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

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**Time and Date**

2.00 pm on Thursday, 4th April 2019

**Place**

Committee Room 3 - Council House

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**Public Business**

1. **Apologies and Substitutions**
2. **Declarations of Interests**
3. **Emotional Well-being and Mental Health support to Children and Young People in Coventry** (Pages 3 - 16)  
Joint Report
4. **Coventry Parenting Strategy 2018-23** (Pages 17 - 44)  
Briefing Note of the Deputy Chief Executive (People)
5. **Children's Services Ofsted Focused Visit** (Pages 45 - 50)  
Briefing Note of the Deputy Chief Executive (People)
6. **Work Programme** (Pages 51 - 56)  
Briefing Note of the Scrutiny Co-ordinator
7. **Any Other Business**  
Any other items of business which the Chair decides to take as matters of urgency because of the special circumstances involved.

**Private Business**

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House, Coventry

Wednesday, 27 March 2019

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

2) Council Members who are not able to attend the meeting should notify Michelle Rose as soon as possible and no later than 1.00 p.m. on 4<sup>th</sup> April, 2019 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors L Bigham, B Kaur, L Kelly, D Kershaw, J Lepoidevin, A Lucas, P Male, M Mutton (Chair) and C Thomas

Co-opted Members: Mrs S Hanson and Mrs K Jones

By Invitation: Councillors J Clifford, K Maton, P Seaman and T Skipper

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

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

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**Governance Services Officer**  
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## Briefing note

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

**Date:** 4 April 2019

**Subject:** Emotional Well-being and Mental Health support to Children and Young People in Coventry

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### 1. Purpose of the Note

- 1.1. The purpose of the briefing note is to provide an update to the Education and Children's Services Scrutiny Board (2) on the Children and Adolescent Mental Health Service (CAMHS) and the broader CAMHS system, with a particular emphasis on how children are being supported in schools.

### 2. Recommendations

- 2.1. The Education and Children's Services Scrutiny Board (2) are recommended to:

- Notes the progress to date and endorses the plans to further progress the mental health and emotional wellbeing support available to children and young people living in Coventry

### 3. Context/Background

- 3.1. Nationally, the CAMHS system operates at four levels:

- Universal Services (tier 1): these include general practitioners, primary care services, health visitors, school nurses, schools and early year's provision. Their role is to promote mental wellbeing, identify developmental or mental health needs that universal services cannot meet, and know what to do when this is the case.
- Targeted Services (tier 2): these include mental health professionals working singularly rather than as part of a multi-disciplinary mental health team, often based in universal settings such as school counsellors; primary mental health workers who either work directly with children or support professionals in universal services to do so; or support roles specifically for children and young people who are more at risk of developing mental health problems such as looked after children or young offenders.
- Specialist Services (tier 3): these are multi-disciplinary teams of mental health professionals providing a range of therapeutic interventions for children and young people who have complex, severe or persistent mental health needs. This can also include intensive home support teams for children and young people at risk of admission to in-patient care.
- Highly Specialist Services (tier 4): these include day and inpatient services, and highly specialist outpatient services for children and young people with the most serious problems. It can also include crisis or home treatment services which provide an

alternative to hospital admission. These services are usually commissioned on a regional or national basis by NHS England (NHSE).

- 3.2 Appendix 1 shows the services that are delivered in Coventry and make up the CAMHS system locally.
- 3.3 The specialist tier 3 Child and Adolescent Mental Health service (CAMHS), supports children aged from 0 – 18. This specialist service is funded by Coventry and Rugby Clinical Commissioning Group (CRCCG) and delivered by Coventry and Warwickshire Partnership Trust (CWPT). There are a range of other mental health services in the city, funded by both the City Council and CRCCG. Coventry and Warwickshire Mind is another significant service provider.
- 3.4 In the UK, child and adolescent mental health problems have been a significant concern for successive governments. Problems can have a range of negative impacts on individuals and families which can continue into adult life. Challenges have included a significant increase in demand, which outweighs available capacity and resources. Since 2011, there have been a number of Government strategies, policies and funding initiatives which have aimed to tackle this issue. These include the 2011 mental health strategy, No Health without Mental Health, the Children and Young People's Mental Health and Wellbeing Taskforce 2015 report, Future in Mind, and the 2017 Green Paper on Children and Young People's Mental Health.
- 3.5 Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the CAMHS Transformation Fund. This has led to the establishment of a multi-agency CAMHS Transformation Board led by the CRCCG, and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally, and is refreshed and signed off annually by NHS England. The NHS 10 year plan published in January 2019 made reference to expanding children and young people's mental health services and committed to the following:
- Improved early intervention/prevention
  - An increased digital offer
  - Mental health funding for children and young people will rise faster than overall funding
  - Mental health support embedded within schools and colleges (this service is funded by central government from the Public Health grant with funding over the next 5 years being decided in the next spending review)
  - Crisis and home treatment functions
  - Reduced waiting times for children and young people with Autistic Spectrum Disorder (ASD)
- 3.6 To support the above, the NHS 10-year plan commits a ring-fenced local investment fund worth at least £2.3 billion a year nationally by 2023/24 for both adults' and children's mental health services. This investment is a recognition from government the need to invest into mental health support, and clearly evidences a national concern, with the increase prevalence of children and young people experiencing mental health conditions.
- 3.7 The local CAMHS Transformation Plan has made progress over the first three years in relation to the following:
- a. Improved service responsiveness by CWPT's specialist services – maintaining referral to treatment waiting times, with strengthened waiting list management arrangements (which involve close working with Commissioners) and reduced time for those waiting for their first follow-up appointment.
  - b. Implementing the new ASD pathway for school-aged children.

- c. The ongoing development of the Dimensions Tool, which provides an on-line resource to help parents and professionals gauge a child or young person's emotional well-being and signpost them to appropriate help.
- d. Delivery of support in schools particularly through the enhanced Primary Mental Health Offer and the positive outcomes this has achieved.
- e. Launch of an integrated CAMHS Looked after Children (LAC) Service, with consultation and advice to social workers.
- f. Establishment and on-going development of the community eating disorders service and the implementation of access and treatment target timescales.
- g. Sourcing additional clinical capacity via an independent provider to offset recruitment challenges.
- h. Launch of a new website, plus utilisation of social media (Instagram, Facebook and Twitter).
- i. Positive feedback from service users in many areas via the Experience of Service User Questionnaires, as well as feedback on CAMHS LAC and Primary Mental Health Services.
- j. Enhancement of the response for children and young people in crisis, including the creation and expansion of the Acute Liaison Team.

#### **4. What are we concerned about?**

- 4.1. The national picture is reflected in Coventry, where the same increases in demand are being experienced, alongside difficulties in recruiting staff. So far in 2018/19 there has already been an increase in referrals to the specialist tier 3 CAMHS service of 66% compared with 2017/18, and this is estimated to rise further to 81% by the end of this financial year. A graph showing this data can be found at Appendix 2.
- 4.2 The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission's (CQC) 'Good' rating for responsiveness in December 2018. A key local target is to maintain an average 'referral to treatment' waiting time of 18 weeks (it should be noted that the national target is 26 weeks). Since January 2018, the average wait for a routine first appointment has been fairly stable at 6.8 weeks. As at February 2019, 50% of Coventry children waiting for their first follow-up specialist appointment waited less than 12 weeks. Given the demand pressures, concerns about waiting times inevitably remain. Between August 2017 and November 2018 the number of children and young people waiting over 36 weeks for a follow up appointment reduced from 15 to 6 (4 in Coventry and 2 in Rugby). February 2018 has seen a further reduction with only 3 children and young people waiting more than 37 weeks.
- 4.3 In November 2018, CWPT established fortnightly waiting list management meetings, which provide detailed understanding of young people who are waiting, including those young people who are waiting over 37 weeks - how long the children have been waiting, what interventions they are waiting for, and what involvement and support there has been with them whilst they are waiting for intervention. The service also identifies which children and young people have the potential to move into a wait over 49 weeks. CWPT are looking at what is available in the wider system, including the third sector and other providers, such as Healios (a digital healthcare technology company), to provide interventions and increase capacity.
- 4.4 CWPT are able provide data on waiting times across each of their pathways showing where in the system there are bottlenecks and delays. It can be seen that these delays are typically for children and young people requiring more specialist interventions where there is less staffing resource or where there are challenges to recruit to required skills such as psychotherapy and family therapy.

- 4.5 Autism Spectrum Disorder (ASD) assessments are a growing concern. So far in 2018/19 there has already been an increase in referrals for ASD assessments of 23% compared with 2017/18, plus there is relatively limited availability of clinical capacity with diagnosing skills. Thus children and young people are having to wait longer for an assessment. The average waiting time, as of February 2019, is 51 weeks.
- 4.6 This improvement in waiting times for the first appointment follows the creation of a Navigation Hub in August 2017, which has enabled children and young people to be placed on the correct pathway on the day of referral and offered a timelier first appointment. Clinical and administrative capacity of the single point of entry (SPE) has been enhanced. All referrals are now screened to establish their urgency on the same day and then triaged to determine the correct pathway and the most appropriate response. The Navigation Hub also provides a call-back service for referrers to discuss cases and improve the quality of referrals - reducing the need to gather more information after the referral has been received.
- 4.7 A recent CQC inspection report (dated 21 December 2018) highlighted progress that was being made by CWPT services, whilst acknowledging that further progress was still required:

*'For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.'*

## **5. What is working well?**

- 5.1. Education partners in Coventry have recognised that promoting good mental health and well-being in children from the earliest age, requires a whole system approach, of which CAMHS is one of many components. The Department for Education (DfE) has provided advice to schools in its guidance document 'Mental health and behaviour in schools' (November 2018), which clearly sets out national expectations on the role education has to play in this challenging area of work as summarised below:

*"The school role in supporting and promoting mental health and wellbeing can be summarised as:*

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school Identification: recognising emerging issues as early and accurately as possible;*
- Early support: helping pupils to access evidence based early support and interventions; and*
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment"*

- 5.2. The provision of nurturing environments within the school system is therefore the starting point in satisfying school responsibilities. The report on Social, Emotional and Mental Health in Schools presented to Scrutiny Board 2 by a Task and Finish Group on 29 November 2018,

identified many examples of good practice across both the primary and secondary sector. This report exemplifies some common areas of practice across the area as follows:

- a) **The Thrive Approach:** is a programme that provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events, to help them re-engage with life and learning. Thrive was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the Thrive Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.

Between spring and summer term 2018, there was a net improvement in attendance of 1% across all Thrive schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst Thrive is measurably effective, it demands an ongoing investment from schools of around £6000 per annum to sustain the training commitments required for Thrive accreditation, which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a whole school strategy, is testament to the partnership commitment to educate the whole child.

- b) **ACES (Adverse Child Experience Survey):** Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group will consider this in the light of advancing the Primary Thrive work and building a coherent informed response to needs in secondary school for vulnerable young people. This also includes initiatives around transition and is funded by the schools.
- c) **Primary Mental Health in Schools roll out:** CWPT has been commissioned by the CRCCG to provide targeted support across all primary schools to increase capacity and skill base to support children with mental health difficulties. The programme targets six schools over a one-term period. Schools report that the programme has had a positive impact on both staff and pupils.
- d) **Specialist Services:** The Local Authority offer a range of specialist services to schools on a traded basis. These include:
- **Educational Psychology (including Clinical Psychology):** The Educational Psychology Service (EPS) provides an assessment, advice, training and intervention service for all areas of need. Social, emotional and mental health difficulties has a high prevalence in terms of referrals. The psychology assessment enables practitioners and families to understand if there is an underlying cause or contributing factor to the young person's presenting mental health difficulties. The assessments will identify any underlying learning difficulties. Dyslexia, social communication difficulties (speech and language and autism spectrum conditions) and general learning difficulties are commonly identified. In response to the rising demand for mental health support, the LA has begun an expansion of the EP service to include Clinical Psychology, creating an integrated Psychology team.
  - Educational Psychology also offer a critical response to major incidents impacting on children and young people attending schools within the City. This provides immediate support in incidences such as a child death, enabling children and young people (and

staff) to express their emotions and begin the journey of coming to terms with their experience.

- The Social Emotional and Learning Team (SEML) and Complex Communication Team(ASC) provide a range of training, assessment, intervention and support for schools and individual children and young people. This includes building emotional resilience, providing coping strategies and self-regulation. This service is fully subscribed and the offer is now being extended to include for example yoga for ASC (specialist intervention).
- e) **School Partnerships**: Coventry's strong partnership with schools is evident through the outcomes of the Primary Inclusion Group. The group comprises of primary Head teachers and local authority officers working in partnership to develop inclusive practice across the City. The work includes:
- A Primary Behaviour Pathway – this is an agreed framework of support and intervention that guides schools through a graduated response to behaviour support from universal (available to all) through to targeted specialist intervention. The pathway sets out the range of services available to schools, which includes local authority traded interventions and provision.
  - The Dimensions tool – is a health led initiative that enables parents and practitioners to identify presenting difficulties and thereby be signposted to self-help resources or referral pathways for specialist intervention when appropriate.
  - The Lancaster Model – is a health led survey, which will be conducted in schools at Years reception, 6 and 9. It provides an analysis at a whole school as well as individual child level, giving the opportunity for planned intervention as well as reactive support
  - The local authority is currently working in partnership with schools, to deliver a project to encourage daily physical activity for all pupils, using the year of wellbeing and the City's UK European City of Sport status as the contextual backdrop to more specialised projects.

5.3. In addition to these exemplars, it is evident that schools invest significantly in internal pastoral support and specialist interventions, drawing on their increasing plethora of strategies and expertise. At a recent visit from Professor Chris Wittey to Coventry, Head teachers in partnership with the local authority were able to vocalise the many ways that they support their children and young people. The key messages were easily generated and clearly communicated: schools do so much and are stretched in every way to provide effectively for every child.

5.4. In summary, a range of support and intervention is available through the school system which together reduce demand for CAMHS referrals. However, some children and young people experiencing high level mental health difficulties require specialist support that extends beyond the school system. It is at this point that schools will determine that it is the best interest of the child to seek external intervention though a referral to specialist CAMHS, recognising the national pressures on the system.

## **6. What are the next steps?**

6.1. Recent discussion at the Children and Young People Partnership Board underlined the need to view mental health services as a system, and to understand the interrelationships between the



tiers. This will be taken forward by the CAMHS Transformation Board, which is currently undergoing a refresh. The

- 6.2. Commissioners and providers need to undertake further work together to fully understand the capacity and demand gaps in services. The refreshed CAMHS Transformation Board will oversee the mapping and harnessing of support available in the wider system, including the third sector.
- 6.3. Continue the work of the Primary Mental Health Service which has undertaken a rolling programme to up skill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about.
- 6.4. Continue to support the development and roll-out of the Dimensions Tool includes ongoing development and engagement work across key stakeholders. The leaflet and video content is being updated and the roll out of Dimensions Champions has progressed. A new GP Infographic is available on the tool and is being distributed to GP's across localities. CWPT are also embedding the use of the Dimensions tool within the service to continue to build a detailed picture of ratings against key domains indicating strengths and difficulties.
- 6.5. Testing and evaluation work of the Dimensions tool is ongoing and involves CWPT Internal Audit and Warwick Business School. An initial evaluation report will be ready soon.
- 6.6. Work within the Education Service will focus on monitoring the Lancaster Survey for effectiveness and its impact on children, evaluating the ACES Survey and how this could inform secondary initiatives, ensuring that the Behaviour Pathways is consistently used, supports schools and has enough local authority funded provision to meet need, and expanding the local authority traded services to meet increasing demand.

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**Appendix 1: CAMHS Tiers**

**Appendix 2: Data**

## Appendix 1

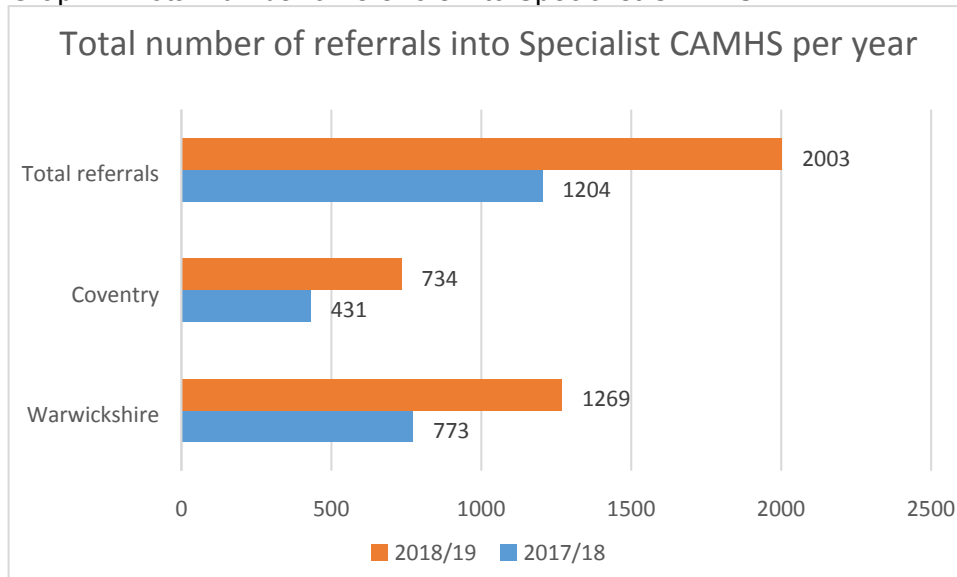
Tier	Description	Service / Provision	Detail of Service offer	Spend for the tier
Tier 1 - Universal Services	Primary mental health support to address low level issues.	Dimensions Tool	<ul style="list-style-type: none"> <li>Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child.</li> <li>Involves a number of questions which are rated to indicate how the child or young person is feeling.</li> <li>The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary.</li> <li>Depending on the young person's score, the tool may signpost on to relevant services.</li> </ul>	N/A  This is difficult to cost as it forms part of a universal offer that is embedded across provision
		GPs	<ul style="list-style-type: none"> <li>Support children and young people and their families to complete the Dimensions tool.</li> <li>Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing.</li> </ul>	
		Family Health and Lifestyles Service: School Nurses and health visitors (The Lancaster Model)	<ul style="list-style-type: none"> <li>Support children young people's mental wellbeing within schools</li> <li>Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs.</li> <li>Delivering evidence based approaches and programmes that contribute to improving children and young people's health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods</li> </ul>	
		Coventry Young Person's Service (Positive Choices)	<ul style="list-style-type: none"> <li>Early Intervention service to support children and young people who are experiencing difficulties and/or facing risks around: <ul style="list-style-type: none"> <li>✓ Sexual health</li> <li>✓ Substance misuse including hidden harm</li> <li>✓ Difficult relationships with peers (including coercive relationships)</li> </ul> </li> <li>Early intervention support with an aim to work with children and young people at a point before they hit crisis. For example, children and young people demonstrating attitudes or behaviours that indicate that they are at risk of misusing substances.</li> <li>Other support includes: <ul style="list-style-type: none"> <li>✓ Young person's peer mentor programme</li> <li>✓ Training for professionals</li> <li>✓ Digital interventions</li> <li>✓ Deliver interventions / awareness sessions for parents / carers to support a preventative approach around the behavioural strands, signposting onto relevant services.</li> <li>✓ Provides a secure messaging service which gives access to confidential 1:1 risky attitudes / behaviours advice for children and young people and parents / carers, signposting to other service where relevant.</li> </ul> </li> </ul>	
		Young carers assessments	<ul style="list-style-type: none"> <li>Assessing and providing support to children and young people, who are young carers to develop their emotional resilience.</li> <li>Support includes techniques which enable young people to manage and deal with anxiety and stress which arises from being a young carer.</li> </ul>	

		THRIVE – school based programme commissioned through schools	<ul style="list-style-type: none"> <li>• Training programme in schools for teachers to support them to identify emotional and mental health concerns through a child's behaviour.</li> <li>• Early intervention support and action plans are implemented within schools if required.</li> </ul>	
		Coventry City Council - Physical well-being service	<ul style="list-style-type: none"> <li>• Engagement with schools to encourage daily physical activity, to keep children and young people active</li> <li>• Focus on the year of wellbeing and the UK European City of Sport</li> </ul>	
Tier 2 - Targeted	Targeted early intervention services to prevent emerging issues from escalating.	Journeys Service	<ul style="list-style-type: none"> <li>• A dedicated mental health service for LAC provided by CWPT and CW Mind which includes: <ul style="list-style-type: none"> <li>✓ Case consultations for LAC</li> <li>✓ Therapeutic interventions for LAC, such as Art Therapy</li> <li>✓ Training for (foster carers / residential homes), to increase placement stability</li> <li>✓ Mental health Assessments for LAC (and Carers / Emotional wellbeing?)</li> </ul> </li> </ul>	£435k
		Reach Service	<ul style="list-style-type: none"> <li>• A service provided by CW Mind and Relate Counselling that provides: <ul style="list-style-type: none"> <li>✓ 1:1 counselling support</li> <li>✓ Group Cognitive Behavioural Therapy (CBT)</li> <li>✓ Peer Support</li> <li>✓ Bereavement Support</li> </ul> </li> </ul>	
		VIBES	<ul style="list-style-type: none"> <li>• A service provided by CW Mind that provides: <ul style="list-style-type: none"> <li>✓ Support for children and young people with Autistic Spectrum Disorder (ASD)</li> <li>✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health</li> </ul> </li> </ul>	
		Youth Offending	<ul style="list-style-type: none"> <li>• Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that: <ul style="list-style-type: none"> <li>✓ Support children and young people with their emotional wellbeing who have offended / going through criminal justice</li> <li>✓ Support assessing and delivering interventions, to young people receiving out-of-court-disposals, to try and prevent further offending</li> <li>✓ Offer parenting assessments and services and support and the management of parenting orders</li> <li>✓ Support children and young people with substance misuse / mental health conditions</li> </ul> </li> </ul>	
Tier 3 - Specialist	Specialist services to address moderate to severe mental health needs.	CAMHS Looked after children (LAC)	<ul style="list-style-type: none"> <li>• A dedicated service for LAC provided by CWPT and CW Mind and provides: <ul style="list-style-type: none"> <li>✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy</li> </ul> </li> </ul>	£3.96m
		Specialist CAMHS	<ul style="list-style-type: none"> <li>• Service provided by CWPT providing</li> <li>• Specialist mental health diagnosis and treatment for moderate mental health needs.</li> <li>• Specialist ASD diagnosis and treatment</li> <li>• Specialist Eating Disorder (ED) diagnosis and treatment</li> <li>• Specialist Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment</li> <li>• Primary Mental Health Team (PMHT)</li> </ul>	

Tier 3.5 plus	Specialist service to aid prevention of hospital admissions	Acute Liaison Team (ALT)	<ul style="list-style-type: none"> <li>Mental health assessment and triage service for young people presenting at A&amp;E/acute wards at UHCW with a mental health crisis, to determine either admission or refer onto community support</li> </ul>	£1.2m
		Community Support for children with an emergency mental health need	<ul style="list-style-type: none"> <li>Mental health assessment in the community within 48 hours?</li> <li>Supporting young people referred away from A&amp;E by the ALT</li> <li>Community support for two weeks after discharge from A&amp;E/Acute ward UHCW?</li> <li>Intense package of support, with the young person and their family, over a 6 week period (48 hour assessment)</li> </ul>	
		Bespoke Packages	<ul style="list-style-type: none"> <li>Pilot service to support 10 young people in the community who have at risk of mental health crisis, through an individual package to commence from April 2019</li> </ul>	
Tier 4 - Inpatient	In-patient admissions for the most severe presenting needs	Inpatient hospital e.g. Parkview	<ul style="list-style-type: none"> <li>Acute hospital admission for children and young people in CRISIS (NHS England funded) and require medical intervention</li> </ul>	N/A

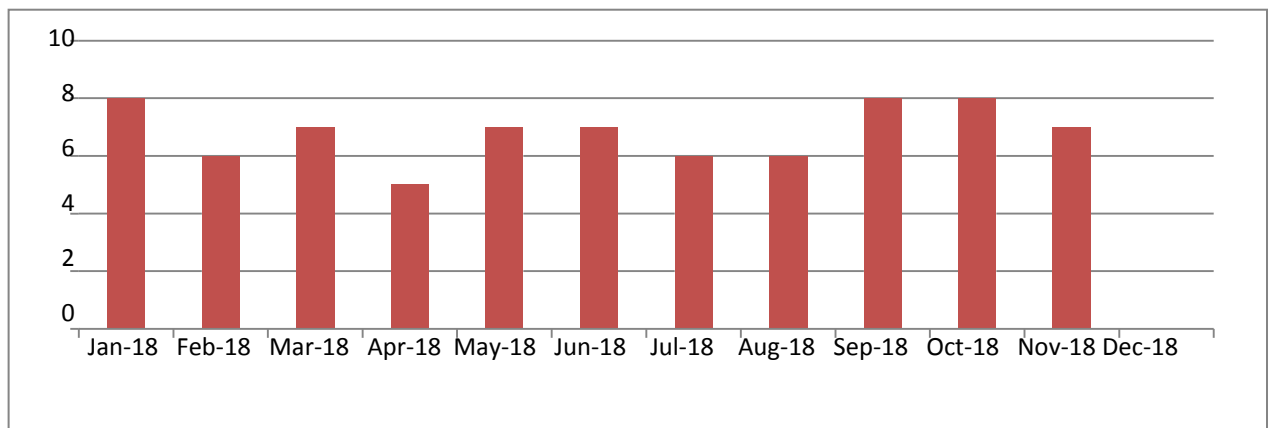
## Appendix 2

Graph 1: Total number of referrals into Specialist CAMHS

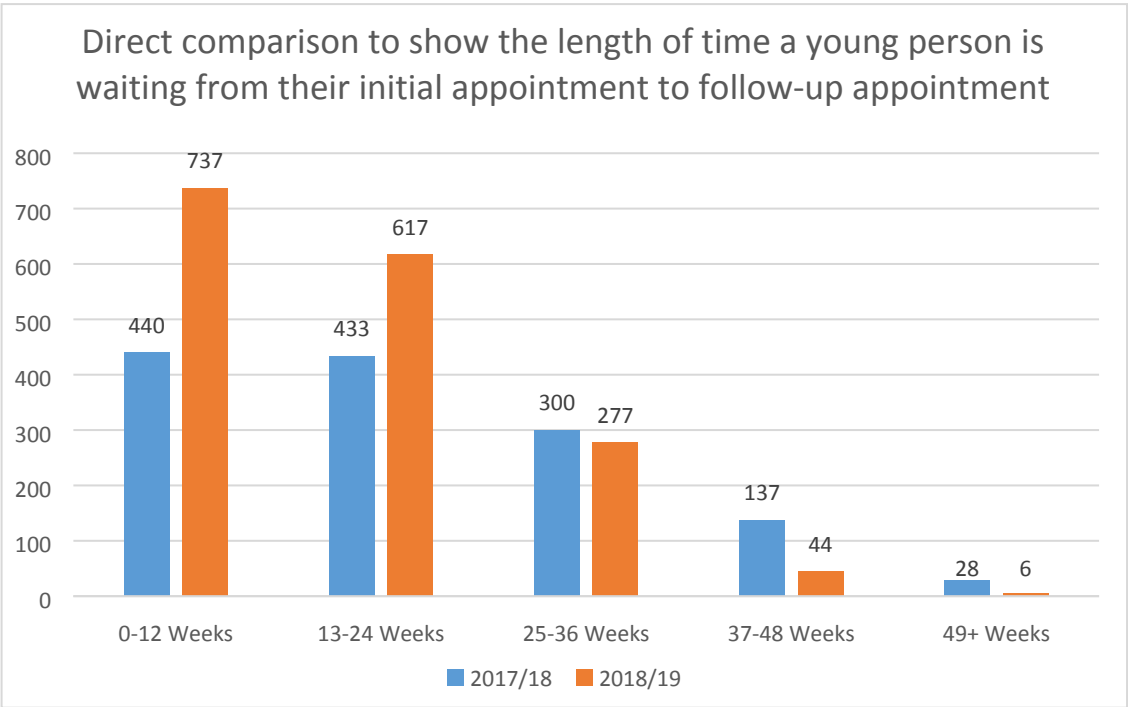


The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 2: Average waiting time in weeks from referral to first appointment

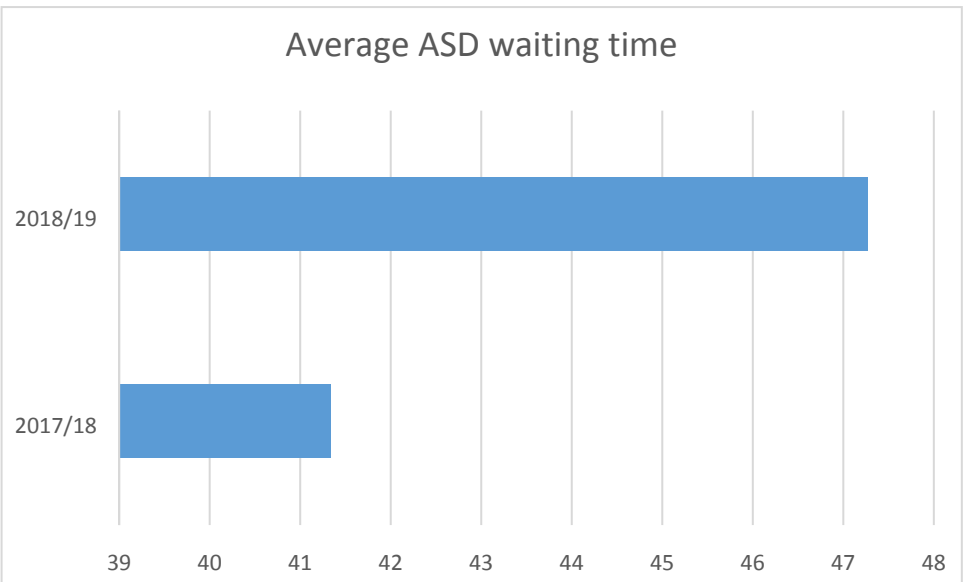


Graph 3: Length of time children and young people are waiting between their initial appointment and follow-up appointment



The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 4: The average waiting time for ASD



The data for 2018/19 is not full year affect (April 2018 – February 2019)

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## Briefing note

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

**Date: 4<sup>th</sup> April 2019**

**Subject: Coventry Parenting Strategy 2018-23**

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

- 1.1 To provide a follow up report on the Coventry Parenting Strategy 2018-2023 (which was presented on 1<sup>st</sup> March 2018) and inform members of the progress made against the recommendations and the year 1 parenting action plan.

### **2 Recommendations**

- 2.1 The Scrutiny Board are requested to:
- 1) Consider the content of the report and progress made.
  - 2) Identify any further recommendations for the appropriate Cabinet Member.

### **3 Information/Background**

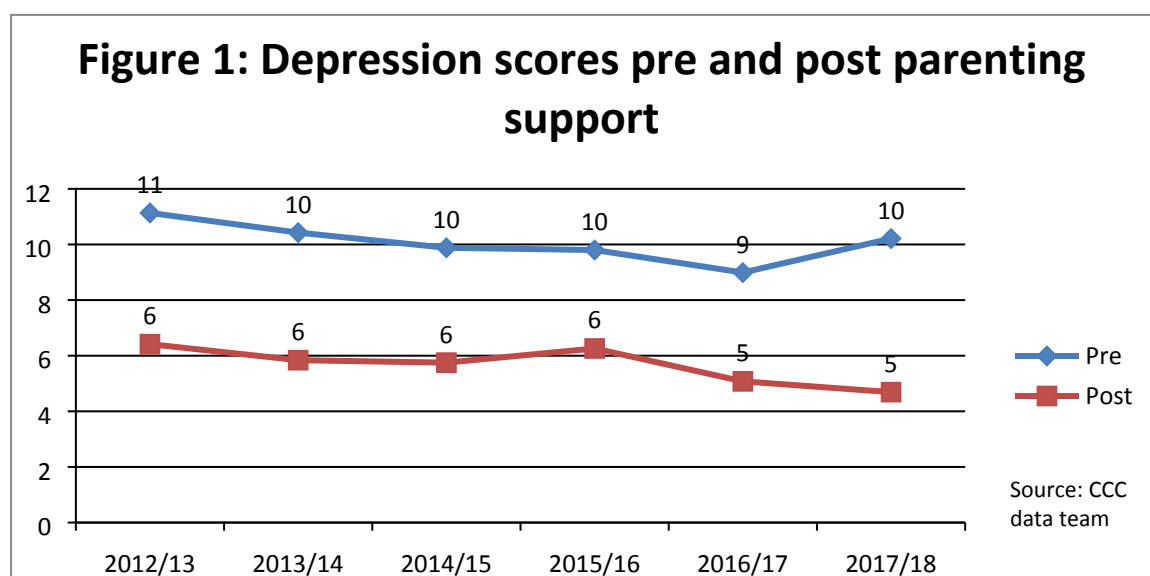
- 3.1 As children and young people develop, families may face a number of challenges and the extent to which they are able to cope with these will differ from person to person. There is clear evidence that supporting parents and carers to develop effective parenting skills is an important part of maximising their children's potential.
- 3.2 In Coventry, 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. The total number of children and young people aged 0-19 is 89,200 which equates to approximately 25% of the population for the city<sup>1</sup>
- 3.3 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.
- 3.4 Coventry's vision for parenting is to have "More Coventry Children and Young People grow up within supportive families and communities". The Coventry Parenting Strategy 2018-2023 identified areas for improvements and key recommendations, bringing together the views of parents, stakeholders and evidence. The approach taken was to strengthen these services within existing resources.
- 3.5 The multiagency Coventry Parenting Strategy Steering Group was established to develop the Parenting Strategy and has overseen the progress made against the recommendations, it includes representatives from parents, statutory and non-statutory

1. Mid year office national statistics 2017.

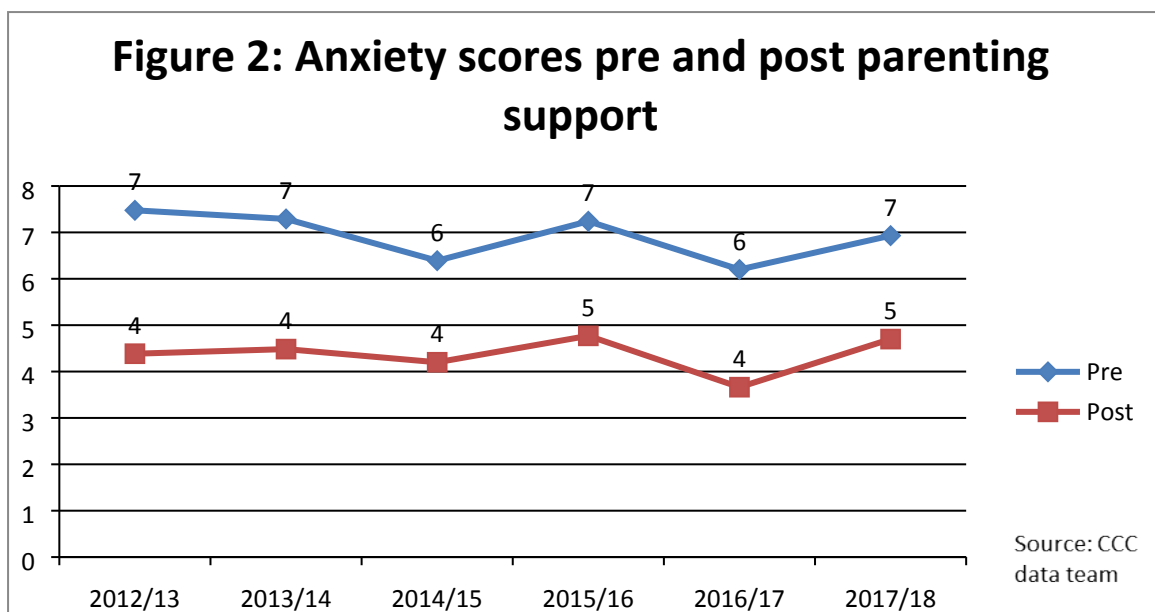
organisations including the voluntary sector. Multiagency task and finish groups have taken forward the recommendations creating tangible actions driven by key partners.

#### 4 Impact of Parenting support offered in Coventry

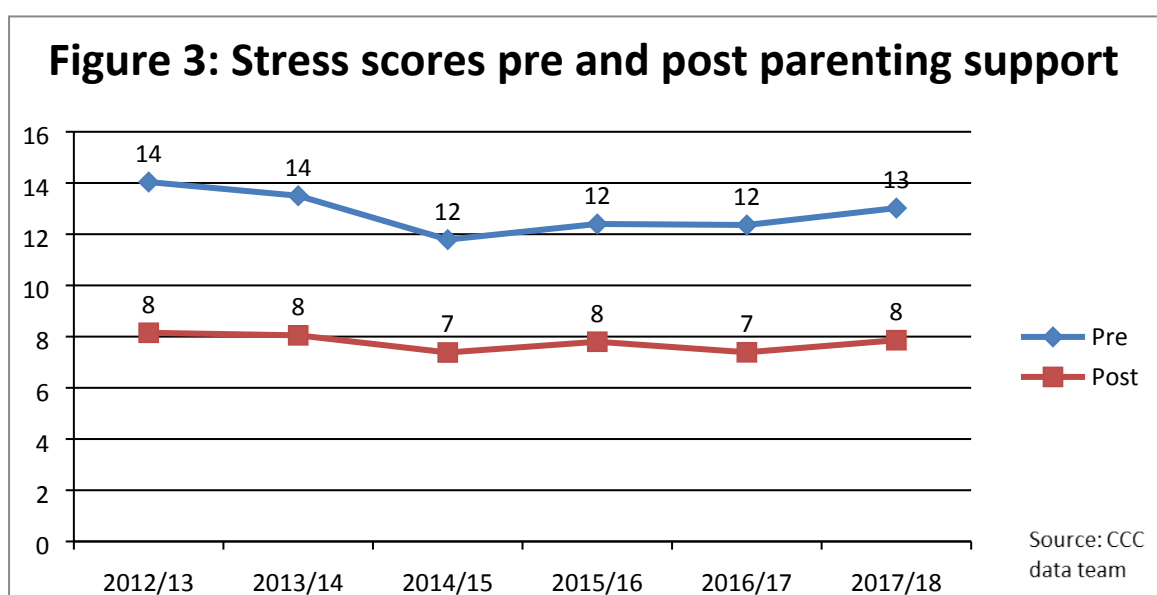
- 4.1 Ten years ago, there was a key drive by the City Council to invest in parenting programmes such as Triple P (an evidenced based programme for parents of children aged 0-19 years) There is strong evidence that there are many benefits associated with Triple P parenting support and staff at all levels within the City Council were trained in delivering this support to families. The standard Triple P programme has been shown to prevent crime, violence and antisocial behaviour. The Triple P Parenting programme measures parent's wellbeing. Parents wellbeing is measured using the Depression, Anxiety and Stress Scale (DASS: Lovibond & Lovibond, 1995) a 42-item self-report assessing symptoms of depression, anxiety and stress in adults and is completed after the Triple P course.
- 4.2 In Coventry, the data for the past six years has been analysed for those parents who completed a Triple P programme to understand the impact of the parenting support offered to families. An analysis of the depression scores noted by parents following the Triple P parenting programmes are shown in Figure 1. From 2012/13 to 2017/18 the depression scores are consistently higher before compared to after completing the parenting course. Before the parenting course, the scores (for most years shown) are outside the normal range but after the course, all the scores are within the normal range. NB: A normal depression score ranges from 0 – 9. Mild to moderate is a depression score between 10-20 and a severe depression score is considered to be over 21.



- 4.3 Figure 2 shows the anxiety score measured pre and post parenting support from 2012/13 to 2017/18. Before the parenting course, the readings per year ranges between 6 and 7 (which is on the higher end of the normal range of the anxiety scale) but after the Triple P parenting course, the readings are lower at 4 and 5, which is positive. NB: A score between 0-7 is considered as a normal score, 8 to 14 is considered to be a mild to moderate anxiety score, and a severe anxiety score is over 15.



- 4.4 Figure 3 shows the stress score reported by parents pre and post parenting support, the scores are repeatedly higher for pre measures compared to post Triple P parenting support. Before the parenting course, the readings per year ranges between 12 and 14 (which is on the higher end of the normal range of the stress scale) but after the Triple P parenting course, the readings are much lower which is positive. NB: 0-14 is considered as a normal stress score, 15-25 is considered to be a mild to moderate stress score and over 26 is a severe stress score.



- 4.5 The above analysis clearly shows the investment into parenting support over the past six years has had a positive impact on parents and carers in the city. The redesign in children and young people's service has meant that resources have reduced, however last year a review was completed of the number of staff trained in the intervention and there were 128 practitioners trained in Triple P. It was identified that support needed to be strengthened for parents with teenagers; therefore, in 2018 the number of parenting groups has been increased to offer more Triple P teenage groups

## **5 Progress made since the Parenting Strategy launched**

Below is a summary of the progress made against the key recommendations from the Coventry Parenting Strategy 2018-2023. A high level summary of the five year strategic plan is provided in Appendix 1. A full detailed action plan is provided in Appendix 2 which has been developed by the Parenting Strategy Task and Finish Groups.

### **5.1 Recommendation 1: To strengthen availability and accessibility of general information and advice to parents**

- 5.2 A recent survey of 27 key partners involved in the delivery of parenting support in the city (response rate 70%) found that 44% (8 out of 18) agency leads said that knowledge of referral processes for parenting had improved or improved a lot, the remaining said it stayed the same. No agency leads reported that it had got worse. 78% (14/18 partner agencies reported awareness of parenting support offered in the city had improved a lot or improved; no agency lead felt it had got worse.
- 5.3 There are 8 Family Hubs operational in Local Authority venues across the city, serving local communities and focusing on delivering early help to children aged 0-19 (and up to 24 for young people with SEN) and their families. Each Family Hub has launched a 'resource library' which can be accessed by partners and aims to provide a standardised portal for staff working within the locality to access information about local services. Information about parenting support and the Coventry Parenting Strategy 2018-2023 has been uploaded onto the library.
- 5.4 Public Health has presented the Coventry Parenting Strategy 2018-2023 and discussed strengthening parenting support with the safeguarding faith forum. This has led to the chair joining the parenting task and finish group. Links have been established between members of the safeguarding faith forum and the Positive Parenting team.
- 5.5 In Partnership with MAMTA, the positive parenting team have developed a new Triple P evidence based parenting programme to deliver to parents from BME backgrounds increasing parenting support in the city.
- 5.6 Further work has been completed to raise awareness of parenting support offered antenatally and postnatally such as the Family Links antenatal nurture programme with briefing sessions being held with Maternity and Health Visiting to increase uptake.
- 5.7 The Family Health and Lifestyles service has been recommissioned by Public Health bringing together the following seven services; Health Visiting, Stop Smoking in Pregnancy, MAMTA (Supporting mothers from BME backgrounds), Infant Feeding, School Nursing, Family Nurse Partnership and Family weight management services. The new service went live in September 2018. The new service will improve the cohesiveness of parenting support in the city through integration of care. The new service will create a parent leadership programme, this will be a formal programme that supports parents to drive service improvements and increase community capacity. Through the Family Hubs, Health Visitors and School Nurses attend weekly 'Family Matters' meetings at the 8 Family Hubs to discuss cases where families requiring early help are identified and appropriate support is put in place.
- 5.8 New parenting programmes offered locally have been promoted via partners. For example, the promotion of NSPCCs "Building Blocks" for parents and carers of children under 7 years old who may have been identified as needing extra support has been promoted via the Family Hubs, Family Health and Lifestyles service and with the Voluntary Sector.
- 5.9 Based on the findings from the consultation with parents (which was completed by the Parenting Strategy Steering Group), a calendar has been created to promote a new theme each month via services such as Family Hubs and includes areas such as child behaviour and breastfeeding.

- 5.10 The Parenting Strategy has been disseminated to key partners and organisations delivering parenting support and has been shared with Primary and Secondary school heads.
- 5.11 In terms of data, school readiness is a key marker in a child's development, there is an opportunity to use the ages and stages measure completed by Health Visiting at 2 ½ year check to provide data which will allow a system response to improve school readiness. The questionnaire is completed by parents to measure child development .

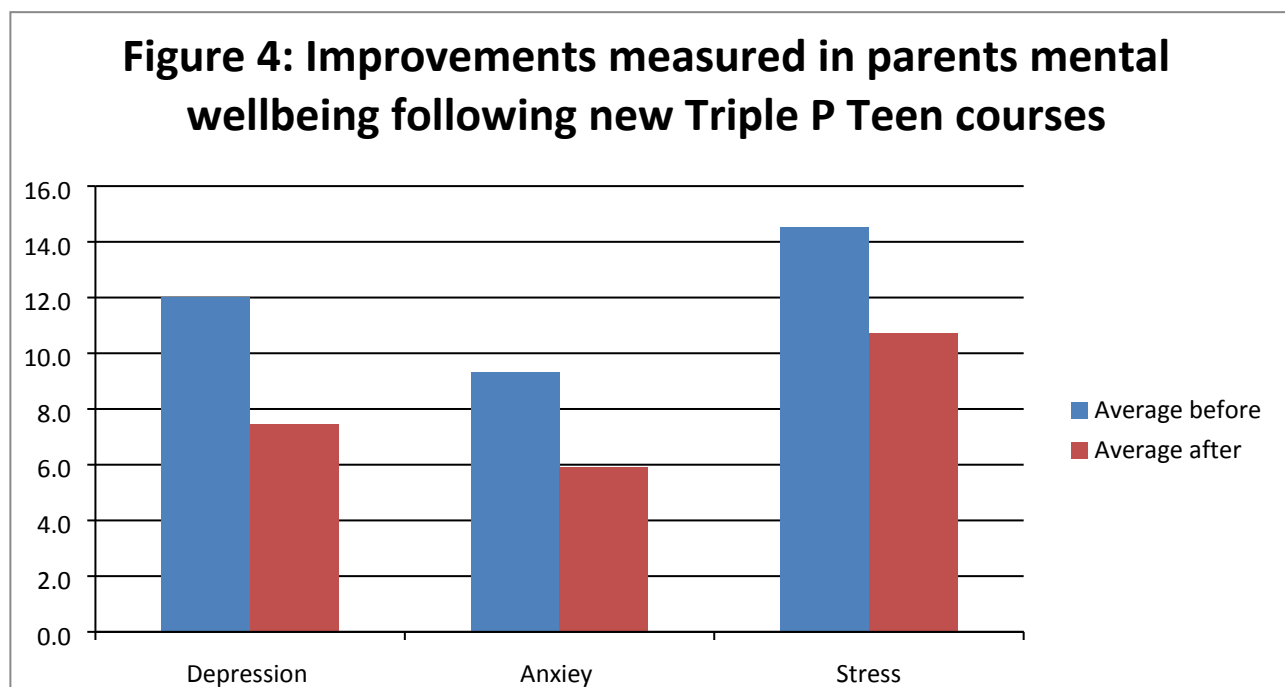
**6 Recommendation 2: Harness technology and the developing digital systems across agencies to strengthen the parenting offer.**

- 6.1 Video clips have been produced covering a range of different services through the Family Hubs. Discussions about supporting learning difficulties and English as a second language are included.
- 6.2 All Family Hubs have new Face Book pages , information about parenting support is being uploaded and will be scheduled to be disseminated on a quarterly basis The Family Nurse Partnership service supports first time parents aged under 19 and utilises the support available online such as Baby Buddy mental health videos on post-natal depression .
- 6.3 Grapevine have held 'idea factories' around child accident prevention for parents working jointly with Child Accident Prevention Trust and Public Health. This resulted in mobilizing parents to spread safety messages and parents creating a short video which was used in a social media campaign to support Child Accident Prevention Week.
- 6.4 Work in underway to utilise the screens available in each Family Hub waiting area to promote messages to families on parenting support available locally.

**7 Recommendation 3: Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system**

- 7.1 Two practitioners have undertaken 'Train the Trainer' Solihull Approach (a universal parenting programme offering support to parents of children aged 0-19) creating a more sustainable parenting support offer for the future. Family Hubs will be looking to initially train 8 members of Family Hub staff by the end of May 2019. This will inform the wider roll out of training scheduled for September 2019.
- 7.2 Health Visitors are trained in an evidenced based parenting programme (Triple P Primary Care) and are undergoing refresher training planned for September 2019. VIG (video interactive guidance) training is being provided for 3 Health Visitors in Coventry linked to promoting attachment and promotion of post-natal mental health support.
- 7.3 The Family Nurse Partnership (which offer support to first time parents from 0 – 2 years) have created modules on areas such as attachment and the teenage brain which have been delivered to children's services staff, including Social Care, Foster Carers, Family Hub workers and Parenting Practitioners, with a very positive evaluation.
- 7.4 The Health Visiting service have created a "Together we Can" group running in Foleshill. It is in conjunction with the SEND agenda and is run alongside a Portage worker and Nursery Nurse from Health Visiting services. The uptake is good and the feedback is excellent. Parents enjoy the service and can see the progress their children are making. The sessions are structured, specific and goals are set for each child.

- 7.5 Police Officers are being trained in Signs Of Safety and input information about families with an unmet need into the multiagency 'Family Matters' meeting held at the Family Hubs on a weekly basis.
- 7.6 Further investment into Triple P Teen (an evidenced based parenting programme) has led to 3 practitioners being trained and new parenting groups for parents with teenagers have commenced. 4 groups ran with the 3 newly trained practitioners co-delivering at Harmony, Aspire, Pathways and Woodside Family Hubs. 30 parents completed the courses. The feedback from parents is positive, improvements in depression, anxiety and stress scores have been reported see Figure 4.



## 8 Parents/ carers feedback:

Below shows feedback collated from parents with teenage children who have attend the parenting programmes:

*"It's given me more confidence in the tools I have learnt"*

*"I have made friends"*

*"Helped give ideas support my children".*

*"[The course is] relaxed, friendly and informative"*

## 9 Recommendation 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

- 9.1 Early Help Managers /Partnership Coordinators have created a citywide mapping directory which is updated on an ongoing basis, this identifies current partnership arrangements for children and families that operate within the city.

## 10 What needs to happen next?

- 10.1 The priorities for the next 12 months will be to:

- Continue to strengthen plans to meet the recommendations of the parenting strategy including strengthening information and advice for parents, use of technology to

strengthen parenting support, ensuring there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system and ensuring that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need.

- Hold a celebration event with parents in July 2019 and present back the progress made in year 1.
- To support partners to develop robust participation practice through effective guidance support and good practice.
- Improve continuity and consistency throughout important transition periods e.g. starting school particularly for vulnerable families.
- Strengthen parent relationship advice and further cascade 'train the trainer' universal parenting support to staff.
- Develop a city wide outcome framework with partners to accurately evidence the reach and impact of the whole of the Early Help offered delivered through that partnership and ensure parenting outcomes are integrated within this.
- Strengthen the intelligence that is shared between partners to help them make informed decisions about resources.
- Strengthen support for parents with a learning disability.
- Implementation of the new Early Help Assessment which includes measuring outcomes for families.
- 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.

A link to the parenting strategy can be found here:

[http://www.coventry.gov.uk/downloads/download/5182/parenting\\_strategy](http://www.coventry.gov.uk/downloads/download/5182/parenting_strategy)

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## Appendix 1: Coventry Parenting Strategy High level Implementation Plan:

Coventry Parenting Strategy implementation plan	Year 1	Year 2	Year 3	Year 4	Year 5	Progress updates and Red Amber Green rating
<b>Strengthen availability and accessibility of general information and advice to parents</b>						
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						A recent survey with partner agencies delivering parenting support found that 78% (14/18) reported awareness of parenting support offered in the city had improved a lot or improved none reported that it had got worse. 44% (8 out of 18) agency leads delivering parenting reported knowledge of referral processes for parenting had improved or improved a lot, the remaining said it stayed the same. No responses reported that knowledge about parenting support had got worse. Family Hubs have launched a resource library for each hub which includes information about the parenting strategy and parenting offer.
Develop a communications strategy encompassing the launch of the strategy, as well as ongoing awareness raising on the parenting offer linking this into the Family Hubs offer and the Family Health and Lifestyles Service (which will go live in September 18).						A communications plan was created to launch the parenting strategy. The strategy successfully launched in July 18. A resource library has been set up for each family hub which includes the parenting strategy and parenting support offer. South Warwickshire Foundation Trust have displayed the parenting strategy on the family health and lifestyles pages.
Ensure all hard copy and website service information is up to date and accurate, including information on						All pages from members represented on the multiagency steering group have been updated on the family information service. This information will be reviewed for accuracy by partners on an annual basis.

relevant Council webpages. E.g updating the Family Information Service (FIS) and its use across the city by partners.

Strengthen parent leadership forums to support parents						Family Hubs are developing parental leadership through the “Friends of...” Family hub groups which includes parents and then there will be an opportunity for a role in each Advisory group – workshops are planned across family hubs and family health and lifestyles to activate the local advisory groups in April. Grapevine have completed work with parent around child accident prevention, the family health and lifestyles service will develop a parent leadership programme and have completed a mapping exercise of current parent leadership forums.
Build parenting capacity and help normalise parenting support in local communities						The new family health and lifestyles service went live in September 2018. The provider which includes health visiting, family nurse partnership, MAMTA , infant feeding, stop smoking in pregnancy and school nursing as well as family weight management services. Will be expected to establish a proactive culture which encourages staff to seek out and use the views and experiences of young people, carers and family members in service development. South Warwickshire Foundation Trust will develop a formal parent leadership programme that supports parents to drive service improvements.
Wherever possible involve families in decision-making in respect of services that they benefit from						
To support partners to develop robust participation practice through effective guidance support and good practice.						

Harness the opportunities to integrate a newly designed parenting portal within current development of digital platforms across partners, providing information and advice to parents						
Strengthen links with faith groups to enable effective signposting where appropriate						The parenting strategy was presented in December 18 at the Coventry and Warwickshire faith forum and a the chair has joined the parenting strategy task and finish group to identify opportunities to strengthen links with partners.
Strengthen antenatal parenting support – availability of antenatal classes e.g. birth expectation classes and antenatal support groups is increased.						Plans have been put in place to promote family links antenatal nurture with maternity services, the number of antenatal classes have increased. Plans are being put in place to revisit the baby buddy app which promotes antenatal support.
Early years' staff to promote sensitive parenting, by training staff in parent infant attachment and improve their ability to identify attachment disorders early.						
Improve continuity and consistency throughout important transition periods e.g. starting school particularly for vulnerable families.						
Equip the workforce to be better placed to work together, identify problems early and share information with professionals						A number of workforce development sessions have been arranged for the Family Hubs and partners around progressing the early help offer and how our skills translate into an integrated early help offer through the Family Hubs which will provide joint training in March/April 2019.

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						A number of workforce development sessions have been arranged for the Family Hubs and partners around progressing the early help offer and how our skills translate into an integrated early help offer through the Family Hubs which will provide joint training in March/April 2019.
Professionals delivering parenting support to develop constructive relationships with parents with effective communication systems between the school and the family						
<b>Harness technology and the developing digital systems across agencies to strengthen the parenting offer</b>						
Promote safe use of social media as a route for advertising / awareness raising around parenting support across all partner agencies.						Each family hub has a face book page which includes information about the family hub timetable and parenting support locally available.
Review IT tools used and links to the parenting support in Coventry.						
Review dimensions tool and its use in Coventry.						

'Steps to change' to be made available to parents via a protected 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.						45 second clips are being produced by the Family Hubs covering a range of different services. Initially within the Hubs but then this will be developed to look at services within the Hub reach including all Partners. Discussions about supporting learning difficulties and English as a second language are included.
<b>Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system</b>						
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.						<p>There are a range of formal and information parenting support programmes for parents. Foleshill Women training who support women from BME backgrounds has created a pilot parenting programme with the positive parenting team.</p> <p>Family Nurse Partnership (offer support to first time teenage parents) they report links have been made with Be Active Be Healthy in order to promote joint working. The team attended the February FNP group meeting to meet and discuss with young parents what they would want, and also what services they already offer. The team are going to also assess the room for suitability for delivering baby massage.</p>

Staff working with families have induction and training to ensure it equips them to work in accordance with the parenting strategy/parenting offer.						
Steering group to consider an effective approach of logging new support for newly arrived communities						
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.						
Senior managers to consider how to roll out the training further for 'Signs of Safety'.						
Senior Managers to consider who will deliver training and how partner agencies will access and record the data.						
Ensure parenting support includes face to face and one to one services alongside online provision.						Support continues to be delivered through a variety of method including face to face such as the Triple P group programme and family links programmes supporting 0-19 years. One to one support is provided via Solihull approach. Online provision exists via the baby buddy app and the baby box syllabus as well as a number of films promoting parenting support

						such as those designed by Unicef for breastfeeding and NSPCC.
A continual process of assessment and improvement to ensure it meets the needs of Coventry parents into the future						<p>New groups have been strengthened or initiated such as the Health Visiting service offering “Together we Can”. It is in conjunction with the SEND agenda and is run alongside a Portage worker and Nursery Nurse from Health Visiting services. The uptake is good and the feedback is excellent. Parents enjoy the service and can see the progress their</p> <p>Modules on attachment and caregiver interactions and the teenage brain have been delivered by Family Nurse Partnership (offering support to first time teenager parents) to train children’s services staff, including social care, foster carers, hub centre workers and Triple P practitioners, with a positive evaluation.</p> <p>A new group has commenced to support BME families in partnership with Foleshill Women Training and positive parenting tem</p>
Develop sustainable train the trainer models of parenting support. Identify problems early and share information with professionals.						Two practitioners are now trained in Solihull Approach universal parenting programme (evidenced based) which is a train the trainer approach and further training will be cascaded to family hub workers as a result of this later this year.
Identify workforce development needs and train key partners including Family Hub staff						A training need was identified in the demand for teenage parenting support groups was greater than the number of groups delivered through the strategy implementation the number of triple p teen groups have been increased
Professionals working with families will have face to face multiagency meetings to discuss concerns about families with unmet needs.						Family Matters multiagency meetings have been established across the 8 hubs.

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						
Strengthen parenting provision universally for school aged children (5-19 years)						<p>Further investment into Triple P Teen has led to:</p> <ul style="list-style-type: none"> <li>• 3 practitioners being trained and delivery of new programmes in the city.</li> <li>• 4 teen groups have taken place with the 3 newly trained practitioners co-delivering at Harmony, Aspire, Pathways and Woodside Family Hubs</li> <li>• Outcomes: 30 parents have completed the courses so far.</li> <li>• Parental outcomes show that depression, anxiety and stress levels have improved for parents who have attended</li> <li>• Qualitative outcomes from parents feedback show improvements in confidence and social networks for parents as a result of the parenting support received.</li> </ul>



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						
Early Help Managers to complete asset mapping for local needs and resources in their communities.						A Citywide mapping directory is in place and is updated on an ongoing basis ,this identifies current partnership arrangements for children and families that operate within the city
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)						
Train staff to support fathers more confidently.						
Strengthen support for parents with a learning disability						
Align the Parenting Strategy implementation with the Special Educational Needs and Disability (SEND) local offer						

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**Coventry Parenting Strategy: Year 1 Task and Finish Group Action Plan**

Green: The action is on track to be delivered

Amber: The action is off track but in the gift of the programme to get back on track

Red: The action is off track and requires intervention

**Recommendation 1: Strengthen availability and accessibility of general information and advice to parents**

**Lead: Alicia Phillips and Harbir Nagra**

Action /what we are trying to achieve	Who	Timescales	Steps to achieve this action	How will we measure progress?	Progress
1.1 Staff to promote consistent positive messages about parenting support that is on offer and know the referral processes.	All TAF members (see Appendix 1 for list of members)	July 18 – onwards	<div><div>1. Disseminate information about local parenting support and referral guidance to each family hub and refresh this regularly.</div><div>2. Evaluate staff knowledge of parenting support yearly.</div></div>	<div>Monitor referrals into those services offering parenting support e.g. positive parenting team.</div> <div>Staff surveys.</div>	<div>A survey was disseminated to each agency delivering parenting support that was contacted in the original mapping exercise for the parenting strategy. The survey was carried out in January 2019 with key partners involved in the delivery of parenting support in the city. It found that 78% (14/18) of partner agencies felt awareness of parenting support offered in the city had improved a lot or improved none reported that it got worse. 44% (8 out of 18) agency leads reported knowledge of referral processes for parenting had improved or improved a lot, the remaining said it stayed the same. No responses reported that knowledge about parenting support had got worse.</div> <div>Each Family Hub has launched a ‘resource library’ which can be accessed by partners and aims to provide a standardised portal for staff working within the locality to access information about local services. Information about parenting support and the parenting strategy has been uploaded onto the library.</div> <div>Recent referral data for the positive parenting team (which offer a range of universal and targeted parenting support) have been analysed to identify the main referral agencies which include social care, schools and family hubs.</div> <div>A family hub lead is being identified to cascade information to each hub on the local early help offer.</div> <div>The parenting strategy has been shared with secondary and primary school heads, the Coventry and Warwickshire Faith Forum and the strategy is now displayed on the parenting councils web pages and on the Family Health and Lifestyles web page which brings together seven key services for 0-19 years offering a more seamless service including the Health Visiting,</div>

					Family Nurse Partnership (for first time teenage parents) Breastfeeding service, MAMTA service (for BME women), Stop Smoking in Pregnancy School Nursing and Family weight management services.
<b>1.2 Develop a communications strategy including launch of the strategy, and ongoing awareness raising of the parenting offer.</b>  <b>Link parenting offer to the Family Hubs offer and the Family Health and Lifestyles Service (Live from September 18).</b>	Public Health (Harbir Nagra) Communications teams (CCC)  Early Help managers (Amanda Reynolds/ Nigel Patterson)	May – August 2018 (Year 1)	1. Plan for the launch of the Parenting Strategy in July 18 and promote recommendations with partners involved in delivering parenting support.  2. Discuss findings from Parenting Strategy consultation September 17 as part of the Family Hub Communications Strategy and disseminate learning.	Number of views on the city councils website for parenting strategy downloads.  Monitor how information about parenting strategy consultation informs family hub communication strategy. Establish clear links between the two work streams.	A communications plan was created to launch the parenting strategy. The strategy was successfully launched in July 2018 at an event with partners across the city who support parenting. Web analytics have reported there were 112 visits to the web page from July 18 to Nov 18. The Parenting Strategy has been shared with the Family Hub communication lead. The parenting strategy has been shared with primary school and secondary school heads. Approximately 50% of schools have attended PSHE workshops and details about the parenting strategy have been shared and local information about parenting offer. A resource library has been set up for each family hub which includes the parenting strategy and parenting support offer.
<b>1.3 Ensure all hard copy and website service information is up to date and accurate, including information on relevant Council webpages for parenting support.</b>  <b>(E.g updating the Family Information Service FIS )</b>	Grapevine (Andrea) Public Health (Harbir and Alicia) CCC Parenting Practitioners (Vicki and Gillian) Family Hubs (Tim Jacques) Noreen and Lesley (SWFT)	August - October 2018 (Year 1)	All agencies to review and update their parenting web pages for accuracy annually.	Record updated pages via check list	All pages from members represented on the multiagency parenting strategy steering group have been updated on the family information service. This information will be reviewed for accuracy by partners on an annual basis.
<b>1.4 Strengthen parent leadership forums.</b>  <b>Increase parent leadership via Hubs and develop an approach through the Family Health and Lifestyles service</b>	Early Help Managers (Amanda Reynolds)  Partnership Coordinators (Tim Jacques) Positive Parenting Team (Vicki Finlay and Gillian Broomfield)	Year 1 -5	Partnership Coordinator and partners to increase the number of local parents volunteering.	Record number of friend of... forums set up, number of parent leadership forums	Family Hubs are developing parental leadership through the “Friends of...” Family hub groups which includes parents and then there will be an opportunity for a role in each Advisory Group for the family hubs to take this forward– workshops are planned across Family Hubs and Family Health and Lifestyles to activate the local Advisory Groups in April 19.

					<p>Grapevine have held Idea factories around child accident prevention for parents working jointly with Child Accident Prevention Trust (a national accident prevention charity) and Coventry city council. This resulted in mobilizing parents to spread safety messages, and parents creating a short video which was used in a social media campaign to support Child Accident Prevention Week.</p> <p>A lead has been identified within the Family Health and Lifestyles service (which went live in September 2018) and a formal parent leadership model will be designed. Current parent leadership forums have been mapped across the city.</p>
<b>1.5 Build parenting capacity and help normalise parenting support in local communities</b>	Public Health Maternity (Lorna) FHL SWFT (Mary and Anne Marie)	Ongoing	Staff to be aware of current parent leadership forums (e.g. One Voice, Women of Willenhall parenting group) – any gaps to be identified and addressed. Promote opportunities to join parent leadership forums Measure outcomes for parents	Improved outcomes for parents attending parent leadership programme	<p>The new Family Health and Lifestyles service went live in September 2018. The service includes Health Visiting, Family Nurse Partnership, MAMTA , Infant feeding, stop smoking in pregnancy and school nursing as well as family weight management services. the service will be expected to establish a proactive culture which encourages staff to seek out and use the views and experiences of young people, carers and family members in service development. SWFT will develop a formal parent leadership programme that supports parents to drive service improvements.</p> <p>Promotion of new parenting programmes such as building block delivered by NSPCC has been promoted by partners. The programme offer support to parents and carers of children aged 0-7.</p>
<b>1.6 Strengthen links with faith groups to enable effective signposting.</b>	Public Health Faith Groups (Harbir and Anne Pluska)	September 2018 (Year 1-5)	Establish links via the faith forum.  Parenting practitioners to record referrals from faith groups to programmes.  To inform all Faith Forums of parenting offer/strategy.	Monitor number of referrals into parenting support from faith organisations.	<p>A paper has been presented by Public Health to brief members of the coventry and warwickshire faith forum and discuss how the links between faith forums and providers of parenting support can be strengthened. The chair of the coventry and warwickshire safeguarding faith forum has joined the parenting TAF group which meets monthly to strengthen links with partners who</p>

					deliver parenting support and share information.
<b>1.7 Strengthen antenatal parenting support – increase availability of antenatal classes.</b>  <b>(e.g. birth expectation, antenatal support)</b>	Maternity services (Lorna Coyle and Heather Davies)  Health Visiting (Lesley Cleaver, Lili Gregor, Mary Haidar)	Year 1-5	Review current antenatal parenting offer. Identify opportunities to strengthen current offer and effective sign posting to other services.	Monitor referrals into antenatal classes and uptake for other antenatal parenting support e.g. baby buddy/antenatal nurture.	<p>The antenatal nurturing group continues which is provided by the city council positive parenting team with the next session in February. The positive parenting team and maternity services have met and agreed to promote family links antenatal programme for women who are unable to join other antenatal classes. Maternity has increased the antenatal classes on offer to parents.</p> <p>Plans to revisit the baby buddy app (which is provided at the first booking appointment by midwives) and consider ways to strengthen its uptake are currently taking place across maternity and health visiting. VIG (video interactive guidance) training is being provided for 3 health visitors in Coventry linked to the first 1001 critical days/ promotion of post-natal mental health.</p> <p>For maternity, there has been further promotion of Antenatal Nurture with expectant parents and the parenting class are now advertised alongside the birth expectation class on the information leaflet given to all pregnant women at booking.</p>
<b>1.8 Equip the workforce to be better placed to work together, identify problems early and share information with professionals</b>	Public Health and Children services	Year 1-5	Family matters meetings audits	Number of workforce development/ joint training sessions	A number of workforce development sessions have been arranged for the Family Hubs and partners around progressing the early help offer which will provide joint training in March/April 2019.

## 2. Harness technology and the developing digital systems across agencies to strengthen the parenting offer

Lead: Gillian Broomfield

Action /what are we trying to achieve?	Who	Timescales	Steps to achieve this action	How will we measure progress	Progress
<b>2.0 Promote safe use of social media for advertising / raising awareness of parenting support across partners</b>	Grapevine (Andrea) and CCC parenting practitioners (Vicki Finlay, Gillian Broomfield)  Family Hubs	Year 1-5	For all steering group partners to use the new Family Hubs Facebook Pages and other safe social media pages to promote parenting support.	Monitor Face book pages for family hubs, number of likes/shares.  Ensure all members of the steering group are aware of face book pages for hubs.	<p>Family Hubs have now all set up Face Book Pages which are available for any Partner to advertise or include information about anything going on in that area.</p> <p>Plans are being put in place for regular feeds onto the Face book pages related to parenting support available in the city. The pages are being used to promote information about online safety for parents and carers.</p> <p>Family Hub launches have taken place and parenting information was disseminated to parents and partners at the events.</p> <p>Grapevine have created a short video with parents on child safety which was used in a social media campaign to support Child Accident Prevention Week.</p> <p>The positive parenting team are working with communications team in the council to establish a Face Book page. The Partnership coordinators share parenting support on Facebook accounts at regular intervals.</p> <p>Information about parenting features on the family hub time tables</p>
<b>2.1 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.</b>	Voluntary Agencies (MAMTA)	Year 1 - 5	<p>For Parents to identify areas they wish to receive information via Youtube.</p> <p>For Youtube videos on parenting support to be available to all parents in the city particularly those who do not speak English e.g via promotion at MAMTA and the Syrian settlement programme/ESOL.</p>	<p>Monitor use of screens within family hubs to promote parenting support messages.</p> <p>Monitor number of views for parenting support on youtube videos</p>	<p>45 second clips are being produced by the Family Hubs covering a range of different services. Initially within the Hubs but then this will be developed to look at services within the Hub reach including all Partners. Discussions about supporting learning difficulties and English as a second language are included.</p>

### 3. Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system

Lead: Noreen Bukhari and Vicki Finlay

Action/ what are we trying to achieve	Who	Timescales	Steps to achieve this action	How will we measure progress	Progress
<b>3.0 Offer a wide range of formal and informal support for parents that is accessible, reflecting the diverse needs of parents of Coventry</b>  <b>(E.g. support at transition points or parents who are asylum seekers)</b>	Parenting Practitioners (Gillian, Vicki)  Family Health and Lifestyles Service  Schools (via Pat Grainger)  Family Hubs	Year 1-5	Review periodically for any changes in the parenting offer in the city via the steering group.  Promote the use of Family Hubs as a drop in support base for all Coventry parents who may require parenting support formally or informally.	Review completed yearly of parenting offer.	<p>A range of formal programmes are provided via the positive parenting team and partners in the city such as Triple P, Solihull Approach. Informal support is offered via the Stay and Play sessions for example those delivered via the libraries.</p> <p>Family Hubs have looked at developing a pilot of the roll out of Solihull Approach (a universal parenting programme) training offering to parents with children aged 0-19 and will be looking to initially train 8 members of Hub staff (1 per hub) by the end of May 2019. This will inform the wider roll out scheduled for September 2019.</p> <p>Foleshill Women Training offer support for mothers from BME backgrounds and have reported relationships have established with the Positive Parenting team which has led to the pilot of Triple P parenting programme in the new year at FWT.</p> <p>Family Nurse Partnership (offer support to first time teenage parents) they report links have been made with Be Active Be Healthy in order to promote joint working. The team attended the February FNP group meeting to meet and discuss with young parents what they would want, and also what services they already offer. The team are going to also assess the room for suitability for delivering baby massage.</p> <p>The Health Visiting Ricoh Arena clinic is an out of hours service which has been set up in Tesco and continues to have a large footfall of parents.</p>



<b>3.1 Ensure parenting support includes face to face service with online provision.</b>	Service Providers	Year 1- 5	Train staff in areas in where there may be gaps – e.g. Supporting clients to use online support where it’s needed.	Measure staffs confidence in delivering parenting support	<p>A range of parenting support continues to be offered in the city such as face to face support for example through the health visiting service offering Solihull approach one to one and through group work in the city. Online provision includes the baby buddy app which is handed at the first booking appointment by midwives to expectant parents. The Baby Box syllabus includes a number of videos such as mental health support. FNP report the use of NSPCC online resources when working with parents. the task and finish group are reviewing the use of online films and the antenatal/postnatal baby buddy app which is provided to each expectant mother on her first booking appointment Professionals also use the Unicef videos to promote attachment and breastfeeding.</p> <p>Staff confidence in delivering Triple P primary care intervention has been assessed for health visiting and the positive parenting team will be running a refresher in Sept 19.</p> <p>Further investment into Triple P Teen has led to:</p> <ul style="list-style-type: none"> <li>• 3 practitioners being trained and delivery of new face to face programmes in the city.</li> <li>• 4 teen groups have taken place with the 3 newly trained practitioners co-delivering at Harmony, Aspire, Pathways and Woodside Family Hubs</li> <li>• Outcomes: 30 parents have completed the courses so far.</li> <li>• Parental outcomes show that depression, anxiety and stress levels have improved for parents who have attended</li> </ul>
<b>3.2 Continually assess/improve offer to ensure it meets the needs of Coventry parents into the future</b>	Service Providers	Year 1-5	For all staff to reflect on the services they provide to support parents in the city on yearly basis to ensure it continues to meet the needs of the local population	Yearly review of the offer will be completed.	<p>A community offer group has been developed in the Health Visiting service which is called “Together we Can”. It is in conjunction with the SEND agenda and is run alongside a Portage worker and</p>

					<p>Nursery Nurse from Health Visiting services. The uptake is good and the feedback is excellent. Parents enjoy the service and can see the progress their children are making. The sessions are structured, specific and goals are set for each child.</p> <p>The Health Visiting management team are meeting with the Positive Parenting Team to share experiences and to identify areas they can support each other and plan for the future.</p> <p>Modules on attachment and caregiver interactions and the teenage brain have been delivered by Family Nurse Partnership to children's services staff, including social care, foster carers, hub centre workers and triple p practitioners, with a positive evaluation. Another 6 sessions are planned for the spring,.</p>
<p><b>3.2 Develop sustainable train the trainer models of parenting support. Identify problems early and share information with professionals. Identify workforce development needs and train key partners including Family Hub staff</b></p> <p><b>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.</b></p>	Parenting practitioners and Public Health	May/June 18 Year 1 – 5	Develop plans around the Solihull approach using the train the trainer approach to upskill staff in its use in a 121 situation.		<p>Two practitioners are now trained in Solihull Approach universal parenting programme (evidenced based)</p> <p>Family Hubs have looked at developing a pilot of the roll out of Solihull approach training and will be looking to initially train 8 members of Hub staff (1 per hub) by the end of May 2019. This will inform the wider roll out scheduled for September 2019.</p>
<p><b>3.4 Professionals working with families will have face to face multiagency meetings to discuss concerns about families with unmet needs.</b></p>	Family Hubs	Year 1-5	Multiagency family matters meetings to take place across the family hubs.	Audit data to be collated for family matters meetings	Family Matters multiagency face to face meetings have been established across the 8 hubs.
<p><b>3.5 Strengthen parenting provision universally for school aged children (5-19 years)</b></p>	Schools (via Pat Grainger) Family Hubs	Year 1-5	Roll out new triple p teen groups in the city and ensure staff promote this with parents	Monitor outcomes for families who have completed parenting support.	<p>Further investment into Triple P Teen has led to:</p> <ul style="list-style-type: none"> <li>• 3 practitioners being trained and delivery of new programmes in the city.</li> <li>• 4 teen groups have taken place with the 3 newly trained practitioners co-delivering at Harmony, Aspire, Pathways and Woodside Family Hubs</li> </ul>

					<ul style="list-style-type: none"> <li>• Outcomes: 30 parents have completed the courses so far.</li> <li>• Parental outcomes show that depression, anxiety and stress levels have improved for parents who have attended</li> <li>• Qualitative outcomes from parents feedback show improvements in confidence and social networks for parents as a result of the parenting support received.</li> </ul>
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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

Lead: Harbir Nagra

Action /what are we trying to achieve?	Who	Timescales	Steps to achieve this action	How we will measure progress	Progress
<b>4.1 Early Help Managers /Partnership Coordinators to complete asset mapping for local needs and resources in their communities.</b>	Early Help Managers and Public Health	September 18	<p>For all Family Hubs to map out partners and networks in the local area.</p> <p>For all gaps in service provision to be mapped.</p>	Mapping exercise will be completed and gaps will be addressed.	<p>Health Visitors are sharing their Family Health Assessment Tool with Family Hubs in the hope of an opportunity for transferability of resource, indicating how families move up and down the service level offer and evidencing the amount and complexity of work undertaken by the HV service.</p> <p>A citywide mapping directory is in place and is updated on an ongoing basis ,this identifies current partnership arrangements for children and families that operate within the city.</p>

**Appendix 1: Membership for Coventry Parenting Strategy Task and Finish Group leads**

Key recommendation	Key members responsible for work streams within the Task and Finish group
Strengthen availability and accessibility of general information and advice to parents	Harbir Nagra (Public Health) Alicia Phillips (Public Health) Mary Bryce (as and when needed) Chris Firth (SENDIASS) Pat Grainger (Secondary Schools) Maxine Murphy (Primary Schools)
Harness technology and the developing digital systems across agencies to strengthen the parenting offer	Gillian Broomfield (Positive Parenting) Dawn Nicholls (Parent leader) Mandy Boothe (Relate) Anne Marie Kennedy (Family Health and Lifestyles 5-19)
Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system	Vicki Finlay (Positive Parenting) Lili Gregor (Health Visiting) Lesley Cleaver (Health Visiting) Nicky Murphy (Family Nurse Partnership) Noreen Bukhari (MAMTA) Julia Bayliss (NSPCC)
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	Harbir Nagra (Lead) Tim Jacques (Family Hubs) Rebecca Madden (Health Visiting) Angela Gregg (Health Visiting)

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

**4 April 2019**

**Subject: Children's Services Ofsted Focused Visit**

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

- 1.1 To inform the Education and Children's Services Scrutiny Board (2) of the outcome of the Children's Services Ofsted Focused Visit held on 26<sup>th</sup> and 27<sup>th</sup> February 2019.

### **2 Recommendations**

- 2.1 The Education and Children's Scrutiny Board (2) are recommended to:
  - 1) To note the letter from Ofsted detailing the areas for development
  - 2) Identify any further recommendations for the appropriate Cabinet Member

### **3 Information/Background**

- 3.1 Ofsted re-inspected Children's Services on 6<sup>th</sup> -30<sup>th</sup> March 2017, the outcome of the inspection was published on 13<sup>th</sup> June 2017, Children's Services were judged as "requires improvement to be good". Services for Children are no longer inadequate.
- 3.2 The Department for Education (DfE) removed Children's Services from intervention on 13 June 2017, the service is no longer subject to an improvement notice. Supervision and support has been provided by the DfE up to June 2018. This has now ended.
- 3.3 A report on the future arrangements for continuing and sustaining improvements in Coventry was presented by the Independent Chair and the Director of Children's Services at Improvement Board on 3 October 2018. The Children's Services Improvement Board will be replaced by an Executive Group to retain political and corporate oversight of Children's Services Continuous Improvement.
- 3.4 The Continuous Improvement Executive Group will ensure tighter focus on continuous improvement and Ofsted preparation. The impact of performance will be managed and monitored by the group. This is an interim measure before returning to business as usual in accordance with the revised arrangements for Children's Safeguarding, and subject to satisfactory inspection by June 2020. At this time the Executive Group would cease, and oversight transferred to the revised Safeguarding Partnership and monitored as business as usual. Board members fully supported the revised arrangements and membership of the group
- 3.5 The Leader of the Council and the Chief Executive continue to give public commitment that Children's Services remains a key priority for the Council. This includes prioritising funding for Children's Services to maintain its capacity to improve. The Council, alongside partner organisations continue a relentless focus on securing improvements in services for children, young people and families to ensure they are safeguarded and achieve positive outcomes.
- 3.6 Ofsted's revised framework includes focused visits to local authorities who are judged to be 'requires improvement' the first visit was held on 30-31 January 2018. Two Inspectors spent two days reviewing the Multi Agency Safeguarding Hub (MASH) and speaking to social workers and partners. Visits were also made to two area social teams to review

children in need cases. The letter confirming the outcome of the visit was published on 22 February 2018.

- 3.7 The Ofsted Annual Conversation with regional representatives is undertaken each year, this took place on 14<sup>th</sup> February 2019. The meeting is part of a broader meeting covering education and early years. A further focused visit will be undertaken prior to the next standard Inspection which is likely to be between December 2019 and June 2020.

#### **4 Ofsted Focused Visit**

- 4.1 A further Ofsted Focused visit was held on **26th and 27<sup>th</sup> February 2019**. The visit focused on permanency planning and achieving permanency. This involved two Inspectors reviewing leadership at all levels and:

- Return to birth family
- Connected (family and friends) care
- Adoption
- Long term fostering
- Special guardianship

- 4.2 Overall, the visit was positive with strong evidence of an improving service. The redesign is having a positive impact for children who experience less turnover of social workers, life story work is improving and fostering to adopt is an emerging strength.

- 4.3 Ofsted stated we knew ourselves well, and that our self-evaluation was accurate. More recent work is significantly better and Ofsted recognised that there is a strategic drive to achieve permanence for our children. However, for some children this takes too long, and some children experience too much drift and delay.

- 4.4 Our audit and quality assurance function was complemented, reinforcing how important it is that we undertake our audits each month and then feedback the learning in to practice. It was also evident how our IRO function has improved. We need to challenge ourselves further to ensure that the robust challenge from IROs results in prompt improvement for our children.

- 4.5 The report was published by Ofsted on 21<sup>st</sup> March 2019. Attached in **Appendix 1**.

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#### **Appendix 1**

Ofsted Focused Visit letter 26-27 February attached.

21 March 2019

John Gregg  
Director of Children's Services  
Coventry City Council  
Earl Street  
Coventry  
CV1 5RR

Dear Mr Gregg

### **Focused visit to Coventry City Council children's services**

This letter summarises the findings of a focused visit to Coventry City Council children's services on 26 and 27 February 2019. The inspectors were John Roughton, HMI, and Diane Partridge, HMI.

Inspectors looked at the local authority's arrangements for permanence planning and achieving permanence for children in care. Inspectors also evaluated the effectiveness of performance management, management oversight, supervision, quality assurance and the continuous professional development of the workforce.

Inspectors considered a range of evidence, including case discussions with social workers. They also looked at local authority performance management, examples of case file audits and workforce development arrangements.

### **Overview**

While there is a concerted focus on achieving permanence for children in care in Coventry, the quality of social work practice remains inconsistent. Too many children do not have an updated assessment to inform their care plan, and the Public Law Outline (PLO) is not used effectively at the pre-proceedings stage to assess and support children who may be at risk of harm. Delays in achieving permanence exist for some children on a placement order, and some permanence options, such as special guardianship, are not promoted enough. Children's files do not always show how permanence decisions are made. The local authority does not have a system to track and prioritise matching for children placed in long-term fostering arrangements.

The local authority understands itself well and has responded to the areas for improvement identified at the last inspection relating to permanence. However, the local authority recognises that although recent improvements have been made, more needs to be done. There is strong political support for children in care. Children live

in placements that meet their needs. The development of performance information increasingly allows senior leaders to track the progress of most children towards achieving permanence, and the recent service design has reduced transitions and changes in social workers for children.

### **What needs to improve in this area of social work practice**

- Early identification of children who should be considered under the pre-proceedings stage of the PLO.
- Early identification of connected persons, carers and foster carers who may be able to offer permanence.
- Placement choice for children, with a plan for adoption.
- Consideration and promotion of special guardianship.
- Tracking arrangements for children on placement orders and those in long-term foster placements.
- Consistency in the quality of the recording of supervision and ensuring key documents are on case files.

### **Findings**

- Senior leaders have a clear and accurate knowledge of their services, supporting permanence and the areas that need to improve. Since the 2017 inspection, there has been a strategic drive around improving permanence planning, with a clearly articulated strategy and panel arrangements. Inspectors found a positive impact of this on children. For example, an increase in fostering to adopt placements is an emerging strength.
- Children in Coventry are benefiting from increasing workforce stability. Children develop positive relationships with their social workers, who know them well, and this ensures that children's views inform their plans. Social workers understand the importance of life-story work, which is routinely done to help children understand their early experiences and why they are in care. The newly designed through-care service ensures a well-managed transition to leaving care and beyond.
- The vast majority of children are appropriately placed with their carers. They have a current and effective permanence plan that has improved their situation and outcomes. The case progression officer is a valuable resource, ensuring children's timely progress through pre-proceedings and the court process.
- More children in Coventry are benefiting from careful consideration of alternative care arrangements when they cannot remain with their birth parents. Increasingly used family group conferences identify support networks



around the birth family. Contact arrangements are thoughtfully planned and informed by risk assessments, to ensure appropriate relationships are safely managed and maintained. In an increasing number of cases, Independent Reviewing Officers escalate issues which are impacting on delays to achieving permanence.

- Recent practice in achieving early permanence for children is improving. More children in long-term placements have been formally matched with their foster carers in the last 12 months. This security has resulted in a positive impact for some of these children on their overall welfare and progress
- In response to delays in securing permanence for some children, a connected carers assessment team has been created. Initial viability, connected carer and special guardianship assessments are comprehensive and analytical. Management oversight is thorough. This team is supporting improved quality of viability assessments across the wider service.
- There is a sufficient range of placements to support children being placed with their brothers and sisters when this is assessed as being in their best interests. Coventry has been successful in recruiting more foster carers locally, leading to a 10% reduction in children placed out of area over the last 12 months. This means that children can maintain positive relationships within their community.
- Coventry invests in, prioritises and understands the value of quality assurance and audit activity, with appropriate weight and focus given to the experiences and outcomes for children. There is a clear governance framework in place for the sharing of learning, leading to improving practice and better outcomes for children.
- There is a comprehensive and well-articulated workforce strategy, and a decreasing reliance on agency staff. Social workers speak positively about the impact of the strong training offer, and this year's focus is on children achieving permanence.

### **Areas for Improvement**

- Too many children do not have an up-to-date, written analytical assessment to inform their care plans. Their current and changing needs are, therefore, not adequately addressed.
- Should children wish to access their records, they would not easily see how important decisions in their lives were informed or reached. Supervision records do not reflect the quality of discussions reported to inspectors. Children's files do not always contain all relevant documentation to track decision-making processes. Current administrative arrangements are not effective in supporting social workers with these tasks.

- While children at risk of significant harm are routinely identified and taken through child protection processes, they are not always subject to the additional assessment and support afforded through the PLO. Only 15% of children who enter care proceedings have been considered within the pre-proceedings process. This may mean that, for some children, care proceedings either could have been avoided, or are taking longer than necessary.
- For some children with a plan for adoption, there are delays in family finding. This is due to a linear approach in which prospective adopters' reports are shared one at a time with social workers by Adoption Central England.
- Since the previous inspection in March 2017, fewer children have been achieving permanence through special guardianship or child arrangements orders. More children who are looked after could benefit from the stability offered by a special guardianship order (SGO). More needs to be done to promote SGOs and ensure that carers understand their entitlements. The local authority recognises this and is currently reviewing its SGO payments policy.
- Some children do not have clear information about their placements through their childhood and beyond. The local authority does not have systems to track which children in long-term foster care have not been formally matched with their carers, and therefore do not have the benefit of the enhanced security this provides. There is a lack of clarity across the workforce as to arrangements for confirming long-term matching, and there is inconsistency in the priority given to formalising permanence for children in long-term foster placements.
- Adoption is routinely considered as a permanence option for children. However, some children who are harder to place remain subject to placement orders for too long without being successfully matched, and not enough consideration is given to the impact of such delay on children's sense of permanence.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Yours sincerely,

John Roughton  
**Her Majesty's Inspector**

Please see page 2 onwards for background to items

<b>21<sup>st</sup> June 2018</b>
The Role of the Corporate Parent Fostering Adoption Central England
<b>19<sup>th</sup> July 2018</b>
Supported Internships The Virtual School for Looked After Children Improvement Board 4 <sup>th</sup> July Update Report
<b>6<sup>th</sup> September 2018</b>
Primary Progress (Unvalidated data) SCR – Baby F
<b>4<sup>th</sup> October 2018</b>
Partnership Working for Children's Services
<b>1<sup>st</sup> November 2018</b>
One Strategic Plan consultation: 1) Secondary School Places 2) SEND Phase One Improvement Board 3 <sup>rd</sup> October Update Report
<b>29<sup>th</sup> November 2018</b>
Review of Libraries Home to School Transport Social, Emotional and Mental Health Task and Finish
<b>14<sup>th</sup> February 2019</b>
Early Help Hubs Final Improvement Board Report CAMHS LAC service Conference Report
<b>28<sup>th</sup> February 2019</b>
School Performance Information – validated data Review of the Education Service redesign Supported Transfers and Permanent Exclusions
<b>21<sup>st</sup> March 2019</b>
Coventry Youth Partnership
<b>4<sup>th</sup> April 2019</b>
Coventry Parenting Strategy CAMHS Ofsted feedback
<b>2019-20</b>
Education, Sport, and Participation Strategy School based police panels Secure Provision Serious Case Review Adoption Central England – June 2019 Early Help Hubs (February 2020) Children's Service Executive Group Library Review

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>
<b>21<sup>st</sup> June 2018</b>	The Role of the Corporate Parent	Overall briefing and introduction to the role of being a corporate parent – including some facts and figures about Coventry	Paul Smith Cllr Seaman
	Fostering	Covering where we are and what we're doing - recruitment - specialist fostering - special guardianships, progress on recommendations. To be linked in with the previous T&F on Fostering.	Paul Smith Cllr Seaman
	Adoption Central England	Covering progress since the transfer and establishment of the new organisation, along with some facts and figures on the current position with adoption	Paul Smith Cllr Seaman
<b>19<sup>th</sup> July 2018</b>	Supported Internships	The Cabinet Member referred this item to the Board to look at in more detail and consider how the programme can be supported further	Cllr Maton Jeanette Essex
	The Virtual School for Looked After Children	To look at the virtual school for looked after children	Cllr Seaman Paul Smith Sarah Mills
	Improvement Board 4 <sup>th</sup> July Update Report	A regular progress report from the Improvement Board	John Gregg Sonia Watson Cllr Seaman
<b>6<sup>th</sup> September 2018</b>	Primary Progress (Unvalidated data)	Members requested a report in September of the unvalidated data when available	Kirston Nelson Cllr Maton
	SCR – Baby F	For Members to consider progress on the recommendations arising from the SCR of Baby F	Neil MacDonald Rebekah Eaves Cllr Seaman
<b>4<sup>th</sup> October 2018</b>	Partnership Working for Children's Services	Members requested information about working with partners to achieve the outcomes for the Children's Services improvement plan.	John Gregg Cllr Seaman
<b>1<sup>st</sup> November 2018</b>	One Strategic Plan consultation:	Consultation on the proposals to increase school places across the city.	Kirston Nelson Cllr Maton

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>
	1) Secondary School Places 2) SEND Phase One		
	Improvement Board 3 <sup>rd</sup> October Update Report	A regular progress report from the Improvement Board	John Gregg Sonia Watson Cllr Seaman
<b>29<sup>th</sup> November 2018</b>	Review of Libraries	To include information about how libraries can become hubs for community wellbeing, as well as progress on the changes implemented last year. Maybe to take place at a library involving some of the volunteers involved.	Peter Barnett Kirston Nelson Cllr Maton
	Home to School Transport	A follow up report covering on applications, decisions and appeals and amendments to the process.	Jeanette Essex Kirston Nelson Cllr Maton
	Social, Emotional and Mental Health Task and Finish	Recommendations from the task and finish group looking at support in schools for pupils social, emotional and mental health.	Cllr Seaman Kirston Nelson Jeanette Essex
<b>14<sup>th</sup> February 2019</b>	Early Help Hubs	A follow up report to that received on 4 <sup>th</sup> October, to include evaluation data, sharing good practice, use of satellite venues and outreach work, engagement with schools and education and how the impact of the work is being assessed and evidenced	John Gregg Rebecca Wilshire Cllr Seaman Cllr Maton
	Final Improvement Board Report	A final summary report of the progress made whilst the Improvement Board has been in place. To also include transitional arrangements for monitoring performance in Children's Services	John Gregg Cllr Seaman
	CAMHS LAC service	Following their consideration of the Children's Service Improvement Board report on the 1 <sup>st</sup> November, Members requested a review of impact following the launch in April. To invite Care Leavers to talk about their experiences.	Health partners John Gregg Sheila Bates Cllr Seaman
	Conference Report	A report on a conference on Signs of Safety.	Lee Pardy- McLaughlin

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>
<b>28<sup>th</sup> February 2019</b>	School Performance Information – validated data	A report on school performance data using validated data, including LAC and vulnerable groups	Sara Mills Kirston Nelson
	Review of the Education Service redesign	Following a meeting where the proposals for a new structure for the Education service were considered, Members requested a progress report following implementation. To include an invite to the Regional Schools Commissioner	Kirston Nelson Cllr Maton
	Supported Transfers and Permanent Exclusions	A follow up report on the impact of the new supported transfer system 6 months on.	Sara Mills Kirston Nelson
<b>21<sup>st</sup> March 2019</b>	Coventry Youth Partnership	To discuss the new Coventry Youth Partnership, young people involved in the panel to be invited. To include how targeted youth provision provided by the Council will link in with the partnership.	Cllr Seaman Michelle McGinty
<b>4<sup>th</sup> April 2019</b>	Coventry Parenting Strategy	A 12 month progress report, to include rag ratings against actions	Sue Frossell
	CAMHS	At their meeting on 1 <sup>st</sup> November, the Board requested a report on CAMHS, particularly looking at waiting times. Also to include how CAMHS is working with education	CWPT Sally Giles Cllr Seaman
	Ofsted feedback	Feedback from the latest Ofsted visit	John Gregg Cllr Seaman
<b>2019-20</b>	Education, Sport, and Participation Strategy	Following their meeting on 6 <sup>th</sup> September 2018, Members requested further information on the draft strategy	Sarah Mills Cllr Maton
	School based police panels	A report on how the police are supporting improving behaviour in schools and tackling anti-social behaviour in partnership	Kirston Nelson Cllr Maton
	Secure Provision	To look in more detail at the provision of secure placements and custody for young people across the region	John Gregg
	Serious Case Review	To consider progress on recommendations from a recent SCR	Rebekah Eaves
	Adoption Central England – June 2019	As requested at their meeting on 21 <sup>st</sup> June to provide a further progress report, along with some facts and figures on the current position with adoption	Paul Smith

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>
	Early Help Hubs (February 2020)	To cover the recommendations made at the meeting on 14 <sup>th</sup> February 2019 – the dashboard to include those over 19 using the service	John Gregg/ Rebecca Wilshire
	Children's Service Executive Group	Regular progress reports to be received by the Board after every Executive Group meeting	John Gregg
	Library Review	Members requested to consider a report to the Cabinet Member 3 months after implementation on lone working in libraries	Peter Barnett

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