

10 January 2017

**Children's Services Performance Reporting and Monitoring
Processes**

Ward(s) All

Portfolios: Cllr R Burley – Portfolio Holder for Education and Children's Services

Executive Summary:

The report provides an overview of the role and function of the Children's Services Directorate Performance Board. The performance Board in its current form has been operational since March 2016.

Reason for scrutiny:

The report outlines the process of monitoring performance within Children's Social Care, Safeguarding and Early Help and the range of data and information used. This enables the Scrutiny Committee to be fully aware of the range of performance monitoring activity that takes place and to challenge, scrutinise and monitor performance and to be fully aware of the current strengths and areas for improvement of the Service.

Recommendations:

That: Scrutiny notes the contents of the report and uses the information to challenge, scrutinise and monitor performance and improvement and to assure itself that the processes are robust and focused on the right issues.

Background papers:

Children's Services Performance Score Card
Performance summary top three priorities template
Children's Services Quality Assurance Framework

Resource and legal considerations:

None arising directly from this report.

Citizen impact:

The delivery of effective children's early help, social care and safeguarding services has a direct impact on the welfare, wellbeing, safeguarding and protection of children and young people. Walsall is a Corporate Parent for some of our children and will undertake this role well. It links directly to the Corporate Priorities to improve Health and Wellbeing and Safe, Resilient and Prospering Communities and the Children's Services priority that all children and young people in Walsall are safe, happy and learning well.

Environmental impact:

None arising directly from this report.

Performance management:

Monitoring the effective delivery of services to children young people and their families and the impact is essential so that the Council can be assured that the resources at its disposal are being used to maximum impact. The performance management process operating through Children's Service's Performance Board ensures that data, intelligence and evidence from audit and quality assurance work are driving performance improvement.

Equality Implications:

The Council's equality of opportunity policy and procedures are operated by the Performance Board. Any issues of inequality are challenged and addressed by the Board.

Consultation:

Regular consultation with parents/carers, staff, children and young people are included within the evidence and information presented to Performance Board.

Contact Officer:

Debbie Carter

Assistant Director - Children's Social Care & Safeguarding

Email: debbie.carter@walsall.gov.uk

Telephone: 01922652756

1. Report

1.1 Background

Monitoring the Performance and outputs of services is crucially important to support the delivery of good and continuously improving outcomes for children, young people and their families. Walsall Children's Services performance monitoring framework:

- Uses robust methods to systematically report data, intelligence and information at all levels.
- Evidences the effectiveness of its work to safeguard, protect and promote the welfare of children.
- Challenges and calls to account those areas where practice or safeguarding arrangements need to improve further.
- Understands and uses local and national performance measures which enable Walsall to benchmark its performance against national comparators
- Creates a culture where good practice is standard practice
- Creates high standards for safeguarding and social work standards against which all practitioners can quality assure their practice
- Assists service leaders to identify, celebrate and use effective practice and to identify and pre-empt areas for improvement

In Walsall the Mosaic case management system is the main source of process and activity data in relation to the Service's work with children and families. The reporting functionality is used to inform local performance monitoring and the statutory returns to central government.

1.2 The role and function of the Children's Services Performance Board

The process for managing performance within Children's Services was reviewed and refined in March 2016 when the Children's Services Performance Board was established. Prior to this, and following the ending of the Improvement Board in 2014/15, the Executive Director and Assistant Director held regular meetings with Senior Managers and the Head of Performance to review the service specific performance score cards to identify strengths and priorities for improvement.

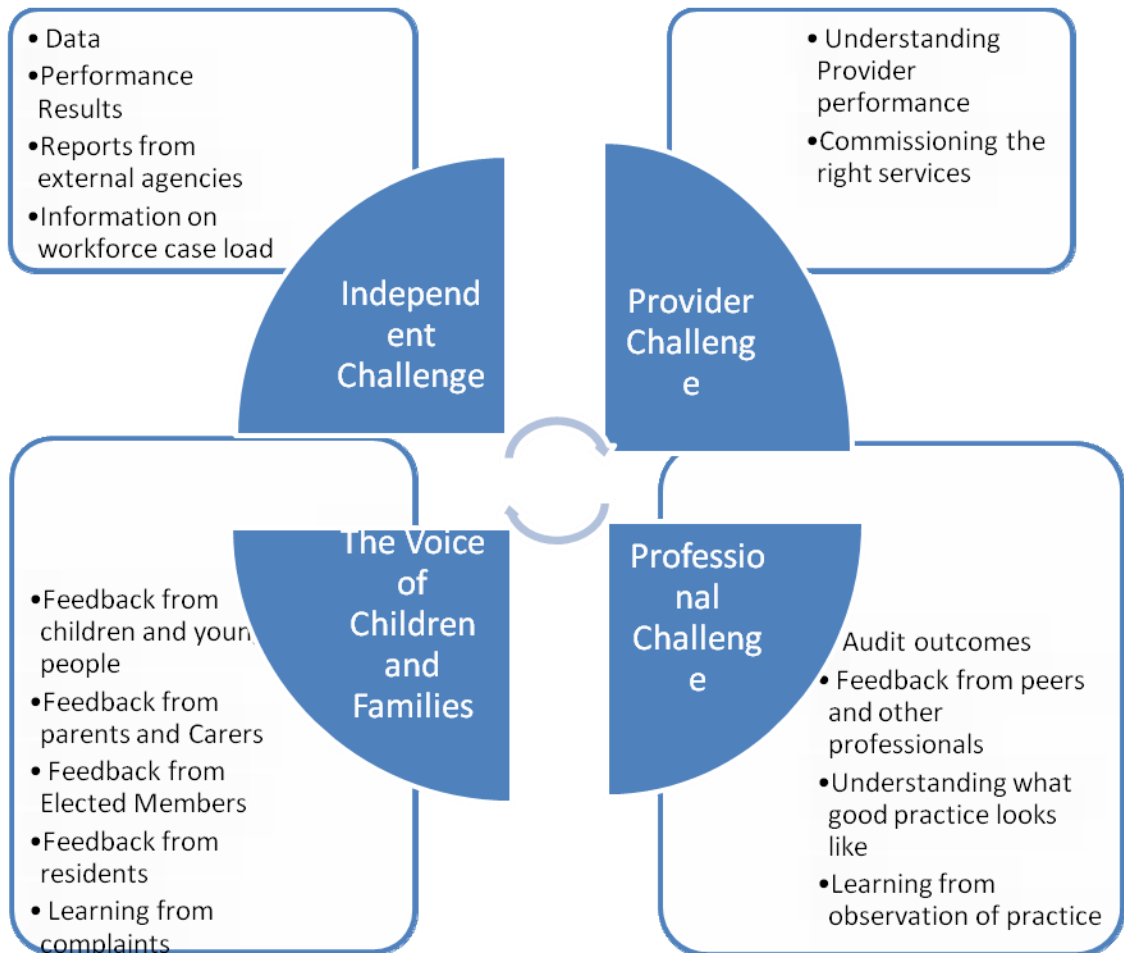
The Performance Board takes place on a monthly basis, has representation from all Group Managers across Early Help, Social Care, Youth Offending and the Performance team. It is chaired by the Executive Director of Children's Services. The Board reviews a range of quantitative and qualitative information and receives a full and comprehensive analysis of performance. This includes:

- Monthly scorecard data on service activity and performance
- A written report from the manager of each service which analyses their area's data, identifies strengths and areas for further improvement.
- Information from service users in the form of learning from complaints and feedback exercises undertake across the service area
- Information about the quality of front line practice from audit, dip sample activity and quality assurance activities.
- Information about work force including vacancy, sickness rates and caseloads

- Information about supervision compliance and quality

The Board scrutinises and challenges performance and holds Group Managers to account for the performance of their services. It is a vehicle for identifying what is working well and why and for driving improvements.

The diagram below illustrates the model that the Performance Board is working to achieve



2.1 The reporting process for Performance Board

Draft performance score cards outlining key activity for the preceding month are produced at the beginning of each month for each service area. Group Managers take responsibility with their Team Managers for reviewing and analysing the information using service specific reports via Mosaic. They verify and cleanse the data and meet with a member of the performance team to clarify any discrepancies. The score cards are then updated and discussed in detail in the service management meetings. The high level Directorate Score Card is then interrogated at the Performance Board. Group Managers present the information about the performance of their service and focus on:

- Areas of improved performance and how this has been achieved
- Areas of performance that need to improve and the action they are taking to achieve improvement
- Areas which need further information, exploration and audit activity to understand why the data is as it is.

3. Monthly Case Audit

The Head of Safeguarding provides an overview on the monthly audit process and outcomes. This gives feedback on the case audits undertaken and gives good insight into the quality of front line social work and early help practice. In addition information about practice in Child Protection Conferences and Looked After Children Reviews is provided by the Group Manager of the Safeguarding and Reviewing Service.

4. Staff supervision and workload

The Principal Social Worker provides a report on compliance related to supervision requirements, recruitment activity and caseload information. There is also a quarterly update from Human Resources in relation to sickness absence and staff turnover.

5. Service User feedback

A quarterly report is received which summarises feedback from service users in relation to complaints and compliments where key themes and learning is shared. In addition, as part of the case audit process, feedback is being sought from carers and children during every case audit where appropriate.

6. Update on service improvements and challenges

This process ensures that managers are accountable for the performance of their service areas. It provides senior managers with a holistic overview that reviews quality of practice as well as service activity data. It facilitates identification of areas that need deeper exploration and understanding and requires managers to take corrective action. One example of this was in relation to an increase in child protection plans in the first quarter 2016/17. This prompted a full exploration over the summer and has led to a series of practice developments which have resulted in the safe reduction of child protection plans. The performance cycle and discussions at Performance Board contribute to a robust self awareness and self evaluation of the impact services are having for children and their families in Walsall.

Areas where there have been improvements	Areas for further improvement
<ul style="list-style-type: none"> • Reduction in referrals to social care • Reduction in re-referrals • Timeliness of children and family assessments • Reduction in child protection plans - now in line with statistical neighbours • Reduction in repeat child protection plans 	<ul style="list-style-type: none"> • Reduce the number of contacts to social care • Reduce contacts from Police where safe and appropriate • Increase Health taking Lead Professional role in early help • Rate of LAC too high, need to improve the rate of discharge from care,

<ul style="list-style-type: none"> • Reduction in number of children on child protection plans over two years • Reduction in the rate of admission of children in to care • Adoption performance 	<p>particularly for children on Care Orders at home and in long term family and friends arrangements</p> <ul style="list-style-type: none"> • Education attainment of LAC • Care leavers not in education, employment or training • Placement stability for some LAC • Continued improvement of recording on Mosaic
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7. Areas for Further Development

- Developments of service 'Dash Boards' which provide real time service data that are accessible and easy to use. This is an important development which will further improve front line managers' ability to monitor and drive performance. The current reports are available in excel spreadsheet format are onerous and excessively time-consuming
- Continue to improve social worker inputting onto Mosaic
- Improved use of trend and bench marking data
- Continue to improve service user feedback to better understand the experience of children and families



Children's Services Performance Summary

Service Area:

Date:

	Top 3 areas of improved performance
1	
2	
3	

	Top 3 priorities for improved performance
1	
2	
3	

	Work / actions being progressed

	Actions agreed at Performance Board



Walsall Council

Walsall Children's Services

Walsall Children: Safe, Happy and Learning Well

Walsall Children's Service

Quality Assurance Framework

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Introduction

In Walsall we want all children and young people to lead safe, happy and health lives where they achieve good outcomes and are well prepared for adult life.

This will involve effective partnership working, developing and sustaining meaningful relationships with children and young people, their parents and carers, facilitating change through evidence based intervention and a meaningful quality assurance and continuous improvement framework.

By adopting a continuous learning and improvement culture in Walsall this will help ensure quality assurance activities bring about effective learning, and in turn the changes in practices needed to bring about improved outcomes for children and families.

1. What is Quality Assurance?

The purpose of this framework is to support the delivery of continuously improving outcomes for children, young people and their families.

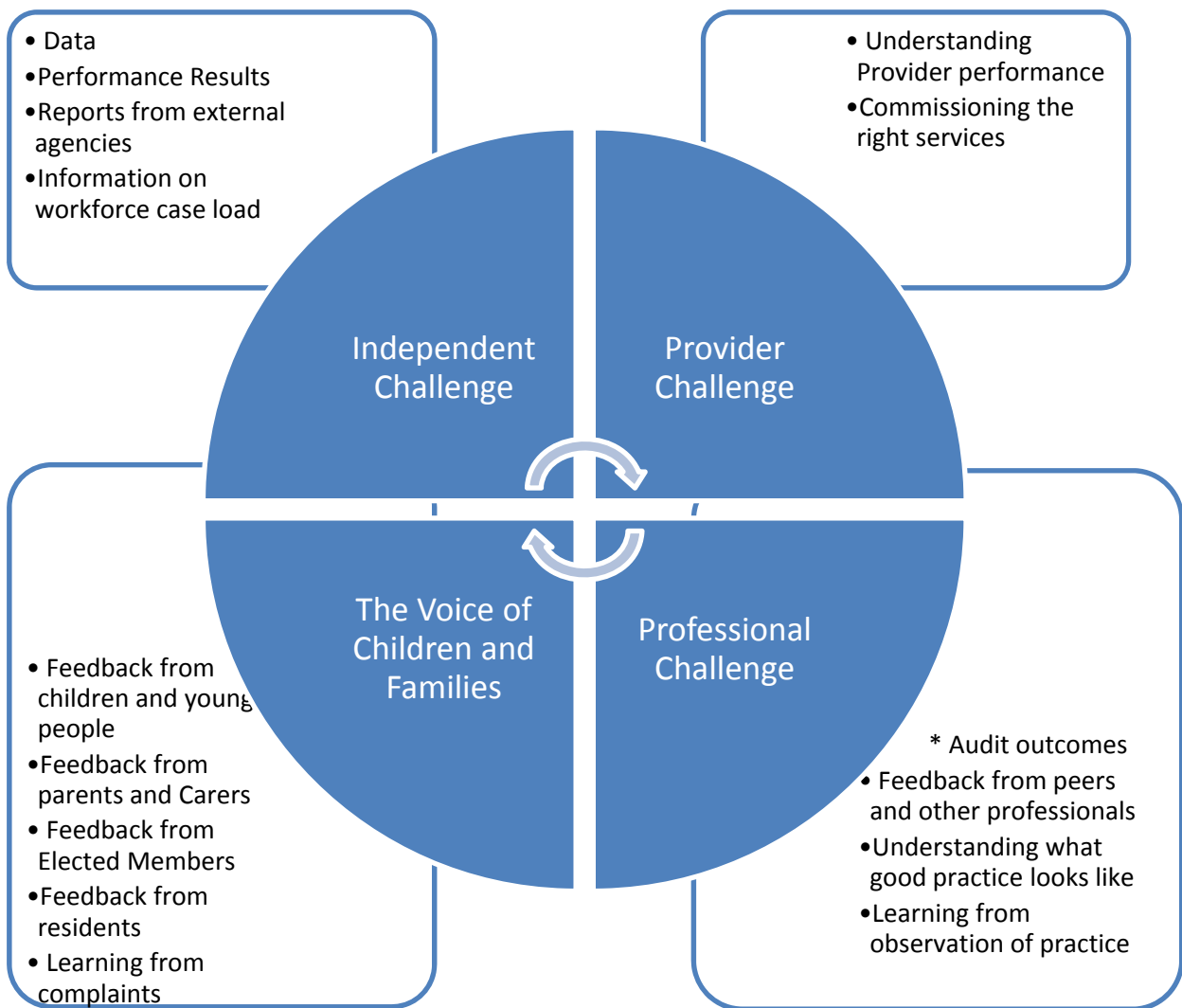
“The professionals and organisations we rely upon to protect children make difficult decisions every day which can have a profound effect on the welfare of children. To do this job well they need to be able to reflect on the quality of the services they are providing and consider whether there are ways in which they can adapt or improve their practice” (Working Together 2013).

Using a range of different quality assurance activities will support Walsall Children’s Services to:

- Develop robust methods for systematically reporting data and information at all levels.
- Evidence the effectiveness of its work to safeguard and promote the welfare of children.
- Challenge and call to account those areas where practice or safeguarding arrangements need to improve.
- Understand and use local and national performance measures which relate to safeguarding children
- Create a culture where good practice is standard practice
- Create standards for safeguarding against which all practitioners can quality assure their practice
- Assist service leaders to ‘spot trouble ahead’

1.1 Four Views on Quality

There are 4 key ways through which quality should be viewed. The diagram below shows the focus of these areas together with examples of aspects of quality assurance which relate to each area:



To complement these focused areas, it is also helpful to remember the key messages from the Munro Report:

- Achieve better outcomes for children by being less concerned about measuring processes, especially timescales
- Improve the quality of direct work and relationships with children and their families
- Achieve effective early help for families
- Understand the child's experience in the "child's journey"
- Review performance indicators; focus less on process, more on outcomes
- Restore faith in practitioner professional judgement
- Value reflective practice and supervision and establish a learning culture

(The Munro Review of Child Protection: A child –centred system Prof. Eileen Munro May 2011)

A summary of this approach and the quality assurance and improvement activity undertaken across Children's Services is shown in **Appendix A**

2. Using four views to assure and improve quality

2.1 The Principals in delivering effective quality assurance

In order to deliver effective and impactful quality assurance, Walsall Children's Services follows these Principals:

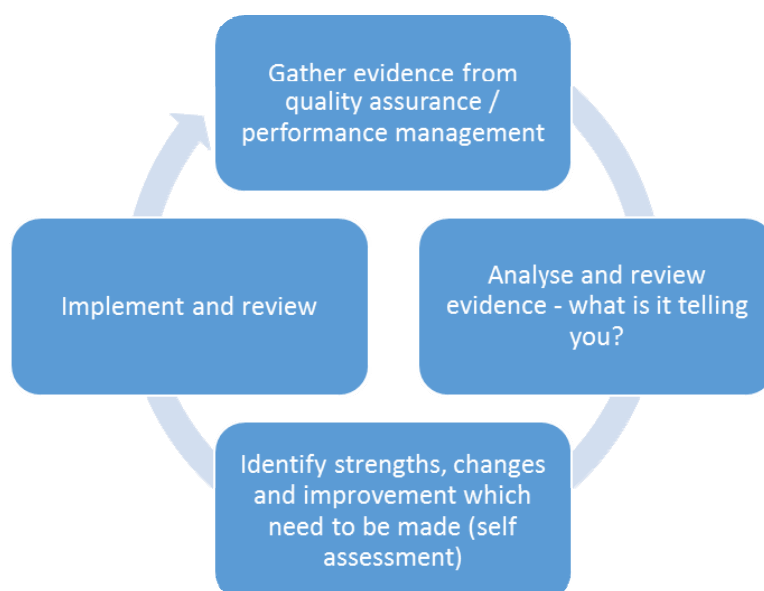
- we value a learning culture and seek to be self aware
- we maintain a drive and commitment to continuous improvement
- we promote value for money by improving the effectiveness and quality of work
- we provide support to enable staff to achieve the required changes
- we check to ensure that improvements have been achieved and maintained

2.2 Self-assessments

At the heart of our approach is the self-assessment. The service continues to assess and review itself and has an up to date and rigorous self-assessment. This is key to the service knowing itself well and producing realistic and deliverable plans to be monitored by using the four views approach.

The full Children's Services self-assessment is updated annually in line with regional timescales and to enable the Council to participate fully in any regional challenge process.

The self-assessment process can be summarised in the diagram below:



2.3 The Independent Challenge ~ using performance data

Children's Services has wide range of data that informs the tracking and reporting of performance using key performance indicators. Management information provides managers with detailed and timely information about progress against assessment and care planning

processes and outputs. This enables managers and practitioners to review and take corrective action directly with individual cases as well as target improvements in service design and practice guidance. Children's Services will use national, statistical neighbour and regional benchmarking in indicator analyses to ensure that it aspires to achieving the best performance. Recognising that regional performance is generally not good, there is a particular focus on benchmarking performance against the best of our statistical neighbours and those rated "good" by Ofsted.

The Mosaic performance reports and dashboards which each Assistant Team Manager uses are a daily source of management information. Managers use and share these reports to enable them to monitor the quality of their own team's work. Team members equally are able to review their own performance through this data and this should be considered as part of supervision.

In the first week of every month the monthly performance scorecard is created and shared with all Group Managers for their service. Group Managers will ensure data accuracy, take corrective actions where necessary and provide commentary in relation to the scorecard data.

This is reviewed in the Group Manager meetings and the Performance Board at every monthly meeting.

The Corporate Parenting Board also receives performance reports in line with the priorities identified in the corporate parenting strategy. Key indicators are included annually in the Council's annual report.

Political oversight of performance is achieved through regular Member briefings and Scrutiny Board is given performance information relating to areas of interest as required.

2.4 The Provider Challenge

All commissioned services are commissioned and tendered using established processes and there are contracts in place to ensure services are delivered as specified. There is regular contract monitoring. Market development activity helps providers to develop and improve the quality of their services.

In relation to residential placements, Ofsted has overall responsibility for the inspection of children's homes. All children's homes are inspected twice a year. In addition the quality assurance regime involves a range of stakeholders including the commissioning team, procurement service, placements team, social workers and providers themselves. Feedback is also sought in a variety of ways from children and young people.

Walsall's approach is to place children in provision which is rated good or outstanding. At the point of placement there are a range of checks on provision for example, latest Ofsted reports, regulation 34 reports, references from other Local Authorities, insurance, statement of purpose. Social workers also visit the residential provision prior to placement wherever possible.

If a provider received an inadequate Ofsted rating, they are required to develop an action plan which shows how they will address Ofsted's concerns within a given timescale. Social workers visit the child to review whether it is appropriate for them to remain at the home and

ascertain whether needs are still being met. In the event of the provider not meeting their needs, a decision is made on whether a child is moved from the home; this depends on the type and severity of the concerns.

2.5 The Voice of Children and Families

Consultation with children and young people is fundamental to all our activity and to shaping the plans we make with children and young people. They should be listened to at every stage and their wishes taken into account where possible and when it is safe to do so. When this is not possible to act on their wishes, clear, age appropriate explanations must be given as to why their views and wishes cannot be acted on.

The views of parents and carers should also be listened to with similar clear explanations provided regarding what is needed to ensure a child's safety and to enable them to achieve their potential. Clear and timely response must be provided.

In addition to this there is challenge from elected Members, for example through Scrutiny Board or the Corporate Parenting Board.

To support this activity there are a number of performance indicators that are routinely monitored as proxy measures that the voice of the child being heard. These include visits being undertaken on time, children being seen alone and participation of the child in their child protection conference or LAC review.

Children, families, and carers are also heard through the monitoring of compliments and the resolution of complaints. Informal complaints and those made through the Walsall Council complaints procedure are a source of learning. This learning informs practice development and training programmes.

A regular report on complaints, timeliness of responses, emerging themes and learning is presented and shared at the Performance Board which also receives the Annual Report.

Outcome monitoring of the impact of work undertaken is an important part of this framework and the use of the Outcome Star by Early Help and the Edge of Care Teams is an important first step.

2.6 Professional Challenge

Quality auditing for children's case work services is vital and regular monitoring and action planning improves case work practice. This starts with Assistant Team Managers, Team Managers and Family Support Leads reviewing the Mosaic reports for their team on a daily and weekly basis to ensure that key actions are being progressed.

Audit Activity

In order to address the need for continuous improvement and to ensure measurement of and focus on outcomes, there is a schedule for regular case file audits (see **Appendix B**). All case work services are targeted within this.

The professional challenge programme includes:

- case file audits of cases undertaken monthly by all managers at all levels

- themed practice audits undertaken at regular intervals assuring specific areas of practice
- RAG rating of both care and child protection plans by the IRO/CP chair at each review
- observed practice sessions
- regular supervision and annual appraisals for all members of Children's Services

The monthly full case file audits follow a standard approach. There is an agreed case file audit tool for social care and early help cases (see **Appendix C**). Managers complete this and discuss the findings with the case holder to ensure direct feedback of learning and improvement. Audits are reviewed on return by the Head of Safeguarding and Principal Social worker to identify themes and practice issues which emerge. These are fed back and are reflected in the monthly Practice Improvement Forum as a basis for practice improvement. Attendance at the Practice Improvement Forum is required by all managers and supervisors across Council Early Help and Children's Social Care.

These regular monthly full case file audits are supplemented by themed audits and reviews which consider specific issues arising from audit activity, Scorecard information, Significant Incidents and Serious Case Reviews. This includes case file audit, case file sampling, discussion with the case holder and feedback to the manager. Ensuring that issues identified as a result of audit activity are followed through is the responsibility of managers at all levels. Guidance on Walsall Children's Services expectations in relation to this can be found at **Appendix D**.

Dispute Resolution

Walsall uses a Dispute Resolution process specifically in relation to children who are looked after or subject to a child protection plan and where there are concerns about effective planning for children and young people by social workers. Independent Reviewing Officers (IROs) undertake a RAG rating of the care plans at reviews. Individual ratings are shared with workers and their managers and details of this are included in the monthly performance report as well as the IRO Annual Report that is presented to the Corporate Parenting Board. The RAG rating system includes child protection conferences so that a wider quality assessment can be made. RAG rating proportions are reported within the monthly performance framework with generic learning being fed into the Practice Improvement Forum meetings.

The Dispute Resolution process has 5 Levels and it is expected that issues will be resolved at the lowest possible level by Assistant Team Managers and Team Managers. However, if issues remain unresolved they will be escalated through more senior managers to the Assistant Director, the Director of Children's Services and ultimately CAF/CASS if required. Whilst an escalation usually starts at level 1 and progresses through the stages, an IRO can start at any stage including going straight to CAF/CASS depending on the severity of concern. If there is no Care plan or Pathway plan then the Child or Young Persons Looked After Review is cancelled and a Dispute Resolution will be raised and in these instances a copy of the Dispute Resolution is sent to the Assistant Director. The timescale for receiving a response at each stage is 5 days.

There is a similar escalation process to raise concerns regarding conference activity when Child Protection plans are not being progressed in a timely manner and/or children are not being safeguarded.

Supervision and Observation of Practice

As part of Supervision Policy, all workers have a minimum of 2 observations of practice every year. For those in their assessed and supported Year of Employment, this happens 3 times. This is reviewed with the worker so that areas of good practice and of improvement can be identified.

Other areas of activity are also observed regularly throughout the year by more senior managers, for example, the Adoption Decision Maker observing Adoption Panel, the Head of Safeguarding observing a child protection conference, the IRO service manager observing a LAC review, a Group Manager observing a strategy discussion or Family Group Conference or a Team Manager observing some direct work with a young person. This also informs more senior managers of the quality of live practice as it happens.

Every case holding worker has supervision at least monthly in line with the Council's Supervision Policy. Outcomes of supervision are recorded and case related decisions and directions are recorded on the child's file. Supervision is scheduled to be audited twice a year or be the subject of observed practice to ensure that it is effective.

Walsall Children's Services also works with the Walsall Safeguarding Children's Board who also undertake a range of quality assurance activities including: multi agency audit activity, serious case reviews and learning from other local authorities to assure and improve practice in Walsall. Relevant representatives from children's services teams participate in multi-agency audits and learning from these is fed back alongside internal audit activity.

Feedback from such learning activity and events is also shared and reviewed within the monthly Practice Improvement Forums.

Responding to the professional challenge requires specific governance to ensure that the audit and observed practice is focused, consistent and well managed. For each audit completed results are collated by the Head of Safeguarding and the Principal Social worker to ensure consistency of grading and the identification of general themes. This learning is fed back to auditors and practitioners and informs the focus of future audits and observed practice.

3 Closing the loop - ensuring that our QA has a positive impact going forward

All the QA activity described above only has a value if it leads to improvement in services received by children, young people and their families that then leads to better outcomes for the young person.

In order for the QA activity to deliver the improvement it is essential to "close the loop" to ensure learning informs practice. This is achieved as follows:

- Each audit undertaken, as described above, includes direct feedback and discussion between the auditor and the case holder. This provides immediate opportunity to discuss good practice and improvement opportunities. Where the auditor does not grade a case as at least good, service managers ensure that appropriate corrective action has been put in place to improve this specific case.
- Audits also lead to general learning and this is disseminated at the monthly Practice Improvement Forum. A similar activity covers learning from complaints.
- There is a monthly Practice Improvement Forum which is attended by all managers across Children's Social Care and Early Help. This is a key vehicle for sharing learning from audits and raising specific practice issues they highlight. This forum can also be used more generally to pick up on good cases, through appreciative enquiry, or to use case study discussions to prompt thinking. Team managers are required to cascade the messages and learning from these monthly meetings within their teams.
- Learning from audit outcomes, observations, Employee Annual Appraisals, Serious Case Reviews, national, regional or local and significant incidents is all used to help inform the training programme for Children's Services workforce

Appendix A

Quality Assurance Activity Summary

Activity	Frequency	Who	Rationale	Outcome
Self review of own quality practice and achievement of key tasks/performance issues	Daily	Social worker; Independent Reviewing Officers; early help practitioner; Managers at all levels	Practice, as reflected in case file recording, is regularly self reviewed against an agreed set of practice standards.	Outcomes for children and young people improve Continuous improvement & self awareness Planning improved Potential barriers identified and solutions developed
Review of Mosaic reports/dashboards	Daily/ weekly dependent on speed of case movement	Assistant Team Manager/Early Help Senior Practitioners	Practice, as reflected in case file recording, is regularly reviewed against an agreed set of practice standards.	Areas of immediate performance concern identified and highlighted with individuals Individuals spoken with Corrective action taken
Review of Mosaic reports/dashboards	Daily/ weekly dependent on speed of case movement	Team Manager/ Family Support Leads	Practice, as reflected in case file recording, is regularly reviewed against an agreed set of practice standards.	Areas of immediate performance concern identified and highlighted with individuals Individuals spoken with Corrective action taken
Review of Mosaic reports/dashboards	Weekly/fortnightly dependent on speed of case movement	Group Managers	Practice as reflected in case file recording, is regularly reviewed against an agreed set of practice standards. Differences and outliers in performance between teams and individuals within teams identified	Areas of immediate performance concern identified and highlighted with individuals Individuals spoken with Corrective action taken

Activity	Frequency	Who	Rationale	Outcome
Service Scorecards	Monthly	Performance Management Team	Provision of full report including benchmarking and trend analysis enables Walsall Managers to understand the story behind the data, to provide a forum for discussion and challenge in relation to performance	Group managers aware of trends and benchmarking information
Review of status and outcomes of Dispute Resolutions	Monthly	Group Manager Principal IRO	Response to and outcome of Dispute Resolutions tracked. Differences between response and emerging themes identified	Themes shared at Practice Improvement Forums
Audit Activity	Monthly	Team Managers, Family Support Leads, Group Managers and Senior Leadership Team	The audit provides evidence of whether an agreed standard is being met as expected and also the quality and impact of this practice.	Quality of practice is reviewed. Good practice identified Areas for improvement identified and corrective actions implemented. Findings are used to improve individual, team and service improvements and also to identify any themed areas where quality may be an issue. Remedial actions identified are addressed within Audit Activity and Escalation Policy Framework by all managers

Activity	Frequency	Who	Rationale	Outcome
Review of Audit Activity	Monthly	Principal Social Worker and Head of Safeguarding	Overview of audit activity and completion of remedial activities complied and provides evidence across all services that the agreed standards are met and policies and procedures complied with	Quality of practice is reviewed. Good practice identified Areas for improvement identified and corrective actions implemented. Quality of practice improves Outcomes fed back into Practice Improvement Forum
Performance Board	Monthly	Senior Leadership Team	Discussion of Service Scorecards including benchmarking and trend analysis enables SLT to understand the story behind the data. Performance Board provides a forum for discussion and challenge in relation to performance	SLT aware of trends and benchmarking information. Collective understanding of challenge and potential solutions generated
Review of Provider quality	Monthly	Commissioning Team	Collates intelligence on providers from Ofsted, regional and local issues as a result of monitoring activity and feedback from visits by workers, parents and carers	Provision of service by providers improves or use of service stops
Learning from Complaints and Compliments	Quarterly	Customer Service Team	Collates learning from the voice of Walsall about success, barriers and opportunities for change	Learning shapes future service design and response and leads to improved service delivery

Activity	Frequency	Who	Rationale	Outcome
Practice Improvement Forum	Monthly and Annually	All managers and Independent Reviewing Officers	Provides opportunities to regularly meet and share viewpoints on range of issues, case studies etc	Learning is shared with managers across services and managers then cascade learning within their teams
Extended Leadership Team	Quarterly	Director of Childrens Services and Senior Leadership Team and all managers	Provides opportunities for frontline staff to meet with the Director, Assistant Directors and other members of the Senior Leadership Team	Learning, good practice, rising themes etc are shared with Managers
Staff Engagement Sessions	Quarterly	Director of Childrens Services and Senior Leadership Team	Provides opportunities to share information and case studies to wider Children's Services workforce	Develops wider understanding across Children's Services of success and challenge
IRO Report	Annually	Group Manager Safeguarding and Independent Reviewing Service/ Head of Safeguarding	Collates IRO activity for previous 12months	Highlights success and learning for previous 12months; outcomes shared at Practice Improvement Forum Supports Service Self Assessment
Self assessment and Improvement Plan refresh	Annually	Director of Children's Services	Collates findings of performance, quality of practice and areas for improvements	Up to date self assessment; focused and current Improvement Plan enabling focused activity for forthcoming 12months
Walking the floor	At least once per year and with greater frequency as appropriate.	Director of Childrens Services and Senior Leadership Team	Senior Leaders are assured that practice 'on the floor' reflects the learning and changes made from quality assurance activities.	Senior Leaders are 'known' and develop and develop a firsthand knowledge of success and challenges at the front line

Appendix B

Audit Schedule

2016/17	Audit to be Undertaken	Lead	Associated events/audits
April 16	IRS Strategy Meetings Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of Early Help
May 16	IRS Re-Referrals Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of Early Help completed
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker Group Managers	
	Standard Case File Audit (social care and early help) Review of SFS 'health check' (progress check)	Team Managers Group Managers SLT	
June 16	IRS Assessments Strategy meeting Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of CSE Activity
	Children with Disability 'health check'	Group Managers CWD Team Manager	
	Standard Case File Audit (social care and early help)	Team Managers Group Managers SLT	
July 16	IRS MASE Meetings Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of CSE Activity

	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker IRS & SFS Group Managers	
	Early Help Closed cases	Locality Leads Service Manager Group Manager	
	Case File Audit Themed audit: CSE & Missing Children	Team Managers Group Managers SLT	
	Early Help review of 1000 cases		
August 16	IRS Statutory Visits Dip Sample	IRS Group Managers IRS Managers	
	Admissions, Discharges & Vulnerable referrals	Assistant Director Head of Safeguarding Principal Social Worker IRS & SFS Group Managers	
	Early Help Closed cases	Locality Leads Service Manager Group Manager	
	Case File Audit Themed audit: The voice of the child	Team Managers Group Managers SLT	
September 16	IRS ICPC Threshold Dip Sample	IRS Group Managers IRS Team Managers	LSCB Multi Agency Audit of CSE Activity completed
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker	

		IRS & SFS Group Managers	
	Early Help Domestic Abuse	Locality Leads Service Manager Group Manager	
	Case File Audit Themed audit: Children subject to a Child Protection Plan; Core Group activity	Team Managers Group Managers SLT	
October 16	IRS DV Threshold Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of Domestic Abuse
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker Group Managers	
	Early Help Domestic Abuse cases	Locality Leads Service Manager Group Manager	
	Supervision files	Team Managers Group Managers SLT	
	Review of Children with Disability 'health check' (progress check)	CWD Group Manager CWD Team Manager	
	Standard case file audit (social care and early help)	Team Managers Group Managers SLT	

November 16	IRS Review Management Decisions Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of Domestic Abuse
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker IRS & SFS Group Managers	
	Early Help Parental Mental Ill Health	Locality Leads Service Manager Group Manager	
	Corporate Parenting 'health check'	Team Managers Group Managers SLT	
	Case file Audit Themed audit: looked after children placed at a distance	Team Managers Group Managers SLT	
December 16	IRS CiN Plans Dip Sample	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of Domestic Abuse completed
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker IRS & SFS Group Managers	
	Early Help Parental Mental Ill Health	Locality Leads Service Manager Group Manager	
	Case file audit:		
January 17	Dip Sample tbc	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of toxic trio factors

	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker Group Managers	
	Supervision audit	Principal Social Worker	
	Early Help Behaviour	Locality Leads Service Manager Group Manager	
	Case file Audit Themed audit: domestic violence & abuse	Team Managers Group Managers SLT	
February 17	Dip Sample tbc	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of toxic trio factors
	Supervision audit	Principal Social Worker	
	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker Group Managers	
	Early Help Behaviour	Locality Leads Service Manager Group Manager	
	Case file Audit Themed audit: tbc	Team Managers Group Managers SLT	
March 17	Dip Sample tbc	IRS Group Manager IRS Managers	LSCB Multi Agency Audit of toxic trio factors

	Admissions, Discharges & Vulnerable referrals	Assistant Director, Head of Safeguarding; Principal Social Worker Group Managers	completed
	Supervision audit	Principal Social Worker	
	Review of Corporate Parenting 'health check' (progress check)	Team Managers Group Managers SLT	
	Early Help Neglect	Locality Leads Service Manager Group Manager	
	Case file Audit Themed audit: tbc	Team Managers Group Managers SLT	

Appendix C Audit Tool



Walsall Council

Walsall Children's Services Audit Tool

GRADE DESCRIPTORS

1	Outstanding	<p>All elements of the child's file demonstrate a focus on the child or young person with all elements of good practice consistently present in all areas.</p>
2	Good	<p>Children and young people are listened to, practice is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf. They are consistently seen and seen alone by social workers.</p> <p>Case records reflect the work that is undertaken with children and clearly relate to the plans for their futures. Where there are concerns about the safety and protection of children and parents do not engage, there is a full risk assessment and urgent involvement of a manager in all decisions about next steps. All actions and engagement with the family and other professionals clearly recorded.</p> <p>Assessments and plans are dynamic and change in the light of emerging issues and risks. Assessments are evidence informed, analytical and reflect the child/young person's lived experience. All children have a plan setting out the help that is offered which is reviewed and alternative authoritative action is taken where the circumstances for children do not improve.</p> <p>Decisions to look after children and young people are timely and made only when it is in their best interests. Those decisions are based on clear, effective, comprehensive and risk-based assessments involving other professionals working with the family where appropriate. Where children are looked after there is evidence that they are supported to enjoy good health and achieve in school.</p> <p>Care plans comprehensively address the needs and experiences of children and young people. They are regularly and independently reviewed, involving as appropriate the child or young person's parents, kinship carers (connected persons), foster carers, residential staff and other adults who know them. Care Leavers have effective plans and are helped to understand how their life choices will affect their safety and well-being</p>
3	Requires Improvement	<p>There is some evidence as described above but the evidence is inconsistent and/or some areas absent</p>
4	Inadequate	<p>The audit of the child's file does not provide evidence of consistent, child focused input. Plans and assessments are missing or significantly out of date. There is no evidence of review. There is no evidence that children have been seen or visits are consistently out of timescale. There is evidence on the file that</p>

	<p>safeguarding concerns have not been investigated or addressed. The auditor considers there to be an immediate safeguarding concern.</p> <p>This is an assessment of quality of service provision based on the evidence within the record. In assessing the adequacy of each dimension and of the overall judgement, consideration should be given to a range of factors. One (or more) areas may need addressing without this making the whole section inadequate.</p>
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Please see guidance notes for further information at end of document

Audit Summary:

Please enter the individual section grading given in the table below:-

Section	Theme	Grading
1	General Information	
2	Assessment of need and analysis of risk	
3	Child's plan	
4	Review and Statutory Duties	
5	Voice of the child	
6	Supervision and Management oversight	
7	Evidence of Impact	
	OVERALL GRADING	

Walsall Children's Services Audit Tool

Client Name			
Mosaic Number		Audit Date	
Current Case Holder			
Audit completed by:			
Legal status			
1. General Information	Yes	No	Evidence
Names of the allocated workers & responsible team up to date?			
Records identify all child details in respect of D.O.B., main carer and PR holders, gender, ethnicity, culture, disability, language, religion, school or college, category of need, UPNS(if applicable)? For care leavers ~ National Insurance Number, passport number, bank account details			
Record of Interpreter needed/used			
Professional involvements and key agencies accurate and up to date? (i.e. External Agencies are recorded in Central Index)			
Properly maintained chronology <i>N.B. chronologies should be updated every 3months</i>			
Recording of case notes up to date <i>N.B. this should be within 3 days of last event for statutory visits, CP & LAC related activity; 5 days for everything else.</i>			
Is the case recording specific to this child? (i.e. is there recording on the file that belongs to siblings)			
For closed cases is there a full closing summary?			

What's the story? Does the record tell the child's story? Is the reason for involvement clear? Is the intervention clear?			
Auditor's comments and reflection notes			
Areas of good practice		Areas for improvement	
Case Worker/Team Manager/Service Manager's comments on the audit:			

2. Assessment of Need and Analysis of Risk

	Yes	No	Evidence
Provides evidence that the child was seen and spoken to, and their wishes and feelings are clearly recorded? If the child was not seen, has the reason given and the Manager's decision endorsing this been recorded? Is it decision appropriate?			
How has this been done? <i>Evidence of direct work tools used? Which ones?</i>			
Is there evidence of inclusion of all parents and those with parental responsibility including non resident parents (often fathers) in the assessment?			
Includes evidence of appropriate liaison with other professionals? Has their input been taken into account?			
Does the assessment addresses referral issue/presenting need appropriately?			
Does the assessment consider and incorporate diversity issues? If so, how?			
Does the assessment include a clear analysis of risk and proposed actions? <i>For children where there is a risk of sexual exploitation the CSE risk assessment must be completed in full. Consider also radicalisation and gangs</i>			
Is there evidence of managerial oversight of the assessment with appropriate challenge and analysis?			
Was the assessment completed and authorised within timescale?			

Is there clear evidence of feedback of the outcome to the professional referrer?			
Is there evidence that the child, their parents and carers were given a copy of the assessment?			
Is there evidence that the child, their parents and carers have been given information about the complaints procedure?			

Auditor's comments and reflection notes

Areas of good practice	Areas for improvement
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Case Worker/Team Manager/Service Manager's comments on the audit:

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3. Child/Young Person's Plan

	Yes	No	Evidence
What plan is in place? E/H; CiN; CPP; Care Plan; safety plan; Pathway Plan; Placement Plan <i>(please circle)</i>			
Is the plan child specific?			
Does the plan meet the child's needs with clear and specific objectives, inputs and expected outcomes within specific timescales?			
Is there evidence that the child's wishes and views are central to making decisions and have been taken account taken of in making the plan? Is there evidence that they have a copy of the plan?			
Is there evidence that parents, including absent parents have been involved in the decision making and their views centrally to informing the plan? Or clear reasons recorded why they have not been involved? Is there evidence that they have a copy of the plan?			
Does the plan consider and incorporate diversity issues? If so, how?			
As the risk changes, is the plan reviewed to address newly identified issues? <i>For children where there is a risk of sexual exploitation the CSE risk assessment must be completed in full.</i> <i>For children who go missing is there evidence of a return interview? Evidence of discussion at CMOG? Evidence of MACE meeting? Consider also radicalisation and gangs</i>			
Is there evidence that appropriate transfer processes have been followed: step up/step down/ closure? Is the rationale for the transfer clear, linked to assessment of need, changes in			

risk factors?		
Auditor's comments and reflection notes		
Areas of good practice	Areas for improvement	
Case Worker/Team Manager/Service Manager's comments on the audit:		

4. Review and Statutory Duties

	Yes	No	Evidence
Is there evidence of visiting the child within the timescales set out in the plan? <i>Please record dates of last 3 visits</i>			
Has the plan been reviewed within timescales? <i>Please record dates of last 2 Core Groups/ date of CiN review/looked after review/RCPC/MACE review</i>			
Is there evidence of professional engagement in key meetings and reviews? Did they attend? Are there patterns of non attendance by key professionals?			
Is there evidence that parents, children and family members are involved in meetings? Are the views of the child/parent/carers included? Are diversity issues identified and accommodated?			
Is there evidence of SMART plans actively progressed by all parties? Are they reviewed and the outcome recorded? Is the history of the family taken into account?			
Is there evidence that decisions and plans have been shared with parents/carers, the child/young person and that they understand their role?			
Is there evidence of timely planning and response to escalating concerns			
Is there evidence that statutory requirements have been met: PEP/ LAC Health Assessment/SDQ's			
Is there evidence that when a plan is not working that escalating concerns have been responded to in a timely way? How has this been done? <i>Consider: early review? Professionals meeting? Revised risk assessments? MACE meeting? CMOG?</i>			

Auditor's comments and reflection notes	
Areas of good practice	Areas for improvement
Case Worker/Team Manager/Service Manager's comments on the audit:	

5. The Voice of the child/young person			
	Yes	No	Evidence
Is there evidence that the worker has seen the child alone? If not, is the reason for this clearly recorded and endorsed by the manager?			
Are the child's individual needs in the family being addressed i.e. evidence of child focused practice & on-going assessment of this child's needs?			
Has the case worker recorded observations of the child's physical and emotional presentation, their interaction with parents/carers, siblings and others? Have they analysed these?			

Has direct work been carried out? What tools have been used? If not, has it been considered and a clear rationale recorded for not doing so?			
Are there barriers to carrying out direct work? Is there evidence that the worker has made efforts to overcome these?			
For children subject to CPP and/or looked after, have the consultation tools been used? Is there evidence that they have been shared at the meeting?			
For children in statutory processes, has the child been made aware of their right to independent advocacy and independent visitors?			
Has the child been invited to their own meetings and reviews and supported to attend and/or participate? <i>Consider MACE, ICPC, RCPC, reviews of all plans?</i>			
Is the voice of the child clear and can their journey be understood?			
Auditor's comments and reflection notes			
Areas of good practice		Areas for improvement	
Case Worker/Team Manager/Service Manager's comments on the audit:			

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6. Supervision and Management Overview			
	Yes	No	Evidence
Is there evidence of management overview at allocation?			
Is there evidence of management oversight at key decision points? <i>Consider Sec47, PLO, court proceedings, return home, placement changes, school changes</i>			
Is there evidence of regular formal supervision? Is the Manager's input clear, child specific and time bound?			
Is the child's lived experience considered and used to shape next steps?			
Are safeguarding issues considered and addressed? Are audit outcomes followed up and addressed?			
Auditor's comments and reflection notes			
Areas of good practice		Areas for improvement	

Case Worker/Team Manager/Service Manager's comments on the audit:

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Evidence of impact

	Yes	No	Evidence
Is there evidence that the child's plan is making a positive difference? What is the evidence for this?			
Is there evidence that family life has improved?			

In a phone conversation with the parent & foster carer (if relevant to the child) ask the following questions. Please use the words used ~ avoid paraphrasing	Feedback from parent/carer/ child/young person's experience:	Evidence & Evaluative summary
	<ul style="list-style-type: none"> • Exceeds good • Meets good • Does not meet good 	
For parents & child/young person Has your social worker explained why they are working with you?		
For parents, child/young person & foster carers: Do you feel that your social worker has listened to you?		
For parent/ child/young carer Have you been invited to meetings about your child? Given support to attend? Have you been included in making plans and deciding		

what should happen next?		
For parents & foster carers: What do you think the social worker has done well?		
For parents & foster carers: What do you think has not been so good?		
For parents: Has the social worker made a difference to your child		
Auditor's comments & reflection notes		
Areas of good practice	Areas for improvement	
Case Worker/Team Manager/Service Manager's comments on the audit:		

Auditor's Reflective Judgement

NB: It is essential that this final section is completed in full

Dimension	<ul style="list-style-type: none">• Good• Requires Improvement• Inadequate N.B. Refer to Guidance	Reasons for judgement
1: General Information		
2: Assessment of need and analysis of risk		
3: Child/ young person's plan		
4: Review and Statutory Duties		
5: The Voice of the child/young person		
6: Supervision and Management Oversight		
7: Evidence of impact		
Overall judgement		

Action:

The following actions are required in this case:

Actions	Date for completion
1	
2	
3	
4	

Walsall Children's Services Audit Tool Guidance Notes

Walsall Children's Services is committed to continuously improving outcomes for children, young people and their families and audit activity forms an important part of that process.

This audit tool is designed to explore the quality of our input to children, young people, their parents and carers. It focuses:

- evidence that we are keeping children safe and fulfilling our statutory responsibilities
- evidence that the voice of the child, parents and those with parental responsibility, and carers are actively sought, captured and used to shape the plan for the child
- evidence that risk is assessed actively and the plan adjusted accordingly
- evidence of multi agency and partnership working
- evidence that we make a difference

The audit tool allows us to identify good practice that can be celebrated and shared and can be used to challenge and support further development of services and individuals.

Completing this tool is your responsibility and is part of the wider Quality Assurance Framework. In doing so you contribute to celebrating good practice and ensuring that standards are continually improving. All audits will be on a peer basis and will use the Walsall Audit Tool. Audits undertaken by SLT will be face to face with the social worker. Audits the judgements used mirror those used by Ofsted in Inspection from Inadequate through to Outstanding.

Guidance

- Auditors must complete the audit within the required timescale using the Walsall audit tool and Grade Descriptors
- Auditors must provide evidence to support their judgement
- The audit will relate to the previous 12months; however, historical themes identified, previous audit outcomes etc need to be identified
- The auditor is expected to discuss the outcome with the relevant manager and practitioner
- Individual issues causing concern and requiring immediate safeguarding action should be taken up on the day of the audit by the relevant team manager
- The receiving manager will follow up all issues identified with the practitioner and will ensure that the Escalation Procedure is followed

Further information on Ofsted grade descriptors is available at <https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-framework>

Direct evidence from parents, foster carers, children & young people

We have also agreed that as part of the audits, auditors will call the parents/ foster carers, child/young person. Clearly ~ dependent on the age of the child; fluency of spoken English, how litigious the case etc is it may not be possible or appropriate to speak to all these people (even Ofsted accept counsel on this and in the most litigious cases do not make the call); however ~ simply being in pre-proceedings should not be a reason for not making the call. This does mean you will need to plan to allow for no one being at home. Please use the exact words where possible and avoid paraphrasing.

Appendix D



Walsall Children's Services

Better Together for Children

Audit Activity and Escalation Process Children's Social Care

Audit Process

Audit activity is an essential activity for any learning organisation.

Performance data tells us about the quantity of activity; audits can tell us about the quality. They can highlight good practice and help us understand the areas we need to improve in. Using information from audits should be used to drive continuous improvement individually with workers and across Teams and Services.

In Walsall Children's Services audits take place in a number of different ways. Prior to supervision and in line with our procedures relating to supervision, Assistant Team Managers should be reviewing files regularly to help identify which cases, in line with the [Standards for Employers of Social Workers in England and Supervision Framework](#) would benefit from reflective practice as part of regular supervision. (See 1.3 Supervision Guidance in the Child Care Manual: <http://walsallchildcare.proceduresonline.com>)

Team Managers should also be regularly reviewing files to identify which cases they will discuss with Assistant Team Managers and including cases which exemplify best practice as well as those which require attention to bring them up to our agreed standard.

All auditors should follow the agreed guidance when completing their audits. This includes:

- applying the agreed baselines consistently
- completing the audits within the specified timescale
- completing the audit tool fully
- sharing the completed audit tool with the relevant Managers
- ensuring that the completed audit is uploaded onto the DocMgr shared space

Team Managers complete an agreed number of Detailed Audits allocated on a peer basis. These audits consider not only compliance but also the quality of the information recorded on an individual child's file. The tool enables auditors to comment on good practice.

A further set of audits is undertaken by the Senior Leadership Team. These are undertaken face to face between the auditor and the social worker.

Addressing the Outcome of the Audit

For **all** audited files

- the Assistant Team Manager and the social worker will meet to identify good practice and ensure that any issues identified as requiring attention are addressed within the timescale specified by the auditor
- the Assistant Team Manager will place an MDR on the audited file outlining the issues to be addressed and the timescales for completion
- the Team Manager will ensure progress against completion of identified actions is being actively addressed by the Assistant Team Manager
- any exceptions regarding non completion of issues raised during audit should be clearly identified by the Assistant Team Manager and formally raised with the relevant Team Manager
- evidence that issues identified during audit have been addressed must be returned to the Head of Safeguarding, Quality & Assurance by the end of the month following the audit
- where issues have not yet been completed, a clear timescale for completion must be indicated and evidence submitted the following month that these have been addressed

In dealing with the specific issues raised as a result of any audit, the Assistant Team Manager will consider if the issues raised in this specific audit are replicated in any other files held by the individual social worker. Any similar issues identified must be addressed within the next supervision session.

The Team Manager must ensure that progress against completion of actions identified as requiring attention during audit are monitored by the Assistant Team Manager and discussed with them during their supervision session. Together, Team Managers and Assistant Team Managers will need to use their professional judgement regarding any learning needs identified and will need to assure themselves that poor audit outcomes are not indicative of wider poor performance.

Escalation Process

Where issues identified during audit as requiring attention have not been addressed the Assistant Team Manager and Team Manager will meet with the social worker to focus on concerns relating to non completion. Team Managers will keep a written record of the meeting and confirm both the discussion points and the actions required within the new timescale in writing to both the social worker and the Assistant Team Manager.

The Team Manager should review other files within the Assistant Team Manager's supervisory group and consider if issues relating to this issue of non-compliance are replicated in any other social work files which may not have been subject to audit processes.

The Team Manager and Group Manager will need to use their professional judgement regarding any learning needs identified and will need to assure themselves that poor audit outcomes and poor progress in ensuring completion of issues identified as a result of audit are not indicative of wider poor performance.

If issues requiring attention remain outstanding following the new timescale, the Team Manager, Assistant Team Manager and social worker will meet with the Group Manager. This meeting will constitute a 'high challenge, high support' meeting and will constitute an Informal meeting as part of the Performance Procedure. The Group Manager will keep a written record of this meeting, the actions required and the timescales agreed and circulate them to the Team Manager, Assistant Team Manager and social worker. If the issues identified remain unresolved then the Performance Procedure will be followed.

At all stages, Assistant Team Managers will be responsible for ensuring that progress in addressing outstanding issues identified as a result of audit is monitored. The Team Manager remains responsible for ensuring for tracking progress against addressing all issues identified as a result of a poor audit outcome.






Where evidence that issues identified during audit have been addressed is not provided, or where issues identified have not been addressed, the Head of Service for Safeguarding, Quality & Assurance and the Assistant Director will meet with the relevant Assistant Team Manager, Team Manager and their Group Manager to explore the reasons and seek assurance that the appropriate steps have been taken to address any performance issues. The Head of Service will keep a written record of this meeting, the actions required and the timescales agreed and circulate them to the Managers.

If issues remain outstanding following this meeting the Group Manager will need to consider whether poor audit outcomes and poor progress in ensuring completion of issues identified as a result of audit are indicative of wider poor performance. If the issues identified remain unresolved then the Performance Procedure will be followed.

	Outturn Mar-15 England	Outturn Mar-16 Walsall	End Quarter 1 Jun-16 Walsall	End Quarter 2 Sep-16 Walsall	End Quarter 3 Nov-16 Walsall	Potential Deprivation Adjusted Target	Potential Mid-Way Target	Potential Ambitious target	Direction of Travel in 16/17 on 15/16	RAG	Comments
Care Leavers											
% Care Leavers age 19 to 21 not in suitable accommodation (SB)											
% Care Leavers age 19 to 21 not in suitable education, employment or training (SB)											

	Outturn Mar-15 England	Outturn Mar-16 Walsall	End Quarter 1 Jun-16 Walsall	End Quarter 2 Sep-16 Walsall	End Quarter 3 Nov-16 Walsall	Potential Deprivation Adjusted Target	Potential Mid-Way Target	Potential Ambitious target	Direction of Travel in 16/17 on 15/16	RAG	Comments
Adoption (*- Mar 16)											
Number of children Adopted											
% Ceasing care due to being adopted											
Of those adopted, Average time from Entering Care to moving in with adopted family (Days) (A1) (3-year average) (SB)											
Of those adopted, Average time between receiving court authority to place a child and deciding on a match to a family (Days) (A2) (3 year average) (SB)											
Children who wait less than 14 months between entering care and moving in with their adoptive family (%) (A3) (3- year average) (BB)											

Key: Direction of Travel in 16/17 on 15/16

	improved in performance if bigger is better
	improved in performance if smaller is better
	deteriorated in performance if smaller is better
	deteriorated in performance if bigger is better
	Static Performance