

## **CORPORATE PARENTING COMMITTEE**

**WEDNESDAY 26 JULY 2017**

**6.30 PM**

**Bourges/Viersen Room - 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 22 March 2017**

**3 - 8**

To approve the minutes of the Corporate Parenting Committee meeting held on 22 March 2017.

**4. Foster Carer Forum Update**

**9 - 10**

**5. Corporate Parenting Champions Report on Appointments**

**11 - 14**

The Committee are asked to receive a report on the current position and appoint Members to the vacant positions

**6. 0-25 Transition Service Report**

**15 - 18**

**7. Health Report**

**19 - 40**

**8. Performance Report**

**41 - 122**

**9. Work Programme**

**123 - 132**

**10. Members Issues**

Members that are not part of the core CPC membership, but hold Corporate Parenting responsibilities, are invited to raise any issues they have with regard to the services provided to Children in Care.

**11. Date of Next Meeting**

The next formal meeting of the Corporate Parenting Committee is due to be held on Wednesday 8 November 2017.

## 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 Karen Dunleavy on 01733 452233 as soon as possible.

### Committee Members:

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

Substitutes: Councillors: J A Fox, J Holdich, Hussain and A Shaheed

Further information about this meeting can be obtained from Karen Dunleavy on telephone 01733 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 Committee held at the Bourges/Viersen  
Room - Town Hall  
on 22 March 2017, 6.30pm

**MEMBERS**

**PRESENT:** Councillors Bisby (Chairman), Saltmarsh (Vice Chairman), Coles, Stokes, Johnson, Bond, Aitken, Saltmarsh, Harper and Ayres.

**MEMBERS ALSO**

**PRESENT:** Councillor Sam Smith, Cabinet Member for Children's Services

**OFFICERS PRESENT:**

Nicola Curley	Assistant Director for Children's Social Care
Myra O'Farrell	Interim Head of Service Children Looked After and Leaving Care
Dee Glover	Head of the Virtual School for Children in Care
Simon Green	Head of Fostering and Adoption Service
Jess Palmer	Youth Engagement and Participation Officer
Karen S Dunleavy	Democratic Services Officer

**OTHERS PRESENT:**

Philip Gilbert OBE	Foster Carer Forum
Sarah Purvis	Foster Carer Forum
Heath Purvis	Foster Carer Forum

**1. Apologies for Absence**

Apologies were received from Councillors Bull, Holdich O.B.E, Lane and Sylvester.

Councillors Aitken and Stokes were in attendance for Councillors Bull and Holdich O.B.E.

**2. Declarations of Interest**

There were no declarations of interests.

**3. Minutes of the Meeting Held on 9 November 2016**

The minutes of the meeting held on 9 November 2016 were approved as a true and accurate record.

**4. Update from Foster Carers**

The Representatives of the Foster Care Forum (FCF) introduced the report which updated the Corporate Parenting Committee about the discussions and actions arising from the Foster Carers forum meetings.

Key points raised:

- The position of Chairman and other positions for the FCF membership had been allocated at a recent meeting;
- The Adolescent and Children's Trust (TACT) had addressed some recent funding issues in terms of allocation for activities;
- The Children in Care Christmas party had been held and was successful and well attended by Councillors; and
- Events organised for over the Easter period were to include a visit to Sacrewell Farm and Bounce.

Members thanked TACT for resolving the recent funding issues experienced by the FCF.

**ACTION AGREED:**

The Committee noted the report.

**5. Participation Officer on behalf of Children in Care Council**

Youth Engagement and Participation Officer introduced the report and advised Members about the recent meetings and events arising from the Children in Care Council.

Key issues highlighted

- The recent CiCC New Beginnings event experienced a good level of attendance from CiC, with features such as red carpet treatment for guests and the use of a photo booth, which made children feel special;
- The New Beginnings event was attended by Solomn OB, who was the Tact ambassador;
- The CiCC Z cards which included useful contact information for CiC were in the final stages of development;
- The Children's Commissioner event attended had focused on tackling stereotypes of CiC. The CiCC were due to attend another Children Commissioner event in June 2017;
- Ideas for support for care leavers and how this could be enhanced was discussed at the Children's Commissioner event; and
- An Easter trip had been planned to watch Matilda for CiC of ages 10-16.

The Participation Officer responded to comments and questions raised by Members. In summary responses included:

- Members congratulated the Children in Care Council for hosting a recent successful awards event for Children in Care;
- The CiCC were to organise a promotion day for 8 - 12 year olds and over 12 years old, in order to provide CiC with an understanding of what the CiCC do and how to get involved;
- The CiCC had recently report that they had enjoyed the new format of the Corporate Parenting informal Committee meetings and felt that they could talk to Councillors in a more open way.

**AGREED ACTION**

The Committee noted the report.

The Committee also agreed that the Senior Participation Officer would include more detail within future Children in Care Council reports.

## **6. Draft Report to the Children and Education Scrutiny Committee from the Corporate Parenting Committee**

The Assistant Director for Children's Social Care introduced the draft report which advised the Corporate Parenting Committee of the content of the report which was due to be presented to the Children and Education Scrutiny Committee to outline the activity carried out by the Corporate Parenting Committee since its first meeting in August 2016.

Key issues highlighted

- New Committee format set up;
- The appointment of Corporate Parenting Champions;
- Development of the Corporate Parenting Committee work programme; and
- Work with the Local Government Association in order to enhance the approach of the Corporate Parenting Committee.

### **AGREED ACTION:**

The Committee adopted the inclusion of the report's recommendations to Children and Education Scrutiny Committee as follows:

1. That it was an accurate reflection of the work of the Committee over the last 6 months and should be referred as such to the Scrutiny Committee; and
2. That a report should be provided to Children and Education Scrutiny Committee on an annual basis going forward, as with other Committees and that Scrutiny recommends to Council that the Corporate Parenting Committee's terms of reference should be updated to reflect any change agreed to the reporting regularity.

The Committee also agreed that the report would be expanded to include:

1. Specific information in regards to the work of virtual schools and the progress updates received by Corporate Parenting Committee;
2. Further information on the outcome of the Corporate Parenting Committee workshop held in March 2017; and
3. The new Health Champion officer lead would be updated within the draft report.

## **7. Virtual School Annual Report 2015 – 2016**

The Head of the Virtual School for Children in Care introduced the item to Members, which outlined the outcomes of the Virtual School provision for Children in Care in the academic year 2015 – 2016.

Key issues raised:

- The purpose of virtual schools;
- Staffing levels;
- Pupil Premium;
- Peterborough Virtual School Roll January 2017;
- Children in Care living out of the area; and
- Pupils A\* - C grades achieved.

The Head of the Virtual School and Assistant Director for Children's Social Care

responded to comments and questions raised by Members. In summary the response included:

- Schools were requested to demonstrate how they had allocated the pupil premium for the year and this would be accompanied by the pupils personal education plans, any funding which was surplus would be allocated to learning opportunities for extra maths and literacy projects;
- There had only been £5,000 out of a £30m pupil premium budget which had not been allocated;
- The Dedicated Social Workers, Not in Education or Employment Team (NEET) and Personal Advisors would keep track of productive activities for CiC between the ages of 17-19. The responsibility for between 21 and 25 year olds was currently being considered by Government, however currently the LA only held responsibility for this age group for disabled CiC.
- There had also been a bit of a gap to track the further education position for 16 year olds and challenges experienced with 17-19 year old Care Leavers;
- There were 150 care leavers between the ages of 19 – 21 and 101 care leavers between the ages of 16-17;
- There was a governing body in place for Virtual Schools, however this had been disbanded and was due to be reviewed;
- The circumstances of some Care Leavers (CL) with a reduced learning timetable, could be because of arrangements such as a visit or contact with a parent and details would be included in the CL Personal Education Plan (PEP), which would generally operate as a short term solution;
- Use of the short term reduced learning timetables had increased recently at the adult college;
- The availability of apprenticeship arrangements for CiC were currently being reviewed;
- The recent successful phonics result for Peterborough had been due to the success of key stage two phonics and maths and literacy projects;
- The education needs put in place for CiC placed out of the City were assessed carefully and would be challenged rigorously by the LA if required; and
- The Committee commended the Head of the Virtual Schools (VS) on the recent VS improvement success.

#### **AGREED ACTION:**

1. The Committee considered and noted the content of the report, and in particular in light of the recent Ofsted Action Plan Recommendation 14: to ensure that the virtual school has sufficient capacity to monitor and improve education outcomes for looked after children, including those in post 16 education and consider how it would be achieved; and
2. The Committee also agreed to receive an update in the future on the progress of Virtual Schools.

#### **8. SEND CQC/Ofsted Local Area Inspection**

The Assistant Director for Children's Social Care introduced the report to Members which provided a short overview of the CQC/Ofsted SEND local area inspection and Peterborough's preparations to-date.

The Assistant Director for Children's Social Care responded to comments and questions raised by Members. In summary the response included:

- Improvements were being undertaken to bring together data from multi-agencies in a more effective way through a software package named qlickview; and

- The SEND action plan was a three year plan in order to implement all changes required and all LAs were on the same improvement journey. There was a monthly meeting held where all of the SEND actions were reviewed by management including the Director of People and Communities.

#### **AGREED ACTION:**

The Committee:

1. Noted the potential implications of a Local Area review; and
2. Agreed to receive an update on progress in 12 months' time.

The Committee also agreed that the Assistant Director for Children's Social Care would circulate the overarching monthly inspection report used to track the progress on the SEND action plan to the Committee.

### **9. Education 0-25 and Transition**

The Assistant Director for Children's Social Care introduced the report to Members which outlined the education for Children and young people with Disabilities who were looked after by the LA or were Care Leavers and had been identified as having Special Educational Needs and Disability (SEND).

Key points highlighted:

- There were 33 children within the 0-25 cohort and some had included those in transition to Adult Social Care;
- The report focussed on education placements and the provision provided to the CiC SEND cohort; and
- There had been an issue being experienced with the transition in regards to personal advisor support.

The Assistant Director for Children's Social Care responded to comments and questions raised by Members. In summary the response included:

- The report included both CiC with educational learning disabilities as well as those with disabilities; however, would not include children with Autism or Attention-deficit/hyperactivity disorder (ADHD) as they would receive other specialist support;
- There were some young people that had not wished to engage in the SEND service provision, however, these CiC were generally sectioned under the mental health act; and
- The Education 0-25 and Transition Team worked with the CiC where educational engagement barriers were an issue particularly where CiC had not received good level of education in the past.

#### **AGREED ACTION:**

The Committee noted the report.

### **10. Performance Data**

The Assistant Director for Children's Social Care introduced the report to Members, which outlined the numbers of children and young people currently being looked after by the Authority and provided a breakdown of the types of placements in which they were living. The report also provided information about the age, gender and ethnicity of those children and young people.

The Assistant Director for Children's Social Care responded to comments and questions raised by Members. In summary the response included:

- The 'not in suitable accommodation' figures outlined in the graph were shown in reverse order and would include circumstances such as CiC in hospital or in custody. It had been very difficult for the service to achieve a 0% result and it had been not felt by the team, not to be a bad indicator; and
- The Care leavers (+19 years) Not in Suitable Accommodation year to date data in the graph had been a cumulative figure. The data display was currently being reviewed by the team to ensure it was displayed in a meaningful data.

**AGREED ACTION:**

The Committee considered and noted the content of the report, and in particular those areas where good performance was being sustained, while noting continuing actions being taken to address areas where performance remained inconsistent.

1. The Committee also agreed that the data in regards to the Care leavers (+19 Years) not in Suitable Accommodation would be provided in a more meaningful way in future reports and that Councillor Coles would incorporate the reporting improvements as part of his Corporate Parenting Champion role.

**11. Members Issues**

Members thanked Head of Fostering and Adoption Service for his hard work and dedication to the Fostering service area and Corporate Parenting Committee and wished him well in his future role.

In addition, the Chairman thanked all Members for their contribution throughout the year at Corporate Parenting Committee meetings.

**12. Date of the next meeting**

Next meeting of Corporate Parenting Committee will be agreed at the Annual Council meeting due to be held on 22 May 2017.

CHAIRMAN  
6:30pm – 8:00pm



<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 4
<b>26 JULY 2017</b>	PUBLIC REPORT

## **Report of the Corporate Director People and Communities**

**Contact Officer(s)** – Myra O’Farrell

**Contact Details** – 01733 864391

### **FOSTER CARERS FORUM UPDATE**

#### **1. PURPOSE**

1.1 Corporate Parenting Committee wish to receive an update at formal committee meetings of discussions and actions from the Foster Carers forum.

1.2 This report is being presented under the Corporate Parenting Committee Terms of Reference: 2.4.3.2 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.

#### **2. RECOMMENDATIONS**

2.1 The Committee are asked to note and consider the findings of the report.

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

3.1 This links in to all areas of the children in care pledge.

#### **4. BACKGROUND**

4.1 Members of the Council, managers, staff and carers all have a responsibility to make sure the Pledge to Children in Care is embraced and fulfilled. We see this as our highest priority for children in care.

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

5.1 The Corporate Parenting Committee has a crucially important role in making sure that this happens and the business of the Committee should be constructed to help the Committee deliver its responsibilities in this regard.

#### **6. IMPLICATIONS**

6.1 N/A

#### **7. CONSULTATION**

7.1 N/A

#### **8. NEXT STEPS**

8.1 To note.

#### **9. BACKGROUND DOCUMENTS**

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

9.1 N/A

**10. APPENDICES**

10.1 None

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 5
<b>26 JULY 2017</b>	PUBLIC REPORT

Report of:	Corporate Director People and Communities	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Myra O'Farrell, Head of Service	Tel. 864391

## **CORPORATE PARENTING CHAMPIONS REPORT**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Corporate Parenting Committee Chair	<b>Deadline date:</b>
<p>It is recommended that the Corporate Parenting Committee</p> <ul style="list-style-type: none"> <li>• Notes the content of the report, and</li> <li>• Confirm the appointment of Corporate Parenting Chairs</li> </ul>	

### **1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Corporate Parenting Committee following the recent Cabinet and Committee changes made at Annual Council on 22 May 2017.

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

- 2.1 This report will allow the Committee to review the current Corporate Parenting Champions allocations, which is in line with the recent Cabinet and Committee changes made.
- 2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference 2.4.3.6 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
- 2.4 The report addresses all areas of the Children In Care Pledge and the Care Leavers' Charter. It specifically addresses the requirement to deliver effective support to Children In Care by validating and triangulating information to quality assure services.

### **3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
---	-----------	----------------------------------	--

#### 4. BACKGROUND AND KEY ISSUES

4.1 In October 2016 the Corporate Parenting Committee Champions for 2016 – 17 were confirmed as

Champion Role	Councillor
Housing	Cllr Coles
Employment and Training Opportunities within the Council Departments and Partner Agencies	Cllr Holdich OBE
Health	Cllr Ayres
Education Attainment and access to higher education	Cllr Holdich OBE
Recreation and Leisure activities	Cllr Smith
Finance and benefits	Cllr Bull

It was also agreed that in between each Committee the Corporate Parenting Champion would be responsible for the following:

- a) Meeting with the Lead Officer
- b) Undertaking a site visit
- c) Meeting with a child in care / young person / service user / other officers and discuss their experience of the service for Children in Care
- d) Contributing to a brief report back to the Committee, jointly between Champion and Lead Officer

#### Key Issues

Following the Annual Council changes the positions of Champions has been reviewed. Corporate Parenting Committee members were asked if they wished to be considered as a Champion. The following have expressed an interest.

Champion Role	Councillor
Housing	Cllr Saltmarsh
Employment and Training Opportunities within the Council Departments and Partner Agencies	Cllr Ayres
Health	Cllr Bull
Education Attainment and access to higher education	Cllr Ayres
Recreation and Leisure activities	Cllr Smith
Finance and benefits	Cllr Sylvester

The appointment of the Corporate Champions is to be confirmed.

#### 5. CONSULTATION

5.1 Corporate Parenting Committee members were asked to express an interest in the Champion

positions.

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Ensure there is a more robust approach to supporting the experiences of children and young people in order to improve their lives.

**7. REASON FOR THE RECOMMENDATION**

7.1 Statutory requirement.

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 N/A

**Legal Implications**

9.2 N/A

**Equalities Implications**

9.3 N/A

**10. BACKGROUND DOCUMENTS**

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

10.1 None

**11. APPENDICES**

11.1 N/A

This page is intentionally left blank

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 6
<b>26 JULY 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Corporate Director People and Communities	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Graham Puckering Head of Service 0 – 25	Tel. 207242

## 0 – 25 SERVICE REPORT

RECOMMENDATIONS	
<b>FROM:</b> Assistant Director Children's Social Care	<b>Deadline date:</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report, and</li> <li>2. Raise any queries they have with the lead officers.</li> </ol>	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted to Corporate Parenting Committee following a request by the committee chair.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 This report has been requested by Corporate Parenting Committee to update in respect of health for children and young people with disabilities who are looked after by Peterborough City Council or are Care Leavers and identified as having Special Educational Needs and Disability (SEND).
- 2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference
- 2.4.3.2 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.
- 2.4 This report links in with all aspects of the Children in Care Pledge.

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
---	-----------	----------------------------------	--

#### **4. BACKGROUND AND KEY ISSUES**

4.1 In line with the SEND Reforms under the Children and Families Act, Peterborough has developed a 0-25 Disability Service which provides a specialist service with both statutory and discretionary responsibilities for disabled children and young people defined as Children in Need, Children in Need of Protection or Children who require Local Authority care. The team also has statutory and discretionary responsibilities for young people transitioning to adulthood, applying a national eligibility criteria threshold defined by the Care Act 2014.

4.2 The legal definition of disability in this context stems from Section 17(11) of the Children Act 1989, where a child "is disabled if he is blind, deaf or dumb, or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed".

4.3 The Care Act promotes the transition of children to adult care and support services. The Team aims to move a young person into work/adult life in such a way as to promote his or her independence and so reduce his or her long term needs for care and support. The team considers the needs of the person, what needs he or she is likely to have when he or she reaches 18, and the outcomes he or she want to achieve in life.

4.4 The Children With Disabilities (CWD) Service was originally based in Children's Social Care, but moved into Adult Social Care in August 2014 and was amalgamated with the Adult Transitions Team to form the 0-25 service.

4.5 This service also encompasses children who are provided with overnight short breaks. The approach is consistent with that suggested in the Statutory Guidance issued in March 2010 (Short Breaks: Statutory Guidance) on how to promote and safeguard the welfare of disabled children using short breaks. Some of these young people will be classified as Looked After because of the number of overnights they receive in a year; however their health needs will be supported and managed by their parent.

#### **4.6 KEY ISSUES**

4.6.1 This report relates to the health of the young people within the 0-25 service. It is of note that there are other children and young people in care within the wider children's social care service that are also subject to SEND processes.

4.6.2 There are currently 43 young people who are in care or are care leavers within the 0-25 service; 19 fully looked after children/young people and 24 care leavers across the service. Children looked after through short breaks are not included in these figures. All of the children and young people in the 0-25 service are subject to Education Health and Care plans (EHC plans).

4.6.3 All the children and young people Looked After by Peterborough within the 0-25 service have an identified physical or learning disability. Through the child's health assessment and plan, health needs are identified and addressed. Children's health plans and needs are reviewed via the child care review process. Children and young people are supported in accessing universal health services and specialist health care as identified. Children's optical and dental health needs are also monitored and checked regularly through the child care reviews.

4.6.4 With regard to young people leaving care, all young people have an identified personal advisor who offers advice, support and guidance to them including in areas of health. Young people are supported in being registered with a GP, dentist and optician and ensure that they are supported in accessing primary health care. All young people will have transition plans and pathway plans, each of which will have identified any individual health issues.

4.6.5 Many of the children and young people within the 0-25 service have complex health needs and disabilities. Some the children and young people may have learning and/or physical disabilities with some with Autistic Spectrum conditions. There are also some Children in Care with life



limiting conditions.

4.6.6 Complex packages of care and support are provided to Children in Care and care leavers. These packages of care address health, social care and education needs. Some packages are joint funded with other agencies. Health contribute to the funding of a number of packages across the service where continuing care and continuing health assessments have been completed on particular children. For example, Health are fully funding one care leaver's support package. One young person is currently an inpatient in hospital on mental health grounds. One child is also an inpatient in hospital currently.

4.6.7 Work is ongoing with health with regard to working more effectively in meeting the needs of children and young people with complex needs. Health support is considered in all transition work and planning, and needs are met through effective progression from children's health services to adult health services.

## **5. CONSULTATION**

5.1 N/A

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 None specific as report is for information update.

## **7. REASON FOR THE RECOMMENDATION**

7.1 N/A

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 N/A

### **Legal Implications**

9.2 N/A

### **Equalities Implications**

9.3 N/A

## **10. BACKGROUND DOCUMENTS**

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

10.1 None

## **11. APPENDICES**

11.1 None

This page is intentionally left blank

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 7
<b>26 JULY 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Corporate Director People and Communities	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Nicola Curley, Assistant Director Children's Social Care Deborah Spencer, Designated Nurse Looked After Children	Tel. 864065

## HEALTH REPORT

RECOMMENDATIONS	
<b>FROM:</b> Assistant Director Children's Social Care	<b>Deadline date:</b> N/A
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report; and</li> <li>2. Raise any queries they have with the lead officers.</li> </ol>	

### 1. ORIGIN OF REPORT

1.1 This report is submitted to each formal Corporate Parenting Committee.

### 2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of the report is to provide an overview of the CCGs activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the Looked After Children population in Peterborough.

2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference No: 2.4.3.6 (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.

2.3 This links to Priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of children and young people in care.

### 3. TIMESCALES

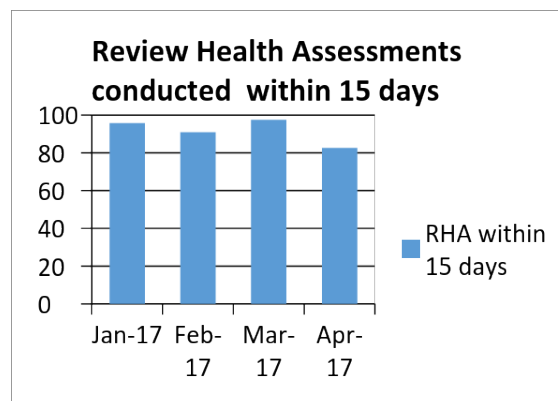
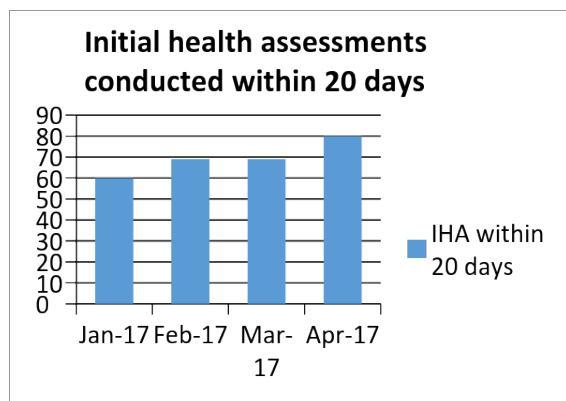
Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
---	-----------	----------------------------------	--

### 4. BACKGROUND

#### 4.1 Initial Health Assessments

The Peterborough Children in Care (CIC) Health Team continue to strive to meet the 20 day

statutory timescale for Initial Health Assessments. Compliance with the 20 day target continues to improve. The major challenge impacting on this target is children that are placed out of county. Where possible the health team invite the carer to bring the child back to Peterborough for a health assessment. This is not always possible due to distance and in this case the assessment timeframe relies on the ability of the health team where the child is placed to conduct a health assessment in a timely manner. There are occasions when young people do not attend their appointments. The health team are tenacious in following this up and providing a second date.



#### 4.1.1 Initial Health Assessments (IHA)

The graph above shows a steady increase in the number of initial health assessments conducted within 20 days rising from 60% in January 2017 to 80% in April 2017. There are several reasons why IHAs were not completed within timescale. For March One child did not attend for an appointment, one was missing; one there were issues with consent and one placed out of area. For April 2017 one child was booked within 20 days but had not yet been seen and one child was placed out of area.

#### 4.2 Review Health Assessments (RHA)

RHA for children in County remains consistently high in meeting the 15 day timescale. In March 2017, one child did not attend for an appointment and four children were placed out of county. Two of these children were brought back in to Peterborough for assessment as the other county refused to conduct the assessments. During April 2017, one child did not attend an appointment for the second time and three children were placed out of county. Challenges remain regarding those children who require a health assessment and are placed out of County as we are reliant on the capacity and timeframe of the other county. Following the development of a quality audit tool health assessments were audited for quality and content in Quarter 1 2016. An action plan has been developed by the health team to address areas where strengthening is required. The Designated Nurse plans to re-audit within the next 6 months.

#### 4.3 Access to CAMH and psychological therapies

There have been concerns raised regarding the provision of services for emotional health and well-being for children in care and about access to CAMH services.

##### 4.3.1 CAMH

A Standard Operating Procedure (SOP) has been agreed within Cambridgeshire and Peterborough Foundation Trust for looked after children being referred to CAMH. All referrals are accepted through the Single Point of Access (SPA) and children in care are prioritised as moderate risk due to their status as looked after. The SOP can be found at Appendix 1.

##### 4.3.2

#### Psychological therapies for children placed out of county

There is a limited budget for providing therapies for children placed out of county and assurance is required about the suitability of proposed treatment for the child, qualifications and supervision of the practitioner and outcomes. Where possible the young person will be brought back into county for treatment if within 20 miles of the borders. A Standard Operating Procedure has been developed and all requests for funding will come via the Designated

Nurse. This will be ratified at an internal CCG meeting this week and then disseminated to partners.

#### 4.3.3 **Provision of CAMH services for children placed out of county**

There has been variation in provision of CAMH services and cost for children placed out of area across the East of England. The East of England Clinical Network has developed a protocol which includes expected pathways and an East of England tariff. This protocol will be reviewed by the Quality, Operations and Performance group within the Clinical Commissioning Group before being implemented. The final protocol is Appendix 2.

#### 4.3.4 **Provision of support for children with attachment and behavioural difficulties**

It has been acknowledged that there is a gap in provision for children with attachment or behavioural difficulties where the threshold for CAMH services is not met. A task and finish group has been initiated led by Kathryn Goose (Children and Maternity Project Manager CAPCCG) with support from the Joint Commissioning Unit (JCU). To ensure this is addressed a number of actions have been defined: A briefing paper has been sent to the June 2017 joint commissioning unit meeting to raise awareness of the issue and further actions. A task and finish group including the Clinical Commissioning Group, CPFT, Peterborough Social Care and Cambridgeshire Social Care will be convened. The aim of the group is to develop an options paper outlining a range of options as to how this gap can be addressed in a staged approach. These options will be presented to the JCU by September for them to consider and agree an approach.

#### 4.4 **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 and has been implemented by the health team. The monitoring of SDQs and outcomes will be monitored via the Looked After Children Health Dashboard.

#### 4.5 **Personal Health Summary / Care Leaver's passport**

The Personal Health Summary for Care Leavers and passport has been implemented since September 2016. The health summary and passport provides a health history and up-to-date information on both local and national support agencies. A specific template for System 1, which provides a complete health summary for the child from birth to current date, has been developed across Cambridgeshire and Peterborough by both health providers. This will be printed out and presented to the Young Person along with the Personal Health Summary Booklet at their last Health Assessment.

#### 4.6 **Unaccompanied Asylum Seeking Children (UASC)**

Peterborough Local Authority is accommodating a number of UASC. Nationally there is a concern regarding blood borne virus screening for this group and the Designated Professionals have raised this with Public Health, NHS England and Joint Commissioners to propose establishing a Screening Pathway for UASC. Discussions have taken place between public health and sexual health commissioners and an agreement has been reached to provide this service by implementing a contract variation through I-Cash. Key partners are meeting next week to agree the process for implementing screening for new UASC and to organise retrospective screening for those already in care. Public Health have agreed to produce some leaflets, in a variety of languages most common for our UASC, to explain blood borne virus screening.

### 5. **CONSULTATION**

5.1 N/A

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 To improve the health and well-being for LAC by ensuring adequate assessment of health and addressing areas where there may be a lack of provision.

**7. REASON FOR THE RECOMMENDATION**

7.1 Corporate Parenting Committee have requested a health update at all formal committees.

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 N/A

**Legal Implications**

9.2 N/A

**Equalities Implications**

9.3 N/A

**10. BACKGROUND DOCUMENTS**

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

10.1 N/A

**11. APPENDICES**

11.1 Appendix 1 – CAMHS Standard Operating Procedure for Prioritisation of Children in Care  
Appendix 2 - Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network area

**STANDARD OPERATING PROCEDURE**  
**FOR PRIORITISATION OF CHILDREN IN CARE**

The aim is to ensure measures are in place to provide prioritised CAMH services to Looked After Children in Peterborough at the earliest opportunity. The procedure is already in place however the written SOP is to ensure consistency and will be shared with SPA and Peterborough Teams.

- Referral received either via Single Point of Access or Neurodevelopmental Service CAMHS
- Case identified as Looked After Child or Child in Care
- Prioritised as MODERATE RISK on basis of Looked After status
- Additional risks then screened and further prioritised as necessary
- Added to waiting list or scheduled into CHOICE appointment based on the above

This page is intentionally left blank



# **Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network area**

**Author: East of England Clinical Network**

**Date: April 2017**

## 1 INTRODUCTION

### Our Pledge to looked after children and care leavers in the East of England

1. If your mental wellbeing deteriorates and you need a mental health assessment and some support or treatment, you will be able to access the 'local offer' of the area you are in without delay or obstruction – irrespective of your looked after status or which area you lived in when you were first brought into care.
2. If the service that assesses your mental health thinks that you need some support and treatment, it will get on with delivering that to you straight away (in line with the waiting time standards that apply in your area).
3. The service that treats you may have the right to reclaim the cost of the treatment it provides to you from the CCG you lived in when you first became looked after. However, any process to seek that funding (and whether it is successful or not) will not delay or prevent you from receiving care and treatment – as long as that care and treatment is something which is part of the commissioned service offer of the area you are in.
4. Mental health services, Clinical Commissioning Groups and Local Authorities will not argue about the 'price' to be charged for your treatment and care. To avoid any arguments, we agree to charge/pay each other in line with the East of England standardised CAMHS Out of Area (OoA) Assessment & Treatment Agreement and standardised tariff (Appendix 1). We will comply fully with the relevant government guidance, which is known as [Who Pays? Determining responsibility for payments to providers](#)
5. If there is any doubt regarding whether this protocol applies to you, our services and commissioners will assume it does apply, if by doing so you are likely to receive better, faster care and treatment.

## 2 SCOPE AND PURPOSE OF PROTOCOL

### 2.1 Who does this protocol relate to?

Looked after children and care leavers from one Local Authority who present in another Local Authority in need of a mental health assessment and/or intervention.

There will be a few children and young people with **exceptionally** high levels and complexity of needs who will require particularly intensive treatment and support packages, way in excess of any area's core offer. These children and young people should already be subject to joint Local Authority and CCG planning processes. Multi-Disciplinary Team (MDT) meetings will be called to determine what bespoke service offer will be commissioned and provided for such cases and which organisation will pay for each part of the package.

## 2.2 Protocol Aim

### What do we want this protocol to achieve in the East of England?

Elimination of the variation in practice and the delay and harm that can be caused to looked after children and care leavers. We want to ensure children and young people have consistent, fair, open access to the local core service offer in whichever part of the East of England they live or present in.

The variation in practice also causes confusion among operational staff from the mental health providers, Local Authorities, and commissioners which can exacerbate the delay and harm to children and young people and damage effective working relationships between staff and organisations.

### 2.3 The scenarios this protocol addresses

When a looked after child or care leaver from one Local Authority area presents in another Local Authority area in need of:

1. A routine community CAMHS referral – to either a Targeted or Specialist service – for a mental health issue that was already part way through being addressed when the child or young person lived in his/her originating Local Authority area.
2. A routine community CAMHS referral – to either a Targeted or Specialist service – for a newly emerging mental health issue.
3. A mental health assessment which had been part completed at the point of a move to another Local Authority area – and needs to be completed.
4. A specialist CAMHS assessment and intervention when a crisis occurs, including when an inpatient Tier 4 CAMHS hospital admission may be needed.

## 3 THE PROTOCOL

What follows is a table in which we set out how we will act when each of the above scenarios occurs. The table uses a few terms, which are defined below:

**Originating Local Authority** = the Local Authority where the child/young person first became looked after

**Originating mental health service** = the mental health service who was previously seeing the child/young person

**Receiving Local Authority** = the Local Authority the child/young person has moved to

**Receiving mental health service** = the mental health service in the Local Authority area the child/young person has moved to

**CYP** = Child or Young Person

**LA** = Local Authority

**MH** = Mental Health

	<b>Scenario one:</b> Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service	<b>Scenario Two:</b> Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention	<b>Scenario Three:</b> CYP is part way through a MH assessment at the point of transition to another LA area	<b>Scenario Four:</b> CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission
The originating Local Authority will...	<p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed <a href="#">Current View</a> assessment tool</p> <p>Direct the Designated Nurse from the Responsible LA to liaise with the receiving authority to ensure that the MH needs can be met.</p> <p>Liaise with the originating MH Service to:</p> <ol style="list-style-type: none"> <li>1. find out what MH provision there is in the receiving LA area</li> <li>2. ensure as smooth a transition as possible to the receiving MH Service in that patch</li> <li>3. agree any financial liabilities in respect of the Responsible Commissioner guidelines <a href="#">Who Pays? Guidelines</a> and use the EoE</li> </ol>	<p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed Current View assessment tool (<a href="#">Current View</a>)</p> <p>Social worker ensures a consultation referral is made to the local MH service. Referral letter is copied to the Designated Nurse from the originating area.</p>	<p>Social worker to involve the current MH service's practitioner in transition planning/decisions for the CYP.</p> <p>If the move is an emergency, social worker to notify the current MH service promptly.</p> <p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed Current View assessment tool (<a href="#">Current View</a>)</p>	<p>Complete the tasks as set out in scenarios 1, 2 &amp; 3 as relevant to the particular needs of the CYP.</p>

	<b>Scenario one:</b> Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service	<b>Scenario Two:</b> Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention	<b>Scenario Three:</b> CYP is part way through a MH assessment at the point of transition to another LA area	<b>Scenario Four:</b> CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission
	standardised CAMHS OoA Assessment & Treatment Agreement and standardised tariff (Appendix 1)			
29 The MH service currently seeing the CYP will...	Liaise with the receiving MH service to provide Transfer summary, Care Plan, Risk Assessment, Crisis Plan, formulation by current team & what intervention/s the team is providing (copied to the originating LA).	N/A	Liaise with the receiving MH service to provide a Transfer summary, Care Plan, Risk Assessment, Crisis Plan, formulation by current team & what intervention/s the team is providing (copied to the originating LA).	N/A
The receiving LA will...	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS).  If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS).  If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS).  If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Complete the tasks as set out in scenarios 1, 2 & 3 as relevant to the particular needs of the CYP.  If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.
The receiving MH service will...	Deliver continuity of treatment & care in line with its commissioned service offer, waiting times and national standards.	Deliver its business as usual service offer to the CYP, within its commissioned waiting times and national standards.	Deliver its business as usual service offer to the CYP, within its commissioned waiting times and national standards.	<b>If CYP is still in community placement:</b> Provide a crisis MH and/or MH Act assessment to the MH service's locally commissioned standards.

	<p><b>Scenario one:</b> Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service</p>	<p><b>Scenario Two:</b> Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention</p>	<p><b>Scenario Three:</b> CYP is part way through a MH assessment at the point of transition to another LA area</p>	<p><b>Scenario Four:</b> CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission</p>
30		<p>Provide ongoing consultation to the referrer and team around the CYP.</p> <p>If CYP's needs do not meet the threshold for the MH service's core offer, the MH service provides signposting advice re. other local services that may be able to help.</p>	<p>Provide ongoing consultation to the referrer and team around the CYP.</p>	<p>Provide advice &amp; support to current placement.</p> <p><b>If CYP is in a Police Investigation Centre (PIC):</b> Social Worker and MH Service ensure the local <a href="#">Liaison and Diversion Team</a> is involved &amp; to provide advice &amp; if necessary joint assessment &amp; intervention alongside the Liaison &amp; Diversion Team.</p> <p><b>If CYP is admitted to a General Acute Hospital:</b> Provide a crisis MH and/or MH Act assessment to the MH service's locally commissioned standards.</p> <p>Provide advice and support to the acute hospital ward (in line with the local area's core offer).</p> <p>As soon as this scenario arises, all parties (CAMHS assessing clinician/manager, LA social worker &amp; Acute Hospital) must work jointly – and hold urgent, regular Care &amp; Treatment Review meetings. The Review meetings'</p>

	<b>Scenario one:</b> Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service	<b>Scenario Two:</b> Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention	<b>Scenario Three:</b> CYP is part way through a MH assessment at the point of transition to another LA area	<b>Scenario Four:</b> CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission
31				<p>role will be to decide who the care/treatment co-ordinator will be in the short term and how the care &amp; treatment needs will be met and transitioned.</p> <p><b>If CYP needs a Tier 4 bed search &amp; support/treatment while waiting for a T4 bed to become available:</b>  <a href="#">Bed Search</a> (using <i>Form 1</i>) will be initiated by the CAMHS team that conducts the MH or MH Act assessment.            Once Form 1 is completed any follow up action, including bed searching and transport is organised by the CAMHS team from the CYP's originating area.</p> <p><b>During a CAMHS T4 Inpatient admission:</b>            The inpatient unit will organise <a href="#">Care Programme Approach</a> (CPA) meetings, giving at least 14 days' advance notice to the social worker from the originating LA and lead staff from the receiving MH Service</p>

	<b>Scenario one:</b> Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service	<b>Scenario Two:</b> Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention	<b>Scenario Three:</b> CYP is part way through a MH assessment at the point of transition to another LA area	<b>Scenario Four:</b> CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission
				<b>The originating LA &amp; receiving community MH Service will:</b> <ul style="list-style-type: none"> <li>• keep the case open</li> <li>• maintain therapeutic and social care links with their CYP</li> <li>• attend CPA review meetings</li> <li>• actively participate in discharge planning arrangements</li> </ul>
32	The Designated Nurse will...	Will record the activity and intervention being delivered to the CYP.	Will record the activity and intervention being delivered to the CYP	Will record the activity and intervention being delivered to the CYP

**Potential additional appendices or standardised paperwork to produce to accompany the protocol**

1. East of England standardised process of notifications between LAs of LAC when moved from one LA to another
2. East of England set of template letters setting out the above and how charging/invoicing/payments will be managed

## 4 SIGN-UP

### 4.1 Signing off the protocol

This protocol was **endorsed and signed off** by the East of England Clinical Network's Future in Mind Steering Group on 16<sup>th</sup> March 2017.

**Action:** Lead commissioners from each LA and CCG in the East of England to...

1. ...take this protocol to their Safeguarding Boards for sign off and to request that the protocol is added to local audit and review cycles



2. ...report to the Network when the protocol has been approved/adopted by their Safeguarding Boards

#### **4.2 Optional additional actions**

Lead officers from may also choose to take the protocol to a number of other local bodies for sign off, including:

- Regional Directors of Children’s Services Group
- Local Authorities
- Mental Health providers
- Health & Wellbeing Boards
- CAMHS Partnerships
- Corporate Parenting Boards/Partnerships
- Tier 4 providers
- NHS England Specialised Commissioning
- Health & Justice Commissioner
- Sustainability & Transformation Plan (STP) Executive Bodies

## **CAMHS out of area assessment and treatment Agreement (ATA)**

**Patient NHS number:**            xxxxxxx  
**Patient Initials:**               xxx  
**Provider:**                       xxxxxxxxxxxxxxxxxxx

<b>SECTION 1: INTRODUCTION AND TERMS OF AGREEMENT .....</b>	<b>11</b>
<b>SECTION 2: SERVICE USER DETAILS.....</b>	<b>4</b>
<b>SECTION 2.1 CARE PACKAGE DETAILS .....</b>	<b>5</b>
<b>SECTION 2.2 OUTCOME MEASURES.....</b>	<b>5</b>
<b>SECTION 3: COMMISSIONER DETAILS.....</b>	<b>6</b>
<b>SECTION 4: PROVIDER DETAILS.....</b>	<b>7</b>
<b>SECTION 5: AGREEMENT .....</b>	<b>8</b>

## **Section 1: Introduction and terms of agreement**

When a young person becomes looked after they can sometimes be placed in an out of area placement. If they may require access to CAMHS services, the cost of this service and any treatment is chargeable to the home area CCG. This agreement is designed to standardise the approach across the area covered by the East of England Clinical Network. The service provided is for the core local offer in line with local commissioning arrangements.

The process would be for the allocated social worker (or other professional) to refer to the local CAMHS team following the protocol. The local CAMHS team would then send the ATA to the home CCG if the referral is accepted.

The Agreement is an agreement between the Commissioner (identified at section 3) and the Provider (identified at section 4) for the provision of assessment and treatment to the service user or their carer/placement detailed in section 2.

The ATA is contract entered into between the home CCG and the Provider for NHS Individual Patient Funded Placements for those patients whereby the home CCG are responsible, and states explicitly which service is being purchased from the Provider to meet the needs of the Service User.

The ATA, along with the NHS Standard Contract together form a legally binding contract for the provision of the Services identified in the ATA, by the Provider, to the Service User.

The contract comprising the ATA and the NHS Standard Contract shall come into force on the date of the ATA (as indicated at the end of the document) and shall subsist until terminated by the Commissioner giving 14 days' written notice to the Provider. Subject to compliance with the conditions precedent set out in Schedule A of the NHS Standard Contract, the Provider shall commence provision of services to the Service User on the Service User acceptance date specified in section 2.1.

The Commissioner and the Provider each acknowledge and agree that the IPA is subject to the NHS Standard Contract. If there is any conflict between the terms of the Contract and the terms of the ATA, the terms of NHS Standard Contract shall prevail.

The ATA contains the following information:

- Service User details;
- Treatment details;
- Commissioner details;
- Provider details; and
- Signed agreement between the Commissioner and Provider to contract for the services identified in this IPA.

The Provider should ensure that there is an Individual Placement Agreement for each patient placed with the Provider that sets out the agreed service fee(s).

**Section 2: Service User details (follow local guidance on information sharing and use of non patient identifiable data)**

<b>Service User details</b>	
<b>Patient Name:</b>	
<b>Patient reference Number:</b>	
<b>Date of Birth:</b>	
<b>NHS Number:</b>	
<b>Placement details</b>	

**Section 2.1 Assessment & Treatment details and East of England Standardised Tariff<sup>1</sup>**

<b>Treatment Details</b>	
<b>Assessment</b>	Assessment/Triage - £200 Receive referral triage and assessment follow up letter to social worker and home CCG
<b>Intervention</b>	Minimum 6 sessions of treatment - £900 <sup>2</sup>
<b>Anticipated number of sessions</b>	Minimum of 6 session, review and follow up letter included
<b>Cost per session</b>	Additional sessions over and above 6 - £150 per session.
<b>Additional costs</b>	Attendance at LAC reviews £150 Report writing beyond standard update letter £150

**Section 2.2 Outcome Measures**

**Different provider will use different outcome measures, but they will report outcomes in line with their core offer.**

<b>No</b>	<b>Measure</b>	<b>Frequency</b>
1		To be reported to the social

<sup>1</sup> Standardised Tariff to be consistently across the East of England.

<sup>2</sup> If it is clear from the outset that a CYP only requires an assessment + one or two treatment sessions, cost would be £200 (Assessment fee) + £300 (x 2 of the 'per session' cost).

2		worker and CCG
3		

**Section 3: Commissioner Details**

<b>Commissioner details</b>	
<b>Name of Commissioner</b>	
<b>Phone number (switchboard)</b>	
<b>Commissioner main address</b>	
<b>Key Contact 1 Name</b>	
<b>Key Contact 1 email</b>	
<b>Key Contact 2 Name</b>	Designated Nurse Child Protection Designated Nurse Looked After Children
<b>Key Contact 2 email</b>	
<b>Invoicing address</b>	

**Section 4: Provider details**

<b>Provider details</b>	
<b>Name of Provider</b>	
<b>Providers Address for contractual correspondence</b>	
<b>Providers address</b>	
<b>Providers Phone Number</b>	
<b>Providers Email Address</b>	
<b>Key Contact 1 Name</b>	
<b>Key Contact 1 Position</b>	

<b>Key Contact 1 Telephone</b>	
<b>Key Contact 1 email</b>	
<b>Key Contact 2 Name</b>	
<b>Key Contact 2 Position</b>	
<b>Key Contact 2 Telephone</b>	
<b>Key Contact 2 email</b>	

<b>Local Authority or referrer details</b>	
<b>Name of Local Authority</b>	
<b>Providers Address for contractual correspondence</b>	
<b>Providers address</b>	
<b>Providers Phone Number</b>	
<b>Providers Email Address</b>	
<b>Key Contact/social worker 1 Name</b>	
<b>Key Contact 1 Position</b>	
<b>Key Contact 1 Telephone</b>	
<b>Key Contact 1 email</b>	

**Section 5: Agreement**

This Agreement (ATA) is an agreement made between:

1. The Commissioner:

<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Commissioner</b>	
<b>Date</b>	

; and

2. The Provider:

<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Service Provider</b>	
<b>Date</b>	

This page is intentionally left blank



<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 8
<b>26 JULY 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Corporate Director People and Communities	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Nicola Curley, Assistant Director Children's Social Care	Tel. 864065

## CHILDREN IN CARE AND CARE LEAVERS PERFORMANCE REPORT

RECOMMENDATIONS	
<b>FROM:</b> Assistant Director Children's Social Care	<b>Deadline date:</b> N/A
<p>It is recommended that the Corporate Parenting Committee</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report; and</li> <li>2. Raise any queries they have with the lead officers.</li> </ol>	

### 1. ORIGIN OF REPORT

1.1 This report is submitted to each formal Corporate Parenting Committee.

### 2. PURPOSE AND REASON FOR REPORT

2.1 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 breakdown 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.

2.2 The report also outlines a monthly performance report and an action plan report which outlines progress of each action made against the OfSTED recommendations from the inspection held in 2015.

2.3 This report is for Corporate Parenting Committee to consider under its Terms of Reference:

2.4.3.2 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.

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

2.4 This links into the Children in Care Pledge under Priority 3: Placement stability and range of high quality placement provision and covers 'Reduction in the number of children in residential placements.

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
---	-----------	----------------------------------	--

## 4. BACKGROUND

4.1 On the 31 May 2017 there were 362 Children in Care in Peterborough.

- 164 children were placed with foster carers who work for TACT (The Adolescent and Children's Trust), and provide foster care through our strategic partnership.
- 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.
- 25 post 16 years olds were living on their own (independent living) but still classed as CIC 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.
- 5 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.
- 15 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 same way. They are paid the same level of allowances as other in house foster carers.
- 1 child were living with their parents but were 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.
- 42 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 person's needs. Residential care is nearly always accessed by adolescents and only rarely used for younger children in very special circumstances.
- 1 child (with disabilities) was placed in specialist residential care. This disabled child 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 placed in a secure unit.

## 4.2 Children in Care Profile

	Jun-16	Sep-16	Dec-16	Mar-17	May-17
Children looked after	371	366	364	363	362

### Age

Under 1	22	21	16	18	20
1 to 4	36	36	38	34	27
5 to 9	81	71	71	69	68
10 to 15	149	141	137	137	145
16-17	82	96	101	105	101
18 or over	1	1	1	0	1

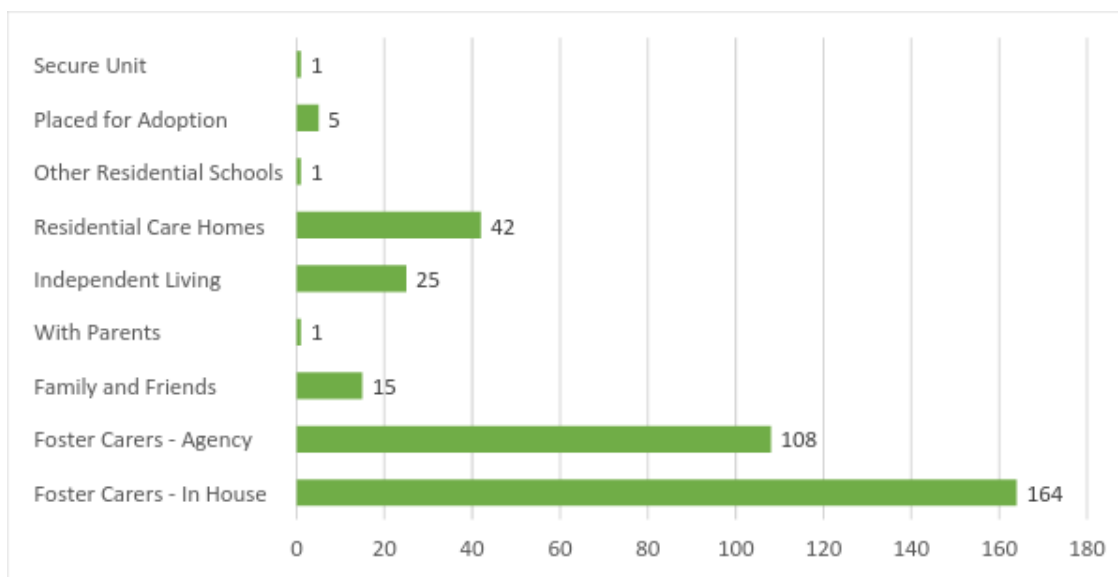
### Gender

Male	211	206	206	199	199
Female	160	160	158	164	163

### Ethnicity

White British	235	239	237	227	221
White Irish	0	0	0	0	0
White Other	47	38	37	40	47
<b>White</b>	<b>282</b>	<b>277</b>	<b>274</b>	<b>267</b>	<b>268</b>
Mixed White & Black Caribbean	4	5	5	6	5
Mixed White & Black African	6	6	5	5	5
Mixed White & Asian	14	15	18	19	18
Any other mixed background	11	10	14	13	12
<b>Mixed</b>	<b>35</b>	<b>36</b>	<b>42</b>	<b>43</b>	<b>40</b>
Indian	0	0	1	1	1
Pakistani	5	4	3	7	6
Bangladeshi	0	0	0	0	0
Any other Asian background	18	18	18	18	16
<b>Asian</b>	<b>23</b>	<b>22</b>	<b>22</b>	<b>26</b>	<b>23</b>
Caribbean	2	2	1	1	1
African	12	10	10	9	11
Any other Black background	7	7	8	8	8
<b>Black</b>	<b>21</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>20</b>
Chinese	0	0	0	0	0
Any other ethnic group	10	8	4	5	6
<b>Other</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>6</b>
Not stated / not yet obtained	0	4	3	4	5

## 4.3 Children in Care Placements



**5. CONSULTATION**

5.1 N/A

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 N/A

**7. REASON FOR THE RECOMMENDATION**

7.1 Corporate Parenting Committee members have a duty to review performance of Children's Social Care.

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 None

**Legal Implications**

9.2 None

**Equalities Implications**

9.3 None

**10. BACKGROUND DOCUMENTS**

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

10.1 N/A

**11. APPENDICES**

11.1 Appendix 1 – CIC Performance Report May 2017  
Appendix 2 – Ofsted Action Plan March 2017

# Monthly Performance Report

May 2017

## Peterborough Children's Services

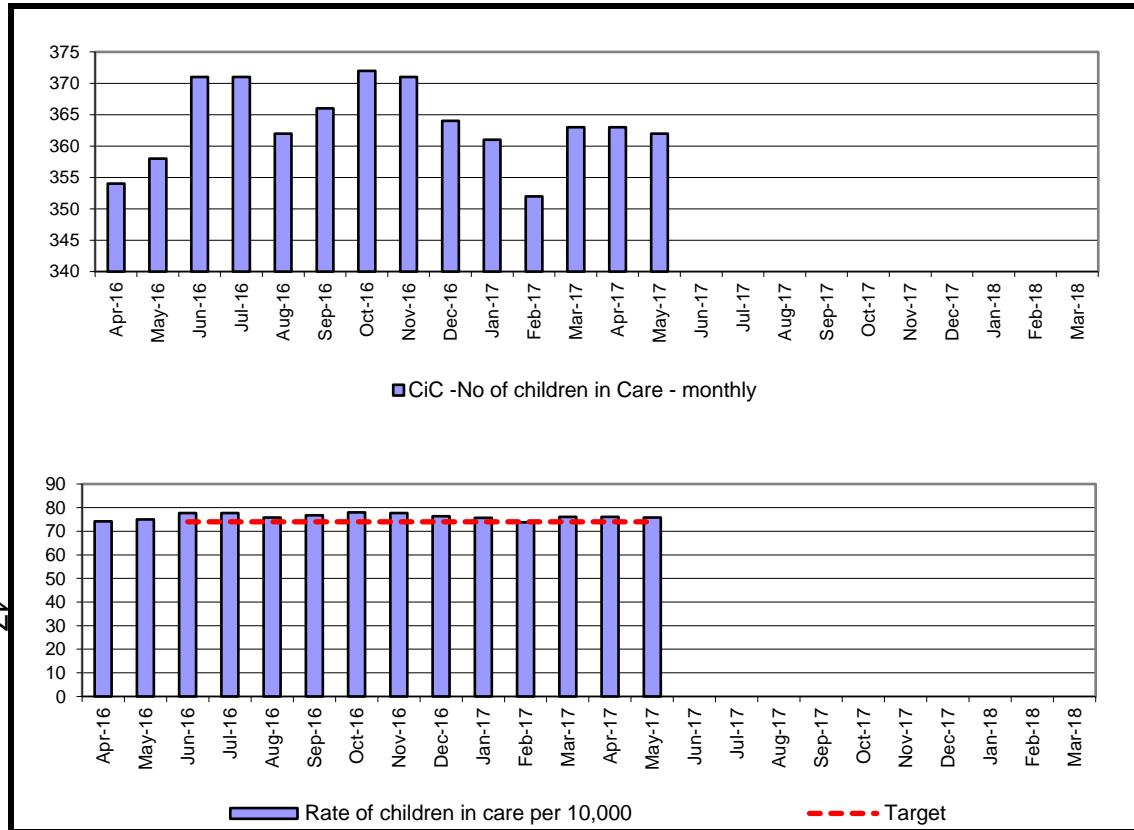
*"Change together for children"*



45

# 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	75.9	A	↓	Smaller is better	24
	Admissions of Children in Care per 10,000	36.2	29.7	26.5	38.0	44.4	A	↑	-	25
	Number of Children who have ceased to be Children in Care per 10,000	32.9	30.1	26.5	38.0	42.1	A	↓	-	26
	Number of Children in Care				345	362	A	↑	Proximity to target	27
	Placement Stability: 3 or more placements during previous 12 months for CiC	8.5%	11.3%	11.0%	8.5%	5.8%	G	↑	Smaller is better	28
	Placement Stability: Length of Placement for Children in Care	73.0%	69.1%	67.0%	71.0%	67.2%	R	↑	Bigger is better	29
	Children in Care Reviews held within timescales	98.7%			100.0%	99.1%	A	↑	Bigger is better	30
	Children in care statutory visits in time				98.0%	96.8%	A	↑	Bigger is better	31
	Percentage of children adopted	19.0%	24.0%	17.0%	14.0%	0.0%	R	↓	Bigger is better	32
	Average days between child entering care and moving in with a adoptive family	593	616	628	487	499	G	=	Smaller is better	33
	Average days between court agreeing adoption and LA approving a match	242	211	217	120	441	A	=	Smaller is better	34
	Children in care - Missing from care					12		↑	-	35
	Initial health assessments completed within 20 working days of child entering care				95.0%	64.3%	R	↑	Bigger is better	36
	Health of Children in Care - Annual Health Assessments	93.9%	89.1%	88.4%	95.0%	89.0%	A	↑	Bigger is better	37
	Children in care (aged 3-17 years) with dental checks held within previous 12 months				95.0%	73.2%	R	↑	Bigger is better	38
	Personal Education Plans (PEPs)				98.0%	97.2%	A	↑	Bigger is better	39
	Leaving care cases with a pathway plan				98.0%	84.3%	R	↑	Bigger is better	40
	Care leavers (+19 years) - Not in Education, Employment and Training				30.0%	31.3%	A	↓	Smaller is better	41
Care leavers (+19 Years) - Not in Suitable Accommodation				5.0%	0.0%	G	↓	Smaller is better	42	
<b>Profiles</b>	Children in care; referrals starting in month									43 - 47



Month	CiC -	Pop.	Rate of
Apr-16	354	47715	74.2
May-16	358	47715	75.0
Jun-16	371	47715	77.8
Jul-16	371	47715	77.8
Aug-16	362	47715	75.9
Sep-16	366	47715	76.7
Oct-16	372	47715	78.0
Nov-16	371	47715	77.8
Dec-16	364	47715	76.3
Jan-17	361	47715	75.7
Feb-17	352	47715	73.8
Mar-17	363	47715	76.1
Apr-17	363	47715	76.1
May-17	362	47715	75.9
Jun-17			
Jul-17			
Aug-17			
Sep-17			
Oct-17			
Nov-17			
Dec-17			
Jan-18			
Feb-18			
Mar-18			

Target	Variance	RAG
84.4	-12.1%	A
74.0	1.4%	A
74.0	5.1%	R
74.0	5.1%	R
74.0	2.5%	A
74.0	3.7%	R
74.0	5.4%	R
74.0	5.1%	R
74.0	3.1%	A
74.0	2.2%	A
74.0	-0.3%	A
74.0	2.8%	A
74.0	2.8%	A
74.0	2.5%	A

**CSC Commentary**

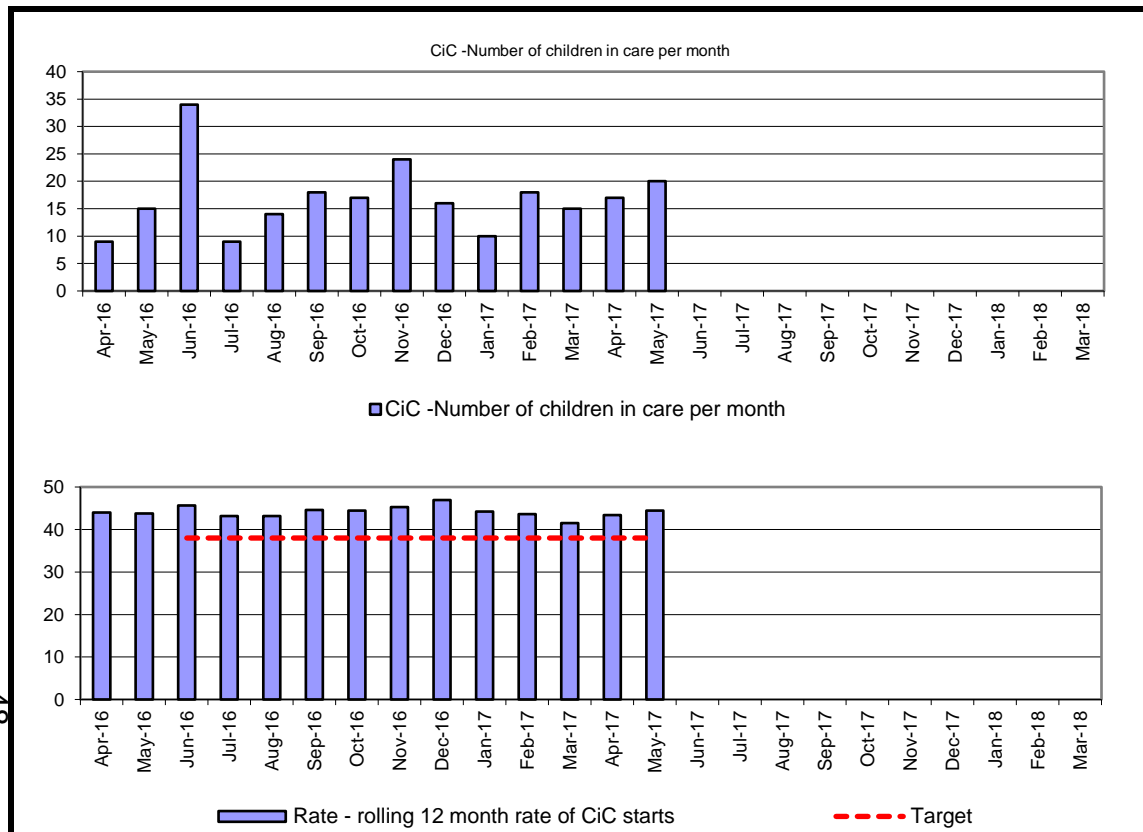
The number of children in care per 10,000 of the population in May has reduced by one from last month. This links to the number of children who have been adopted, reached 18 and have secured alternative orders other than being in care linked to the number of children who have entered care in the last month. CIC Service is continuing to focus on closing cases in a timely manner to ensure data is accurate.

**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: 47715

G <=350	A>351-365	R>365
---------	-----------	-------

Year	PCC Result	SN Result	ENG Result
2013-14	80.0	77.2	60.0
2014-15	74.0	79.4	60.0
2015-16	75.0	79.5	60.0



Month	CiC -	12 Mths	Rate	Target	Variance	RAG
Apr-16	9	210	44.0	38.0	15.8%	A
May-16	15	209	43.8	38.0	15.3%	A
Jun-16	34	218	45.7	38.0	20.2%	A
Jul-16	9	206	43.2	38.0	13.6%	R
Aug-16	14	206	43.2	38.0	13.6%	R
Sep-16	18	213	44.6	38.0	17.5%	R
Oct-16	17	212	44.4	38.0	16.9%	R
Nov-16	24	216	45.3	38.0	19.1%	R
Dec-16	16	224	46.9	38.0	23.5%	R
Jan-17	10	211	44.2	38.0	16.4%	A
Feb-17	18	208	43.6	38.0	14.7%	A
Mar-17	15	198	41.5	38.0	9.2%	A
Apr-17	17	207	43.4	38.0	14.2%	A
May-17	20	212	44.4	38.0	16.9%	A
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

CSC Commentary

Admissions per 10,000 for May saw a slight increase in children being admitted by 3 on the previous month. The performance indicator remains in Amber.

Definition

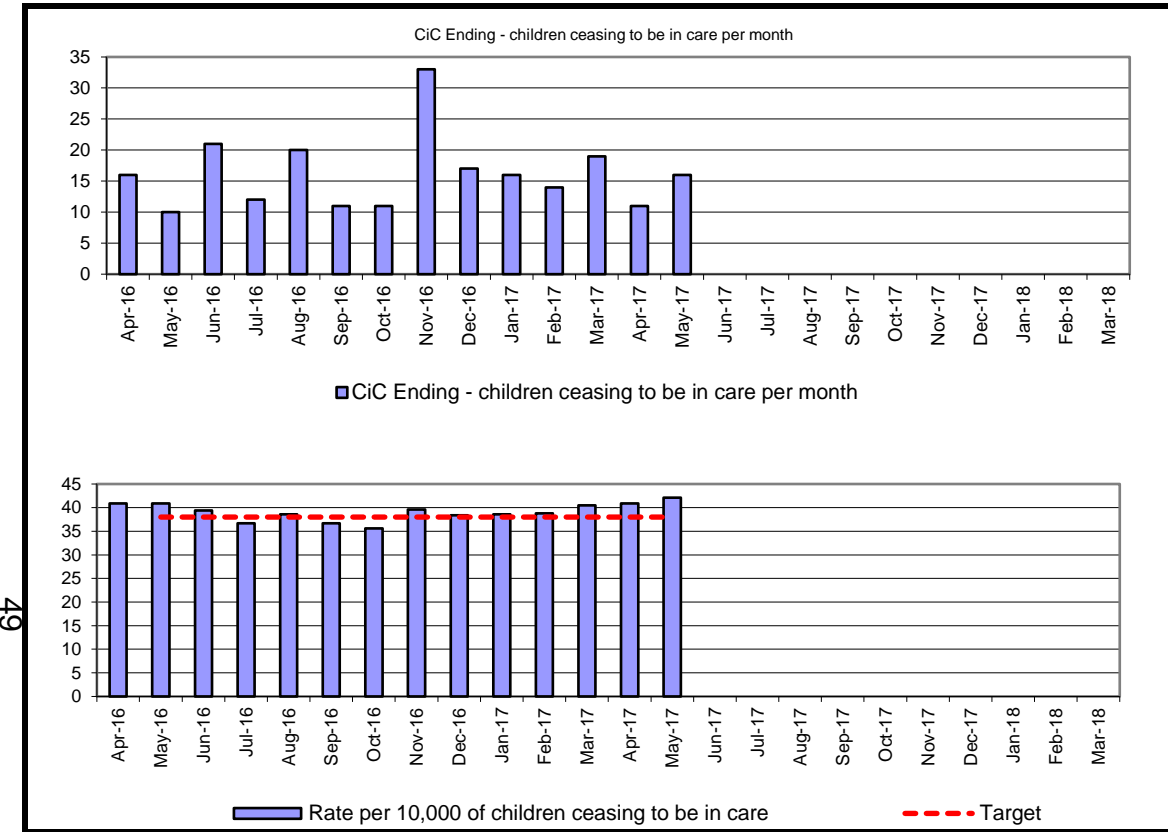
Children who came into care (rolling 12 months) divided by the population of 0-17 year olds in Peterborough multiplied by 10,000. If a child is admitted to care on more than one occasion then each time is counted in this indicator.

Population for denominator: 47715

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

Year	PCC Result	SN Result	ENG Result
2013-14	36.2	29.7	26.5
2014-15	30.0	34.2	26.8
2015-16	41.9	31.1	27.4





Month	CiC Ending -	12 Mths	children ceasing to be in care	Target	Variance	RAG
Apr-16	16	195	40.9	38.0	7.5%	R
May-16	10	195	40.9	38.0	7.5%	R
Jun-16	21	188	39.4	38.0	3.7%	R
Jul-16	12	175	36.7	38.0	-3.5%	R
Aug-16	20	184	38.6	38.0	1.5%	R
Sep-16	11	175	36.7	38.0	-3.5%	R
Oct-16	11	170	35.6	38.0	-6.2%	G
Nov-16	33	189	39.6	38.0	4.2%	A
Dec-16	17	183	38.4	38.0	0.9%	A
Jan-17	16	184	38.6	38.0	1.5%	A
Feb-17	14	185	38.8	38.0	2.0%	A
Mar-17	19	193	40.4	38.0	6.4%	A
Apr-17	11	195	40.9	38.0	7.5%	A
May-17	16	201	42.1	38.0	10.9%	A
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**

16 children ceased to be accommodated in May. This was a combination of young people reaching 18, children being adopted, and moving onto SGOs where appropriate. CiC is working currently to close cases in a more timely manner but internal processes such as the 'later life letter' and the adoption ceremony mean for children who are adopted that these cases may take longer to close.

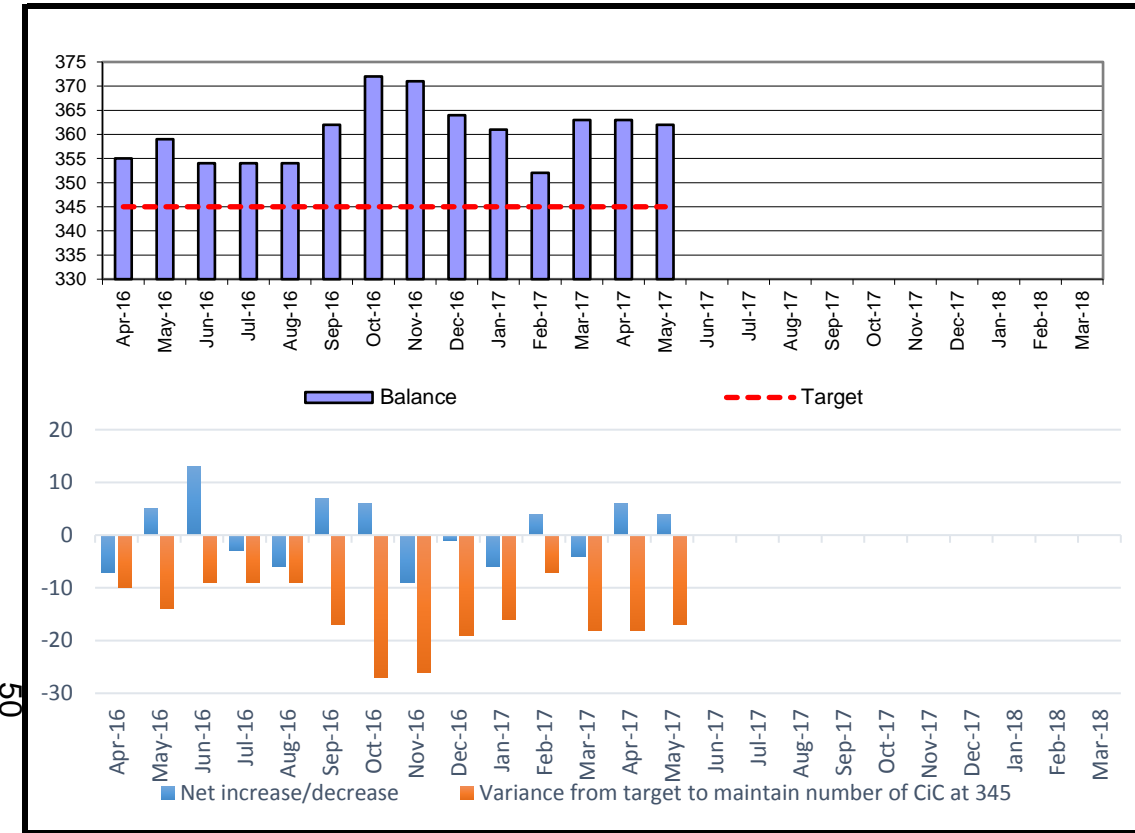
**Definition**

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: 47715

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

Year	PCC Result	SN Result	ENG Result
2013-14	32.9	30.1	26.5
2015-15	35.4	32.3	26.8
2015-16	38.8	32.3	27.2



Month	CiC Start	CiC End	Net i	Balance	Target	Variance	RAG
Apr-16	9	16	-7	355	345.0	-10	A
May-16	15	10	5	359	345.0	-14	A
Jun-16	34	21	13	354	345.0	-9	A
Jul-16	9	12	-3	354	345.0	-9	A
Aug-16	14	20	-6	354	345.0	-9	A
Sep-16	18	11	7	362	345.0	-17	A
Oct-16	17	11	6	372	345.0	-27	A
Nov-16	24	33	-9	371	345.0	-26	A
Dec-16	16	17	-1	364	345.0	-19	A
Jan-17	10	16	-6	361	345.0	-16	A
Feb-17	18	14	4	352	345.0	-7	A
Mar-17	15	19	-4	363	345.0	-18	A
Apr-17	17	11	6	363	345.0	-18	A
May-17	20	16	4	362	345.0	-17	A
Jun-17							
Jul-17							
Aug-17							
Sep-17							
Oct-17							
Nov-17							
Dec-17							
Jan-18							
Feb-18							
Mar-18							

**CSC Commentary**

The net change in the number of children remains static for May. The variance of number of children per 10,000 being in care is 345 and the current numbers are 362. The variance being 17.

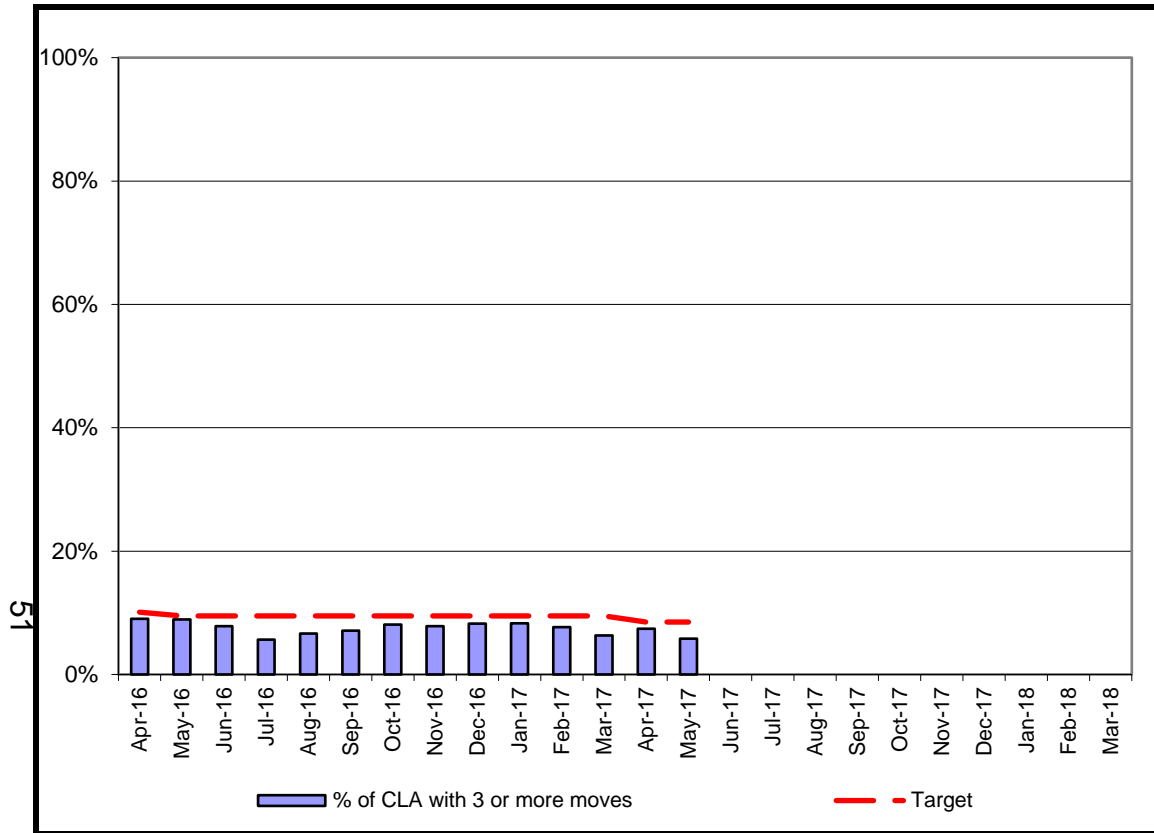
**Definition**

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
2013-14	55.7	64.7	52.1
2014-15			
2016-17			



Month	Num.	Denom.	% of CLA with	Target	Variance	RAG
Apr-16	32	354	9.0%	10.1%	-1.1	G
May-16	32	358	8.9%	9.5%	-0.6	G
Jun-16	29	371	7.8%	9.5%	-1.7	G
Jul-16	21	371	5.7%	9.5%	-3.8	G
Aug-16	24	362	6.6%	9.5%	-2.9	A
Sep-16	26	366	7.1%	9.5%	-2.4	A
Oct-16	30	372	8.1%	9.5%	-1.4	G
Nov-16	29	371	7.8%	9.5%	-1.7	G
Dec-16	30	364	8.2%	9.5%	-1.3	G
Jan-17	30	361	8.3%	9.5%	-1.2	G
Feb-17	27	352	7.7%	9.5%	-1.8	G
Mar-17	23	363	6.3%	9.5%	-3.2	G
Apr-17	27	363	7.4%	8.5%	-1.1	G
May-17	21	362	5.8%	8.5%	-2.7	G
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**

Placement stability for May remains in green. Real time figures indicated a slight improvement on the previous month in relation to placement stability by month end enabling the target to remain as green. Review of factors impacting on the indicator are currently being analysed in CIC to improve and sustain placement stability. These include reviewing contact arrangements, revisiting 'core business' requirements within CIC, and working in partnership with TACT to identify need and gaps in service provision.

**Definition**

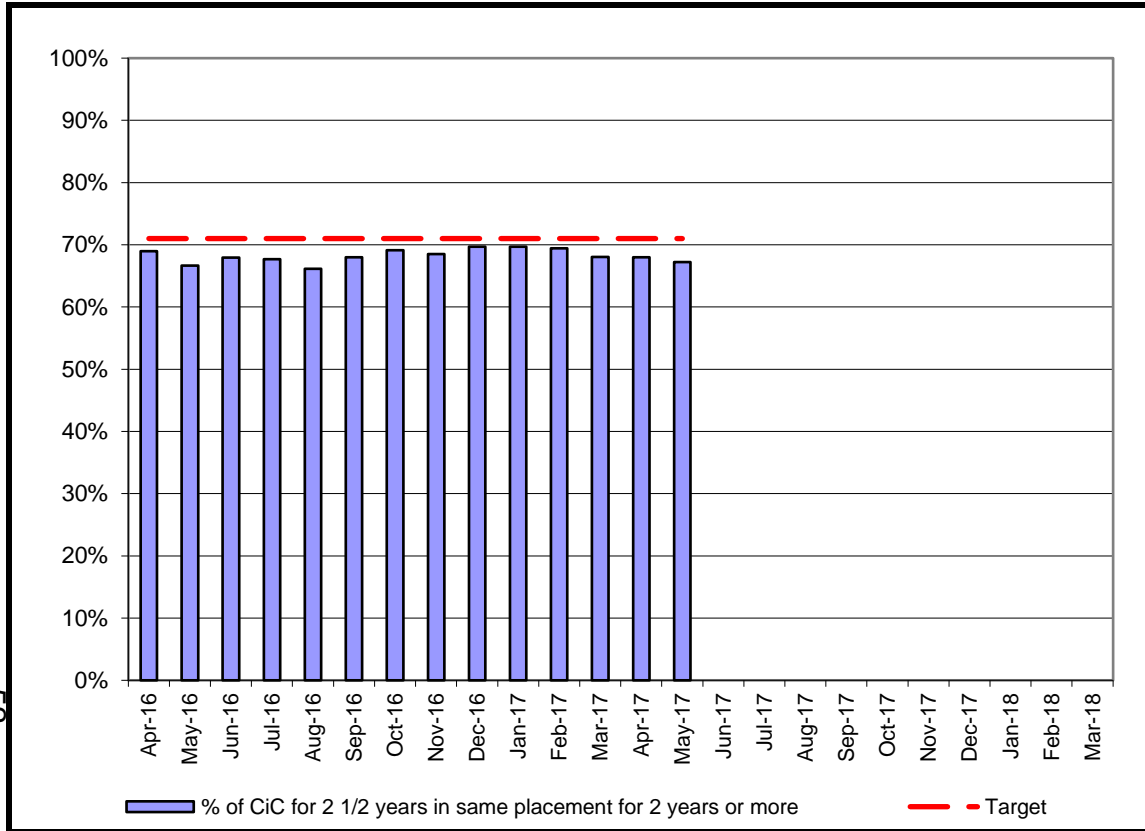
The percentage of children in care at any given time with three or more placements during the last 12 months.

Population for denominator: 46600

G <= 8.5%	A > 8.6-10%	R >10
-----------	-------------	-------

Year	PCC Result	SN Result	ENG Result
2013-14	9.0%	11.3%	11.0%
2014-15	8.5%		
2015-16			

52



Month	Num.	Denom.	% of CiC	Target	Variance	RAG
Apr-16	89	129	69.0%	71.0%	-2.0	R
May-16	86	129	66.7%	71.0%	-4.3	R
Jun-16	89	131	67.9%	71.0%	-3.1	R
Jul-16	88	130	67.7%	71.0%	-3.3	R
Aug-16	86	130	66.2%	71.0%	-4.8	R
Sep-16	85	125	68.0%	71.0%	-3.0	R
Oct-16	85	123	69.1%	71.0%	-1.9	A
Nov-16	87	127	68.5%	71.0%	-2.5	R
Dec-16	85	122	69.7%	71.0%	-1.3	A
Jan-17	85	122	69.7%	71.0%	-1.3	A
Feb-17	84	121	69.4%	71.0%	-1.6	A
Mar-17	83	122	68.0%	71.0%	-3.0	R
Apr-17	85	125	68.0%	71.0%	-3.0	R
May-17	82	122	67.2%	71.0%	-3.8	R
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**

Placement stability for the month of May continues to see a decrease in performance on the previous month; the target is 71% and the last 2 months have seen a move away from this. Factors impacting on the indicator are currently being analysed in CIC to improve and sustain placement stability. These include reviewing contact arrangements, revisiting 'core business' requirements within CIC, working in partnership with TACT to identify need and gaps in service provision, and building resilience in foster carers through training and development.

**Definition**

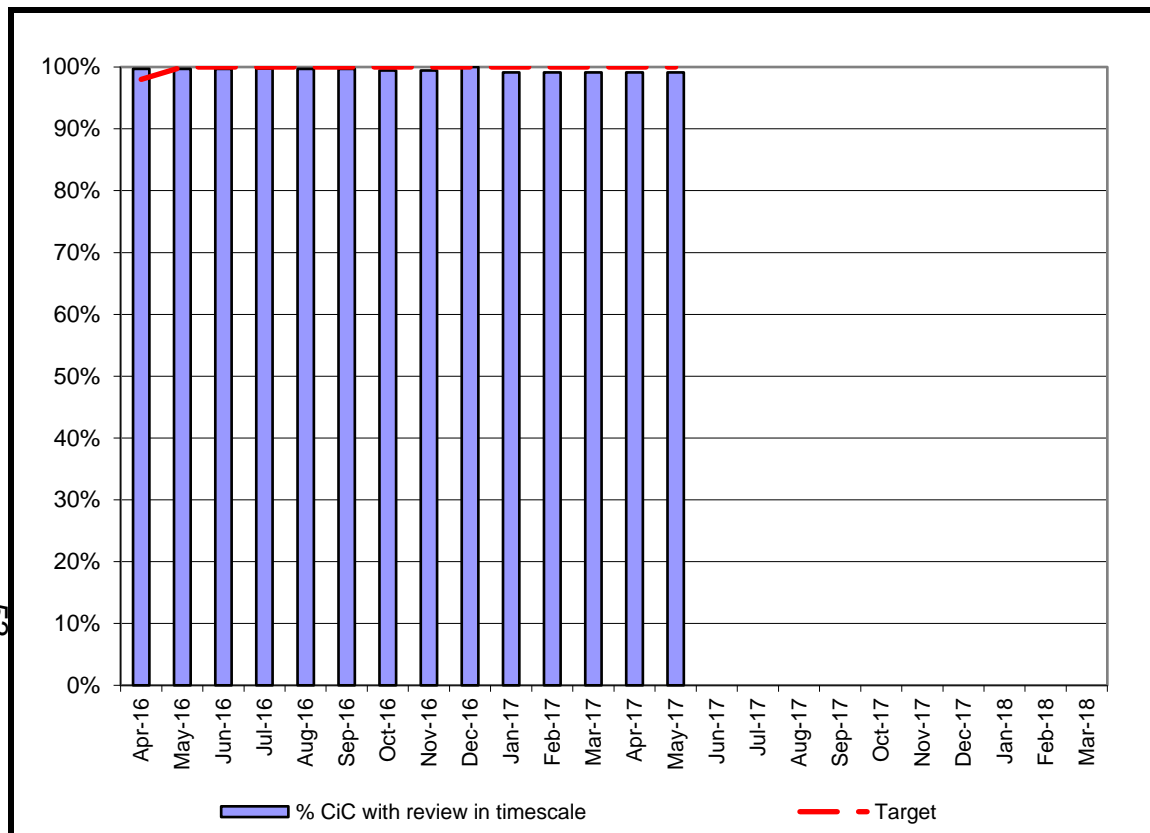
The percentage of children in care aged under 16 who had been in care continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years.

Population for denominator: 46600



Year	PCC Result	SN Result	ENG Result
2013-14	73.0%	69.1%	67.0%
2014-15			
2015-16			

53



Month	Num.	Denom.	% CiC
Apr-16	347	348	99.7%
May-16	350	351	99.7%
Jun-16	347	348	99.7%
Jul-16	365	366	99.7%
Aug-16	355	356	99.7%
Sep-16	353	354	99.7%
Oct-16	360	362	99.4%
Nov-16	352	354	99.4%
Dec-16	358	358	100.0%
Jan-17	352	355	99.2%
Feb-17	349	352	99.1%
Mar-17	351	354	99.2%
Apr-17	349	352	99.1%
May-17	343	346	99.1%
Jun-17			
Jul-17			
Aug-17			
Sep-17			
Oct-17			
Nov-17			
Dec-17			
Jan-18			
Feb-18			
Mar-18			

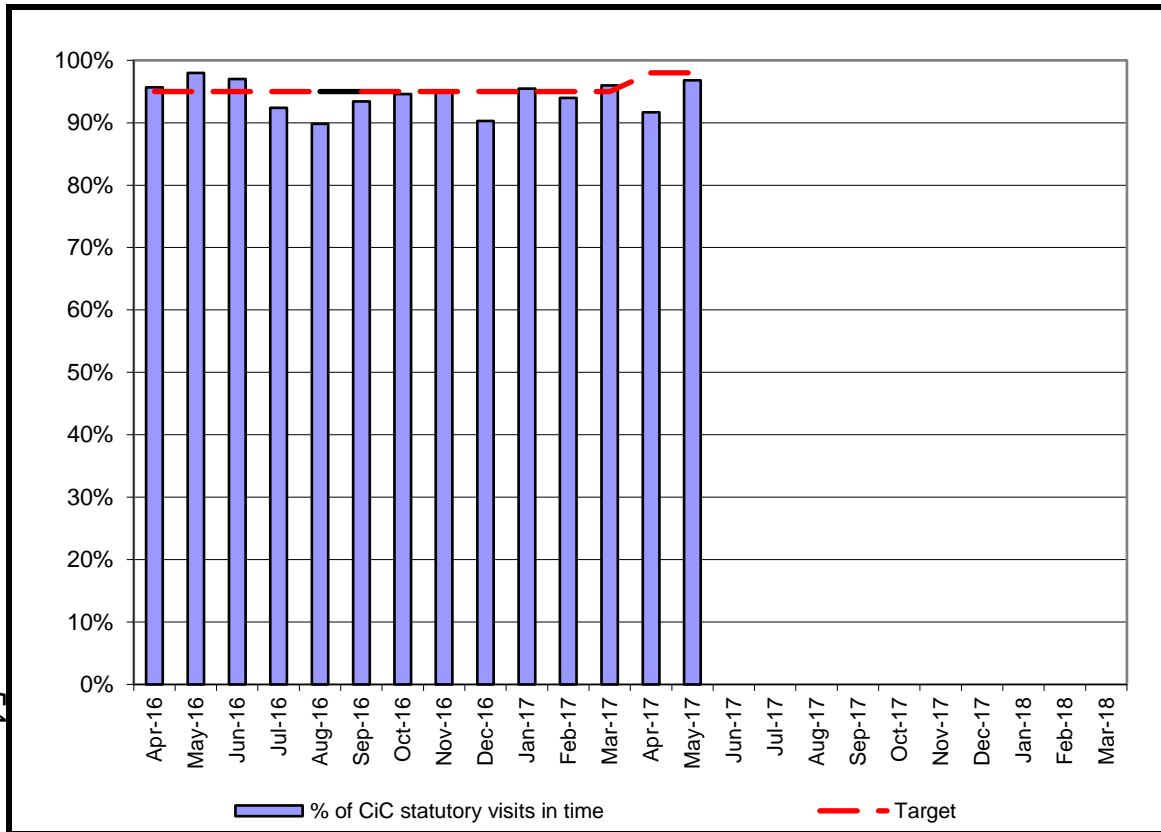
Target	Variance	RAG
98.0%	1.7	A
100.0%	-0.3	A
100.0%	-0.3	A
100.0%	-0.3	A
100.0%	-0.3	A
100.0%	-0.3	A
100.0%	-0.6	A
100.0%	-0.6	A
100.0%	0.0	G
100.0%	-0.8	A
100.0%	-0.9	A
100.0%	-0.8	A
100.0%	-0.9	A
100.0%	-0.9	A

**CSC Commentary**  
 May data for CiC reviews saw a return to 99.1% for the completion of CCRs on time. This target is calculated on a rolling year and when analysed recently with the QA service relates to a review that did not occur in January. The impact will continue for the rest of the year.

**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.

**G = 100%**     **A > 98%**     **R < 98%**

54



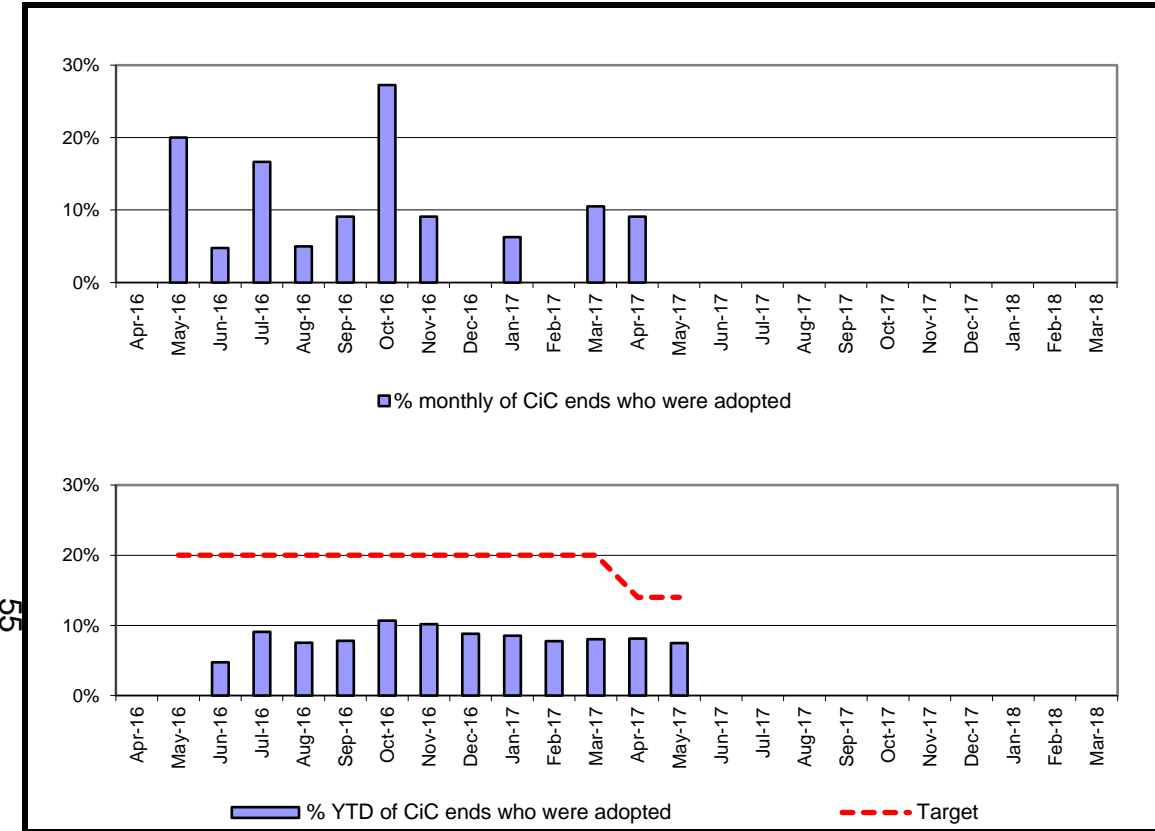
Month	Num.	Denom.	% of
Apr-16	333	348	95.7%
May-16	339	346	98.0%
Jun-16	327	337	97.0%
Jul-16	327	354	92.4%
Aug-16	317	353	89.8%
Sep-16	325	348	93.4%
Oct-16	333	352	94.6%
Nov-16	332	349	95.1%
Dec-16	316	350	90.3%
Jan-17	336	352	95.5%
Feb-17	327	348	94.0%
Mar-17	334	348	96.0%
Apr-17	320	349	91.7%
May-17	334	345	96.8%
Jun-17			
Jul-17			
Aug-17			
Sep-17			
Oct-17			
Nov-17			
Dec-17			
Jan-18			
Feb-18			
Mar-18			

Target	Variance	RAG
95.0%	0.7	A
95.0%	3.0	R
95.0%	2.0	G
95.0%	-2.6	A
95.0%	-5.2	A
95.0%	-1.6	G
95.0%	-0.4	A
95.0%	0.1	R
95.0%	-4.7	R
95.0%	0.5	R
95.0%	-1.0	G
95.0%	1.0	G
98.0%	-6.3	A
98.0%	-1.2	A

**CSC Commentary**  
 This indicator has seen an improvement on the previous month with the variance being -1.2 and the overall figure being 96.8% in May. Last month's decrease in this target have been analysed and the CiC management team have a renewed emphasis on stat visits occurring in time, being recorded as per the case recording policy. Patterns and themes are being assessed for the end of Qtr 1.

**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 = 98%**      **A > 97%-90**      **R < 90%**



Month	Adop.	CiC Ends	% monthly	% YTD	Target	Var	RAG
Apr-16	0	16	0.0%	0.0%	20.0%	-20.0	A
May-16	2	10	20.0%	0.0%	20.0%	-20.0	G
Jun-16	1	21	4.8%	4.8%	20.0%	-15.2	R
Jul-16	2	12	16.7%	9.1%	20.0%	-10.9	G
Aug-16	1	20	5.0%	7.5%	20.0%	-12.5	R
Sep-16	1	11	9.1%	7.8%	20.0%	-12.2	A
Oct-16	3	11	27.3%	10.7%	20.0%	-9.3	A
Nov-16	3	33	9.1%	10.2%	20.0%	-9.8	A
Dec-16	0	17	0.0%	8.8%	20.0%	-11.2	R
Jan-17	1	16	6.3%	8.5%	20.0%	-11.5	R
Feb-17	0	14	0.0%	7.7%	20.0%	-12.3	R
Mar-17	2	19	10.5%	8.0%	20.0%	-12.0	R
Apr-17	1	11	9.1%	8.1%	14.0%	-5.9	R
May-17	0	16	0.0%	7.5%	14.0%	-6.5	R
Jun-17							
Jul-17							
Aug-17							
Sep-17							
Oct-17							
Nov-17							
Dec-17							
Jan-18							
Feb-18							
Mar-18							

<b>YTD:</b>	<b>1</b>	<b>27</b>	<b>--</b>	<b>3.7%</b>	<b>20.0%</b>	<b>-16.3</b>	<b>R</b>
-------------	----------	-----------	-----------	-------------	--------------	--------------	----------

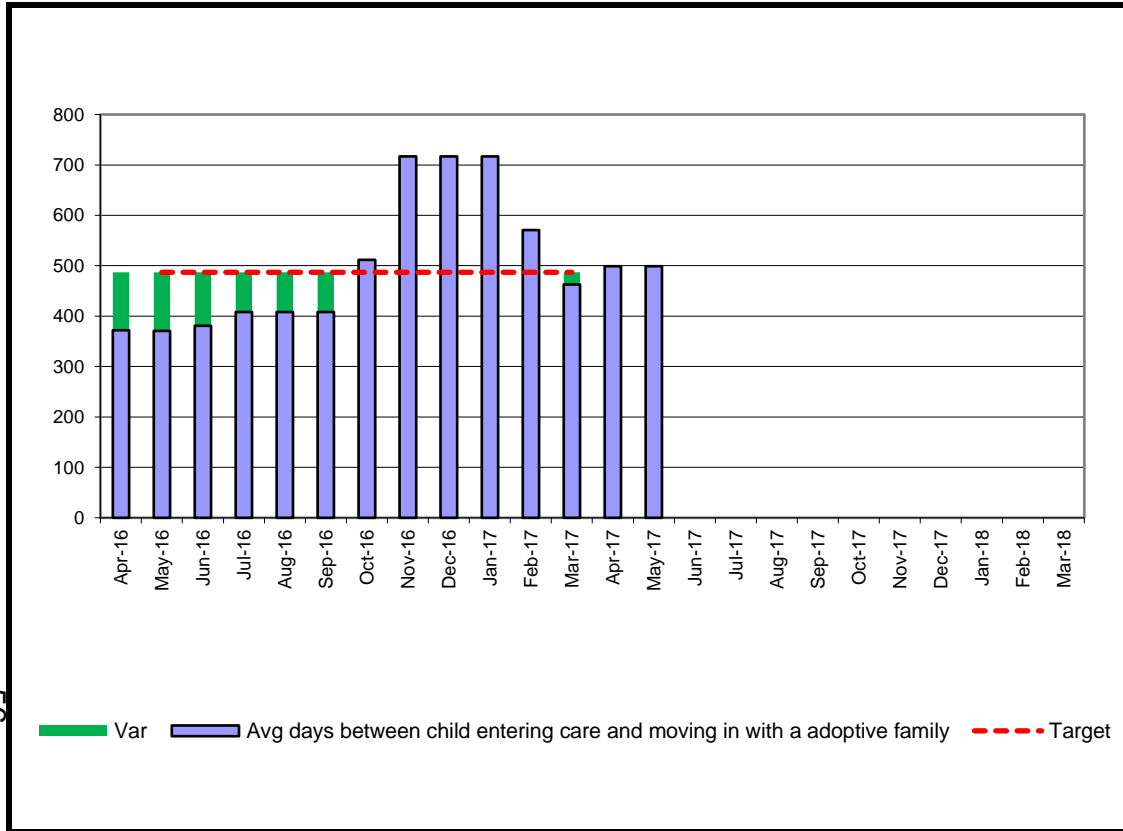
**CSC Commentary**

This commentary is now updated on a quarterly basis.

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

<b>G =14%</b>	<b>A 9-13%</b>	<b>R &lt; 8%</b>
---------------	----------------	------------------

Year	PCC Result	SN Result	ENG Result
2013-14	18.0%	22.4%	17.0%
2014-15	19.0%	24.0%	17.0%
2015-16	17.0%	21.0%	15.0%



Month	Avg days
Apr-16	372
May-16	371
Jun-16	381
Jul-16	408
Aug-16	408
Sep-16	408
Oct-16	512
Nov-16	717
Dec-16	717
Jan-17	717
Feb-17	571
Mar-17	463
Apr-17	499
May-17	499
Jun-17	
Jul-17	
Aug-17	
Sep-17	
Oct-17	
Nov-17	
Dec-17	
Jan-18	
Feb-18	
Mar-18	

Target	Var	RAG
487.0	-115	
487.0	-116	
487.0	-106	
487.0	-79	
487.0	-79	G
487.0	-79	G
487.0	25	G
487.0	230	G
487.0	230	G
487.0	230	G
487.0	84	G
487.0	-24	G
	499	G
	499	G
		G
		G
		G
		G
		R
		R
		R
		R
		R
		R
		R
		G

**CSC Commentary**

This commentary is now updated on a quarterly basis.

**Definition:**

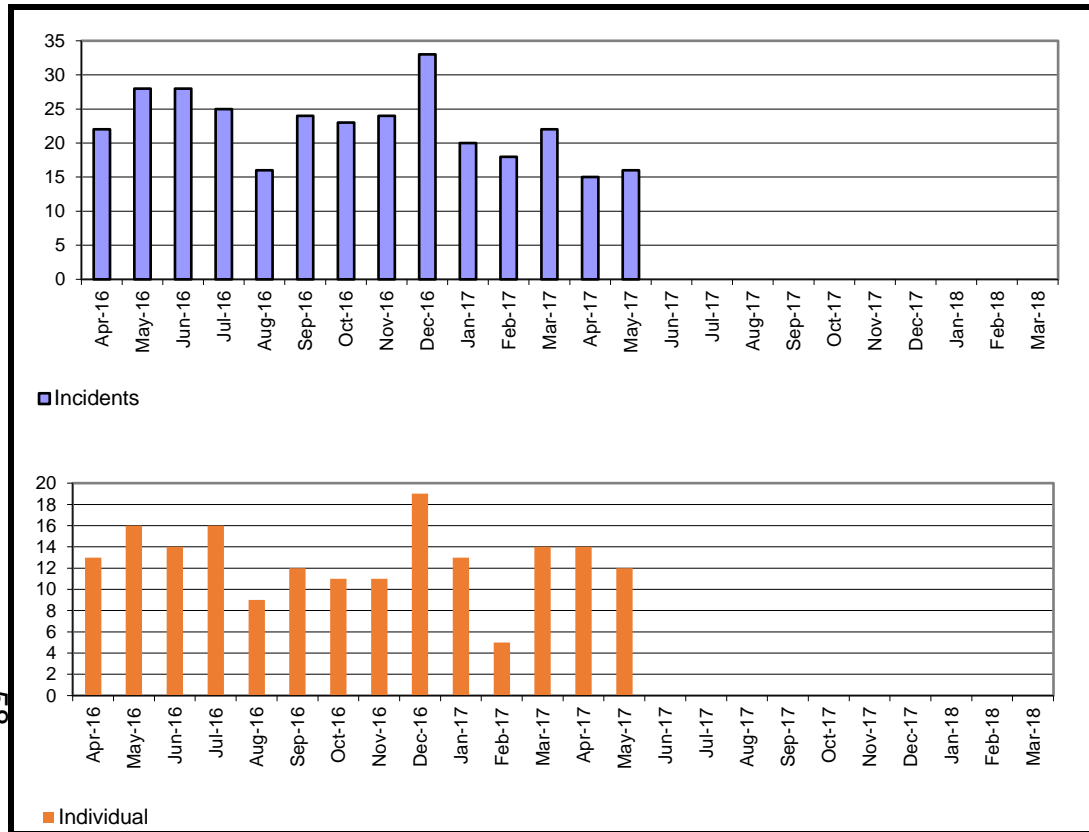
The average days between child entering care and moving in with a adoptive family and the average days between court agreeing adoption and LA approving a match. The monthly figures represent the cumulative total for the year to date.

G ≤487	A >	R
--------	-----	---

Year	ER Result	ENG Result
2013-14		
2014-15	492.5	
2015-16		







Month	Incidents	Individual
Apr-16	22	13
May-16	28	16
Jun-16	28	14
Jul-16	25	16
Aug-16	16	9
Sep-16	24	12
Oct-16	23	11
Nov-16	24	11
Dec-16	33	19
Jan-17	20	13
Feb-17	18	5
Mar-17	22	14
Apr-17	15	14
May-17	16	12
Jun-17		
Jul-17		
Aug-17		
Sep-17		
Oct-17		
Nov-17		
Dec-17		
Jan-18		
Feb-18		
Mar-18		

89

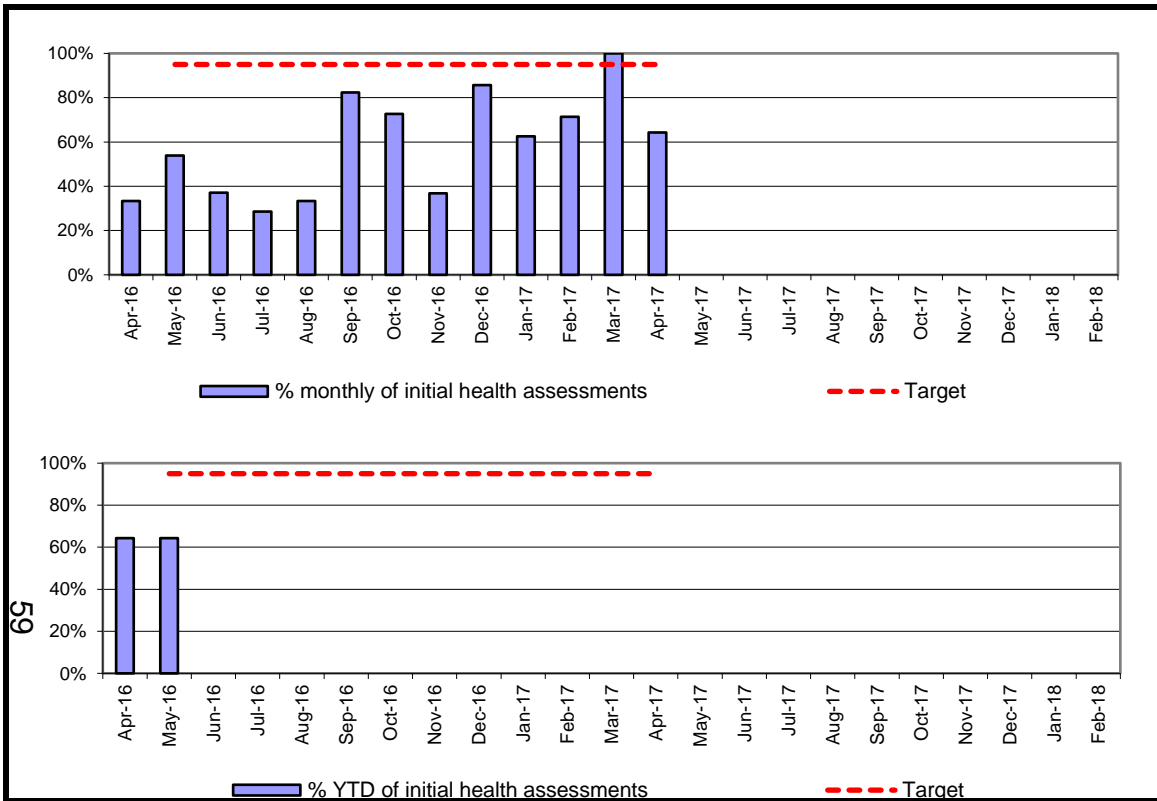
**CSC Commentary**

May data indicates a positive decrease in individuals going missing, although this month has seen a slight increase in the incidents recorded. Patterns and themes were analysed and indicate that for some children the missing episodes link to placement stability, or instability.

**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).





Month	Init.HA	CiC St	%	% YTD	Target	Var	RAG
Apr-16	3	9	33.3%	64.3%	95.0%	-30.7	
May-16	7	13	53.8%	64.3%	95.0%	-30.7	
Jun-16	10	27	37.0%	#DIV/0!	95.0%	#DIV/0!	
Jul-16	2	7	28.6%	#DIV/0!	95.0%	#DIV/0!	
Aug-16	4	12	33.3%	#DIV/0!	95.0%	#DIV/0!	
Sep-16	14	17	82.4%	#DIV/0!	95.0%	#DIV/0!	
Oct-16	8	11	72.7%	#DIV/0!	95.0%	#DIV/0!	
Nov-16	7	19	36.8%	#DIV/0!	95.0%	#DIV/0!	
Dec-16	6	7	85.7%	#DIV/0!	95.0%	#DIV/0!	
Jan-17	5	8	62.5%	#DIV/0!	95.0%	#DIV/0!	
Feb-17	10	14	71.4%	#DIV/0!	95.0%	#DIV/0!	
Mar-17	2	2	100.0%	#DIV/0!	95.0%	#DIV/0!	
Apr-17	9	14	64.3%	0.0%	95.0%	-95.0	R
May-17							
Jun-17							
Jul-17							
Aug-17							
Sep-17							
Oct-17							
Nov-17							
Dec-17							
Jan-18							
Feb-18							
Mar-18							
<b>YTD:</b>	<b>11</b>	<b>16</b>	<b>--</b>	<b>68.8%</b>	<b>95.0%</b>	<b>-26.3</b>	<b>R</b>

**CSC Commentary**

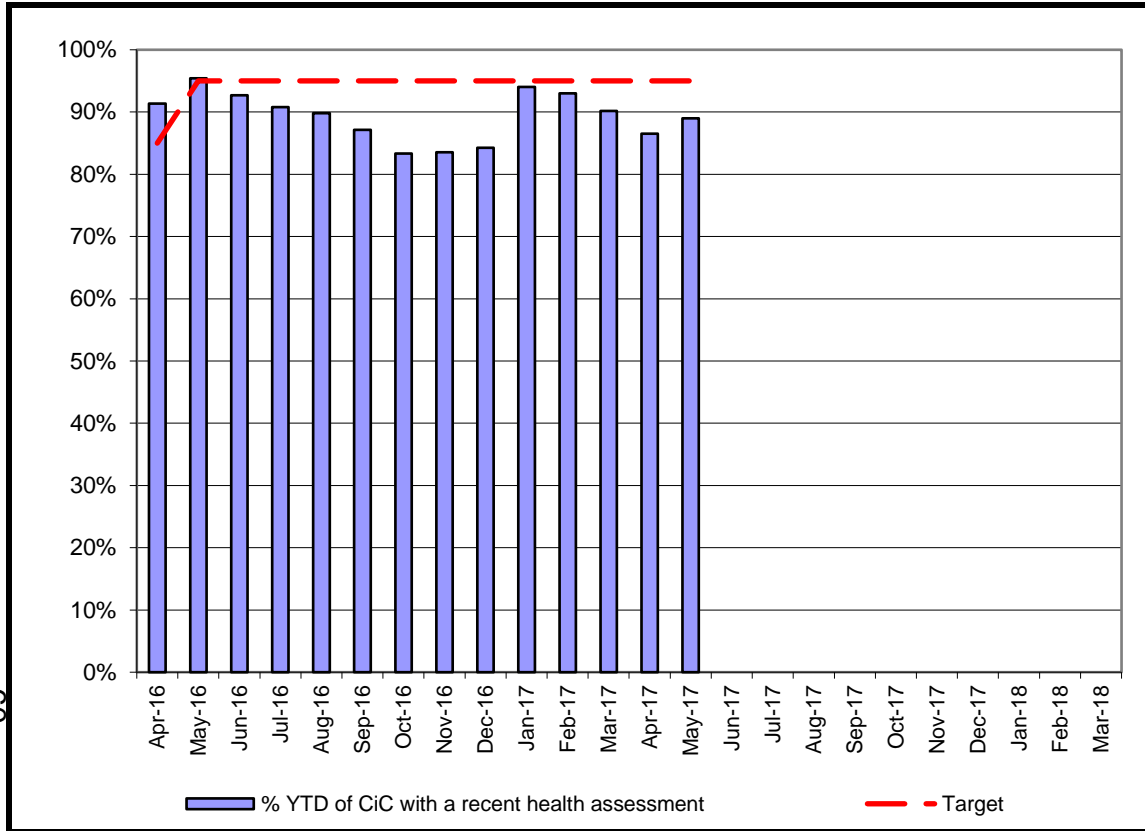
There were 20 referrals for an IHA in May; 1 didn't require an assessment; 10 were seen within timescale; 5 offered appointments within timescale; 2 were late as carer unable to take to appointment within timescale and 2 others were late due to clinic slots being full. May was a particularly busy busy month for the clinic.

**Definition**

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

<b>G &gt;= 95%</b>	<b>A &gt; 85 -95%</b>	<b>R &lt; 85%</b>
--------------------	-----------------------	-------------------

09



Month	Num.	Denom.	% YTD	Target	Variance	RAG
Apr-16	211	231	91.3%	85.0%	6.3	A
May-16	230	241	95.4%	95.0%	0.4	A
Jun-16	215	232	92.7%	95.0%	-2.3	A
Jul-16	207	228	90.8%	95.0%	-4.2	A
Aug-16	211	235	89.8%	95.0%	-5.2	A
Sep-16	210	241	87.1%	95.0%	-7.9	A
Oct-16	200	240	83.3%	95.0%	-11.7	A
Nov-16	203	243	83.5%	95.0%	-11.5	A
Dec-16	203	241	84.2%	95.0%	-10.8	A
Jan-17	236	251	94.0%	95.0%	-1.0	A
Feb-17	240	258	93.0%	95.0%	-2.0	A
Mar-17	238	264	90.2%	95.0%	-4.8	A
Apr-17	225	260	86.5%	95.0%	-8.5	A
May-17	234	263	89.0%	95.0%	-6.0	A
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**

Performance for this target has improved in the last month by 9. However, underlying factors remain that continue to affect this indicator with regard to a significant number of teenagers refusing to engage in the process.

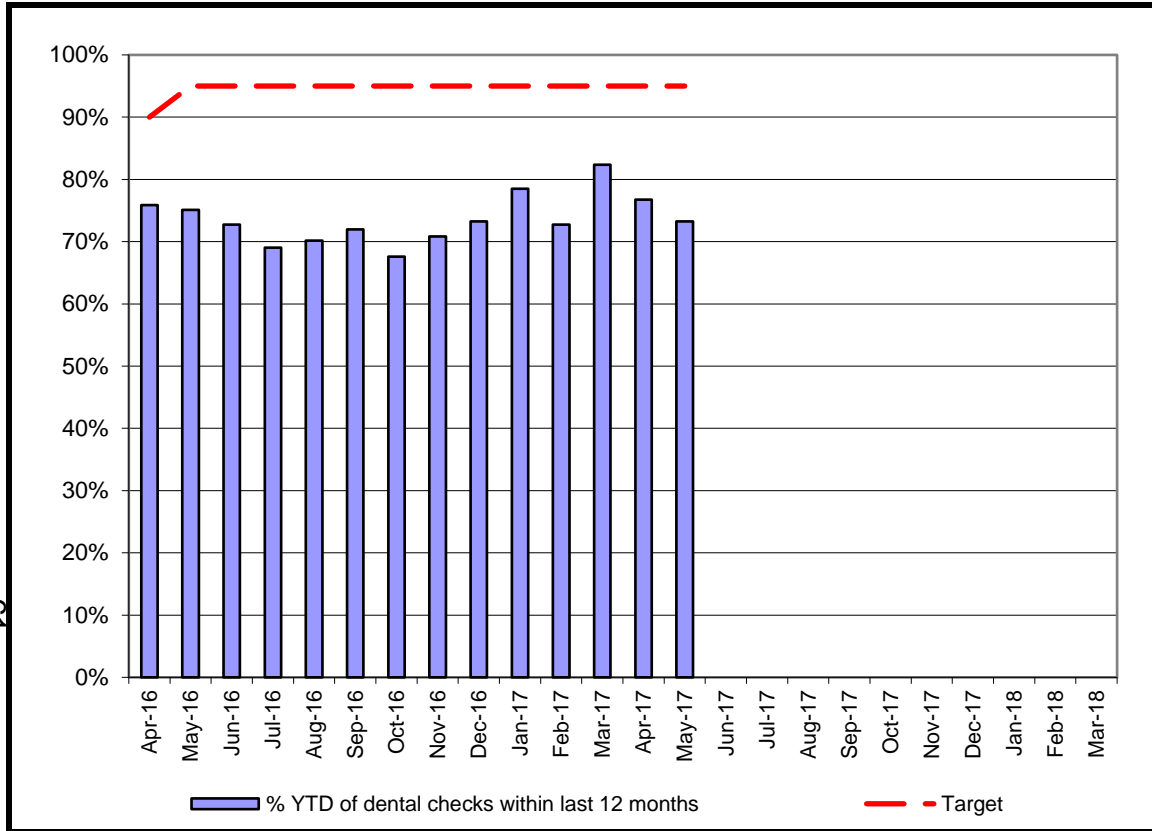
**Definition**

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
2013-14	93.9%	89.1%	88.4%
2014-15			
2015-16			

61



Month	Num.	Denom.	% YTD	Target	Variance	RAG
Apr-16	239	315	75.9%	90.0%	-14.1	R
May-16	235	313	75.1%	95.0%	-19.9	R
Jun-16	235	323	72.8%	95.0%	-22.2	R
Jul-16	223	323	69.0%	95.0%	-26.0	R
Aug-16	221	315	70.2%	95.0%	-24.8	R
Sep-16	226	314	72.0%	95.0%	-23.0	R
Oct-16	215	318	67.6%	95.0%	-27.4	R
Nov-16	226	319	70.8%	95.0%	-24.2	R
Dec-16	238	325	73.2%	95.0%	-21.8	R
Jan-17	252	321	78.5%	95.0%	-16.5	R
Feb-17	240	330	72.7%	95.0%	-22.3	R
Mar-17	271	329	82.4%	95.0%	-12.6	R
Apr-17	251	327	76.8%	95.0%	-18.2	R
May-17	238	325	73.2%	95.0%	-21.8	R
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**

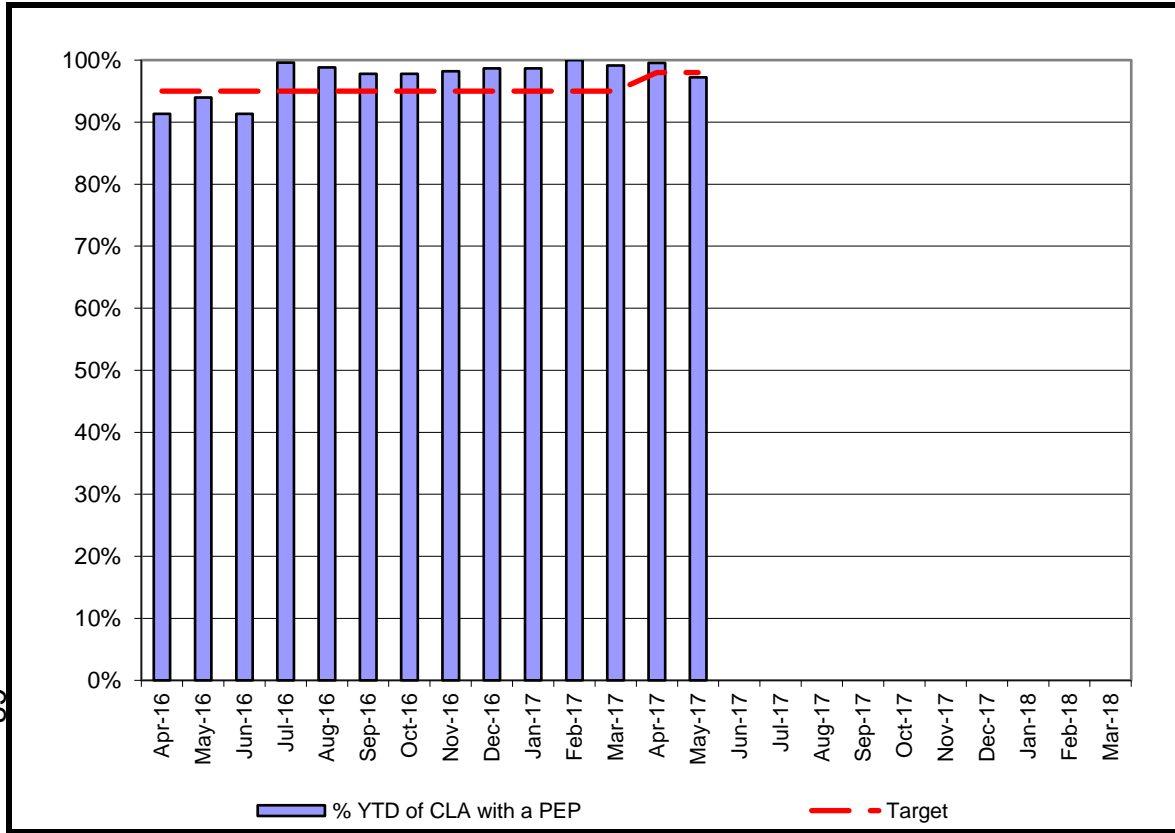
This performance indicator May has seen a reduction in dental checks (20) being completed by month end, but further work is being undertaken with health colleagues to address this area. We will have a revised procedure to address this by the end of June

**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.

<b>G &gt;= 95%</b>	<b>A &gt; 90%</b>	<b>R &lt; 90%</b>
--------------------	-------------------	-------------------

62



Month	Num.	Denom.	% YTD	Target	Variance	RAG
Apr-16	222	243	91.4%	95.0%	-3.6	G
May-16	233	248	94.0%	95.0%	-1.0	G
Jun-16	232	254	91.3%	95.0%	-3.7	G
Jul-16	253	254	99.6%	95.0%	4.6	R
Aug-16	250	253	98.8%	95.0%	3.8	A
Sep-16	219	224	97.8%	95.0%	2.8	A
Oct-16	219	224	97.8%	95.0%	2.8	G
Nov-16	218	222	98.2%	95.0%	3.2	G
Dec-16	220	223	98.7%	95.0%	3.7	G
Jan-17	220	223	98.7%	95.0%	3.7	G
Feb-17	221	221	100.0%	95.0%	5.0	A
Mar-17	233	235	99.1%	95.0%	4.1	G
Apr-17	209	210	99.5%	98.0%	1.5	G
May-17	212	218	97.2%	98.0%	-0.8	A
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

**CSC Commentary**  
 Compliance has slipped in May; this is due to recording not being completed by workers and availability for attendance at PEPs due to half term.

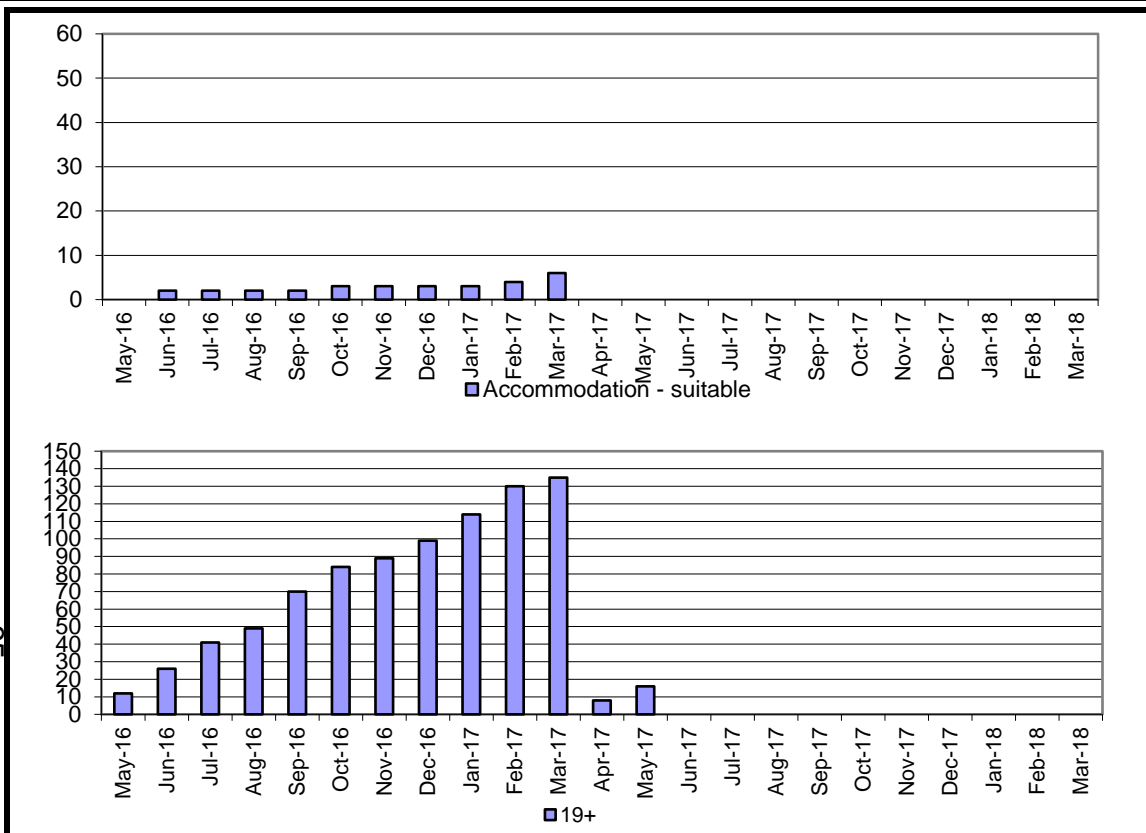
**Definition**  
 The denominator is the number of children in care who are of school age. The numerator is of those children, the number that have a PEP added to the system. This has been addressed with managers.

**G = >98%**      **A=95%-97%**      **R < 95%**









Month	Accomm	19+	%	Target	Variance	RAG
Apr-16	0	6	0.0%			
May-16	0	12	0.0%			
Jun-16	2	26	7.7%			
Jul-16	2	41	4.9%			
Aug-16	2	49	4.1%			
Sep-16	2	70	2.9%			
Oct-16	3	84	3.6%			
Nov-16	3	89	3.4%			
Dec-16	3	99	3.0%			
Jan-17	3	114	2.6%			
Feb-17	4	130	3.1%			
Mar-17	6	135	4.4%			
Apr-17	0	8	0.0%	5.0%		G
May-17	0	16	0.0%	5.0%		G
Jun-17						
Jul-17						
Aug-17						
Sep-17						
Oct-17						
Nov-17						
Dec-17						
Jan-18						
Feb-18						
Mar-18						

YTD	0	24	0.0%			
-----	---	----	------	--	--	--

This cohort includes those in custody and those who are of no fixed abode. Issues have been identified for those who have refused the option of supported accommodation and those who have been evicted from previous accommodation. Work is being undertaken to develop closer joint planning with our housing department to ensure all options have been considered.

**Definition**  
Former relevant care leavers open to the service aged 19, 20 or 21 and the proportion of those who declared themselves to be Not in Suitable Accommodation

**G =0-5%**      **A =6-7%**      **R>7%**

Year	ER Result	SN Res	ENG Result
2013-14		-	-
2014-15		-	-
2015-16		-	-

Jun-16	Sep-16	Dec-16	Mar-17	May-17
--------	--------	--------	--------	--------

Children looked after	371	366	364	363	362
-----------------------	-----	-----	-----	-----	-----

Age

Under 1	22	21	16	18	20
1 to 4	36	36	38	34	27
5 to 9	81	71	71	69	68
10 to 15	149	141	137	137	145
16-17	82	96	101	105	101
18 or over	1	1	1	0	1

Gender

Male	211	206	206	199	199
Female	160	160	158	164	163

Legal Status

Interim care orders	60	51	45	50	58
Full care orders	163	167	174	181	180
Voluntary agreements	107	105	103	94	88
Freed adoption / placement order	37	40	40	36	33
Others	4	3	2	2	3

Placement

Foster carers - In House	173	164	167	176	164
Foster carers - Agency	108	109	106	97	108
Foster carers - Unknown	0	0	0	0	0
Fostering by relatives or friends	19	16	18	17	15
With parents	4	2	2	3	1
Independent living	31	29	28	23	25
Residential care homes	30	36	36	41	42
Other residential schools	2	3	3	3	1
Placed for adoption	3	6	4	3	5
Secure unit	0	1	0	0	1
Other	1	0	0	0	0

Jun-16	Sep-16	Dec-16	Mar-17	May-17
--------	--------	--------	--------	--------

Children looked after	371	366	364	363	362
-----------------------	-----	-----	-----	-----	-----

Ethnicity

White British	235	239	237	227	221
White Irish	0	0	0	0	0
White Other	47	38	37	40	47
<b>White</b>	<b>282</b>	<b>277</b>	<b>274</b>	<b>267</b>	<b>268</b>
Mixed White & Black Caribbean	4	5	5	6	5
Mixed White & Black African	6	6	5	5	5
Mixed White & Asian	14	15	18	19	18
Any other mixed background	11	10	14	13	12
<b>Mixed</b>	<b>35</b>	<b>36</b>	<b>42</b>	<b>43</b>	<b>40</b>
Indian	0	0	1	1	1
Pakistani	5	4	3	7	6
Bangladeshi	0	0	0	0	0
Any other Asian background	18	18	18	18	16
<b>Asian</b>	<b>23</b>	<b>22</b>	<b>22</b>	<b>26</b>	<b>23</b>
Caribbean	2	2	1	1	1
African	12	10	10	9	11
Any other Black background	7	7	8	8	8
<b>Black</b>	<b>21</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>20</b>
Chinese	0	0	0	0	0
Any other ethnic group	10	8	4	5	6
<b>Other</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>6</b>
Not stated / not yet obtained	0	4	3	4	5

Length of time in care

0 - 6 months	102	76	69	67	71
7 - 12 months	51	58	56	44	39
1 - 2 years	60	81	85	98	92
3 - 5 years	72	54	50	45	54
6 - 10 years	72	84	90	92	90
11 -15 years	14	13	14	17	16
16+ years	0	0	0	0	0

# 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 action plan is wide ranging in its remit and this update, 18 months on from the original plan, evidences that significant progress has been made in a number of areas, with a number now either completed or nearing completion. That said, there are also a few areas in which there has been a dip in performance since the last update in November 2016. Such dips are not unexpected where action plans are wide-ranging in their remit, and their identification is a key part of a service knowing itself well and being in a position to review the corrective action required.

While issues such as addressing the stability of the workforce have been largely addressed, caseloads are significantly lower, and management oversight has improved since the inspection, this has not yet fed through into delivering consistent practice improvements. The quality of assessments is significantly improved but there is a continued need for us to improve the quality and consistency of care and other plans, along with chronologies. These areas will receive considerable attention from the heads of service and team managers over the next three months and progress will be supported very significantly with our successful joint bid with Hertfordshire to develop family safeguarding in Peterborough is successful.

Developing systems that enable the near live reporting of performance information has taken longer than envisaged, for example. While Business Objects is now able to run reports for most areas of the business, managers are still not yet able to access near live easy to use performance information through dashboards. This issue has been escalated on a number of occasions. The current proposal for addressing this is to implement new software – ClickView. This was originally due to be implemented for July 2017, but there are recent indications that this may slip a little further.

This is the last update in relation to this plan; areas where actions remain have been transferred in to service plans, where they will continue to be monitored through children's services management meetings. This includes some areas of this plan where most or all actions have been completed, but where continued monitoring is required in order to ensure that performance does not slip.

<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>	
<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>	
<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> </ul>	

	<ul style="list-style-type: none"> <li>● Practice workshops on developing and monitoring outcome focused plans delivered to a wide range of practitioners established;</li> <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>	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>Improvements in Voice of the Child in audits</li> <li>Work to improve the care planning process and functionality within Liquid Logic to support better practice with performance team, linked to improvements in the C&amp;F assessment function;</li> <li>Heads of service reviewing all cases within their service area to ensure that progress being made and drift avoided;</li> <li>Practice workshops continue in a more targeted approach to improve quality of plans;</li> <li>Strengthening families approach being rolled out into CIN processes.</li> </ul>	Green




Position as of 23 <sup>rd</sup> February 2017		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>	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> </ul>	

	<ul style="list-style-type: none"> <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>Improvements in Voice of the Child in audits</li> <li>Work to improve the care planning process and functionality within Liquid Logic to support better practice with performance team, linked to improvements in the C&amp;F assessment function;</li> <li>Heads of service reviewing all cases within their service area to ensure that progress being made and drift avoided;</li> <li>Practice workshops continue in a more targeted approach to improve quality of plans;</li> <li>Strengthening families approach being rolled out into CIN processes.</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>	Nicola Curley	Now ongoing BAU target – see below	
<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	

71

<p><b>Development of user involvement processes to include specific engagement with children and young people around effectiveness of plans in meeting their needs.</b></p>	<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>	<p>Jenny Weeden &amp; Alison Bennett</p>	<p>July 2017 – slipped from December 2016 - see below</p>	
<p><b>Development of user involvement processes to include specific engagement with families around effectiveness of plans in meeting their needs.</b></p>	<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>	<p>Alison Bennett</p>	<p>December 2016</p>	
<p><b>Launch of service user led forum following agreement of the service user consultation plan, due for completion as above by December 2016</b></p>	<ul style="list-style-type: none"> <li>• To achieve a service user participation base that is wider than that which we have traditionally accessed;</li> <li>• A forum is likely to provide more nuanced and developed feedback than methods such as questionnaires and similar</li> </ul>	<ul style="list-style-type: none"> <li>• Practice will be better informed by service user feedback</li> <li>• Lead responsibility within QA service means that learning can be fed into practice workshops and inform training</li> </ul>	<p>Alison Bennett</p>	<p>February 2017</p>	

**Outstanding actions where progress has or is at risk of slipping, or requires particular oversight as of February 2017:**



Summary of actions to be completed:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<p>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</p>	<ul style="list-style-type: none"> <li>● Continued oversight and compliance by team managers in relation to assessing quality of plans through supervision and dip samples of cases within their team.</li> <li>● Care planning panel implemented to review all cases</li> <li>● Practice workshops for CIC and FS to address quality, especially in relation to aspirational outcomes, voice of the child, E&amp;D issues and permanence</li> <li>● TACT to sit on Panel to establish strong links in this area</li> <li>● Element of TM coaching work to support and develop plans</li> </ul>	<p>Heads of Service to ensure compliance, working with team managers, and actions outstanding transferred to service plans</p>	
<p>Securing increased participation of children subject to child protection plans</p>	<ul style="list-style-type: none"> <li>● Transfer of participation resource to QA service so that it is embedded within CSC; the original ambition was to include a role within broader young people’s participation services, but this has not worked as well as we had hoped in relation to targeting participation resources towards the most vulnerable children – those in care and on the edge of care</li> </ul>	<p>Transfer of resource to be completed by July 2017</p>	

<b>OFSTED SAID WE MUST:</b>	<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>	<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>	
<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>	
<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 appropriate assessments are in place;</li> <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</li> </ul>	

	<p>actions necessary;</p> <ul style="list-style-type: none"> <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>	Yellow
<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>	Green Yellow
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>• Implementation of focused multi agency scrutiny of high risk cases as part of monthly Operational Meeting</li> <li>• Multi agency cohort has been collated and separated into those who are vulnerable to and those that are at risk of child sexual exploitation</li> <li>• Chelsea's Choice has been rerun in Peterborough schools and parents session was well attended</li> <li>• Training has been provided by PSCB CSE co-ordinator for frontline teams</li> <li>• PSCB audit of CSE cases undertaken in August</li> </ul>	Green

Position as of 23 <sup>rd</sup> February 2017		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>	Yellow
<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>	Green Yellow




**Actions Completed:**

- Implementation of focused multi agency scrutiny of high risk cases as part of monthly Operational Meeting
- Multi agency cohort has been collated and separated into those who are vulnerable to and those that are at risk of child sexual exploitation
- Chelsea’s Choice has been rerun in Peterborough schools and parents session was well attended
- Training has been provided by PSCB CSE co-ordinator for frontline teams
- PSCB audit of CSE cases undertaken in August

**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	
<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 Bennett [audits]; Jenny Goodes – practice	September 2016 [slipped from June 2016] CSE audit in progress Feb 2017	
<b>Audit Target: Case file audits identify that in at least 90% of cases where CSE has been</b>	<ul style="list-style-type: none"> <li>● This will enable us to assess the extent to which the service</li> </ul>	<ul style="list-style-type: none"> <li>● Children and young people benefit from clear assessments</li> </ul>	Alison Bennett [audits]; Jenny Goodes –	June 2016 positive progress	

77

<p><b>identified as a potential risk, the appropriate risk assessment has been completed and that the outcome of this assessment has influenced the plan.</b></p>	<p>is improving as a result of practice workshops and training.</p>	<p>of risks and action plans that are specific to the risks identified.</p>	<p>practice</p>	<p>beforehand</p>	
<p><b>Audit Target: In at least 80% of case file audits where CSE is 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.</b></p>	<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, and that plans are reviewed to ensure that the risks are reduced.</li> </ul>	<p>Alison Bennett [audits]; Jenny Goodes – practice</p>	<p>Sept 2016 positive progress beforehand CSE audit in progress</p>	
<p><b>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.</b></p>	<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>	<p>Tina Hornsby</p>	<p>December 2016 – unchanged</p>	

**Outstanding actions where progress has or is at risk of slipping, February 2017:**

**Summary of actions to be completed:**

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<p><b>Case file audits are evidencing much better use of risk assessments on case files, with use of tool described as 'embedded' in recent audit; however this is an area that requires continued monitoring</b></p>		<p><b>CSE will remain a focus for service area plans moving forward.</b></p>	
<p><b>ICT systems are impacted by similar issues outlined in recommendation 1 – dashboards are still in the process of development and are unlikely to be in place before July 2017.</b></p>			

<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>ACTIONS MOSTLY COMPLETED</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>	
<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>	
<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> </ul>	



	<ul style="list-style-type: none"> <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> <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>	

<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>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 the 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</li> </ul>	

monthly Missing and CSE Operational Group		
<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>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>Missing Case Worker has visited all CIC teams to go through missing protocol</li> <li>Missing Case Worker has completed training with AYSE workers</li> <li>School nurses offered input following any missing episodes where they have involvement with child or young person;</li> <li>Key information is now shared with school with young person's agreement;</li> <li>Recruitment underway for additional Advanced Practitioner Post within MASH to support with CSE and MARAC.</li> </ul>	

<b>Position as of 23rd February 2017</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>	

<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>• Missing Case Worker has visited all CIC teams to go through missing protocol</li> <li>• Missing Case Worker has completed training with AYSE workers</li> <li>• School nurses offered input following any missing episodes where they have involvement with child or young person;</li> <li>• Key information is now shared with school with young person's agreement;</li> <li>• Recruitment underway for additional Advanced Practitioner Post within MASH to support with CSE and MARAC.</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>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	Now on-going BAU target	
<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	Now on-going BAU target	
<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 Myra O'Farrell for practice	Now on-going BAU target	
<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 completed and actions taken to mitigate risk.</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	

Multi-agency operational group to share information about Missing and related risks now fully operational. Audits indicating better compliance although continued need to ensure that actions feed through into care plans where young people in care have missing episodes.

**Outstanding actions where progress has or is at risk of slipping, or requires particular oversight as of February 2017:**

**Summary of actions to be completed:**

<b>Outstanding Action</b>	<b>Remedial Actions Required</b>	<b>Person Responsible &amp; to be completed by</b>	<b>Date Completed</b>

<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>	
<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>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>	

<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>	
<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>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,</li> </ul>	

	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.	
--	--	--

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>Additional management support now in place in Fostering to support auditing requirement</li> <li>Amendments to LL completed and will be</li> </ul>	

<b>Position as of 23rd February 2017</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>Additional management support now in place in Fostering to support auditing requirement</li> <li>Amendments to LL completed with roll out of use over next financial year;</li> <li>Further baseline audit to be completed prior to end of financial year and transfer of service to TACT</li> </ul>	Green



**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>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 placements is regularly reviewed, outcomes for children promoted and safeguarded</li> </ul>	Simon Green	July 2017	
<b>Develop dashboard and reporting framework using Business Objects in partnership with new provider [new action November 2016]</b>	<ul style="list-style-type: none"> <li>New provider of fostering and adoption and related services under new Permanency Service will take over service from April 2017;</li> </ul>	<ul style="list-style-type: none"> <li>To ensure that the newly commissioned permanency service is delivering the required impact for children and young people in care and</li> </ul>	Simon Green, Andy Pallas [TACT] and Tina Hornsby – performance	July 2017	

	<ul style="list-style-type: none"> <li>Performance management systems need to be able to report against KPIs for monitoring impact of the new service</li> </ul>	on the edge of care.	team		
--	--	----------------------	------	--	--

**Outstanding actions where progress has or is at risk of slipping, or requires particular oversight as of February 2017:**

**Summary of actions to be completed:**

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>	
<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>	
<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-</li> </ul>	

	<p>17 have been completed and the SDQ assessment process is now in place.</p> <ul style="list-style-type: none"> <li>Over 200 Questionnaires have been sent out to Children in Care, and we are in the process of collating themes from the returned forms. (Children's individual needs identified through the process have been addressed as information was received.</li> <li>Awareness of the importance of completing SDQs with children was raised with carers through their regular newsletter, and Supervising Social Workers have also been reminded formally of the new process and need to comply with timely returns.</li> </ul>	
--	---	--

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>	
<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>Further refinements to the communication system between health and social care to minimise delays in arranging initial health assessments;</li> <li>SDQ process now established and being implemented for children and young people as part of their annual review medicals.</li> </ul>	

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</li> </ul>	

	wellbeing.	
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>• New arrangements have been set up to better understand how many initial health assessment are completed in timescale. Although this is a manual system, it proves the data is accurate and agreed between Health and Children’s Social Care.</li> <li>• In the most recent month’s performance in this area has improved; 7 out of 9 assessments were completed in timescale (80%).</li> </ul>	

<b>Position as of 23rd February 2017</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>	
<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>• New arrangements have been set up to better understand how many initial health assessment are completed in timescale. Although this is a manual system, it proves the data is accurate and agreed between Health and Children’s Social Care.</li> <li>• In the most recent month’s performance in this area has improved; 7 out of 9 assessments were completed in timescale (80%).</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>Information from Health Assessments and SDQs inform care plans for children and young people in care, as reported by Independent chairs [IROs].</b>	<ul style="list-style-type: none"> <li>• Children and young people in care are particularly vulnerable to poorer physical and emotional health issues, making it important that additional needs are identified and inform children’s plans.</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 improve short and long term outcomes.</li> </ul>	Alison Bennett	May 2016	

<p><b>Information from health assessments and SDQs inform Personal Education Plans, as reported by Independent chairs [IROs].</b></p>	<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>	<p>Myra O’Farrell &amp; Dee Glover</p>	<p>To be clarified in March 2017</p>	
<p><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></p>	<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>	<p>Claire Gregory for workforce; Simon Green for carers</p>	<p>From October 2016 and onwards</p>	
<p><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></p>	<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>	<p>Nicola Curley &amp; Lou Williams</p>	<p>March 2016 and onwards</p>	



<b>OFSTED SAID WE MUST:</b>	<b>Ensure that there is a more robust approach to Corporate Parenting and that elected Members and senior managers listen to, and act on, the experiences of children and young people in order to improve their lives.</b>	<b>Recommendation 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>	
<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>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>	
<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 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>	



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>	
<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>	

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>Panel has been changed to a formal Committee and new Chair and Members appointed</li> <li>Alternate formal and informal meetings allow Young People to attend and co-chair the informal meetings</li> <li>Committee Chair now attends the CIC Council regularly</li> <li>Plan developed in conjunction with LGA to redesign performance reporting; support the Chair; and refine reporting systems rolling out by March 17.</li> </ul>	

Position as of 23rd February 2017		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>Panel has been changed to a formal Committee and new Chair and Members appointed</li> <li>Alternate formal and informal meetings allow Young People to attend and co-chair the informal meetings</li> <li>Committee Chair now attends the CIC Council regularly</li> <li>Plan developed in conjunction with LGA to redesign performance reporting; support the Chair; and refine reporting systems rolling out by March 17.</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	April 16 but development offer from LGA not due until Autumn 2016 and is now in progress	
<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	May 16 [slipped from March 2016]	
<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</li> </ul>	<ul style="list-style-type: none"> <li>Members are in a better position to understand the experiences of children in care</li> </ul>	Matt Oliver	March 2016	

	advocate for children in care.	and children in care are better able to influence decision making, with the result that services improve.			
<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]	
<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	

**Outstanding actions where progress has or is at risk of slipping, or requires particular oversight as of February 2017:**

**Summary of actions to be completed:**

<b>Outstanding Action</b>	<b>Remedial Actions Required</b>	<b>Person Responsible &amp; to be completed by</b>	<b>Date Completed</b>
	<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>Further develop the role of the Children in Care Council [CiCC] to help make this happen.</b>	<b>Recommendation 13</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>	
<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>	

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>	
<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> </ul>	

100

	<ul style="list-style-type: none"> <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>	
--	---	--

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 CiCC</li> </ul>	

Position as of 1 <sup>st</sup> November 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>The dedicated participation officer has completed a further audit of actions needed to achieve the outcomes and impact identified above</li> </ul>	

Position as of 23rd February 2017		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>	Yellow
<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>The dedicated participation officer has completed a further audit of actions needed to achieve the outcomes and impact identified above</li> </ul>	Green

#### 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	Green
<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</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</li> </ul>	Myra O'Farrell and Jenny Weeden	December 2016 for costing and options appraisal for children in care board	

	participate but who may be placed some distance from Peterborough, for example.	informed by the experience of 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	
<b>Seek continued increased engagement with CICC by senior officers, IRO manager and relevant Members in response to audit findings [new action Nov 2016]</b>	<ul style="list-style-type: none"> <li>Although engagement has improved there is more to do in this area</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people in care are better connected to Members and leaders, who in turn develop better understanding of how outcomes can be improved.</li> </ul>	Matt Oliver liaising with Alison Bennett as appropriate	Feb 2017	
<b>Further consultation with CICC to ascertain wishes regarding age bands, links with Youth Parliament and engagement in recruitment [new action Nov 16]</b>	<ul style="list-style-type: none"> <li>This will help the CICC maximise engagement among children in care and develop links to help sustainability</li> </ul>	<ul style="list-style-type: none"> <li>The CICC is in a better position to reflect views of children in care</li> </ul>	Matt Oliver liaising with Alison Bennett as appropriate	Feb 2017	

Outstanding actions where progress has or is at risk of slipping, or requires particular oversight as of February 2017:

Summary of actions to be completed:

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<p>The original aspiration was for children in care participation to sit with the broader participation service, with the aim that this would enable links between children in care council and broader participation activities to flourish. This decision has been re-visited as numbers of children in care regularly participating have remained low, and it is likely that some participation resource will transfer to the QA service where other areas of participation are held</p>	<ul style="list-style-type: none"> <li>• Complete review of where participation resource for children in care and on edge of care is best located.</li> </ul>	<p>Alison Bennett working with Adrian Chapman – July 2017</p>	



<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>	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>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</li> </ul>	Green

	<p>Assistant Director;</p> <ul style="list-style-type: none"> <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>	
<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>	

<b>Position as of 1st November 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>	
<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 temporary PVS Primary Literacy Project has added additional capacity for 2015/16 and this has been secured for 2016/17 (funded through Pupil Premium). This has enabled the team to provide additional targeted support for literacy. Initial analysis of data for targeted pupils suggest good impact and a data report will be available from Edge Hill University. She has also provided additional capacity linked to primary advisory work.</li> <li>Grading for Post 16 Education Coordinator approved after further consultation with NEET team manager. Recruitment process to be completed with start date 01.01.17.</li> <li>Funding for an additional primary advisory post has also been agreed and a new Job Description being designed to enable recruitment to take place in the same timescale as the Post 16 role.</li> <li>ePEPs have been completed and the system fully implemented with a completion rate of 98.2%. Pupil Premium funding is now linked to ePEPS</li> <li>Initial analysis of KS4 attainment data indicates a decline in the proportions achieving 5+ A*- C GCSEs including English and Maths (national CiC data not yet available); however the progress from starting points is much improved</li> <li>In the Phonics Screening Check, 6/9 (66%) Y1 pupils were assessed at Working At the expected level (does not include disapplied or SEN children) and end of Key Stage 1 outcomes are likely to be positive</li> <li>As at July 2016 all Year 11 CIC had a Post 16 destination – monitoring of engagement is currently being undertaken by social workers and the NEET team. Post 16 ePEP has been introduced with training for social workers in December 2016. (Apprenticeships were not the favoured route for leavers, who chose college or school-based courses)</li> </ul>	

<b>Position as of 23rd February 2017</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>	
<b>Impact for Children:</b>	<ul style="list-style-type: none"> <li>Educational outcomes for children and young people in care are improved;</li> </ul>	

	<ul style="list-style-type: none"> <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:

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<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. Additional capacity is being further explored. ePEPS are now implemented, scrutinised and monitored for every child.</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>  <b>Fully implemented</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 support which improves learning outcomes;</li> <li>• Use of resources in this way is regularly reviewed to ensure continuing benefit to children</li> </ul>	Terry Reynolds & Dee Glover	Feb 2016	

		and young people in care.			
<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>	Dee Glover	Jan 2017 – slipped from Sept 2016	
<b>ePEPS are now implemented, scrutinised and monitored for every child.</b>	<ul style="list-style-type: none"> <li>• E-PEPs enable the more effective gathering of information about the needs and progress of children and young people in care</li> </ul>	<ul style="list-style-type: none"> <li>• Better information about the needs and progress of children in care supports improved learning outcomes</li> </ul>	Terry Reynolds & Dee Glover	Jan 2016	

#### Outstanding actions where progress has or is at risk of slipping, February 20167

##### Summary of actions to be completed:

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 these changes are feeding through into demonstrable impact for children and young people. This is partly because changes will take time to deliver results.	<ul style="list-style-type: none"> <li>• Continued monitoring by service director and head of service</li> <li>• Validated data needs to be analysed in relation to assessing success in “narrowing the gap” and report completed for CPP</li> <li>• Key Stage 2 outcomes not yet available and will also need analysis in terms of progress against targets</li> </ul>	Terry Reynolds and Gary Perkins – on-going  Dee Glover December 17  Dee Glover December 17	

<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>COMPLETED</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>	

<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>Actions completed</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	N/A		

**Outstanding actions where progress has or is at risk of slipping, November 2016:**

**Summary of actions to be completed:**

<b>Outstanding Action</b>	<b>Remedial Actions Required</b>	<b>Person Responsible &amp; to be completed by</b>	<b>Date Completed</b>
	<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>COMPLETED</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>	
<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>The Health Passport has been completed and was implemented from September 2016.</li> <li>All Care Leavers now receive this at their final CIC Health Assessment, with a copy to their GP and Personal Advisor.</li> <li>Care Leavers' Pack has been updated and has been implemented from November 2016.</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>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>	
<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>	

Position as of 1 <sup>st</sup> July 2016		RAG
<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>	
<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>	Myra O'Farrell	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>	Myra O'Farrell	End June 2016 [slipped from May 2016]	



**Outstanding actions where progress has or is at risk of slipping, February 2017:**

**Summary of actions to be completed:**

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed

<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</li> </ul>	

114

	<p>support as needed;</p> <ul style="list-style-type: none"> <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>● Pack due to be published this month</li> <li>● Website options appraisal to the Children in Care Board in November.</li> </ul>	

Position as of 23rd February 2017		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>Pack due to be published this month</li> <li>Website options appraisal to the Children in Care Board in November.</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>	Myra O'Farrell	Steadily improving trend required, with compliance with audit by HoS planned for March 2017	
<b>Task and Finish group established to work in partnership with care leavers to review current leaving care pack.</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>	Myra O'Farrell	Feb 2016	

<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>	Myra O'Farrell	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 Weeden	Action requires review –see below	

**Outstanding actions where progress has or is at risk of slipping, February 2017:**

**Summary of actions to be completed:**

<b>Outstanding Action</b>	<b>Remedial Actions Required</b>	<b>Person Responsible &amp; to be completed by</b>	<b>Date Completed</b>
<b>New website to be launched, including any associated social media platforms.</b>	<ul style="list-style-type: none"> <li><b>Options to be presented to children in care board 17<sup>th</sup> November 2016</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Website costing and timeline for implementation to be shared at the CiC Board</b></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>MOSTLY COMPLETE</b>		

Position as of 1 <sup>st</sup> November 2015		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>	

Position as of 1 <sup>st</sup> March 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>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> </ul>	

	<ul style="list-style-type: none"> <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> <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>	Green
<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>	Green Yellow
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Post in process of recruitment</li> <li>Apprenticeship target already reached this year, and due to be exceeded by financial year end.</li> </ul>	Green

Position as of 23 <sup>rd</sup> February 2017		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>	Green
<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>	Green Yellow
<b>Actions Completed:</b>	<ul style="list-style-type: none"> <li>Post recruited</li> <li>Apprenticeship target already reached this year, and due to be exceeded by financial year end.</li> </ul>	Green



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

What Needs to Happen?	Why?	What will the difference be?	Lead	Due by	RAG
<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>	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>	Pat Carrington & Dee Glover	March 2017 for full completion	

**Outstanding actions where progress has or is at risk of slipping, February 2017:**

**Summary of actions to be completed:**

Outstanding Action	Remedial Actions Required	Person Responsible & to be completed by	Date Completed
<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>This action is in process of completion following appointment of new post within Virtual School to enhance post 16 capacity</li> </ul>	<b>Target date March 2017 to allow for new worker to develop understanding of needs in respect of this action.</b>	

This page is intentionally left blank

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 9
<b>26 JULY 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Interim Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Karen S Dunleavy email karen.dunleavy@peterborough.gov.uk	Tel. 01733 452233

## WORK PROGRAMME FOR 2017/2018

RECOMMENDATIONS	
<b>FROM:</b> Interim Director of Law and Governance	<b>Deadline date:</b> N/A
<p>It is recommended that Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. That the Committee determines its priorities, and approves the draft work programme for formal and informal meetings attached at Appendix 1.</li> </ol>	

### 1. ORIGIN OF REPORT

- 1.1 The report is presented to the Committee on behalf of the Interim Director of Law and Governance.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 To enable the Committee to discuss its objectives and priorities for 2017/18 and to approve the draft work programme for 2017/18 (Appendix 1).
- 2.2 This item is being presented to Corporate Parenting Committee under its terms of reference 2.4.3.5) 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.
- 2.3 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.
- 2.4 The Work Programme links into all of the Children in Care Pledge Priorities and Care Leavers Charter.

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
Date for relevant Council meeting N/A		Date for submission to Government Dept. ( <i>Please specify which Government Dept.</i> )	N/A

### 4. BACKGROUND AND KEY ISSUES

4.1 The Corporate Parenting Committee was established by Council at its meeting on 13 July 2016. The Committee is scheduled to meet six times a year bi-monthly preceded by an agenda setting meeting.

4.2 At least three meetings are to 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. CONSULTATION

5.1 N/A

### 6. REASON FOR THE RECOMMENDATION

6.1 To ensure the Corporate Parenting Committee fulfil the requirements as set out in the terms of reference attached at appendix 2.

### 7. IMPLICATIONS

#### Financial Implications

7.1 None.

#### Legal Implications

7.2 Continuous improvement and approval of the coming year's Corporate Parenting priorities providing a planned and focussed approach to the work of Corporate Parenting, is in keeping with good governance.

#### Equalities Implications

7.3 None

### 8. BACKGROUND DOCUMENTS

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

8.1 Minutes of the Council meeting held 13 July 2016

### 9. APPENDICES

9.1 Appendix 1 - Draft Work Programme 2017/18  
Appendix 2 - Terms of Reference

## CORPORATE PARENTING COMMITTEE WORK PROGRAMME 2017/ 2018

Date of Meeting	Priority	Topic	Contact Officer
14 June 2017 Informal		<b>Part 1</b>	
		Update from CICC	CiCC/Jenny Weeden
		You Asked We Did	Nicola Curley
		Allocation of roles and responsibilities Champion Member Feedback session	Corporate Parenting Champions
		Members Issues	Members
		<b>Part 2</b>	
		Performance reports	Nicola Curley
		Case study health assessments including (SDQs) Strengths and difficulties questionnaire	Deborah Spencer
26 July 2017 Formal		Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
		Children in Care and Care Leavers annual health report	Deborah Spencer
		Update on 0-25 Service Redesign, including transition services	Graham Puckering
		Report on Unaccompanied Asylum seeking Children health report	Deborah Spencer
		Review of Corporate Parenting Champion positions	Chairman/Nicola Curley
		Members Issues	
		Performance Reports: <ul style="list-style-type: none"> <li>● Placements of Children in Care</li> <li>● Health Report</li> <li>● Ofsted Action Plan</li> </ul> Scorecard	Nicola Curley/Deborah Spencer
6 September 2017 Informal		<b>Part 1</b>	
		Update from Participation Officer for CICC	CiCC
		You Asked We Did	Jenny Weeden
		Champion Member Feedback session	Member Champions
		Members Issues	Members

		<b>Part 2</b>	
		Performance reports	Nicola Curley
		Case study – Placements update from a Social worker on placement agreements.	Sue King Head of Service Peterborough TACT
		Work Programme	
8 November 2017 Formal	Priorities 1 - 6	Update from Foster Carers and Participation Officer for CICC	Foster Carers
		Permanency report placements report to include:  Adoption Annual Report Transport issues Fostering and Reg 33 report (quality of care homes)	TACT
		Missing from Care and CSE update	Myra
		Report on Service delivered by NYAS re advocacy and missing interviews	
		Members Issues	Members
	Priorities 1 – 6	Performance Reports: <ul style="list-style-type: none"> <li>● Placements of Children in Care</li> <li>● Health Report</li> <li>● Ofsted Action Plan</li> <li>● Scorecard</li> </ul>	Nicola Curley/Deborah Spencer
31 January 2018 Informal		<b>Part 1</b>	
		Update from Participation Officer for CICC	CiCC
		You Asked We Did	Jenny Weeden
		Champion Member Feedback session	Corporate Member Champions
		Members Issues	Members
		<b>Part 2</b>	
		Performance reports	Nicola Curley
		Case study - CiC and Care Leavers Education Health and Care Plans	
		Work Programme	Nicola Curley
21 March 2018 Formal		Update from Foster Carers and Participation Officer for CICC	Foster Carers/Jenny Weeden
		Virtual Schools Annual Report to include an update on: SEND; and Children who are not in full time education	Dee Glover

	Report on work of the Corporate Parenting Committee for the Children and Education Scrutiny Committee	Nicola Curley
	Members Issues	Members
	Performance Reports: <ul style="list-style-type: none"> <li>● Placements of Children in Care</li> <li>● Health Report</li> <li>● Ofsted Action Plan</li> <li>● Scorecard</li> </ul>	Nicola Curley/Deborah Spencer

This page is intentionally left blank



## **2.4 PETERBOROUGH CORPORATE PARENTING COMMITTEE**

### **2.4.1 TERMS OF REFERENCE**

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

2.4.1.2 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.

#### **2.4.2 PURPOSE:**

2.4.2.1 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.

2.4.2.2 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.

2.4.2.3 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.

2.4.2.1 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.

2.4.3.5 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.

#### **2.4.3 FUNCTIONS OF THE COMMITTEE:**

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

2.4.3.2 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.

2.4.3.3 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.

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

2.4.3.5 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.

2.4.3.6 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

#### **2.4.4 WORK PROGRAMME**

2.4.4.1 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.

#### **2.4.4.2 PERFORMANCE MONITORING**

2.4.4.3. 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

2.4.4.4 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.

#### **2.4.5 MEMBERSHIP OF THE COMMITTEE**

2.4.5.1 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.

2.4.5.2 All Councillors are invited to attend the informal meetings. The Committee may also co-opt non-voting members. Membership may include up to 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.

#### **2.4.6 CHILDREN IN CARE COUNCIL**

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

This page is intentionally left blank