



**CHILDREN AND YOUNG
PEOPLE DIRECTORATE**

**PROCEDURES FOR NOTIFICATION OF
HALTON CHILDREN IN CARE PLACED
IN OTHER LOCAL AUTHORITIES**

March 2011

INFORMATION SHEET

Service area	Children & Young People Directorate
Date effective from	14/04/2010
Responsible officer(s)	Kate McPoland
Date of review(s)	14/03/2011
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory
Target audience	CareFirst Team Lead Officer Records Management Unit
Date of committee/SMT decision	April 2010
Related document(s)	Notification of Children in Care of other Local Authorities (CICOLA)
Superseded document(s)	Procedures for noting and registering the move of Children in Care between Halton and other Local Authorities
File reference	

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Appendix 1

PROCEDURES FOR NOTING AND REGISTERING THE MOVE OF CHILDREN IN CARE BETWEEN HALTON AND OTHER LOCAL AUTHORITIES

1. PROCEDURES FOR NOTIFICATION OF HALTON CHILDREN IN CARE PLACED IN OTHER LOCAL AUTHORITIES.

- 1.1 When a child or young person moves out of Halton, in addition to completing a Change of Details Form, the social worker will also complete a Statutory Notification Form, the use of which was agreed by the North West Regional Protocol for Supporting the Education of Children in Care, (Appendix 1).
- 1.2 If the Change in Details Form is received by the Safeguarding Unit without the Statutory Notification Form, the Safeguarding Unit will send a reminder to the social worker for this form to be completed.
- 1.3 Once received, the Safeguarding Unit will copy the Statutory Notification Form and send it with a covering letter, to the following in the Local Authority concerned:
- Director of Children & Young People
 - Virtual School Head for Children in Care
 - Children in Care Health Lead Officer
 - Children in Care Lead Children's Social Care
- A copy of which will be retained for the child's file
- 1.4 For movements between Authorities and termination of placements, the same process will be followed and the second part of the Notification Form completed.
- 1.5 The Safeguarding Unit will notify the Leads for Education and Health in Halton by informing them of the Change in Details.
- 1.6 It is the responsibility of each receiving Authority to establish and maintain a database of all Children in Care from other Local Authorities.
- 1.7 On receipt of the Notification Form, all Lead Officers in each Local Authority have responsibility for informing agencies as agreed by the North West Protocol. These responsibilities are as follows:

Lead Officer for Health

- General Practitioner
- School Nurse
- Health Visitor
- CAMHS

Virtual School Head for Children in Care

- Education Welfare
- Admissions
- Ed Psychology
- School
- SEN
- Exclusions (PRS)
- Connexions
- YOT

Lead Officer for Children's Social Care

- Any formal arrangements agreed between originating and receiving Departments
- Establishments of OLA database

- 1.8 All requests from other Local Authorities for confirmation of Halton children placed out of the Local Authority should be forwarded to the Safeguarding Unit, who will complete and return.

Appendix 1

STATUTORY NOTIFICATION OF OUT OF BOROUGH NEW PLACEMENT / CHANGE OF PLACEMENT / TERMINATION OF PLACEMENT

ORIGINATING AUTHORITY:		RECEIVING AUTHORITY:	
CHILD SURNAME:		CHILD FORENAME:	
AKA:			GENDER:
DOB			ETHNICITY
CHILD PROTECTION REGISTER:	YES	NO	LEGAL STATUS:
			PERSON WITH PARENTAL RESPONSIBILITY
STATEMENT:	YES	NO	DISABILITY REGISTER:
			YES
			NO
SOCIAL WORKER:			
TEL:		EMAIL:	

NEW PLACEMENT WITHIN YOUR AUTHORITY

DATE OF THE START OF THIS PLACEMENT:			
NAME OF CARER OR ESTABLISHMENT:		PLACEMENT TYPE e.g. Foster Carer/ Adoptive/ Residential or Other	
ADDRESS:			
POSTCODE:			
TEL:			
DESCRIBE THE SERVICE THAT CARE PLACEMENT HAS BEEN CONTRACTED TO DELIVER: (please specify below)			
IS EDUCATION PROVIDED ON SITE?	YES	NO	
ANY TRANSPORT ARRANGEMENTS	YES	NO	
THERAPEUTIC SUPPORT:	YES	NO	
HEALTH NEEDS:	YES	NO	
Please describe:			

HEALTH DETAILS

GENERAL PRACTITIONER NAME:	
ADDRESS:	
POSTCODE:	
TEL:	

Appendix 1

HEALTH VISITOR TEL:	
SCHOOL NURSE TEL:	

CURRENT SCHOOL/EDUCATION PROVISION

NAME: ADDRESS: POSTCODE: TEL:					
IS THIS EDUCATION PROVISION TO CONTINUE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES		NO	
YES		NO			
* IF NO, WHAT ARRANGEMENTS HAVE BEEN MADE: (please specify below with dates)					
<ul style="list-style-type: none"> Date School Admissions contacted? Date SEN department contacted (if stated)? Is alternative provision sought? Other arrangements (e.g. education on site)? 					
HAS THE CHILD/YOUNG PERSON GOT A PERSONAL EDUCATION PLAN:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES		NO	
YES		NO			

TERMINATION OF PLACEMENT

DATE OF TERMINATION:					
REASON FOR TERMINATION:					
DESTINATION:					
NEW ADDRESS: POSTCODE TEL;					
SCHOOL NAME: SCHOOL ADDRESS; POSTCODE: TEL:					
IS THE ABOVE EDUCATION PROVISION TO CONTINUE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES		NO	
YES		NO			

ORIGINATING AUTHORITY SIGNATURE: _____

DESIGNATION: _____

DATE: _____

DATE RECEIVED BY RECEIVING AUTHORITY: _____