



### **Education and Children's Services Scrutiny Board (2)**

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**Time and Date**

2.00 pm on Thursday, 14th April, 2016

**Place**

Diamond Rooms 1 and 2 - Council House

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**Public Business**

1. **Apologies and Substitutions**
2. **Declarations of Interests**
3. **Minutes** (Pages 3 - 8)
  - a) To agree the minutes of the meeting held on 17<sup>th</sup> March, 2016
  - b) Matters Arising
4. **Serious Case Review - Child E** (Pages 9 - 28)

Report of the Local Safeguarding Children's Board
5. **Children's Social Care Performance Report Two Year Comparison 2014/5 and 2015/6** (Pages 29 - 56)

Report of the Executive Director for People
6. **Recommendations from the Scrutiny Task and Finish Group on Supervision of Social Work Staff** (Pages 57 - 176)

Report of the Task and Finish Group
7. **Improvement Board Progress Report from 30 March, 2016** (Pages 177 - 186)

Briefing Note of the Executive Director for People
8. **Work Programme and Review of 2015/16 Scrutiny Activity** (Pages 187 - 196)

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

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Chris West, Executive Director, Resources, Council House Coventry

Wednesday, 6 April 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 14<sup>th</sup> April, 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.

**Lara Knight/Michelle Rose**

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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, 17 March 2016**

Present:

Members:                                   Councillor M Mutton (Chair)  
  Councillor N Akhtar  
  Councillor S Bains  
  Councillor L Bigham  
  Councillor J Lepoidevin  
  Councillor C Miks  
  Councillor H Noonan  
  Councillor J O'Boyle  
  Councillor P Seaman

Cabinet Members and                   Councillor D Kershaw  
Deputy Cabinet Member:              Councillor E Ruane  
  Councillor S Thomas

Employees (by Directorate):

P Barnett, People Directorate  
S Bates, People Directorate  
G Holmes, Resources Directorate  
C Parker, People Directorate  
M Rose, Resources Directorate  
S Watson, People Directorate

Invited:                                    J Mokades – Chair of the Local Safeguarding Children's  
  Board (LSCB)  
  D May – Chair of the Voices of Care Council

Apologies:                                S Hanson, K Jones and R Potter

## **Public Business**

### **61.       Declarations of Interests**

There were no discloseable pecuniary interests.

### **62.       Minutes**

The minutes of the meetings held on 25<sup>th</sup> February, 2016 were approved.

The Scrutiny Board discussed Matters Arising from the last meeting and noted that further to minute 56/15 'Children's Services Workforce Development Strategy' Members had received further information about the Family Drug and Alcohol Court.

### 63. **Serious Case Review - Child C**

The Scrutiny Board considered a briefing note of the Serious Case Review Co-ordinator for Adult and Children Safeguarding Boards, which detailed the outcome of the Serious Case Review (SCR) relating to Child C, which was appended to the briefing note. A SCR was undertaken where the abuse or neglect of a child was known or suspected and the child had died. The briefing note highlighted that the primary aim of a SCR was to help agencies learn lessons from these events, and to use this experience to improve practice.

Each agency may make recommendations to support improvements in practice within their organisation. The on-going implementation and monitoring of these actions was the responsibility of the individual agency. Evidence of progress was regularly provided for the LCSB. This process enabled the LCSB to fulfil its responsibility for monitoring progress, and to be assured that the recommendations had been delivered in practice. Recommendations that were multi-agency were the responsibility of the LCSB, and an action plan to address these recommendations was currently being progressed.

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. Child C died at the age of 11 months after being left unsupervised in the bath with Sibling 1, aged two years. The review was not able to establish the reason for the circumstances that led to the death of Child C and concluded that the sad death could not have been predicted or prevented by the professionals involved.

Janet Mokades, current Independent Chair of the LSCB attended the meeting and presented the recommendations and discussed the action plan.

The Scrutiny Board noted the background to the case which, in summary, was that 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. The review was unable to establish the reason for the circumstances that led to the death of Child C. What had emerged was a concerning but familiar picture of the early stages of poor parental mental health, issues of domestic abuse and cannabis misuse. The report noted that this had been recognised as a common theme in reviews locally and nationally. There was 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.

The report included details of methodology, process, chronology of the professional involvement with the family, referral and assessment, early help, children's experiences, domestic violence and abuse, and parental emotional wellbeing.

The recommendations were:

1) *Social Care*

When a social care decision was 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.

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 had raised the allegation. Where there were 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 was 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.

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 was 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 would provide a more structured opportunity for regular and ongoing discussion about vulnerable families and would enable a coordinated approach to the provision of health care and support, including signposting and referral, where appropriate.

4) *LSCB*

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

Councillor M Mutton, Chair of the Scrutiny Board reminded Members that their role was not to re-hear the review, but to scrutinise the recommendations and review them, bearing in mind that policies had moved on since April, 2014.

The Scrutiny Board discussed the following concerns with the Chair of the LSCB:

- Common Assessment Framework (CAF) threshold levels
- Working with partners
- Monitoring of SCR Recommendations
- Use of language/terminology/ meanings by different agencies
- Universal 'triggers' that indicate concern
- Multi-layered impact of factors
- Procedures and quality assurance audit
- Working with families that had not met thresholds where engaging would be compulsory

Janet was thankful for the support of the Scrutiny Board.

**RESOLVED that**

- 1) the recommendation action plan information discussed at the meeting be circulated to Members of Scrutiny Board from the LSCB**

- 2) the Scrutiny Board be updated on the new processes for 'stepping up' and 'stepping down' of cases
- 3) the Scrutiny Board receive a report back on the Quality Assurance work regarding auditing procedures of front line cases

#### 64. Impact of Voices of Care

The Scrutiny Board considered a briefing note and a presentation from the Coventry Voices of Care Council regarding the positive impact the Voices of Care had and an update on the 'Pledge'. The 'Pledge' was created by Young People and Members and was a list of promises made by Coventry City Council as Corporate Parents to the Looked After Children and Care Leavers of Coventry.

The Chair of the Voices of Care Council reported on the importance of the Voices of Care and the various projects that they were involved in. Young People had been consulted on the Pledge and the findings provided a snapshot of how children and young people view the care system in Coventry. The Pledge questionnaire responses were appended to the presentation.

The Ofsted inspection 2014 had 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".

The Board questioned the Chair of the Voices of Care Council and officers on aspects of the presentation including:

- Responses to the consultation with young people and support from 'Route 21'
- The number of responses that had run away or gone missing
- Work with Universities

Councillors were really supportive of the positive impact the Voices of Care had, especially their work with Universities and City Council Social Care teams. Councillors were also encouraged by the high percentages of young people responding that they had hobbies and felt healthy.

Sheila Bates, Children's Champion reported that there was an Action Plan to improve areas of concern following the consultation and that some questions would be more specific for the next questionnaire.

**RESOLVED that the Board thank the Voices of Care for the report and request regular updates from Young People**

#### 65. Library Service and Connecting Communities

The Scrutiny Board considered a report which updated Members on the recent changes to the library service in the City that were part of the Connecting Communities Programme.

The report noted that on 23<sup>rd</sup> February 2016 Cabinet (their minute 121/15 refers) had 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 were satisfied as to the viability of a mix of paid staff and volunteers operating the libraries on these days. In the event officers were not satisfied the question of whether the libraries should remain open on Sundays be referred back to the Cabinet Member for Education.

These changes were part of Connecting Communities, an ambitious and wide reaching approach to radically redesign services through co-production and collaboration with local communities. The approach focused on how services might be delivered differently in the future in the communities and neighbourhoods where there was 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.

Officers provided detail about the current library offer and usage and the challenges over the next few months.

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

- changing the location of libraries in the city
- briefing Ward Councillors
- a 'reduced service' at the Hagard
- volunteers

The Cabinet Member for Education indicated that he was happy to enter discussions with as many people in communities as possible, including head teachers and other partners to try to prevent library closures.

**RESOLVED that**

- 1) The Scrutiny Board note the report and thank officers for hosting the meeting at Central Library**
- 2) The Scrutiny Board request that Ward Councillors be involved in discussions regarding any changes or proposals affecting their communities**

**66. Improvement Board Progress Report from 17th February, 2016**

Further to Minute 57/15 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 17<sup>th</sup> February, 2016 based on data from January, 2016. The next Improvement Board would be held on 30<sup>th</sup> March, 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.

Members noted that they had been invited to a Seminar regarding Children's Services Improvement on 21<sup>st</sup> March, 2016 and that the action plan resulting from the audit of re-referrals would be available for the next meeting.

**67. Work Programme**

The Scrutiny Board noted the work programme.

**68. Any Other Business**

There were no other items of business.

(Meeting closed at 4.00 pm)





Coventry City Council

## Briefing note

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

**Date: 14 April 2016**

**Subject Serious Case Review: Child E**

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### **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 E.

### **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 E in May 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 LSCB. 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 E SCR Report

**Hardeep Walker**

**Job Title: SCR Coordinator for Adult and Children Safeguarding Boards**

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# **COVENTRY SAFEGUARDING CHILDREN BOARD**

## **Serious Case Review**

**Child E**

**FINAL REPORT**

**3 March 2016**

**Independent Reviewer**

**David Ashcroft, MA MBA**



## Introduction

1. This Report was commissioned by Coventry Safeguarding Children Board as a Serious Case Review (SCR) following the death of baby E in May 2014. He was a five-month old baby who died after he was found unconscious in a bed co-sleeping with adults following a party at his family home. At the time of his death there were indications of drug use, cannabis cultivation in the property, poor home conditions, possible neglect and domestic violence in connection with the family. The family were not open to specialist services at the time of Child E's death and there had not been significant concerns identified prior to his death. There was therefore concern as to whether previous contacts had correctly identified, assessed and acted on any risks, or offered support to the family, to mitigate the issues that became apparent at death.
2. At the time the SCR was commissioned the full post-mortem results were not available, and there was a concern that Child E might have been exposed to drugs and that this might have contributed directly to his death. This was not the case. His cause of death was initially recorded as unascertained, but the inquest in April 2015 recorded a verdict of accidental death with asphyxia as the cause of death. The pathologist stated that the death should not be considered as the result of 'sudden infant death syndrome' (SIDS) as factors such as the unsafe sleeping environment, toxicological status or a combination may have played a role in Child E's death.
3. The family had been in contact with a range of services, and it was not clear what information was known or shared between agencies. Care Proceedings were initiated in relation to Child E's siblings and police enquiries continued, pending the result of full post-mortem investigations.
4. Subsequent toxicology analysis revealed low levels of cocaine and cocaethylene in Child E's blood, bowel and urine. These levels did not suggest deliberate administration and the toxicologist suggested environmental contamination or indirect exposure as possible causes for the presence of these substances.
5. After a review of the available evidence, the Crown Prosecution Service made the decision that no further action would be taken against Child E's mother or father with regard to neglect issues.
6. The following issues were identified for consideration in this Serious Case Review:
  - 6.1. What was the context for family support and child care in the wider family circle? How were the children supervised and their safety ensured?



- 6.2. What were the home conditions in which the children were living and did these raise any concerns about their welfare or safety?
  - 6.3. What opportunities were there to observe and assess the levels of care and support, and possible risks of neglect, through contact with the family and particularly home visits
  - 6.4. Why did this family not access greater early help and support from children's centres and pre-school settings?
  - 6.5. What was known about any episodes of domestic violence, substance misuse or criminal activity that might have indicated safeguarding risks for the children?
  - 6.6. Were there aspects of the medical and home care required by Child E's sister for her medical condition that might have affected the care provided to the other children?
  - 6.7. What aspects of previous contact with members of the family might have indicated any needs for the children?
  - 6.8. Were there any opportunities for the concerns that have led to the subsequent creation of child protection plans to be identified or shared between agencies at an earlier stage?
7. The timeframe for this Review is from May 2013 when the family moved into their current home in Coventry to May 2014 following Child E's death.
  8. *Working Together 2013 (revised in 2015)* identifies that Serious Case Review reports should:
    - provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence;
    - be written in plain English and in a way that can be easily understood by professionals and the public alike; and
    - be suitable for publication without needing to be amended or redacted.
  9. Brian Boxall was appointed to chair the Serious Case Review process and David Ashcroft was commissioned as the Independent Reviewer to complete the SCR report.
  10. Six agencies that had contact with the family were identified and asked to prepare Agency Reports of their engagement and to provide contributions towards a combined chronology. These agencies are represented on the SCR Panel (except for Birmingham Children's Hospital):
    - 10.1. Coventry City Council – Children's Services (CS) covering social care, schools and Children and Families First Service (CFFS)
    - 10.2. Arden, Herefordshire and Worcestershire Area Team covering General Practice (GP)



- 10.3. Coventry and Warwickshire NHS Partnership Trust (CWPT) covering health visiting
- 10.4. West Midlands Police (WMP)
- 10.5. University Hospitals Coventry and Warwickshire NHS Trust (UHCW) covering hospital and midwifery services

11. Agency representatives were invited to a briefing on the review process. First drafts of Agency Reports were considered at an SCR Panel meeting in December 2014, and were revised following that meeting. Additional information was provided by agencies during January and February 2015. Due to personal circumstances, David Ashcroft was not able to undertake further work on this report for some time. As Mr Ashcroft had commenced work on the SCR, the Board made a decision to remain with the author to complete the work. Mr Ashcroft was then able to continue the work, and the SCR Panel considered a first draft of the report in August 2015. At this time details of the inquest were obtained from the Coroner, which indicated that he had found the cause of death to be asphyxia. Arrangements were also made to meet with the parents. A meeting between the Independent Reviewer and Mother was held in February 2016, which has informed this report.

12. This Overview Report has been compiled based on the information and analysis collected through the Agency Reports. It is intended for publication as the account of the learning from this case. The Independent Reviewer has presented the key themes and lines of enquiry to the Serious Case Review Panel for discussion and challenge. This report addresses these themes and seeks to provide a final report that takes into account this process of analysis and peer challenge in identifying the learning and improvements that are needed to consolidate good practice. This approach is in line with the revised guidance on interagency working and conducting Serious Case Reviews published in *Working Together 2015*.

### **Independence**

13. David Ashcroft was appointed as the Independent Reviewer for this Serious Case Review in September 2014. He has worked at a senior level in children's services for the past 24 years, including operational responsibility for all aspects of safeguarding and children's social care in a number of local authorities. Mr Ashcroft currently chairs two Local Safeguarding Children's Boards.

14. Mr Ashcroft has conducted a number of Serious Case Reviews, IMRs, inspection and investigation assignments in children's services, covering social care, education and health responsibilities. He has no managerial connection with the agencies involved in this case.



15. Brian Boxall was appointed as the independent chair of the SCR Panel to oversee this Review. Mr Boxall is the chair of a Safeguarding Children Board and has extensive experience in child protection and safeguarding, and in the conduct of investigations and enquiries into significant incidents.
16. All the Agency Report authors have appropriately identified that they were independent of the case. Agency reports have consulted appropriate records and information systems and have been supported by interviews with the key practitioners involved with the family.

### **Outline of family circumstances**

17. Child E lived in Coventry at the time of the incident in a privately rented three-bedroom house with his mother and father, two older brothers (born in 2012 and 2011) and his older half-sister T(born in 2009). They had moved to this property in May 2013. Child E was born in December 2013. He with his youngest brother shared their parents' bedroom.
18. Child E's half-sister T, the daughter of his mother and a previous partner, has a health condition for which she received continuing inpatient and outpatient care from Birmingham Children's Hospital. During the period of this Review, she underwent three episodes of inpatient treatment including surgery. Her mother and stepfather participated fully in her care. She was brought to all her outpatients' appointment on time and the hospital had no concerns about her care.
19. T attended reception class at a local school from September 2013, having attended nursery run by the school during the preceding year. Her school attendance was low for 2013-14 at 47.54%, but all absences were authorised for health reasons. The younger children did not attend any nursery or children's centre provision.
20. Child E's father has three children from a previous relationship who do not live with him. They are twin half-brothers to Child E (born in 2005) and a half-sister (born in 2007).
21. There was no record of contact with social care or Children and Families First Teams for Child E or his siblings.
22. Child E's father has had a significant number of convictions, principally for theft and burglary. Evidence from WMP also cited offences of threats to kill, wounding, criminal damage and harassment. He had previously been addicted to heroin and



there was a history of a number of threats of violence and criminal damage in respect of his current and previous partners.

23. From primary care records Child E's father had a history of depression and anxiety. He was registered with a different GP practice from his wife and the children.
24. Child E's mother has no previous convictions or history known to the police. She had attended several antenatal care appointments when pregnant with Child E, and her non-attendance had been appropriately followed up. Her contact with her GP with her children was routine, although there were fewer than expected attendances at the surgery given the age of the children (about 36% of the average). There was no record of links between the GP practice and the health visiting service, and the six-week development check for Child E and a postnatal check for his mother do not appear to have taken place.
25. Mother commented when interviewed that she had felt experienced as a parent with several children when Child E was born, and had felt able to provide for their needs. However, in hindsight she recognised that she might have been selfish and not always prioritised the children. She affirmed how much the trauma of losing Child E had caused her and her husband to review their lifestyle, their use of drugs and alcohol and that their parenting responsibilities were now much more clearly acknowledged. They appreciate the support that that been provided by their current social worker to help achieve this. Speaking on behalf of both parents Mother stressed that she felt there was learning about the dangers of co-sleeping that should be brought more strongly to all parents' attention.
26. The family were in contact with specialist health services at Birmingham Children's Hospital in respect of Child E's half-sister T's health condition. The family were known to routine, universal health visiting services from T's birth in 2009. The children were consistently assessed to have universal needs (Level 1) where care is delivered to families with little or no identified health needs and additional support is not required. The family proved at times difficult to contact and all of the children missed one or more developmental assessments despite attempts by health visitors to undertake these. There does not appear to have been contact between the health visiting team and primary care and other agencies.
27. The family was largely dependent on benefit income. Father was unemployed at the time of Child E's death.
28. When interviewed Mother acknowledged that the parents had been selfish and focussed on their own needs, and that their use of alcohol and drugs had been a risk for the children. She spoke of the strong family support that she drew on for child





care, and said that her experience as a mother had perhaps made her complacent about the risks of co-sleeping. It was clear that Child E was a much loved child and that the impact of his death had led to both parents reconsidering their lifestyle and working hard to provide the care that their children needed.

29. The other children were initially removed after Child E's death to the care of maternal grandparents. Further assessments concluded in February 2015 that parents had made sufficient progress for rehabilitation to be considered and the children were accordingly returned to the care of their parents in September 2015 where they are now doing well. The children are currently supported through the child in need process. They are happy and settled in the care of their parents and there have been no concerns since their rehabilitation. Parents appear to be cooperative and have engaged in supportive measures such as 'Triple P' parenting support to assist them with their parenting. Mother acknowledged strongly that they had sought to turn their lives around as a result of losing Child E.

#### **Circumstances of Child E's death**

30. The following account of the circumstances of Child E's death is drawn from the police report. On a date in May 2014 there was a party at the family home. There were about 10 adults and 8 children present – including Child E and his three siblings, and the four children of Father's brother and his partner, aged between 8 years and 10 months.
31. Alcohol and class A (Cocaine) and class B (Cannabis) drugs were used by some of those present. Child E spent the evening in the living room and was held by family members or sat in a baby bouncy chair. It is unclear whether he was fed, although witnesses say that he had a bottle of formula milk at around midnight and had his nappy changed.
32. Mother stated that she consumed approximately six to seven 440 ml cans of lager. She made a conscious decision not to breast feed as she was drinking. Almost all the adults were smokers, but this appears to have been restricted to the garden.
33. In the early hours Father fell asleep on some bean bags in the downstairs living room. Mother's brother went to sleep in the parents' bedroom upstairs. At approximately 04.30 Mother took Child E, who was asleep and remained so, out of the bouncy chair and took him upstairs to her bedroom. She placed him in the same bed, rather than in his crib, which was in the same room. She placed the duvet on Child E up to his waist with his arms over the top of the cover and lay down to sleep between her brother and him.



34. Mother's brother was the first to wake at about 09.00 and observed that Child E appeared lifeless and unresponsive. His mother's arm was draped across his stomach. Mother awoke to the sound on her brother screaming child E's name. He alerted others in the house and there was a confused and upset reaction. Father appears to have reacted with anger, hammering a door with his fist. Father's brother ran upstairs, and attempted basic life support before taking Child E downstairs where ambulance staff took over. His statement to the police suggested that his first thought was that Child E's mother had lain over him.
35. Ambulance and Police were called and arrived within a few minutes. On their arrival the crew confirmed that Child E had no heart beat and was not breathing. He was taken by ambulance to the UHCW children's emergency department where attempts were made to resuscitate him. He was pronounced dead at 09.40. He arrived at hospital appearing grubby. The post-mortem confirmed that he had dirt in his ears, armpits, fingernails and navel and had marked cradle cap. He was found in a full wet nappy.
36. The post-mortem results identified low concentrations of drugs within Child E (as cited in paragraph 4 above). The other children had no traces of illicit substances in their systems. The inquest also noted the history of co-sleeping.
37. The police subsequently discovered that cannabis was being cultivated in the loft area, with access by an uncovered hatch in one of the children's bedrooms. The smell of cannabis would have been prevalent in the house. A large knife was reported to be stuck into the door frame of the living room. According to the police, the address was untidy and dirty, with no bath, and the shower did not appear to have been recently used. The kitchen was dirty with grease, and the bedroom where Child E slept was damp, dirty and cluttered with food. There were also used nappies and unwashed clothes in piles. The chair that Child E used was described as 'filthy'. The entire address was reported to have a strong aroma of urine.

### **Summary**

38. This was a family that had intermittent contact with universal services for children, except for the specialist treatment provided for T. Separate episodes of treatment and support for members of the family appeared appropriate and satisfactory. There were no specific indications or records of concerns prior to Child E's death. However, the circumstances surrounding his death, and the poor home environment, evidence of domestic violence, substance misuse and cultivation of drugs that then emerged suggested that there were a number of factors which



could, in hindsight, be viewed as risky, and which, if known, might have raised safeguarding concerns. It is therefore reasonable to ask whether these risks might have been known or shared, and what can be learned from this.

39. It is clear that there was limited sharing of information between agencies and there were few practitioners who had consistent contact with the family, but that more information about the family was known to separate agencies and workers. In practical terms it is not clear what more might have been shared as concerns about the children were not evident. This is very much a case where the extent of risks and the dangers of neglect were only sharply brought into focus at Child E's death. Parents have acknowledged that their lifestyle was selfish and chaotic and that their use of drugs and alcohol, and the poor home conditions might have resulted in a neglectful environment at times for their children, but they have been determined to address these issues and not to make similar mistakes.
40. Where agencies did have contact with this family, there was little consideration of the whole family unit – so for example the impact of T's treatment was not considered in respect of the other children. There was no contact between the GP surgery responsible for the children's health and the health visiting service. The Father's GP surgery was not aware of his stepdaughter's serious medical condition and operations, in order to consider whether this might be a factor in his own health and wellbeing. Although the Birmingham Children's Hospital provided a description of the type of outreach support provided by their Family Support Workers there is no evidence that this was offered to this family or any exploration of whether there might be undisclosed support needs. There was a lack of professional curiosity from the Birmingham Children's Hospital Foundation Trust Family Support Workers, and the team there focussed solely on the medical care of T and did not enquire about the wider family context or possible support. The parents' consumption of alcohol and/or drugs was not known by agencies or family as a possible risk factor in their parenting. Police information which indicated aspects of Father's behaviour was not available to others working with the family. It is not clear whether the Hospital were clear about the respective roles of T's biological and step fathers, or even if they knew who was who.
41. The GP Agency Report identified a number of general factors for risk of neglect that are seen in many cases and which there was no identified opportunity to consider holistically in respect of this family until after T's tragic death. These factors are soundly based on evidence from research and include:
- Young parents;
  - More than three children, particularly when relative close in age;
  - Worklessness, or disrupted employment;
  - Depression and anxiety in a parent;



- Multiple children with different parentage;
- Child with a significant illness, including the additional stress this may cause parents;
- Nonattendance for routine screenings (antenatal checks and six-week development check) and repeated missed appointment, even where contact was made;
- Poor home conditions, especially shared or co-sleeping arrangements;
- Children observed as scruffy and dirty (although seen as happy).

All these can be identified in hindsight in Child E's family environment in the investigations after his death or as result of the enquiries for this Serious Case Review. This reinforces the extent to which these remain risk factors.

42. Given the post-mortem results and inquest findings there is no justification for viewing Child E's death other than a tragic occurrence. However, it is clear in hindsight that his lived experience was subject to a number of risks. The report will next consider these against the issues included in the terms of reference for this SCR to identify the learning to be gained from this case.

## ISSUES FOR CONSIDERATION

### **What was the context for family support and child care in the wider family circle? How were the children supervised and their safety ensured?**

43. The presence of eight young children at the party when Child E died, and the evidence of drug use raised initial concerns about the child care provided. There is no direct evidence to suggest that the children were not looked after adequately, but the presence of cannabis plants in the home, and the use of drug and alcohol use are issues of concern. There was also evidence that the home conditions were poor and that Child E was dirty and had cradle cap. However, these are not unique occurrences, and there is little corroborative evidence to suggest that the supervision and safety of the children was compromised on a regular basis. Mother maintained that she did not breastfeed at the party, as she knew she would be drinking. The routine contact with midwifery and health visiting services does not indicate Mother was neglectful. Child E was her fourth child and there had been no previous concerns about her parenting. Mother has said that the wider family network was close and supportive. Maternal grandparents were involved in the children's care and looked after the children in the period after Child E's death.
44. The police evidence from the scene after Child E's death suggests that the house was dirty and that sleeping arrangements were crowded and bathing facilities limited. There is no evidence that prior to this incident any professional had concerns about



the home environment. However, only five home visits had been successfully completed (one in December, two in January 2014 by Community Midwife or Midwife Support worker, and one in February and one in March 2014 by Health Visitors) so there was no opportunity for professionals to assess home conditions in the two and a half months before Child E's death. It is not clear from the records of these visits what workers were able to see and whether they viewed sleeping, kitchen and bathing facilities. There were also a number of missed appointments.

45. Child E shared a bedroom with his parents and brother, with a double bed, single bed and crib in the same room. Mother acknowledged that she had frequently co-slept with Child E, sometime falling asleep after feeding. She did not feel that she had been aware of the risks of co-sleeping before Child E's death.
46. Little is known about the day-to-day care and child-minding arrangements for this family; although it is known that they did not make use of nursery provision, except for T who attended the nursery provision at her school in the year before entering reception class. Mother reported that she felt she could cope and was not aware that there might be additional support in her community to assist her. She relied heavily on support from her immediate family.
47. T required on-going support and treatment for her health condition, and from the clinical perspective, she received an appropriate service from Birmingham Children's Hospital. She was brought to all her appointments and one or both of her parents supported her in-patient episodes on the ward. It appears that they considered this an important part of their parental responsibility. However, it appears that little was known about the care arrangements for the other children when T was in hospital. All these episodes occurred before Child E was born (in June, October and December 2013). The hospital team includes two full-time Family Support Workers to work with families who may require additional help, and it would appear that there was no extra support identified or provided to parents at any point. It is not clear from the hospital records whether T was supported by her biological father and/or her stepfather during her treatment.
48. The hospital provided details of the support provided in general terms by two fulltime Family Support Workers. From the description of their work it would appear that T's family might well have benefited from their support. There is no record that T's family required or received any additional support, or that there was any assessment of whether some level of family support might have been appropriate.
49. The children were fully vaccinated; their attendances at primary care and on two occasions at A&E were appropriate and did not give rise to any concerns, although they did not make as many calls on primary care as many families with young children. When asked, Mother said that she had not felt any need to ask for further appointments or help. Discussions with the practice staff and midwife confirmed



that there were no apparent issues for their safety or well-being. The midwife had attended Mother's previous pregnancies and had no concerns about her antenatal care, although she did miss some appointments.

**What were the home conditions in which the children were living, and did these raise concerns about their welfare and safety?**

50. The home conditions as recorded after Child E's death raised concerns about the welfare and safety of the children. However, there were no previous concerns. The community midwife visited in January 2014. She observed a busy household with several children running around, but no concerns about their care or the home environment. She explicitly recalls that she had no concerns about substance misuse, and it is documented in her notes that advice was given, as would be routine, on the risks of sudden unexpected death in infancy and on the risks of co-sleeping.
51. The GP and the Practice Nurse confirmed that the children were "scruffy and at times a little dirty, but appeared well-cared for, happy and boisterous". Again, no concerns were recorded or action taken.
52. The family was considered to be well-engaged with school in respect of T. The mother contacted school with regard to medical appointments and parents engaged with parents' evenings. There was felt to be a good relationship with the school and regular contact with Mother. However, the extent of proactive management of attendance was accepted as being poor from the school, so greater contact with the family would probably now occur, but there is no evidence that this would have identified any further issues. There was perhaps an over-reliance on verbal assurances from Mother about the reasons for T's low attendance. School staff did not feel that T was at risk of significant harm and did not meet the required threshold for a targeted intervention.

**What opportunities were there to observe and assess the levels of care and support, and possible risks of neglect, through contact with the family and particularly home visits?**

53. As stated above (paragraph 44) five home visits were successfully undertaken in the period following Child E's birth and none after early March 2014. It is not clear what opportunities there were to discuss the home environment with parents, or to view the property and the facilities available. However, no concerns were recorded in any of the visits that were completed.





54. There were frequent attempts by the Health Visitors to arrange visits, but these did not take place. There are a number of explanations for this, including the fact that records were not updated; the Health Visting team had an incorrect address (which continued to be used despite information to correct it); and that Mother was unavailable. There seems to have been an assumption that the demands of care for T, with her medical appointments and travel to Birmingham Children’s Hospital, explained Mother’s unavailability. This was not tested or explored, nor was there any consideration of what the consequences for the other children might be if this was a valid factor in explaining missed appointments.
55. There is no record of a six-week developmental check for Child E or a post-natal check for Mother by the GP. These are key times for assessing a mother and baby’s well-being and bonding. It does not appear from practice records that developmental or post-natal checks were carried out for the older children either. These were missed opportunities to explore whether there were concerns within the family unit. It is not clear why these did not occur, and this was compounded by the lack of contact and interaction with the health visiting service. The practice confirmed that they had not seen a health visitor since July 2013, and there is no evidence of the practice attempting to contact the health visitor service or pass on any concerns they might have.
56. Although T attended nursery and then reception class, there were no home visits from the school. This was surprising in the context of extremely low attendance rates for T, and shows a lack of professional curiosity as to whether this low level of attendance suggested that additional help or support might be appropriate. The medical explanation of the treatment for T was taken as providing sufficient reason for authorising absence.
57. It was reported that nursery staff might carry out home visits if there were concerns and the school undertakes home visits automatically for all new pupils starting in reception who have not attended the on-site nursery. Because T was already known there was no trigger for a home visit when she started school, and because there were no concerns identified (despite her medical needs) the nursery had not visited. This resulted in an unintentional gap in the contact through home visiting with parents of a new pupil. It is a significant omission that a young child with significant health needs did not have a home visit and there was not an opportunity to assess the family context, or perhaps to identify whether other children might require support.



**Why did this family not access greater early help and support from children’s centres and pre-school settings?**

58. It is not clear why this family did not make use of early help and other support, or the extent to which agencies offered these services. When interviewed Mother acknowledged that they had lived “in their own little bubble”, and that she recognised that this had made her selfish and not always able to prioritise the children’s needs. The use of drugs and alcohol was, accordingly to Mother, to some extent hidden from other family members, and it appears that the family was focused on themselves. The involvement with drugs and the cultivation of cannabis discovered at Child E’s death probably increased this isolation and disengagement from community and agency support.
59. Mother did not feel that she was aware of any offers of wider support and felt confident in her own experience as a mother of 4 young children. She now recognises that she might have needed or sought some additional support and help through a children’s centre, or other universal or targeted services.

**What was known about any episodes of domestic violence, substance misuse or criminal activity that might have indicated safeguarding risks for the children?**

60. The police were aware of a series of domestic incidents and threats and violence from Father. One incident occurred between Father and his previous partner during the period of this review, which was graded at standard risk and resolved with a verbal warning.
61. Statements taken after Child E’s death indicated that Mother and Father had shared cocaine previously, and there was no attempt to conceal the drug use of various individuals attending the party. However, it is difficult to see how this information could have been known earlier and therefore indicated any safeguarding risks before Child E’s death.
62. The cultivation of cannabis at the property was clearly against the best interests of the children, and presented a significant risk and hazard to them. However, there does not appear to have been any intelligence to suggest that this was suspected or known to the police or other agencies before the discovery of the plants at Child E’s death.





**Were there aspects of the medical and home care required by Child E's sister for her health condition that may have affected the care provided to other children?**

63. As suggested above, the medical care and support for T was appropriate and Mother and stepfather appeared to prioritise this and support her. It does not appear that any agency considered what the wider family context might be and whether T's condition and any priority given to her needs might have affected the care provided to the other children. Equally, there is no indication that this care was compromised.
64. There is circumstantial evidence that stress levels within the family were raised by her illness and treatment. This is not surprising. Mother did not attend appointments at these times citing T's operation as the reason. It is not clear whether this affected the care of the other children. Mother was pregnant with Child E at this point.
65. The school discussed T's low attendance with the Children and Family First Service in January 2014, but there are no notes detailing the subsequent follow-up with Mother, who had advised that T would require further medical attention. At the time the school did not have the medical certification for authorised absence so there is no reliable basis to assess whether all T's missed schooling was due to her medical needs, or whether it reflected any reluctance for her to attend, or any other underlying issues. As T was under compulsory school age during the academic year 2013-14 the requirement for the local authority to ensure suitable full-time education did not apply, but it would be good practice to ensure that the consequences of missing significant education is actively managed in co-operation with parents.

**What aspects of previous contact with members of this family might have indicated any needs for the children?**

66. In retrospect there appear to be a number of factors which if considered together might have suggested needs for the children and some level of risk. These are summarised in paragraph 37. However, it is clear that these were not identified consistently before Child E's death, and that the routine but limited contact from agencies with the family did not give rise to any significant concerns. While these issues identified in hindsight might have suggested that greater attempts to engage with the family were appropriate, there is no indication of whether these service offers would have been accepted or relevant. There is no indication that any of these issues were material to Child E's death, or that the circumstances surrounding it would have been mitigated.



67. Health visiting records demonstrate that the separate records for each child were not effectively linked, and the wider failure to complete developmental checks, to arrange home visits, and to review siblings' records together, meant that there was not a clear picture of the whole family and its circumstances available to practitioners and therefore a view of their collective needs. This hindered appropriate future care planning.

**Were there opportunities for the concerns that have led to the subsequent creation of child protection plans to be identified or shared between agencies at an earlier stage?**

68. In my view, there were not significant opportunities for the concerns recognised in retrospect to be identified prior to Child E's death. There is no indication that this would have affected his tragic death – a family party with drugs and alcohol and risks of co-sleeping would not have been altered or changed. The contact with this family was infrequent and episodic, but no agency possessed clear evidence prior to Child E's death that would have provided grounds for intervention or for escalating concerns.

69. The lack of a proactive engagement from the family support Workers at Birmingham Children's Hospital Foundation Trust with this family was a missed opportunity as the contact with the hospital, while not extensive, was consistent and clearly the parents gave this some priority. Together with the school, the contact around T's medical care was the point at which agencies had contact with this family with the greatest impact and the possibility for constructive engagement. There is a mismatch between the support described as available in general terms from these workers and any evidence that it was offered or considered for this family.

70. The development check at six-weeks was missed and this was an opportunity to assess if there were significant concerns and whether additional input from any agency might have been appropriate.

71. As a point of learning it is suggested that consideration of the neglect risk factors identified in paragraph 41 might have prompted a more curious engagement with this family from school, health visitors, primary care, and that the Family Support Service at Birmingham Children's Hospital could have considered more assertively whether this family needed support. But again, it is unclear whether this would have confirmed whether these risk factors were significant, or whether the family would have been open to acknowledging the possible risks and concerns for their parenting.



## **Summary and conclusions**

72. There is little information in this report about Child E. There was minimal contact with agencies during his short life – three midwifery home visits, two health visitors, and an attendance at A&E. There were missed opportunities to assess his needs and to provide support to his parents, including the primary care 6-week developmental check. The circumstances of his death highlighted areas of concern and possible risks of neglect, but there is little to suggest that these had a direct and material effect on his well-being or his death. The evidence of a neglectful environment, poor home conditions, drug and alcohol use, cannabis cultivation, and a context in which the parents admit that they did not always prioritise their children’s needs, were only apparent after Child E’s death. There was no obvious occasion for these factors to be assessed by professionals, and indeed in the contact during the first three months of his life there were no recorded concerns, and Child E was reported as thriving and well-cared for.

73. Child E’s death was an accidental occurrence that has had a profound effect on his parents, and which they regret deeply. Mother was adamant and passionate about her commitment to her children and their well-being. They have acknowledged many factors in their previous behaviour that were not ideal, and have made strong efforts to change their lifestyle, to reject alcohol and drug abuse, and have attempted to build a new family life after Child E’s death.

74. The key learning from this case comprises the following points:

- It is good practice to manage school attendance proactively, even where there appears to be a long-standing medical reason for a child’s absence. The school setting needs to be assured that the appropriate support is available to parents in these, often difficult, circumstances, and that the impact on other members of the family is understood. Changes of arrangements within school have addressed these issues, and there is evidence of appropriate senior oversight of attendance issues, better recording of absence and explanations, and prompt follow-up with home visits for all absences.
- Where a child with known needs moves from nursery to school it is good practice for a home visit to be undertaken to assess any possible additional support and to agree with parents on the plan for transition. Previous attendance at nursery should not prevent this taking place.
- Schools need to recognise the support and advice that Children and Families First Service can provide on issues of attendance and vulnerable children.
- The organisation of health visiting services in large teams made record keeping and continuity of care difficult to maintain. This has now been changed in the establishment of local Health Visitor teams more closely linked to primary care.



It was a significant gap that there was not regular liaison between the health visitors and the GP practice. The number of failed appointments should have triggered a conversation between the child's GP and health visiting.

- Training on a multi-agency basis to recognise the possible indicators of neglect arising from a series of low level concerns, and particularly to understand the cumulative way in which these can impact in children, is needed. It is not my view that this would have changed the circumstances of Child E's death, but the case illustrates that understanding of neglect is underdeveloped and not shared across agencies.
- Regular consideration should be given by the Family Support team within Birmingham Children's Hospital as to whether families with a child who has complex medical needs would benefit from a family Common Assessment Framework as a matter of routine, to ensure that the needs of all family members are assessed.

### **Recommendations**

75. The Coventry LSCB should:

- 75.1. Seek assurance that the arrangements for each GP practice to have a named health visitor for regular and consistent contact, provides for the accurate and timely sharing of information about families in need.
- 75.2. Request the Birmingham Children's Hospital Foundation Trust to review the work of the Family Support Workers to ensure that they proactively engage with families attending for ongoing medical treatment, and record clearly what offers of support have been made and explored.
- 75.3. Promote multiagency training on the combination of early risk factors that can arise for families and how these can be better recognised and assessed and incorporate the learning from this case in developing better awareness of early risk factors, neglect and accessing early help.
- 75.4. Review the evidence of awareness by parents of the risks of co-sleeping, and where there are seen to be gaps, develop effective communication strategies about the risks and dangers, addressing both professional audiences and parents/families.
- 75.5. Ensure that school attendance policies and guidance for all schools promote a more rigorous questioning of the reasons for absence, and that where medical reasons are provided these are explored to ensure that the family is receiving the best possible support to encourage attendance.

David Ashcroft  
Independent Report Author  
2 March 2016



Coventry City Council

## Briefing note

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

**14<sup>th</sup> April 2016**

**Subject: Children's Social Care Performance Report two year comparison 2014/5 and 2015/6**

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### **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 Performance Progress. The report compares data from the year 2014/15 with data as at February 2016.

### **2 Recommendations**

- 2.1 It is recommended that the Education and Children's Services Scrutiny Board (2):
- 1) Consider the performance progress made over the last year.
  - 2) Identify any further recommendations for the appropriate Cabinet Member

### **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 27<sup>th</sup> June 2014. A revised and updated Improvement Plan was published on 10<sup>th</sup> March 2015. The Plan has been further updated and will be published in April 2016.
- 3.2 A Children's Services Improvement Board was established in March 2014, the Board is chaired by Mark Rogers, Chief Executive at Birmingham City Council and 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 A separate report has previously been produced to highlight progress and performance to Improvement Board, as performance management was not sufficiently in place in Children's Services. The service is now able to produce one comprehensive data set for Children's Services, combining the Improvement Board progress and performance report with the children's services monthly performance report. This gives senior leaders assurance of the progress and improvements in Children's Services. This has been based on good practice examples from other Local Authorities and the data made available to Her Majesty's Inspectors prior to Inspection.
- 3.4 The Director of Children's Services and all Heads of Service, Service Managers and Team Managers have access to the performance dashboards and are able to monitor

performance on a weekly basis. This data is updated each day overnight. Work is currently underway to create a directors dashboard. Performance is actively tracked and managed each month by the Director of Children's Services.

- 3.5 This report provides a comparison of the performance in Children's Service compared with the previous year 2014/15.

#### **4 Children's Social Care Performance Report**

- 4.1 The Performance Report in **Appendix 1** compares data from the year 2014/15 with data as at February 2016.

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**Children Social Care Performance Report**

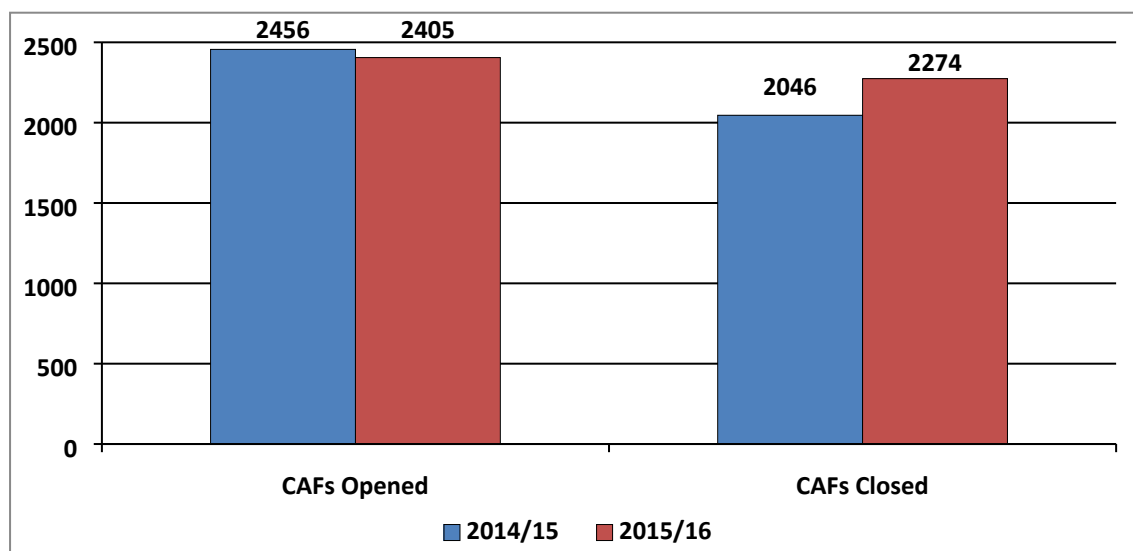
**March 2015 to March 2016**

**Report to SB2**

**Please Note: This report compares data from the year 2014/15 with some data as at February 2016 as official year-end figures for the year 2015/16 will not be available until July 2016 following the completion of Statutory Returns.**



## 1.1 CAFs Opened and Closed



### Commentary

The percentage of all CAFs having action plans completed continues to improve and is currently 68.8%, against a target of 70%. This demonstrates that families who have engaged in the CAF assessment, benefit from interventions delivered in conjunction with the Early Help and Prevention workforce, and ensures outcomes for children and young people are met.

## 1.2 Open CAFs by Lead Agency

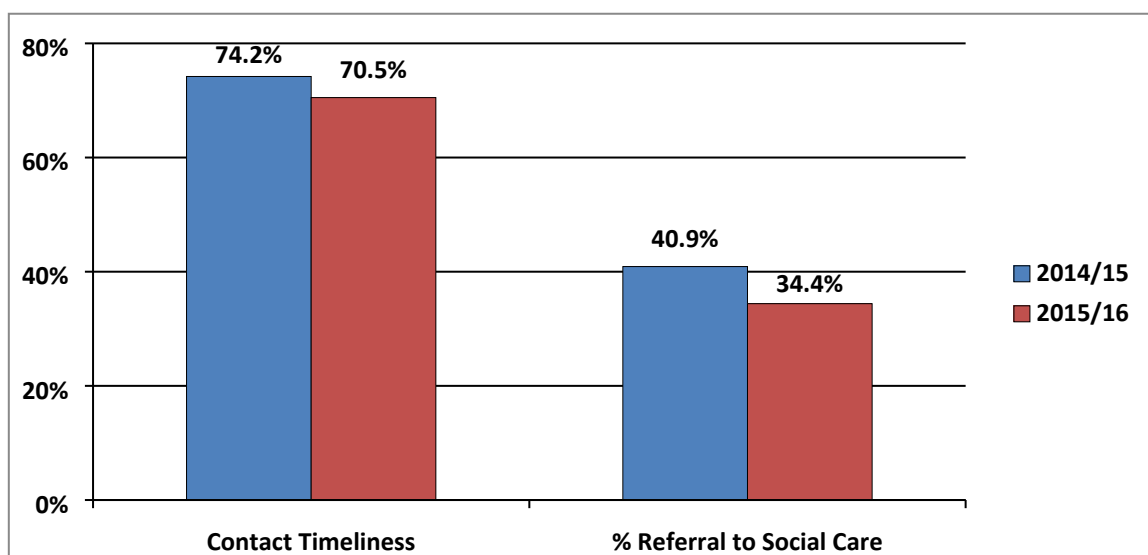
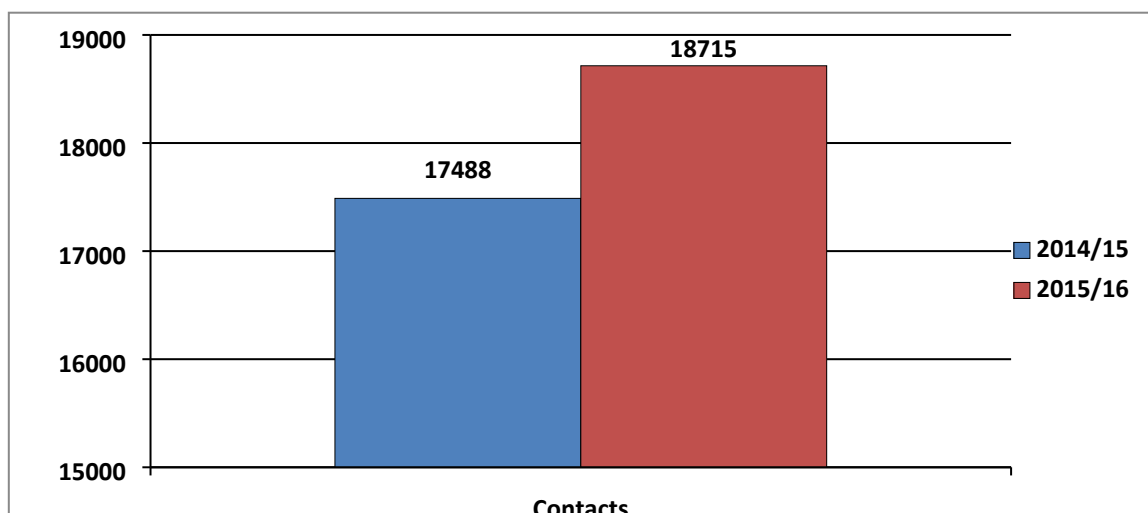
Department	Mar 15	Mar 16
Children & Families First	1027 (53.6%)	925 (47.5%)
Children's Centres	300 (15.7%)	317 (16.3%)
Children's Services	70 (3.7%)	84 (4.3%)
Health	52 (2.7%)	112 (5.7%)
School	467 (24.4%)	510 (26.2%)
<b>Total</b>	<b>1916</b>	<b>1948</b>

### Commentary

Coventry City Council Early Help and Prevention Services hold 70% of all CAFs with external agencies making up the other 30%. Further work is taking place to redress the balance in holding CAFs by external agencies and supporting families at lower levels of intervention. Benchmarking work with statistical neighbours has been undertaken – there is a wide-range and variety of models in operation and there is a wide-range of performance management data. There is no standard practice to set a target that relates to the numbers of CAFs/ Early Help Assessments held by non-LA agencies. The target to increase the number of CAF's held externally is 40% should remain in place as this retains a focus - this would equate to additional 500 families being supported by a CAF at level 2.



### 1.3 Contacts (excluding DV Notifications)



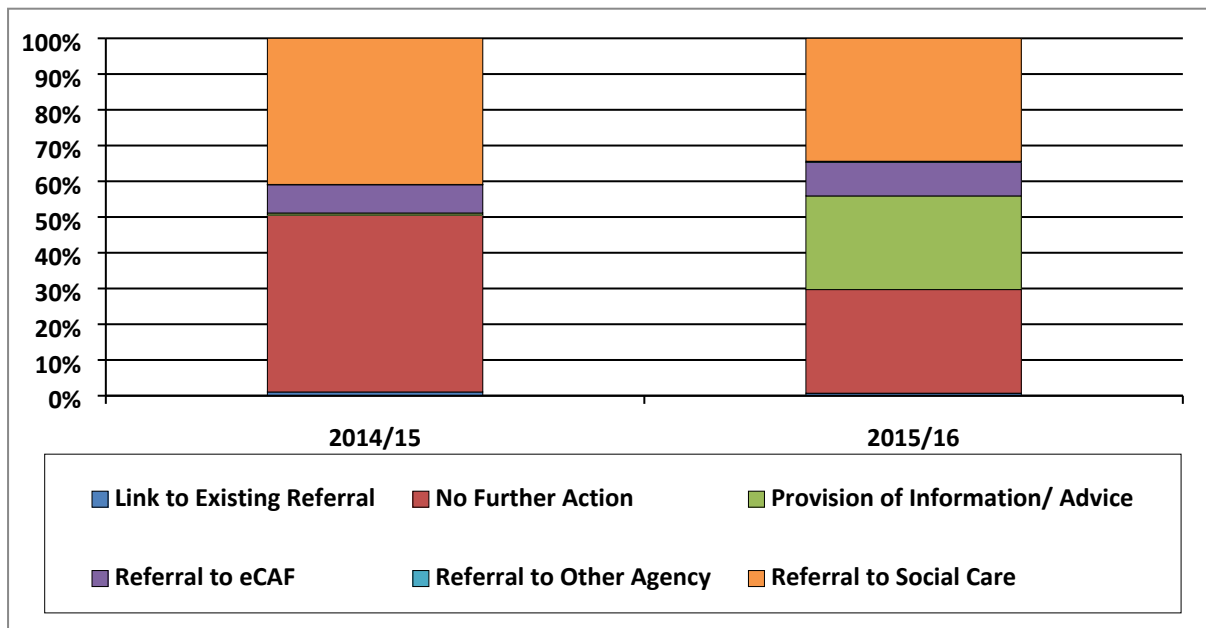
#### Commentary

The number of contacts to Children’s Services has increased in the last year. This is a national trend. The increase also coincides with the introduction of the MASH in Coventry—this is not unusual, agencies may use this service to obtain advice which will be formally logged as a contact, as can be seen in the next graph there is an increase in contacts where information and advice has been given alongside this.

Contact timeliness continues to be below what is expected at 70.5%, compared with 74.2% last year. Timescales have been affected by the increase in contacts along with resources within the MASH, posts have now been recruited to, and timeliness will therefore improve.

The percentage of contacts progressing to a social care referral are reducing. There are a number of reasons for this and include MASH currently operates as the front door for Children’s Services, confidence of partners and a risk adverse culture across the city.

### 1.4 Contact outcomes:



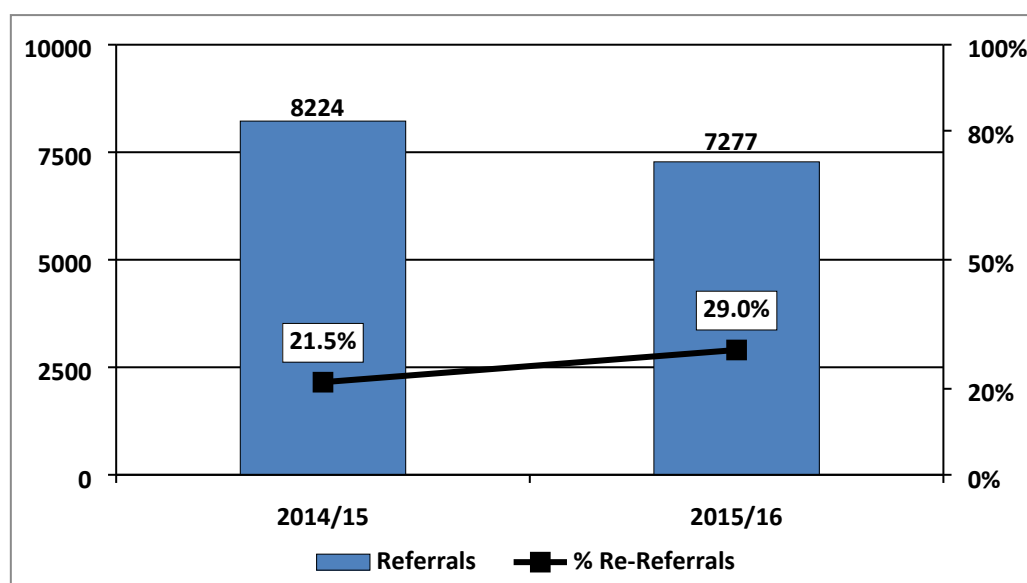
#### Commentary

Contacts should have an outcome within 24 hours; at present the YTD figure is 70.5% of contacts processed within the 24 hour timeframe.

A large majority of the responses to initial contacts in the MASH is responding to advice and information or No Further Action (NFA) which when combined remains at 55.2 % of the work (YTD).

It is not unusual when introducing a MASH to see an increase in agencies accessing this service for support and advice. However this has a negative impact on timeliness and also can have adverse impact with those contacts waiting to be processed for a service being delayed and this in itself is a risk to the service.

## 1.5 New Referrals and Re-Referrals



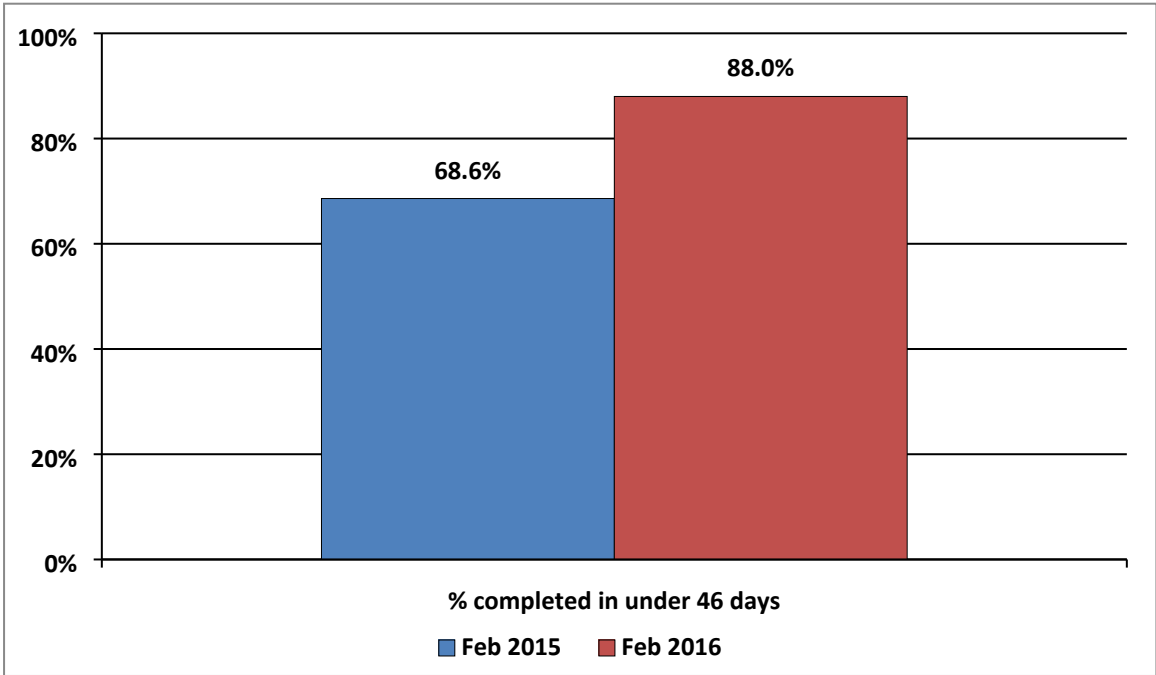
### Commentary

A Referral is any child who goes on to receive a Social Care assessment for a service. A Re-referral is defined as any referral received within 12 months of a previous Referral having been received. The graph shows a steady rise in the percentage of Re-referrals since April 2015 and remains at 29%.

When comparing the Re-referral rate with Statistical Neighbours and the England average it is high and also higher than in previous years.

An Action Plan has been completed to address the issues with Step up/step down from Neighbourhoods to Early Help from the re-referral Audit completed in February 2016. A new process has been developed and is being implemented, but are too new to show any significant change as of yet as it needs to be embedded.

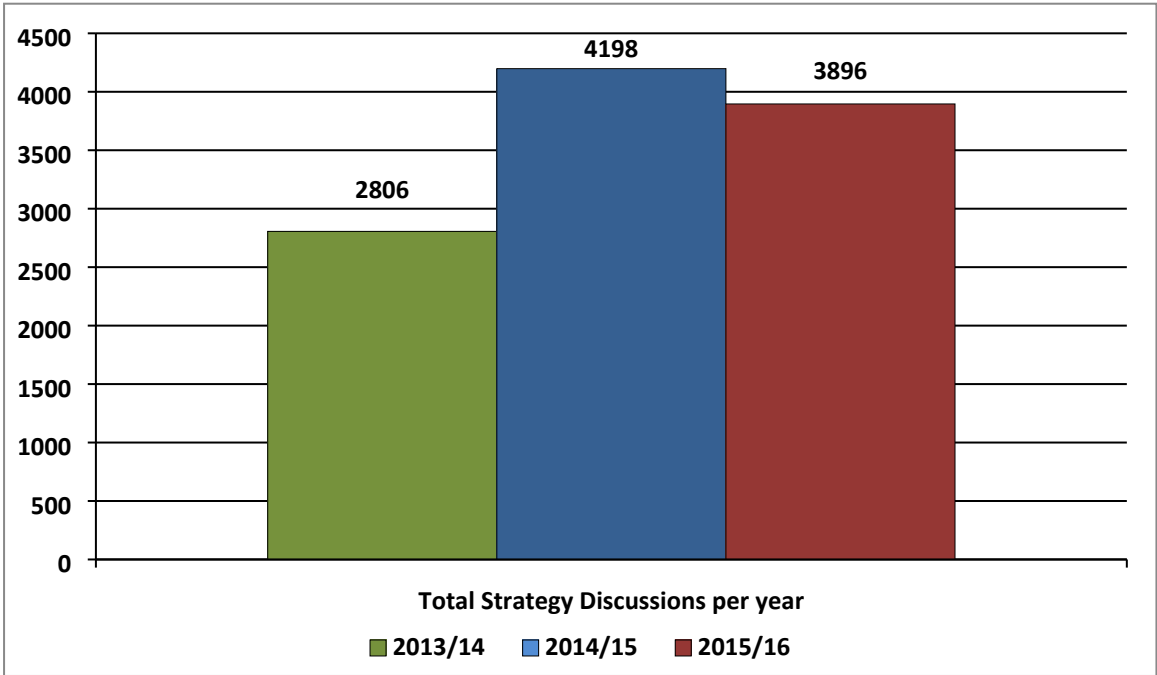
### 1.6 Children and Families Assessment Timeliness



#### Commentary

YTD, 88% of assessments are completed within 45 working days. Assessment timeliness is determined by the Manager based on the complexity of the case and therefore many may not necessarily require 45 days. The majority of assessments are being completed is between 11 to 28 days. The graph shows positive improvement compared with the same time last year.

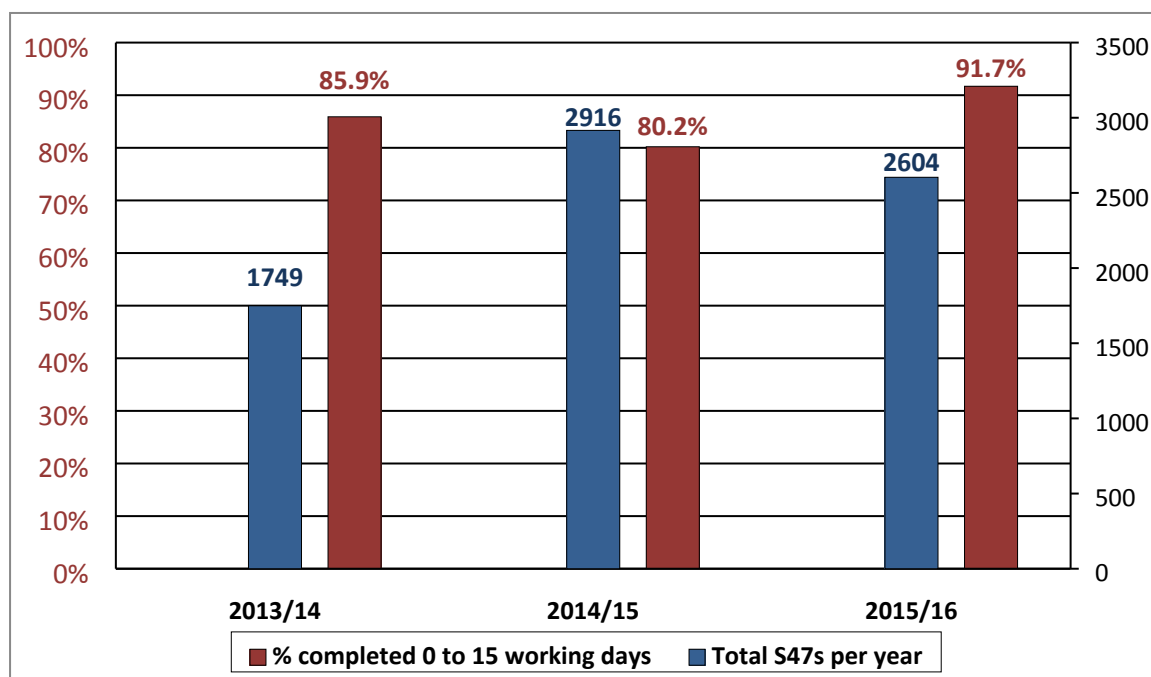
**1.7 Children subject to a Strategy Discussion:**



**Commentary**

The number of Strategy Discussions held during 2015/16 has reduced compared with the previous year. The reduction will be partly in response to the establishment of the MASH in that the sharing of multi-agency information may negate the need for a strategy as the information may diffuse the initial concern, but also allow for a more focused piece of intervention. Agencies working together to share information results in less families requiring an investigative response and more being worked as part of a child in need.

### 1.8 Timeliness of completion of Section 47 Enquiries:

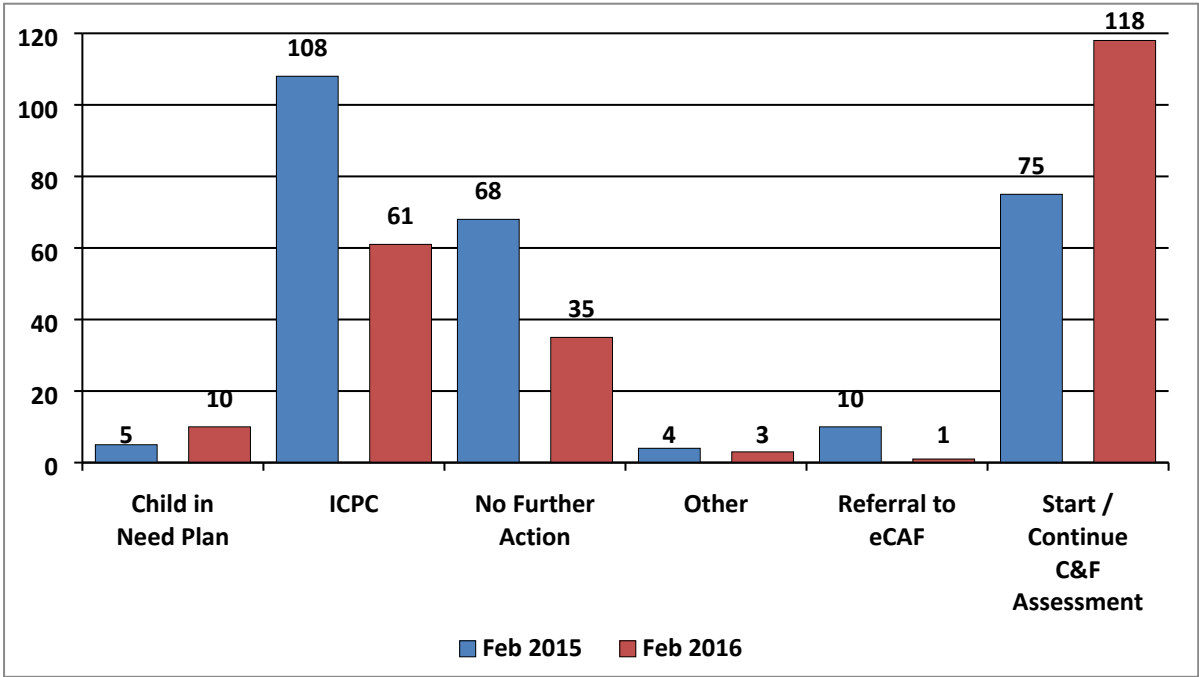


#### Commentary

The majority of Section 47 Enquiries are completed within 15 working days, with most completed between 0 to 10 days. This ensures that those children requiring a high level of intervention due to safeguarding concerns have a swift and prompt response.

This is showing an improvement compared with the previous years.

**1.9 Outcomes of Section 47 Enquiries:**



**Commentary**

The number of Section 47 Enquiries resulting in a Children and Families Assessments has increased in the last year. Those requiring no further action have reduced. This suggests that the section 47 process is robust and the investigation outcome identifies that there are needs which require a further holistic assessment.

## 1.10 Child Sexual Exploitation (CSE)

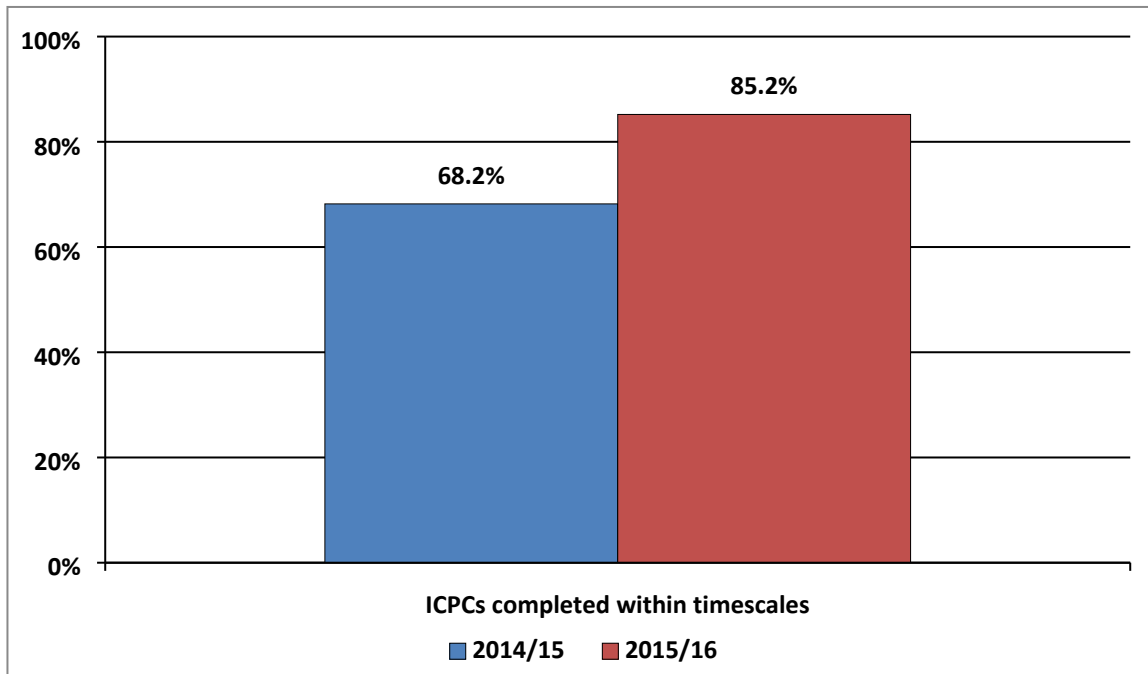
CSE Quarterly Assessment Data Return – 2015/16 Quarter 3 Victims					
Current total number of children identified as 'at risk' of CSE (all three risk levels)	male: 26	female: 152			
Number of children assessed as 'serious risk' of CSE nb a child being sexually exploited	male: 5	female: 56	Of these, how many were identified in the last quarter:	male: 0	female: 17
Number of children assessed as 'significant risk' of CSE nb a child being targeted for exploitation	male: 3	female: 22	Of these, how many were identified in the last quarter:	male: 0	female: 2
Number of children assessed as 'at risk' of CSE nb a child at real risk of being groomed or targeted for exploitation	male: 18	female: 74	Of these, how many were identified in the last quarter:	male: 2	female: 30
Number of children who experienced a reduction in their risk level:	male: 0	female: 26			

### Commentary

The above table highlights the number of children at Quarter 3 (1 October – 31 December 2015) identified as "at risk" of CSE for all 3 risk levels. This information is available quarterly and will be updated in April 2016. There is no comparable data for 2014/15.



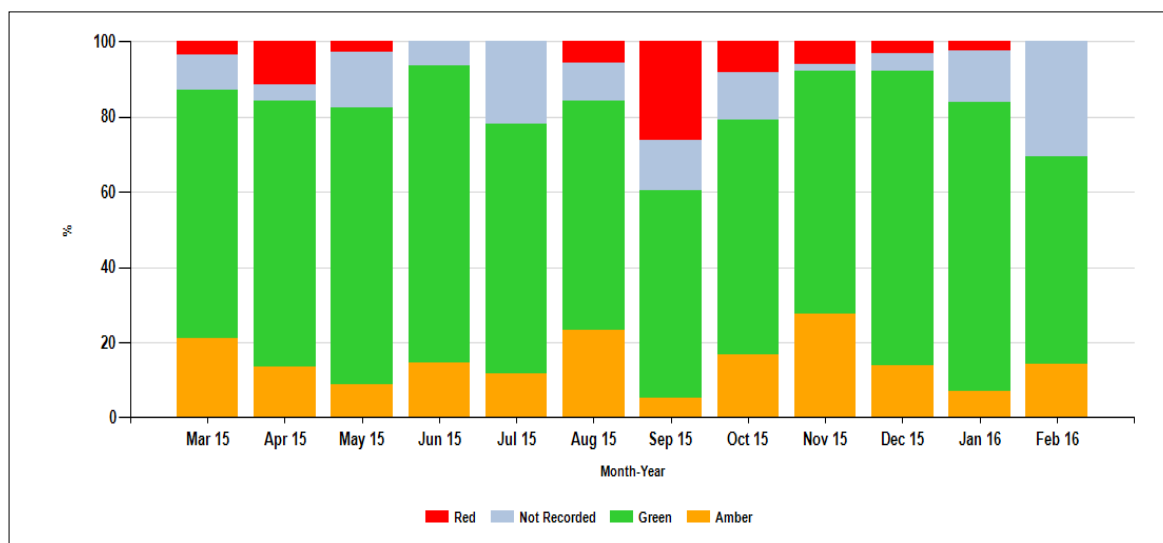
### 1.11 Initial Child Protection Conferences (ICPCs) timeliness



#### Commentary

The timeliness of ICPCs overall per child YTD is 85.2%, this is a significant improvement compared with the previous year. This is linked to the significant improvement in the timelines of section 47 processes and a much more focused response to responding swiftly to those children in need of child protection.

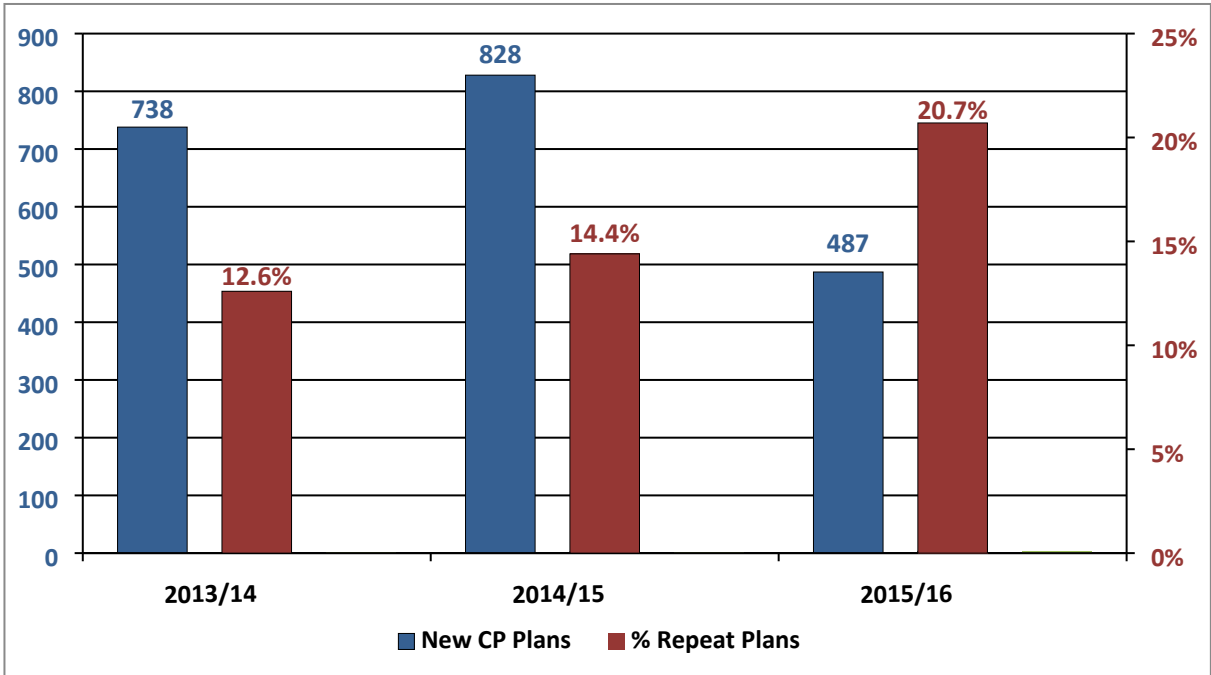
### 1.12 Initial Child Protection Conferences (ICPCs) Participation & RAG ratings



#### Commentary

Participation at Child Protection conferences is not yet good enough. A meeting has already been held with Barnado's to vary the contract to introduce an opt-out process for children rather than an opt-in process. Children are being visited by conference chairs. Photos of the chairs and the conference suite are being taken to put into an information leaflet for children and young people and other technologies are also being explored. Chairs/ advocates are to offer children/ young people the opportunity to visit the conference suite prior to conference.

### 1.13 New Child Protection Plans and repeat plans per month



#### Commentary

The number of new plans has reduced considerably in the last year. This indicator has yet to show a consistent trend but is considerably lower than previous figures. The percentage of repeat plans is too high and needs further analysis. Initial analysis identified that the trends include: crisis intervention without identifying causal factors and then working with families to help them manage and recognise stressors/ risks; optimistic practice; lack of systemic practice and meaningful intervention which would lead to sustainable change; start again syndrome.

## 1.14 Child Protection Demographics

Age Group	Mar 2015	Mar 2016
Unborn	31	13
0 to 3	210	148
4 to 11	329	235
12 to 16	122	88
17+	5	4

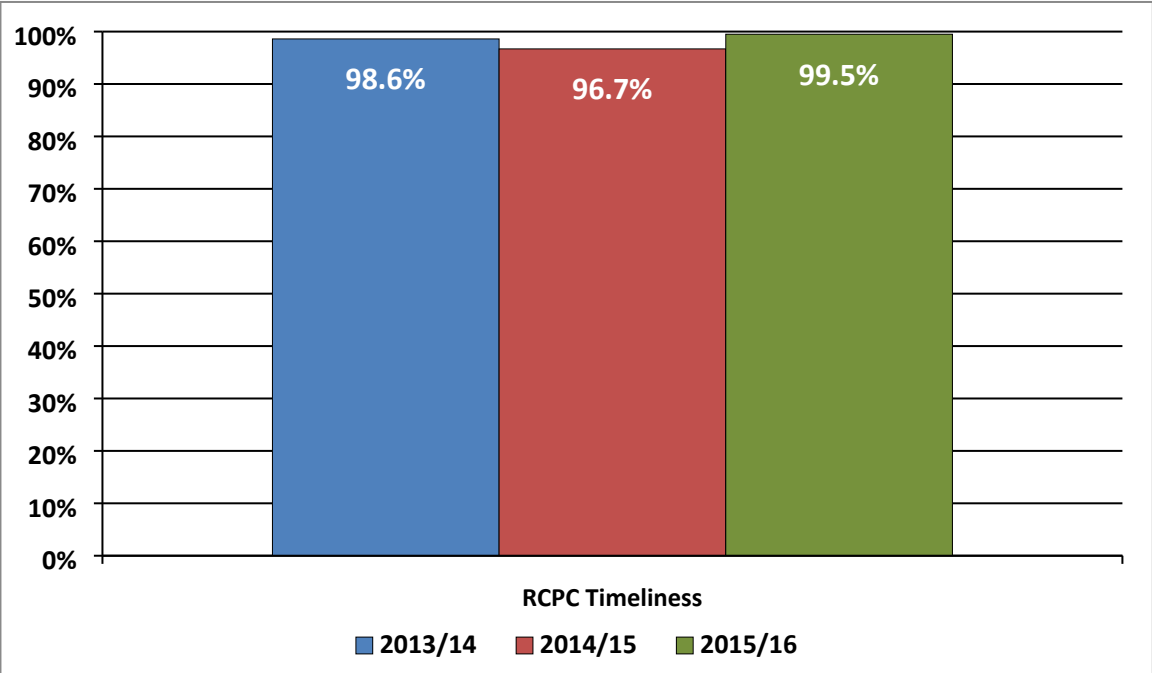
Months on CP Plan	Mar 2015	Mar 2016
0 to 5	342	229
6 to 11	201	127
12 to 17	119	77
18 to 23	27	25
24+	8	30

CP Category	Mar 2015	Mar 2016
Emotional	395	241
Neglect	225	200
Physical	37	21
Sexual	40	26
<b>TOTAL</b>	<b>697</b>	<b>488</b>

### Commentary

There are a number of children who have been subject to a plan for 18 months, this has reduced slightly compared with the previous year. All of these have been reviewed by the safeguarding service and email alerts sent to relevant team managers. There are measures now in place to ensure that drift is avoided; an alert is sent to the relevant service manager at the second review conference (9 months) to ask for a plan to remove or escalate/ deescalate. Changes to practice and the use of signs of safety should enable plans to be shorter and more effective. This will be closely monitored and the alert system evaluated within 6 months. There is a piece of work to do around ethnicity as it appears out of sync with the demographics of the city. This has been added to the audit programme.

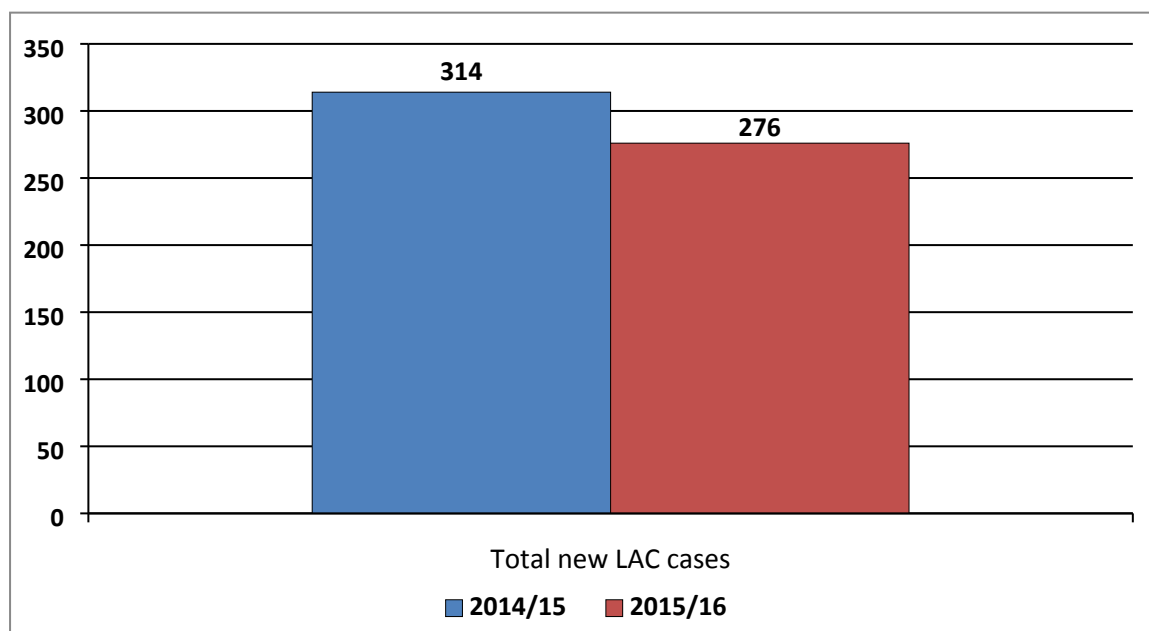
### 1.15 Review Child Protection Conferences (RCPCs) Timeliness



#### Commentary

RCPC continue to be held on time and the indicator reflects this. Timeliness in 2015/16 is particularly good at 99.5%. More work will be completed in relation to the RAG rating to ensure themes are captured and used to improve practice. RAG ratings are reducing; this may equate to improvements but more likely equates to the more robust use of the IRO handbook management escalation process.

### 1.16 Children entering Care and previously looked after per month



#### Commentary

The number of children entering care in 2015/16 is significantly lower than the number of children who entered care in 2014/15.

The strengthening edge of care services to enable children to remain safely with their families is helping to reduce the number of children entering care. Panels were operational from 1<sup>st</sup> March 2016 and focus on children at the edge of care, placement stability and placement choice for children in care. Edge of Care Services are under review.

## 1.17 Legal status on entry to care

Legal Status	2013/14	2014/15	2015/16
C1 - Interim Care Order	25.4%	25.6%	24.6%
C2 - Full Care Order	0.9%	1.4%	1.1%
E1 - Placement Order	0.0%	0.3%	0.0%
J1 - In local authority on remand, or committed for trial or sentence	3.1%	4.3%	2.5%
L1 - Under police protection, in local authority accommodation	24.1%	25.1%	25.4%
L2 - Subject to emergency protection order	1.9%	3.1%	1.4%
V2 - Single period of accommodation under Section 20	42.9%	40.2%	44.9%

## 1.18 Children entering Care by Age

Age Group	% 2013/14	% 2014/15	% 2015/16
0 to 3	30.8%	33.2%	32.1%
4 to 11	34.5%	37.3%	30.4%
12 to 16	31.6%	26.4%	35.4%
17+	3.1%	3.4%	2.1%

### Commentary

The numbers of children entering care is showing a reduction compared to the previous years, edge of care services have been strengthened over this period. There is an increase in the number of children re-entering care during the year and the reasons for this are being considered as part of the Edge of Care Review.

### 1.19 Children currently looked after & number dual registered

Date	LAC numbers	Dual registered
Q4 2014-15	587	14
Q1 2015-16	598	7
Q2 2015-16	599	19
Q3 2015-16	615	3
Q4 2015-16	585	9

#### Commentary

LAC numbers are relatively stable, with 585 Children Looked After compared with 587 in the same quarter in 2014/15. A number of children have exited care via adoption and Special Guardian Orders (SGO).

The number of Looked After Children as at 29 February 2016 is 605.



## 1.20 Children looked after: Placement Type

Placement Type	2013/14	2014/15	2015/16
Fostering (External)	41.7%	47.4%	44.0%
Fostering (Internal) - Family & Friends	4.8%	3.9%	3.8%
Fostering (Internal) - Mainstream	25.2%	22.8%	26.0%
Independent Living	0.0%	0.2%	0.5%
Other	0.0%	0.0%	0.2%
Placed For Adoption	7.3%	6.1%	5.5%
Placed With Parents	3.7%	2.4%	1.5%
Residential (External) - Children's Homes	11.4%	11.7%	10.4%
Residential (External) - Children's Homes (Secure Accommodation)	0.0%	0.5%	0.3%
Residential (External) - Other	0.8%	1.4%	2.1%
Residential (External) - Residential School	0.5%	0.3%	1.2%
Residential (External) - Supported Accommodation	2.9%	2.0%	1.9%
Residential (Internal)	1.7%	1.2%	2.6%

### Commentary

The number of children placed in Children's Homes and Supported Accommodation currently is 14.2%, which has decreased from 16.0% in 2013/14 and 15.4% in 2014/15. This is still 5% above the most recent benchmarking figure for the All England average and 4% above the most recent benchmarking figure for the West Midlands and our Statistical Neighbours. For most other categories, Coventry remains similar to all benchmarking comparators, the only other notable difference being in the proportion of looked after children placed with parents, which appears to be lower in Coventry than elsewhere.

A Placement Sufficiency Strategy has been produced to provide a strategic approach for commissioning placements for Looked After Children, the aim is to reduce the number of children placed in residential care over 2016/17.

## 1.21 Placement Stability

Placements last 12 months	2013/14	2014/15	2015/16
1 Placement	65.0%	65.1%	64.0%
2 Placements	25.0%	23.3%	21.9%
3 or more Placements	10.0%	11.6%	14.0%

### Commentary

The number of children with 3 or more moves has increased over the 3 year period and is above national average. An audit of 25% of children in this cohort has been undertaken and an action plan is in place outlining measures are in place to reduce the risk of placement moves.

## 1.22 – Looked After Children LAC Timescales

LAC Review Timeliness	
2013/14	96.8%
2014/15	84.8%
2015/16	94.6%

### Commentary

The % of reviews held on time continues to be over 90% the target is however 100%. There has been a slight increase in red rag ratings this is due to the increasing confidence of the IROs to challenge performance and should be seen as positive. Participation, children and young people actually attending their review continues to be below 50% even allowing for the under 4's not being included. This is an area for improvement and more creative, child centred ways of holding reviews are being considered. The Voice of the Child in Care Council is actively being consulted to assist in the development of child centred reviews.

### 1.23 Care leaver status

Placements last 12 months	2013/14	2014/15	2015/16
Eligible	33.9%	21.7%	33.3%
Relevant	6.2%	12.6%	1.9%
Former Relevant	59.9%	65.7%	64.8%

### 1.24 Pathway plans & demographics

Status	Total	% Pathway Plan completed
Eligible	130	80.8%
Relevant	7	42.9%
Former Relevant	244	98.9%
Total	381	91.6%
31 March 2014/15	361	88.9%

### Commentary

All former relevant young people have a Pathway Plan in place. At the end of March there are 26 eligible children where pathway plans are due and this includes young people who have just become eligible, plans are in progress and the worker has up to 13 weeks to complete and further cohort where the pathway plans are overdue and target dates in March have been set with staff. These are reviewed weekly by service managers.

The demographics below provide age/gender/ethnicity of care leavers. There is no comparable data available for 2014/15.

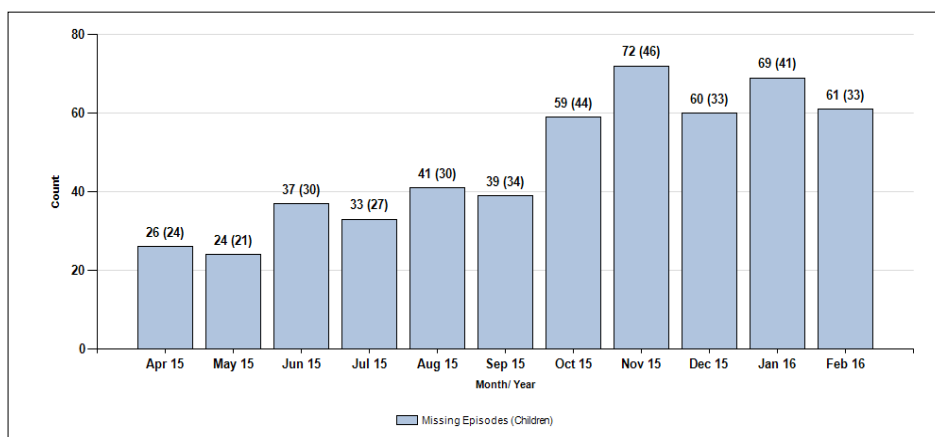
Age	Count	%
16	58	15.5%
17	70	18.7%
18	66	17.6%
19	83	22.1%
20	79	21.1%
21	11	2.9%
22	4	1.1%
23	3	0.8%
24	1	0.3%
<b>Total</b>	<b>375</b>	<b>100.0%</b>

Gender	Total	%
<b>Female</b>	<b>177</b>	<b>47.2%</b>
<b>Male</b>	<b>198</b>	<b>52.8%</b>
<b>Total</b>	<b>375</b>	<b>100.0%</b>

Disability	Total	%
<b>Yes</b>	<b>62</b>	<b>16.5%</b>
<b>No</b>	<b>313</b>	<b>83.5%</b>
<b>Total</b>	<b>371</b>	<b>100.0%</b>

Ethnicity	Total	%
African	26	6.9%
Any other Asian background	14	3.7%
Any other Black background	1	0.3%
Any other ethnic group	7	1.9%
Any other mixed background	1	0.3%
Any other White background	7	1.9%
Bangladeshi	6	1.6%
Caribbean	7	1.9%
Gypsy/Roma	1	0.3%
Indian	6	1.6%
Pakistani	3	0.8%
White and Asian	11	2.9%
White and Black Caribbean	16	4.3%
White British	266	70.9%
White Irish	3	0.8%
<b>Total</b>	<b>375</b>	<b>100.0%</b>

### 1.25 Missing children 2015-16



#### Commentary

There has been a decrease in overall number of missing episodes at 61, relating to 33 children, of which 22 are LAC and 11 are living at home. 22 young people had an RHI – which equates to 64.7%

72.7% of those RHI completed were in timescale. However, overall, taking into account those children who have not had an RHI, performance is still not as robust as it could be. Further work is on-going to analyse the information contained in the RHI to understand the patterns and trends in respect of missing.

The Protocol missing workspace is now far more reflective of data held by the Missing Team for operational purposes.

There is no comparable data available for 2014/15.

## 1.26 Caseloads

### Neighbourhoods

Caseloads	Target	Mar 15	Jun 15	Sep 15	Dec 15	Feb 16	Mar 16
<b>RAS</b>	<b>20-25</b>	23.72	20.47	14.14	26.6	28.9	26.6
<b>South</b>	<b>20-22</b>	20.54	23.78	19.17	20.41	19.7	19.3
<b>North West</b>	<b>20-22</b>	17.02	20.49	20.06	16.6	20.7	20.6
<b>North East</b>	<b>20-22</b>	19.81	21.97	19.75	19.71	17.8	21.7

### Independent Reviewing Officers (IRO's)

Caseloads	Target	Feb 2015	Jun 2015	Sept 2015	Dec 2015	Feb 2016	March 2016
<b>IROs</b>	<b>50-70</b>	83	74	76	72	65	65

### Commentary

Average caseloads in the Referral and Assessment Service (RAS) were 42 in March 2014, and have improved significantly over a two year period. Average caseloads have stabilised at 26-28 during the last quarter, against a target of 20-25. Average caseloads in the Neighbourhoods have also stabilised and are 19-21 against a target of 20-22.

IRO average caseloads continue to reduce and are now 65, which is a significant improvement compared to the high of 129 in October 2014.

## Fostering Scorecard

### Section 10: Fostering & Adoption Scorecards

#### Service Capacity<sup>17</sup>:

Quarter	Approved Households	Approved Places	Places Filled (%)	Places On Hold or Blocked (%)	Places Vacant (%)	Households On Hold (%)
Q1	147	236	136 (58.1%)	53 (22.7%)	45 (19.2%)	24 (16.3%)
Q2	151	258	152 (58.9%)	64 (24.8%)	42 (16.3%)	27 (17.8%)
Q3	147	237	151 (63.7%)	53 (22.4%)	33 (13.9%)	23 (15.7%)
2014/15	153	250	137 (54.8%)	66 (26.4%)	47 (18.8%)	32 (20.9%)

#### Recruitment & Retention<sup>18</sup>:

Quarter	New Foster Carer Households Approved	Places Gained	Foster Carer Households Deregistered	Places Lost	Net Households	Net Places
Q1	2	2	5	11	-3	-9
Q2	6	8	2	5	+1	+3
Q3	10	11	16	23	-6	-12
2014/15	27	33	17	23	+10	+10

At the end of Q3 (2015/16), 151 of 237 approved places were filled. This shows an increase in the proportion of approved places filled, having risen from 54.8% at the end of 2014/15 to 63.7%, with an extra 14 children being placed internally since 31<sup>st</sup> March 2015. There has also been a reduction in the number of places currently on hold or blocked, which was 53 (22.4%) at the end of Q3 2015/16, down from 62 (26.4%) at year-end 2014/15. Around 33 (13.9%) of places were vacant at the end of Q3, down from 47 (18.8%) at year-end 2014/15. 10 new fostering households have been approved, which has accounted for 11 newly approved places.

The Fostering Steering Group has considered the data in respect to recruitment activity and has noted the healthy number of enquiries from the new campaign. A detailed review of the assessment process confirmed that conversion of enquires and assessment required significant improvement. A recruitment hub has now been established and a more streamlined assessment process implanted which will improve the

conversion of the enquiries into approvals within a shortened timescale. The recently appointed Director of Children's Services has set an ambitious target of a net gain of 100 placements over 2016/18.

**Assessment Activity:**

Year	Enquiries Started	Assessments Started (Stage 1)	Assessments Started (Stage 2)
2014/15	290	69	22
2015/16	211	40	10

**Assessment Timescales:**

Year	% Assessment (Stage 1) to Approval completed within 6 months
2014/15	55.6%
2015/16	20%

**Enquiry-Application-Approval Conversion Rates:**

Year	Enquiries	Stage 1	Stage 2	Approved	Active
2014/15	290	76 (26.2%)	32 (11%)	21 (7.2%)	7 (2.4%)

### Adoption Scorecard

Number of children Adopted	2011/12	2012/13	2013/14	2014/15	2015/16
Number of children adopted	28	40	52	70	54 children have been adopted up to 31 March 2016 and 31 placed for adoption.

Indicator <sup>19</sup>	1 year average					3 year average						
	2012/13	2013/14	2014/15	2015/16	W. Mids. 2014/15	2010/13	2011/14	2012/15	2013/16 YTD	All England 2011/14	W. Mids 2012/15	DfE Target 2012/15
A1 - Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)	821	610	525	467	509	884	733	625	542	628	590	487
A2 - Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)	402	193	170	146	213	343	280	233	171	217	198	121
A3 - Children who wait less than 18 months between entering care and moving in with their adoptive family (changed from 19 months in 2014/15) (no. & %)	63 (46%) < 20 Months	124 (73.4%) <19 months	95 (79%) < 19 months	90 (70%) < 18 months	Not collected	92 (29%) < 18 months	165 (42%) < 18 months	228 (53%) < 18 months	260 (62%) < 18 months	51% <19 months	Not collected	no target specified

**Commentary:**

The Adoption score card represents the first 3 quarters of the year – Quarter four will be available following the validation of the timeliness data in April.

54 children have been adopted in 2015/16 compared with 70 last year. This lower number is as a result of the slowing number of placement orders being made, the lengthening of the adoption order application process which now allows for appeals by birth parents and conclusion of a number of legacy cases last year. Improvements in timeliness have continued in quarter 2 with timeliness now comparing very favourably with West Midlands and All England averages. The impact of the remaining 3 legacy cases which were concluded in quarter 4 see an impact on timeliness – however the Service is confident that the gains made in the past 2 years are secure and that further improvements will be made in 2016/17.





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Cabinet Member for Children and Young People  
Education and Children's Services Scrutiny Board

14 April 2016  
14 April 2016

**Name of Cabinet Member:**

Children and Young People – Councillor Ed Ruane

**Director Approving Submission of the report:**

Executive Director People

**Ward(s) affected:**

All Wards

**Title:**

*Recommendations from the Scrutiny Task and Finish Group on Supervision of Social Work Staff*

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**Is this a key decision?**

No

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**Executive Summary:**

At their meeting on 18<sup>th</sup> June 2015, Members of the Education and Children's Services Scrutiny Board agreed to establish a task and finish group to look in more detail at the supervision of social care staff, to support the improvement plan.

The Task and Finish Group met four times to look in detail at the work that had already been done to improve supervision of staff, talk to existing managers and analyse information from a staff supervision survey undertaken in 2014 and 2015, to be able to identify other areas of improvement.

**Recommendations:**

The Education and Children's Services Scrutiny Board (2) is recommended:

- 1) To endorse the recommendations to the Cabinet Member for Children and Young People.
- 2) That Scrutiny maintains oversight on progress against the recommendations and any future changes in performance, receiving a report in 6 months and 12 months' time.

The Cabinet Member for Children and Young People is recommended to instruct officers:

- 1) To update the Supervision Policy to take into account the following:
  - a. That regular sample audits of supervision be undertaken to monitor both quality and quantity of supervision.
  - b. The quality control section of the Supervision Policy reflects Members' oversight
  - c. That supervision training is part of the induction for new managers.

- d. That reflective supervision is used as a standard part of regular supervision session.
  - e. That children's views and wishes are discussed and these discussions are recorded during supervision sessions
- 2) To ensure the updated supervision policy is implemented and complied with across the whole service.
  - 3) That all managers with casework responsibility to have received recent supervision training within 6 months, then all managers across the service within 12 months.
  - 4) That a statement of intent regarding levels of caseloads is developed.
  - 5) That good practice is identified and shared across the service, not just teams.
  - 6) That within 3 months all staff to have a supervision agreement.
  - 7) That Research In Practice to be promoted to all staff to make use of current research and evidence to inform their practice.
  - 8) That annual appraisals, using the Council's behaviours framework are undertaken alongside monthly supervision sessions.
  - 9) That a staff survey is undertaken on an annual basis to enable oversight of the impact and implementation of the policies and practice across Children's Services.

**List of Appendices included:**

Appendix 1: Supervision Policy (February 2015)

Appendix 2: Managers Focus Group Notes

Appendix 3: Supervision Survey Oct 14

Appendix 4: Supervision Survey Oct 15

**Other useful background papers:**

None

**Has it been or will it be considered by Scrutiny?**

Yes

*Education and Children's Scrutiny Board (2) 14 April 2016*

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

Yes – *Supervision of Social Work Staff Task and Finish Group of the Education and Children's Services Scrutiny Board (2)*

**Will this report go to Council?**

No

## **1 Context (or background)**

1.1 The Ofsted inspection of Children's Services undertaken in February-March 2014 identified serious weakness in the supervision of staff.

"Social workers do not always receive the right level of supervision from their managers to enable them to discuss cases fully and make the right decisions for children and young people, to improve their outcomes and ensure their safety and welfare."<sup>1</sup>

1.2 Improvements to supervision of social work staff were included in the improvement notice issued by the DfE on 20 June 2014 and included in the Children's Services Improvement Plan under section 5. Leadership and Governance - Effective Supervision and reflective practice.

1.3 At their meeting on 18<sup>th</sup> June 2015, Members of the Education and Children's Services Scrutiny Board agreed to establish a task and finish group to look in more detail at the supervision of social care staff, to support the improvement plan.

1.4 The Task and Finish Group met four times to look in detail at the work that had already been done to improve supervision of staff, talk to existing managers and analyse information from a staff supervision survey undertaken in 2014 and 2015, to be able to identify other areas of improvement.

1.5 The membership of the group was:

- Cllr Bains
- Cllr Bigham
- Cllr Lepoidevin
- Cllr Mal Mutton (Chair)
- Cllr Seaman

## **2 Options considered and recommended proposal**

2.1 Option 1 – Do Nothing

Members decided that considering that Children's Services was under a DfE Improvement Notice that to do nothing was not a viable option. This option is not recommended.

2.2 Option 2 – Support the current implementation of the Improvement Plan and refreshed Supervision Policy with no additional recommendations

When Members looked into the current situation in more detail, including a focus group with managers and the results of a supervision survey undertaken by staff they were able to identify areas of further work for priority and improvement. This option is not recommended

2.3 Option 3 – Make recommendations to the Cabinet Member for Children and Young People for further ways to improve supervision of social work staff.

Members felt they were able to identify areas of further work for priority and improvement that could contribute to the Improvement Plan. This is the recommended option.

2.4 Members heard that following the Ofsted inspection and notice of improvement there had been a Principal Social Worker appointed, whose role it was to improve practice and renew the supervision policy. Members heard that this work had been completed in February 2015 and that the new policy was now in place. (Appendix 1)

2.5 Members wanted to listen to managers within the service who were implementing this policy, to find out more about their experiences of both giving and receiving supervision.

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<sup>1</sup> Inspection of services for children in need of help and protection, children looked after and care leavers And Review of the effectiveness of the local safeguarding children board – Ofsted 21 March 2014

- 2.6 A focus group was arranged with seven service managers, covering different areas of the service, including the neighbourhood teams, Fostering and Adoption Service, RAS, MASH and Family Placements Service.
- 2.7 Members questioned the managers and key issues that were highlighted were:
- Managers felt that workload pressures were a barrier to effective and regular supervision and that they were chasing targets rather than focussing on quality of practice.
  - Good practice was identified within teams or neighbourhoods but not shared more widely across the service.
  - Not all managers make use of Research in Practice at the moment.
  - There was lack of clarity how the Supervision Policy sat alongside the Council's Behaviour Framework.
- 2.8 The questions and responses from the focus group can be found at Appendix 2
- 2.9 Members also heard that a survey had been carried out with all staff about their experiences of supervision in September 2014. Members requested that this survey was repeated to enable officers and Members to see if any progress had been made as a result of changes to the supervision survey. Summaries of the results can be found at Appendix 3 and 4
- 2.10 Members were able to compare the results from two consecutive years and were able to highlight the following issues:
- There is inconsistency across the service on the delivery of supervision and therefore the effectiveness of supervision.
  - Not all staff have a supervision contract.
  - Not all managers had received recent supervision training.
  - Not all managers make use of Research in Practice at the moment.
  - Not all staff are confident in their use of reflective practice.
  - The proportion of staff who used information on children's views and wishes was only 42%.
- 2.11 Having highlighted the issues above, members of the task and finish group were able to make the following recommendations.
- 2.12 The Education and Children's Services Scrutiny Board (2) is recommended:
- 1) To endorse the recommendations to the Cabinet Member for Children and Young People.
  - 2) That Scrutiny maintains oversight on progress against the recommendations and any future changes in performance, receiving a report in 6 months and 12 months' time.
- 2.13 The Cabinet Member for Children and Young People is recommended to instruct officers:
- 1) To update the Supervision Policy to take into account the following:
    - a. That regular sample audits of supervision be undertaken to monitor both quality and quantity of supervision.
    - b. The quality control section of the Supervision Policy reflects Members oversight
    - c. That supervision training is part of the induction for new managers.
    - d. That reflective supervision is used as a standard part of regular supervision session.
    - e. That children's views and wishes are discussed and these discussions are recorded during supervision sessions

- 2) To ensure the updated supervision policy is implemented and complied with across the whole service.
- 3) That all managers with casework responsibility to have received recent supervision training within 6 months, then all managers across the service within 12 months.
- 4) That a statement of intent regarding levels of caseloads is developed.
- 5) That good practice is identified and shared across the service, not just teams.
- 6) That within 3 months all staff to have an agreed supervision agreement.
- 7) That Research In Practice to be promoted to all staff to make use of current research and evidence to inform their practice.
- 8) That annual appraisals, using the Council's behaviours framework are undertaken alongside monthly supervision sessions.
- 9) That a staff survey is undertaken on an annual basis to enable oversight of the impact and implementation of the policies and practice across Children's Services.

### **3 Results of consultation undertaken**

- 3.1 As part of the task and finish group Members consulted directly with a group of Social Work Managers from a cross section of the service. They also made use of a service-wide survey on supervision that had been completed in September and October 2014. Members recommended that this survey should be repeated to show whether any progress had been made. The survey was repeated in October 2015 and members of the task and finish group were able to use the analysis and comparison between the two survey to identify progress and areas for further improvement.

### **4 Timetable for implementing this decision**

- 4.1 Recommendations in this report can be implemented as soon as the Cabinet Member has made a decision. The Education and Children's Scrutiny Board has requested an update on progress on implementing the recommendations within six months of a decision being made.

### **5 Comments from Executive Director, Resources**

#### **5.1 Financial implications**

All recommendations can be implemented within existing resources. These recommendations will support the Workforce Strategy within Children's Services which will contribute to a more stable workforce, less reliance on agency staff and therefore support savings targets.

#### **5.2 Legal implications**

There are no legal implications of implementing these recommendations.

### **6 Other implications**

#### *Any other specific implications*

- 6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

These recommendations will contribute to the Council Plan under:

Locally committed

Improving the quality of life for Coventry people

Protecting and supporting our most vulnerable people through:

- ★ keeping children and adults safe from harm.

Delivering our priorities with fewer resources

Making the most of our assets

Change how we work to become more flexible and adaptable, by:

- ★ developing our workforce and new ways of working through culture change.

## 6.2 How is risk being managed?

The recommendations made by the task and finish group support good social work practice. The risk of not achieving the recommendations set out is that social work practice is compromised; quality of practice suffers and impacts on future inspections. The consequence of this would be that the DfE improvement notice would not be lifted.

## 6.3 What is the impact on the organisation?

These recommendations will support the Children's Services Improvement Plan which is delivered through the Improvement Board and monitored closely by the DfE.

These recommendations will support meeting the requirements of the DfE improvement notice and as well as improving the quality of practice, therefore the quality of the workforce and in turn improve the quality of Children's Services.

## 6.4 Equalities / EIA

None.

## 6.5 Implications for (or impact on) the environment

None.

## 6.6 Implications for partner organisations?

None.

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**Appendices**

DRAFT



# Children's Services Supervision Policy

Updated February 2015

This policy updates the existing supervision policies across the Directorate and merges them into a single document.

## Equality and Diversity statement

The policy aims to be accessible to everyone regardless of age, disability, gender, race, sexual orientation, religion/belief or any other factor that may result in unfair treatment or inequalities in health/employment

### 1.0 Policy Rationale

- 1.1 The policy sets out the Children Learning and Young People Directorate's commitment to providing quality support and supervision to all members of staff who have a significant role in working with children and young people.
- 1.2 The Directorate aims to provide appropriate, responsive and flexible services for the most vulnerable citizens of Coventry and can only do this if staff understand what is expected of them, have the skills, knowledge, behaviours, values and attitudes necessary to carry out their roles, are fully supported in their work and are managed effectively.
- 1.3 Supervision is one of the ways that this can be achieved. This policy sets out how staff can expect to be supervised and provides managers with the key elements needed to supervise staff effectively.

### **It should be read with the accompanying guidance and procedures of the City Council**

- Code of Conduct
- Policy on Health and Safety
- Dignity at Work
- Disciplinary Procedure
- Capability Procedure
- Prevention and Management of Stress at Work
- Grievance Procedure

The policy is informed by the requirements set out in the HCPC Standards of Proficiency, which state that employees have a duty to:

- understand the value of critical reflection for practice and the need to record the outcomes of such reflection appropriately

- recognise the value of supervision, case reviews and other methods of reflection and review.
- use supervision to support and enhance the quality of their social work practice.

## **2.0 Scope of the Policy**

2.1 This policy provides a framework for supervision for all staff (whether they are permanent, temporary or agency) working for Coventry City Council in Children's Services.

## **3.0 Definitions, Functions and Purposes of Supervision**

3.1 Supervision is a participative process whereby supervisors ensure that employees are performing their roles to a satisfactory standard, and have the appropriate support and training to do so in accordance with the policies and procedures of the Coventry City Council.

The Children's Workforce Development Council definition states that:

'Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes.'

*Providing Effective Supervision, CWDC (2007)*

Reflective Supervision refers to:

'The process of learning from experience by "hovering above" and thinking about one's own practice and applying knowledge to it. Critical reflection goes further and is concerned not only with the immediate processes that constitute practice but also involves examining the power dynamics of the situation and the wider structures that shape practice. Reflexivity, additionally, contributes a social worker's awareness of self and her/his impact on practice, integrating personal knowledge and understanding with professional knowledge and understanding. A popular way of thinking about reflection in supervision is to see it as part of a cycle of learning from experience: social workers experience practice, reflect on that experience, conceptualise the experience by analysing and theorising their actions/feelings and move on to plan how to act in future on the basis of what they have learnt. For learning to be fully effective, reflection is seen as needing to be consolidated in the succeeding stages of the learning cycle'

Harris, J. and White, V. (2013) *Dictionary of Social Work and Social Care*, Oxford University Press.

(See also Appendix 2)

- 3.2 Supervision can be provided in a variety of ways but in the main is a regular one-to-one meeting between the supervisor and the supervisee in order to meet organisational, professional and personal objectives. Supervision forms a key part of individual performance management.
- 3.3 Supervision underpins the Approved and Supported Year in Employment and Early Professional Development Programmes and is the foundation on which appraisal is built. It is an opportunity for staff to talk face-to-face with their supervisors to influence their own development and that of the service, and to receive support and encouragement in doing so.
- 3.4 Effective supervision performs five key functions (see Appendix 2)
- Management (ensuring competent and accountable performance/practice);
  - Development (continuing professional development);
  - Support (supportive/restorative function)
  - Engagement/mediation (engaging staff with the organisation and representing the organisation to staff)
  - Reflection on and learning from practice
- 3.5 The purpose of supervision is to:
- Improve the quality of services to children, young people, families and carers and achieve better outcomes for children and young people
  - Ensure the supervisee is clear about roles and responsibilities
  - Offer guidance and support in relation to work with individual cases
  - Identify gaps in learning
  - Provide space for case discussions
  - Encourage critical reflection
  - Facilitate performance management
  - Contribute to workers' emotional resilience by their feeling valued, supported and motivated
  - Deepen and broaden workers' skills and knowledge.
  - Undertake administrative functions

#### **4.0 Formal, informal and ad-hoc supervision**

- 4.1 Formal supervision sessions are normally held on a planned one-to-one basis. If a manager decides to arrange group supervision sessions, these should not replace one-to-one sessions to which the supervisee has a right.
- 4.2 There may be discussions and decisions about daily work issues, problems arising, or changes in policies and procedures that emerge in group meetings and informal, unplanned or 'ad-hoc' discussions. When decisions have been made in between formal supervision sessions, the worker and the supervisor must ensure that key decisions made with regard to a service user are clearly recorded on the service user's record.

#### **5.0 Minimum frequency and duration**

- 5.1 The duration and frequency of supervision sessions will depend on the setting, type of work involved, the experience and expertise of the worker and current operational considerations.
- The normal frequency is every 4 weeks and no less than six-weekly
  - Sessions should be between 1½ and 2 hours in duration
  - All staff should receive a minimum of 10 supervision sessions per year
- 5.2 No staff member should go without a supervision session for more than two months. It is the responsibility of the line manager, the supervisor and the supervisee to ensure this does not occur.
- 5.3 There is some flexibility in order to take account of individual circumstances and operational needs. More frequent supervision sessions may be required where the supervisor is, for example, working with newly qualified staff, where deadlines, targets or quality is of concern or where the supervisee requires more support or development.
- 5.4 This should be clearly discussed and agreed by supervisor and supervisee to avoid any suggestion that a particular member of staff is being singled out for different, preferential or unfair treatment.
- 5.5 The actual frequency for individual staff should be set out in the terms of the Individual Supervision Agreement (see Appendix 1) and any permanent deviation from the recommended frequency should be agreed and recorded in the Individual Supervision Agreement.

## **6.0 The Individual Supervision Agreement (see Appendix 1)**

- 6.1 The Individual Supervision Agreement sets out the framework for supervision and provides a degree of protection for the supervisor and supervisee. It also ensures that everybody involved has the same understanding of the supervisory process within their work area. The Agreement should state the supervisory arrangements applicable to an individual member of staff.
- 6.2 The agreement should be drawn up using the Pro-forma (see Appendix 1) and whatever is agreed should be made explicit and recorded.

## **7.0 Roles and responsibilities**

### **7.1 General:**

- 7.1.1 All managers, supervisors and supervisees should ensure arrangements for supervision are made and adhered to.
- 7.1.2 Where there is an inter-agency agreement in place, the Children's Services Supervision Policy and procedure can be used, as appropriate.
- 7.1.3 Individual supervision records are held in a supervision file (see Appendix 4). They are kept for all staff and may be used in internal and external audit processes. Staff have the right to access their personal data under the Data Protection Act (1998).

7.1.4 All supervision records must be factual and linked to any identified evidence which substantiates the comments recorded.

## **7.2 Responsibilities of managers and supervisors**

7.2.1 It will normally be the line manager's responsibility to supervise his or her staff. In exceptional circumstances and only with the agreement of a senior manager, alternative arrangements can be made.

7.2.2 The checklist below sets out the Department's expectations of supervisors to ensure that supervision is effective and reflective and that it encompasses the elements set out above:

- Establish and maintain suitable arrangements for supervision so that it is planned and uninterrupted.
- Ensure supervision is integrated into service planning, objective setting and individual performance plans.
- Set standards in relation to work performance and practice in line with Departmental, policies, procedures and requirements.
- Ensure that staff are provided with relevant and appropriate information to meet those standards.
- Ensure that all statutory and other relevant obligations are met, for example, registration requirements, National Occupational Minimum Standards, Key Performance Indicators, HCPC and any other relevant Code of Practice, Care Standards, Data Protection Act and Health and Safety regulations.
- Support employees subject to professional registration to fulfil the eligibility criteria and any requirements for continued registration.
- Set, monitor and review individual work objectives and targets and agree how these will be achieved.
- Encourage staff participation in supervision, ensuring that they are listened to and that their experience and contributions is acknowledged.
- Promote reflective practice.
- Treat staff with respect, acknowledging values and areas of difference in order to address anti-discriminatory issues.
- Be knowledgeable regarding the supervisee, their job description and work issues.
- Ensure that written records pertaining to the supervisee are kept up-to-date and securely filed.
- Ensure that electronic records are kept up-to-date and where inputting requirements are linked to I.T. systems (for example, Protocol, eCAF) be responsible for checking accuracy and timeliness of record input as a mandatory part of the supervision process.
- Offer support through the line manager or occupational health if the supervisee's performance at work is affected by personal issues or vice versa.

- Access training and development as necessary for the supervisee in order to ensure competence and encourage staff to take responsibility for their own learning and development.

### **7.2.3 Performance and Development Reviews (PDRs)**

**In relation to Performance and Development Reviews, supervisors must:**

- Complete appraisal meetings/assessments within the required corporate timescales
- Use appropriate skills to appraise and provide feedback
- Conduct appraisals fairly and without discrimination
- Prepare adequately for discussions/assessments
- Base performance assessments on evidence
- Share responsibility with staff for ensuring that their training needs are met
- Ensure that an accurate agreed record of the discussion is produced, in the corporate format, including agreed targets and training needs

### **7.3 Responsibilities of staff**

The following checklist sets out the Department's key expectations of all staff in relation to supervision:

- Share responsibility for making supervision work well by preparing for supervision sessions
- Negotiate the Individual Supervision Agreement
- Use supervision effectively
- Participate actively in the process of supervision and in setting the supervision agenda
- Attend supervision regularly and on time
- Meet departmental, legal, professional standards
- Promote the best interests of those who receive a service
- Be open and share information with their supervisor
- Seek and use guidance and knowledge
- Be clear and honest in seeking any assistance
- Implement agreements and plans within the timescales agreed/required
- Inform their manager/supervisor if plans cannot be implemented
- Address issues of discrimination in respect of service delivery and employment
- Accept responsibility for their own work performance
- Participate in problem-solving, reflecting and thinking through and exploring options.
- Be responsible for their own learning and active in pursuit of their own development
- Give and accept constructive feedback and learn from mistakes.

## **8.0 Record of supervision (see Appendix 3)**

- 8.1 In general the supervision record should record details of any agreements reached, who is responsible for undertaking any action and the timescales. In the case of any disagreement concerning issues discussed in supervision, the disagreement should be recorded.
- 8.2 Each supervisor will keep a Supervision File of supervision records to be maintained throughout an employee's career. Supervision files should include a copy of the individual's job description, role profile, records of induction and copies of PDRs. The Supervision File must be kept in a secure place.
- 8.3 Supervision records belong to the organisation. To ensure continuity of management accountability, support and development, the records should be transferred to the next Supervisor if the supervisee is moving to another post within the organisation. The records will remain the property of the Children's Services Department
- 8.4 Access to supervision files will be restricted to the supervisor, supervisee, senior managers, and HR as appropriate, and to officers and other agencies involved in any auditing or personnel purposes.
- 8.5 There may be occasions when personal information does not need to be recorded. This will normally be where such information does not have a direct impact on work performance or service delivery and it has been agreed by all parties that it will remain confidential within the supervisory or line management relationship.
- 8.6 Where matters relate to an individual service user these must be recorded separately on the electronic file (CF 15). If a paper copy is also made the original will be filed on the service user's case file. A brief note is made on the supervision record regarding the individual service user, taking into account confidentiality.
- 8.7 It is unrealistic to expect all supervisors to have a typed record so legible handwritten notes will suffice. A legible, accessible, written record of every supervision session must be made.
- 8.8 Supervision records should be placed in the supervisee's personal file. The main purposes of recording supervision sessions are:
- to aid accountability of the work and the way it is undertaken.
  - to set, review and evaluate targets and performance measures.
  - to ensure accountability between supervision sessions
  - to record decisions and issues related to the across the four key functions

(See Appendix 2)

- 8.9 If capability or disciplinary procedures, or civil or criminal proceedings were to ensue, it is possible supervision records could be used in evidence. Records should, therefore, always be written with this eventuality in mind. Information

received during supervision and the content of the discussion should normally be confidential unless otherwise agreed.

- 8.10 The supervisor is ultimately responsible for the production of adequate, accessible supervision records (even if they are written, with agreement, by the supervisee). Every effort should be made to ensure that the record is an accurate reflection of the interaction between supervisor and supervisee.
- 8.11 The supervision record is agreed by the supervisor and supervisee and signed (by both parties) as an accurate record of discussions and decisions made. If the supervisee does not agree with any part of the record and agreement cannot be reached on re-wording, they should be able to add their own comments or amendments which then become part of the record of that session.
- 8.12 In the case of a person leaving the City Council, records must be kept locally for at least 2 years. Records should be kept locally for longer if there is any possibility of litigation. Advice should be requested, if needed, from the Freedom of Information Officer.
- 8.13 Where necessary any targets or deadlines must be recorded to enable review at the subsequent supervision session.
- 8.14 It is appropriate for either party to record supervision as long as notes are shared and agreed. In fact, sharing the recording is positively encouraged as it is a legitimate part of the individual supervisees development.

## **9.0 Quality Control**

9.1 In order to be effective the supervision process requires monitoring and quality assurance arrangements. The quality assurance process ensures that the standards of supervision as outlined in this policy are being followed. They are:

- Staff are being supervised professionally and effectively
- Supervision sessions are being recorded
- Individual Supervision Agreements are being developed, reviewed and used
- The supervision process promotes equal opportunities and anti discriminatory practice.

9.2 The quality assurance arrangements involve:

- The auditing of a random selection of supervision files on a six-monthly basis by managers
- Discussion during supervision, for example, between a service manager and a team manager, about the team manager's practice in supervising their staff
- A senior manager may request copies of supervision records as evidence of practice and to use as a tool where there are developmental needs on behalf of the part of the team manager.



- Sampling of records should be undertaken and the expectation is that the supervisor's line manager will record the sampling in the supervisor's own supervision records.

### 9.3 Supervision of team managers

- Each month service managers will select a supervision file from the workload of one of their team managers for examination in line with agreed audit tools.
- This will be noted, signed and dated on the supervision record, along with written details of any action required to bring the selected supervision file up to required standards.
- Supervision sessions will include a recorded examination of computerised workload reports to ensure that data is being accurately maintained.
- Supervision sessions will include an ongoing review of workload management arrangements which are in place to enable staff to practise to the required standards.

### 9.4 Supervision of service managers

- On a quarterly basis the responsible head of service will select a supervision file from the workload of each service manager for examination. This will be noted, signed and dated on the supervision record, along with written details of any action required to bring the selected supervision file up to required standards.
- Supervision sessions will include a recorded examination of computerised workload reports in order to identify anomalies and review resource allocation.
- Supervision sessions will include an ongoing review of workload management arrangements which are in place to enable staff to practise to the required standards.

## 10.0 Supervision tools: Appendices

The following documents should be used as tools to ensure effective supervision.

**Appendix 1 Individual Supervision Agreement** - to be completed at the start of a new job and at every change of supervisor. To be reviewed annually.

**Appendix 2 The five functions of supervision**

**Appendix 3 Record of Supervision and Action Plan**- to be completed at every one-to-one supervision session and other types of supervision as appropriate. **PDR Forms**- to be completed at the annual or 6-monthly review or at the induction of a new employee.

**Appendix 4 – Supervision file structure and index**

**Appendix 1**

**The Individual Supervision Agreement**

**Supervisee:**

**Supervisor/Line Manager:**

**Team:**

**Frequency:**

**Duration:**

**Location:**

\*\*\*\*\*

The venue for our supervision sessions has been mutually agreed. Interruptions will be kept to a minimum and ideally be avoided completely. We shall not usually make or accept telephone calls during our supervision sessions unless previously agreed by both of us and for operational reasons. Meetings will not be held in a place that would inconvenience service users.

Our supervision relationship will be based upon mutual respect for each other's skills, knowledge and experience. We understand the requirements of the **Supervision Policy** and **Performance and Development Reviews**. Any performance management issues will be highlighted and action taken in a timely and fair way according to organisational policies and procedures.

All information between supervisor and supervisee will be treated with respect and in a professional manner.

Formal supervision sessions will be structured, with preparation work having been carried out by both the supervisor and the supervisee, and, where possible, an agenda will be set a few days before the supervision session. Any major issues requiring detailed discussion should be put in writing and distributed a few days before the supervision session. Both parties will prioritise the agenda items at the beginning of the session in order to make the most effective use of time.

All supervision sessions will be recorded including areas covered, discussion points (including reflection on practice), agreed action points, timescales, by whom action will be taken. The record will be available to both the supervisor and the supervisee and can be accessed by the supervisor's manager or any other person with a reason to access the supervision record, as necessary.

Where recording relates to a management decision on a case or a casework discussion this will be recorded as a discussion/decision on the electronic file by either the manager or supervisee.

This is an agreement we have entered into in order to ensure effective, reflective and supportive supervision. It demonstrates a joint commitment to the supervision process and serves as a reminder of the professional responsibilities we have towards each other and the organisation we work in. Either of us may seek to re-negotiate the agreement if we feel it is necessary. The agreement will be reviewed by the supervisor and the supervisee on an annual basis.

Supervision sessions will cover:

- Management (ensuring competent and accountable performance/practice);
- Development (continuing professional development);

- Support (supportive/restorative function)
- Engagement/mediation (engaging staff with the organisation and representing the organisation to staff)
- Reflection on and learning from practice

Supervision should be based on anti-discriminatory principles and should be race, gender, disability and sexuality sensitive. There should be an option of involving an independent person through mutual agreement in some supervision sessions, if there are identified and agreed issues arising from the differences between the supervisor and supervisee arising from race, gender, disability, sexuality and other forms of inequality. Both parties may wish to involve an independent person if any issues fall outside the competency of the supervisor.

Areas of disagreement between supervisor and supervisee will be recorded in the supervision records. Areas of disagreement that cannot be resolved will be referred to the line manager.

It is the policy of Children's Services that supervision is provided to staff. In the absence of supervision, either due to absence of the supervisor or the supervisor failing to adhere to the supervision timetable, the supervisee should refer this to the line manager.

The supervisee will approach the Line Manager if she/he has received no formal supervision for \_\_\_\_\_ (Time to be agreed between supervisor and supervisee).

**Signed**

Supervisee \_\_\_\_\_.

Date \_\_\_\_\_.

Supervisor \_\_\_\_\_.

Date \_\_\_\_\_.

**Review of Supervision Agreement**

**Signed**

Supervisee \_\_\_\_\_.

Date \_\_\_\_\_.

Supervisor \_\_\_\_\_.

Date \_\_\_\_\_.

## Appendix 2

### The Five Functions of Supervision

#### The management function ensures:

- The overall quality of the worker's performance
- Agency policies and procedures are understood and followed
- The worker understands her/his role and responsibilities
- The worker is clear as to the limits and use of their personal, agency and statutory authority
- Work is reviewed regularly in accordance with agency and legal requirements
- The basis of decisions is clear to the worker and made explicit in agency records
- Records are maintained according to agency policies
- The worker knows when the supervisor expects to be consulted
- The worker is given an appropriate workload
- Appropriate time management by the worker
- The worker acts as a positive member of the team
- The worker understands the functions of other agencies and relates appropriately to them
- The worker receives regular formal appraisal

#### The development function ensures:

- The professional competence of the worker
- An appreciation and assessment of the worker's theoretical framework, skills, knowledge and individual contribution to the organisation
- An understanding of the worker's value base in relation to race, gender, sexuality and disability and its impact on their work
- An understanding of the worker's preferred learning style and blocks to learning
- An assessment of the worker's training and development needs and how they can be met
- Access to professional consultation in areas outside the supervisor's knowledge/experience
- The worker's ability to reflect on their work and their interaction with service users, colleagues and other agencies
- Regular and constructive feedback to the worker on all aspects of their performance
- The worker's capacity for self-appraisal
- A relationship in which the worker provides constructive feedback to supervision

#### The supportive/restorative function ensures:

- Validation of the worker both as a professional and as a person
- Creation of a safe climate within which the worker can look at their practice and its impact on them as a person
- Debriefing the worker and giving them permission to talk about feelings
- Helping the worker to explore emotional blocks to their work
- Exploring in a safe setting issues about discrimination
- Support for workers who are subject to any form of abuse either from service users or colleagues, whether this be physical, psychological or discriminatory
- Monitoring of the overall health and emotional functioning of the worker, especially with regard to the effects of stress
- Helping the worker reflect on difficulties in colleague relationships in order to assist the worker in resolving conflict
- Clarifying when the worker should be advised to seek external counselling

### The mediation function ensures:

- Higher management is briefed about resource deficits and their implications
- Resources are allocated in the most efficient way
- Staff needs are represented to higher management
- The team's remit is clear
- Contributions are made to policy formulation or amendment
- Staff are briefed and consulted about organisational information and developments
- Advocacy between worker, or team, and other parts of the agency or with outside agencies
- Staff are represented or accompanied in their work with other agencies, if necessary
- Staff are involved in decision-making
- Complaints about staff are dealt with sensitively and clearly
- Staff are assisted and supported, where appropriate, through complaints procedures

### Reflection on and Learning from Practice

Supervision provides a key site for the development and support of reflective practice and offers a space in which to stand back and take a fresh look at a case. There are a number of strategies or models to help support practitioners/supervisors to use reflective, analytical and critical thinking skills. For example, Kolb's learning cycle (Kolb, D. [1984] *Experiential Learning*, New Jersey, Prentice-Hall can support analytical and reflective thinking in supervision:

**Experience:** The supervisor elicits a clear 'story' about what the worker is experiencing and what they have observed, by asking questions and seeking clarity. The role of the supervisor is to encourage the supervisee to formulate hypotheses about how the relevant parts of the story fit together and to test out the relative strengths of the various hypotheses.

**Reflection:** The supervisee is encouraged to explore the feelings evoked by the story and think about what this might mean for the child, young person, family, carer or themselves.

**Analysis:** Supervisor and supervisee evaluate their perceived knowledge and beliefs about the case. They make judgements and decisions based on observations, evaluation of information, available evidence, wider experience, reflection and consideration of research. Working with the supervisee, and helping them to be clear about the impact on the child of not addressing their needs, will help ensure that any decisions and plans are as safe as possible for the child.

**Plans and Action:** Where critical thinking and critical reflection have occurred, realistic and safer plans can be developed. Actions can be explained and justified. Timescales and contingency plans can also be considered and agreed. The supervisor and Supervisee need to be satisfied that the outcomes set conform to the SMART standard (specific, measurable, achievable, realistic and timely).

### Appendix 3

## Record of supervision and agreed actions

Between: .....and .....

Date:

No.	Agenda items for discussion	Record of discussion (including reflection on practice)	Agreed actions (including timescale and responsibility)
1			
2			
3			
4			
5			
6			
7			
8			

## Appendix 4

### Supervision File Structure and Index

**Name:**

**Supervisor:**

**Team:**

<b>Section</b>	<b>Contents</b>
1	Start date Personal contact details Supervision Agreement
2	Supervision monitoring sheet
3	Supervision notes
4	Correspondence
5	Personal development and training record - to include induction programme, training, PDR
5a	Job description
6	Personnel information <ul style="list-style-type: none"><li>- Contract letter,</li><li>- Starter/variation/transfer form(s)</li><li>- References</li></ul>
7	Health and Wellbeing issues
8	CIN and CP Plans
9	Mileage Claims



## Managers Focus Group – Children’s Services Supervision Policy - 30<sup>th</sup> September 2015

Question
1) Are you aware of the current policy and guidance on supervision?
All managers present said that there were aware of the policy and follow it. They also induct their new social workers and make them aware of the policy. All said that they had been following it for some time.
2) How did you get to hear about the policy?
All had been aware for some time and expressed that they met with their social workers regularly. They are aware of it through: <ul style="list-style-type: none"> <li>• Their supervision contract</li> <li>• A hard copy is placed on their supervision file</li> <li>• Via the induction process – they have been involved in inducting new members of staff</li> </ul>
3) How often do you receive / undertake supervision?
The managers in the room aim for 4 weekly however case load can be a factor in increasing the length between the supervision meetings There are different degrees of supervision dependant on the seniority of the SW. Those that are NQ receive weekly or fortnightly meetings where as other more experienced can be longer – monthly. Staff can always request additional supervision if they feel it’s necessary. Informal supervision takes place quite a bit – ad hoc conversations when passing. However the managers stated that if a decision or advice is given they record it on file, although it was recognised that this doesn’t always happen for smaller decisions and advice.
4) Which members of staff receive supervision?
All the managers give supervision to their staff. All SW staff receive supervision. There was no representatives from non SW managers – and therefore it was hard to gauge whether the practice is similar within that filed – although managers said that they are subject to supervision. Senior Practitioners supervise some of the unqualified staff in the N’hood Teams
5) What is in place to support you as a manager / supervisor to carry out effective supervision?
Managers feel supported. The meet with their own managers and have supervision – not a frequently as they supervise their SW but it is still regular and they feel able to raise issues. All managers had an open door policy. Training within the last 12 months had improved: <ul style="list-style-type: none"> <li>• Supervision training for new managers</li> <li>• Leadership and management training</li> <li>• Delivery of training has improved</li> <li>• Recent years have seen new models of supervision come and go – so they seems to have developed a toolkit of different models of supervision – as no one size fits all.</li> </ul> <p>Sup Q – does the supervision policy have the flexibility to enable you to use different supervision models</p> <p>A: Yes – the policy sets a structure / timescale for when supervision should be done and things that it needs to include, the different models are just different ways to delivering that.</p>

6) What do you consider are the barriers to effective supervision?

Volume of work (caseload) was cited as the biggest barrier to effective supervision and also improving outcomes for children. Caseload has been slightly addressed but it was increasing- in most cases to over 20. They felt that a good number would be around 15. However legislation is changing to reduce the time which may appear to be good for children on the face of it but sometimes, longer intervention will have a better impact on the child.

Timescales for the MASH (24hrs) are too tight and often missed if supervision is taking place when a case comes in. They need to do supervision and understand the value – but at the same time they need to be meeting their targets, which is where the pressure comes from.

The complexity of cases is also a factor and take longer, as well as other factors, such as demographics, including poverty, English as a second language and DV and drug use.

Complex issues can mean that SW heads are not always in the right place for supervision.

The SW service is case load and deadline driven and this can sometimes be counterproductive. By this they mean that sometimes investing more time with a family will achieve a better result for the child and the family and is not always the first cause of action

The RAS had improved greatly but this had seen a lot of recent investment.

They said that they did not have unallocated cases now - which was a problem historically.

Also waiting lists with other agencies that are referred to often slow up the timescales for a particular case – there is no slack in the system

7) How does the Council's new 'Our Behaviours' framework (performance appraisal) work in practice for you?

All managers had heard about the new approach to appraisals – most of which they feel is within the supervision that they undertake / receive. It is a new system that will need to be reviewed alongside what they do already to adapt and refine.

Have to be integrated into supervision rather than alongside, there may be additional time requirements but it might save time at the other end. Will need to monitor the impact.

8) Is there continuity between your supervision meetings – by this I mean – are they linked together and for part of a longer ongoing conversation?

Yes there is a thread between meetings – with a review and look forward element  
Managers from across the service meet in improvement practice meetings to share good work and address challenges.

Managers said that they carry out health checks regularly and one manager had just completed this

They carry out regular audits

SupQ is it a 2-way improvement process – can a SW affect change / improvement

A: yes there are many ways that this can happen. Team meetings, supervision, there are lots of opportunities to raise issues for practice improvement, bringing managers together in improvement practice groups

9) What impact has the new supervision policy had on the quality of practice and outcomes for children? Can they evidence any changes?

Managers felt that it was hard to attribute any change to the policy in isolation – as there are many factors however they felt that a good supervision policy and its delivery makes for better outcomes.

Within the last year new training programmes have been held - SW now attend better trainings giving them better insight into the welfare of children and that the best answer isn't always to take them away from the family.

A manager cited an example of where the better use of skills obtained from training and also emotional intelligence had led to a much better outcome for a child and their family, which had been discussed during supervision.

10) Has the new policy made a difference to you in carrying out your work? How?

New training for SW had been rolled out this year – which was seen by managers as excellent and has enabled SW to feel more confident in making

One manager said that SW's are thinking about what they do more now – so they are now making the decision that they should feel confident in making – therefore freeing up the managers time

However managers in the room were keen to stress that they felt that their supervision practice had not changed as a consequence of the policy – as they have always practiced supervision

Good supervision also offers emotional support to the SW, which is not necessarily recorded. They rely on the good will of the social worker to work the extra hours and good supervision can help keep people.

11) What impact has the new supervision policy had on systems and processes?

As above – managers felt that they had always carried out supervision to their SW

12) How do you share good practice across teams?

This prompted a good debate. In summary Managers share good practice as they meet in the practice improvement forum and there are cluster meetings where good practice is shared.

It was felt that sharing could be improved as it was good within buildings / settings – but not across the city.

It was also recognised how important it is to value staff and celebrate good practice, and this was an area of work that needed improving. Managers considered that morale of staff was low.

13) Is good practice celebrated? Can you give an example?

Similar to above – good practice is celebrated within teams – but not more widely. It was recognised that sometimes other pressures take priority such as the focus on the improvement plan.

There needs to be a move from praising the 'quantity' of work to praising the 'quality' of work – quicker isn't always better and sometimes spending longer supporting a family can have better results. They recognised that quality of work may be reflected in supervision notes but is not shared wider.

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# Coventry Children & Families Supervision Survey – October 2014

## **Report 1: Overall results and comparison by Service Teams**

This report sets out how the results compare for the service areas / teams with the overall norms

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## Results

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2.	Do you have regular supervision sessions at least every four weeks / month?	7
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	<b>In terms of carrying out responsibilities for providing effective supervision ...</b>	37
18.	This question looks at different factors – from both parties preparing well, spending sufficient time, being confident of having skills / knowledge, achieving outcomes	

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Q No.	Question	Page No.
<b>Questions for supervisors / managers only, about their supervision with their manager / service manager / head of service</b>		<b>40</b>
20.	<b>In addition to their personal supervision, are key aspects of their management responsibilities effectively covered</b>	

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## Demographics

### Response profiles

Here is the breakdown of responses for the different parts of service and roles

**Please note** that when comparing results across the different parts of service with the overall norms it is important to take into account the percentage that one person represents – this is [particularly important for teams with low numbers of staff – This is shown for each part of service in the table.

Service Areas / Teams	Total Responses	Total Headcount	%age Response Rates
Children & Families First Service	70	100	70%
Children's Disabilities Team	18	19	95%
Court Based Assessment Service	17	23	74%
Crisis Intervention – Emergency Duty Team	9	13	69%
Family Placement Service – Assessments Team	16	20	80%
Family Placement Service – Permanency Team	11	19	58%
Family Placement Service – Placement Support Team	12	20	60%
Looked After Children Team ( Logan Road)	9	13	69%
MASH – Referral & Assessment Service	39	53	74%
Residential – Broadpark House	11	21	52%
Residential – Gravel Hill	15	24	63%
Residential – The Grange	20	30	67%
Route 21 Team	14	17	82%
Safeguarding (IROs)	12	19	63%
Social Care Neighbourhoods	89	108	82%
Youth Offending Service	8	10	80%
<b>Totals</b>	<b>370</b>	<b>509</b>	<b>73%</b>

Role Groupings	Total Responses	1 person = %age
Role Grouping A	20	5%
Role Grouping B	16	6%
Role Grouping C	13	8%
Social Worker	112	1%
Senior Case Worker	11	9%
C&F Team Leader	12	8%
CAF Co-ordinator	8	13%
Children & Family Worker (Schools) & Senior C&F Work	12	8%
Children & Family Worker (includes C&F Workers in C&	46	2%
Family Assistant	10	10%
Family Support Worker	9	11%
Independent Reviewing Officer	7	14%
Personal Adviser (Route 21)	6	17%
Residential Worker (including Night-shift workers)	24	4%
Senior Practitioner	20	5%
Youth Offending Service Officer	7	14%
Team Manager incl. CAF Team Leader - and Deputy Ma	27	4%
Head of Service – Service Manager	10	10%
<b>Totals</b>	<b>370</b>	<b>0.3%</b>

**NB: Question 4b** was only for people that have been in their role for less than 12 months, and is conditional on answering 'Yes' to Question 4a. – so when reviewing and comparing the results take into account the percentage that one person represents.

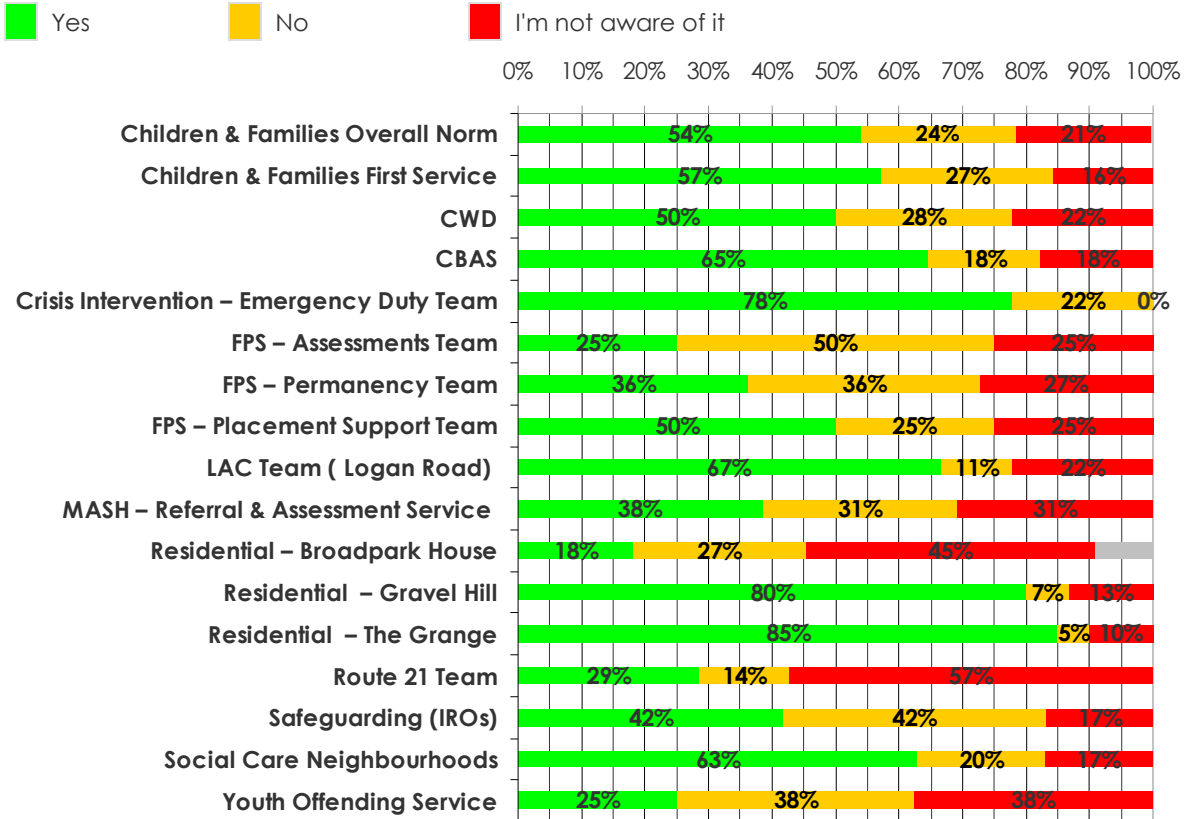
Service Areas / Teams	Total Responses	1 person = %age
Children & Families First Service	10	10%
Children's Disabilities Team	3	33%
Court Based Assessment Service	2	50%
Crisis Intervention – Emergency Duty Team	1	100%
Family Placement Service – Assessments Team	3	33%
Family Placement Service – Permanency Team	2	50%
Family Placement Service – Placement Support Team	0	n/a
Looked After Children Team ( Logan Road)	3	33%
MASH – Referral & Assessment Service	5	20%
Residential – Broadpark House	0	n/a
Residential – Gravel Hill	1	100%
Residential – The Grange	2	50%
Route 21 Team	1	100%
Safeguarding (IROs)	0	n/a
Social Care Neighbourhoods	26	4%
Youth Offending Service	0	n/a
<b>Totals</b>	<b>59</b>	<b>2%</b>

**NB: Questions 18 and 20** were only for supervisors / managers giving formal supervision – again, when reviewing and comparing the results take into account the percentage that one person represents.

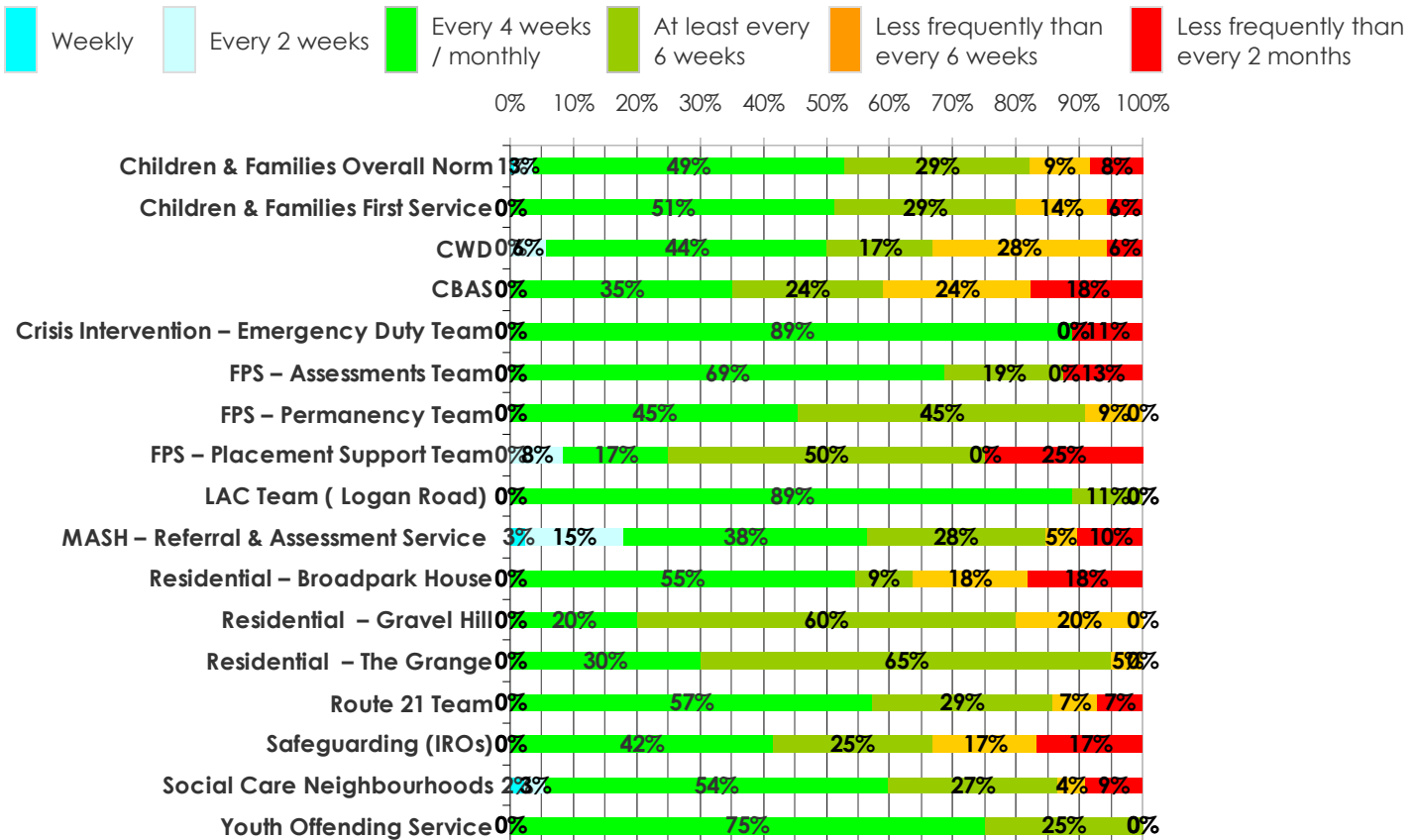
Service Areas / Teams	Total Responses	1 person = %age
Children & Families First Service	10	10%
Children's Disabilities Team	3	33%
Court Based Assessment Service	2	50%
Crisis Intervention – Emergency Duty Team	1	100%
Family Placement Service – Assessments Team	3	33%
Family Placement Service – Permanency Team	2	50%
Family Placement Service – Placement Support Team	4	25%
Looked After Children Team ( Logan Road)	2	50%
MASH – Referral & Assessment Service	8	13%
Residential – Broadpark House	3	33%
Residential – Gravel Hill	5	20%
Residential – The Grange	5	20%
Route 21 Team	2	50%
Safeguarding (IROs)	1	100%
Social Care Neighbourhoods	24	4%
Youth Offending Service	1	100%
<b>Totals</b>	<b>76</b>	<b>1.3%</b>

## Key basics for effective supervision ...

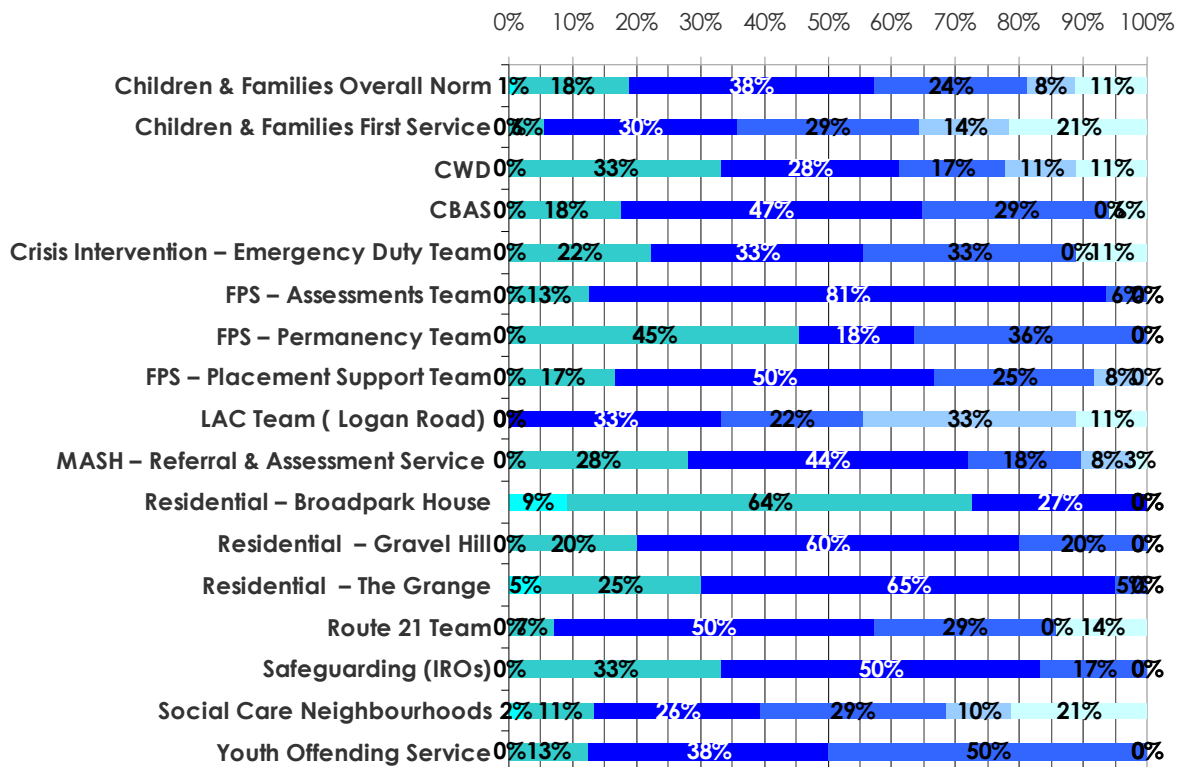
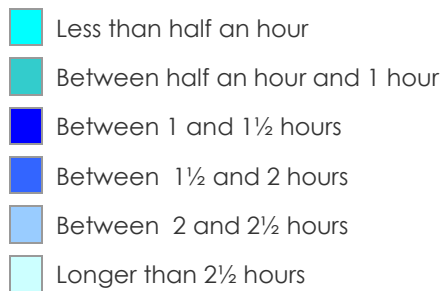
### 1. Have you read through the current Supervision Policy and Guidance (Version updated October 2013)?



### 2. How often do you currently have supervision sessions with your manager?

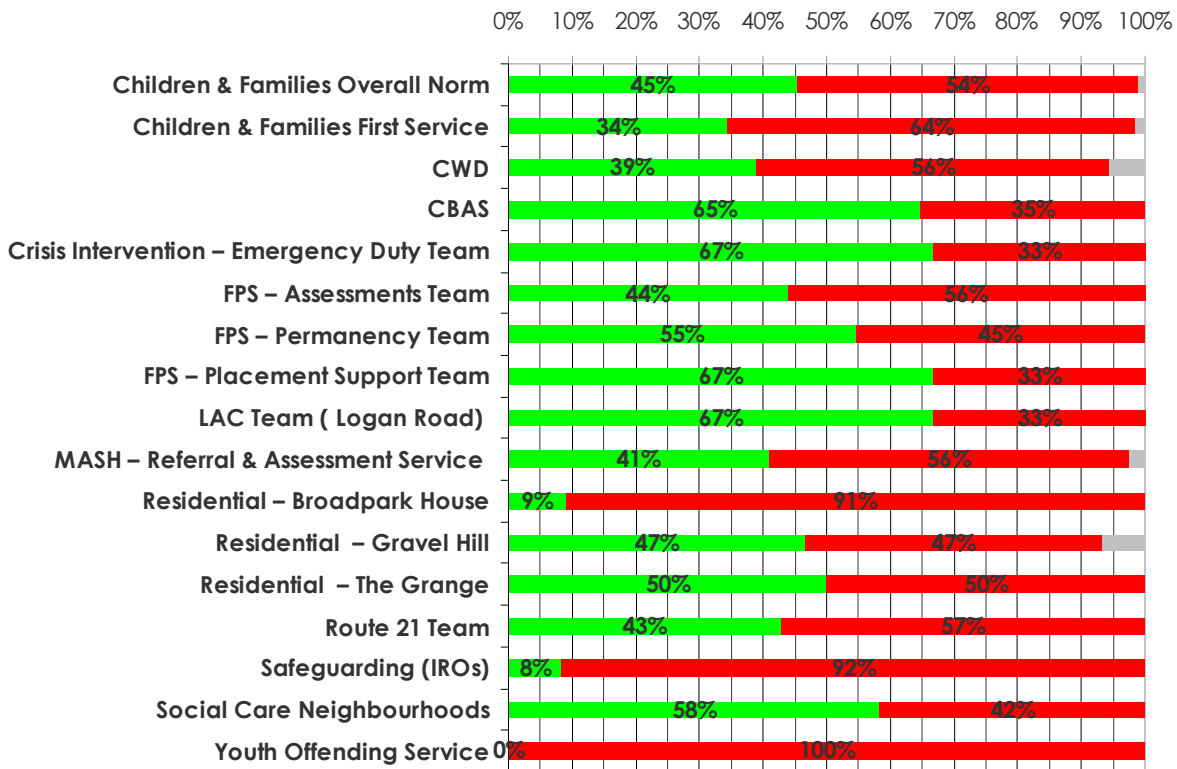


### 3. How long do your supervision sessions typically last?



4. a. Do you have an individual supervision agreement with your supervisor?

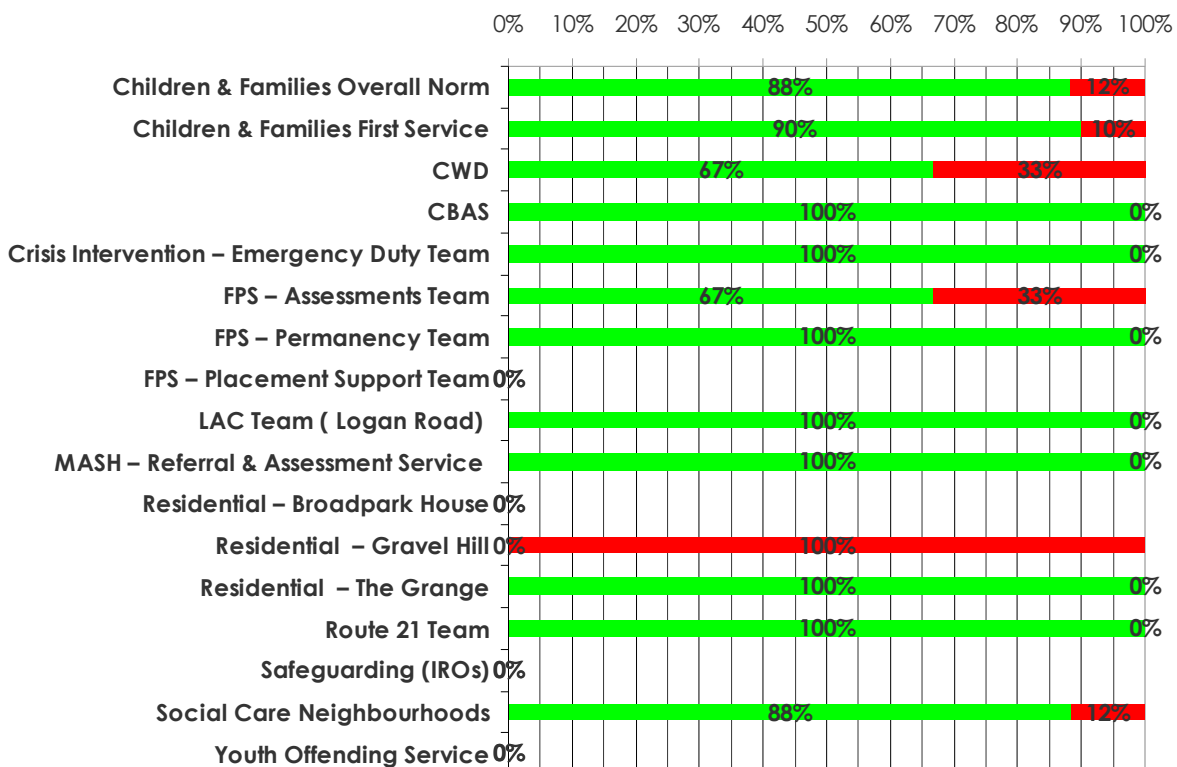
Yes No



b. If you have been in your job less than 12 months, did you create the Supervision Agreement with your supervisor and both sign it within 4 weeks of starting your new role?

Yes No

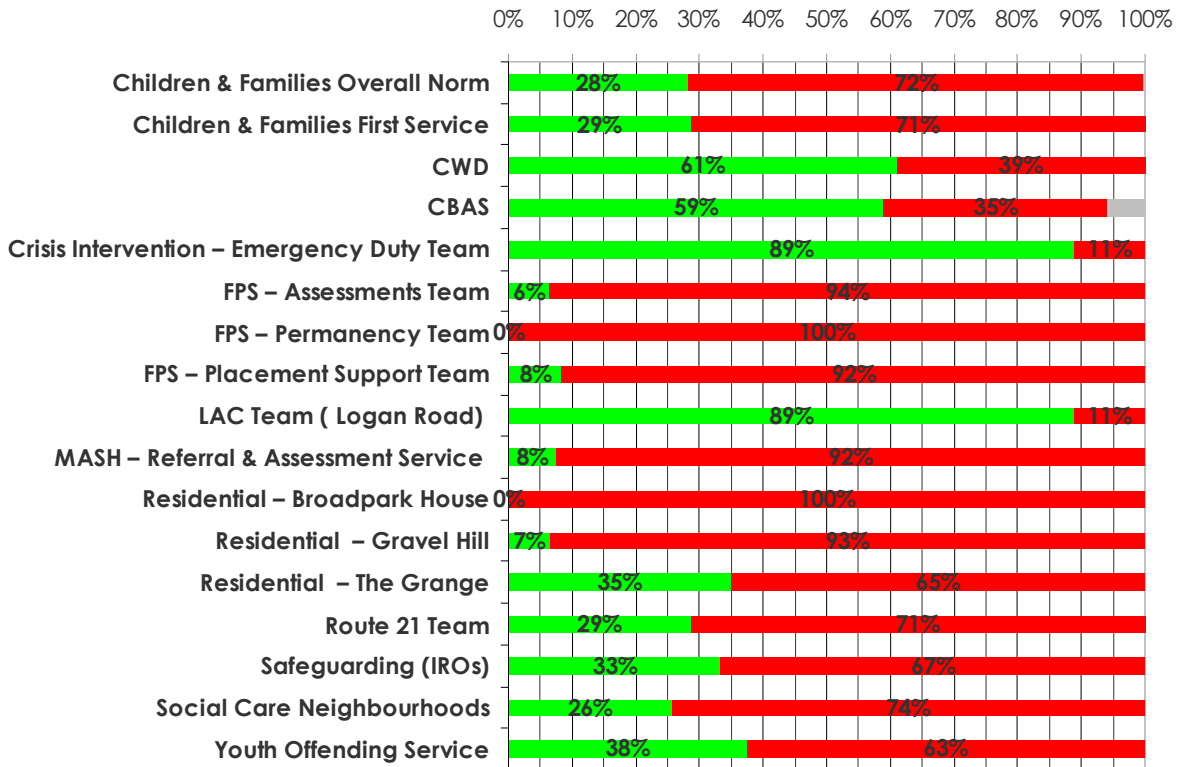
NB: A total of 59 people answered this sub-question



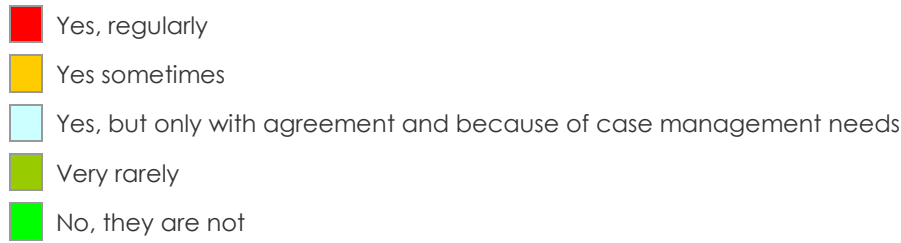
5. Do you have at least three dates booked ahead in your diary for your next supervision sessions?

Yes

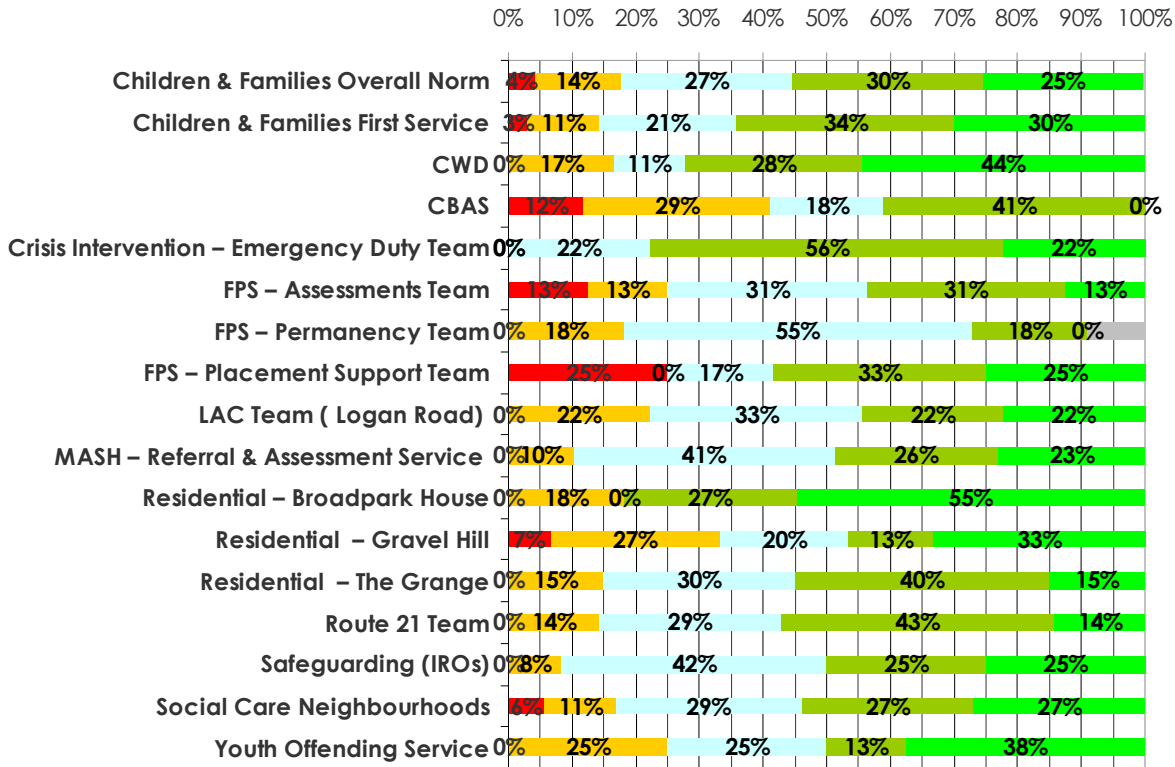
No



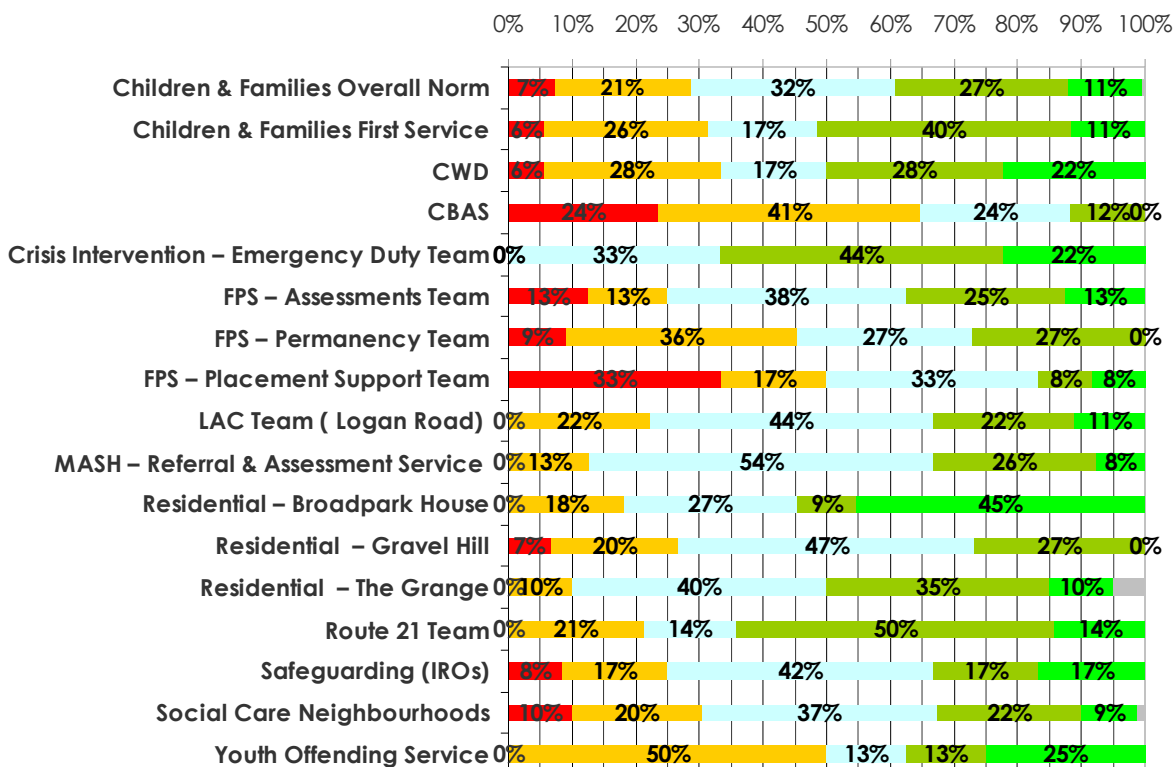
## 6. Is your supervision session ever cancelled or postponed ...



### a. ... by you?

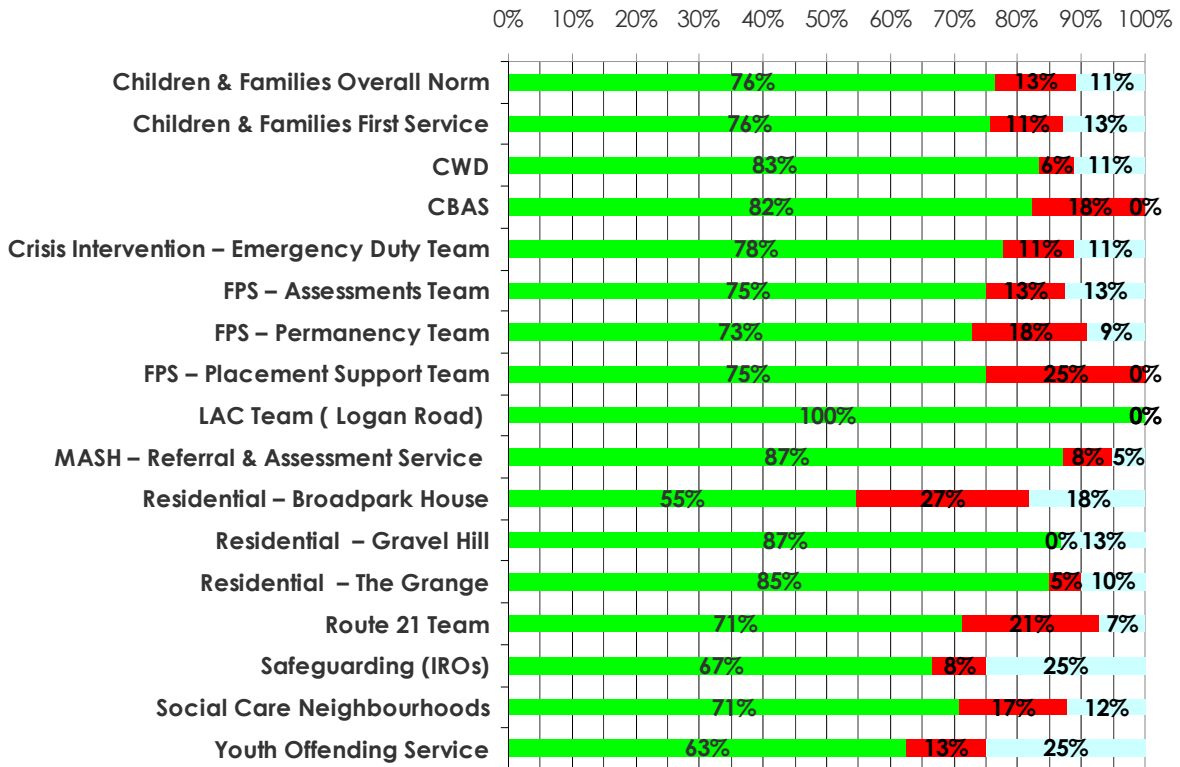


### b. ... by your supervisor?



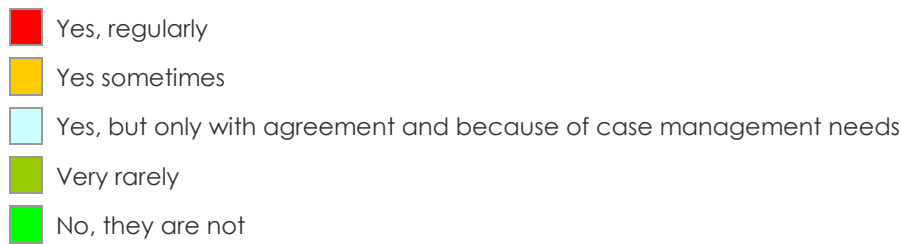
6. c. If yes to either, is the time made up before your next planned supervision session?

Yes No

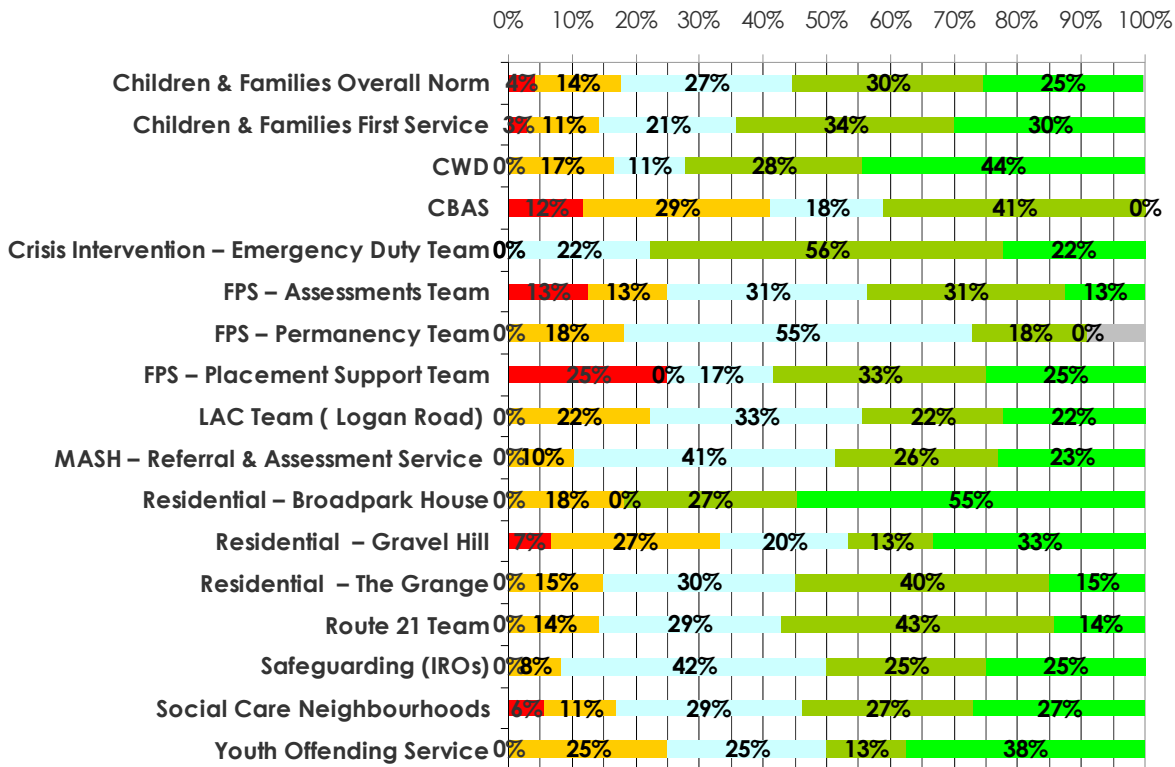




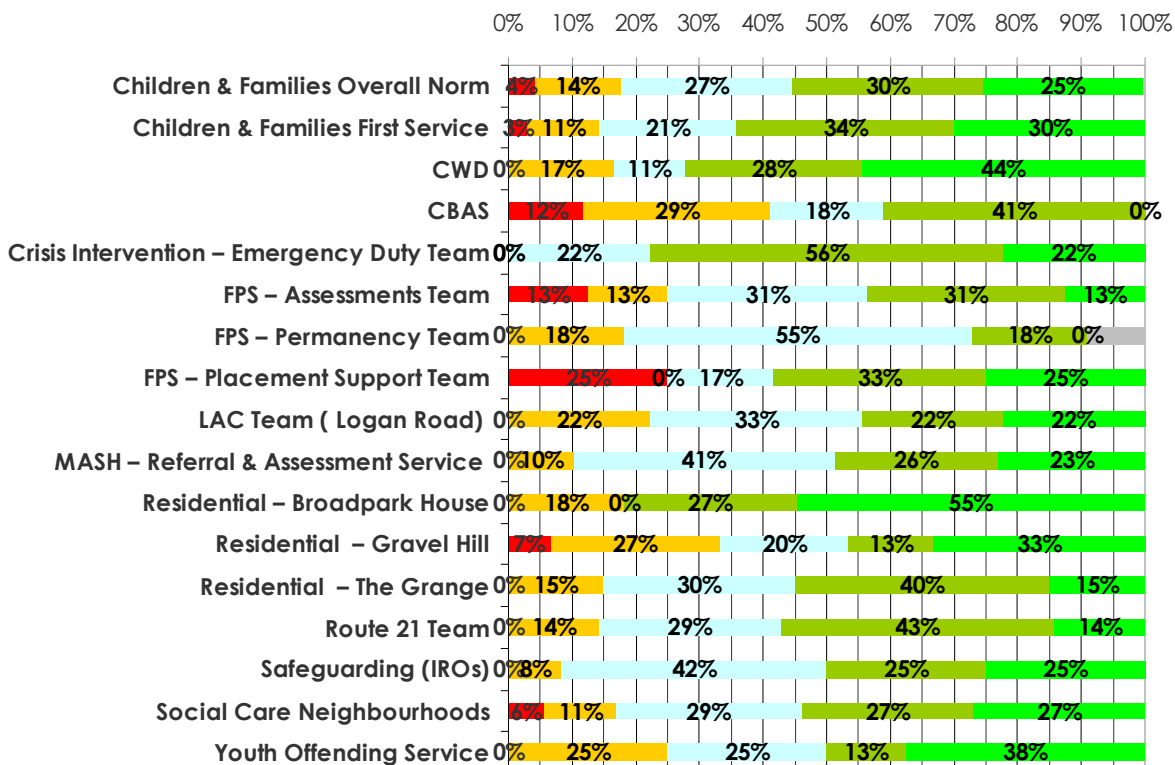
## 7. Is your supervision session ever interrupted or cut short ...



### a. ... by you?

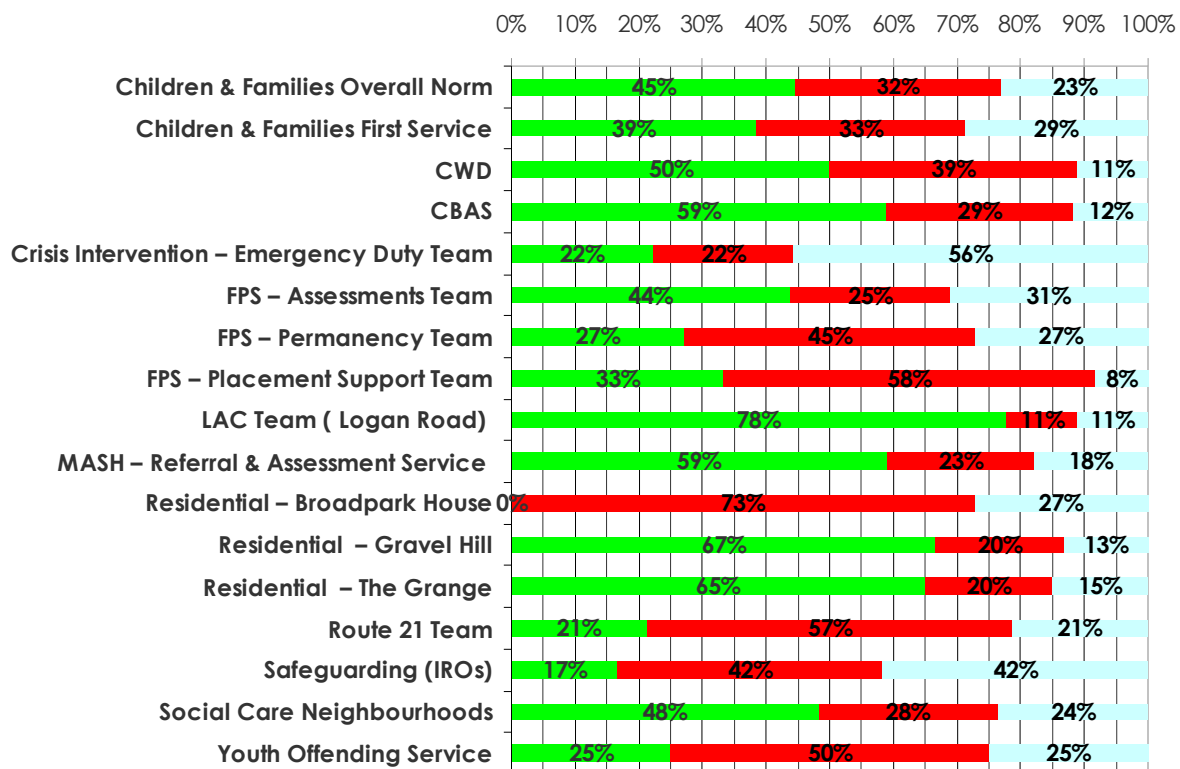


### b. ... by your supervisor?

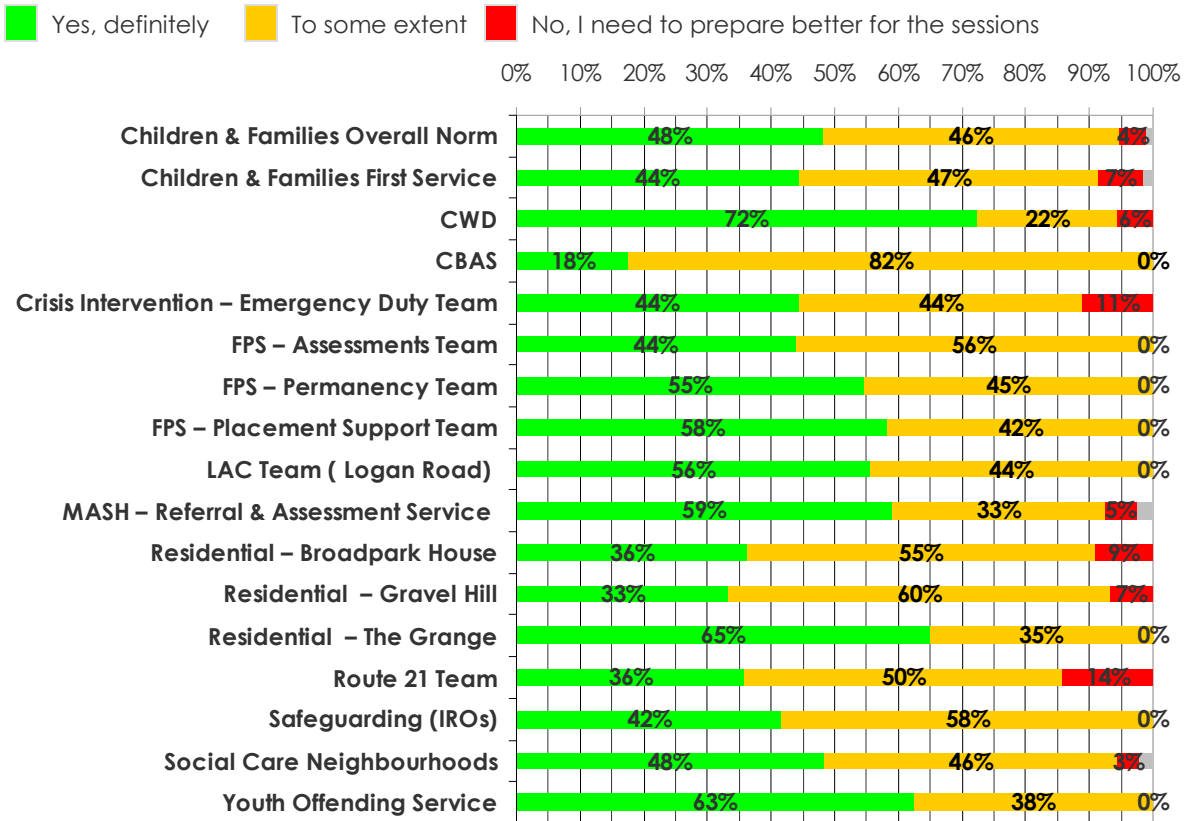


7. c. If yes to either, is the time made up before your next planned supervision session?

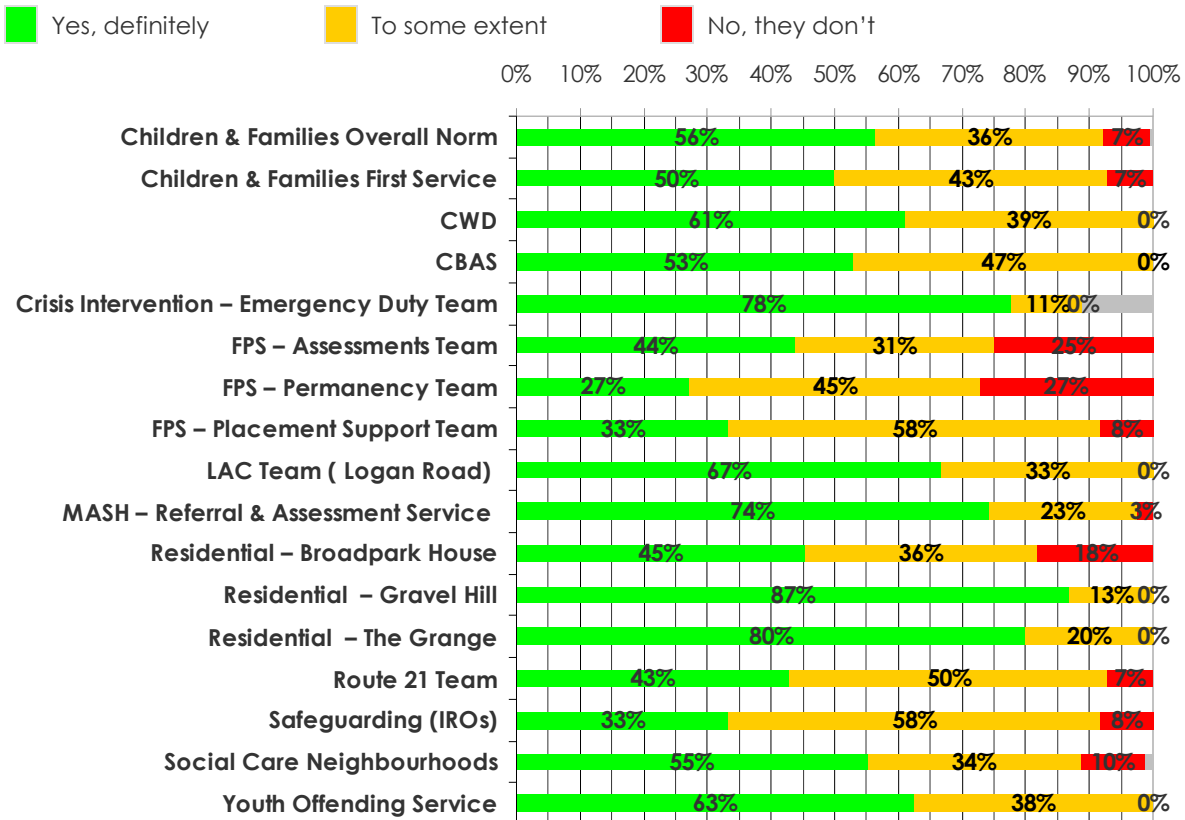
Yes No



**8. Do you believe you are well prepared for each supervision session in terms of what you want to cover?**

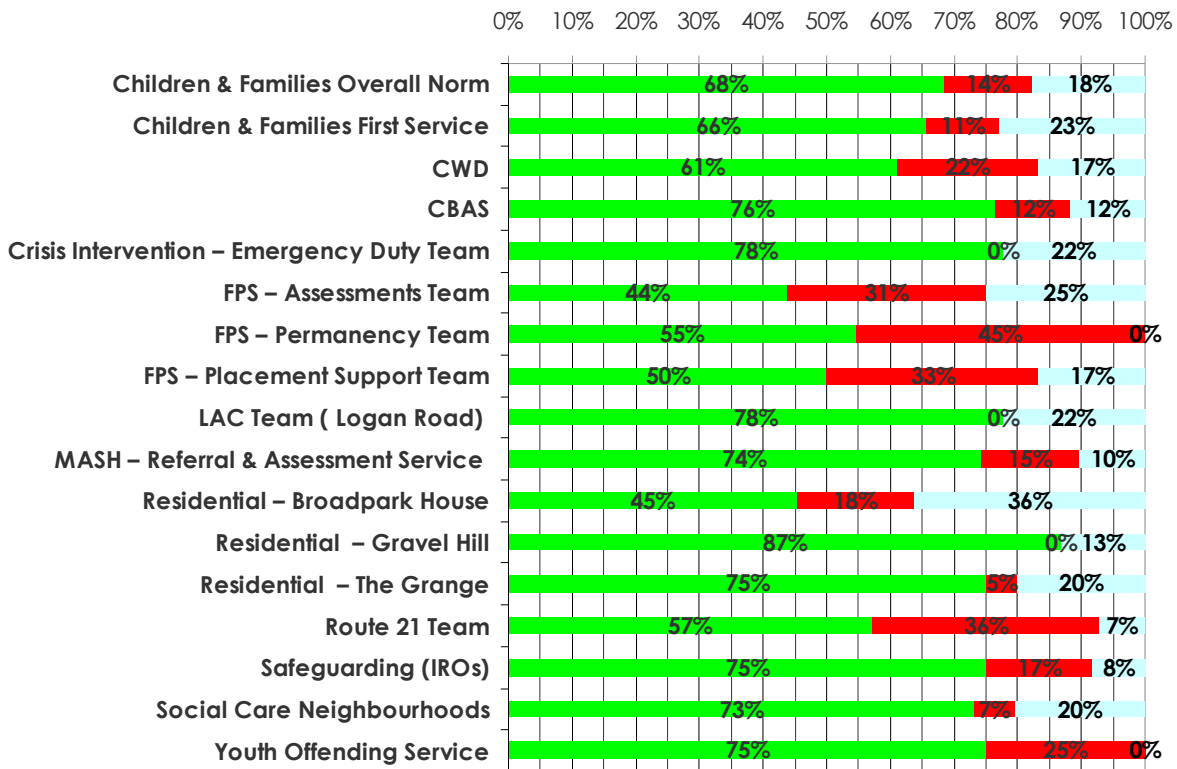


**9. Does your supervisor come well prepared for each supervision session?**



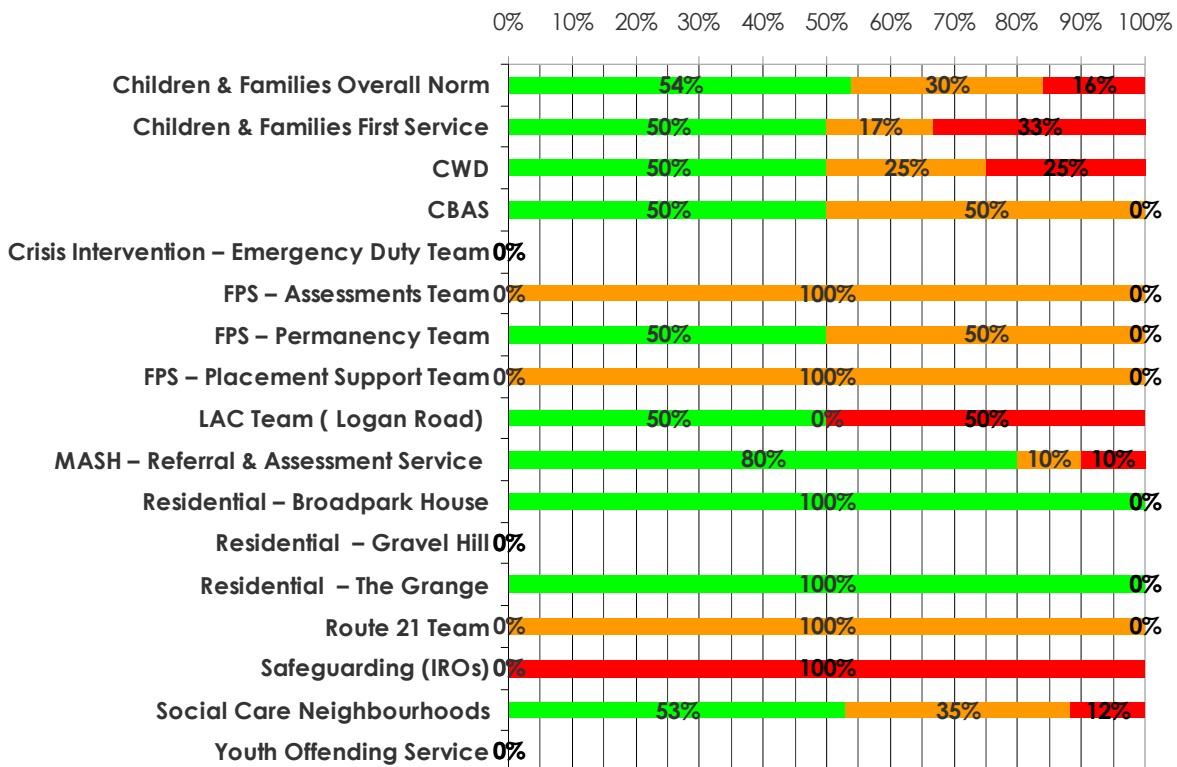
10. Are you always made aware of when new cases and / or work has been allocated to you?

Yes No Not applicable to my role



NQSW Question. Do you believe you have been given a case load which is appropriate to your newly qualified status and the stage you are now at in your assessed and supported year of employment?

Yes, definitely No, it's been too high at times No, my case load has been too high since I started



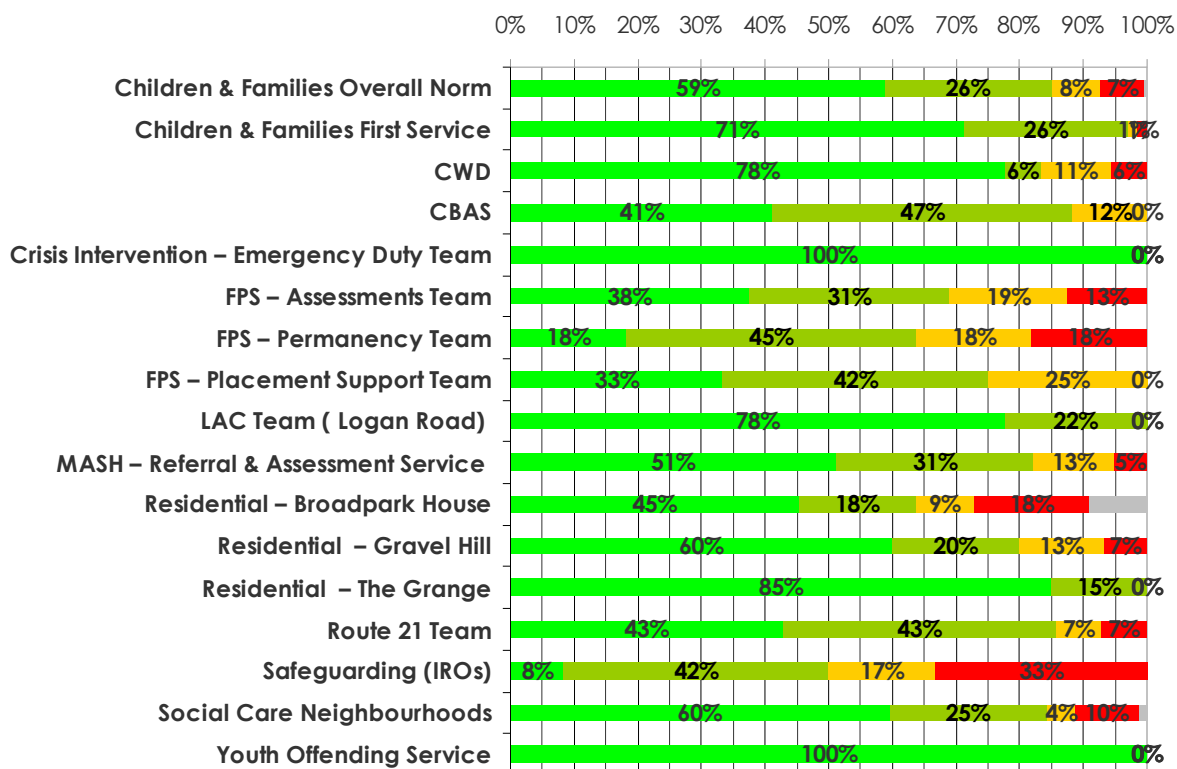
## Task Assistance / Management

This question focuses on you benefiting from assistance/ support in managing your workload, cases, tasks etc.

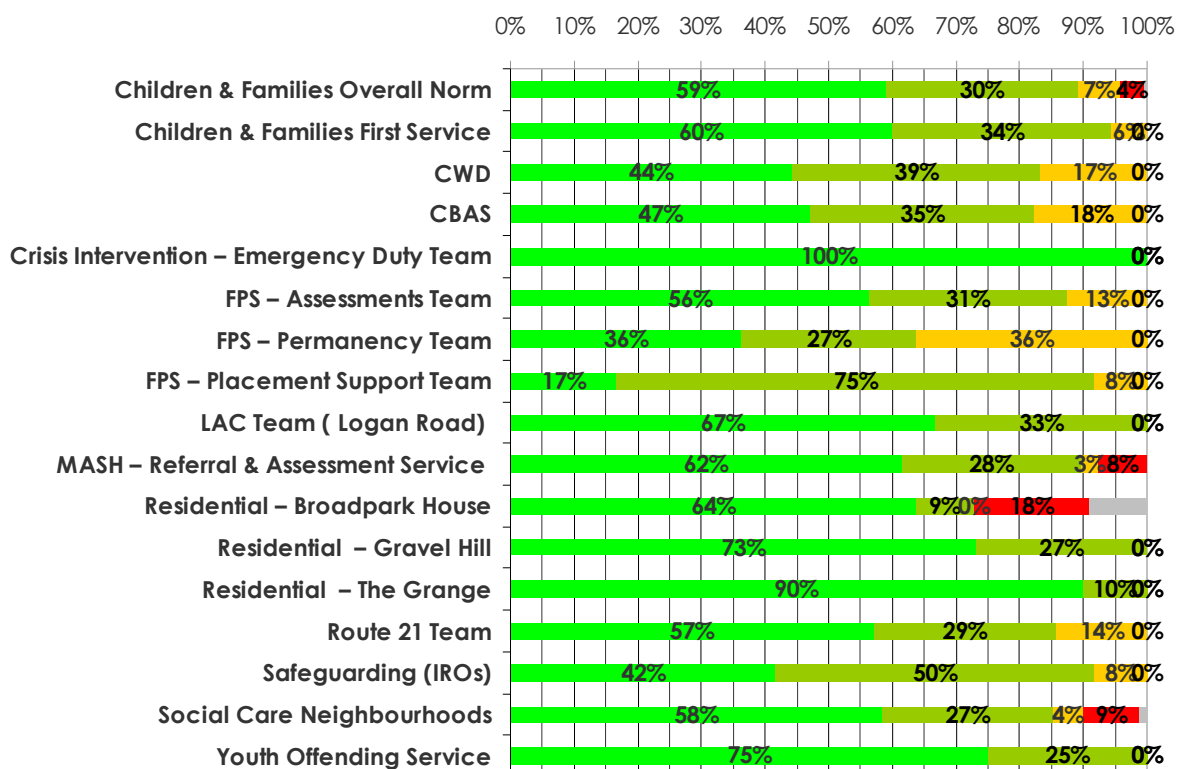
### 11. Do you and your supervisor ...

■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never

#### a. use a standard agenda?



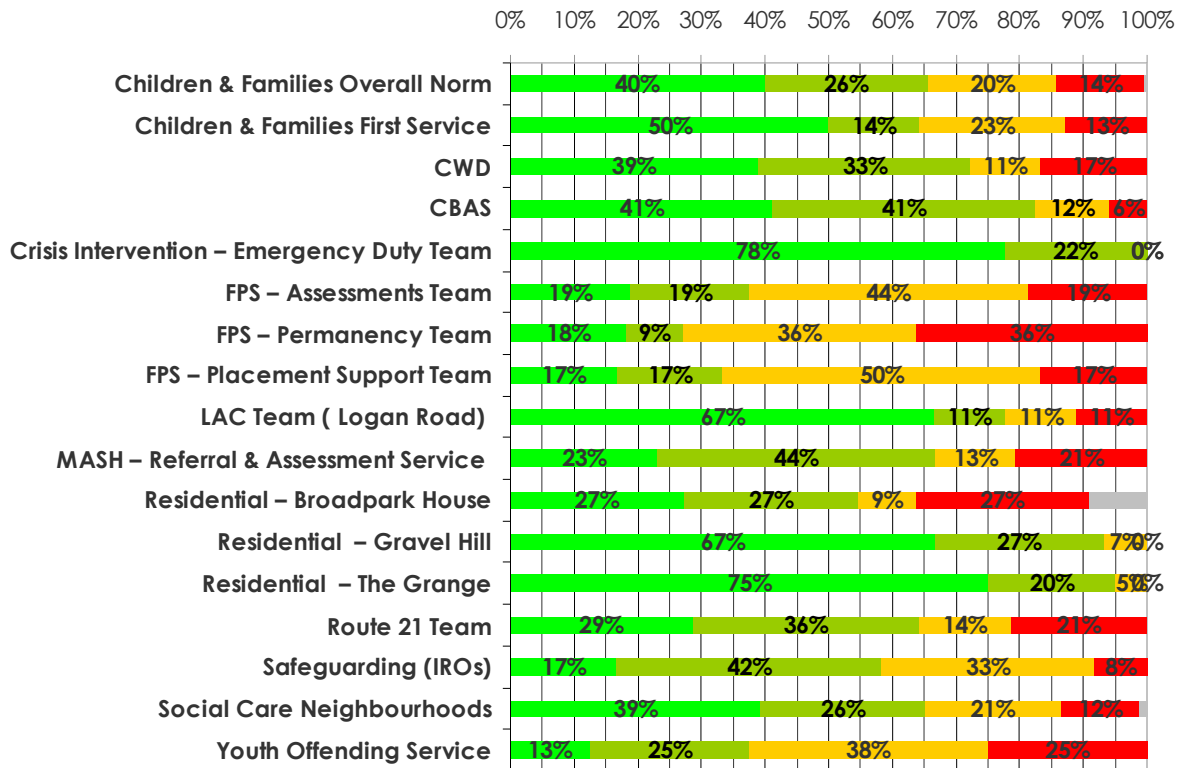
#### b. ensure your agenda items are discussed?



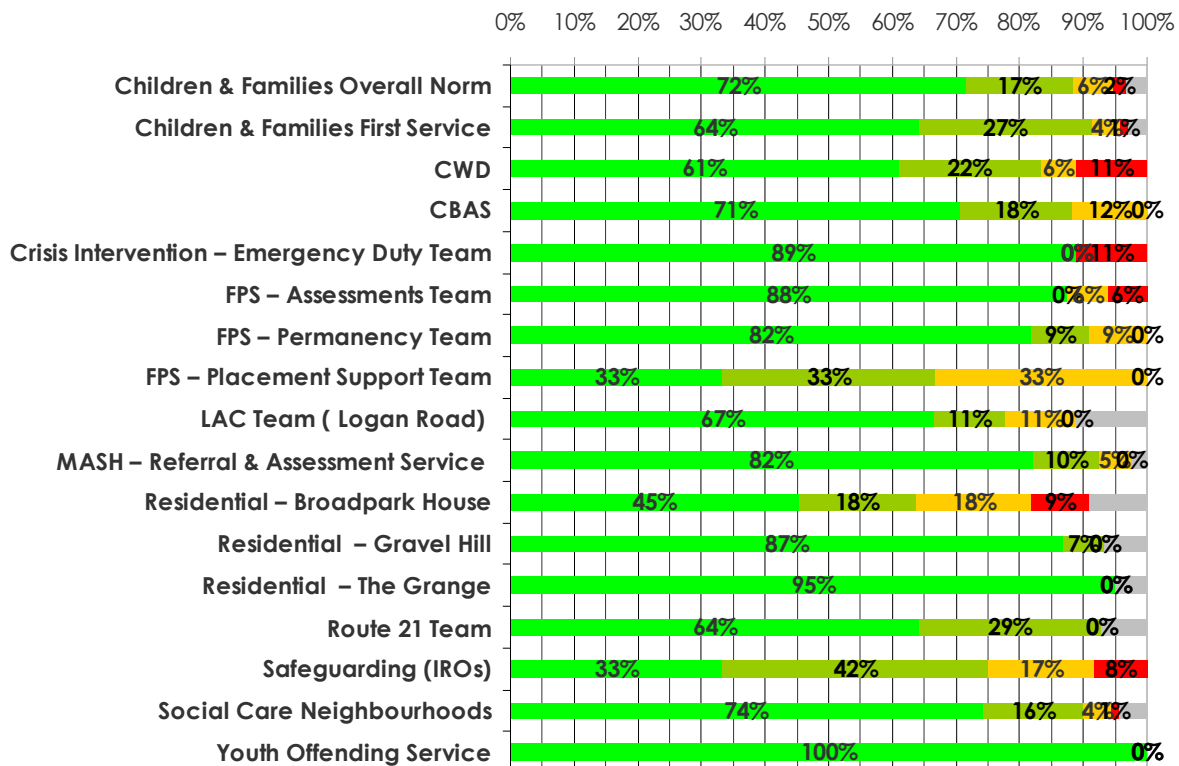
## 11. Do you and your supervisor ...



c. refer to the notes from your last session and discuss whether follow up work or actions have been completed within timescales?



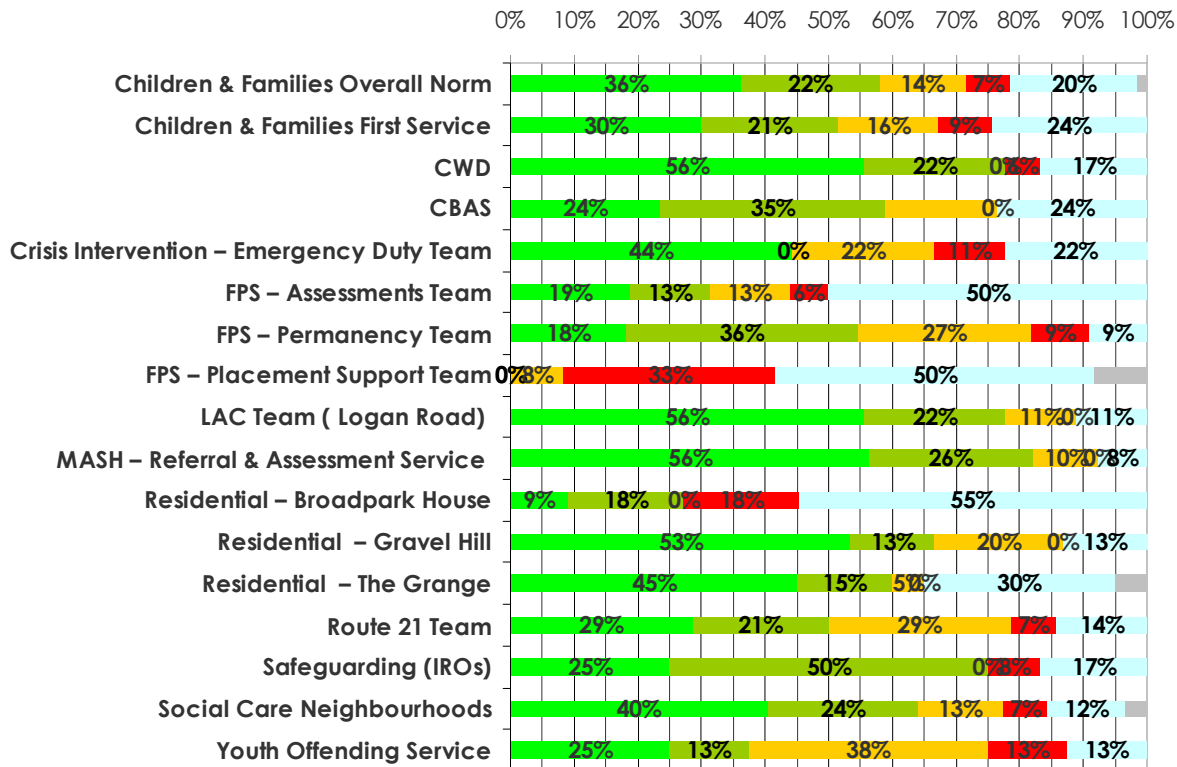
d. always discuss your active and new cases (if applicable) and / or current work?



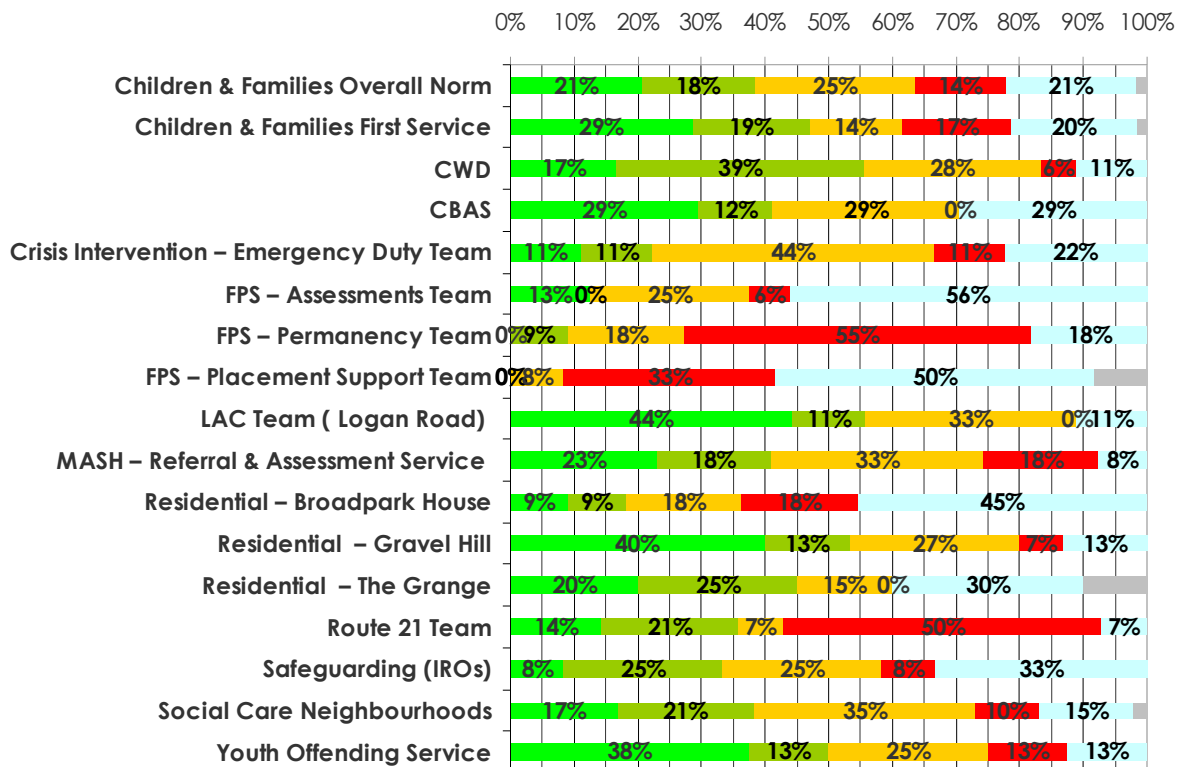
## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my role

### e. always include evidence of the child's current views and wishes in case discussions?



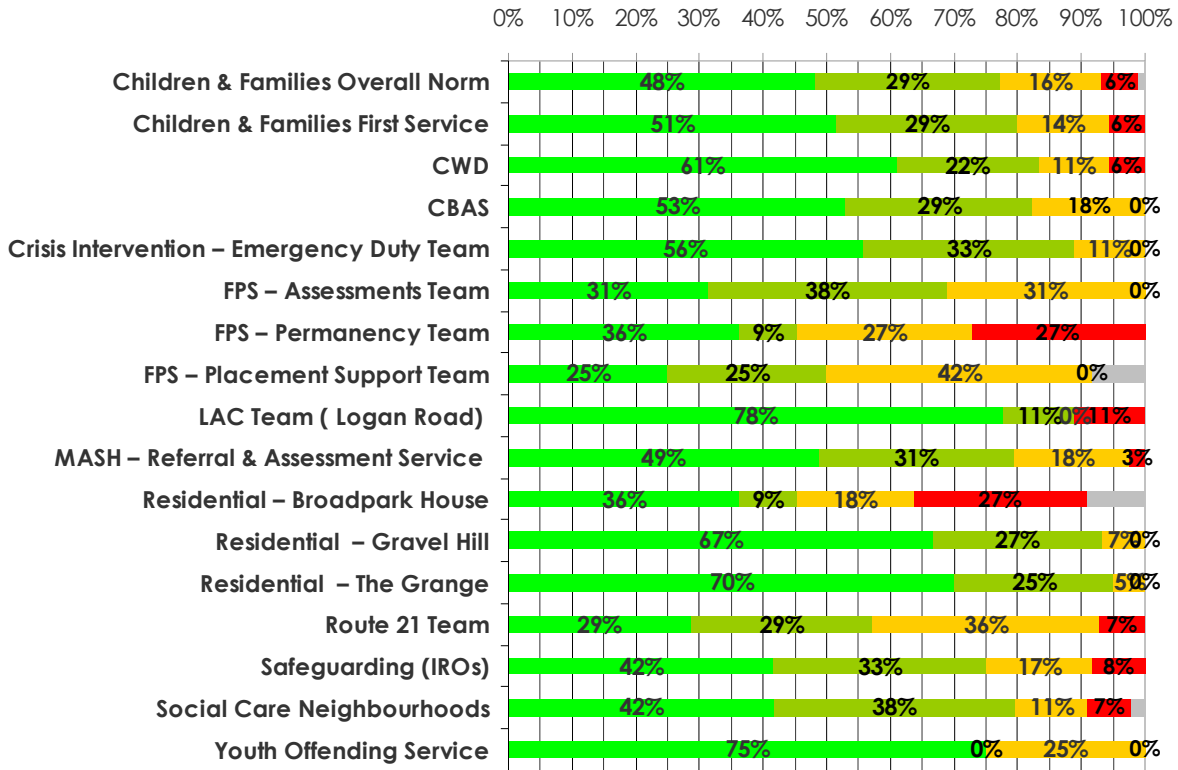
### f. refer to case notes on children's files?



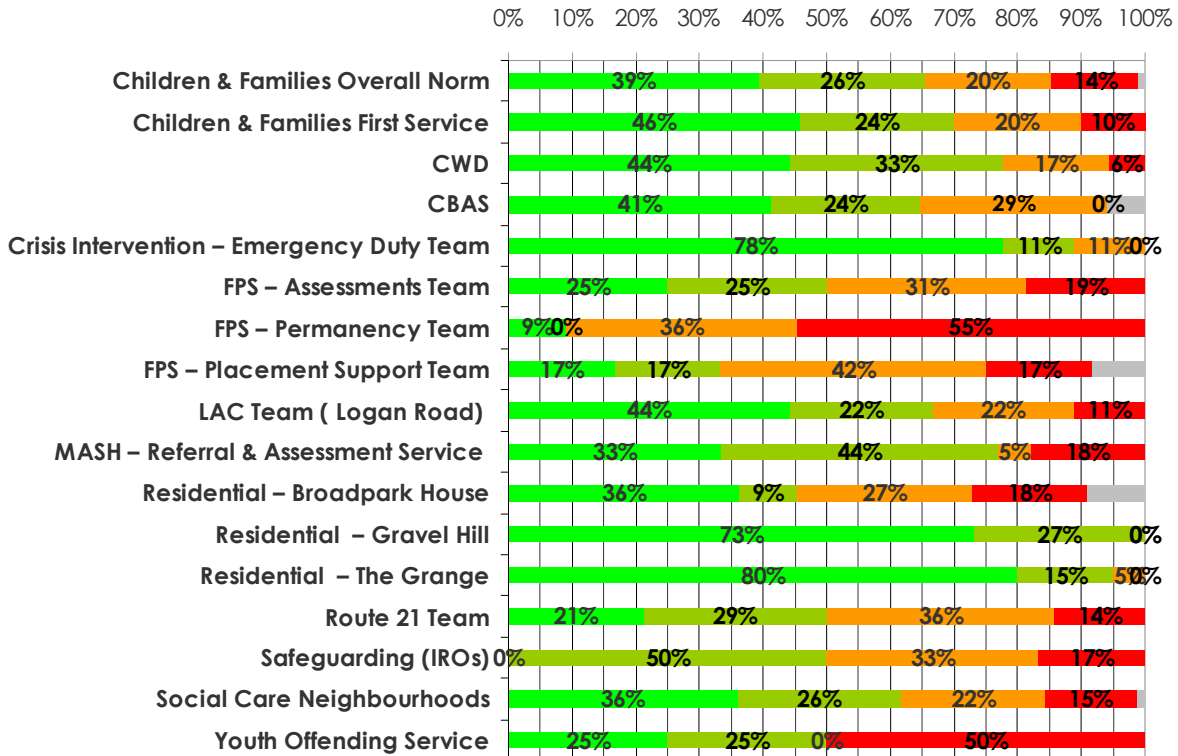
## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

**g. discuss how you can work effectively and any help you need e.g. by clarifying your role, understanding the task in hand, problem-solving etc.?**



**h. make time to discuss, identify and agree any learning and development priorities / opportunities?**

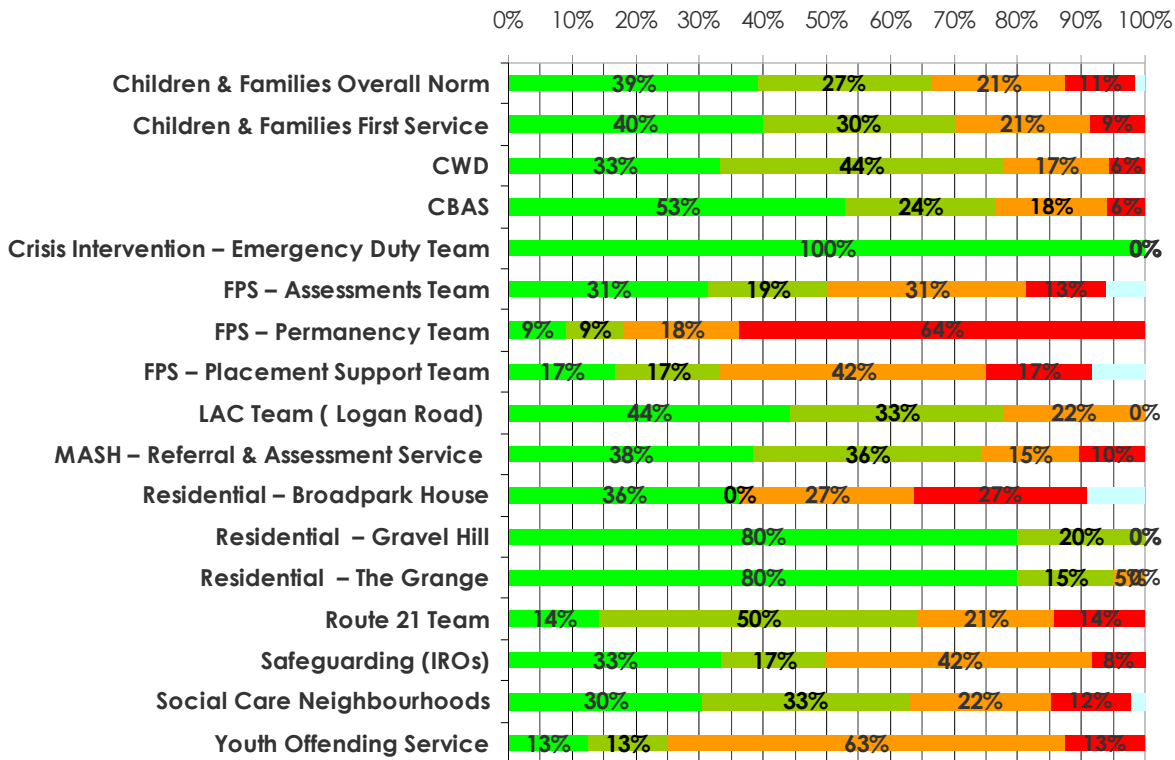




## 11. Do you and your supervisor ...

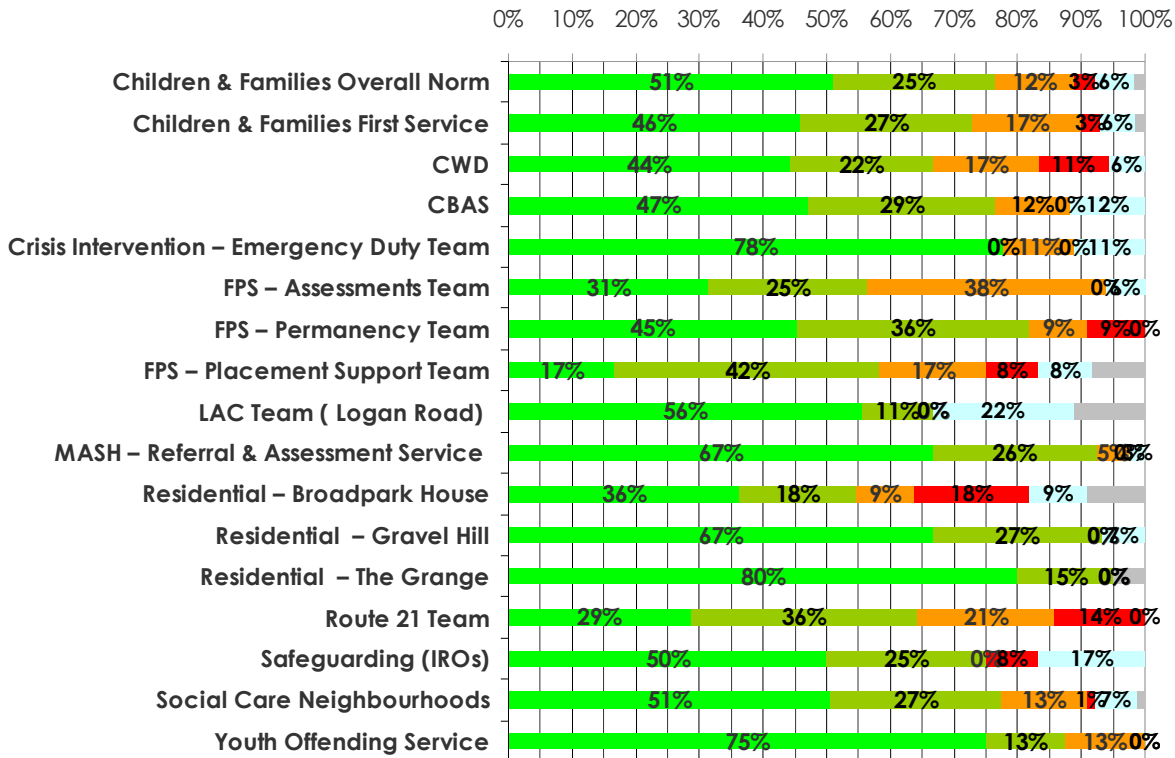
■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

### i. use the opportunity to critically reflect on your current practice?



### j. end by leaving you clear about case and other decisions taken in the session?

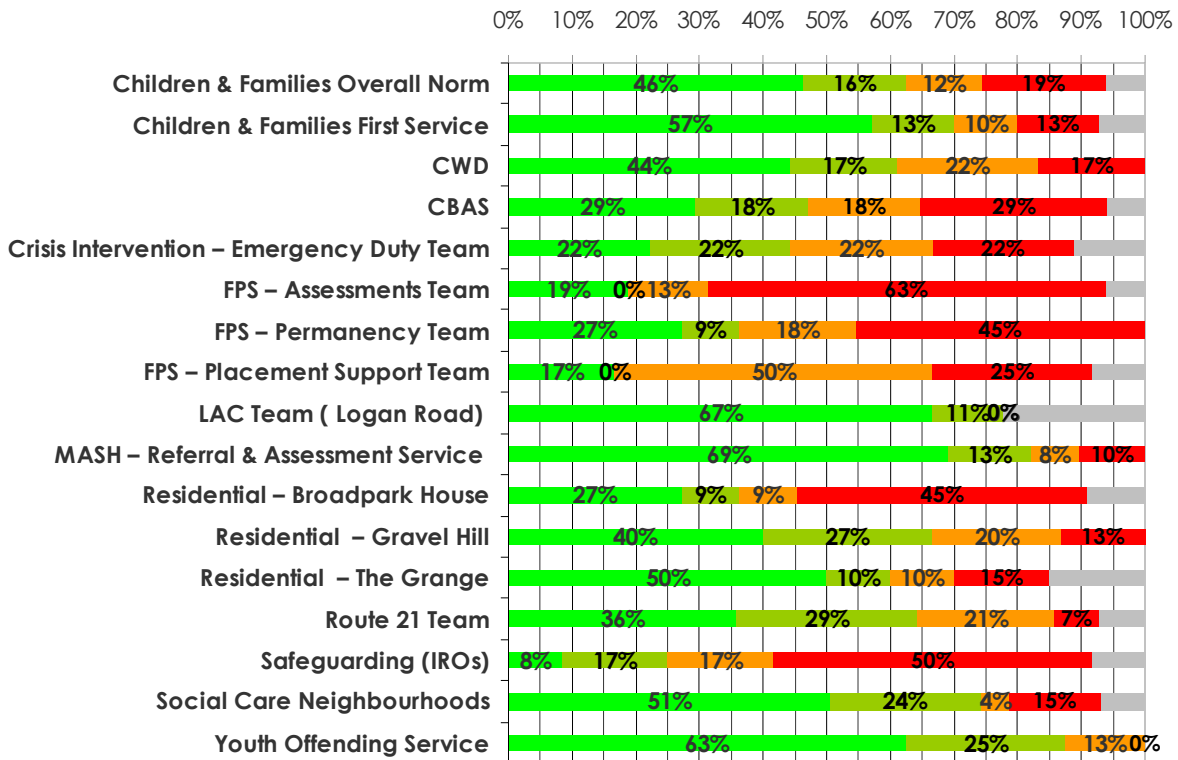
■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my role



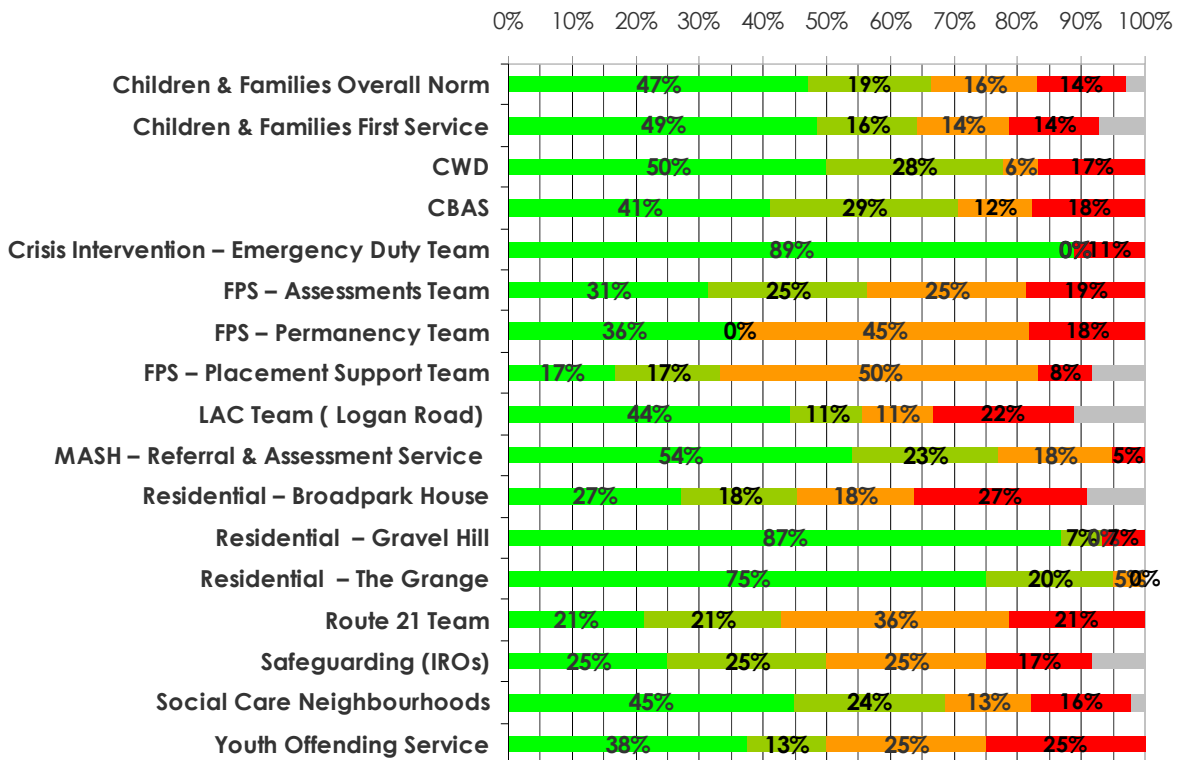
## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

### k. record discussions and decisions on the child's file?



### l. ensure any areas of disagreement are openly explored and recorded on the supervision record?

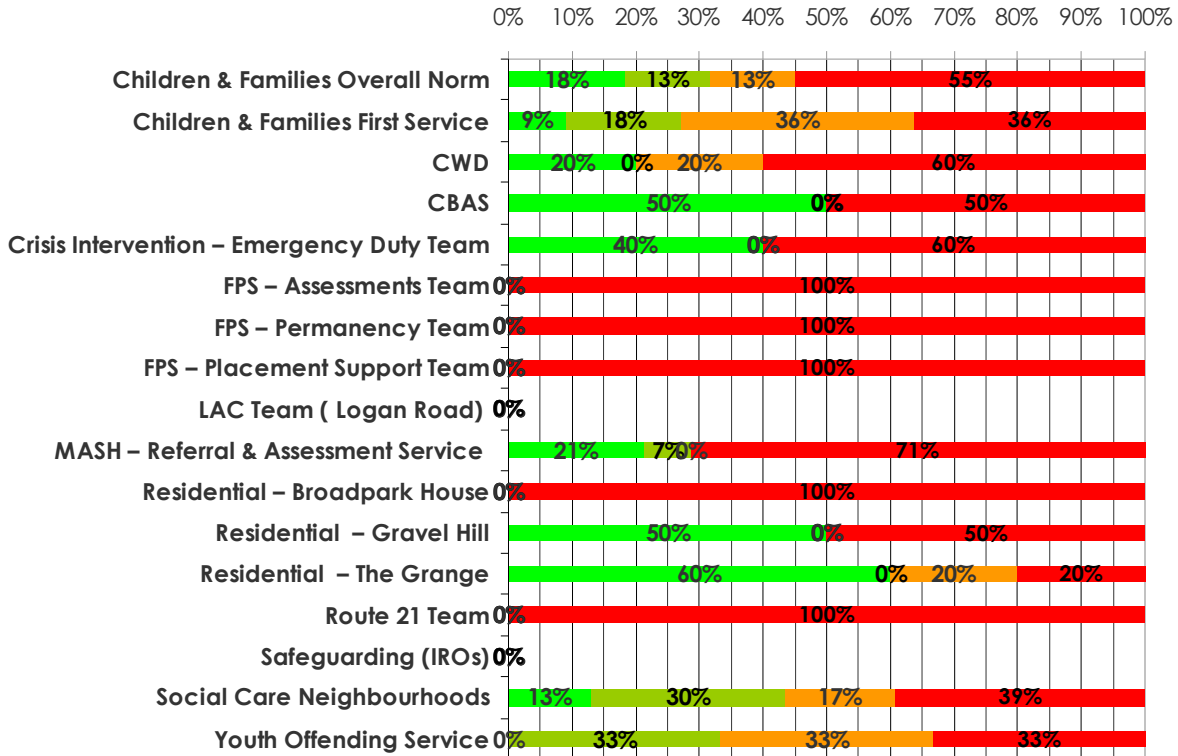


## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

m. involve a 3rd party if there have been any occasions when you and your supervisor have disagreed about the management of a case?

**NB: A total of 82 people answered this sub-question – the rest of respondents selected the option 'Not applicable as no areas of disagreement yet/'**



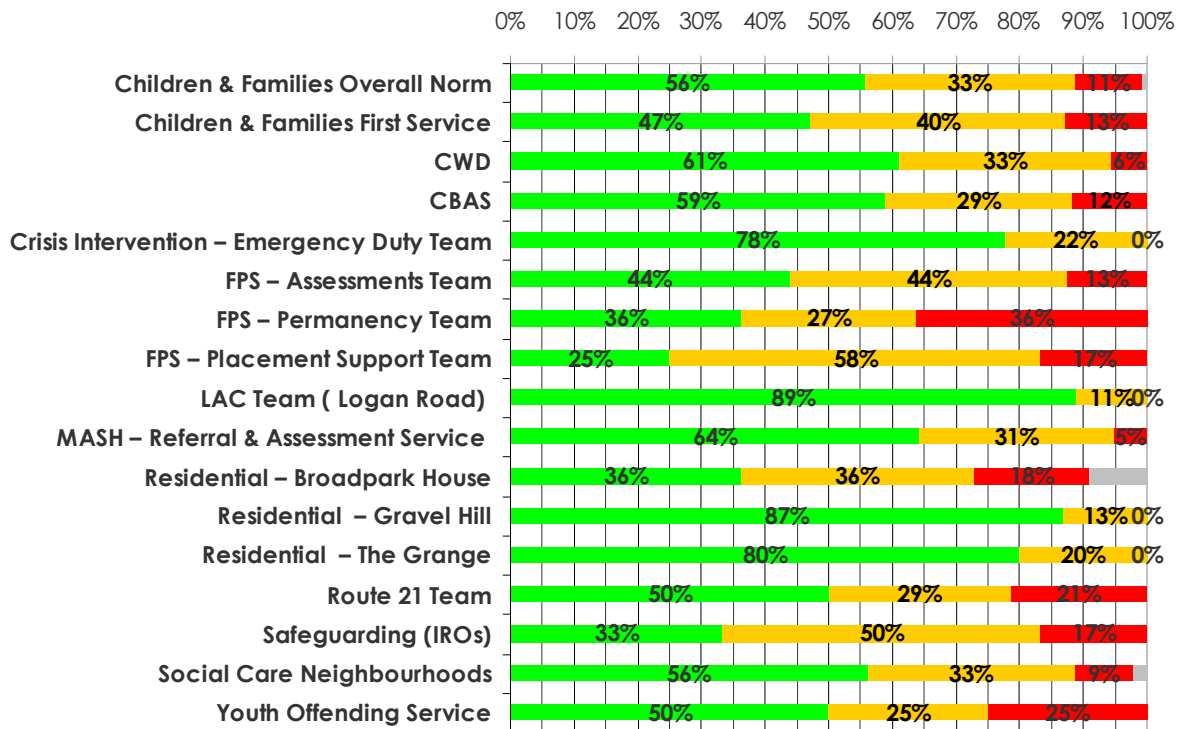
## Professional development

This question focuses on how your professional development is supported as an important part of your supervision outcomes ...

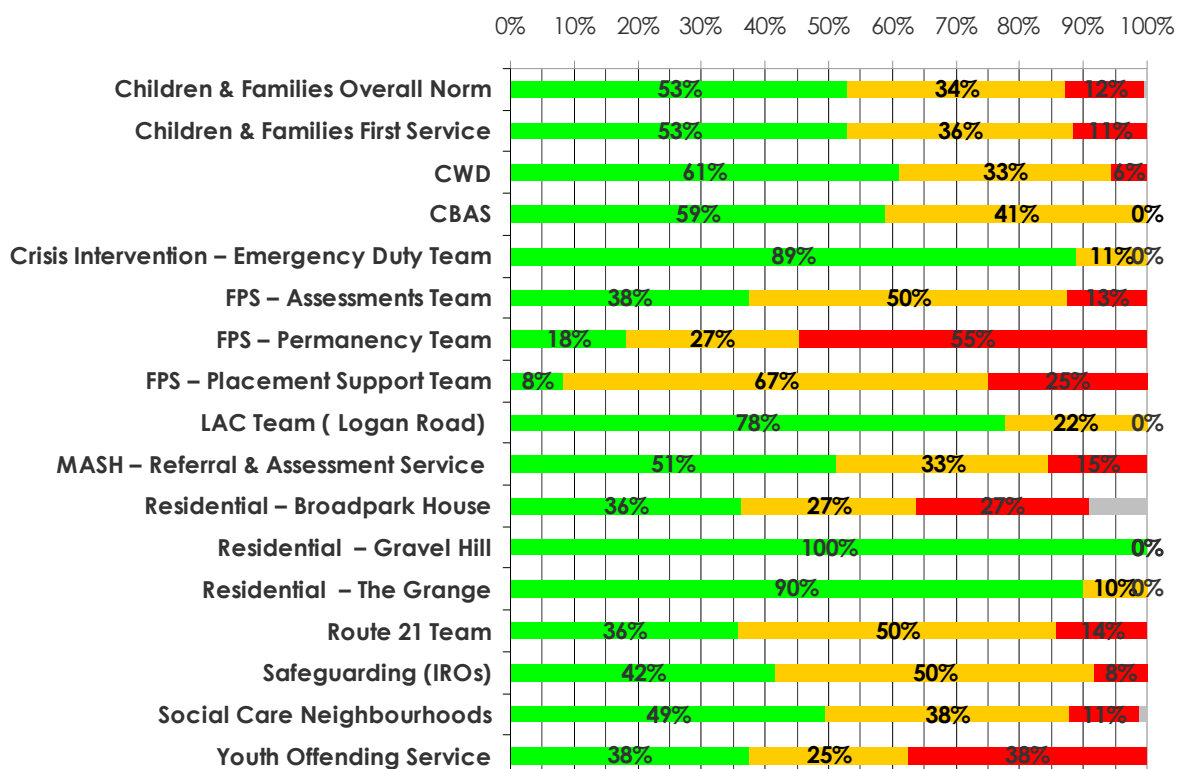
### 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

#### a. is grounded in a secure knowledge of your strengths and weaknesses by you and your supervisor?



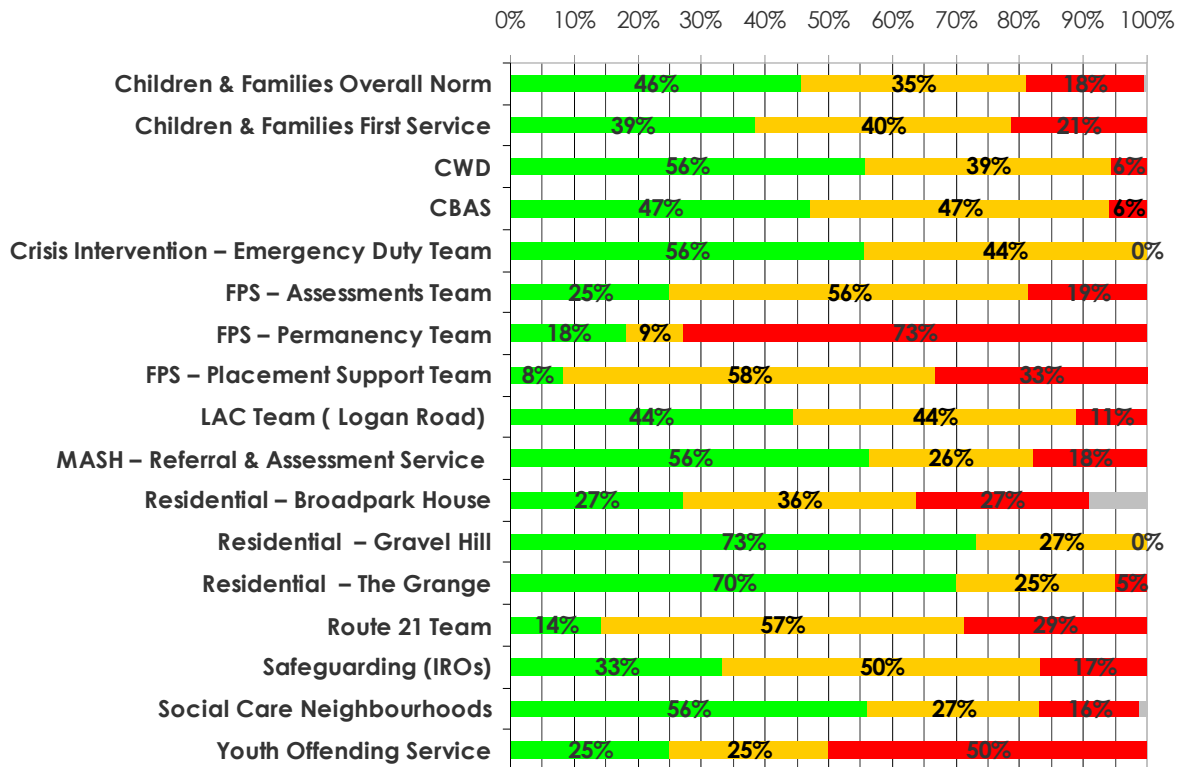
#### b. gives you the opportunity to critically reflect on your current practice?



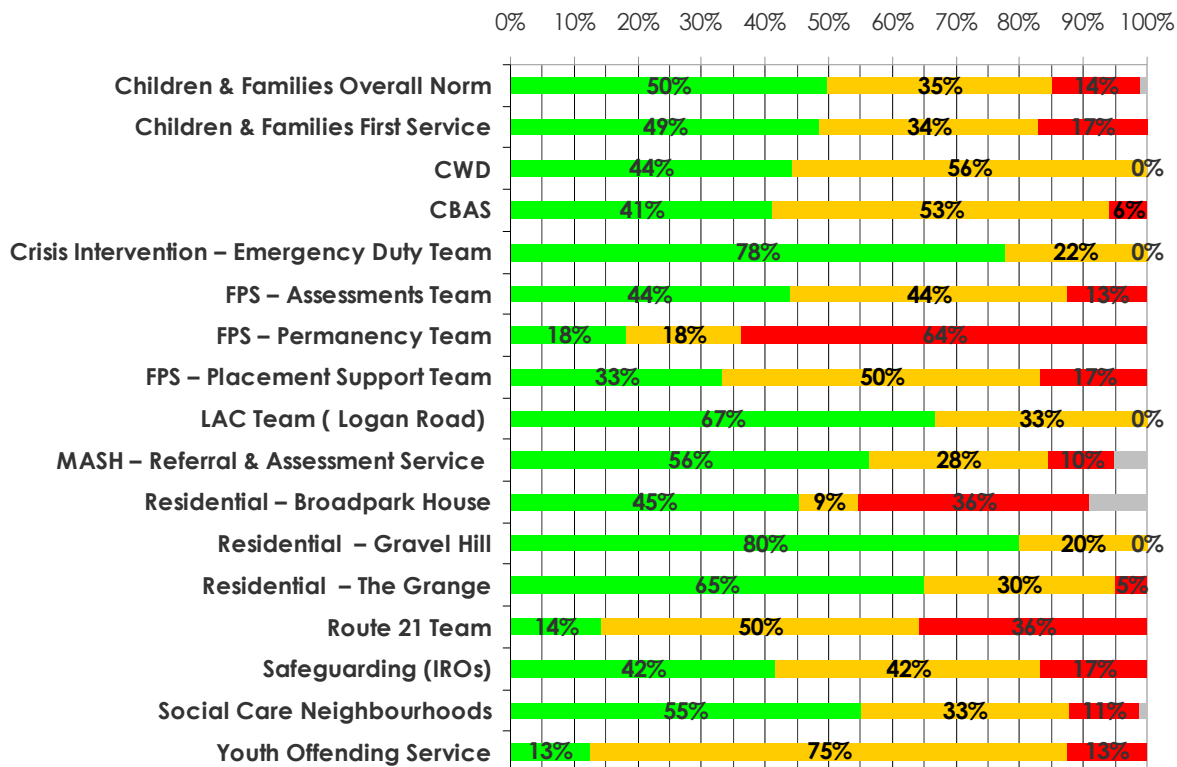
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

### c. directly helps develop your professional practice? e.g. through coaching, setting up joint visits etc.



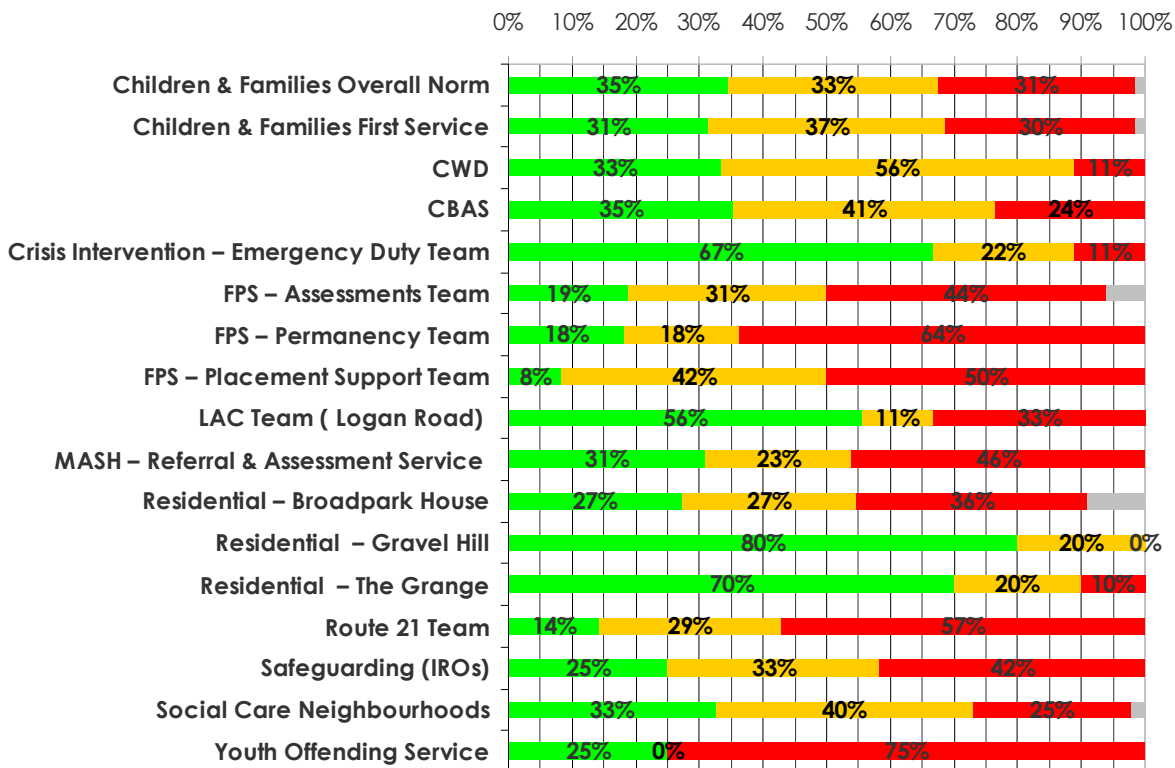
### d. supports you in improving your performance and achieving your agreed performance objectives?



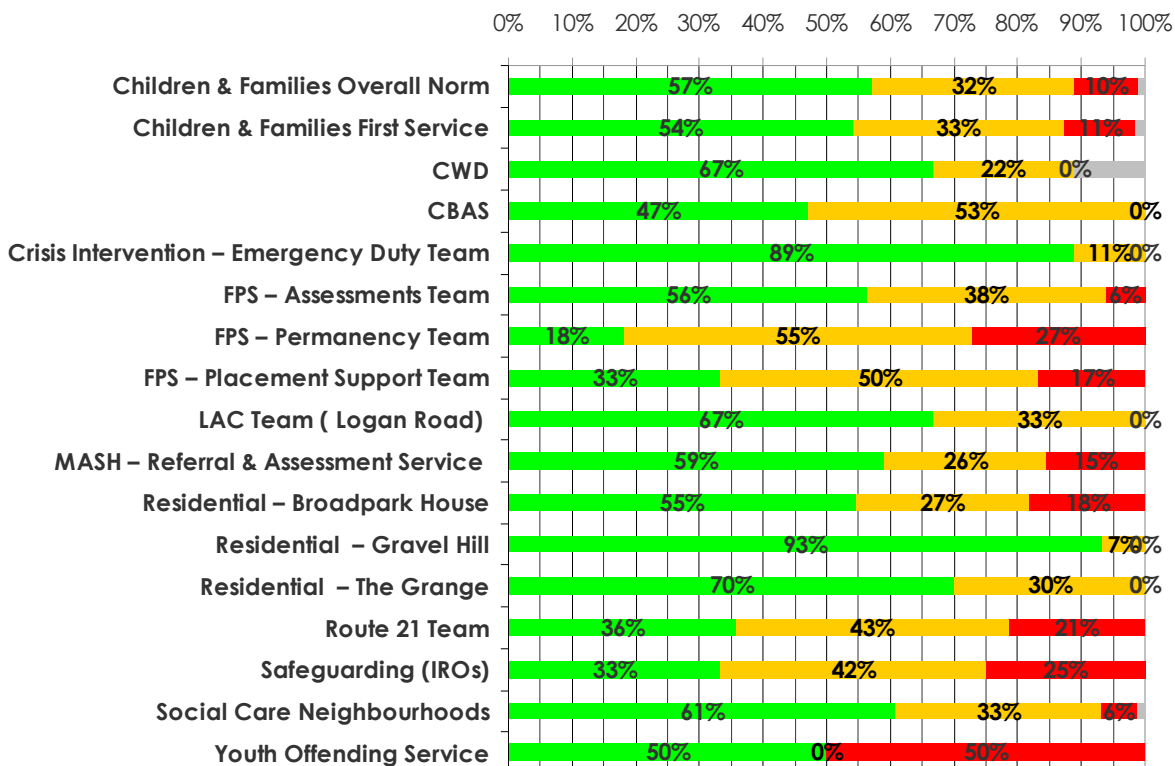
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

### e. Where relevant makes links between supervision and your annual appraisal / Personal Development Plan?



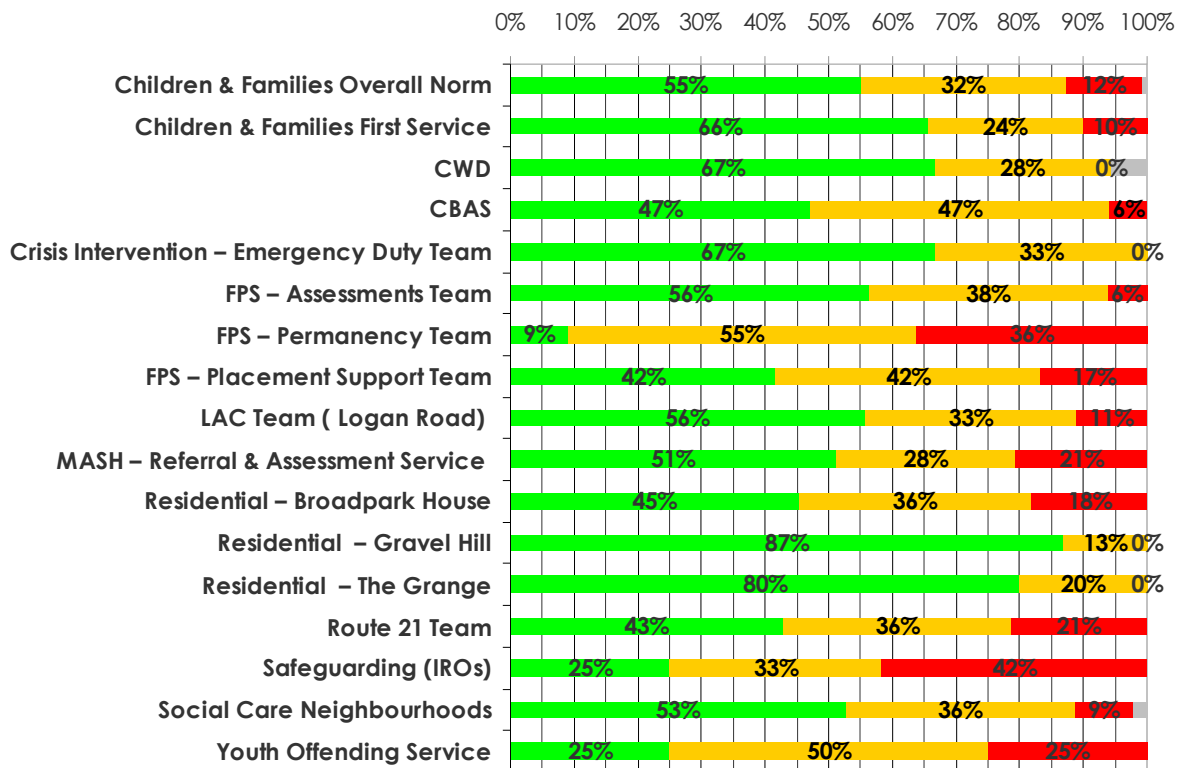
### f. includes encouragement from your supervisor to take up any learning and development that has been identified and agreed?



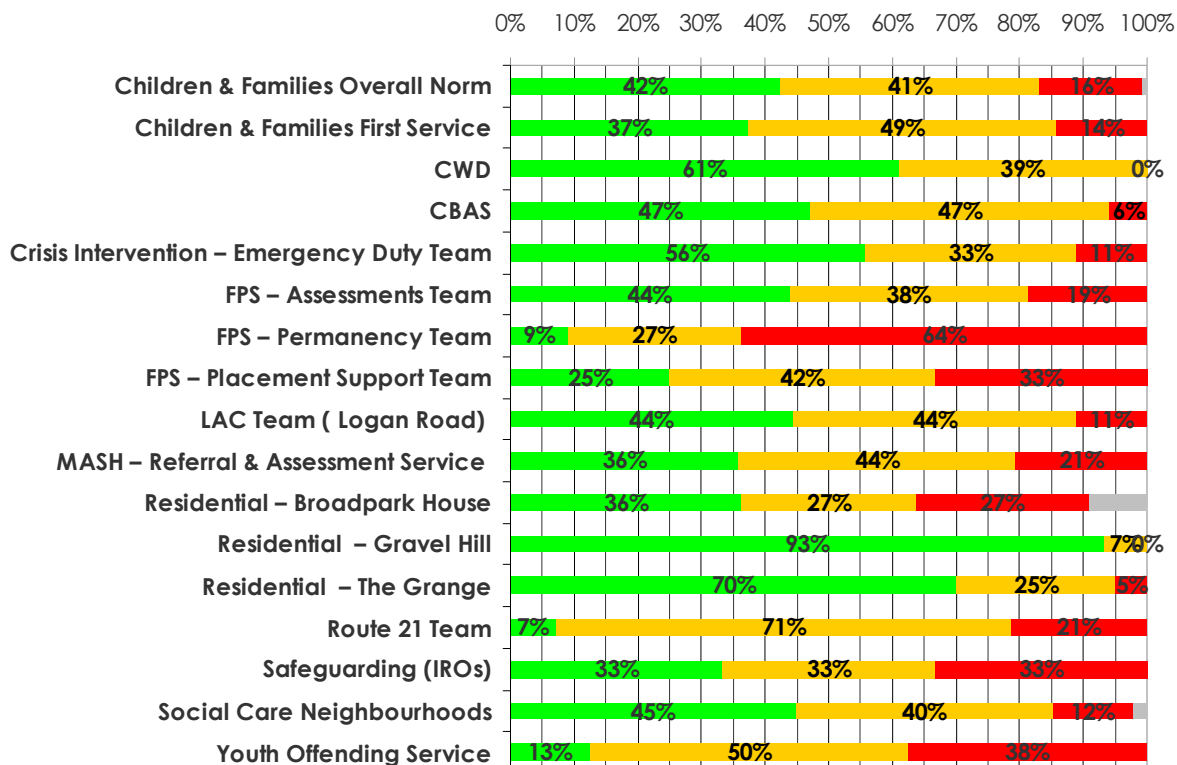
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

g. includes discussing any learning, training and development you have attended / undertaken?



h. supports you on how you will integrate any learning and development into your practice?



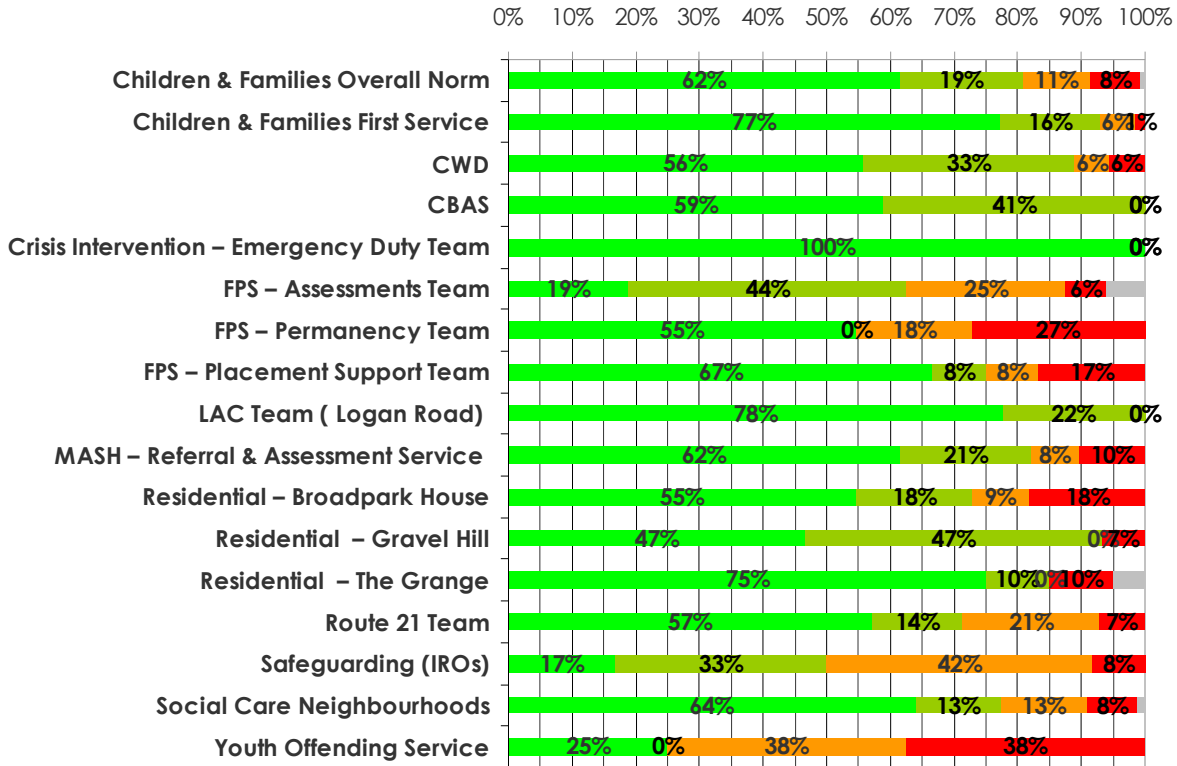
## Staff well-being ...

This question explores how much you feel personally supported to have a sense of well-being related to your work - this can be to do with your health, safety and welfare.

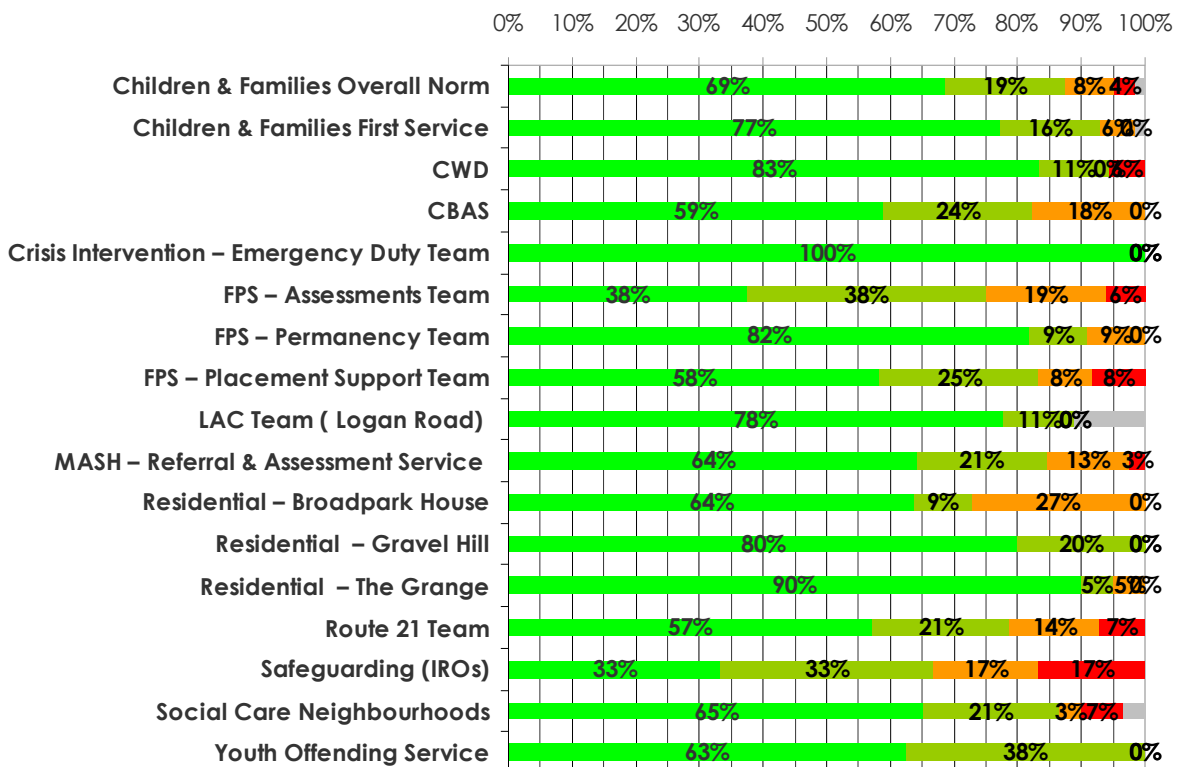
### 13. During your supervision sessions ...



#### a. Is the topic of staff wellbeing an early item on the agenda?



#### b. Are you able to raise issues to do with your safety at work or health or welfare?

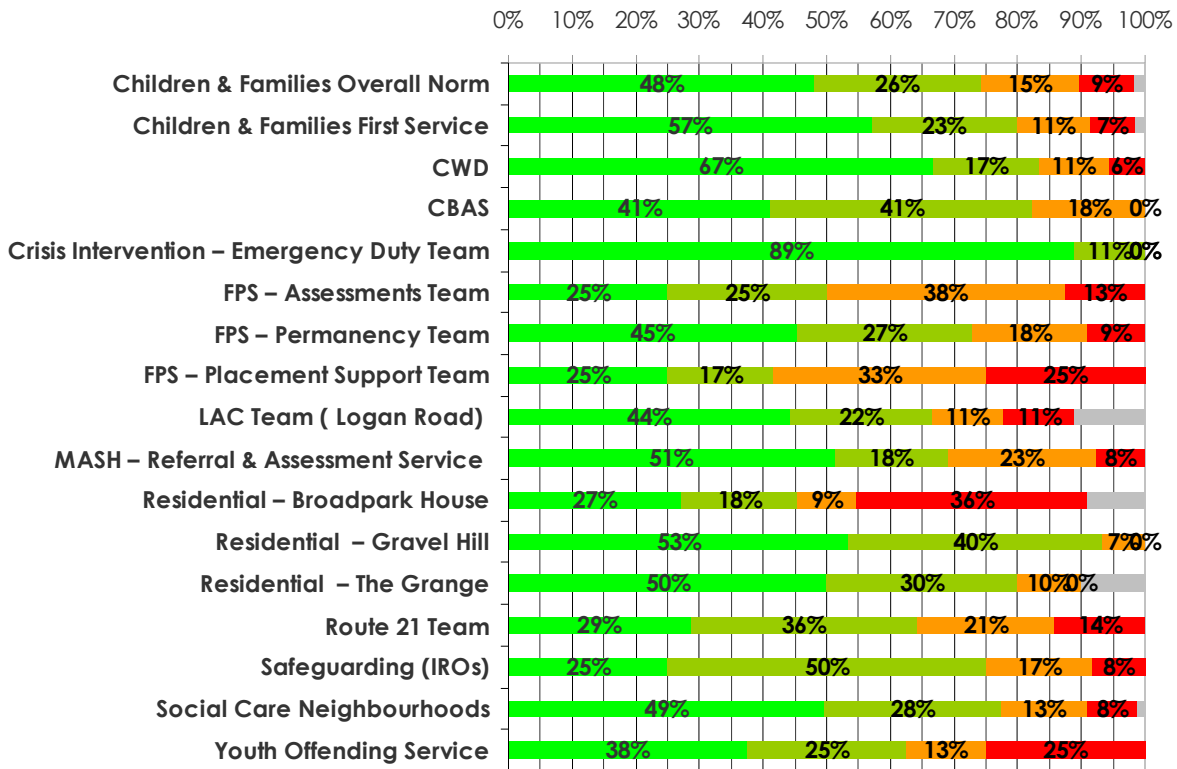




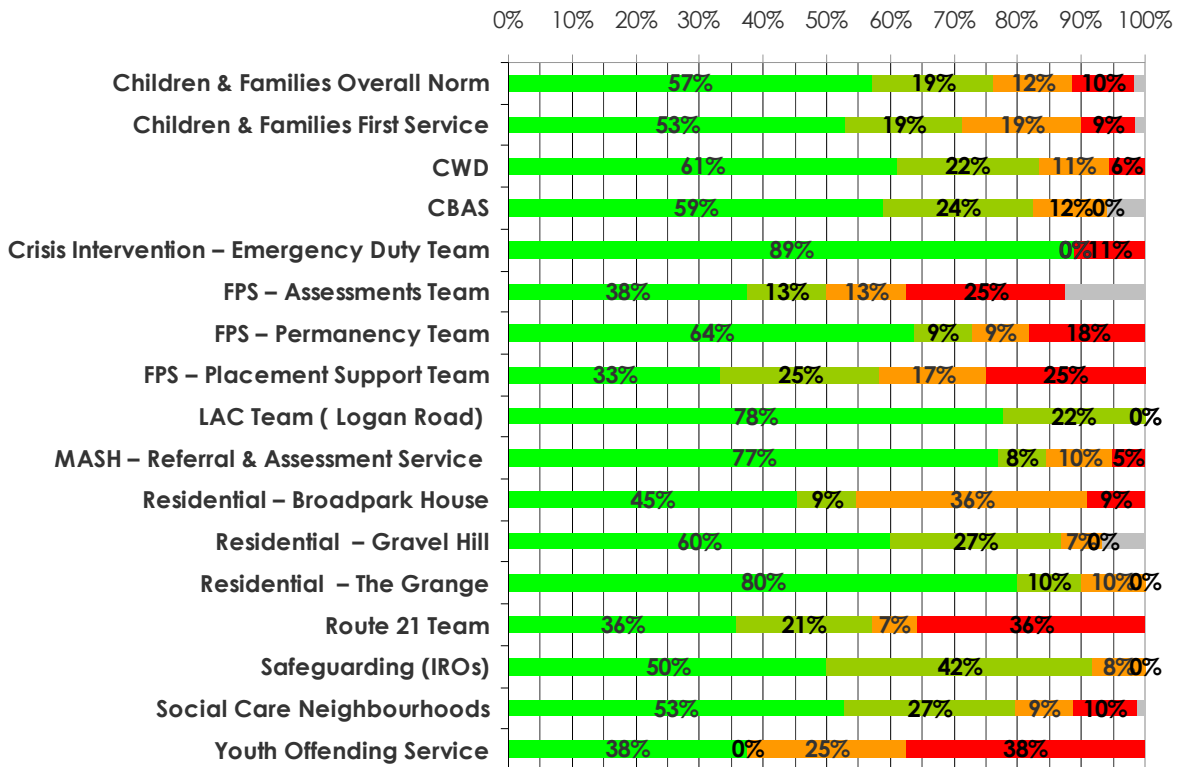
### 13. During your supervision sessions ...



#### c. Do you discuss time and workload management?



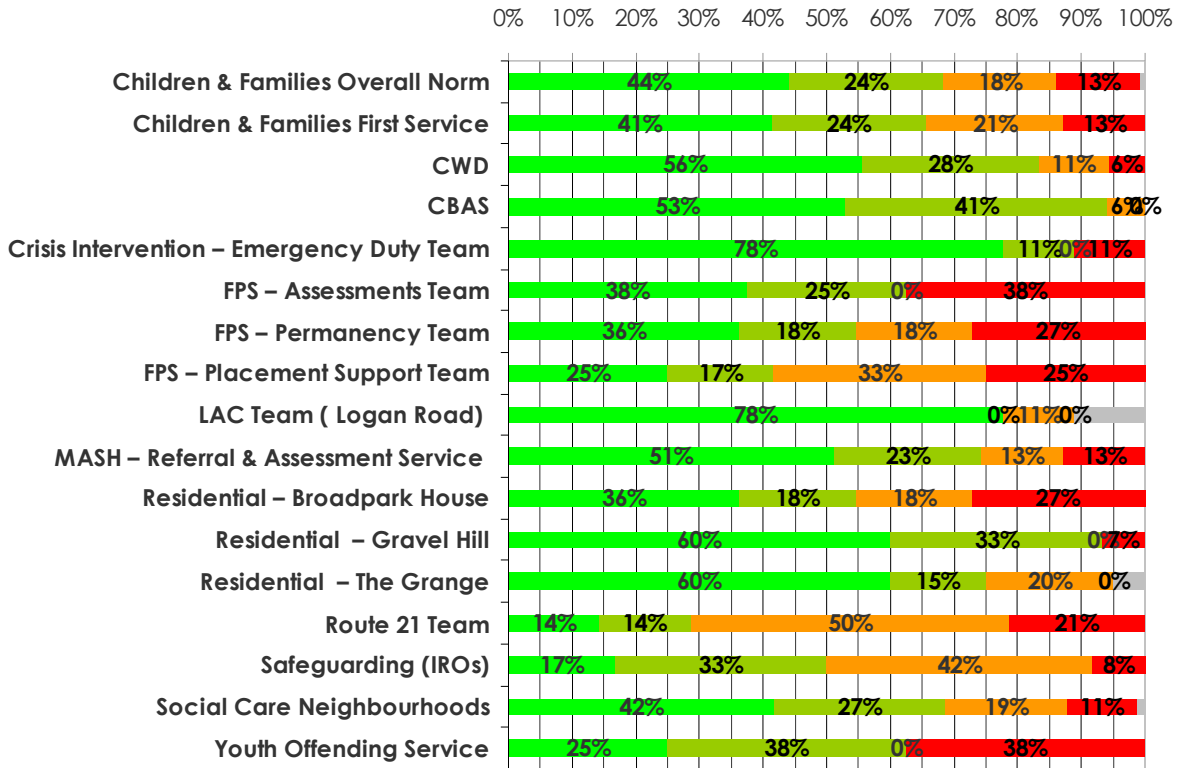
#### d. Do you feel you have a relationship of trust and openness, giving you the confidence to seek the emotional support you need to do your job?



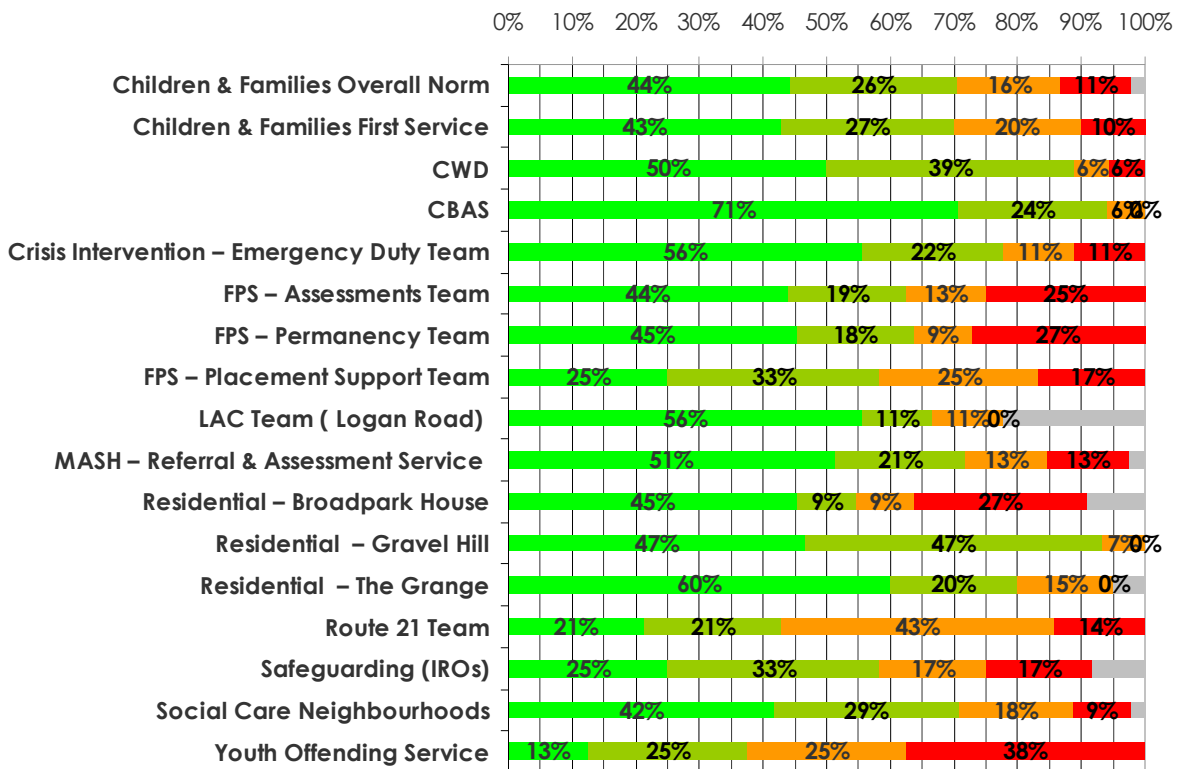
### 13. During your supervision sessions ...

■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never

#### e. Do you feel supported in recognising when you may be suffering work-related stress and agreeing remedies within an appropriate timescale?



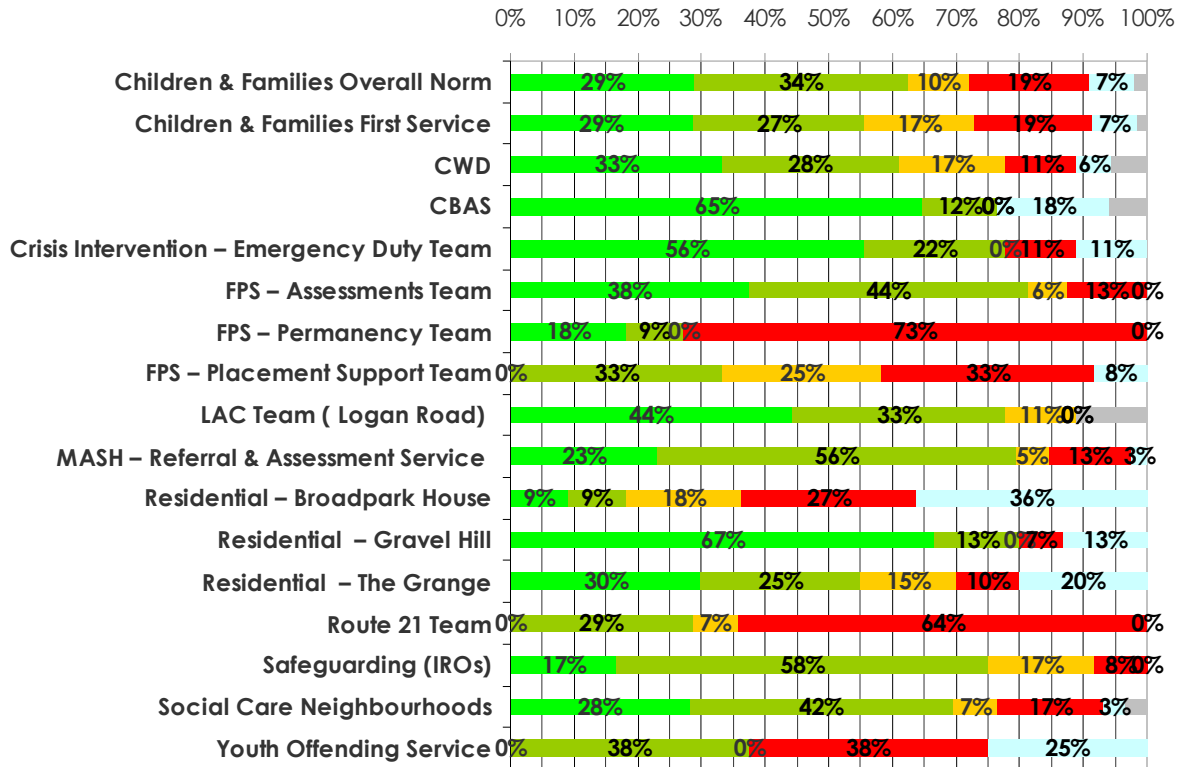
#### f. Do you feel you are given the emotional support you need to deal with your cases?



## Reflective supervision

### 14. To what extent do you believe 'reflective supervision' is a characteristic of your supervision sessions with your manager?

- This has always been a strong feature of my supervision sessions
- It has always been a feature to some extent but could be improved
- It has recently been something we are trying to develop as a feature of my supervision, previously it wasn't
- It does not feature at all
- I don't really understand what reflective supervision means

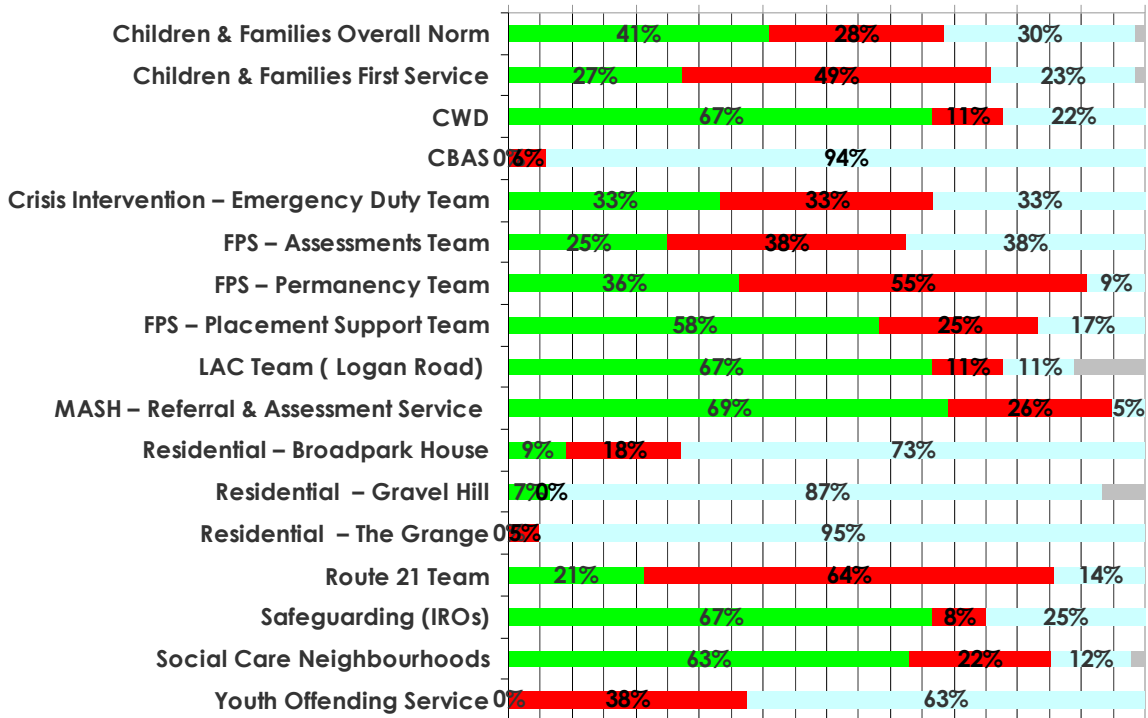


# Use of the Protocol and eCAF IT systems and how they support your supervision ...

## 15. Does the use of the Protocol and / or eCAF IT systems support your supervision sessions?

■ Yes    
 ■ No    
 ■ Not applicable to my role

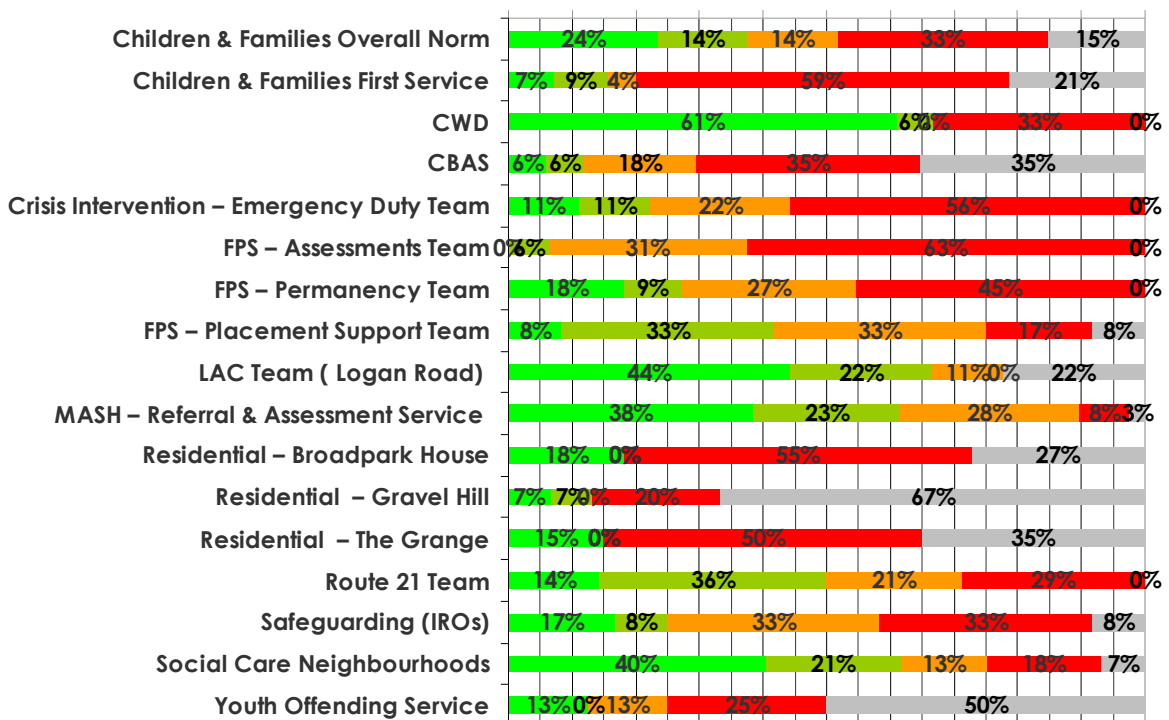
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



## b. Are all decisions / actions concerning service users recorded onto the Protocol system within 24 hours of the supervision meeting?

■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

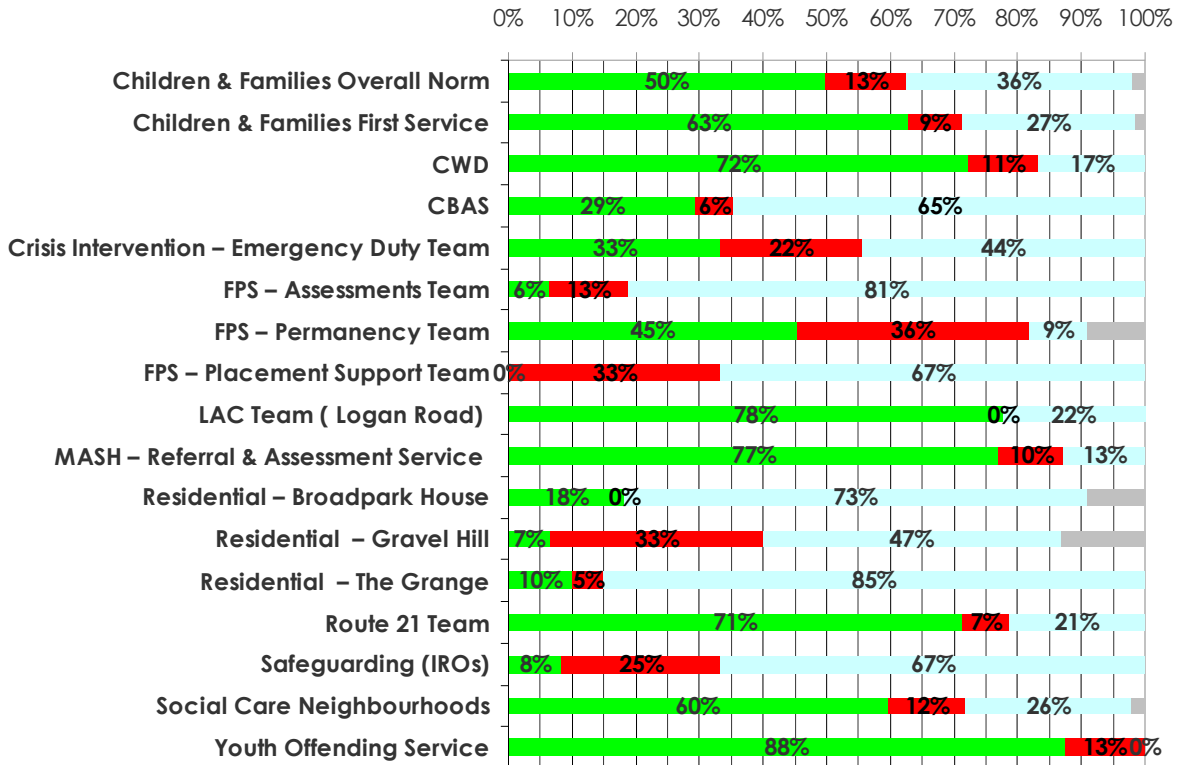


## Outputs from your supervision sessions ...

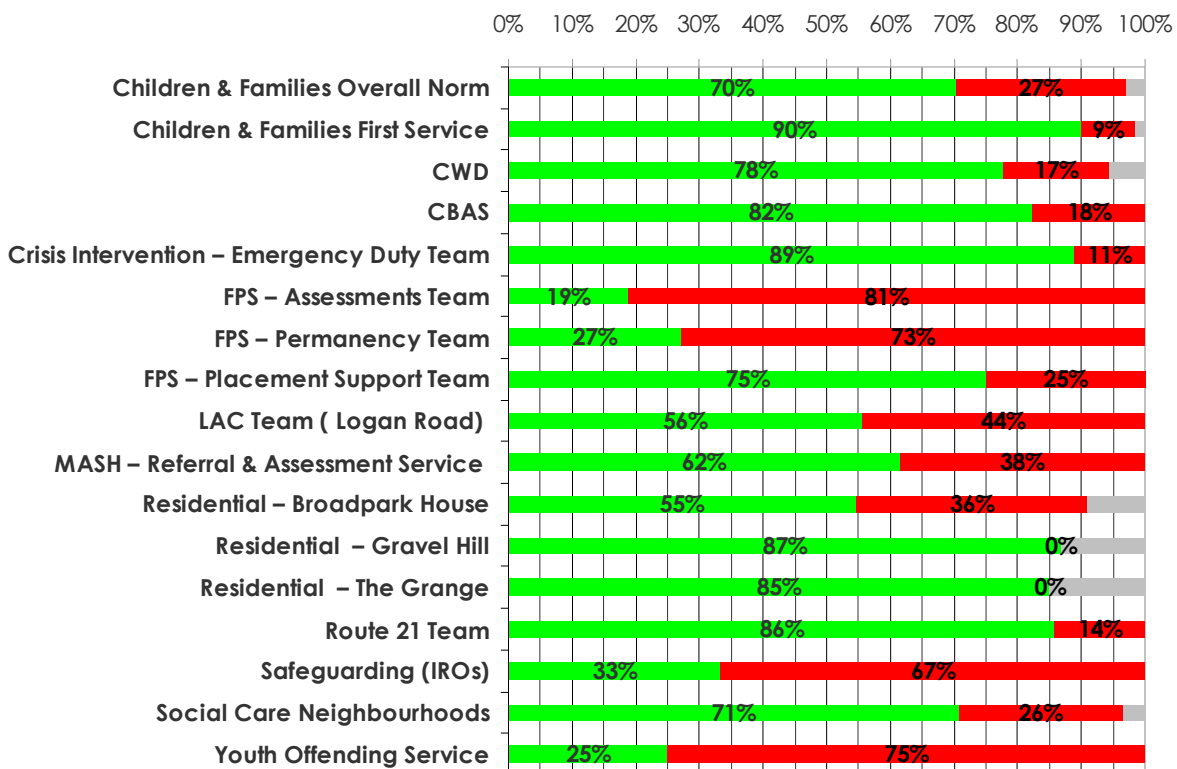
### 16. Does your supervisor ...

■ Yes    
 ■ No    
 ■ Not applicable to my role

#### a. write-up notes about case discussions and place decisions about cases on the child's file?



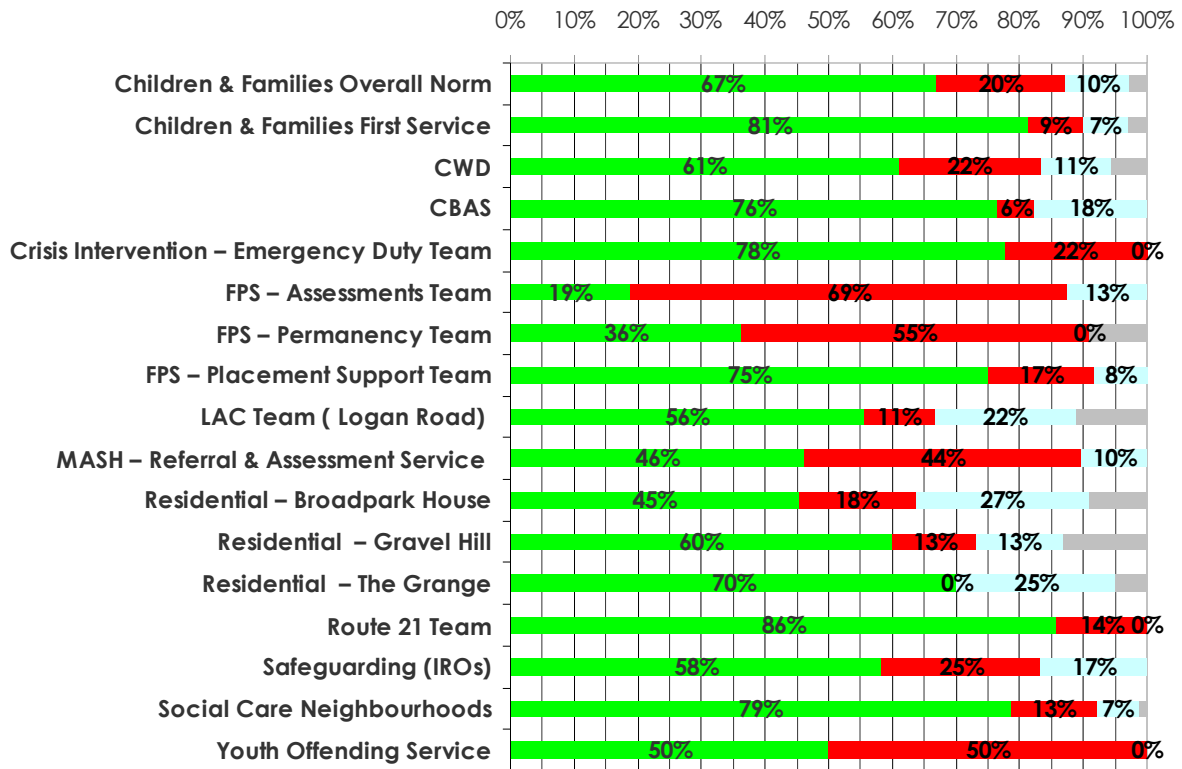
#### b. agree the record of supervision with you, with you both signing it?



## 16. Does your supervisor ...

■ Yes    
 ■ No    
 ■ Not applicable to my role

### c. give you a written record of your supervision, which includes case discussions if applicable?

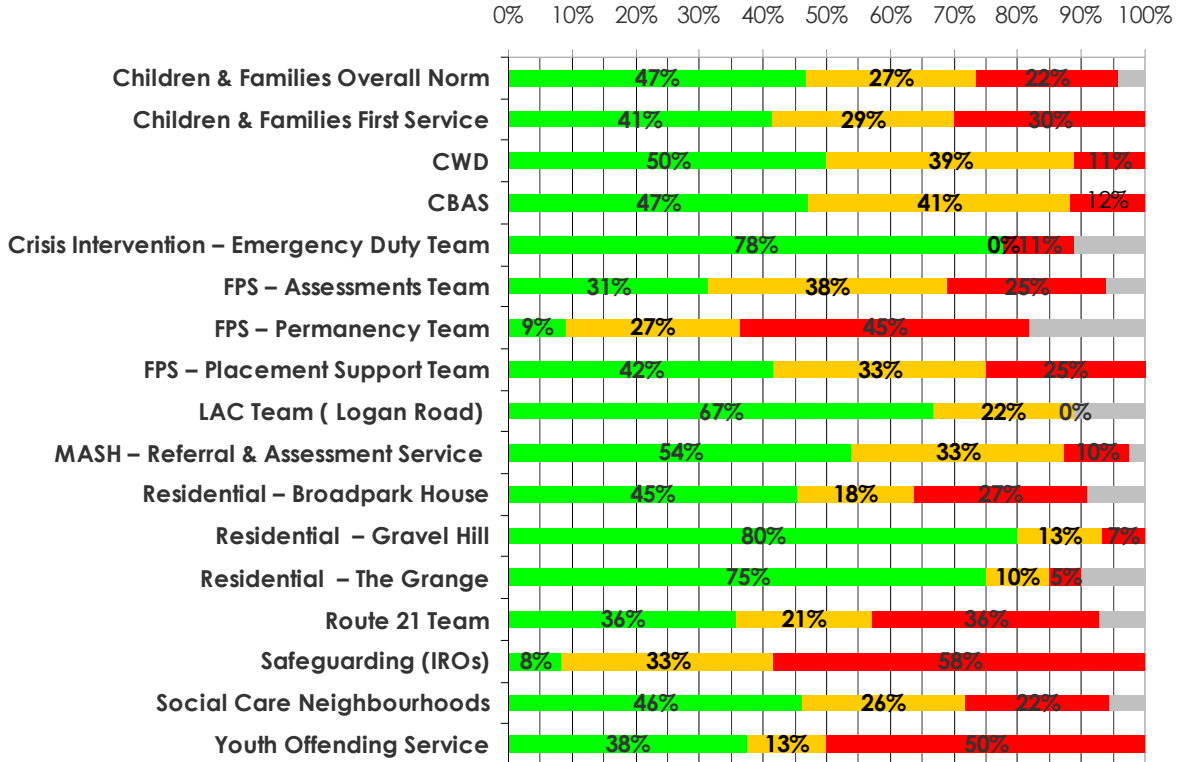


## Additional types of supervision and informal support....

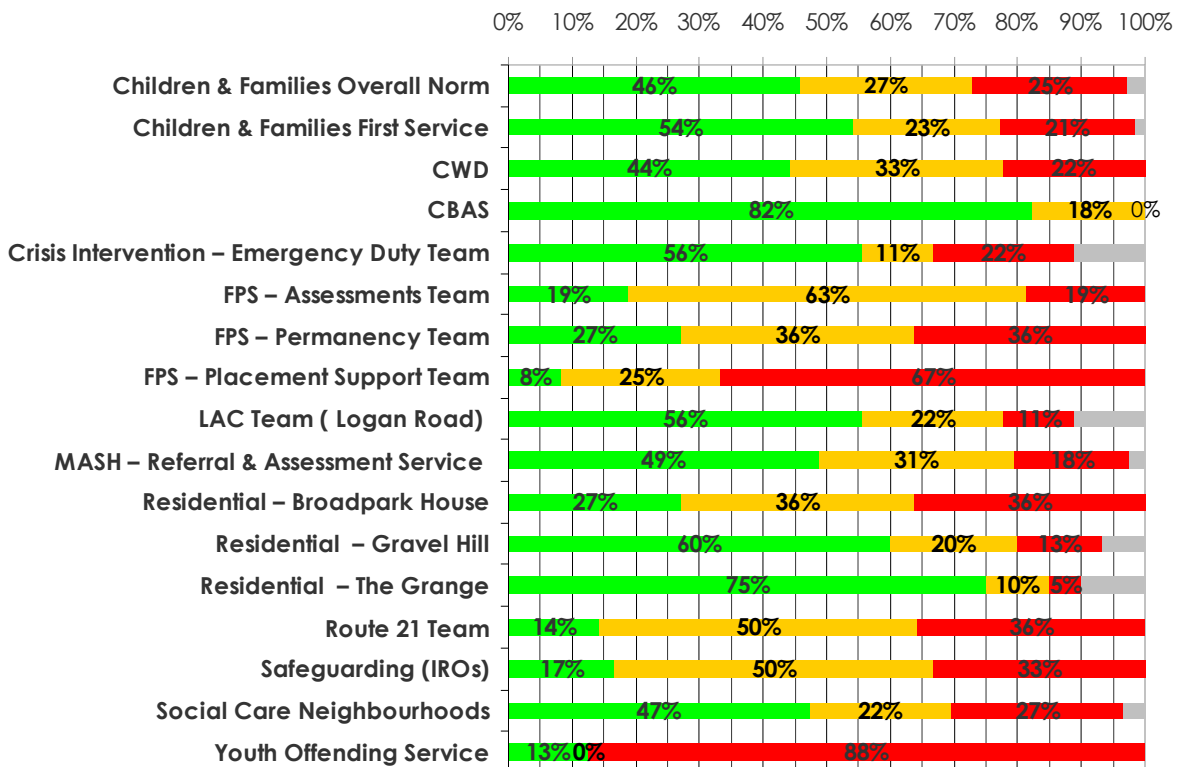
### 17. Do you have sufficient opportunities for other forms of 'informal' supervision including ...

■ Yes     
 ■ Not enough, I'd value more of this     
 ■ Not at all, I'd value this

#### a. Observations by and / or co-working with your supervisor?



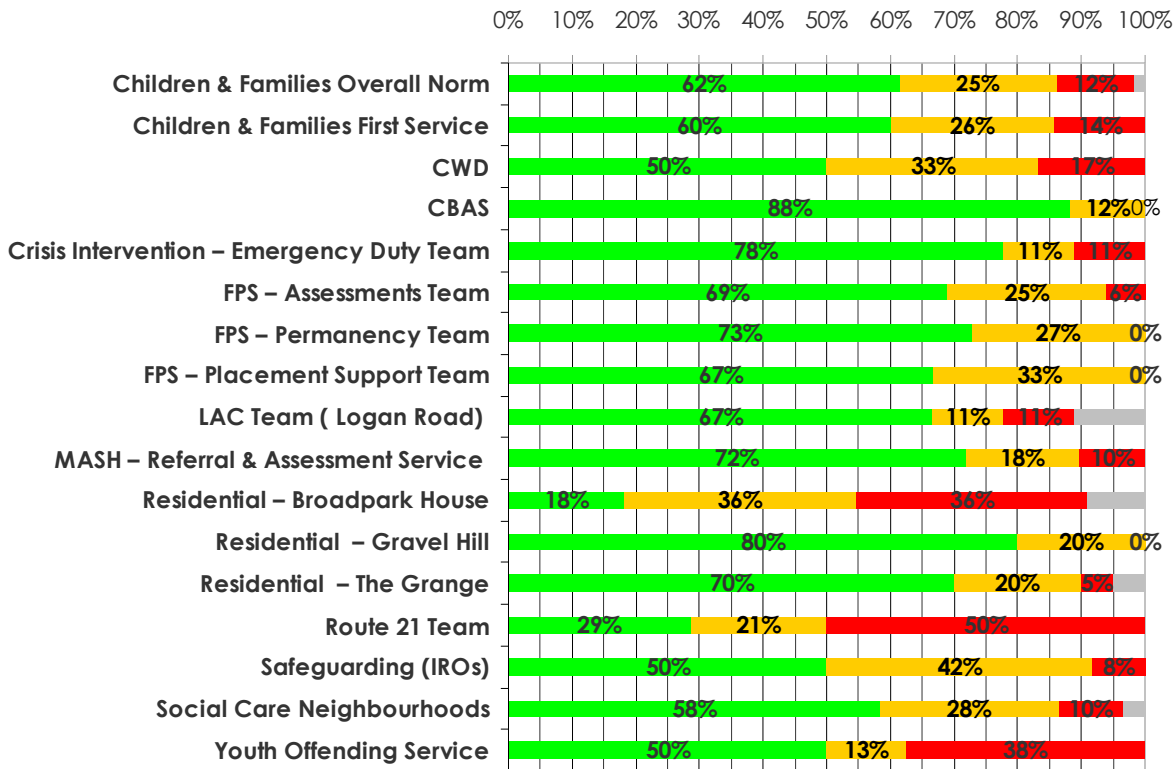
#### b. Group supervision?



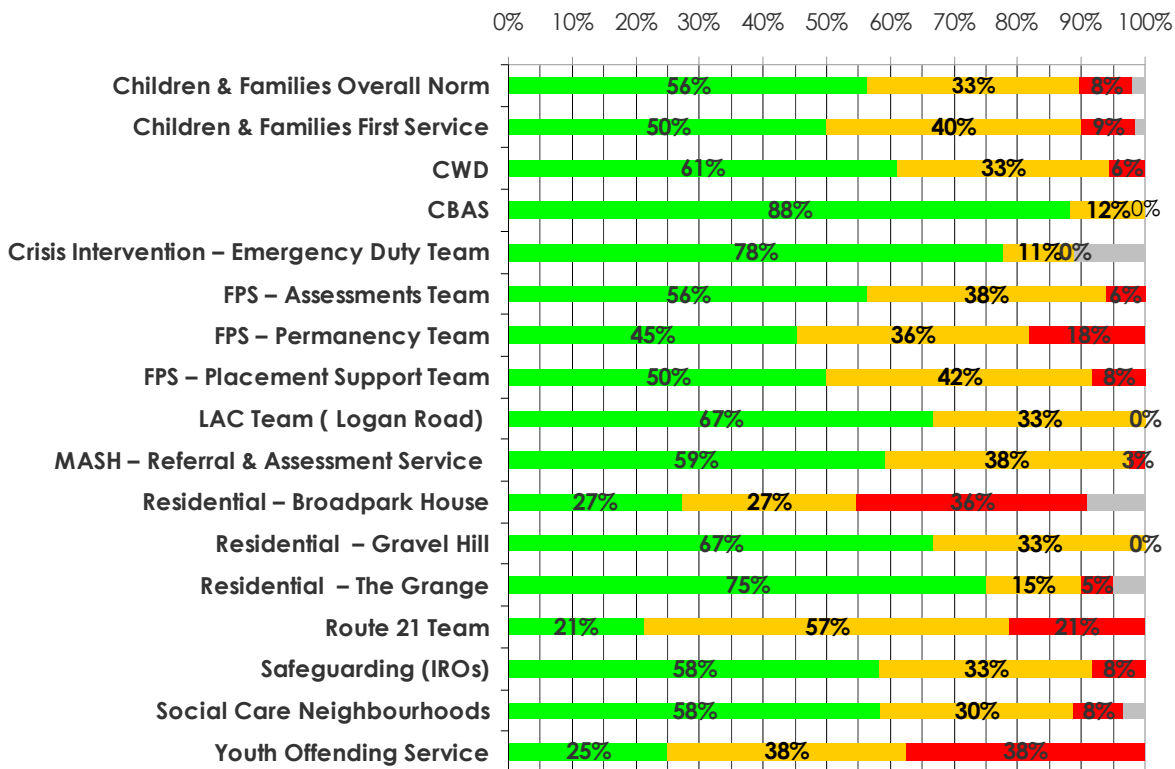
17. Do you have sufficient opportunities for other forms of 'informal' supervision including ...

■ Yes
 ■ Not enough, I'd value more of this
 ■ Not at all, I'd value this

c. Consultation with experienced colleagues, experts?



d. Access to research and good practice guidance?



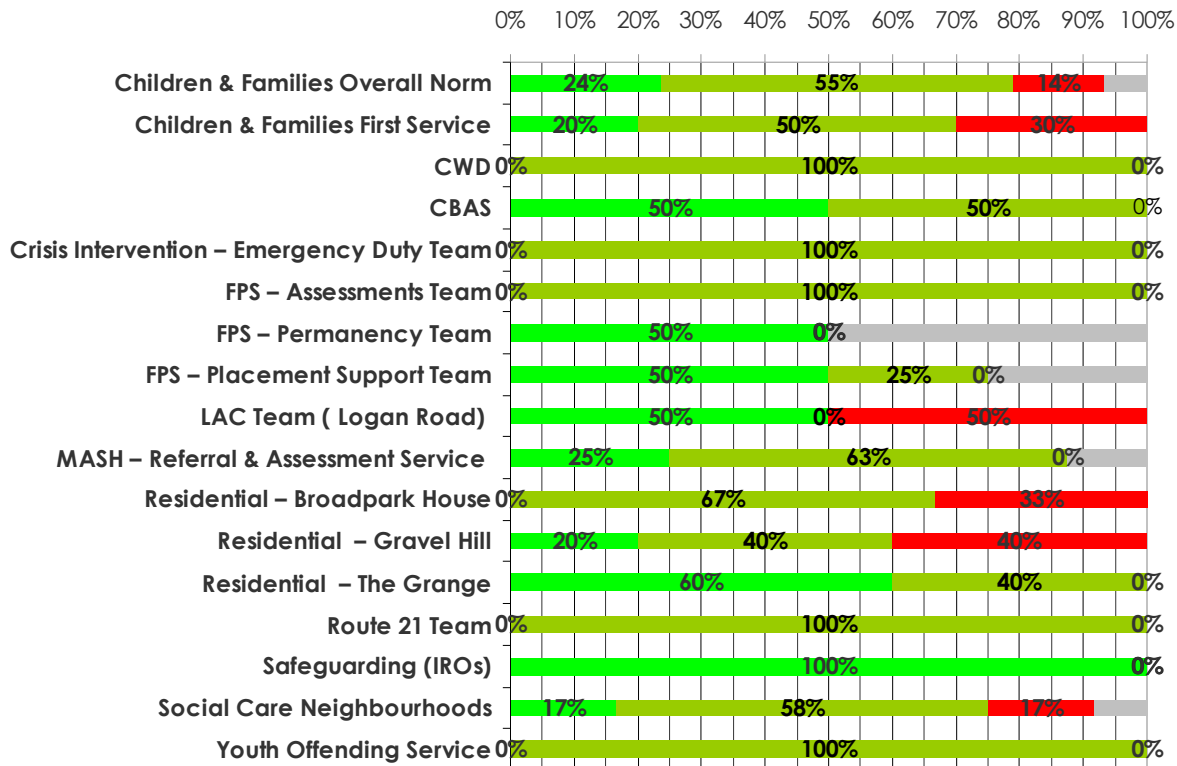


## QUESTIONS FOR SUPERVISORS / MANAGERS in giving formal supervision ...

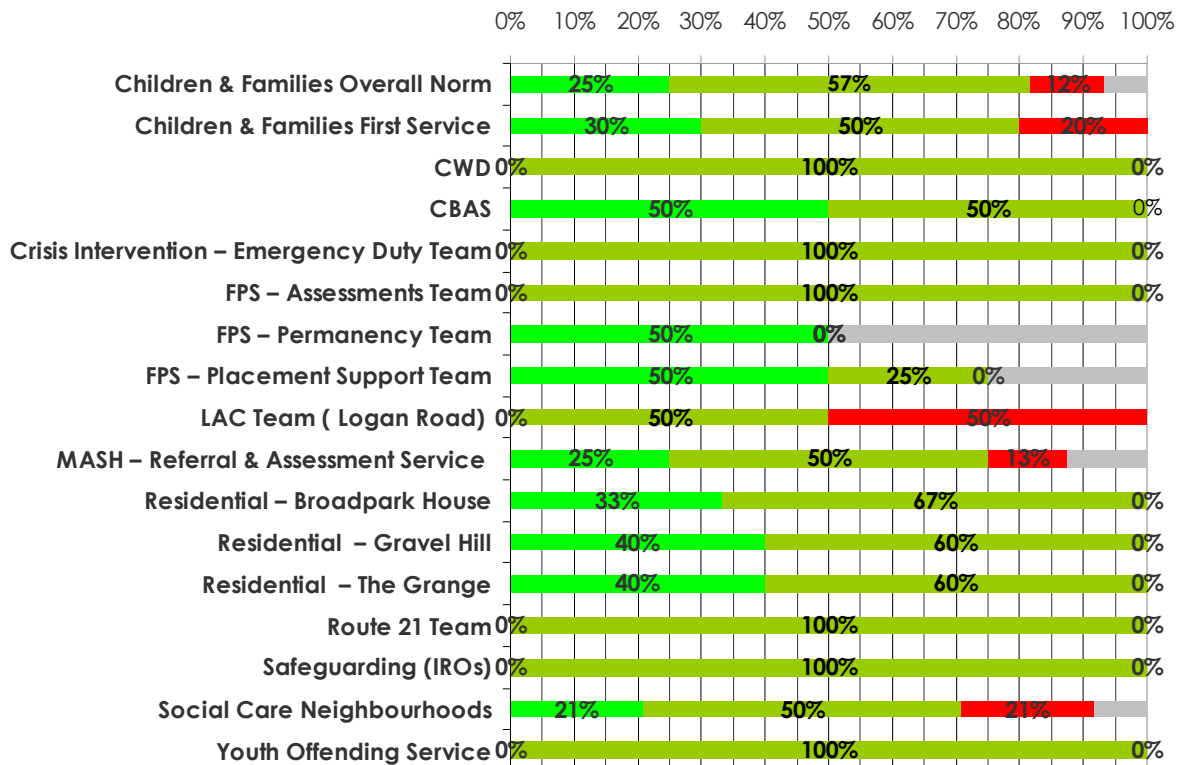
### 18. In terms of carrying out your responsibilities for providing effective supervision ...

■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

#### a. Your staff come well prepared for the meetings?



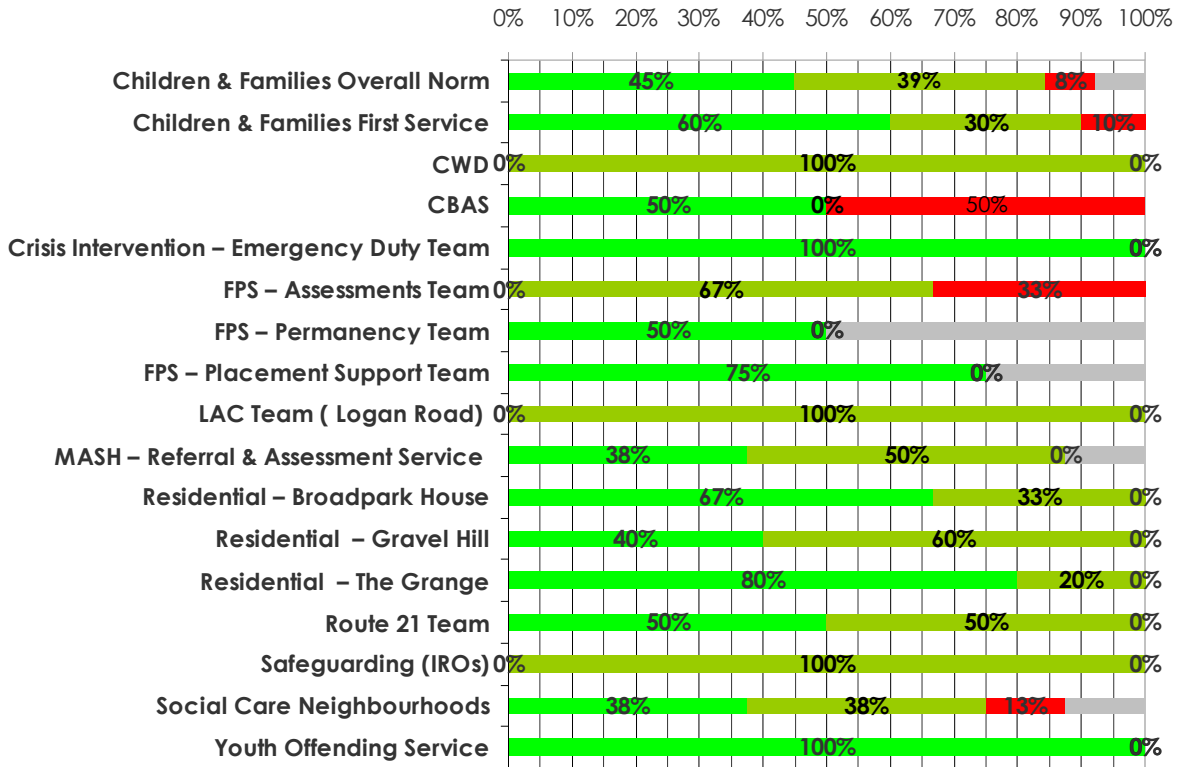
#### b. You are able to prepare well for the meetings?



18. In terms of carrying out your responsibilities for providing effective supervision ...

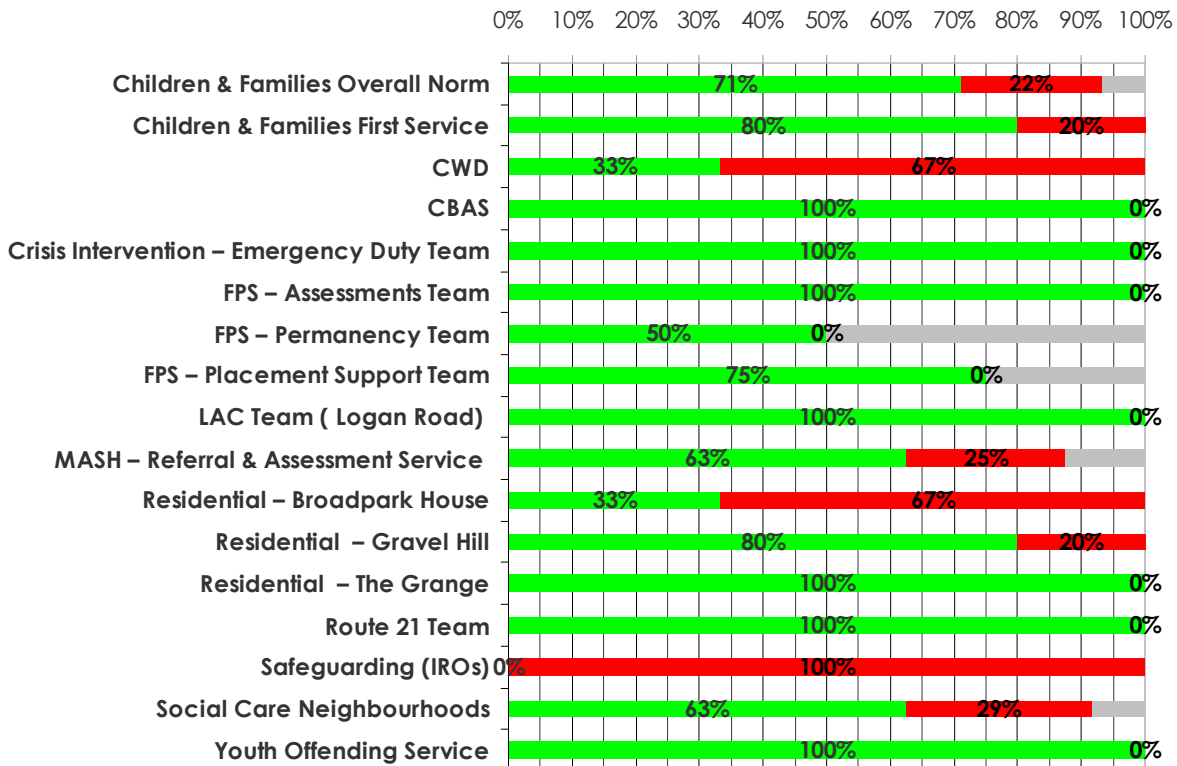
■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

c. You devote sufficient time to the supervision meetings?



d. You are confident you have the skills and abilities to carry out supervision?

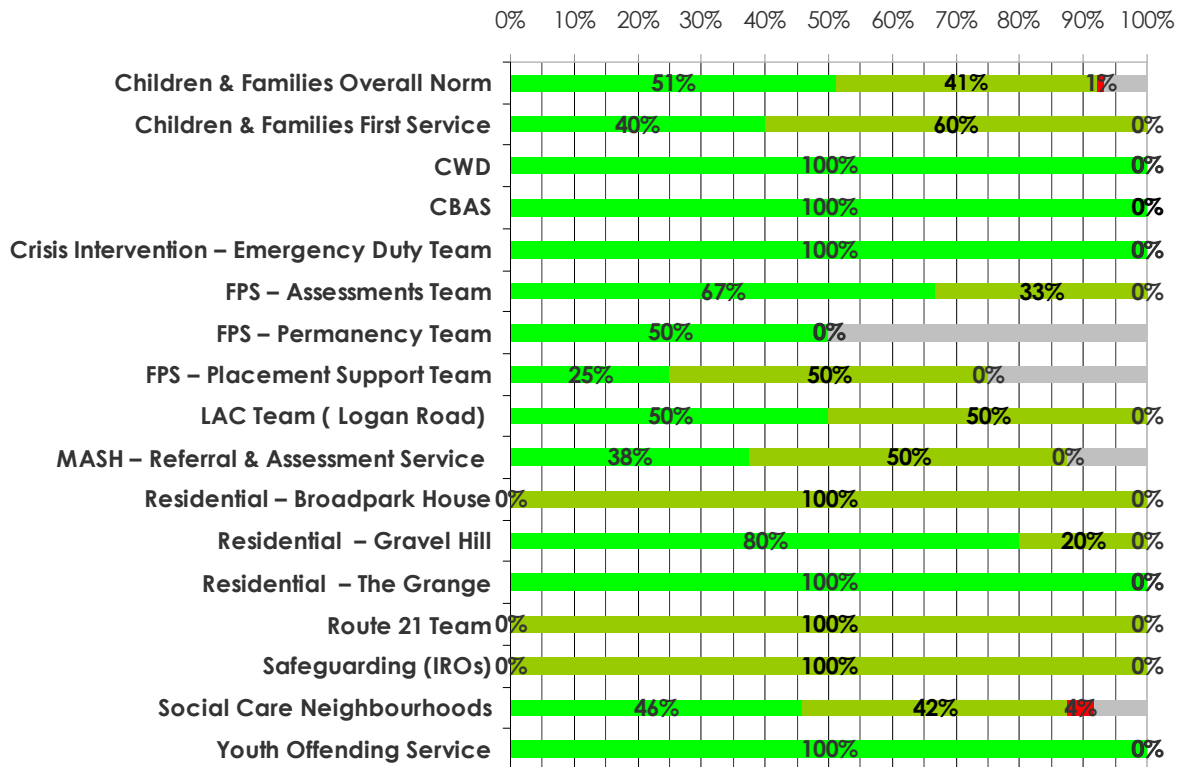
■ Yes, definitely    
 ■ No, I recognise I need to further develop my skills



18. In terms of carrying out your responsibilities for providing effective supervision ...

■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

e. You are achieving the outcomes of effective supervision for your staff?

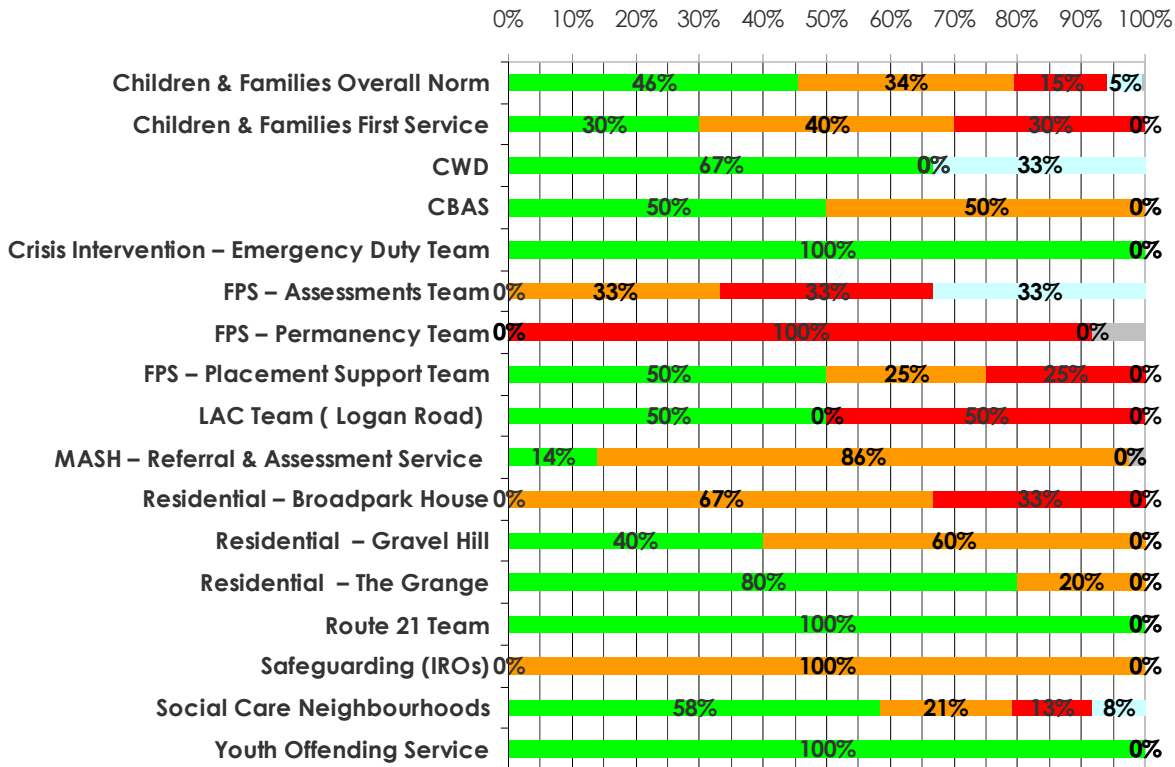


## Questions about your supervision with your manager / service manager / head of service ...

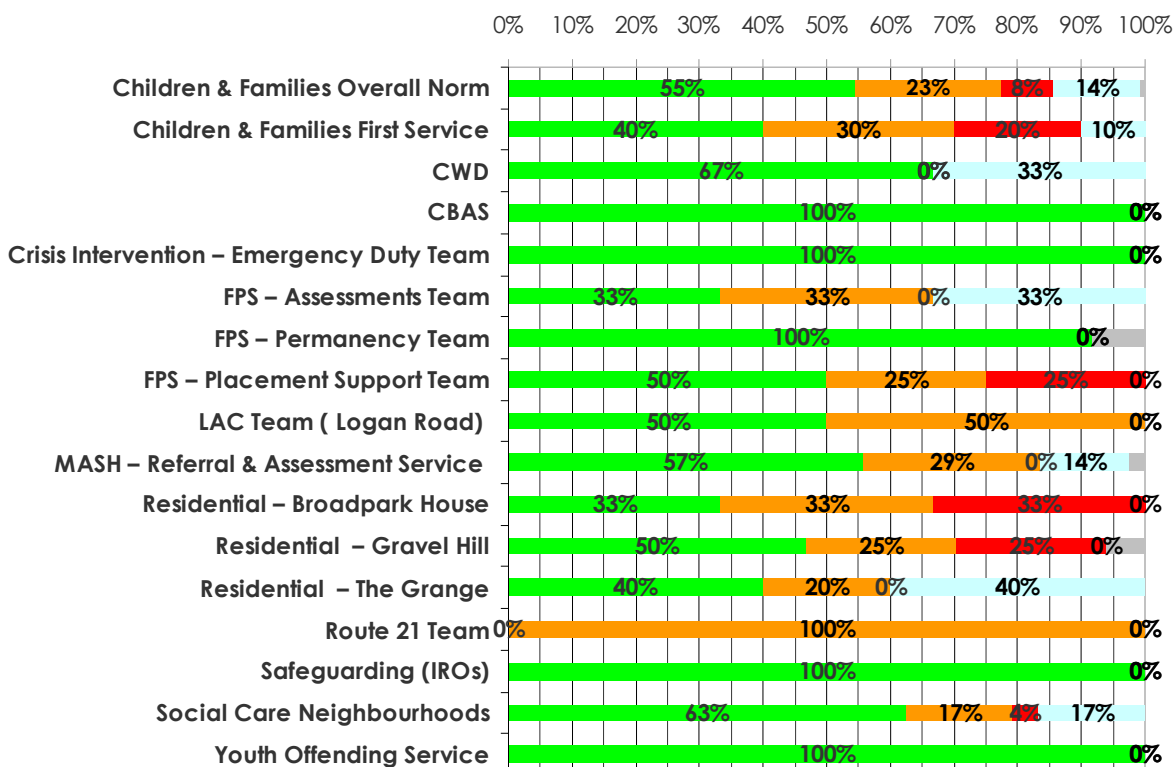
### 20. In terms of carrying out your responsibilities for ensuring effective supervision you ...



#### a. Go through notes from last supervision to ensure identified tasks have been progressed?



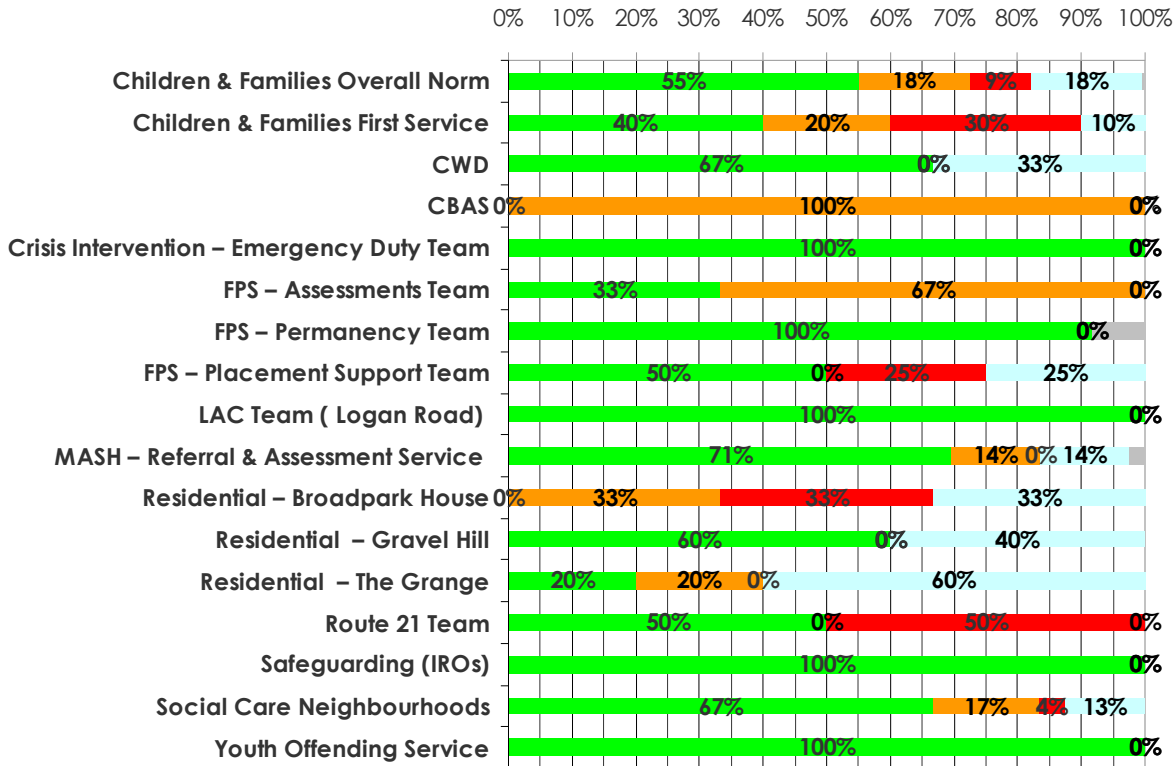
#### b. Discuss allocation of work, including any difficulties in the allocation and how this is to be managed?



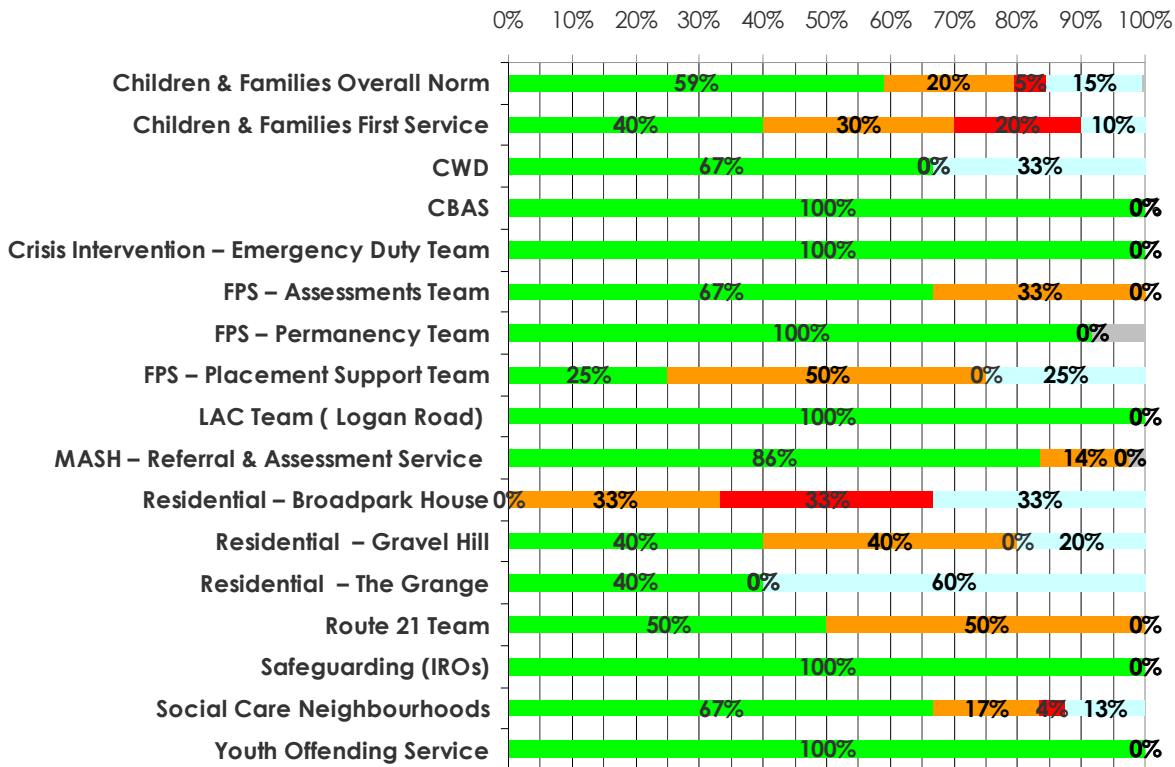
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...



c. Ensure that overall caseloads are being regularly reviewed by managers to establish that cases are being progressed and closed where appropriate?



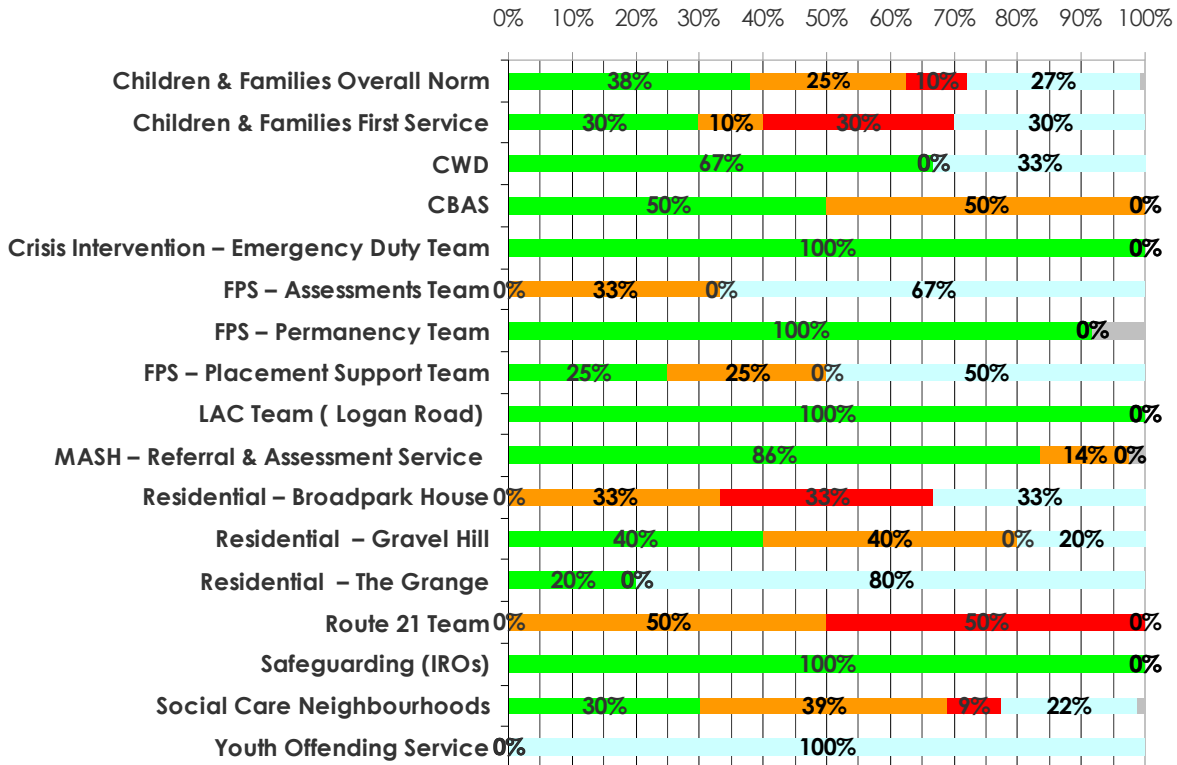
d. Review any specific cases requiring input on decision making?



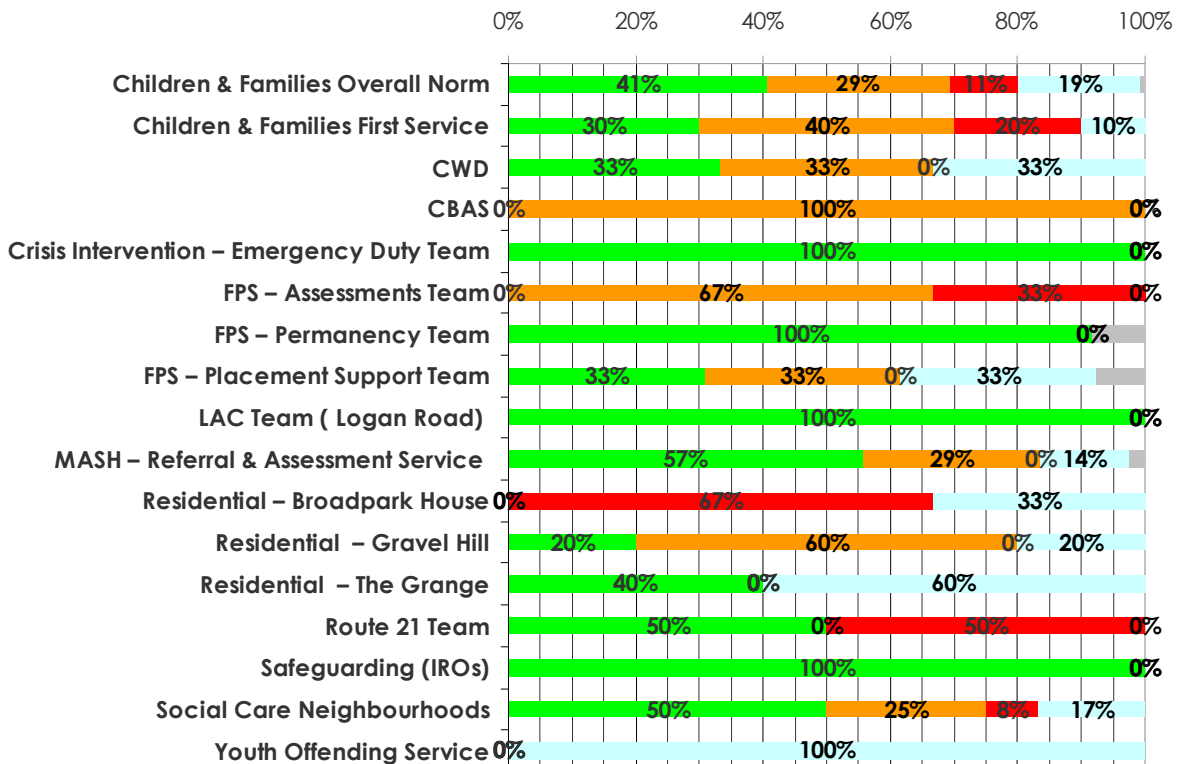
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...



e. Ensure that the voice of the child is evidenced and that children are being seen alone?



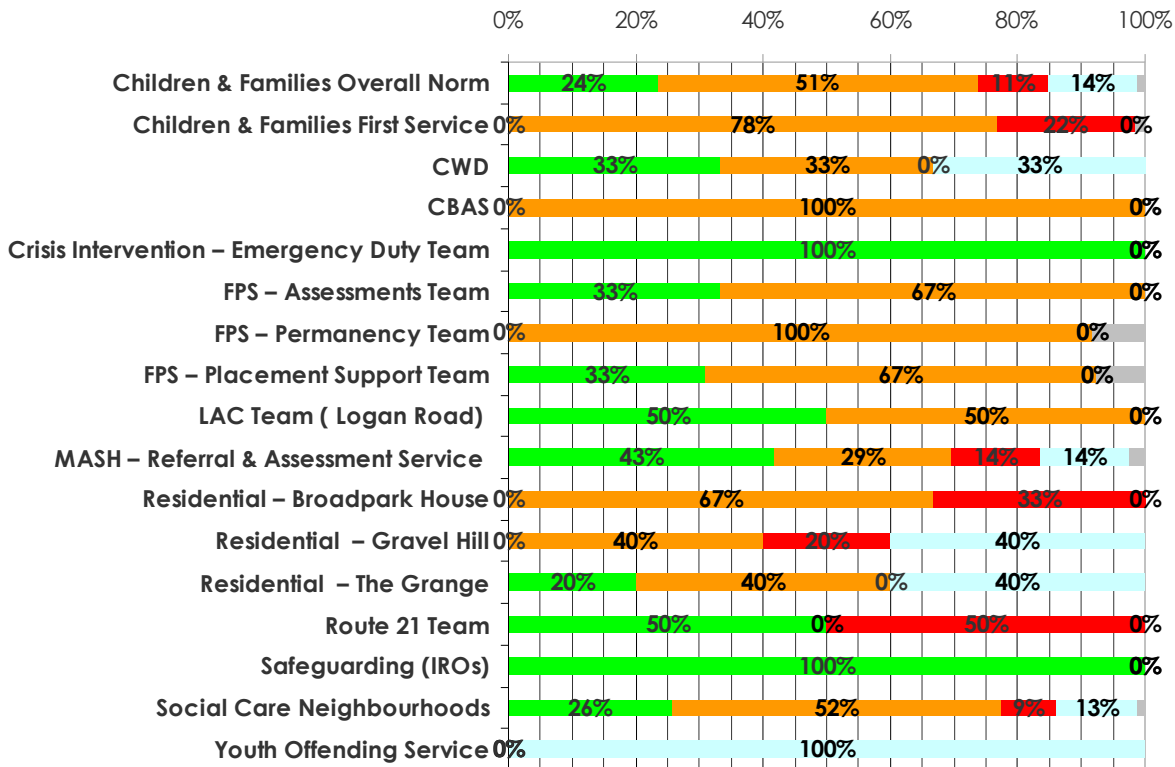
f. Ensure that local and national performance indicators are being adhered to as far as possible?



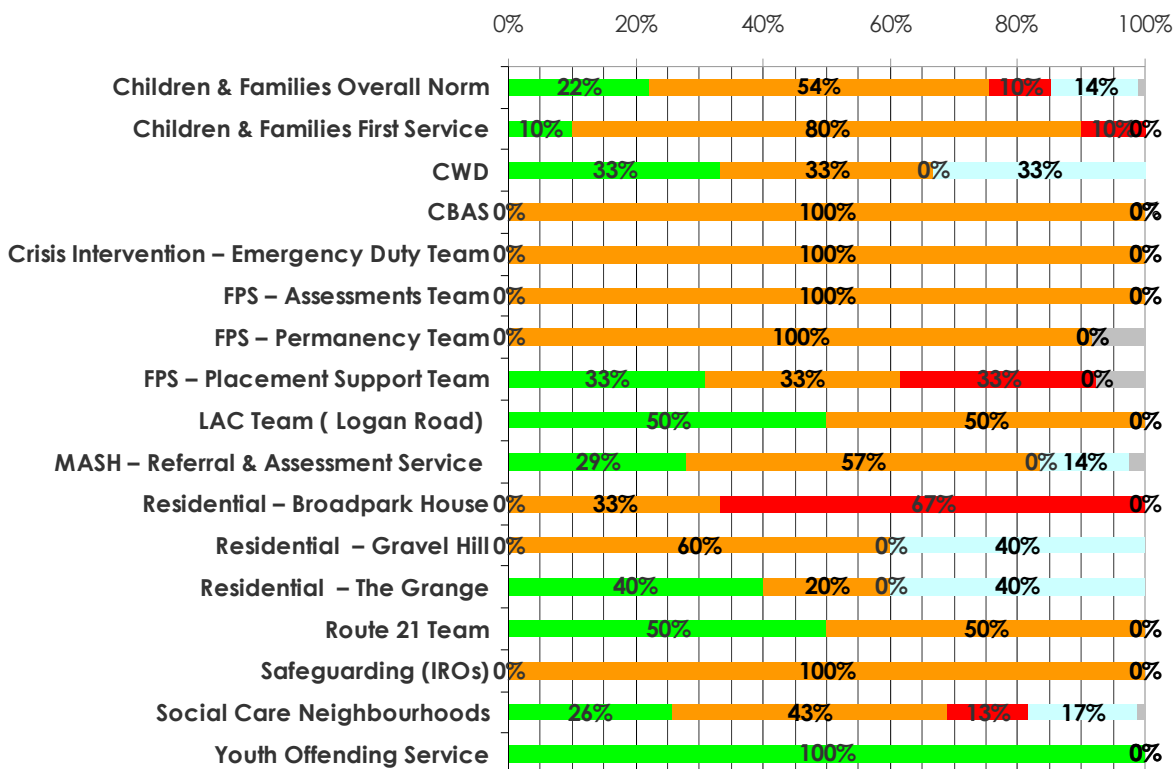
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...



g. Discuss opportunities for improved working arrangements with other parts of service?



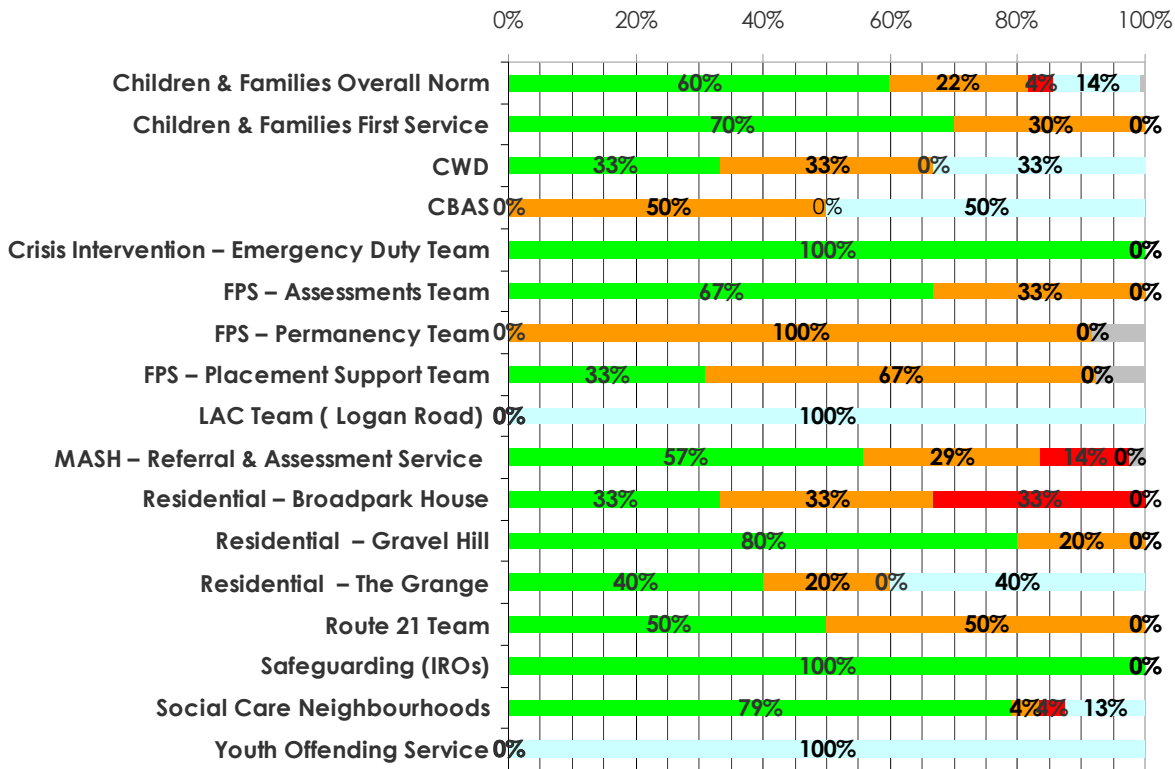
h. Discuss opportunities for improved working arrangements with external partners and agencies?



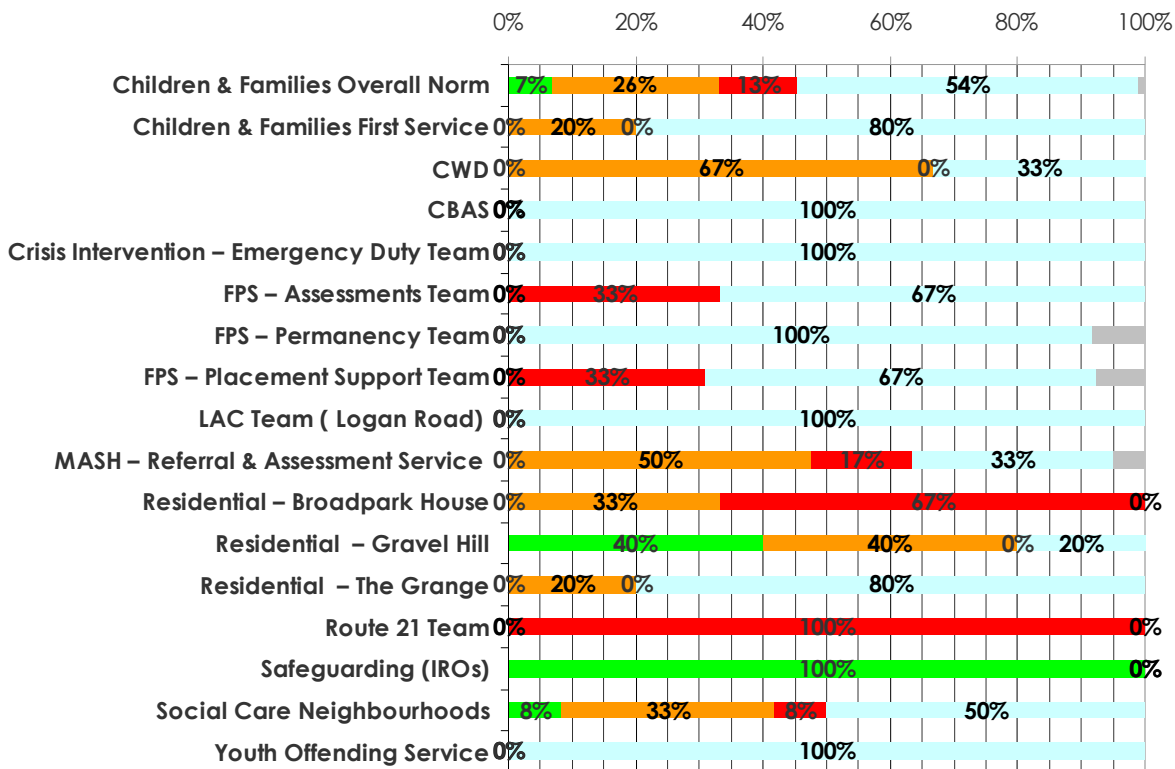
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...



i. Review any staffing issues including performance and capability, and where appropriate agree any actions?



j. Regularly review the budgets held and understand the reasons for any under or over spend, agreeing necessary actions?

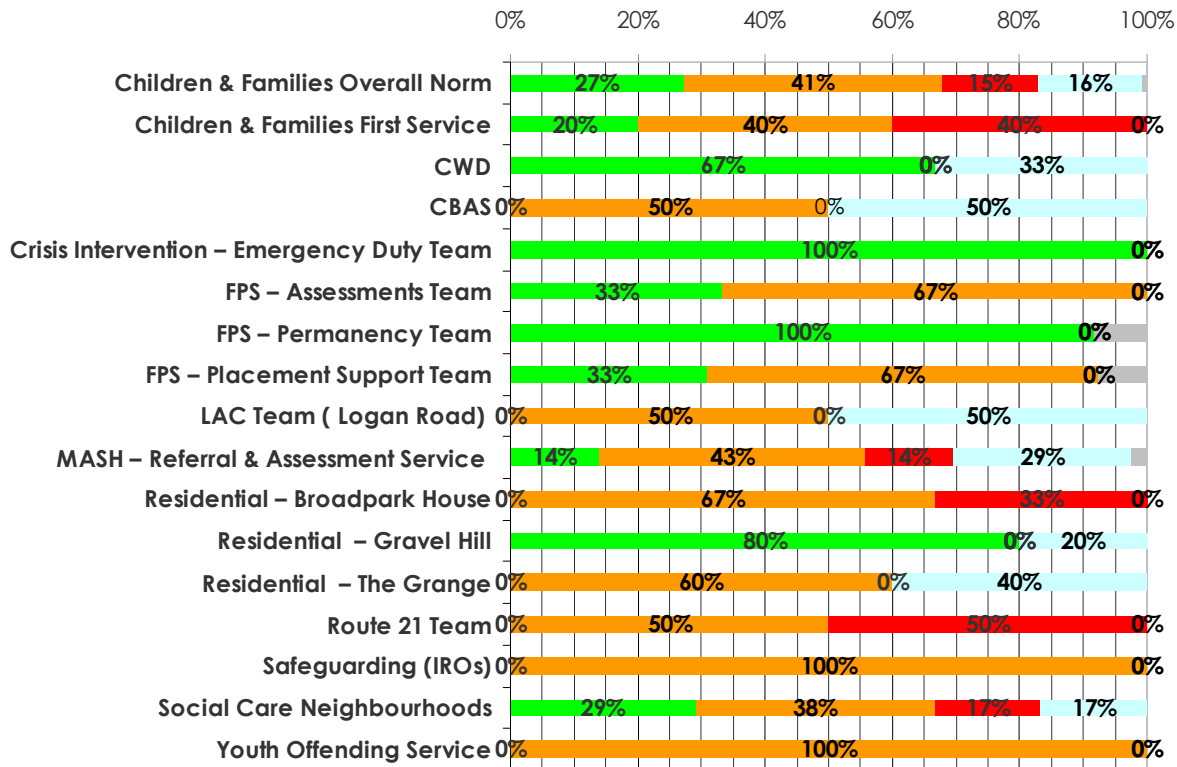




20. In terms of carrying out your responsibilities for ensuring effective supervision ...



k. Discussing and agreeing professional development including leadership and management skills?



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# Coventry Children & Families

## Supervision Survey – October 2015

### **Report 1: Overall results and comparison by Service Teams**

This report sets out how the results compare for the service areas / teams with the overall norms

## Contents

Demographics	5
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## Results

Q No.	Question	Page No.
<b>Key basics for effective supervision ...</b>		
1.	Are people aware of the Children and Families' Staff Supervision Policy & Guidance Notes, and have you read through it	8
2.	Do you have regular supervision sessions at least every four weeks / month?	8
3.	How long do your supervision sessions typically last?	9
4a.	Do you have a personalised supervision agreement with your supervisor?	10
4b.	If you have been in your job less than 12 months, did you agree the supervision contract with your supervisor and both sign it within 4 weeks of starting your new role?	10
5.	How many dates do you have booked ahead in your diary for your supervision sessions?	11
5b.	Do you regularly review and set / adjust the date / time for your next session(s) at the end of each supervision meeting?	
6.	Are your supervision sessions ever cancelled or postponed ... by you ... by your supervisor ... and is an alternative date arranged for the session to take place quickly?	12
7.	Are your supervision sessions ever interrupted or cut short ... by you ... by your supervisor ... and is an alternative date arranged for the session to take place quickly?	14
8.	Do you believe you prepare well for each supervision session in terms of what you want to cover?	16
9.	Do you believe your manager / supervisor comes well prepared for each supervision session?	16
10.	Are you always made aware of when new cases and / or work has been allocated to you?	17

Q No.	Question	Page No.
	<b>Task assistance and management ...</b>	<b>18</b>
11.	This question focuses on people benefiting from support and assistance in managing workload, cases, tasks etc. In your supervision sessions with your supervisor ...	
	<b>Professional development ...</b>	<b>25</b>
12.	This question focuses on how professional development is supported as an important part of supervision outcomes. Do you believe your supervision ...	
	<b>Staff well-being ...</b>	<b>29</b>
13.	This question explores how much you feel personally supported to have a sense of well-being related to your work - this can be to do with your health, safety and welfare. During your supervision sessions ...	
	<b>Reflective supervision ...</b>	<b>32</b>
14.	Reflective supervision promotes understanding of what the worker brings to the situation that can help or hinder the change process To what extent do you believe 'reflective supervision' is a characteristic of your supervision sessions with your manager?	
	<b>Use of the Integrated Children's System how it supports it your supervision ...</b>	<b>33</b>
15.	Does the use of the Integrated Children's System support your supervision sessions?	
	<b>Outputs from your supervision sessions ...</b>	<b>34</b>
16.	Does your supervisor ... a. record case discussions and place decisions on the child's file? b. agree the record of supervision, with both signing it? c. give a record of your supervision, which includes case discussions?	
	<b>Additional support ...</b>	<b>36</b>
17.	Having sufficient opportunities for other forms of supervision ... e.g. Observations by and co-working with your supervisor, Group supervision, Consultations with experienced colleagues / experts, Access to research and good practice guidance?	
<b>Questions for supervisors / managers only</b>		
18.	In terms of carrying out responsibilities for providing effective supervision ... This question looks at different factors – from both parties preparing well, spending sufficient time, being confident of having skills / knowledge, achieving outcomes	<b>39</b>

Q No.	Question	Page No.
19.	Have you been on the supervision training that's been running this year?	39
<b>Questions for Team Manager level, about their supervision with their Operational Service Manager or Group Head</b>		
20.	In addition to their personal supervision, are key aspects of their management responsibilities effectively covered	42

## Demographics

### Response profiles

Here is the breakdown of responses for the different parts of service and roles

**Please note** that when comparing results across the different parts of service with the overall norms it is important to take into account the percentage that one person represents – this is [particularly important for teams with low numbers of staff – This is shown for each part of service in the table.

Service Areas / Teams	Total Responses	Total Headcount	%age Response Rates	1 person = %age
Children & Families First Service	71	98	72%	1.4%
Children's Disabilities Team	11	25	44%	9.1%
Court Based Assessment Service	21	24	88%	4.8%
Crisis Intervention – Emergency Duty Team	7	15	47%	14.3%
Family Placement Service – Assessments Team	15	19	79%	6.7%
Family Placement Service – Permanency Team	12	17	71%	8.3%
Family Placement Service – Placement Support Team	14	20	70%	7.1%
Looked After Children Team ( Logan Road)	10	21	48%	10.0%
MASH – CSE	13	17	76%	7.7%
Referral & Assessment Service	43	50	86%	2.3%
Residential – Broadpark House	10	25	40%	10.0%
Residential – Gravel Hill	16	25	64%	6.3%
Residential – The Grange	12	19	63%	8.3%
Route 21 Team	15	19	79%	6.7%
Safeguarding (IROs)	10	32	31%	10.0%
Social Care Neighbourhoods	99	135	73%	1.0%
Youth Offending Service	8	9	89%	12.5%
<b>Totals</b>	<b>387</b>	<b>570</b>	<b>68%</b>	<b>0.3%</b>

**NB: Question 4b** was only for people that have been in their role for less than 12 months, and is conditional on answering 'Yes' to Question 4a. – so when reviewing and comparing the results take into account the percentage that one person represents.

<b>Service Areas / Teams</b>	<b>Total Responses</b>	<b>1 person = %age</b>
Children & Families First Service	6	17%
Children's Disabilities Team	1	100%
Court Based Assessment Service	4	25%
Crisis Intervention – Emergency Duty Team	0	n/a
Family Placement Service – Assessments Team	1	100%
Family Placement Service – Permanency Team	3	33%
Family Placement Service – Placement Support Team	1	100%
Looked After Children Team ( Logan Road)	3	33%
MASH – CSE	0	n/a
Referral & Assessment Service	6	17%
Residential – Broadpark House	3	33%
Residential – Gravel Hill	2	50%
Residential – The Grange	3	33%
Route 21 Team	4	25%
Safeguarding (IROs)	1	100%
Social Care Neighbourhoods	21	5%
Youth Offending Service	0	n/a
<b>Totals</b>	<b>59</b>	<b>2%</b>

**NB: Question 18** was only for supervisors / managers giving formal supervision – again, when reviewing and comparing the results take into account the percentage that one person represents.

<b>Service Areas / Teams</b>	<b>Total Responses</b>	<b>1 person = %age</b>
Children & Families First Service	14	7%
Children's Disabilities Team	1	100%
Court Based Assessment Service	2	50%
Crisis Intervention – Emergency Duty Team	1	100%
Family Placement Service – Assessments Team	2	50%
Family Placement Service – Permanency Team	2	50%
Family Placement Service – Placement Support Team	5	20%
Looked After Children Team ( Logan Road)	2	50%
MASH – CSE	5	20%
Referral & Assessment Service	12	8%
Residential – Broadpark House	3	33%
Residential – Gravel Hill	6	17%
Residential – The Grange	3	33%
Route 21 Team	4	25%
Safeguarding (IROs)	1	100%
Social Care Neighbourhoods	20	5%
Youth Offending Service	0	n/a
<b>Totals</b>	<b>83</b>	<b>1.2%</b>

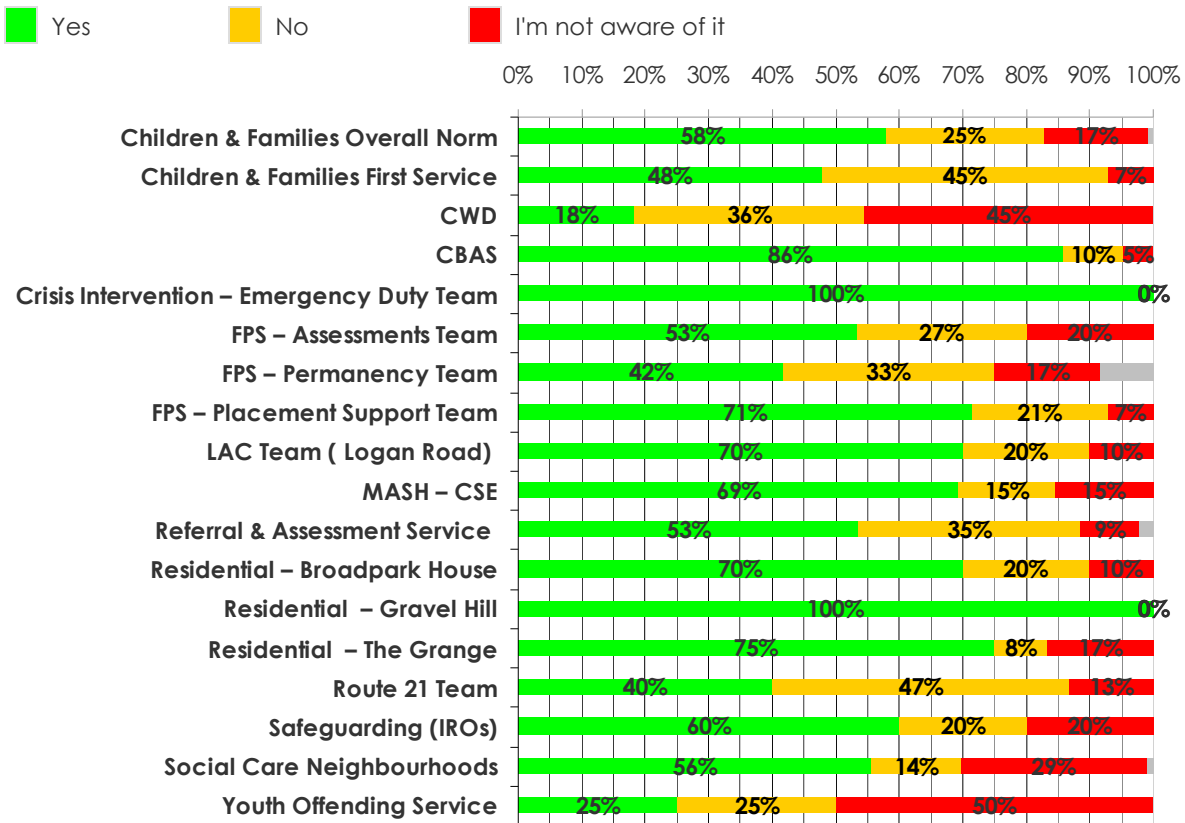


**NB: Question 20** was only for Team Manager level, about their supervision with their line manager i.e. for most with their Operational Service Manager or Group Head – again, when reviewing and comparing the results take into account the percentage that one person represents.

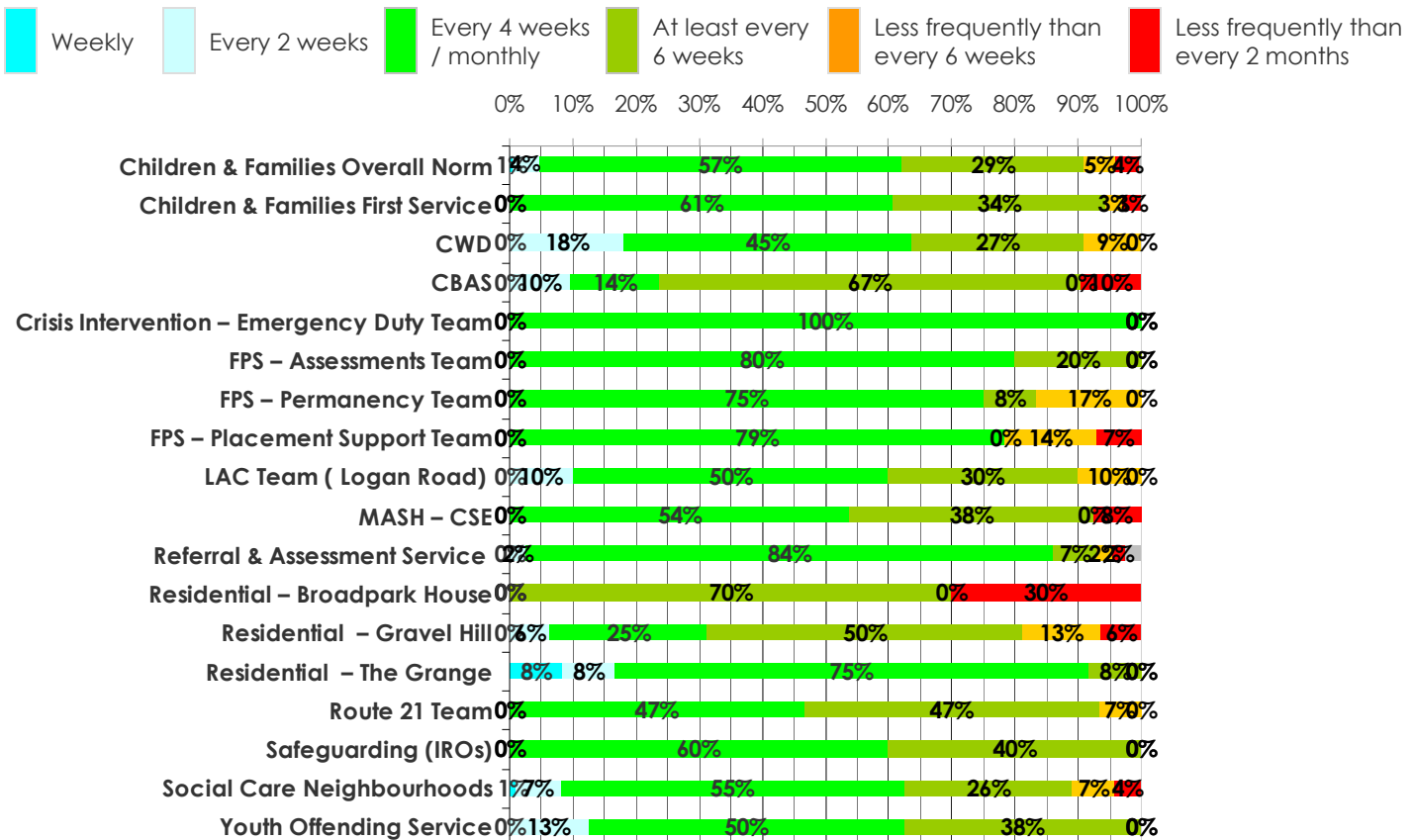
<b>Service Areas / Teams</b>	<b>Total Responses</b>	<b>1 person = %age</b>
Children & Families First Service	14	7%
Children’s Disabilities Team	0	n/a
Court Based Assessment Service	1	100%
Crisis Intervention – Emergency Duty Team	1	100%
Family Placement Service – Assessments Team	2	50%
Family Placement Service – Permanency Team	2	50%
Family Placement Service – Placement Support Team	0	n/a
Looked After Children Team ( Logan Road)	1	100%
MASH – CSE	4	25%
Referral & Assessment Service	8	13%
Residential – Broadpark House	3	33%
Residential – Gravel Hill	6	17%
Residential – The Grange	3	33%
Route 21 Team	1	100%
Safeguarding (IROs)	1	100%
Social Care Neighbourhoods	13	8%
Youth Offending Service	0	n/a
<b>Totals</b>	<b>60</b>	<b>1.7%</b>

# Key basics for effective supervision ...

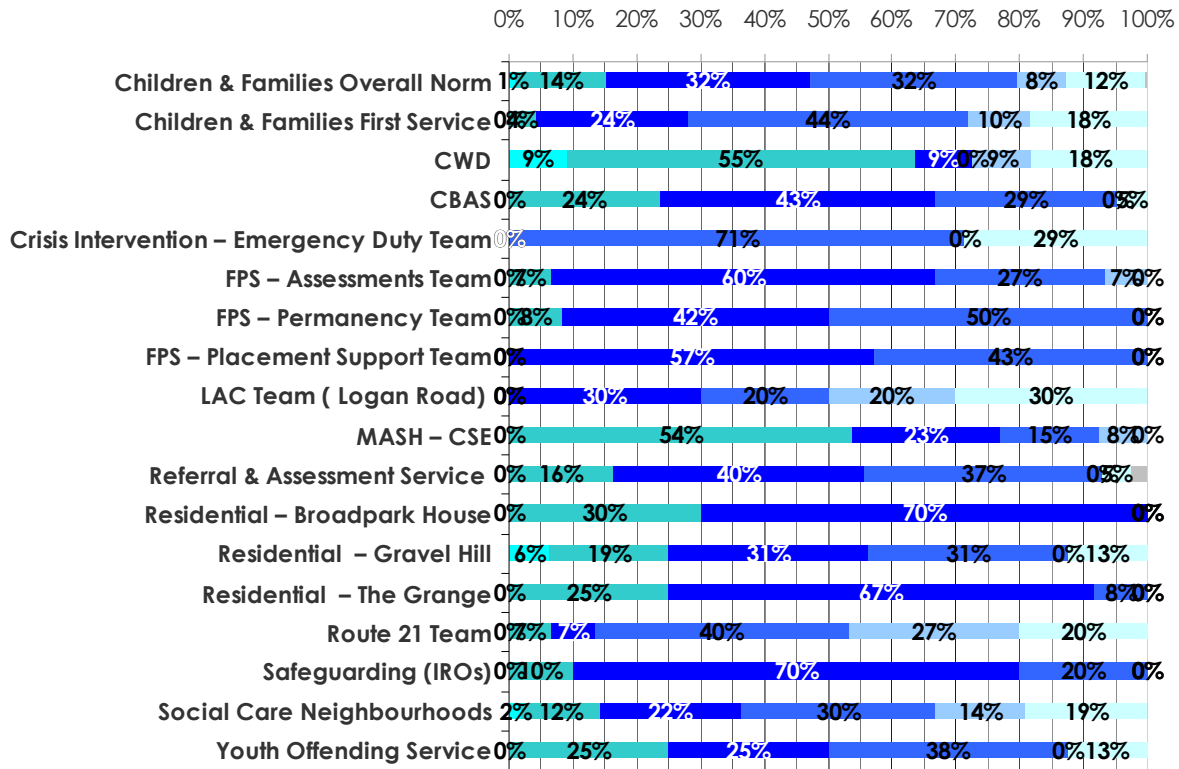
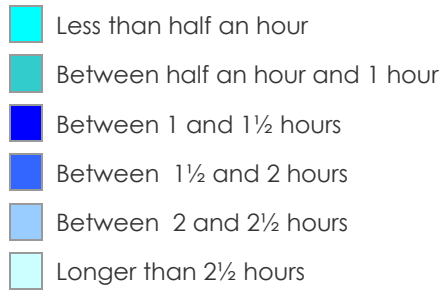
## 1. Have you read through the current Supervision Policy and Guidance (Version updated March 2015)?



## 2. How often do you currently have supervision sessions with your manager?

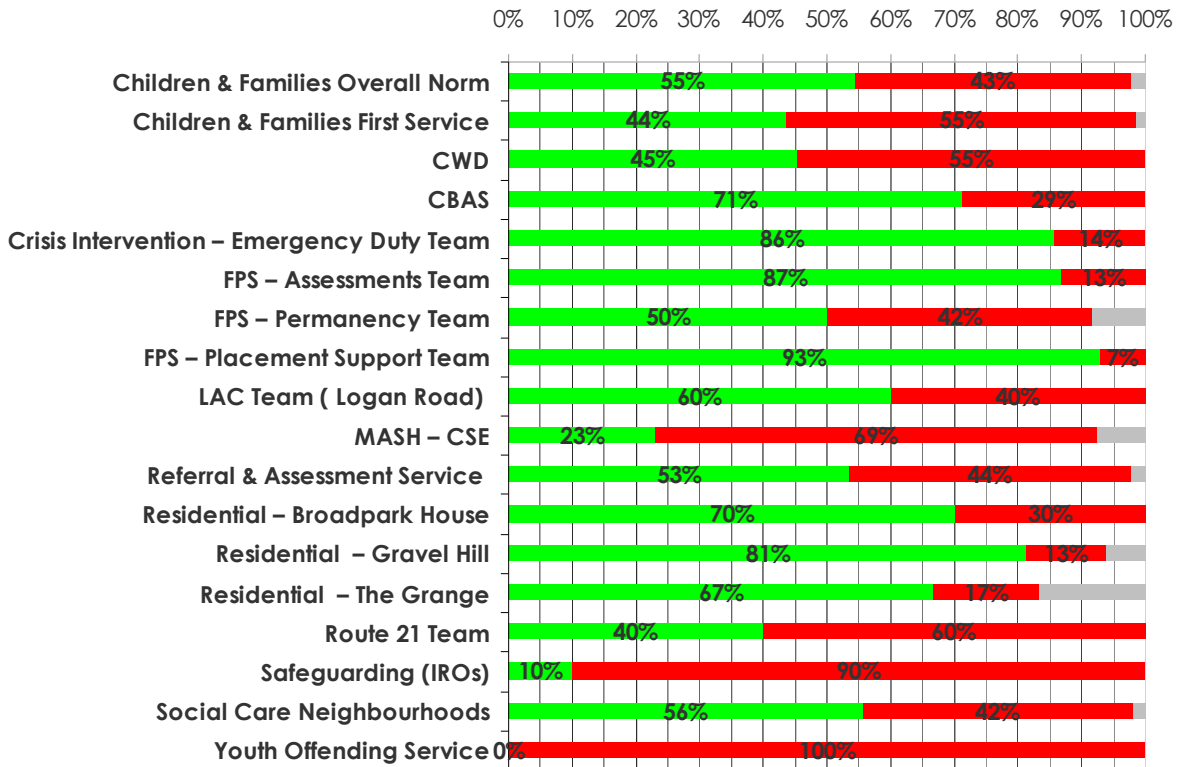


### 3. How long do your supervision sessions typically last?



4. a. Do you have an individual supervision agreement with your supervisor?

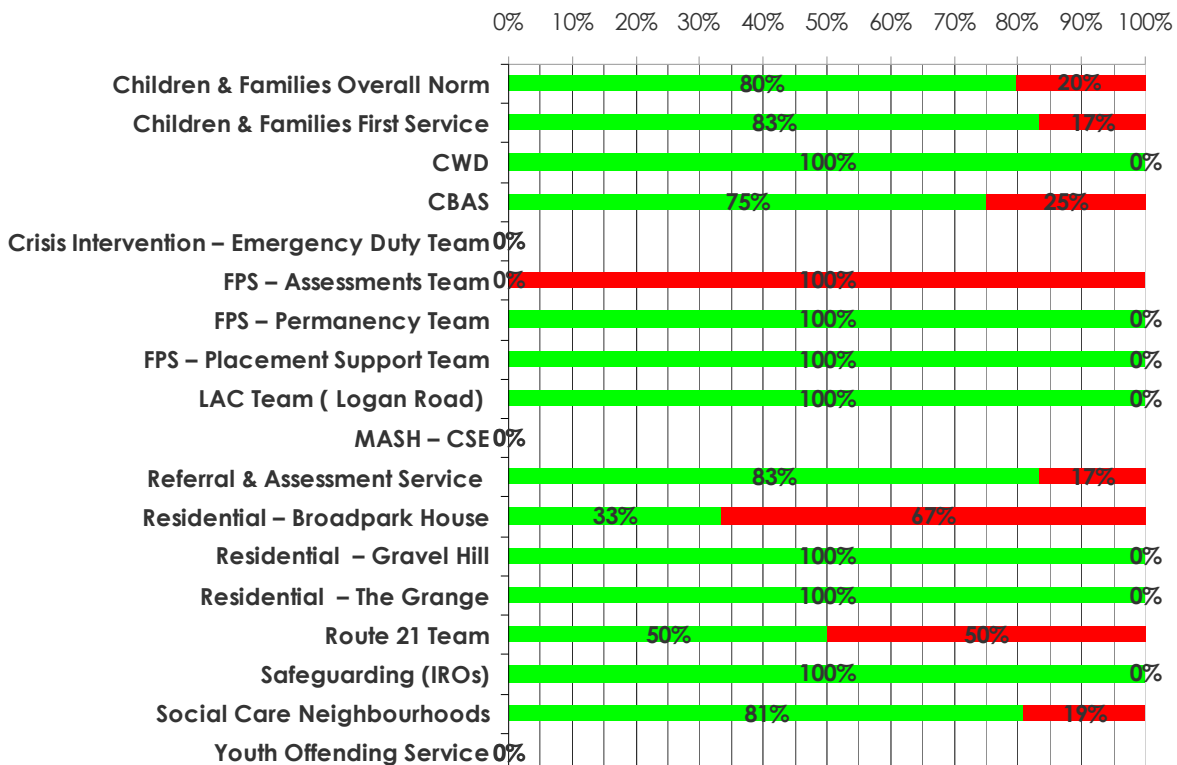
Yes No



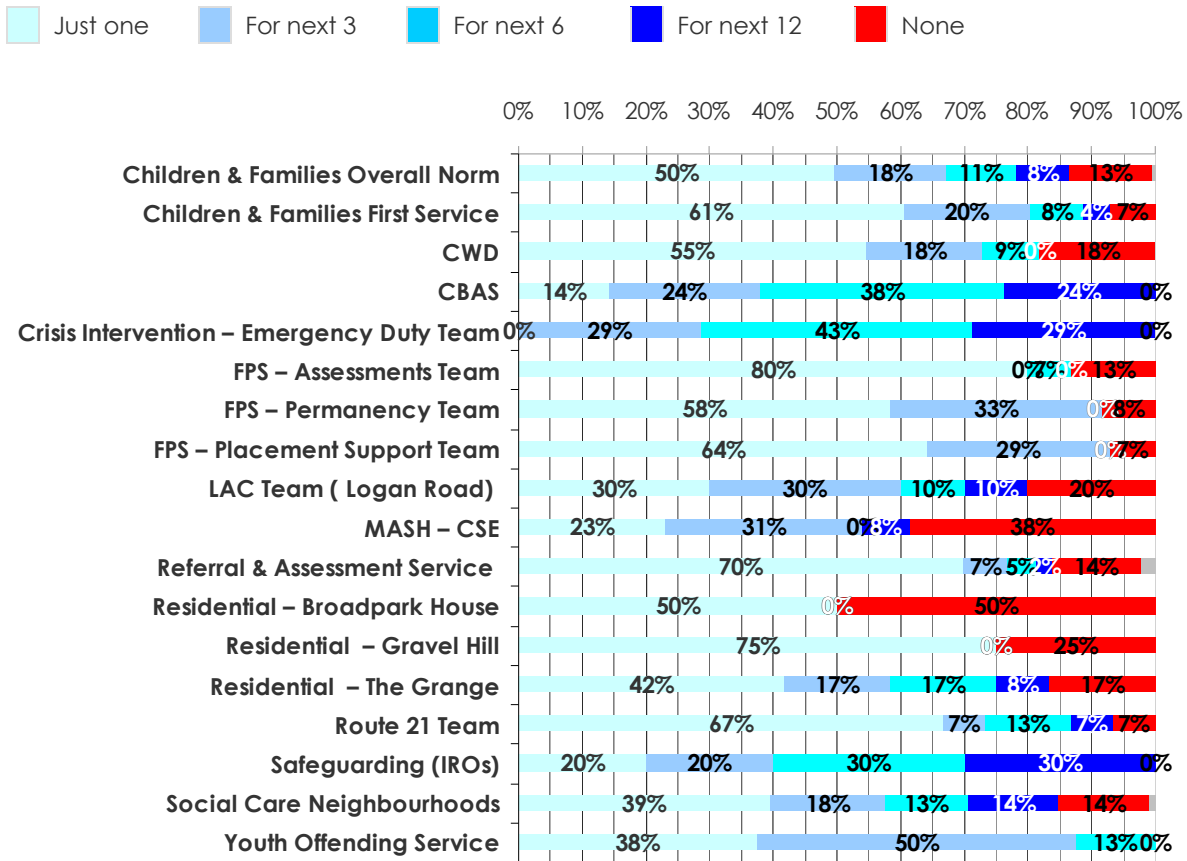
b. If you have been in your job less than 12 months, did you create the Supervision Agreement with your supervisor and both sign it within 4 weeks of starting your new role?

Yes No

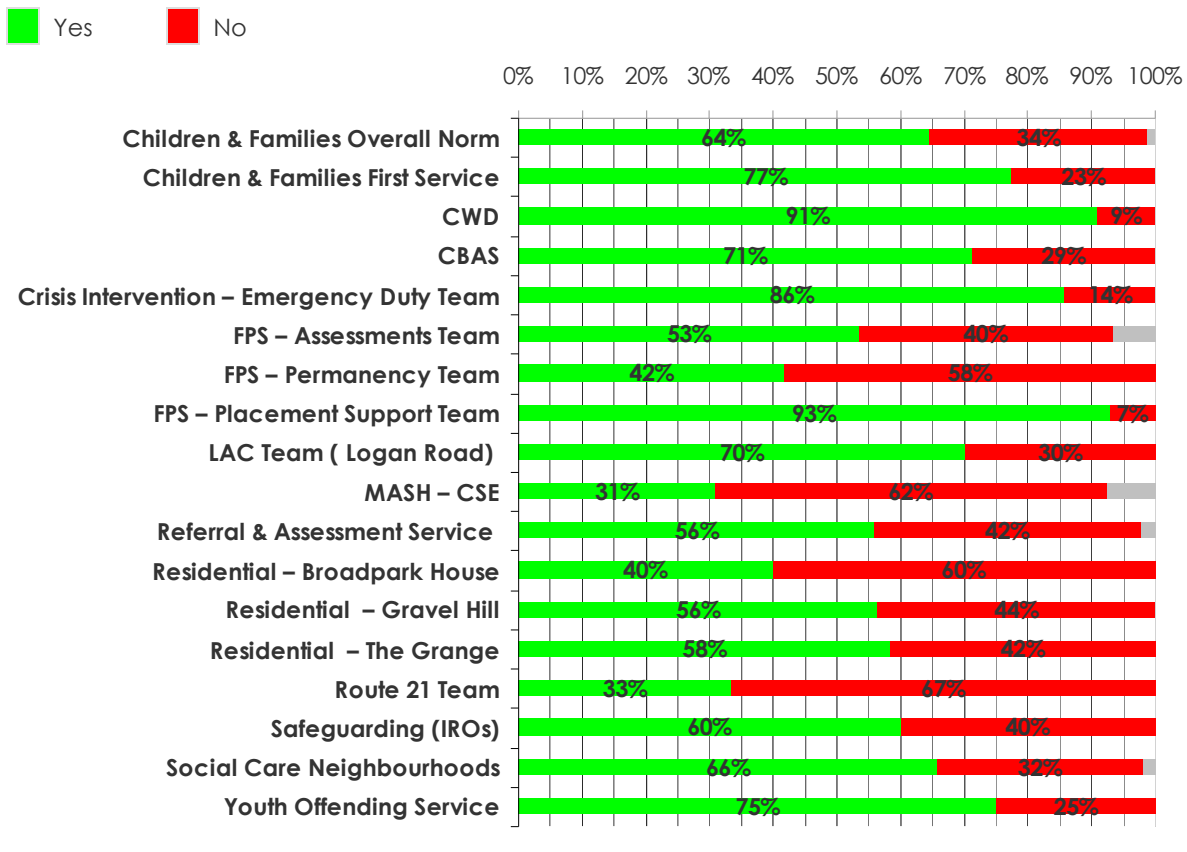
NB: A total of 59 people answered this sub-question – See breakdown on page 6



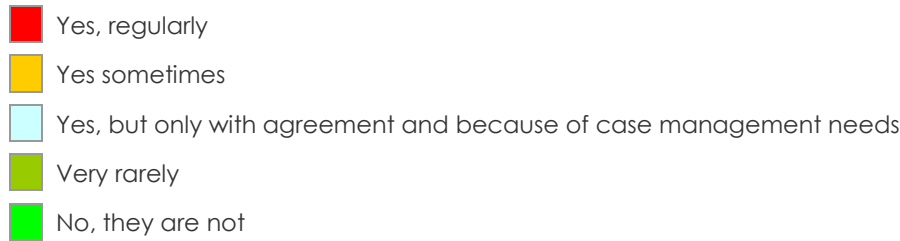
5. How many dates do you have booked ahead in your diary for your supervision sessions?



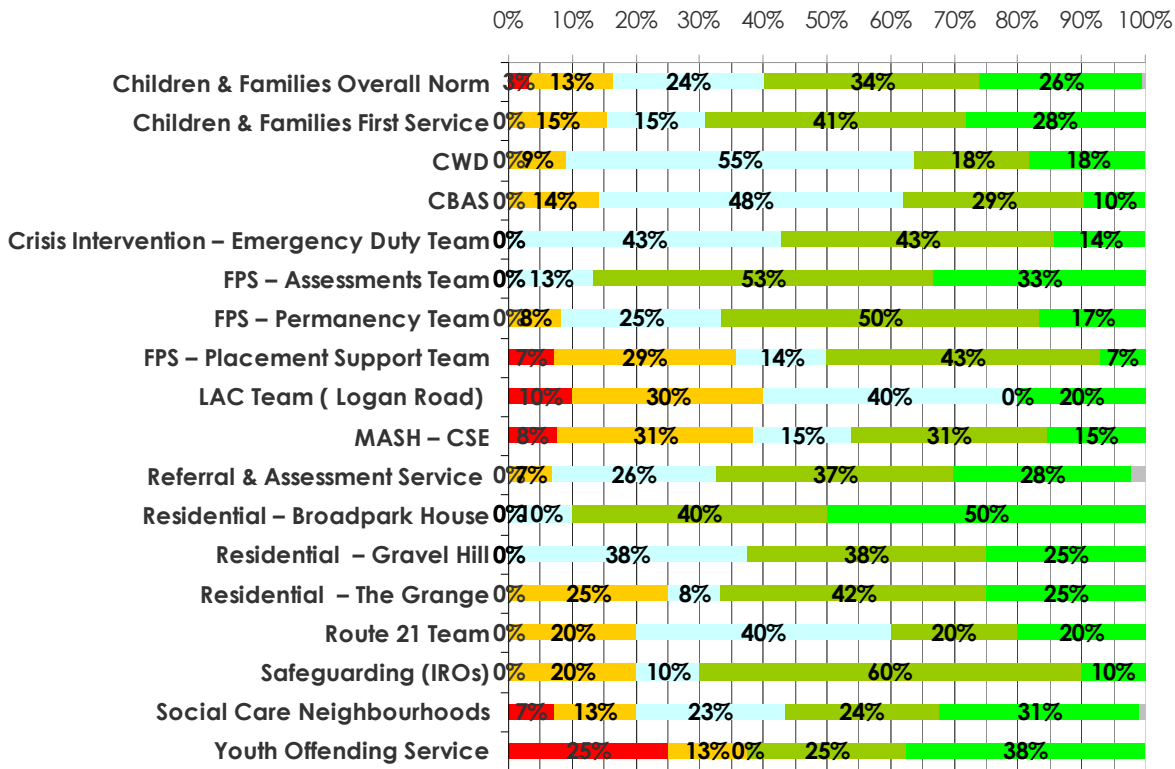
b. Do you regularly review and set / adjust the date / time for your next session(s) at the end of each supervision meeting?



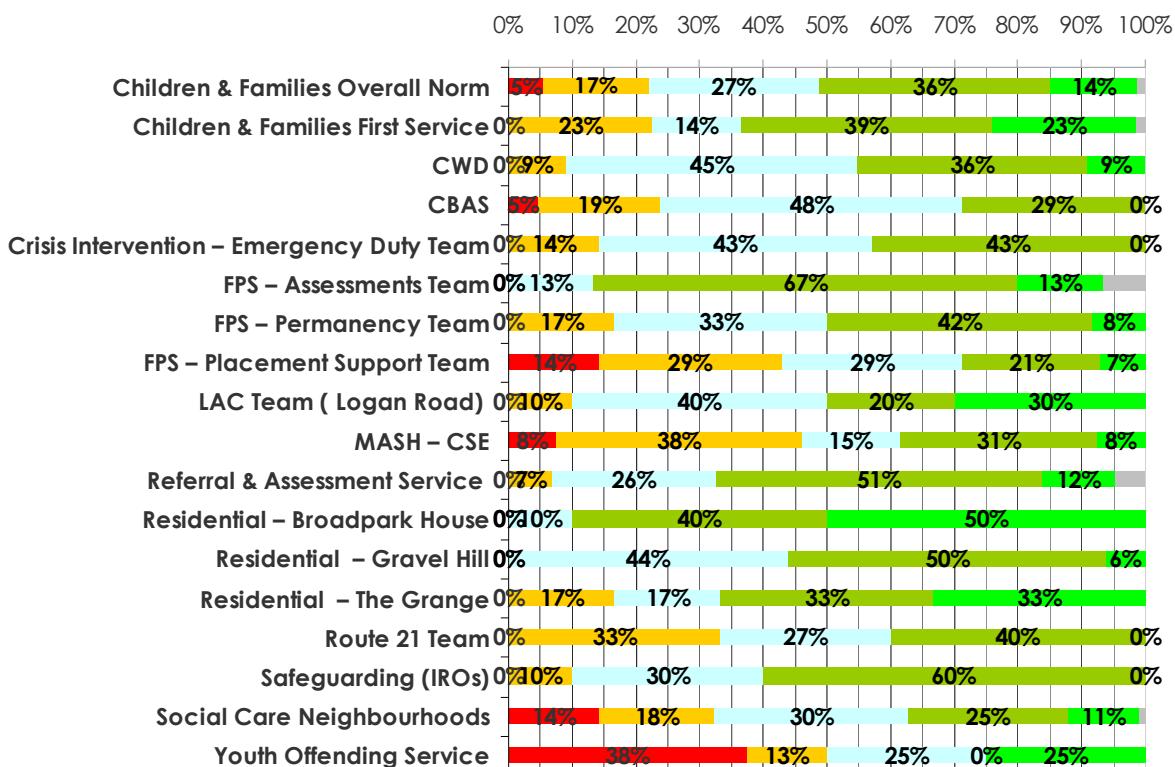
## 6. Is your supervision session ever cancelled or postponed ...



### a. ... by you?

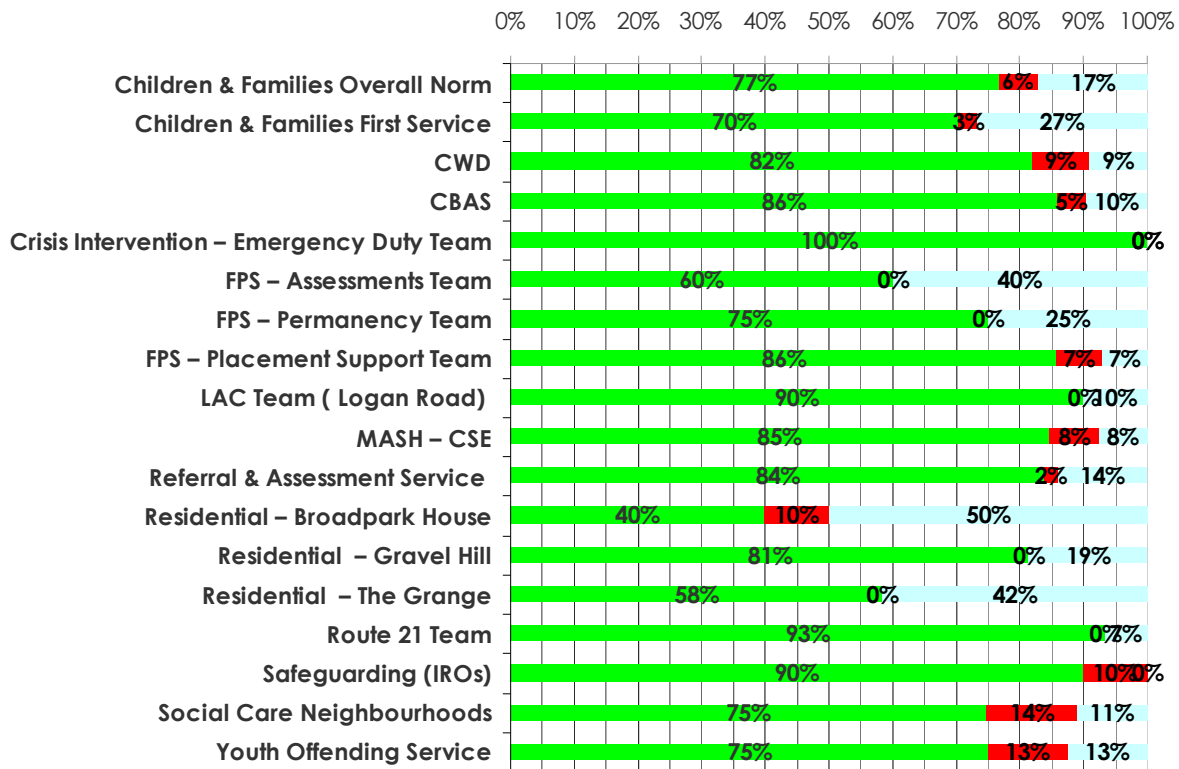


### b. ... by your supervisor?

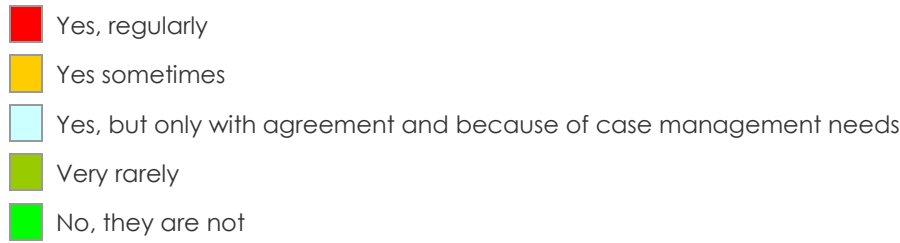


6. c. If yes to either, is the time made up before your next planned supervision session?

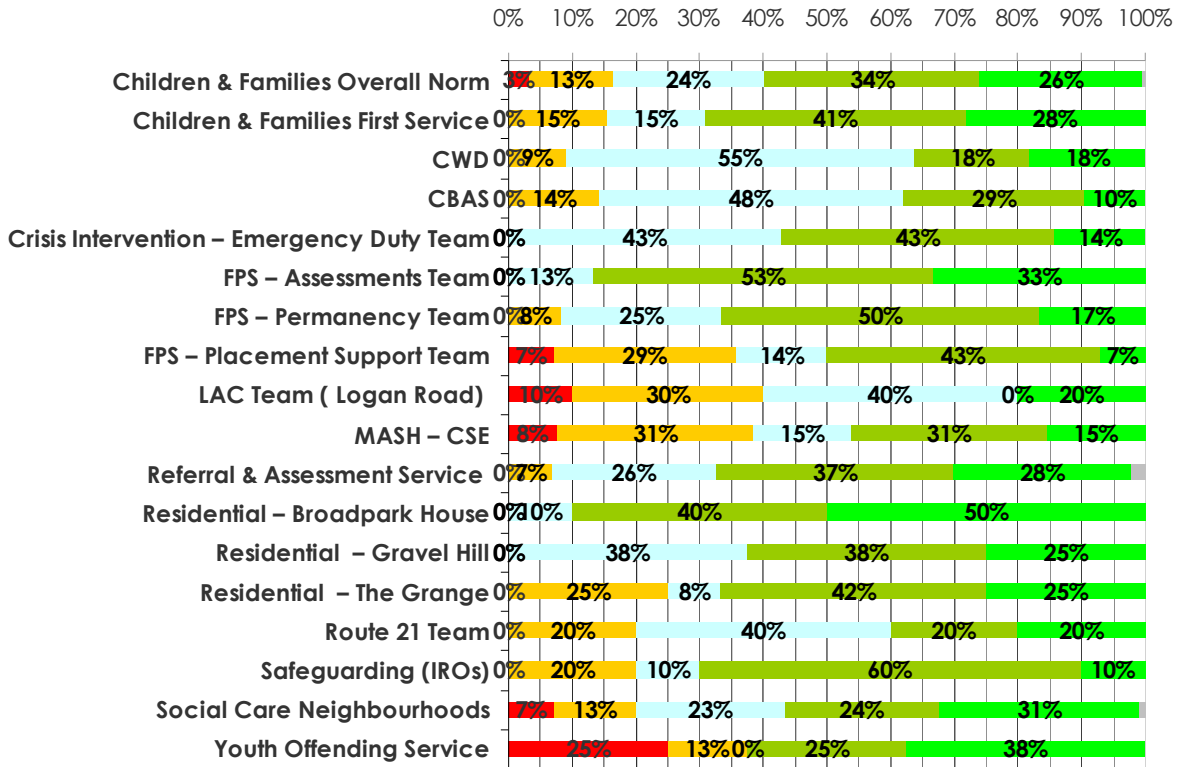
Yes No



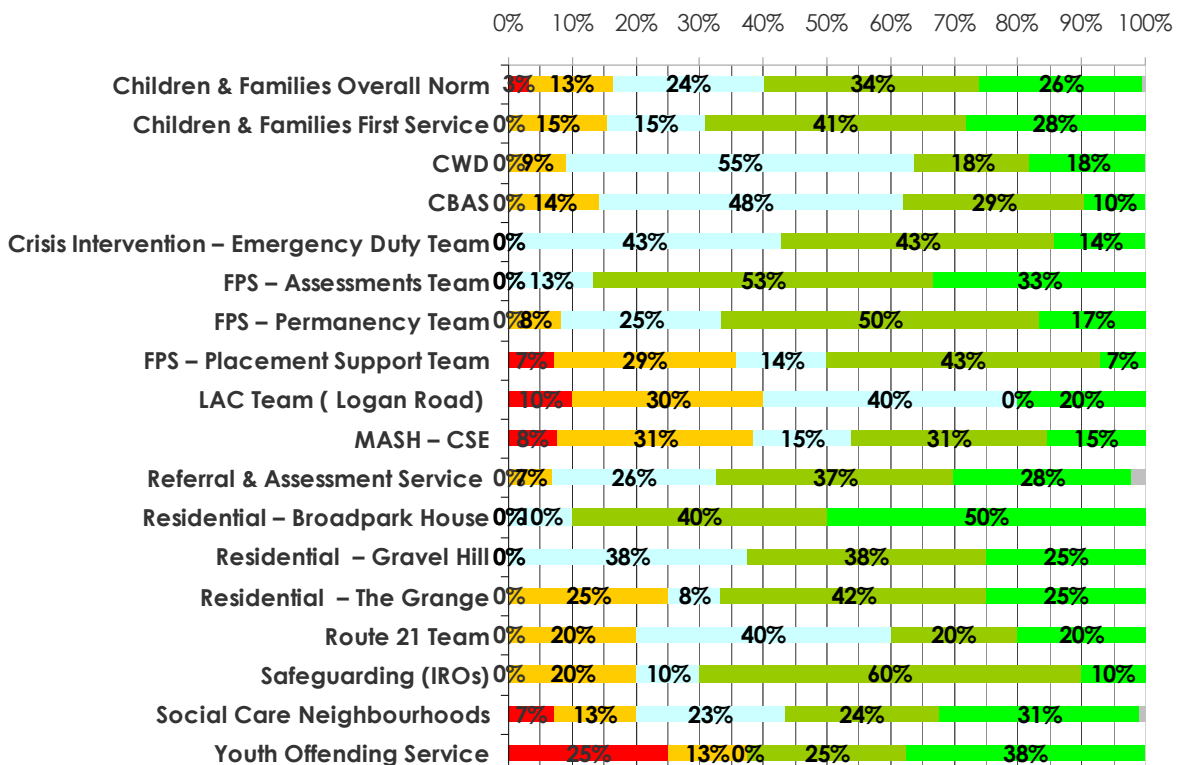
## 7. Is your supervision session ever interrupted or cut short ...



### a. ... by you?



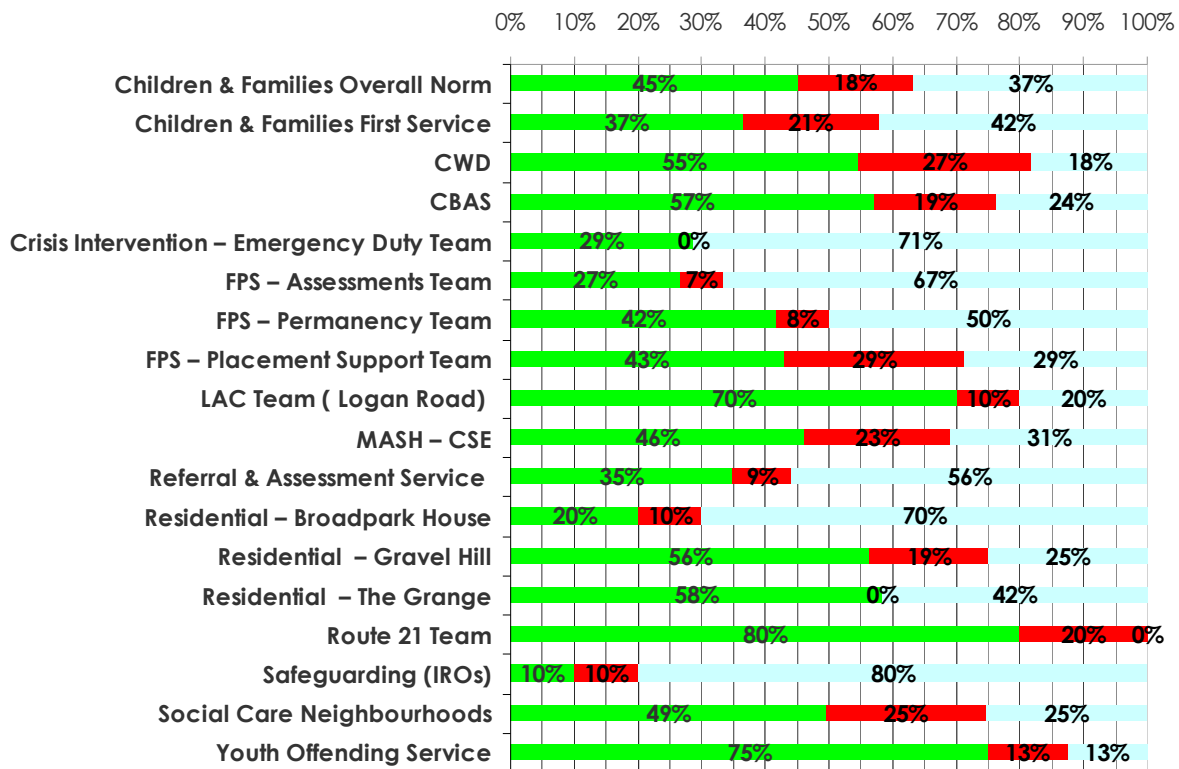
### b. ... by your supervisor?



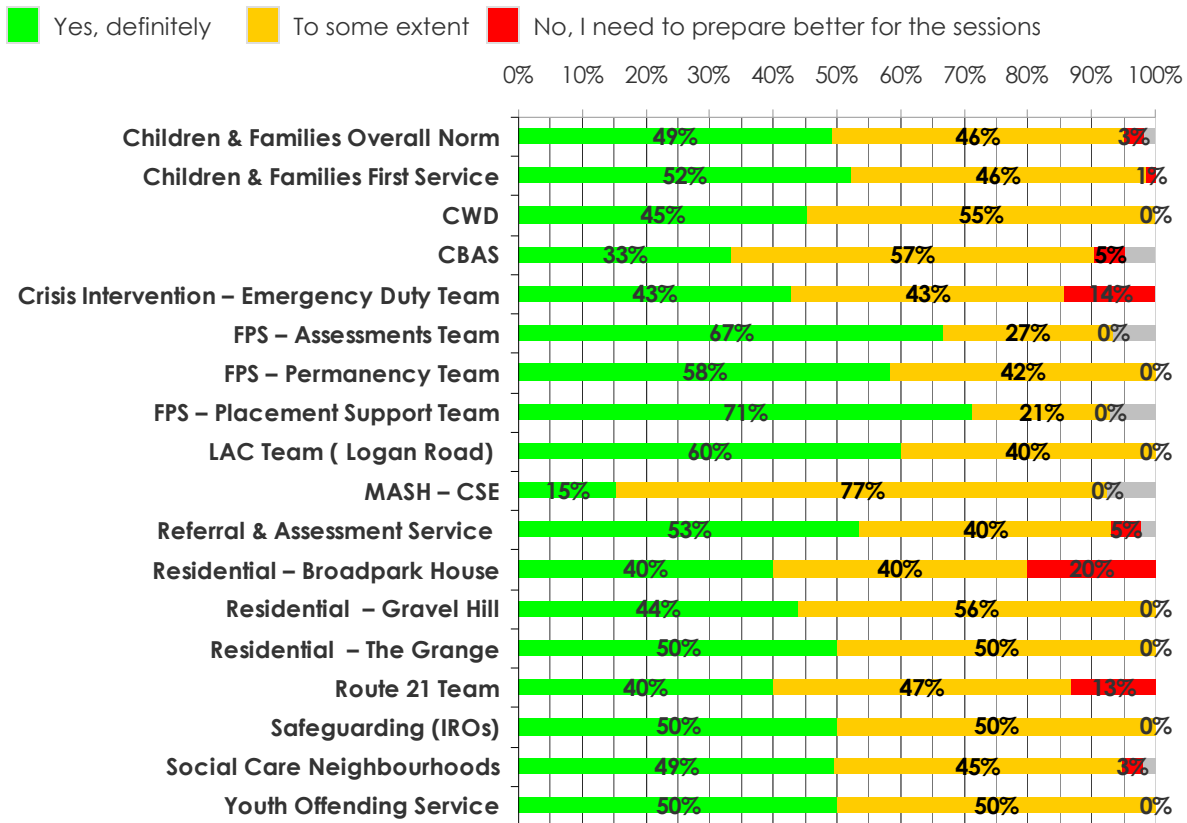


7. c. If yes to either, is the time made up before your next planned supervision session?

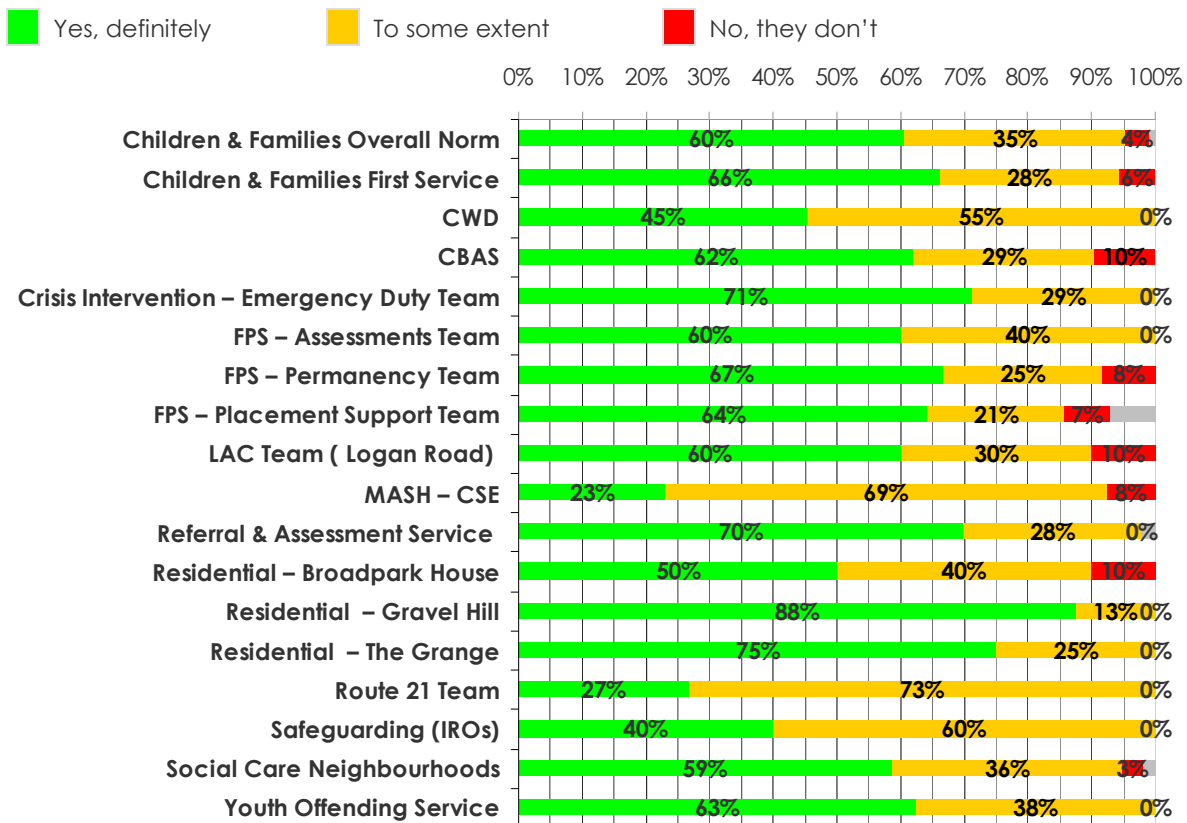
Yes No



**8. Do you believe you are well prepared for each supervision session in terms of what you want to cover?**

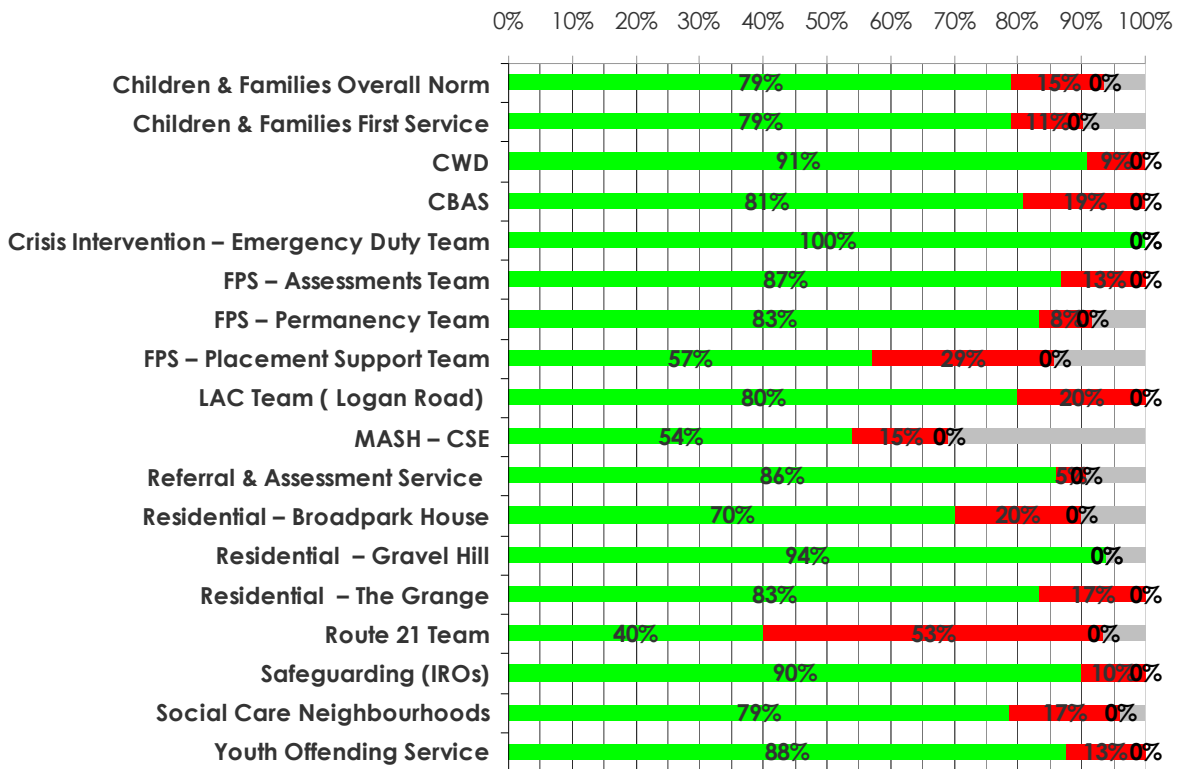


**9. Does your supervisor come well prepared for each supervision session?**



10. Are you always made aware of when new cases and / or work has been allocated to you?

Yes No



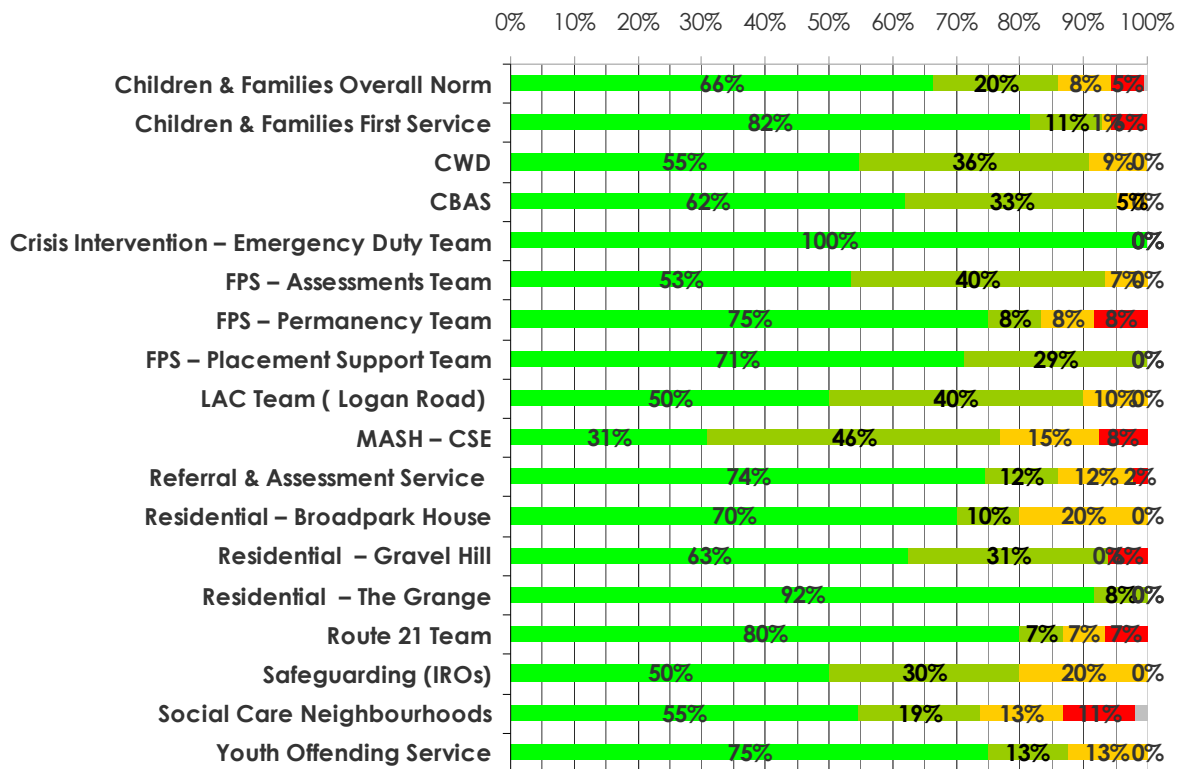
## Task Assistance / Management

This question focuses on you benefiting from assistance/ support in managing your workload, cases, tasks etc.

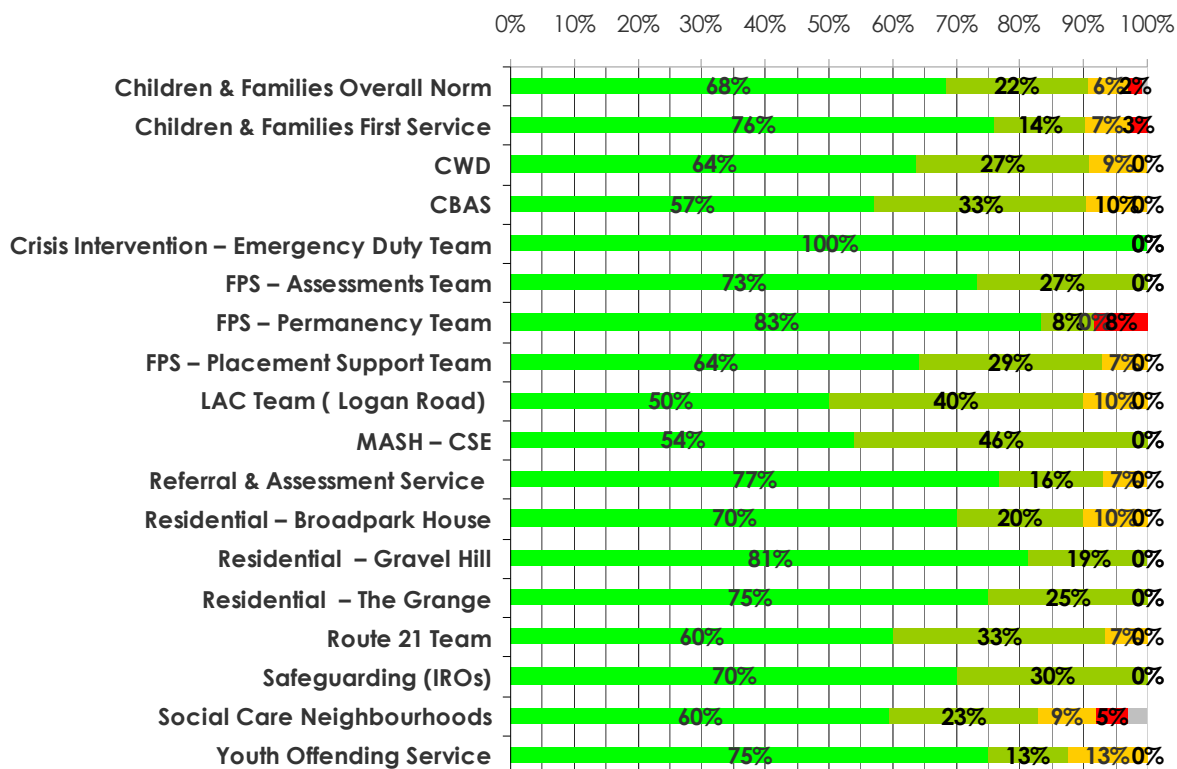
### 11. Do you and your supervisor ...

■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never

#### a. use a standard agenda?



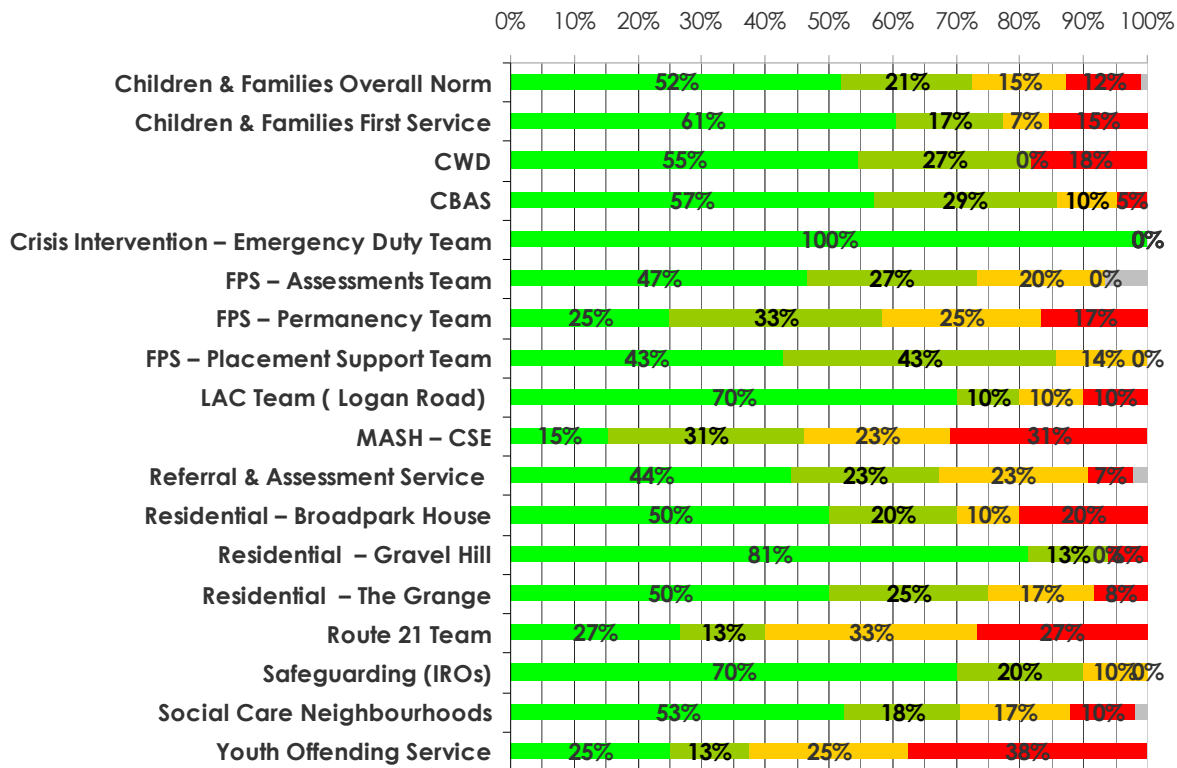
#### b. ensure your agenda items are discussed?



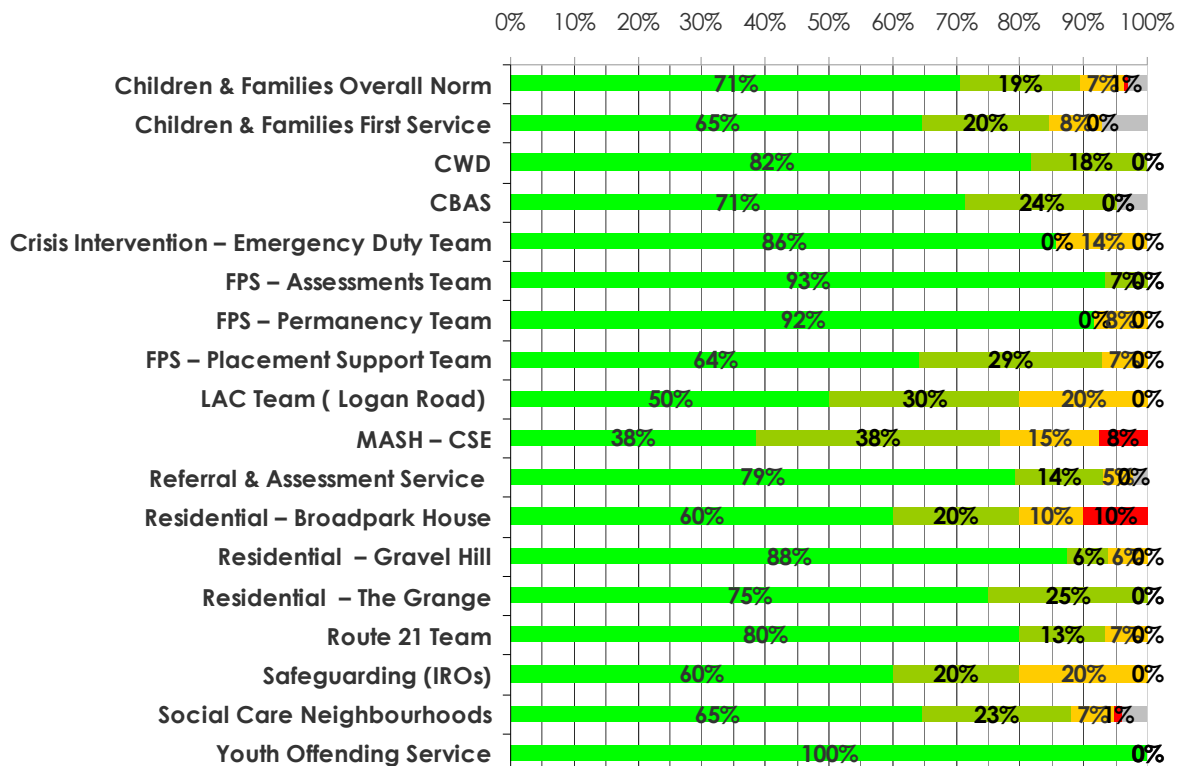
## 11. Do you and your supervisor ...



c. refer to the notes from your last session and discuss whether follow up work or actions have been completed within timescales?



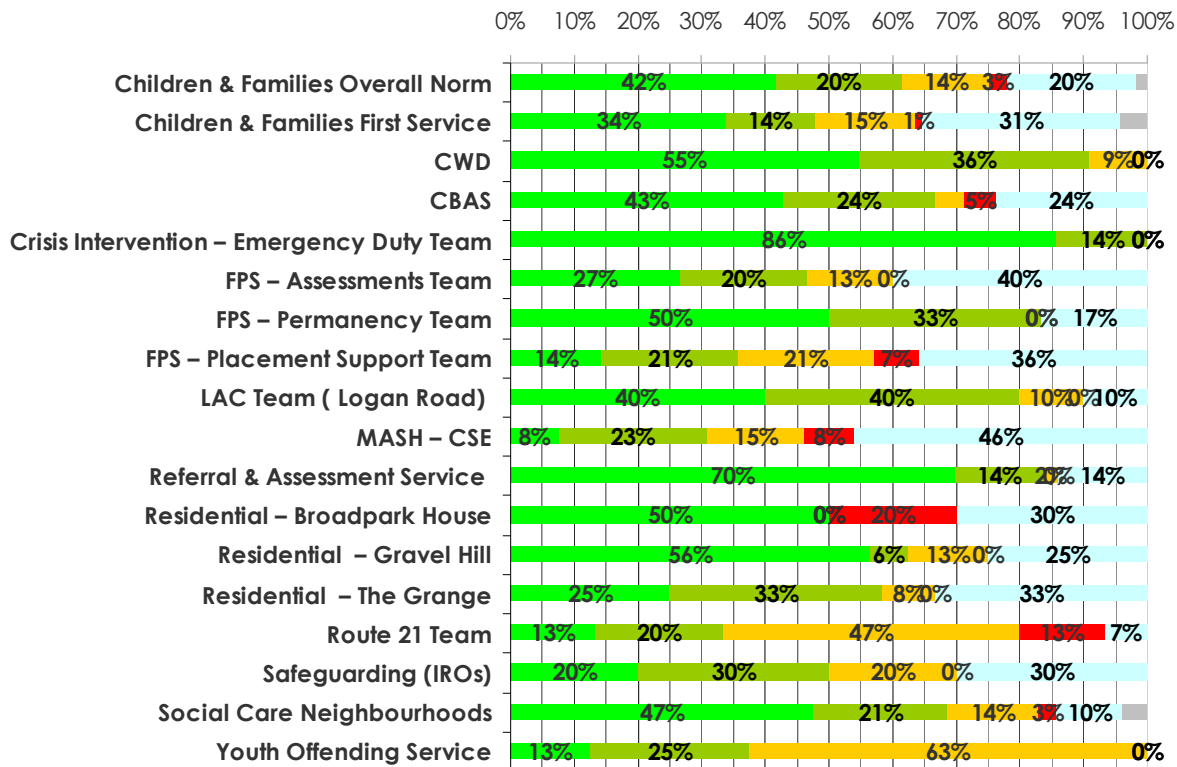
d. always discuss your active and new cases (if applicable) and / or current work?



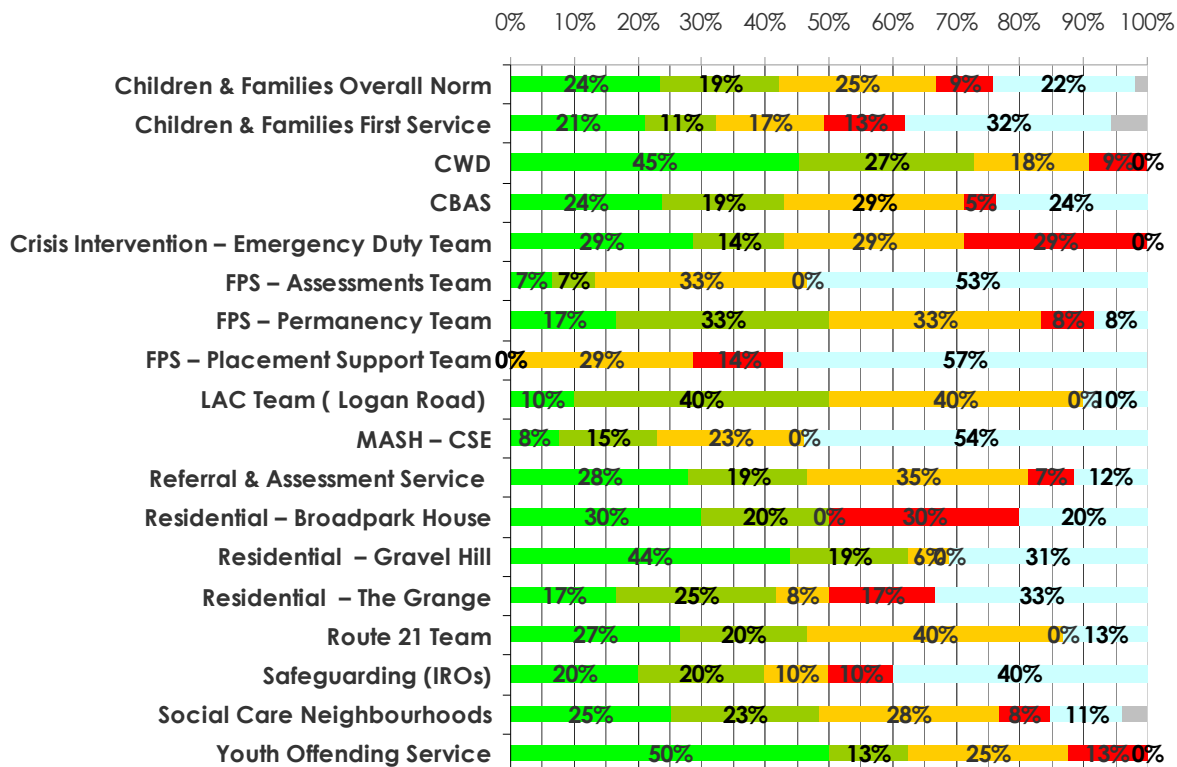
## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my role

### e. always include evidence of the child's current views and wishes in case discussions?



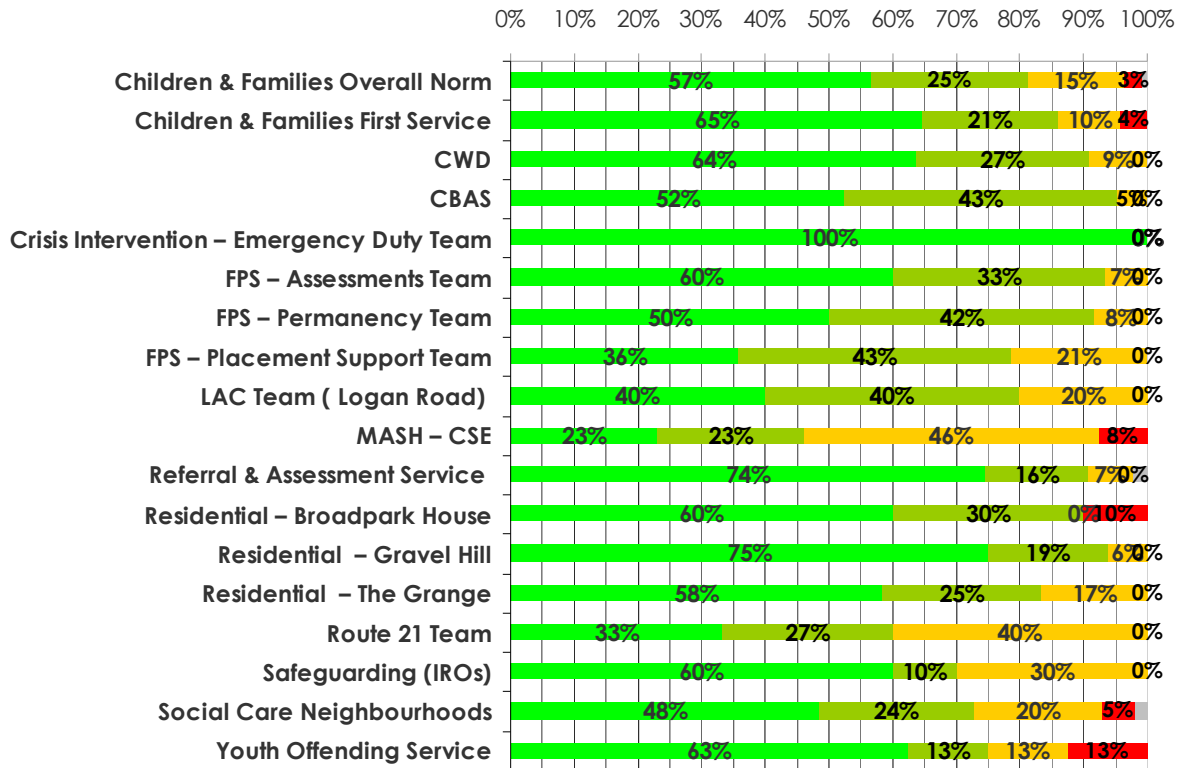
### f. refer to case notes on children's files?



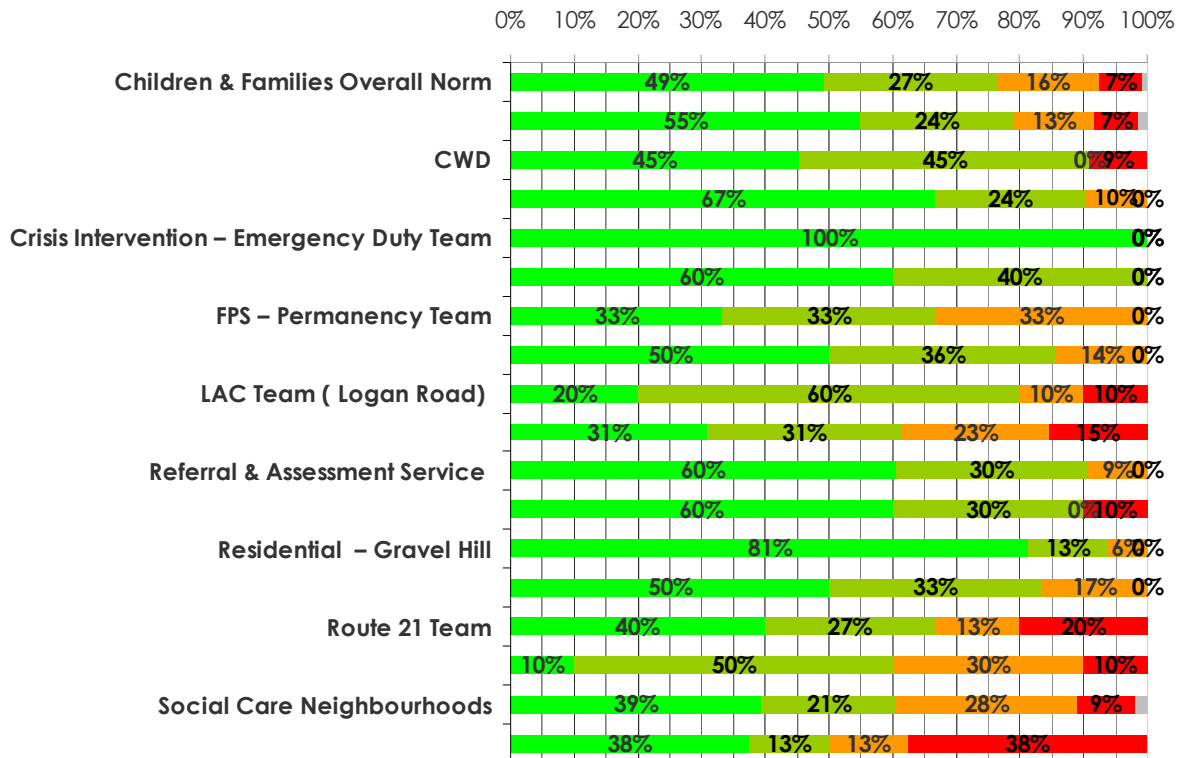
## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

**g. discuss how you can work effectively and any help you need e.g. by clarifying your role, understanding the task in hand, problem-solving etc.?**



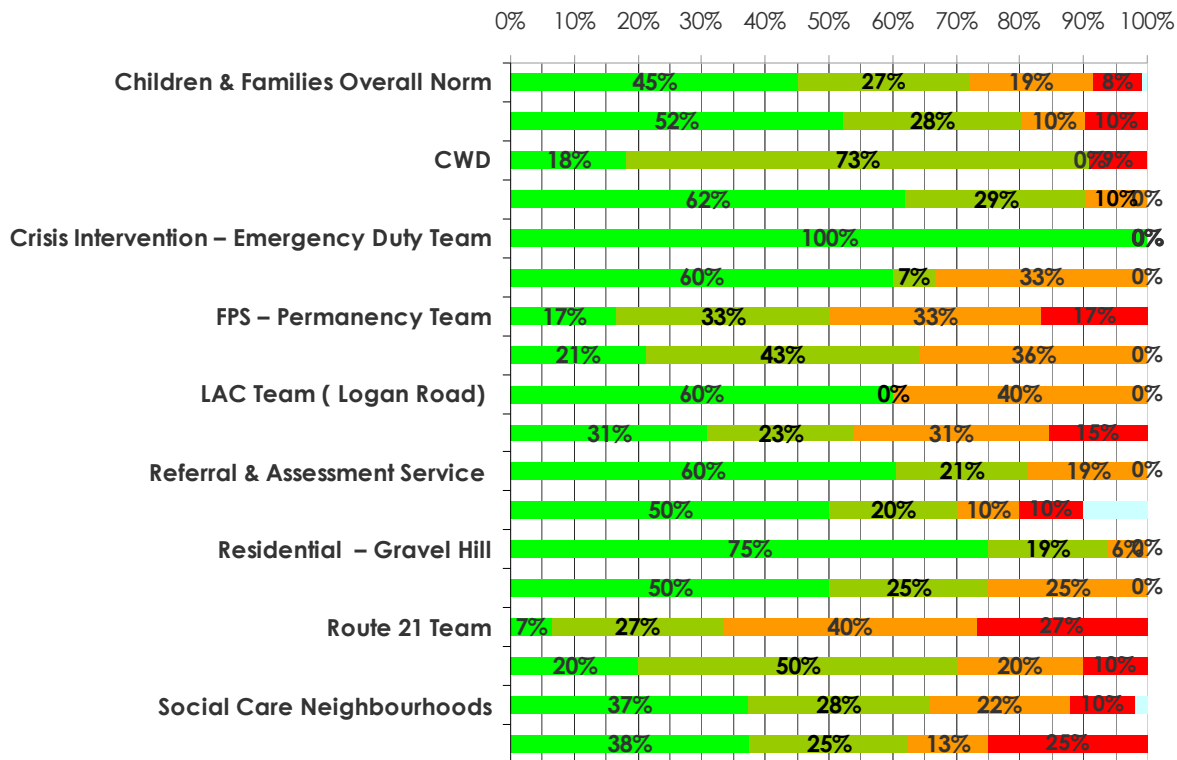
**h. make time to discuss, identify and agree any learning and development priorities / opportunities?**



## 11. Do you and your supervisor ...

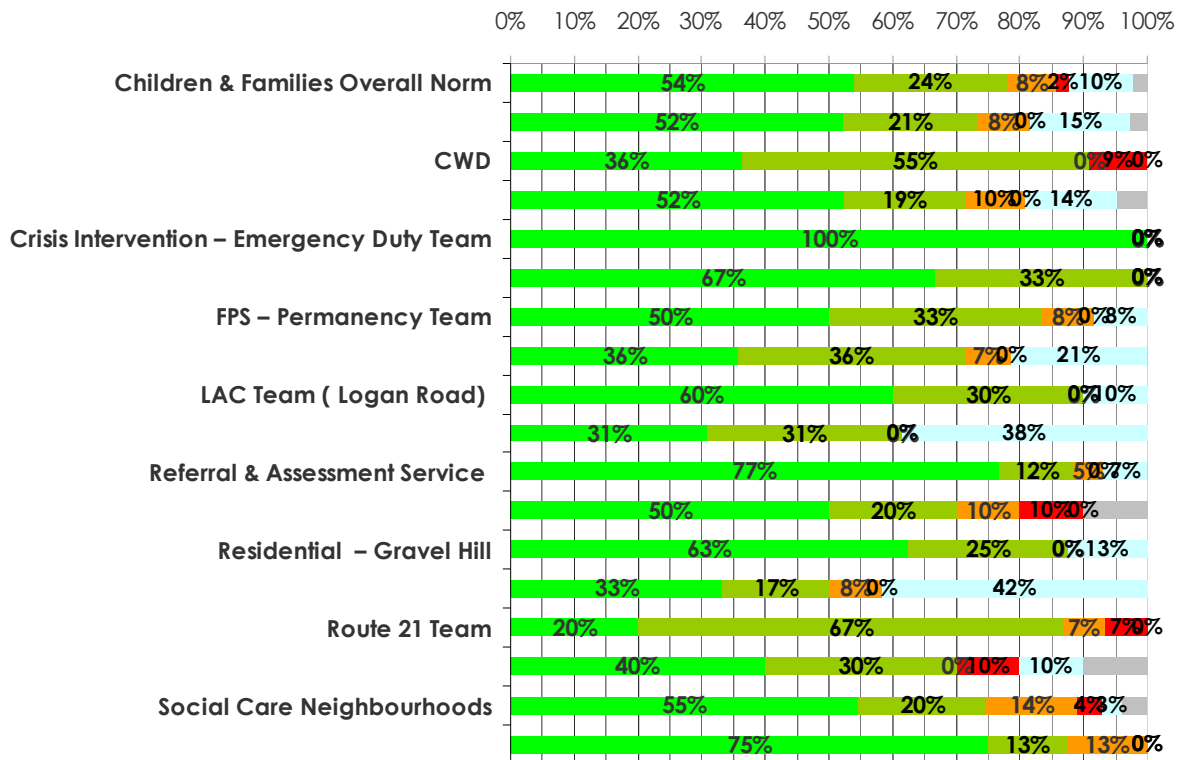
■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never

### i. use the opportunity to critically reflect on your current practice?



### j. end by leaving you clear about case and other decisions taken in the session?

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my role

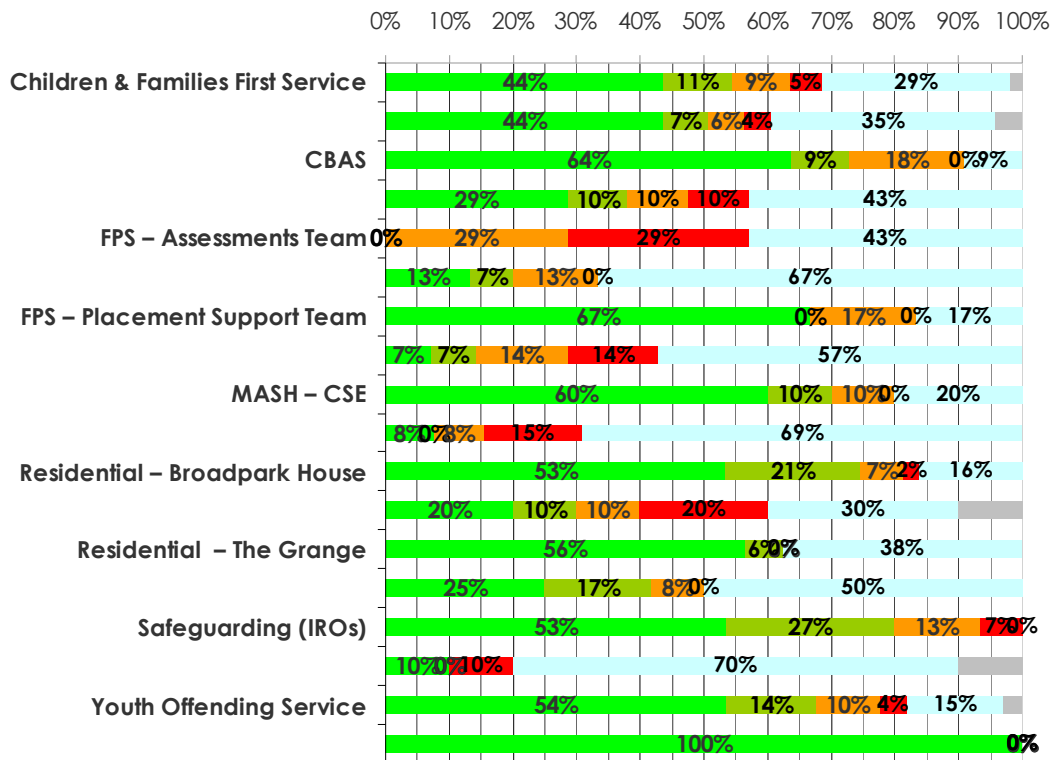




## 11. Do you and your supervisor ...

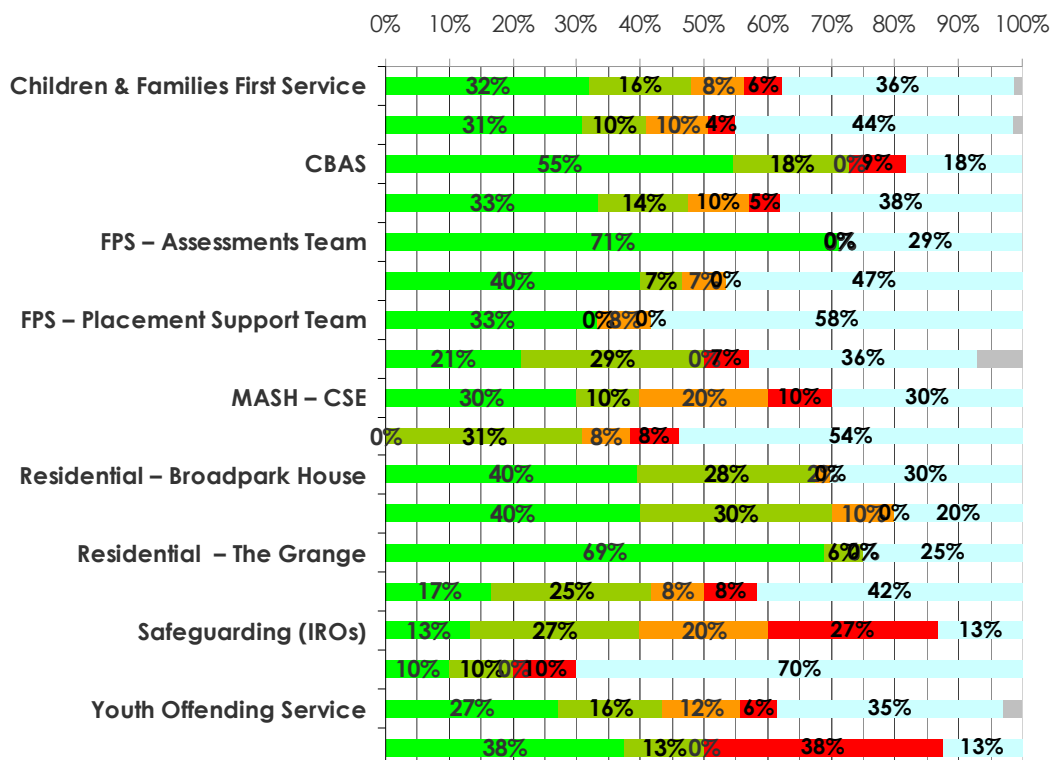
■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my role

### k. record discussions and decisions on the child's file?



### l. ensure any areas of disagreement are openly explored and recorded on the supervision record?

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ N/A no disagreement requiring this

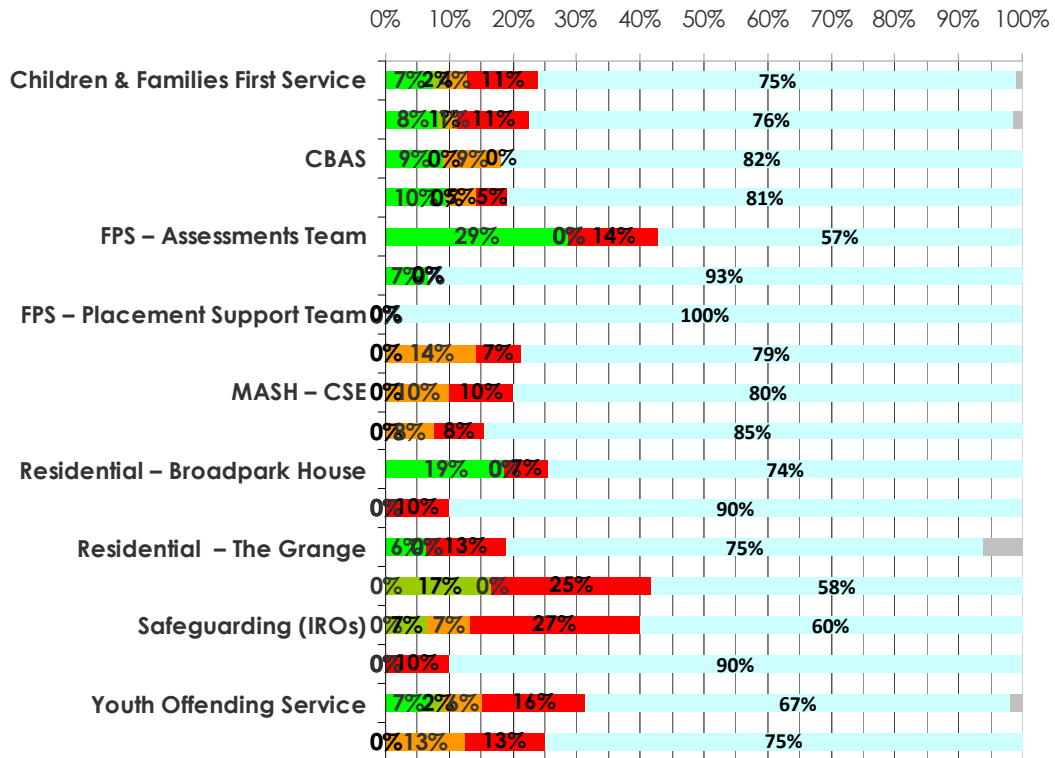


## 11. Do you and your supervisor ...

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ N/A no areas of disagreement yet

m. involve a 3rd party if there have been any occasions when you and your supervisor have disagreed about the management of a case?

**NB: A total of 93 people answered this sub-question – the rest of respondents selected the option 'Not applicable as no areas of disagreement yet'**



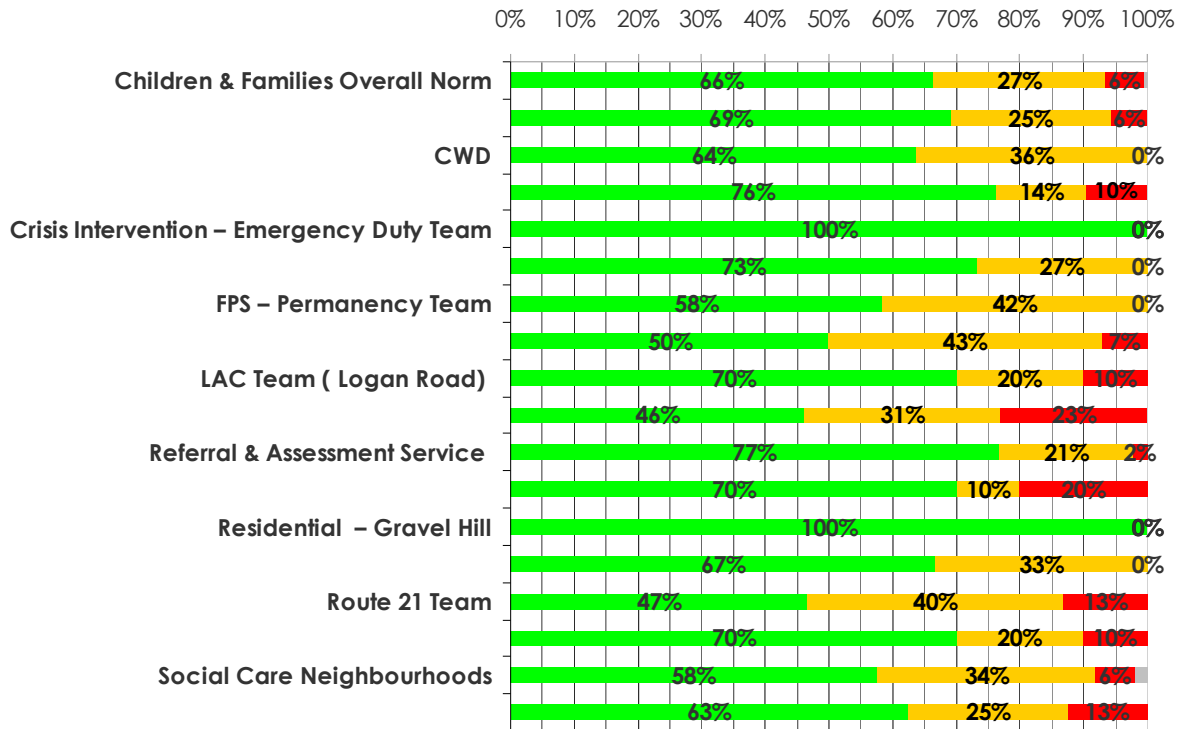
## Professional development

This question focuses on how your professional development is supported as an important part of your supervision outcomes ...

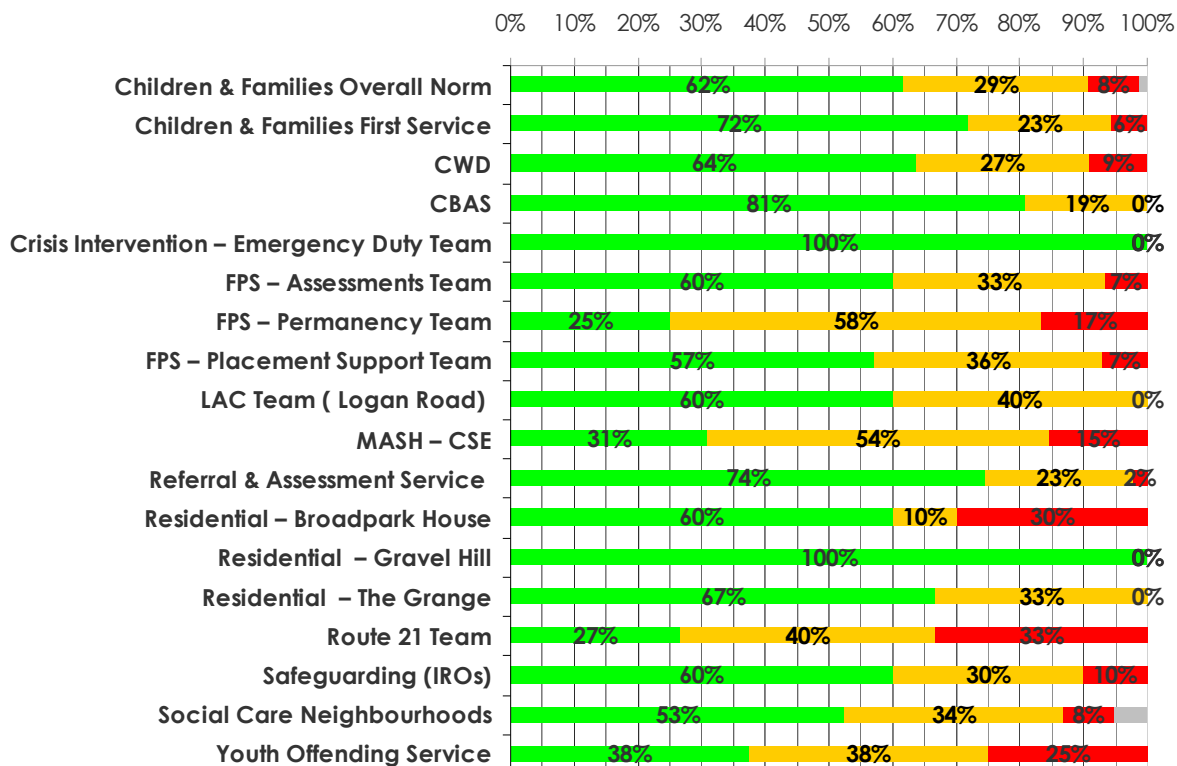
### 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

#### a. is grounded in a secure knowledge of your strengths and weaknesses by you and your supervisor?



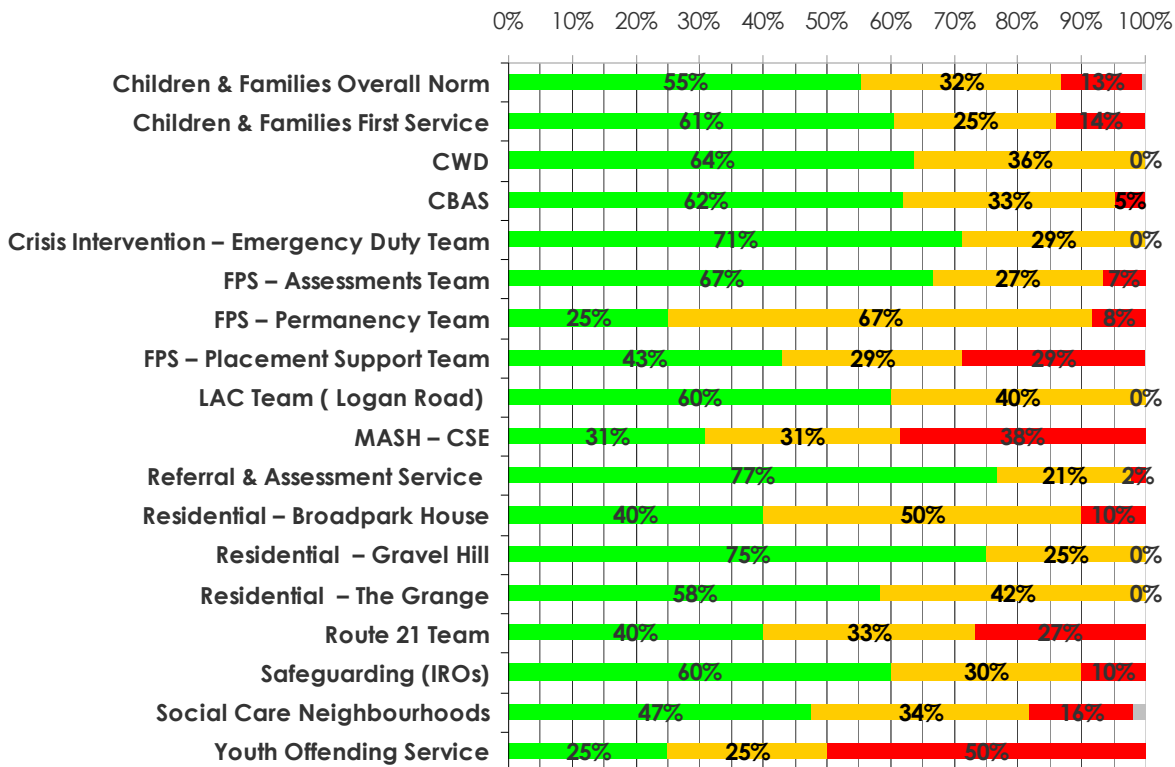
#### b. gives you the opportunity to critically reflect on your current practice?



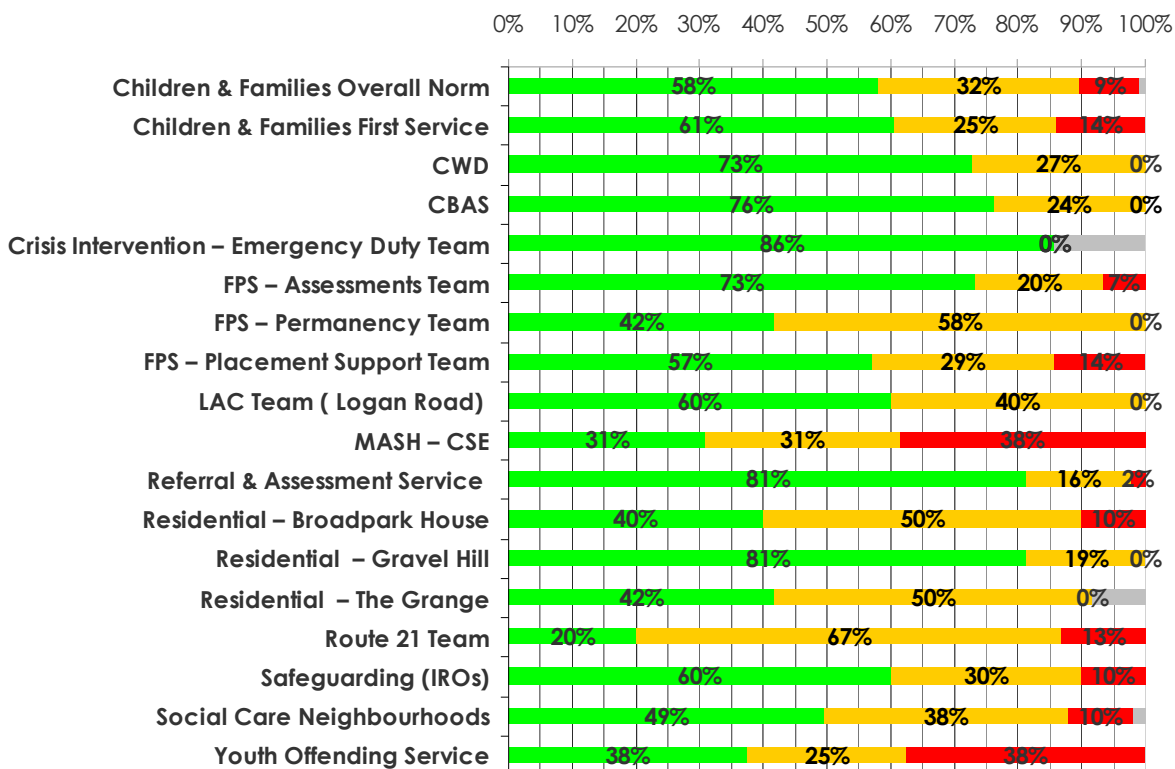
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

### c. directly helps develop your professional practice? e.g. through coaching, setting up joint visits etc.



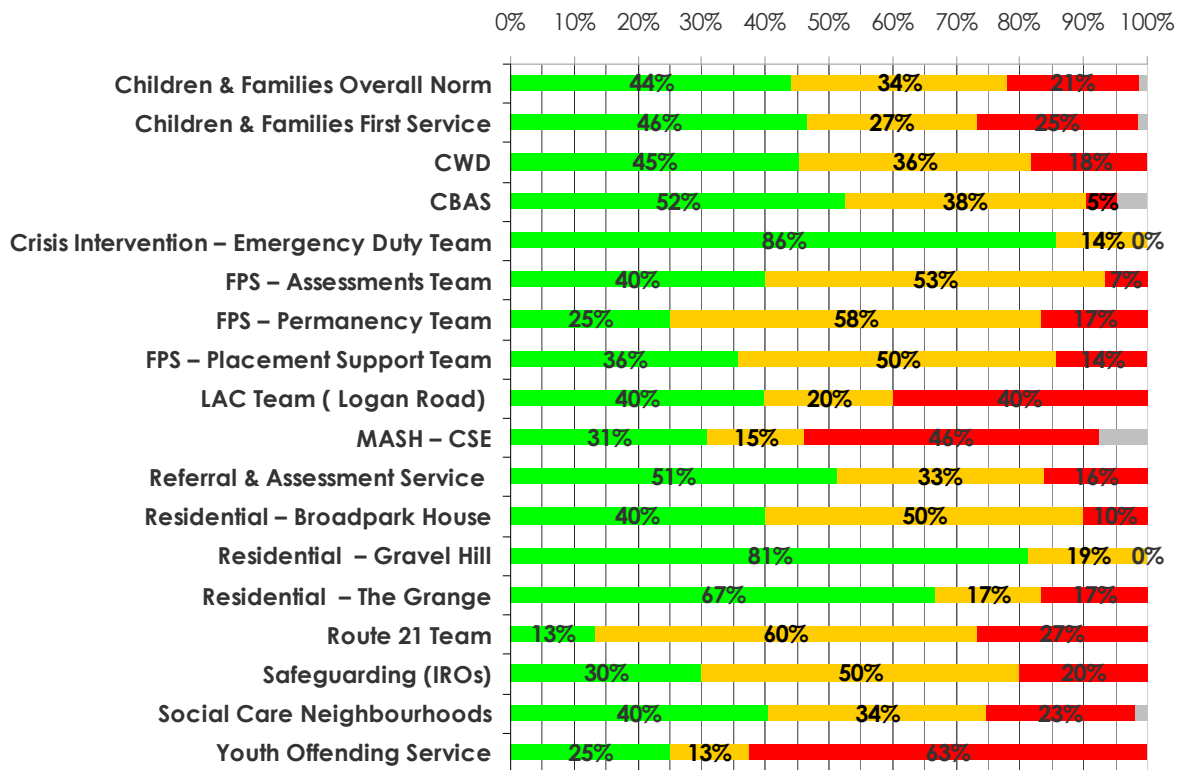
### d. supports you in improving your performance and achieving your agreed performance objectives?



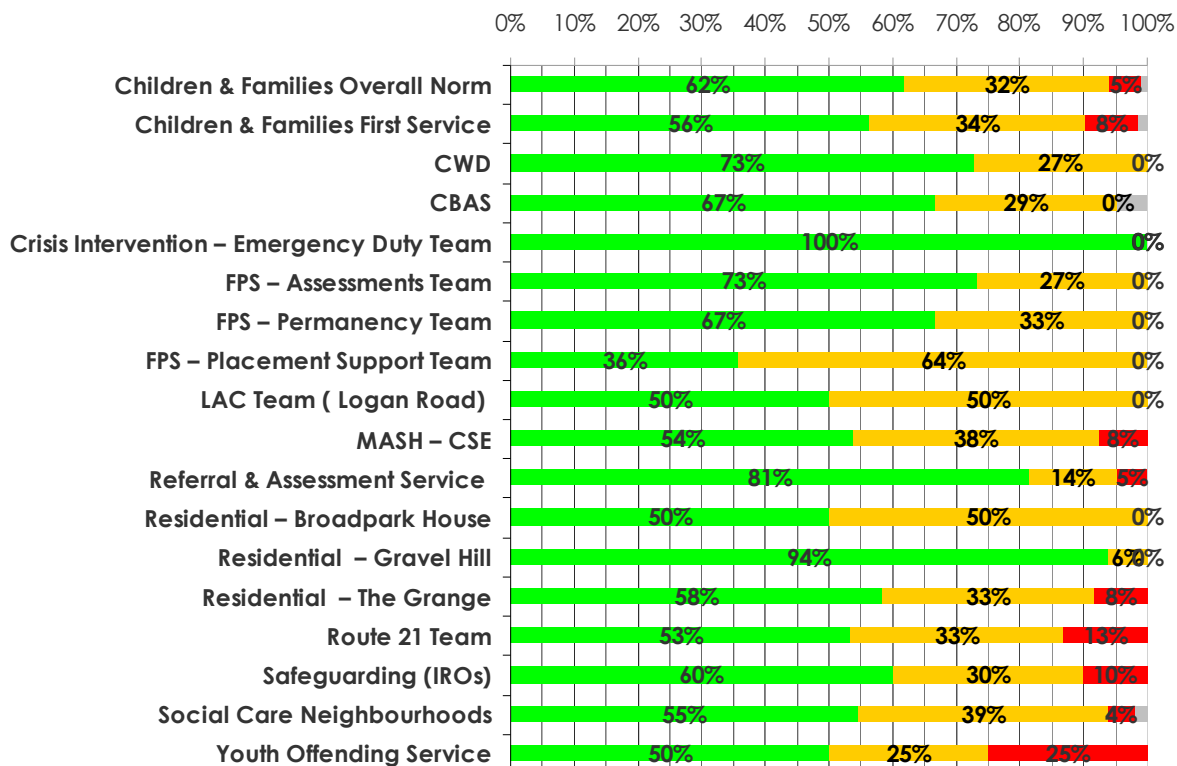
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

### e. Where relevant makes links between supervision and your annual appraisal / Personal Development Plan?



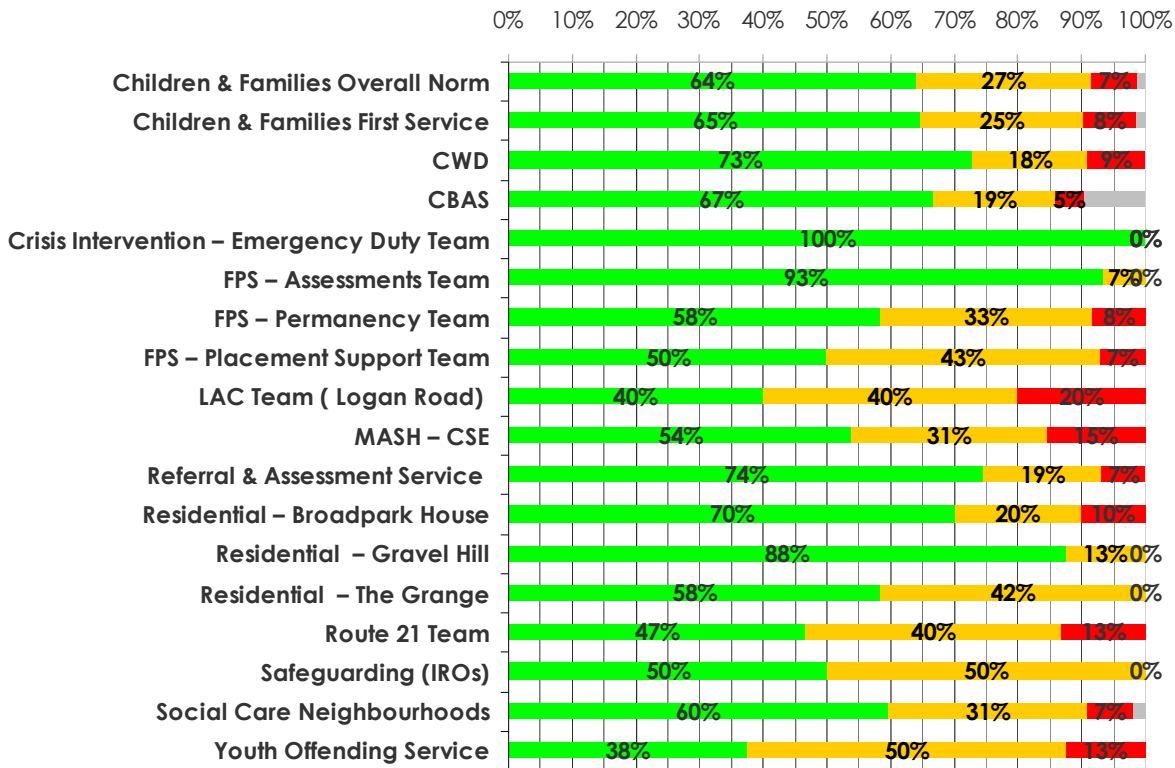
### f. includes encouragement from your supervisor to take up any learning and development that has been identified and agreed?



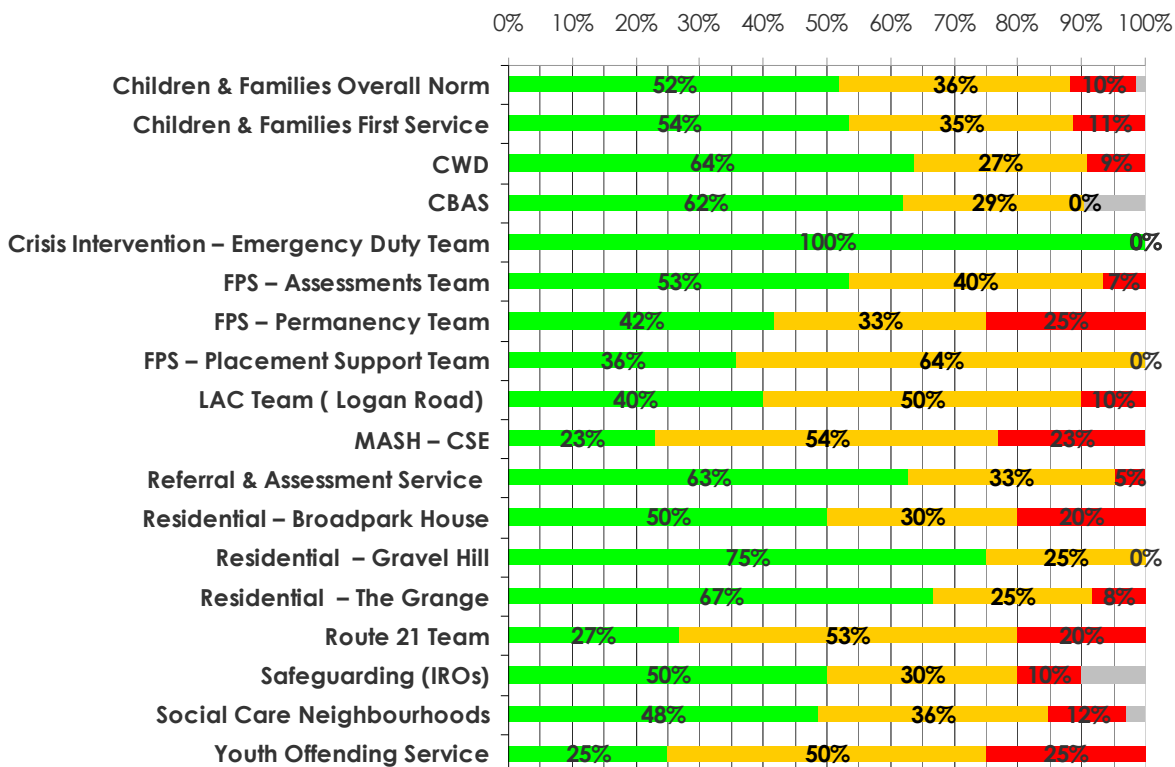
## 12. Do you believe that your supervision ...

■ Yes, I do
 ■ To some extent
 ■ No, I don't

g. includes discussing any learning, training and development you have attended / undertaken?



h. supports you on how you will integrate any learning and development into your practice?



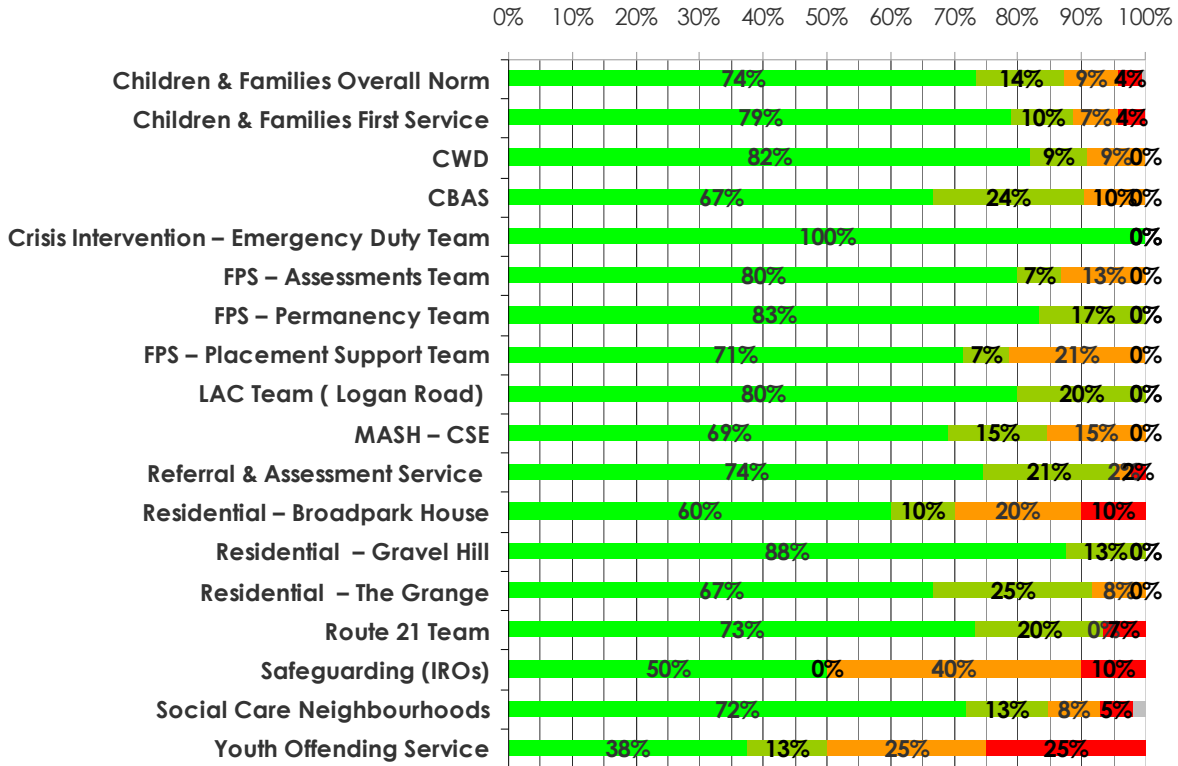
## Staff well-being ...

This question explores how much you feel personally supported to have a sense of well-being related to your work - this can be to do with your health, safety and welfare.

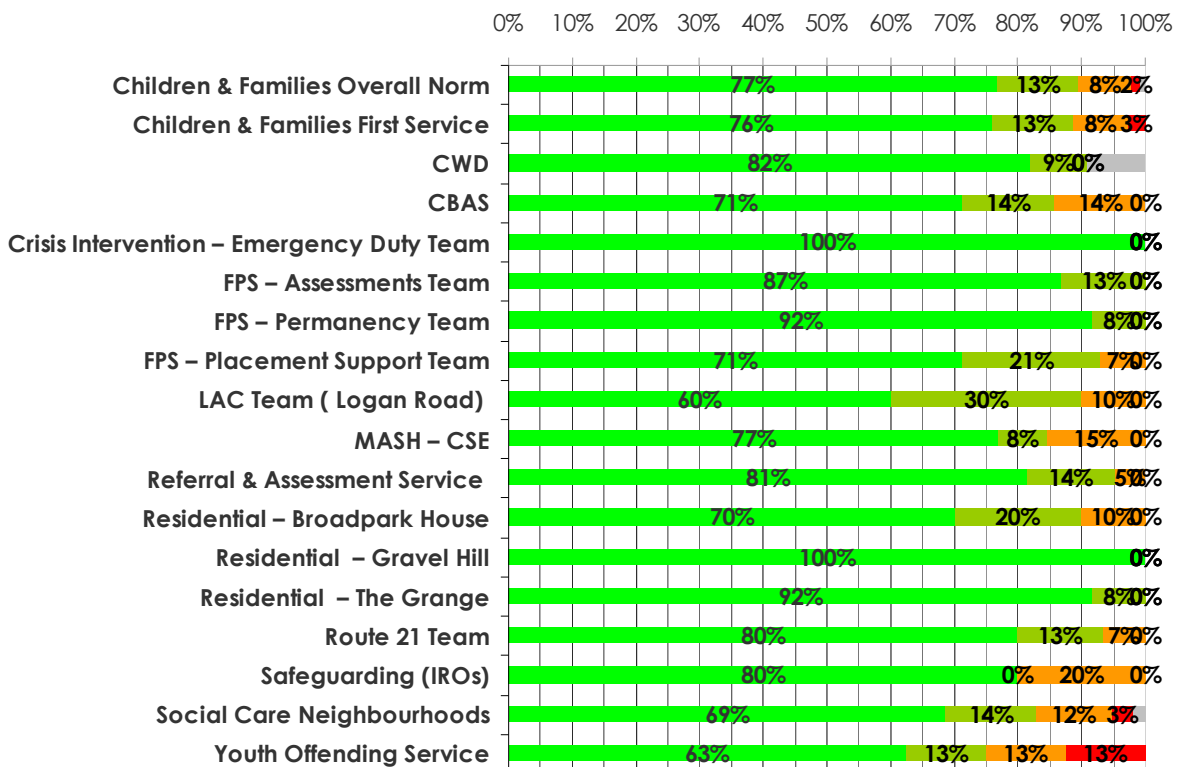
### 13. During your supervision sessions ...



#### a. Is the topic of staff wellbeing an early item on the agenda?



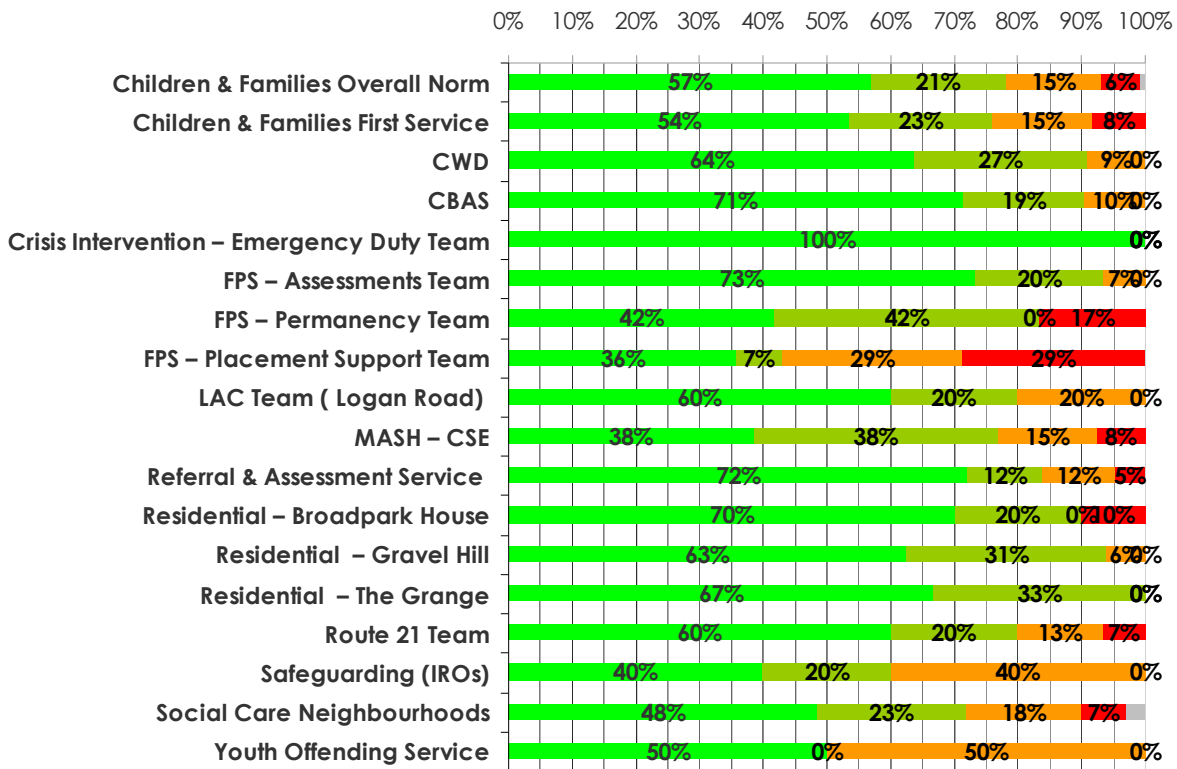
#### b. Are you able to raise issues to do with your safety at work or health or welfare?



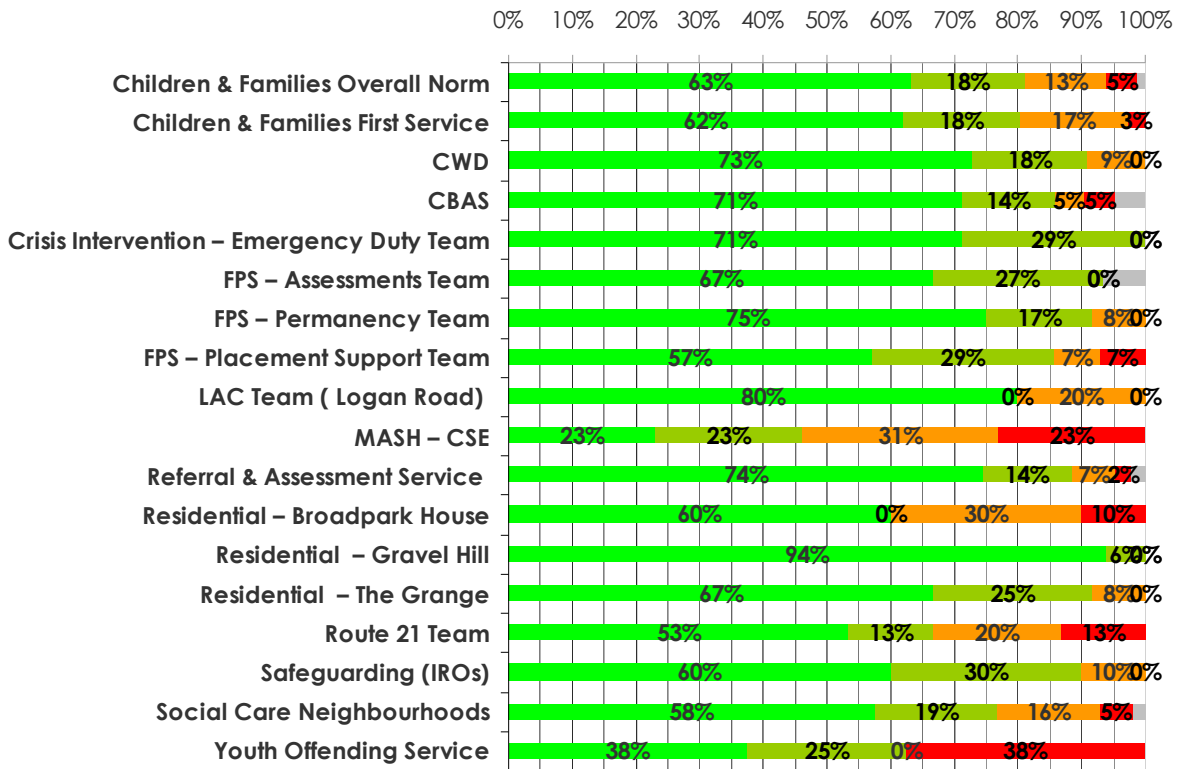
### 13. During your supervision sessions ...



#### c. Do you discuss time and workload management?



#### d. Do you feel you have a relationship of trust and openness, giving you the confidence to seek the emotional support you need to do your job?

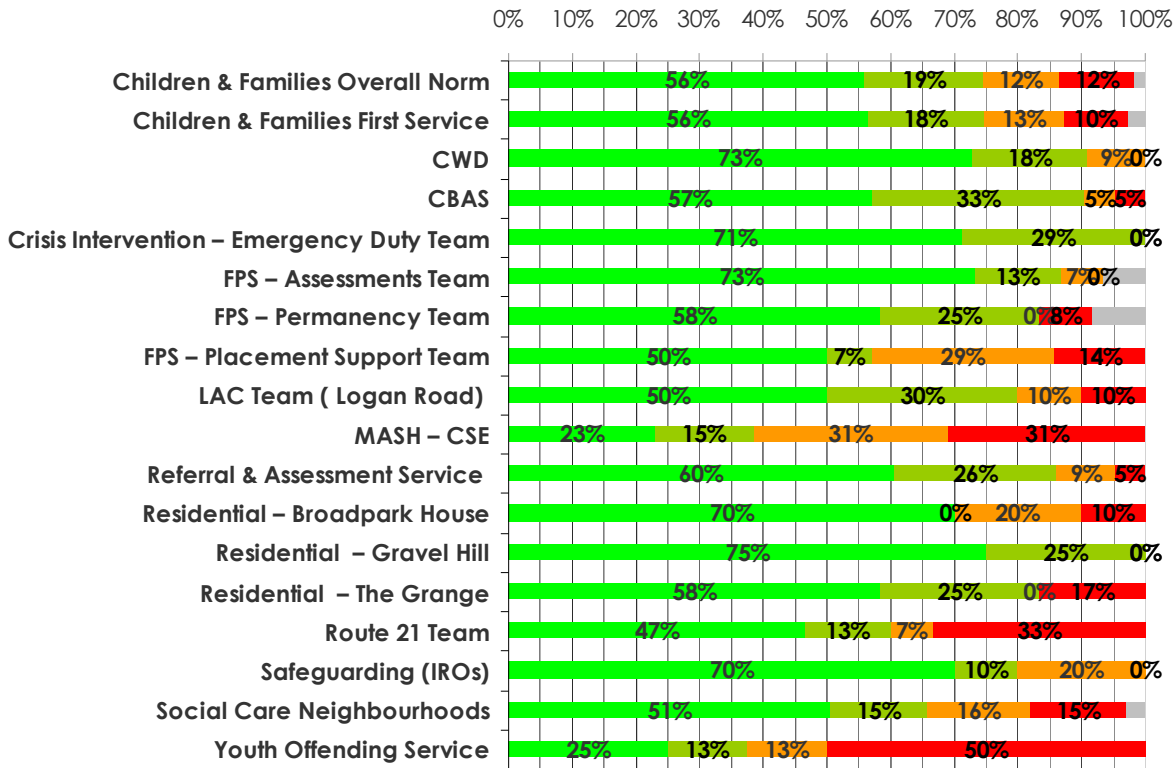




### 13. During your supervision sessions ...

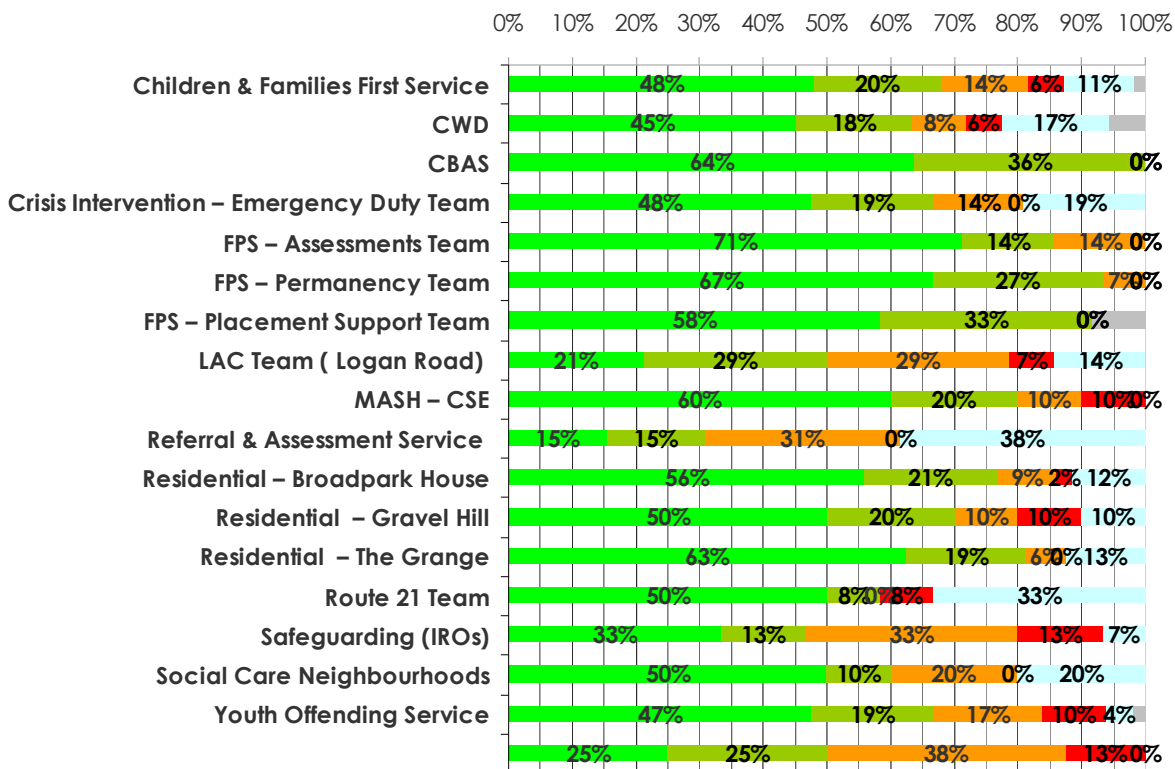
■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never

#### e. Do you feel supported in recognising when you may be suffering work-related stress and agreeing remedies within an appropriate timescale?



#### f. Do you feel you are given the emotional support you need to deal with your cases?

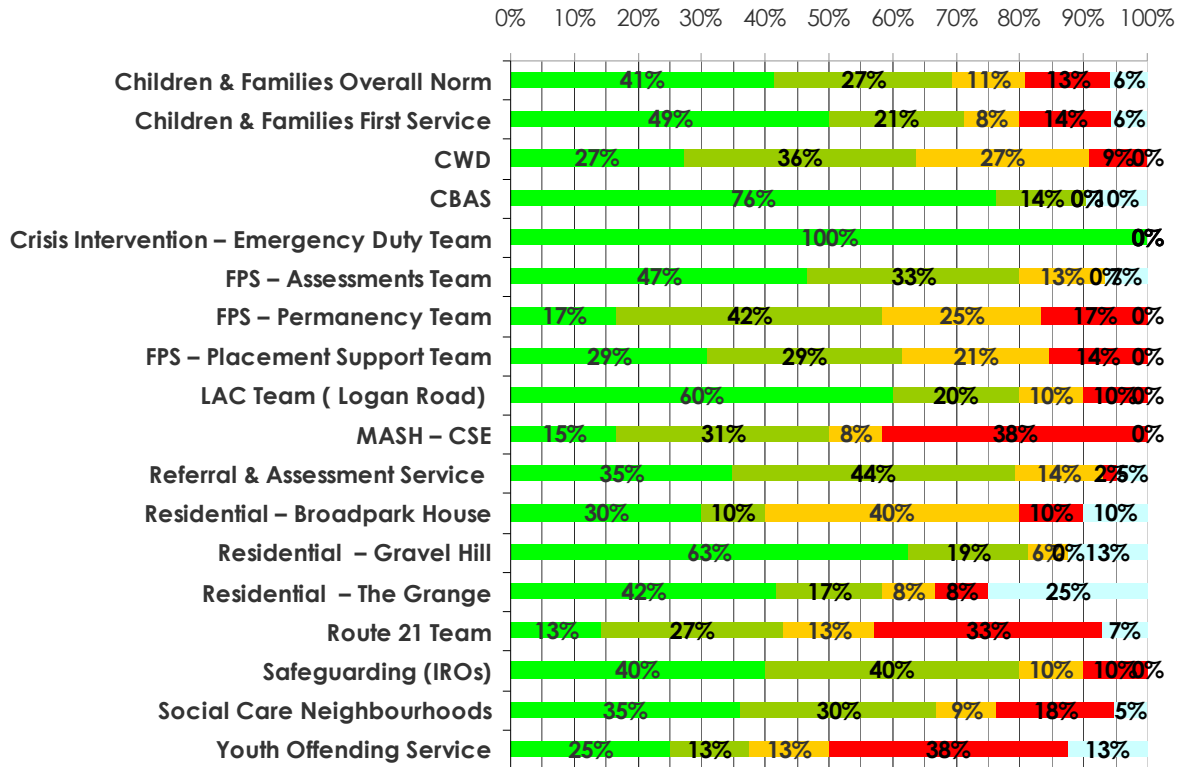
■ Yes, always    
 ■ Most times    
 ■ Sometimes    
 ■ Hardly ever / never    
 ■ Not applicable to my role



## Reflective supervision

### 14. To what extent do you believe 'reflective supervision' is a characteristic of your supervision sessions with your manager?

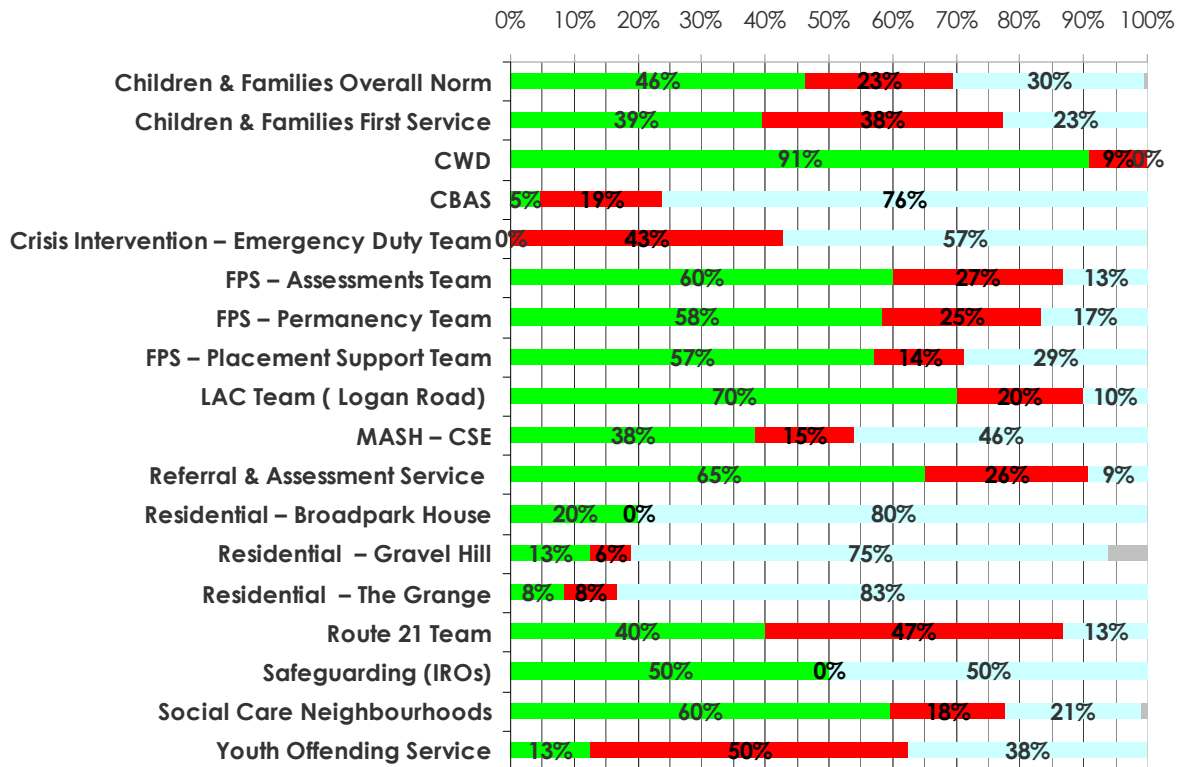
- This has always been a strong feature of my supervision sessions
- It has always been a feature to some extent but could be improved
- It has recently been something we are trying to develop as a feature of my supervision, previously it wasn't
- It does not feature at all
- I don't really understand what reflective supervision means



## Use of the Protocol and eCAF IT systems and how they support your supervision ...

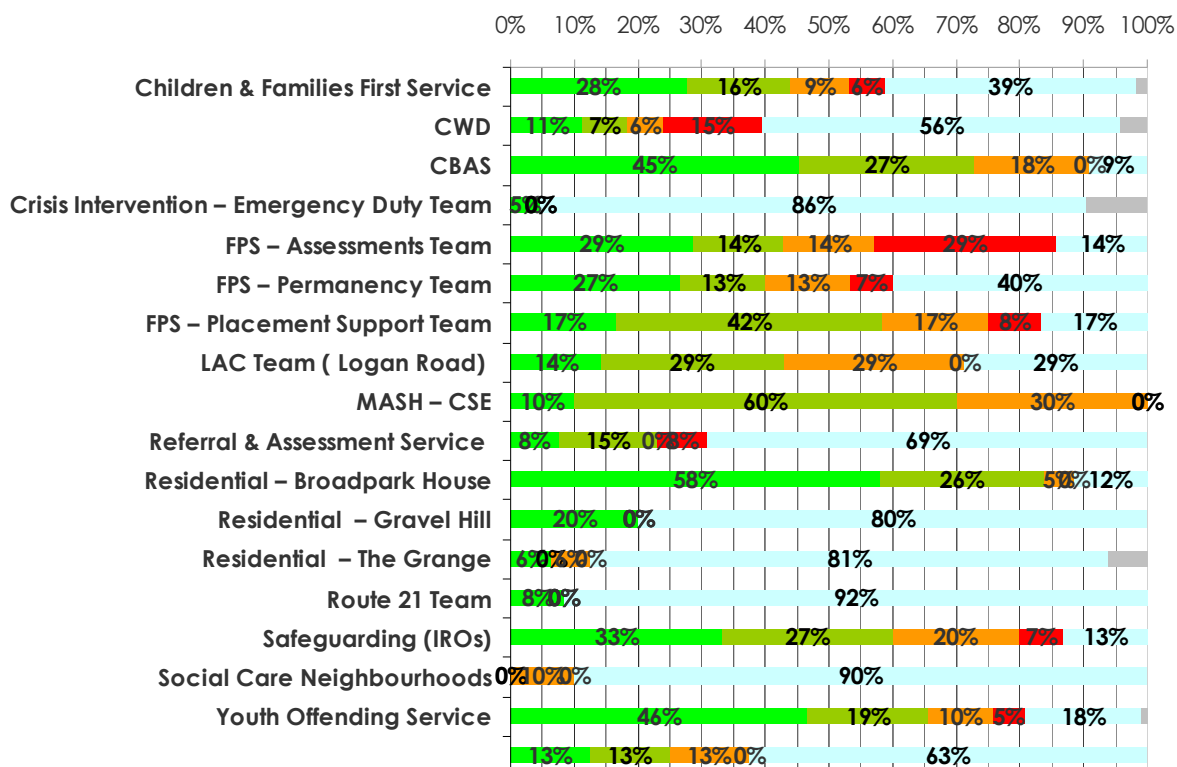
### 15. Does the use of the Protocol and / or eCAF IT systems support your supervision sessions?

■ Yes   
 ■ No   
 ■ Not applicable to my role



### b. Are all decisions / actions concerning service users recorded onto the Protocol system within 24 hours of the supervision meeting?

■ Yes, always   
 ■ Most times   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ N/A to my role

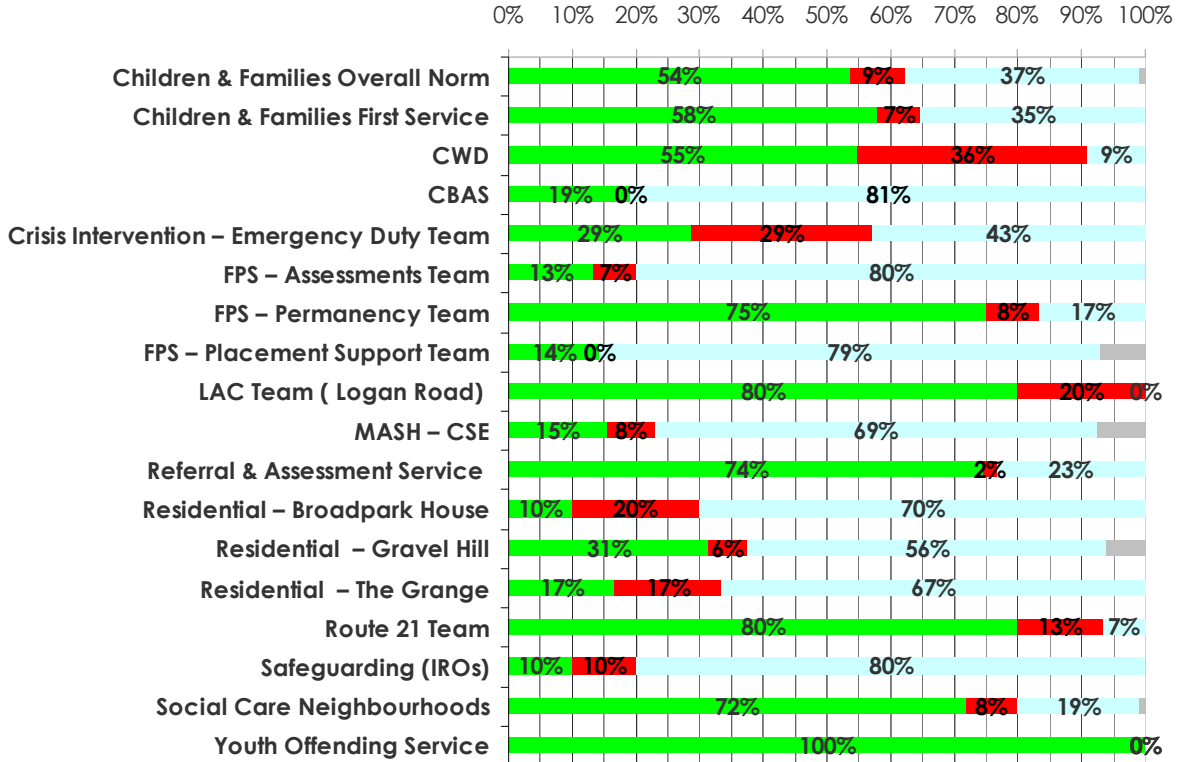


# Outputs from your supervision sessions ...

## 16. Does your supervisor ...

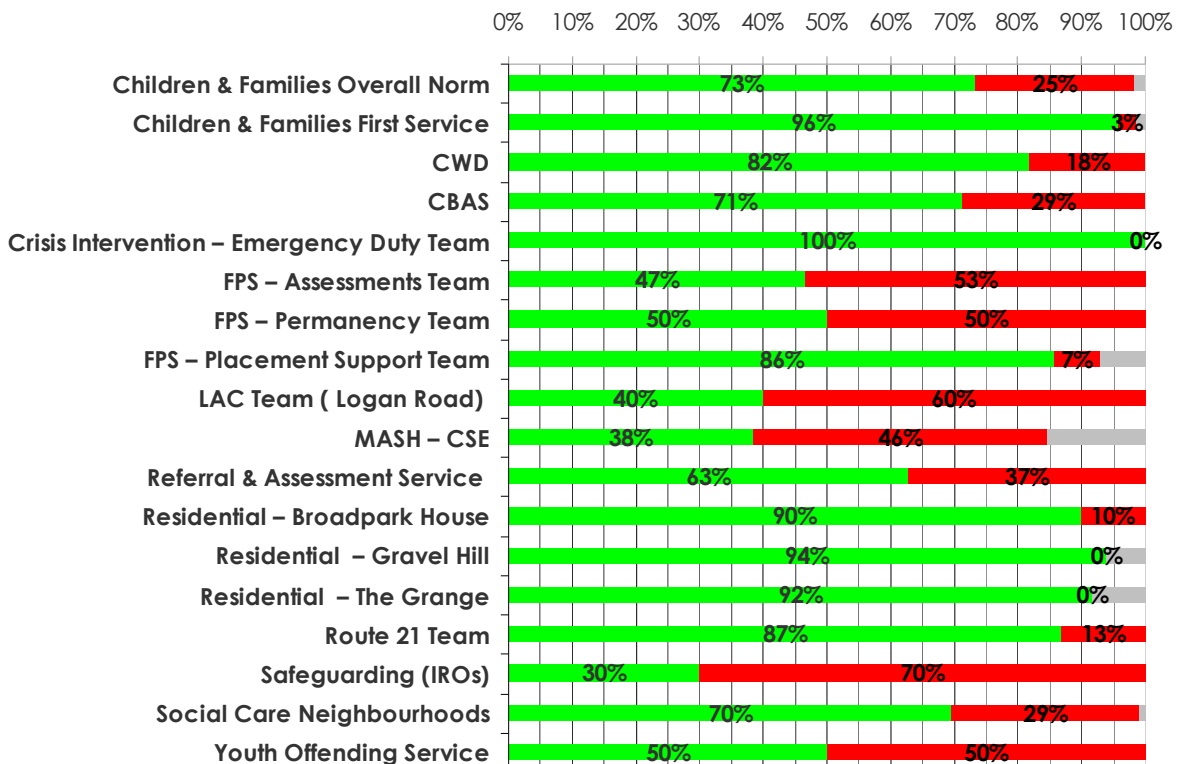
■ Yes    
 ■ No    
 ■ Not applicable to my role

### a. write-up notes about case discussions and place decisions about cases on the child's file?



### b. agree the record of supervision with you, with you both signing it?

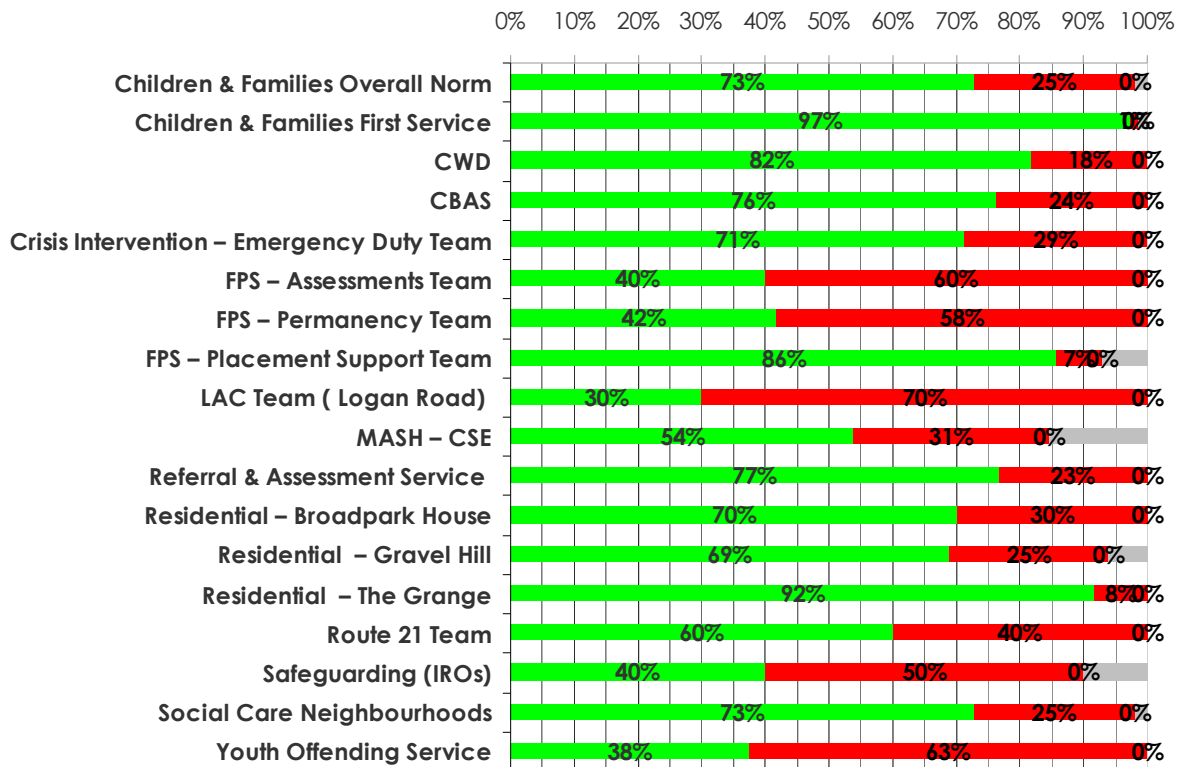
■ Yes    
 ■ No



16. Does your supervisor ...

Yes No

c. give you a written record of your supervision, which includes case discussions if applicable?

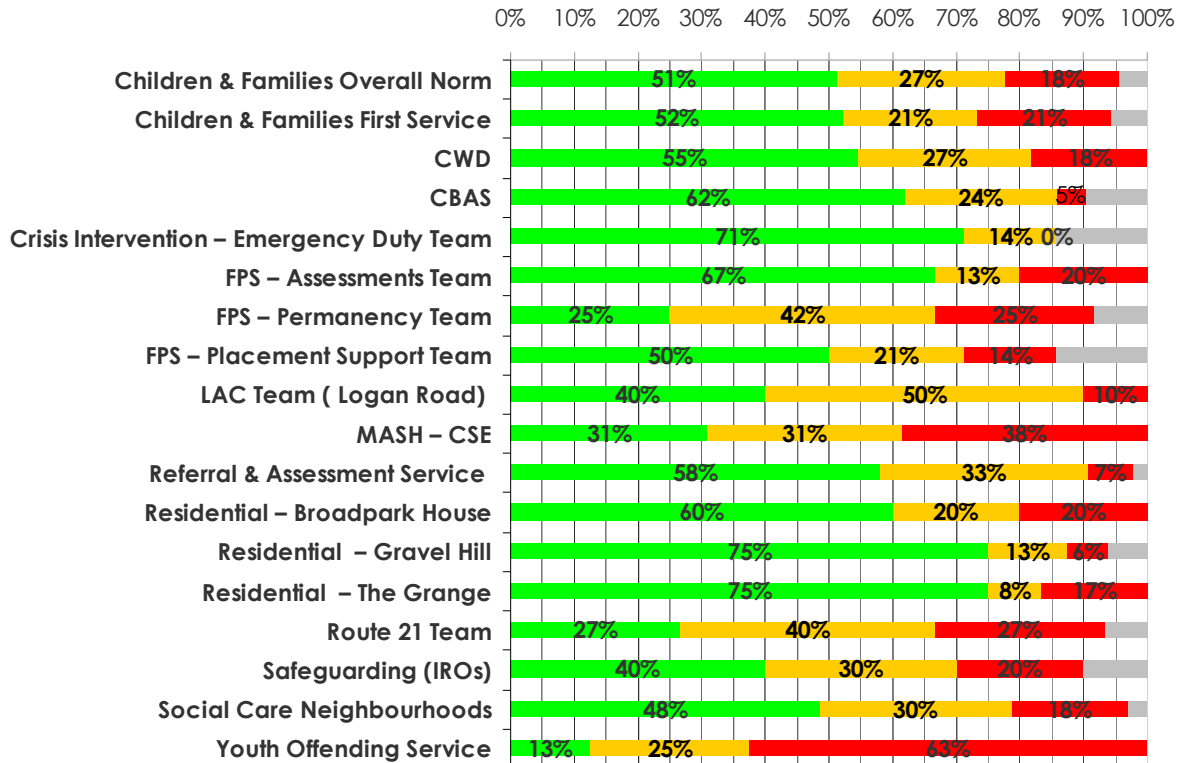


## Additional types of supervision and informal support....

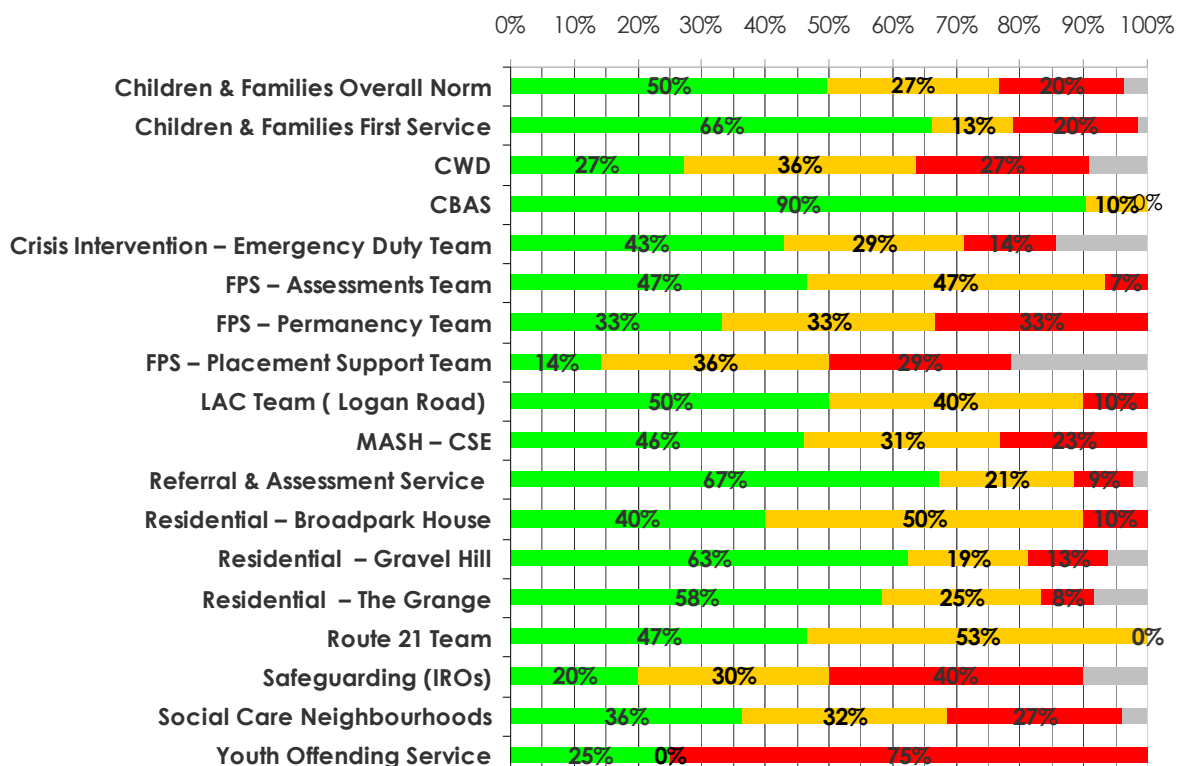
### 17. Do you have sufficient opportunities for other forms of 'informal' supervision including ...

■ Yes     
 ■ Not enough, I'd value more of this     
 ■ Not at all, I'd value this

#### a. Observations by and / or co-working with your supervisor?



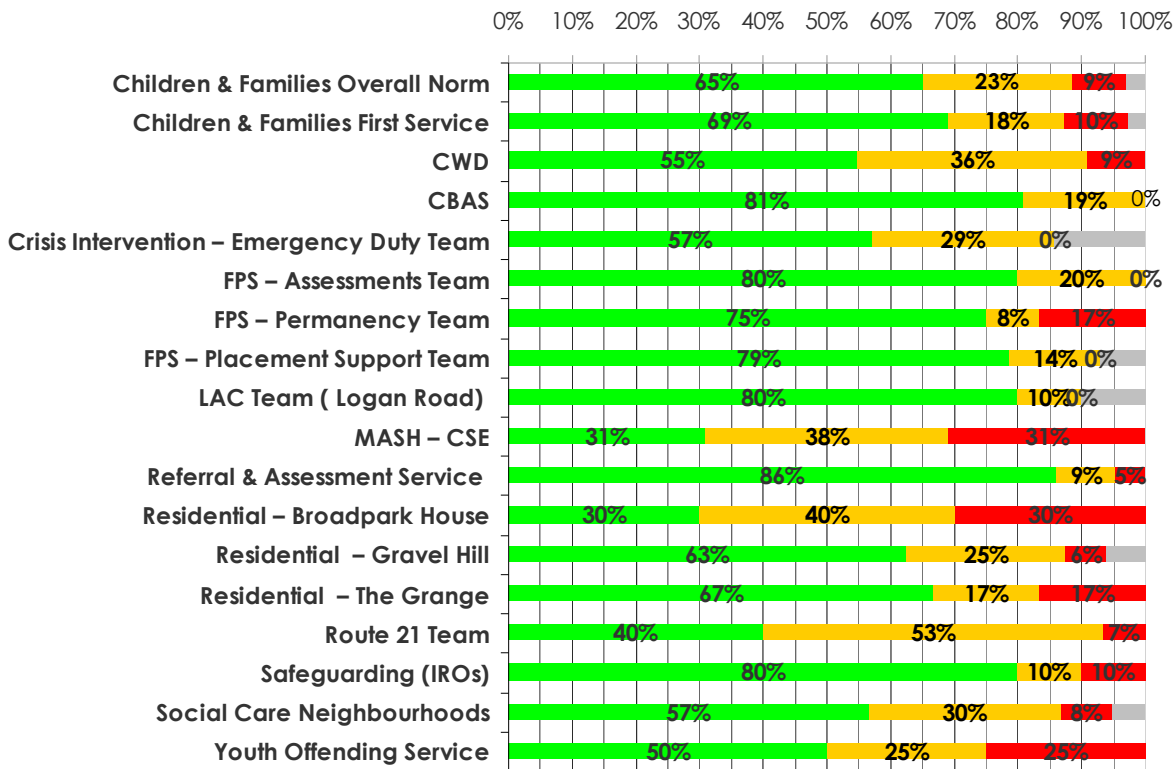
#### b. Group supervision?



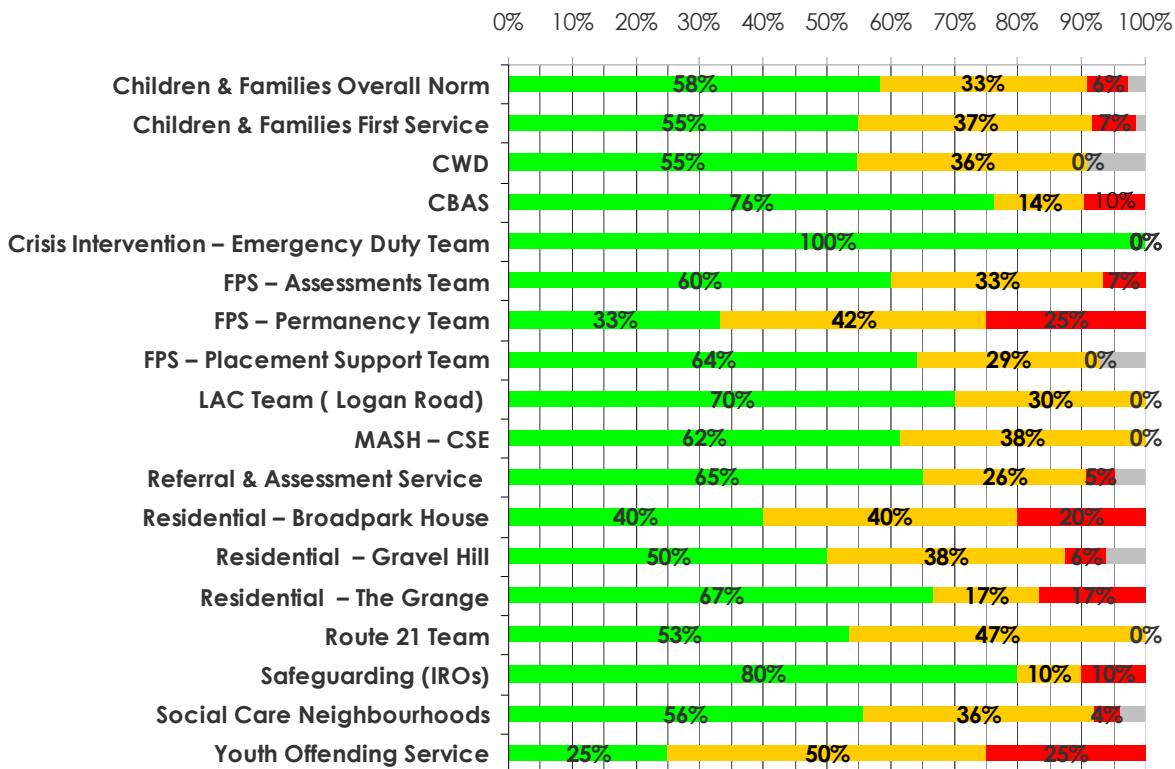
17. Do you have sufficient opportunities for other forms of 'informal' supervision including ...

■ Yes
 ■ Not enough, I'd value more of this
 ■ Not at all, I'd value this

c. Consultation with experienced colleagues, experts?



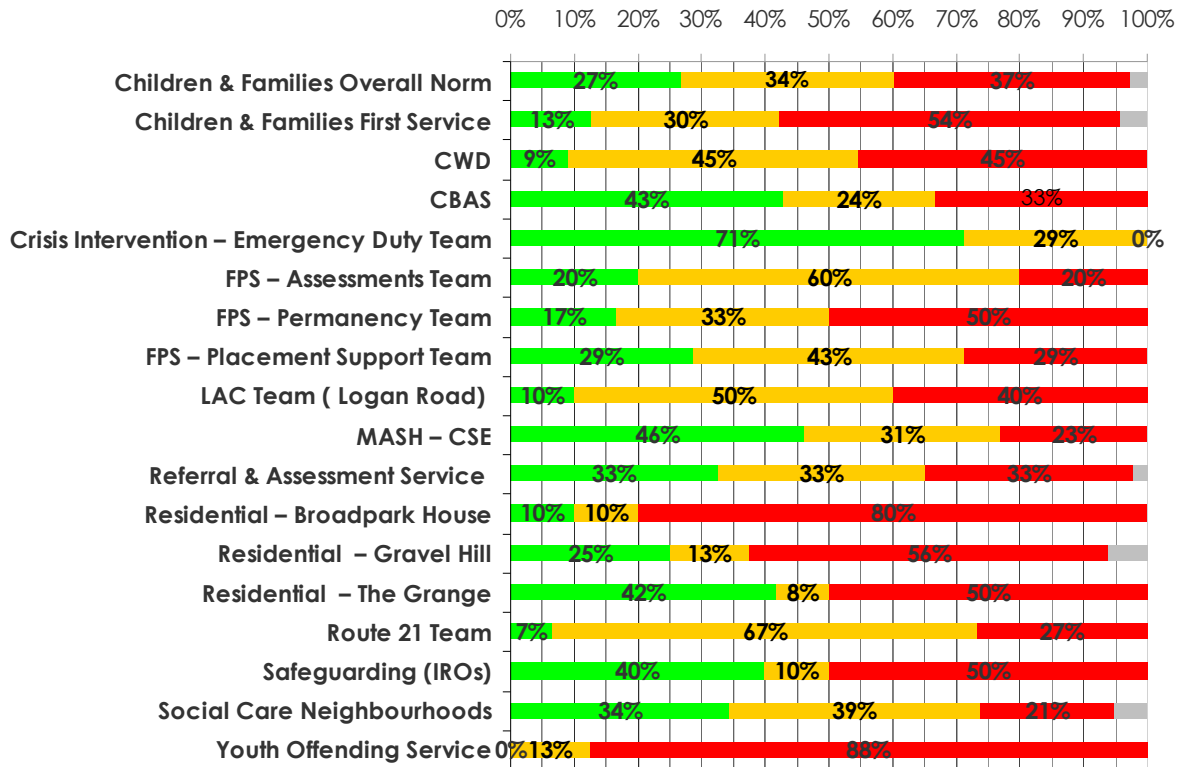
d. Access to research and good practice guidance?



17. Do you have sufficient opportunities for other forms of 'informal' supervision including ...

- Yes I do and I actively use it
- Yes I do but I don't make effective use of it
- No I don't have an account yet

e. Do you have an account for the Research in Practice online resource?



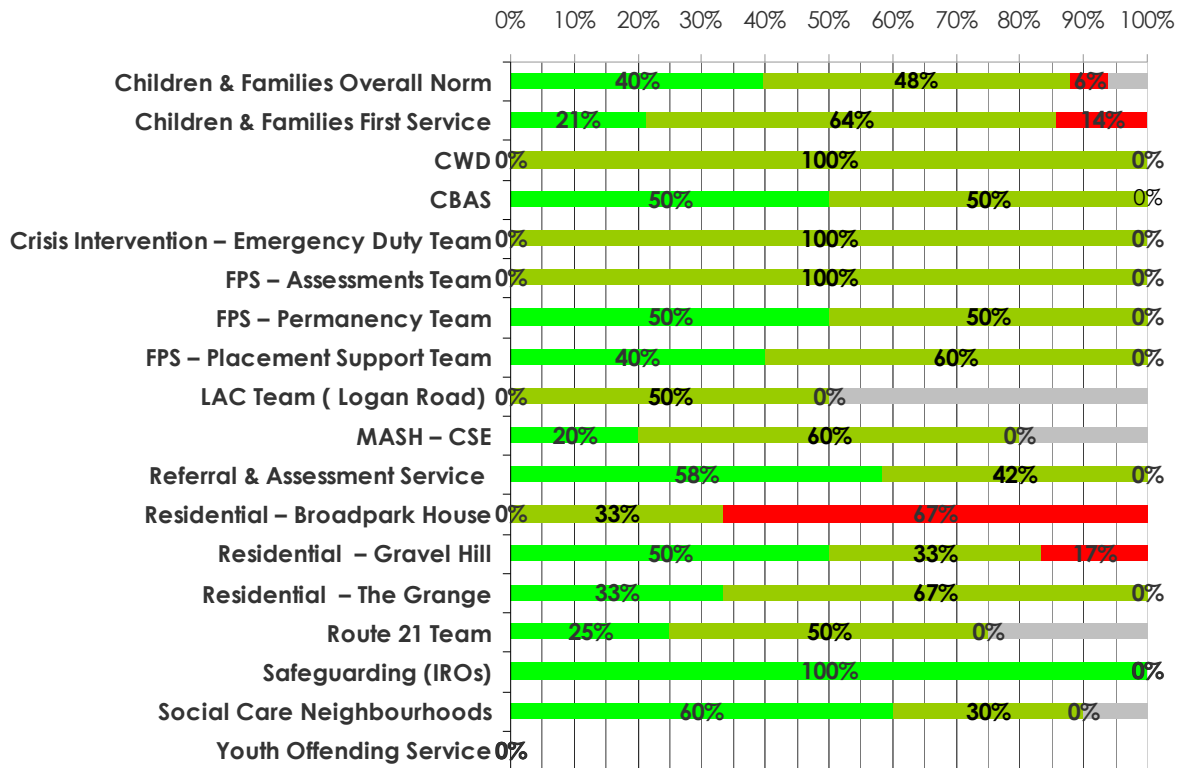


## QUESTIONS FOR SUPERVISORS / MANAGERS in giving formal supervision ...

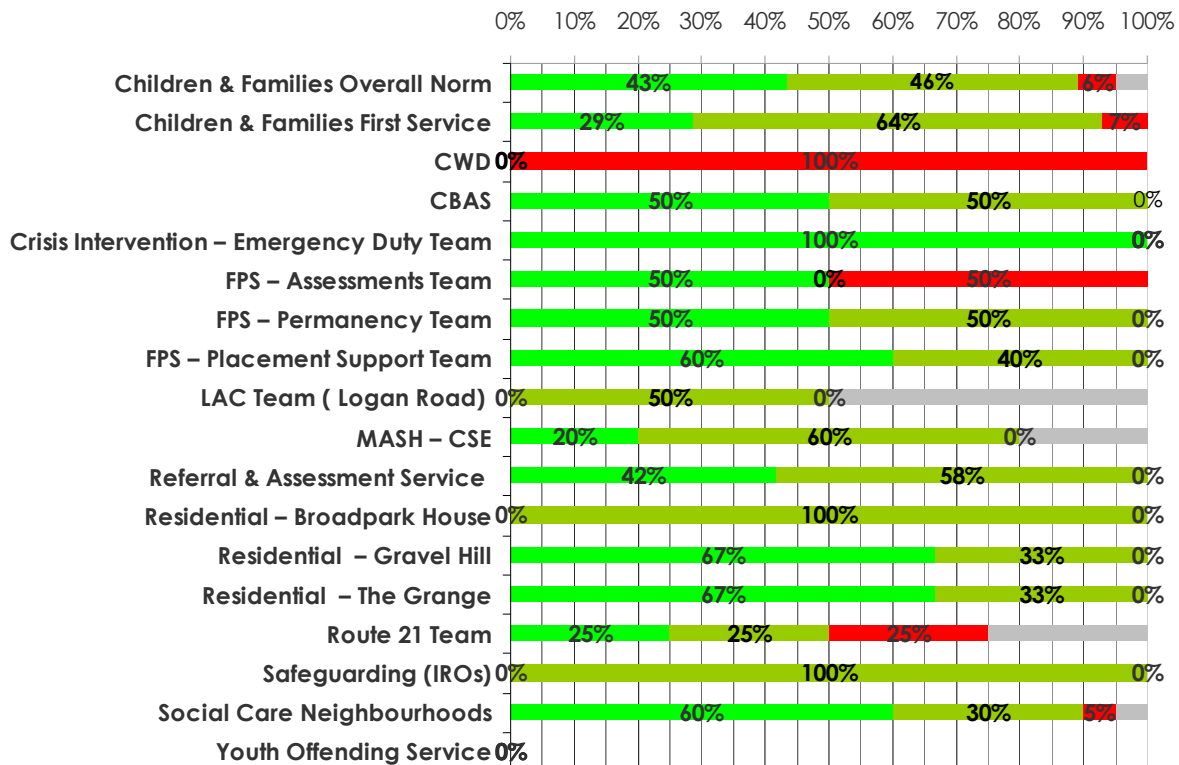
### 18. In terms of carrying out your responsibilities for providing effective supervision ...

■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

#### a. Your staff come well prepared for the meetings?



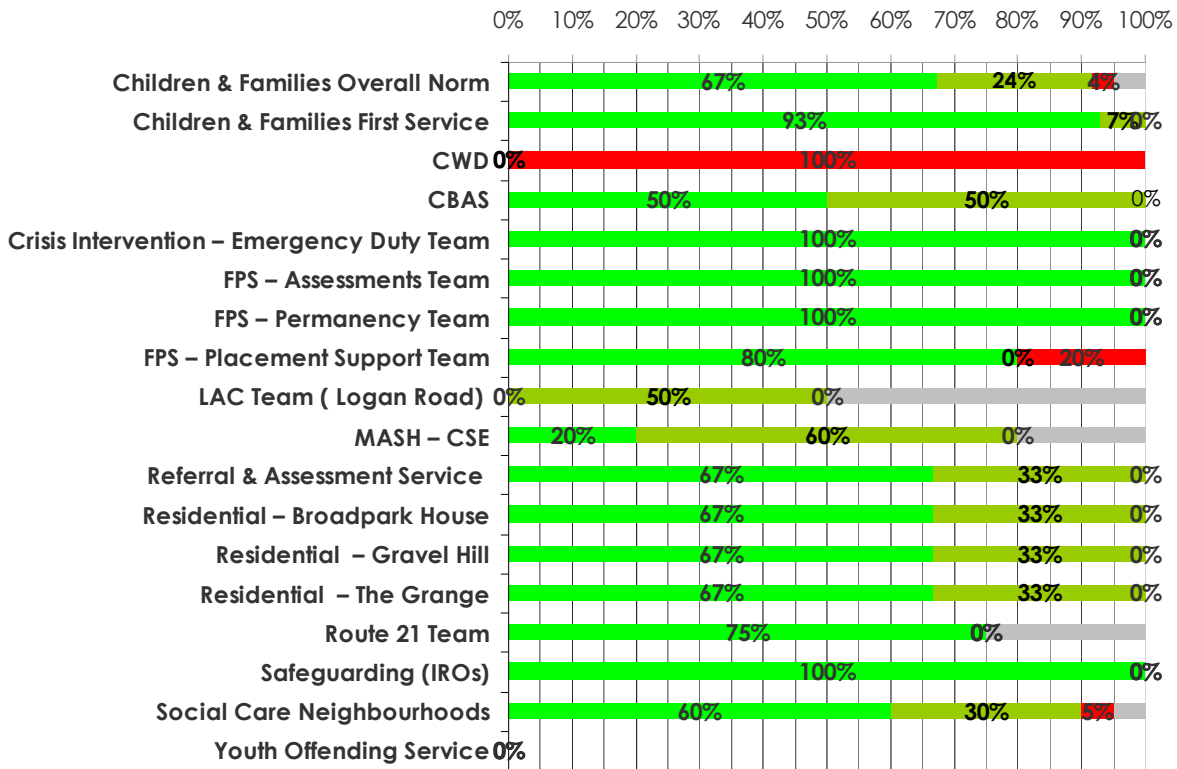
#### b. You are able to prepare well for the meetings?



18. In terms of carrying out your responsibilities for providing effective supervision ...

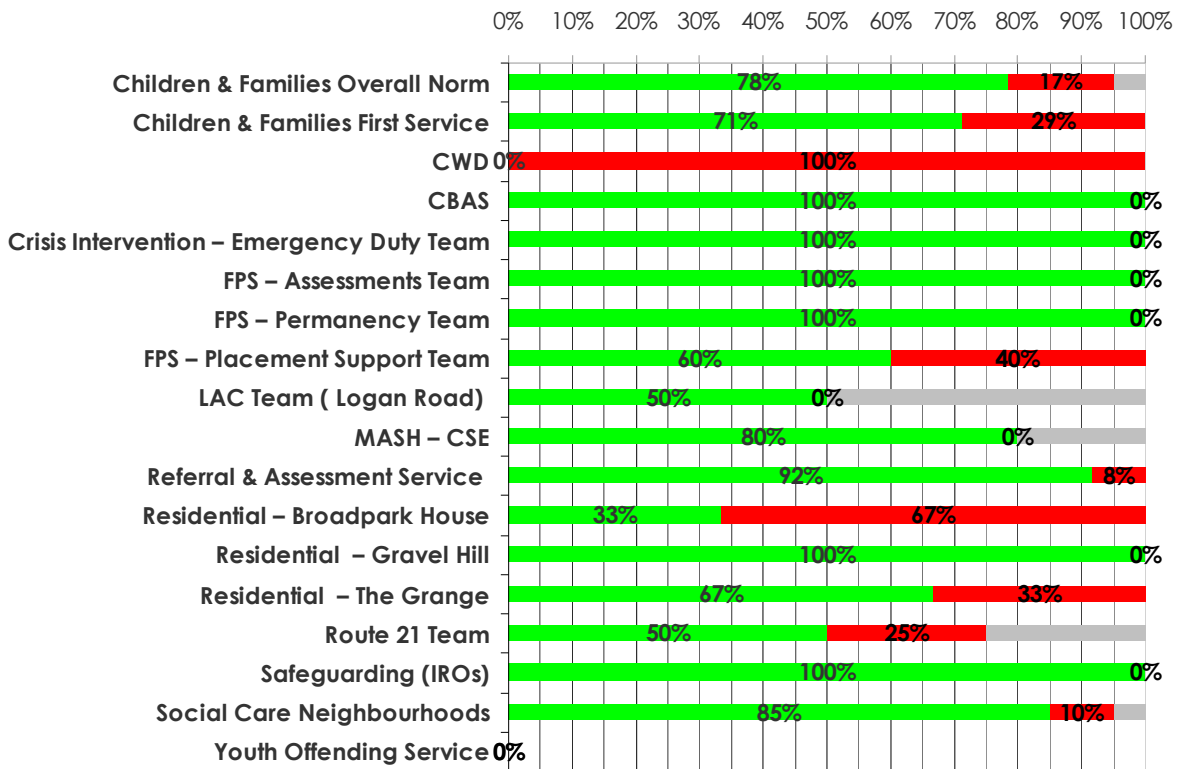
■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

c. You devote sufficient time to the supervision meetings?



d. You are confident you have the skills and abilities to carry out supervision?

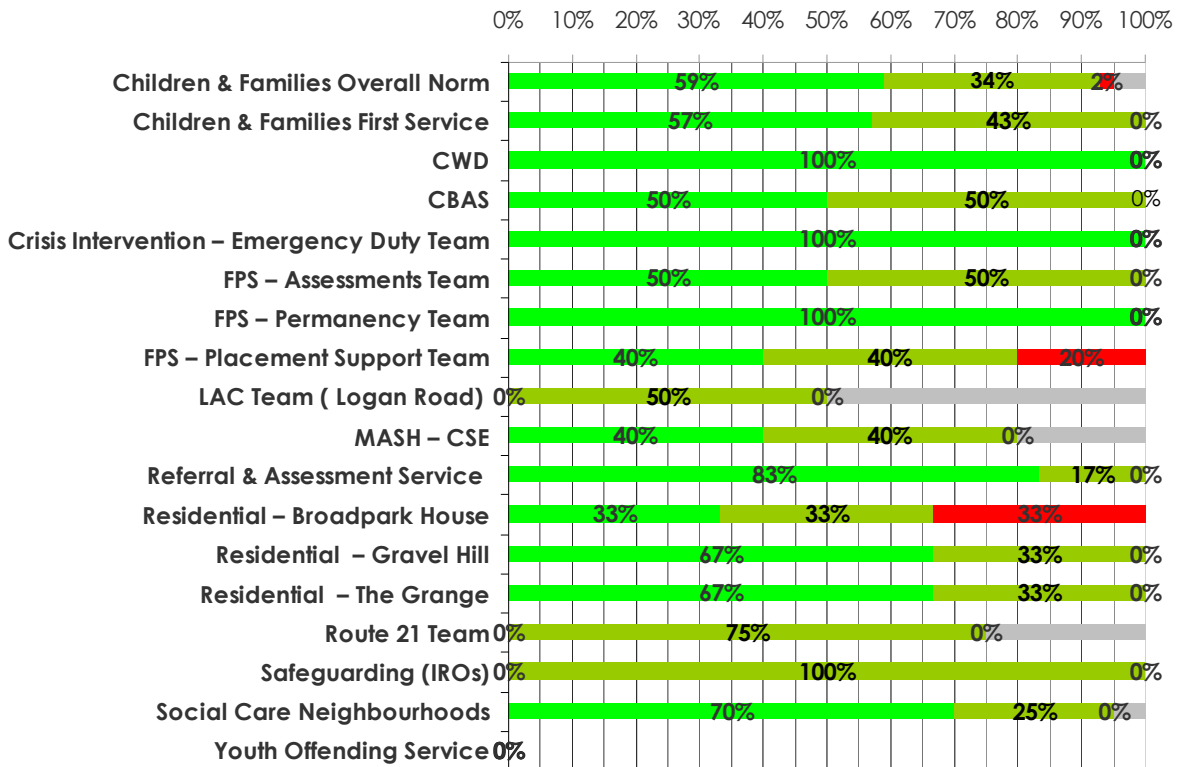
■ Yes, definitely    
 ■ No, I recognise I need to further develop my skills



18. In terms of carrying out your responsibilities for providing effective supervision ...

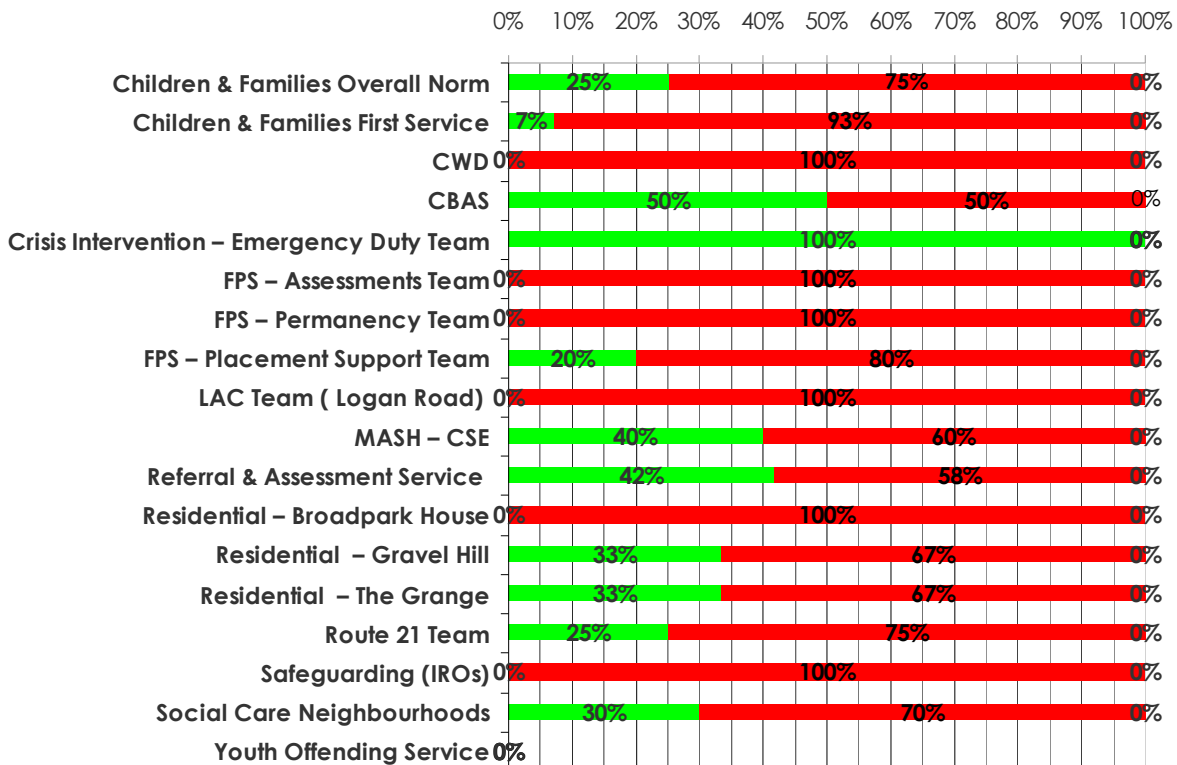
■ Yes, always    
 ■ Most times    
 ■ No, this needs to improve

e. You are achieving the outcomes of effective supervision for your staff?



19. Have you been on the supervision training that's been running this year?

■ Yes,    
 ■ No, not yet

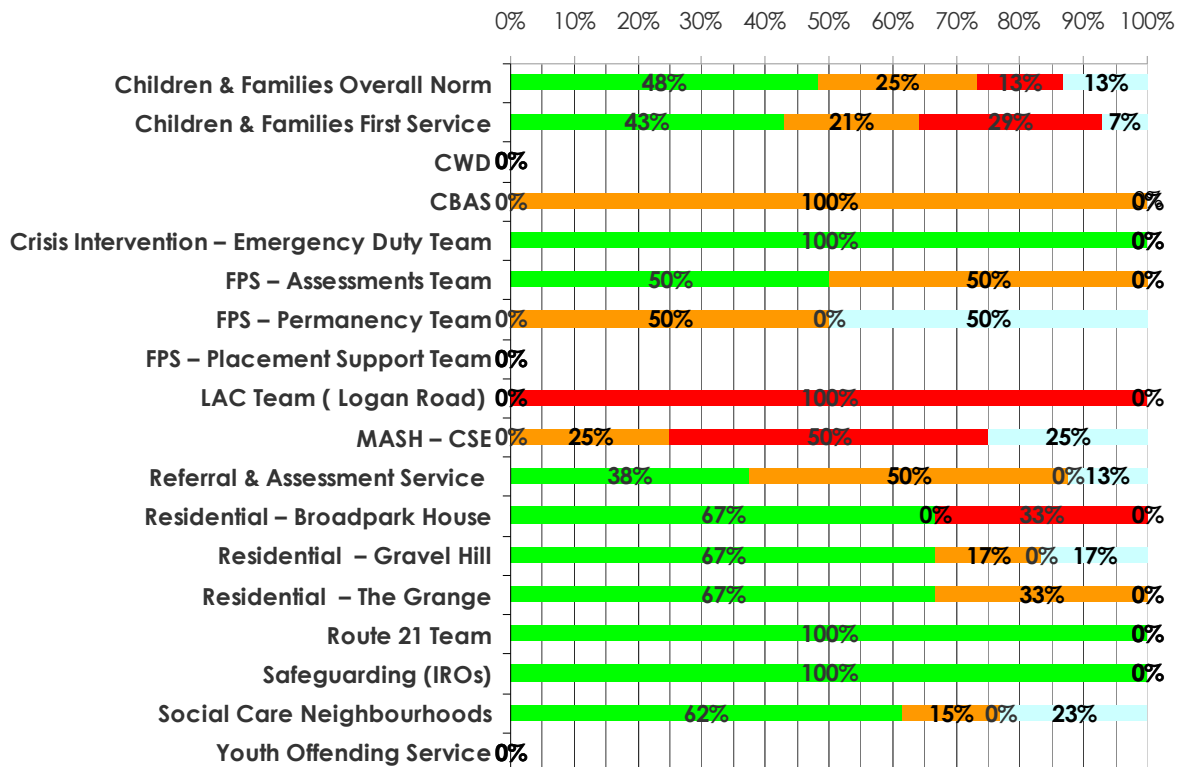


## Questions about your supervision with your manager / service manager / head of service ...

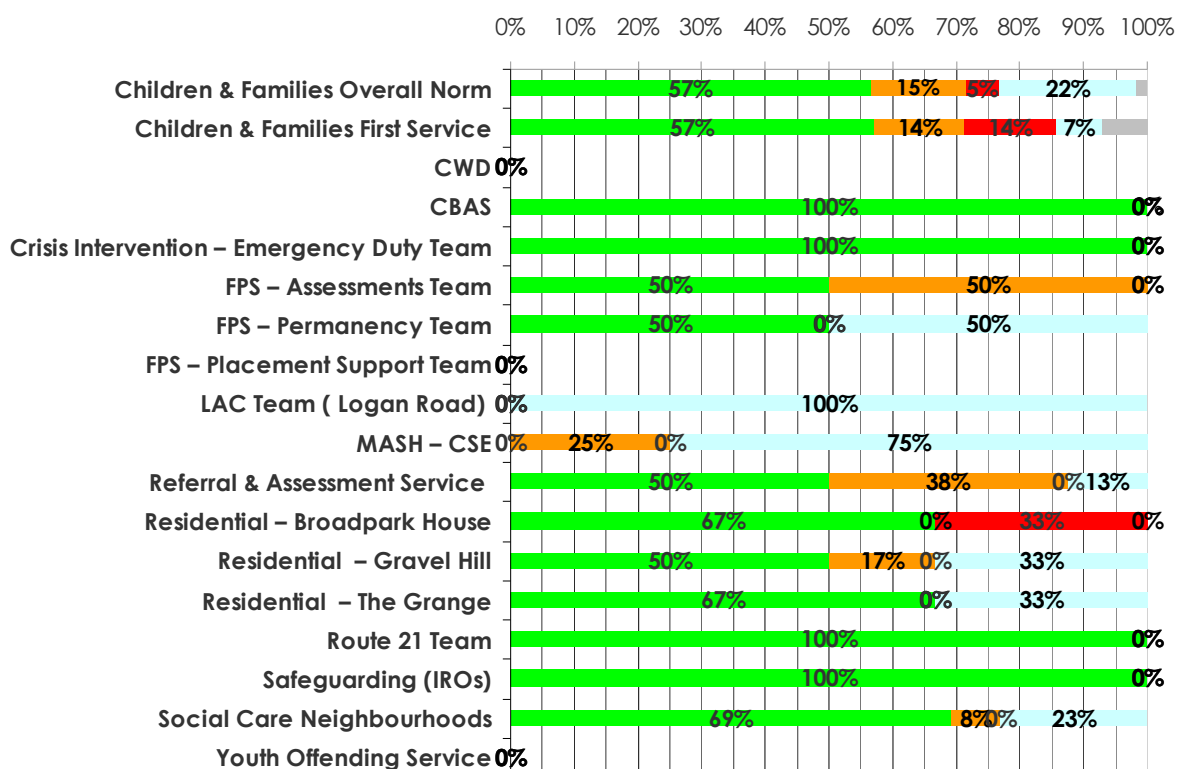
### 20. In terms of carrying out your responsibilities for ensuring effective supervision you ...

■ Yes, regularly   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my management level

#### a. Go through notes from last supervision to ensure identified tasks have been progressed?



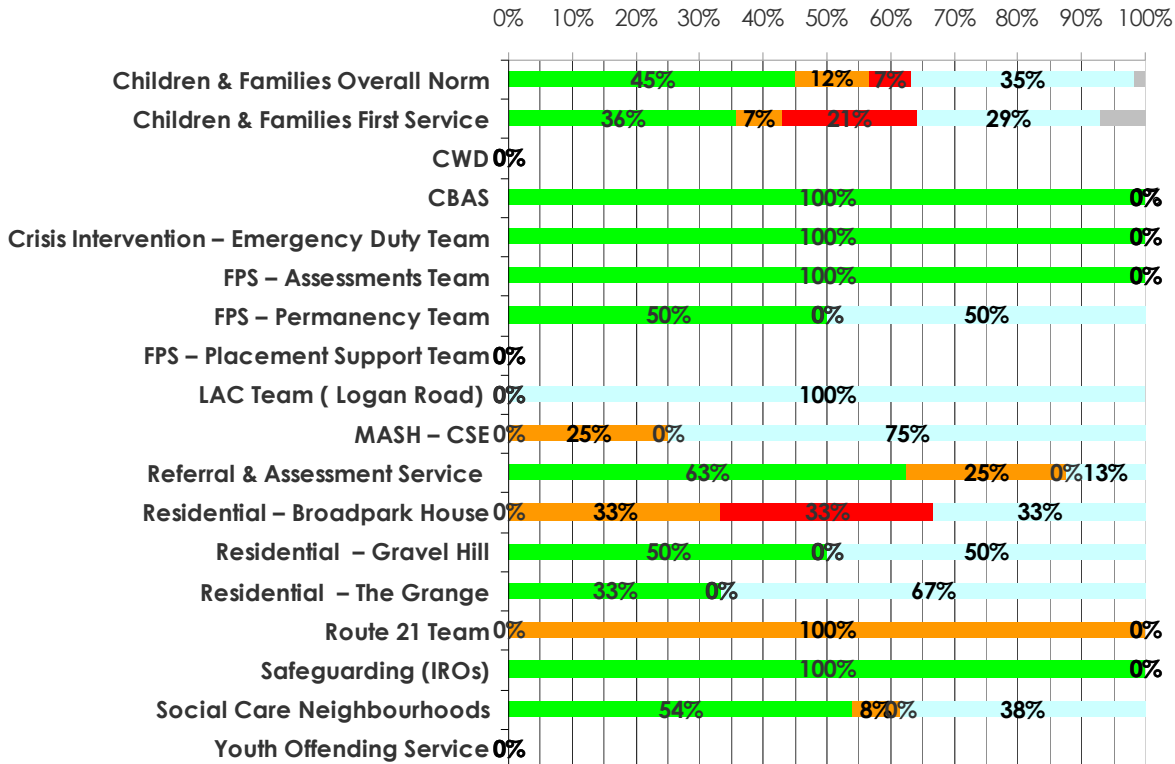
#### b. Discuss allocation of work, including any difficulties in the allocation and how this is to be managed?



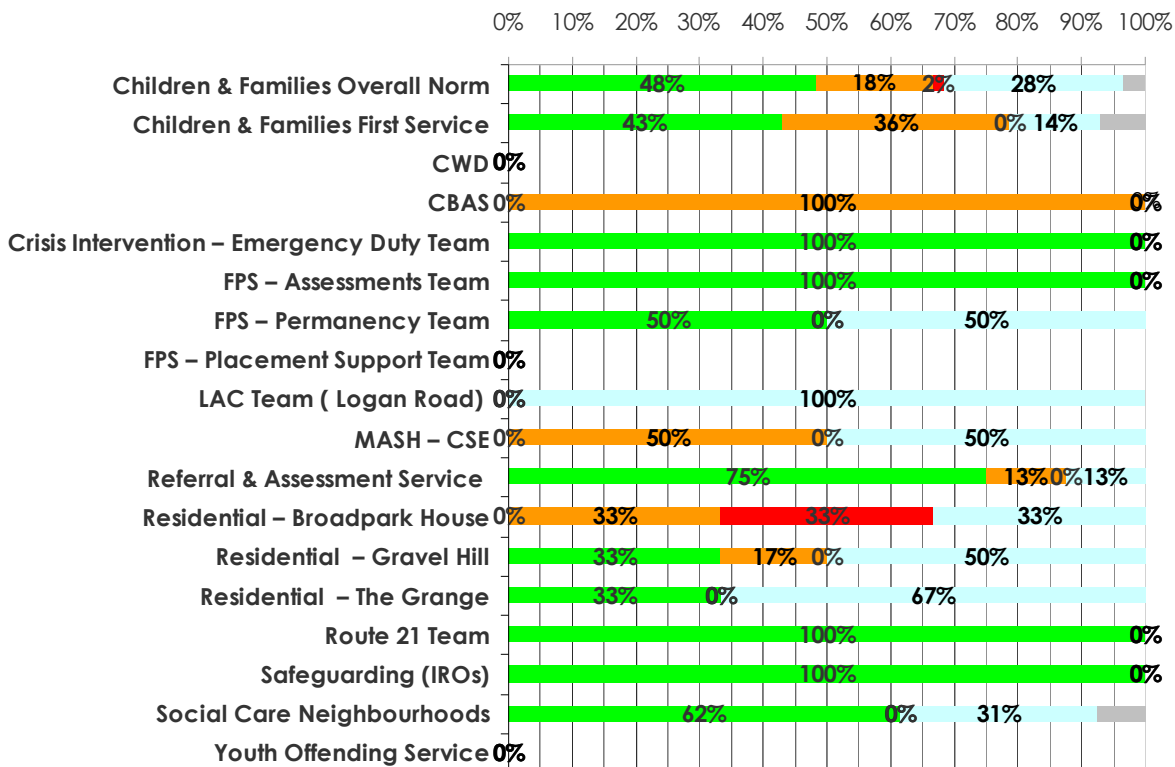
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...

■ Yes, regularly   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my management level

c. Ensure that overall caseloads are being regularly reviewed by managers to establish that cases are being progressed and closed where appropriate?



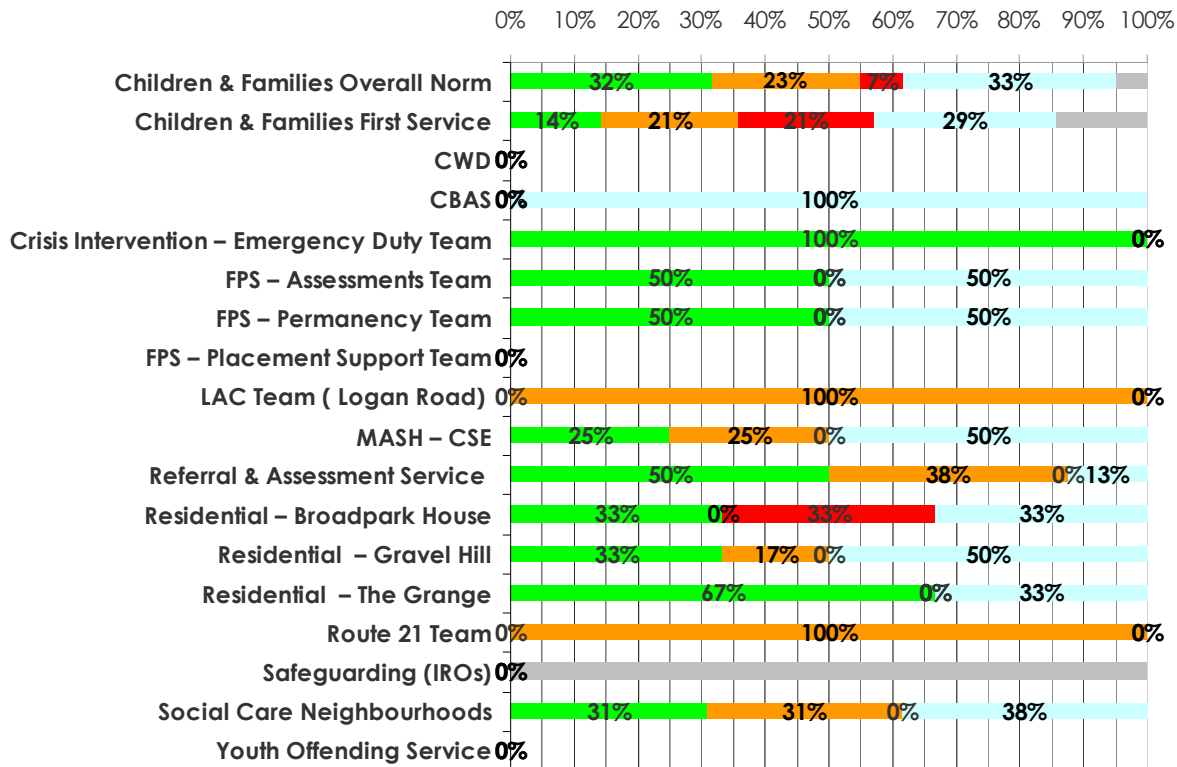
d. Review any specific cases requiring input on decision making?



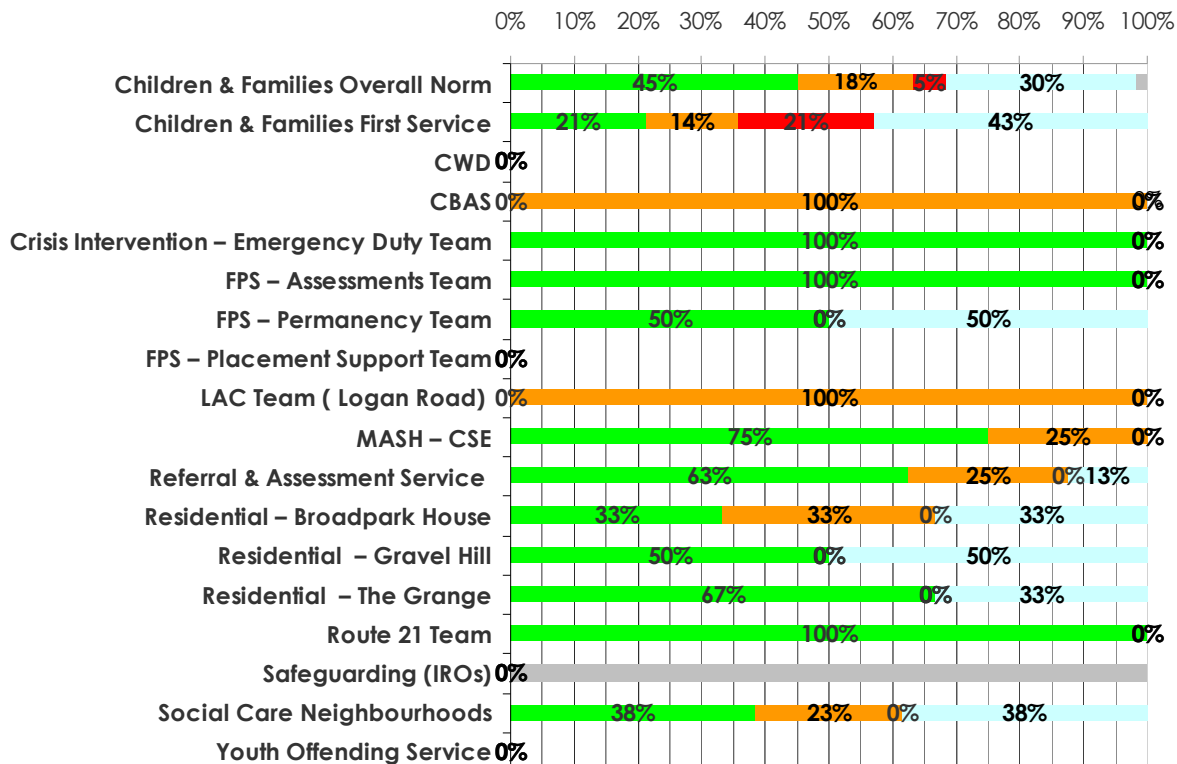
20. In terms of carrying out your responsibilities for ensuring effective supervision you ...

■ Yes, regularly   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my management level

e. Ensure that the voice of the child is evidenced and that children are being seen alone?



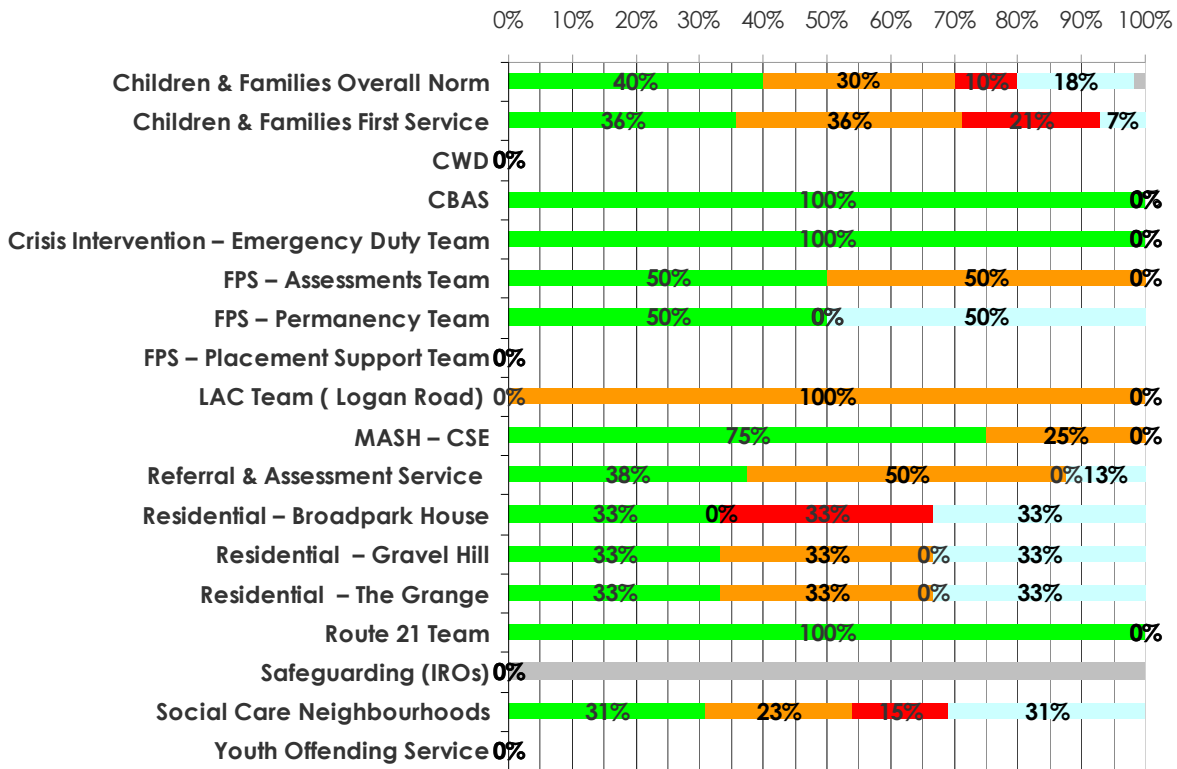
f. Ensure that local and national performance indicators are being adhered to as far as possible?



20. In terms of carrying out your responsibilities for ensuring effective supervision you ...

■ Yes, regularly   
 ■ Sometimes   
 ■ Hardly ever / never   
 ■ Not applicable to my management level

g. Discuss opportunities for improved working arrangements with other parts of service?



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Coventry City Council

## Briefing note

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

**14<sup>th</sup> April 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**

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### **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 30<sup>th</sup> March 2016. The report is based on data from February 2016, unless stated otherwise. The next Improvement Board will be held on 30<sup>th</sup> 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) Note on the outcome of the 18 month DfE review held on 2 February 2016**

### **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 27<sup>th</sup> June 2014. A revised and updated Improvement Plan was published on 10<sup>th</sup> March 2015. The plan has been further updated, and will be published in April 2016.
- 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 30<sup>th</sup> June 2014. The Improvement notice is reviewed every six months by the Department for Education. A six month review took place on 20<sup>th</sup> January 2015 and the twelve month review took place on 30<sup>th</sup> June and 1<sup>st</sup> July 2015. An eighteen month review was held on 2<sup>nd</sup> February 2016.

The Minister has confirmed the outcome of the review in a letter dated 24 February. A summary is provided in Section 5.

- 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 30<sup>th</sup> March 2016.
- 5.2. Outcome of Department for Education Review (DfE)
- 5.3. The outcome of the review completed on 2nd February 2016 was confirmed in a letter from the Minister dated 24<sup>th</sup> February 2016.
- 5.4. The Minister's letter identified the following strengths and areas for development:

##### **Strengths:**

- Clear there has been improvements since Ofsted inspected two years ago
- Improvements particularly with regards to the MASH and the referral and assessment service
- Positive feedback on the newly appointed Director of Children Services
- Welcomed steps taken to improve auditing and quality assurance to have an impact on the quality and consistency of practice although seen too late in the improvement cycle
- Encouraged by looked after children and care leavers spoken to who were aware and had met the Director at the Looked After Children awards ceremony
- Pleased children's voices are heard at all level

**Areas for development:**

- Inconsistent progress
  - Systemic improvements to systems and practice required
  - Concern with the high rising rate of re-referrals to social care
  - Loss of focus and pace in improvement work in 2015 prior to the appointment of new leaders
- Young people felt that further improvements around life story work, bringing their voice further into meetings and all children receive the same quality of care were required
- 5.5. The new leadership is continuing to provide the renewed focus and direction. Middle management teams are stable and committed. The new improvement partners are working at pace to help deliver the improvements and changes required

**6 Theme 1 – Early Help and Partnership**

- 6.1. Coventry City Council Early Help and Prevention Services hold 70% of all CAFs with external agencies making up the other 30%. Further work will be completed to redress the balance in holding CAFs by external agencies and supporting families at lower levels of intervention.
- 6.2. The outcome impact tool will go live on the 4<sup>th</sup> July 2016, when all internal Early Help staff will have been trained, pathways will be in place, mapped against ECAF to ensure robust performance management reporting is available on a monthly basis.
- 6.3. The target to increase the number of CAFs held externally to 40% will remain in place, which equates to approximately a further 500 families being supported by the CAF at level 2. This month a further 2% increase has been realised which is a further 34 CAFs held by non-LA agencies. Health partners have increased CAFs held by 8.4%, which is an improvement on last month.
- 6.4. The Head of Children's Social Care and Head of Early Help have completed an Action plan to address the issues with Step up /step down from Neighbourhoods to Early Help from the Re-referral Audit completed in February 2016. A new process has been developed and will be implemented from the end of March 2016, which will support the processes to step down from the Neighbourhoods.
- 6.5. There has been a steady rise in the percentage of Re-referrals since April 2015 and still remains at 28.9% when comparing the Re-referral rate with Statistical Neighbours and the England average it is high and also higher than in previous years. New processes are in place and progress will reported at the next Improvement Board in May 2016.
- 6.6. The MASH review Action Plan has been formulated and is being implemented.
- 6.7. Contacts in February reduced to its lowest in the last 12 months at 1320. This can be accounted for due to school holidays and also the shorter month. It is still significantly lower than the equivalent time last year. Education is still the main referrer.
- 6.8. There has been a decrease in the overall number of missing episodes at 61, relating to 33 children, of which 22 are Looked After Children (LAC) and 11 are living at home. 22 young people had a return home interview (RHI) – which equates to 64.7%. 72.7% of those RHI completed were in timescale. Further work is on-going to analyse the information contained in the RHI to understand the patterns and trends in respect of missing and to ensure performance is robust.

- 6.9. An update was presented jointly by the Police and Children's Social Care on Child Sexual Exploitation/Children Missing at the Improvement Board on 30<sup>th</sup> March 2016.

## **7 Theme 2 - Local Safeguarding Children Board**

- 7.1. The Local Safeguarding Children's Board 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.

- 7.2. The following progress was reported to the Improvement Board on 30 March 2016:

The final self- evaluation document evidences good progress on completion of improvement action over the last six months. The Board is clear about what needs to be completed over the next six months. There needs to be a strong focus on dissemination of what has been learned from the voice of the child, from SCRs and from Peer Review Panels. New ways of getting the messages to influence practice will be developed and the impact on outcomes for children then will be evaluated. Clearer findings are emerging from the combination of a more focused quality assurance system in CSC with a streamlined multi-agency audit system to keep improving the consistency of practice.

The February peer review panel on families who are hard to engage produced some evidence of good practice across the workforce in engaging families. The Board's multi-agency training on hard to engage families will be revised and given a wider focus. The Local Safeguarding Children's Board will produce a summary overview of practice with some good practice examples and recommendations for all services. These developments will ensure the thinking and learning from the panel is more widely known and influential in developing and improving practice.

The Board's named GP has made very good progress in refining processes between Early Help, Child protection and primary care. The GP lead has also organised safeguarding forums for GP leads and practice managers and evening educational sessions on safeguarding matters. A Frequently Asked Questions in GP Safeguarding document has been developed and helps to guide practices on common problems.

The Board's 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.

At the request of the Chief Executive, the Local Safeguarding Children's Board Chair has agreed to remain in post as Chair until the end of July. This will ensure that there will be a handover period during which the new Chair is inducted.

## **8 Theme 3 - Quality and Effectiveness of Practice**

- 8.1. The Workforce Strategy Action plan is being progressed through a monthly Workforce Board.

- 8.2. The “We’re With You” campaign commenced on 11<sup>th</sup> February and ended on 15<sup>th</sup> March 2016. The 4 week campaign generated over 15,000 clicks via social media links/channels. In addition to the campaign, Sanctuary provided CV’s from experienced social workers from their database.
- 8.3. Coventry also participated in the COMPASS jobs Fair in Birmingham on 16<sup>th</sup> March 2016 and successfully screened a number of candidates interested in social worker posts both experienced social workers and newly qualified.

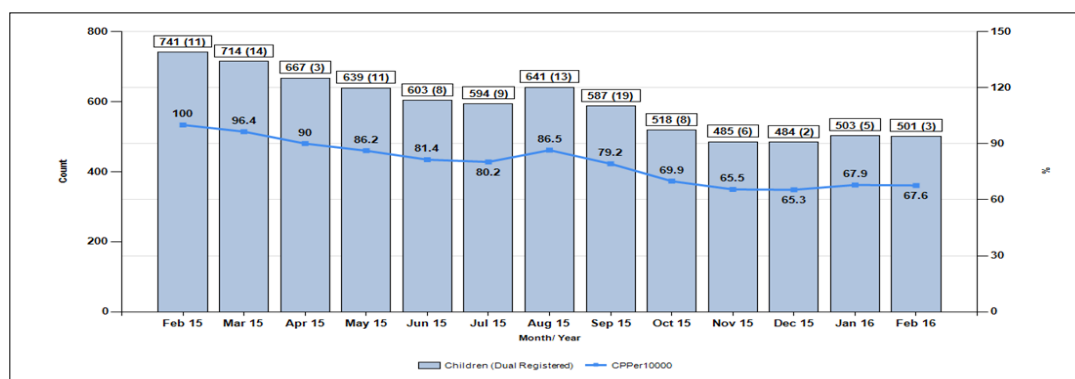
Table 1: Recruitment Activity for the period 11 February – 16 March 2016

Source of recruitment	No. of CV’s received	No. of interviews held up to 16/3/16	No of interviews arranged /in process	No. of offers during this period
TMP Recruitment campaign	17	7	1	2 experienced social workers and 1 Team Manager
Sanctuary	19	11	1	1 experienced social worker
Other agencies	4	1	3	
Internal candidates	5	2	0	1 Team Manager 1 Newly Qualified Social Workers
Compass Jobs Fair	140 people registered on the day	68 informal interview	61 in the process	
NQSW’s applying for posts	26 (3 adult area)	1	22 in process	1 Newly Qualified Social Worker
<b>Total</b>	<b>211</b>	<b>90</b>	<b>88</b>	<b>A total of 8 offers:</b> 3 experienced Social Workers 2 Team Managers 2 Newly Qualified Social Workers

- 8.4. The link to the campaign <http://www.coventryiswithyou.co.uk/> will remain live on West Midlands Jobs. Options are currently being reviewed to develop a microsite in house with the additional resources provided by Workforce Development who have appointed a social media lead.
- 8.5. The review of the campaign was discussed at the Workforce Development Board on 22 March 2016 a range options have been agreed and will be developed further.

The number of children subject to a Child Protection plan has stabilised at 501. Table 2 below highlights numbers over the last 12 months:

Table 2: Child Protection Plans



## **9 Theme 4 - Quality Assurance and Audit**

- 9.1. 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.
- 9.2. Action plans arising from audits are monitored by the Head of Safeguarding and managers are held to account. In February a Placement Stability audit, Annexe A data list audit and the monthly case file audits were completed.
- 9.3. The increase in the cases audited judged to be "inadequate" is a result of a more robust approach to audit. The Director of Children Services expectations alongside audit moderation by the Head of Safeguarding has highlighted weaknesses in auditing as well as practice.
- 9.4. This is likely to continue for some time whilst expectations are re-set and are embedded into practice. The work being undertaken to audit for impact will improve over time but in the short term will highlight greater areas for improvement.
- 9.5. From February, there has also been a change to the Social Care Audit Tool which will provide more information to assist with service improvement.
- 9.6. An audit of the current private fostering arrangements is underway and will be completed by the end of March 2016. Planned audits for the next three months in addition to the regular monthly audits include; supervision audit, section 47 (No further action) outcome, care plans. The outcomes of these audits will continue to inform further development, training and workshops (closing the audit loop).

## **10 Theme 5 - Leadership and Governance**

- 10.1. Average caseloads in Referral and Assessment Service are currently 28, slightly above the target range of 20-25, which is due to the volume of work. Average caseloads in Neighbourhoods are being maintained 17-20, against a target of 20-22.
- 10.2. Caseloads for Independent Reviewing Officers (IRO'S) continue to reduce- average caseloads in February were 65 compared with a peak of 129 in October 2014.
- 10.3. The chart overleaf (Table 3) shows the activity volumes over the last few years across the service up to end of February 2016:

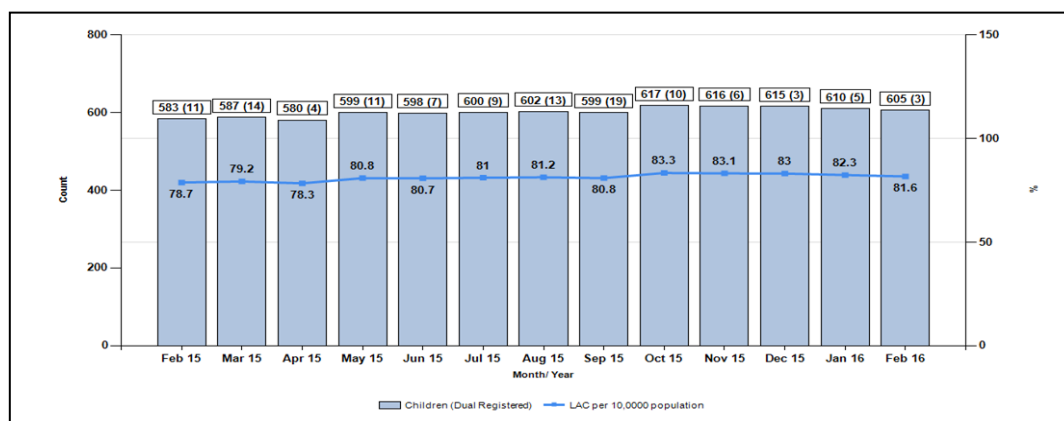
Table 3: Social Care and Early Help activity levels:

	Contacts	Referrals	Child Protection	Looked After Children	Children In Need	CAFs open
Mar-2	1533	405	423	578	1219	1050
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
Feb-16	1320	648	501	605	2502	1947

## 11 Theme 6 - Services for LAC, Care Leavers and Permanency

11.1. Looked After Children numbers reduced in February 2016 to 605 this is partially due to adoption orders secured in January 2016. The table below highlights the direction of travel over the last twelve months.

Table 4: Number of Looked After Children



11.2. The number of children placed in Children's Homes is currently 14.2%, this is above the All England average and above the most recent benchmarking figure for the West Midlands and our Statistical Neighbours plans are in place to reduce this.

11.3. The number of children with 3 or more moves has increased and is above national average. An audit of 25% of children in this cohort has been undertaken and measures are in place to reduce the risk of placement moves.

11.4. During the period February 2015-February 2016, more children are entering care (254) compared with the number leaving care (207) although the number of children entering

care has decreased, not as many children are exiting the care system by virtue of age or other forms of permanency.

- 11.5. The draft Placement Sufficiency Strategy was presented to Improvement Board on 30<sup>th</sup> March 2016 outlining the strategic approach to commissioning placements for looked After Children.
- 11.6. As at 18 March 2016, 52 children have been adopted. 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. The table below highlights the direction of travel over the last few years.

Table 5: Number of Children Adopted

Number of children Adopted	2011/12	2012/13	2013/14	2014/15	2015/16
Number of children adopted	28	40	52	70	As at 31 March 2016, 54 children have been adopted and 33 placed for adoption.

- 11.7. 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.

## 12 Communication

- 12.1. 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 has 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 regular 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







Coventry City Council

## Briefing note

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

**Date: 14<sup>th</sup> April 2016**

**Subject: Work Programme and Review of 2015/16 Scrutiny Activity**

### **1 Purpose of the Note**

- 1.1 To review the work of the Scrutiny Board carried out during the course of the 2015/16 municipal year and identify any priorities or issues for consideration when planning next year's scrutiny work programme.

### **2 Recommendations**

- 2.1 The Scrutiny Board is asked to review the activities and issues covered by the Board during the year and make any comments or recommendations for consideration as part of work programming and planning for the 2016/17 municipal year.

### **3 Information/Background**

- 3.1 During the year, the Board has met eleven times and considered the items set out in the work programme, included in Appendix 1. The Education and Children's Services Scrutiny Board also completed a task and finish group on Supervision of Social Care staff and several reviews of Serious Case Reviews.
- 3.2 To help with the review, it is suggested that the Board include consideration of the following questions:
- 3.2.1 Recognising that the Board cannot cover everything, the work programme was used to prioritise issues for consideration. There are some issues on the work programme that were not covered during the year and some areas of Cabinet Member portfolios that were not addressed. The national and local policy landscape is also constantly changing.  
**Are there any issues that should be given priority for next year?**
- 3.2.2 During the year, Scrutiny Boards have carried out their business through a range of activities including traditional board meetings, task and finish groups and visits. Boards have gathered evidence from and engaged with Cabinet Members, council officers, partner organisations from the public, private and third sectors and members of the public.  
**What has worked most effectively and what should be taken into account when planning arrangements for next year?**

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## Education and Children's Services (2)

Scrutiny Work Programme 2015/16

<b>18 June 2015</b>
Serious Case Review – Child T
Serious Case Review – Child D
<b>2 July 2015</b>
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
<b>10 September 2015</b>
Progress on implementing Special Educational Need and Disabilities Reforms
Adoption Annual Report
Improvement Board Progress Report from 26 August 15 – DfE review report
<b>8 October 2015</b>
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
<b>5 November 2015 – to take place at President Kennedy School</b>
Y6-Y7 Transition – President Kennedy Bridge Project
Education progress and school improvement
Improvement Board Progress Report from 2 October 15
<b>25 November</b>
CAMHS re-modelling – joint with Health and Social Care Board (5)
<b>10 December 2015</b>
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
<b>16 December 2015</b>
Serious Case Review – Child S
LSCB Annual Report
<b>7 January 2016</b>
Progress report of the Multi-Agency Safeguarding Hub
School Place Planning
Process for Appointment of Local Authority Governors
<b>25 February 2016</b>
Children's Social Care Workforce Strategy
School Improvement and Education Progress
Improvement Board Progress Report from 6 January 16

<b>17 March 2016 – to be held at the Central Library</b>
Proposed changes to the Library Service
Voices of Care
Improvement Board Progress Report from 17 February 16
Serious Case Review – Baby C
<b>14 April 2016</b>
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
<b>Date to be decided</b>
Teen pregnancy and PSHE in schools
Consultation on proposed changes to the school transport service.
Health Visiting Contract
<b>Performance Monitoring</b>
Serious Case Reviews
Children’s Centres Performance
<b>Next Municipal Year 16/17</b>
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
Family Drugs and Alcohol Court
‘Stepping Up’ and ‘Stepping Down’ Process
Quality Assurance Auditing
Voices of Care
Young Carers

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
<b>18 June 2015</b>	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	
<b>2 July 2015</b>	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 <sup>th</sup> Feb 15
<b>10 September 2015</b>	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 <sup>th</sup> 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
<b>8 October 2015</b>	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 <sup>th</sup> 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 <sup>th</sup> November 2014

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
	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
<b>5 November 2015 – to take place at President Kennedy School</b>	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
<b>25 November</b>	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 <sup>th</sup> Feb 15
<b>10 December 2015</b>	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



<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
		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
<b>16 December 2015</b>	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
<b>7 January 2016</b>	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
<b>25 February 2016</b>	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

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
<b>17 March 2016 – to be held at the Central Library</b>	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	
<b>14 April 2016</b>	Children’s Services Performance Progress 2015/16	To look at performance data and progress m\de 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	
<b>Date to be decided</b>	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

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
		health visiting contract particularly Health Visitors involvement in CAF's.		2015
<b>Performance Monitoring</b>				
	Serious Case Reviews	SB2 can request progress on action plans following serious case reviews.	Cllr Ruane	
	Children's Centres Performance			
<b>Next Municipal Year 16/17</b>	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

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Source</b>
	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
	Family Drugs and Alcohol Court	Progress on the work of the FDAC	John Gregg	Meeting 17/3/16
	'Stepping Up' and 'Stepping Down' Process	Following the Boards consideration of the SCR on Baby C Members requested more information on the new processes implemented as a result of the recommendations	John Gregg	Meeting 17/3/16
	Quality Assurance Auditing	Following the Boards consideration of the SCR on Baby C Members requested more information on the auditing of case work to ensure consistency and quality of practice	John Gregg	Meeting 17/3/16
	Voices of Care	Members requested regular updates on the work and benefits of the Voices of Care Council, including the results of surveys with LAC	Sheila Bates	Meeting 17/3/16
	Young Carers	Referred from the Corporate Parenting Board, to look at support offered to children and young people who are carers, especially those that are children in need, child protection or who come into care because of the health of their parents.		