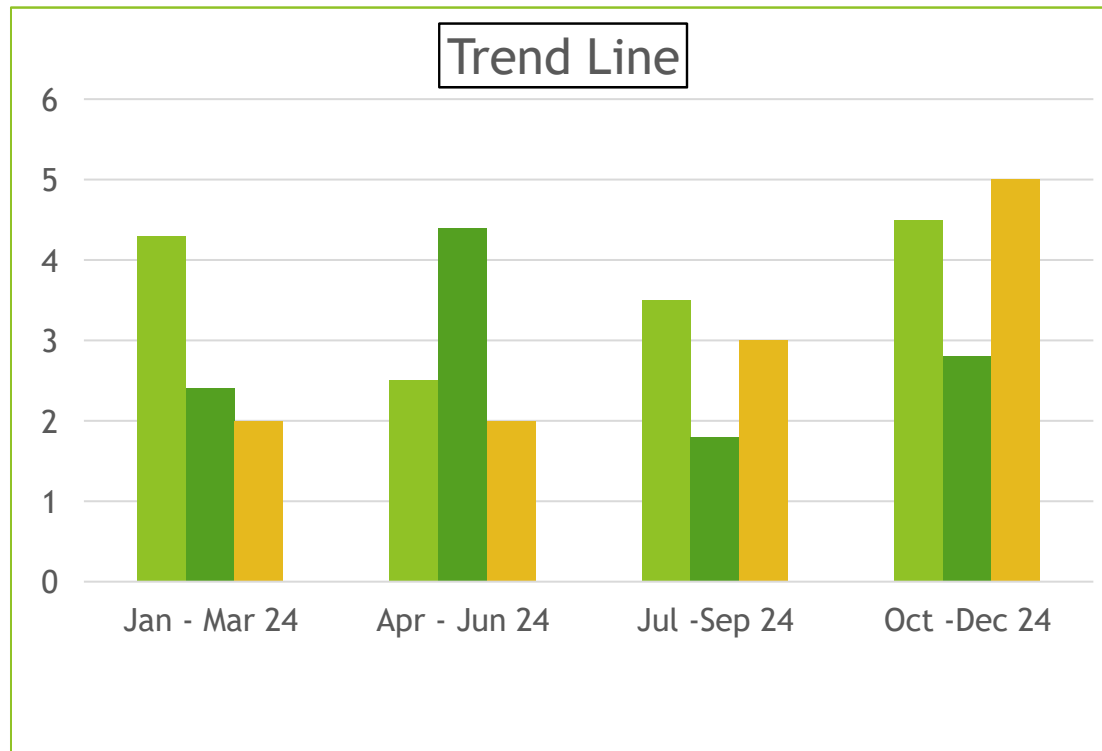
We are collating the information manually and can report that no 16 / 17-year-olds presented as homelessness in January 2025.

A Power BI dashboard is being updated to present this data for the March Board.

KPI 10 - % of children in care placed within 20 miles of home

Target TBC

Tolerance TBC



Commentary

Due to the Ofsted visit and technical issues with this specific data set it has not been possible to present an accurate graph for this month.

As of 25th February 2025, 558 (65%) of CiC were placed in county and 302 (35%) were placed out of county - most were placed in neighbouring authorities - 114 (18%) - Torbay (52), Plymouth (26), Cornwall (40) and Somerset (36).

KPI 11 - % of children in care with an initial health assessment completed in timescales

Target 90%

Tolerance 80%



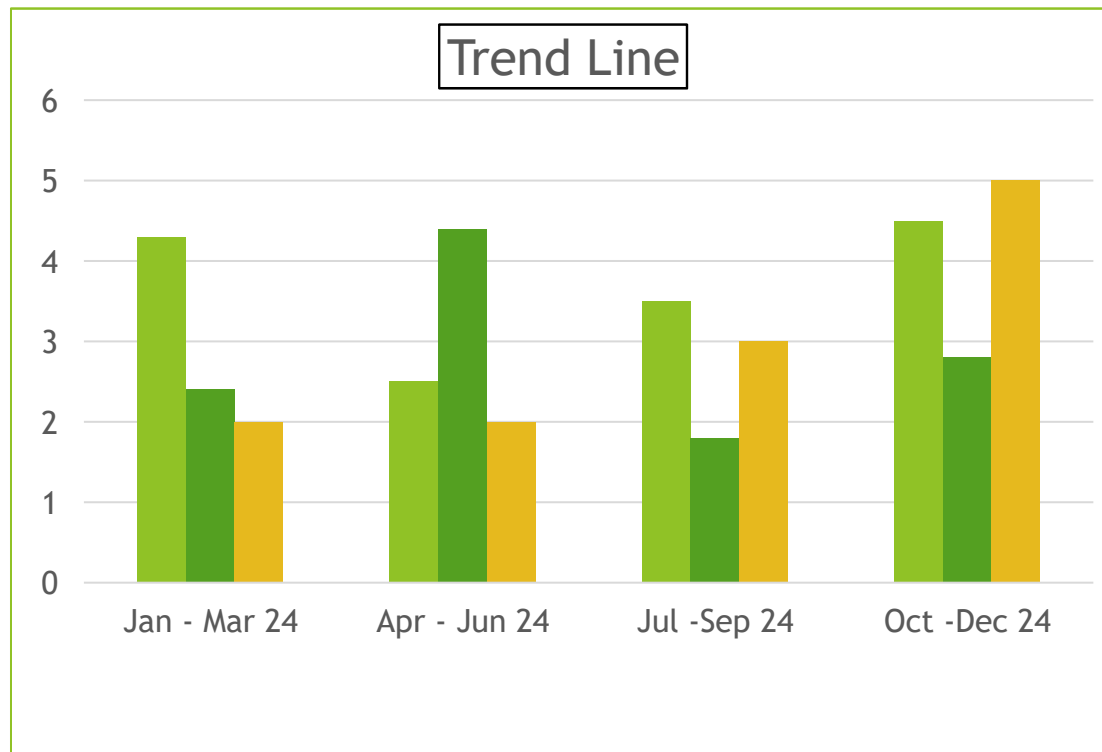
Commentary

- Our January position sees only 50% of IHA's being completed in time for children coming into our care. Action planning has commenced to identify improvements to strengthen performance in this area. Initial steps taken:
 1. KPI position and target considered at the DCC/Health CIC Health Improvement T&F Group on 13.2.25 - joint work on action plan.
 2. Contact made with Named Doctor and Designated Doctor to seek understanding about any barriers to meeting the agreed target in order to include in action plan.
 3. Action plan to T&F Group on 27.2.25 to commence tracking. This will inform onward work.

KPI 12 - % of young people known to social care who are not in receipt of full-time registered education

Target TBC

Tolerance TBC



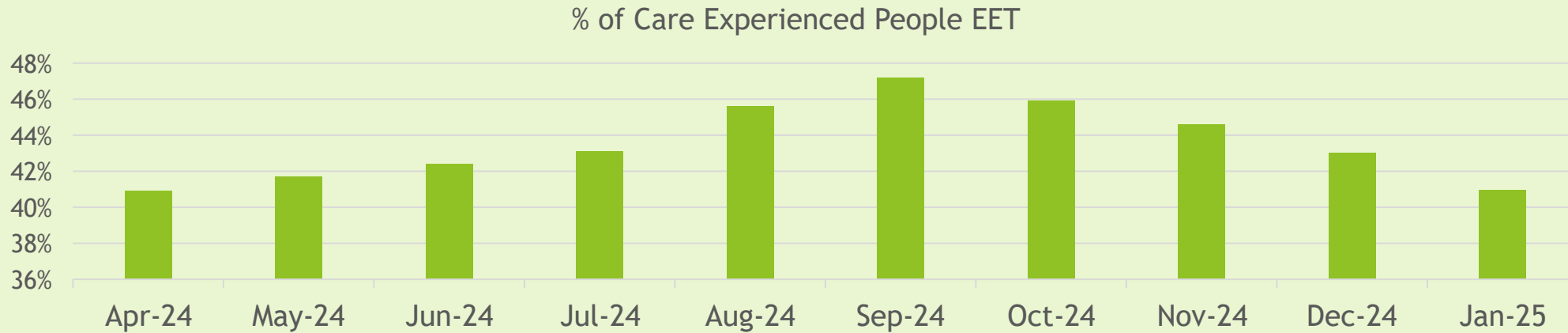
Commentary

As this is a new KPI it is not possible to present an accurate data set at this point, however work is underway to develop a report that will mirror that proposed in the Children's Wellbeing and Schools Bill.

KPI 13 - % of care experienced people in EET

Target 63%

Tolerance 53%



Commentary

- It is worth noting that this data covers all Care Experienced People. This includes qualifying care leavers and those over 25 with whom the service are working due to their high level of need, but where we have no statutory duty. This skews the data as we do not necessarily have up-to-date data on that approx. 5%.
- For relevant care leavers aged 18-25, the KPI is at 44%. For those aged 18-20, the KPI is at 48%.
- Our ETE PAs are focusing on the young people on whom we can have the greatest impact. We are working to ensure personal advisors write up their visits in a timely and consistent way as this impacts this KPI and warps the perception of trends. We are looking at performance management for some PAs where performance issues are affecting their in-touch data.

KPI 14 - % of care experienced people in suitable accommodation

Target 90%

Tolerance 80%



Commentary

The KPI is at 85% for January. We are continuing to focus on this area, looking at every individual to ensure sustainability in their plans, and using learning to feed into future development of the pathway.

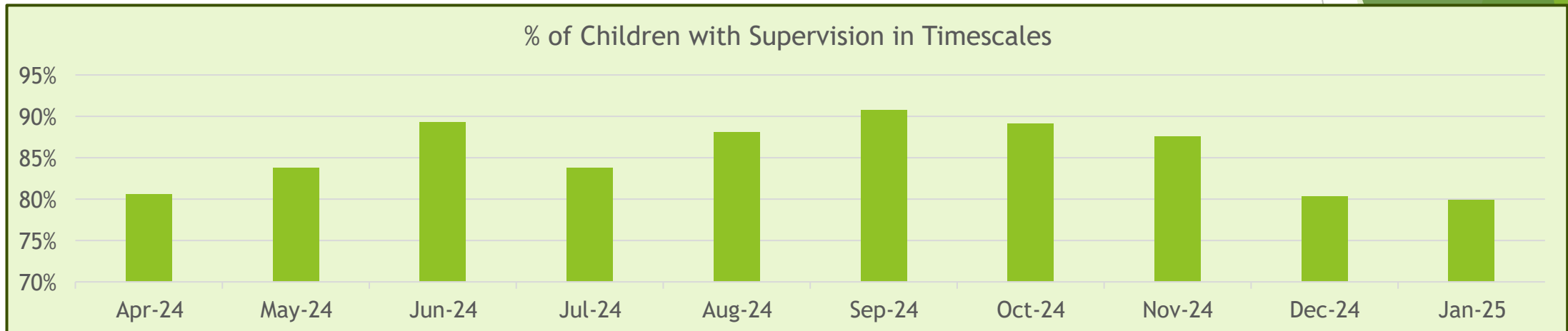
There was very sharp progress on this KPI in the second half of 2024 due to setting up the care experienced panels at the start of the autumn. As a result, we are now firmly within the tolerance and close to reaching the target.

We are expecting progress on this KPI to pick back up in the next few months after some disruption with the ILACS.

KPI 15 -% of children with an up-to-date supervision

Target 90%

Tolerance 85%



Commentary

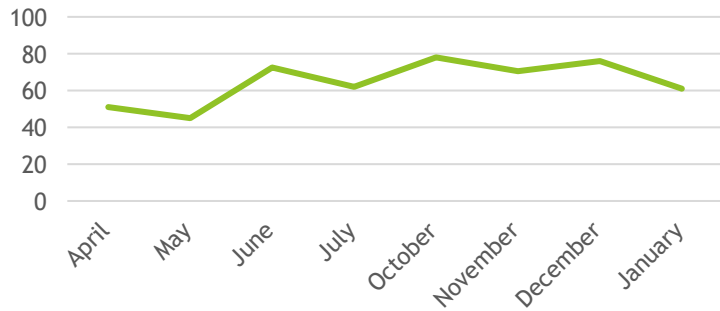
- As can be seen by the graph, performance in this area has been quite sporadic over the last 18 months.
- Lower performance in December was thought to relate to staff absence. However, performance has remained the same in January, so further analysis is needed.
- There is considerable variance between teams at the moment on this KPI, both between localities and within localities. We are looking at further exploration on the cause of the variation and supervision was the subject of a focussed discussion in the February QPRM.

KPI 16 - % audits completed by the management team each month

Target 75%

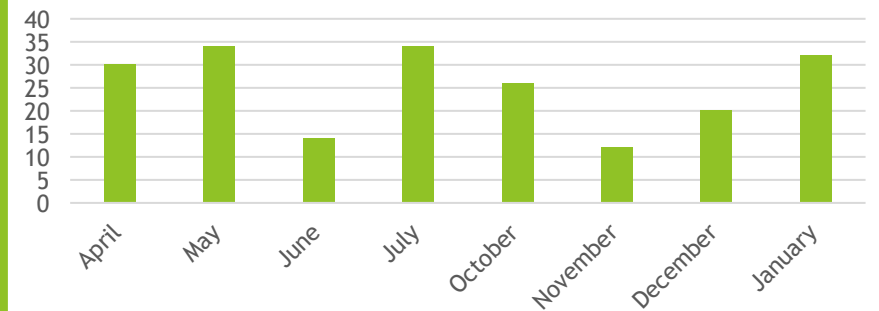
Tolerance 65%

% of Audits completed



It is expected that throughout the year, each auditor will have completed 9 audits allowing for annual leave, sickness and vacancies throughout the year. As such, our target for audit completion each month from those asked to complete audits, is 75%. Each month, therefore, it is expected that 51 audits will be completed to meet our annual target.

% of Grades Changed



Commentary

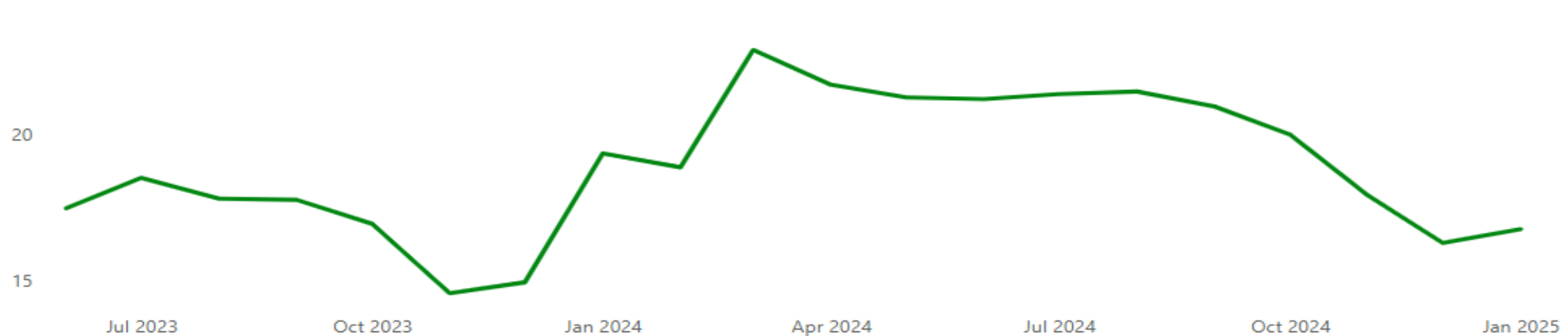
- Since October 2024 we have hit the tolerance KPI every month, including November and surpassed the target with **78%** in October and **76%** in December, however a downturn in returns is noted in January with a 61% return rate which is just below tolerance for the first time. It is likely that our further Ofsted visit impacted upon manager's capacity to engage in the audit cycle in January (Graph 1)
- Having reviewed audit returns from the last 6 months, 50% of managers that had never completed an audit were within our MASH service. Last month it was reported that the QA Team will focus their energies on supporting these managers to complete audits in line with the expectations of one audit per month for each manager. For December we saw an increase in audits being returned for the MASH service and with the new SM now in post there are plans for additional meetings with the QA Service to continue to build on recent progress. Unfortunately, there has been a marked decrease in returns from the Front Door again in January so the QA Service continue to work with the new SM to improve compliance with the audit cycle.
- In the ILACS inspection in Sept/Oct 2024, the moderation completed by the QA service on 100% of all audits completed in each cycle was seen as a strength in practice ensuring robust oversight and accurate gradings. From July to November, we saw a steady decrease in the number of grades adjusted through moderation (Graph 2) which suggested that the quality and accuracy of the audits produced in each monthly auditing cycle by auditors from across the service is improving, however in December and then further in January we saw the % of grades changed through moderation once again increasing. As new managers are now joining the audit process this is to be expected.
- In the January auditing cycle, we saw Purposeful Visits and Voice of the Child as our strongest pillars of practice with, 16% and 13% respectively, of audits grading these pillars of practice as good. We continued to see overall work sitting firmly in the requires improvement grading category with 68% of audits graded requires improvement overall.
- In the January Additional Evidence Gathering Visit from Ofsted QA was described as "accurately assessing the quality of work across the service".

KPI 17 - Average social worker caseload

Target 16

Tolerance 20

Average caseloads



Commentary

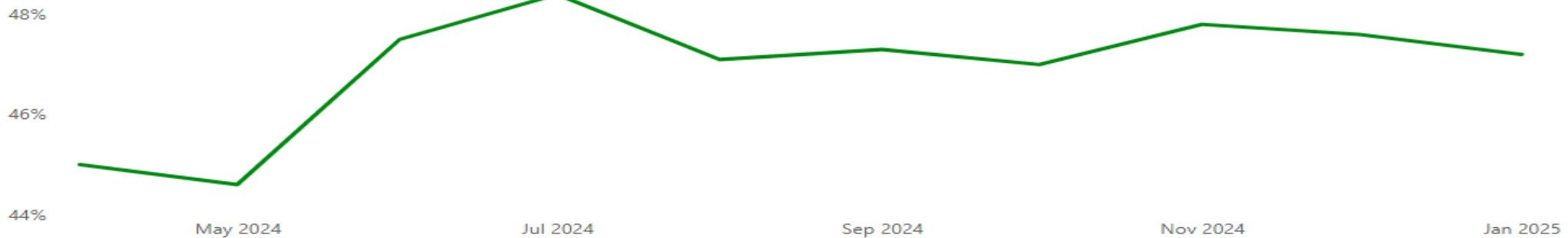
- This has been impacted by the influx of 25 ASYE social workers starting in late September. As of the beginning of January, our ASYEs had been with us for three months, and with this brings a small increase in caseload. This explains the slight increase this month.
- The KPI for the month was at 16.76 for a target of 16.

KPI 18 -% of Agency social workers(front line teams)

Target 20%

Tolerance 30%

Agency Rate % against Permanent Establishment



Commentary

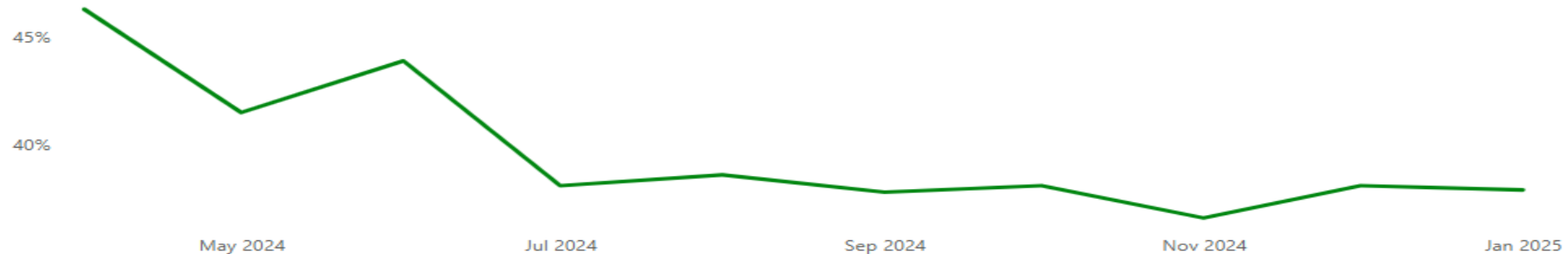
- 47% in January, which represents a very gradual downwards trend, though is still outside of tolerance.
- We would predict a downward trend in coming months as our cohort of ASYEs increase their caseholding capacity. Part of the proposal for an increased cohort of ASYEs is that gradually they would replace agency practitioners.
- There are numerous recruitment campaigns ongoing across the frontline services which if successful will decrease the percentage of agency social workers in frontline teams.

KPI 19 - % of Agency Team Managers

Target 10%

Tolerance 20%

Agency Rate % Managers



Commentary

- The KPI has held steady around 38% since July, below our target and tolerance.
- There are continued efforts to convert agency Team Managers into permanent Team Managers. This will hopefully lead to a downward trend in this KPI.
- We are introducing an aspiring leadership programme which is due for sign-off this month. This is designed to grow our own managers and to be able to recruit internally for permanent management positions.

MARCH 2025

IMPROVEMENT BOARD APPENDICIES

Appendix 1 - Practice Framework

Appendix 2 - KPI Definitions

Appendix 3 - Scorecard

APPENDIX 1 - Practice Framework

Our practice framework was co-constructed with staff at the November 2023 conference, with young people in the Stand Up Speak Up council and with parents as part of Family Advisory Board. Ongoing work has taken place at Service Development meetings to make it an interactive and co-constructed approach that staff take ownership of and explain to families and partners.

7 Seven Pillars of Practice

Relational

Respect

Responsibility

Resilience

Reflective



Work restoratively

with families and their networks to harness strengths and find solutions that last.

5 Five restorative practice values

Focus on practice that is curious

tenacious, and leads to good outcomes for children and families.



We are here to:

Offer help and support

to the right children, in the right way, at the right time.



6 Six reasons why we are here

Support care experienced children and young people

so they are healthy, safe, ambitious, and supported to recover from trauma and harm.



Intervene to prevent harm

and to support children to remain within their families whenever possible.

Ensure lived experience is understood

and champion the voice and influence of children and young people.

Purposeful Visits

Assessments

Planning

Voice of the Child

Partnership Working

Recording

Management Oversight

APPENDIX 2 - KPI DEFINITIONS

- ▶ **KPI 1 - Number of families working with Targeted Early Help (FIT) - Number of families currently allocated to a FIT worker**
- ▶ **KPI 2 - % of contacts screened as RED/AMBER completed within 24 hours - Number of RED/AMBER contacts where completed date is <=24 hours after the contact start date (hours referring to hours on working days)**
- ▶ **KPI 3 - % of re-referrals - Count of child referrals where the child has had at least 1 referral in the last 12 months**
- ▶ **KPI 4 - % of assessments completed in 45 days - Count of completed Assessments, where assessment was authorised within 45 days of assessment start date.**
- ▶ **KPI 5 - % of ICPS held within 15 days of the strategy discussion completed - Count of Child ICPCs where the working days between strategy discussion and ICPC is less than or equal to 15**
- ▶ **KPI 6 - % of children who became subject to a CP plan for a second or subsequent time within the last 2 years - Count of children who had a CP Plan that started in the last 18 months, who have had at least 1 previous CP Plan in the previous 2 years, divided by a count of children who had a CP Plan that started in the last 18 months (plotted against CP Plan start date)**
- ▶ **KPI 7 - % of children in care living in the same placement for 2.5 years plus (aged under 16, who have been in placement for 2+ years) - Count of children in care (for over 2.5 years) aged under 16 years at the report date, whose placement duration is at least 2 years.**
- ▶ **KPI 8 - % of children in care aged under 13 living in residential care - Percentage of children in care aged under 13 at the time of the report who are residing in a residential setting.**
- ▶ **KPI 9 - Number of 16/17-year-olds referred in as homeless - Number of young people with an age of 16/17 at the time of the report where the primary need category was homeless.**
- ▶ **KPI 10 - % of children in care placed within 20 miles of their home - count of children in care placed within 20 direct miles of home/number of children in care (home being defined as the address recorded the day prior to coming into care originally)**
- ▶ **KPI 11 - % of children in care with an Initial Health Assessment carried out within timescales.**
- ▶ **KPI 12 - Number of young people known to social care who are not in receipt of full-time registered education - Count of children known to social care who are either CME, EHE or part time timetables.**
- ▶ **KPI 13 - % of care experienced people NEET - number of CEP who are showing as NEET in most recent in touch contact in previous 16 weeks / count of all CEP**
- ▶ **KPI 14 - % of care experienced people in suitable accommodation - number of CEP who are showing as living in suitable accommodation in most recent in touch contact in previous 16 weeks / count of all CEP**
- ▶ **KPI 15 - % of children where supervision was undertaken at the required frequency**
- ▶ **KPI 16 - % of audits completed each month - Number of audits completed by the management group each month (based on all auditors completing 9 audits every 12 months)**
- ▶ **KPI 17 - Average social worker caseload - the number of cases allocated divided by the number of Social Workers (*capping 0.6 for NQSW, OSSW)**
- ▶ **KPI 18 - % of Agency social worker - FTE of Social Workers against the total Budget**
- ▶ **KPI 19 - % of Agency team managers - FTE of Team Managers against the total Budget**

APPENDIX 3 - SCORECARD (Pg1)

Reference	Measure	Data obtained from:			Statistical Neighbours 2023/24	National 2023/24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	
			Tolerance	Target			Actual	Actual	Actual	Actual	Actual	Actual	Actual	Number
1.0	Number of Contacts	MIT	2000	1600	NA	NA	2171	1540	1910	1887	1618	1636	1837	
1.1	Contacts completed within 72 hours	MIT	90%	95%	NA	NA							TBC Jan/Feb	
1.2	% of of contacts screened as RED/AMBER completed within 24 hours	MIT	90%	95%	NA	NA							TBC Jan/Feb	
1.3	Number of families working with Targeted Early Help/Family Help	Early Help	TBC	TBC	NA	NA	413	431	414	393	396	426	460	
1.4	Conversion contact to referral	MIT	30%	25%	NA	NA	26%	27%	24%	17%	26%	27%	32%	$588/1837 = 0.32$
1.5	Referrals to children's social care (per 10,000)	MIT	340	390	419	518	543	356	413	438	372	395	453	$((554*12)/146874)*10000 = 453$
1.6	Number of referrals	MIT	450	350	399	339	668	436	506	536	455	484	554	
1.7	% of referrals which are repeat referrals	MIT	21%	18%	19%	21%	18%	17%	22%	21%	20%	18%	23%	$127/554 = 0.23$
1.8	Conversion contact to Assessment	MIT	25%	20%	NA	NA	24%	26%	23%	16%	25%	24%	25%	$459/1837 = 0.25$
2.0	Initial Assessments completed in the period (per 10,000)	MIT	450	350	434	536	400	369	392	413	353	356	386	$((472*12)/146874)*10000 = 386$
2.1	% initial assessments with outcome Case to Close	MIT	40%	35%	NA	NA	52%	51%	49%	45%	50%	46%	41%	$193/472 = 0.41$
2.2	% of initial assessments completed in 45 days	MIT	85%	95%	84%	84%	87%	87%	80%	79%	81%	80%	78%	$368/472 = 0.78$
3.0	Section 47 enquiries (per 10,000)	MIT	210	160	175	187	252	176	221	212	146	163	167	$((205*12)/146874)*10000 = 167$
3.1	% S47s that progress to ICPC	MIT	35%	30%	32%	32%	30%	24%	31%	36%	46%	15%	0.49%	$1/205 = 0.0049$
3.2	ICPCs (per 10,000)	MIT	65	55	56	60	62	78	58	91	70	65	74	$((91*12)/146874)*10000 = 74$
3.3	% ICPCs completed within 15 days of Strategy Meeting	MIT	85%	90%	85%	80%	89%	82%	82%	82%	90%	86%	84%	$76/91 = 0.84$

APPENDIX 3 - SCORECARD (Pg2)

Reference	Measure	Data obtained from:					Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	
			Tolerance	Target	Statistical Neighbours 2023/24	National 2023/24	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
4.0	Rate of children in need at point in time (per 10,000)	MIT	250	200	312	333	278	276	273	276	277	278	287	$(4220/146874)*10000 = 287$
4.1	% of CIN with an up to date visit	MIT	80%	90%	NA	NA	85%	92%	88%	88%	89%	92%	93%	$674/725 = 0.93$
4.2	% of young people known to social care who are not in receipt of full-time registered education	Definition TBC	TBC	TBC	NA	NA							TBC Jan/Feb	
5.0	Children who are the subject of a child protection plan at period end (per 10,000)	MIT	48	43	38	42	28	31	31	32	34	37	37	$(549/146874)*10000 = 37$
5.1	% of children subject to CPP for 2+ years	MIT	4%	2%	3%	3%	0%	0%	0.22%	0.42%	0.40%	0.74%	0.91%	$5/549 = 0.0091$
5.2	% children starting a CP plan who have been subject to a previous CP plan	MIT	15%	10%	25%	25%	15%	30%	17%	31%	36%	41%	44%	$28/63 = 0.44$
5.3	% of CP with an up to date visit	MIT	85%	95%	NA	NA	93%	95%	96%	93%	97%	97%	98%	$536/549 = 0.98$
6.0	Children looked after at period end (per 10,000)	MIT	70	60	74	70	58	58	58	59	58	58	59	$(860/146874)*10000 = 59$
6.1	CiC starts (per 10,000)	MIT	27	22	24	28	25	33	19	29	19	16	29	$((36*12)/146874)*10000 = 29$
6.2	CiC ends (per 10,000)	MIT	27	22	23	28	23	38	25	14	33	16	19	$((23*12)/146874)*10000 = 19$
6.3	% of Children in Care with an updated needs Assessment within the last 12 months	MIT	85%	95%	NA	NA						98.83%	99.65%	$862/865 = 0.9965$
6.4	% of Children in Care with an up to date visit	MIT	85%	95%	NA	NA	89%	90%	88%	89%	88%	84%	82%	$706/860 = 0.82$
6.5	% of Children in Care aged under 13 living in residential care	MIT	2%	2%	NA	NA						8%	9%	$35/398 = 0.09$
6.6	% Children in Care who had three or more placements in the year	MIT	15%	10%	11%	10%	17%	16%	16%	16%	16%	16%	15%	$132/860 = 0.15$
6.7	% of Children in Care (2.5+ years) living in the same placement for 2+ years	MIT	TBC	TBC	69%	68%	65%	67%	68%	69%	70%	71%	71%	$181/256 = 0.71$
6.8	% of Children in Care placed within 20 miles of home	MIT	TBC	TBC	6%	22%							TBC Jan/Feb	

APPENDIX 3 - SCORECARD (Pg 3)

Reference	Measure	Data obtained from:					Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	
			Tolerance	Target	Statistical Neighbours 2023/24	National 2023/24	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
6.9	% of Children in Care with an up to date review Health Assessment	MIT	80%	90%	88%	89%	79%	81%	81%	86%	85%	87%	86%	506/586 = 0.86
6.10	% of Initial Health Assessments due completed in timescales	MIT	80%	90%	NA	NA			19%	31%	14%	16%	50%	10/20 = 0.5
6.11	% of Review Health Assessments due completed in timescales	MIT	80%	90%	NA	NA		79%	54%	56%	56.2%	55%	43%	20/47 = 0.43
6.12	% of Children in Care with an up to date dental check	MIT	80%	70%	76%	79%					56%	52.9%	54.2%	319/589 = 0.542
6.13	% of children looked after for at least 12 months with an up to date SDQ	MIT	70%	75%				60%	88%	88%	87%	87%	89%	396/445 = 0.89
6.14	SDQ Average Score for SDQs completed within reporting YTD	MIT	17	14				17	12.82	12.76	12.80	13.18	13.27	
6.15	% of Children in Care with a permanence plan	MIT	90%	95%	NA	NA	96%	96%	98%	99%	99%	98%	97%	760/787 = 0.97%
6.16	Number of under 16's in unregistered accommodation	MIT	5	0	NA	NA	8	10	10	11	9	5	5	
6.17	Number of 16/17 year old young people referred as homeless		TBC	TBC	NA	NA							TBC Jan/Feb	
7.0	% Care Leavers in Touch	MIT	85%	95%	94.7%	95.5%	91.3%	92.6%	93.7%	93.2%	93.0%	91.8%	90.8%	546/601 = 0.908
7.1	% Care Leavers in Touch (17-18 years old)	MIT	85%	95%	95.3%	94%	85.8%	89.1%	89.6%	89.3%	88.0%	86.4%	86.2%	137/159 = 0.862%
7.2	% Care Leavers in Touch (19-21 years old)	MIT	85%	95%	95.3%	92%	93.0%	93.9%	95.1%	95.0%	94.9%	92.5%	93.2%	313/336 = 0.932
7.3	% Care Leavers in suitable accommodation	MIT	80%	90%	94.7%	94.5%	78.1%	78.6%	81.3%	83.7%	86.6%	83.9%	84.7%	509/601 = 0.847
7.4	% Care Leavers in suitable accommodation (17-18 years old)	MIT	80%	90%	91.8%	91%	75.0%	78.2%	81.8%	82.4%	84.8%	84.4%	83.6%	133/159 = 0.836
7.5	% Care Leavers in suitable accommodation (19-21 years old)	MIT	80%	90%	90.9%	88%	82.0%	82.3%	83.7%	87.9%	89.2%	85.6%	86.9%	292/336 = 0.869
7.6	% Care Leavers in EET	MIT	53%	63%	58.9%	63.4%	43.1%	45.6%	47.2%	45.9%	44.6%	43.0%	40.9%	246/601 = 0.409

APPENDIX 3 - SCORECARD (Pg 4)

Reference	Measure	Data obtained from:					Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	
			Tolerance	Target	Statistical Neighbours 2023/24	National 2023/24	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
7.7	% Care Leavers in EET (17-18 years old)	MIT	55%	65%	67.2%	64%	51.4%	52.6%	57.1%	54.7%	50.0%	49.4%	47.8%	76/159 = 0.478
7.8	% Care Leavers in EET (19-21 years old)	MIT	50%	60%	55.4%	54%	43.3%	46.2%	45.8%	45.2%	45.6%	44.0%	41.7%	140/336 = 0.417
8.0	Agency rate against establishment for the front line social work teams	Verena Emond/ IB spreadsheet	30%	20%	NA	NA	48.4%	47.1%	47.3%	47.0%	47.8%	47.6%	47.2%	
8.1	Agency rate for staff across all social work posts	Verena Emond/ IB spreadsheet	30%	20%			32.2%	31.8%	31.9%	31.5%	32.2%	32.0%	32.0%	
8.2	Agency rate for staff across all social work team manager posts	Verena Emond/ IB spreadsheet	20%	10%	NA	NA	38.1%	38.6%	37.8%	38.1%	36.6%	38.1%	37.9%	
8.3	Average caseloads	Verena Emond	20	16	15.7	16	21.37	21.46	20.95	19.99	17.92	16.29	16.76	
8.4	% of children with an up to date supervision	SW Activity Report v1	90%	95%	NA	NA	83.8%	88.1%	90.7%	89.1%	87.6%	80.3%	79.9%	2404/3009 = 0.799
9.0	% of monthly audits from the whole service graded Good or Outstanding	Vicki Whitehead	40%	50%	NA	NA	9%	N/A	N/A	5%	11%	8%	Expected	
9.1	% of Audits completed by the management team each month	Vicki Whitehead	90%	100%	NA	NA	62%	N/A	N/A	78%	70.5%	76%	to follow	
9.2	% of Audit Grades Changed	Vicki Whitehead	TBC	TBC	NA	NA						20%	WC 24 Feb	