Management Information and Performance management Handbook

Children's Social Care

# Version Control Sheet

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| Version | Date | Contributor / Author | Brief Change Description |
| 0.2 | 7/10/2016 | LS / SN/ GM | First draft and outline awaiting content circulated to Sameh, Louise and Tony |
|  |  | DT comments | DT amends and tracks accepted |
| 0.3 | 07/11/2016 | DT comments |  |
| 1.0 | 7/11/2016 | GM | Release for SLT first view Reports table inserted into the body of the background detail |
| 2.0 | 8/11/2016 | GM/DT/TM | Second release for final proof |
| 3.0 | 10.11.2016 | GM / DT/ TM/LS/SN | Third and final release November 10 for SMT and PMS – includes final rows and PIMMS detail , Reports list in appendix and links to intranet pages as well as grammar check |
| 3.1 | 13/12/2016 | GM | June update-  Size of fint on SMR headings  Pre-proceedings section on page 32 needs to be in page 27 |

# Executive Summary

The purpose of this handbook is to explain the roles and responsibilities in Children's Social Care for Performance Management. The handbook will include a summary of the processes and describe the tools and reports available.

This handbook for managers describes:

* How the service manages the performance of the service in relation to its key outcomes for children and families
* The processes within the service for managing the quality of data on the Children's System.
* Explains the importance of having accurate data upon which to base decisions about social work practice

In Part 2 of the handbook sets out the following:

* The range of standard management reports, which are made available through Business Intelligence Services for managers to use to manage practice and performance.
* Sets out what managers need to do with the weekly, monthly or quarterly reports to manage teams at Locality and District level and contribute to a service wide endeavour to maintain an accurate view of the service activities with children, young people and families
* Explains how essential OFSTED requirements for standard dataset (Known as Annexe A) is contributed to, through daily practices of recording in local teams (see appendix)

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# Part 1 – What is performance management

Performance management is taking action to improve outcomes. It means taking action in response to actual performance data, which might be at an individual, team, service, corporate, or community level. To ensure performance management is fully embedded within services, it is essential to have an effective process in place and staff must understand their role within the process:

* To understand where action needs to be taken, performance has to be monitored
* In order to judge performance, it is important to understand what 'good' looks like and what we are aiming to achieve
* There has to be a method of assessing performance (for example performance indicators, management reports etc.);
* To make sure Performance Management is embedded within the Council, there needs to be a systematic approach, including scheduled meetings, regular reports, and effective monitoring of actions.

Performance management is more than the monitoring of key performance indicators. It embraces all activities that are designed to support the effective delivery of services, the timeliness of recording, the accuracy of recording, the use of reports to plot progress and make management decisions about cases in practice.

## Benefits of Performance Management

Performance information tells you what the risks are for your team/service or organisation. It will identify what the strengths are within your team.

It will give you the information you need in order to manage your teams effectively and plan your services

Performance management can influence service/team structures, for example, it will highlight when teams are struggling to meet service standards and indicate whether teams are resourced appropriately.

Performance management is about good management practice, ensuring that your community, organisation and team goals are achieved. It helps to:

* Ensure children, young people, their families and carers have access to high quality services that improve their quality of life;
* Prioritise what gets done and ensure there are sufficient resources to do it;
* Ensure value for money;
* Motivate and manage staff;
* Identify and rectify poor performance at an early stage;
* Learn from past performance and improve future performance;
* Increase user and public satisfaction.

An essential component of a Performance Management Framework is having accurate data in the systems which are used to generate reports that managers can have confidence in.

# Ensuring our information accurate

Children’s Services requires reliable, accurate and timely information. To be confident that their efforts are being focused in the right place, Children’s Services need to be assured that reported information reflects actual performance. The risk in not identifying and addressing weaknesses in data quality is that information may be misleading. This in turn may mean that decision-making is flawed, and resources potentially misdirected. There is also a possibility that poor services and performance are not correctly identified preventing additional support from being delivered to aid service improvement.

External users of Children’s Services data also require assurance that this data they are provided with is accurate before making judgements about the Authority’s performance and governance.

## How do we know our information and therefore, recording and performance is accurate?

In order to ensure that performance information is accurate, there are a series of processes taking place in the background to ensure this accuracy.

These are as follows:

## Improved use of LCS

* This is why mandatory training is being undertaken on LCS to improve the use of systems and quality of data
* Use of weekly and monthly management information reports; and the reporting any inaccuracies
* Mandatory training in the governance of the personal data involved in these reports and risk controls to secure privacy
* Case discussions in supervision use the information held in LCS
* LCS being the only activity recording system in use for children's social care

## Regular checking of data quality

* Tier 1 and 2 audits routinely check data quality with a clear escalation process for issues identified
* Monthly management survey of the usability of management reports including the quality of the data

## Oversight and governance

* Countywide **Accuracy Working Group** (AWG) will use collated information from audits and the management survey to identify, and action, any data quality issues. The AWG comprises Team Managers, Independent Reviewing Officers, Core Systems Team, Business Intelligence, Performance and Development Research Officers and chaired by the Head of Service.
* 0-25 Board (chaired by Chief Executive) has oversight of Performance Management in children's services.

# Use of data in Lancashire (' One version of the truth ')

For Performance Management to be possible, LCS must be utilised consistently throughout the council. There must be good operational processes in place with consistent application, and all staff must know how and where to record their information in LCS.

Managers must understand the reports, produced from the system, and should be fluent in using the specific reports relevant to their areas of practice, and understand what to do with the reports.

Business Intelligence must have a full understanding of these processes and data recording practices and will use this knowledge to develop standard reports for use throughout the council.

Without uniform recording, the reports generated will be inaccurate and inconsistent and it will be impossible to identify teams that need additional support, spot trends, plan services effectively, and ensure vulnerable children and families are protected

## How data is used

**-throughout the County Council and wider system for Children's Services:**

Managers should be able to understand this flow of information and be able to explain this to teams they manage as part of explaining the importance of their role in the process.

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| OFSTED Inspection data in Annex A | A national standard data set taken from LCS which OFSTED uses to make judgements of services |
| Sector Led Improvement (including peer reviews and challenge) | Comparison studies, visits and peer assessments of the service. Data from LCS informs sector led improvement. |
| Cabinet Committee on Performance Improvement (CCPI) – County Council level | CCPI reviews reports on performance and is chaired by the Leader of the Council and attended by elected members |
| Quality of Service Reports – Start Well | These quarterly reports provide an overview for Management Team on the quality of the service and its performance |
| Practice Improvement Meetings | Monthly meetings, which review both strategic, and team level information, establishing actions required across county and in teams. These meetings utilise qualitative feedback from audits and performance information. |
| Post Inspection Implementation Board | Reviews both strategic and casework level data to assess progress in delivering improvements |
| Performance Dashboards | A range of performance analyses are provided by Business Intelligence to Children's social care |
| Accuracy working group | Survey gathers views on data quality and manages issues needing fixing |
| Standard Management reports | Managers use data in reports to manage teams and individuals through supervision |
| Data entered onto the system | SW's maintain a standard way of recording their assessments and other reports on LCS and to ensure management support and supervision are recorded to ensure these are taking place. |

## Related policies and frameworks

There are a series of other related policies and procedures that complement these data quality measures and are available in the appendices:

1. Full report list
2. Quality Assurance and Performance Management Framework
3. Guide to recording on LCS (to come)
4. Core Systems Team guidance area
5. LCS Training Modules and LCS Accuracy "How to-coloured cards"
6. Project accuracy Business as usual documents
7. Annexe A explained – detailed slide set outlining how this impacts on OFSTED judgements

# Understanding the Performance Information

## So how do we go about this?

As a manager, you will be attending Practice Improvement Meetings (PIMs) held monthly in localities chaired by the Head of Service, attended by the following:

* Performance and development research officers
* Senior managers
* Team managers
* Advanced practitioners
* Early help.
* Business Intelligence

The purpose of these meetings is to improve the performance of the service based on evidence of how the service is performing against its key measures and service goals.

The meetings will identify and analyse trends, risks, themes and actions. The meetings will use analysis provided by Business Intelligence to challenge performance in areas and teams, agree appropriate actions to improve performance, and monitor these actions to ensure they are successful.

These PIMs will inform structures, prioritise and form the basis of service planning workbooks. The analysis provided will enable you to identify performance, which will need to be the focus of your attention and support.

## Practice Improvement Meetings (PIM) and Management information Pack

The PIMs pack, have been designed to give a full overview of current performance for discussion. They provide a county overview, and provide a locality and district focus so that any need for further investigations can be identified.

The packs include:

### Notes from previous meetings including actions

### Post Inspection Improvement Plan – Monitoring Implementation

* The latest Post Inspection Improvement Board Dashboard (a suite of performance indicators to enable the implementation of the post inspection improvement plan to be monitored), with commentary on progress. The dashboard is divided into 'immediate' (0-4 month) priorities and long term priorities.
* An analysis of the performance indicators for the 0-4 month priorities – particularly highlighting those that are 'inadequate' or 'require improvement' at a county and district level.
* An analysis of the performance indicators informing longer term priorities, particularly highlighting those that are 'inadequate' or 'require improvement' at a county and district level.

### Monitoring all social care services – 'The bigger picture'

To ensure continuing monitoring of all areas of social care:

* The latest monthly performance report providing an overview of Lancashire's performance over time against national indicators and, where possible, against comparator authorities.
* The latest monthly district performance report providing a detailed breakdown of performance over time for each district.

### Audit reports

A summary of the latest information relating to audits, including recommendations for action

### 'Backlog' information

A summary of progress being made in dealing with the backlog of cases.

### Monthly Management Reports [(Links to the top-level folder)](file:///R:/CYPRestrictedPermissions/Childrens%20Social%20Care%20Managers/Business%20Intelligence%20Info)

Managers will receive a suite of monthly management reports provided by Business Intelligence at the beginning of each month. These reports will cover all the key areas of children's social care and will provide:

* A summary of performance at a county, area and team level
* Exception lists to enable particular actions to take place. These include person identifiable data, and details of allocated workers. These lists will provide a tool for managers to assess and plan actions needed to improve performance.

Managers will be able to use the information [**(Links to the top-level folder)**](file:///R:/CYPRestrictedPermissions/Childrens%20Social%20Care%20Managers/Business%20Intelligence%20Info)

Business Intelligence will provide a suite of weekly management reports at the beginning of each week. These reports include specific actions that need to take place in the week; for example a list of visits that need to take place that week. The reports also include the backlog of actions that need to be tackled (on a separate tab). These reports should be used to proactively manage the work of each team.

# Part 2 Lancashire's Standard Management reports

* It is not expected that managers will need to use all of the reports all of the time!
* Reports are divided into several areas of practice; –

Contact, referral, assessment etc and then subdivided into relevant individual report elements.

Part 2 is set out in a table with the heading, the reports purpose, and the things managers can or should do with the information as part of their management of performance in teams, and in the Strategic Management team.

* Some of the data is more important for PDROs, or for IRO's or for Team and Practice Managers. Senior Managers and Heads of Service will provide a steer in terms of the relevance of reports and their inter-relationships to practitioners in all teams.
* Where relevant the related information appears in a single report from the system and will appear as a column within a report, for example,

Some reports will contain a mixture of high level overview or strategic information summaries, as well as the detail which sits behind the summary

* All of the reports will contain personal data and, therefore, the reports which are in Excel format, need to be managed in accordance with the Information Governance regulations of the County Council.
* All managers are expected to have undertaken Information Governance Training each year as required by the County Council.
* The distribution of these reports will be managed so that different teams are receiving the reports and have access to their relevant practice areas.

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| Referral Reporting |  |  |
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| **Report Content area** | **Purpose** | **What managers do with the performance data** |
| Referral data | The purpose of this statistical data is to provide information regarding the volume of referrals to measure the amount of contacts that progress to a referral. | This is required to provide statistical data to compare with other Authorities and our statistical neighbours. The data allows us to consider volumes, thresholds, capacity overall and by district. It enables us to look at themes and trends. |
| Contacts that are re-referrals | The purpose of re-referral contact data allows us to measure the extent cases are re-referred to the local authority. | The data allows us to consider outcomes for children and measure how effective we have been in ensuring the needs of the child (ren) are met at first contact. |
| Re-referrals previously stepped down to a CAF | The Purpose of this data is to measure the effectiveness of Early Help in addressing the needs of the child. | This report allows us to understand re referrals in more detail to promote better practice. |
| Case allocated to a team or worker | The purpose of this data is to enable a report of which team has been allocated the work per district | The report allows us to consider how many case's are allocated to, Skylakes, the district, and CART. It enables team performance to be considered. |
| Open referrals with no ethnicity and/or gender and/or DoB | The purpose of this data is to ensure all children have accurate data recorded | The report ensures a child's records are updated and enables you to understand the reasons why this was not added at first point of contact, and on screening the referral. It enables managers to Identify workers not inputting information correctly and identify training required |

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| Contact reporting |  |  |
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| **Report Content area** | **Purpose** | **What managers do with the performance data** |
| Contacts data | The Purpose of this report to give statistical data regarding all the contacts coming into the front door service | The report allows comparisons to be made with statistical neighbours and predict volumes and consider capacity and thresholds |
| Contact outcome breakdown by team member, including to NFA etc. | The purpose of this report is to enable outcomes to be recorded showing what the outcomes are for children. | This report enables us to track that support is being provided to children when a case is closed and to consider team performance and activities. |
| Ethnicity | The purpose is to enable us to have a greater understanding of our population in Lancashire. | Enable reporting and identify any gaps in recording |
| Source of contacts | The purpose of this report is to be able to have an understanding of who is referring to the front door service | This report enables us to identify who is referring and in what numbers i.e. Police, NWAS and NSPCC |
| Time from contact coming in to being stepped down or going on to referral | The purpose of this is to ensure timescales are being met | Managers to consider any trends or themes so they can then address team performance. |
| Status of contact on receipt compared to completion status | The purpose of this report is to identify outcomes for children from first contact | This report enables an understanding of the actions taken on cases to consider best practice and team performance. |
| Repeat contacts in 12 months (Annex A list) broken down by agency | The purpose of this report is to understand which agency is continually referring | This enable managers to consider trends from agencies and to try and understand repeat contacts. |

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| Assessment reporting |  |  |
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| **Report Content area** | **Purpose** | **What managers do with the performance data** |
| Assessments data | Provides data for PIMMS |  |
| Live assessments in each time band | To ensure assessments are completed within timescale | Managers should indicate on the allocation of assessments to social workers the timescale for completion, and checked at regular points. All assessments should be completed within 45 days from the point of referral. This report assists managers and SW's in ensuring that assessments are completed within agreed timescales. Managers should identify assessments that are coming up to check points, and to 45 days and discuss with the SW to ensure that the assessment is completed within timescale. |
| Child seen within first 10 days (to include child seen as part of the assessment) | To ensure that children are seen and listened to as part of the assessment process within 10 days | Managers should use this report to ensure that children are seen within 10 days, listened to, and included throughout the assessment process. Managers should identify cases where children have not been seen and discuss with SW's a date for children to be seen. |
| Assessment timeliness | To ensure assessments are completed within timescale | Managers should indicate on the allocation of an assessment to social workers the timescale for completion, and checked at regular points. All assessments should be completed within 45 days from the point of referral. This report assists managers and SW's in ensuring that assessments are completed within agreed timescales. Managers should identify assessments that are coming up to check points and 45 days and discuss with SW to ensure that the assessment is completed within timescale. |
| Outcome of Assessments (including NFA, info + guidance etc.) | To assist managers in managing the workflow of their staff and to ensure cases are progressed as per outcome of assessment in a timely manner. | Use the information to assist in managing workloads, the progression of cases and step up / step down processes. |
| Referral data | PDRO |  |
| Contacts that are re-referrals | Highlights cases that have previously been open to CSC | Managers should reflect with the allocated worker on previous involvement and ensure that new assessments fully take into account previous history. Ensure that the right level of support is provided to ensure the case does not drift or enter into a "stop start" process |
| Re-referrals previously stepped down to a CAF | Highlights cases that have previously been open to CSC and stepped down to CAF | Managers should reflect with the allocated worker on previous involvement and ensure that new assessments fully take into account previous history. Ensure the right level of support is provided to ensure the case does not drift or enter into a "stop start" process |
| Case allocated to a team or worker | To ensure that assessments are allocated to the correct worker and team | All assessments to be allocated to a SW. Use the report to identify cases that need to be allocated and ensure that assessments are allocated to the correct worker and team. |
| Open referrals with no ethnicity and/or gender and/or DOB | To ensure that a child's record includes key basic information | Managers to ensure that the child's record is updated with missing information |

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| Children in Need reporting |  |  |
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| **Report Content area** | **Purpose** | **What managers do with the performance data** |
| CIN data |  |  |
| Visits due within 7 days | To ensure that children in need are visited according to procedural timescales | This report provides a prompt for managers and staff to have advanced notification of visits due in the next 7 days and enables managers to check that team members have these in their calendars |
| Privately fostered assessments within timescales | This is to ensure that all privately fostered children are having a social work assessment(PFAAR) according to procedural and statutory timescales | To verify that the assessment, which will look at the suitability of the carers and the welfare of the child, is planned and completed by the allocated worker within the timescales |
| Privately fostered visits due / overdue | To ensure that children who are PF are visited within procedural and statutory timescales | This report enables you to check that the visits are done within timescales and that workers are planning ahead to deliver the visits |
| CIN plan duration broken down by time bands (CIN open for more than 12 months and more than 2 years specifically requested by Ofsted) Workshop clarified timescales as: CIN plan open for 3 months, 6 months, 12 months and over 12 months. | To ensure that CIN plans do not drift beyond the period planned and plans are reviewed and updated in a timely way | Managers should analyse cases to identify drift or to anticipate drift, identify plans due review, and ensure plans have multi-agency involvement and the review is updating plans appropriately. To identify cases which require a decision on step-up or step down as part of exit strategy to take place within a six month period |
| Outcome of CIN case (step up / step down) / reason for closure | To ensure that cases are escalated or de-escalated in line with the continuum of need and cases are managed at an appropriate level of risk, recording the reasons for closure | Manager should analyse individual cases with regard to the quality of the assessment, interventions, planning and review. By looking at trends within their team and identifying whether there are appropriate levels of understanding of the risks, which are being managed in particular cases. The analysis of the manager should fit into the overall departmental analysis in terms of the understanding of risks and thresholds. For example through feeding into the PIMS meetings |
| Time taken to allocate from C&F to CIN: date between outcome of C&F and date allocated to a CIN team | To ensure that there is no delay between the process of assessment and delivery of interventions/services | Manager should analyse the report to ensure that there is minimal delay between the completion of the assessment and the start of the plan, in order to reduce the risk of escalation by prompt preventative action. Managers should act on cases where delay is identified, record the reasons and actions to rectify the situation |
| Repeat CIN plan in last 12 months | To ensure that interventions are effective and do not lead to recurrent plans being necessary or escalation required. To verify that quality and accurate assessments are undertaken which confirm the level of risk/need. To reduce the number of repeat plans | Use the report to identify cases and prompt discussion with team members relating to the accuracy of the assessment and the possible reasons for a repeat plan being necessary. Review the step down process to identify issues and to enable the adjustment of fresh plans. Use the report to assess the risks associated with cases, the nature of the intervention and its appropriateness and to seek to avoid delay in needs being met. |
| Repeat CIN plan in last 2 years | To ensure that interventions are effective and do not lead to recurrent plans being necessary or escalation required. To verify that quality, accurate assessments are undertaken which confirm the level of risk/need. To reduce the number of repeat plans | Use the report to identify cases and prompt discussion with team members relating to the accuracy of the assessment and the possible reasons for the repeat plan being necessary. Review the step down process to identify issues and to enable the adjustment of fresh plans. Use the report to assess the risks associated with cases, the nature of the intervention and its appropriateness and avoid delay in needs being met. |
| List of children with a plan but without a case summary (case note type) | Identify cases with incomplete records as the case summary provides a pen picture of the case for managers to gain an overview | Managers to ensure that minimum expectations are understood by all staff, explain the importance of this and maintain a culture in which this is undertaken as a matter of course. |

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| S 47s and Strategy Discussions reporting |  |  |
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| Strategy Discussions data | Provides data for PIMMS |  |
| Strategy discussions including police, health and education | To ensure that Strategy Discussions are complaint with "Working Together" guidance and include partner agencies | Managers to ensure that all staff understand the minimum expectations regarding multi agency participation and accurate recording of agency involvement in Strategy Discussions |
| Strategy discussions with managerial oversight in previous 7 days | To ensure that Strategy Discussions have management oversight within 7 days | Use the report to identify Strategy discussions that require management oversight and action these |
| Strategy discussions held within 24 hours of decision to hold a SD | To ensure that Strategy Discussions are complaint with "Working Together" guidance and are held within 24hrs of the referral. | Managers to ensure that all staff understand the requirement to hold a Strategy Discussion within 24hrs of the referral, and ensure a timely response to concerns of significant harm to children. |
| Children seen within 24 hours of decision to initiate enquiry. | To ensure compliance with "Working Together" that children are seen within 24 hours of the decision to undertake a Section 47 enquiry | Use to ensure all staff understand the requirements of working together and that when children are at risk of significant harm a timely response is given and children seen within 24 hrs. Where children have not been seen, managers to agree with SW a date for child to be seen and case note entered on LCS |
| Number of S47 enquiries | To provide managers with an overview of the number of Section 47s being undertaken | Managers should consider the reasons for any change in the number of Section 47's undertaken and any implications for practice / learning, for example, are thresholds being applied consistently? |
| Section 47 timeliness | To ensure that children at risk of significant harm are seen and safeguarded within statutory timescales | Managers should use the information to ensure that Section 47 enquires are undertaken within statutory timescales. That all children are seen within 24 hours and that the outcome of enquiries under Section 47 must be available in time for an Initial Child Protection Conference. If an ICPC is required, this must be held within 15 working days of the Strategy Discussion/Meeting.  Use this to identify cases where a section 47 has not been completed and ensure that action is taken to complete in an agreed timescale, and record on LCS. |
| Number of section 47s that do not go to ICPC w/IRO oversight | Where a S47 concludes that a child is judged to be at continuing risk of significant harm, but the outcome is not to proceed to ICPC, the decision must be quality assured by an IRO within 3 working days. The report is to ensure that IRO oversight is happening on all cases with this outcome. | The Manager should review the information from the report to consider whether there are any cases with an outcome "concerns substantiated" that did not go to ICPC, in order to ensure that those cases have had IRO oversight. The report will provide Quality and Review managers with details about which cases have had IRO oversight where the decision was not to proceed to conference but concerns substantiated. Where cases have not had IRO oversight the Quality and Review managers will follow this up with colleagues in social care to determine the reason and ensure this is completed on all cases and those systems are in place. |
| Repeat section 47's in the last 12 months | To highlight issues in respect of risks to children, for example, the accuracy of the previous and present assessment of the child/young person. | The Manager should review the information from this report and identify the cases within the team and review with the worker/ practice manager to ensure that risk is being managed appropriately in the current plans. To establish whether the current plan is effective in reducing the risk to the child. The review of the case should be reflected in the supervision notes between manager and social worker. |
| S47 leading to ICPC where ICPC not held | To ensure that the ICPC is held within timescales and any outstanding ICPCs should be prioritised for management and worker follow up | Managers should communicate with the safeguarding unit to understand the reasons for the ICPC not being held. Managers/IROs should take immediate action for the conference to take place. If there is any reasons for not holding the conference this should be recorded on LCS to identify reasons for delay |
| S47 with over 15 days between strategy completion date and ICPC start date | The report is to identify every S47 where there has been delay and the ICPC not held within the expected 15-day timeframe from start of the strategy discussion. | The manager should ensure the SW has completed the conference report and sent to the IRO service. Managers to ensure the request for conference is made and an invitation list has been sent to the IRO service. If all of the above is completed and the delay is associated with IRO allocation or admin, then the manager should highlight this to the IRO manager. This is to inform them of the potential consequences of delay. Reasons for the delay should be recorded on the LCS system |
| Repeat S47s not leading to a conference | The purpose of the report is to ensure that management use of thresholds is proportionate to the risk identified through the assessment. The report will highlight the differences within management thresholds being implemented by individual managers and the decision making in responding to risk. The purpose of the report is also to prevent unnecessary work being undertaken by the social work team as a result of the thresholds not being applied appropriately | Managers should use the report to identify individual managers whose assessments are not leading to ICPC, comparative to other managers within the team or group. The report enables the team manager to identify differences in the use of thresholds by individual managers. This may lead to the use of audit to check the application of thresholds to either support the decisions and/or advise on changes to practice. The examination of practice may lead to support and training being provided to ensure that individual managers are applying thresholds appropriately. |
| S47 on open cases on new referrals (differentiate CP, CLA and CIN) | The purpose of the report is to differentiate between S47's which are new referrals as opposed to those that are arising from open cases, within each category of pathway. To understand the thresholds and the potential for escalation to ICPC, pre-proceedings, care proceedings. | Managers will use the usual pathway for new referrals. For open case's the manager will need to consider the plans for children and ensure that risks are being managed through the respective CP/CLA plans. Whether a change in plan or placement is required to manage the risk identified following the new S47 assessment |
| S47 broken down by name of manager | The purpose of the report is to enable Team Managers to have an oversight of the number and range of S47 cases being held by each team and practice manager. | Examine thresholds and decision making in relation to cases and advise/take action on the need for training for individual managers on risk, and thresholds where appropriate. |

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| Child protection reporting |  |  |
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| CP data | For PIMMs and PDROS |  |
| Visits within timescales. | To ensure that every child subject to a CP plan is visited within statutory timescales | Review the report and if a child has been identified who has not been visited, a visit immediately by the allocated worker or duty worker would need to be undertaken. The manager would record the reasons for the visit not being completed within the timescales. If a particular allocated social worker is not undertaking work within timescales then this should be addressed with particular individuals as part of the performance management process. |
| Visits due within 7 days and overdue | The purpose of the report is to ensure that any child who is been made subject of a CP plan is visited within 7 days of the ICPC. | The manager to ensure that all children made subject of a CP plan are visited within the timescale expected, or immediately once delay is identified. The reasons for any delay should be recorded on the LCS. |
| Reviews within timescales | To identify children who subject to a CP plan who have had no review within the last month. To ensure that all children are reviewed within the statutory requirements | If the manager identifies cases within their teams where no review has taken place, the IRO should be contacted to identify the reasons for delay. IRO managers should identify the reasons for delay and ensure that reviews are arranged immediately. Reasons for the delay should be recorded and escalated to the IRO manager to report that a case has not been reviewed within expected timescales. If the reasons for the delay is related to a particular social work worker or team this should be raised with the relevant Senior Manager. |
| Reviews due within 7 days or overdue | To ensure that all reviews take place within timescales. | SWs and managers should check the report to ensure those reviews which are due within 7 days take place. To ensure that reports are emailed to the IRO service and to enable the SW to share their report with families, children and young people prior to the conference/review |
| With a plan within 15 days of ICPC | To ensure that children subject to a CP plan have an active working plan on the electronic record within 15 days of the ICPC | Manager should identify cases in their teams where there are no active plans within the 15 day period, they should take action to ensure that the plan is put in place immediately |
| Case allocated to a worker | To identify children with no allocated worker | Managers should allocate a SW immediately and under no circumstances, should there be no worker allocated to children subject to a CP plan. If there are any issues preventing allocation this should be escalated immediately to a senior manager. |
| ICPCs due / overdue | To will highlight all of the ICPCs within the month and those which have not been held within the month | SWs and managers should check the report to ensure those ICPC's which are due within the period, take place and are discussed weekly with practice managers. This is to ensure reports are emailed to the IRO service and enable the SW to share the report with families, children and young people prior to conference. Practice managers should use the report to monitor the capacity of individual social workers to ensure they are able to undertake the work necessary within timeframes. Any overdue, should be escalated to the IRO manager and any issue regarding the SW or team should be escalated to the Senior Manager |
| Outcome (step up / step down): workshop requested: CP to CIN, CP to not CIN (just exception report), CP to CLA | To highlight the number of CP plans stepped down to CIN and to monitor the quality of intervention and thresholds being applied within the case. To ensure that If there is a case stepped down to CAF then there are valid reasons recorded within the system. For cases which are being stepped up, the report will enable a review of the interventions and planning for the children/young people concerned. This to ensure that the thresholds are applied appropriately in terms of children becoming looked after, for example. | The manager should review the report and identify the proportions of children in each category in order to ensure resources are being deployed accordingly across the pathways, and ensure trends are identified which need to be planned for, by the area, or the service as a whole. Managers should use this information to compare teams, and managers in order to look at trends and indicators relating to risk and thresholds. Managers should be able to analyse and describe the picture for their area and the trends that will contribute to the overall analysis of the service through the PIMMS meetings held each month. |
| CP plan - CP plus 18 months for all open CP cases. Workshop specified needing exception lists of over 12 months, 18 months, and 2 years. | To identify any cases where a child has been subject of a CP plan over 18 month to ensure this plan is monitored and outcomes for children are being achieved and if outcomes are being delayed a review of the current plan would be prompted | To identify any cases where a child has been subject to a CP plan over 18 months and alert managers to these cases. Senior managers should be informed and practice/team managers should look into the current plan and review if the plan is effective. A Care planning meeting should be arranged with the Senior Manager and a decision taken as to whether the current plan is sufficient/appropriate to the needs identified. If the outcome of this review is that the current plans are not achieving the desired outcome, consideration should be given to escalating the case. The review should be recorded on LCS |
| CP repeats - Annex A CP list - all with one or more previous plans (12 months and over) | To prevent children from suffering repeated instances of significant harm. To identify children made subject of a CP plan more than once in the last 12 months or over. To ensure that children are achieving the desired outcomes planned and to minimise delay in children achieving proposed outcomes. To avoid repeat interventions which might cause delay. | Review the case within a week of this coming to attention. The Team Manager to ensure the senior manager reviews the case as part of the BLA meeting, where consideration should be given as to whether escalation to pre-proceedings, or care proceedings is required. In addition, consideration should be given to the current CP plan and any intervention which is required to prevent further potential/possible harm to the child/children. IROs should alert Team Managers immediately to a child becoming subject to a CP plan for a second time, and the IRO should consider recommending a legal gateway meeting |
| Open CP (at a date) with no allocated IRO | The purpose of the report is to ensure that all children subject to a CP plan have an allocated IRO in compliance with statutory requirements. | Q&R Managers should allocate an IRO immediately and under no circumstances, should there be no IRO allocated for children subject to a CP plan. If there are any issues preventing allocation this should be escalated immediately to a senior manager. |
| Core Group due and overdue (Georgine to explain where to get information) | To ensure that all children subject to a child protection plan have their plans reviewed regularly according to procedural timescales | Managers should use the report to identify those cases where there is a delay in the monitoring and reviewing of the CP plan via a core group meeting. The IRO should also use the report to check that core groups are happening as planned. For overdue core group meetings, managers should ensure that the meeting takes place within 5 working days and the social workers has any due dates placed in their electronic calendars. |
| List of all children who cease to be CP in month - no plan/closed referral | To check the reasons as to why there has been no step down process planned (e.g. to TAF or CIN) and enable managers to check the reasons are valid | Managers will need to ensure these cases are being reviewed and risk is appropriately managed at the point of the CP plan ceasing. The IRO should notify their manager and the team manager of any cases where they have been stepped down to CAF/TAF or closed. |
| Time of transfer from CP to CIN. Date of review conference where plan closed and date of first CIN review meeting | To ensure that there is no delay in setting up CIN provision following the CP so that the risk of further escalation is minimised | Ensure that the relevant CIN worker from the CIN Hub is allocated to the case; ensure that a planning meeting has been arranged to discuss the needs of the family and check that the SW has completed a CIN plan for the support worker to implement. This should take place within the timeframes set out in the transfer policy. |
| Pre- meeting report completed within 2 days of conference date. With a list of those 'no'. | To ensure that SW report is shared with family and the IRO has had sight of the report 2 days prior to the conference to ensure they are aware of issues in advance. It will highlight where a conference may need to be adjourned unnecessarily due to failure to complete a report on time. The report can be used to alert managers to poor practice /performance within teams | Both IRO and Practice Manager should be aware of which cases have not had a pre meeting report and use this report to follow up with SW the reasons for delay on cases. Managers should take action with SW whose reasons for delay are not acceptable. Managers can use this information to look at which reports haven't been done and those that have been done which allows managers to pre-empt possible delays and a lack of partnership working with parents and other agency partners. |

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| Children Looked After reporting |  |  |
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| CLA data | Provides data for PIMMS |  |
| % of visits in time | To ensure that children who are Looked After are visited within the statutory timescales, to comply with minimum statutory requirements | Review the report and if a child has been identified who has not been visited, the manager to ensure a visit is undertaken immediately by the allocated worker or duty worker. The manager to record the reasons for the visit not being completed within timescales on LCS. If a particular allocated social worker is not undertaking work within timescales repeatedly then this should be addressed as part of the performance management process. To ensure that SWs are discharging their responsibilities as a corporate parent |
| Visits due within 7 days | The purpose of the report is to ensure that any child who is Looked After is visited within 7 days from making the order or placement | The manager to ensure that children in our care are visited within the timescale expected or immediately once delay is identified. The reasons for any delay should be recorded on LCS. |
| % Reviews within timescales | To identify children in our care who have had no review within the last six months. To ensure that all children's care plans are reviewed within statutory requirements | If the manager identifies cases within their teams where no review has taken place, the IRO should be contacted to identify the reasons for delay. IRO managers should identify the reasons for delay too and ensure reviews are arranged immediately. Reasons for the delay should be recorded and escalated to the IRO manager to report that a case has not been reviewed within expected timescales. If the reasons for the delay is related to a particular social work worker or team this should be raised with the Senior Manager. |
| Reviews due or overdue in next 7 days | To ensure that all reviews take place within timescales. | SWs and managers should check the report to ensure those reviews which are due within the 7 days take place. To ensure that reports are emailed to the IRO service and to enable the SW to share the report with families, children and young people prior to the CIOC review |
| Case allocated to a worker | To identify children with no allocated worker | Managers should allocate a SW immediately and under no circumstances, should there be no worker allocated to children in our care. Any issues preventing allocation should be escalated immediately to a senior manager and Head of Service. |
| CLA current placements duration split by time bands | To monitor the quality of the CIOC plans, review stability of the placements and whether there is any delay in permanency planning for these children, including exit strategies | Managers should review cases and ensure plans reflect any change in circumstance. Managers can use the report to check that children are placed within the most appropriate/suitable provision. Cases where children have had several changes within a period should have their plans reviewed and managers should bring cases to the attention of the IRO so that a care-planning meeting can be arranged to review the suitability of the plan/provision. |
| Outcome of completed period of care / reason ceased to be CLA | To ensure that appropriate exit strategies are in place for Children Looked After, and identify whether these were planned exits from care or S20 agreements which have come to an end. To check whether there is an appropriate support plan in place to prevent them re-entering care and check the ending of the period of care was appropriate, clarify any outstanding risks in returning home. To identify those children who have reached 18 or care leaver age and whether they are in appropriate Supported Living or Independence Arrangements. Whether the case has been transferred to the PPA Hub. | Managers should identify cases where there is a need to review the circumstances of the period of care ending. For those over 18 check that the case has been picked up by the PPA Hub through liaison with the PPA manager. Managers should use the report to analyse the numbers of children exiting care within their area and to describe the flow of children through pathways so that resources can be reviewed across teams and services through PIMMS meetings |
| CLA registered that were repeats | To prevent children from suffering repeated instances of significant harm. To identify children who have been in our care more than once in the last 12 months or over. To ensure that children are achieving the desired outcomes planned, and minimise delay in children achieving proposed outcomes. Avoid repeat interventions which might cause delay. | Review the case within a week of this coming to attention. Care plans should be reviewed to ensure their suitability. Consideration of the range of options for permanence |
| Placements within previous 12 months (exception list for 3 or more) | Children who have had a number of placements within the last 12 months. | The Manager should monitor the children and YPs who have had number changes in placements to look at the suitability of their care plan and provision to meet this. |
| Had the same placement for at least 2 years | To monitor the stability of CIOC | The report will help the managers in identifying possible long-term placement and permanency planning such as SGO /CAO. |
| Number of out of authority placements | To monitor the placements of CIOC who are placed out of area. | Managers should monitor the number of out of areas placements in attempt to bring children back to in area placements, and to monitor the financial cost of placement. To ensure the relevant permissions to place out of area have been sought and agreed, and that this is recorded on LCS |
| Concerns over schooling | To monitor the education progress of CIOC. | Managers should ensure that school's concerns are recorded and addressed within the Child's care plan. |
| Expected progress in school | To monitor the education progress of CIOC. | Managers should ensure that school's concerns are recorded and addressed within the Child's care plan. |
| CLA placement split to show by type / provider / provider name | PIMS |  |
| CLA legal code | The report is to monitor the legal status of CIOC. Such as CO/S20/HP…etc. | Managers to use the report to ensure that the legal orders are appropriate for CIOC. They should also use the report in identifying appropriate permanency planning for CIOC, monitor children and Yp whom are subjects to S20 |
| With an up to date health assessment | To ensure that all CIOC have an up to date health assessments. | If the report identified CIOC whom had no health assessments ; The allocated manager should address with the allocated worker, and an appointment should be made immediately for the child/YP to undertake the medical/dental assessment. |
| With an up to date dental assessment | To ensure that all CIOC having an up to date dental checks. | If the report identified CIOC whom had no health assessments ; The allocated manager should address with the allocated worker, and an appointment should be made immediately for the child/YP to undertake the medical/dental assessment. |
| Number of active pre-proceedings reports | To monitor the progression of the plans for children within the pre-proceedings process, and to avoid any delay/drift. | Managers to ensure that the pre-proceedings process is effective, timely managed and positive changes made within the PLO process. The managers should use the report to identify cases that have been through the PLO process for over 6 months; if the report identified any cases over 6 months, the manager should arrange a BLA meeting with the SM to review the case. |
| Breakdown of duration of pre-proceedings reports | To monitor the progression of the plans for children within the pre-proceedings process, and to avoid any delay/drift. | Managers to ensure that pre-proceedings is effective, timely and positive changes made within the PLO process. The managers should use the report to identify cases that have been through the PLO process for over 6 months; if the report identifies any cases over 6 months, the manager should arrange a BLA meeting with the SM to review the case. |
| Child attending school (y/n) | To ensure that all CIOC are attending school. | If the report identified CIOC who are not attending school, managers should investigate the reasons and escalate to the virtual head if appropriate. |
| Number of schools attended in the last 2 years | To monitor the stability of CIOC in education. | Children who have had school changes within the last 2 years, reason for the change to be discussed with the allocated worker. |
| Category of need | CIN Cen |  |
| Date of last IRO visit / contact | IRO's are required to meet/visit with children and young people separate to the review meeting, in order to explain the role of the IRO, agree how the child/young person would like to participate in the review and to gain their wishes and feelings. The monthly performance report will ensure all children are visited by the IRO and the level of their involvement appropriate | IRO's are expected to record visits and involvements to children and young people on a case note on LCS. There is an expectation that all children will be seen/visited by the IRO separate to each review meeting. The Quality and Review managers, will be provided with a monthly performance report, and monitor performance. Gaps will be followed up with the allocated IRO's through supervision. This will ensure the allocated IRO is visiting young people and they have the opportunity to share their views, wishes and feelings. |
| Midpoint checks | To identify cases that have not had a mid-point check or oversight from the IRO. | Q&R Managers will be able to identify cases where there has not been a mid-point check from the IRO. This will enable the Q&R managers to understand reasons why this has not occurred and address. All CP and CLA cases should have mid-point checks to ensure the IRO footprint on cases |
| Permanence agreed at second review | The objective of planning for permanence is to ensure that children have a secure and stable, loving family to support them through childhood and beyond. One of the key functions of the care plan is to ensure that each child has a plan of permanence by the time of the second review as set out in statutory guidance. The IRO needs to ensure a child has a plan of permanence at the earliest opportunity | It is the duty of the IRO to ensure that the issue of permanence is considered at each statutory review.The CLA review outcomes form will record if there is a plan of permanence at the second review. If there is not a plan of permanence the reason why needs to be recorded. The IRO will need to ensure this issue is followed up through the review recommendations, mid-point checks and, if appropriate, problem resolution. Management reports will be provided to Quality and Review managers detailing the information about how many children have a plan of permanence at the second review - this is to ensure that there is no drift for children. Quality and Review managers will be able to use this information in supervision with IRO's to ensure that the appropriate action is being taken to ensure a plan of permanence is achieved at the earliest opportunity |
| CLA placement/plan code | CIN Cen |  |
| Does the child have an SEN (SAP/S), EHCP or ASS | CIN Cen |  |
| Reason child not attending school (if applicable) | The will identify children who do not attend school. | Managers should ensure that there is a valid reason for a child/YP to not attending school. This should be monitored and re-visited on a regular basis. |
| Plan for child to be reunified with their family (Y/N) | Reunifications and exit from care is recorded within the CIOC's care plans. | Managers should ensure that reason for CIOC not attending school is recorded within their care plans. |
| Date the child entered care | CIN Census | Managers to monitor this and to ensure that delays are avoided. |
| Date of decision that child should be placed for Adoption | To ensure that there are no delays in placing children for adoption. | Managers to monitor this and to ensure that delays are avoided. |
| Date of Placement Order | To ensure that children subject to placement orders are placed within 12 month from the order being made. | Managers to monitor this and to ensure that delays are avoided and if appropriate track whether the care plan needs to change and placement order revoked. |
| Unaccompanied Asylum Seeking Child (UASC) within the Last 12 Months (Y/N) | Cin Census |  |
| Open CLA (at a date) with no allocated IRO (For IRO report) | To identify any cases where a review has not been held within a 6 month period | Q&R manager to follow up with individual staff to identify whether this is due to a backlog of reports or whether the review has not taken place |
| Annex A list 8 - no URN if none required and/or no in or out of authority flag | Annex A |  |
| Open CLA cases with no reviews in past 6 months (For IRO Report) | IROs |  |
| Agreed to continue with providing the separate IRO report, but add in 'CLA reviews - is it a series of meetings' (Catherine Cable to provide screen shot of where data captured) | To identify CLA reviews where the review has been conducted as a series of meetings | Q&R manager to track high numbers of a series of meeting held by individual IROs to ensure that the series of meetings protocol is being followed. |
| PEPs rewrite of existing report to incorporate new forms in LCS and turn into Management Reports in excel format | To ensure that CIOC have an up to dates PEPs. | Managers to review the report and ensure that all CIOC have an up to date PEP. Children/YP with no up to date PEP to be addressed immediately with the allocated worker and a date arranged immediately. |
| SDQ - rewrite of existing report to incorporate new process and be turned into a management report in excel format | IROs |  |

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| Care Leavers reporting |  |  |
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| Care Leaver cohort | Provides data for PIMMS |  |
| Number of care leavers | This is in order to see how many in the cohort of care leavers we have and monitor fluctuations | To be used at Pimms |
| Number with a pathway plan | To identify the number with a pathway plan compared to the number of care leavers. | To ascertain whether pathway plans are being completed |
| Pathway plan up-to-date | This gives an indication of outstanding work and non compliance | This would be used at PIMMS meetings and for TM to monitor performance of staff and support to care leavers |
| Last contact with care leaver time band breakdown | To ascertain whether we are keeping in touch with care leavers in line with regulations and understand the reasons why not | Managers can use this to identify good and poor practice, whether keeping in touch arrangements are being implemented and welcomed by the care leavers. Low numbers would indicate a need to find more creative ways of engaging care leavers. This can be used by both the Team and Senior managers |
| Eligibility category breakdown | Managers can check the cohort of care leavers within their team and service to check its correct in terms of eligibility. Managers can use this information to ensure that the right support package and pathways are being utilised according to eligibility criteria. | To be used by team and senior managers to look at resource allocation and spend as well as the composition of their care leaver population |
| Number LCC is in touch with | In order to understand demand and how we need to resource plan within PPA hubs | For use at locality PIMMs |
| Breakdown of accommodation types and suitability | To check that care leavers are within suitable accommodation in line with care planning regs and if not, to look at why and whether this is recorded, what has been done about it on an individual level and check the right support is going in. | This analysis would be for the team manager to undertake. This breakdown of information could also be used at Pimms in order to plan and commission the appropriate services within locality and across county |
| Number in Education, Employment and Training | NEET figures are used to look at outcomes for care leavers and how effective the support is in raising outcomes for this cohort of YP. Can be used to analyse any improvements in NEET figures and why this might be, for example, a local programme or apprenticeship that works or an individual staff member going the extra mile, or good housing provision, or YOT team | Can be used at individual team and service level to analyse effective of individual interventions and services to improve the outcomes for care leavers. Can be used by team, senior and HOS in PIMMs. Managers should encourage the discussion in supervision of what aspirations young people have to attain their goals and the inclusion of steps towards these goals in Pathway plans. Young people 16/17/18 should be targeted as part of the corporate parental responsibility to ensure young people are meeting their obligations to participation in learning to the age of 18 |
| With a Personal Advisor | Used to ensure that PA's are being allocated to work with care leavers or CLA at the appropriate time and can be used to ascertain why not. This may be related to poor performance or lack of knowledge of individual staff or about resource capacity with the PPA hub. | Team and Senior managers can use these reports to look at individual team and service performance in CIOC and PPA hubs and whether resource is an issue. |

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| Miscellaneous reporting |  |  |
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| Does the child have a disability? | To ensure that disabilities are clearly recorded and that SEND children are receiving the appropriate support from the appropriate services. | Managers to ensure that SEND children are receiving the support required. |
| Percentage of casework supervision completed | To ensure that supervision is taking place regularly. | Managers to ensure that all SWs, PMs, FSWs are receiving regular supervision and that cases are discussed according to the Department's supervision policy's. |
| Average caseload by team and district | To ensure that demands/pressure on team/services are identified as early as possible, and that plans are in place to meet these demands. | Managers to monitor the caseload report and ensure that if a particular worker's caseload is higher than average; the managers should develop a support plan for this particular worker, and/or a review of his/her caseload. |
| Team hierarchy | To ensure that correct SWs, PMs, TM and SM are allocated to the correct service. | Managers to ensure that any changes in staffing or management arrangements are reported and actioned immediately. |
| Return interviews done within timescale. Show 'offered', 'expected' and 'taken place' Ofsted requirement: number of children missing with no return interview offered after latest missing episode. (awaiting the new forms to be populated enough to write and test) | To ensure that all missing from home/care children have had return interviews according to the Department's policy. | If the reports identified a named child/ren who has no return home interview within timescales, managers should arrange an interview date immediately and reason for the delay recorded on LCS. Managers should also address this with the allocated worker. |
| One generic report requested for all children missing from home including CP, CIN and CLA. Open return interview form linked to open missing episode (data reported as an exception) | PIMS |  |
| Children who have a chronology | To ensure that all children have an up to date chronology on their record | Check this report for confirmation of the recording of a chronology on the case file |
| Last chronology update with time band breakdown | To ensure that all children have an up to date chronology on their record | Use this report to confirm the most recent dates and set targets for completion if the chronology falls outside the agreed update period |

# Appendices

The following related documents and processes provide managers with further detail on the range of related policies and practices.

1. Full report list
2. Annexe A explained – detailed slide set outlining how this impacts on OFSTED judgements

Other appendices are found on the [Systems LCS Intranet area](http://lccintranet2/corporate/web/?siteid=6758&pageid=40471)

1. Quality Assurance and Performance Management Framework
2. Guide to recording on LCS (to come Jan2017)
3. Core Systems Team guidance area
4. LCS Training Modules and LCS Accuracy "How to-cards"
5. Project accuracy Business as usual documents

**Appendix 1 Report List**

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| **List of Standard Management Reports (situation as at 08/11/16)** | | |  |  |  |
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| **NB - this list does not include reports that are emailed out to named individuals only or individual teams (e.g. IROs, Virtual school etc)** | | | | | |
|  |  |  |  |  |  |
| **Report Number** | **Frequency** | **Report Summary Description** | **direct to managers** | **via PDROs** | **Existing or new** |
| W1 | Weekly | Children on a CIN plan |  | y | existing |
| W2 | Weekly | CP reviews due or overdue |  | y | existing |
| W3 | Weekly | CLA reviews due or overdue |  | y | existing |
| W4 | Weekly | CIN visits due or overdue |  | Y | existing |
| W5 | Weekly | Statutory CP visits due or overdue |  | y | existing |
| W5a | Weekly | Statutory CLA visits due or overdue |  | Y | existing |
| W11 | Weekly | C&F assessments due or overdue |  | y | existing |
| W12 | Weekly | New weekly referrals (including SD or meeting date and outcomes of meeting) |  | y | existing |
| M21 | monthly | Children where S47 outcome was not ICPC | y |  | existing |
| M22 | monthly | Children with repeat S47s in last 6 months | y |  | existing |
| M23 | monthly | Children with 2 or more S47s where outcome is not ICPC | y |  | existing |
| M24 | monthly | Children with 3 or more episodes of CP | y |  | existing |
| M25 | monthly | Children with episode of CP lasting 2-3 years or 3+ years | y |  | existing |
| M26 | monthly | Children with 3 or more S47s not leading to CPC | y |  | existing |
| M35 | monthly | List of children with ICOs and full Care orders within the month | y |  | existing |
| M36 | monthly | Number of children with a case status of care proceedings, pre proceedings and private proceedings | y |  | existing |
| M46 | monthly | List of children with a case status of pre-proceedings within the month | y |  | existing |
| M47 | monthly | List of children with a case status of S20 within the month | y |  | existing |
| TBC | Weekly | Care leavers reports | y |  | existing |
| N26 | monthly | Privately fostered assessments within timescales | y |  | new |
| N27 | monthly | Privately fostered visits due and overdue | y |  | new |
| N18 | monthly | CIN plan duration broken down by time bands | y |  | new |
| N28 | monthly | Outcome of CIN case (step up/step down) | y |  | new |
| N20 | monthly | repeat CIN plan in last 12 months and in last 2 years | y |  | new |
| N21 | monthly | List of children with a plan but without a case summary | y |  | new |
| N38 | monthly | Section 47 timeliness | y |  | new |
| Nw38 | weekly | Section 47 timeliness (weekly) | y |  | new |
| N22 | monthly | S47 leading to ICPC where ICPC not held | y |  | new |
| N23 | monthly | S47 with over 15 days between strategy completion date and ICPC start date | y |  | new |
| N36 | monthly | Repeat S47s not leading to a conference | y |  | new |
| N37 | monthly | S47 on open cases on new referrals (differentiate CP, CLA and CIN) | y |  | new |
| N29 | monthly | CP with a plan within 15 days of ICPC | y |  | new |
| N30 | monthly | ICPCs due / overdue | y |  | new |
| N24 | monthly | CP Outcome (step up / step down) | y |  | new |
| N31 | monthly | CP plan - CP plus 18 months for all open CP cases. | y |  | new |
| N32 | monthly | Open CP (at a date) with no allocated IRO | y |  | new |
| N34 | monthly | Core Group due and overdue (Georgine to explain where to get information) | y |  | new |
| N39 | monthly | List of all children who cease to be CP in month - no plan/closed referral | y |  | new |
| N35 | monthly | Time of transfer from CP to CIN. | y |  | new |
| N40 | monthly | Pre- meeting report completed within 2 days of conference date. | y |  | new |
| TBC | monthly | CLA current placements duration split by time bands | y |  | new |
| TBC | monthly | PEPs - new report being developed to monitor PEPs | y |  | new |
| TBC | monthly | SDQs - new report being developed to monitor SDQs | y |  | new |
| TBC | monthly | Return interviews for missing children (offered, expected, taken place) | y |  | new |
| N25 | monthly | Child seen during assessment | y |  | new |

**Appendix 2 – Annexe A explained**

Annexe A explained – detailed slide set outlining how this impacts on OFSTED judgements

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Double click the file to open the presentation