



**CHILDREN AND YOUNG
PEOPLE DIRECTORATE**

**NOTIFICATION OF CHILDREN IN CARE OF
OTHER LOCAL AUTHORITIES PLACED IN
HALTON (CICOLA)**

March 2011

INFORMATION SHEET

Service area	Children & Young People Directorate
Date effective from	14/03/2010
Responsible officer(s)	Kate McPoland
Date of review(s)	4/03/2011
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	Safeguarding Unit Lead Officers CIC Social Workers
Date of committee/SMT decision	February 2010
Related document(s)	Procedures for notification of Halton Children in Care placed in other Local Authorities
Superseded document(s)	Procedures for noting and registering the move of children between Halton and other Local Authorities
File reference	

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1. NOTIFICATION OF CHILDREN IN CARE OF OTHER LOCAL AUTHORITIES PLACED IN HALTON (CICOLA)

- 1.1 All North West Authorities have agreed to send the Notification Form (Appendix 1) to the PA for the Director of Children & Young People, who will be responsible for ensuring that the notification is forwarded to the Records Management Unit.
- 1.2 The Records Management Unit will load all information onto CareFirst under a new classification OLAC. This will enable reports to be run when required by Halton's Lead Officers forming the CICOLA register.
- 1.3 As Notification Forms from Local Authorities outside the North West will continue to be sent to a variety of contacts, it is proposed that all notification Forms received should be forwarded to the Records Management Unit.
- 1.4 The Lead Officer will update CareFirst with the details of the child/young person.
- 1.5 The same processes as described will apply for notification of termination of placements and moves between Authorities.
- 1.6 The CareFirst team will provide a weekly report detailing the children and young people who have moved in or out of the Local Authority area during the week to education, health, police, Youth Offending team and Connexions contacts.
- 1.7 On a quarterly basis the numbers of children will be reported by the CareFirst Team to the Safeguarding Divisional Manager and the leads from each agency detailed in 1.6.
- 1.8 Every three months, the Lead Officer within the Records Management Unit will write to the Strategic Director for Children's Services in all Local Authorities in the UK to request confirmation of children placed in Halton, in order to maintain CareFirst data. This request will also include a request for a nil return.
- 1.9 If a partner agency Records Management Unit hears from any source other than the placing Authority, that a child has been placed in Halton then it is the responsibility of the Halton Records Management Unit to write to the placing LA concerned seeking confirmation via a letter and pro forma (Appendix 1).

Director of Children's Services
(Insert Address)

CIC-OLA Register

Records Management Unit
0303 333 4300

Date

(E mail address)

Dear Custodian

Arrangement for the Placement of children (General) Regulations 1991

It has come to my attention that the child/young person named below has been placed in our area at the address below:

.....
I have been appointed as the children in care - other local authority registrar. Halton Borough Council, Children and Young People's Directorate are currently in the process of updating our register of children in care - other local authority placements in Halton.

Can I remind you that is a statutory requirement to notify us of children placed in Halton Borough (Runcorn, Widnes, Daresbury, Hale) with details as outlined in the form attached, please complete and return as soon as possible.

Please do not hesitate to contact me with any queries.

Yours Sincerely

CIC-OLA Register
Records Management Unit
(Insert address)

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

ORIGINATING AUTHORITY:		RECEIVING AUTHORITY:	
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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
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SOCIAL WORKER:	
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TEL:		EMAIL:	
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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)
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IS EDUCATION PROVIDED ON SITE?	YES	NO
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ANY TRANSPORT ARRANGEMENTS	YES	NO
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THERAPEUTIC SUPPORT:	YES	NO
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HEALTH NEEDS:	YES	NO
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Please describe:

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HEALTH DETAILS

GENERAL PRACTITIONER NAME: ADDRESS: POSTCODE: TEL:	
HEALTH VISITOR TEL:	
SCHOOL NURSE TEL:	

CURRENT SCHOOL/EDUCATION PROVISION

NAME: ADDRESS: POSTCODE: TEL:			
IS THIS EDUCATION PROVISION TO CONTINUE:	YES <input type="checkbox"/>	N <input type="checkbox"/>	O <input type="checkbox"/>
* 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 statemented)?• Is alternative provision sought?• Other arrangements (e.g. education on site)?			
HAS THE CHILD/YOUNG PERSON GOT A PERSONAL EDUCATION PLAN:	YES <input type="checkbox"/>	N <input type="checkbox"/>	O <input type="checkbox"/>

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:	YES		N O	

ORIGINATING AUTHORITY SIGNATURE: _____

DESIGNATION: _____

DATE: _____

DATE RECEIVED BY RECEIVING AUTHORITY: _____

Once completed, please return to:

**CIC OLA Register,
 Halton Borough Council,
 Record Management Unit
 Grosvenor House,
 Halton Lea, Runcorn,
 Cheshire. WA7 2ED**

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="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">NO</td> <td style="width: 20%;"></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="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">NO</td> <td style="width: 20%;"></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="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">NO</td> <td style="width: 20%;"></td> </tr> </table>	YES		NO	
YES		NO			

ORIGINATING AUTHORITY SIGNATURE: _____

DESIGNATION: _____

DATE: _____

DATE RECEIVED BY RECEIVING AUTHORITY: _____

Once completed, please return to:
CIC OLA Register, Records Management Unit, Grosvenor House, Halton Lea, Runcorn, Cheshire WA7 2ED