



## **Nottingham City Council Corporate Parenting Board**

**Date:** Monday, 21 March 2022

**Time:** 2.00 pm

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Director for Legal and Governance**

**Governance Officer:** Emma Powley

**Direct Dial:** 0115 876 4891

- 1 Apologies for absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 8  
Last meeting held on 17 January 2022 (for confirmation)
- 4 Children in Care and Leaving Care - Q3 Performance** 9 - 16  
Report of Head of Children in Care
- 5 Feedback from Children in Care Council**  
Verbal update from the Engagement & Participation Lead Officer.
- 6 Work Plan 2022-23** 17 - 18  
To note / discuss agenda items for municipal year 2022/23

A workshop is to be held directly after this meeting relating to agenda item 5 – ‘Feedback from Children in Care’. Members are therefore requested to remain in the room in order to participate.

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

Citizens attending meetings are asked to arrive at least 15 minutes before the start of the meeting

Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at [www.nottinghamcity.gov.uk](http://www.nottinghamcity.gov.uk). Individuals intending to record the meeting are asked to notify the Governance Officer shown above in advance.

## **Nottingham City Council Corporate Parenting Board**

**Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on Monday 17 January 2022 from 2:01pm to 3:36pm**

### **Membership**

#### **Present**

Councillor Cheryl Barnard (Chair)  
Councillor Maria Joannou (Vice Chair)  
Councillor Jay Hayes  
Councillor Phil Jackson  
Councillor Georgia Power  
Councillor Shuguftah Quddoos  
Councillor Maria Watson

#### **Absent**

Councillor Nicola Heaton

### **Colleagues, partners and others in attendance**

Ailsa Barr - Director of Children's Integrated Services  
Mary-Anne Cosgrove - Head of Childrens Regulated Services  
Gabriel Hall - Area Manager, The Children's Society  
Jasmin Howell - Head of the Nottingham City Virtual School  
Matthew Jenkins - Team Manager, Child and Adolescent Mental Health Services (Children in Care)  
Dr Pallab Majumder - Consultant Child and Adolescent Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust  
Adrian Mann - Governance Officer  
Treza Mann - Interim Service Manager for Children in Care and Leaving Care Services  
Audrey Taylor - Service Manager, Fostering and Adoption  
Su Turner - Local Government Association Project Lead

### **43 Apologies for Absence**

Councillor Nicola Heaton - work commitments  
Kathryn Higgins - Designated Nurse for Looked After Children, Nottingham and Nottinghamshire Clinical Commissioning Group  
Jon Rea - Engagement and Participation Lead Officer  
Catherine Underwood - Corporate Director for People

### **44 Declarations of Interests**

None.

### **45 Minutes**

The minutes of the meeting held on 15 November 2021 were confirmed as a true record and signed by the Chair, subject to the review of the minute for item 37

(Children in Care and Care Leaver Strategy) by the Clerk for that meeting, and its agreement with the Chair.

#### **46 Reflections on Discussions with Young People**

The Chair presented an update on the direct engagement being carried out by Board members with children in care. The following points were discussed:

- (a) Board members have carried out break-out sessions with young people in care on some of the issues affecting them, and further engagement is planned. It is important that the outcomes of these sessions are reflected in formal reporting so that the Board as a whole has the opportunity to discuss and consider what actions should be taken forward, as a result. In particular, it is vital that input from young people is reflected in the delivery of their 'skills for independence' provision.

The Board noted the update.

#### **47 Child and Adolescent Mental Health Services for Children in Care**

Matthew Jenkins, Team Manager for Child and Adolescent Mental Health Services (Children in Care ), and Dr Pallab Majumder, Consultant Child and Adolescent Psychiatrist at the Nottinghamshire Healthcare NHS Foundation Trust, presented a report on the City's Children in Care (CiC) Child and Adolescent Mental Health Services (CAMHS). The following points were discussed:

- (a) the CiC CAMHS team is working with around 130 children and young people in the city at any one time. The current referral rate to the team is around 140 per year, which is consistent with previous years. However, the team is working with slightly fewer children this year due to some temporary staffing challenges. The rates of team accessibility and response are good, but it is important that caseloads are managed effectively to keep waiting times as low as possible – with the current waiting time from referral being around four to five weeks;
- (b) referrals to the team are made via the social workers, who carry out a rigorous assessment process that is nevertheless designed to be as flexible as possible. All cases are reviewed by a multi-disciplinary team, to provide input into the plan drawn up by the social worker. A child's basic needs are assessed in the first instance, and this is then used as a foundation to identify and address more specific traumas;
- (c) a great deal of the CiC team's work is focused on supporting both carers and children. The team has specialist training in carrying out interventions to address trauma, particularly where it has contributed to attachment difficulty and self-harm, and there has been a great deal of investment in the provision of therapies to improve the relationship between carers and the children in their care;
- (d) a full partner review of CiC CAMHS provision is underway, but was slightly delayed due to the Coronavirus pandemic. The review has had a focus on capacity and work areas, and it has also considered service provision to children placed within the city area by other local authorities, and reunification work. The

Care Quality Commission carried out an inspection of the wider CAMHS provision and the CiC team received positive feedback, including through the interviews carried out with foster carers, staff and children in care. Positive feedback has also been returned from the Council's improvement partner, Essex County Council;

- (e) the team has been allocated funding from the Clinical Commissioning Group to trial an occupational therapy pilot project to support children with sensory processing difficulties, which can often be linked to early childhood trauma. The occupational therapists working as part of the project have been able to offer additional intervention and training, delivering sensory work both in schools and with foster carers. Funding is now being sought for this service to be delivered on a more long-term basis;
- (f) a wide range of provision is available as part of CAMHS, from training to intervention. The CiC team works to create a space for individual needs to be reflected upon in a holistic way, and a range of therapies are on offer. Training networks are being developed to support the foster carers caring for children with mental health needs. Feedback from the sessions has been positive, and the training materials have been made available to foster carers more generally. There is also training available for teachers in schools. Training and education needs throughout the system must be considered very carefully, and the Service must be proactive in working with partners to address them effectively;
- (g) a number of partners work together on intervention, and a pilot project is underway on the development of a strategic response plan for interventions concerning people with complex needs. A study on direct intervention for children in care has been carried out and approaches informed by attachment and developmental trauma theory to help children and their carers with relationships have been developed. A review of the effectiveness of these approaches is underway, as a basis for seeking further funding support;
- (h) it is important that children in the Council's care that are placed outside of the city area are able to maintain good access to the services that they need, as provision can differ significantly across the country – and not all local authorities have a dedicated CAMH service. A designated nurse for children in care is provided by the NHS to act as a point of contact for addressing provision for all of the Council's children in care. It is important that the Council engages proactively with providers outside the city area, and raises the right level of challenge, to ensure that the correct services are in place for all of its children in care. It is vital that out-of-area placements do not break down due to a lack of mental health provision, as maintaining stability and security in all placements is fundamentally important;
- (i) supporting care leavers is an important and complex area, as there can be very vulnerable people with high levels of need. It is important that people do not fall out of the system when moving from child to adult service provision. Partners must work together closely and in good time to address the challenges and ensure that the transition process goes smoothly and in a joined-up way. A multi-agency group meets to plan the transition process, and this involves representatives from both adult and whole-life services. A trauma-informed

approach is taken to transition, to ensure that the right safeguarding measures are in place for the most vulnerable, and that the whole process is as stable as possible;

- (j) work is underway on supporting children with trauma in the context of transition, and it is important that residential staff have a good understanding of trauma and how it can be managed. Consideration is also being given to how to support siblings not in care when a sibling who has been in care is reunified into the home, and what assistance can be provided to the reunified family in general. There can be significant challenges surrounding undiagnosed children with high needs, so the Service must be proactive and creative in identifying the resources that are required.

The Board noted the report.

#### **48 Advocacy Service for Children in Care - Annual Report 2020/21**

Gabriel Hall, Area Manager at The Children's Society, presented a report on the delivery of independent and confidential advocacy service for children in care. The following points were discussed:

- (a) The Children's Society has been commissioned by the Council to provide independent advocacy services to all children within its care, including those who have been placed outside of the city area. As a result of the Coronavirus pandemic, most services have been delivered via digital platforms or by phone. However, there are around 250 sites where children in the Council's care are resident and in-person visits are still made to all of these to ensure that the children and young people are aware of the service;
- (b) advocates continue to build and embed networks in residences, and advertise the services available through the provision of inclusive promotional material. However, problems can occur in engaging with young people effectively when the contact numbers provided for both children in care and their placements are incorrect;
- (c) many children in care feel that they have an effective voice, are listened to, and understand and are satisfied with their care. However, of the referrals for advocacy that are received, 50% arise directly from children and young people in care, and the number of self-referrals has remained relatively consistent over the last five years;
- (d) advocates work closely with Social Services teams and, when they carry out engagement on the behalf of children, service providers should have a reasonable understanding of the advocacy process and seek to respond in as timely a way as possible. When issues are raised during a visit to a residence, advocates initially attempt to resolve the problem informally during their visit. Advocates are a direct representative of the young person, so they must be able to communicate to them all of the information that is shared by the service provider;

- (e) ultimately, The Children's Society is encouraging commissioners to consider a long-term vision of broad access to advocacy services for all children in contact with the social care system, beyond children and young people in formal care;
- (f) the Board noted that it is positive that the information material for advocacy services is produced in multiple languages, but considered it vital that the service must then have the appropriate cultural understanding available to it to support effectively the children and young people who use these languages.

The Board noted the report.

#### **49 Local Government Association Project Work**

Mary-Anne Cosgrove, Head of Children's Regulated Services, provided an update on the opportunity to work with the Local Government Association (LGA) on a pilot project to develop and improve the Council's corporate parenting. The following points were discussed:

- (a) a pilot project will be carried out between the Board, the LGA and the wider Council on how the corporate parenting function can be enhanced. It is proposed to develop a new approach to supporting corporate parenting, with a strong focus on establishing meaningful connections with children in care and engaging with them on what they need. The Service should have a level of accountability to the children that it cares for and is important that the child's voice is heard as part of service planning and delivery, and that it can be shown how that voice has impacted on decision-making;
- (b) a peer diagnostic process is being produced to provide performance evaluations and assessments to identify and meet staff and member training needs. The pilot is intended to be more long-term in nature than previous projects and will take a staged approach to development over a three-year period. A timetable for development and peer review sessions is now being planned.

The Board noted the update.

#### **50 Work Plan**

The Chair presented the Board's proposed work plan for the 2021/22 municipal year.

The Board noted the work plan.

#### **51 Future Meeting Dates**

- **Monday 21 March 2022 at 2:00pm**

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8<sup>th</sup> March 2022

**Corporate Parenting Board**

<b>Title of paper:</b>	2021/2022 Q3 Performance Report Children in Care and Leaving Care <b>Period covered</b> 01.10.2021 to 31.12.2021	
<b>Director(s)/ Corporate Director(s):</b>	Alisa Barr – Director, Children’s Integrated Services	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	Treza Mann Interim Service Manager, for Children in Care and the Leaving Care (Regulated Services) Mary-Anne Cosgrove Head of Children in Care ( Regulated Services)	
<b>Other colleagues who have provided input:</b>	Tina Thurley-Analysis and Insight and Andy Shone Strategy & Improvement	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Key Outcome:</b>		
Clean and Connected Communities	<input type="checkbox"/>	
Keeping Nottingham Working	<input type="checkbox"/>	
Carbon Neutral by 2028	<input type="checkbox"/>	
Safer Nottingham	<input type="checkbox"/>	
Child-Friendly Nottingham	<input checked="" type="checkbox"/>	
Healthy and Inclusive	<input type="checkbox"/>	
Keeping Nottingham Moving	<input type="checkbox"/>	
Improve the City Centre	<input type="checkbox"/>	
Better Housing	<input type="checkbox"/>	
Financial Stability	<input type="checkbox"/>	
Serving People Well	<input checked="" type="checkbox"/>	
<b>Summary of issues (including benefits to citizens/service users):</b>		
<ul style="list-style-type: none"> <li>To update the Board of the Q3 2021/22 performance data for children in care and leaving care young people.</li> <li>The Board to note progress in work with children in care and leaving care and to challenge where performance falls below our targets.</li> </ul>		
<b>Recommendation(s):</b>		
<b>1</b>	For the Board to note and challenge the performance data regarding performance relating to the Authority’s work with children in care and leaving care	
<b>2</b>	Social Care will continue to monitor performance regarding dental checks to ensure this improves as Pandemic restrictions reduce, and to address any barriers. Although the government have now lifted all restrictions in England.	
<b>3</b>	Head of Service to work with the Virtual School to ensure any changes to the PEP for non-statutory school age children are strengthened in line with the Peer Review recommendations. A draft plan has been prepared.	

## 1 Reasons for recommendations

- 1.1 The Department for Education, in its Corporate Parenting principles states that the role that councils play in looking after children is one of the most important things they do. They further state that local authorities have a unique responsibility to the children they look after and their care leavers.
- 1.2 Corporate Parenting Board in discharging its function should be asking in adopting such an approach “**would this be good enough for my child?**” The Corporate Parenting Board is presented with performance information which shows how well we are caring for our children and are asked to challenge where performance needs to improve.

## 2 Background (including outcomes of consultation)

- 2.1 Each quarter the local authority provides information to the Corporate Parenting Board of performance against its targets. This data is provided by the Authority’s Analysis and Insight team. We measure our performance against the previous quarter, the 2020/21 outturn and comparison against our Statistical Neighbour Group.
- 2.2 **Statutory Visits- Target 100%-** Q3 has seen an improvement this quarter since Q1 rising from 80 to 82%, however there is more to do to continue to improve on this. Since March 2020, and in the Covid context, we have continued to see strong performance in visiting and this is borne out by the data we have been required to report to the DfE. We report on children and young people being seen within the preceding 4 weeks and we have been informed by the DfE that this reporting regime is to continue. This allows senior leaders to have assurance on children and young people being seen by the social worker. Delays in recording account for some discrepancy and service managers are driving on this with their team managers and social workers. For children and young people open to the children in care service, most have permanency plans in care and therefore their visiting frequency may be up to 12 weekly. There are a very few children with visiting at even less frequency. The reasons for some children not being seen are provided below:
  - Self-isolation due to Covid has impacted on some visits not taking place in timescales, these are minimal now. Although there should be increase in the next quarter due to all restrictions being lifted.
  - Children and young people who are placed in stable long-term foster placements have visits agreed at 12 weekly levels.
- 2.3 We are maintaining face to face visits unless it is not appropriate to do so; some are replaced with virtual visits with agreement from service managers, guidance has been issued regarding such visits. Visits to care leavers are undertaken at 8 weekly frequencies and as at the report to the DfE 19<sup>th</sup> October 55% of young people had been seen at that frequency with detailed scrutiny of those not being seen. In respect of those not seen the service manager has detailed breakdown of the reasons for this and the steps being taken to arrange visits. Covid has had some impact with some young people refusing contact but agreed to being kept in touch through letters. A small number are missing or are out of the country.
- 2.4 **Health and Dental performance-Target 90%-** at Q3 this is at 79.8% which remains below where we want it to be. We have the Service Manager from the children’s duty service working to address the delay in initiation of initial health assessments when children and young people first come into care. In addition, the service managers from the children in care service and fieldwork service have also been working with health colleagues to address delays in Health assessments being requested. There are no delays in young people receiving medical attention when it has been required.

2.5 **Dental checks- target is 90%** and we had seen a month on month deterioration in this measure last year and at outturn 2020-21 this was at 71.5%. Dentists being shut during the pandemic impacted on routine appointments, however as restrictions have lifted we are starting to see an improvement in this measure and expected this improvement to continue. We know that children have not been prevented from accessing treatment when required. There is a working group including health and social care colleagues to address this locally as the pace of improvement is not where it needs to be. We have identified some delays in recording which is being proactively driven by service managers with their team managers.

2.6 **Pathway Plan- % Pathway Plans, authorised in the last 6 months-** there are two measures that we report on because there are two services responsible for the split cohort eg care leavers and (eligible) children in care. The target for this measure is 95% and Q2 performance for:

- CIC has seen a small improvement from 89 to 89.3% of children eligible for a Pathway Plan having had a plan authorised in the last 6 months. These cases are held in Fieldwork, Children in care and Whole life disability services and evidences good progress
- Care leavers with a plan having been authorised has reduced this quarter from 92.2% to 76.1%, the narrative for this is high levels of longterm sickness, staff moving on to other employment and vacancies within the team. Now that the staff team are on full form, the figure will increase as staff start to progress the Pathway Plans with Carer Leavers.

2.7 Pathway Plans are key to supporting children in care and care leavers prepare for independence when appropriate to do so. It is an assessment of their needs, identifies any risks and any actions required to support their next steps. We are working on improving the template used to produce the Pathway Plan to make it more user friendly, having had feedback from young people. The new template has been used by all staff now, and feedback from the staff has been positive, as the new Pathway Plan is very focused on the young person and their needs.

2.8 It remains a challenge for the update of some Pathway plans especially for those young people at university, in secure institutions or not engaging with visits, however colleagues remain tenacious in working with young people to complete or update their Pathway Plans.

## 2.9 **Personal Education Plans (PEP)**

PEP compliance

- The PEP performance for the Autumn term was at 86%, this being a slight drop from August when it was reported as 88% ( although this was a marked improvement from the status of compliance in PEPs prior to them being electronic updates).
- The Virtual School are providing fortnightly reports to team managers where PEP meetings have not been scheduled to ensure these are occurring in a timely manner

## 2.10 **Placement Stability**

**% of Children in Care who have had three or more placements in the previous 12 months** has reduced over the last quarter from 7.2 to 6%, this is good because at outturn 2020-21 this was at 8.3% and we know our Statistical neighbour group (SNG) against whom we bench mark at outturn 2019-20 were at 11%. Our target for this measure is 9%, and therefore this indicates more children have experienced stability in their placements.

It is helpful to remind ourselves that the pandemic has impacted nationally on the recruitment of carers and residential staff. An increase in the number of our children in care and increased competition for placements can limit choice in matching children to the most suitable placements. We have continued to offer support to foster carers both virtually and face to face to support stability. The CAMHS for Children in Care as well as the Virtual school contribute to

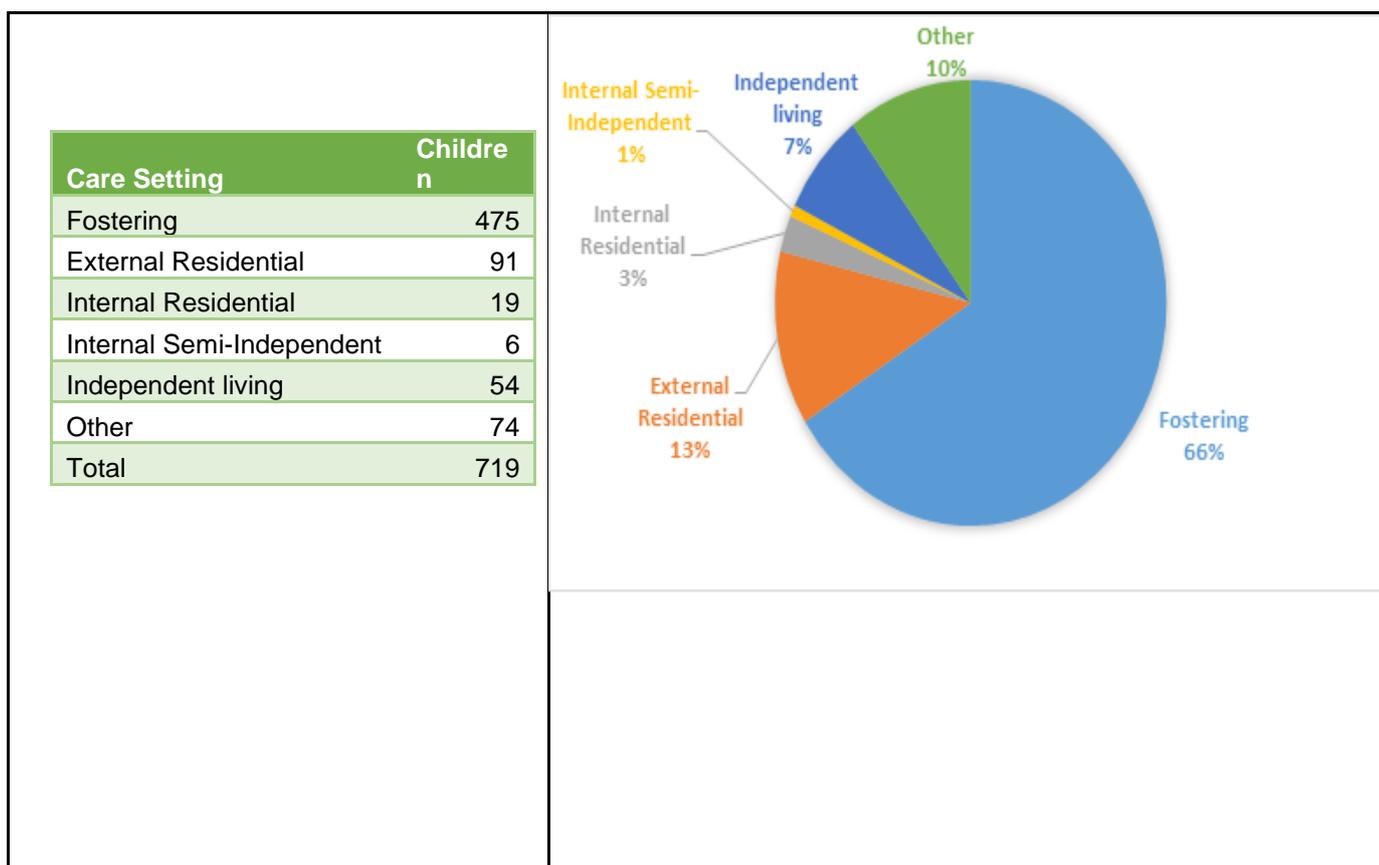
this . Movements for children in care are picked up by the Independent Reviewing Officer during statutory reviews.

**% Children in Care who have lived in the same placement for at least 2 years-** Our target is 70% and our performance has risen from 70.6% to 73% and is above 2020-21 outturn which was 69%. This further supports our view about the stability of placements. Some positive reasons for moves are:

- Children moving to adoptive placements contributes to this measure
- Unaccompanied Asylum Seeking Children can sometimes move from residential accommodation to semi-independence quicker once an assessment is undertaken of their needs and will also contribute to this measure.
- Some Young people may ask to move on to semi-independence as they approach leaving care stage rather than moving straight into independence. This is considered to be a good move in line with young people’s needs and wishes.

**2.11 Type of placement-** 66 % of our children in care are in foster care the remainder are in other types of placements which include Residential, Independent living, semi-independent living and other categories including health placements, placed for adoption, secure accommodation or with parents.

256 children are placed with in-house carers , an increase of 4 children. 219 children are placed with IFA carers , an increase of 3 children. The ratio of fostered children with internal: external foster carers is at 53.8%:46.2%, a slight increase on the last quarter from 53%.



**2.12 Fostered children who are in Long term fostering placements-**The Department for Education target is for 40 to 60% of children fostered to be in long term fostering placements and our performance in Q3 has dropped from 28.8% to 27.1% and we have hovered around this percentage for some time A tracking process has been put in place setting timescales for

all children and young people who have been in placement and are to remain long term fostered. The impact of this work is that children in care have a greater sense of security that they are remaining with their foster carers long term.

2.13 We have streamlined some of our processes to secure the permanence arrangement of long term fostering for those children and young people for whom it is planned they remain with their carers long term. The Head of Service and the Service Manager continue to track progress on this work.

2.14 Children in care Plan of 31/12/2021 (Monthly report)

There is a total of 475 children in foster care . Their long term plans are :

Care Plan	Number
Adoption	39
SGO/CAO	26
Return to birth family	9
In care less than 6 months	61
Long Term Fostering	340

Adjusted cohort where long term fostering is the plan is 340 children, 125 (36.8%) of these are long term matched

2.15 **Children in Care numbers** - The number of children in care has continued to remain high, and this quarter has seen an increase from 700 to 715 which is an increase in our rate per 10.000 from 101 to 103.6. We have robust processes in place to agree entry into care. The increase in cost of placements has impacted on the overall cost of children in care.

2.16 We have 2 programmes; the STARS programme and a Reunification team to support re-unification back to parents and wider families with robust packages of support. Returns home when safe to do so, allows children to be cared for by their families.

2.17 **Discharges-** During Q3, 24 children have been adopted or discharged through Special Guardianship Orders and therefore are no longer children in care, this was at 14 in the last quarter and the YTD is 26. We know there have been delays in discharges through adoption, Special Guardianship and also revocation of care orders when children are placed with parents and the local authority apply to discharge the care order. Senior leadership in children's services have escalated their concerns about court delays to the Local Family Justice Board and to CAFCASS.

2.18 We are still driving discharges through Special Guardianships which allows children to have more "normal" life experiences with wider family and friends rather than being involved in statutory social work services and the interventions in their families by social workers. Foster carers are also supported to consider Special Guardianship. The total number of children discharged from care this quarter stands at 59 and the YTD is 196.

2.19 **Children in Care Reviews-** 95.7% of Children in Care statutory reviews took place in timescale during Q3, and the target is 97%. This target was previously at 95% and was raised to be more aspirational and the service are determined to continue this improvement.

2.20 Percentage of reviews where the child (excluding under 4's) participated in their review at Q3 is 95.7% which is an increase from last quarter and remains above target which is 90% and an improvement on outturn 2020-21 when it was 91.7%. The Strategic Lead for Quality Assurance

and Safeguarding continues to drive on previously identified actions to improve the participation of young people in their reviews.

- 2.21 **Sufficiency /Suitable Accommodation/-**The Supported Lodgings scheme with Barnardos is now up and running and two project workers at 30 hours per week started in February joining the project lead. This will increase the capacity to recruit, assess and support hosts. We have agreed to stretch the target from 10 Host families to a potential 20 Hosts by April 2022. Seven hosts have been approved at panel with the ADM ratifying the recommendation. Four hosts are specifically for UASC. Three young people are now living in Supported Lodgings placements. Barnardos are currently working through an additional three assessments, with two due at panel on 9<sup>th</sup> March. There are also a further four individuals/couples through Place to Call Home.
- 2.22 The block contract for a four Residential Children's home to care for ten children is progressing but there have been some delays due to recruitment challenges. One home has not got its Ofsted registration and there is now an indicative opening date of April 2022.
- 2.23 The regional bid to the DfE for match funding to develop a residential offer for children with complex mental health needs was not successful. Despite this D2N2 with our CCG partners are running market engagement events to see how we can provide this much needed provision
- 2.24 The block contract for Semi-Independent provision is progressing well and on track to be open for April 2022. It will support ten children locally with a high quality provider.

### Care Leavers

- 2.25 Suitability of Accommodation and Employment, Education and Training (EET) status are key issues in the lives of care leavers. The percentage of care leavers in suitable accommodation (age 19-21yrs) is at 91.4% this quarter and takes the YTD to 91.6%. Our target is 90% which is good. Those young people in custody cannot be considered to be in suitable accommodation according to the definition we work to.
- 2.26 The percentage of care leavers in employment, education or training (age 19-21years) has risen this quarter from 57.5% to 62.7%, our YTD is 63.3% and our target is 60%. We have implemented an Aspirations Champion Scheme to continue to support children and young people with their aspirations as well as scoping out with Barnardo's the implementation of the ASDAN Scheme which will provide certification of skills required for independence. Acknowledging the issues young people face in terms of loneliness and isolation we are also working with Barnardo's to implement a volunteer Befriender scheme to support young people in their transition. All of these schemes are launched.

### Fostering Service-

- 2.27 By the end of March we will have 20 new in-house foster carers resulting from 169 enquiries. This is a conversion rate of 12 %, 10 % is seen as good conversion rate both by IFAs and local authorities. The diagnostics undertaken to inform the transformation work identified a correlation between the loss of the marketing budget and the part time marketing officer and the reduction in recruitment. The recommendations included investment in this area and in website/social media development and support
- 2.28 We continue to try to utilise our internal carers and unlike many local authorities more children are placed with in-house rather than IFA carers. The majority have children placements and only a small number often because of matching, health and family reasons or because they are respite carers only.

- 2.29 We continue to have weekly meetings with Analysis and Insight to produce a robust tracking system and register. Supervising Social workers have had some training input on a one to one basis and this has worked well improving the data we hold. There continue to be challenges with the Business support team in prioritising completing checks in a timely manner.
- 2.30 Training for carers is still currently virtual for mandatory training apart from paediatric first aid training that needs to be completed face to face. We are about to hold our first to face to face training but will also provide some virtual training for carers who prefer it .
- 2.31 To contribute to cost reductions from April the ADM will be taken in-house. This will also have the benefit of a closer connection between the leadership team and the fostering service
- 2.32 **Residential-** Ofsted have resumed Inspections and one Children’s Residential Home is now rate requires improvement and there is an action plan in place to address the areas of development . The others remain rated by Ofsted as Good or Outstanding . We have continued to maintain our required Regulation 44 inspections. Plans to open a further four bed home are progressing more slowly than expected due to the impact of the pandemic on availability and increasing costs of building materials.

### **3 Other options considered in making recommendations**

- 3.1 None

### **4 Finance colleague comments (including implications and value for money/VAT)**

- 4.1 None

### **5 Legal and Procurement colleague comments (including risk management issues, and legal, Crime and Disorder Act and procurement implications)**

- 5.1 None

### **6 Strategic Assets & Property colleague comments (for decision relating to all property assets and associated infrastructure) (Area Committee reports only)**

- 6.1 None

### **7 Equality Impact Assessment (EIA)**

- 7.1 Has the equality impact of the proposals in this report been assessed?

An EIA is not required

### **8 List of background papers other than published works or those disclosing confidential or exempt information**

- 8.1 None

### **9 Published documents referred to in compiling this report**

- 9.1 None

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## Corporate Parenting Board – work plan 2022-23

Report title	Contact officer(s)	Meeting Date (provisional)
<ul style="list-style-type: none"> <li>• Integrated Care Partnership and Barnardos – Care Leavers Project</li> <li>• Feedback from Children in Care Council</li> <li>• Quarter 4 Performance</li> </ul>	<ul style="list-style-type: none"> <li>• Sameer Patel / Lorraine Sudlow / Lynn Pearce</li> <li>• Jon Rea / Lead Board Members</li> <li>• Treza Mann/Mary-Anne Cosgrove</li> </ul>	<b>16 May 2022</b>
•	•	<b>18 July</b>
•	•	<b>19 September</b>
•	•	<b>21 November</b>
•	•	<b>16 January 2023</b>
•	•	<b>20 March</b>

### ATTENTION: IMPORTANT NOTE ON REPORT SUBMISSION

All reports from City Council staff for presentation to the Board **MUST** be produced and submitted through the Reports Management System, at: <http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=10263>.

When submitting a report for advice, you will be prompted to select reviewers. You should select the following reviewer:

- **Mary-Anne Cosgrove**

Please note that additional reports may be added to the schedule by request of the Chair or other Board Members.

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