



PERFORMANCE MANAGEMENT

AND

QUALITY ASSURANCE

FRAMEWORK

This toolkit supports and complements the Calderdale Learning and Improvement Framework 2015

“HOW DO WE KNOW CHILDREN AND YOUNG PEOPLE IN CALDERDALE ARE SAFE AND OUTCOMES FOR THEM ARE IMPROVING, NO MATTER WHO THEY ARE OR WHERE THEY LIVE”

Version	Changes
Vo.1 18 July 2013	Initial outline to CSCB QA subgroup following 11 th July development session
Vo.2 August 2013	BJ inclusions
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1. Introduction

Working Together to Safeguard Children 2015 provides a guide to inter-agency working to safeguard and promote the welfare of children under Sections 11 (4) and Section 16 of the Children Act 2004. The guidance reinforces the duty of Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services and legislative requirements. Put simply – *“safeguarding is everyone’s responsibility”*¹.

Chapter 3 of Working Together 2015 specifically outlines the responsibility for all CSCB members and the performance management function for LSCBs to *“use data and, as a minimum, should:*

- *Assess the effectiveness of the help being provided to children and families, including early help;*
- *Assess whether Calderdale Safeguarding Children Board (CSCB) partners are fulfilling their statutory obligations set out in chapter 2 (of the guidance);*
- *Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and*
- *Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.”*²

In addition, we will also include new measures as required, e.g. in response to or local learning and feedback from Inspectorate such as Ofsted, HMIC, and CQC etc.

This CSCB Performance Management and Quality Assurance (PMQA) Framework explains how we monitor joint working arrangements and whether they are working effectively and how we understand and explore the information we ask for from partners. The information the Board receives and actively seeks out (as detailed throughout this framework) is used so that we can:

- Decide what we need to examine in more detail;
- Support and challenge partners when it looks like things are happening that is not what was intended or expected;
- Determine what difference gathering the data has made and will make;
- Inform the standards and agreements for joint working that we have all established;
- Assess whether help is provided early enough, specifically for vulnerable groups;
- Demonstrate whether we are making a difference to keeping children safe.

¹ Heading on page 9, Working Together (2015), DfE.

² Chapter 3, paragraph 2, page 67, Working Together (2015), DfE

There are five elements to this PMQA framework (see Figure 1 below):

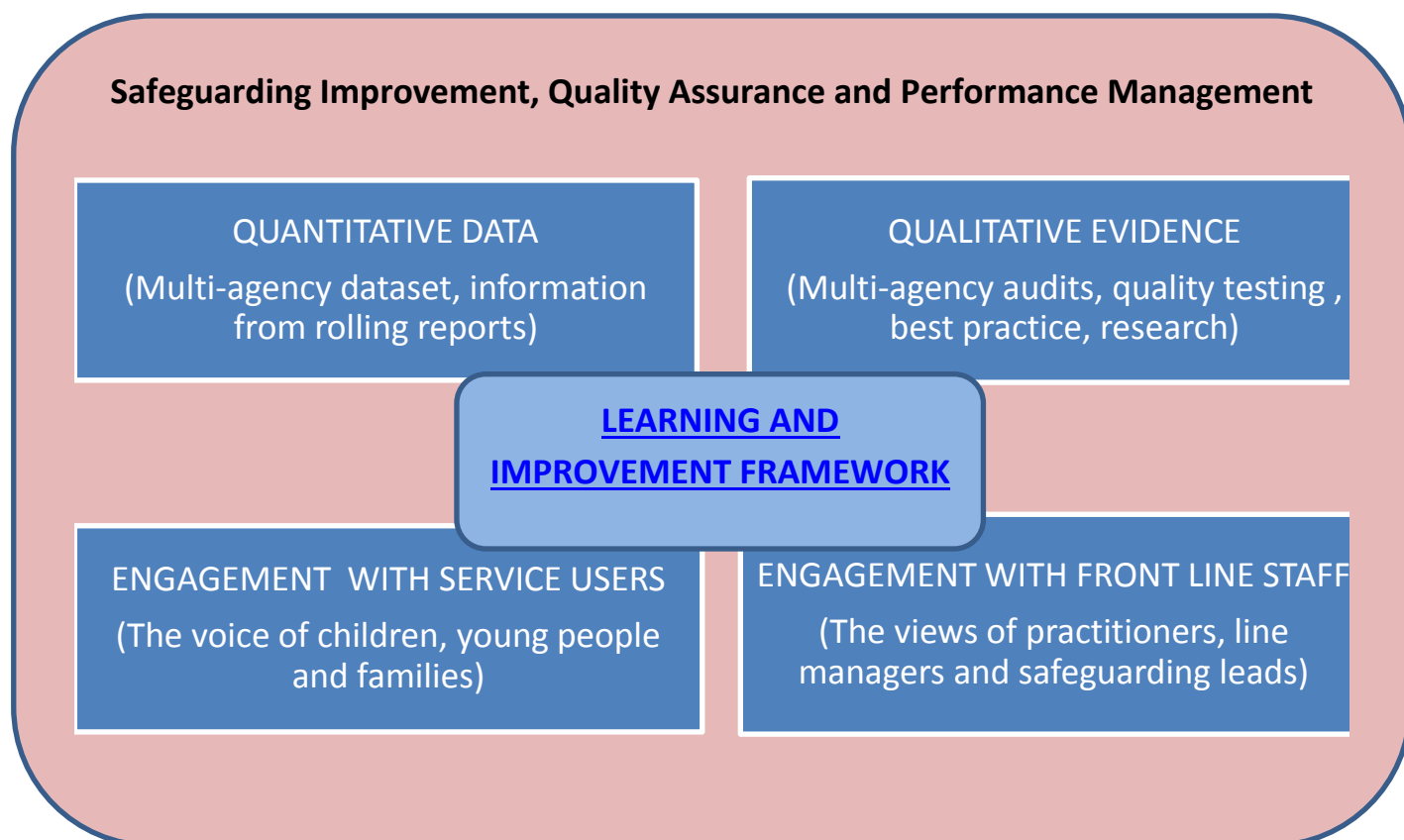


Figure 1

Each of these elements provides different evidence:

- **Quantitative data:** CSCB Performance Indicator Report and Scorecard collates the Multi-Agency Dataset (Appendix 1) on a quarterly basis giving the statistics, performance measures, outcomes and analysis. A Rolling Reports programme is maintained and updated according to the schedule.
- **Qualitative evidence:** programme of Multi-Agency Audits is maintained by the Multi Agency Audit sub group, Section 11 self-assessments and challenge events, single agency audits, practice and partnership reviews, Child Death Overview Panel activity, Serious Case Reviews (in and out of Calderdale) and information from best practice and research elsewhere.
- **Engagement with service users:** feedback from children, young people and their families which either confirms the position found through quantitative data and qualitative evidence, or challenges those findings to help triangulate the information to reach accurate conclusions; case file audits are one way in which the Board is enabled to learn about how professionals listen to the 'voice of the child'.
- **Engagement with front line staff:** feedback from practitioners and their managers to triangulate and support or challenge the quantitative and qualitative evidence; case file audits are a central part of how the Board connects with practice.
- **Learning and Improvement Framework:** ([learning and improvement framework](#)) the comprehensive evidence gathered from the four elements of the PMQA framework provides the structure by which scrutiny and challenge between Board members takes place, which results in recommendations for changes to policies, procedures, guidance and joint working arrangements. This process is managed through the Learning and Improvement Framework; locally gathered evidence is fed into a continuous improvement cycle (see figure 2, page 15) which then leads to improvements in services for children, young people and families.

2. Governance, roles and responsibilities

2.1 Governance around the CSCB

CSCB has a lead role in respect of partnership working to safeguard children and young people through effective joint working, but is just one partnership group within Calderdale which has a duty to ensure safeguarding and early intervention services to children and their families are of good quality and continuously improving. The PMQA Framework described above defines the multi-agency performance management environment through the child's journey, but just as importantly it is necessary to understand other performance management arrangements, linkages between the different groups and who is responsible for what, is vital to avoid duplication in performance management, but more importantly, to avoid any gaps which would affect outcomes for children and their families.

CSCB works within - and seeks to influence - the strategies and priorities in the local area and works closely with the other strategic Boards:

- the Children and Young people's Partnership Executive
- the Health and Wellbeing Board
- the Safeguarding Adult Board
- the Community Safety Partnership
- the Family Justice Board.

CSCB also makes sure it has strong relationships with other key strategic bodies who oversee community safety such as domestic violence and trafficking partnerships. The structure of the CSCB and sub groups can also be found on the [website](#).

2.2 Accountability

Chapter 3 (paragraph 22, p71) of Working together to Safeguard Children 2015 states that: *'the LSCB can require a person or body to comply with a request for information'*. If partners have been requested to provide data for the purposes of safeguarding and promoting the welfare of children and do not provide this information, the escalation policy detailed within the CSCB Constitution should be followed (<http://www.calderdale-scb.org.uk/home/cscb-key-documents/cscb-constitution-v8-final/>)

2.3 The Main Board

The CSCB has an open, honest and learning culture and its responsibilities and functions are defined within [Working Together 2015](#).

Board members recognise that scrutiny of information and evidence relating to the performance and contribution of partners across the "child's journey" is central to being an effective LSCB. Sufficient time is made available on the agenda for appropriate scrutiny, discussion and decision making resulting from performance management and quality assurance and other reports.

The main CSCB Board will receive the following deliverables to enable scrutiny, challenge and triangulation:

- Summary and escalation reports from the performance management sub group
- Evidence of PMQA effectiveness and impact
- summary reports from the Multi-Agency Audit group
- annual CDOP reports

- SCR reports as and when updates are ready
- reports from other sub groups and themed / *ad hoc* reports as per the Rolling Report List (see Appendix 2).

This will be further informed by the receiving of such annual reports (or more frequently as may be required) from key areas of services provided by partners such as the Independent Reviewing Service or the Safeguarding Service provided by designated professionals. Reporting will be against the CSCB Business Plan [priorities](#).

The responsibility of Board Members in supporting the PMQA Framework is to:

- ensure provision of good quality and consistently gathered data with supporting commentary as required from their organisation in a timely manner through their sub group member representatives;
- ensure sufficient time is given prior to each Board meeting where information has been tabled to consider PMQA reports;
- participate in Board meeting discussions in a manner which provides appropriate challenge and support without blame;
- ensure they feedback to and gain support from relevant people within their own organisation;
- undertake any actions agreed;
- support the processes for escalation of concerns or risks which threaten safeguarding or joint working arrangements for children;
- ensure that all information is linked to and supports a clear view of the impact that joint working arrangements are having on children, young people and their families.

There are 3 sub-groups that are involved with particular work streams for different elements of the PMQA Framework, the Performance Management Sub-group, the Multi-Agency Audit Sub-group and the Case Review Sub-group and the work of each of these sub-groups is described below.

2.4 Performance Management Sub-group

The Performance Management Sub-group of the Board is responsible for receiving, discussing, scrutinising and summarising the intelligence / evidence which tells us how well partners are working together and how this is ensuring that children are protected. The members meet before the main Board to consider all intelligence / evidence (qualitative and quantitative) available during the reporting period to prepare a summary report for the main Board, and they will meet after the main Board meeting to discuss feedback and priorities for the next reporting period, to update the Business plan and to ensure any actions are followed through.

The Board and the Performance Management sub group work towards ensuring that there is a clear and comprehensive view of the “child’s journey” in order that there is a clear understanding that:

- joint working arrangements are operating as intended and are adhering to any standards that have been agreed
- any exceptions are quickly identified and examined closely in order that partners can explain what is happening, enable colleagues to understand and identify any further actions
- Partners are in a position to understand and challenge on the basis of a “whole system” perspective in addition to the requirement of partners to fulfil their individual statutory and lead roles.

The Performance Management Sub-group receive the Performance Management dataset (see Appendix 1) quarterly with supporting commentary from each service area / agency for discussion and identification of key areas for improvement and successes in the period. The Performance Management Sub-group also makes the most of the expertise available in service areas / agencies to contribute on a planned basis throughout the year to understanding each area and how they are doing. A sample agenda for the Performance Management sub-group meeting may look like this:

- 1 Performance Management dataset (Performance Indicator report and Scorecard)
- 2 Exception reporting (Agencies to bring to the meeting)
- 3 Challenge/ areas of focus arising from the data
- 4 Data requirements from other Sub-groups

2.5 Case Review Sub-group

This sub-group focuses on ensuring that Serious Case Reviews and other forms of case review are carried out when required, and that the Child Death Overview Panel process is effective. When things go wrong there needs to be a rigorous, objective analysis of what happened and why so that important lessons can be learnt and services improved to reduce the risk of future harm to children. The Board is incrementally implementing its Learning and Improvement Framework, and this includes the development of our commissioning, management and QA process for SCR and proportionate review.

A sample agenda may look like this:

- 1 Information to consider about potential Serious Case Review
- 2 Updates, scrutiny and challenge for Children subject to Serious Case Reviews
- 3 Review of existing Action Plans relating to past learning and recommendations from case review
- 4 Update from CDOP panel with annual report exploring themes and learning
- 5 Learning from national Serious Case Reviews – implications for Calderdale
- 6 Case Review Framework update

2.6 Multi Agency Audit Group

Multi-agency audits are undertaken to better understand what is happening in specific areas of work, and to ensure that learning takes place and improvements to services for children are made as a result of this activity. The sub-group has a schedule of current audits (see Appendix 3). The findings from the schedule of multi-agency audits are published to the Board, and the schedule is in accordance with priorities and issues affecting the local area. Priorities for audit are identified through the following routes:

- Serious Case Reviews;
- Performance indicators that are showing concerning trends;
- Drilling down into known areas of concern, including those highlighted through previous audits and PMQA;
- Feedback from learning & improvement, management forums, policy;

- Targeted audits within a category of case may be undertaken to establish a baseline assessment of performance.

Case file audits - whether undertaken by partners (single agency) or on a multi-agency basis - are a central part of how the Board connects with practice; case file audits enable a better understanding of how professionals are working together within the agreed thresholds and pathways, and directly examines the ways in which assessment and decision making are shared. They also enable us to learn more about how professionals and agencies focus on the “voice of the child”.

A sample agenda for this meeting is provided below:

1	Review multi-agency audit schedule
2	Receive, scrutinise and approve multi-agency audit proposals
3	Receive, discuss and challenge multi-agency audits, findings and resulting action plans
4	Raise exceptions to the Business Group and Board around non-compliance, repeated unsuccessful audits and examples of good safeguarding practice.

Multi-agency audits should be solution-focused and conducted in a spirit of open learning with the intention of further improving outcomes for children. Action points from audit will be rooted in practice, so any changes arising are more likely to be owned and complied with by practitioners. Using audit within the cycle of improvement and not as a way of allocating blame will also have a beneficial effect on everyday interactions between practitioners from different agencies and will encourage challenge on ‘live cases’ to take place in an open minded way.

2.6.1 The Multi-Agency audit tools

A range of audit tools have been designed by drawing on good practice in auditing and are available for the Multi-Agency Audit Group to use (see Appendix 4)

The audit tools enable both a quantitative and qualitative assessment to be made; judgements on each area of work will identify areas of good practice across agencies as well as highlighting areas of concern.

Learning from good practice identified through audit, and how this can be consistently achieved in order to make a difference for children, is at least as important as learning from shortcomings.

2.7 Other Stakeholders

2.7.1 Other CSCB Sub Groups

Sub-groups of the Board cannot work in isolation and there will always be areas of shared work or focus. The Performance Management, Multi Agency Audit and Case Review Sub-groups, have particular areas of focus but any sub-group may feed in areas of intelligence / evidence for evaluation or further investigation. Engagement with services users, front line practitioners and managers are examples of the ways the other sub groups will contribute to the PMQA Framework. Having agreed methods of communication and understanding of these common areas with the Performance Management Sub-group will ensure performance information of any type is shared and triangulated, and the sub-groups are able to contribute to the audit schedule.

2.7.2 CSCB Business Group

The Business Group coordinates the work of the sub groups and works on behalf of the Board to support, coordinate and integrate the work of the different sub groups, to oversee the CSCB Business Plan and

ensure all functions, including the Performance Management and Quality Assurance functions, are fulfilled. This key role of the Business Group supports the essential elements of the PMQA Framework and Learning and Improvement Framework. For example, training data from the Learning and Improvement Sub-group may be considered alongside audits and performance data analysis to determine whether training has made a difference.

2.7.3 Lead officers

Lead officers - who have been identified by Board Members - will be present at Performance Management sub group meetings to explain their data and supporting commentary and to allow scrutiny and challenge to take place. The Lead Officers role will also ensure the Board is aware of any changes to performance indicators or commentary in their agency which may affect reporting, and to offer suggested alternative intelligence / evidence. This will assist the Board to examine the analysis and facilitate challenge.

2.7.4 CSCB Independent Chair

The Independent Chair will provide an extra level of quality assurance through scrutiny of the PMQA arrangements and analysis. The chair will also, in conjunction with Board members, ensure that the PMQA framework is working effectively in order to ensure that learning is consolidated, that problems are better understood and any non-compliance is investigated so that support can be provided as needed.

2.7.5 Children, parents and carers

Obtaining the views of parents and children in safeguarding work is hard to do, especially in the context of what can be the fraught nature of safeguarding work. Yet it is clearly a rich seam of evidence, not just in terms of understanding the quality and impact of services now, but as a source of triangulation, learning and an input into organisational development.

If organisations and the CSCB spend time collating and reflecting on the reported experiences of children and families, they will identify concrete possibilities of change to improve future experiences and, ultimately, outcomes for children. It's about developing organisational emotional intelligence.

The most important question that needs to be asked of children, parents and carers is what difference (outcome/impact) the interventions and services have made to their lives: are things better as a result and in what way?

Some of the ways this is captured is detailed in section 3.1.

3. What Evidence Is Required?

The governance and mechanisms by which evidence and intelligence is gathered and scrutinised by the sub-groups is described in section 2. This section describes the different levels of information from agencies required by the CSCB to enable assurance that key areas are operating effectively, and to provide an opportunity to take a co-ordinated view across all intelligence and evidence. The value of a LSCB is in being able to have this overview of the local area. In Calderdale the levels of evidence operates as follows:

3.1 Types of evidence

Type of PMQA	Strand of PMQA	Description and purpose PMQA type
Quantitative	Performance Management Indicator Dataset	To regularly update the Board on areas of performance which the Board has identified as priorities for the year. The Dataset indicates to the Board areas which may need improvement or further investigation. The Dataset is based on Outcome Based Accountability and is a comprehensive

		dataset covering the journey of the child. This evidence is gathered by the Performance Management Sub-group.
Quantitative	Performance Management Scorecard	The Scorecard is an Output led datasheet with regional and national comparators for the CSCB to monitor. This evidence is gathered by the Performance Management Sub-group.
Quantitative	Rolling Reports	To inform the CSCB to specific areas of interest e.g. Children Looked After, LADO, Schools Safeguarding Advisor etc. See appendix 2. This evidence is gathered by all sub groups and the Board.
Qualitative	Serious Case Reviews	To assure the Board that recommendations arising from the lessons learned from Serious Case Reviews are implemented and positively impact on the improvement of safeguarding and promoting the welfare of children. (See the SCR Framework on the website) Findings of reviews are shared publically. This evidence is gathered by the Case Review Sub-group.
Qualitative	Child Death Review Data	To regularly update the Board on performance in numbers of preventable deaths of children and identify recommendations for action to reduce the number of preventable deaths in Calderdale. This evidence is gathered by the Child Death Overview Panel (shared with Kirklees)
Qualitative	Case / Learning Lessons reviews	Cases which give rise to a concern around multi agency working and lessons need to be learned. This evidence is gathered by the Case Review Sub-group.
Qualitative	Section11 Audits	Self-assessment tool designed to assist CSCB partners to self-evaluate their own policies, procedures and activities in relation to safeguarding as defined in Section 11 of the Children Act 2004. These are set against agreed standards and Section 11 Audit is undertaken annually and is being rolled out to all organisations and groups who work with children and young people. This process helps agencies to reflect upon their practice, identify strengths and weaknesses and to develop an action plan to further enhance effectiveness. This evidence is gathered by the Multi Agency Audit Group.
Qualitative	Single Agency audits and data	To assure the Board that members are monitoring their own Safeguarding practice effectively, this function provides independent scrutiny of targets and performance. Reports to the Multi Agency Audit group will identify any performance area which might be of concern to the Board, together with action being taken by the Agency. This evidence is gathered by the Multi Agency Audit Group.
Qualitative	Multi Agency Audits including Thematic Audits	Audits designed to assess the quality of work undertaken by all agencies where there are concerns about children throughout all stages i.e. Early Help, Referral, Assessment, Planning, Review and Management oversight and recording. Identify any areas which are working well and areas requiring improvement in practice or procedures. Audits are also carried out around specific subject areas e.g. CSE. This evidence is gathered by the Multi Agency Audit Group.
Qualitative	Exception reports	To update the Board on any areas of deteriorating performance as necessary. This evidence is gathered by the Main Board through the Business Group.
Engagement with Service Users	Feedback from Service Users	To seek out opportunities to engage with children and families to gain their views; this includes gaining the views of young people on Safeguarding matters and seek service user feedback from partner agencies, for example, via consultation exercises and Talk Back surveys. This evidence is gathered by the Communication & Engagement Sub-group

Engagement with Service Users	Case Studies	Case Studies are used when the Board can evidence the impact of PMQA activity. The Case Studies are used to triangulate this evidence. This evidence is gathered by the Multi Agency Audit Group.
Engagement with Service Users	Young Advisors	Young Advisors, as representatives of the Board, actively seek out the views, wishes and knowledge of other young people to inform the Board's decision making, or to report on multi-agency working practice in Calderdale. This evidence is gathered by the Communication & Engagement Sub Group.
Engagement with Service Users	Complaints / Compliments	Complaints and Compliments from Children, Young People and Families collated through Single Agencies, fed to the Board through Exception / Rolling Reports. This evidence is gathered by the Business Group.
Engagement with Front Line Staff	Soft Audits	Feedback from practitioners. This evidence is gathered by the Early Help and Prevention Sub Group.
Engagement with Front Line Staff	Themed Practice Clinics	Multi Agency Reflective Practice Sessions. This evidence is gathered by the Learning and Improvement Sub Group.
Engagement with Front Line Staff	Observations	Observations of joint working arrangements by Board Members. This evidence is gathered by the Early Help & Prevention Sub Group.
Engagement with Front Line Staff	Dispute Resolution Process	This evidence is gathered by the Independent Reviewing Officers (IRO) and reported to the Board through the IRO Annual Report.

4. What assurance is required?

4.1 CSCB Assurance Thresholds, Trigger Points and Parameters of Safety / Assurance

4.1.1 Types of target

Each indicator will have a different target type and for each it is possible to assess how assured the Board can be by the target being met. Within each type of target, the Board may be provided with additional assurance based on trajectories of travel and trends with each data item. The table below shows the type of target, the validity of the target for assurance and the additional assurance about the result:

Type of target	Validity of target for assurance	Additional assurance required (either subsidiary with lower weighting or major with higher weighting)
All England comparator (E)	Assurance levels will be very high as this is a large national dataset e.g. CSC data (CSC 2.3 % CP plans over 2 years ceasing in year)	Trends and trajectories will be used to give guidance on possible future problems if they become negative; trigger points for exception reporting / audit will be defined in the indicator data description.
Statistical Neighbour comparator (SN)	Assurance levels will be very high as this is a large national dataset e.g. CSC data (3.2 % CLA having HCA within timescales)	Trends and trajectories will be used to give guidance on possible future problems if they become negative; trigger points for exception reporting / audit will be defined in the indicator data description.







Regional data (R)	Assurance levels will be high as this is a reasonably large dataset e.g. WYP data (2.5 Number of violent or sexual crimes where a child is the victim)	Trends and trajectories will be used to give guidance on possible future problems if they become negative; trigger points for exception reporting / audit will be defined in the indicator data description.
Locally set target (L)	Assurance levels will be <ol style="list-style-type: none"> high if local target is above SN or National comparators e.g. CSC 2.4 conversion rate for referral are above N and SN but still achieved low if the target is below SN or National comparators at which point trends/trajectories will have an increased importance 	If 1 then trends and trajectories will be used to give guidance on possible future problems if they become negative. If 2 the trends and trajectories will have a higher weighting and it will be important to show that trends and trajectories are moving in a positive direction; trigger points for exception reporting / audit will be defined in the indicator data description.

4.1.2 Assessment of parameters of Assurance / Safety

Assurance continuum for target			
Better (this may be lower or higher depending on the target) or equal to national comparator and trend / trajectory positive or steady Safe (Assured)	Better (this may be lower or higher depending on the target) or equal to national comparator trend / trajectory negative Trigger Exception	Worse (this may be lower or higher depending on the target) than national comparator trend / trajectory positive Trigger Exception	Worse (this may be lower or higher depending on the target) than national comparator trend / trajectory negative or steady Unsafe (Not Assured)

Safe (Assured)
Trigger Exception
Unsafe (Not assured)

For each box above, the following assurance parameters would be used in the Performance Indicator and Scorecard Reports:

Assurance parameters							
On Target	Trend / Trajectory	On target	Trend / Trajectory	Missed Target	Trend / Trajectory	Missed target	Trend / Trajectory
L	 Or 	L		L		L	 Or 

The Lead Officer uses the assurance continuum to decide which assurance parameter to use and supplies this with the data. This initial assurance parameter will be scrutinised and agreed by the Performance Management sub group, with exception reporting and / or investigation as required:

Examples

RAG Amber with missed target → watch for next quarter

RAG Red with missed target and downward trend → perform audit.

4.1.3 Compendium of data

In the comparator information section of the data definition document we will need to request the following additional information from the Lead Officers (in red below):

Basic Information

Indicator or Scorecard Report	Indicator Report
Indicator Reference e.g. Early Help 1.1, CSCB03	Early Help 1.1
Indicator Name i.e. the name that you would use for the indicator when it is shown in the report	Number of EI single assessments (EISAs) per 10,000 under 18 population (4 quarter rolling average)
Lead Officer including contact details i.e. phone numbers/ email address / best mode of contact	Parveen Akhtar
What does good look like? What is the target / objective? What is good performance: either a high result is good or a low result is good.	High is good Calderdale's target for 2015/16 is 60 per 10k u18s. In 2014/15 there were 56.7 compared with 47.9 in 2013/14
Data Frequency - how frequently will the result be reported, i.e. every month/3 months/6-months/annually/every 2 years etc.	Quarterly
Reporting period - If annual or less frequent will the results be over a financial year, school year or calendar year	Financial year
Result type - Whether the result will be cumulative, an average or a snapshot at a point in time	Snapshot
Unit of measure - the unit the result is measured in, i.e. a %, number or ratio	Rate per 10k
Precision – how precisely do we need to report the result; either as a whole number, or to one or two decimal places	1 decimal place



Comparative information

Comparative data – what benchmark data will available for the indicator (i.e. all England / Regional / DFE statistical neighbours / Local)	Local
Data source - what is the data source for benchmark data? (e.g. DFE LAIT / Local)	Local
What are the RAG assurance thresholds for this Indicator?	60+ = Green ; 45-60 = Amber ; <45 = Red
What further assurance is required for this Indicator?	As a Locally set target, if the target is met the RAG is Green and the trajectory should be positive or steady.
Trigger points for exception / further enquiry for this Indicator?	If target is met but trajectory is negative this would trigger a RAG of Amber and watch/further enquiry. If the target is missed but the trajectory is positive

	<p>this will trigger a RAG of Amber and watch/further enquiry.</p> <p>If the target is missed and the trajectory is negative or steady this will trigger a RAG of Red with further enquiry.</p>
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4.1.4 Examples - Traffic light Reports for Performance Indicator Report and Scorecard

Level of assurance based on the type of target and trend / trajectory

Reference	Indicator Description	Agency	Lead Officer	Assurance (Safety) parameters		Q1 2015/16 RAG rating	Q2 2015/16 RAG rating	Key Points / Trend / Action
				Target	Trend			
1.1	Number of Early Intervention single assessments (CAFs) per 10,000 under 18 population	Calderdale Council	PA	L		Green	Green	The current status is GREEN because of continued, sustained achievement of the monthly target for new EISA assessments. This improved performance is now showing the true position of new EISAs.
3.1	Number of children being placed in adoptive families	Calderdale Council	AT	L		Red	Red	The current status is RED because the average number of days it takes to place a child with adoptive parents is significantly above national target (426). However this year three children have been placed who are legacy cases, who have negatively skewed the overall improvements.

5. The Learning System in Calderdale

All elements of CSCB Performance Management Quality Assurance activity, should inform, and be informed by, all information sources and evidence, and sit alongside the [Learning and Improvement Framework](#).

The Munro Review of Child Protection³ advocated that there should be a move away from a compliance culture to a learning culture. LSCBs are seen to be crucial to developing such a 'learning system' because they are key in monitoring the effectiveness of the work of the partner agencies and in improving joint safeguarding arrangements by supporting and enabling partners to improve practice and enhance safeguarding services.

Calderdale has a Learning and Improvement Framework that lies at the centre of the PMQA Framework; this framework was developed to discharge the duty under Working Together 2015 for organisations 'to learn from experience and improve services as a result'⁴.

5.1 Principles for Learning and Improvement

The following principles underpin all learning and improvement activities defined in the Calderdale Learning and Improvement Framework⁵:

- Recognise that any system, including safeguarding systems can only manage and reduce risk, not eliminate it. Systems are made up of numerous variables that constantly change and fully appraising and managing risks of each variable is a complex task.
- Make use of relevant research and case evidence to inform findings.
- Invite families, including children (where possible) to contribute to learning and reviewing opportunities; providing clarity of how they will be involved and manage their expectations appropriately and sensitively;
- Place the child at the centre of the process;
- Seek to understand why individuals and organisations operate in a particular way;
- Involve practitioners and managers in the learning activities in order to understand practice from their viewpoint;
- Ensure there is transparency about the way data is collected, analysed and shared;
- Take into account confidentiality and data protection;
- Share learning and any associated changes to practice with the public whilst maintaining the confidentiality of any individuals involved and complying with any restrictions such as court orders; e.g. SCR publications and
- Implement processes to regularly monitor and follow-up actions from reviews/learning opportunities (via the learning & implementation pathway, learning & improvement sub group & multiagency audit group & challenge events) to ensure they make a real impact on improving outcomes for children and improvements are sustained.

These principles should be evident in CSCB PMQA processes and outcomes.

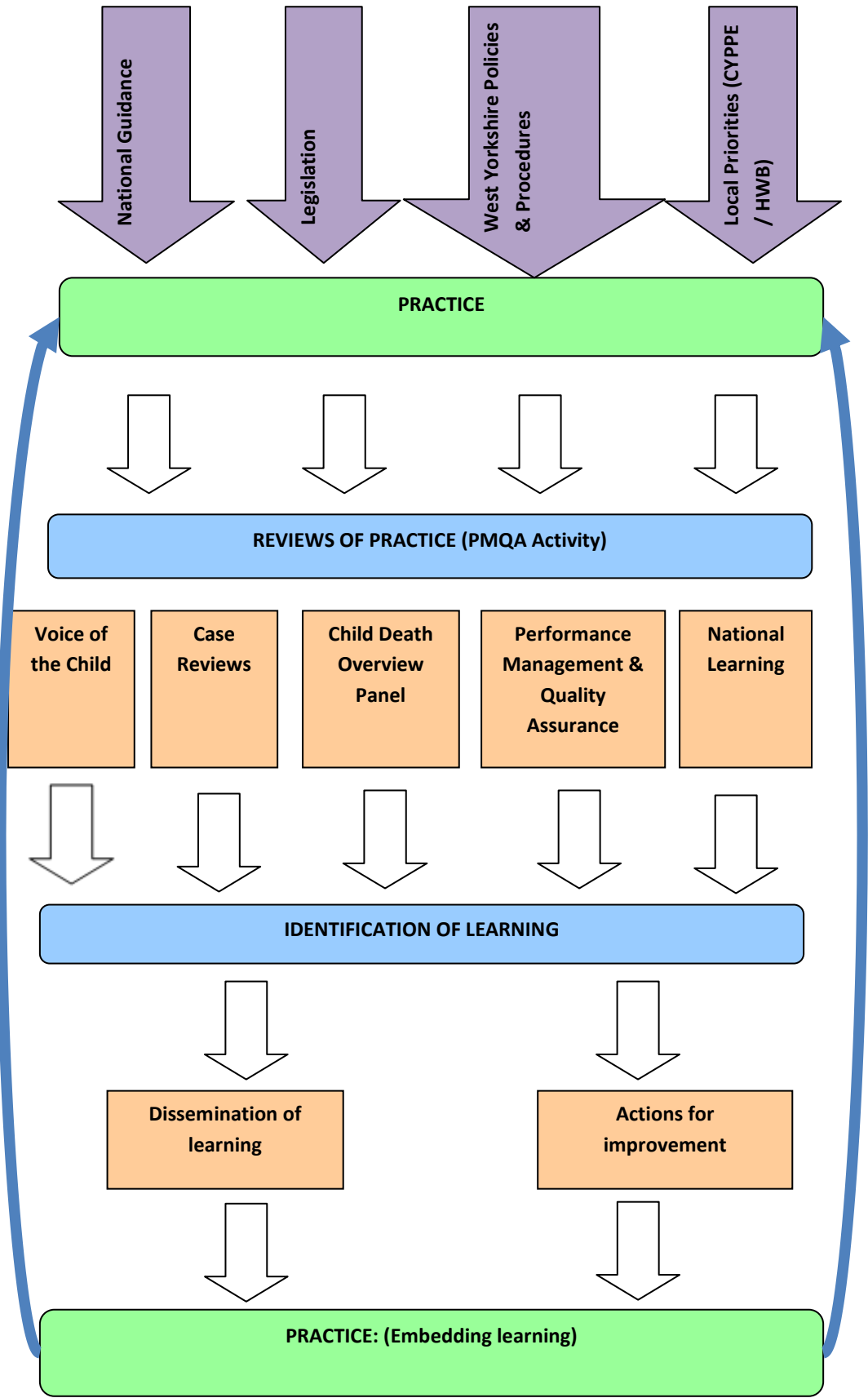
³ The Munro Review of Child Protection, department for Education, 2011

⁴ Paragraph 3, page 72, Working Together 2015

⁵ Page 5, Calderdale Multi-Agency Learning and Improvement Framework v14 May 2015

The following Learning and Improvement Cycle Diagram shows how PMQA activity fits within the wider learning for the CSCB:

Diagram 2: Calderdale Learning and Improvement Cycle



5.2 Learning Implementation and Action pathway

The key way in which Calderdale ensures that there is learning which results in service improvement is the Learning Implementation & Action Pathway. The purpose of this is to draw learning together from multi-agency audits & learning sessions to identify key local themes and develop appropriate action plans to improve practice (see an example in Appendix 5). Examples of actions can be single or multi-agency and can include: training, communication, procedural change, new guidance or further PMQA activity. The result should strengthen the areas that are repeatedly highlighted as needing improvement by PMQA activity – these are usually areas of complexity and do not have simple solutions. The Learning and Improvement sub group monitors and manages this.

6. Future plans

There are plans to introduce a mechanism for gathering evidence of how the PMQA framework is making a difference to outcomes for children and young people and their families; this will be a key part of the next stage of development of the PMQA Framework in 2016-17.

6.1 CSCB Impact Log

The Business Group will collate the impact the CSCB can show it has had from PMQA activity. This collated report will be shared with Board Members and disseminated to a variety of multi-agency forums such as the Health and Wellbeing Board, Safeguarding Adult Board etc., to inform future practice and arrangements.

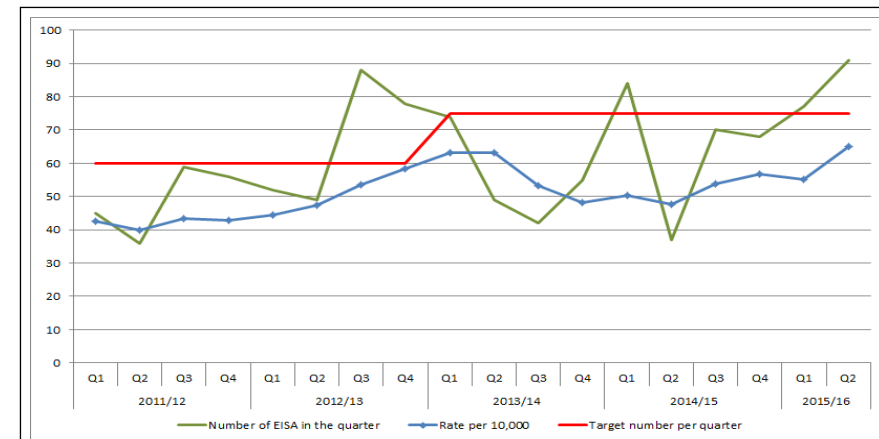
Appendix 1

Example of Performance Management Dataset - Performance Indicator Report and Scorecard example

Reference	Indicator Description	Agency	Lead Officer	Q1 2015/16 RAG rating	Q2 2015/16 RAG rating	Key Points / Trend / Action
1 Early Help						
1.1	Number of Early Intervention single assessments (CAFs) per 10,000 under 18 population	Calderdale Council	Parveen Akhtar	Green	Green	The current status is green because of continued, sustained achievement of the monthly target for new EISA assessments. This improved performance is now showing the true position of new EISAs.

Theme: Early Help			Focus Area: Output		
1.1 CMBC - Number of Early Intervention Single Assessments (EISAs) per 10,000 under 18 population				Current status:	Green
Lead officer: Parveen Akhtar		Partner: Calderdale MBC		Email: parveen.akhtar@calderdale.gov.uk	

		13/14	14/15	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	15/16 YTD
New EISAs per quarter	Actual	55*	65*	77	91			168
	Target	75	75	75	75			150
Target met?				?	?			?
Calderdale No. EISA / 10,000 U18	Actual	48.1	56.7	55.1	65			60.1
	Target	64.1	60	60	60	60	60	60
Target met?		?	?	?	?			?



Algorithm

$$A = (B / C) \times 10,000$$

Where A = Number of EI single assessments (EISAs) per 10,000 under 18 population (4 quarter rolling average); B = Total Number of EI single assessments (EISAs) over the last four quarters / 4; C = Calderdale 0-17 population

The graph shows the monthly rate per 10,000 of EISAs received in a rolling 12 month period as at month end, and number of new EISAs per quarter.

*Average over the 4 quarters.

Please note: this indicator is closely linked to 1.2 and both sets of data should be scrutinised together.

COMMENTARY

Data commentary:

The current status is **GREEN** because of continued, sustained achievement of the monthly target for new EISA assessments. This improved performance is now showing the true position of new EISAs. The annual target for 2015/16 remains at 60.0 per 10,000 under 18 population equating to an annual number of 300 new EISAs (25 per month).

How does this make children safer: By adopting a multi-agency approach when gathering information for an EISA, an accurate holistic assessment is produced which can be shared between professionals as consent from parents or carers has been received. The EISA provides an early benchmark enabling positive progression and the provision of appropriate intervention from partner agencies.

Why this indicator is monitored: EISAs are one means of measuring effective early support to children, young people and their families. EISAs' also draw attention to families who revolve in and out of services, highlighting the need for more specialist services to intervene (Tier 4) with a view to reducing the reliance of these families on support services. It also measures how widely EISAs are being undertaken by partners and the impact the actions identified have on these families. EISAs are an integral part of early intervention within Calderdale, and the quality of assessments continue to improve due to the skill of workers within partner agencies who provide families with a safe environment so that families in turn feel they can provide accurate information. Early Intervention Panels, Family Support Teams, schools and other partner agencies are being encouraged to undertake the EISA, where appropriate with families. Partner services are being supported by the EISA team to roll this out effectively.

Reason for change: The EISA was launched in June 2014 to replace the Common Assessment Framework process; it was then reviewed in the summer term of 2015, resulting in **one Single Assessment** now in use across the Continuum of Need. To date, EISA's continue to increase on a monthly basis; several factors have contributed to this increase. Firstly all children within a household are assessed on the same document instead of a separate EISA for each child. The revised EISA also enables the same level of information gathering as Children's Social Care, which reduces duplicate assessments being completed. The EISA is now more widely recognised as an evidence based document which captures current and historic issues within a family, leading to the provision of appropriate support and intervention.

ACTIONS TO IMPROVE	Timescale
<p>Impact of previous actions:</p> <ul style="list-style-type: none">• Appointment of EISA coordinator.• Single assessment reviewed and launched. <p>Actions to improve:</p> <ul style="list-style-type: none">• Information gathering to be accurate - to support partner agencies with providing a holistic assessment; with a view to avoiding a single agency assessment, assessment authors to be encouraged to have conversations with all statutory and voluntary agencies involved with the family at time of assessment, record this information and state the name of the information giver.• EISA support to partner agencies needs to continue through EISA team attendance at locality and panel meetings.• Clear guidance regarding the completion of the EISA from a Tier 3 perspective, needs to be circulated to all partner agencies.• EISA newsletter needs to be distributed to all agencies and promoted at Panels, locality network meetings.• Support practitioners across partner agencies to use of the e-system• Partner agencies receiving passwords etc. to access the e-system to improve. Partner colleagues gaining swifter access to the e system will encourage them to use the e-system.	<p>January 2016</p>

CSCB Scorecard Report: Quarter 2 2015-2016 (As at 23 November 2015)

Key: Quarterly Indicators, [Annual Indicators](#), NA = Not applicable

All cumulative totals for 2014/2015 include Q2/Q3/Q4 except CSCB01, CSCB14, CSCB21, and CSCB24 which include Q1-Q4.

Objective Description	Lead Partner	Ind Ref	Ind Description	Respons-ible Officer	What is Good Performance?	2014/2015 All Eng Average	2014/2015 Stat Neighbours	2014/2015 Result	2015/2016 Q1 Result	2015/2016 Q2 Result	2015/2016 YTD Result
Early Intervention	WY Police	CSCB 03	Number of children on CSE Matrix	Sally Fletcher (WY Police)	Low	-	-	9	9	9	9
Early Intervention	WY Police	CSCB 04	Repeat Domestic Violence Referrals	Sally Fletcher (WY Police)	Low	-	-	314	444	401	401
Early Intervention	WY Police	CSCB 05a	Number of children who were perpetrators of DV (cumulative)	Sally Fletcher (WY Police)	Low	-	-	22	7	30	37
Early Intervention	WY Police	CSCB 05c	Number of adults who were the victim of a child perpetrator of DV (cumulative)	Sally Fletcher (WY Police)	Low	-	-	20	5	15	20

Appendix 2

Schedule of Rolling Reports –April 2015 to March 2016

Report	Date(s) Due:	Due To:	Named Lead:	Rationale	Business Plan Link	Request Date:	Reminder Date:	Comment / Next Steps	Progress (RAG)
2015									
CSCB Update	2 July 2015	HWBB	Richard Burrows	Bi-annual Update	P5	21 May 2015	11 June 2015		G
CSCB Update	19 May 2015 and every IB	Improvement Board	Richard Burrows	Report progress, improvement and risks	P5	7 April 2015	28 April 2015		G
Private Fostering	10 June 2015	Business Group	Jamila Sims	Update briefing	P2	29 April 2015	20 May 2015	<i>Deferred to August 2015 Board</i>	A
MA Training	8 June 2015	L&I Sub-group/CSCB	Allison Waddell	Quarterly Report Impact & Evaluation of MAT	P4	27 April 2015	18 May 2015		G
LADO	4 June 2015	CSCB	Keith Watson	Statutory Annual Report to the CSCB	P5	9 April 2015	7 May 2015		G
MAPLAG	16 June 2015	PM Sub-group	Gill Poyser-Young	Include how baby E SCR inform & improve MAPLAG process, Risk Assessment/Info Sharing	P3	5 May 2015	26 May 2015	<i>Also went to August 2015 Board</i>	G
Young Advisors	2 July 2015	C and E sub group	Jo Heyes	Update	P5	21 May 2015	11 June 2015		G
Sub-group Chairs Report	6 August 2015	CSCB	Sub-group Chairs	Update from each Sub-group	Whole	25 June 2015	16 July 2015	<i>PM, MAAG, L&I, CR, C&I all provided = Need EH+P</i>	A
MA Training	8 June 2015	L&I Sub-group	Allison Waddell	Quarterly Report Impact & Evaluation of MAT	P4	28 April 2015	18 May 2015		G
Safeguarding School Advisor	1 October 2015	CSCB	Rezina Kelly	Annual Report including School Section 11, concerns, training, progression, recommendations for CSCB	P1	August 2015	September 2015		G
Children Looked After	1 October 2015	CSCB	Laura Knights	Update to include out of authority placements, use of restraint in Child's Homes & Leaving Care, longer term aspiration/Plans & Child's Voice	P2	20 August 2015	10 September 2015	<i>Deferred to December 2015</i>	A
IRO – LAC	1 October 2015	CSCB	Cheryl Baxter	Determine LAC outcomes, Voice of the Child and areas for improvement	P2	20 August 2015	10 September 2015		G
IRO – CP	1 October 2015	CSCB	Cheryl Baxter	Determine CP timescales, process, outcomes and	P2	20 August 2015	10 September 2015		G

Report	Date(s) Due:	Due To:	Named Lead:	Rationale	Business Plan Link	Request Date:	Reminder Date:	Comment / Next Steps	Progress (RAG)
				areas for improvement					
Annual Report	October / November 2015	Scrutiny, CYPPE, IB	Julia Caldwell	Statutory report from the CSCB	P5	9 Sept 2015	30 Sept 2015		G
CSCB Update	November 2015	HWBB	Richard Burrows	Bi-annual Update	P5	September	October		
Sub-group Chairs Report	19 November 2015	CSCB	Sub-group Chairs	Update from each Sub-group	Whole	5 November 2015	12 November 2015		
CDOP	19 November 2015	CSCB	Ben Leaman	Annual Report	P5	5 November 2015	12 November 2015		
eHNA	28 October 2015	Business Group	Ben Leaman	Opportunity for communication & engagement with young people	P5	14 October 2015	21 October 2015		
Children Missing Education / Virtual School	2 November 2015	EH&P sg	Parveen Akhtar	The NET data and Single Central Record info	P1	19 October 2015	26 October 2015		
MA Training	1 December 2015	L&I Sub-group/CSCB January	Allison Waddell	Quarterly Report Impact & Evaluation of MAT	P4	17 November 2015	24 November 2015		
2016									
Safeguarding & Faith Group	4 January 2016	C & E Sub-group	Allison Waddell	Bi-annual Update on Safeguarding within Faith Groups	P3	11 December 2015	18 December 2015		
Young Advisors	20 January 2016	Business Group	Jo Heyes	Update	P5	6 January 2016	13 January 2016		
JSNA	20 January 2016	Business Group	Ben Leaman	Annual Report	P5	6 January 2016	13 January 2016		
Section 11	20 January 2016	Business Group	Jacque Hellowell	Analysis Report	P5	6 January 2016	13 January 2016		
Sub-group Chairs Report	18 February 2016	CSCB	Sub-group Chairs	Update from each Sub-group	Whole	4 February 2016	11 February 2016		
MA Training	12 April 2016	L&I Sub-group	Howard Browes /Julie Warburton	Quarterly Report Impact & Evaluation of MAT	P4	22 March 2015	29 March 2016		
Early Intervention	21 April 2016	CSCB	Jeff Rafter	Annual Report	P3	7 April 2016	14 April 2016		
Sub-group Chairs Report	21 April 2016	CSCB	Sub-group Chairs	Update from each Sub-group	Whole	7 April 2016	14 April 2016		
MA Training	21 April 2016	CSCB	Howard Browes/ Julie Warburton	Annual Report Impact & Evaluation of MAT	P4	7 April 2016	14 April 2016		
	End of March 2016 (end of financial year)	PM Sub	Gary Pickles	3.1 Number of children being placed in adoptive families					

Appendix 3

Schedule of Multi Agency Audits – April 2015 to March 2016

Key

Audit complete
Audit did not proceed

Ref. No	Multi Agency Audit	Audit Completed By	Lead Auditor	Business Rationale for Audit	Reported and Peer Challenged	Type of audit	No. of Audits Completed	Report to Business Group	Next Steps
MAA 1.	Re-referral Audit	Completed July 2014	Bernadette Johansen	Review of re referrals, assessment of the quality and the consistency Source – PM data set	Challenge at Task Group 2.12.14			Update provided for 1.7.15 meeting	2.6.15 Discussed at Business Group who agreed following action: -Any referrals that are re-referred within 12 months will automatically go to an EI panel -Consent issue to go to Early Help and Prevention Group -Performance Management Sub group to monitor re-referrals. -Further audit activity recommended - MAA17
MAA 2.	CSE: through audit, measure whether support to individuals, families and communities is having positive outcomes		Laura Knights / WY Police (Darren Minton)	The Board is reassured that joint working arrangements for CSE for C&YP are effective Source – Priority for board and feeds into P and R group (2.4 – 2.6 CSCB Business Plan pertains 'Joint working response to Child Sexual Exploitation continues to be effective and strategic aims are fully met. Ofsted 15: Para 166')	Proposal challenged 2.12.14			Update to be provided for 9.12.15 meeting	24.11.15 Audit of current case completed. Report can action plan to be presented at December meeting.
MAA 3.	MA audit group receive joint adult/child protocol report to establish how effective it is in increasing professionals' understanding and increasing number of referrals across both	Sept 15 2.6.15 – implementation due in Sept 2015, audit to commence June 2016	Bernadette Johansen	Evidence that awareness raising and launch of joint protocol has affected referrals to Early Help & Safeguarding from both Adult & Children's Services Source – Ofsted 13 (2.7 CSCB Business Plan pertains 'Professionals have	Peer challenge about timescale of completion of audit on 2.12.14			Update provided for 1.7.15 meeting	2.6.15 Final meeting to take place in July 2015. 'Referral processes' to be term that replaces 'Protocol'. Implementation aimed for September 2015 with audit to take place after 9 months (June 2016)

Ref. No	Multi Agency Audit	Audit Completed By	Lead Auditor	Business Rationale for Audit	Reported and Peer Challenged	Type of audit	No. of Audits Completed	Report to Business Group	Next Steps
				access to and are trained in the most appropriate and effective resources to improve outcomes for vulnerable families. Adult Child Protocol revised October 2015)					
MAA 4.	Multi-agency chronology to be promoted and audited by CSCB. Link to SIIP item 1.1.2 Chronology Task and Finish Group: 1st October 2014	December 2015	Julie Warburton/Janette Pearce	CSCB is assured that a more comprehensive and multi-agency risk assessment is completed. T&F Group set up Source – Learning Lessons JA and H children SP and AF Thematic Learning Reviews (1.6 CSCB Business Plan pertains Professionals understand Thresholds ('Continuum of Need' and 'Signatures of Risk') and apply appropriately. Adapt and re-pilot MA Chronologies with emphasis on benefits of earlier collation at tier 3)				Update to be provided for 9.12.15 meeting	24.11.15 Pilot does not appear to be taking place. Chair to request update from Business and Quality Assurance Manager and highlight to Business Group.
MAA 5.	MA Audit group audit Tier 3 to look at escalated and de-escalated cases where opportunities for early help have been missed	July 2015 7.7.15 – MAAG agreement given to Report being delayed to September 2015	Steve Woodhead	Learning from this practice will feed into the Learning and Improvement sub group and the MA training programme Source – Service Plan priority SCR Child K SCR Child D (1.8 CSCB Business Plan pertains CSCB is assured that Early Help is having positive impact on outcomes: children are being safeguarded in a timely and proportionate way Audit of Escalated / De-escalated cases from EIPs to show and share good practice and need for improvements.)	21.4.15 – proposal accepted and challenged 21.9.15 – Report and Action Plan challenged		20	Update provided for 11.11.15	20.10.15 Lead auditor attended MAAG to discuss audit report and action plan. Action Plan to return January 2016.

Appendix 4:

Multi Agency Audit Proformas



Proposal for Multi-Agency Audit activity

Date presented to Multi Agency Audit Group	
Main focus of audit (in one sentence)	
Start date and duration of audit (indicate whether audit is one off or needs to be repeated)	
Lead Auditor / Person presenting proposal Contact Details	
Audit Team (membership)	
Rationale (include links to any Plans, Indicators, other QA activity, inspection etc. Ensure there is clarity over how this will improve outcomes for children)	
Audit Plan and Methodology (how do you propose to do the audit)	
Audit Questions (attach audit tool to be used)	
To be completed by chair:	
Multi Agency Audit Group challenge	
Decision - proposal approved/rejected	
Expected date of presentation of report to Group	
Signed (chair) and date	

Version Control

Date presented to MA Audit panel	Outcome

Multi Agency Audit Report and Action Plan

Date Report presented to Multi Agency Group	
Main focus of audit (in one sentence)	
Date Audit Undertaken	
Lead Auditor Contact Details	
What is the data telling us? (Ensure this includes the impact on outcomes for children)	
What is the story behind the data?	
To be completed by chair:	
Multi Agency Audit Group challenge	
Any further action required?	
Signed (chair) and date	


Multi Agency Audit Action Plan

Date of Action plan								
	What action do we need to take to safeguard and promote the outcomes for children?	Named lead	Target date for completion	What's the Evidence this is getting better? (attach evidence)	To be completed by Multi Agency Group	RAG	Date actions completed	Multi Agency Challenge and any recommendations for future QA actions
1								
2								
3								

Appendix 5

Example for Learning and Implementation Action Pathway

Code: Added after Learning Lessons - June 15
 Added after MARPS – Oct 15
 Added at LIAP meeting – Aug 15
 Added after Learning Lessons – Sept 15

Date Identified	Source of Learning	Action Required	Who is Responsible	Ways of Implementation and Evidence Gathering	Impact of Learning	Completed Date/Evidence
May 14 Jul 14 Nov 14 Jan 15 May 15 Sept 15	MARPS x 2 MA audit	1. Ensure practitioners have knowledge of child development, are aware of tools to assist and make use of colleagues' expertise as required. Practitioners to have access to a range of tools and use tools more frequently to measure baselines and changes and to establish the 'voice of the child'.	CSCB	1. Cascade via CSCB – Marketing Strategy 2. Assessment audit – use of tools/ evidence based practice – MA audit group 3. MA SMART Planning in Practice workshops - target audit of case files of participants 4. Introduce use of tools in MARPS to embed practice e.g. discrepancy matrix, strengthening families risk assessment 5. Update tools table – add to CSCB website 6. Deliver short presentation to EI panels 7. Also see 3.	Plans are smart Tools identified and used	
Evidence	Jul & Aug 2015: Tool table updated; EI Assessments audited bi-monthly; Use of tools promoted in SMART planning workshops  Assessment Guide.docx					