



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 9th April, 2018

Place

Committee Room 3 - Council House

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 14)
 - (a) To agree the minutes of the meeting held on 5th February, 2018
 - (b) Matters Arising

Development Items

4. **Chair's Update**

The Chair, Councillor Caan will report at the meeting
5. **Towards a Placed Based Approach for the Joint Strategic Needs Assessment** (Pages 15 - 40)

Report and presentation of Liz Gaulton, Acting Director of Public Health
6. **Coventry and Rugby Clinical Commissioning Group (CCG) Commissioning Intentions 2018/19**

Presentation by Coventry and Rugby CCG
7. **Update from Place Forum**

Presentation by Liz Gaulton, Acting Director of Public Health
8. **Better Health, Better Care and Better Value Programme Update** (Pages 41 - 58)

Report of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW)

Liz Gaulton, Acting Director of Public Health will report on the Proactive and Preventative Workstream

Andrea Green, Coventry and Rugby CCG will provide an update on the Proposals for Improved Stroke Services

Governance Items

9. **Care Quality Commission Local System Review**

Pete Fahy, Director of Adult Services, will report at the meeting

10. **The Year for Suicide Safer Coventry - One Year Update Report from the Suicide Prevention Strategy** (Pages 59 - 66)

Report of Jane Fowles, Consultant in Public Health

11. **Coventry Parenting Strategy 2018 - 2023** (Pages 67 - 128)

Report of Sue Frossell, Consultant in Public Health

12. **Any other items of public business**

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

Private Business

Nil

Martin Yardley, Executive Director, Place, Council House Coventry

Friday, 30 March 2018

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: liz.knight@coventry.gov.uk

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), G Daly, R Danter, B Diamond, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, J Mason, C Meyer, M O'Hara, G Quinton, S Raistrick, M Reeves, Cllr E Ruane and Cllr K Taylor

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.

Liz Knight
Telephone: (024) 7683 3073
e-mail: liz.knight@coventry.gov.uk

This page is intentionally left blank

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 5 February 2018

Present:

Board Members: Councillor Abbott
Councillor Caan (Chair)
Councillor Duggins
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Professor Guy Daly, Coventry University
Ben Diamond, West Midlands Fire Service
Simon Gilby, Coventry and Warwickshire Partnership
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Mike O'Hara, West Midlands Police
Martin Reeves, Chief Executive

Employees (by Directorate):

Place: L Knight
People: P Fahy
J Fowles
C Hickin
C Ryder
T Wukics

Apologies: Dr Adrian Canale-Parola, Coventry and Rugby CCG
Liz Gaulton, Acting Director of Public Health
Gail Quinton, Deputy Chief Executive (People)

Public Business

31. Dr Adrian Canale-Parola

The Chair, Councillor Caan informed the Board that this was the last formal meeting of the Board for the Deputy Chair, Dr Adrian Canale-Parola, Coventry and Rugby CCG, whose term of office as Chair of the CCG was due to expire on 31st March. He placed on record his thanks for all the work and support of Dr Canale-Parola during his time as a member of the Board including his significant contribution to the work of the joint Boards, wishing him well for the future.

32. Chief Superintendent Mike O'Hara

The Chair, Councillor Caan welcomed Chief Superintendent Mike O'Hara, West Midlands Police who was attending his first meeting of the Board.

33. **Declarations of Interest**

There were no declarations of interest.

34. **Minutes of Previous Meeting**

The minutes of the meeting held on 27th November, 2017 were signed as a true record. There were no matters arising.

35. **Chair's Update**

The Chair, Councillor Caan reported on the successful opening of the new state of the art Health and Science building at Coventry University by the Duke and Duchess of Cambridge on 16th January, 2018. The new facility included a hospital ward and ambulance simulation, along with rehabilitation, occupational health and other health disciplines for use by students, researchers and the community. The new laboratories and teaching spaces were part of the University's work to help bring new talent to the city which could only enhance the support for the future health and wellbeing of Coventry residents.

Councillor Caan also referred to the launch of Coventry on the Move in Parks on 19th January at Morris Common. This was a city wide initiative to encourage more people to get active in their park or green space. The initiative would cover 44 walking and running routes and among the first to be developed was Stoke Heath Sports Ground (Morris Common). Each route had a series of distance markers so people could check how far they had been travelling. Councillor Caan indicated that he was hoping that local GPs would encourage patients to become involved in the initiative.

Councillor Caan drew attention to the next Coventry and Warwickshire Health and Wellbeing Development session which was due to take place on 7th March. Calendar invites were being circulated. Moving forward it was the intention that the joint sessions be held on a quarterly basis.

36. **Better Health, Better Care and Better Value Programme Update**

The Board considered a report of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) which provided an update on the Better Health, Better Care, Better Value programme and workstreams.

The report highlighted that the Programme Management Office was now in place and this would strengthen the governance processes and provide assurance of delivery to the Better Health, Better Care, Better Value Board and NHS England. Following the recent Health and Wellbeing summit 'Bringing our Concordat to Life', it was the intention to use the Upscaling pilot as a catalyst for place-based care, putting prevention at the heart of all change programmes.

The report set out progress with the following transformational and enabling workstreams:

Transformational
Upscaling Prevention

Planned Care
Urgent and Emergency Care
Maternity and Paediatrics
Mental Health and Emotional Wellbeing
Productivity and Efficiency

Enabling
Estates
Digital Health
Workforce

The Board noted that the 'Proactive and Preventative Care' workstream had now been renamed 'Upscaling Prevention' to reflect putting prevention and self-help at the centre of all programmes of work, with a focus on place-based outcomes of care. The year 2021 was to be a Year of Wellbeing for Coventry and Warwickshire, to run alongside the UK City of Culture. In relation to Urgent and Emergency Care, the report highlighted the work being undertaken and the measures being implemented to address winter pressures. Concerning the Maternity and Paediatrics workstream, the Maternity Transformation Plan was being refreshed prior to its submission to the Better Health, Better Care, Better Value Board and then the regional Maternity Transformation Board in February.

With reference to the Digital Health workstream, in November it was announced that STP would receive a share of £3.5b funding to provide an integrated information system between primary care and trusts linked to the Out of Hospital programme. UHCW Trust had gone out to tender for the procurement of an Electronic Patient Record.

Andy Hardy informed the Board that STPs were now to be referred to as integrated care systems. There was to be a move away from accountable care organisations since these meant different things to different people. At an event the previous week Simon Stevens, Chief Executive of NHS England had highlighted that place based planning was to be the way forward. Coventry and Warwickshire were well positioned with all patients' acute needs being met within the footprint. The Board were informed of the intention to hold a Joint Coventry and Warwickshire Health Overview Scrutiny Committee meeting on 27th February to consider the proposals for Stroke Services.

Members raised a number of issues including how to move forward from the current position and the plans for engagement with the wider system. Discussion centred around the rebranding of the STP.

RESOLVED that the content of the report be noted.

37. **Health and Wellbeing Strategy Update - Progress Update on Coventry's Marmot City Strategy 2016-2019**

The Board received a report and presentation from Ben Diamond, West Midlands Fire Service and Co-Chair of the Marmot Steering Group which provided a progress update on the first priority of the Coventry Health and Wellbeing Strategy 'Working together as a Marmot City to reduce health and Wellbeing inequalities'.

Following on from the last report to the Board in July 2017, the update report covered the progress made against the programme indicators for the first two quarters of 2017/18. The Marmot Steering Group had continued to meet once a quarter receiving updates from partners, discussing progress and identifying areas for development and partnership working. Reference was made to the continuing strong commitment to the Marmot programme from the City Council and its partners on the Steering Groups.

The Marmot Action Plan set out ways in which partners and other stakeholders would work to achieve the key priorities of tackling inequalities disproportionately affecting young people and driving good growth in Coventry. A copy of the Action Plan was set out at an appendix to the report. Progress against the indicators in the first six months could be seen through a range of projects including:

- 148 young people with disabilities or health problems accessing Ambition Coventry work coaches against an annual target of 170
- 485 16-24 year olds not in education, employment or training who were supported by the Ambition Coventry programme against an annual target of 777
- 127 new clients accessing CRASAC's counselling service and helpline, aged 25 and under (annual target 183)
- 590 people supported into employment by the Coventry Job Shop (annual target 1200)
- Coventry and Warwickshire Chamber of Commerce working with local businesses to address issues around domestic violence and its impact on the workplace
- A successful pilot project run by DWP to co-locate a job coach in a GP surgery.

The report highlighted the next steps for the Marmot Group as follows:

- Review apprenticeships across the city to work with partners such as the Employment Team, Education and the Chamber to explore potential ways of working to increase the number of people accessing apprenticeships
- Review the membership of the Marmot Steering Group to ensure it is fit for purpose and that relevant representatives are included
- Review and refresh the Marmot Action Plan
- Work with Public Health England and University College London to undertake a wide ranging evaluation of the impact of the Marmot work.

The presentation provided detailed information on the Supporting Young People priorities and achievements and the Good Growth priorities and achievements. The presentation concluded with the next steps to be undertaken.

RESOLVED that:

(1) The progress made to date against the Marmot Action Plan to reduce inequalities in Coventry be endorsed.

(2) Approval be given to receive progress updates from the Marmot Steering Group every six months.

38. **Coventry Domestic Abuse Strategy 2018 - 2021**

The Board considered a report of Liz Gaulton, Acting Director of Public Health and Craig Hickin, Head of Environmental Services which sought approval for the draft Coventry Domestic Abuse Strategy for 2018-2021, a copy of which was set out at an appendix to the report.

The report highlighted that the annual cost of domestic abuse in Coventry was estimated to be £34.8m.

The strategy had been drafted by a multi-agency working group and it was anticipated that the strategy and a wider needs analysis would inform recommissioning of the domestic abuse services. An action plan would support implementation of the strategy. The action plan and further data was set out at appendices to the strategy.

The strategy covered domestic abuse including honour based violence and forced marriage which were both defined as forms of domestic violence and abuse. The strategy acknowledged that while anyone could experience domestic abuse, there were certain characteristics that could increase a person's risk, its effects, and/or create barriers to accessing help and support. The strategy acknowledged that while anyone could experience domestic abuse, there were certain characteristics which could increase a person's risk, its effects, and/or create barriers to accessing help and support. The following groups were identified as falling within these categories: children; older people; adults with care and support needs, including disabled people; men; lesbian, gay, bisexual and transgender; black, Asian minority ethnic and refugees; and people with mental illness and /or substance misuse problems.

The Board noted that the strategy had been informed by engagement with a wide number of stakeholders. A co-design event had been held with professional stakeholders to discuss priorities, identify any gaps and suggest how the strategy could address them. The key issues raised were detailed. Targeted engagement with young people aged 15-18 had taken place through the Positive Youth Foundation by convening a focus group, while the adults with care and support needs were surveyed through Grapevine.

The following priorities areas were to be taken forward through the strategy and had been developed using the Government's Contest model:

- Prepare – the development of a strong governance and service commission structure to provide high quality, equitable services that were shaped around the needs of victims, ensuring that their voices were heard and responded to
- Prevent – a long term approach to improve awareness, understanding and early identification of abuse at all levels of society. Victims would be empowered to report and staff would be given the skills and confidence. Interventions tailored to victims at all levels of risk with a range of needs would help to break the intergenerational cycle of abuse and minimise repeat victimisation
- Protect – there would be effective information sharing and referral pathways between key agencies, breaking down organisational barriers

to ensure victims of abuse were identified and protected. The safety of victims, and that of their children (where relevant) would be paramount. Victims would be supported to access safe and appropriate accommodation and safeguarding procedures would be robustly implemented to ensure that children and vulnerable adults were protected, and that the voice of the child was always heard

- Pursue – an approach centred on achieving justice and positive outcomes for victims, including reductions in offending. There would be better understanding of perpetrator risk to support the use of court and out of court disposals so that they were held accountable for their actions and appropriately supported to understand and change their offending behaviour.

The report set out the outcomes for each of the four priority areas including how the outcomes would be achieved.

The Board noted the membership of the Domestic Abuse Working Group. It was proposed that the Working Group would become a Steering Group to support the recommissioning of the Domestic Abuse Service in 2018 and to implement the Strategy's action plan. The Board also noted the dates of meetings of other local Boards where the strategy was to be submitted for approval. It was anticipated that the strategy would be launched in April.

Members discussed the issues raised by the report including the scale of the problem in Coventry. The Chair, Councillor Caan asked members to share the strategy within their organisations.

RESOLVED that:

(1) The Coventry Domestic Abuse Strategy 2018-2021 be endorsed.

(2) Members be requested to share the strategy within their organisations.

39. Coventry Pharmaceutical Needs Assessment (PNA) Update

The Board considered a report and received a presentation of Jane Fowles, Consultant in Public Health Medicine and Co-Chair of the Pharmaceutical Needs Assessment Steering Group which provided a progress update on the draft Pharmaceutical Needs Assessment (PNA) for Coventry. Information was provided on the key findings from the draft PNA and the statutory consultation. The PNA was undertaken by NHS Midlands and Lancashire Commissioning Support Unit who were jointly commissioned by Coventry and Warwickshire Councils and overseen by a Steering Group of partners.

The report highlighted that local Health and Wellbeing Boards had statutory responsibility for the publications of PNAs every three years. The next Coventry PNA was due for publication by April 2018. The Coventry PNA considered current and future provision of services from community pharmacy in relation to local health needs. It aimed to assess if there were enough pharmacies throughout the city, located in areas of need and offering a range of suitable services tailored to local need and wider service provision. The PNA was used by NHS England when deciding if new pharmacies or dispensing GPs were needed.

The draft PNA was informed by a range of activities including a survey of local pharmacies, a recent Healthwatch report, a bespoke public consultation survey and local commissioning intelligence. There was a statutory requirement for a 60 day consultation which was currently underway.

The report set out the key finding from the draft PNA relating to access to pharmacy services; essential services; advanced services; locally commissioned services; and healthy living pharmacies. In summary the findings were:

- There were currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA
- Awareness of pharmacy opening hours and services offered could be improved
- Public survey results showed that there was high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP (Healthy Living Pharmacies) framework offered a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients.

The Board noted that the PNA was due to be published by 1st April, 2018.

The presentation set out the purpose of the PNA; explained how the PNA was informed; highlighted the key findings and recommendations, informed of the statutory consultation; and concluded with the recommendations for the Board.

Members raised a number of issues in response to the presentation including expressing support for the draft PNA; the positive experience of being a representative on the Steering Group; an assurance that there was not any duplication of services; the potential for pharmacists to be able to access patient records; the options for clinical pharmacists to be sited in GP surgeries; further details about the level of engagement with the draft PNA; and details about Coventry University winning the tender to develop and train pharmacy technicians.

RESOLVED that:

(1) The headline findings of the draft PNA be noted.

(2) It be noted that the draft PNA is under consultation and will be finalised following collation of feedback and discussion by the PNA Steering Group.

(3) Approval be given for Councillor Caan, Chair of the Health and Wellbeing Board and Liz Gaulton, Acting Director of Public Health to sign off the final PNA prior to publication by April 2018.

(4) Support be given to the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:

- a) Supporting delivery of recommendations within the PNA**
- b) Holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA.**

40. Update from Coventry Health and Wellbeing Board Development Sessions

The Board considered a report of Liz Gaulton, Acting Director of Public Health which set out the outcomes of the Board's Development Session held in November, 2017 and the Joint Development Session with Warwickshire Health and Well-being Board in December, 2017 and highlighted the associated next steps arising from these sessions.

The report indicated that in November the Board considered both system and place-based working, focusing on what worked well with the Board and identifying areas for improvement. At the joint session in December members reviewed the Alliance Concordat. They considered common themes across health and wellbeing; Accountable Care Partnership the Better Health, Better Care, Better Value programme; place-based JSNA; and the Upscaling Prevention pilot.

The key messages from the November session were:

- Review board meeting frequency
- Engage Residents and the public in what we do
- Develop a set of outcomes and headline targets /dashboard.

The Board noted that they currently meet on a formal basis 6 times a year, it was now proposed that, for the new municipal year, this be reduced to 4 formal meetings with two additional informal meetings of the Board being held.

The outputs from the joint development session were:

- Refresh the Alliance Concordat for 2018 onwards
- 2019 – The year of wellbeing
- Develop a Place Plan
- Invest in leadership – the two Health and Wellbeing Boards to meet every 3-4 months to keep the strategic direction. The first forum to be held in the spring with subsequent dates being based around the formal/informal meetings.

The actions from the Coventry development session were to be developed by the Council's Public Health and Insight team and would be reported to a future meeting of the Board. A nominated group, covering representatives from both Boards would take forward the work from the joint development session.

RESOLVED that:

(1) The key messages from the autumn development sessions be noted and the next steps be agreed.

(2) The proposed changes to the Board meeting frequency be approved.

(3) The proposal to hold four joint development sessions with Warwickshire over the next year be endorsed.

41. **Care Quality Commission Local System Review**

The Board considered a report of Pete Fahy, Director of Adult Services which provided an update on the current status and next steps in respect of the Care Quality Commission (CQC) local system review of health and social care.

The report indicated that the CQC would take a whole system approach and focus on how people moved between health and social care, with a focus on people over the age of 65. The City Council was required to co-ordinate the review and the Director of Adult Services had taken lead responsibility for this on behalf of the Board working with the Accident and Emergency local delivery group. The Board were reminded that the CQC required that the Board was where the review, its outcomes and resulting action plan is owned.

The report set out the timetable of stages comprising the review which included a Board summit on 14th March and the issuing of the final report, anticipated to be in the week commencing 17th March. As the review moved towards completion the Board was required to assure that there were appropriate arrangements in place to prepare for the summit and to progress required action arising from recommendations that would be made in the final report. As the Council had been leading the review, the leadership arrangement could continue through the Director of Adult Services with the Board identifying a Board sponsor and lead contributors from the organisations involved.

RESOLVED that:

(1) The current state of progress regarding the CQC system review and the remaining process stages to complete the review be noted.

(2) Approval be given for Pete Fahy, the Director of Adult Service to continue to have lead responsibility for progressing the review in preparation for the summit on 14th March, with support from Andrea Green, Coventry and Rugby CCG.

42. **Any other items of public business**

There were no additional items public business.

(Meeting closed at 3.05 pm)

This page is intentionally left blank



Coventry City Council

Briefing note

To: Coventry Health and Wellbeing Board

Date: 9 April 2018

From: Liz Gaulton, Director of Public Health

Title: Towards a place-based approach for the Joint Strategic Needs Assessment

1 Purpose

This briefing note sets out a proposal for a place-based approach for refreshing the Coventry Joint Strategic Needs Assessment (JSNA).

2 Recommendations

The Health and Wellbeing Board is asked to:

- i. review the updated JSNA with 2018 data;
- ii. endorse work towards a place-based JSNA to inform the next refresh of the Joint Health and Wellbeing Strategy (JHWBS); and
- iii. identify local sponsors and lead officers in each geographical area so that areas for development identified through the JSNA can be developed into local priorities and action plans.

3 Information/Background

The JSNA is a means by which local leaders across health and care work together to understand and agree the needs of all people in Coventry. It is owned by the Coventry Health and Wellbeing Board (HWBB), and helps the board set its priorities and strategy.

The production of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS) is a statutory requirement placed upon the HWBB under the Health and Social Care Act 2012.

The JSNA brings together, in one place, data, information and resources about key health and social care issues affecting Coventry residents, and supports the planning and commissioning of health, wellbeing and social care services.

The Coventry JSNA has been updated for 2018 with refreshed data, which is up-to-date as of January 2018; the addition of a colourful set of flash facts outlining data for each theme; and an accompanying set of slides being delivered by the Insight Team to HWBB partners who would like to know more about the production and content of the JSNA.

4 Options Considered and Recommended Proposal

The current JHWBS covers 2016-19 and is due for a refresh for the 2019-22 period. This will necessitate a further refresh of the JSNA. The intention is to move towards a place-based approach for the JSNA to inform the development of the next JHWBS. This reflects recent research evidence, developments and policy direction nationally which has seen a move towards recognising that health and care (including community-based, mental health, social care) services based around natural geographies of populations between 30,000-

50,000 people would offer populations a much more complete and less fragmented services.

In addition, regionally, there has been a move towards a place-based approach to health and care. Across Warwickshire, Warwickshire County Council have developed a place based approach to their JSNA, which has been positively received. This is a significant departure to the traditional whole population, thematic approach. The drivers for this change include:

- the requirement to support significant transformation programmes and strategies which are founded on community resilience and service delivery at locality level;
- use of the JSNA as a vehicle for engaging and involving local partners and stakeholders; and
- combining local intelligence and issues to tailor needs assessments to local needs, which ensures that the JSNA process feeds into local action plans.

Learning from Warwickshire, developing a place-based JSNA for Coventry will involve the following:

- identification of suitable geographies to be the local area building blocks. Warwickshire has 22 JSNA geographies which are profiled in stages over several years;
- each area has an average population of 25,000, defined by geospatial software and stakeholder consultation;
- boundaries designed to meet stakeholder needs as far as possible and partners are committed to using these areas for strategic planning purposes;
- producing data at the local geography level through a profiling tool developed by the Insight team at Warwickshire; and
- creating locally focussed profiles each with a local champion or sponsor and lead officer. Work is owned by a local stakeholder group and supported by an analyst. This will require significant input and commitment from partners and will have a large resource implication for the Insight and Public Health team.

The strengths of a place-based approach to the JSNA and JHWBS is that it is likely to bring similar benefits of locally focussed profiles and partnership involvement through local sponsors. In addition, this move will benefit services that work jointly with Coventry and Warwickshire, in particular, the Place Forum, the Coventry and Rugby Clinical Commissioning Group (CCG) and acute hospital trusts.

Such a move will also create new opportunities including providing support towards increased joint working between the two public health teams as resources from national government continue to become more constrained.

Potential weaknesses of a place-based approach for Coventry, is that Coventry is one city, unlike Warwickshire, where each town or locality has a clearly unique population profile. However, the footprint of the eight recently-formed Family Hubs in Coventry acts as evidence that this is possible, and indeed the Family Hubs may act as a suitable geography for Coventry. Based on Warwickshire's experience, a profiling tool can be made flexible enough to allow partners to access data and create statistical profiles to support multiple needs including commissioning decisions, Family Hubs, out of hospital localities, and the transformations of children's social care.

The threats of not moving towards a place-based approach would be fragmentation and inconsistency between the approaches taken in Coventry and Warwickshire, and the failure to maximise the potential of local partnerships with community groups and the voluntary

sector which is essential for delivering the NHS five year forward view and the Council Plan priority to deliver our priorities with fewer resources.

Report Author(s):

Name and Job Title:

Stella Botchway
Consultant in Public Health

Liz Deakin
Insight Manager (Intelligence)

Si Chun Lam
Insight Development Manager (Place and Public Sector Transformation)

Directorate:

People Directorate

Telephone and E-mail Contact:

SiChun.Lam@coventry.gov.uk
+44 24 7683 3910

Enquiries should be directed to the above person.

Appendices

Coventry Joint Strategic Needs Assessment (January 2018) <https://www.coventry.gov.uk/jsna/>

This page is intentionally left blank

Coventry Joint Strategic Needs Assessment



Si Chun Lam
April 2018



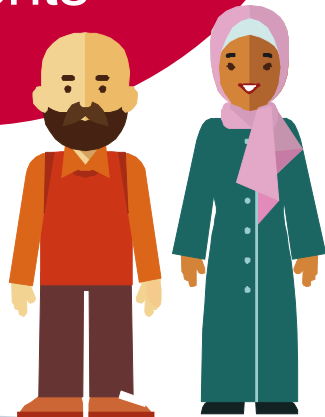
- This presentation sets out:
 - an explanation of what the Joint Strategic Needs Assessment (JSNA) is and how it relates to the Joint Health and Wellbeing Strategy (JHWBS)
 - the forthcoming refresh of the JSNA and JHWBS
 - key facts and figures from the latest JSNA (updated for 2018)

What is a JSNA?

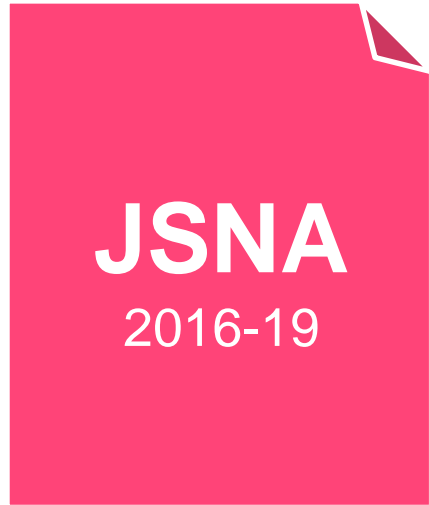
brings together, in one place, data, information and resources about key health and social care issues affecting Coventry residents

supports the planning and commissioning of health, wellbeing and social care services

owned by the Health and Wellbeing Board; a statutory requirement under the Health and Social Care Act 2012



From Needs Assessment to a Joint Health and Wellbeing Strategy



More than managing people's health problems!



1. Review previous strategy
2. Data, information and resources about key health and social care issues affecting Coventry residents
3. Stakeholder call to evidence (53 responses from 28 organisations)
4. Identify key priorities with Board
5. Development of a health and wellbeing vision for the city
6. Prioritisation of key priorities (ten priorities scored against criteria)
7. Development of a final strategy focused on three priorities – health inequalities, multiple complex needs, health and care integration; plus food poverty and malnutrition via Feeding Coventry

Key data in the JSNA

 <p>Population and migration</p>	 <p>Housing</p>	 <p>Skills and education</p>	 <p>Economy and business</p>	 <p>Crime and violence</p>
 <p>Life expectancy</p>	 <p>Vulnerable children and young people*</p>	 <p>Mental health and wellbeing</p>	 <p>Physical wellbeing**</p>	 <p>Long-term conditions</p>
 <p>Demand for care</p>	 <p>Infectious diseases</p>	 <p>Transport</p>	 <p>Pollution</p>	<p>* Looked after children and safeguarding; teenage pregnancy and parents; NEET; child sexual exploitation ** Substance misuse; physical activity</p>

Coventry's JSNA... refreshed for 2018

Coventry
Health and Wellbeing

updated for 2018 with refreshed, up-to-date data



added colourful set of “flash facts” outlining data for each theme

‘evergreen’ JSNA on www.coventry.gov.uk/jsna/ (always up-to-date)



Towards a place-based approach

Rationale

Place-based rather than thematic JSNA
Supports population-based integrated health and care services around natural geographies of 30,000-50,000 people
Reflects research evidence, developments and national policy direction

Benefits

Supports transformation founded on community resilience and service delivery at locality level
Engages and empowers local champions, sponsors and stakeholders
Benefit cross-working with Warwickshire County Council and across Clinical Commissioning Groups

Challenges

Creating appropriate geographies in a tightly-knit local authority area like Coventry (Family Hubs suggests this is possible)
Risks of fragmentation of services

Key facts and figures from the latest JSNA (updated for 2018)

Page 26



Coventry has a population of 352,900.

It is the 9th largest city in England and has seen sustained and increasing population growth.

9.4% of the population are claiming out of work benefits, compared to 8.3% of England

23% of the working age residents have no formal qualifications.

One third of the city is in the 20% most deprived areas in England.

Approximately 31% of children live in low incomes families (after housing costs).

Approximately 76,400 under 18s live in Coventry, 21.7% of the population, compared to 21.3% compared to England.

Coventry is a young city with two universities.

1/3 of the population is from a minority ethnic groups. This compares to 20% for England as a whole.

People in Coventry die a year earlier than the England average.

However there is also significant inequalities within the city.

Population and migration

352,900 population
2.18% increase

33 years average age
UK: 40 years


33.4% BME
UK: 14.6%



Issues: population growth;
migration; deprivation
(children); ageing population



31% one-person households



31% with dependent children

133,185 homes

82% private ownership
71% Council Tax band A or B
10% deemed overcrowded

635 households
statutorily homeless – higher rate
than regionally/nationally

Skills and education

65.4% good level of development at age 5 (England: 69.3%)

Percentage increase of primary pupils at expected standard for reading, writing and maths
(Increase from 49% to 58%)



Improved performance in GCSE results for 2017.

More than half of Coventry secondary schools recorded improved results in GCSE Maths and English.

95.8% of pupils attending a good/outstanding primary school (October 2017)

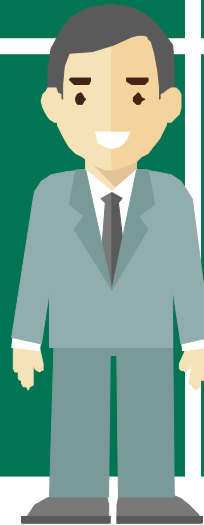
75% secondary school (March 2017)

Economy and business

165,800 economically active residents – Highest number since 2004
77.8% male | 68.2% female

Of those who are economically inactive
39% students (total 24,300)

2745 people claiming jobseekers allowance (JSA)



Issues: clear employment inequality within the city
(e.g. 35.4% of Henley working-age residents claiming out-of-work benefits for over 12 months as of November 2017 (including ESA) compared to 17.2% of those in Earlsdon in the same period)

Crime and violence

Issues: violent crime
(resulting in hospital admissions)

7050 domestic violence
offences (Crime and non-crime 2016/17)

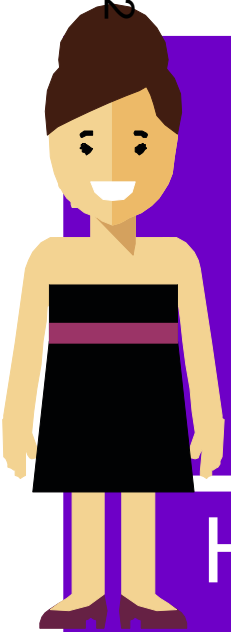
532 reported and recorded
incidents of sexual violence



Historic issues of
under-reporting in domestic
and sexual violence

Life expectancy

Page 32



82.3 years female

78.4 years male

(2013-15)

Healthy life expectancy

63.8 years female

62.9 years male

(2013-15)

However... inequalities between the most and least deprived areas result in differences in life expectancy of

9.6 years for females

9.4 years for males

(2013-2015)

contribution to the gap in life expectancy include:
circulatory diseases
respiratory diseases
digestive diseases



Vulnerable children and young people

656 looked after children

(Children services leadership dashboard)

88.5 per 10,000 (Oct 2017)

higher than our statistical neighbours (76.4)



28.3 conceptions per

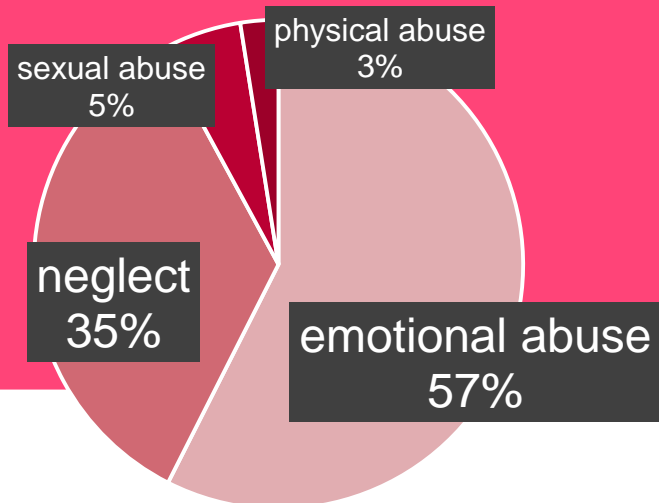
1,000 girls aged 15-17

(Jul 2015 to Jun 2016)

but still higher than statistical neighbours (27.0)

517 with a child protection plan

(Mar 2017)



6.8% NEET

3.1% NEET and 3.7% not known



Mental health and wellbeing

Good mental health is fundamental in helping individuals achieve their potential. However, one in four adults will experience some form of mental health problem in any given year.

12.5% of Coventry 16-74 year olds estimated to have anxiety/depressive disorders (UK: 12.7%; 2015/16).

10% of 5-16 year olds nationally estimated to have a mental health disorder (2015) – but 70% do not get appropriate interventions early enough.

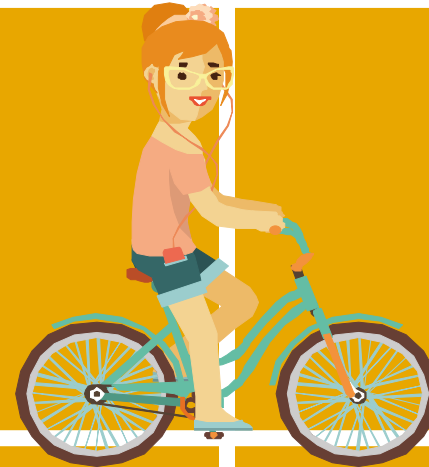


Severe mental illness e.g. includes bipolar disorder, schizophrenia, along with other psychotic conditions

2,800 people in Coventry estimated to have dementia (2015/16)... but only 58.7% will have a diagnosis (2017) or have access to related services. (target: 67%)

Physical wellbeing

2,000 regular opiate/
crack cocaine users
9.2 per 1,000 vs 8.4 nationally



13,000
high risk drinkers
50+ units per week (males)
35+ units per week (females)
(2013-16 Alcohol Strategy)

Childhood obesity in Coventry
22.4% of children in reception
37.5% by Year 6 (2015/16)
vs 22.1% and 34.2% respectively nationally

Two-thirds of our population exhibit
two or more lifestyle risks:

smoking
1+ cigarette a day

physically inactive


excessive alcohol
consumption

Eating <5 portions
of fruit/vegetables

Long-term conditions

49.4% of cancers
diagnosed at stage 1 or 2
52.1% in West Midlands; 52.4% England (2015)

57.8 preventable
cardiovascular disease deaths
per 100,000; significantly worse than
46.7 nationally (2014-16)

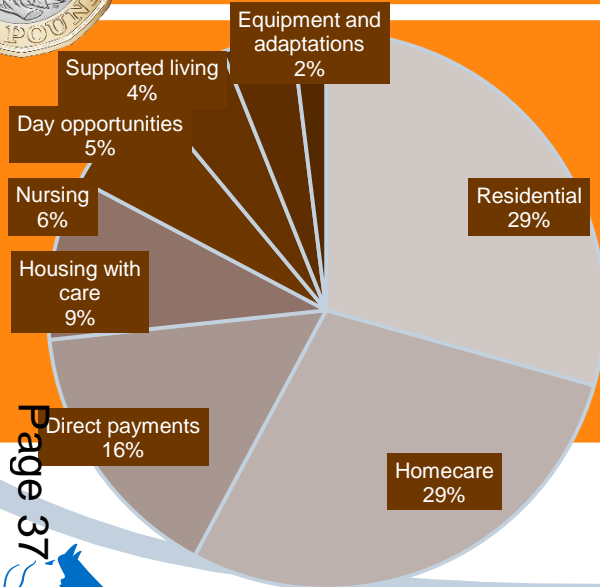


60 chronic obstructive
pulmonary disease-related
mortality per 100,000; much worse than 52 nationally
(NICE Guidelines 2011)

6.5% diagnosed with diabetes
similar to 6.4% nationally
(people registered with a GP) (2014/15)

Demand for care

66p of every pound raised through Council Tax / business rates is budgeted for social care (2017/18) around 35p on adults and 31p on children



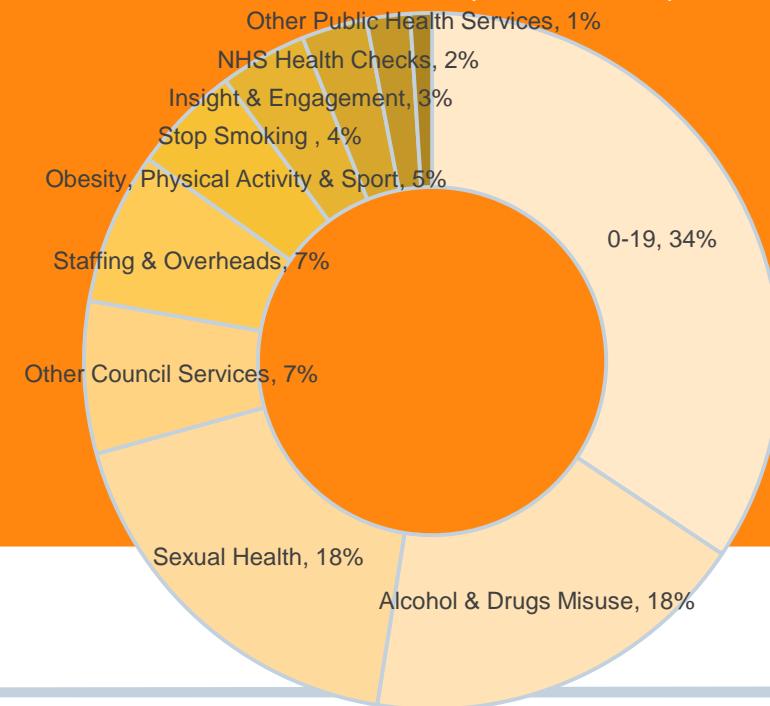
In adult social care, just over 70% of spend is on services. The other 30% include assessment and transport.

Of the spend on people, the vast majority of the spend is on residential, home care (29% each) and direct payments (16%). [Based on 2016/17 spend]



In 2017/18, the Public Health Grant budget was £22.55m.

The biggest spend (one-third) is on 0-19s recognising the importance of early intervention; followed by alcohol and drugs and sexual health (18% each).



Childhood immunisations

96.4% completion rate for the measles, mumps and rubella (MMR) vaccination schedule (vs 91.9% nationally; 2015/16)

Tuberculosis

91 new cases of TB are diagnosed every year in Coventry – a rate of 25.8 per 100,000 compared to 12.7 regionally and 10.6 nationally (2014/16).

Influenza

69.3% of over 65s vaccinated
(vs 70.5% nationally; 2016/17)
51.6% of eligible under 65s vaccinated
(compared to 48.6% nationally; 2016/17)



Sexually transmitted infections

1,150 people with known HIV diagnosis in Coventry – the rate of new diagnosis of 14.6 per 100,000 compared to 8.6 regionally and 10.3 nationally.

Find out more...



Coventry Health and Wellbeing Strategy

www.coventry.gov.uk/jhwbs/

Facts about Coventry

www.coventry.gov.uk/factsaboutcoventry/

Joint Strategic Needs Assessment

www.coventry.gov.uk/jsna/

Coventry Health and Wellbeing Board

www.coventry.gov.uk/hwbb/

This page is intentionally left blank



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 9th April 2018

From: Andy Hardy

Title: Better Health, Better Care, Better Value Programme Update

1 Purpose

The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and workstreams, highlighting any key points as necessary.

2 Recommendations

The Board is asked to note this report and its contents.

3 Information/Background

3.1 Programme Management

The Better Health, Better Care, Better Value programmes of work will reflect the priorities of one strategic, place-based plan being developed across Coventry and Warwickshire by the Health and Wellbeing Alliance. A refreshed concordat has been drafted, and this was discussed by the Coventry and Warwickshire Place Forum earlier this month.

We will use the Upscaling Prevention pilot as a catalyst for place-based care, putting prevention and self-help at the heart of all change programmes.

An update on each of the work programmes follows below. There is also an update on the outcome of Coventry and Warwickshire's bid to take part in three days of action learning, organised by the National Council for Voluntary Organisations and the King's Fund.

3.2 Transformational Programmes of Work

Upscaling Prevention

The work programme will focus on two core elements:

- Local Government Association (LGA) Upscaling Prevention

This element will also lead delivery of workplace health and an organisational prevention 'offer'.

- Community capacity

This will focus on developing community capacity and 'hub' work within the Coventry and Warwickshire Sustainability and Transformation Partnership (STP) footprint and the wider health and wellbeing system.

The Proactive and Preventative Programme Position statement outlines the revised role and purpose of this workstream and is attached as Appendix 1.

The year 2019 will be a Year of Wellbeing. A programme narrative is in development, alongside a view of 'what good looks like' in the future, and community capacity and resilience pilots have been launched.

Work that is aligned to Upscaling Prevention includes the NHS Diabetes Prevention Programme, which is being rolled out across Coventry and Warwickshire from April. Targeted support for people identified as at high risk of developing Type 2 diabetes will include education on healthy lifestyle, help to lose weight and physical exercise programmes.

Maternity and Paediatrics

The Local Maternity System plan has been approved. There are three workstreams:

- Health and wellbeing
- Quality and safety
- Choice and personalisation.

Some examples of different outcomes are:

- All pregnant women will have a personalised care plan
- All women will be able to make choices about their maternity care, during pregnancy, birth and postnatally
- More women will be able to give birth in midwifery settings (at home and in midwifery units).

Work has started on scoping family hubs within Coventry and Warwickshire for community midwifery services.

Work is continuing on the Saving Babies' Lives care bundle, which has been initiated at all three maternity units.

A bid has been submitted to the National Maternity Transformation Board for funding to initiate continuity of carer models in maternity.

Mental Health and Emotional Wellbeing

Five workstreams have been established and work is continuing to finalise delivery plans and milestones.

The Mental Health Workforce Plan for Health has been submitted to NHS England and NHS Improvement.

A bid has been submitted to NHS England for funding to support the establishment or expansion of perinatal mental health user group forums in Coventry and Warwickshire. This follows a successful bid for funding for a network to support the involvement of people with lived experience in co-producing services.

Pre-engagement sessions are taking place with patient and carer groups to talk about their experience of current services and what they think should be improved.

A bid has been submitted to NHS England for funding to support the implementation of the suicide prevention plans. Suicide prevention will be incorporated into all the Mental Health and Emotional Wellbeing workstreams, and a Steering Group has been established to bring together the whole work programme.

Workshops are being organised for GPs to discuss medically unexplained symptoms and how these may relate to mental health issues.

The programme is aligning with the work of the Urgent and Emergency Care programme on the Arden Mental Health Acute Team (AMHAT) review.

Planned Care

The revised workstreams for Planned Care are as follows:

- Performance
- Musculoskeletal (MSK)
- Demand Management
- Pathway Re-design
- Planned Care Contracts
- Resource Utilisation

Workstream leads have been identified and workstream groups are currently being established. Work is in progress to develop timelines for delivery.

Productivity and Efficiency

Work is ongoing to identify and explore opportunities where collaboration and/or consolidation of back office functions and clinical support functions could deliver better productivity and efficiencies across the system.

The Senior Responsible Officer is working with finance directors across the NHS Trusts within the Better Health, Better Care, Better Value programme to identify opportunities for consolidation and integration.

NHS Improvement has identified potential opportunities to improve productivity and efficiency from its own analysis of Coventry and Warwickshire, and the methodology to explore these areas is currently being reviewed.

Urgent and Emergency Care

The following workstreams will now form the Urgent and Emergency Care programme:

- Outpatient Parenteral Antimicrobial Therapy (providing intravenous antibiotics at patients' homes)
- Discharge to assess
- Frailty
- Ambulance arrivals
- Arden Mental Health Acute Team (AMHAT) review
- Children's access to specialist Tier 4 mental health inpatient bed capacity.

Work has been progressing with the AMHAT review and the information-gathering stage is nearing completion. A workshop is taking place for all stakeholders in April. This will focus on the current challenges within the system and help develop the case for change.

3.3 Enabling Programmes of Work

Estates

Work done to date is a stocktake of estates across the footprint to: compile a list of assets owned by all partner organisations excluding local authorities; assess cost of maintaining these assets, and the extent of use of these assets. This work will be completed shortly.

Next steps will be to develop an estates strategy model for the partnership.

Digital Transformation

South Warwickshire NHS Foundation Trust's Out of Hospital programme has started and contract negotiations are almost complete.

University Hospitals Coventry and Warwickshire is making progress with procuring a single integrated Electronic Patient Record. Clinical evaluation sessions to explore the potential of this new record took place this month and were attended by staff from health and social care organisations across Coventry and Warwickshire.

Workforce

Key priorities for this work programme are:

- Recruitment and retention
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways.

To support the delivery of these priorities, four key enablers have been identified:

- Education
- Leadership and Organisational Development
- Engagement and communication
- Workforce planning.

3.4 Related Programmes of Work – update on stroke services

Local clinicians and commissioners have been working on proposals to improve stroke services locally for some time. A proposal was shared with the public over six weeks from 15th June to 28th July. The feedback from this engagement has been fed back into the proposals and commissioners will shortly be seeking assurance from NHS England to as to whether the pre-consultation work is robust enough to progress to the next steps. It is expected that this will take at least a couple of months.

3.5 NCVO / King's Fund Action Learning Set – Involving the Voluntary Sector

Coventry and Warwickshire successfully bid to be one of eight areas to take part in three days of action learning organised by NCVO and the King's Fund. The following organisations took part:

- Voluntary Action Coventry (VAC)
- Coventry and Warwickshire Partnership NHS Trust (CWPT)
- Warwickshire North Clinical Commissioning Group
- Warwickshire Community and Voluntary Action (WCAVA)
- South Warwickshire NHS Foundation Trust
- Healthwatch Warwickshire
- Mary Ann Evans Hospice
- Better Health, Better Care, Better Value.

Other areas represented in the northern cohort were Lincolnshire, West Yorkshire / Harrogate, and Lancashire / South Cumbria.

The programme included overviews of system leadership and the behaviours required to work across a system; coaching skills; and presentations from all four areas.

Taking part in this programme confirmed the importance of making an impact at the operational level. VAC has been working with CWPT on a piece of co-design around anxiety and depression pathways within the mental health workstream. After an initial focus group, a very productive workshop brought together expertise from organisations including specialist mental health services, police, voluntary sector providers and universities. This resulted in a better joint understanding of the reasons for blockages within referral pathways, and the need for better cross-sector partnership working to address the causes of poor mental health. VAC is following through on this with a workshop between some GPs and voluntary organisations to make better use of resources, particularly to ease demand on specialist services (e.g. where practical coping skills are needed).

VAC co-ordinated the Coventry and Warwickshire action learning bid and was also invited to share the learning with other voluntary sector reps in London. The whole experience has built strong relationships between sectors and across the city/county boundary, with informal meetings between each action learning day, and a further meeting taking place in April to co-ordinate a follow-through event.

Report Author(s):

Name and Job Title: Brenda Howard, Programme Director

On behalf of: Better Health, Better Care, Better Value Board

Telephone and E-mail Contact: brenda.howard@cwstp.uk

Enquiries should be directed to the above person.

Appendices

Appendix 1: Proactive and Preventative Programme Position statement

This page is intentionally left blank

Position statement – Proactive & Preventative Workstream

January 2018

Executive summary

- The Proactive & Preventative programme has been refreshed to:
 - reflect the Place-based role across HWBB and STP agendas
 - reflect Upscaling Prevention work with LGA
- The refreshed programme will deliver on three main elements:
 - Overall mang't and oversight of the Coventry & Warwickshire Place-forum and place plan
 - Delivery of specific elements of the plan, including the Upscaling prevention & Year of wellbeing
 - BHBCBV programme specific activity, including integration of prevention into wider STP programme and wider system

1.0 National Context

- 1.1 There is widespread recognition that the current model of care is unsustainable as demand outstrips supply and the gap between the income for health and care services and the costs of these services widens. This is not just down to changes in demographics alone. Although people are living longer this has not been matched by similar improvements in people living longer in good health - so as a result we are spending more years experiencing ill health.
- 1.2 Improving health requires a strong focus on prevention and early intervention. It requires a refocusing away from services designed to deal with the consequences of severe health and care problems and/or services that rescue people in crisis situations. We need to get 'upstream' and ensure that as a system our strategies, service models and workforce development have a greater focus on keeping people healthy (prevention) and proactive early intervention to reduce the impact of health and wellbeing risks.
- 1.3 Nationally the NHS5YFV, Care Act and anticipated further legislation acknowledge this. Within Coventry & Warwickshire the Alliance Concordat, Partnership principles, BHBCBV programme, HWB Strategy and DPH reports all recognise and reinforce this. However despite this commitment to date we are not capitalising on our collective strengths so, this is only happening in pockets and still not happening with SCALE or PACE.

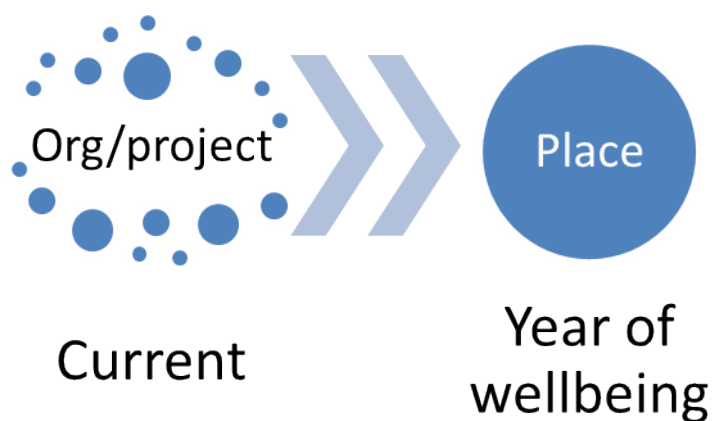
2.0 Purpose of this paper

- 2.1 Following a number of significant events and inputs over the past few months, this paper seeks to reaffirm the role of the Proactive & Preventative programme in setting out a holistic response to above challenges.
- 2.2 It positions the Proactive & Preventative programme as both the catalyst and coordinating body for this work, supporting the work of both HWBB and STP as well as emerging

thinking on developing increased 'integration of place' through Accountable Care systems.

3.0 Local context

- 3.1 Locally the Alliance Concordat is acknowledged as the cornerstone of joint working across the health and care system within Coventry & Warwickshire. Originally signed in October 2016 by both HWB boards it also headlines the STP and draws together these two important drivers of change.
- 3.2 A year on, in December 2017, the two HWB Boards and Executive team for Coventry and Warwickshire met with the overall aim of *bringing the Alliance Concordat to life*. Agreement of our Alliance Concordat last year generated national interest. The commitment made in December to being this to life through a place plan has renewed this level of interest.
- 3.3 The session in December brought together Elected members and senior leaders from Clinical Commissioning Groups, Acute providers, Healthwatch, Third sector, Fire Service (WM), Police & Crime Commissioner (Warks) City, County and District/Borough Councils.
- 3.4 There was a real sense of movement and commitment within the group to pursue a number of actions which would further strengthen commitment to the Concordat.
- 3.5 The basic premise behind this work is a commitment to working as one place, drawing out our strengths and applying them for common good.



- 3.6 To date, but we have come at this separately or in partial partnership, either as organisations or programmes, without fully mobilising the collective strength of the system. We want to change this.
- 3.7 We are increasingly coming to the conclusion that addressing the pressures in public services acute services require efficiency AND a system-wide uplift in wellbeing and prevention. This is felt most greatly in the acute health sector, where the contrast between immediate pressures and long term planning is visible on a daily basis and reflected in the current regulatory framework.

4.0 Role of Proactive & Preventative programme

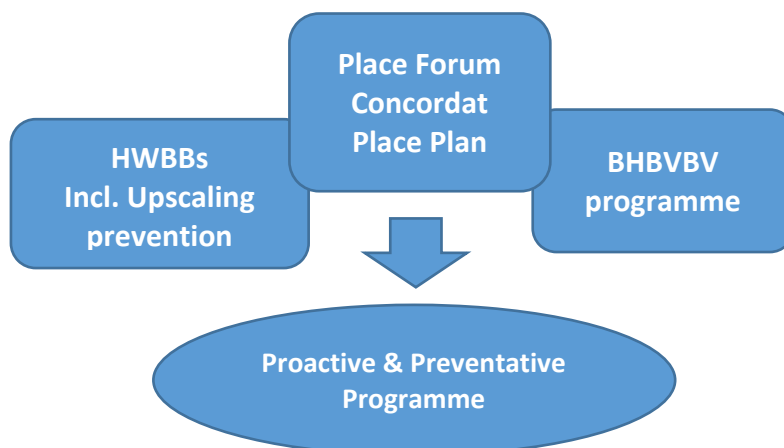
4.1 Originating as a workstream of the STP the Proactive & Preventative programme has evolved over the past 12 months to ensure it can effectively respond to the challenge set out above.

4.2 The workstream seeks to translate the commitment set out in the Alliance Concordat by all Members of both Coventry and Warwickshire Health and Wellbeing Boards to work together.

4.3 Its focus and vision is to:

To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system

4.4 The success of the programme relies on its ability to influence not only behaviour within the wider BHBCBV programme and leadership, as well as across the wider health BUT ALSO across the wider care system and public service system activity. The diagram below illustrates this relationship.



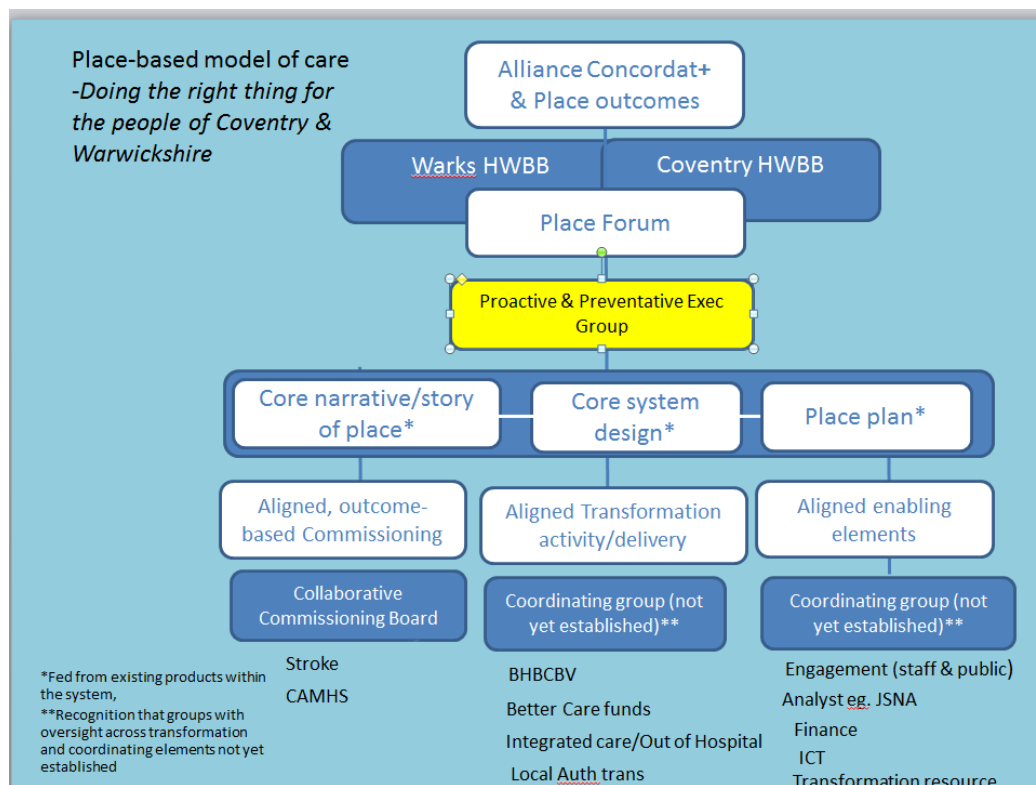
4.5 The programme seeks to achieve this by:

- Taking a place-based approach to system change
- Coordinating effort and input in support of the Place forum
- Bridging, influencing and aligning the HWBB, BHBCBV, BCF and wider transformation agendas
- Creating and fostering the conditions necessary to support a system-wide uplift in commitment to prevention
- Capitalising on the momentum created by the STP and integrating prevention into the wider programme and workstreams
- Coordinating effort and expertise across the wider system in support of an uplift in prevention, recognising that we are not starting from a zero base and will instead seek to build and capitalise on existing good practice and assets.

5.0 Programme governance

5.1 The diagram below attempts to outline the role of the P&P programme and executive in the context of the wider system.

5.2 This is intended as illustrative, recognising that all elements are not in place.



5.3 The Programme is governed by an Executive Group and supported by a working group consisting of representatives from agencies including the C&RCCG, South Warwickshire CCG, Warwickshire County Council, CWPT and SWFT. Detailed purpose and membership is included in **Appendix 1**.

5.4 Acknowledging the complexity of the current landscape it is recognised that decisions made within the P&P Executive are not fully binding and further contribution, consideration and support by a number of existing decision making groups is still required, notably:

- C&W Place Forum
- STP Programme Board
- HWB Boards (and Executive team in Warwickshire)
- Collaborative Commissioning Board
- Respective organisations boards/bodies as required

6.0 Programme content

6.1 The P&P workstream was originally shaped around the Out of Hospital (OOH) programme. However due to the ongoing contractual position of the OOH programme and the

successful selection of Coventry & Warwickshire as one of 15 national pilots for upscaling prevention work, this has been changed in recent months.

- 6.2 In August 2017 the two HWBB's secured the opportunity to be one of 15 national pilot sites for the Local Government Association (LGA) Upscaling Prevention (uP) offer. Following several workshops with the P&P Executive Group it has been agreed the 20 days will be focused on stimulating on creating the system-wide behaviours need to driver a change in behaviour.
- 6.3 In September, with support from the Collaborative Commissioning Board the decision was taken to refocus the P&P workstream around the uP initiative rather than OOH. This would allow OOH contractual elements to complete, whilst progressing the cultural/condition setting elements required for an uplift in prevention through the **uP** work.
- 6.4 In December 2017 the Coventry & Warwickshire place forum met and the P&P programme will pick up the actions coming out of this sessions and support future forums. These will be combined into a single place-plan.
- 6.5 The refreshed Proactive and Preventative programme will now deliver on three main elements:
- 1 Overall mang't and oversight of the Place-forum and place plan (rolling content) framework (see appendix 2)
 - 2 Delivery of specific elements of the plan, including the Upscaling prevention & Year of wellbeing (see Appendix 3 for detail on Upscaling prevention)
 - 3 Delivery BHBCBV programme specific activity, including integration of prevention into wider STP programme and wider system
- 6.6 As a result of the above activity the revised programme content looks like this:

	Element	Relationship
Place forum and plan oversight		
Core elements	Place Forum and Plan – overall	Coordinating body for Place forum work, including development and oversight of the Place plan
Place plan delivery (see Appendix 2 for detail)		
Core elements	<ul style="list-style-type: none"> • Narrative/story of place - • LGA Upscaling prevention • Year of wellbeing (see Appendix 3)	Core element focused on establishing the conditions necessary for an uplift in prevention. This element will also lead delivery of workplace health and an organisational prevention 'offer' and the wider year of wellbeing delivery plan.
	Trust & behaviours	Refreshed concordat
	Vision	Place-based outcomes, system design
	Getting it done	Produce place plan, metrics
	Holding to account	Place dashboard, governance refresh

Related elements	Community capacity	Core element focused on developing community capacity and 'hub' work within STP and wider HWB system – P&P programme to ensure ongoing connection with OOH
BHBCBV programme & wider system		
Key elements (regular updates required to Exec)	OOH programme	Remains part of P&P, but has own governance and reports separately to STP programme board
	Mental Health	STP workstream, closely related to P&P core elements as 'delivery arms'
	Workforce	STP workstream, closely related to P&P Core elements as 'delivery arms', including specific bid to the LWAB
Related elements (regular updates not required to Exec)	All BHBCBV workstreams	Must include a preventative element to work programmes
	Better Care Fund programmes	Health & care integration, community capacity and Coventry BCF funding support
	Local Authority transformation	Community capacity, public health adults and childrens transformation

7.0 Next steps

- 7.1 The place plan is intended to be an iterative plan which captures and 'wraps around' existing activity.
- 7.2 P&P Executive are asked to comment on the approach outlined in this documents ahead of wider sharing and cascading.
- 7.3 Delivery plans now to be developed for:-
- place forum / place plan
 - Upscaling prevention
 - Year of wellbeing.

Report author

Gail Quinton, Deputy CEO, Coventry CC

Contact Details

Robina Nawaz – robina.nawaz@coventry.gov.uk

Gereint Stoneman – gereintstoneman@warwickshire.gov.uk

Appendix 1 – Programme governance

Executive group	
Purpose	<p>To improve place and system working/leadership across health and care organisations and the wider public sector</p> <p>To champion place-base working and improve connectivity between the STP and HWBBs within Coventry and Warwickshire</p> <p>To have oversight of the design and delivery of the P&P workstream and channel effort within the STP programme and wider system towards an uplift in prevention</p>
Core Membership	<p>Local Authority SRO – Gail Quinton (CCC), Nigel Minns (WCC)</p> <p>Directors Public Health - Liz Gaulton (CCC), John Linnane (WCC)</p> <p>CCGs – Andrea Green, Gill Entwistle</p> <p>Mental Health workstream – Justine Richards (CWPT)</p> <p>Workforce/LWAB – Catherine Sills</p> <p>Community Capacity – Helen Shankster (CCC), tba (WCC)</p> <p>OOH & Primary Care – Anna Hargrave (SWCCG), Jenny Northcote (CRCCG, WNCCG)</p>
Wider membership	<p>Better Care fund leads – Pete Fahy</p> <p>Communication – Darren O’Shaughnessey</p> <p>BHBCBV Programme –Brenda Howard</p>
Prog, mang;t	<p>Robina Nawaz</p> <p>Rachel Barnes</p>
Related bodies that Exec group Members are also represented on	<p>HWB Boards (Coventry & Warwickshire), CCG, OOH Design Boards, Collaborative Commissioning Board, STP Board, STP Design Authority, STP Delivery Group</p>
Meeting frequency	<p>Bi-monthly</p>

*Sub-set of Core membership to meet to align HWBB and BHBCBV requirements ahead of Exec group

Working group	
Purpose	<p>To oversee the translation of the vision for the P&P workstream into tangible activity and delivery of the key elements of the P & P workstream</p> <p>To ensure linkages between programmes of work within the P & P workstream and other STP workstreams are made to ensure synergy and consistency in approach, where appropriate.</p>

Structure	<p>The Working Group will focus on three key delivery areas:-</p> <ul style="list-style-type: none"> • The Place plan and place forums • UpScaling Prevention • Year of Wellbeing <p>Appropriate members will be invited to each Working group, as the agenda dictates.</p>
Core Membership	<p>Public Health – Liz Gaulton (CCC), Jane Fowles (CCC), John Linnane (WCC), Rachel Robinson (WCC)</p> <p>Community capacity - Helen Shankster (CCC), Louise Williams (WCC)</p> <p>Year of Well-being Co-ordinator – Jane Coates</p>
Wider Membership*	<p>OOH – Jane Fowles</p> <p>Mental Health – Fiona McGruer</p>
Project mang't	<p>Robina Nawaz</p> <p>Rachel Barnes</p>
Meeting frequency	<p>Bi-monthly</p>

*We will be seeking nominations from relevant partners.

Appendix 2 – Coventry & Warwickshire Place plan 2018/19 – draft for comment



Coventry & Warwickshire Place plan

Trust and behaviour

1. **Concordat** - Refresh our Concordat and use it to capture our priorities for improving health wellbeing and care and our ways of working together.
2. **Place forum** - Use the place forum to develop trust further, address challenging issues together agree shared plans at a strategic level

Translatable vision:

3. **JSNA** - Develop the evidence base through the place-based JSNA rollout
4. **Agree a shared model (based on the swift / Christchurch model)**
5. **Outcome set** - Indicate sign up to place-based outcomes and priorities for delivery
6. **System design** - Use the place forum to confirm the coherent, modern care delivery system together within which all our contributions fit

Getting it done

7. **1st chapter** - Make prevention and self-help the first chapter of all change programmes, pathway redesigns
8. **Place plan**-Build one strategic, place based plan that is
 - a. delivered coherently by the various means (STP, BCF etc) we have at our disposal
 - b. reported to Place forum, HWBBs, STP Board etc
 - c. Coordinated through P&P Executive
9. Agree and monitor priority metrics of improvement- a place based dashboard to measure progress.

Holding to account

10. Use the Place forum to mutually hold ourselves to account for delivery arrangements to deliver against our Concordat
11. **Place governance** - Strengthen the necessary place based governance and working arrangements to take place-wide decisions and deal with vetos

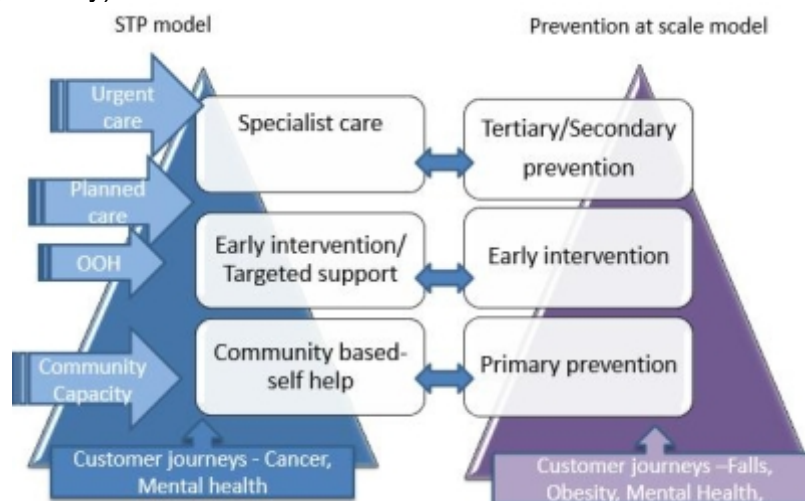
Narrative /Story of place

12. **Story of place** - Use the Upscaling prevention pilot to develop the common narrative, focused on wellbeing/prevention for the place
13. **Year of wellbeing** - Use the YoW as the catalyst for change, to galvanise effort and celebrate existing strengths

Appendix 3 -Upscaling prevention – detail

The Upscaling Prevention Programme aims to manage individual health risks by focusing on early intervention to prevent health risks turning into ill-health and, where people have health problems, to stop those health problems escalating to the point where they require significant, complex and specialist health and care interventions. This project will be aimed at those individuals who are ‘at risk’ and will take an early intervention/prevention approach.

The diagram below explains the relationship between these different elements of prevention (primary, secondary, tertiary) and the BHBCBV model.



The Upscaling Prevention work will focus on creating the system wide conditions needed to drive a change in behaviour and act as a catalyst, and will be split into two phases:

- Phase 1 will create service and organisational ownership of the prevention agenda.
- Phase 2 will look at key areas of focus e.g. staff health and wellbeing, MECC training and developing community capacity and consistent community messages.

Phase 1 will aim to develop system readiness for prevention and will link with wider work to develop a system wide commitment to joint working by strengthening the Alliance Concordat, and developing and agreeing a common outcome framework that is owned by all partners.

We have been successful for a bid for 20 days support from the Local Government Association (LGA). The 20 days support from the LGA will be used to deliver phase 1 of the project. Through this phase, we will ensure that:

- There is a system wide commitment to prevention, and this agenda is owned by all organisations
- Develop a multi-layered definition of prevention and a narrative that all audiences can sign up to
- Show and tell celebration of existing good practice and baseline of where we currently are as a system
- Quantify the benefits of system approach to prevention
- Ensure prevention is integrated into policy and practice
- Establish a cohort/network of prevention champions
- Develop of a prevention toolkit.

Phase 2 will focus on a number of key areas and our mechanisms for delivery are anticipated to be threefold:

- Staff health and wellbeing across all providers – recognising that a strong focus on workforce wellbeing enables us to deliver better care to our population and act as exemplars of good practice to local employers
- MECC/extended MECC across all providers – supporting delivery of consistent messages across our points of contact and maximising opportunities to promote good health and wellbeing and signpost to support by ensuring all identified staff are MECC plus trained
- Developing community capacity and consistent messages - making the most of community capacity to support our population to live well. Through this work we will significantly improve pathways and interventions by working together to provide a better level of care and to keep people healthy and well. It is recognised that the local voluntary and community sector in Coventry is well placed to develop and deliver help to tackle the underlying causes of poor health and well-being through collaborative approaches that provide effective support with long lasting impact.



The prevention framework 'Upscaling prevention' will utilise the opportunities of the out of hospital work to get greatest impact to reduce inequalities in health outcomes and manage demand on health and care services via a prevention and self-care approach

This page is intentionally left blank



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 9th April 2018

From: Jane Fowles, Consultant Public Health

Title: The Year for Suicide Safer Coventry – One year update report from the Suicide Prevention Strategy

1 Purpose

To inform and update the Health and Wellbeing Board members on:

- 1.1 the progress of the Suicide Prevention Strategy signed into action at the Health and Wellbeing board meeting of November 2016.
- 1.2 the proposed year two implementation actions for the Coventry suicide prevention multi agency steering group
- 1.3 the progress and proposals for NHS England funding for suicide prevention in the Coventry and Warwickshire STP footprint.

2 Recommendations

The Board is asked to:

- Note the progress update for the Suicide Prevention Strategy endorsed in November 2016 and continue to support ongoing delivery of the Suicide Prevention Strategy.
- Consider and endorse the proposed priority actions for year two of the strategy.
- Note and support the proposals outlined for the NHSE bid funding for suicide prevention among middle aged med in Coventry and Warwickshire.

3 Information/Background

In November 2016, this Board signed into being a Suicide Prevention Strategy for 2016 - 2019 titled: Not one more//One is enough. The strategy was designed to harmonise with the aims and approaches of the West Midlands Combined Authority WMCA mental health commission and with the strategic aims of our neighbouring authority Warwickshire. Coventry adopted a ZERO SUICIDE goal based on the understanding - backed by local Coronial audit data - that suicide is preventable in the overwhelming number of cases. Coventry adopted a hybrid approach based on:

- **Department of Health 2012** guidance, itself backed by the Parliamentary Health Select committee. (See appendix 1)
- **The Canadian Suicide Safer community** model of gatekeeper/ sentinels who can identify people at risk and intervene. (See appendix 1)

- A locally appropriate approach rooted in **Marmot** which seeks to prevent suicide by mitigating upstream risk factors.

4 **Coventry Suicide Prevention Strategy Progress Update and Year 2 Priorities**

It has been a busy year. The key highlights for year one strategic priorities are as follows:

- Establishing an active multi agency steering group
- Hosting two workshops to share best practice, local data and local excellence with 80 attendees making 35 written commitments
- Supporting an emergency services and suicide prevention event at a Wasps Home match for World Suicide prevention day with It Takes Balls to Talk, local 999 crews and Warwickshire County Council.
- Facilitating the training of 50 champions and volunteers in level one suicide prevention

Coventry set up a multi-agency steering group. This group operates through priority work stream Task and Finish groups. There are currently six task and finish groups covering the year 2 priorities of:

- **Training** – A group which evaluates and delivers training. Training which happens via a free online tool, CW Mind and It Takes Balls to Talk both of whom train frontline gatekeeper/sentinel agencies like housing, the police and volunteers.
- **Higher Education** - Coventry has two universities and two colleges. It is a young city and there are a disproportionate number of suicides among students, especially overseas students. Both universities are committed to mental health first aid training of students, are represented on the steering group and working together to increase suicide prevention champions on campus.
- **Children and Young people** - a new group which links with schools, primary mental health teams, Coventry and Warwickshire Mind, Public Health Acting Early, family hubs and CAMHS transformation initiatives to increase awareness of suicide risk factors especially self-harm, neurodevelopmental and common mental health condition among staff, public and professionals. It seeks to increase signposting and awareness of these conditions and to develop destigmatising and supportive cultures and programmes.
- **Acute Health provider liaison**- Local experts from CWPT and Samaritans engage with and support acute NHS staff to train and support around managing suicide and self-harm risk and upskilling frontline staff.
- **Communications**- The strategy was initiated via two workshops in April and May 2017- these shared local best practice, facilitated networking, sharing local experience, services and awareness. In addition we launched a poster campaign signposting to upstream debt and financial support (see appendix 2). A Help Hub online signposting tool is in development and links have been made with coroners aids to signpost those bereaved by suicide to support services.
- **Data and Evaluation** – The public health team and insight team produced an audit of 3 years of coroner's records and 10 years of ONS death data to inform year 1 and 2 priorities for strategy implementation. Evaluation strategies have been drafted, initially focussing on routine data (the 3 year rolling average crude rate per 100,000 population) and repetition of the Coroners audit.

Data tells us that the suicide picture in Coventry is similar to the national picture. Three quarters of deaths are among men, the median age is 51. Alcohol intake is a contributory factor in the majority of deaths. Depression is formally or informally diagnosed in around two thirds of deaths. Relationship breakdown (9 in 20) and financial worries (1 in 4) are the most common precipitating factors. Nationally the risk of dying by suicide increases for those earning below the 7th decile of income (around £700 per week) it is particularly high for those with median household incomes £430-630 p.c.m. and those in the poorest decile. Jobs associated with suicide are those providing access to weapons, alcohol or drugs (farmer, veterinarian, healthcare and hospitality) and those which are irregular or casual. Bullying is a clear precipitating factor.

Coventry City Council completed the annual audit of action and implementation plans for the parliamentary select committee via Public Health England in December 2017. Coventry City Council joined the National Suicide Prevention Alliance and will combine with Warwickshire and local suicide prevention agencies to support themes on World Suicide Prevention Day 2018 (Sept 10th).

STRATEGY IMPLEMENTATION ON A PAGE



All Linked with/mirrored by Warwickshire

5 Update on NHSE bid

Suicide is now the biggest killer of men aged 15-55, higher than road traffic accidents. It is also the biggest killer of women aged 15-35. Suicide, like road traffic accidents is preventable.

Coventry and Warwickshire NHS Trust and local CCGs were contacted by NHSE to bid for funding to reduce suicide among middle aged men and to improve suicide prevention service quality in the Coventry and Warwickshire STP footprint. The footprint is an outlier

for suicide especially in the age group 35-65. Most of the excess deaths occurred in Warwickshire – in Nuneaton and Bedworth district and Warwick district. The bid was submitted at the end of February and is currently being updated in the light of feedback and questions from Public Health England and NHSE. Public Health Coventry have worked and continue to work with Public Health Warwickshire, Coventry and Rugby CCG, South Warwickshire CCG, local suicide prevention steering groups, experts by experience and local experts to successfully complete the bid and manage the programme execution if it is successful.

The bid proposals seek to:

- Increase the activity and strength of It Takes Balls to Talk. It Takes Balls to Talk are a community interest group which trains volunteers to engage men at sporting events in meaningful conversations about mental health and suicide. In addition they carry out training in suicide awareness and level one prevention among male culture occupations. Initially set up with two small grants from Public Health Coventry and Warwickshire they are the core of stigma reduction, public awareness and training for Coventry and Warwickshire prevention strategies.
- Additional training is proposed to increase the depth of skill on frontline for gatekeeper and sentinel roles especially in primary care and secondary care.
- Support for community initiatives for middle aged men /intergenerational male initiatives like Men's sheds through micro grants, supporting organisations with delivery and evaluation. The community elements link with the Mental Health and emotional wellbeing STP community resilience work stream and its links to upscaling prevention in the Proactive & Preventative work stream of the STP, specifically working with the Public Health insights team and partners on novel work to develop community assets.

Report Author(s): Adeola Agbebiyi

Name and Job Title: Public Health Registrar, ST5 for Mental Health in Coventry

Directorate: People

Telephone and E-mail Contact: adeola.agbebiyi@gmail.com 07956 937 961 and Rebekah.eaves@coventry.gov.uk

Enquiries should be directed to the above person

Appendices

Appendix 1 - Our Strategic Frameworks

Toward a Zero Suicide Goal in Coventry strategy aims:-

1. Raise the level of understanding and awareness across Coventry of suicidal ideation, behaviours, acts and the impact of suicidal acts across our communities.
2. Highlight key areas of service development and demonstrate ways forward to assist services in supporting Coventry to be 'Suicide Safer'.
3. To set out a clear action plan to mobilise all sectors to reduce suicidal behaviour across the city.

Department of Health¹ seven priorities to harmonise with Warwickshire County Council by:

1. Reducing the risk of suicide in key high risk groups.
2. Tailoring approaches to improve mental health in specific groups.
3. Reducing access to the means of suicide.
4. Reducing the impact of suicide.
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Improving data and evidence.
7. Working together.

The strategy further embraced the concept of Suicide Safer Communities with ten action areas²

1	Leadership and steering	6	Suicide Intervention
2	Community Needs Assessment and Action Plan	7	Clinical and Support Services
3	Mental Health and Wellness Promotion	8	Suicide Bereavement
4	Suicide Prevention Awareness	9	Evaluation and Dissemination
5	Training	10	Capacity Building and Sustainability

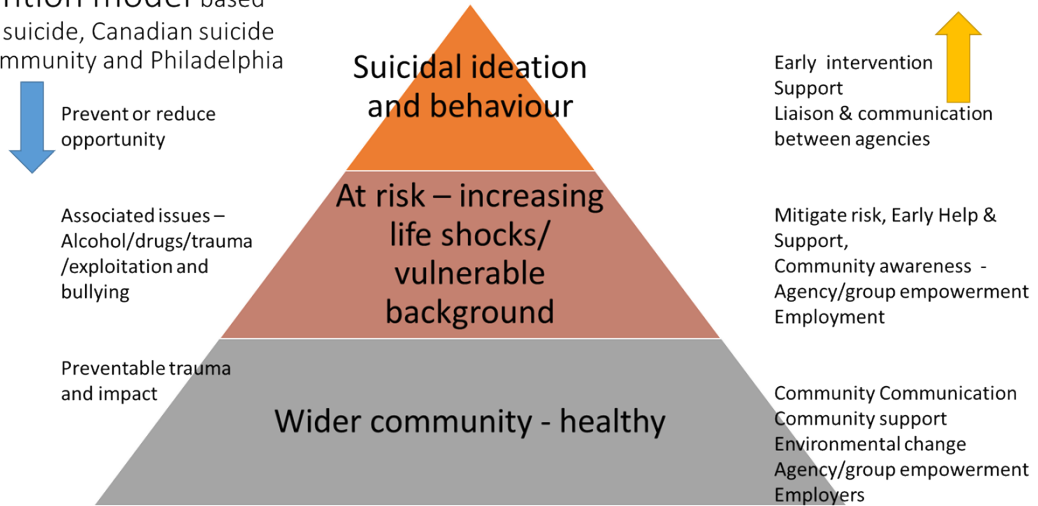
Marmot - reduce inequalities by acting early on prevention, with a good start in life and good work and opportunity,

¹http://webarchive.nationalarchives.gov.uk/20130104225636/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019548.pdf

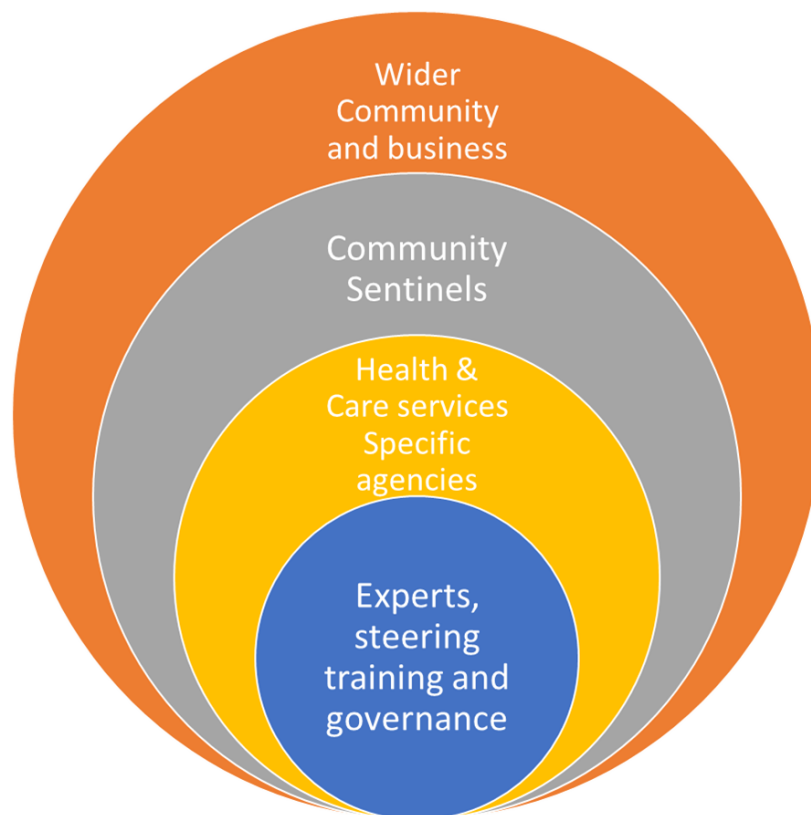
² <https://www.livingworks.net/community/suicide-safer-communities/>

Diagram of the Coventry Marmot influenced model

The Coventry Suicide prevention model based on Zero suicide, Canadian suicide safer community and Philadelphia



CIRCLES OF SAFETY



Appendix 2:

Poster and leaflet campaign – disseminated in City Lights magazine , Libraries and via partners.

You don't have to be the SUPERHERO all the time

Take off the mask.
Be your own superhero.
Asking for help is a sign of strength.

If money worries are on your mind, it's stressful. It's never too soon, or too late, to get help or advice about money.

For help and advice, visit: www.coventry.gov.uk/hero

SUPPORT IS OUT THERE, LOCALLY AND NATIONALLY:

DEBTLINE
Tel: 0800 731 7973

BENEFITS AWARE
Benefits aware provide advice and information about benefits and money
www.benefitsaware.centralenglandlc.org.uk

CITIZENS' ADVICE BUREAU
Tel: 024 7822 3284 (enquiries only)
www.coventrycab.org.uk

COVENTRY INDEPENDENT ADVICE CENTRE
Tel: 024 7852 1100
Opening phone hours:
Mon, Tue, Thu and Fri: 9.30am to 12.30pm and 1.30pm to 4.30pm
Wed: 9.30am to 12.30pm
Email: info@covadvice.org.uk

COVENTRY LAW CENTRE
Tel: 024 7822 3053
Email: enquiries@covlaw.org.uk
covlaw.org.uk
Oakwood House, St Patricks Road Entrance, Coventry, CV1 2HL

GAMBLERS ANONYMOUS
www.gamblersanonymous.org.uk

ALCOHOLICS ANONYMOUS
www.alcoholics-anonymous.org.uk

COVENTRY AND WARWICKSHIRE MIND
Tel: 024 7622 4417
www.cwmind.org.uk/get-help

SANE
Helpline: 0300 304 7000 (local rate)
4.30pm to 10.30pm daily
www.sane.org.uk

RELATE COVENTRY AND WARWICKSHIRE
Tel: 024 7622 5883
www.relatecoventry.org

NEED HELP WITH STRESS NOW?

SAMARITANS
Tel: 116 123 (free to call, confidential and anonymous)
Email: jo@samaritans.org

MENTAL HEALTH MATTERS
Tel: 0800 616171 from a landline
0300 330 5487 from a mobile phone
Text: 07786 202242
www.cwmind.org.uk/get-help

Coventry City Council, Mind Coventry and Warwickshire, SAMARITANS, 11 2222 BALLS 24 7, 24 7 24 7

Front page printed with one of 4 images reflecting the demographic diversity of Coventry.

Workshops - summary

80 attendees, average rating of events “Good”, 35 written commitments to action made.

This page is intentionally left blank



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 9th April 2018

From: Sue Frossell, Consultant in Public Health, Coventry City Council

Title: Coventry Parenting Strategy 2018 – 2023

1 Purpose

The purpose of this paper is to present the Coventry Parenting Strategy to the Health and Wellbeing Board and update members on progress made to strengthen parenting provision in the city. The aim is to provide an opportunity to offer contributions and suggestions to strengthen the parenting offer in Coventry.

2 Recommendations

The Health and Wellbeing Board are asked to:

1. Support the Parenting Strategy recommendations.
2. Contribute any comments or suggestions for further work to strengthen parenting provision in the city across partners.
3. Provide suggestions for the development and delivery of the implementation plan.

3 Information/Background

- 3.1** There is clear evidence that supporting parents and carers to develop effective parenting skills is an important part of maximising their children's potential. The future for our young people is not as good as others across the West Midlands and the country as a whole, particularly for our more deprived children. As a Marmot city, those delivering support to families in Coventry are committed to tackling health inequalities, where increasing deprivation is associated with poorer health.

4 Coventry Parenting Strategy

- 4.1** Coventry's vision for parenting is to have "More Coventry Children and Young People grow up within supportive families and communities". In order to deliver action to achieve this vision, a multiagency steering group has been established to develop a new Parenting Strategy for Coventry. In developing a Parenting Strategy, there will be a Coventry-wide approach to supporting parenting, where everyone working within this area including voluntary organisations, non statutory and statutory agencies understand, where their support fits into the overall parenting support system.

4.2 Consultation process to develop the Coventry Parenting Strategy

Through the Coventry Parenting Steering Group, a review of the current parenting provision in the city was completed. 21 agencies responded, highlighting 55 different parenting projects in the city. The current parenting support has shown that Coventry has a large number of evidence based parenting programmes and services on offer. There are also a number of locally grown programmes which help meet the diverse needs of the city. A consultation with parents confirmed that access to parenting support needs to be strengthened (e.g. support when their child is being bullied) and further awareness raising is required around the parenting provision.

4.3 A consultation with young people raised the important role parents have in helping them feel safe, being cared for and listening to them. In terms of building parenting capacity, young people highlighted the central role professionals play in breaking down the stigma associated with parenting support; they also felt strongly about the need for parenting support groups.

4.4 Areas for improvements and key recommendations have been identified, bringing together the views of parents and stakeholders and the evidence. The approach taken is to strengthen these services within existing resources.

5 Parenting Strategy Key Recommendations:

- Strengthen availability and accessibility of general information and advice to parents
- Harness technology and the developing digital systems across agencies to strengthen the parenting offer
- Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system
- Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need
- Ensure there is a clear focus on early help and prevention
- Improve cohesiveness of parenting support across Coventry
- Build parenting capacity in specific areas where gaps have been identified

6. Next steps

Multi-agency task and finish groups have been set up to take forward the first four recommendations, with the remaining recommendations acting as cross-cutting themes.

Following on from the emerging actions identified in the strategy, a detailed delivery plan for each of the work streams will be developed through the multi-agency Task and Finish groups.

Parenting will also be strengthened in the future through the Family Hubs: the new Family Health and Lifestyles service has an increased focus on the delivery of parenting support, especially through the Health Visitors in the early years and the monitoring of this contract will provide

levers to ensure parenting capacity is strengthened; there is an opportunity to strengthen our parenting offer through the training and development of Family Hub Workers.

By bringing parents and partners together in developing this strategy, we have achieved a comprehensive vision and approach to improve outcomes for children and families through strengthening parenting across the city. Partners are committed and ready to take the next steps towards achieving our vision.

7. Governance

The Parenting Strategy will be owned and monitored by the multi-agency Coventry Parenting Steering Group. The Steering Group, which reports to the Children and Young Peoples Partnership Board includes representatives from parents, statutory and non-statutory organisations including the voluntary sector. The strategy will be driven by the multiagency task and finish sub-groups.

Report Author(s):

Name: Sue Frossell

Job Title: Consultant in Public Health

Directorate: People Directorate

Contact Details: Email: Sue.Frossell@coventry.gov.uk

Name: Harbir Nagra

Job Title: Programme Officer

Directorate: People Directorate

Contact Details: Email: Harbir.Nagra@coventry.gov.uk

Appendices

Appendix 1 Coventry Parenting Strategy 2018-2023

Appendix 2 Coventry Parenting Strategy 2018 – 2023 (summary for parents and carers)

Appendix 3 Coventry Parenting Strategy consultation documents (Hyperlinks from the strategy)

This page is intentionally left blank

COVENTRY
**Parenting
Strategy**
2018-2023



Contents page

Executive summary

1. Introduction

1.1 Why is parenting important?

2. Our vision for Coventry

2.1 Strategy aims

3. How was the strategy developed?

3.1 Governance

3.2 Work undertaken to develop the Parenting Strategy

3.3 Links to other work happening in Coventry - service developments and strategies

4. What do we understand about the needs of parents in Coventry?

4.1 Population of Coventry

4.2 Deprivation in Coventry

4.3 Key risks and outcomes for children and families

5.0 Where are we now?

5.1 Review of parenting support

5.2 Findings from consultation with parents

5.3 Findings from consultation with young people

6.0 Where do we want to get to?

6.1 Key recommendations

6.2 Next steps

7.0 How will we know we have got there?

7.1 Expected outcomes

8.0 Conclusion

9.0 Acknowledgements and contributions

10.0 Appendices

11.0 References

Foreword (to be completed by members of the steering group, this will also include an organisation pledge board with signatures from partners)

Executive summary

There is clear evidence that good parenting is crucial to a child's development and to their future life chances. In the development of this strategy, the multi-agency Coventry Parenting Steering Group aimed to raise the level of awareness about the importance and impact of parenting on children's outcomes. This multiagency group, which included voluntary organisations, statutory agencies and parents, developed Coventry's vision for parenting which is to have "More Coventry children and young people grow up within supportive families and communities".

The Coventry Parenting Steering group sought to bring key partners together across statutory and non-statutory agencies to develop a more co-ordinated approach to parenting, sharing our resources, knowledge and experience and to review current provision and highlight recommendations for future parenting support. The Coventry Parenting Steering Group were also particularly aware of the reduction in resource across the system and the need to ensure that the provision of ongoing support and advice to Coventry parents, carers and families was maximised through joint working.

A consultation process was a key part of the development of this strategy. The steering group mapped out and reviewed the current parenting support which showed that Coventry has a large number of evidence based parenting programmes and services on offer. There are also a number of locally grown programmes which help meet the diverse needs of the city. A consultation with parents confirmed that access to parenting support needs to be strengthened and further awareness raising is required around the parenting provision.

Areas for improvements and key recommendations have been identified, bringing together the views of parents and stakeholders and the evidence.

Key Recommendations:

1. Strengthen availability and accessibility of general information and advice to parents
2. Harness technology and the developing digital systems across agencies to strengthen the parenting offer
3. Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system
4. Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need
5. Ensure there is a clear focus on early help and prevention
6. Improve cohesiveness of parenting support across Coventry
7. Build parenting capacity in specific areas where gaps have been identified

Next steps

Multi-agency task and finish groups have been set up to take forward the first four recommendations, with the remaining recommendations acting as cross-cutting themes. A detailed delivery plan for each of the work streams will be developed in partnership with key stakeholders.

Parenting will also be strengthened in the future through the Family Hubs: the new Family Health and Lifestyles service has an increased focus on the delivery of parenting support, especially through the Health Visitors in the early years and the monitoring of this contract will provide levers to ensure parenting capacity is strengthened; there is an opportunity to

strengthen our parenting offer through the training and development of workers within the Family Hub.

By bringing parents and partners together in developing this strategy, we have achieved a comprehensive vision and approach to improve outcomes for children and families through strengthening parenting across the city. Partners are committed and ready to take the next steps towards achieving our vision.

Introduction

1.1 Why is parenting important?

The relationships that mothers, fathers and carers have with their children are strongly linked to children's outcomes. When children/young people are parented in a positive way, they are likely to grow up feeling nurtured, safe and secure. Parental neglect, poor relationships with parents and inadequate parental supervision are associated with negative outcomes. Good parenting, however, has a substantial positive impact on a child's behaviour, educational attainment, emotional and physical health^{1,2,3}

As children and young people develop, families may face a number of challenges and the extent to which they are able to cope with these will differ from person to person. External factors such as unemployment, poor housing or poverty may negatively impact on a person's ability to parent well. However, good mental wellbeing and high levels of resilience can work as protective forces in these situations. Having good parenting support available from the very beginning of parenting, the antenatal period, up to adolescence, is essential to ensure people are able to navigate life's challenges and parent well at the same time.

Effective early help can have a positive impact, not only on the outcomes of children, young people and families, but it can save public money in the long run. When families reach crisis point, support is needed at a much more intensive level which costs more. By investing in early help to prevent difficulties from escalating, the need for these more costly services is reduced.

The Early Intervention Foundation (EIF) 'Cost Of Late Intervention' report found that nearly £17 billion per year – equivalent to £287 per person is spent in England and Wales by the state on the cost of late intervention¹². A key way of reducing these costs is to prevent adverse childhood experiences (ACEs) from occurring. ACEs are potentially traumatic events that can have negative, lasting effects on health and wellbeing and lead to higher rates of crime, antisocial behaviour and poorer mental health and wellbeing¹³.

Good parenting* plays a key role in preventing some of these issues from escalating and having a negative impact¹².

*In this strategy, good parenting is defined as safe, warm, secure home life, helping the child/young person to learn the rules of life..

There are many national policies which recognise the important role of early intervention and prevention and accessible parenting services ^{5,6,7,8,9,10,11} to improve outcomes for children and families including:

- Early Intervention Foundation: What works to support parent child interaction in the early years (2016)
- The First 1001 Days All Party Parliamentary Group (2015) Building Great Britons
- Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays (2012)
- The Wave Trust (2013)
- The Marmot Review Fair Society, Healthy Lives (2010)
- The Foundation Years: preventing poor children becoming poor adults: Frank Field (2010)
- NICE guidance Postnatal Care (2013)

Sir Michael Marmot, has outlined the importance of investing early to support families and children recommending that the proportion of overall expenditure allocated to the early years should be increased and ensuring the provision of “ *high quality maternity services, parenting programmes, childcare and early years’ education meet the needs across the social gradient*¹¹”

2. Our vision for Coventry

In Coventry, partners who work with families to support positive parenting have come together in order to achieve the following vision

More Coventry children and young people to grow up within supportive families and communities

- This will be achieved by ensuring children and young people have the best possible chance of being happy and healthy and achieving their potential through parenting support that is accessible and responsive to individual and community needs.
- Support will be provided from maternity services to school age and beyond, which develops nurturing family environments.
- Parents will feel empowered in their communities to support each other and build capacity to encourage and promote positive parenting.

2.1 Strategy development aim and objectives

The overarching aim was to develop this strategy using a Coventry-wide approach, where everyone working within this area, including voluntary organisations and statutory agencies, clearly understood where their support fitted into the overall parenting support system.

The following objectives were used to achieve this:

1. Bring together key partners across statutory and non-statutory agencies in a more co-ordinated approach, sharing resources, knowledge and experience to improve outcomes for children and families;

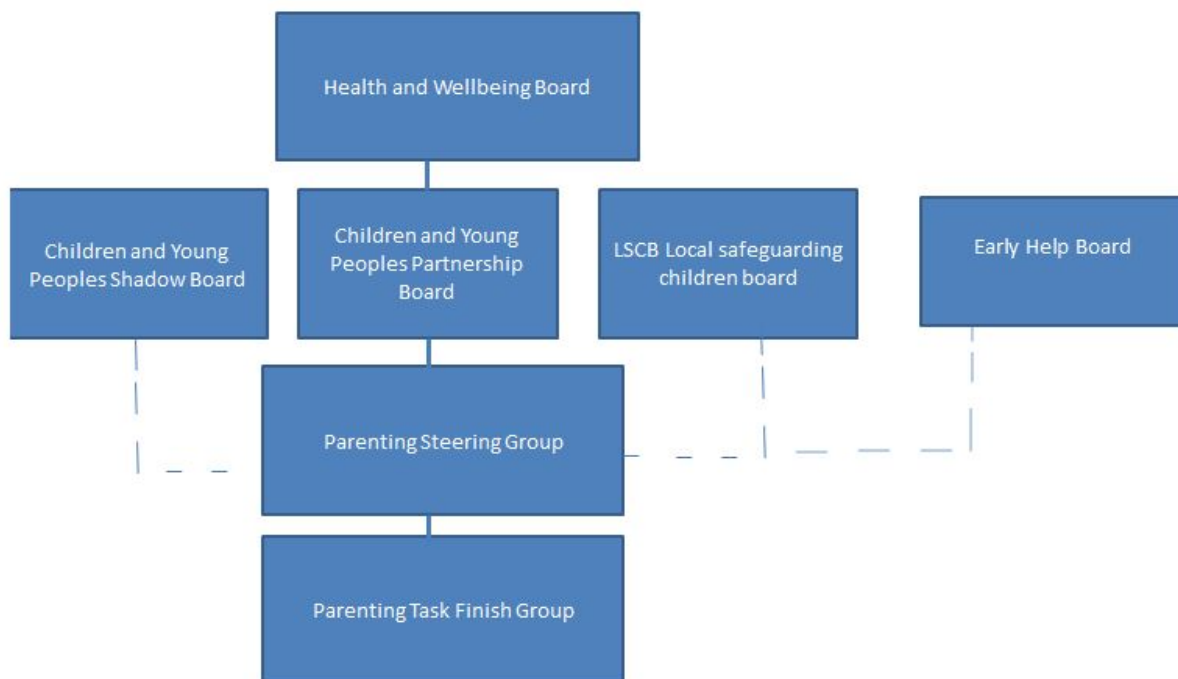
2. Raise the level of awareness about the importance and impact of parenting on children's outcomes;
3. Provide ongoing support and advice to Coventry parents, carers and families about parenting projects including the role of technology;
4. Review current provision and highlight recommendations for future parenting provision

3. How was the strategy developed?

3.1 Governance

In June 2017, a multiagency steering group was set up with parents and key statutory and non statutory partners. (Appendix 1 provides a full list of members). Parents were a key part of the Coventry Parenting Steering Group. The role of the Coventry Parenting Steering Group is to develop the Parenting Strategy and to maintain overview and accountability for the actions delivered as part of the strategy recommendations. The Coventry Parenting Steering Group will report progress updates to the Children and Young People's Partnership Board. Figure 1 shows an overview of how the partnership will work:

Figure 1: How the partnership will work for the Parenting Strategy



3.2 Work undertaken to develop the Parenting Strategy

The Coventry Parenting Steering Group was instrumental in leading a consultation process that included mapping out the current parenting support offered in the city and identifying areas for improvements. In undertaking a consultation the views of those who used the current services were captured and this helped identify where improvements needed to be made. An online survey was developed to capture the views of parents more widely (paper copies were made available in public spaces and 364 responses were received). Previous Parenting Strategy work was also reviewed by the Coventry Parenting Steering Group.

3.3 Links to other work happening in Coventry - service developments and strategies

Despite there being significant challenges in Coventry, there are some excellent opportunities to give our children the best start in life. The recent launch of the Family Hubs will deliver locally based early-help services, including services around health and wellbeing, benefits advice, employment and training.

The Family Hubs are in the eight most deprived areas of the city and include services for 0-19 year olds (0-25 for children with Special Educational Needs and Disabilities) including Children's Services, School Nursing, Health Visiting and Police. In addition, seven Public Health services that support families are currently being redesigned and brought together into one service, this includes services such as Health Visiting and School Nursing.



The new redesigned service called the Family Health and Lifestyle Service will have a greater focus on parenting and family support, with early intervention at the heart. There is an opportunity to strengthen our parenting offer through the training and development of workers within the Family Hub.

There are many other local policies which have links with the Parenting Strategy. The Coventry Steering Group has ensured the Parenting Strategy is developed in line with these local policies. This includes The Health and Wellbeing Strategy which drives the plan for reducing health inequalities and improving health and wellbeing for Coventry residents¹⁸. The Coventry Early Help Strategy sets out the aims to deliver effective early help to children, young people and their families, it aims to strengthen our parenting offer with a focus on group as well as individual work, bringing together parents and families to work effectively¹⁹. The Coventry Early Help Strategy set out that effective early help will deliver against a range of outcomes including maximising school readiness and minimising the number of referrals to social care¹⁹.

The new Domestic Abuse Strategy for Coventry sets out the important role of parents in recognising the signs that their child may be a victim or perpetrator of domestic abuse and know where to seek help to ensure that they receive the necessary support to prevent further abuse and/or achieve behaviour change.

In addition, The Children and Young People's Plan (2016) sets out the outcomes organisations in Coventry will work towards to deliver the best support to children and families with a key focus on early help, which includes the role of parents and their ability to demonstrate positive parenting skills that promote resilience in children²⁰. Also, the Parenting Strategy developed takes account of the corporate parenting responsibilities local authorities and partners have²². The parenting provision provided by Coventry's Special Education Needs Disability (SEND) local offer has also been considered. Key members of the Coventry Parenting Steering Group are represented on these boards to ensure the parenting strategy aligns with this work.

4. What do we understand about the needs of parents in Coventry?

In order to consider the parenting support required in Coventry, it is essential to understand the current level of need in Coventry.

4.1 Population of Coventry

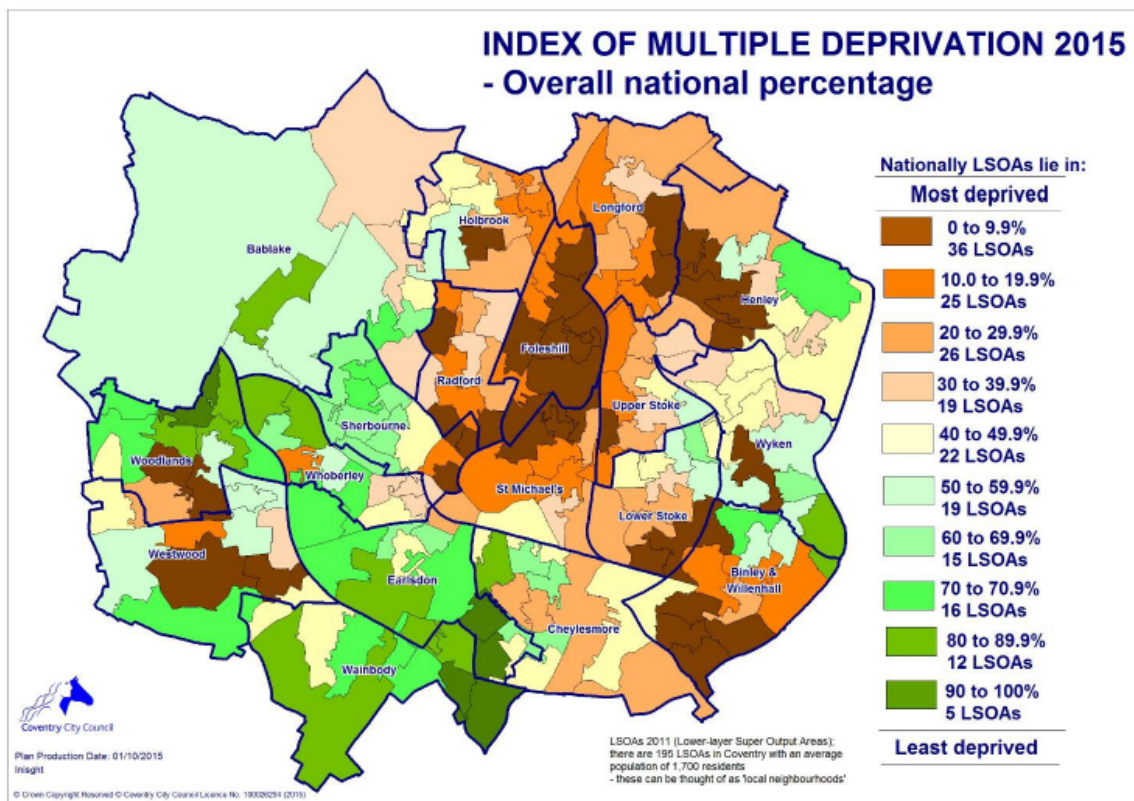
Coventry's population is 352,911 and children and young people make up approximately 25.04% (88,372) of the population²⁴. The future for our young people is not as good as others across the West Midlands and the country as a whole, particularly for our poorest children.

Given the diversity in the city, one size doesn't fit all and the impact of cultural beliefs on parenting also needs to be considered. Coventry has a growing percentage of residents of Black and Minority Ethnic Groups. 46.9% (21,470) of school children are from a minority ethnic group. The Migrant Health Needs Assessment identifies that over 100 languages are spoken in Coventry and 9% of households do not have a single person within the home who speaks English as a first language. This brings challenges but also opportunities to delivering parenting support¹⁵

4.2 Deprivation in Coventry

According to the Indices of Multiple Deprivation (a measure based on income, education, housing, employment, crime, health, access to services and the living environment) Coventry is in the most deprived fifth of all local authorities in England, and some wards in Coventry are among the most deprived in the country. Figure 3 provides a map showing the deprivation across Coventry. Deprivation is linked with poorer outcomes for children and, therefore, the challenge to improve health and wellbeing for children in Coventry is significant. Additionally, the evidence is clear that the first two years of life is a critical period for child development and in Coventry, areas with the highest population levels of 0-2 years correlate with the higher levels of deprivation¹⁶. There are relatively more households with dependent children in Foleshill – and in particular, one in 10 children in that ward are aged under five. Radford, Henley, Holbrook and Longford wards are also noted to have higher populations of children aged under five and the wards with higher populations of under five years tend to be in those wards with higher levels of deprivation¹⁶

Figure 2: Index of Multiple Deprivation across Coventry



4.3 Key risks and outcomes for children and families

Domestic abuse, mental health illness and substance misuse are significant issues for some Coventry parents, which impacts on their children¹⁹.

Approximately 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time. This means many children will grow up with a parent who at some point will experience poor mental health, which can negatively impact on outcomes for children and families. The Mental Health and Wellbeing Assets and Needs Assessment for Coventry and Rugby estimated that there are over 67,000 noted common mental health disorders in the Coventry population in people aged between 16-74 years¹⁵. However, it is expected that the total number of people who are affected by a common mental health condition will be lower as there may be an overlap as it is possible that someone could experience more than one mental health disorder. In 2015/16, the rate of domestic abuse related incidents and crimes recorded by police in Coventry was 23.5 per 1,000, similar to the West Midlands' rate of 23.6 per 1,000, with both higher than the national rate of 22.1 per 1,000¹³. However, the rate of parents in drug treatment per 100,000 children aged 0-15 (11/12) was lower (84.1 per 100,000) than the regional (109.8 per 100,000) and national rate (110.4 per 100,000).

In terms of under 18 conceptions, Coventry has a higher rate than the national average and West Midlands figure. When comparing Coventry to its statistical neighbours (Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours*), Coventry has a higher rate of teenage parents compared to many other local authorities with similar

characteristics. Teenage parents are more likely to experience poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is likely to be worse than average, therefore, the needs of teenage parents need to be considered¹⁶.

When considering Looked After Children (LAC) per 10,000 in under 18 population, Coventry is ranked 7th highest (77.2) out of 16 statistical neighbours where the highest is 112.2 and the lowest is 45.8, the national average is 60.6 per 10,000 <18 population. In terms of Child Protection plans per 10,000 in under 18 population, Coventry is ranked 4th highest (29.2) compared to 16 statistical neighbours where the highest is 37.9 and the lowest is 11 and the national average is 19.8 per 10,000 <18 population¹⁴. In 2014, there was a higher percentage of children in low income families than the national average and there has been a slight increase over the past few years. With regards to health outcomes, nationally the rate of young people aged 15-19 admitted to hospital as a result of self-harm is increasing, and this is the case for Coventry¹⁴. In Coventry there is a higher percentage of children who are obese at Year 6 (23.1% in Coventry 2015/16 compared to 19.8% for the national average). This has increased over the last few years, with the percentage of obese children at Year 6 in 21.3% back in 2013/14. There are higher rates than many of our statistical neighbours.

In 2016, there was an improvement compared to previous years in the proportion of children aged five at a good level of development with 65.4% of children achieving this level. However, Coventry's performance remains worse than the national average and regional average¹⁴.

Table 1 shows that in general, Coventry's key risks and outcomes indicate a greater challenge than experienced either regionally or nationally. There is a clear need to support parenting across our population and in particular to ensure that the level of support is proportionate to the need; this means ensuring those who are most vulnerable and have higher needs have access to higher, more intensive, levels of support. We should work to maximise the benefits of our resources, ensuring the highest possible level of benefit is provided to our children and families.

Table 1: A comparison of key risks and outcomes for children and families in Coventry compared to national and regional rates¹⁴

		Coventry	West Midlands region	National average	Comparison to statistical neighbours* of Coventry 1 = Best 16 = Worse
Safeguarding	Rate of children looked after by the local authority (rate per 10,000 u18s)	77	73	60	10 out of 16
Poverty	Percentage of children in low income families (under 16 years) 2014	25.4%	23.5%	20.1%	7 out of 16
Education	Percentage of children achieving a good level of development at the end of reception (2015/16)	65.4%	67.1%	69.3%	7 out of 16
	Percentage of children with GCSEs achieved (5 A*-C inc. English and Maths) (15/16)	54.3%	54.8%	57.8%	6 out of 16
Health	Percentage of Year 6 obese children (2015/16)	23.1%	22.1%	19.8%	11 out of 16
	The rate of young people aged 15-19 admitted to hospital as a result of self-harm per 100,000 15/16	861	658.9	648.8	13 out of 16
Domestic abuse	Rate of domestic abuse related incident and crimes recorded by police per 1000 (15/16)	23.5	23.6	22.1	5 out of 16 (joint fifth)
Substance misuse	Parents in drug treatment: rate per 100,000 children aged 0-15 (11/12)	84.1	109.8	110.4	Requires more investigation
Teenage parents	Under 18 conception rate per 1,000 females aged 15-17 years (2015)	29.9	23.7	20.8	13 out of 16

* Statistical neighbours refers to the Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours. This attempts to relate Local Authorities by their traits, by using descriptive features of the area each authority administers such as population, socioeconomic, household and mortality characteristics, rather than the services it provides - The CIPFA statistical neighbours used for comparison are: Derby, Bolton, Medway, Sheffield, Oldham, Kirklees, Rochdale, Bradford, Peterborough, Walsall, Stockton on Tees, Sandwell, Dudley, Wolverhampton, Swindon.

5. Where are we now?

5.1 Review of parenting support

In July 2017, a range of stakeholders, for example the National Society for the Protection of Cruelty to Children (NSPCC), Child and Family Services (Coventry and Warwickshire Partnership Trust), and Midwifery (University Hospitals Coventry and Warwickshire NHS Trust) were asked to identify the offer of support to parents in Coventry. A total of 21 organisations responded (see hyperlink 1 for further details). The purpose was to understand what was working well and what changes needed to be made to strengthen the parenting provision. The Coventry Parenting Steering Group used this information to decide what the future parenting support should look like. This involved taking into consideration the evidence base for the different parenting support, reviewing the parenting provision on offer from universal through to targeted support and reviewing the needs of local families.

The review has found that there is a variety of evidence-based parenting programmes currently used in Coventry to empower parents in managing their children's behaviour and

promoting their health, education and wellbeing (this includes Triple P, Helping the Non Complaint Child and Incredible Years). A range of parenting support is offered to parents universally such as Health Visiting and School Nursing, as well as online parenting support such as the Solihull Approach and the Baby Box University syllabus. The libraries also offer a range of valuable resources, such as community support and information through the Rhyme time sessions offered to 0-4 year olds. Children are also helped with literacy and language development skills that come from the freely accessible books and intervention schemes such as Book start baby and Book start Treasure.

Stakeholders identified there were many services designed to support parents with specific needs such as The Family Nurse Partnership (FNP) service offering support to teenage parents aged 19 or under who are first time mothers and provides regular visits until the baby is two years old. The Family Nurse Partnership (FNP) service works closely with the iBumps service, which provides support to young parents who are not eligible for, or decline, FNP and work closely with maternity and health visiting services. Stakeholders identified that the Foleshill Women's Training Centre provided peer support, prevention and intervention to parents through a range of ongoing projects such as MAMTA, a service offered in the antenatal and postnatal period working closely with early years services. In addition, parenting support is offered to families who are asylum seekers in the city. Given the diversity in the city it is crucial to ensure the needs of the communities are met. As part of the Special Educational Needs and Disability (SEND) local offer there are a number of targeted parenting programmes such as support offered by Communication and Interaction (including Autism) Support Service and the EYSS (Early years support service) SEND offering parent/carers of children with complex needs city wide support.

Through the Coventry Parenting Steering Group, 55 different parenting support initiatives were identified. The current total number of practitioners trained to deliver a targeted parenting project is approximately 302 with approximately 163 professionals trained to deliver a universal parenting project. The Coventry Parenting Steering Group recognises that strengthening the parenting offer in the city is vital to improving the outcomes for children and young people. A full breakdown of parenting projects identified by the Coventry Parenting Steering Group can be found at [insert hyperlink 1](#). Table 2 provides a summary of the universal and targeted parenting offer in Coventry.

Table 2: Coventry parenting support offer across 0-19 years

	Universal parenting support (Level 1)	Targeted support (level 2 -4)
Pregnancy – Antenatal offer	<ul style="list-style-type: none"> • Solihull approach (online) • Baby buddy app - promoted at booking and at intervals during pregnancy • Antenatal classes – Birth Expectations, Hands On • Family links antenatal programme 	<ul style="list-style-type: none"> • FNP young parents and iBumps • Domestic abuse programmes surviving violence • Just for me • You and me mum • Coventry and Warwickshire Mind – befriending
Postnatal offer	<ul style="list-style-type: none"> • Solihull approach(online) • Baby buddy app • Baby box syllabus (online) • Family links nurture programme • infant feeding support groups • Postnatal 0-12 months Book Start Baby 	<ul style="list-style-type: none"> • Jigsaw • Let's play carriers of hope • Living With Confidence • Women As Protectors • Young Smiles • Adult Education • Triple P Stepping Stones • Parents under pressure NSPCC • MAMTA • Coventry and Warwickshire Mind befriending • Baby Bundles • Domestic Abuse programme Surviving Violence • Parents Under Pressure • Just for me • You and Me Mum
0-5 years	<ul style="list-style-type: none"> • Solihull understanding children's behaviour (online) • Infant feeding support groups • OBOL one body one life 2-4 years • One stop shop – health visiting • Strengthening Families Strengthening Communities • Family links nurture programme • Book Start Treasure • Rhymetimes sessions 	<ul style="list-style-type: none"> • SEND Early Years Team (0-5) • Living with confidence • NAS Early bird (0-4) • Women as protectors • SEND Complex communication Team (0-4) • Jigsaw(0-4) • Young Smiles • Coventry and Warwickshire Mind befriending • Adult Education • Triple P Stepping stones 0-12 • Parents under pressures NSPCC • MAMTA • Incredible Years (3-5 years) • Domestic Abuse programme Surviving Violence

		<ul style="list-style-type: none"> • Parents Under Pressure • Circles Of Security • Just for Me • You and Me Mum
5-19 years	<ul style="list-style-type: none"> • Solihull Approach understanding children's behaviour (online) • Family links nurture programme 	<ul style="list-style-type: none"> • Group Teen 11-16 • Triple P Stepping Stones 0-12 • Triple P Teen 11-16 • Triple P Standard 11-16 • Living With Confidence • Women as protectors • Young Smiles • Adult Education • Cyrenians alcohol mediation (13-18 yrs) • One Body One Life (5-14 yrs) • Incredible Years(6-12 years) • Coventry MIND befriending • Domestic Abuse programme Surviving Violence • Relate (5-10 years) • Just for Me • You and Me Mum • Circles of Security

What worked well?

Through the mapping exercise, those who deliver parenting support to parents in Coventry were asked what aspects were currently working well for parenting. Their responses included; evidence based programmes offering tailored support e.g. for teenagers such as Teen Triple P and Stepping Stones, opportunities for peer to peer support, partnership working between agencies and skilling parents to improve their self-esteem.

What did not work well?

We also asked what was not working so well. The findings showed that we need to do more to help break down barriers with certain communities and find ways of encouraging commitment from parents to attend parenting support sessions.

What would make it even better?

We also asked what would make the parenting support even better. Stakeholders said there needed to be more time for follow up with parents, that more staff were needed to deliver sessions and that there needed to be improved communication with partners. Stakeholders also said that having the same venues (including crèche facilities) would be helpful.

Key areas of importance were identified, including: providing a range of parenting support in a timely way to meet parent's individual needs, promoting positive coping strategies and showing that it was normal to ask for help. Stakeholders also said we needed more joined up approaches from professionals to reduce duplication across the system; stakeholders also said programmes needed to be delivered efficiently, ensuring quality and fidelity.

Through discussions with the Coventry Parenting Steering group the value of enhancing the digital parenting support offer has also been highlighted.

Assessing a family's journey:

Stakeholders have also made reference to use of the 'Steps to Change' evaluation tool which is currently being used by professionals as a model to assess the progress for a child. The tool can be used at the start of the early help or Child and Family (C&F) Assessment (tools used by professionals to achieve a co-ordinated approach to supporting families or to assess the needs of a family) to provide an overview of family needs and assets²². The tool can then be used at the end of the evaluation, when the family has met their targets in order to show the progress made. It also identifies any changes where a higher level of support may be required which could include referrals to other agencies (including Social Care). The Steps to Change tool focuses on the four assessment areas of early help and Children & Families assessment.

Appendix 2 provides information about the four assessment areas which can be divided into nine areas of family life.

5.2 Findings from consultation with parents

We are committed to listening to service users, encouraging them to contribute and develop the Parenting Strategy with us. During September 2017, parents and the Coventry Parenting Steering Group designed a survey to capture the views of parents and carers in Coventry, to better understand their perspectives and what they would most value from parenting support.

364 responses were received and a full report of findings can be found at (insert hyperlink 2)

Demographics of parents

41% (202/493) of parents said they had children aged 0-4 years, more than a third (35% 171/493) said they had a child aged 5-11 years.

There was a lower percentage of parents with older children- 15% had children between the ages of 15-19 years and 9% had a young person aged 19 or above. Therefore, the sample may not be a truly representative sample. 19% of parents were from an ethnic minority group which is slightly lower than the Coventry population figure of 33%.

The consultation with parents confirmed that access to parenting support needs to be strengthened; further awareness raising is required around the parenting provision. The findings show that a high percentage of parents needed support before or after birth such as preparing for the birth of the baby (75%), breastfeeding (71%), how to care for the baby - e.g. safe sleeping, bathing and feeding (69%) and supporting child behaviour (52%). A smaller proportion of parents reported needing support in areas such as relationship support between adults (32%), dealing with financial responsibilities (32%) or their child being bullied (24%). A summary of the findings is provided in Figure 4.

Didn't need support V Needed Support

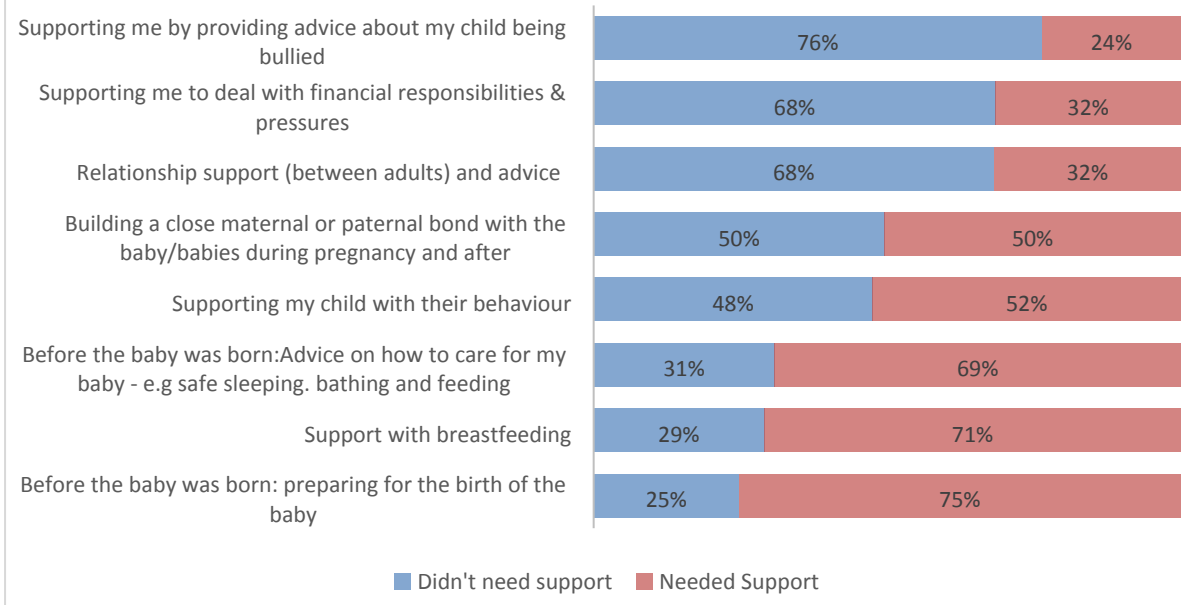
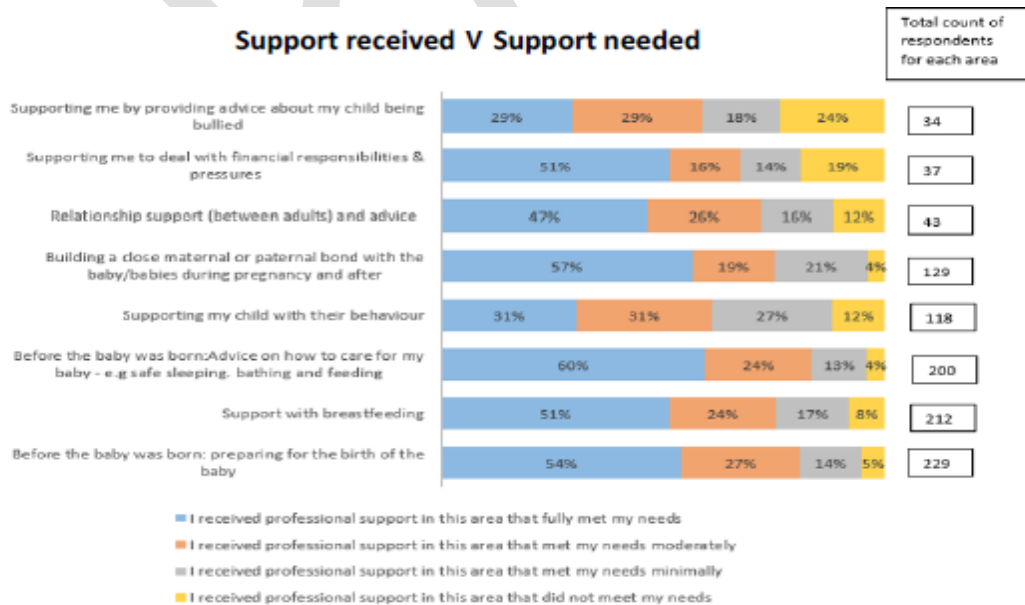


Figure 4: Summary of consultation findings – Didn't need support v Needed support

The findings show that the majority of parents received support that fully met their needs or moderately met their needs. A summary of the results is provided in Figure 5:

Figure 5: Support received by parents versus support needed



How parents would like to receive support

Thinking about the method in which parenting support is offered, 86/272 (32%) said they prefer to receive support one to one. 99 out of 279 (36%) parents said they would like support at home. 74 out of 272 (27%) preferred receiving advice online.

Barriers to receiving support

Stigma

The consultation with parents identified a number of barriers to them accessing help, such as stigma. Some of the comments highlighted included:

“Felt self conscious and failure if I admitted I was struggling” (infant feeding)

“Made to feel that because I am well educated and from a reasonably affluent background and not a young mum, that the support wasn’t for me”

Not knowing how to access parenting support: Access to parenting support needs to be strengthened in the following areas:

- Breastfeeding
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding
- Supporting my child with being bullied
- Support around transition points
- Ensuring parents are provided with support around their relationships with their partner

Not knowing that help was available:

The consultation identified that more needs to be done to promote professional support with building a close maternal or paternal bond with the baby during and after pregnancy, support to deal with financial responsibilities and pressures and relationship support (between adults) and advice.

Role of social media:

The survey was promoted online via social media forums during the first six days. Nearly 40% of the total responses received (143 responses) were completed during this time period. It is likely that social media was instrumental in achieving this high response rate and demonstrates the effectiveness of social media providing information to parents in Coventry. Parents were asked how they would like to receive parenting advice; 32% said one to one support was their preferred method, the second most popular answer was online (27%) which shows the importance of using technology as a platform to provide parenting advice.

5.3 Findings from consultation with young people

Defining good parenting:

As part of the consultation with young people, we asked 15 young people how they would define good parenting?

Young people raised a number of interesting points, the main findings are shown below:

- The importance of feeling safe, being cared for, having parents who listen to them (19)
- The vital role of parents in teaching and educating their children (8)
- That good parenting was about putting their child's needs before their own (2)

Support around technology and building parenting capacity:

We asked young people to focus on two areas which were recommendations identified by the steering group; technology and parenting capacity.

Technology:

To strengthen technology and its role in providing parenting support, young people felt the use of a portal providing information on areas such as health, special needs and first aid would be very beneficial. Young people also raised the importance of disseminating information in a range of settings such as libraries, schools, GP surgeries etc. Some comments made reference to the crucial role of social media e.g. Instagram and Facebook in promoting parenting support and the use of online chats to speak to advisors about parenting support.

Building parenting capacity:

In terms of building parenting capacity, young people highlighted the central role professionals play in breaking down the stigma associated with parenting support; they also felt strongly about the need for support groups and buddying up schemes.

Support for Coventry parents in the future:

We then asked young people to think what support they would value if they became parents in the future.

Young people stated the following as essential areas for support:

- Information about finance
- Mother and father support groups
- Being able to access support on emotional health
- Knowing what sources are reliable for parenting advice
- Support for multiple births

6. Where do we want to get to?

6.1 Key recommendations

In order to drive action across Coventry partners to achieve the aims of the Coventry Parenting Strategy, a set of key recommendations have been identified:

Strengthen availability and accessibility of general information and advice to parents:

Our ambition is that agencies and parents will be clear about where they can find information and advice about parenting support. Parents will have access to information in a variety of formats. Parents and agencies will be clear about the type of parenting support on offer.

Harness technology and the developing digital systems across agencies to strengthen the parenting offer: Our ambition is that parents will feel empowered through peer to peer support and will have access to a range of online support linking parents and communities.

Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system: Our ambition is that parenting support will be offered in a way that meets the needs of families, providing those families with more complex needs with more support.

Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need: Our ambition is that partners delivering parenting support will feel confident in their skills and abilities to drive parenting support universally and targeted at the most vulnerable families

Ensure there is a clear focus on early help and prevention: Our ambition is that support will be provided to families from professionals working with 0-19 years at the earliest possible opportunity to prevent issues from escalating to crisis point.

Improve cohesiveness of parenting support across Coventry: Our ambition is that professionals will work together to share information regularly so parents don't have to keep repeating their stories; clear referral pathways will be in place for both young people and families requiring additional health or social care services, with good communication between all agencies involved

Build parenting capacity in specific areas where gaps have been identified: A robust offer to support parents to build parenting capacity including evidence-based programmes will exist. Parents will be able to access a range of parenting advice available through a variety of methods which are easily accessible. A range of courses, group sessions, online provision, will be available appropriate to the family's needs, this will help improve parents' confidence levels in their parenting abilities. Parents will be supported with wider issues such as employment, housing, income, relationship advice taking a whole family approach. Peer to peer support will exist, encouraging community resilience.

Importantly, Coventry partners represented on the Coventry Parenting Steering Group, have committed to delivery of parenting support as outlined in Table 2 (section 3). This clear continued focus is significant given the financial challenges currently faced by statutory and non-statutory services. Table 3 provides the key recommendations and emerging actions for the parenting strategy:

Table 3: Key recommendations for the Parenting Strategy and emerging actions

Key recommendations	Emerging actions
<p>1. Strengthen availability and accessibility of general information and advice to parents</p>	<ul style="list-style-type: none"> • Ensure all staff are working with families to promote consistent positive messages about parenting support that is on offer with professionals being clear about referral processes. • Strengthen parent leadership forums to support parents • Harness the opportunities to integrate a newly designed parenting portal within current development of digital platforms across partners, providing information and advice to parents
<p>2. Harness technology and the developing digital systems across agencies to strengthen the parenting offer</p>	<ul style="list-style-type: none"> • Promote safe use of social media as a route for advertising / awareness raising around parenting support across all partner agencies. • Steps to Change be made available to parents via a protected online portal for parents to control. • Support access to online services via community centres linking in with other digital offers. Consider Youtube as a tool for communicating parenting information to parents who struggle with resources written in English.
<p>3. Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system</p>	<ul style="list-style-type: none"> • Offer a wide range of formal and informal support for parents that is accessible, reflecting the diverse needs of parents of Coventry such as support at transition points or parents who are asylum seekers. • Train staff and offer ongoing peer support, particularly in steps to change and signs of safety to adopt a collaborative approach. This must be offered to voluntary, private and partner agencies and schools. There is an expectation that all partner agencies will use these tools in part or whole. • Ensure parenting support includes face to face and one to one services alongside online provision • A continual process of assessment and improvement to ensure it meets the needs of Coventry parents into the future.
<p>4. Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need</p>	<ul style="list-style-type: none"> • Early help managers to complete asset mapping for local needs and resources in their communities. • Strengthen the intelligence that is shared between partners to help them make informed decisions about resources • Strengthen delivery in areas where the resource currently does not meet the demands of the population(further in-depth analysis is needed considering each parenting projects impact in relation to resource)

<p>5. Ensure there is a clear focus on early help and prevention</p>	<ul style="list-style-type: none"> • Strengthen antenatal parenting support – availability of antenatal classes e.g. birth expectation classes and antenatal support groups is increased. • Improve continuity and consistency throughout important transition periods e.g. starting school particularly for vulnerable families. • Early years’ staff (including maternity, health visiting, voluntary agencies, children services) to promote closeness and sensitive parenting, by training staff in parent infant attachment and improve their ability to identify attachment disorders early. • Equip the workforce to be better placed to work together, identify problems early and share information with professionals.
<p>6. Improve cohesiveness of parenting support across Coventry</p>	<ul style="list-style-type: none"> • Working with partners to build training models which offer sustainability long terms e.g. train the trainer models • Identify workforce development needs and train key partners including Family Hub staff • Build knowledge, confidence and trust between professional disciplines (e.g. through the Family Hubs) to ensure parents are provided with consistent advice around parenting offer. • Improve relationships between those providing parenting programmes, whilst encouraging signposting and referral pathways between services • Professionals delivering parenting support to develop constructive relationships with parents with effective communication systems between the school and the family. • Professionals working with families will have face to face multiagency meetings to discuss concerns about families with unmet needs. • Align the Parenting Strategy implementation with the Special Educational Needs and Disability (SEND) local offer
<p>7. Build parenting capacity in specific areas where gaps have been identified</p>	<ul style="list-style-type: none"> • Build parenting capacity and help normalise parenting support in local communities • Wherever possible involve families in decision-making in respect of services that they benefit from • Strengthen parent relationship advice - This should include brief targeted interventions for more vulnerable families where there is increased parental conflict and universal support during the antenatal and postnatal phase to prepare parents to transition into parenthood

<p>Build parenting capacity in specific areas where gaps have been identified (Continued)</p>	<ul style="list-style-type: none"> • Train staff to support fathers more confidently. • Strengthen parenting provision universally for school aged children (5-19 years) • Strengthen support for parents with a learning disability
--	---

6.2 Next steps:

A crucial part of the implementation of this strategy will be the development of a clear action plan owned by partners and managed within a governance structure which provides robust processes to assess progress. The action plan will be developed to set targets, identify organisational leads and individuals.

Multi-agency task and finish groups have been set up to take forward the first four recommendations, with the remaining recommendations acting as cross-cutting themes. Key partners have signed up to lead the task finish groups such as Grapevine and those responsible for parenting in the council. A detailed delivery plan for each of the work streams will be developed in partnership with key stakeholders.

The Parenting Strategy Steering Group will oversee the task and finish groups in developing action plans for each key area of development. The Coventry Parenting Steering Group will be responsible for monitoring the progress against the general and specific action plans and measuring the outcomes of the strategy (see below).

7. How will we know we have got there?

In order to ascertain if delivery of the key recommendations above is having a positive impact on Coventry parents it is necessary to identify a range of information/data that can be used to indicate positive progress. Drawing on a range of outcomes/data already collected, or due to be collected, will ensure there is a co-ordinated and consistent approach across the city to measuring impact on families.

7.1 Expected outcomes

Parenting will also be strengthened in the future through the Family Hubs. The Family Hubs outcome metrics and Children and Young Peoples Plan will be used to measure the impact of positive parenting support on children and families' outcomes in Coventry. In terms of measuring the child's and family's journey, the Parenting Strategy identifies that the 'Steps to Change' model is a key evaluation tool measuring the family's journey over a period of time to show the progress they are making. This includes impact in areas such as the child's health, education, relationship with parents and family life. Appendix 2 provides the 'Steps to Change' model which has many areas it measures for family life. Also, questionnaires will continue to be used pre and post parenting support to measure the impact of the support.

8. Conclusion

There is strong evidence that supporting parents to develop good parenting skills will have significant impact on children's lives as they grow up. Coventry is a young, diverse city,

therefore, investing in our children and young people and their parents benefits everyone in Coventry. We are using many evidence based parenting programmes in Coventry which are embedded into practice and we have good data showing significant impact. Delivering the parenting support will require creative thinking around how resources will be used most effectively across the deprivation gradient, to improve family wellbeing and build resilience within our communities and encourage early intervention and prevention. We need to look at the way we support families, with professionals spending time developing trusting relationships with children and families, building community capacity. We must strengthen our efforts to work with partners, parents, children and young people, tapping into the city's future ambition for its children and young people.

8. Acknowledgements and contributions

This strategy relies on the time and talent of colleagues whose contributions and comments are acknowledged with grateful thanks. These include stakeholders, partners, providers and members of the Coventry Parenting Steering Group.

DRAFT

10. Appendices

Appendix 1: Membership of the Coventry Parenting Steering Group:

1. Sue Frossell, Public Health (Consultant in Public Health)
2. Harbir Nagra, Public Health (Programme Officer)
3. Angela Harley Coventry City Council, (Early Help Manager West)
4. Pat Grainger (Lyng Hall School)
5. Sarah Tambling (Police)
6. Sheila Bates, Coventry City Council (Children's Champion)
7. (Alan Butler, Coventry City Council (Joint Commissioning Manager Childrens joint commissioning team)
8. Mary Haidar, Health Visiting Service Manager (Coventry and Warkwicksire partnership trust)
9. Taffy Nyatanga (Out reach Acts)
10. Sue Sampson (Carriers of Hope)
11. Tim Jacques (Wild Earth)
12. Dawn Nicholls (Parent leader)
13. Hamida Khalifa (Family Hub Youth Worker, Coventry City Council)
14. Nicky Murphy (Family Nurse Partnership, FNP Supervisor)
15. Emma Beckett (Senior Practitioner, Coventry City Council)
16. Katie Mcginty/Tracy Standbridge Boyle (Midwifery iBumps)
17. Chris Firth (Head of SEND Coventry City Council)
18. Andrea Mbarushimana (Grapevine)
19. Gillian Broomfield (Senior Parenting Practitioner, Coventry City Council)
20. Vicki Finlay (Senior Parenting Practitioner, Coventry City Council)
21. Lesley Cleaver/ Carmen Baskerville/Lili Gregor (Health Visiting)

Appendix 2: Steps to Change evaluation tool ²³

<i>Assessment Area</i>	<i>Building Blocks</i>
① Health	1 Children's physical wellbeing
	2 Children's mental health and emotional wellbeing
② Learning	3 Achievement, attainment, attendance and aspiration
③ Parents and Carers	4 Safety and security
	5 Family attachment and relationships
	6 Guidance behaviour and positive role modelling
④ Family and Environmental	7 Family life
	8 Accommodation and money
	9 Parental mental health and physical wellbeing

DRAFT

10 References

1. Allen, G (2011) Early Intervention: The Next Steps HM Government
2. Field, F (2010) The Foundation Years: preventing poor children becoming poor adults
3. Eileen Munro (2011) The Munro Review of Child Protection: the final report
4. Lindsay G and Cullen MA (2010) Parenting Early Intervention Programme evaluation Dfe
5. Early Intervention Foundation: What works to support parent child interaction in the early years (2016) www.eif.org.uk/wp
6. The First 1001 Days All Party Parliamentary Group (2015) Building Great Britons www.1001criticaldays.co.uk/manifesto
7. Conception to age two - the age of opportunity www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity
8. Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays (2012) CMO: www.gov.uk/government/publications/chiefmedical-officers-annual-report-2012-ourchildren-deserve-better-prevention-pays CMO report 2012
9. NICE guidance postnatal care 2013 www.nice.org.uk/Guidance/QS37/chapter/quality-statement-11-parentbaby-attachment
10. No health without mental health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
11. Marmot, M (2010) The Marmot review Fair Society, Healthy Lives Fair society healthy lives www.instituteofhealthequity.org/
12. <http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/>
13. Bellis et al (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England <http://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72>
14. Public Health England Fingertips
15. Migrant health in coventry health needs assessment www.coventry.gov.uk/downloads/file/17128/migrant_health_in_coventry
16. JSNA Joint Strategic needs Assessment 2016 http://www.coventry.gov.uk/downloads/file/21652/joint_strategic_needs_assessment_2016

17. Coventry Drugs and alcohol needs assessment 2016
http://www.coventry.gov.uk/downloads/download/4369/coventry_alcohol_and_drugs_needs_assessment_-_2016
18. Health and wellbeing strategy www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy
19. Coventry Early Help Strategy 2016
20. Coventry's Children and Young People's Plan 2016 http://www.coventry.gov.uk/downloads/file/20935/coventry_children_and_young_people_plan
21. Healthy child programme; pregnancy to first five years of life 2009 DOH
www.gov.uk/government/publications/healthychild-programme-pregnancy-and-the-first-5-years-of-life
22. Coventry Corporate Parenting Strategy https://coventrycc.sharepoint.com/:w:/r/_layouts/15/WopiFrame.aspx?sourcedoc=%7BAE5A0706-97F1-4C4D-94E21AABFF46BAEA%7D&file=Corporate%20Parenting%20Strategy%202016-2019.docx&action=default&DefaultItemOpen=1
23. Steps to Change Coventry City Council 2016
24. Office for National Statistics ONS <https://www.ons.gov.uk/>

This page is intentionally left blank

Parenting Strategy 2018 – 2023 (summary for parents and carers)

Supporting parents and carers to develop good parenting skills is important so that children can reach their potential. Coventry has a number of parenting projects offering parents support in a variety of formats. A new parenting strategy has been created in Coventry. This has been developed with parents and staff in the city.

Our vision

Coventry's vision for parenting is to have "More Coventry Children and Young People grow up within supportive families and communities"

Strategy aims

The strategy aims to make sure:

1. Professionals talk to each other and share information, knowledge and experience to improve the health and wellbeing of children and families
2. Professionals raise awareness of what is available in Coventry to support parents
3. Professionals provide ongoing support and advice to parents, carers and families about parenting
4. We review current parenting support offered and what recommendations need to be made about future delivery of parenting support making sure we make the best possible use of our limited resources

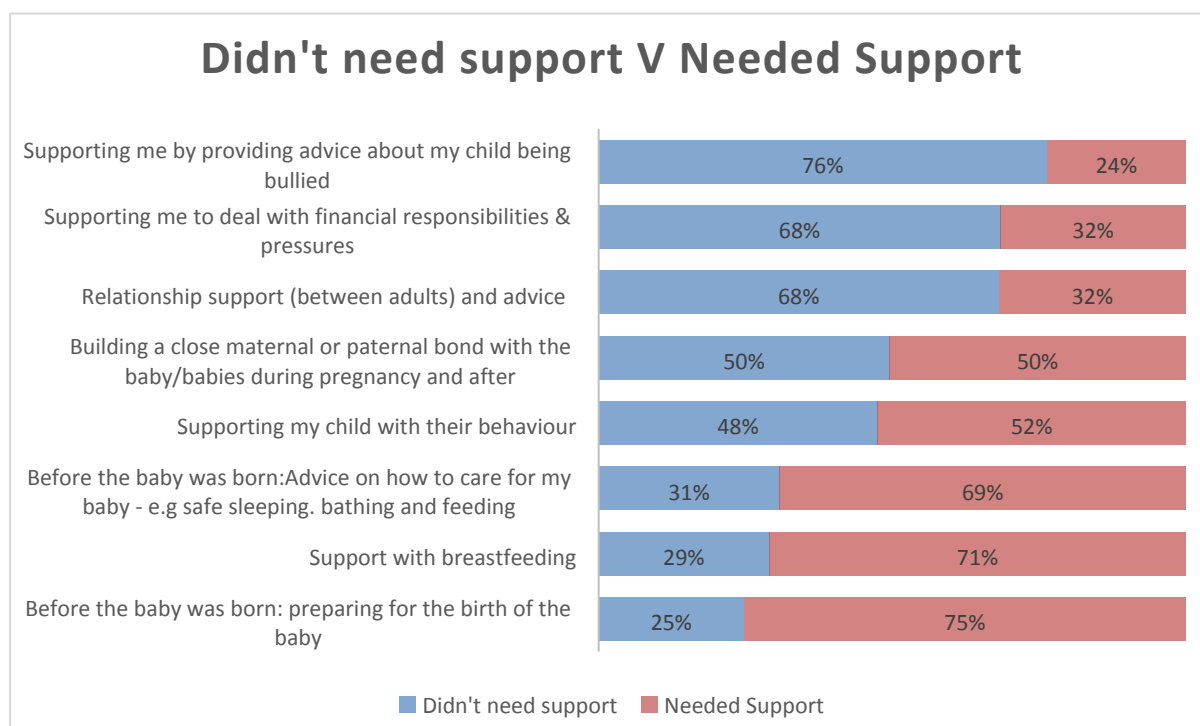
How the strategy was developed

A consultation process was a key part of the development of this strategy. The steering group mapped out and reviewed the current parenting support which showed that Coventry has a large number of evidence based parenting programmes and services on offer. There are also a number of locally grown programmes which help meet the diverse needs of the city.

Feedback from parents

The consultation with parents confirmed that access to parenting support needs to be strengthened; further awareness raising is required around the parenting provision. The findings show that the majority of parents received support that fully met their needs or moderately met their needs. The findings show that a high percentage of parents needed support before or after birth such as preparing for the birth of the baby (75%), breastfeeding (71%), how to care for the baby - e.g. safe sleeping, bathing and feeding (69%) and supporting child behaviour (52%). A smaller proportion of parents reported needing support in areas such as relationship support between adults (32%) and dealing with financial responsibilities (32%).

A summary of the findings is shown in Figure 1:



The consultation with parents identified a number of barriers to them accessing help, such as stigma. Some of the comments highlighted are included:

“Felt self conscious and failure if I admitted I was struggling” (infant feeding)

“Made to feel that because I am well educated and from a reasonably affluent background and not a young mum, that the support wasn't for me”

Key Recommendations

Areas for improvements and key recommendations have been identified, bringing together the views of parents, stakeholders and the evidence. A detailed action plan will be created to achieve these recommendations. Key recommendations are to:

1. Strengthen availability and accessibility of general information and advice to parents
2. Harness technology and the development of digital systems across agencies to strengthen the parenting offer
3. Ensure there is a systematic approach to achieving quality and effectiveness of the parenting offer across the whole system
4. Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need.
5. Ensure there is a clear focus on early help and prevention
6. Improve cohesiveness of parenting support across Coventry
7. Build parenting capacity in specific areas where gaps have been identified

There are a number of parenting projects to support parents in Coventry. There is support available to everyone and support which is for parents who are most in need of help or face certain challenges. Table 1 provides a summary of the universal and targeted parenting offer in Coventry.

Table 1: Coventry parenting support offer 0-19 years.

	Universal parenting support (Level 1)	Targeted support (level 2 -4)
Pregnancy – Antenatal offer	<ul style="list-style-type: none"> • Solihull approach (online) • Baby buddy app - promoted at booking and at intervals during pregnancy • Antenatal classes – Birth Expectations, Hands On • Family links antenatal programme 	<ul style="list-style-type: none"> • FNP teen parents and iBumps • Domestic abuse programmes surviving violence • Just for me • You and me mum • Coventry and Warwickshire Mind – befriending
Postnatal offer	<ul style="list-style-type: none"> • Solihull approach(online) • Baby buddy app • Baby box syllabus (online) • Family links nurture programme • infant feeding support groups • Postnatal 0-12 months Book Start Baby 	<ul style="list-style-type: none"> • Jigsaw • Lets play carriers of hope • SEND CASS Communication and Interaction (inc Autism) Support Service • Living With Confidence • Women As Protectors • Young Smiles • Adult Education • Triple P Stepping Stones • Parents under pressure NSPCC • MAMTA • Coventry and Warwickshire ind befriending • Baby Bundles • Domestic Abuse programme Surviving Violence • Parents Under Pressure • Just for me • You and me mum
0-5 years	<ul style="list-style-type: none"> • Solihull understanding children’s behaviour (online) • Infant feeding support groups • OBOL one body one life 2-4 years • One stop shop – health visiting • Strengthening Families Strengthening Communities • Family links nurture programme • Book Start Treasure • Rhymetimes sessions 	<ul style="list-style-type: none"> • SEND Early Years Team (0-5) • Living with confidence • NAS Early bird (0-4) • Women as protectors • SEND Complex communication Team (0-4) • Jigsaw(0-4) • Young Smiles • Coventry and Warwickshire Mind befriending • Adult Education • Triple P Stepping stones 0-12 • Parents under pressures NSPCC • MAMTA • Incredible Years (3-5 years) • Domestic Abuse programme Surviving Violence • Parents Under Pressure

		<ul style="list-style-type: none"> • Circles Of Security • Just for me • You and me mum
5-19 years	<ul style="list-style-type: none"> • Solihull Approach understanding children's behaviour (online) • Family links nurture programme 	<ul style="list-style-type: none"> • Group Teen 11-16 • Triple P Stepping Stones 0-12 • Triple P Teen 11-16 • Triple P standard 11-16 • Living With Confidence • Women as protectors • Young Smiles • Adult Education • Cyreninans alcohol mediation (13-18 yrs) • One Body One Life (5-14 yrs) • Incredible Years(6-12 years) • Coventry MIND befriending • Domestic Abuse programme Surviving Violence • Relate (5-10 years) • Just for me • You and me mum • Circles of security

* Steps to Change is an evaluation tool used by professionals to monitor the progress of a child.

The full parenting strategy can be found at the following link xxxx

Hyperlink 1: Coventry Parenting Steering Group mapping exercise

July 2017

This report analyses the results from an exercise completed to map out current parenting interventions/programmes and general support provided in Coventry through the Coventry Parenting Steering Group.

Number of responses:

Responses were received from 21 partner agencies:

1. Social care
2. Positive parenting team
3. CRASAC
4. NSPCC
5. Carriers of Hope
6. Three secondary schools in the North East Cluster
7. Adult education service
8. FNP (Family Nurse Partnership)
9. iBumps
10. Midwifery
11. Health visiting
12. SEND
13. Youth services
14. Neurodevelopmental Service
15. Children and families first
16. Cyrenians Alcohol Mediation
17. One body one life
18. Child and Family Services (CWPT)
19. Coventry Haven
20. The Coventry parenting steering group
21. Coventry Libraries

Table 1 and 2 provide a breakdown of the parenting programmes identified as part of the mapping work.

Table 1: Coventry universal parenting support - Where are we now?

Age group	Name of parenting programme/support	Description	Lead
ANTENATAL			
Antenatal	Birth expectation classes	Antenatal support group for all expectant mothers It concentrates on care in labour, pain relief options , care after your birth , care at home , breast feeding , safe sleeping	Midwifery
Antenatal	Hands On	Antenatal support group for all expectant mothers More practical approach, changing, feeding, bathing, safe sleep , again varies according to what the group wish to discuss	Midwifery
Antenatal 16 to 20 weeks	Family links antenatal programme	The focus of the course is to support parents with bonding, attachment and attunement with the new baby and getting them prepared for family life with a new baby. We also have practical tasks as part of the course – nappies, bathing the baby etc.	Trained staff include: 5 Children centre workers 1 CFF worker 1 Health visitor 1 maternity support worker 1 Positive Parenting Outreach Worker 4 community nursery nurses 1 Senior Parenting Practitioner
Antenatal	Solihull approach Antenatal (online course)	This Solihull Approach antenatal online course gives parents practical information about pregnancy and birth, whilst at the same time introducing them to their baby.	Promoted by Midwifery Promoted by Health Visiting
Antenatal and postnatal	Best beginnings app	Nationally developed app- available for free download - developing practical, simple, educational and interactive tools to support parents-to-be and new parents – includes antenatal, postnatal, breastfeeding and mental health support	Promoted by Midwifery at the booking visit , and at intervals during the pregnancy.

ANTENATAL/ POSTNATAL			
Antenatal /postnatal	Baby box university syllabus	Online local videos - syllabus includes breastfeeding advice, safe sleeping advice.	Promoted by Midwifery and Health visiting
0 – 6 months	Weaning advice	Health visiting advice	Health Visiting
Aged 6 months to 18 years.	Understanding your child - Solihull approach online course	Online course include modules such as how your child develops, understanding how your child is feeling, Responding to how your child is feeling, different styles of parenting	Promoted by health visiting
0-12 months	Book Start baby	Bookstart Baby is for children between 0 and 12 months, which is given by a health visitor at the infants six to eight week health check	Health Visiting
0-5 YEARS			
0-4	Rhyme Times – Coventry Libraries	Rhymetime sessions are a great place for toddlers to use language in a fun and engaging way. The library service also works with health partners who sometimes attend rhymetime sessions with useful health and wellbeing advice for children	Coventry City Council and health partners
0-5	One stop shop HV	Promote healthy lifestyle obesity reduction	Health visiting
0-5	Healthy child programme developmental checks	Health visiting mandated checks	Health visiting
0-5	Infant feeding support (drop in clinics and helpline)	Promote breastfeeding and skin to skin Promote emotional attachment and bonding, understanding of responsive feeding	Health visiting and infant feeding service
0-5	Family Links (nurture programme)	The Nurturing Programme aims to help adults understand and manage feelings and behaviour and become more positive and nurturing in their relationships with children and each other. It encourages an approach to relationships that gives children and adults an emotionally healthy start for their lives and learning	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
0-5	Bookstart Treasure	Bookstart Treasure is for pre-school children which are given out at early years settings such as playgroups and nurseries in the child(ren)'s pre-school year	Playgroups and nurseries

2-4	One Body One Life 2-4 yrs (OBOL 2-4)	One Body One Life (OBOL) is a community based weight management programme for families and individuals who want to lead a healthier lifestyle. The programme meets the NICE recommendations. It's a FREE 8 - 10 week programme across Coventry aimed at helping people to make real changes to their lives by looking at their eating and exercise habits.	Be Active Be Healthy Team
5-11			
5-11	Family Links (Nurture programme)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
5-11	Strengthening families strengthening communities	13 week group evidence-based parenting programme, designed to promote protective factors which are associated with good parenting and better outcomes for children.	Children centre – hillfields
5-11	Solihull approach - Understanding children's behaviour	Online course include modules such as how your child develops, understanding how your child is feeling, Responding to how your child is feeling, different styles of parenting	Promoted by Health visiting
11 PLUS			
11-17	Raising Responsible Teenagers	Free 90 minute Triple P Seminars for Parents, Carers, Foster Carers, Special Guardians and Connected Persons of children and teenagers aged 10 – 16.	1 learning mentor 4 senior parenting practitioner 3 CFF
11-17	Triple P teen group		34- school/CFF/children centre/parenting
11-18	Family links (Nurture programme)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner

			Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
11-18	Solihull approach understanding children's behaviour	The Solihull Approach Understanding Your Child's Behaviour is the core universal parenting programme suitable for parents and carers of children aged 0-19 years. Includes self regulation and anger, different parenting styles and how a child develops.	Promoted by Health visiting
OTHER			
All	Online information – e.g. net mums		
0-18	The Family Links 10-Week Nurturing Programme (FLNP)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
0-12	Triple P seminars Primary Care	Free 90 minute Power Point Presentation – To give Parents basic information about Positive Parenting strategies.	Seminar primary trained: deliver occasionally 1 Home School Liaison Officer 2 Children and Families Worker 1 outreach worker, 1 children centre worker Deliver occasionally: 1 Children and families first Active: 4 senior parenting practitioners

Coventry Targeted parenting support –where are we now?

Targeted support for vulnerable families

There are a number of vulnerable groups who require more targeted parenting support this includes:

- Teenage parents
- Parents from BME community / parents who are asylum seekers
- Parents of children with special education needs
- Parents of children with substance misuse issues
- Parents with mental health conditions
- Parents experiencing relationship issues
- Parents experiencing domestic abuse issues
- Parents/children with weight management issues

Table 2 the targeted support offered in the city from 0 – 19 years.

Age group	Name of parenting programme/support	Description	Lead	Target group
ANTENATAL				
Antenatal	Family Links (antenatal) programme 16 to 20 weeks	The focus of the course is to support parents with bonding, attachment and attunement with the new baby and getting them prepared for family life with a new baby. We also have practical tasks as part of the course – nappies, bathing the baby etc.	Trained staff include: 5 Children centre workers 1 CFF worker 1 Health visitor 1 maternity support worker 1 Positive Parenting Outreach Worker 4 community nursery nurses 1 Senior Parenting Practitioner	
ANTENATAL/POSTNATAL				
Pre birth to 3 months 3 -6 months	Carriers Of Hope (Baby Bundles)	Targeted at asylum seekers, refugees and EU Migrants – resources for parents?	Carriers of hope	Asylum seekers, refugees and EU migrants
Up to 2 years	Family Nurse Partnership (FNP)	It is for first time parents aged 19 and under at booking with the CMW with a gestation below 28 weeks. specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two	FNP nurse	Teen parents first time
Antenatal/Postnatal	MAMTA	MAMTA staff support antenatal clinics; postnatal clinics; Parentcraft sessions at	Mamta staff	For BME communities

		FWT; and work in partnership with midwives, health visiting teams and other health professionals in educating women on key health messages.		
		0-4 YEARS		
0-2	iBumps	Service for teen parents including parent craft - Teenage parents support is offered by midwifery for those who are not eligible for FNP	iBumps Midwives	Teen parents
0-4	Communication and Interaction (inc Autism) Support Service NAS EarlyBird	A service offering advice and guidance on strategies and approaches for dealing with young autistic children	Communication and interaction support service	Parents of children with ASD autistic spectrum disorder
0-4	Jigsaw	Targeted group including a team of Specialist Teachers, Portage Home Visitors, Inclusion Support Development Officers and Area SENCOs who provide support at home, in early years' settings and school nurseries for young children who are experiencing difficulties with their development. The service offer support, guidance and training to staff of early Years settings	Neurodevelopmental team	Parents of children with ASD autistic spectrum disorder
0-4	Early Years Group parenting sessions SEND		SEND	Parents of children with SEND special educational needs and disability
0-4	Carriers of hope lets play	Targeted at asylum seekers, refugees and EU Migrants	Carriers of hope	Targeted at asylum seekers, refugees and EU Migrants
		0-5 YEARS		

0-5	Sleep advice group -	Safe sleeping	Health visiting team	
0-5	SEND EYSS	Targeted group experience groupTeam of Specialist Teachers, Portage Home Visitors, Inclusion Support Development Officers and Area SENCOs who provide support at home, in early years' settings and school nurseries for young children who are experiencing difficulties with their development. We offer support, guidance and training to staff of early Years settings	SEND	Parents of children with special educational needs and disability
4 -5	School readiness	Health visiting school readiness	Health visiting	School readiness issues
3-6	Incredible Years Parenting programme	Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting and communicating positively with their child, promoting optimal social and emotional development and discouraging unwanted child behaviour	CAMHS	Dealing with anti-social behaviour
0-8	NSPCC Parents Under Pressure	Aims to support parents who are on a drug or alcohol treatment programme. It can help them keep their recovery on track.	NSPCC	Parents with substance misuse issues
1-5	Circles Of Security	Circle of security is designed to help parents who have attachment difficulties and can be used to help children who are looked after it also helps professionals develop a universal therapeutic language and skills to help parents	CAMHS Psychologist	Increase attachment security among socially disadvantaged children
5 -11 YEARS				
0-12	Triple P Stepping Stones	10 weeks (7 weeks at the venue and 3 telephone calls) 10 week programme to support Parents of children with a diagnosed disability to develop a positive relationship with their children and to use	Positive parenting team	Parents of children with a diagnosed disability

		Positive Parenting strategies to manage their children's behaviour		
6 – 10	Helping the Non compliant Child	This is an evidence based intervention that is delivered to parents of children who are difficult to manage and have oppositional behaviours The programme is a taught with the parent and child together, there are handouts and set homework tasks to follow.	CAMHS	Delivered to parents of children who are experiencing difficulty in managing their child's behaviour
5-7	Targeted support within Neurodevelopmental service.	It is delivered across Coventry with an open referral to the Neurodevelopmental service	Neurodevelopmental team	
5-10	Relate	Counselling training / Relate specific trainer training The counsellors have key skills in supporting bereavement and divorce/ separation/ family change.	Relate	Parents experiencing relationship issues between adults
6 – 12	Incredible Years	The incredible years managing the behaviour of a child between the ages of three and six. Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting and communicating positively with their child, promoting optimal social and emotional development and discouraging unwanted child behaviour	CAMHS	Child behaviour management issues
5-14	OBOL (one body one life)	OBOL Child age group is 5 – 14 years family weight management support	Be active be healthy team	Targeted towards families where one family member is overweight or obese.
11 PLUS				

5-14	OBOL (one body one life)	OBOL Child age group is 5 – 14 years family weight management support	Be active be healthy team	Targeted towards families where one family member is overweight or obese.
11-16	Triple P Primary Care Teen practitioner (one to one)	Intervention to support specific behaviour over a 4-6 week period	Positive parenting team 6 children and family workers 1 senior parenting practitioner 1 senior youth worker	
11-17	Triple P Teen Group	9 weeks (6 weeks at the venue and 3 telephone calls) Parents may be interested in promoting their teenagers development and potential or they may have concerns about their teenager's behaviour that they want to change.	Positive parenting team 1 learning mentor 3 senior parenting practitioners 3 children and family workers	
13 – 18	Cyrenians Alcohol Mediation Service -	Involves mediation and holistic support of needs and issues. Utilises Cyrenians services overall	Cyrenians alcohol service	
OTHER				
0-12	Triple P Parenting Plus	Support Parents to develop a positive relationship with their children and to use Positive Parenting strategies to manage their children's behaviour	Positive parenting team	
0-12	Triple P Stepping Stones	10 weeks (7 weeks at the venue and 3 telephone calls) 10 week programme to support Parents of children with a diagnosed disability to develop a positive relationship with their children and to use	Positive parenting team	To support parents with a child who has a disability

		Positive Parenting strategies to manage their children's behaviour		
0-16	Circle of Security (0-16 years) group programme	The Circle of Security approach to treatment is built upon the rich foundation of psychoanalytic/object relations theory. Inherent in this theoretical tradition is the recognition that each of us defend against the inherent pain of attachment ruptures that went without repair in our early years	CAMHS	
0-18	Family support services	Family Support Services – Family Support Workers and Family Assistants	Senior social care practitioners	Safeguarding
0-18	Social care Graded care profiles.	Targeted to address neglect and support children who are vulnerable to neglect. The work is completed with the parents.	Senior social care practitioners	Safeguarding
0-18	Domestic Abuse Programme – Surviving Violence	Aimed at parents who have children either in their care or seeking to have them returned to their care. (only delivered in the north west)	Senior social care practitioners	Parents experiencing domestic abuse
All	Adult education ESOL	Adult Education Courses Adult Education Essential Skills / ESOL classes are targeted in the areas of greatest deprivation in Coventry.	Adult education	
All	Adult education	Parenting Plus Courses – adult education	Adult education	
All	NSPCC Women as protectors	Women as Protectors helps mums and carers who are in contact with a man who poses a risk of sexual harm to children	NSPCC	Safeguarding
All	Living with confidence	Women Only Group – 9 weeks9 week programme to improve the confidence of women.	Positive parenting team	Parents experiencing domestic abuse

All	Young Smiles	Help support children who live with parents with mental health issues	NSPCC	Support for parents with mental health issues
Any	Triple P 1:1	Primary care practitioners triple p 1:1 Intervention to support specific behaviour over a 4-6 week period	Positive parenting team 1 family support worker 8 children and families workers 1 learning mentor 2 Adolescent support worker 4 senior parenting practitioners	
All	Coventry Haven	Just4Me sessions term time only is targeted mainly at parents (mothers) who are victims or survivors of any type of abuse or violence.	2 facilitators	Parents(mothers) who are victims of abuse/violence
All	Coventry Haven	Peer Support/DVA training	2 facilitators	Parents experiencing domestic abuse
All	Coventry Haven	"You and Me Mum" training 10 week programme for mothers who have experienced domestic & sexual abuse. It aims to empower and support survivors in furthering their understanding of their role as mothers and in addressing the needs of children & young people who have lived with domestic abuse.	2 facilitators	Parents experiencing domestic abuse
All	CRASAC - Parent/Carer Group	Targeted at females safe parent/carers of children who have experienced sexual abuse or violence	2 Practitioners	Offering parents safe space to explore their own feelings about their child's abuse.

Stakeholders were asked the following questions:

What worked well?

Thinking about what works well across the programme, the following areas were highlighted:

- Positive outcomes pre and post feedback(6)
- Opportunities for Peer to peer support (6)
- Evidence based programme e.g. for teens such as teen triple p, stepping stones, skilled based activities used (5)
- Partnership working (4)
- Skilling parents e.g. to support mental health of children self esteem building making them feel empowered (4)
- Passionate staff and knowledgeable (2)
- Good advertising (2)

What was working not so well?

Thinking about what is working less well the following areas were highlighted:

- Parental attendance rates (seminar primary and teen) referrals for Parents under pressures (5)
- High demand for session e.g. birth expectation classes and hands on (2)
- Limited staff (5)
- Difficult breaking down barriers with roma community and getting commitment from parents, parental engagement schools (3)
- Staff commitment (3)

What would make it even better?

Thinking about what would make parenting support even better the following were highlighted:

- More staff delivering (4)
- Time and resource for follow up (3)
- Improved communication with partners (2)
- Booking the same venues /crèche facilities (2)

Areas of focus for the strategy:

Stakeholders were asked to highlight the top five priorities for the strategy the following results were received:

	Theme	Quotes	Which TAF does this feed into
Priority 1	Offering targeted support tailored to needs (12) Structured and unstructured offering (10)	<i>Providing a range of Parenting interventions in a timely way to meet parents individual needs.</i> <i>Services need to reach out into the community to contact difficult to reach families</i> <i>To encourage the development of a range of services and interventions that would meet the needs of a broad range of parents.</i>	<i>Information and advice</i> <i>Parenting support offered across a gradient of need</i>
Priority 2	Parents promoting positive coping strategies and asking for help is OK (17) Peer support and reducing isolation for parents (6)	<i>Parents being able to promote positive coping strategies in their children</i> <i>Providing Peer Support regularly and on an individual basis.</i> <i>Connect communities</i>	<i>Use of technology and reduce parent isolation</i> <i>Build parenting capability</i>
Priority 4	More joined up approach from professionals - reduce duplication (9)	<i>Strong partnership working to support parenting provision</i> <i>Partnership work is essential as we cannot afford to duplicate services</i>	<i>Improve partnership working 0-19 services</i> <i>Early help and prevention</i>
Priority 5	Delivery Programmes with efficacy and ensuring quality and fidelity (5)	<i>showing empathy and offering emotional support</i> <i>To actively encourage all case holders to refer families to a parenting group and then actively support them to attend.</i>	<i>Quality and effectiveness of parenting support</i>

		<i>Delivery Programmes with efficacy and ensuring quality and fidelity</i>	
--	--	--	--

Other responses

Some partners (e.g. schools) do not deliver programmes, however, they refer into other parenting programmes. We have not been able to obtain responses from all schools however, a cohort of schools have fed back responses - Lyng Hall school mentioned referring into Primary Mental Health enhanced schools programme, they also mentioned awareness sessions for parents of all children aged 11 – 18 which is being piloted at the school. The school also refer into Citizen Advice Bureau, and also run a session on British Values. Another school in the city (Cardinal Wiseman) said they refer into a range of parenting project such as Triple P (universal seminar), Living With Confidence, Teenage Triple P, ESOL Maths and English classes. The school has also held a CSE (child sexual exploitation) prevention awareness workshop recently for parents. Other schools in the city (such as Grace Academy) fed back that they refer to the Cygnet course for parents who have children with ASD (Autistic Spectrum Disorders), REACH adult course, Living with Confidence, Triple P, Grapevine, and the Young Smiles programme (NSPCC).

Future programmes

Future programmes which are to be launched include the following:

Wild earth: This is a targeted intervention for families who are receiving support from Family Hubs and Social care. The programme is initially aimed at children under 5 years old and is a City wide initiative, delivered by 2 staff members.

Hyperlink 2: Consultation with Parents: Summary report

September 2017

As part of the development of the parenting strategy for Coventry, a consultation with parents ran from Friday 1st September to Wednesday 20th September 2017 to capture the views of parents and carers in the city. This was to help identify the needs of parents and where the potential gaps were in the current parenting provision.

The methods used to capture the views included:

- An online survey for members of the public was completed between 20th January and Feb 20th 2017
- A paper based version of the survey was also made available to users as and when needed and used in Foleshill Women Training Centre and Foleshill Children Centre. Both versions of the survey asked identical questions.
- A consultation event was held in central library in Coventry to capture views of parents /carers.

364 responses were received from the questionnaire.

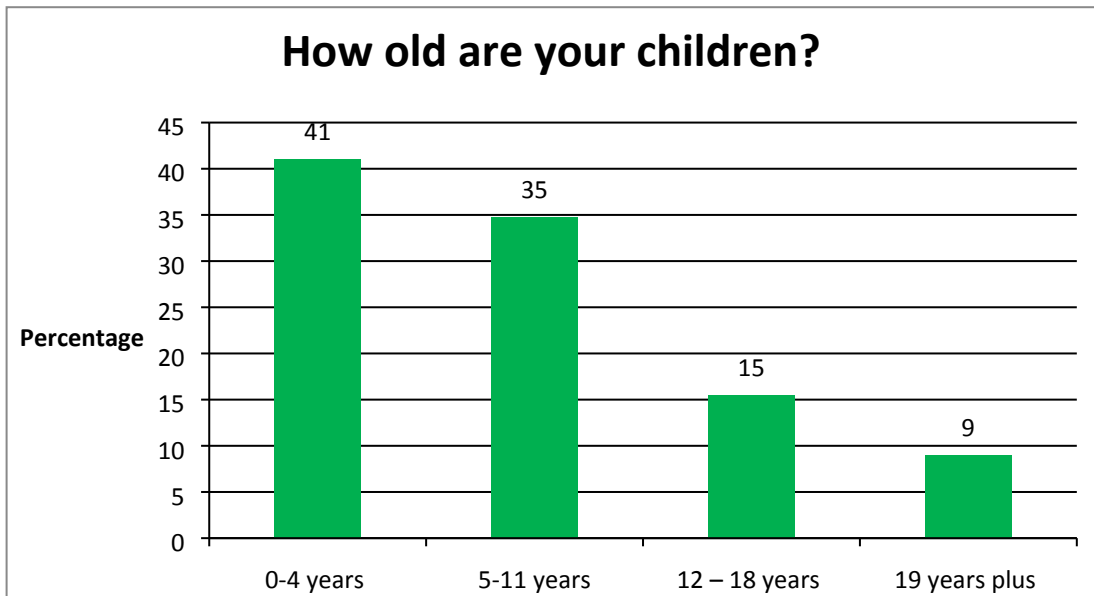
Respondents were asked how many children they had. The most popular answer was parents with two children 43% (166/380), more than a quarter (29%) (109/380) of the respondents said they had one child. A full breakdown of responses is shown in Table 1 below:

Table 1: Responses from parents - How many children do you have?

Answer	Number	Percent
Pregnant	16	4
One	109	29
Two	166	44
Three	59	16
Four	16	4
Five	12	3
Six plus	2	1

Respondents were then asked how old their children were. 41% (202/493) said they had children aged 0-4 years, more than a third (35% 171/493) said they had a child aged 5-11 years. 15% had children between the ages of 15-19 years and 9% had a young person aged 19 or above.

Figure 1: Responses from parents – how old are your children?

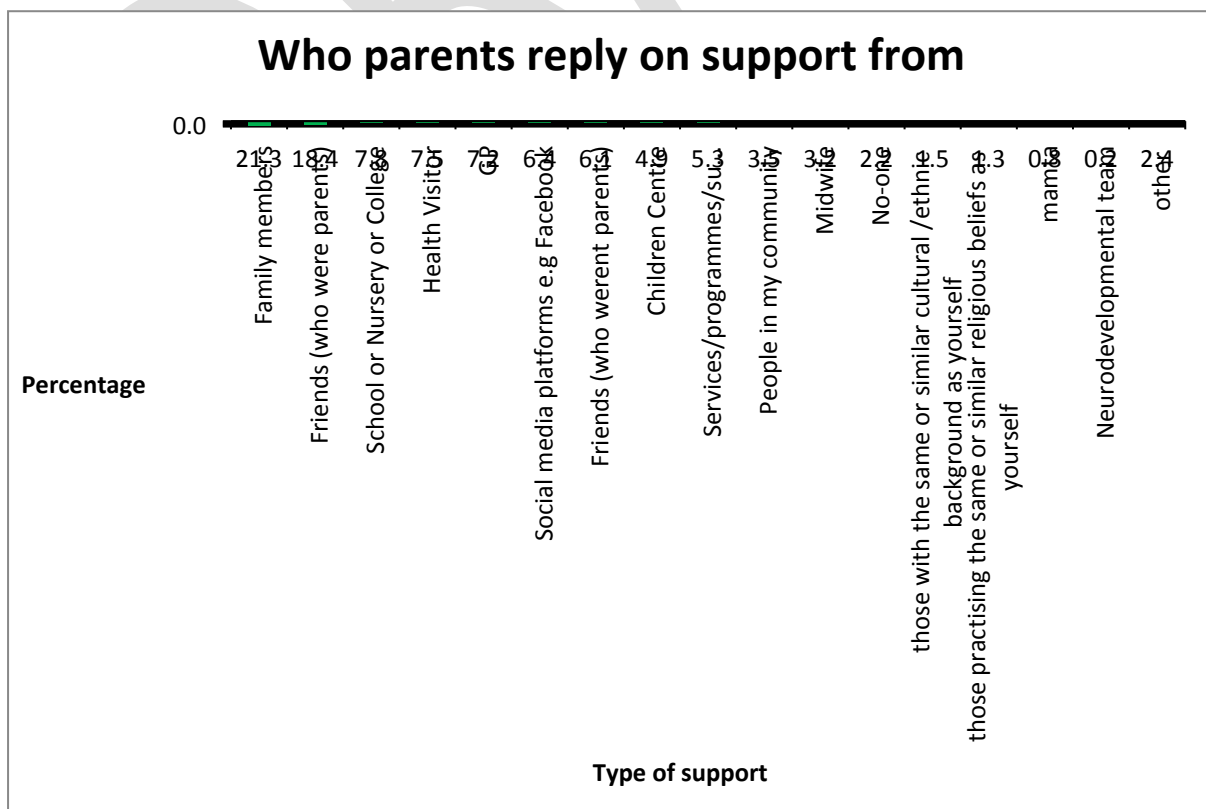


Respondents were then asked if they had a child with a disability. 24% (86) respondents said yes 76% (267) said No.

Respondents were then asked to comment on who they rely on for support in good times and bad times.

Almost a quarter 21% (263/ 1237) of respondents said they relied on family members, with 18% (228/1237) of respondents reporting they rely on friends who were parents. A full breakdown of responses is shown in Figure 2 below

Figure 2: responses from parents – who do they rely on support from?

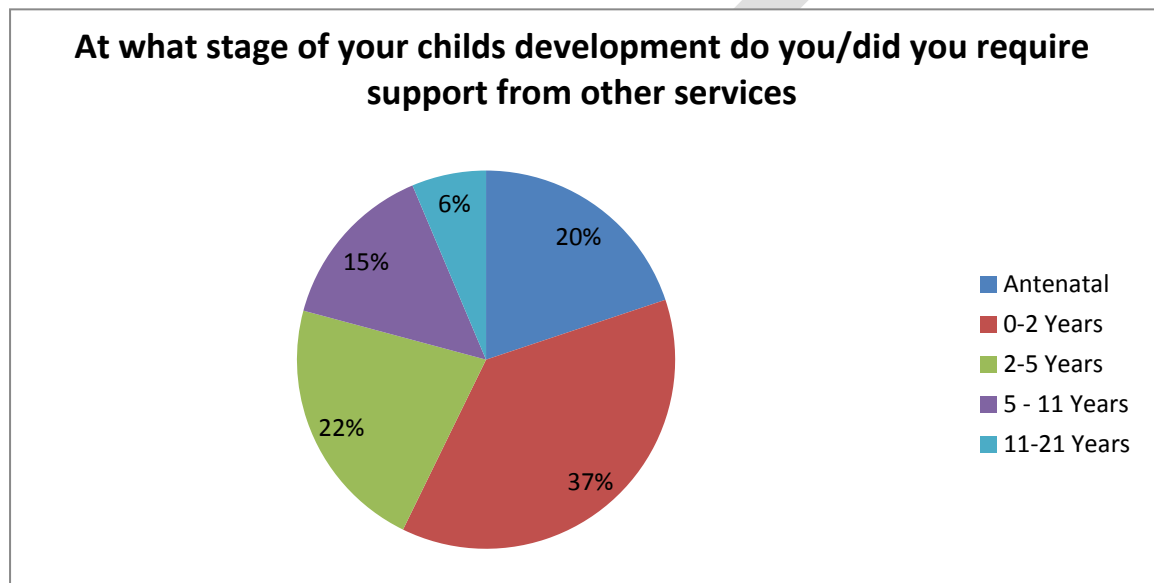


Other support groups/individuals reported included – infant feeding/breastfeeding team (3) social workers (2) education - books (1) toddler groups (2) online forums mums net (1)

Respondents were then asked at what stage do they or did they need support from other services. 37% (125/629) said that 0-2 years was the stage at which they needed/need support from other services. Fewer responses were received with regards to support at 11 -21 years (6% 40/629)

Figure 3 shows the full results.

Figure 3: Responses from parents – At what stage of the child’s development do you/did you require support?

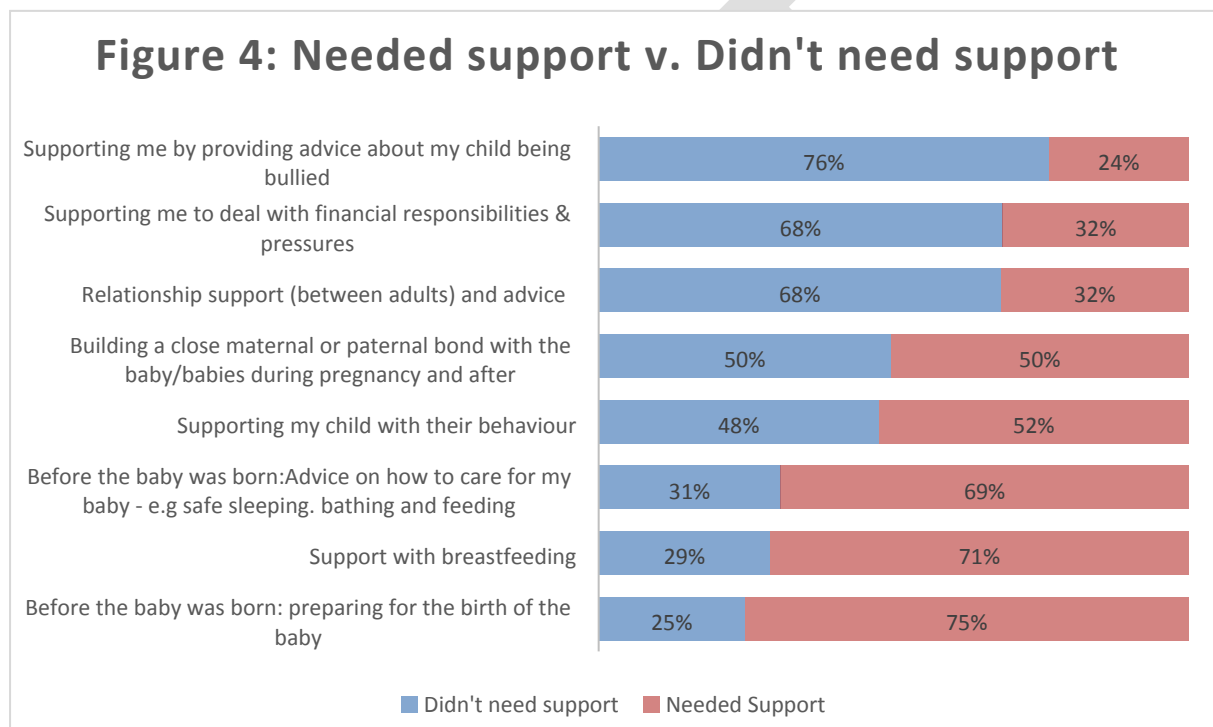


Respondents were then asked a series of questions which looked at how well supported they were in relation to:

- Breastfeeding
- Preparing for the birth of the baby
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding
- professional support with building a close maternal or paternal bond with the baby during and after pregnancy
- Supporting child behaviour
- Support around transition points
- Supporting about my child being bullied
- Support to deal with financial responsibilities & pressures
- Relationship support (between adults) and advice

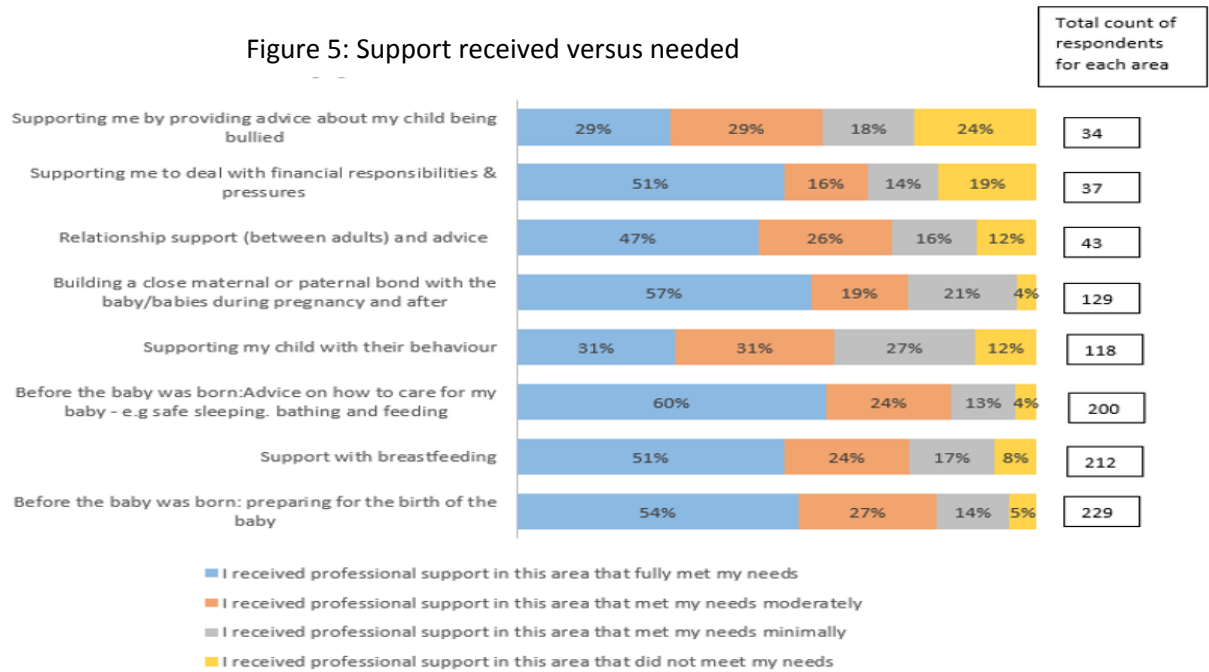
Respondents were also asked a follow up question if they would have liked professional support but didn't receive it, they were asked to comment on why they didn't receive any support.

The findings Figure 4 below show that the highest level of need was in areas such as before or after birth such as preparing for the birth of the baby (75%), breastfeeding (71%), how to care for the baby - e.g. safe sleeping, bathing and feeding (69%). Therefore investing in support in these areas is crucial to improving health and wellbeing for children and families. A smaller proportion of parents reported needing support in areas such as relationship support between adults, dealing with financial responsibilities and pressures and support around their child being bullied.



The Figure 5 below shows where support was received and where it was most needed.

Figure 5: Support received versus needed



Areas which scored the highest where respondents felt they had received support that fully met their needs included:

- Before the baby was born: Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding (60%)
- Building a close maternal or paternal bond with the baby/babies during pregnancy and after (57%)
- Before the baby was born: preparing for the birth of the baby (54%)

The majority of parents received support that fully met their needs or moderately met their needs. A small proportion of parents said they received support which didn't meet their needs this was in relation to managing their child being bullied (24%) and dealing with financial responsibilities and pressures (19%).

Parents reported the following as barriers to them accessing help:

Stigma

"Felt self-conscious and failure if I admitted I was struggling" (breastfeeding)

"Made to feel that because I am well educated and from a reasonably affluent background and not a young mum, that the support wasn't for me"

Not knowing how to access parenting support:

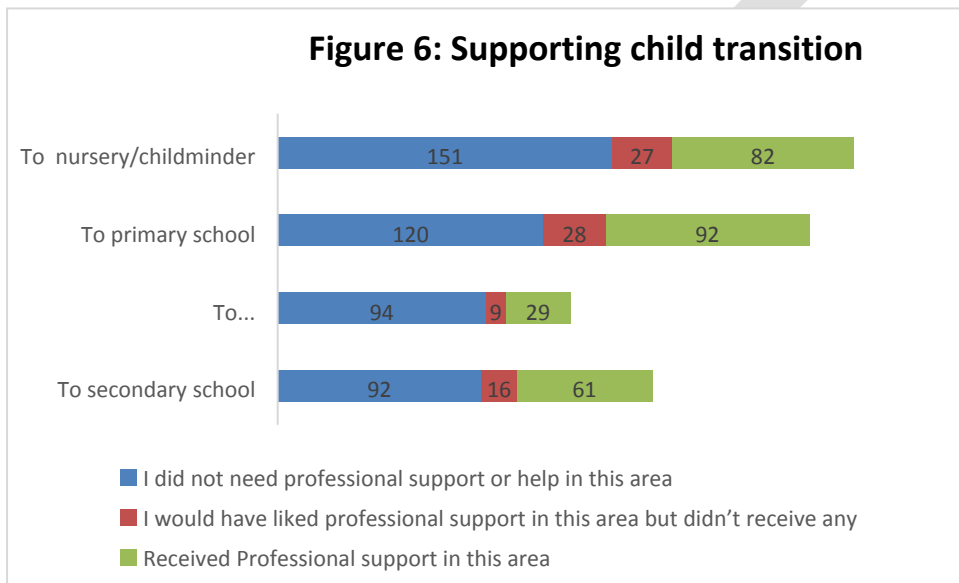
Access to parenting support needs to be strengthened in the following areas:

- Breastfeeding (8;29%)

- Supporting my child with being bullied (7;24%)
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding (6;19%)

Not knowing that help was available:

- Support to deal with financial responsibilities & pressures (39;81%)
- Relationship support (between adults) and advice (31;76%)
- Professional support with building a close maternal or paternal bond with the baby during and after pregnancy (25;71%)

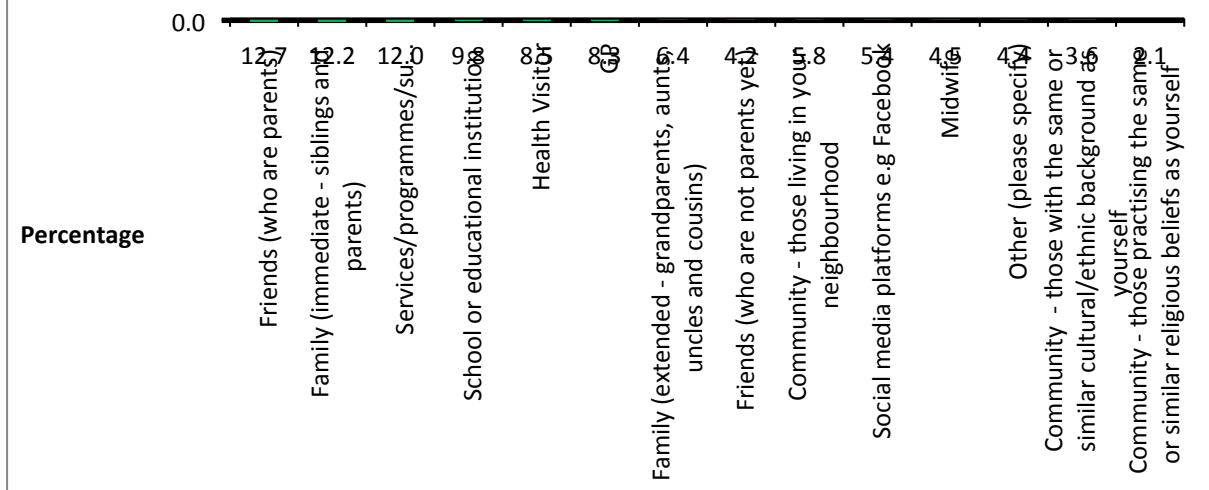


In terms of support in child transition, Figure 6 shows that the majority of responses from parents/carers indicate that they didn't need support. A higher proportion of parents said they did need support in the transition to nursery/childminder and to primary school compared to secondary school and sixth form. Responses are relatively low in the areas of transition to sixth form and to secondary school, which reflects the number of respondents from the sample who have children in this age bracket.

Respondents were then asked to think about support in the future and who they would like to receive it from.

Figure 7 below shows the results. The most popular answer was friends who are parents

Figure 7: Who would you like to have parenting support from in the future?



Respondents were then asked if they had any other comments:

Comments were made about the positive experiences respondents had with professionals (13)

“Mamta is very co-operative and helpful. Very knowledgeable to training courses and also parenting support”

“been a first time parent was nervous but receiving help from midwives”

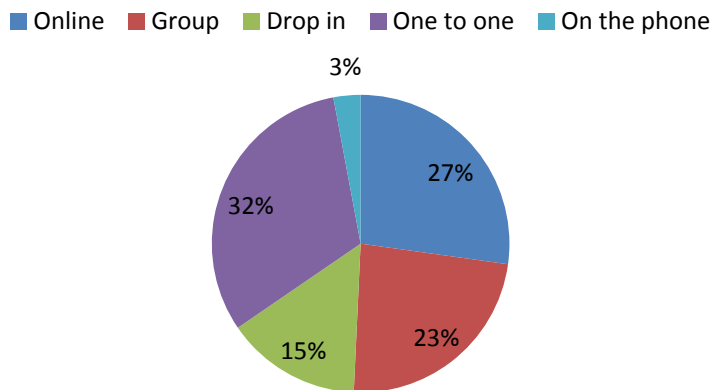
Comments were made about the important role of peer to peer support (4)

“The support I have received has been invaluable not just in the direct help and advice, but indirectly by helping me meet other parents and build friendships and support networks through groups, i.e. feeding group. [Joining] something regular to go to has also helped get me and baby out of the house and forge a routine”

“The community needs to stop relying on agencies to fix our problems. If we just cared about each other more.. The world might be a better place”

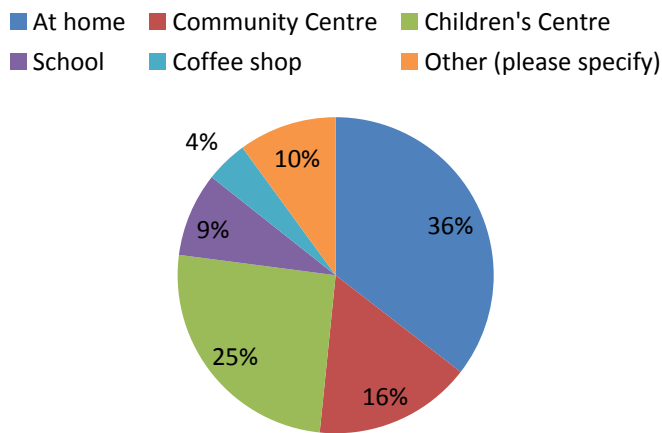
Respondents were then asked how they would like to receive parenting advice: 86;32% said one to one support was their preferred method, the second most popular answer was online (74;27%) and the least popular answer was on the phone (8;3%)

Figure 8: How would you prefer to receive parenting advice and support



Respondents were then asked where they would like to meet professionals. 36% said at home and 25% said in the children centre. the least popular answer was at a coffee shop (4%)

Figure 9: Where are you most comfortable meeting professionals



Demographics:

There were 11 males (4%) and 261 (95%) females

Ethnicity:

43% (118) respondents were white. 29% (80) English/Welsh/Scottish/Northern Irish/British 23 19% (68/364) of parents were from an ethnic minority group *

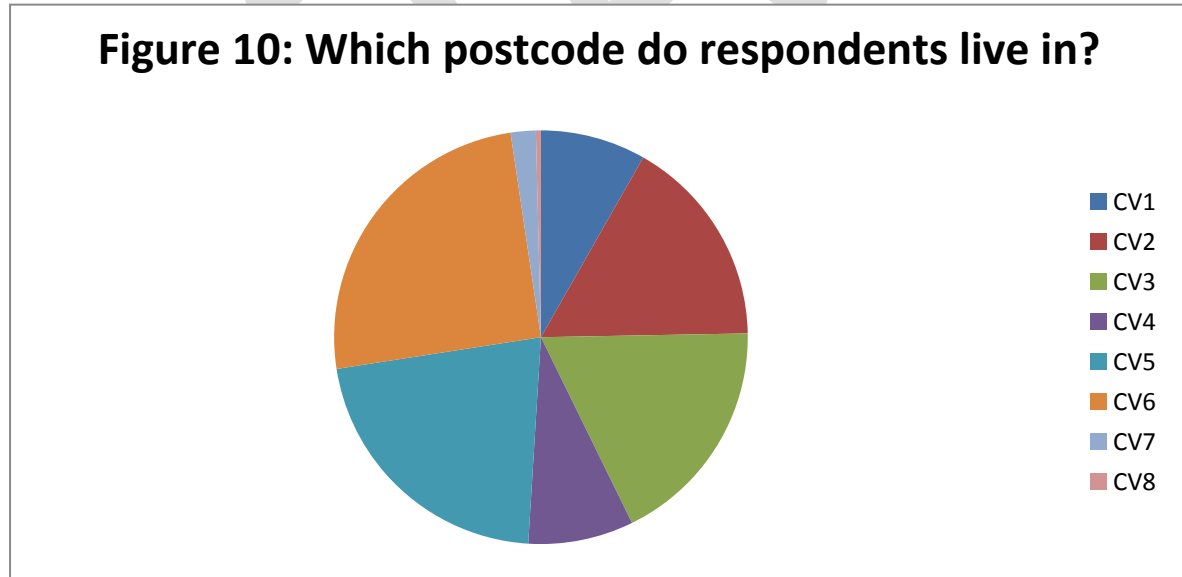
- Ethnic minority group in this report refers to the following ethnic groups- mixed multiple groups, white and Black Caribbean, White and Black African, white and Asian, Asian British, Bangladeshi, Pakistani, Indian, Chinese, Asian other, Black African, Black Caribbean, any other Black background, Arab, other ethnic background.

The age of the respondents is provided in the Table 2 below:

Age	Percent	Number
Under 16	0.00%	0
16 to 24	3.31%	9
25 to 34	41.54%	113
35 to 44	39.34%	107
45 to 54	12.87%	35
55 to 64	2.57%	7
65 to 74	0.00%	0

When asked if respondents considered themselves to be a disabled person, 7 answered yes and 263 said no.

Figure 10 below provides the postcodes for where parents live.



This page is intentionally left blank