

## CORPORATE PARENTING COMMITTEE

WEDNESDAY 3 AUGUST 2016

6.30 PM

Council Chamber - Town Hall

### AGENDA

Page No

1. **Apologies for Absence**
2. **Declarations of Interest**  

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Head of Legal Services
3. **Minutes of the Meeting Held on 15 June 2016** 3 - 6  

The Committee is asked to approve the minutes of the Corporate Parenting Panel Meeting held on 15 June 2016.
4. **Terms of Reference of the Committee and Work Programme** 7 - 18  

For the Committee to determine its priorities, and approve the draft work programme for formal and informal meetings.
5. **Update from Children in Care Council** 19 - 20
6. **Update from Foster Carers** 21 - 22
7. **Children in Care and Care Leavers Strategy** 23 - 40  

For the Committee to Note.
8. **Health Report** 41 - 64  

For the Committee to Note.
9. **Missing and Child Sexual Exploitation Update Report** 65 - 68  

For the Committee to Note
10. **Performance Reports** 69 - 140  

For the Committee to Note.

## Emergency Evacuation Procedure – Outside Normal Office Hours

*In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.*



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact on as soon as possible.

### Committee Members:

Councillors: Ayres, Bisby (Chairman), Bull, Coles, C Harper, J Holdich, Johnson, S Lane, B Saltmarsh (Vice Chairman) and Sylvester

Further information about this meeting can be obtained from Karen S Dunleavy on telephone 452233 or by email – [karen.dunleavy@peterborough.gov.uk](mailto:karen.dunleavy@peterborough.gov.uk)

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at:

<http://democracy.peterborough.gov.uk/documents/s21850/Protocol%20on%20the%20use%20of%20Recording.pdf>



**Minutes of a Meeting of the Corporate Parenting Panel  
held in the Executive Suite, Abax Stadium on 15 June 2016**

**CORE MEMBERS**

**PRESENT:** Councillors Bisby (Chair), Saltmarsh (Vice Chair),  
Harper, Johnson, Bull, Coles, and Smith

**REGULAR MEMBERS  
IN ATTENDANCE:**

Councillor Rush

**OFFICERS PRESENT:**

Nicola Curley	Assistant Director for Children's Social Care
Simon Green	Head of Fostering and Adoption Service
Jenny Weeden	Youth Engagement and Participation Officer
Philippa Turvey	Senior Democratic Services Officer

**ALSO IN ATTENDANCE:**

Philip Gilbert	Foster Care Forum
Sarah Purvis	Foster Care Forum
Susan Pelican	Foster Care Forum

**1. ELECTION OF CHAIRMAN AND VICE CHAIRMAN**

A nomination for the role of Chairman was received and seconded for Councillor Bisby. Following the nomination, Councillor Bisby was duly elected as Chairman of the Corporate Parenting Panel meeting on 15 June 2016.

A nomination for the role of Vice Chairman was received for Councillor Saltmarsh. The Nomination was seconded and following a vote, Councillor Saltmarsh was duly elected as Vice Chairman of the Corporate Parenting Panel meeting on 15 June 2016.

**2. APOLOGIES**

Apologies were received for Councillors Holdich, Stokes, Aitken, Ayres and Sylvester.

Apologies were also received for Councillors Okonkowski, Shearman and Walsh.

**3. MINUTES OF THE MEETING HELD ON 23 MARCH 2016**

The minutes of the meeting held on 23 March 2016 were approved as a true and accurate record.

**4. UPDATE FROM THE CHILDREN IN CARE COUNCIL**

The Youth Engagement and Participation Officer provided an update on the recent meetings and forthcoming events.

The key points included:

- A new role had been created within the team in order to build capacity.
- The summer programme had been formulated and circulated to foster carers.
- Three young people had been involved in the Permanency Arrangement tender process, receiving pitches from potential providers.
- An increase had been seen in the Care Leavers Drop-In sessions, which the NEET team had attended.
- It was noted that Councillors could attend these sessions if they wished, and to liaise with the Youth Engagement and Participation Officer to arrange this.
- The Mind of My Own app had been rolled out, with the first few statements coming through.

**The Panel:** Noted the update

## **5. UPDATE FROM FOSTER FORUM**

The Foster Care Forum representatives provided an update on the recent activities and meetings of the Foster Carer Forum.

The key points included:

- A restructure of the Forum had taken place, with new Secretary, new Deputy Chair, and new Event Co-ordinator.
- The budget for activities had been discussed, with clarification provided on respite services and the responsibility for social workers.
- The Vivacity card for foster carers had been renewed for another year.
- A number of Foster Care Forum representatives attended the Permanency Service discussions.
- The Foster Care Award celebrations were scheduled to take place in the evening of September 2016.

**The Panel:** noted the update.

## **6. MEMBERS ISSUES**

There were no Members present that were not part of the Core Membership.

Members from within the Core Membership raised a number of questions regarding proposals to transform the Corporate Parenting Panel into a formal Committee of Council. A summary of the key points discussed included:

- Several Members considered that Corporate Parenting should not be part of the political forum.
- All Councillors were corporate parents, not just those appointed to the Panel.
- It was considered that if both formal and informal meetings of the Committee were held, involvement from young people and carers could still be had in an informal setting.
- It was noted that Committees had the ability to include co-opted members.
- The number of Committee members was discussed, as there was not currently a limit on Members who could attend Panel meetings.
- Councillor Smith would highlight these matters to the Leader.

## **7. INTRODUCTION TO CORPORATE PARENTING**

The Assistant Director for Children's Social presented the Panel with an introduction to Corporate Parenting.

Following the presentation, the key points discussed included:

- In terms of whether the service was properly prepared for the anticipated increase in population, it was advised that the Council had an overarching plan to address this increase. In relation to Children in Care in particular, it was expected that improved offers of early help would assist in diverting users away from statutory services. It was also believed that the Permanency Service would reduce the level of Children in Care in the long term.
- The Council had improved its recruitment levels with a number of campaigns. A new Marketing Strategy was also in development.
- The service had struggled to retain managers in the past. This had improved significantly, however, with now only two agency managers in position, the rest being part of the permanent staff.
- Apprenticeships for Children in Care often presented a problem, as basic qualifications were required to access them. A 'Step Up' programme was currently being delivered in order to bridge this gap, and other educational supports being considered.

**The Panel:** noted the presentation.

## **8. UPDATE ON CORPORATE PARENTING CHAMPIONS**

The Head of Fostering and Adoption Service provided an update on the Corporate Parenting Champions.

The key points discussed by the Panel included:

- The new municipal year provided an opportunity to review the role of Champions, as a number were no longer in office.
- It was considered that a report from individual Corporate Parenting Champions would be useful.

## **9. INTRODUCTION TO OFFICER ROLES**

The Head of Fostering and Adoption Service introduced himself and other relevant officers, and gave a brief overview of their roles.

## **10. UPDATE ON OFSTED ACTION PLAN**

The Head of Fostering and Adoption Service introduced a report to the Panel that outlined the Council's Action Plan following the OfSTED inspection.

The key points discussed by the Panel included:

- This version of the plan contain only actions that related to Children in Care.
- Updates on the plan would be provided quarterly.
- It was noted that one of the actions included within the plan related directly to the Corporate Parenting Panel.
- It was queried whether such high targets for engagement with young people within the plan were practically achievable, although it was recognised that all

Members of Panel were keen to hear directly from young people wherever possible .

- The service had responsibilities to promote the health and wellbeing of all Children in Care. This includes issues in relation to their mental health as well.
- The matter of Strength and Difficulty Questionnaires was raised, which had previously been discontinued, as it was believed this information was captured elsewhere. Following the OfSTED report, these had been reinstated and were considered at each health review.

## **11. WORK PROGRAMME**

The Assistant Director for Children’s Social Care introduced the Work Programme report to the Panel. The Work Programme had detailed the standing agenda items.

The Chairman advised that it would be prudent to wait for the outcome of the Committee Review and how this would affect the Corporate Parenting Panel, before agreeing to an appropriate Work Programme.

The Committee considered that when formulating the Work Programme it was important to ensure a differentiation between the roles of the Corporate Parenting Panel and the Creation Opportunities and Tackling Inequalities Scrutiny Committee.

## **12. ANY OTHER BUSINESS**

There was no other business to discuss.

## **13. DATE OF NEXT MEETING**

The Chairman advised that the next meeting was currently scheduled for 5 July 2016.

The Panel considered that this was too soon and did not give enough time for officers to prepare for the meeting. Additionally, in light of the review of Committees to be heard by Full Council on 13 July 2016, which may impact on the Corporate Parenting Panel, it was considered that the next meeting should be held after this date.

A suitable date would be identified by Democratic Services.

CHAIRMAN  
6:30pm – 8:09 pm

<b>CORPORATE PARENTING COMMITTEE</b>	<b>AGENDA ITEM NO. 4</b>
<b>3 AUGUST 2016</b>	<b>PUBLIC REPORT</b>

## Report of the Director of Governance

Contact Officer – Karen S Dunleavy, Democratic Services Officer

Contact Details – (01733) 452233 or email karen.dunleavy@peterborough.gov.uk

### TERMS OF REFERENCE OF THE COMMITTEE AND DRAFT WORK PROGRAMME FOR 2016/17

#### 1. PURPOSE

- 1.1 To enable the Committee to discuss its objectives and priorities for 2016/17 and to approve the draft work programme for 2016/17 (Appendix 1).

This item is being presented to Committee under its terms of reference 3.5) Raise awareness in Peterborough City Council and the wider community by promoting the role of members as corporate parents and the Council as a large corporate family with key responsibilities.

#### 2. RECOMMENDATIONS

- 2.1 That the Committee determines its priorities, and approves the draft work programme for formal and informal meetings attached at Appendix 1.

#### 3. ESTABLISHMENT OF THE CORPORATE PARENTING COMMITTEE 2016/17

- 3.1 The Corporate Parenting Committee was established by Council at its meeting on 13 July 2016.

#### 4. FREQUENCY OF MEETINGS

- 4.1 The Committee is scheduled meet six times a year bi-monthly preceded by an agenda setting meeting.
- 4.2 At least three meetings will be formal committee meetings and three informal meetings. The purpose of the informal meetings will be to engage with children, young people and their representatives.

#### 5. WORK PROGRAMME 2016/17

- 5.1 In accordance with the Constitution, the Committee is responsible for agreeing a skeleton work programme annually which will be reviewed at each formal meeting. In reviewing the work programme, the Committee may agree to request reports on particular matters of their own preference or as advised by the lead officer.
- 5.2 The Committee's remit is:

To act as advocates for looked after children and care leavers.

To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children services and children's homes with a view to recommending any changes.

Ensure that the needs of looked after children and care leavers are addressed through key plans, policies and strategies throughout the Council overseeing interagency working arrangements.

Review complaints from looked after children to ensure officers have dealt with these appropriately and made any recommendations for change.

Raise awareness in Peterborough City Council and the wider community by promoting the role of members as corporate parents and the Council as a large corporate family with key responsibilities.

To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.

- (a) Raise the profile of the needs of looked after children and care leavers through a range of actions including through the organising of celebratory events for the recognition of achievement.
- (b) Ensure that leisure, cultural, further education and employment opportunities are offered and taken up by our looked after children and care leavers.
- (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.
- (d) Hold meetings with children and young people in care, frontline staff and foster carers to inform the committee of the standards of care and improvement outcomes for looked after children.
- (e) Monitor the ongoing commitment to providing support, training and clarity of expectations to foster carers to achieve excellent and high quality care.
- (f) To appoint elected members as Champions for Children in Care in respect of the following strands:
  - i) Housing
  - ii) Employment and training opportunities within council departments and with partner agencies
  - iii) Health
  - iv) Educational Attainment and access to Higher Education
  - v) Recreation and Leisure activities
  - vi) Finance and benefits

5.3 A draft work programme which shows the items identified for Corporate Parenting Committee is attached..

## 6. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

6.1 Minutes of the Council meeting held 13 July 2016



## **7. APPENDICES**

- 7.1 Appendix 1 – Terms of Reference
- Appendix 2 – Draft Work Programme 2016/17

This page is intentionally left blank

## **PETERBOROUGH CORPORATE PARENTING COMMITTEE**

### **1 TERMS OF REFERENCE**

#### **OUR COMMITMENT TO CHILDREN AND YOUNG PEOPLE IN CARE:**

Peterborough City Council is committed to raising the quality of life of everyone living within the city. For children in particular, the city council aims to provide high quality opportunities for learning and ensure children are healthy and safe. It is important that the Corporate Parenting Committee members ensure that the Council provides such care, education and opportunities that the Committee would be afforded to their own children.

### **2 PURPOSE:**

- 2.1 To ensure that the Council effectively discharges its role as Corporate Parent for all children and young people in care and care leavers and holds partners to account for the discharge of their responsibilities.
- 2.2 On behalf of the Council and partners of the Local Authority to ensure that all services directly provided for children and young people in care and care leavers are scrutinised to deliver to a high standard and to all statutory requirements.
- 2.3 To raise the aspiration, ambitions and life chances of children and young people in care, narrowing the gap of achievement between children in care and their peers.
- 2.4 To ensure that children in care are protected and supported to develop as healthy citizens, able to participate in their community.
- 2.5 To ensure that all elected members are aware of their corporate parenting responsibilities and that all Council services are mindful of the needs of children in care and respond accordingly within their particular remit.

### **3 FUNCTIONS OF THE COMMITTEE:**

- 3.1 To act as advocates for looked after children and care leavers.
- 3.2 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children services and children's homes with a view to recommending any changes.
- 3.3 Ensure that the needs of looked after children and care leavers are addressed through key plans, policies and strategies throughout the Council overseeing interagency working arrangements.
- 3.4 Review complaints from looked after children to ensure officers have dealt with these appropriately and made any recommendations for change.

- 3.5 Raise awareness in Peterborough City Council and the wider community by promoting the role of members as corporate parents and the Council as a large corporate family with key responsibilities.
- 3.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.
- (a) Raise the profile of the needs of looked after children and care leavers through a range of actions including through the organising of celebratory events for the recognition of achievement.
  - (b) Ensure that leisure, cultural, further education and employment opportunities are offered and taken up by our looked after children and care leavers.
  - (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.
  - (d) Hold meetings with children and young people in care, frontline staff and foster carers to inform the committee of the standards of care and improvement outcomes for looked after children.
  - (e) Monitor the ongoing commitment to providing support, training and clarity of expectations to foster carers to achieve excellent and high quality care.
  - (f) To appoint elected members as Champions for Children in Care in respect of the following strands:
    - i) Housing
    - ii) Employment and training opportunities within council departments and with partner agencies
    - iii) Health
    - iv) Educational Attainment and access to Higher Education
    - v) Recreation and Leisure activities
    - vi) Finance and benefits

#### **4 WORK PROGRAMME**

The Corporate Parenting Committee will formally agree a skeleton work programme annually which will be reviewed at each formal meeting. In reviewing the work programme, the Committee may agree to request reports on particular matters of their own preference or as advised by the lead officer.

#### **5 PERFORMANCE MONITORING**

The Corporate Parenting Committee will scrutinise and monitor outcomes for children in care and care leavers. To this end, the Committee will develop and agree a core data set which it wishes to receive at each Committee meeting. Additional detailed monitoring reports will be presented in accordance with the agreed work programme on the following key aspects of care:

- (a) Placement stability
- (b) Independent child care reviews
- (c) The performance of all care standards regulated services
- (d) Adoption and adoption support
- (e) Fostering
- (f) Children's homes

- (g) Service to care leavers, including accommodation, education, employment and training
- (h) The health needs of children in care
- (i) Educational attainment of children in care

## **6 MEMBERSHIP OF THE COMMITTEE**

- 6.1 There will be a standing membership of the Corporate Parenting Committee to provide continuity and consistency. Councillors outside the standing membership will be invited to discuss issues and raise questions within a standing agenda item.
- 6.2 The Councillor standing membership will consist of 11 members. All Councillors are invited to attend the informal meetings.
- 6.3 The Committee may also co-opt non-voting members. Membership will include four foster carers and representatives from the Children in Care Council. The Committee may invite participation from non-members where this is relevant to their work.

## **7 CHILDREN IN CARE COUNCIL**

- 7.1 Representatives from the Children in Care Council may attend the Corporate Parenting Committee up until and no later than 8pm.

## **8 OFFICER SUPPORT**

- 8.1 The Corporate Director People and Communities is responsible for ensuring that the Committee has sufficient officer support to lead the Council's corporate parenting strategy.
- 8.2 The Assistant Director, for Children's Social Care, will be the lead officer for the Committee together with the Service Managers for Looked after Children, Leaving Care, Adoption and Fostering, the Head of the Virtual School and the Children's Services Participation Officer.
- 8.3 Democratic Services will provide the administrative arrangements and constitutional guidance to the Committee.

## **9 FREQUENCY OF MEETINGS:**

- 9.1 Meetings will be six times a year bi-monthly preceded by an agenda setting meeting.
- 9.2 At least three meetings will be formal committee meetings and three informal meetings. The purpose of the informal meetings will be to engage with children, young people and their representatives.

## **10. REPORTING MECHANISMS:**

- 10.1 The Corporate Parenting Committee will report to the Cabinet Member for Children's Services and to the Scrutiny Committee on a six monthly basis or more frequently if required.

This page is intentionally left blank

## CORPORATE PARENTING COMMITTEE WORK PROGRAMME 2016/ 2017

Date of Meeting	Priority	Topic	Contact Officer
3 August 2016	Priorities 1 – 6	Terms of Reference of the Committee and Work Programme	Nicola Curley/Karen S Dunleavy
	Priorities 1 – 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
	Priorities 1 – 6	Children in Care and Care Leavers Strategy	Simon Green
	Priority 1 - Assertive prevention of care Priority 2 - Effective care planning Priority 3 - Placement stability and range of high quality placement provision	Child Sexual Exploitation and Missing from Care update	Jenny Goodes
	Priority 4	Health Report	Sam Martin
	Priorities 1 - 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Ofsted Action Plan</li> <li>• Scorecard</li> </ul>	Nicola Curley/Cabinet Member for Children's Services
7 September 16	Priorities 1 – 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
	Priority 2 - Effective care planning	Safeguarding Report – Children's Board	Russell Waite/Jo Bramwell
	Priorities 1 – 6	Report from the Cabinet Member of Children's Services	Councillor Sam Smith
	Priorities 1 – 6	The Future of Corporate Parenting Champions	Nicola Curley
	Priority 4	Health Report	Sam Martin
	Priorities 1 – 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Ofsted Action Plan</li> <li>• Scorecard</li> </ul>	Nicola Curley/Cabinet Member for Children's Services
	Priorities 1 – 6	Work Programme	Nicola Curley/Karen S Dunleavy
9 November 16	Priorities 1 - 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny

			Weeden
	Priorities 1 – 6	Six Monthly Report to Creating Opportunities & Tackling Inequalities and Cabinet Member on the Work of Corporate Parenting Panel 2015/2016	Simon Green
	Priority 5 Education attainment and achievement	Education & Employment Virtual School: <ul style="list-style-type: none"> <li>• Pupil Achievements</li> <li>• Bursary funding</li> <li>• National and Neighbour statistical report on virtual schools for looked after children.</li> <li>• Pupil Premium Allocation</li> <li>• Training and Employment opportunities for all care leavers</li> <li>• Impact on the education of fostered and adopted children</li> </ul>	Dee Glover
	Priority 4	Health Report	Sam Martin
	Priorities 1 - 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Ofsted Action Plan</li> <li>• Scorecard</li> </ul>	Nicola Curley/Cabinet Member for Children's Services
		Work Programme	Nicola Curley/Karen S Dunleavy
18 January 2017	Priorities 1 - 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
	Priority 2 – Effective care planning Priority 3 – Placement stability and range of high quality placement provision	Report from the 0 to 25 Disability Service Team on the provision for CiC.	Karen Chopping
	Priority 3 – Placement stability and range of high quality placement provision	Arrangements For Children Looked After (CLA) Who Go Missing	Jenny Goodes
	Priority 4	Health Report	Sam Martin
	Priorities 1 - 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Ofsted Action Plan</li> <li>• Scorecard</li> </ul>	Nicola Curley/Cabinet Member for Children's Services
		Work Programme	Nicola Curley/Karen S Dunleavy



22 March 2017	Priorities 1 - 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
	Priority 2 - Effective care planning	Permanency Service: <ul style="list-style-type: none"> <li>• Fostering Statement of Purpose</li> <li>• Adoption Update</li> </ul>	Simon Green
	Priorities 1 - 6	Six month report from Cabinet Member for Children's Services	Cabinet Member for Children's Services
	Priority 4	Health Report	Sam Martin
	Priorities 1 - 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Ofsted Action Plan</li> <li>• Scorecard</li> </ul>	Nicola Curley/Cabinet Member for Children's Services
	Priority 1 – 6	Annual Report to Council on the Work of Corporate Parenting Committee	Nicola Curley
		Work Programme	Nicola Curley/Karen S Dunleavy

To be scheduled:

- Annual Complaints/Compliments report
- Annual Report Jan 15 - 16 Reg 33 Report – Quality report of Child in Care Homes
- Report on the service delivered by NYAS (Children and young people's advocacy service)
- Six Monthly Report to Creating Opportunities & Tackling Inequalities and Cabinet Member on the Work of Corporate Parenting Panel 2015/2016

This page is intentionally left blank

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 5
<b>3 AUGUST 2016</b>	PUBLIC REPORT

## Report of the Corporate Director People and Communities

Contact Officer(s) – Jenny Weeden, Youth Engagement and Participation Officer  
Contact Details – 01733 864511

### UPDATE FROM CHILDREN IN CARE COUNCIL

#### 1. PURPOSE

1.1 Regular updates to be provided by CIC Council members to the Corporate Parenting Committee.

1.2 This is presented under the Corporate Parenting Committee's Terms of Reference:

3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.

#### 2. RECOMMENDATIONS

2.1 For information.

#### 3. LINK TO THE CHILDREN IN CARE PLEDGE

3.1 This links in to the following areas of the pledge;

- 2. Effective care planning.
- 6. Being part of a community.

#### 4. BACKGROUND

4.1 The Children in Care Council (CICC) meets regularly and is supported by the Youth Engagement and Participation Officer.

4.2 Regular updates are presented by the CICC to the Corporate Parenting Committee.

#### 5. KEY ISSUES

5.1 None.

#### 6. IMPLICATIONS

6.1 None.

#### 7. CONSULTATION

7.1 N/A.

#### 8. NEXT STEPS

8.1 N/A.

**9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 No background documents used.

**10. APPENDICES**

10.1 No appendices.

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 6
<b>3 AUGUST 2016</b>	PUBLIC REPORT

## Report of the Corporate Director People and Communities

Contact Officer(s) – Simon Green, Head of Service Fostering and Adoption  
Contact Details – 01733 864571

### UPDATE FROM FOSTER CARER FORUM

#### 1. PURPOSE

- 1.1 Regular updates to be provided by Foster Carer Forum members to the Corporate Parenting Committee.
- 1.2 This is presented under the Corporate Parenting Committee's Terms of Reference:
  - 3.6 (d) Hold meetings with children and young people in care, frontline staff and foster carers to inform the Committee of the standards of care and improvement outcomes for looked after children.
  - 3.6 (e) Monitor the ongoing commitment to providing support, training and clarity of expectations to foster carers to achieve excellent and high quality care.

#### 2. RECOMMENDATIONS

- 2.1 For information.

#### 3. LINK TO THE CHILDREN IN CARE PLEDGE

- 3.1 This links in to the following areas of the pledge:
  - 3. Placement stability and range of high quality placement provision

#### 4. BACKGROUND

- 4.1 The Foster Carer Forum meets regularly.
- 4.2 Regular updates are presented by Foster Carer Forum members to Corporate Parenting Committee.

#### 5. KEY ISSUES

- 5.1 None.

#### 6. IMPLICATIONS

- 6.1 None.

#### 7. CONSULTATION

- 7.1 N/A.

**8. NEXT STEPS**

8.1 N/A.

**9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 No background documents used.

**10. APPENDICES**

10.1 No appendices.

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM NO. 7
<b>3 AUGUST 2016</b>	PUBLIC REPORT

## **Report of the Executive Director of Children's Services**

**Contact Officer(s) – Simon Green, Head of Service Fostering and Adoption Service**  
**Contact Details – 01733 864571**

### **Children in Care and Care Leavers Strategy**

#### **1. PURPOSE**

- 1.1 To share the revised strategy with Corporate Parents.

This report is presented under the Corporate Parenting Panels Terms of Reference;

3.3 Ensure that the needs of looked after children and care leavers are addressed through key plans, policies and strategies throughout the Council overseeing interagency working arrangements.

3.4 Review complaints from looked after children to ensure officers have dealt with these appropriately and made any recommendations for change.

3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Panel to improve educational, health and social outcomes to raise aspiration and attainments.

#### **2. RECOMMENDATIONS**

- 2.1 The Committee is asked to note.

#### **3. LINK TO THE CHILDREN IN CARE PLEDGE**

- 3.1 2. Effective Care Planning

#### **4. BACKGROUND**

- 4.1 The Children in Care and Care Leavers Strategy has been reviewed and revised in consultation with children in care and care leavers.

#### **5. KEY ISSUES**

- 5.1 Not applicable.

#### **6. IMPLICATIONS**

- 6.1 No implications at the present time.

#### **7. CONSULTATION**

- 7.1 Children in care and care leavers were consulted.

**8. NEXT STEPS**

8.1 Agree to the revised documents.

**9. BACKGROUND DOCUMENTS**

9.1 No background documents used.

**10. APPENDICES**

10.1 Appendix 1 - Children in Care and Care Leavers Strategy including Care Leavers Charter.



Children in Care and Care Leavers Strategy 2016-2019



# Children in Care and Care Leavers Strategy 2016-2019

Document Control and Record of amendments:

Version	Reason for Amendment	Amended by / Date	Date for Review



## Growing the right way for a bigger, better Peterborough

Date developed:

Date approved:

### 1. Introduction

In Peterborough we want the same things for the children and young people we look after as any good parent would want for their child. We want our children to:

- be healthy and happy in childhood
- feel valued for who they are and to feel loved
- enjoy learning and to benefit from the experience
- achieve their full potential and be able to fulfil their own personal ambitions and goals
- grow into well adjusted, emotionally balanced individuals who will experience positive relationships in adulthood
- become responsible citizens and be able to be good parents to their own children when the time comes

Our vision is that we will achieve this by providing the highest quality of care delivered through the services for which we are both responsible and accountable.

The purpose of this strategy is to amalgamate the areas for improvement that have been identified by the children and young people in our care, inspection, audit, review and a comprehensive needs analysis, and to detail how we will improve in these areas in order to achieve our vision.

#### 1.1 Legislation

The Children Act 1989 guidance and regulations Volume 2: care planning, placement and case review and volume 3: transition to adulthood were published in June 2015. This guidance updates and consolidates The Children Act 1989 Guidance and Regulations, Volume 2 and 3, published in March 2010.

These revised regulations and guidance streamline processes to increase the emphasis on more effective care planning, with a focus on the child, and are designed to improve the quality and consistency of care planning, placement and case review for children in care. They also aim to improve the care and support provided to care leavers. This statutory guidance outlines all of our responsibilities and underpins all of our work in promoting good outcomes for children.

## Children in Care and Care Leavers Strategy 2016-2019

**1.2 Sufficiency guidance**

The statutory guidance on securing sufficient accommodation for in care children provides clarification on the 'sufficiency duty' placed on local authorities under 22(G) of the Children Act 1989, to secure sufficient accommodation to meet the needs of children in their care.

The sufficiency duty applies in respect of all children who are defined as 'looked after' under the 1989 Act. This guidance requires that, working with their partners, local authorities must be in a position to secure, where reasonably practicable, sufficient accommodation for looked after children in their local authority area.

**1.3 National Context**

The term 'in care' is applied to a child for whom the Local Authority is providing care and accommodation, either by a Court Order or in agreement with the child's parent or guardian. Some children with disabilities who receive a regular series of short breaks are also classed as looked after.

A child or young person may come into care as a result of temporary or permanent problems facing their parents, as a result of abuse or neglect of the child or because the relationship with parents has broken down, or where a child has no one to care for them.

69,540 children were in the care of local authorities on 31st March 2015, compared to 68,800 in 2014. The rate of looked after children per 10,000 under 18 years on 31st March 2015 was 60. This figure varies significantly at Local Authority level from a low of 20 (Wokingham) to a high of 158 (Blackpool).

Children's early experiences have a significant impact on their development and future life chances. As a result of their experiences both before and during care, looked after children are at greater risk than their peers.

- Children in care are 4 times more likely than their peers to have a mental health difficulty
- Children in care are less likely than their peers to do well at school
- 34% of care leavers were not in education, employment or training at age 19 compared to 15.5% of the general population
- Children in care are around 3 times as likely to have run away as their peers
- An estimated 20 to 35% of sexually exploited children are children in care.<sup>1</sup>

---

<sup>1</sup> Data from [www.nspcc.org.uk](http://www.nspcc.org.uk)

## Children in Care and Care Leavers Strategy 2016-2019

## 1.4 Local Context

Children in care profile						May 2016					
	Jun-15	Sep-15	Dec-15	Mar-15	May-16		Jun-15	Sep-15	Dec-15	Mar-15	May-16
<b>Children looked after</b>	<b>345</b>	<b>340</b>	<b>349</b>	<b>359</b>	<b>358</b>	<b>Children looked after</b>	<b>345</b>	<b>340</b>	<b>349</b>	<b>359</b>	<b>358</b>
<b>Age</b>						<b>Ethnicity</b>					
Under 1	23	17	20	22	19	White British	237	227	235	237	236
1 to 4	39	37	39	36	33	White Irish	0	0	0	0	0
5 to 9	64	68	70	74	74	White Other	40	37	38	44	46
10 to 15	147	145	144	149	152	White	277	284	273	281	282
16-17	69	72	76	78	76	Mixed White & Black Caribbean	7	6	7	3	4
18 or over	2	1	0	0	2	Mixed White & Black African	2	2	2	5	5
<b>Gender</b>						<b>Mixed White &amp; Asian</b>					
Male	189	197	199	203	204	Any other mixed background	11	12	11	13	13
Female	151	152	156	156	154	Mixed	9	12	11	10	11
<b>Legal Status</b>						<b>Indian</b>					
Interim care orders	26	39	49	56	50	Pakistan	0	0	0	0	0
Full care orders	160	157	162	167	166	Bangladeshi	5	5	5	6	5
Voluntary agreements	95	88	89	97	102	Any other Asian background	0	0	0	0	0
Freed adoption / placement order	63	53	47	37	38	Asian	9	9	10	11	10
Others	1	3	2	2	2	Caribbean	14	14	15	17	15
<b>Placement</b>						<b>African</b>					
Foster carers - In House	152	143	154	158	163	Any other Black background	2	2	2	2	2
Foster carers - Agency	106	102	101	106	107	Black	14	12	12	10	10
Foster carers - Unknown	0	0	0	0	0	Chinese	4	6	6	6	5
Fostering by relatives or friends	13	26	32	24	20	Any other ethnic group	20	20	20	18	17
With parents	11	9	5	6	4	Other	0	0	0	0	0
Independent living	26	24	23	25	29	Not stated / not yet obtained	5	10	10	11	11
Residential care homes	23	23	23	22	27		5	10	10	11	11
Other residential schools	3	3	4	5	3		0	0	0	1	0
Placed for adoption	10	9	6	2	4	<b>Length of time in care</b>					
Secure unit	1	1	1	1	1	0 - 6 months	62	86	92	92	88
Other	0	0	1	0	0	7 - 12 months	34	21	29	55	60
						1 - 2 years	97	73	70	66	57
						3 - 5 years	66	66	62	67	74
						6 - 10 years	83	78	79	71	73
						11 - 15 years	12	15	16	16	15
						16+ years	1	1	1	2	1

## 2. Our priorities

Our strategic priorities are listed below:

- Assertive prevention of care
- Effective care planning
- Placement stability and range of high quality placement provision
- Health issues of children and young people in care
- Educational attainment and achievement
- Being part of a community
- Working to our promises in the Pledge

The strategy will now examine each priority in more detail, providing the evidence that tells us why it is an area for improvement, the main objectives of the work that we will do in order to improve, and the ways that we will evaluate the work to ensure that we are making progress.

## Children in Care and Care Leavers Strategy 2016-2019

The Children in Care and Care Leavers Document Suite also contains a Policy to show 'how' we will approach our work, an Action Plan to show the work we will do to improve, and an Evaluation Framework to show how we will know that our work is making a difference.

### 2.1 Assertive prevention of care

#### Objective:

To provide early multi-agency intervention and support to prevent children and young people needing to come into care.

Evidence	Source
An imperative to reduce the numbers of children that need to be in care by providing early help and effective social work intervention to enable children to remain with their families where this is possible.	
More robust pre proceedings work that ensure the right children become looked after at the right time in their lives.	

#### Impact measures:

- Reduction in referrals to specialist services.
- Reduction in the number of children in care
- Increase in children being supported through the early help process
- Families report being better supported through earlier interventions.
- Improved performance in throughput of cases i.e. evidence of de-escalation of need.

### 2.2 Effective care planning

#### Objectives:

- To ensure we have the right children in care by robustly and regularly reviewing their care plans and exiting them from the care system as appropriate.
- To achieve legal permanence in a timely and appropriate way for children who will not be able to return home to the care of their birth parents.
- To ensure that all children and young people understand and are fully involved in any plans that are made and that they have copies of any plans where appropriate.

## Children in Care and Care Leavers Strategy 2016-2019

- To ensure that all children and young people have information about their rights and what they can expect when they are in care, including the right to an advocate and/or independent visitor (S.23ZB (1) Children Act 1989).
- To ensure that for young people who will go on to receive a service from Adult Social Care there is good transition planning aimed to achieve the best possible outcomes for each young person that maximises their independence, choice and control.

Evidence	Source
To ensure we have the right children in care by robustly and regularly reviewing their care plans and exiting them from the care system as and when this is appropriate and in their best interests.	
To ensure that all children and young people have good quality care plans that they can understand that set out how their range of needs will be met in the short, medium and long term, and which take account of their wishes and feelings.	
Children report locally and nationally that they don't always feel fully involved in all decisions that affect their lives.	

Impact measures:

- Reduction in the number of children in care
- An increase in the number of adoption orders
- An increase in the number of Special Guardianship Orders.
- An increase in the take up of advocates
- An increase in the number of Independent Visitors.
- Evidence that the views of children and young people have been actively sought and used to inform their reviews.
- Monitoring of drift through the court process.
- Evidence that children and young people are aware of and know how to use the complaints process.
- Monitoring of complaints made by children and young people, including against Diversity and Equality considerations.
- Percentage of audits that are judged adequate or better increasing

## Children in Care and Care Leavers Strategy 2016-2019

**2.3 Placement stability and range of high quality placement provision**Objectives:

- To ensure that children in care have good quality foster care placements close to home, by increasing the number of local foster care placements able to meet a range of needs.
- To increase the number of children in care who achieve permanence through adoption, Special Guardianship Orders or placement with family and friends
- To develop and improve a wider range of placements at lower cost and high quality.
- To ensure that suitable placements are available to support young people with additional needs.
- To improve the support to placements in order to avoid disruption and breakdown.

<b>Evidence</b>	<b>Source</b>
Achieving permanence in a timely and effective way for children in care by driving improvement in performance in completion of care proceedings and in more efficient planning and adoption processes.	
To ensure that where residential placements are used it is on the basis of identified needs and that each placement is time limited with and every establishment used has evidence of having regularly achieved good outcomes for children and young people in its care.	
Address the fact that children tell us that they want to be placed with their brothers and sisters and there are insufficient placements locally for sibling groups.	Feedback from children in our care
Address the limited choice of suitable supportive accommodation locally for our care leavers.	

Impact measures:

- Percentage increase of children in care in permanent placements evidenced through long term linking agreed by Fostering Panels, improved performance in Adoption, Special Guardianship and Family Arrangement Orders.
- Reduction in the number of children in residential placements.
- Net increase in the number of in house foster placements.
- Improved performance of the distance of placements from the child's home area.
- Lower unit costs of placements.
- Average length of time children spend in care reduced

## Children in Care and Care Leavers Strategy 2016-2019

- Fewer adolescents coming into care for the first time
- Increase in number of younger children permanently placed before the age of 5
- Increased choice of supportive accommodation for care leavers

## 2.4 Health issues of children and young people in care

### Objectives:

- To ensure that children in care are as physically, emotionally and socially healthy as they can be and have access to the right health resources, including additional support where a need is identified.
- To ensure that children and young people have access to the right help and resources that support their emotional health and wellbeing.
- To ensure that young men and women in care have access to the right health advice at the right time commensurate with their changing needs.
- To ensure care leavers receive a summary of their health history

Evidence	Source
Interventions to meet the full range of emotional wellbeing and mental health needs are not always provided in a timely way where a need is identified to provide additional services for children.	
Where children and young people are placed outside Peterborough health assessments and provision are not always accessible or take too long to sort out.	

### Impact measures:

- Increase the numbers of annual Health Assessments completed within time-scales.
- Monitoring of the use of SDQs to provide intervention as a result of high levels of need and increase in take up of CAMHS services at all tiers.
- Monitor referrals made to CAHMS services and take-up rate of referrals.
- Reduction in waiting times for CAMHS and monitoring of improved access to CAHMS at all tiers
- Reduction in incidence of self-harming behaviours in CLA.
- Feedback from Foster Carers and children and young people about the timeliness and quality of Health Assessments and interventions.



## Children in Care and Care Leavers Strategy 2016-2019

- Improvement in take up of Substance Misuse Services for Young People assessed as being at risk
- Young People identified as high risk of CSE have interventions provided in a timely manner
- Care Leavers to receive a Health Passport at their last Review Health Assessment.

**2.5 Educational attainment and achievement**Objective:

- To raise attainment, achievement and engagement with education
- To ensure that all children have access to appropriate education provision.
- To ensure that children are able to maintain their school placements when needing to come into care.
- To ensure that children and young people are provided with opportunities to succeed throughout their education.
- To ensure that all children in care with Educational Health and Care Plans (EHCPs) receive the right support and resources to further their learning.
- To ensure that care leavers have access to and support with employment opportunities
- To ensure care leavers are supported in planning their finances

Evidence	Source
Too many young people preparing to leave care are struggling to secure further education, employment or training.	

Impact measures:

- Reduction in persistent absence
- Reduction in overall absence.
- Reduce the number of children changing school when they come in to care or following a change of placement.
- Numbers of children with compliant and good quality PEP
- Reduction in the number of children in care who become NEET.
- Increase the percentage of children making the nationally expected levels of progress.
- Increase the number of young people in higher education / apprenticeships / employment.
- Ensure that all children receive a minimum of 25 hours education.

## Children in Care and Care Leavers Strategy 2016-2019

- Reduce the number of fixed term exclusions.
- Increase in take up of apprenticeships
- Increase in young people in college and university post 18

## 2.6 Being part of a community

### Objectives:

- To encourage children and young people to feel part of their local community, and support them to be involved in a range of leisure activities they are interested in pursuing.
- To support children and young people to continue to follow their religion and customs where they are living.
- To support children and young people in maintaining contact with their family and friends, unless it is not safe to do so.
- To ensure that young care leavers are properly supported to live independently in the community **and that they feel stable, safe and secure.**

Evidence	Source
Address the problems that children are not always placed near enough to their home address as the supply of foster placements in house and independent sector placements are not currently meeting our aim to keep our children, including those with complex needs, as close to their home communities as possible.	

### Impact measures:

- Monitoring of young people's views on the Pledge **and the Charter.**
- Feedback from young people via steering groups and review monitoring forms.
- Numbers of Care leavers settled in appropriate independent accommodation
- Stability indicators improve

## Children in Care and Care Leavers Strategy 2016-2019

**2.7 Working to our promises in the Pledge****Children in Care Pledge**

1. **Respect** - We will respect you as individuals, with differing wants, needs and beliefs and tailor the service you get to fit you.
2. **Safe** – We will keep you safe and help you to keep yourself safe.
3. **Support** – We will support you in all aspects of your education so you are able to achieve your full potential.
4. **Health** – We will support you to live a healthy lifestyle and ensure you are offered regular health checks and supported to attend these.
5. **Listen** – We will support you to have a voice in your care plan and make sure you are listened to. We will ensure you know how to make a complaint or compliment about your care. You will have access to advocacy support to do this if wanted.
6. **Information** – We will keep you updated of any changes to your care plan and ensure you have contact details of your Social Worker and IRO as well as all meeting dates.
7. **Life Story**– We will make sure you know why you are in care and support you to understand this honestly at different age appropriate times through your journey.
8. **Contact** – We will support you, where possible, to have contact with the important people in your life (including friends).
9. **Prepare** – We will make sure you are given the knowledge and skills to ensure you are ready for adult life.
10. **Promises** – We will NOT make unrealistic promises to you and will explain fully if we are unable to do something.

**Care Leavers Charter****1. Respect**

We will listen to you as individuals with an open mind, with your different needs, ideas and beliefs. We will tailor the service to fit you or make sure you have an explanation if we are not able to do something for you.

**2. Helping you to do the best you can**

We will value your strengths and talents, encouraging your aspirations. We will support you with education and employment.

If we can't meet your needs we will try and help you find a service that can. We will do our best to help you break-down barriers you might encounter with other agencies, to ensure you reach your goals.

**3. Health and well-being**

We will support you to live a healthy lifestyle. It is important to look after all aspects of your health, including sexual, and emotional health as well as physical health. We will do what we can to ensure you know what you can do to keep healthy and that you have the right information and know what to do if you have any concerns.

## Children in Care and Care Leavers Strategy 2016-2019

**4. Clear Communication**

We will stay in touch with you, and make sure you can contact your worker in a way that is best for you. We will let you know how to complain or access an advocate if you are not happy with the service you have. We will invite you to express your views on how the service can be improved.

**5. Finding a home**

We will work alongside you to prepare you for your move into independent living. We will help you think about the choices available and to find accommodation and furnishings that are right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times we may need to reconsider the plan depending on your differing needs.

**6. Support**

We will provide support set out in current Regulations and Guidance. As well as information, advice, practical and financial help, we will provide emotional support. We recognise that you might change your mind about what you want to do. If we can't meet those needs we will try and help you find a service that can.

Objectives:

- To ensure that the Children in Care Council arrangements, the Pledge and the Care Leavers Charter are promoted with all children and young people and that children and young people are supported to attend participation events.
- To ensure that all those working with children keep to our promises in the Pledge / Charter and that the success of this is monitored.

Evidence	Source
<p>We have recently updated a pledge and charter made to our children and young people in care and those who have left care. The updated pledge/charter was developed by young people themselves and reflects their experience of being in care and represents the things that are important to them. The pledge/charter is the promise we have made that we will listen to what our young people have to tell us, take what they say seriously and will do our best to make sure that all children and young people who are in the Council's care/left care will be provided with the best possible care and support.</p>	<p>Feedback from children in our care and care leavers</p>

Children in Care and Care Leavers Strategy 2016-2019

Impact measures:

- The monitoring of the Pledge/Charter at statutory reviews and by children and young people.
- Evidence of the views of children and young people positively shaping the service development and delivery.
- Improved performance across a range of indicators in the Children in Care scorecard.

### **3. Governance**

We will take a 'you said, we did' approach to ensure that the children in our care, understand that we have listened to their feedback, as well as the results of inspection an audit, and have taken steps to improve. We will provide information on the impact of this strategy to the Children in Care Council at each meeting, and to all Children in Care on an annual basis.

We will provide evaluation and monitoring reports on both the implementation of the action plan and the impact of the work that has been carried out, to the Corporate Parenting Panel at each meeting. We will provide the CPP with an annual overview report to ensure that the priorities are still accurate and to agree any necessary changes.

### **4. Equality Impact Assessment**

Completed on:

## Children in Care and Care Leavers Strategy 2016-2019

**5. Strategic links**

Local Strategies	Statutory Guidance
	Promoting the health and well-being of Looked After Children, 2015
	Promoting the education of Looked After Children, 2014
	An Action Plan for Adoption – Tackling Delay, 2011
	Further Action on Adoption – Finding More Loving Homes, 2013
	Practice Guidance for the use of s.20 provision in the Children Act 1989 in England, 2016
	Special Guardianship Guidance, 2016
	Children’s Homes regulations, including quality standards, 2015
	Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers
	The Children Act 1989 Guidance and Regulations (Volume 2. Care Planning, Placement and Case Review, <a href="#">Volume 3 Transition to adulthood</a> )
	Care of unaccompanied and trafficked children, 2014
	Statutory Guidance on children who run away or go missing from home or care, 2014
	The NICE quality standard on the health and well-being of looked after children and young people

Children in Care and Care Leavers Strategy 2016-2019

**6. Strategy Lead**

Name:

Role:

E-mail address:

**Appendices required:**

- Care Planning Practice Standards
- Feedback from Children in Care

This page is intentionally left blank



<b>CORPORATE PARENTING COMMITTEE</b>	<b>AGENDA ITEM NO. 8</b>
<b>3 AUGUST 2016</b>	<b>PUBLIC REPORT</b>

## **Report of the Executive Director of Children’s Services**

**Contact Officer(s) – Sam Martin, Designated Nurse Looked After Children  
Contact Details – 07814 770140**

### **Looked After Children**

#### **1. PURPOSE**

1.1 The report provides an overview of the CCGs activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the LAC population in Peterborough.

This report is presented under the Corporate Parenting Committee Terms of Reference;

3.2 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children (LAC) services and children’s homes with a view to recommending any changes.

#### **2. RECOMMENDATIONS**

2.1 For the Committee to note.

#### **3. LINK TO THE CHILDREN IN CARE PLEDGE**

3.1 4. Health issues of children and young people in care.

#### **4. BACKGROUND**

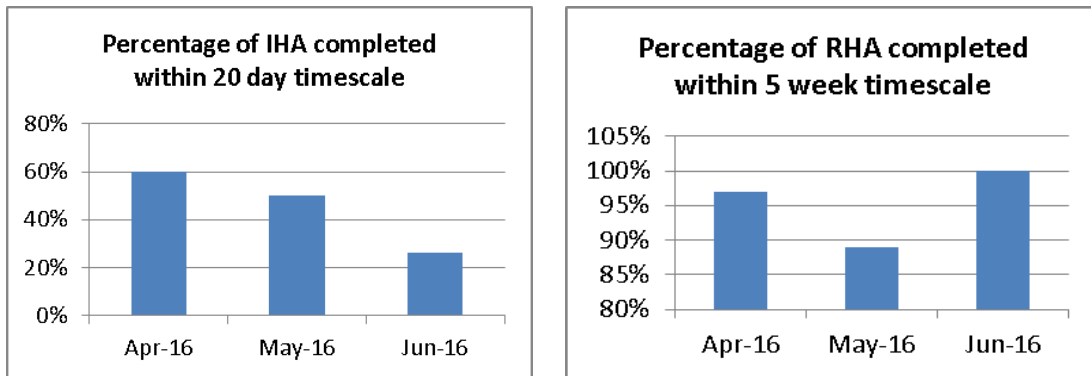
4.1 Corporate Parenting Committee to receive a regular update on the progress of Health Assessments in regards to quality, timeliness and breach of timescales.

#### **5. KEY ISSUES**

5.1 The Peterborough Children in Care (CIC) Health Team continue to strive to meet the 20 day timescale for Initial Health Assessments. A recent challenge impacting on the CIC Health Team in meeting this timescale has been the late notification to the Health Provider from Social Care that a Child / Young Person had entered the care system. On very few occasions, this information has not been passed to health at all. There is also an issue regarding consent being obtained by Social Care prior to any health assessments taking place, which has, at times, caused delays. This places pressure on the LAC health team’s capacity to try and accommodate late requests and find clinic slots for children in a very short timeframe to meet the 20 days.

5.2 Increasing numbers of Asylum Seeking Children are entering care and future prediction of numbers is unknown. This places a challenge for the LAC Health Team in terms of clinic capacity for Initial Health Assessments and meeting the statutory time frame of 20 working days.

5.3



5.4 Initial Health Assessments (IHA): The graph above shows that only 26% of IHAs were completed within timescale for June 16. Reasons for IHAs not completed within timescale were due to, 5 children from the 27 notifications who did not require an IHA, 1 child was reported missing from care at the time of assessment, 1 child placed out of area, 1 refusal and 7 children where the CIC Health Team were awaiting paperwork from Children’s Social Care (CSC). IHA Figures for May appear low also (50%) however, this was due to 6 children being placed out of area and not completed within timescale, and 1 where the Carer was unable to attend the appointment offered. April’s figures show 60% completed within timescale, 1 appointment was offered in time, but the Young Person was missing from care and 1 Young Person did not attend 2 appointments, 1 which was offered within timescale.

5.5 Review Health Assessments RHA: RHA for children in County remains consistently high in meeting the 5 week timescale at 97–100%. Challenges remain regarding those children who require a health assessment and are placed out of County, the timeliness and quality of the Health Assessment they receive. This is being addressed currently by the Designated Professionals, with the introduction of a Quality Checklist Tool in August 2016 and plans to increase a wider geographical area of travel for the CIC Nurses. The Designated Professionals and Lead CIC Nurse will undertake a quarterly dip sample audit to monitor this. All health assessments that do not meet the quality standard required, will be returned to the professional who undertook the assessment for further information.

5.6 Strength & Difficulties Questionnaire (SDQ): All Children / Young Person new in care and those requiring a Review Health Assessment by the CIC Health Team are offered a discussion regarding their emotional health and wellbeing at their Health Assessment. Carers and occasionally Teachers are sent the SDQ prior to the child’s health assessment via post or occasionally email (for IHA due to short timeframe) to ensure this is available to the practitioner at the time of assessment. There is a specific pathway for SDQs which has been set by the Designated Professionals this will shortly be introduced into practice following implementation of the new LAC Service Specification for 2016. The monitoring of SDQs and outcome will be monitored via the LAC Health Dashboard.

5.7 Personal Health Summary: The Personal Health Summary for Care Leavers is in final draft form. Designated Professionals and Lead CIC Nurses from Cambridgeshire and Peterborough Foundation Trust and Cambridgeshire Community Services have worked together with Carer Leavers and other professionals to develop a document that is meaningful, captures information that young people feel they would like to know about their health and health history and provides up-to-date information on both local and national support agencies. Both providers have created a specific template for System 1 for Care Leavers that provides a complete health summary for the child from birth to current date. This will be printed out and presented to the Young Person along with the Personal Health Summary Booklet at their last Health Assessment. This document should be available to Care Leavers by the end of August 2016 (See Appendix).

5.8 Unaccompanied Asylum Seeking Children (UASC): Peterborough Local Authority are accommodating a number of UASC on a weekly basis. Nationally there is a concern that Health is seeing increasing numbers of UASC that are found to be Hepatitis B and C positive. Currently GPs will offer TB screening and HIV screening to those young people from Countries

that have been identified as high risk. Designated Professionals have raised this with Public Health, NHS England and Joint Commissioners to establish a Screening Pathway for UASC. Discussions are in the early stages but an agreed pathway with follow-up support / counselling is being considered.

## **6. IMPLICATIONS**

6.1 No implications at the present time.

## **7. CONSULTATION**

7.1 Not applicable.

## **8. NEXT STEPS**

8.1 This report is for information only.

## **9. BACKGROUND DOCUMENTS**

9.1 No background documents used.

## **10. APPENDICES**

10.1 Appendix 1 - Personal Health Summary Booklet – Care Leavers

This page is intentionally left blank

# Personal Health Summary





## **What is a Personal Health Summary booklet?**

This booklet holds personal and private information about your health history. It is very important that you look after it and try not to lose it because other people could know your personal information. It also contains information about different medical people who help you. There is a section where you can update or edit any of the information if you want to. This booklet also provides a quick reference guide to local services that you may find useful. A glossary is included which explains some of the common health illnesses/conditions that you may experience or may want to find a bit more information about.

## **What to do if you lose this booklet**

Your GP and Social Worker will hold a copy of your personal health summary. You can contact them and arrange to obtain a copy or speak to your Personal Advisor.

# Contents

- What is a Personal Health Summary booklet?.....3
- What to do if you lose this booklet.....3
- Personal Health Summary.....5
- Information about your doctor (GP).....6
- Information about your dentist .....6
- Information about your orthodontist.....8
- Information about your optician .....9
- Information services to support you .....11
- Glossary .....13
- Notes page .....19



# Personal Health Summary

You should have received a Personal Health Summary following your last Review Health Assessment with the nurse. The plastic wallet inside the cover of this booklet is for you to keep this summary safe. If you have not received a copy of your Personal Health Summary and would like a copy, please speak to the Looked After Children Health Team on  your GP or your Personal Adviser.



Below you can add information about your next of kin. Your next of kin is a person who you would want to be contacted in case of an emergency.

Next of kin 1	
Name:	
Address:	
Relationship:	
Contact number:	
Next of kin 2	
Name:	
Address:	
Relationship:	
Contact number:	
Next of kin 3	
Name:	
Address:	
Relationship:	
Contact number:	

# Information about your doctor (GP)



Below you can add your doctor's name, address and telephone number and then add different details whenever it changes. This will help if you need to register with a new GP surgery.

Doctor 1:
Name:
Telephone number:
Address:

Doctor 2:
Name:
Telephone number:
Address:

Doctor 3:
Name:
Telephone Number:
Address:

# Information about your dentist

You can receive free dental treatment if, when the treatment starts, you are:

- ◆ age under 18 years old
- ◆ under 19 years old and receiving full-time education
- ◆ pregnant or have had a baby in the previous 12 months.

You do not have to pay if, during the course of the treatment, you receive:

- ◆ Income support
- ◆ Income-based Jobseeker's Allowance
- ◆ Income-related Employment and Support Allowance, or
- ◆ Universal Credit

You should visit your dentist around every six months. The longer you delay seeing your dentist for a check-up the more likely it is that you may need treatment.



Below you can add information about your dentist. This will help when you register with a new dentist in future.

<b>Dentist 1:</b>
Name:
Telephone number:
Address:

<b>Dentist 2:</b>
Name:
Telephone number:
Address:

<b>Dentist 3:</b>
Name:
Telephone number:
Address:

# Information about your orthodontist

Orthodontists can help straighten your teeth and move them into a better position to improve their position and how they look and function.

Most orthodontic treatments are available free on the NHS for people under 18 who need them. Treatment is also available on the NHS at the standard charge for complex dental treatment for adults who need it. However, adults who want orthodontic treatment to fix minor cosmetic problems are not eligible for NHS treatment.



Below you can add information regarding your orthodontist. This will help when you register with a new dentist in future.

Orthodontist 1:
Name:
Telephone number:
Address:

Orthodontist 2:
Name:
Telephone number:
Address:

Orthodontist 3:
Name:
Telephone number:
Address:

# Information about your optician

You qualify for a free NHS-funded eye test if you:

- ◆ are aged under 16 years
- ◆ are aged 16-18 and are in full-time education
- ◆ are registered as partially sighted or blind
- ◆ have been diagnosed with diabetes or glaucoma
- ◆ have been advised by an ophthalmologist (eye doctor) that you're at risk of glaucoma
- ◆ are eligible for an NHS complex lens voucher
- ◆ receive Income Support
- ◆ receive income-based Jobseeker's Allowance
- ◆ receive income-based Employment and Support Allowance
- ◆ are awarded Universal Credit
- ◆ are entitled to, or named on, a valid NHS tax credit exemption certificate
- ◆ are named on a valid NHS certificate for full help with health costs (HC2). People named on an NHS certificate for partial help with health costs (HC3) may also get help.



Below you can add information regarding your optician. This will help when you register with a new optician in future.

## Optician 1

Name:

Telephone number:

Address:

Date of registration:

## Optician 2

Name:

Telephone number:

Address:

Date of registration:

### Optician 3

Name:

Telephone number:

Address:

Date of registration:

## Immunisations/vaccinations

The purpose of immunisations/vaccinations is to protect you from a range of serious and potentially fatal diseases.

Vaccines work by making us produce antibodies to fight disease without actually infecting us with the disease. If you've had your vaccinations and then come into contact with the disease itself, your immune system will recognise it and immediately produce the antibodies it needs to fight it.

You can find out what vaccinations you have had so far by looking at your Personal Health Summary at the front of this booklet. If you have missed any of the childhood immunisations, or if you are not sure if you have had them, you should talk to your GP or Personal Adviser to arrange a catch up for these.

The NHS offers a range of different vaccinations that are given at different ages throughout your life and you can look at the timeline at:

[www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx](http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx)

Please see the Glossary in this booklet for more information.

# Information services to support you

**999/112** are emergency numbers for ambulance, fire, police and rescue services including lifeguard and mountain rescue. **112** and **999** can be used from your mobile phone even when you do not have credit or if the phone is locked. They can also be used on pay phones.

**B-EAT** provides helplines for adults and young people offering support and information about eating disorders and difficulties with food, weight and shape. [www.b-eat.co.uk/support-services/helpline](http://www.b-eat.co.uk/support-services/helpline)

- ◆ Adult Helpline (open to anyone over 18): **0345 634 1414** or email [help@b-eat.co.uk](mailto:help@b-eat.co.uk)
- ◆ The Youth Line: **0345 634 7650** or email [fyp@b-eat.co.uk](mailto:fyp@b-eat.co.uk)

**Change4Life** information about improving your diet and staying fit and healthy. [www.nhs.uk/change4life](http://www.nhs.uk/change4life)

**ChildLine** a private and confidential service for children and young people up to the age of 19 years old. You can contact a ChildLine counsellor about anything that is worrying you. Call – **0800 11 11**

- ◆ 1-2-1 chat online [www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx](http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx)
- ◆ Email (to set up an account to send an counsellor an email) - [www.childline.org.uk/Talk/Pages/Email.aspx](http://www.childline.org.uk/Talk/Pages/Email.aspx)

**Citizens Advice Bureau** helps people resolve their legal, money and other problems by providing free information and advice. [www.citizensadvice.org.uk/](http://www.citizensadvice.org.uk/)

- ◆ Citizens Advice consumer helpline: **03454 04 05 06** (calls cost up to 9p from a landline, 3p-40p per minute from a mobile).

**FRANK** provides services for people who seek information and/or advice about drugs. [www.talktofrank.com/contact](http://www.talktofrank.com/contact)

- ◆ Confidential telephone number, available 24 hours a day: **0300 123 6600**

**Money Advice Service** free and impartial money advice.

- ◆ Call – **0800 138 7777**
- ◆ Web chat - [www.moneyadviceservice.org.uk/en](http://www.moneyadviceservice.org.uk/en)

**NHS 111** is the NHS non-emergency number. It's fast, easy and free. Call **111** when you need medical help fast but it's not a 999 emergency

**NHS Choices** [www.nhs.uk](http://www.nhs.uk) contains lots of information on different

health problems, including their causes and how to treat them, and it also has information on lots of different areas such as mental health or stopping smoking. You can also search for NHS services, like pharmacies, near you.

**Relate** – counselling support, and information for all relationships

◆ Call - **0300 100 1234**

**Samaritans** provides confidential non-judgmental emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

◆ [www.samaritans.org](http://www.samaritans.org)

◆ Call **116 123** (UK)

◆ Email [jo@samaritans.org](mailto:jo@samaritans.org)

**Sexual health** – Live Well – NHS Choices

◆ [www.nhs.uk/Livewell/Sexualhealth](http://www.nhs.uk/Livewell/Sexualhealth)

**Victim Support** support people affected by crime or traumatic events.

◆ Call **0808 1689 111**

◆ Request support online [www.victimsupport.org.uk/](http://www.victimsupport.org.uk/)

**Women's Aid** provides support/advice around domestic violence to women and their children.

◆ Freephone **0808 2000 247**

◆ Email - [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)

**Young Minds** charity committed to improving the emotional wellbeing and mental health of children and young people.

◆ Call - **020 7089 5050**

◆ Email - [ymenquiries@youngminds.org.uk](mailto:ymentquiries@youngminds.org.uk)

For a list of local services to support you, please see the information slip inside the back cover of this booklet.



# Glossary

## Immunisations/vaccinations

### 3-in-1 teenage booster

- ◆ Protects against: tetanus, diphtheria and polio.

Given at: 14 years.

### 4-in-1 pre-school booster

- ◆ Protects against: diphtheria, tetanus, whooping cough and polio.
- ◆ Given at: three years and four months of age.

### 5-in-1

- ◆ Protects against: diphtheria, tetanus, whooping cough, polio and Hib (Haemophilus influenzae type b).
- ◆ Given at: eight, 12 and 16 weeks of age.

### Children's flu vaccine

- ◆ Protects against: flu.
- ◆ Given at: annually as a nasal spray in September/October for ages two, three and four and children in primary school years One and Two.

### Hib/Men C (booster)

- ◆ Protects against: Haemophilus influenzae type b (Hib) and meningitis caused by meningococcal group C bacteria.
- ◆ Given at: one year of age.

### HPV vaccine (girls only)

- ◆ Protects against: cervical cancer.
- ◆ Given at: 12-13 years as two injections at least six months apart (but no more than 24 months apart).

### MMR vaccine

- ◆ Protects against: measles, mumps and rubella.
- ◆ Given at: one year and at three years and four months of age.

### Men ACWY vaccine

- ◆ Protects against: meningitis (caused by meningococcal types A, C, W and Y bacteria).

Given at: 14 years and new university students aged 19-25.

### **Men B vaccine (new vaccine)**

- ◆ Protects against: meningitis (caused by meningococcal type B bacteria).
- ◆ Given at: eight weeks, 16 weeks and one year of age

### **Men C vaccine**

- ◆ Protects against: meningitis (caused by meningococcal type C bacteria)
- ◆ Given at: 12 weeks of age.

### **Pneumococcal or pneumo jab (PCV)**

- ◆ Protects against: some types of pneumococcal infection.
- ◆ Given at: eight weeks, 16 weeks and one year of age.

### **Rotavirus vaccine**

- ◆ Protects against: rotavirus infection, a common cause of childhood diarrhoea and sickness.
- ◆ Given at: eight and 12 weeks of age.

## **Other vaccinations available depending on your medical needs**

These vaccinations are offered on the NHS in addition to the routine programme to “at-risk” groups of babies and children.

### **BCG (tuberculosis) vaccination**

- ◆ Protects against: tuberculosis (TB).
- ◆ Who needs it: babies and children who have a high chance of coming into contact with tuberculosis.
- ◆ Given: from birth to 16 years of age.

### **Chickenpox vaccination (varicella)**

- ◆ Protects against: chickenpox
- ◆ Who needs it: siblings of children who have weaker immune systems and are more likely to get chickenpox, for example, because they’re having cancer treatment or have had an organ transplant.
- ◆ Given: from one year old upwards. One dose for children from one year to 12 years old and two doses are given four to eight weeks apart for children aged 13 years or older.

### **Flu vaccination**

- ◆ Protects against: flu
- ◆ Who needs it: children with certain medical conditions or a weakened immune system, which may put them at risk of

complications from flu.

- ◆ Given: for children between the ages of six months and two years as a single jab every year in September/November. For children aged two to 17 years of age as a nasal spray every year in September/November.

### **Hepatitis B vaccination**

- ◆ Protects against: hepatitis B.
- ◆ Who needs it: children at high risk of exposure to hepatitis B, and babies born to infected mothers.
- ◆ Given: at any age, as four doses are given over 12 months. A baby born to a mother infected with hepatitis B will be offered a dose at birth, one month of age, two months of age and one year of age.

## **General health conditions**

**Acne:** is a common skin condition that affects most people at some point. It causes spots, oily skin and sometimes skin that's hot or painful to touch. Even mild cases of acne can cause distress. If your acne is making you feel very unhappy, or you can't control your spots with over-the-counter medication, see your GP.

**Asthma:** is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Asthma can be controlled well in most people most of the time, although some people may have more persistent problems. Occasionally, asthma symptoms can get gradually or suddenly worse and this is known as an asthma attack. Speak to your GP if you think you may have asthma. You should also talk to your doctor or asthma nurse if you have been diagnosed with asthma and you are finding it difficult to control your symptoms.

**Common cold:** is a mild infection of the nose, throat and sinuses. It's very common and usually clears up on its own within a week or two. Many painkillers and decongestants are available from pharmacies without a prescription. Speak to a pharmacist who can help you.

**Diabetes:** is a long-term condition which is caused by too much glucose (sugar) in the blood. There are two types of diabetes: type 1 and type 2. People with type 1 diabetes need insulin to help control their blood sugar whilst people with type 2 can manage this with living and eating healthily, although some may also need tablets at some point in their life.

**Eczema:** is a skin problem that causes the skin to become itchy, red, dry and cracked. It is a long-term condition in most people, although it can improve over time, especially in children. Many different treatments can be used to control symptoms and manage eczema. \ Speak to your local pharmacist or doctor for advice.

**Epilepsy:** is a condition that affects the brain and causes repeated seizures. Epilepsy is most often diagnosed after you have had more than one seizure. This is because many people have a one-off epileptic seizure during their lifetime. For most people with epilepsy, treatment with medications called anti-epileptic drugs (AEDs) is recommended. These medications cannot cure epilepsy, but they are often very effective in controlling seizures.

## Sexual health

**Acquired Immunodeficiency Syndrome (AIDS):** is the final stage of an HIV infection, when your body can no longer fight life-threatening infections

**Chlamydia:** is the most common sexually transmitted infections (STI) in the UK and is easily passed on during sex. Most people don't experience any symptoms, so they are unaware they're infected. Diagnosing chlamydia is done with a urine test or by taking a swab of the affected area. The infection is easily treated with antibiotics but can lead to serious long-term health problems if left untreated, including infertility.

**Emergency hormonal contraception:** is also known as the morning after pill and can prevent pregnancy after unprotected sex or if your contraceptive method has failed – for example, a condom has split or you've missed a pill. There are two types: one that can be taken up to 72 hours (three days) after sex and another that can be taken 120 hours (five days) after sex. Emergency contraception does not protect against STIs. You can get contraception at most GP surgeries, sexual health clinics, community contraception clinics and some pharmacies.

**Genital herpes:** is a common infection caused by the herpes simplex virus (HSV), which is the same virus that causes cold sores. Some people develop symptoms of HSV a few days after coming into contact with the virus. Small, painful blisters or sores usually develop, which may cause itching or tingling or make it painful to urinate. After you've been infected, the virus remains inactive most of the time. However, certain triggers can reactivate the virus, causing the blisters

to develop again although they're usually smaller and less painful. It's easier to test for HSV if you have symptoms. Although there's no cure for genital herpes, the symptoms can usually be controlled using antiviral medicines.

**Genital warts:** are small fleshy growths, bumps or skin changes that appear on or around your genital or anal area. They're caused by the human papilloma virus (HPV) and are the second most common STI in England after chlamydia. You don't need to have penetrative sex to pass the infection on because HPV is spread by skin-to-skin contact. Several treatments are available for genital warts, including creams and freezing the warts (cryotherapy).

**Gonorrhoea:** is a bacterial STI easily passed on during sex. About 50% of women and 10% of men don't experience any symptoms and are unaware they're infected. Gonorrhoea is diagnosed using a urine test or by taking a swab of the affected area. The infection is easily treated with antibiotics, but can lead to serious long-term health problems if left untreated, including infertility.

**Human Immunodeficiency Virus (HIV):** is most commonly passed on through unprotected sex. It can also be transmitted by coming into contact with infected blood – for example, sharing needles to inject steroids or drugs. A simple blood test is usually used to test for an HIV infection. Some clinics may also offer a rapid test using a finger-prick blood test or saliva samples.

**Pubic lice ('crabs'):** are easily passed to others through close genital contact. They're usually found in pubic hair, but can live in underarm hair, body hair, beards and occasionally eyebrows or eyelashes. Pubic lice can usually be successfully treated with special creams or shampoos available over the counter in most pharmacies or from a GP or genitourinary medicine (GUM) clinic. You don't need to shave off your pubic hair or body hair.

**Scabies:** is caused by tiny mites that burrow into the skin. It can be passed on through close body or sexual contact, or from infected clothing, bedding or towels. Scabies can usually be successfully treated using special creams or shampoos available over the counter in most pharmacies, or from a GP or GUM clinic.

**Sexually transmitted infections:** are passed from one person to another through unprotected sex or genital contact. You can be tested for STIs at a sexual health clinic, GUM clinic or GP surgery.

**Syphilis:** is a bacterial infection that, in the early stages, causes a painless, but highly infectious, sore on your genitals or around the mouth. The sore can last up to six weeks before disappearing. The symptoms of syphilis can be difficult to recognize. Secondary symptoms such as a rash, flu-like illness or patchy hair loss may then develop. A simple blood test can usually be used to diagnose syphilis at any stage. The condition can be treated with antibiotics, usually penicillin injections.

**Trichomoniasis:** is an STI caused by a tiny parasite called *Trichomonas Vaginalis* (TV). It can be easily passed on through sex and most people don't know they're infected. Trichomoniasis can sometimes be difficult to diagnose and your GP may suggest you go to a specialist clinic for a urine or swab test. Once diagnosed, it can usually be treated with antibiotics.

For further information on STIs, please visit the NHS Choices website: [www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx)

If you are prescribed antibiotics for any of the illnesses or infections listed, it is **very important** that you complete the course and **do not** stop taking them when you start feeling better.





Produced by the Safeguarding Team  
NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Ref: Personal Health Summary LAC - June 2016



<b>CORPORATE PARENTING COMMITTEE</b>	<b>AGENDA ITEM NO. 9</b>
<b>3 AUGUST 2016</b>	<b>PUBLIC REPORT</b>

## **Report of the Executive Director of Children's Services**

**Contact Officer(s) – Jenny Goodes**

**Contact Details – 01733 864102**

### **Missing and Child Sexual Exploitation Update**

#### **1. PURPOSE**

- 1.1 Report requested by Corporate Parenting Committee to update in respect of current situation in respect of children and young people who go missing and children and young people who are vulnerable to Child Sexual Exploitation.
- 1.2 This report is being presented under the Corporate Parenting Committee Terms of Reference:
  - 3.2 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children (LAC) services and children's homes with a view to recommending any changes.

#### **2. RECOMMENDATIONS**

- 2.1 For Members of the Corporate Parenting Committee to note the information.

#### **3. LINK TO THE CHILDREN IN CARE PLEDGE**

- 3.1 This report links in with all aspects of the Children in Care Pledge.

#### **4. BACKGROUND**

- 4.1 Child sexual exploitation can have a devastating impact on the social integration, economic well-being and life chances of young people. Difficulties faced by victims of child sexual exploitation include isolation from family and friends, teenage parenthood, failing examinations or dropping out of education altogether, unemployment, mental health problems, suicide attempts, alcohol and drug addiction, aggressive behaviour and criminal activity. Child sexual exploitation can also have a profoundly damaging effect on families and communities.
- 4.2 Within Peterborough Child Sexual Exploitation (CSE) is managed as part of the day to day safeguarding responsibility of the Local Authority and there is no longer a dedicated CSE team. This means that all staff have the opportunity to develop their skills, knowledge and experience in this area and ensures that there is ownership of the wider issues that contribute to children and young people being vulnerable to CSE and other forms of exploitation.
- 4.3 At the time of writing this report within Peterborough there were 23 young people flagged as at risk of sexual exploitation. Of this number there were 22 females and 1 male, 31% were from a white British background and 30% from an Eastern European background, with other ethnicities making up 39%. Of the 23 cases flagged as at risk of CSE 6 (26%) were young people who were looked after and 1 case is currently in proceedings. The majority of those young people flagged on the system were in the age group 13- 17 year old.

- 4.4 Each of these cases are allocated to a qualified social worker and work is undertaken to enable the young person and their family to engage with services that will help to reduce their vulnerability to being exploited. Building a relationship with these young people can take time and it is important that there is the capacity to be available at times when they need help or are willing to share what may be happening.
- 4.5 There is a dedicated police CSE team based at Godmanchester and Childrens Services meet on a monthly basis at the CSE and Missing Operational Meeting to review intelligence and to ensure that those young people most at risk are identified and that clear plans are put in place to manage the risks. There is a joint Peterborough /Cambridge Strategic CSE meeting that meets every quarter and has the overview of the multi- agency CSE action plan.

### **Missing**

- 4.6 Children who are missing from home, school or care are at greater risk of sexual exploitation. Within Peterborough the Head of Service for First Response is the strategic lead for Missing and CSE. Children's Services are alerted to missing incidents by the police and for those young people in care who are placed outside of the LA boundary, the social worker and contact centre are alerted by the care provider.
- 4.7 Since March 2015 there has been a dedicated Missing Case Worker in post. This worker undertakes all Return Interviews with those young people that live at home who go missing. A Return Interview should be held within 72 hours of the young person being located. For our Children in Care National Youth Advocacy Service (NYAS) are commissioned to complete these interviews.
- 4.8 Last year there were 466 missing episodes reported involving 286 individual young people. Of these 286 individuals 34 had 3 or more missing episodes. There were 155 young people open to Childrens Services at the time they went missing and 75 (48%) young people were Children in Care.
- 4.9 This year starting April 2016 there have been 156 missing episodes reported involving 116 individual young people. This is an increase to previous year and may in part be due to improved recording and monitoring within Childrens Services Integrated Children's System better reporting by parents and carers, the impact of the removal of the absent category and the impact of a more effective response through completion of Return Interviews which has raised the need to report profile.
- 4.10 Of the 116 young people who have gone missing to date 10 had been missing on more than 3 occasions. The majority of missing episodes are less than 24 hours in duration, to date 92 of the 156 missing episodes fall into this category. However it is noted that since April 15 young people had a missing episode that lasted for more than 3 days. During the time that any young person is missing there is active intervention from all agencies to work with parents, wider family, friends and the community to locate the missing young person to ensure that they are safe and well and to return them to their home or care establishment. The completion of a return Interviews is crucial in trying to understand the "push" and "pull" factors that contributed to the missing episode so that plans can be put in place to reduce and mitigate future risks of going missing and the risks from exploitation.
- 4.11 From the data collected we are able to see that 70 (60%) of the young people are male and 46 (40%) are female and that the majority of young people that go missing are within the 13 – 17 year old age band which is in line with previous year's trend.
- 4.12 Of the 116 young people who have gone missing since April 77 are White British (66%), 11 are White European (9.5%), 12 were Asian (10%), 5 were from a mixed heritage background (4.3%) and 5 were from a black background (4.3%) with the remaining 6 having no identity recorded at the time of the missing episode.

- 4.13 Prior analysis shows that there is a high correlation between those young people that are known to Children's Social Care and missing episodes. The data shows that of the 116 young people who went missing since April 67 were open to Children's Services. This can be broken down further so that we can see that 35 (52%) of the young people were Children in Care, 2 (3%) were on Child Protection Plans and 30 (45%) were open as Child In Need cases.

## **5. KEY ISSUES**

- 5.1 Importance of continuing work with Peterborough Safeguarding Children's Board re awareness raising with agencies and identifying training needs. Chelsea's Choice will be run in schools in the new school term starting September and there will be a dedicated session for parents and carers to raise awareness.
- 5.2 Risk assessments are undertaken in respect of all young people who go missing but work needs to continue on ensuring that care plans are more robust in addressing the safety planning needs of Children in Care who go missing on a frequent basis.
- 5.3 Work needs to continue on analysing the patterns and intelligence in respect of all aspects of exploitation in respect of young people within Peterborough to ensure that there is a multi-agency response to safeguarding and that there is clear proactive planning to reduce and disrupt opportunities for exploitation of our most vulnerable citizens.

## **6. IMPLICATIONS**

- 6.1 None

## **7. CONSULTATION**

- 7.1 N/A

## **8. NEXT STEPS**

- 8.1 This report is for information only.

## **9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 None

## **10. APPENDICES**

- 10.1 None

This page is intentionally left blank

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM NO. 10
<b>3 AUGUST 2016</b>	PUBLIC REPORT

## **REPORT OF THE CORPORATE DIRECTOR OF PEOPLE AND COMMUNITIES**

**Contact Officer(s): Nicola Curley**  
**Contact Details: 01733 864065**

### **UPDATE ON PERFORMANCE REPORTS**

#### **1. PURPOSE AND REASON FOR REPORT**

- 1.1 To update the Corporate Parenting Committee in respect of the numbers of children and young people currently being looked after by the Council and to provide a break down of the types of placements in which they are living. The report also provides information about the age, gender and ethnicity of those children and young people.
- 1.2 The report also outlines a monthly performance report and an action plan report which outlines to progress of each action made against the recent OfSTED recommendations.
- 1.3 This report is being presented under the Corporate Parenting Committee's Terms of Reference:
  - 3 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children services and children's homes with a view to recommending any changes.
  - 3.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.

#### **2. RECOMMENDATIONS**

- 2.1 The Committee is asked to note the report.

#### **3. CHILDREN IN CARE PLEDGE**

- 3.1 This falls under Priority 3: Placement stability and range of high quality placement provision and covers 'Reduction in the number of children in residential placements.'

#### **4. BACKGROUND**

- 4.1 The Corporate Parenting Committee should be updated about basic placement information at every meeting.

#### **5. KEY ISSUES**

- 5.1 None

#### **6. IMPLICATIONS**

6.1 None

**7. CONSULTATION**

7.1 N/A

**8. NEXT STEPS**

8.1 This report is for information only.

**9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 None

**10. APPENDICES**

10.1 Appendix 1 - Information relating to placements for Children in Care  
Appendix 2 – CIC Performance Data June 2016  
Appendix 3 – Ofsted July Report

### **Information relating to placements for Children in Care**

On the 30 June 2016 there were 371 Children in Care in Peterborough.

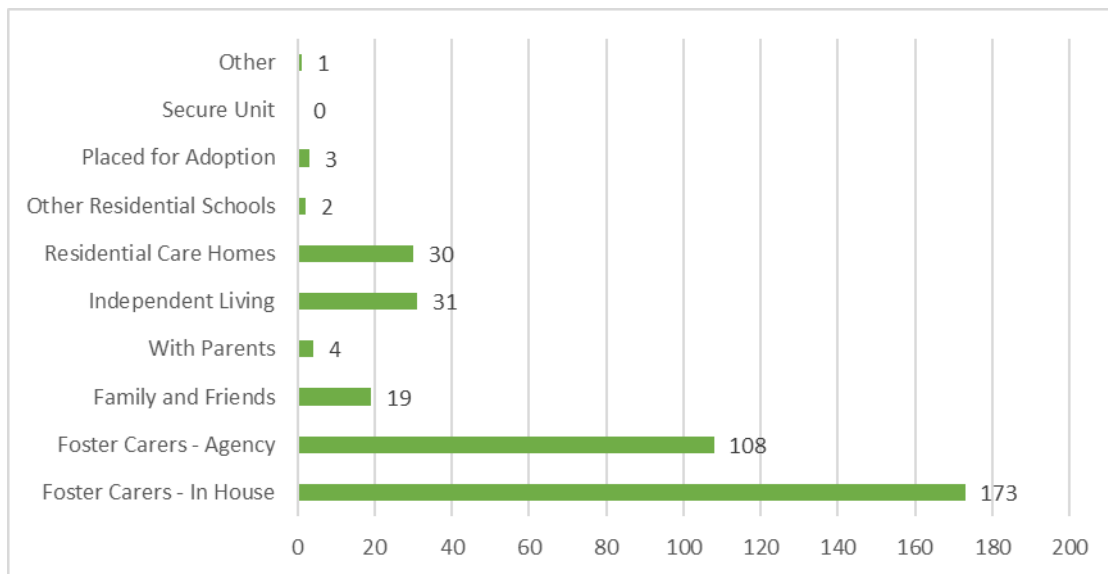
- 173 children were placed with foster carers who work for Peterborough City Council (in house)
- 108 children were in foster care and placed with independent fostering agencies (IFA'S). The agency works with the Local Authority on a contractual basis to provide foster placements.
- 31 post 16 years olds were living on their own (independent living) but still classed as CLA with an allocated Social Worker. Independent living assists the young person with the transition to leaving care. These young people are supported by our Leaving Care Service.
- 3 children had a court order (Placement Order) that allows them to live with their prospective adoptive parents whilst they are awaiting a final Adoption Order.
- 19 children were placed with family or friends carers (connected person). These carers are formally assessed in the same way that our other in house carers are assessed and are presented to the Fostering Panel for approval in the way. They are paid the same level of allowances as other in house foster carers.
- 4 children were living with their parents but are still considered 'looked after' because they are subject to a full care order so the Council still shares parental responsibility with the birth parent. Placements with parents are often made pending a plan for reunification with the parent and in some cases will result in an application for care orders to be revoked.
- 30 children and young people (without disabilities) were placed in residential care that provides intensive support in a residential setting. These placements are most usually made when it is clear that foster care is not sufficient to meet the child or young persons needs. Residential care is nearly always accessed by adolescents and only rarely used for younger children in very special circumstances.
- 2 children (with disabilities) were placed in specialist residential care. These disabled children will have complex health and behavioural needs associated with their disability. As above these placements are only used when all other types of support to keep the child at home or in foster care have been exhausted.
- There was 1 young person either in young offender institute or prison.

- There were no young persons placed in a secure unit

### Children Looked After Profile

Foster carers - In House	152	143	154	168	173
Foster carers - Agency	106	102	101	106	108
Foster carers - Unknown	0	0	0	0	0
Fostering by relatives or friends	13	26	32	24	19
With parents	11	9	5	6	4
Independent living	26	24	23	25	31
Residential care homes	23	23	23	22	30
Other residential schools	3	3	4	5	2
Placed for adoption	10	9	5	2	3
Secure unit	1	1	1	1	0
Other	0	0	1	0	1

### Breakdown of Looked after Children Placements



### Ethnicity of Looked after Children



White British	237	227	235	237	235
White Irish	0	0	0	0	0
White Other	40	37	38	44	47
<b>White</b>	<b>277</b>	<b>264</b>	<b>273</b>	<b>281</b>	<b>282</b>
Mixed White & Black Caribbean	7	6	7	3	4
Mixed White & Black African	2	2	2	5	6
Mixed White & Asian	11	12	11	13	14
Any other mixed background	9	12	11	10	11
<b>Mixed</b>	<b>29</b>	<b>32</b>	<b>31</b>	<b>31</b>	<b>35</b>
Indian	0	0	0	0	0
Pakistani	5	5	5	6	5
Bangladeshi	0	0	0	0	0
Any other Asian background	9	9	10	11	18
<b>Asian</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>17</b>	<b>23</b>
Caribbean	2	2	2	2	2
African	14	12	12	10	12
Any other Black background	4	6	6	6	7
<b>Black</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>18</b>	<b>21</b>
Chinese	0	0	0	0	0
Any other ethnic group	5	10	10	11	10
<b>Other</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>10</b>
Not stated / not yet obtained	0	0	0	1	0

This page is intentionally left blank

## Peterborough Children's Services

*"Helping children and young people to be their best"*

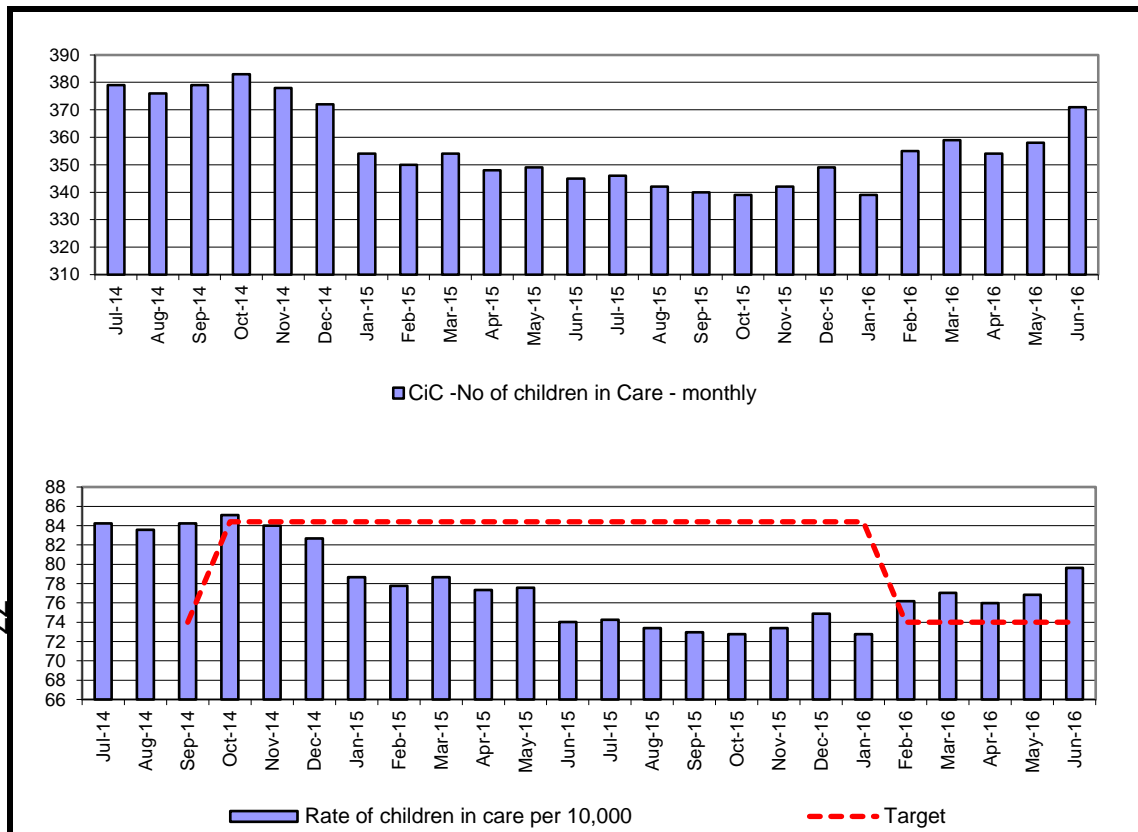


75

# FINAL



Contents		Latest Published	SN Avg	ENG Avg	Target	Latest Data		Dir. of travel	Polarity	Page Number
						Actual	RAG			
Children in Care	Number of Children in Care per 10,000	74.0	79.4	60.0	74.0	79.6	A	↓	Smaller is better	24
	Admissions of Children in Care per 10,000	36.2	29.7	26.5	38.0	46.6	0	↑	-	25
	Number of Children who have ceased to be Children in Care per 10,000	32.9	30.1	26.5	38.0	39.1	0	↓	-	26
	Number of Children in Care				345	354	G	↑	Proximity to target	27
	Placement Stability: 3 or more placements during previous 12 months for CiC	8.5%	11.3%	11.0%	9.5%	7.8%	G	↑	Smaller is better	28
	Placement Stability: Length of Placement for Children in Care	73.0%	69.1%	67.0%	71.0%	67.9%	A	↑	Bigger is better	29
	Children in Care Reviews held within timescales	98.7%			100.0%	99.7%	A	↑	Bigger is better	30
	Children in care statutory visits in time				95.0%	97.0%	G	↑	Bigger is better	31
	Percentage of children adopted	19.0%	24.0%	17.0%	20.0%	15.4%	A	↓	Bigger is better	32
	Average days between child entering care and moving in with a adoptive family	593	616	628	487	381	G	=	Smaller is better	33
	Average days between court agreeing adoption and LA approving a match	242	211	217	120	185	R	=	Smaller is better	34
	Children in care - Missing from care					28		↑	-	35
	Initial health assessments completed within 20 working days of child entering care				95.0%	47.5%	R	↑	Bigger is better	36
	Health of Children in Care - Annual Health Assessments	93.9%	89.1%	88.4%	95.0%	92.7%	A	↑	Bigger is better	37
	Children in care (aged 3-17 years) with dental checks held within previous 12 months				95.0%	72.8%	R	↑	Bigger is better	38
	Personal Education Plans (PEPs)				95.0%	91.3%	A	↑	Bigger is better	39
	Leaving care cases with a pathway plan that has been updated within the last 6 months					87.2%			Bigger is better	40
Care leavers (+19 years) - Not in Education, Employment and Training					39.9%			Smaller is better	41	
Care leavers (+19 Years) - Not in Suitable Accommodation					9.2%			Smaller is better	42	
<b>Profiles</b>	Children in care; child protection; children in need; leaving care; referrals starting in month									43 - 47



Month	CiC -	Pop.	Rate of	Target	Variance	RAG
Jul-14	379	45000	84.2	74.0	13.8%	R
Aug-14	376	45000	83.6	74.0	12.9%	R
Sep-14	379	45000	84.2	74.0	13.8%	R
Oct-14	383	45000	85.1	84.4	0.8%	G
Nov-14	378	45000	84.0	84.4	-0.5%	G
Dec-14	372	45000	82.7	84.4	-2.1%	G
Jan-15	354	45000	78.7	84.4	-6.8%	G
Feb-15	350	45000	77.8	84.4	-7.8%	G
Mar-15	354	45000	78.7	84.4	-6.8%	G
Apr-15	348	45000	77.3	84.4	-8.4%	G
May-15	349	45000	77.6	84.4	-8.1%	G
Jun-15	345	46600	74.0	84.4	-12.3%	A
Jul-15	346	46600	74.2	84.4	-12.0%	A
Aug-15	342	46600	73.4	84.4	-13.0%	G
Sep-15	340	46600	73.0	84.4	-13.6%	A
Oct-15	339	46600	72.7	84.4	-13.8%	G
Nov-15	342	46600	73.4	84.4	-13.0%	G
Dec-15	349	46600	74.9	84.4	-11.3%	G
Jan-16	339	46600	72.7	84.4	-13.8%	G
Feb-16	355	46600	76.2	74.0	2.9%	A
Mar-16	359	46600	77.0	74.0	4.1%	G
Apr-16	354	46600	76.0	74.0	2.7%	A
May-16	358	46600	76.8	74.0	3.8%	A
Jun-16	371	46600	79.6	74.0	7.6%	A

**CSC Commentary**

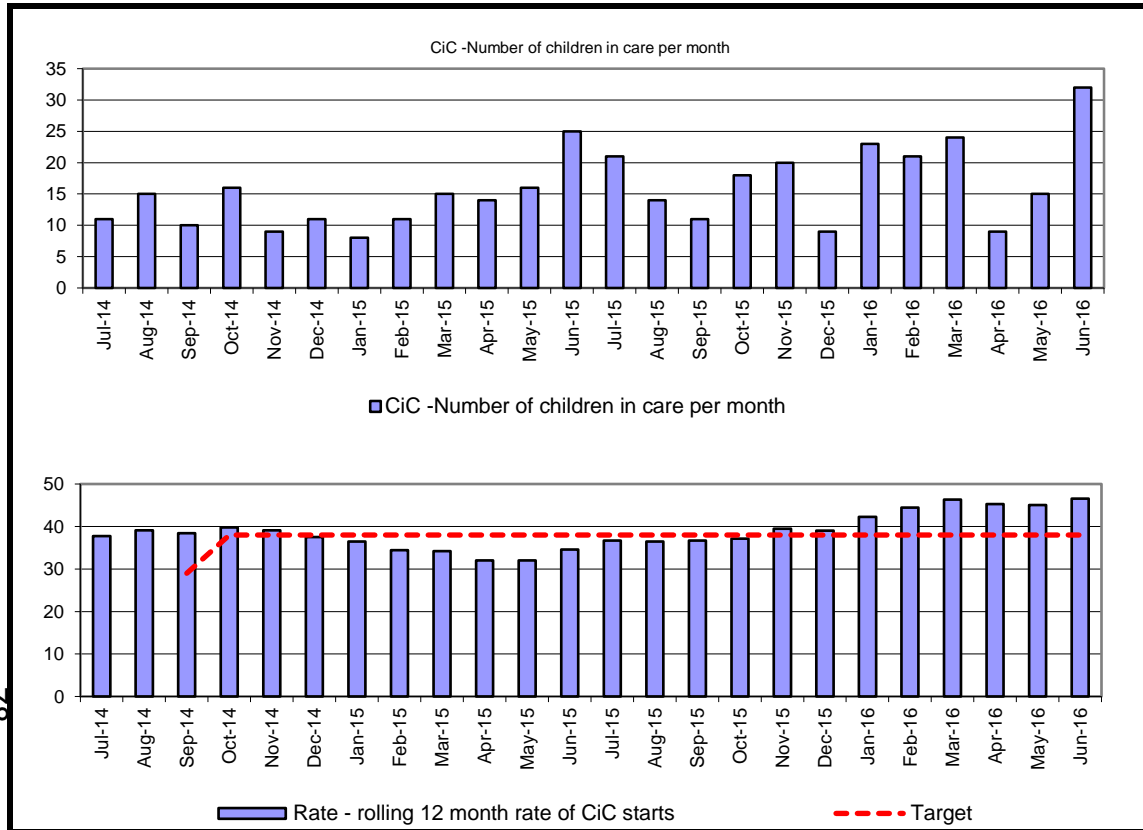
The number of CiC at the end of June 2016 has increased to 371 which is an increase of 13 children since the end of May, which continues the overall trend of an increasing CiC population in the city. This is above the target rate but remains in the amber RAG rating. The biggest increase has been in the 5-9 years age band indicating that younger children are the most vulnerable.

**Definition**

Number of children in care divided by the population of 0-17 year olds in Peterborough multiplied by 10,000  
 The number of children in care is taken as a snapshot count at the end of each month  
 Population for denominator: 46600

<b>G = 74.0</b>	<b>A &gt; 74.0</b>	<b>R &gt; 79.4</b>
-----------------	--------------------	--------------------

Year	PCC Result	SN Result	ENG Result
2012-13	78.0	78.0	60.0
2013-14	80.0	77.2	60.0
2014-15	74.0	79.4	60.0



Month	CiC -	12 Mths	Rate
Jul-14	11	161	37.8
Aug-14	15	176	39.1
Sep-14	10	173	38.4
Oct-14	16	179	39.8
Nov-14	9	176	39.1
Dec-14	11	169	37.6
Jan-15	8	164	36.4
Feb-15	11	155	34.4
Mar-15	15	154	34.2
Apr-15	14	120	32.0
May-15	16	136	32.0
Jun-15	25	161	34.5
Jul-15	21	171	36.7
Aug-15	14	170	36.5
Sep-15	11	171	36.7
Oct-15	18	173	37.1
Nov-15	20	184	39.5
Dec-15	9	182	39.1
Jan-16	23	197	42.3
Feb-16	21	207	44.4
Mar-16	24	216	46.4
Apr-16	9	211	45.3
May-16	15	210	45.1
Jun-16	32	217	46.6

Month	Target	Variance	RAG
Jul-14	29.0	30.3%	
Aug-14	29.0	34.9%	
Sep-14	29.0	32.6%	
Oct-14	38.0	4.7%	
Nov-14	38.0	2.9%	
Dec-14	38.0	-1.2%	
Jan-15	38.0	-4.1%	
Feb-15	38.0	-9.4%	
Mar-15	38.0	-9.9%	
Apr-15	38.0	-15.8%	
May-15	38.0	-15.8%	
Jun-15	38.0	-9.1%	
Jul-15	38.0	-3.4%	
Aug-15	38.0	-4.0%	
Sep-15	38.0	-3.4%	
Oct-15	38.0	-2.3%	
Nov-15	38.0	3.9%	
Dec-15	38.0	2.8%	
Jan-16	38.0	11.2%	
Feb-16	38.0	16.9%	
Mar-16	38.0	22.0%	
Apr-16	38.0	19.2%	
May-16	38.0	18.6%	
Jun-16	38.0	22.5%	

**CSC Commentary**

Admissions into care increased again this month and at a larger than previous amount. The rolling 12 month figure is now at 217, which is the highest it has been compared to the current data recorded here. Performance relating to the overall number of children coming into care at 46.6 remains significantly above the target rate of 38. There are 32 children recorded as coming into care this month. Of this number 12 actually came into care in May but were BLA at that point and their LAC status was only confirmed in June. Of the 20 remaining, 8 were UASC. 2 were over 16 and accommodated due to family breakdown and placed at the Foyer. 4 were PPO and 1 EPO as a result of immediate CP concerns. 1 was a relinquished baby and the remaining 4 were also as a result of immediate safeguarding concerns.

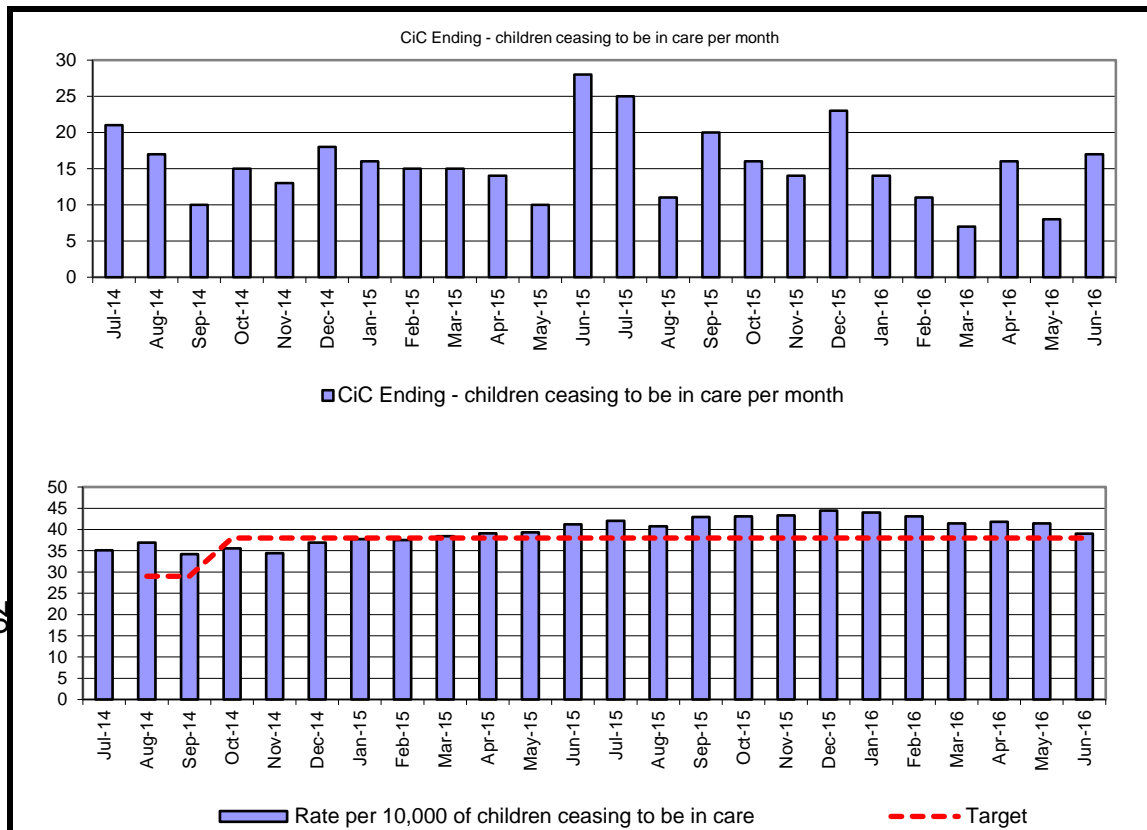
**Definition**

Children who came into care (rolling 12 months) divided by the population of 0-17 year olds in Peterborough multiplied by 10,000. If a child is admitted to care on more than one occasion then each time is counted in this indicator.

Population for denominator: 46600



Year	PCC Result	SN Result	ENG Result
2012-13	31.8	30.8	25.3
2013-14	36.2	29.7	26.5
2014-15	30.0	34.2	26.8



Month	CiC Ending -	12 Mths	children ceasing to be in care	Target	Variance	RAG
Jul-14	21	158	35.1	29.0	21.1%	
Aug-14	17	166	36.9	29.0	27.2%	
Sep-14	10	154	34.2	29.0	18.0%	
Oct-14	15	160	35.6	38.0	-6.4%	
Nov-14	13	155	34.4	38.0	-9.4%	
Dec-14	18	166	36.9	38.0	-2.9%	
Jan-15	16	170	37.8	38.0	-0.6%	
Feb-15	15	169	37.6	38.0	-1.2%	
Mar-15	15	173	38.4	38.0	1.2%	
Apr-15	14	154	39.1	38.0	2.9%	
May-15	10	164	39.3	38.0	3.5%	
Jun-15	28	192	41.2	38.0	8.4%	
Jul-15	25	196	42.1	38.0	10.7%	
Aug-15	11	190	40.8	38.0	7.3%	
Sep-15	20	200	42.9	38.0	12.9%	
Oct-15	16	201	43.1	38.0	13.5%	
Nov-15	14	202	43.3	38.0	14.1%	
Dec-15	23	207	44.4	38.0	16.9%	
Jan-16	14	205	44.0	38.0	15.8%	
Feb-16	11	201	43.1	38.0	13.5%	
Mar-16	7	193	41.4	38.0	9.0%	
Apr-16	16	195	41.8	38.0	10.1%	
May-16	8	193	41.4	38.0	9.0%	
Jun-16	17	182	39.1	38.0	2.8%	

**CSC Commentary**

17 children ceased to be looked after this month and this continues the downward trend of children exiting the care system. This is in contrast to the increasing numbers of children entering care, which remains the main reason why the overall CIC population continues to grow.

**Definition**

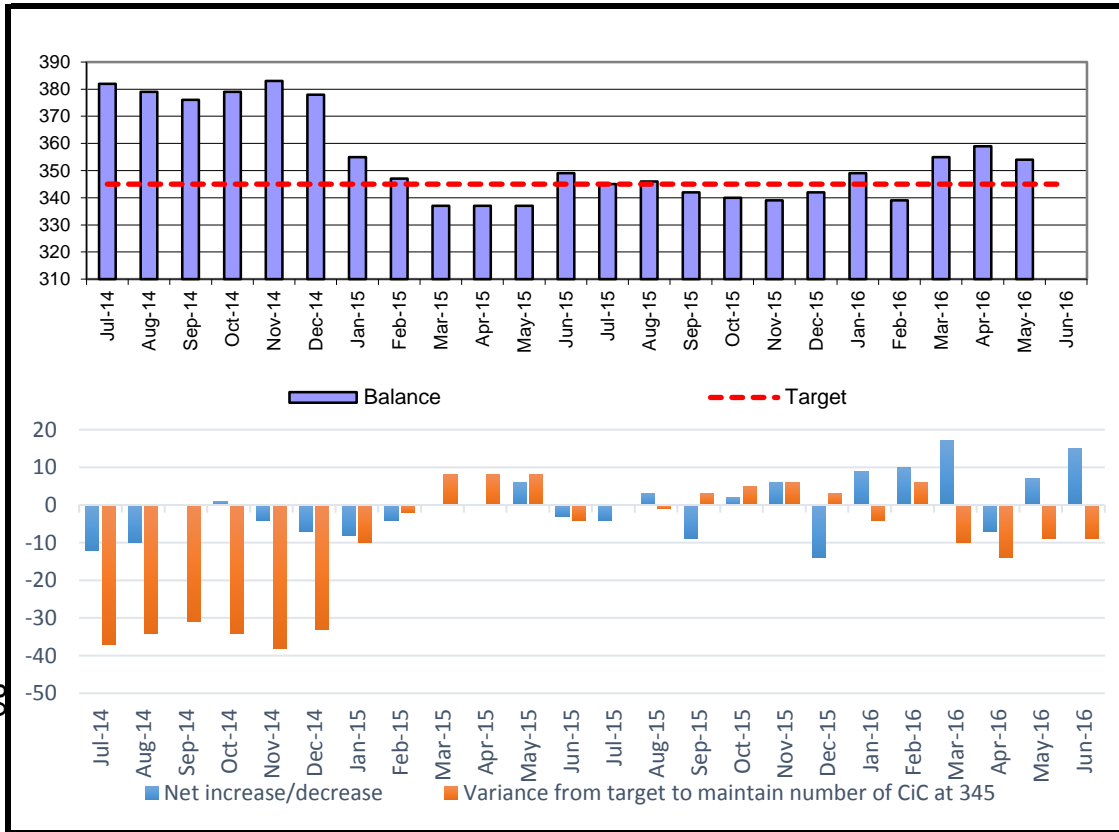
Number of children who ceased to be in care (rolling 12 months) divided by the population of 0-17 year olds in Peterborough multiplied by 10,000. If a child ceased to be in care on more than one occasion then each time is counted in this indicator.

Population for denominator: 46600

**G =**   **A >**   **R <**  

Year	PCC Result	SN Result	ENG Result
2012-13	30.7	28.7	25.0
2013-14	32.9	30.1	26.5
2014-15	35.4	32.3	26.8

08



Month	CiC Start	CiC End	Net i	Balance
Jul-14	9	21	-12	382
Aug-14	11	21	-10	379
Sep-14	10	10	0	376
Oct-14	16	15	1	379
Nov-14	9	13	-4	383
Dec-14	11	18	-7	378
Jan-15	8	16	-8	355
Feb-15	11	15	-4	347
Mar-15	15	15	0	337
Apr-15	14	14	0	337
May-15	16	10	6	337
Jun-15	25	28	-3	349
Jul-15	21	25	-4	345
Aug-15	14	11	3	346
Sep-15	11	20	-9	342
Oct-15	18	16	2	340
Nov-15	20	14	6	339
Dec-15	9	23	-14	342
Jan-16	23	14	9	349
Feb-16	21	11	10	339
Mar-16	24	7	17	355
Apr-16	9	16	-7	359
May-16	15	8	7	354
Jun-16	32	17	15	354

Month	Target	Variance	RAG
Jul-14	345.0	-37	G
Aug-14	345.0	-34	G
Sep-14	345.0	-31	R
Oct-14	345.0	-34	R
Nov-14	345.0	-38	R
Dec-14	345.0	-33	R
Jan-15	345.0	-10	R
Feb-15	345.0	-2	R
Mar-15	345.0	8	R
Apr-15	345.0	8	R
May-15	345.0	8	A
Jun-15	345.0	-4	G
Jul-15	345.0	0	G
Aug-15	345.0	-1	G
Sep-15	345.0	3	G
Oct-15	345.0	5	G
Nov-15	345.0	6	G
Dec-15	345.0	3	G
Jan-16	345.0	-4	G
Feb-16	345.0	6	G
Mar-16	345.0	-10	G
Apr-16	345.0	-14	G
May-16	345.0	-9	G
Jun-16	345.0	-9	G

**CSC Commentary**

The number of children who started to be looked after this month is 32 with 17 children ceasing to be in care. Although this is a significant increase from previous months, the variance from our target is -9 and this remains within the green RAG rating for our performance.

**Definition**

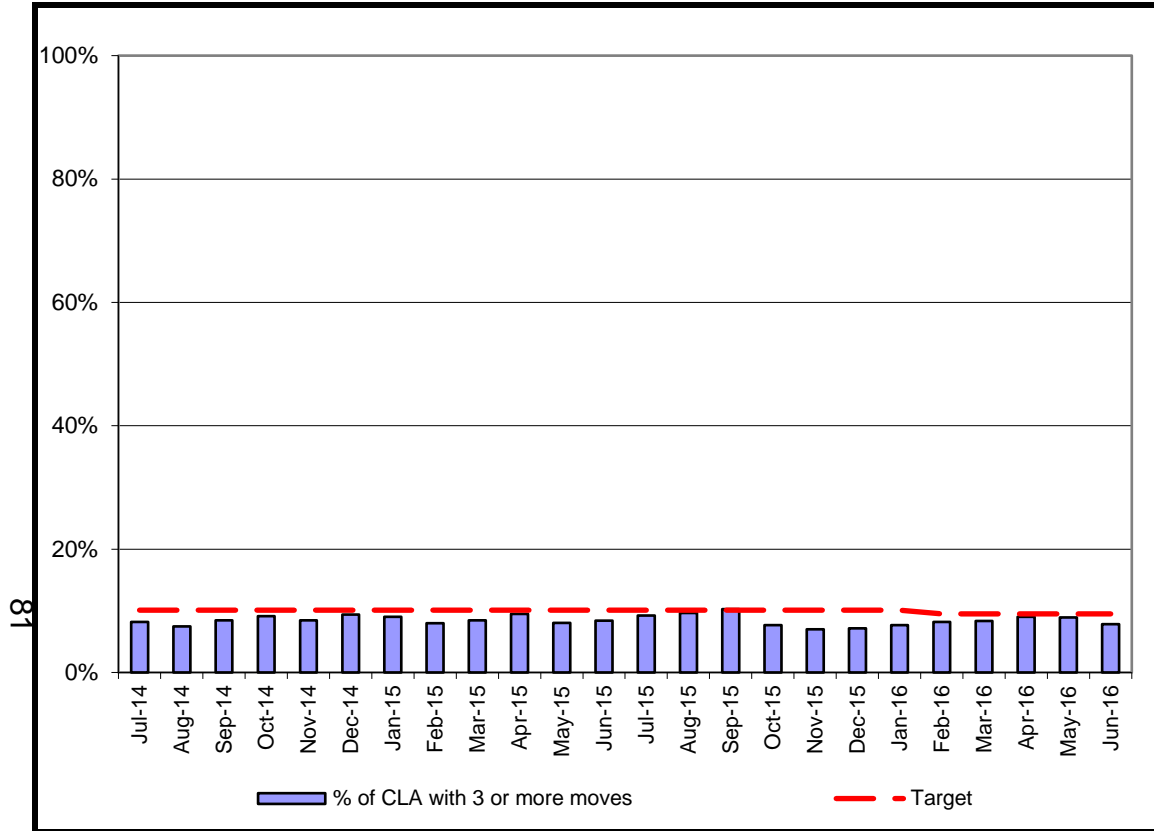
Net change in the number of children in care

Population for denominator: 46600

**G = 345**      **A = +/-20**      **R = +/-30**

Year	PCC Result	SN Result	ENG Result
2012-13	71.5	54.3	46.2
2013-14	55.7	64.7	52.1
2014-15			





Month	Num.	Denom.	% of CLA with	Target	Variance	RAG
Jul-14	31	379	8.2%	10.1%	-1.9	G
Aug-14	28	376	7.4%	10.1%	-2.7	G
Sep-14	32	379	8.4%	10.1%	-1.7	G
Oct-14	35	383	9.1%	10.1%	-1.0	G
Nov-14	32	378	8.5%	10.1%	-1.6	G
Dec-14	35	372	9.4%	10.1%	-0.7	G
Jan-15	32	354	9.0%	10.1%	-1.1	G
Feb-15	28	350	8.0%	10.1%	-2.1	G
Mar-15	30	354	8.5%	10.1%	-1.6	G
Apr-15	33	348	9.5%	10.1%	-0.6	G
May-15	28	349	8.0%	10.1%	-2.1	G
Jun-15	29	345	8.4%	10.1%	-1.7	G
Jul-15	32	346	9.2%	10.1%	-0.9	G
Aug-15	33	342	9.6%	10.1%	-0.5	G
Sep-15	35	340	10.3%	10.1%	0.2	G
Oct-15	26	339	7.7%	10.1%	-2.4	A
Nov-15	24	342	7.0%	10.1%	-3.1	A
Dec-15	25	349	7.2%	10.1%	-2.9	G
Jan-16	26	339	7.7%	10.1%	-2.4	G
Feb-16	29	355	8.2%	9.5%	-1.3	G
Mar-16	30	359	8.4%	9.5%	-1.1	G
Apr-16	32	354	9.0%	9.5%	-0.5	G
May-16	32	358	8.9%	9.5%	-0.6	G
Jun-16	29	371	7.8%	9.5%	-1.7	G

**CSC Commentary**

The downward trend in this indicator over the last few months has been maintained, demonstrating continued good performance. The percentage of children with 3 or more moves is now at 7.8%, which is a variance of 1.7 below our target and keeps this in the green RAG rating band.

**Definition**

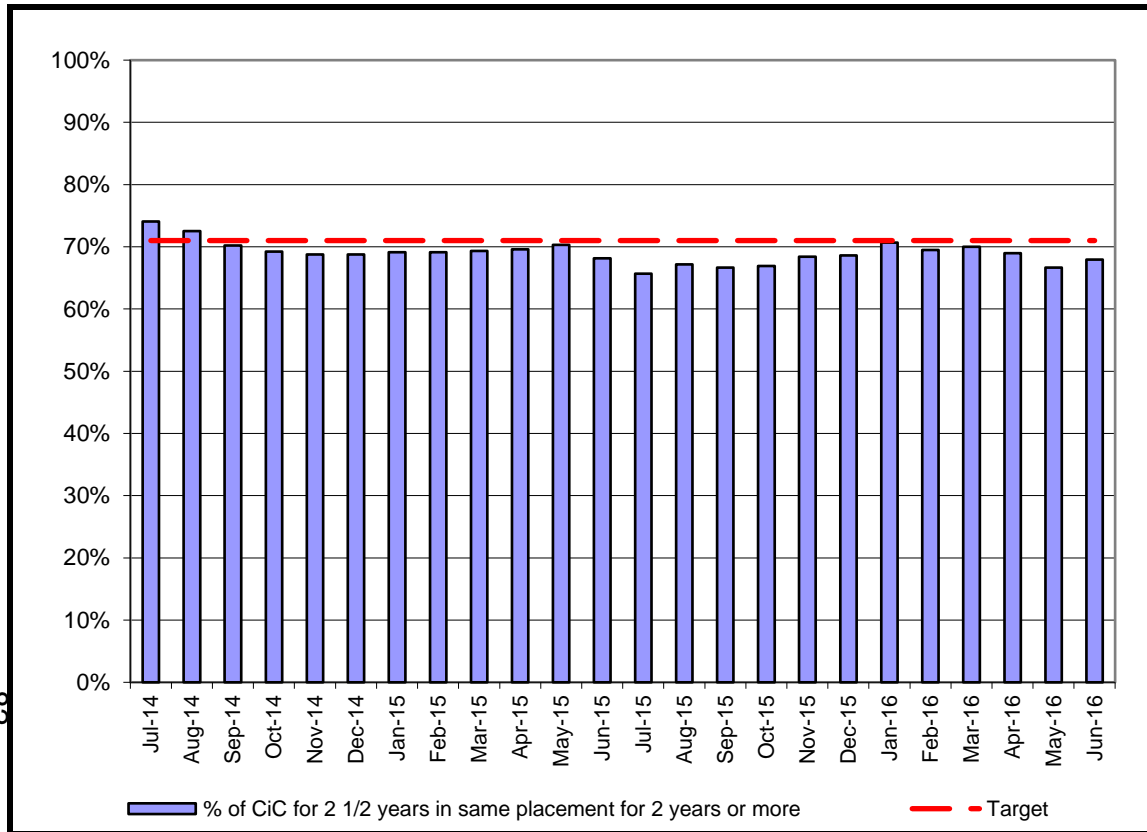
The percentage of children in care at any given time with three or more placements during the last 12 months.

Population for denominator: 46600

G = 9.5%	A > 9.5-11.3%	R > 11.3
----------	---------------	----------

Year	PCC Result	SN Result	ENG Result
2012-13	11.1%	10.3%	11.1%
2013-14	9.0%	11.3%	11.0%
2014-15	8.5%		

82



Month	Num.	Denom.	% of CiC	Target	Variance	RAG
Jul-14	97	131	74.0%	71.0%	3.0	G
Aug-14	95	131	72.5%	71.0%	1.5	G
Sep-14	92	131	70.2%	71.0%	-0.8	G
Oct-14	90	130	69.2%	71.0%	-1.8	G
Nov-14	88	128	68.8%	71.0%	-2.3	G
Dec-14	88	128	68.8%	71.0%	-2.3	G
Jan-15	85	123	69.1%	71.0%	-1.9	G
Feb-15	94	136	69.1%	71.0%	-1.9	G
Mar-15	95	137	69.3%	71.0%	-1.7	A
Apr-15	96	138	69.6%	71.0%	-1.4	A
May-15	97	138	70.3%	71.0%	-0.7	A
Jun-15	92	135	68.1%	71.0%	-2.9	A
Jul-15	88	134	65.7%	71.0%	-5.3	A
Aug-15	90	134	67.2%	71.0%	-3.8	R
Sep-15	90	135	66.7%	71.0%	-4.3	R
Oct-15	93	139	66.9%	71.0%	-4.1	R
Nov-15	93	136	68.4%	71.0%	-2.6	R
Dec-15	94	137	68.6%	71.0%	-2.4	R
Jan-16	94	133	70.7%	71.0%	-0.3	R
Feb-16	91	131	69.5%	71.0%	-1.5	R
Mar-16	91	130	70.0%	71.0%	-1.0	A
Apr-16	89	129	69.0%	71.0%	-2.0	A
May-16	86	129	66.7%	71.0%	-4.3	A
Jun-16	89	131	67.9%	71.0%	-3.1	A

**CSC Commentary**

Although this figure is still below our target, performance has improved slightly from last month. Workers have been reminded about the processes to implement for maintaining fragile placements and this seems to have had some empirical impact. Managers will ensure this remains an area of focus in team meetings in order to continue the upward trend.

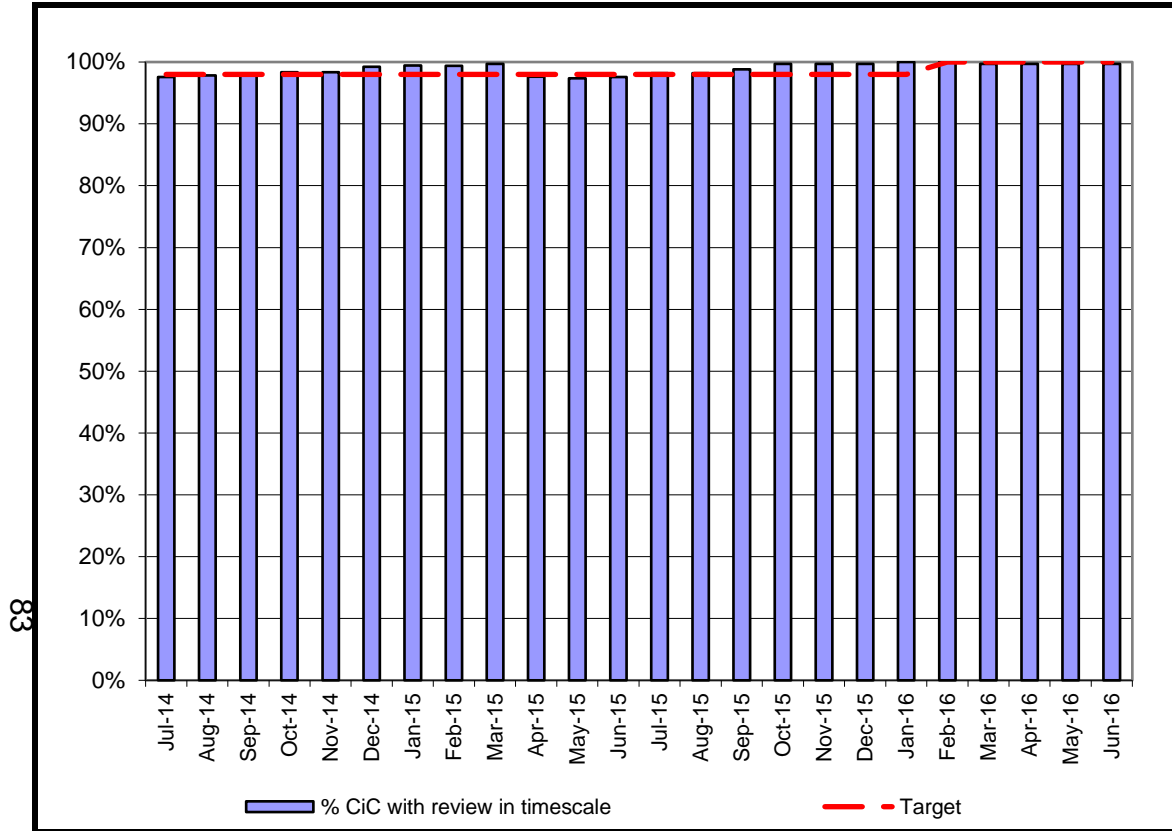
**Definition**

The percentage of children in care aged under 16 who had been in care continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years.

Population for denominator: 46600

G = 71%	A >69%-71%	R > 69%
---------	------------	---------

Year	PCC Result	SN Result	ENG Result
2012-13	66.7%	69.4%	67.3%
2013-14	73.0%	69.1%	67.0%
2014-15			



Month	Num.	Denom.	% CiC
Jul-14	360	369	97.6%
Aug-14	360	368	97.8%
Sep-14	364	371	98.1%
Oct-14	360	366	98.4%
Nov-14	363	369	98.4%
Dec-14	386	389	99.2%
Jan-15	345	347	99.4%
Feb-15	337	339	99.4%
Mar-15	342	343	99.7%
Apr-15	330	338	97.6%
May-15	330	339	97.3%
Jun-15	322	330	97.6%
Jul-15	326	332	98.2%
Aug-15	331	337	98.2%
Sep-15	330	334	98.8%
Oct-15	326	327	99.7%
Nov-15	335	336	99.7%
Dec-15	344	345	99.7%
Jan-16	329	329	100.0%
Feb-16	333	333	100.0%
Mar-16	344	345	99.7%
Apr-16	347	348	99.7%
May-16	350	351	99.7%
Jun-16	347	348	99.7%

Target	Variance	RAG
98.0%	-0.4	G
98.0%	-0.2	G
98.0%	0.1	A
98.0%	0.4	G
98.0%	0.4	A
98.0%	1.2	A
98.0%	1.4	A
98.0%	1.4	A
98.0%	1.7	G
98.0%	-0.4	G
98.0%	-0.7	G
98.0%	-0.4	R
98.0%	0.2	R
98.0%	0.2	R
98.0%	0.8	A
98.0%	1.7	A
98.0%	1.7	A
98.0%	1.7	A
98.0%	2.0	A
100.0%	0.0	A
100.0%	-0.3	G
100.0%	-0.3	G
100.0%	-0.3	A
100.0%	-0.3	A

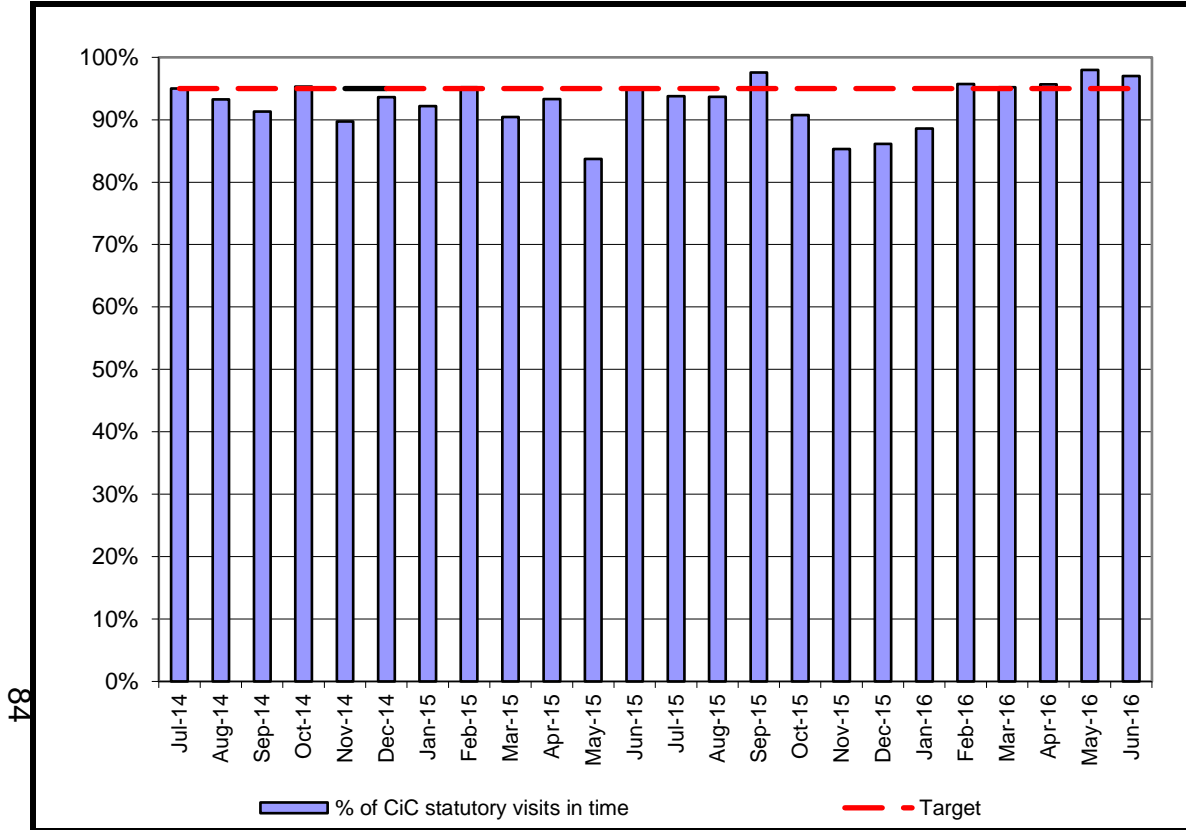
**CSC Commentary**

This indicator is measured on a rolling 12 month basis and following a small dip in performance in March, this will continue to be 0.3% below the 100% target. However, performance has remained steady, evidencing that statutory reviews remain an area of priority.

**Definition**

The percentage of Looked after children for at least one month, whose case was reviewed within the required timescales.  
 The denominator is children who are LAC for at least one month at the end of the reporting month. The numerator is the number of children who have not had a review in the last 12 months recorded as outside of timescale.

<b>G = 100%</b>	<b>A &gt; 98%</b>	<b>R &lt; 98%</b>
-----------------	-------------------	-------------------



Month	Num.	Denom.	% of
Jul-14	341	359	95.0%
Aug-14	333	357	93.3%
Sep-14	325	356	91.3%
Oct-14	346	363	95.3%
Nov-14	323	360	89.7%
Dec-14	337	360	93.6%
Jan-15	319	346	92.2%
Feb-15	317	333	95.2%
Mar-15	302	334	90.4%
Apr-15	307	329	93.3%
May-15	278	332	83.7%
Jun-15	308	324	95.1%
Jul-15	300	320	93.8%
Aug-15	311	332	93.7%
Sep-15	320	328	97.6%
Oct-15	295	325	90.8%
Nov-15	285	334	85.3%
Dec-15	286	332	86.1%
Jan-16	287	324	88.6%
Feb-16	313	327	95.7%
Mar-16	318	334	95.2%
Apr-16	333	348	95.7%
May-16	339	346	98.0%
Jun-16	327	337	97.0%

Target	Variance	RAG
95.0%	0.0	A
95.0%	-1.7	G
95.0%	-3.7	G
95.0%	0.3	A
95.0%	-5.3	A
95.0%	-1.4	A
95.0%	-2.8	G
95.0%	0.2	A
95.0%	-4.6	A
95.0%	-1.7	G
95.0%	-11.3	G
95.0%	0.1	A
95.0%	-1.3	R
95.0%	-1.3	G
95.0%	2.6	A
95.0%	-4.2	A
95.0%	-9.7	G
95.0%	-8.9	A
95.0%	-6.4	R
95.0%	0.7	R
95.0%	0.2	R
95.0%	0.7	G
95.0%	3.0	G
95.0%	2.0	G

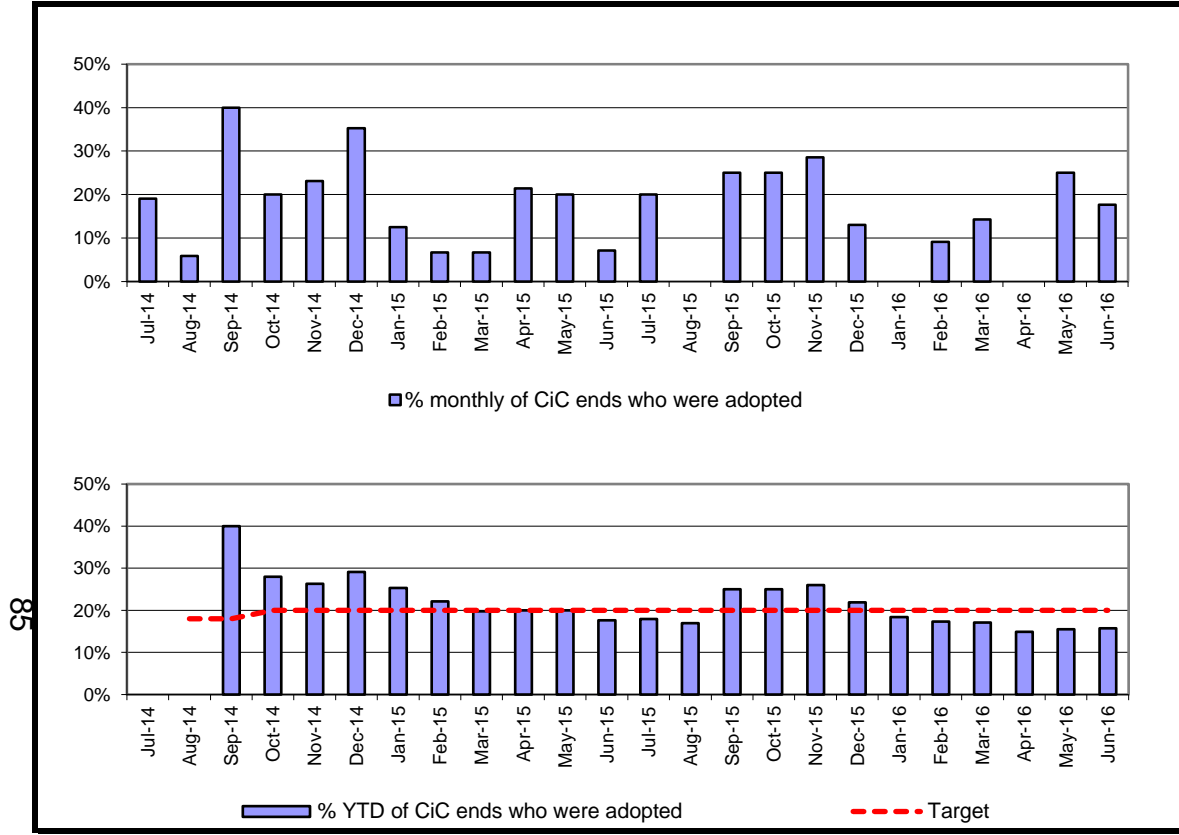
**CSC Commentary**

Statutory visits within timescale have taken a small decrease in performance this month, which is in part due to worker absence and some older teenagers not co-operating with visiting requirements. However, managers continue to remind workers of the expectations on ensuring full compliance with visits and to ensure that they are planned in advance of the actual date to allow for rearrangements to be made within the minimum time period allowed.

**Definition**

Of all Children in Care that have been looked after for more than 6 weeks, the number and percentage of visits that were completed within the 6 week deadline (or within three months for those Children in Care that have been looked after for more than 12 months and whose placement is deemed to be permanent). This is snapshot data taken at the month end.

**G = 95%**      **A > 90%**      **R < 90%**



Month	Adop.	CiC Ends	% monthly	% YTD
Jul-14	4	21	19.0%	0.0%
Aug-14	1	17	5.9%	0.0%
Sep-14	4	10	40.0%	40.0%
Oct-14	3	15	20.0%	28.0%
Nov-14	3	13	23.1%	26.3%
Dec-14	6	17	35.3%	29.1%
Jan-15	2	16	12.5%	25.4%
Feb-15	1	15	6.7%	22.1%
Mar-15	1	15	6.7%	19.8%
Apr-15	3	14	21.4%	20.0%
May-15	2	10	20.0%	20.0%
Jun-15	2	28	7.1%	17.6%
Jul-15	5	25	20.0%	18.0%
Aug-15	0	11	0.0%	16.9%
Sep-15	5	20	25.0%	25.0%
Oct-15	4	16	25.0%	25.0%
Nov-15	4	14	28.6%	26.0%
Dec-15	3	23	13.0%	21.9%
Jan-16	0	14	0.0%	18.4%
Feb-16	1	11	9.1%	17.3%
Mar-16	1	7	14.3%	17.1%
Apr-16	0	16	0.0%	14.9%
May-16	2	8	25.0%	15.5%
Jun-16	3	17	17.6%	15.8%

Target	Var	RAG
18.0%	-18.0	G
18.0%	-18.0	A
18.0%	22.0	G
20.0%	8.0	G
20.0%	6.3	G
20.0%	9.1	A
20.0%	5.4	A
20.0%	2.1	A
20.0%	-0.2	A
20.0%	0.0	A
20.0%	0.0	A
20.0%	-2.4	A
20.0%	-2.0	A
20.0%	-3.1	A
20.0%	5.0	G
20.0%	5.0	A
20.0%	6.0	A
20.0%	1.9	A
20.0%	-1.6	A
20.0%	-2.7	A
20.0%	-2.9	A
20.0%	-5.1	A
20.0%	-4.5	A
20.0%	-4.2	A

<b>YTD:</b>	<b>28</b>	<b>182</b>	<b>--</b>	<b>15.4%</b>
-------------	-----------	------------	-----------	--------------

<b>20.0%</b>	<b>-4.6</b>	<b>A</b>
--------------	-------------	----------

**CSC Commentary**

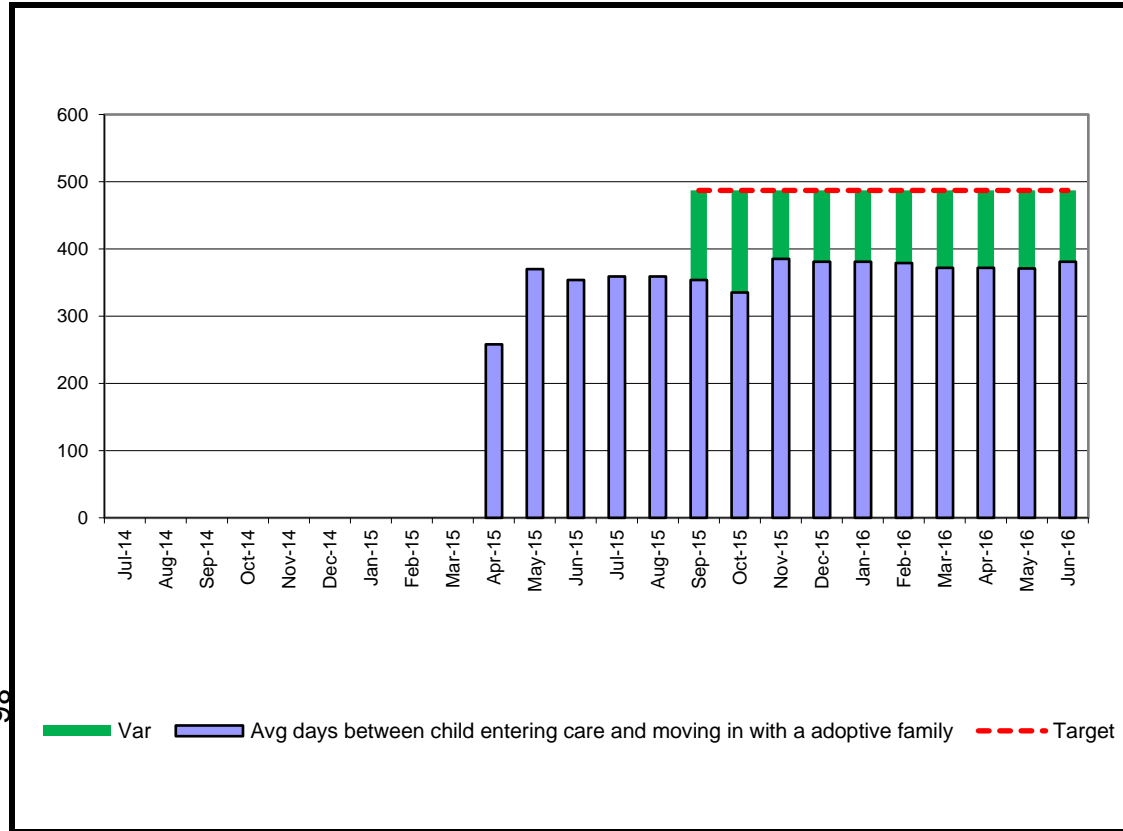
The percentage of children who ceased to be in care as a result of an adoption order is within 1% of the performance last year. This demonstrates good performance in the context of a decreasing trend of adoption orders nationally. Given the national context of a growth in SGOs and a decline in adoption orders the RAG rating will need adjusting for this indicator.

**Definition**

The number of children adopted as a percentage of the number of children who ceased to be in care

<b>G =20%</b>	<b>A &gt;15%</b>	<b>R &lt; 15%</b>
---------------	------------------	-------------------

Year	PCC Result	SN Result	ENG Result
2012-13	13.0%	19.0%	14.0%
2013-14	18.0%	22.4%	17.0%
2014-15	19.0%	24.0%	17.0%



Month	Avg days
Jul-14	
Aug-14	
Sep-14	
Oct-14	
Nov-14	
Dec-14	
Jan-15	
Feb-15	
Mar-15	
Apr-15	258
May-15	370
Jun-15	354
Jul-15	359
Aug-15	359
Sep-15	354
Oct-15	335
Nov-15	385
Dec-15	381
Jan-16	381
Feb-16	379
Mar-16	372
Apr-16	372
May-16	371
Jun-16	381

Target	Var	RAG
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	0	
487.0	-133	G
487.0	-152	G
487.0	-102	G
487.0	-106	G
487.0	-106	G
487.0	-108	G
487.0	-115	G
487.0	-115	G
487.0	-116	G
487.0	-106	G

98

CSC Commentary

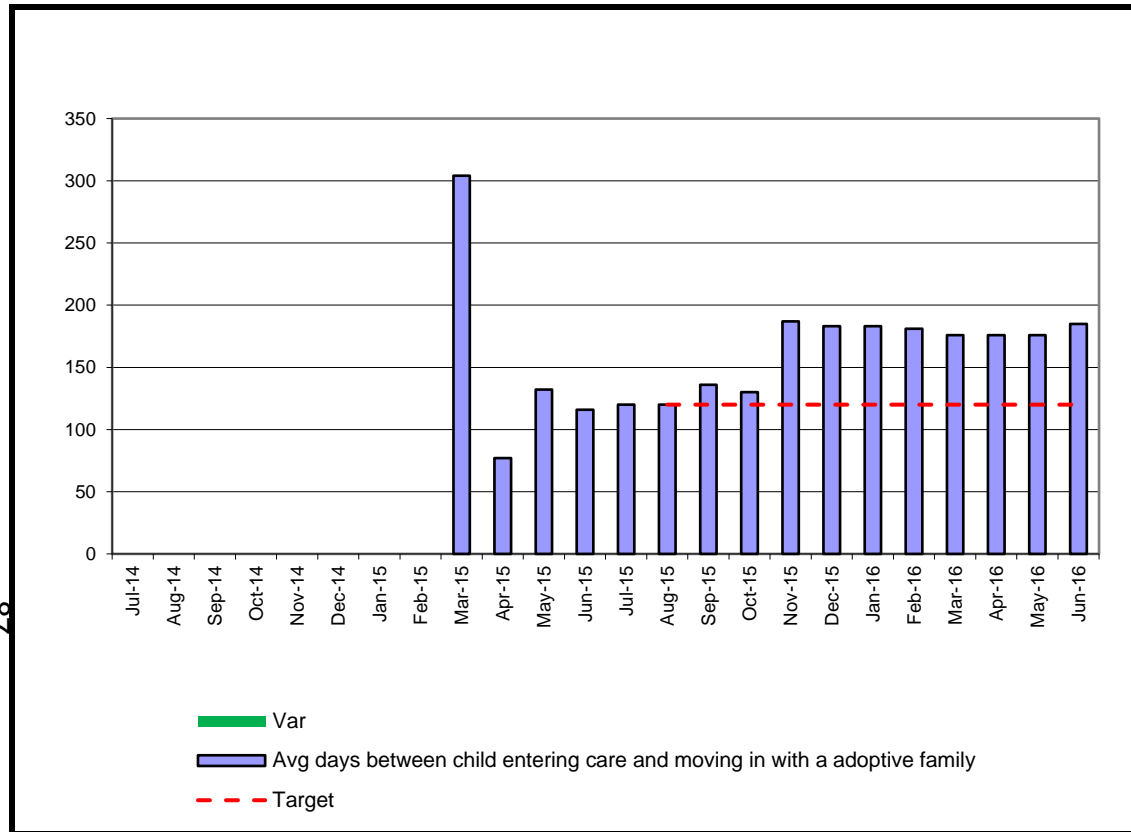
This indicator evidences good and sustained performance.

Definition:

The average days between child entering care and moving in with a adoptive family and the average days between court agreeing adoption and LA approving a match. The monthly figures represent the cumulative total for the year to date.

G <=487	A >	R
---------	-----	---

Year	ER Result	ENG Result
2012-13		
2013-14		
2014-15	492.5	



Month	Avg days
Jul-14	
Aug-14	
Sep-14	
Oct-14	
Nov-14	
Dec-14	
Jan-15	
Feb-15	
Mar-15	304
Apr-15	77
May-15	132
Jun-15	116
Jul-15	120
Aug-15	120
Sep-15	136
Oct-15	130
Nov-15	187
Dec-15	183
Jan-16	183
Feb-16	181
Mar-16	176
Apr-16	176
May-16	176
Jun-16	185

Target	Var	RAG
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	0.0	
	304.0	
	77.0	
	132.0	
	116.0	
	120.0	
120.0	0.0	R
120.0	16.0	G
120.0	10.0	A
120.0	67.0	G
120.0	63.0	G
120.0	63.0	G
120.0	61.0	A
120.0	56.0	A
120.0	56.0	R
120.0	56.0	R
120.0	65.0	R

**CSC Commentary**

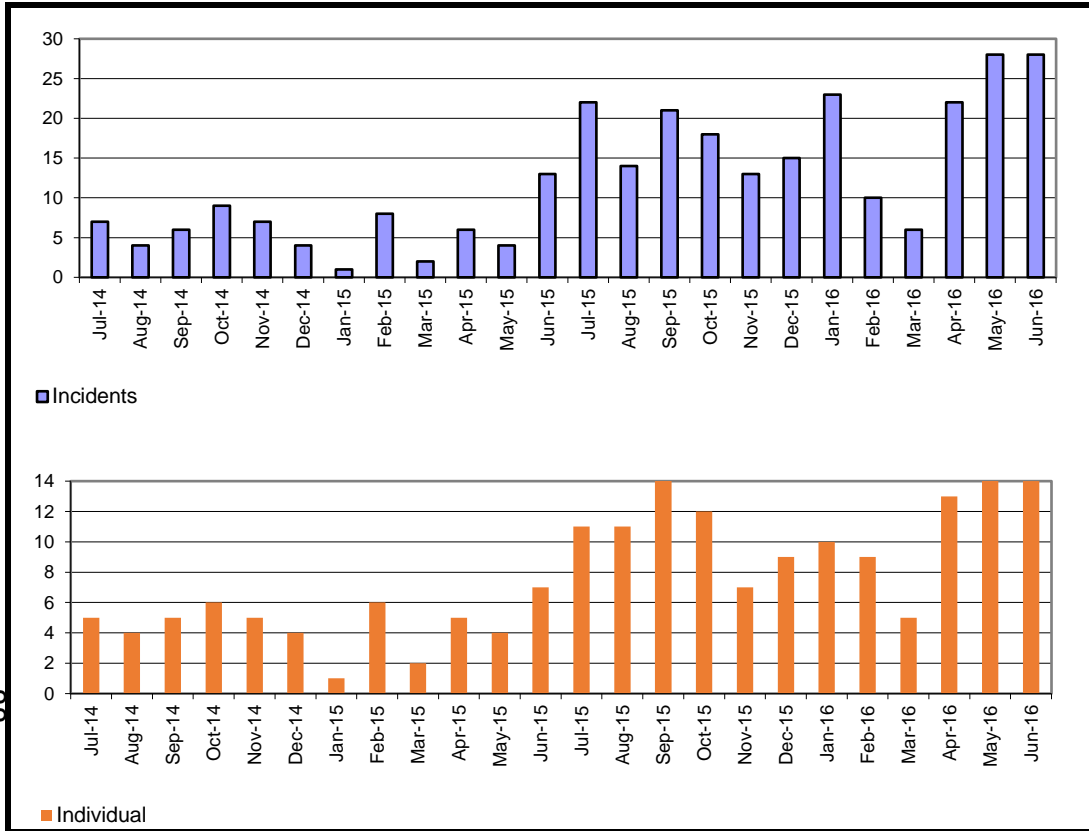
This indicator appears not to have been met however it is a more complex picture. As it measures the period from placement order to match it does not take account of children who have been placed with their adopters under fostering for adoption arrangements. 11 children who were adopted in the period had been previously fostered by their adopters. There remain some children however, who have waited a considerable time to move in with their adoptive family. Typically these children have been harder to place as they have additional needs or are part of a sibling group. Closer scrutiny of this indicator demonstrates good performance in comparison with strong performance last year. 236 days was the average between a child entering care and moving in with their adoptive family for 2014/15. 2015/16 performance is 178.

**Definition**

The average days between child entering care and moving in with a adoptive family and the average days between court agreeing adoption and LA approving a match. The monthly figures represent the cumulative total for the

G ≤120	A >	R <
--------	-----	-----

Year	PCC Result	ER Result	ENG Result
2012-13			
2013-14			
2014-15	304.0	220.0	



Month	Incidents	Individual
Jul-14	7	5
Aug-14	4	4
Sep-14	6	5
Oct-14	9	6
Nov-14	7	5
Dec-14	4	4
Jan-15	1	1
Feb-15	8	6
Mar-15	2	2
Apr-15	6	5
May-15	4	4
Jun-15	13	7
Jul-15	22	11
Aug-15	14	11
Sep-15	21	16
Oct-15	18	12
Nov-15	13	7
Dec-15	15	9
Jan-16	23	10
Feb-16	10	9
Mar-16	6	5
Apr-16	22	13
May-16	28	16
Jun-16	28	14

**CSC Commentary**

This indicator has remained stable for the second month despite the increased challenge of preventing young people from going missing over the summer months. This has contributed to the relatively high figure however, as this in part is due to the longer daylight hours being a greater attraction for young people to go out without approval. The number of young people going missing has decreased but they account for the same number of incidents.

**Definition**

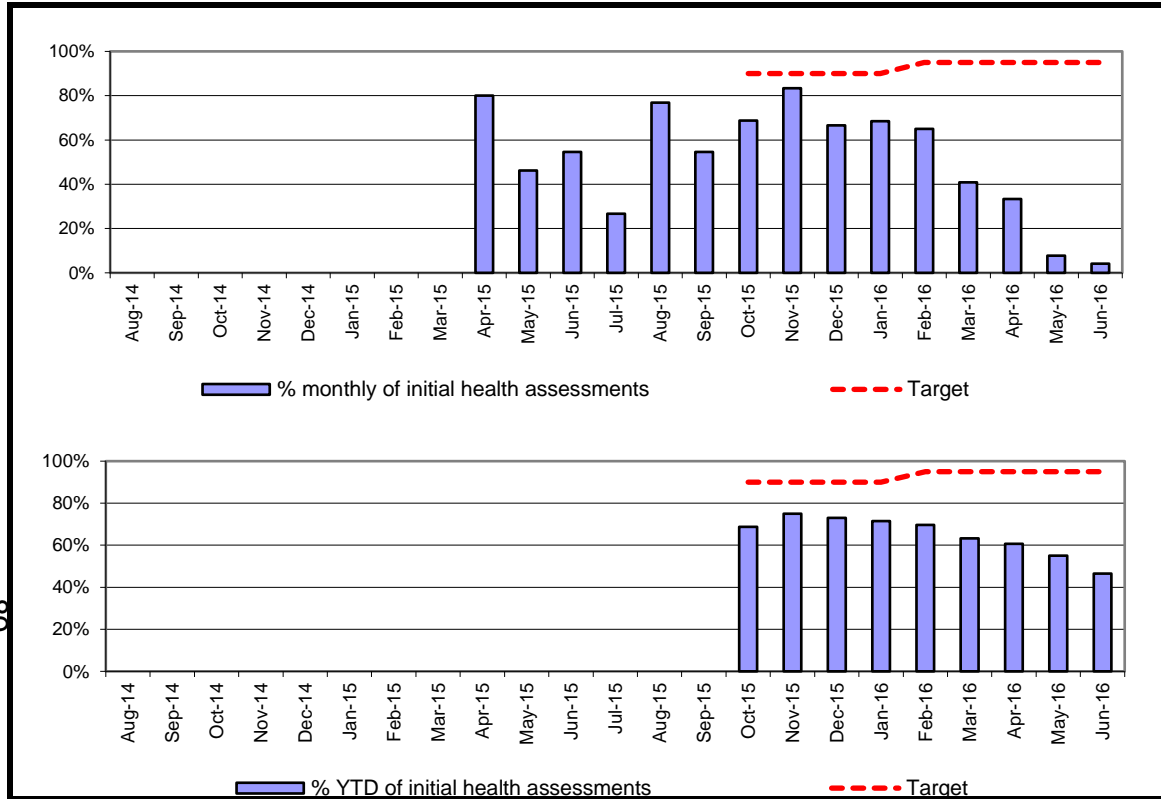
All missing incidents (including incidents occurring to CiC placed outside of Peterborough) for Children in Care recorded in the month; individuals is the number of children this involves (as some children may go missing more than once).





# Initial health assessments completed within 20 working days of child entering care

68



Month	Init.HA	CiC St	% monthly	% YTD of initial	Target
Aug-14					
Sep-14					
Oct-14					
Nov-14					
Dec-14					
Jan-15					
Feb-15					
Mar-15					
Apr-15	8	10	80.0%	0.0%	
May-15	6	13	46.2%	0.0%	
Jun-15	12	22	54.5%	0.0%	
Jul-15	4	15	26.7%	0.0%	
Aug-15	10	13	76.9%	0.0%	
Sep-15	6	11	54.5%	0.0%	
Oct-15	11	16	68.8%	68.8%	90.0%
Nov-15	10	12	83.3%	75.0%	90.0%
Dec-15	6	9	66.7%	73.0%	90.0%
Jan-16	13	19	68.4%	71.4%	90.0%
Feb-16	13	20	65.0%	69.7%	95.0%
Mar-16	9	22	40.9%	63.3%	95.0%
Apr-16	3	9	33.3%	60.7%	95.0%
May-16	1	13	7.7%	55.0%	95.0%
Jun-16	1	24	4.2%	46.5%	95.0%

<b>YTD:</b>	<b>87</b>	<b>183</b>	<b>--</b>	<b>47.5%</b>	<b>95.0%</b>
-------------	-----------	------------	-----------	--------------	--------------

## CSC Commentary

The last 6 months data for completion of Initial Health Assessments has been much improved compared with performance for the preceding 12 months. Over the last 6 months the percentage of IHAs completed within timescale is above 65%. Performance in April dipped to just 33% of IHAs were completed in timescale. This performance has been scrutinised and was affected by late referrals for 5 children, these children have now all received a health assessment. Improved processes were put in place to ensure a better percentage of IHAs were completed within timescale. Confirmed data by health is not yet finalised.

## Definition

The number of children becoming looked after that have an initial health assessment recorded within 20 working days care. The number of children is measured one month in arrears to enable time for the 20 day period to elapse and exclude episode of care was closed within 20 days and also children entering care because they have been placed on remand (institution is responsible for completing the initial health assessment).

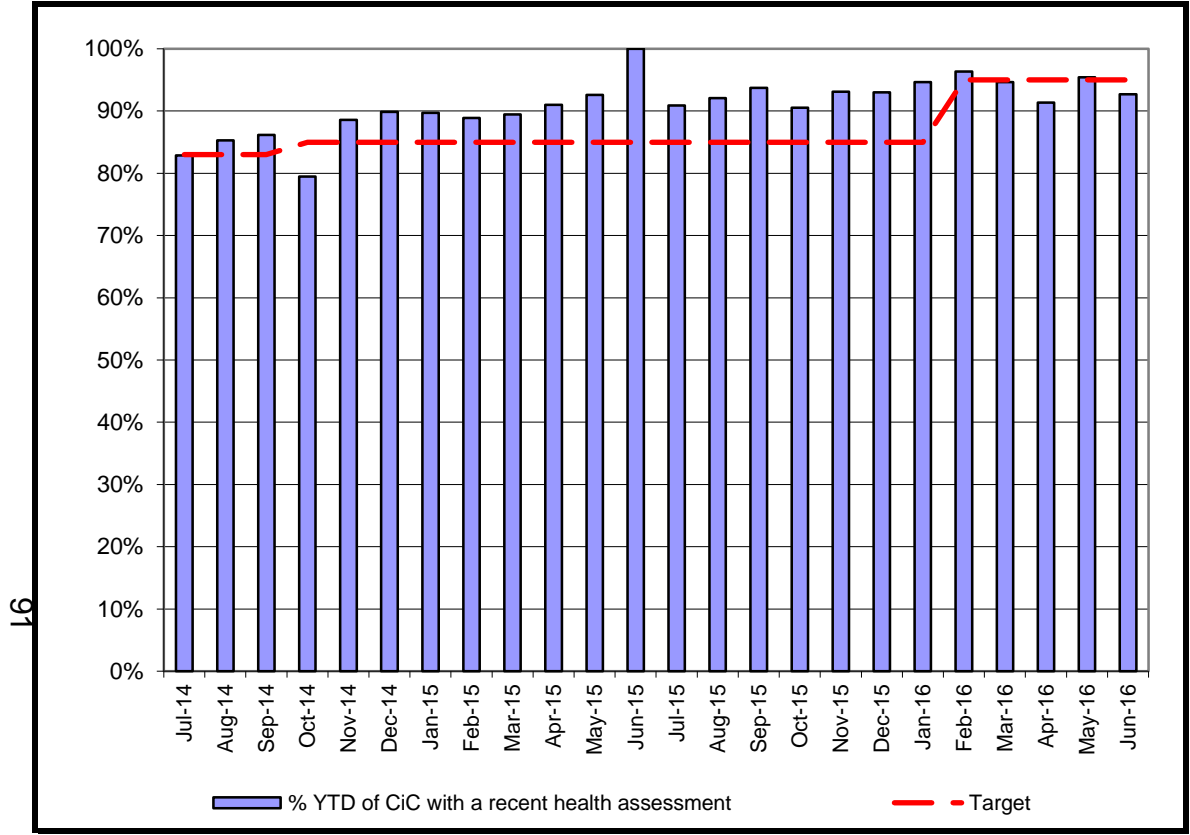


Var	RAG
-21.3	R
-15.0	R
-17.0	R
-18.6	R
-25.3	R
-31.7	R
O <sub>6</sub> -34.3	R
-40.0	R
-48.5	R

-47.5	R
-------	---

of the child entering  
cludes cases where the  
because the remand

85%



Month	Num.	Denom.	% YTD	Target	Variance	RAG
Jul-14	218	263	82.9%	83.0%	-0.1	G
Aug-14	226	265	85.3%	83.0%	2.3	G
Sep-14	230	267	86.1%	83.0%	3.1	G
Oct-14	205	258	79.5%	85.0%	-5.5	G
Nov-14	232	262	88.5%	85.0%	3.5	G
Dec-14	239	266	89.8%	85.0%	4.8	A
Jan-15	227	253	89.7%	85.0%	4.7	A
Feb-15	224	252	88.9%	85.0%	3.9	G
Mar-15	229	256	89.5%	85.0%	4.5	G
Apr-15	232	255	91.0%	85.0%	6.0	A
May-15	237	256	92.6%	85.0%	7.6	G
Jun-15	253	253	100.0%	85.0%	15.0	A
Jul-15	219	241	90.9%	85.0%	5.9	A
Aug-15	221	240	92.1%	85.0%	7.1	G
Sep-15	224	239	93.7%	85.0%	8.7	A
Oct-15	210	232	90.5%	85.0%	5.5	A
Nov-15	216	232	93.1%	85.0%	8.1	A
Dec-15	212	228	93.0%	85.0%	8.0	A
Jan-16	211	223	94.6%	85.0%	9.6	A
Feb-16	210	218	96.3%	95.0%	1.3	A
Mar-16	212	224	94.6%	95.0%	-0.4	A
Apr-16	211	231	91.3%	95.0%	-3.7	G
May-16	230	241	95.4%	95.0%	0.4	A
Jun-16	215	232	92.7%	95.0%	-2.3	A

**CSC Commentary**

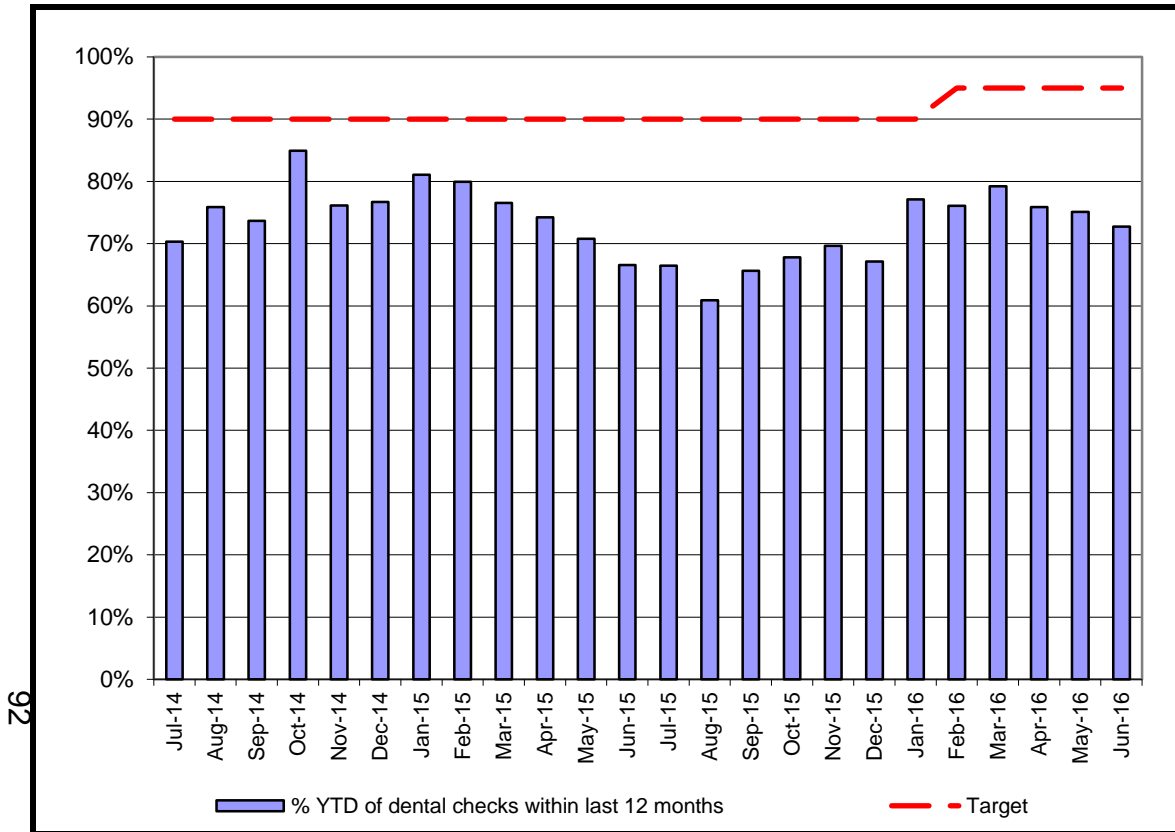
Performance has slipped this month by 2.7% to below the target rate of 95%. There are a number of young people, particularly older teenagers, who continue to refuse assessments. Workers will continue to make concerted efforts to engage these young people.

**Definition**

Of the children who had been in care for at least 12 months the proportion who had an annual health assessment during the previous 12 months.

G >= 95%	A > 85%	R < 85%
----------	---------	---------

Year	PCC Result	SN Result	ENG Result
2012-13	85.4%	85.0%	87.3%
2013-14	93.9%	89.1%	88.4%
2014 -15			



Month	Num.	Denom.	% YTD	Target	Variance	RAG
Jul-14	225	320	70.3%	90.0%	-19.7	R
Aug-14	239	315	75.9%	90.0%	-14.1	R
Sep-14	232	315	73.7%	90.0%	-16.3	A
Oct-14	265	312	84.9%	90.0%	-5.1	R
Nov-14	236	310	76.1%	90.0%	-13.9	R
Dec-14	237	309	76.7%	90.0%	-13.3	R
Jan-15	240	296	81.1%	90.0%	-8.9	R
Feb-15	231	289	79.9%	90.0%	-10.1	R
Mar-15	225	294	76.5%	90.0%	-13.5	R
Apr-15	213	287	74.2%	90.0%	-15.8	A
May-15	206	291	70.8%	90.0%	-19.2	R
Jun-15	195	293	66.6%	90.0%	-23.4	R
Jul-15	194	292	66.4%	90.0%	-23.6	A
Aug-15	176	289	60.9%	90.0%	-29.1	R
Sep-15	191	291	65.6%	90.0%	-24.4	R
Oct-15	196	289	67.8%	90.0%	-22.2	R
Nov-15	204	293	69.6%	90.0%	-20.4	R
Dec-15	198	295	67.1%	90.0%	-22.9	R
Jan-16	222	288	77.1%	90.0%	-12.9	R
Feb-16	229	301	76.1%	95.0%	-18.9	R
Mar-16	244	308	79.2%	95.0%	-15.8	R
Apr-16	239	315	75.9%	95.0%	-19.1	R
May-16	235	313	75.1%	95.0%	-19.9	R
Jun-16	235	323	72.8%	95.0%	-22.2	R

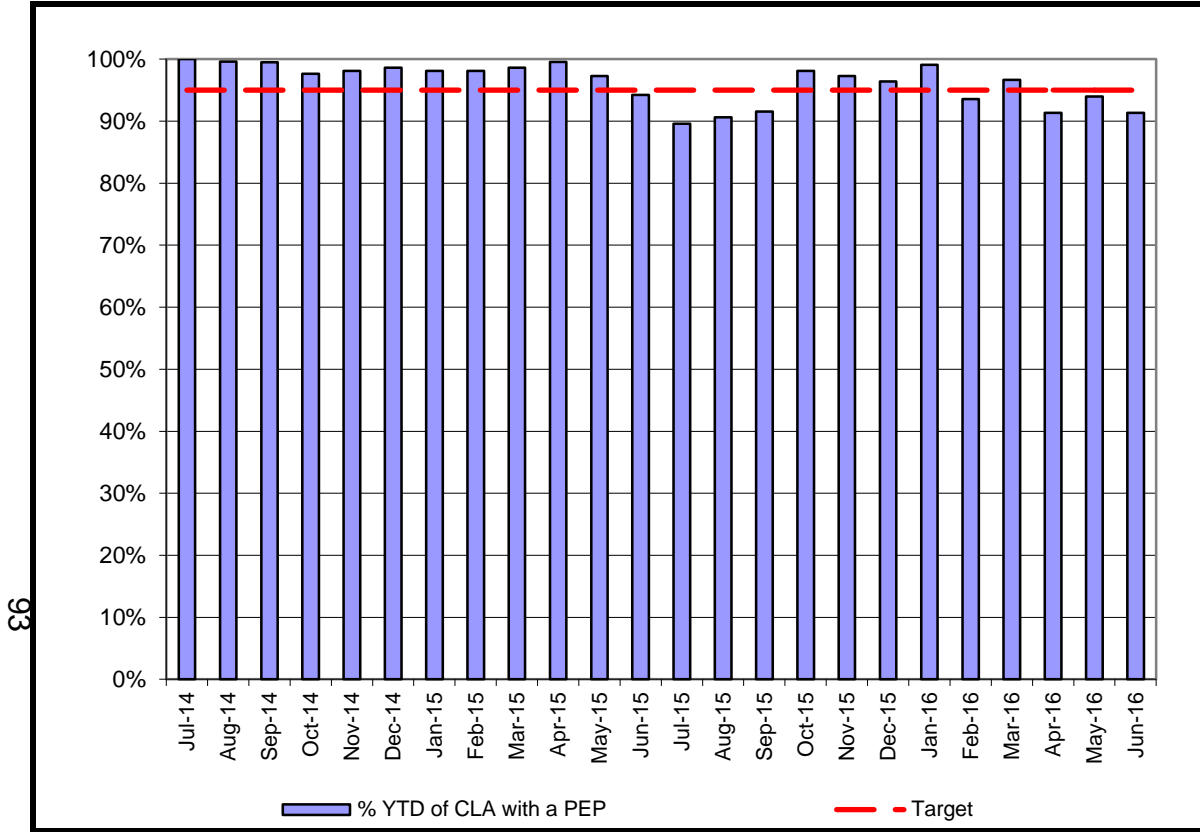
**CSC Commentary**

This indicator has decreased slightly to 72.8%. Although the number of children having dental checks hasn't actually decreased, the number of children in care at the month end (denominator) has increased impacting negatively on this figure. In part, low performance is due to a number of teenage children who consistently refuse dental check and also a number of unaccompanied minors who have been registered with dentists but who have significant waiting time delays before they can be seen for check-ups. The teams will continue to focus on those young people who's dental checks are at 11 months to try and avoid the figures dropping further.

**Definition**

The percentage of children looked after who have had a dental check within the previous 12 months. Children looked after aged between 3 and 17 years old that have a dental check recorded on Liquidlogic that was completed within the previous 12 months. The denominator is the number of children looked after (3 - 17) at the month end.

G >= 95%	A > 90%	R < 90%
----------	---------	---------



Month	Num.	Denom.	% YTD
Jul-14	240	240	100.0%
Aug-14	237	238	99.6%
Sep-14	203	204	99.5%
Oct-14	207	212	97.6%
Nov-14	209	213	98.1%
Dec-14	211	214	98.6%
Jan-15	209	213	98.1%
Feb-15	209	213	98.1%
Mar-15	213	216	98.6%
Apr-15	213	214	99.5%
May-15	214	220	97.3%
Jun-15	212	225	94.2%
Jul-15	206	230	89.6%
Aug-15	193	213	90.6%
Sep-15	195	213	91.5%
Oct-15	206	210	98.1%
Nov-15	215	221	97.3%
Dec-15	214	222	96.4%
Jan-16	216	218	99.1%
Feb-16	217	232	93.5%
Mar-16	232	240	96.7%
Apr-16	222	243	91.4%
May-16	233	248	94.0%
Jun-16	232	254	91.3%

Target	Variance	RAG
95.0%	5.0	G
95.0%	4.6	G
95.0%	4.5	G
95.0%	2.6	G
95.0%	3.1	G
95.0%	3.6	G
95.0%	3.1	G
95.0%	3.1	G
95.0%	3.6	G
95.0%	4.5	G
95.0%	2.3	G
95.0%	-0.8	G
95.0%	-5.4	G
95.0%	-4.4	A
95.0%	-3.5	R
95.0%	3.1	A
95.0%	2.3	A
95.0%	1.4	G
95.0%	4.1	G
95.0%	-1.5	G
95.0%	1.7	G
95.0%	-3.6	A
95.0%	-1.0	G
95.0%	-3.7	A

**CSC Commentary**

Social Workers have been reminded to record PEP meetings on LL. We will cross reference with a list from the PMT and advise managers of those SWs who are non compliant in terms of LL recording of meetings

**Definition**

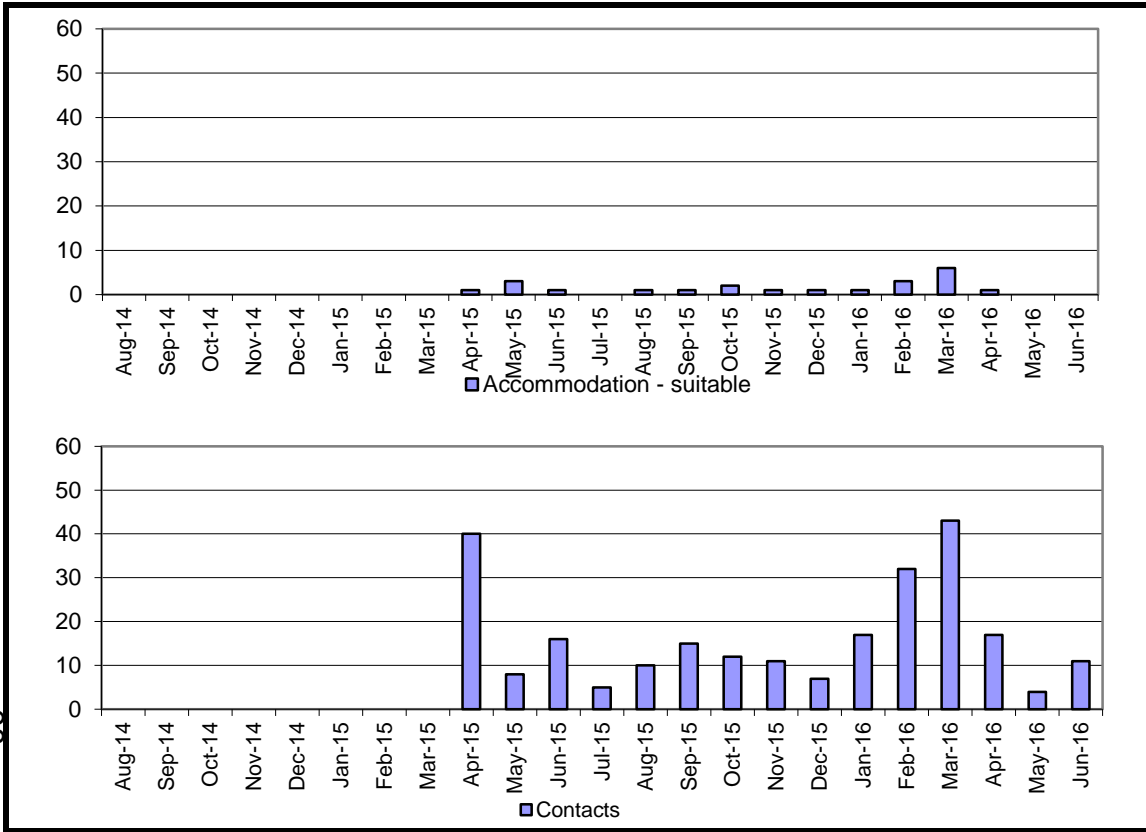
The denominator is the number of children in care who are of school age. The numerator is of those children, the number that have a PEP added to the system.

**G = 95%**      **A=95%-90%**      **R < 90%**





96



Month	Accomm	Contacts	%	Target	Variance	RAG
Jul-14						
Aug-14						
Sep-14						
Oct-14						
Nov-14						
Dec-14						
Jan-15						
Feb-15						
Mar-15						
Apr-15	1	40	2.5%			
May-15	3	8	37.5%			
Jun-15	1	16	6.3%			
Jul-15	0	5	0.0%			
Aug-15	1	10	10.0%			
Sep-15	1	15	6.7%			
Oct-15	2	12	16.7%			
Nov-15	1	11	9.1%			
Dec-15	1	7	14.3%			
Jan-16	1	17	5.9%			
Feb-16	3	32	9.4%			
Mar-16	6	43	14.0%			
Apr-16	1	17	5.9%			
May-16	0	4	0.0%			
Jun-16	0	11	0.0%			

<b>YTD</b>	<b>17</b>	<b>184</b>	<b>9.2%</b>			
------------	-----------	------------	-------------	--	--	--

**CSC Commentary**

The data team only report contacts with former relevant care leavers from those new entries on the DFE 'birthday' return and only report new information from this month. Changing this indicator so that it reports more meaningful information will be discussed with the Data Management Team. For this month however, of the 11 young people having a contact recorded, all of them stated that they resided in suitable accommodation.

**Definition**  
All contacts with former relevant care leavers aged 19, 20 or 21 recorded on the case management system within the month and the proportion of those who declared themselves to be Not in Suitable Accommodation

<b>G =TBC</b>	<b>A =TBC</b>	<b>R=TBC</b>
---------------	---------------	--------------

Year	ER Result	SN Res	ENG Result
2012-13		-	-
2013-14		-	-
2014-15		-	-



Jun-15	Sep-15	Dec-15	Mar-16	Jun-16
--------	--------	--------	--------	--------

Children looked after	345	340	349	359	371
-----------------------	-----	-----	-----	-----	-----

Age

Under 1	23	17	20	22	22
1 to 4	39	37	39	36	36
5 to 9	64	68	70	74	81
10 to 15	147	145	144	149	149
16-17	69	72	76	78	82
18 or over	2	1	0	0	1

Gender

Male	189	197	199	203	211
Female	151	152	156	156	160

Legal Status

Interim care orders	26	39	49	56	60
Full care orders	160	157	162	167	163
Voluntary agreements	95	88	89	97	107
Freed adoption / placement order	63	53	47	37	37
Others	1	3	2	2	4

Placement

Foster carers - In House	152	143	154	168	173
Foster carers - Agency	106	102	101	106	108
Foster carers - Unknown	0	0	0	0	0
Fostering by relatives or friends	13	26	32	24	19
With parents	11	9	5	6	4
Independent living	26	24	23	25	31
Residential care homes	23	23	23	22	30
Other residential schools	3	3	4	5	2
Placed for adoption	10	9	5	2	3
Secure unit	1	1	1	1	0
Other	0	0	1	0	1

Jun-15	Sep-15	Dec-15	Mar-16	Jun-16
--------	--------	--------	--------	--------

Children looked after	345	340	349	359	371
-----------------------	-----	-----	-----	-----	-----

Ethnicity

White British	237	227	235	237	235
White Irish	0	0	0	0	0
White Other	40	37	38	44	47
<b>White</b>	<b>277</b>	<b>264</b>	<b>273</b>	<b>281</b>	<b>282</b>
Mixed White & Black Caribbean	7	6	7	3	4
Mixed White & Black African	2	2	2	5	6
Mixed White & Asian	11	12	11	13	14
Any other mixed background	9	12	11	10	11
<b>Mixed</b>	<b>29</b>	<b>32</b>	<b>31</b>	<b>31</b>	<b>35</b>
Indian	0	0	0	0	0
Pakistani	5	5	5	6	5
Bangladeshi	0	0	0	0	0
Any other Asian background	9	9	10	11	18
<b>Asian</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>17</b>	<b>23</b>
Caribbean	2	2	2	2	2
African	14	12	12	10	12
Any other Black background	4	6	6	6	7
<b>Black</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>18</b>	<b>21</b>
Chinese	0	0	0	0	0
Any other ethnic group	5	10	10	11	10
<b>Other</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>10</b>
Not stated / not yet obtained	0	0	0	1	0

Length of time in care

0 - 6 months	62	86	92	92	102
7 - 12 months	34	21	29	55	51
1 - 2 years	97	73	70	56	60
3 - 5 years	56	66	62	67	72
6 - 10 years	83	78	79	71	72
11 -15 years	12	15	16	16	14
16+ years	1	1	1	2	0

This page is intentionally left blank

# Peterborough City Council Action Plan following OfSTED Inspection of Services to Children in Need of Help and Protection, Children Looked After & Care Leavers

## Background

The Council places a high priority on improving outcomes for children and young people. We are committed to supporting families to overcome their difficulties so that fewer children and young people need our services to protect them or come into care. Through effective early intervention, our children's services will support families and prevent problems from escalating. We will work with our partners to continue to implement our transformation plans for Children's Services.

We are pleased that the OfSTED Inspection in April 2015 found that we know ourselves well and that the new management team were already making progress to address the areas for improvement identified within the inspection.

This third update continues to evidence progress in the majority of areas. In general terms, progress has been made in terms of increasing the proportion of permanently employed social workers and reducing turn-over. Caseloads have fallen across the service since the inspection, and timeliness of decision making and assessments is significantly better. Practice is not yet at the consistently high standards that we would wish, but by stabilising the workforce and reducing caseloads, we have put the foundations in place to deliver sustainable improvements in practice quality.

There are some areas where target dates have slipped since the original action plan was developed in November. In most cases this is probably more a reflection of the ambitious nature or complexity of those targets rather than of any lack of action or commitment by managers and staff.

Any remedial actions required where any areas where dates have slipped or where planned actions have not yet started are clearly set out with target dates for completion. Progress against the plan is monitored through the Children's Social Care senior management team. Overall accountability is to Creating Opportunities and Tackling Inequalities Scrutiny Committee and the Corporate Parenting Panel.

The plan is set out so that for each action, the RAG rating of overall progress as of November 2015 can be compared with our assessment of our position in March 2016 and now July 2016.

<b>OFSTED SAID WE MUST:</b>	<b>Ensure that all child in need plans, child protection plans, looked after children plans, pathway plans, and personal education plans are outcome focused, easy to understand and include specific and measurable objectives.</b>	<b>Recommendation 6</b>
-----------------------------	--	-------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All plans clearly state what needs to happen, who needs to undertake the work and when it will happen, and describe the expected outcome. Contingencies are also described;</li> <li>Any patterns of risky behaviours are addressed by specific risk assessments which inform an appropriately detailed risk management plan.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Plans for children and young people progress more effectively because all those working with them are clear of their responsibilities and accountabilities;</li> <li>Clear plans support positive engagement by families and this engagement makes it more likely that outcomes for children are improved in a sustainable way;</li> <li>Children and young people are protected where plans fail to deliver the required outcomes;</li> <li>Risks facing young people engaged in behaviours that may place them at risk of significant harm are reduced through a proportionate and focused response.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All plans clearly state what needs to happen, who needs to undertake the work and when it will happen, and describe the expected outcome. Contingencies are also described;</li> <li>Any patterns of risky behaviours are addressed by specific risk assessments which inform an appropriately detailed risk management plan.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Plans for children and young people progress more effectively because all those working with them are clear of their responsibilities and accountabilities;</li> <li>Clear plans support positive engagement by families and this engagement makes it more likely that outcomes for children are improved in a sustainable way;</li> <li>Children and young people are protected where plans fail to deliver the required outcomes;</li> <li>Risks facing young people engaged in behaviours that may place them at risk of significant harm are reduced through a proportionate and focused response.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Team Manager development programme established, supporting team managers to help workers to develop outcome focused and easy to understand plans;</li> <li>Practice workshops on developing and monitoring outcome focused plans delivered to a wide range of</li> </ul>	Green

	<p>practitioners established;</p> <ul style="list-style-type: none"> <li>• Programme of risk assessments for all young people aged 13 and above completed;</li> <li>• New permanency planning process established for to run alongside legal planning meetings to ensure that contingencies are always in place;</li> <li>• New unborn baby protocol in place to ensure that pre-birth assessments are completed in a timely way;</li> <li>• Independent chairs have begun to run focus groups with children in care and children subject to child protection plans, with feedback on views feeding back to team managers and social workers;</li> <li>• Parent's group established by independent chairs to seek views relating to child protection processes;</li> <li>• Work underway to expand parent groups to include children in need.</li> </ul>	
--	--	--

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• All plans clearly state what needs to happen, who needs to undertake the work and when it will happen, and describe the expected outcome. Contingencies are also described;</li> <li>• Any patterns of risky behaviours are addressed by specific risk assessments which inform an appropriately detailed risk management plan.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Plans for children and young people progress more effectively because all those working with them are clear of their responsibilities and accountabilities;</li> <li>• Clear plans support positive engagement by families and this engagement makes it more likely that outcomes for children are improved in a sustainable way;</li> <li>• Children and young people are protected where plans fail to deliver the required outcomes;</li> <li>• Risks facing young people engaged in behaviours that may place them at risk of significant harm are reduced through a proportionate and focused response.</li> </ul>	
<b>Actions Completed</b>	<ul style="list-style-type: none"> <li>• Implementation of Quality Assurance service across People and Communities completed, although delays in this process has impacted on establishing routine feedback loops with young people and parents;</li> <li>• Heads of service in each area review plans across their service areas with team managers ensuring that drift is avoided;</li> <li>• Evidence from the June case file audit on voice of the child found much clearer evidence of voice of the child influencing planning and review.</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All plans clearly state what needs to happen, who needs to undertake the work and when it will happen, and describe the expected outcome. Contingencies are also described;</li> <li>Any patterns of risky behaviours are addressed by specific risk assessments which inform an appropriately detailed risk management plan.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Plans for children and young people progress more effectively because all those working with them are clear of their responsibilities and accountabilities;</li> <li>Clear plans support positive engagement by families and this engagement makes it more likely that outcomes for children are improved in a sustainable way;</li> <li>Children and young people are protected where plans fail to deliver the required outcomes;</li> <li>Risks facing young people engaged in behaviours that may place them at risk of significant harm are reduced through a proportionate and focused response.</li> </ul>	
<b>Actions Completed</b>	<ul style="list-style-type: none"> <li>TBC</li> </ul>	

#### Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Case Audit Target: 85% of plans are outcome focused and include SMART targets.</b>	<ul style="list-style-type: none"> <li>This will ensure that improvements in practice in this area are embedded across the service.</li> </ul>	<ul style="list-style-type: none"> <li>Plans for children will be less likely to drift, leading to improved outcomes;</li> <li>Throughput will increase, contributing to reduced caseloads.</li> </ul>	Alison Bennett – audit programme; Nicola Curley – practice standards	Dec 2016 – unchanged	
<b>Independent Chairs quality assure all plans, modelling good practice and escalating any recurring issues with line managers to support improved practice.</b>	<ul style="list-style-type: none"> <li>To establish an expectation that this is a bedrock of good practice that will be addressed in all decision making forums affecting children and young people;</li> <li>Effective and understandable plans will lead to greater involvement by children, young people and families.</li> </ul>	<ul style="list-style-type: none"> <li>All involved in the development and reviewing of plans are clear about their roles, responsibilities and accountabilities;</li> <li>Appropriate action is taken to address any failings by an individual or agency in not adhering to plans;</li> <li>Plans progress for children, resulting in improved outcomes.</li> </ul>	Alison Bennett	May 2016	

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Development of user involvement processes to include specific engagement with children and young people around effectiveness of plans in meeting their needs.</b>	<ul style="list-style-type: none"> <li>This process will enable us to review the effectiveness of our approach to development of plans in delivering improved outcomes for children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>Plans become more child-centred and described in ways that are understood by and relevant to the wishes, feelings and needs of children and young people;</li> <li>Practice will continue to improve in relation to developing relevant and effective plans.</li> </ul>	Jenny Weeden & Alison Bennett	September [slipped from June 2016]	
<b>Development of user involvement processes to include specific engagement with families around effectiveness of plans in meeting their needs.</b>	<ul style="list-style-type: none"> <li>Families will have a better understanding of the changes they are being asked to make, and of the responsibilities and accountabilities of agencies supporting them to help them to achieve success.</li> </ul>	<ul style="list-style-type: none"> <li>Services supporting families continue to improve;</li> <li>Engagement of families improves, leading to improved outcomes for children and young people.</li> </ul>	Alison Bennett	September [Slipped from June 2016]	

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<b>Case Audit Target: 85% of plans are outcome focused and include SMART targets.</b>	<ul style="list-style-type: none"> <li>Most recent case file audit established that the quality of care planning across the service continues to require improvement if this is to be good, although there is much better evidence of the voice of the child informing plans;</li> <li>Further practice workshops to be held over summer 2016 to reinforce quality of SMART Plans;</li> <li>Most recent audit identified that</li> </ul>	<ul style="list-style-type: none"> <li>Alison Bennett and Nicola Curley to review actions taken to date in order to establish better quality care planning consistently across the service by end August 2016;</li> </ul>	

	<p>there are improvements possible to the form used within Liquid Logic that would support better quality case planning</p>	<ul style="list-style-type: none"> <li>Alison Bennett to work with Performance Team to implement improvements to care planning process within LL by September 2016</li> </ul>	
<p>Development of user involvement processes to include specific engagement with families around effectiveness of plans in meeting their needs.</p>	<ul style="list-style-type: none"> <li>This has slipped slightly owing to delays in HR processes relating to Quality Assurance re-structure but will be in place by the next action plan review</li> </ul>	<ul style="list-style-type: none"> <li>Alison Bennet by end August 2016</li> </ul>	



<b>OFSTED SAID WE MUST:</b>	Ensure that the new Child Sexual Exploitation risk assessment tool is used consistently and that information about children missing from home, school and care and/or at risk of child sexual exploitation is well coordinated, analysed and acted upon.	<b>Recommendation 8</b>
-----------------------------	--	-------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Risks of children and young people becoming victims of Child Sexual Exploitation are reduced;</li> <li>Risks facing children and young people vulnerable to CSE are identified through thorough risk assessments that lead to a coordinated response. Risks are regularly reviewed, and actions continue to be taken to reduce risks.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Fewer children and young people in Peterborough are victims of Child Sexual Exploitation;</li> <li>Children and young people who are vulnerable to CSE are identified and action taken to safeguard them;</li> <li>Children and young people who are victims of CSE are identified more quickly and action taken to protect them;</li> <li>Children and young people know where they can seek help when they are worried about either themselves or their friends being at risk of Child Sexual Exploitation.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Risks of children and young people becoming victims of Child Sexual Exploitation are reduced;</li> <li>Risks facing children and young people vulnerable to CSE are identified through thorough risk assessments that lead to a coordinated response. Risks are regularly reviewed, and actions continue to be taken to reduce risks.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>There is a reduced likelihood of children and young people in Peterborough are victims of Child Sexual Exploitation;</li> <li>Children and young people who are vulnerable to CSE are identified and action taken to safeguard them;</li> <li>Children and young people who are victims of CSE are identified more quickly and action taken to protect them;</li> <li>Children and young people know where they can seek help when they are worried about either themselves or their friends being at risk of Child Sexual Exploitation.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Where any child or young person is identified as vulnerable to CSE, a strategy discussion takes place, a risk assessment completed and the young person is flagged as at risk on LL;</li> <li>The lead Head of Service reviews the CSE list weekly to ensure this accurately reflects those at risk of CSE and that</li> </ul>	Green

	<p>appropriate assessments are in place;</p> <ul style="list-style-type: none"> <li>• An initial risk assessment screening tool has been introduced and is completed for all children and young people aged 13 and above and open to CSC, informing team managers of high risk cases within their teams and on actions necessary;</li> <li>• Information is shared between relevant professionals [schools, police and CSC] about children and young people who have been missing from home, school and/or care and links are made so that the whole picture of risk to a child or young person is known;</li> <li>• New monthly CSE and missing multi-agency meetings have been set up to ensure that risks and any emerging areas of need are identified with the first of these to be held in April 2016.</li> </ul>	
--	---	--

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• Risks of children and young people becoming victims of Child Sexual Exploitation are reduced;</li> <li>• Risks facing children and young people vulnerable to CSE are identified through thorough risk assessments that lead to a coordinated response. Risks are regularly reviewed, and actions continue to be taken to reduce risks.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Fewer children and young people in Peterborough are victims of Child Sexual Exploitation;</li> <li>• Children and young people who are vulnerable to CSE are identified and action taken to safeguard them;</li> <li>• Children and young people who are victims of CSE are identified more quickly and action taken to protect them;</li> <li>• Children and young people know where they can seek help when they are worried about either themselves or their friends being at risk of Child Sexual Exploitation.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>• Multi-agency meetings are embedded and working closely with Cambridgeshire</li> <li>• 91% of cases sampled had an appropriate CSE assessment in place</li> <li>• Good links have been built between children going missing from school with a member of staff now sitting in the MASH</li> <li>• Clearer intelligence is gathered on those going missing who are at risk of CSE</li> <li>• Cohort numbers are being reviewed to ensure information is up to date and shared across agencies</li> <li>•</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• Risks of children and young people becoming victims of Child Sexual Exploitation are reduced;</li> <li>• Risks facing children and young people vulnerable to CSE are identified through thorough risk assessments that lead to a coordinated response. Risks are regularly reviewed, and actions continue to be taken to reduce risks.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Fewer children and young people in Peterborough are victims of Child Sexual Exploitation;</li> <li>• Children and young people who are vulnerable to CSE are identified and action taken to safeguard them;</li> <li>• Children and young people who are victims of CSE are identified more quickly and action taken to protect them;</li> </ul>	

	<ul style="list-style-type: none"> <li>Children and young people know where they can seek help when they are worried about either themselves or their friends being at risk of Child Sexual Exploitation.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>.</li> </ul>	

#### Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Revised practitioner workshops to be held to support QSW and alternative qualified workers to recognise potential vulnerabilities to CSE and to assess risks using the risk assessment tool.</b>	<ul style="list-style-type: none"> <li>To embed this area of practice across the service;</li> <li>To ensure that risks to children and young people are identified and action taken for them to reduce;</li> <li>To ensure that a clear picture of the levels of risk in the City is provided, enabling actions to be taken to disrupt the activities of and arrest perpetrators.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people vulnerable to CSE will be identified;</li> <li>Action is taken to reduce risks;</li> <li>Action is taken to disrupt the activities of perpetrators;</li> <li>Perpetrators are identified and prosecuted.</li> </ul>	Nicola Curley & Jenny Goodes	November 2015	Green
<b>Audit Target: Case file audits identify that potential risk of CSE is identified and responded to in at least 85% of relevant case files.</b>	<ul style="list-style-type: none"> <li>This will enable us to assess the extent to which the service is improving as a result of practice workshops and training.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people who are vulnerable to CSE are identified and the level of risk is identified.</li> </ul>	Alison Bennet [audits]; Jenny Goodes – practice	September 2016 [slipped from June 2016]	Yellow
<b>Audit Target: Case file audits identify that in at least 90% of cases where CSE has been identified as a potential risk, the appropriate risk assessment has been completed and that the outcome of this assessment has influenced the plan.</b>	<ul style="list-style-type: none"> <li>This will enable us to assess the extent to which the service is improving as a result of practice workshops and training.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people benefit from clear assessments of risks and action plans that are specific to the risks identified.</li> </ul>	Alison Bennet [audits]; Jenny Goodes – practice	June 2016 positive progress beforehand	Green
<b>Audit Target: In at least 80% of case file audits where CSE is</b>	<ul style="list-style-type: none"> <li>This will enable us to assess the extent to which the service is</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people benefit from clear assessments</li> </ul>	Alison Bennet [audits]; Jenny	Sept 2016 positive	Yellow

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
identified as a risk, plans are in place that identify the risk and include measurable targets to reduce risks. These plans are regularly reviewed and amended as necessary.	improving as a result of practice workshops and training	of risks and action plans that are specific to the risks identified, and that plans are reviewed to ensure that the risks are reduced.	Goodes – practice	progress beforehand	
The Council's data systems are updated so that they are able to provide a single view of the child or young person, drawing together any risks associated with areas of life including home and school.	<ul style="list-style-type: none"> <li>Information about children and young people is held in more than one system, necessitating the use of spreadsheets to map relevant information, meaning that there is the potential for information to be missed and risks not identified.</li> </ul>	<ul style="list-style-type: none"> <li>Information about children and young people in different areas of life – school and home for example – is drawn together, enabling individual children and young people vulnerable to CSE to be identified more effectively.</li> </ul>	Tina Hornsby	December 2016 – unchanged	

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
Audit Target: Case file audits identify that potential risk of CSE is identified and responded to in at least 85% of relevant case files.	<ul style="list-style-type: none"> <li>Mock Joint Targeted Area Inspection was to have taken place by June 2016 but has had to be re-scheduled – once this takes place we will have a clearer understanding of progress in relation to this objective</li> </ul>	Alison Bennett by end September 2016	

<b>OFSTED SAID WE MUST:</b>	<b>Ensure that every child who goes missing from home or care is offered a return home interview and that the information obtained is used effectively to safeguard those children and young people and aggregated to identify themes and trends in the City.</b>	<b>Recommendation 9</b>
-----------------------------	---	-------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All children and young people who go missing from home or care are offered return interviews;</li> <li>Where these are declined, parents or carers are offered the opportunity to discuss any issues they may have or be concerned about;</li> <li>Information from return interviews is collated and any patterns that may indicate changing or emerging areas of risks mapped.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people who may be vulnerable as a result of going missing from home or care are offered the opportunity to discuss any concerns that they have that may be contributing to their going missing;</li> <li>Children and young people who have been missing from home or care are offered the opportunity to discuss any harm they may have experienced while missing;</li> <li>Issues of concern are addressed and fewer children and young people are at risk of significant harm because of going missing from home or school.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All children and young people who go missing from home or care are offered return interviews;</li> <li>Where these are declined, parents or carers are offered the opportunity to discuss any issues they may have or be concerned about;</li> <li>Information from return interviews is collated and any patterns that may indicate changing or emerging areas of risks mapped.</li> </ul>	Green Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people who may be vulnerable as a result of going missing from home or care are offered the opportunity to discuss any concerns that they have that may be contributing to their going missing;</li> <li>Children and young people who have been missing from home or care are offered the opportunity to discuss any harm they may have experienced while missing;</li> <li>Issues of concern are addressed and fewer children and young people are at risk of significant harm because of going missing from home or school.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>A service is commissioned from Barnardos for conducting all missing from home interviews, with a worker situated within the MASH;</li> <li>Children and young people who go missing from care are offered independent return interviews by the advocacy organisation, National Youth Advisory Service [NYAS];</li> <li>Both providers provide reports of any themes emerging from return interviews;</li> </ul>	Green

	<ul style="list-style-type: none"> <li>• A missing audit completed in January 2016 indicated that return interviews are offered to parents and carers where young people refuse to participate and that there is significant improvement in data recording, the evidence of the voice of the child and more joined up scrutiny by police and CSC following missing episodes;</li> <li>• Missing is now a focus for the Safer Peterborough Partnership, and performance in this area will be scrutinised through this route.</li> </ul>	
--	--	--

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• All children and young people who go missing from home or care are offered return interviews;</li> <li>• Where these are declined, parents or carers are offered the opportunity to discuss any issues they may have or be concerned about;</li> <li>• Information from return interviews is collated and any patterns that may indicate changing or emerging areas of risks mapped.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Children and young people who may be vulnerable as a result of going missing from home or care are offered the opportunity to discuss any concerns that they have that may be contributing to their going missing;</li> <li>• Children and young people who have been missing from home or care are offered the opportunity to discuss any harm they may have experienced while missing;</li> <li>• Issues of concern are addressed and fewer children and young people are at risk of significant harm because of going missing from home or school.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>• From a dip sample undertaken there is evidence that Return Interviews are being undertaken and if young person is not willing to engage then parents are offered opportunity to discuss missing episode.</li> <li>• Out of the 39 Return Interviews completed in May 51% (20) were completed within 72 hours.</li> <li>• Information obtained from Return Interviews is shared with police and patterns and trends are reviewed at the monthly Missing and CSE Operational Group</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• All children and young people who go missing from home or care are offered return interviews;</li> <li>• Where these are declined, parents or carers are offered the opportunity to discuss any issues they may have or be concerned about;</li> <li>• Information from return interviews is collated and any patterns that may indicate changing or emerging areas of risks mapped.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Children and young people who may be vulnerable as a result of going missing from home or care are offered the opportunity to discuss any concerns that they have that may be contributing to their going missing;</li> <li>• Children and young people who have been missing from home or care are offered the opportunity to discuss any harm they may have experienced while missing;</li> </ul>	

	<ul style="list-style-type: none"> <li>Issues of concern are addressed and fewer children and young people are at risk of significant harm because of going missing from home or school.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

**Future/Uncompleted Actions:**

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Case Audit Outcome: At least 85% of case files sampled in audits evidence that return interviews have taken place within 72 hours.</b>	<ul style="list-style-type: none"> <li>This audit will enable us to ensure that practice standards are being complied with.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people at risk as a result of going missing are seen as quickly as possible, enabling actions to be taken to reduce risks without delay.</li> </ul>	Alison Bennett for audit Jenny Goodes for practice	September 2016 positive progress beforehand	Yellow
<b>Case Audit Outcome: At least 85% of case files sampled in audits evidence that where children in care have gone missing, a risk assessment has been completed and this addresses risks to the child or young person and/or to others.</b>	<ul style="list-style-type: none"> <li>This audit will enable us to ensure that information from return interviews and other sources is drawn together to inform the development of risk assessments that reflects the individual circumstances of the child or young person.</li> </ul>	<ul style="list-style-type: none"> <li>Risks facing children and young people who go missing are identified, enabling action to be taken for these to be mitigated.</li> </ul>	Alison Bennett for audit Jenny Goodes for practice	September 2016 positive progress beforehand	Yellow
<b>Case Audit Outcome: In at least 85% of case files where children in care have gone missing, the care plan has been updated to address how associated risks are to be mitigated and how progress is to be measured.</b>	<ul style="list-style-type: none"> <li>Children in care are particularly vulnerable when they go missing and care plans must identify risks and seek to mitigate these.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people in care who are at risk as a result of going missing are supported by effective plans that reduce those risks.</li> </ul>	Alison Bennett for audit Bev Paris for practice	September 2016 positive progress beforehand	Yellow
<b>Case Audit Outcome: Where there are any indications that patterns of missing from home or care or any other vulnerabilities indicate possible risk of CSE, the appropriate risk assessment is</b>	<ul style="list-style-type: none"> <li>Links are made between risks caused by children and young people who go missing and additional vulnerability that this may lead to in respect of risks of CSE.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people are at reduced risks of vulnerability to CSE.</li> </ul>	Alison Bennett audit and Heads of Service for Practice	July 2016 positive progress beforehand	Green

111

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
completed and actions taken to mitigate risk.					

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
Audits around effectiveness of response to young people at risk because of going missing were intended to take place as part of the mock Joint Targeted Area Inspection which had to be re-scheduled, meaning audits also require re-scheduling. Other sources of information evidence that risk assessments are being used much more comprehensively, however, and CSE/Missing strategic group has helped to ensure links made between vulnerabilities related to missing and to CSE	<ul style="list-style-type: none"> <li>Audit to be re-scheduled and completed prior to next Action Plan update</li> </ul>	Alison Bennett – by end September 2016	
	<ul style="list-style-type: none"> <li></li> </ul>		
	<ul style="list-style-type: none"> <li></li> </ul>		



<b>OFSTED SAID WE MUST:</b>	<b>Ensure that foster carers' files are of a consistently high standard and include all of the required documentation.</b>	<b>Recommendation 10</b>
-----------------------------	--	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All foster carer files comply with at least the requirements of the Fostering National Minimum Standards and include all information required.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people are placed with foster carers who have been thoroughly assessed, reducing risks that they might otherwise be exposed to;</li> <li>Foster carers are reviewed regularly in order to ensure that they have the skills needed to provide a high quality of care to children and young people, resulting in improved outcomes for children in care.</li> </ul>	Yellow
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Information has been provided to all supervising social workers to remind them of minimum information requirements for foster carer files;</li> <li>An audit of the quality of fostering files has been completed since the inspection and an action plan is in place;</li> <li>The QA team has initiated a case file audit where at least 6 foster carers' files are audited to ensure compliance.</li> </ul>	Green

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All foster carer files comply with at least the requirements of the Fostering National Minimum Standards and include all information required.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people are placed with foster carers who have been thoroughly assessed, reducing risks that they might otherwise be exposed to;</li> <li>Foster carers are reviewed regularly in order to ensure that they have the skills needed to provide a high quality of care to children and young people, resulting in improved outcomes for children in care.</li> </ul>	Green
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Information has been provided to all supervising social workers to remind them of minimum information requirements for foster carer files;</li> <li>An audit of the quality of fostering files has been completed since the inspection and an action plan put in place that has been completed;</li> <li>The QA team has initiated a case file audit where at least 6 foster carers' files are audited to ensure compliance, however the subsequent discovery that not all case sampling was completed by team manager means that we cannot yet be confident that all case files are fully compliant.</li> </ul>	Green

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All foster carer files comply with at least the requirements of the Fostering National Minimum Standards and include all information required.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people are placed with foster carers who have been thoroughly assessed, reducing risks that they might otherwise be exposed to;</li> <li>Foster carers are reviewed regularly in order to ensure that they have the skills needed to provide a high quality of care to children and young people, resulting in improved outcomes for children in care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Head of Service has reviewed 90% of foster carer files and recorded management oversight on all. Changes to Liquid logic will improve compliance with minimum standards;</li> <li>New team manager in fostering completing regular case audits.</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All foster carer files comply with at least the requirements of the Fostering National Minimum Standards and include all information required.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people are placed with foster carers who have been thoroughly assessed, reducing risks that they might otherwise be exposed to;</li> <li>Foster carers are reviewed regularly in order to ensure that they have the skills needed to provide a high quality of care to children and young people, resulting in improved outcomes for children in care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

### Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Fostering Action Plan to be completed.</b>	<ul style="list-style-type: none"> <li>The audit of foster carer files identified some compliance issues and the action plan enables us to be sure that remedial actions have taken place.</li> </ul>	<ul style="list-style-type: none"> <li>All foster carers have all necessary checks completed; annual reviews have been undertaken enabling training and development needs to be identified;</li> <li>These steps will ensure that children are as well matched with carers as possible and receive safe and high quality care.</li> </ul>	Simon Green	March 2016	
<b>Fostering Team Manager to sample fostering files on a monthly basis and take any remedial action necessary.</b>	<ul style="list-style-type: none"> <li>Regular management oversight is essential to ensure that practice standards are maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people in care benefit from a fostering service that operates to high practice standards</li> </ul>	Fostering Team Manager	December 2015 – now on-going	
<b>Compliance is assured by the findings of the monthly case file audits completed by QA service.</b>	<ul style="list-style-type: none"> <li>Additional audit programme confirms compliance.</li> </ul>	<ul style="list-style-type: none"> <li>As above.</li> </ul>	Alison Bennett for QA & Simon Green for practice	March 2016 & 6 monthly thereafter	
<b>Ensure new Liquid Logic functionality fully implemented by all staff and managers [new action June 2016]</b>	<ul style="list-style-type: none"> <li>This will help to ensure that files are maintained in accordance with statutory requirements</li> </ul>	<ul style="list-style-type: none"> <li>The quality of foster placements is regularly reviewed and outcomes for children promoted and safeguarded</li> </ul>	Simon Green	September 2016	

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	

<b>OFSTED SAID WE MUST:</b>	<b>Ensure that initial health assessments are routinely completed within 28 days of a child or young person becoming looked after and that health assessments and care plans take full account of children's emotional health and wellbeing.</b>	<b>Recommendation 11</b>
-----------------------------	--	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Initial health assessments are completed within 28 days for at least 95% of children and young people newly looked after and remaining in care for at least a month;</li> <li>Themes and commonly identified needs relating to children's physical, emotional or mental health are drawn together and used to inform training and development programmes and the commissioning cycle, so that emerging needs can be better met.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Any physical or emotional or mental health issues are identified promptly and services and/or treatment offered in order that these children are supported to return to positive physical, emotional or mental health and wellbeing.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Initial health assessments are completed within 28 days for at least 95% of children and young people newly looked after and remaining in care for at least a month;</li> <li>Themes and commonly identified needs relating to children's physical, emotional or mental health are drawn together and used to inform training and development programmes and the commissioning cycle, so that emerging needs can be better met.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Any physical or emotional or mental health issues are identified promptly and services and/or treatment offered in order that these children are supported to return to positive physical, emotional or mental health and wellbeing.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>A new system is in place to address issue of poor communication between Children's Service and the health team responsible for children in care which is having a sustained and significant impact with typically in excess of 85% of assessments completed in any one month;</li> <li>Negotiations to re-establish the SDQ and to use this to inform annual health reviews for children in care aged 7-17 have been completed and SDQ assessments are now being completed;</li> <li>Most children and young people eligible will have had an SDQ completed by mid-2016.</li> </ul>	Green

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Initial health assessments are completed within 28 days for at least 95% of children and young people newly looked after and remaining in care for at least a month;</li> <li>Themes and commonly identified needs relating to children's physical, emotional or mental health are drawn together and used to inform training and development programmes and the commissioning cycle, so that emerging needs can be better met.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Any physical or emotional or mental health issues are identified promptly and services and/or treatment offered in order that these children are supported to return to positive physical, emotional or mental health and wellbeing.</li> </ul>	Green
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	Green

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Initial health assessments are completed within 28 days for at least 95% of children and young people newly looked after and remaining in care for at least a month;</li> <li>Themes and commonly identified needs relating to children's physical, emotional or mental health are drawn together and used to inform training and development programmes and the commissioning cycle, so that emerging needs can be better met.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Any physical or emotional or mental health issues are identified promptly and services and/or treatment offered in order that these children are supported to return to positive physical, emotional or mental health and wellbeing.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

#### Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Information from Health Assessments and SDQs inform care plans for children and young people in care, as reported by</b>	<ul style="list-style-type: none"> <li>Children and young people in care are particularly vulnerable to poorer physical and emotional health issues,</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people benefit from a holistic assessment of their needs, which inform care plans and so</li> </ul>	Alison Bennett	May 2016	Green

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Independent chairs [IROs].</b>	making it important that additional needs are identified and inform children's plans.	improve short and long term outcomes.			
<b>Information from health assessments and SDQs inform Personal Education Plans, as reported by Independent chairs [IROs].</b>	<ul style="list-style-type: none"> <li>Physical and emotional health needs can have an impact on children's quality of learning.</li> </ul>	<ul style="list-style-type: none"> <li>Personal education plans include specific measures to provide additional support to learning informed by the individual circumstances of the child or young person;</li> <li>Educational outcomes for children in care improve.</li> </ul>	Bev Paris & Dee Glover	October 2016 [slipped from June 2016]	
<b>Information about the physical health and mental and emotional health needs of children and young people informs training and development plans for staff and carers through the Children in Care Board.</b>	<ul style="list-style-type: none"> <li>Workers and carers are supported to meet the needs of children and young people in care as identified through health assessments – for example, attachment disorders, and needs arising from FASD and ASD.</li> </ul>	<ul style="list-style-type: none"> <li>Workers working with children and young people are better able to understand the implications of health needs;</li> <li>Carers caring for children and young people are better equipped to meet needs.</li> </ul>	Claire Gregory for workforce; Simon Green for carers	From October 2016 and onwards	
<b>Information about the physical health and mental and emotional health needs of children and young people informs commissioning priorities through the Children in Care Board, reporting to the Children and Families' Commissioning Board.</b>	<ul style="list-style-type: none"> <li>Services commissioned and provided respond to changing needs of care population;</li> <li>The effectiveness of services in addressing needs and improving outcomes is continuously monitored.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people in care benefit from a range of support that is effective in meeting their needs and improving outcomes.</li> </ul>	Nicola Curley & Lou Williams	March 2016 and onwards	

## Remedial/Recovery Actions

For any RED rated areas or where dates have slipped from original targets in future/uncompleted actions table above, specify remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
Information from health assessments and SDQs inform Personal Education Plans, as reported by Independent chairs [IROs].	<ul style="list-style-type: none"> <li>The start date from when SDQs would begin to be completed slipped owing to capacity issues; these have been addressed and are now taking place but delay in implementation has restricted amount of information from assessments that is available</li> </ul>	<ul style="list-style-type: none"> <li>Claire Gregory for workforce and Simon Green for carers – from October 2016</li> </ul>	
Information about the physical health and mental and emotional health needs of children and young people informs training and development plans for staff and carers through the Children in Care Board.	<ul style="list-style-type: none"> <li>The start date from when SDQs would begin to be completed slipped owing to capacity issues; these have been addressed and are now taking place but delay in implementation has restricted amount of information from assessments that is available</li> </ul>	Nicola Curley and Bev Piper – On-going	

119

OFSTED SAID WE	Ensure that there is a more robust approach to Corporate Parenting and that elected Members and	Recommendation
----------------	---	----------------

<b>MUST:</b>	<b>senior managers listen to, and act on, the experiences of children and young people in order to improve their lives.</b>	<b>12</b>
--------------	---	-----------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Corporate Parenting Panel and elected Members more generally have a deeper understanding of the issues facing children and young people in care, enabling them to act as advocates and challenge officers from the local authority and key partner agencies to deliver real improvements in outcomes for children and young people in care.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care have more opportunities to engage with Members, enabling them to communicate their views and so influence decisions made about the service on which they rely.</li> </ul>	Red

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Corporate Parenting Panel and elected Members more generally have a deeper understanding of the issues facing children and young people in care, enabling them to act as advocates and challenge officers from the local authority and key partner agencies to deliver real improvements in outcomes for children and young people in care.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care have more opportunities to engage with Members, enabling them to communicate their views and so influence decisions made about the service on which they rely.</li> </ul>	Red
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Children in Care Board established and will support Members to provide scrutiny on key issues affecting children and young people, looking at timeliness and quality issues;</li> <li>A review of the participation strategy for children and young people in care has been commissioned;</li> <li>This review identified that additional capacity was required and additional £30K funding agreed by Corporate Management Team for this has been identified;</li> <li>Additional post being recruited from April 2016.</li> </ul>	Green



Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Corporate Parenting Panel and elected Members more generally have a deeper understanding of the issues facing children and young people in care, enabling them to act as advocates and challenge officers from the local authority and key partner agencies to deliver real improvements in outcomes for children and young people in care.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care have more opportunities to engage with Members, enabling them to communicate their views and so influence decisions made about the service on which they rely.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Children in Care and Care Leavers Strategy 2016 – 2019 completed;</li> <li>Revised pledge to children and young people in care completed;</li> <li>Participation Strategy completed;</li> <li>Additional Participation Officer to focus on children in care recruited;</li> <li>Review of status of Corporate Parenting Panel with Council to decide on whether this becomes a formal Committee at Council Meeting on 13<sup>th</sup> July 2016</li> <li>Training and support programme for members on Corporate Parenting Panel/Committee commissioned from LGA for delivery in Autumn 2016</li> </ul>	Green

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Corporate Parenting Panel and elected Members more generally have a deeper understanding of the issues facing children and young people in care, enabling them to act as advocates and challenge officers from the local authority and key partner agencies to deliver real improvements in outcomes for children and young people in care.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care have more opportunities to engage with Members, enabling them to communicate their views and so influence decisions made about the service on which they rely.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

**Future/Uncompleted Actions:**

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Officers to support Corporate Parenting Panel to develop themes for scrutiny and challenge.</b>	<ul style="list-style-type: none"> <li>Members depend on an open and transparent approach from the service in order to be effective champions for children in care.</li> </ul>	<ul style="list-style-type: none"> <li>Members are supported to champion the best interests of children and young people in care;</li> <li>Services to children and young people in care improve as a result of the targeted support of Members.</li> </ul>	Nicola Curley & Arif Dar	April 16 but development offer from LGA not due until Autumn 2016	<div style="background-color: green; width: 100%; height: 100%;"></div> <div style="background-color: yellow; width: 100%; height: 100%;"></div>
<b>Child in care pledge to be reviewed in order to ensure that it is easily understandable and relevant to the needs and experiences of children and young people in care.</b>	<ul style="list-style-type: none"> <li>The current pledge is very long and may not be effective in supporting targeted approaches that improve services for children and young people in care.</li> </ul>	<ul style="list-style-type: none"> <li>The Child in Care pledge is more relevant to the needs of children in care and is therefore a more effective tool in driving improvements to services.</li> </ul>	Matt Oliver & Arif Dar	May 16 [slipped from March 2016]	<div style="background-color: green; width: 100%; height: 100%;"></div>
<b>Assessment of capacity required to secure effective engagement.</b>	<ul style="list-style-type: none"> <li>We need to ensure that there is sufficient capacity to support the Children in Care Council to advocate for children in care.</li> </ul>	<ul style="list-style-type: none"> <li>Members are in a better position to understand the experiences of children in care and children in care are better able to influence decision making, with the result that services improve.</li> </ul>	Matt Oliver	March 2016	<div style="background-color: green; width: 100%; height: 100%;"></div>
<b>Participation Strategy to be revised and updated</b>	<ul style="list-style-type: none"> <li>To ensure it provides the framework required in order that Members and officers are able to improve services based on learning from children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people have more and more varied opportunities to engage in development of services and meet Members and senior officers</li> </ul>	Matt Oliver	May 16 [slipped from April 16]	<div style="background-color: green; width: 100%; height: 100%;"></div>
<b>New website to be launched, including any associated social media platforms.</b>	<ul style="list-style-type: none"> <li>Offering more opportunities and ways of communicating to children in care will improve levels of engagement;</li> <li>Developing new channels of communication will enable children and young people to participate who may otherwise</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people have more ways to communicate and engage with Members and others and are in a better position to influence decisions;</li> <li>Services development is informed by the experience of</li> </ul>	Jenny Weeden	This action to be reviewed – see below	<div style="background-color: green; width: 100%; height: 100%;"></div>

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
	experience barriers – those placed some distance from Peterborough, for example.	children and young people in care.			
<b>The QA service to analyse and report on how the voice of children and young people in care has influenced the decision making process.</b>	<ul style="list-style-type: none"> <li>Evidencing the impact of the above changes will encourage staff and children and young people to continue positive engagement.</li> </ul>	<ul style="list-style-type: none"> <li>More children and young people in care engage with Members and senior officers;</li> <li>Services improve as a result.</li> </ul>	Alison Bennett	June 2016	

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
New website to be launched, including any associated social media platforms.	<ul style="list-style-type: none"> <li>Action to be reviewed by new head of service for LAC in partnership with participation officer as more recent discussions with young people suggest that an App would be more used than a website.... Websites are now seen as somewhat old technology by young people</li> </ul>	<ul style="list-style-type: none"> <li>Bev Paris to liaise with Matt Oliver/Jenny Weedon and new participation officer by October 2016</li> </ul>	

<b>OFSTED SAID WE</b>	<b>Further develop the role of the Children in Care Council [CiCC] to help make this happen.</b>	<b>Recommendation</b>
-----------------------	--	-----------------------

Position as of 1 <sup>st</sup> November 2015		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>A fully functioning Children in Care Council is established that is able to inform and influence decisions made by the Council that affect the progress of children and young people in care.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care are represented by a Council that reflects the diversity of their backgrounds, experiences and needs;</li> <li>Children and young people who participate within the CiCC develop new skills, abilities and confidence;</li> <li>All children and young people in care benefit from an active CiCC that is effective in advocating for them and ensuring that decisions made about services reflect their views, experiences and wishes;</li> <li>Overall services to children and young people improve as a result of this participation, securing better outcomes as a result.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	Green

Position as of 1 <sup>st</sup> March 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>A fully functioning Children in Care Council is established that is able to inform and influence decisions made by the Council that affect the progress of children and young people in care.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Children and young people in care are represented by a Council that reflects the diversity of their backgrounds, experiences and needs;</li> <li>Children and young people who participate within the CiCC develop new skills, abilities and confidence;</li> <li>All children and young people in care benefit from an active CiCC that is effective in advocating for them and ensuring that decisions made about services reflect their views, experiences and wishes;</li> <li>Overall services to children and young people improve as a result of this participation, securing better outcomes as a result.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>A review of the current participation strategy has commissioned;</li> <li>This review has identified the need for additional capacity and funding has been identified for recruitment of a new participation officer role for which recruitment will commence in April 2016;</li> <li>Additional capacity has been identified to support the Quality Assurance service to seek the views of children and young people in care and will be in place by May 2016;</li> <li>The Cabinet Adviser has taken a lead role in understanding the views and experiences of children and young people in care and care leavers.</li> </ul>	Green

Position as of 1 <sup>st</sup> July 2016		RAG
--	--	-----

<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• A fully functioning Children in Care Council is established that is able to inform and influence decisions made by the Council that affect the progress of children and young people in care.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Children and young people in care are represented by a Council that reflects the diversity of their backgrounds, experiences and needs;</li> <li>• Children and young people who participate within the CiCC develop new skills, abilities and confidence;</li> <li>• All children and young people in care benefit from an active CiCC that is effective in advocating for them and ensuring that decisions made about services reflect their views, experiences and wishes;</li> <li>• Overall services to children and young people improve as a result of this participation, securing better outcomes as a result.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>• New Participation officer appointed to support the CiCC</li> <li>• Participation strategy completed with specific focus on CiC</li> </ul>	

<b>Position as of 1<sup>st</sup> November 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>• A fully functioning Children in Care Council is established that is able to inform and influence decisions made by the Council that affect the progress of children and young people in care.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>• Children and young people in care are represented by a Council that reflects the diversity of their backgrounds, experiences and needs;</li> <li>• Children and young people who participate within the CiCC develop new skills, abilities and confidence;</li> <li>• All children and young people in care benefit from an active CiCC that is effective in advocating for them and ensuring that decisions made about services reflect their views, experiences and wishes;</li> <li>• Overall services to children and young people improve as a result of this participation, securing better outcomes as a result.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	

Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>The review of the participation strategy to include views of children and young people and to be completed and findings implemented.</b>	<ul style="list-style-type: none"> <li>We need to ensure that there is sufficient capacity to support the Children in Care Council to advocate for children in care.</li> </ul>	<ul style="list-style-type: none"> <li>Members are in a better position to understand the experiences of children in care and children in care are better able to influence decision making, with the result that services improve.</li> </ul>	Matt Oliver	May 16 [Slipped from March 2016]	
<b>The new website and social media platforms to be developed in partnership with the CiCC.</b>	<ul style="list-style-type: none"> <li>Offering more opportunities and ways of communicating to children in care will improve levels of engagement;</li> <li>Developing new channels of communication will enable children and young people to participate who may otherwise experience barriers – those placed some distance from Peterborough, for example.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people have more ways to communicate and engage with Members and others and are in a better position to influence decisions;</li> <li>Services development is informed by the experience of children and young people in care.</li> </ul>	Jenny Weeden	Action needs to be reviewed – see below	
<b>The QA service to analyse and report on how the voice of children and young people in care has influenced the decision making process.</b>	<ul style="list-style-type: none"> <li>Evidencing the impact of the above changes will encourage staff and children and young people to continue positive engagement.</li> </ul>	<ul style="list-style-type: none"> <li>More children and young people in care engage with Members and senior officers;</li> <li>Services improve as a result.</li> </ul>	Alison Bennett	June 2016	

## Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
New website to be launched, including any associated social media platforms.	<ul style="list-style-type: none"> <li>Action to be reviewed by new head of service for LAC in partnership with participation officer as more recent discussions with young people suggest that an App would be more used than a website.... Websites are now seen as somewhat old technology by young people</li> </ul>	<ul style="list-style-type: none"> <li>Bev Paris to liaise with Matt Oliver/Jenny Weedon and new participation officer by October 2016</li> </ul>	
The QA service to analyse and report on how the voice of children and young people in care has influenced the decision making process	<ul style="list-style-type: none"> <li>An audit has been completed but the scope was not sufficiently broad to capture this element and so will be repeated prior to next action plan update</li> </ul>	<ul style="list-style-type: none"> <li>Alison Bennett: audit to be completed before end September 2016</li> </ul>	

<b>OFSTED SAID WE MUST:</b>	<b>Ensure that the Virtual School has sufficient capacity to monitor and improve education outcomes for looked after children, including those in post 16 education.</b>	<b>Recommendation 14</b>
-----------------------------	--	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>The Virtual School has sufficient capacity to ensure that children and young people are supported to achieve their full potential in school and post 16 learning</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Educational outcomes for children and young people in care are improved;</li> <li>The gap in achievement between children in care and all children and young people is narrowed;</li> <li>Fewer young people leaving care are Not in Employment, Education or Training [NEET];</li> <li>The virtual school helps to secure apprenticeships for young people in care and leaving care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>The Assistant Director for Education has commenced a review of the Virtual School, including consideration of the resources needed to achieve the above;</li> <li>The Children in Care Board will support the operation of the Virtual School and improve quality of personal Education Plans.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>The Virtual School has sufficient capacity to ensure that children and young people are supported to achieve their full potential in school and post 16 learning</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Educational outcomes for children and young people in care are improved;</li> <li>The gap in achievement between children in care and all children and young people is narrowed;</li> <li>Fewer young people leaving care are Not in Employment, Education or Training [NEET];</li> <li>The virtual school helps to secure apprenticeships for young people in care and leaving care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>The Assistant Director for Education has commenced a review of the Virtual School, including consideration of the resources needed to achieve the above;</li> <li>The Children in Care Board will support the operation of the Virtual School and improve quality of personal Education Plans;</li> <li>E-PePs implemented and measures in-place to enable reporting of quality of ePePs as well as whether completed;</li> <li>Implemented interim measures to ensure Pupil Premium attached to outcomes in PePs, pending full review by Assistant Director;</li> <li>Pupil achievement gap at Peterborough and national levels at key stage 2 in L4+ combined subjects has reduced significantly between 2014 and 2015 [-40 to -13];</li> <li>Pupil achievement gap at Peterborough level at key stage 4 in 5+ A-C GCSEs has reduced significantly between 2014 and 2015 [-35 to -17];</li> </ul>	



Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>The Virtual School has sufficient capacity to ensure that children and young people are supported to achieve their full potential in school and post 16 learning</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Educational outcomes for children and young people in care are improved;</li> <li>The gap in achievement between children in care and all children and young people is narrowed;</li> <li>Fewer young people leaving care are Not in Employment, Education or Training [NEET];</li> <li>The virtual school helps to secure apprenticeships for young people in care and leaving care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>An outline plan regarding the future structure of the Virtual School has been produced. This, if enacted, will result in an expansion of staffing and enable greater capacity to both support and monitor;</li> <li>There is a draft job description and person specification for the role of Post-16 adviser, and recruitment to this post is to commence shortly;</li> <li>There is effective monitoring of pupil progress via contact with designated teachers and through ePEP, although this is more difficult with schools which are outside of Peterborough;</li> <li>Monitoring activity suggests that the impact of the KS1 literacy project has been good – outcomes are awaited;</li> <li>It is impossible at this stage to be able to predict the outcomes in relation to narrowing the gap due to the extensive changes made to the assessment process at both KS2 and KS4;</li> <li>Information regarding NEET will be available during the autumn term. However, the proportion of children in care who are at risk of becoming NEET is lower than it has been in previous years, and advisory work is being undertaken with the small number who fall into this category;</li> <li>The funding of schools via Pupil Premium Grant is now dependent upon receipt of an acceptable ePEP, and the targets within are now more easily and effectively monitored as outcomes.</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>The Virtual School has sufficient capacity to ensure that children and young people are supported to achieve their full potential in school and post 16 learning</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Educational outcomes for children and young people in care are improved;</li> <li>The gap in achievement between children in care and all children and young people is narrowed;</li> <li>Fewer young people leaving care are Not in Employment, Education or Training [NEET];</li> <li>The virtual school helps to secure apprenticeships for young people in care and leaving care.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

**Future/Uncompleted Actions:**

<b>What Needs to Happen?</b>	<b>Why?</b>	<b>What will the difference be?</b>	<b>Lead</b>	<b>Due by</b>	<b>RAG</b>
<b>The Assistant Director for Education to complete a review of the Virtual School.</b>	<ul style="list-style-type: none"> <li>In order to develop a targeted action plan that includes consideration of any need for additional capacity/skills mix.</li> </ul>	<ul style="list-style-type: none"> <li>Increased capacity within the Virtual School will support improved educational outcomes.</li> </ul>	Terry Reynolds	Feb 2016	
<b>This review to explore capacity issues and to ensure that activities of the virtual school are focused on where they can have most impact.</b>	<ul style="list-style-type: none"> <li>While there may be a need for additional capacity, resources are limited and the activities of the Virtual School need to be focused where they have greatest impact – for example in ensuring that initial PEP meetings are effective.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people in care benefit from targeted support that is effective in improving outcomes.</li> </ul>	Terry Reynolds & Dee Glover	March 2016	
<b>This review to explore use of Pupil Premium Plus in supporting improved outcomes.</b>	<ul style="list-style-type: none"> <li>This funding should be clearly linked to needs identified within PEPs so that children and young people in care are supported to achieve improved learning outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Where children and young people in care have additional learning needs, they are provided with effective support which improves learning outcomes;</li> <li>Use of resources in this way is regularly reviewed to ensure continuing benefit to children and young people in care.</li> </ul>	Terry Reynolds & Dee Glover	Feb 2016	
<b>The Virtual School needs to have embedded its support to young people in post 16 education in accordance with their wishes.</b>	<ul style="list-style-type: none"> <li>Young people’s learning should extend beyond 16;</li> <li>Young people in care may have particular support needs post 16 as earlier learning may have been disrupted.</li> </ul>	<ul style="list-style-type: none"> <li>Young people benefit from effective support to improve their learning outcomes beyond 16.</li> </ul>	Terry Reynolds & Dee Glover	September 2016 [slipped from Feb 2016]	
<b>E-PEPS to be fully implemented.</b>	<ul style="list-style-type: none"> <li>E-PEPs enable the more effective gathering of information about the needs</li> </ul>	<ul style="list-style-type: none"> <li>Better information about the needs and progress of children in care supports improved</li> </ul>	Terry Reynolds & Dee Glover	Jan 2016	

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
	and progress of children and young people in care	learning outcomes			

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
Although most actions have now been completed, there is not yet evidence to show that the impact of these changes is feeding through into demonstrable impact for children and young people as changes will take time to have impact	<ul style="list-style-type: none"> <li>Continued monitoring by service director and head of service</li> </ul>	Terry Reynolds and Gary Perkins – on-going	
The Virtual School needs to have embedded its support to young people in post 16 education in accordance with their wishes.	<ul style="list-style-type: none"> <li>Recruitment process to be completed</li> </ul>	Terry Reynolds and Gary Perkins by September 2016	

<b>OFSTED SAID WE MUST:</b>	<b>Ensure birth relatives of children who are being adopted can access counselling and support without excessive delay.</b>	<b>Recommendation 15</b>
-----------------------------	---	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All birth relatives are able to access counselling and support without excessive delay</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Birth families are supported to manage the feelings associated with adoption, and this is likely to benefit their own children</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>A review of systems and processes enabling birth relatives undertaken since the inspection has not identified any birth relatives facing significant delays.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>All birth relatives are able to access counselling and support without excessive delay.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Birth families are supported to manage the feelings associated with adoption, and this is likely to benefit their own children.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Completed.</li> </ul>	

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
Actions completed	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	N/A		

### Remedial/Recovery Actions

For any RED rated areas in future/uncompleted actions table above, and any targets where trajectory of improvement indicates will not be met, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
	<ul style="list-style-type: none"> <li></li> </ul>		
	<ul style="list-style-type: none"> <li></li> </ul>		
	<ul style="list-style-type: none"> <li></li> </ul>		

<b>OFSTED SAID WE MUST:</b>	<b>Ensure that, at the point at which they stop being looked after, all care leavers have access to comprehensive, accessible information about their health histories.</b>	<b>Recommendation 16</b>
-----------------------------	---	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Systems are in place to ensure that at the point of leaving care, all care leavers have access to accessible and comprehensive information about their health histories.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are aware of any relevant health histories, enabling them to access better quality medical care in later life for themselves and ensure that their own children's health care is also informed by any relevant familial factors, improving health outcomes for themselves and their families.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	Green

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Systems are in place to ensure that at the point of leaving care, all care leavers have access to accessible and comprehensive information about their health histories.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are aware of any relevant health histories, enabling them to access better quality medical care in later life for themselves and ensure that their own children's health care is also informed by any relevant familial factors, improving health outcomes for themselves and their families.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Designated Nurse has reviewed priorities for the LAC health team and has ensured that capacity is available to take this forward;</li> <li>Care leavers have been engaged and have done some preparatory work around their expectations for the Health Passport, and will contribute to the planned task and finish group.</li> </ul>	Green

<b>Position as of 1<sup>st</sup> July 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Systems are in place to ensure that at the point of leaving care, all care leavers have access to accessible and comprehensive information about their health histories.</li> </ul>	Green
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are aware of any relevant health histories, enabling them to access better quality medical care in later life for themselves and ensure that their own children's health care is also informed by any relevant familial factors, improving health outcomes for themselves and their families.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Health passport has been designed and agreed in consultation with the Care Leavers' Group;</li> <li>Leaving Care pack has been completed in consultation with Care Leavers' Group</li> </ul>	

**Future/Uncompleted Actions:**

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Leaving care pack to be reviewed by a task and finish group in partnership with care leavers.</b>	<ul style="list-style-type: none"> <li>There will be some elements of the current pack that are effective, and we need to retain these.</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of practice with positive impact will be maintained.</li> </ul>	Head of Service Children in Care	March 16	
<b>Revised leaving care pack to be developed by task and finish group in partnership with care leavers, to include a health passport.</b>	<ul style="list-style-type: none"> <li>The pack needs to be reformed in order that it provides information needed by care leavers in an accessible format.</li> </ul>	<ul style="list-style-type: none"> <li>Care leavers have information about their health histories as well as other relevant information about their personal histories.</li> </ul>	Arif Darr	End June 16 [slipped from May 16]	
<b>New process for ensuring that a comprehensive health passport forms part of revised care leaver pack implemented and established</b>	<ul style="list-style-type: none"> <li>To establish the practice across the service and ensure that all children and young people have this information at the point they leave care.</li> </ul>	<ul style="list-style-type: none"> <li>As above.</li> </ul>	Arif Dar	End June 2016 [slipped from May 2016]	

**Remedial/Recovery Actions**

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
	<ul style="list-style-type: none"> <li></li> </ul>		

<b>OFSTED SAID WE MUST:</b>	<b>Strengthen Care Leavers' engagement in their pathway plans, and their awareness of their rights and entitlements.</b>	<b>Recommendation 17</b>
-----------------------------	--	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>For all care leavers to participate in the development of their pathway plans, and to be fully informed of their rights and entitlements</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are more involved and in control of plans that affect them, enabling them to have greater ownership in the support they need to achieve independence;</li> <li>Care leavers are aware of their rights and entitlements and are in a better position to proactively seek support and assistance before issues become more complex and embedded;</li> <li>Care leavers feel more in control of their transition to adulthood.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>For all care leavers to participate in the development of their pathway plans, and to be fully informed of their rights and entitlements</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are more involved and in control of plans that affect them, enabling them to have greater ownership in the support they need to achieve independence;</li> <li>Care leavers are aware of their rights and entitlements and are in a better position to proactively seek support and assistance before issues become more complex and embedded;</li> <li>Care leavers feel more in control of their transition to adulthood.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Additional Head of Service capacity in Children Looked After and Leaving Care services in order to improve practice standards;</li> <li>Review of CLA and Leaving Care Service structure to improve focus on care leavers through development of a dedicated sub team to ensure needs of care leavers aged 18 and above are met;</li> <li>Review of capacity within participation services including analysis of whether additional capacity is required to enable effective participation by children in care and care leavers;</li> <li>External website developer commissioned to develop a website for children and young people in care to be asked to explore a dedicated area for care leavers, which can provide advice, guidance and signpost care leavers to support as needed;</li> <li>Practice workshops held with all relevant team managers and practitioners to ensure awareness of information to be given to care leavers as they reach 16 years of age providing information on rights and entitlements;</li> <li>All care leavers provided with further information at least 3 months before age of 18 including details of useful websites, contact information and national and local sources of information on entitlements and rights.</li> </ul>	

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>For all care leavers to participate in the development of their pathway plans, and to be fully informed of their rights and entitlements</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are more involved and in control of plans that affect them, enabling them to have greater ownership in the support they need to achieve independence;</li> <li>Care leavers are aware of their rights and entitlements and are in a better position to proactively seek support and assistance before issues become more complex and embedded;</li> <li>Care leavers feel more in control of their transition to adulthood.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Leaving care information pack for care leavers has been developed in partnership with the Care Leavers' Group</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>For all care leavers to participate in the development of their pathway plans, and to be fully informed of their rights and entitlements</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Care leavers are more involved and in control of plans that affect them, enabling them to have greater ownership in the support they need to achieve independence;</li> <li>Care leavers are aware of their rights and entitlements and are in a better position to proactively seek support and assistance before issues become more complex and embedded;</li> <li>Care leavers feel more in control of their transition to adulthood.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

#### Future/Uncompleted Actions:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>Case File Audit Target: for case file audits to evidence effective participation in development of pathway plans gradually increasing to 85% by Dec 2016.</b>	<ul style="list-style-type: none"> <li>Pathway plans developed in partnership with young people will be more relevant to their needs;</li> <li>Young people will have a greater sense of control over their transition to adulthood.</li> </ul>	<ul style="list-style-type: none"> <li>Where young people are more involved in planning and decision making, outcomes are likely to be improved as aims and objects are in line with their wishes and feelings.</li> </ul>	Bev Paris	Steadily improving trend required, with compliance by Dec 2016	
<b>Task and Finish group established</b>	<ul style="list-style-type: none"> <li>We need to ensure that</li> </ul>	<ul style="list-style-type: none"> <li>Care leavers will be better</li> </ul>	Arif Dar	Feb 2016	



What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<b>to work in partnership with care leavers to review current leaving care pack.</b>	information provided to care leavers is relevant and accessible.	informed of rights and entitlements and will be in a better position to seek support early should they encounter any difficulties.			
<b>Ensure leaving care pack provides accessible information about rights and entitlements.</b>	<ul style="list-style-type: none"> <li>We need to ensure that information provided to care leavers is relevant and accessible.</li> </ul>	<ul style="list-style-type: none"> <li>Care leavers will be better informed of rights and entitlements and will be in a better position to seek support early should they encounter any difficulties.</li> </ul>	Arif Dar	June 2016	
<b>Website developed in partnership with external provider to include section for care leavers.</b>	<ul style="list-style-type: none"> <li>A dedicated area of the website can be used to help to ensure that care leavers are able to access advice and support</li> </ul>	<ul style="list-style-type: none"> <li>Young people are better informed about issues of importance to them and are able to identify sources of support and advice.</li> </ul>	Jenny Weedon	Action requires review	

### Remedial/Recovery Actions

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<b>New website to be launched, including any associated social media platforms.</b>	<ul style="list-style-type: none"> <li>Action to be reviewed by new head of service for LAC in partnership with participation officer as more recent discussions with young people suggest that an App would be more used than a website.... Websites are now seen as somewhat old technology by young people</li> </ul>	<ul style="list-style-type: none"> <li>Bev Paris to liaise with Matt Oliver/Jenny Weedon and new participation officer by October 2016</li> </ul>	

<b>OFSTED SAID WE MUST:</b>	<b>Make greater use of apprenticeships to increase opportunities for care leavers.</b>	<b>Recommendation 18</b>
-----------------------------	--	--------------------------

<b>Position as of 1<sup>st</sup> November 2015</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Care leavers are supported to access a range of learning, training and employment opportunities in accordance with their needs and aspirations.</li> </ul>	Red
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Young people leaving care have more choices available to them as they continue learning and training post 16 and post 18;</li> <li>Young people leaving care receive the support they need in order to successfully manage the eventual transition into employment;</li> <li>Fewer young people leaving care are at risk of spending periods when they are not in education, employment or training.</li> </ul>	

<b>Position as of 1<sup>st</sup> March 2016</b>		<b>RAG</b>
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Care leavers are supported to access a range of learning, training and employment opportunities in accordance with their needs and aspirations.</li> </ul>	Yellow
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Young people leaving care have more choices available to them as they continue learning and training post 16 and post 18;</li> <li>Young people leaving care receive the support they need in order to successfully manage the eventual transition into employment;</li> <li>Fewer young people leaving care are at risk of spending periods when they are not in education, employment or training.</li> </ul>	Red
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Agreement that the local authority will provide financial support to care leavers taking apprenticeships to ensure that they are not financially disadvantaged compared with accessing benefits or collage bursaries;</li> <li>Partnership established between Peterborough City College to help raise the profile of apprenticeships among young people in care and care leavers;</li> <li>Partnerships with corporate partners to explore offering apprenticeships to care leavers;</li> <li>Corporate Parenting Panel priorities include delivery of apprenticeships for care leavers;</li> <li>NEET team has dedicated care leaver champion;</li> <li>Training identified for Personal Advisers in relation to supporting care leavers into employment;</li> <li>Work is taking place within key partner agencies including Cross Keys and AMEY to identify bespoke care leaver employment training packages;</li> <li>Three young people accessing supported workforce training through AMEY;</li> </ul>	Green

	<ul style="list-style-type: none"> <li>All apprenticeship vacancies circulated to relevant teams in CSC;</li> <li>Arrangements in place for any young people for whom apprenticeship is the primary Education, Employment and Training Plan to be monitored via weekly performance management report</li> </ul>	
--	---	--

Position as of 1 <sup>st</sup> July 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Care leavers are supported to access a range of learning, training and employment opportunities in accordance with their needs and aspirations.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Young people leaving care have more choices available to them as they continue learning and training post 16 and post 18;</li> <li>Young people leaving care receive the support they need in order to successfully manage the eventual transition into employment;</li> <li>Fewer young people leaving care are at risk of spending periods when they are not in education, employment or training.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>New information packs to provide information for young people in care about staying on in education post 16 have been developed or are in development;</li> <li>New performance group has been established to explore range of post 16 and adult skills learning and reporting to Children and Families Joint Commissioning Board;</li> <li>Virtual school has formed closer relationship with NEET team to improve information and support to young people at risk of becoming NEET as care leavers;</li> <li>New appointment to virtual school agreed from September 2106 to enhance capacity and provide additional support to post 16's;</li> <li>Post 16 education is now agreed as a priority theme for the Council as a whole.</li> </ul>	

Position as of 1 <sup>st</sup> November 2016		RAG
<b>Outcome Required:</b>	<ul style="list-style-type: none"> <li>Care leavers are supported to access a range of learning, training and employment opportunities in accordance with their needs and aspirations.</li> </ul>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Young people leaving care have more choices available to them as they continue learning and training post 16 and post 18;</li> <li>Young people leaving care receive the support they need in order to successfully manage the eventual transition into employment;</li> <li>Fewer young people leaving care are at risk of spending periods when they are not in education, employment or training.</li> </ul>	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li></li> </ul>	

**Future/Uncompleted Actions [note these are revised actions compared to previous action plan]:**

<b>What Needs to Happen?</b>	<b>Why?</b>	<b>What will the difference be?</b>	<b>Lead</b>	<b>Due by</b>	<b>RAG</b>
<b>New strategic group to identify work plan and priorities to promote post 16 learning including apprenticeships for care leavers</b>	<ul style="list-style-type: none"> <li>In order to set objectives for post 16 career options for care leavers.</li> </ul>	<ul style="list-style-type: none"> <li>More care leavers supported in appropriate apprenticeships which they successfully complete.</li> </ul>	Alison Sunley & Pat Carrington	October 2016	
<b>Specific key performance indicators relating to care leavers and post 16 opportunities including apprenticeships agreed</b>	<ul style="list-style-type: none"> <li>Targets help to ensure that appropriate focus is maintained on performance and assists with monitoring progress.</li> </ul>	<ul style="list-style-type: none"> <li>More care leavers supported in appropriate apprenticeships which they successfully complete.</li> </ul>	Alison Sunley & Pat Carrington	October 2016	
<b>Ensure that PEPs for older children and young people include consideration of the appropriateness of apprenticeships as part of overall planning and target setting.</b>	<ul style="list-style-type: none"> <li>Children and young people need time and support in order to consider their options and what careers may best suit them.</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people are better prepared to make decisions about their futures, and have more information about the choices available to them.</li> </ul>	Alison Sunley & Dee Glover	November 2016	

**Remedial/Recovery Actions**

For any RED rated areas or areas where dates have slipped from original targets in future/uncompleted actions table above, specify any remedial actions required:

<b>Outstanding Action</b>	<b>Remedial Actions Required</b>	<b>Person Responsible &amp; to be completed by</b>	<b>Date Completed</b>
<b>e-PEPs for older young people to include consideration of the appropriateness of apprenticeships as part of overall planning and target setting</b>	<ul style="list-style-type: none"> <li><b>This action will be completed following appointment of new post within Virtual School to enhance post 16 capacity</b></li> </ul>		