



Education and Children's Services Scrutiny Board (2)

Time and Date

2.00 pm on Thursday, 17th March, 2016

Place

Central Library

Public Business

1. **Apologies and Substitutions**
2. **Declarations of Interests**
3. **Minutes** (Pages 3 - 6)
 - a) To agree the minutes of the meeting held on 25th February, 2016
 - b) Matters Arising
4. **Serious Case Review - Child C** (Pages 7 - 24)

Report of the Local Safeguarding Children's Board
5. **Impact of Voices of Care** (Pages 25 - 36)

Briefing Note of the Executive Director for People
6. **Library Service and Connecting Communities** (Pages 37 - 40)

Briefing Note of the Executive Director for People
7. **Improvement Board Progress Report from 17th February, 2016** (Pages 41 - 48)

Briefing Note of the Executive Director for People
8. **Work Programme** (Pages 49 - 56)

Briefing Note of the Scrutiny Co-ordinator
9. **Any Other Business**

Any other items of business which the Chair decides to take as matters of urgency because of the special circumstances involved.

10. Meeting Evaluation

To discuss and evaluate the effectiveness of the meeting.

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Wednesday, 9 March 2016

Notes: 1) The person to contact about the agenda and documents for this meeting is Michelle Rose, Governance Services, Council House, Coventry, telephone 7683 3111, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Michelle Rose as soon as possible and no later than 1.00 p.m. on 17th March, 2016 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors N Akhtar, S Bains, L Bigham, S Hanson (Co-opted Member), K Jones (Co-opted Member), D Kershaw (By Invitation), J Lepoidevin, C Miks, M Mutton (Chair), H Noonan, J O'Boyle, R Potter (Co-opted Member), E Ruane (By Invitation), P Seaman and S Thomas (By Invitation)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Education and Children's Services Scrutiny Board (2)
held at 2.00 pm on Thursday, 25 February 2016

Present:

Members: Councillor M Mutton (Chair)
Councillor S Bains
Councillor L Bigham
Councillor G Duggins (substitute for Councillor C Miks)
Councillor J Lepoidevin
Councillor H Noonan
Councillor J O'Boyle
Councillor P Seaman

Co-Opted Members: Mrs S Hanson, Mrs K Jones and Mr R Potter

Cabinet Members: Councillor D Kershaw
Councillor E Ruane

Employees (by Directorate):

A Brennan, People Directorate
A Brunt, People Directorate
J Gregg, People Directorate
M Rose, Resources Directorate
M Stokes, People Directorate
S Watson, People Directorate
A West, Resources Directorate

Apologies: Councillor N Akhtar, C Miks and S Thomas (Deputy Cabinet Member for Education)

Public Business

54. Declarations of Interests

There were no discloseable pecuniary interests.

55. Minutes

The minutes of the meetings held on 16th December, 2015 and 7th January, 2016 were approved.

The Scrutiny Board discussed Matters Arising from the last meeting including

- further to Minute 43/15 'Serious Case Review' members had received further information about domestic violence screening and members were invited to attend Scrutiny Co-ordination Committee on the 20th April, 2016 for the discussion about links with agencies such as the Barnado's Project on Children Missing from Care.

- further to Minute 49/15 'Progress on the Multi Agency Safeguarding Hub (MASH) the Cabinet Member had been sent the recommendations from the Board.
- further to Minute 50/15 'School Place Planning and Admissions' the list of schools had been circulated.

56. **Children's Services Workforce Development Strategy**

The Scrutiny Board received a briefing note of the Executive Director for People which detailed the revised Workforce Development Strategy. The strategy would build on the progress of the service over the last two years and support the aim of achieving the right capacity, capability and culture that was needed to confidently face organizational challenges.

The report noted that the Strategy was embedded in the Council's Behaviours Framework which forms part of the overall approach for achieving the Council's vision, purpose and values. The Strategy set out key priorities for continuing to value and develop employees as follows:

- 1) To draw on national and regional strategies and opportunities to enhance the recruitment and retention of social workers
- 2) To align the workforce with the needs and priorities of the organization to ensure it can meet its legislative, regulatory, service requirements and the organizational objectives
- 3) To continue to train and offer workforce development opportunities to develop the skills, knowledge and values of staff
- 4) Enhance leadership, management and supervision to improve the quality of social work practice across Children's Services
- 5) Assuring Quality in Children's Services
- 6) Implementation and embedding of Signs of Safety

The Workforce Strategy Action Plan was appended to the briefing note and areas of progress to date were listed.

The Board questioned the Cabinet Member for Children and Young People and officers on the following:

- The Family Drug and Alcohol Court (FDAC) and early intervention work with families
- Reducing reliance on agency staff and 'growing our own Social Workers'
- Retention of staff
- Shortage of staff available
- Links with Universities

The Board noted that they would be invited to attend Scrutiny Co-ordination Committee on the 9th March, 2016 which will include further information about the Drug and Alcohol Strategy.

RESOLVED that the Board:

1. **note the report and request an update in 12 months**
2. **request further information about the Family Drug and Alcohol Court with a focus on early intervention**

57. **Improvement Board Progress Report from 6th January, 2016**

Further to Minute 39/15 the Scrutiny Board noted a joint briefing note which detailed progress on the Children's Services Improvement Plan, reported to the Children's Services Improvement Board on 6th January, 2016 based on data from November, 2015. The next Improvement Board would be held on 17th February, 2016.

The progress report included an update on the six themes aligned to the Department for Education (DfE) Improvement Notice including an update on the Local Safeguarding Children's Board.

The Board questioned the Cabinet Member and officers on the rise in the number of re-referrals since April 2015. An audit of the re-referrals had been completed and an action plan had been discussed at the Improvement Board meeting on 17th February, 2016.

RESOLVED that the Board note the update and request that the action plan in response to the audit be circulated.

58. **School Improvement and Education Progress**

Further to Minute 30/15 the Scrutiny Board received a briefing note of the Executive Director for People which updated members on Coventry's Schools 2015 validated results data, performance of vulnerable groups and Coventry's Improvement Strategy.

The report noted that the marked improvement in Coventry primary schools was recognised in the Ofsted Annual Report 2014/15 (published 1st December 2015). Further developments this year were ensuring that the model for improvement was sustained into the future. All secondary school head teachers were committed to making rapid improvement to secure improved outcomes, building upon the success of the school-to-school support strategy in primary. Since September 2015 secondary headteachers had adopted a refreshed approach to partnership working and developed and implemented a new secondary school improvement strategy in January 2016.

The Board questioned the Cabinet Member for Education and officers on the following:

- Input from school governors
- Concern that Looked After Children results in Key Stage 2 for reading, writing and maths were below average
- Academies
- Special Educational Needs

The officers explained how small numbers within a cohort had an effect on percentages reported.

RESOLVED that the Scrutiny Board note the report and request they be kept up to date with changes to the Improvement Plans

59. **Work Programme**

The Scrutiny Board noted that they were invited to attend Scrutiny Co-ordination Committee on 9th March, 2016 to consider the Drug and Alcohol Strategies and 20th April, 2016 to consider the Barnados Project on Children Missing from Care.

The Education and Children's Services Scrutiny Board (2) meeting on 17th March, 2016 meeting would be held in the Central Library.

60. **Any Other Business**

There were no other items of business.

(Meeting closed at 2.50 pm)



Coventry City Council

Briefing note

To: Education and Children's Services Scrutiny Board (2)

Date: 17 March 2016

Subject Serious Case Review: Child C

1 Purpose of the Note

- 1.1 The purpose of this note is to update scrutiny board on the outcome of the serious case review (SCR) relating to Child C.

2 Recommendations

- 2.1 The Education and Children's Services Scrutiny Board are recommended to:
- 1) Consider the recommendations in the report
 - 2) Identify any recommendations to the appropriate Cabinet Member.

3 Information/Background

- 3.1 The primary aim of a SCR is to help agencies learn lessons from these events, and to use this experience to improve practice.
- 3.2 Following the death of Child C in April 2014, the Independent Chair of Coventry Local Safeguarding Children Board (LSCB) at that time agreed this case should be the subject of a serious case review in July 2014.
- 3.3 Each agency may make recommendations to support improvements in practice within their organisation. The on-going implementation and monitoring of these actions is the responsibility of the individual agency. Evidence of progress is regularly provided for the LCSB. This process enables the LSCB to fulfil its responsibility for monitoring progress, and to be assured that these recommendations have been delivered in practice.
- 3.4 Recommendations that are multi-agency are the responsibility of the LSCB, and an action plan to address these recommendations is currently being progressed.

Appendices

- 1 – Child C SCR Report

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COVENTRY SAFEGUARDING CHILDREN BOARD
SERIOUS CASE REVIEW

Independent overview report of the Serious Case Review concerning the death of Baby C

Date of report: January 2016

Agreed by Coventry Safeguarding Children Board: 17th February 2016

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7	<p>Analysis The agreed terms of reference included the following issues and questions and the extent to which they had a bearing on the death of Baby C:</p> <ul style="list-style-type: none"> • Were referrals made regarding risk and need and were they responded to appropriately? • Assessments - what were the relevant points/opportunities for assessment across all agencies, what was the quality of those assessments and did actions taken accord with the assessments and decisions made? • The response to late booking • Children's experiences in life - when, and in what way were the children's experiences in life identified, and how were these taken account of in the decision making and delivery of services? • Domestic violence and abuse - were issues of domestic violence recognised appropriately, and addressed by agencies? • How were the issues of parental emotional wellbeing addressed by agencies? • Were issues of parental substance use appropriately assessed and addressed by agencies? • Early Help - were opportunities to offer early help taken advantage of? • Information sharing and working together across the multi-agency network. 	10
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1. SUMMARY OF THE CASE

- 1.1 This review was commissioned by Coventry City Local Safeguarding Children Board (LSCB). The subject of this serious case review (SCR) is Baby C, who died at the age of 11 months in April 2014 after being left unsupervised in the bath with Sibling 1, aged two years.
- 1.2 The LSCB met and agreed that the baby's death met the threshold for a serious case review in accordance with the Local Safeguarding Children Boards Regulations 2006 (Regulation 5).
- 1.3 A serious case review is undertaken where the abuse or neglect of a child is known or suspected and the child has died. This review, however, was not able to establish the reason for the circumstances that led to the death of Baby C and concluded that the sad death of Baby C could not have been predicted or prevented by the professionals involved.

2. METHODOLOGY

- 2.1 Two independent overview authors were commissioned and the methodology agreed, as set out in Appendix 1. The methodology is compliant with the requirements of Working Together 2013 and 2015.
- 2.2 The government has introduced arrangements for the publication in full of overview reports from serious case reviews. Accordingly, this report has been appropriately anonymised.
- 2.3 A lengthy and detailed report was initially developed by Jane Wiffin and Nicki Walker-Hall. The LSCB commissioned a briefer report more proportionate to the case. In addition, some minor re-adjustments were made to the terms of reference. Daryl Agnew an independent author was commissioned to undertake this work.

3. THE SCR PROCESS AND TERMS OF REFERENCE

- 3.1 The LSCB commissioned a multi-agency panel of senior managers to oversee the review (Appendix 2). The panel agreed the terms of reference (Contents page 2) which provided the framework for analysis for the single agency reports, i.e. the Individual Management Reviews (IMRs). The agency report authors reviewed local records, policies and procedures relating to this family and included interviews with the professionals directly involved in the case.
- 3.2 It was agreed that the scope of this review would be the 22 month period from when Sibling 1 was brought for the 6 week check to the date of the critical incident involving Baby C in April 2014.



3.3 The panel met on a number of occasions to review the single agency reports and the analysis of the content included in the draft reports provided by the overview authors. In addition, two practitioner events were held to ensure that the information was accurate and the analysis and conclusions of the report were reflective of the experiences of the professionals involved.

4. FAMILY OVERVIEW

4.1 Table 1 includes the family members who had contact with the professionals during the review period.

Table 1: the family

Baby C	Died age 11 months	Dual heritage (white & white/black Caribbean)
Relationship to child subject within the review	Age at start of the review	Ethnicity
Mother	22	Dual heritage (white/black Caribbean)
Father	28	White British
Sibling 1	2	Dual heritage (white & white/black Caribbean)
Ex-Partner of Father	Not Known	White British
Half sibling 1	7	White British
Half sibling 2	3	White British
Maternal grandmother	48	White British

5. INVOLVEMENT OF THE FAMILY

5.1 The mother and father of Baby C both agreed to be interviewed as part of the review process. The interviews were undertaken by the overview authors and facilitated by the current allocated social worker. Each parent was interviewed separately and then interviewed together. Their views have been incorporated within the relevant sections of the report.

6. CHRONOLOGY OF PROFESSIONAL INVOLVEMENT WITH THE FAMILY

6.1 The scoped period of the review covers the 22 month period of professional involvement with Baby C and the family from the birth of Sibling 1 until the date of the critical incident. The antenatal and postnatal records for Sibling 1 indicated that there were no early concerns.



- 6.2 This section does not provide any comment, analysis or conclusions as these are covered in the subsequent sections of this report.
- 6.3 Both parents attended the GP appointment for the routine 6 week check when Sibling 1 was assessed as developing appropriately. The GP encouraged the mother to see the health visitor and offered some counselling for her 'low mood', reported by the father. This consultation was not shared directly with the health visitor and a subsequent GP visit two months later did not record any further concerns.
- 6.4 Six months later when the mother was 18 weeks pregnant with Baby C, she attended the community midwifery clinic, accompanied by the father although they were not living together at that time. This first appointment was six weeks later than normal. The mother was aware she had delayed seeking professional involvement and reported that she had 'tried to ignore the problem'. Coincidentally, she saw the same community midwife from her previous pregnancy who recalled that the mother had reported good family support from her own mother. (Sibling 1 was with maternal grandmother during this midwifery appointment.) Mother reported smoking, drinking alcohol occasionally but not the use of any drugs.
- 6.5 The mother's contact with midwifery was routine for the remainder of the pregnancy. All missed appointments by the mother were promptly followed up. The father accompanied her to most appointments. No concerns were noted and the mother was referred for Healthy Start support, a government initiative for low income families which provides food vouchers.
- 6.6 Following a referral by the midwifery service, a stop smoking adviser SSA visited the mother when she was around 20 weeks pregnant. The mother presented as a single parent and the SSA was concerned she was isolated, depressed and had minimal support. The SSA suggested she contact her GP for advice, attend the Sure Start programme and make contact with the health visitor for support. The SSA's concerns were shared with the midwifery service who agreed to contact the mother's health visitor. Intermittent contact continued until three weeks after this initial visit when the SSA contacted the health visiting service directly to express her concerns about the mother's isolation and social circumstances. She was told there would be an assessment of need undertaken.
- 6.7 On the same day, a nursery nurse undertook the routine 8-12 month assessment for Sibling 1 who was assessed as meeting all appropriate milestones. Mother provided similar information to the nursery nurse about her personal circumstances and reported that the SSA was 'supporting her'. The nursery nurse offered advice and relevant information and subsequently updated the health visitor about this visit.
- 6.8 Three weeks later, the father's ex-partner told a professional from the Children and Family First Team (CFF) that she was concerned because her children had said on return from a visit with their father (also father of Baby C and Sibling 1) that there had been a lot of shouting and arguing and the mother had hit Sibling 1. She also reported



previous concerns about Sibling 1 being hungry and the parents spending money on 'weed' (cannabis).

- 6.9 All concerns were shared verbally with Children's Services with the exception of the allegation of cannabis use. This piece of information did not appear in the contact or referral to social care made on that day.
- 6.10 It was agreed to undertake an initial assessment. A social worker and social work assistant undertook a home visit to the family two weeks after the referral was made. The allegations of hitting Sibling 1 were vehemently denied by the parents. The child was checked for bruising and none were found although this is not surprising given that three weeks had elapsed since the alleged incident. The social worker had no concerns about the interaction observed between Sibling 1 and the parents. The parents were not told the source of this referral. The father's children who made the original allegation were not seen and no contact was made with the father's ex-partner.
- 6.11 The health visiting service and the GP were informed about the nature of these reported allegations. Neither reported concerns arising from their work with the family. However, no contact was made with the midwifery service.
- 6.12 The mother's claim during the Initial Assessment visit that she was attending the Children's Centre was checked subsequently by the social worker and found not to be true. The parents were offered parenting support via a voluntary assessment of early support (the Common Assessment Framework (CAF)) which they declined.
- 6.13 Mother gave birth to Baby C eight weeks later and her midwives saw her routinely after the birth.
- 6.14 Two weeks after the birth, a health visitor completed a new birth visit and the Family Health Assessment. She had no information about Sibling 1 or mother's previous contact with professionals. The family circumstances had changed: mother had moved into new accommodation, was no longer in a relationship with the father but said they remained friends. She was asked about domestic violence and abuse but made no disclosure. She reported that she and the father smoked tobacco and cannabis. The health visitor developed a plan of support to be provided by the nursery nurse.
- 6.15 At the routine 6 week assessment by the health visitor, Baby C was assessed as developing appropriately. The home was clean and tidy and Sibling 1 appropriately dressed and reported to be sleeping better. Mother was reported to be coping well and interacting appropriately with both children. Support was offered from the nursery nurse because they were a young family with a new baby and an older child with sleep problems.
- 6.16 When the nursery nurse visited two weeks later, the parents were at home but both children were staying with the maternal grandmother. The parents at that time



reported the children to be well. A visit was re-arranged but the nursery nurse would not see the family for another five months.

- 6.17 When Baby C was 10 weeks old, a family support worker (FSW) from the voluntary service supporting the father's ex-partner, contacted the Family First Team to report concerns about the level of arguments witnessed by the siblings when they had contact with their father. The team reported they had already raised the same concerns with Children's Social Care who were now involved. The FSW telephoned Children's Services directly and was told that an assessment had been completed five months earlier, the allegations not substantiated and the case had been closed.
- 6.18 Over the next three months, there were three incidents involving the police as a result of disputes between the mother and the maternal grandmother. When Baby C was 12 weeks old, the police were called to the maternal grandmother's address where she made various allegations about Baby C's mother, including a threat by her to 'smash up' the house. There was no mention of the children and no information was shared with any other agency.
- 6.19 Further incidents between mother and the grandmother, including an abusive text sent by the mother, involved the police and were assessed (using the DASH) as a standard risk. A referral to the multi-agency screening process assessed this to be Level 1. The Domestic Abuse notification was viewed by the health visitor but no further action was taken because it was graded Level 1, involved the two adults and there was no indication that the children were present. Children's Social Care only became aware of this incident two months later when it was agreed there would be no further action.
- 6.20 Five months after her initial visit, the nursery nurse made two subsequent visits. All the family were present on both occasions and the children were observed to be developing well. On the first occasion, mother reported feeling low and lacking support from the father. Offers from the nursery nurse of a referral to a voluntary service or a CAF were declined but the nursery nurse said she would discuss these concerns with the mother's health visitor. At the second visit, two weeks later, mother reported that she had arranged a GP appointment for two weeks' time. Discussions with both parents included how the father could support the mother as she was still feeling low. Following discussions with the health visitor, it was agreed the nursery nurse would contact the GP to get an earlier appointment for the mother, which she did. The GP agreed to telephone the mother in three days' time.
- 6.21 On the day of the planned telephone consultation, mother attended the surgery because Baby C had a cut and swollen hand, and was advised to go to A&E as the wound looked infected. Mother told the A&E doctor that the father had dropped a glass dish on the floor which broke. Later, when crawling, Baby C cut his hand on a piece of glass causing a small cut. Baby C was discharged following treatment.



6.22 A planned visit by the health visitor took place the following week when mother disclosed that she had been physically, emotionally and financially abused by the father for the last 18 months and the incidents were becoming worse. An appointment was made for her with the domestic violence service for the following week. (She did not attend.) The health visitor advised her to contact the police as necessary and to keep the planned GP appointment. Another visit the following day reported that the children were 'well cared for' but mother reported she had not eaten for two days. The health visitor agreed to issue a food voucher and completed the domestic abuse risk assessment tool (DASH) with her.

6.23 The following day, the health visitor made a referral to Children's Services regarding the domestic abuse, the mother's low mood and her allegation that the father took money from her for cannabis and alcohol. This telephone referral was followed by a written referral faxed through to the Referral & Assessment Service (RAS) which included information about these concerns. The health visitor also reported that the mother had tried to separate from him but was scared he might abduct the children.

6.24 In the following days, food vouchers were provided. The mother did not attend either the planned GP appointment or the domestic abuse appointment.

6.25 The health visitor's referral to Children's Services (6.23) was viewed by a Team Manager and it was agreed that a Child and Family Assessment should be undertaken around risk and need. The health visiting service received a fax and telephone message to this effect.

6.26 Four working days after the referral, the allocated social worker telephoned the health visitor office to ask about any concerns regarding the health and development of the children. It was reported that there were no concerns about the children but that food vouchers had been requested by the mother. Information was also provided about the nursery nurse's work with the mother, including play and parenting support and concerns about the mother's low mood at times. It was agreed that children's social care would be in contact after the assessment was completed.

6.27 The social worker visited the family the following day. Mother reported that she and the father had ended their relationship and gave detailed information about the risk she felt he posed but also how she planned to keep her and the children safe.

6.28 The Child and Family Assessment was completed six weeks later. Social care made no further contact with the family or health professionals. The nursery nurse and health visitor continued to visit and provide support.

6.29 Two weeks after the social worker visited, the health visitor completed Baby C's 8-12 month review and assessed baby as progressing satisfactorily. Mother reported she was struggling financially and the health visitor provided food parcels and advice about debt management. The mother was again encouraged to see her GP regarding her low mood. Mother reported she was no longer in a relationship with the father and there had been no further incidents of domestic abuse. Mother said that



she would not engage in an early voluntary assessment for support (a CAF) and was reluctant to attend the local Children's Centre. At this point, the health visitor changed the care pathway from 1 to 2.

- 6.30 Five days later, the police received a 999 call with no one on the line and swearing in the background. A call back reached an answer machine. Mother then called the police and said that a child was playing with the phone and officers were not needed. A police check of records identified three similar incidents four months earlier where children had reportedly been playing on the phone.
- 6.31 Two subsequent visits to the family home by the health visitor assessed both children as well and a positive attachment with the mother was recorded. Mother reported that the father had been to the home to see the children but they continued to be separated.
- 6.32 Six weeks after the initial referral, the Child and Family Assessment was completed, in line with the local timescales. Mother provided a significant amount of information during the assessment including her involvement with Children's Social Care historically. The conclusion was that 'although at present there are no child protection concerns and care of the children is good, this would degenerate should parents resume their relationship again.'
- 6.33 The assessment concluded that the children's needs met the criteria for support through the Children and Family First Team at level 3 which indicated there were complex needs. (There are 4 levels of need, with level 4 the highest.)
- 6.34 Ten days after this decision about support, a decision was made by Children's Social Care that the case would be held at early help which is level 2 CAF, with a recommendation that the health visitor hold the case. It is not clear if this recommendation was acted on by Social Care.
- 6.35 During this time, Sibling 1 was brought to hospital following a fall resulting in a laceration to the head and Baby C as his finger was shut in a door by Sibling 1. Both incidents were dealt with routinely and the health visiting service informed.
- 6.36 Baby C was brought to the children's emergency department by ambulance following an emergency call from the mother. She had found Baby C submerged and lifeless in the bath with two-year-old Sibling 1. Mother had left the bathroom for a reported period of between 5 and 10 minutes while both children were left unsupervised in the bath. Baby C was taken to hospital and spent a period of 4 days on a life support system. Following consultation with the family, the life support was withdrawn as Baby C had suffered significant neurological injury not compatible with life. Baby C subsequently died.

7. ANALYSIS



7.1 This section considers the questions as agreed within the terms of reference for the review (Contents page 2) to determine the extent to which they have a bearing on the death of Baby C.

Referral and assessment

7.2 Referral and assessment practice across all agencies indicated a need for improvement.

7.3 The Referral and Assessment Team were under extreme pressure at the time with high caseloads and high referral rates being the norm. Nonetheless, in principle, all referrals, including those that appear to be replicating a previous referral, should be investigated to ensure that a systemic pattern of behaviour or abuse is not occurring.

7.4 The point of referral is vital as a starting point for assessment. It is therefore essential that written referrals are made that fully accord with the verbal information that is shared, and include the details of all those professionals known to have had direct contact with the family. This should lead to a full assessment of all the relevant issues.

7.5 Overall, the appropriate referrals were made. In the main, the responses to them were also appropriate but they fell short on the investigation of the repeat referral due to the workload pressures at that time. There is no evidence to suggest that this shortfall made any difference to the outcome for Baby C.

7.6 While there were some examples of comprehensive assessment, individual practitioners missed the opportunity to improve the family's access to support by not sharing the assessment outcome information with the relevant agencies. Pertinent information was often not communicated and shared with all the agencies involved.

7.7 On occasions, professionals failed to recognise or address in their assessments the impact of the parents' behaviour and lifestyle choices on their children.

7.8 An assessment of the mother's wellbeing occurred when she visited her GP for Sibling 1's 6 week screening test. The disclosure of her low mood triggered the appropriate referral to the health visitor who subsequently facilitated an assessment that did not reveal any postnatal depression. There is no evidence to suggest that her low mood had an impact on her ability to care for her family. In fact the evidence presented indicated that the children were well cared for.

7.9 An Initial Assessment was completed in response to the first referral regarding physical abuse and parental arguments. These allegations were 'vehemently' denied by the parents and the social worker observed Sibling 1 to have no bruising. However, as three weeks had elapsed since the incident there was unlikely to be any bruising. Although the father's ex-partner made the allegation, no one from her family was spoken to as part of the assessment. The conclusion that the concerns were unsubstantiated was therefore over-reliant on the parent's own report that it did not



happen. Overall, these issues meant that the Initial Assessment was overly superficial and relied too heavily on 'parental self-report'.

- 7.10 During assessments, positive relationships were observed between Sibling 1 and both parents but the allegations of adult arguments should have led to an exploration of the parents' willingness to put the needs of the children above their own. Support for the family through the Common Assessment process was offered and declined on more than one occasion but alternative solutions for support were not explored and the parents' decisions were not sufficiently challenged by professionals.
- 7.11 There were several incidents where the parents were found to be knowingly misleading professionals by providing inaccurate information. This was not challenged by the professionals and the case was closed without further assessments.
- 7.12 There was evidence of some positive communication across agencies. However, this did not extend to the midwifery service. Despite mother being seven months pregnant, opportunities were missed to monitor the impact on mother and the unborn child.
- 7.13 The Family Health Assessment was undertaken by the health visitor in a timely way when Baby C was born. Mother was asked routinely about domestic violence and abuse, and she confirmed her use of cannabis and smoking. The health visitor was not aware of earlier concerns about possible depression or the recent involvement of Children's Services as she did not have access to the records of the siblings. Based on the information available to her, the health visitor formulated a plan of support for a young family with a child with sleeping difficulties to be carried out by the nursery nurse. This support however was delayed by five months due to a lack of capacity within the health visiting team. Since these events, Coventry has now recruited a significant number of additional health visitors to the team.
- 7.14 A Child and Family Assessment regarding concerns about domestic abuse failed to include the father as part of the process. As a result, opportunities were not taken to explore why he was not claiming benefits and was relying on the mother for financial support. The concerns about domestic abuse were described in the assessment but were not sufficiently analysed. Information was not sought from the police so the disputes between mother and the maternal grandmother were not known and the impact on the children not considered. This was a family struggling with the co-existence of domestic abuse, substance misuse and poor mental wellbeing. The impact of living in these circumstances on these young children was not fully assessed or addressed.
- 7.15 The mother's willingness and her capacity to engage were not sufficiently analysed. She made it clear in assessments that she did not feel able to attend the GP appointment or the support services. This was a recurring pattern which appears to



contradict the social worker's opinion that she was willing to engage with support through the common assessment process.

7.16 The plan to provide support via the Child and Family Support service was appropriate, and at this point the case should have been transferred to the Children and Family First team. A transfer summary was completed but the planned handover visit did not take place. The decision was then made that the case would be held at early help (level 2 CAF) with the recommendation that the health visitor hold the case. There is no clear rationale for this decision, nor was the health visitor informed.

7.17 Assessments should rarely be done in isolation. It is essential that all assessments are informed by contact between the key agencies and individuals. Information known to any professional should be shared with all those with an ongoing involvement with the family; in this case, with the GP, health visitor, nursery nurse and midwifery when relevant.

7.18 Assessments were done at key points but were not always sufficiently comprehensive and relied heavily on parental self-reporting. Action was not taken in line with the decisions made. There is, however, no evidence that this contributed to the outcome for Baby C.

7.19 All social work assessments that conclude there is ongoing work required by partner agencies, should be shared with those charged with taking the issues forward. This should be a standard inclusion in discussions with parents so that they are clear that permission is being sought from them to approach other agencies at the beginning of the assessment process.

Early Help

7.20 The mother went to see her community midwife at 18 weeks pregnant and was aware that she had delayed seeking midwifery support. This is unusual as more than 85% of women in Coventry book before the 12th week of pregnancy. This delay is an important risk factor for maternal and foetal complications. Possible uncertainty in pregnancy should be explored. Current practice in Coventry is that mothers who book late and are ambivalent about their pregnancy are prioritised and their mental health is also considered.

Children's experiences

7.21 Sibling 1 and Baby C were both less than two years old during the period under review. Overall, there is evidence that professionals considered the children in their work with the family. Attention was paid to their development by health professionals and the positive interaction between parents and children were commented on by all the professionals. What was lacking however was any one professional asking the mother or father to reflect on their actions in the context of the needs of the two young children.



7.22 The father had two older children, half siblings of Baby C and Sibling 1. They raised concerns about adult arguments and made an allegation about the physical abuse of Sibling 1. It is often very difficult for children to articulate when the behaviours of their parents are placing them at risk or impacting on them negatively. It is therefore essential that those concerns are both acknowledged and acted upon.

7.23 All professional referrals made as a result of a child's disclosure should trigger a response between the assessing social worker and the child. In cases where there are barriers to communication this may be done through established alternative communication techniques by professionals who know the children or through an advocate for the child.

7.24 Overall, the evidence from professionals is that both Sibling 1 and Baby C were well cared for in spite of the issues in the lives of their parents. There was a failure to respond to the half-siblings about the issues they had raised and the parents were not challenged to consider the impact of their lifestyle on their children. There is no evidence however, that these matters had any bearing on the outcome for Baby C.

Domestic violence and abuse

7.25 There were a number of verbal altercations between mother and the maternal grandmother, one of which was referred to the Coventry domestic violence and abuse joint screening process. No further action was taken as the case did not meet the thresholds for intervention at that time. The health visitors were informed – and children's services were made aware. However, there was some delay in receiving this information. It is not clear why.

7.26 There were a number of missed opportunities to explore possible indications of domestic violence and abuse. These included: at the initial assessment; at the Child and Family Assessment when there was no reference to the DASH assessment, or to mother's low mood; and the failure to contact the police. The assessments should have been more comprehensive. However, there is no evidence that this would have had an impact on the outcome for Baby C.

Parental emotional wellbeing

7.27 A number of professionals had concerns that the mother may have been low in mood. She was reported to be emotionally well so these concerns were not substantiated by any formal assessments. The potential impact of maternal mental wellbeing on the mother's ability to care for her children was not fully explored. Health professionals should routinely consider the impact of maternal low mood on the welfare of children.

7.28 The slightly fragmented response from health agencies meant that although the early worries about the mother's emotional wellbeing were shared, the long standing pattern of poor emotional wellbeing and a reluctance to seek help regarding this were not. It was acknowledged that the mother was struggling, finding it difficult to go out or attend appointments, but drew no conclusions regarding her ability to engage with support services. The assessment did not sufficiently reflect on the possible



implications this had for these young children. Since the review, the 'Acting Early Pilot' has been established which has resulted in significant improvement in inter-agency communication. Similar cases are now discussed at regular monthly multi-disciplinary meetings, enabling early interventions to be put in place.

7.29 Some agencies held information about the parents' use of cannabis but this was not always shared and consequently not seen as an area of significant concern at the time. The extent of their cannabis use was not recorded. The link between cannabis use and low mood/depression was not recognised or assessed as a possible contributory factor by professionals. Some analysis of the parents' drug use and the impact on family life and their parenting should have been undertaken.

7.30 As part of the SCR process, the parents talked about the impact of their cannabis use on their responsiveness to their children, and their relationship. They suggested that professionals did not highlight this as an issue and that it was only during their involvement in the child protection process that they both recognised this was a critical issue with regard to their parenting. Since this review, the city drug strategy has been developed which encourages professionals to examine the impact of substance misuse on the ability to parent positively.

Information sharing and multi-agency working

7.31 Despite all professionals recognising that both parents needed help and support with their daily life, when offered it was consistently declined. This failed to trigger any alternative remedial actions for the family. There is evidence that inter-agency communication was poor and as a result, comprehensive assessment opportunities were missed. A multi-agency approach could have provided more positive support for the family.

8. CONCLUSIONS

8.1 The overall findings from this review are that Baby C's death could not have been predicted or prevented by the professionals involved with the family. This review has identified some shortcomings in practice and some learning points but there is no evidence to suggest any causal link between these shortcomings and the death of Baby C.

8.2 In the main, when professionals visited the family home they observed a mother, and, at times, a father who provided appropriate care and attention for their children, despite significant difficulties and disadvantages.

8.3 This review has not been able to establish the reason for the circumstances that led to the death of Baby C. What has emerged is a concerning but familiar picture of the early stages of poor parental mental health, issues of domestic abuse and cannabis misuse. This has been recognised as a common theme in reviews locally and nationally.



8.4 There is evidence that the right referrals were being made and by the right people but the information was sometimes lost, incomplete or not acted upon. The failure to explore maternal wellbeing meant the impact on the family and relationships was not well understood. This, together with a lack of assessment of the couple's cannabis use and limited reporting of the domestic abuse meant that the level of risk was not recognised. A poor referral and assessment process hindered the identification of the potential risks and needs of both the children and adults.

9. RECOMMENDATIONS

9.1 Recommendation 1

Social Care

When a social care decision is made for a case to be transferred to a higher or lower level of priority, the decision and rationale for this must be clearly communicated across all partner agencies involved with the family.

9.2 Recommendation 2

a) Social Care

All professional referrals made in response to a child's disclosure must result in the assessing social worker contacting the individual young people who have raised the allegation. Where there are known barriers to communication, the professionals involved should seek alternative methods of intervention to support the communication process which may also include advocacy support.

b) All agencies

When a young person is sharing a safeguarding concern with professionals about themselves or another young person, all necessary support should be given to allow that disclosure to be made including advocacy support.

9.3 Recommendation 3

NHS England (as commissioners of primary care), Public Health (as commissioners of the health visiting service) and the Clinical Commissioning Group (as commissioners of maternity services) all GP Providers, Coventry and Rugby GP alliance, Coventry and Warwickshire Partnership Trust (CWPT) and University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

It is recommended that general practice managers with the primary care team facilitate regular meetings between all health professionals involved in the delivery of care for the 0-5 age group. This will provide a more structured opportunity for regular and ongoing discussion about vulnerable families and will enable a coordinated approach to the provision of health care and support, including signposting and referral, where appropriate.

9.4 Recommendation 4

LSCB

The LSCB should continue to monitor individual agency progress on responses to domestic violence.



10. APPENDICES

Appendix 1: Methodology

For this SCR, we propose to use a systems based methodology underpinned by the principles in Working Together 2013. We are using a defined data collection process which includes a review of agencies' records, interviews with the professionals involved, agency analysis and appraisal of practice followed by a practitioner event to understand further the human factors at play. Cross referencing of this data, with agency and Local Safeguarding Children Board policies and procedures, will add to the review of the systems in place. The critical incidents in this review will be drawn out for the expert panel, who will in turn draw out the lessons and thus the learning for the future.

Appendix 2: Multi Agency Panel Members

ID	Agency Representation
RS	West Midlands Police Force
KM	University Hospital Coventry & Warwickshire NHS Trust
JP	Coventry & Rugby Clinical Commissioning Group
PG	Coventry & Warwickshire Partnership Trust
DC	Coventry City Council Social Care



Coventry City Council

Briefing note

To: Education and Children's Service Scrutiny Board (2)

Date: 17 March 2016

Subject: Impact of Voices of Care

1 Purpose of the Note

- 1.1 To provide the recommendations for the Members of the Education and Children's Services Scrutiny Board (2) on the Impact of Voices of Care

2 Recommendations

- 2.1 The Education and Children's Services Scrutiny Board (2) is recommended to:
- 1) Consider the content of the attached presentation (Appendix 1)
 - 2) Consider the responses to the questionnaire on the Pledge (Appendix 2)
 - 3) Identify any recommendations to the appropriate Cabinet Member

3 Information/Background

- 3.1 Information about the positive impact of the Voices of Care Council can be found in the presentation attached at Appendix 1
- 3.2 The Pledge was created by young people and ratified by elected members. It is a list of promises made by Coventry City Council as corporate parents to the looked after children and care leavers of Coventry.
- 3.3 Young people were consulted on the Pledge at the end of 2015. 37.7% of LAC and 26.4% of care leavers responded. The responses, which can be found at Appendix 2, provide a good snapshot of how our children and young people view the care system in Coventry.

Gennie Holmes
Scrutiny Co-ordinator
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024 7683 1172

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Chair: Danielle May

Children's Champion: Sheila Bates

Coventry Voices of Care



- Independently constituted
- Coventry's Local Children in Care Council
- We provide service user points of view to professionals which help to develop and improve services provided for young people within the care system
- All LAC and Care leavers are members unless they opt out
- We have a very active steering group

V.O.C are involved in...



Coventry Pledge



This is a set of promises to children and young people who are in the care of Coventry City Council. It is a commitment from the council and our partner agencies. We want to ensure that all looked after children and those leaving care, reach their full potential and enjoy the same opportunities in life as their peers.



Our pledge is based around six themes:

Fit for life

- We will make sure you are cared for by people who can help keep you safe and healthy and can teach you to look after yourself
- As you grow older and are ready to move on, we will make sure you are prepared for life – including managing money, looking after your health, cooking healthy food and taking care of where you live

Your views count

- We will listen to you, involve you in decision making and be honest about plans being made
- We will give you the opportunity to tell us what you think makes a good social worker, foster carer and residential worker
- Where possible we will give you a choice about where you live, for example living with other children/young people

Safe and sound

- We will make sure you live in a safe and comfortable place, where you can have your own belongings and special things around you
- We will respond to your concerns about safety

Investing in your future

- We will make more work experience and apprenticeships available for young people in care through city council connections
- We will make sure you have financial support and help with managing your money

You can do it

- We will help you get a good quality education
- We will make sure you can participate in school activities and have the right equipment for school or college
- We will support you to try new leisure or cultural experiences and have a chance to follow a hobby

Coventry cares about you

- We will make sure you know why you are in care
- We will give you the opportunity to have an independent visitor
- We will support you in your contact with family and friends
- We will make sure you have a significant adult taking an interest in your education and life

The Coventry Pledge was designed by Children and Young People, Care Leavers, Elected Members and staff and is facilitated by the Participation Team.

The following positions within Coventry City Council represent the corporate parent in upholding this pledge.

Leader of the Council
Leader of the Opposition
Cabinet Member for Children and Young People
Chief Executive, Coventry City Council

Executive Director of People Directorate
Children's Champion
Chair, Voices of Care Council
Chair of Coventry Safeguarding Board
Director of Children's Services

- The Pledge was created by young people and ratified by elected members.
- It is a list of promises made by Coventry City Council as corporate parents to the looked after children and care leavers of Coventry.
- Young people were consulted on the Pledge at the end of 2015.
- 37.7% of LAC and 26.4% of care leavers responded
- The findings provide a good snapshot of how our children and young people view the care system in Coventry

Positive Impact



- We challenged practice-Route 21,
- Presentations-Foster Carers Conference, Coventry Partnership AGM
- We inform the recruitment of staff and the commissioning of services
- Raise awareness-Alfie's Journey, Financial package; route 21
- Influence the next workforce- Coventry/Warwick Universities
- Through involvement in consultations provide the council with a broader view of the services they provide.
- Keep the Voice of the Child on the agenda by challenging professionals- Protocol, Life story work

Don't just take our word for it...



Ofsted inspection 2014 stated “ The Children in Care Council (‘Voices of Care Council’) is a model of good practice and there are many examples of children and young people shaping and influencing services, leading to real change and improvements which have made a demonstrable difference to children’s lives”

Thank you for listening, if you
would like more information
about  please contact

Voices of care

c/o The Participation Team

Room 21 Civic Centre 1

Coventry City Council

Tel: 024 7683 2989

E-mail: [voices @Coventry.gov.uk](mailto:voices@Coventry.gov.uk)

Web: www.Coventry.gov.uk/voices

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Appendix 2

Pledge Questionnaire age 8-15 years

297 surveys were sent out to LAC aged 8-15 in Coventry and beyond. 112 have responded to date (37.7% return)

No	Theme	Question	Yes	No
1	Placement	Did you have a choice about where you live?	33.9%	66.1%
2		Were you provided with any information about your placement before you moved in?	61.6%	38.4%
3		Did you visit your current placement before you moved in?	50%	50%
4		Do you think the move to your current placement was right for you?	93.8%	6.2%
5		Do you feel cared for?	98.2%	1.8%
6	Care Plan	Do you have a care plan?	90.2%	9.8%
7		Is your plan reviewed with you every 6 months?	80.4%	19.6%
8		Do you have a say about what your care plan contains?	68.8%	31.2%
9	Social Worker	Do you have a social worker?	99.1%	0.9%
10		Do you feel listened to by your social worker?	82.1%	17.9%
11		Do you know why you are in care?	83.9%	16.1%
12		Do you feel involved in the decisions made about you?	75%	25%
13	Education	Do you enjoy school?	80.4%	19.6%
14		Are you supported with your homework?	84.8%	15.2%
15		Do you do any after school activities?	70.5%	29.5%
16	Safety	Do you feel safe at school?	95.5%	4.5%
17		Do you feel safe in your placement?	99.1%	0.9%
18		Have you ever run away or gone missing?	36.6%	63.4%
19		Do you have a responsible adult you can go to with a problem?	97.3%	2.7%
20		Do you know how to make a complaint to Coventry City Council?	68.8%	31.2%
21	Health	Do you feel healthy?	97.3%	2.7%
22		Do you have any hobbies	96.4%	3.6%
23		Do you go to your health reviews?	96.4%	3.6%
24		Do you know how to contact a LAC nurse?	57.1%	42.9%
25	Advocacy	Do you know what an advocate is?	71.4%	28.6%
26		Do you know how to get in touch with an advocate	57.1%	42.9%
27		Have you ever used the advocacy service?	37.5%	62.5%
28	Contact	Do you have regular contact with your family?	76.6%	23.4%
29		Are you able to keep in contact with your friends?	86.5%	13.5%
30	Coventry Pledge	There is a copy of the Coventry Pledge enclosed, were you aware of the Pledge before receiving it today?	39.6%	60.4%

Appendix 2

Pledge Questionnaire age 16 plus

This survey asked 129 16/17 and 18 year old care leavers their views; 34 responded which is a return of 26.4%. Here are the results

No	Theme	Question	Yes	No
1	Placement/accommodation	Did you have a choice about where you live?	44.1%	55.9%
2		Were you provided with any information about your live before you moved in?	50%	50%
3		Did you visit your current placement/accommodation before you moved in?	47.1%	52.9%
4		Do you think the move to your current placement/accommodation was right for you?	70.6%	29.4%
5		Do you feel cared for?	82.4%	17.6%
6	Care/Pathway Plan	Do you have a plan?	82.4%	17.6%
7		Is your plan reviewed with you every 6 months?	79.4%	20.6%
8		Do you have a say about what your plan contains?	79.4%	20.6%
9	Social Worker or P.A.	Do you have a social worker or P.A.?	100%	0%
10		Do you feel listened to by your worker?	61.8%	38.2%
11		Do you know why you are in care?	97.1%	2.9%
12		Do you feel involved in the decisions made about you?	73.5%	26.5%
13	Education/Training	Are you in either education or training?	87.9%	12.1%
14		Do you think you are in the right education/training for you?	81.8%	18.2%
15		Do you know how to access apprenticeships?	69.7%	30.3%
16		Do you have enough support around your education/training?	87.9%	12.1%
17	Safety	Do you feel supported by Route 21	51.5%	48.5%
18		Do you feel safe in your placement?	90.9%	9.1%
19		Have you ever run away or gone missing?	45.5%	54.5%
20		Do you have a responsible adult you can go to with a problem?	93.9%	6.1%
21		Do you know how to make a complaint to Coventry City Council?	66.7%	33.3%
22	Health	Do you feel healthy?	90.9%	9.1%
23		Do you have any hobbies?	81.8%	18.2%
24		Are you registered at a doctor's surgery?	97%	3%
25		Do you know how to cook healthy meals?	93.9%	6.1%
26	Advocacy	Do you know what an advocate is?	81.8%	18.2%
27		Do you know how to get in touch with an advocate?	66.7%	33.3%
28		Have you ever used the advocacy service?	48.5%	51.5%
29	Independence	Do you feel you have all the skills needed to be totally independent?	72.7%	27.3%
30		Would you like anymore support in developing your independence skills?	56.3%	43.7%
31		Have you had the opportunity to gain work experience?	66.7%	33.3%
32		Do you feel supported in managing your money?	78.8%	21.2%
33	Coventry Pledge	There is a copy of the Coventry Pledge enclosed, were you aware of the Pledge before receiving it today?	54.5%	45.5%



Coventry City Council

Briefing note

To: The Education and Children's Services Scrutiny Board (2)
Date: 17th March 2016

Subject: Library Service and Connecting Communities

1 Purpose of the Report

- 1.1 This report updates the Scrutiny Board on recent changes to Library Services in the City being introduced as part of the Connecting Communities programme.

2 Recommendations

- 2.1 That Members consider the report and receive a presentation by officers regarding the latest position on implementation of these changes.
- 2.2 Members identify any recommendations for the appropriate Cabinet Member

3 Information and Background

- 3.1 On 23 February 2016 Cabinet agreed to implement a series of proposals of which the following changes to Library Services in the City were included:
- a. To end delivery of library services from the Arena Park Library facility by not renewing the lease and to continue engagement with Holbrooks Community Care Association (HCCA) about the potential delivery of a reduced library service to be provided in the HCCA building by September 2016.
 - b. To end delivery of library services by not renewing the lease from the current Willenhall Library facility and to continue engagement about the potential delivery of a reduced library service to be provided in the Hagard Centre building by September 2016.
 - c. To end the mobile library service by 1 June 2016.
 - d. To cut the library media fund of £658,000 to £558,000 with effect from 1 April 2016.
 - e. For Central Library to continue to open seven days per week, but to close one hour earlier on weekdays – closing at 7pm instead of 8pm by September 2016.
 - f. To close Caludon Castle, Earlsdon and Foleshill libraries on Wednesdays and close Stoke and Tile Hill on Sundays by September 2016. To agree in principle that Bell Green, Earlsdon and Foleshill libraries remain open on Sundays provided that officers are satisfied as to the viability of a mix of paid staff and volunteers operating the libraries on these days. In the event officers are not satisfied the question of whether the libraries should remain open on Sundays be referred back to the Cabinet Member for Education.
- 3.2 These changes are part of Connecting Communities, an ambitious and wide reaching approach to radically redesign services through co-production and collaboration with local communities. The approach focuses on how services might be delivered differently in the future in the communities and neighbourhoods where there is most need, and within the resources available. This might include joining services together to reduce the number of buildings and staff that the Council and other statutory organisations require to deliver services.
- 3.3 Connecting Communities, to reflect the importance of delivering support effectively in neighbourhoods, aims to:

- Transform the provision of public services by identifying existing community strengths, resources and aspirations in communities
 - Work with and support communities and organisations who want to develop and deliver alternative support and services in their communities
 - Invest in ways of delivering high quality services
 - Focus key services in areas of highest need
 - Deliver better services at lower cost – developing high quality services in fewer high quality buildings.
- 3.4 The proposals focused on ways, in light of reducing resources, the Council needed to protect the city’s most vulnerable residents while supporting economic regeneration, investment, growth and job creation in the city. Connecting Communities is a transformational approach that will enable services to be developed in areas where there is most need, focusing on making the best use of resources across sectors, organisations and groups and local communities.
- 3.5 In total ten specific proposals were made for the delivery of a £1.2 million saving. The target for 2016/17, set through the original City Centre First programme for 2016/17 was £1 million but proposals made to Cabinet in November 2015, exceeded this by £0.2 million.
- 3.6 A public consultation process on the ten proposals took place between 7 December 2015 and 1 February 2016. Cabinet also agreed for officers to begin to progress a wide scale engagement programme, using innovative engagement methods, with residents, community groups and partner organisations.
- 3.7 A number of Council services are included within the scope of Connecting Communities i.e. libraries, youth centres and services, children’s centres, play centres, community centres, public conveniences and adult education. This list is by no means exhaustive and is expected to eventually comprise all elements of People Directorate, and possibly wider service transformation to deliver broader savings targets.
- 3.8 During the consultation it was made clear that Coventry’s residents value the library service and staff and consider that libraries are vital for accessing computers and the internet, for others it is somewhere to go and meet others and reduce social isolation. Parents and children value the opportunity to attend activities and interact with others, sometimes from different backgrounds. Also there was recognition that the proposals could have been more severe but concern about future service reductions. It was made clear during the consultation that there will be a need for further changes to Council services due to budget reductions but there are also opportunities to deliver services differently and more effectively.
- 3.9 Consideration was given to consultation feedback and equality analysis to inform a view on whether the proposals should proceed as described, be varied in light of consultation feedback and impacts or withdrawn. The reports referred to in background papers include detailed proposal documents and analysis of the impact on equalities.

4 Connecting Communities in the Future

- 4.1 Opportunities for change will be identified through the Transition fund process. Where groups have expressed an interest in a particular area of service delivery, they will be directly involved in a process of targeted engagement to inform the delivery of future phases of Connecting Communities.
- 4.2 The innovative use of technology will play an important part in delivering the Connecting Communities programme. This could include technology that enables increased levels of self-serve and digital literacy, up to date public access equipment, loaning resources in different locations or through digital methods, and mobile working for staff that further

reduces reliance on buildings as fixed service delivery or staff bases, enabling staff to spend more time with customers. The opportunities to develop the use of technology in Council services will be considered during the engagement programme with opportunities being taken as they arise based on affordability, the Council's ICT strategy and service objectives. By mid-March 2016 all Coventry libraries, including those delivered in partnership, will have free high speed public wi-fi as standard following a successful grant award from the Arts Council.

- 4.3 Officers from the Library Service will attend the meeting and give the Scrutiny Board the latest position regarding implementation of the phase one proposals as well as an update on expressions of interest in the Transition fund.

List of background papers

Connecting Communities – Cabinet - 26 November 2015

<http://moderngov.coventry.gov.uk/ieListDocuments.aspx?CId=124&MId=10764&Ver=4>

Connecting Communities (outcome of consultation) – Cabinet – 23 February 2016

<http://democraticservices.coventry.gov.uk/documents/s27675/Connecting%20Communities%20Phase%201%20Outcome%20of%20Consultation.pdf>

Empowered Citizens: Networked Communities

<http://democraticservices.coventry.gov.uk/documents/s27373/Empowered%20Citizens%20Networked%20Communities.pdf>

Proper officer:

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Coventry City Council

Briefing note

To: Education and Children's Services Scrutiny Board (2) 17th March 2016

Subject: Progress on Children's Services Improvement Plan in response to Ofsted Single Inspection and the Review of the Local Safeguarding Children's Board

1 Purpose of the Note

- 1.1 To inform the Education and Children's Services Scrutiny Board (2) of the progress with the Children's Services Improvement Plan reported to the Children's Services Improvement Board on 17th February 2016. The report is based on data from January 2016, unless stated otherwise. The next Improvement Board will be held on 30th March 2016.

2 Recommendations

- 2.1 It is recommended that Scrutiny Board 2:
- 1) Note the progress made to date.
 - 2) Receive regular updates from the Children's Services Improvement Board that will include further progress relating to the children's services improvement plan.

3 Information/Background

- 3.1 The Ofsted Inspection of Coventry's Children's Services and the review of the Local Safeguarding Children Board (LSCB), published in March 2014, judged services and the LSCB to be inadequate. The Ofsted report identified a number of priority actions and areas for improvement. In response to the Ofsted report, a Children's Services Improvement Board was established and an Improvement Plan published on 27th June 2014. A revised and updated Improvement Plan was published on 10th March 2015.
- 3.2 The Children's Services Improvement Board is chaired by Mark Rogers, Chief Executive at Birmingham City Council. The Board includes elected Members, Council representatives and representatives from partner agencies in the City as well as a representative from the Department for Education. Progress is reported to the Improvement Board every six weeks.
- 3.3 The Department for Education issued an Improvement Notice on 30th June 2014. The Improvement notice is reviewed every six months by the Department for Education. A six month review took place on 20th January 2015 and the twelve month review took place on 30th June and 1st July 2015. An eighteen month review was held on 2nd February 2016. The outcome of the review will be confirmed in a letter by the Minister shortly.

- 3.4 The Independent Chairs of both the Improvement Board and the Local Safeguarding Children Board also submit a written report to the Minister on a regular basis.
- 3.5 An Executive Board was established in January 2015 in order to focus on maintaining momentum and evaluating progress against the Improvement Plan. This Board meets every six weeks prior to the Improvement Board.
- 3.6 The Council, alongside partner organisations will retain a relentless focus on securing improvements in services for children, young people and families to ensure they are safeguarded and achieve positive outcomes.

4 Improvement Plan Themes

4.1 The Children's Services Improvement Plan, completed on 10 March 2015 includes six key themes, which have been aligned to the DfE improvement notice. The plan provides a stronger focus on quality of practice and workforce development, and the continuation of improvements to the LSCB. A summary of the plan is shown in **Appendix 1**. The six themes are as follows:

- Early Help & Partnership Working
- Local Safeguarding Children Board
- Quality and Effectiveness of Practice
- Quality of Assurance and Audit
- Leadership and Governance
- Services for LAC, Care Leavers and Permanency

5 Children's Services Improvement Plan Progress to date

5.1 The following progress was reported at the Children's Services Improvement Board on 17th February 2016.

Theme 1 – Early Help and Partnership

An Early Help Action Plan has been produced to deliver forward Early Help and prevention and will be monitored via the Early Help Board.

In January 2016, 69.6% of all Common Assessment Frameworks – known as CAFs -successfully achieved their outcomes. The Council are responsible for 70% of all CAFs and external agencies make up the other 30%. Eight CAF co-ordinators are supporting schools over the next twelve months, and will commence from April 2016.

There has been a steady rise in the percentage of re-referrals since April 2015, and this is still remains, the re-referral percentage in January has remained static despite an increase in contacts. Of the 30 cases audited in January, the majority of cases had multiple referrals and without exception all could be linked to the same presenting issues from the initial referral.

The Audit findings and Action Plan will presented to the Improvement Board on 30th March 2016 and will be reported to Education and Children's Scrutiny Board on 14th April 2016 following a request for the action plan at the Scrutiny Board meeting on 25th February.

Theme 2 - Local Safeguarding Children Board

The LSCB provides a regular progress update to the Improvement Board to highlight progress against the three requirements set out in the improvement Notice. These are:

- the LSCB to be strengthened so it can ensure that partners work together effectively
- multi-agency practice and individual partner audits are robust
- all partners are committed to a shared set of priorities for safeguarding, child protection and early intervention.

The following progress was reported to the Improvement Board on 17 February 2016:

At the LSCB January meeting, the Board carried out a further self-evaluation against the Ofsted criteria. This built on the work completed at last year's Development Day and included confirmation that improvement action agreed last May had been completed. Some evidence of impact is emerging. The evaluation did not identify any areas that were inadequate. Where further action is needed to move things to "good" it has been incorporated into the new forward work plan for the next six months.

Following the revision of the quality systems in Children's Social Care, the LSCB Board will have better information about strengths and weaknesses in the service. This will enable sharper focusing of multi-agency audit work and better alignment of the tools and processes being used. The DCS now chairs the Effectiveness and Quality subgroup and this will ensure that recommendations arising from multi-agency audits are speedily carried through into practice.

The LSCB training subgroup has completed its development and training review and there is now a clearer picture of levels of safeguarding training across the city. There is an issue concerning domestic violence training which impacts on the Board's multi-agency DV training. Single agency basic DV training is still not being offered across the city. Partners have been asked to review numbers of staff trained and report back to the next Improvement board.

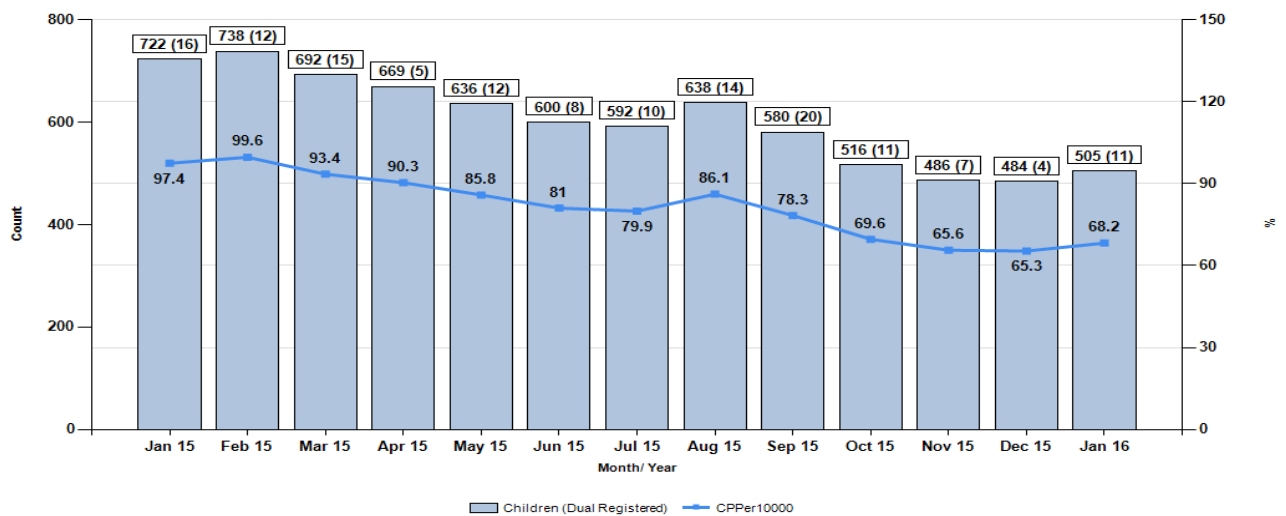
The Board's Business Management Subgroup has been given a comprehensive and fully up to date report on children missing together with some analysis of the patterns over time. This is extremely valuable and should be of great value amongst other things, in improving protection and outcomes for children at risk of or involved in, child sexual exploitation.

Theme 3 - Quality and Effectiveness of Practice

The Workforce Strategy Action Plan is being monitored and progressed through the Workforce Development Board on a monthly basis.

The new recruitment campaign "We're With You", was designed to ensure a continual supply of qualified and experienced social workers and reduce reliance on agency workers, the 4 week campaign ended on 10th March 2016. The outcome of the campaign; work with Sanctuary and the Birmingham COMPASS jobs fair will be reported to Improvement board on 30th March 2016.

The number of children subject to a Child Protection plan has increased slightly to 505, at the end of January 2016. See table below:



Timeliness of Section 47s continues to improve and currently stands at 93.2%. This ensures that those children requiring a high level of intervention due to safeguarding concerns have a swift and prompt response.

The Department for Education reviewed progress against the Children’s Services Improvement Plan and Improvement Notice on Tuesday 2 February 2016.

The focus was on Looked After Children. The visit included meeting young people in care and care leavers and focus groups with foster carers, adopters, social workers and team managers. The Minister will be reporting the outcome of the review shortly.

Theme 4 - Quality Assurance and Audit

The Quality Assurance and Continuous Improvement Framework focuses specifically on casework services for children provided by children’s social care and early help services. It focuses on quality assurance that underpins continuous improvement. Assuring quality of practice is essential to the provision of a good service to the children and young people of Coventry.

In January, a review was undertaken to evaluate quality of practice across Children’s Services. A sample of 28 cases was audited. Overall the results showed that the service recognises and responds promptly to safeguarding risks including sexual and physical abuse. Management oversight of casework is well evidenced in most cases.

In the monthly case file audits for January, the majority of children in the audit were looked after, which allowed some focus on pathway plans and life story work as well as overall the quality of practice. Overall the results highlighted that practice continues to be inconsistent. There is some improvement in the voice of the child being evident throughout the work there remains a variance in the overall quality of care planning. A new more detailed audit tool was launched in February to improve the quality of audits.

From February 2016 Independent Reviewing Officers (IRO’s) are reviewing Pathway Plans for relevant and former relevant children up to their 19th birthday. This will ensure independent scrutiny and appropriate challenge.

Theme 5 - Leadership and Governance

Caseloads in the Referral and Assessment service (RAS) have increased this month due to the increase in activity, average caseloads in January were 29 against a total of 1,100 cases. Target is 20-25 average cases. A business case to increase resources to manage the increase in volumes of work is being progressed. Average caseloads in the Neighbourhood teams in January were between 17-20. Target is 20-22.

Caseloads for Independent Reviewing Officers (IRO'S) continue to reduce average caseloads in January were 70 compared with a peak of 129 in October 2014.

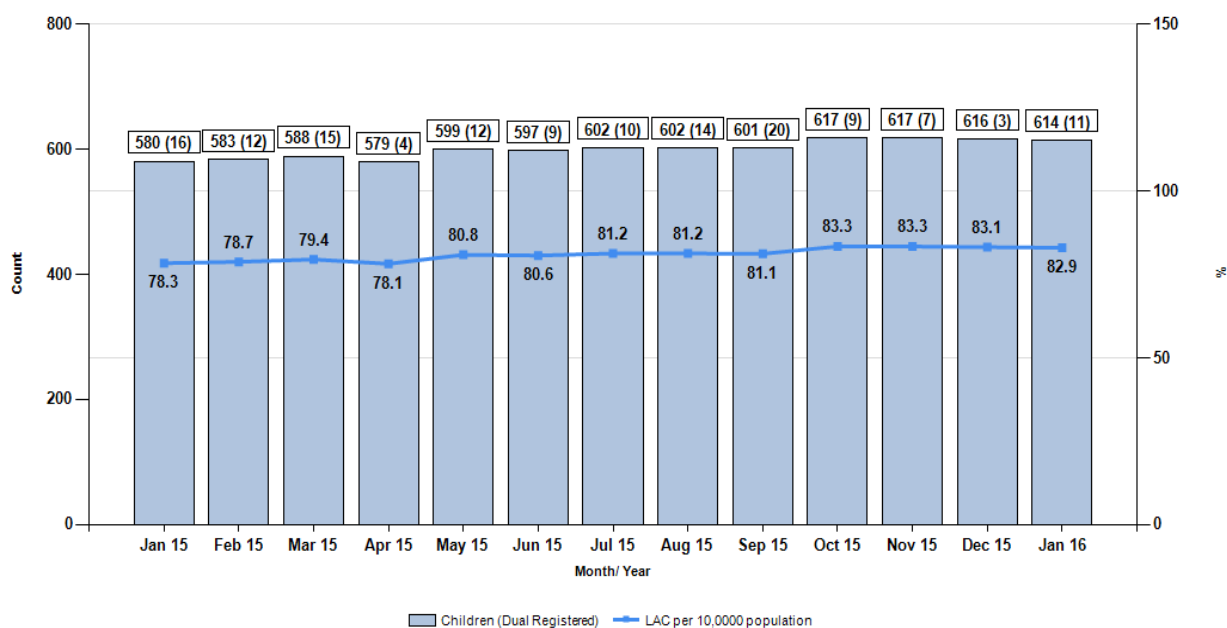
The chart below shows the activity volumes over the last few years across the service up to 31 January 2016:

Social Care and Early Help activity levels:

	Contacts	Referrals	Child Protection	Looked After Children	Children In Need	CAFs open
Mar-2	1533	405	423	578	1219	94
Mar13	1846	389	519	619	1632	1160
Mar14	1885	677	765	630	3208	1668
Sep14	1641	752	918	613	3112	1695
Dec14	1933	680	810	626	3476	1786
Mar15	2351	648	734	628	2932	2033
Apr15	2028	539	699	604	2695	2135
Jun15	2720	861	617	600	2892	2135
Sep15	1820	538	578	613	2308	1964
Nov15	2565	677	503	623	2432	1948
Dec15	1426	626	496	630	2501	1973
Jan 16	1537	678	505	614	2568	1933

Theme 6 - Services for LAC, Care Leavers and Permanency

Looked After Children numbers reduced in January 2016 to 614 this is partially due to adoption orders secured in January 2016. The table below highlights the direction of travel over the last twelve months.



As at 31 January 2016, 37 children have been adopted and 41 placed.

The average time between a child entering care and moving in with the adoptive family is currently 467 days compared with 525 days in 2014/15. This is now better than the DfE target of 487 days.

The table below highlights the direction of travel over the last few years.

Number of children Adopted	2011/12	2012/13	2013/14	2014/15	2015/16
Number of children adopted	28	40	52	70	37 up to 31 January 2016

Elected Members continue to be committed to assisting with raising awareness of fostering and attracting new applicants. The Fostering Steering Group continues to focus on increasing the number of approved foster carers and children placed.

6 Communication

6.1 A new e-newsletter was launched at the beginning of November 2015 focusing on Children's Services ahead of Ofsted re-inspection. This is issued to all staff in Children's Services, all partners, senior managers, Members to ensure everyone is aware of the progress made so far, what's still to be achieved and the role all employees can play in supporting the service in achieving a better Ofsted result. In addition to this the Director of Children's Services completes a weekly blog.

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Appendix 1

A One Page Summary of the Children's Services Improvement Plan March 2015

Note: Themes 1-5 theme are aligned to the DfE notice, the additional theme highlights services for LAC, Care Leavers and Permanency



Key Challenges

Sustainability - managing future work volumes, resourcing and sustainability of improvements

Evidencing Impact - evidencing improvements and the impact on achieving good outcomes for children, young people and families



Education and Children's Services (2)

Scrutiny Work Programme 2015/16

18 June 2015
Serious Case Review – Child T
Serious Case Review – Child D
2 July 2015
Support to School Governors
Improvement Board Progress Report from 3 June 15
Policy Statement on Delegation Authority for Foster Carers
Progress on ceasing of the school catering service – briefing note update
10 September 2015
Progress on implementing Special Educational Need and Disabilities Reforms
Adoption Annual Report
Improvement Board Progress Report from 26 August 15 – DfE review report
8 October 2015
Pupil Premium Uptake – briefing note update
Free early year education or childcare funding for 2 year olds – briefing note update
Quality Assurance – Children's Placements
5 November 2015 – to take place at President Kennedy School
Y6-Y7 Transition – President Kennedy Bridge Project
Education progress and school improvement
Improvement Board Progress Report from 2 October 15
25 November
CAMHS re-modelling – joint with Health and Social Care Board (5)
10 December 2015
Fostering Task and Finish Group Recommendations – progress report
Early Help and the Children and Families First Service (Early Intervention)
Improvement Board Progress Report from 18 November 15
Spend on agency staff
16 December 2015
Serious Case Review – Child S
LSCB Annual Report
7 January 2016
Progress report of the Multi-Agency Safeguarding Hub
School Place Planning
Process for Appointment of Local Authority Governors
25 February 2016
Children's Social Care Workforce Strategy
School Improvement and Education Progress
Improvement Board Progress Report from 6 January 16

17 March 2016 – to be held at the Central Library
Proposed changes to the Library Service
Voices of Care
Improvement Board Progress Report from 17 February 16
Serious Case Review – Baby C
14 April 2016
Children’s Services Performance Progress 2015/16
Supervision of Social Care Staff T&F Group Recommendations
Improvement Board Progress Report from 30 March 16
Serious Case Review
Date to be decided
Teen pregnancy and PSHE in schools
Consultation on proposed changes to the school transport service.
Health Visiting Contract
Performance Monitoring
Serious Case Reviews
Children’s Centres Performance
Next Municipal Year 16/17
Staying Put Policy and Preparation for Leaving Care
Early Help Strategy – June 2016
Monitoring of SCR recommendations
MASH update
Youth Offending Service
Children’s Social Care Workforce Strategy – Feb 2017

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
18 June 2015	Serious Case Review – Child T	To review the report of the LSCB to monitor progress on recommendations.	Janet Mokades Cllr Ruane	
	Serious Case Review – Child D	To review the report of the LSCB to monitor progress on recommendations.	Janet Mokades Cllr Ruane	
2 July 2015	Support to School Governors	To review the changes to the service provided to support school governors, particularly around training. Changes to be made in September.	Paul Weston Dave Willis Cllr Kershaw	Meeting 23 April 15
	Improvement Board Progress Report from 3 June 15	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care.	Yolanda Corden Cllr Ruane	Council 10/4/14
	Policy Statement on Delegation Authority for Foster Carers	A recommendation from the task and finish group on Fostering	Jivan Sembi Cllr Ruane	Meeting 26/3/15
	Progress on ceasing of the school catering service – briefing note update	To consider the progress of the transfer of schools catering from the local authority to other providers as well as considering the option of a social enterprise	Pauline Reading/ Cllr Kershaw	Meeting 12 th Feb 15
10 September 2015	Progress on implementing Special Educational Need and Disabilities Reforms	A further progress report on the affect that the changes have made.	Jeanette Essex Adrian Coles Cllr Kershaw	27 th Nov 2014 SB2 meeting
	Adoption Annual Report	Progress on Adoption Services	Yolanda Corden Cllr Ruane	
	Improvement Board Progress Report from 26 August 15 – DfE review report	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care and the DfE review report.	Yolanda Corden Cllr Ruane	Council 10/4/14
8 October 2015	Pupil Premium Uptake – briefing note update	To consider whether the improved communications with schools to encourage parents to apply for the Pupil Premium has been successful.	Ashley Simpson Cllr Kershaw	Meeting 12 th Feb 15
	Free early year education or childcare funding for 2	Progress update on uptake of free early years education	Amanda Reynolds, Angela Harley	Meeting 27 th November 2014

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
	year olds – briefing note update		Cllr Kershaw	
	Quality Assurance – Children’s Placements	To review performance of Children’s Homes that Coventry children are placed in and procedures for what happens if a home is judged inadequate by Ofsted.	Pete Fahey/Sally Giles Cllr Ruane	Chair
5 November 2015 – to take place at President Kennedy School	Y6-Y7 Transition – President Kennedy Bridge Project	To find out more about how transition from Primary to Secondary schools is supported at President Kennedy.		Meeting 2 July
	Education progress and school improvement	To look at the attainment of children at Coventry schools from EY to post 16. Also to consider the refreshed improvement strategy and how academies are supported	Kirstin Nelson Anne Brennan Cllr Kershaw	Agenda conference 11/9/15
	Improvement Board Progress Report from 2 October 15	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care.	John Gregg Cllr Ruane	Council 10/4/14
25 November	CAMHS re-modelling – joint with Health and Social Care Board (5)	To look at the proposals for the new structure following the re-modelling exercise. A joint meeting with SB5 and to invite the Chair of Warwickshire health scrutiny board.	Jacqueline Barnes Harpal Sohal Cllr Ruane	Meeting 12 th Feb 15
10 December 2015	Fostering Task and Finish Group Recommendations – progress report	Progress on the recommendations to Cabinet Member for improvement to Fostering Services – to include recruitment and retention information and the Annual Report on Fostering	Jivan Sembi Cllr Ruane	Meeting 26 March 15
	Early Help and the Children and Families First Service (Early Intervention)	To look at what the local authority is doing to deliver services to those families with low level needs to prevent escalation. Report to include update on Troubled Families phase 2	Francean Doyle Louison Ricketts Cllr Ruane	
	Improvement Board Progress Report from 18 November 15	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care. To include contribution from Claire Burgess an advisor to the	John Gregg Cllr Ruane	Council 10/4/14

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
		DfE		
	Spend on agency staff	To investigate further the spend on agency staff within the children's social care work force	John Gregg Cllr Ruane	Chair
16 December 2015	Serious Case Review – Child S	To review the report of the LSCB to monitor progress on recommendations.	Cat Parker Cllr Ruane	
	LSCB Annual Report	The Annual Report from the Coventry Safeguarding Children's Board, with progress following the Ofsted inspection. Members requested that the report comes in a timely manner. October/November.	Janet Mokades Cat Parker Cllr Ruane	Meeting 26 March 15
7 January 2016	Progress report of the Multi-Agency Safeguarding Hub	Feedback on the findings of the evaluation of the implementation of the Multi- Agency Safeguarding Hub – ensure links with Scrutiny Co-ordination Committee and CSE.	John Gregg Cllr Ruane	May 2014 discussion with Service leads
	School Place Planning	To look at allocation of school places, and also how the Council plan for the sufficiency of school places.	Ashley Simpson Cllr Kershaw	Agenda conference 11/9/15
	Process for Appointment of Local Authority Governors	To consider recommendations for a policy on the appointment of elected members to governing bodies.	Cllr Kershaw	Meeting 2 July 2015
25 February 2016	Children's Social Care Workforce Strategy	To consider the workforce strategy for the social care workforce and to review the impact the position of Principal Social Work has had on the social work workforce. A task and finish group to look at performance management for social care workforce.	Vicky White John Gregg Cllr Ruane	Informal meeting 18/6/15
	School Improvement and Education Progress	Following their meeting on 5 Nov 15 Members requested a further update on School Improvement work. To also look at the attainment of children at Coventry schools who are risk of underachievement including LAC and Roma children	Kirston Nelson Cllr Kershaw	Meeting 5/11/15
	Improvement Board Progress Report from 6 January 16	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care.	John Gregg Cllr Ruane	Council 10/4/14

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
17 March 2016 – to be held at the Central Library	Proposed changes to the Library Service	With the proposed changes to library provision, Members would like to know more about the proposals and responses to the Connecting Communities public consultation	Kirston Nelson Peter Barnett Cllr Kershaw	Meeting 23 April 15
	Voices of Care	To consider the findings of the survey on the Pledge.	Sheila Bates Cllr Ruane	
	Improvement Board Progress Report from 17 February 16	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care.	John Gregg Cllr Ruane	Council 10/4/14
	Serious Case Review – Baby C	To review the report of the LSCB to monitor progress on recommendations.	Cat Parker Cllr Ruane	
14 April 2016	Children's Services Performance Progress 2015/16	To look at performance data and progress made on key performance indicators and targets	John Gregg Cllr Ruane	Chair 8/1/16
	Supervision of Social Care Staff T&F Group Recommendations	To consider the recommendations to the Cabinet Member from the task and finish group.	John Gregg Cllr Ruane	8/1/16
	Improvement Board Progress Report from 30 March 16	On-going monitoring of progress against the action plan. To include the numbers of children looked after and those discharged from care.	John Gregg Cllr Ruane	Council 10/4/14
	Serious Case Review	To review the report of the LSCB to monitor progress on recommendations.	Cat Parker Cllr Ruane	
Date to be decided	Teen pregnancy and PSHE in schools	To consider what schools are doing to support the Teenage Pregnancy Strategy and how the Council is supporting them	Kirston Nelson, Nadia Ingliss Judith Simmonds	
	Consultation on proposed changes to the school transport service.	Following the change in timescales to implementation of changes Members requested that the Board considers the new proposals as part of the new consultation process.	Isabel Merrifield Cllr Kershaw	Meeting 23 April 15
	Health Visiting Contract	Members wanted to know more about the current	Cllr Ruane	Meeting 16 Dec

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
		health visiting contract particularly Health Visitors involvement in CAF's.		2015
Performance Monitoring				
	Serious Case Reviews	SB2 can request progress on action plans following serious case reviews.	Cllr Ruane	
	Children's Centres Performance			
Next Municipal Year 16/17	Staying Put Policy and Preparation for Leaving Care	To look in more detail at the Staying Put Policy, involving representation from the Foster Carers Association. The report should cover promotion of the policy with young people, children social work support at 18, financial support to Foster Carers. The Voice of the Child Task and Finish Group raised the issue of independence training and the Chair suggested that it be looked at separately. To include input from foster carers and care leavers as well as Route 21.	John Gregg Jivan Sembi Cllr Ruane	Meeting 9 December 2015
	Early Help Strategy – June 2016	To receive a progress report on the Early Help Strategy including the Strengthening Families. Also to include hard to engage families (see SCR recommendations)	John Gregg Fran Doyle Cllr Ruane	Meeting 9 December 2015
	Monitoring of SCR recommendations	The Board wanted to know how the outcomes of recommendations from SCR's are monitored and whether implemented recommendations have been effective in protecting children	Cat Parker	Meeting 16 Dec 16
	MASH update	Following the meeting in January 2016, Members requested a further progress update, particularly in relation to the recommendations made.		
	Youth Offending Service	An update on progress of the Youth Offending Service	Angie Parks Cllr Kershaw	Meeting 23 April 15

Date	Title	Detail	Cabinet Member/ Lead Officer	Source
	Children's Social Care Workforce Strategy – Feb 2017	Following the introduction of the Workforce Strategy at their meeting on 25 February, Members requested a further progress report	John Gregg Cllr Kershaw	Meeting 25 Feb 16