



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 24th January, 2022

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/Ag74DX18nQM>

Please note: This meeting is not being held as a public meeting in accordance with the Local Government Act 1072

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 18)
 - (a) To agree the minutes of the meeting held on 4th October 2021
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan, will report at the meeting

Development items

5. **Covid-19 - Ongoing Preparedness**
 - (a) NHS Capacity
Presentation by Phil Johns, Coventry and Warwickshire CCG
 - (b) Covid Defences
Presentation by Valerie De Souza, Interim Director of Public Health and Wellbeing
 - (c) Vaccinating Coventry
Presentation by Nadia Inglis, Consultant Public Health and Alison Cartwright, Coventry and Warwickshire CCG

6. **Children in Crisis and Developments towards Children's Integrated Health and Care**
Update from John Gregg, Director of Children's Services
7. **Coventry Domestic Abuse Strategy** (Pages 19 - 104)
Report of Rachel Chapman, Consultant Public Health
8. **Suicide Prevention - Strategy Refresh 2022** (Pages 105 - 130)
Report of Jane Fowles, Consultant Public Health
9. **Coventry and Warwickshire Health Inequalities Strategy**
Presentation by Rachel Chapman, Consultant Public Health
10. **Social Care White Paper - People at the Heart of Care** (Pages 131 - 134)
Report of Pete Fahy, Director of Adult Services
11. **Coventry and Warwickshire Place Forum Update** (Pages 135 - 136)
Report of Valerie De Souza, Interim Director of Public Health and Wellbeing

Governance Items

12. **Children and Adults Annual Safeguarding Board Reports**
Reports to follow. Derek Benson, Independent Chair, Coventry Safeguarding Children Partnership and Coventry Safeguarding Adults Board will report at the meeting
13. **Integrated Care System/ Integrated Care Partnership Development**
Update from Phil Johns, Coventry and Warwickshire CCG
14. **Any other items of public business**
Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House, Coventry

Friday, 14 January 2022

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership: L Bayliss-Pratt, Cllr J Blundell, Cllr K Caan (Chair), M Coombes,

V DeSouza, Cllr G Duggins, P Fahy, J Grant, J Gregg, A Hardy, P Henrick, P Johns, R Light, S Linnell, C Meyer, Cllr M Mutton, M Price, S Raistrick and Cllr P Seaman

By invitation: Danielle Oum, Coventry and Warwickshire ICS
Cllr G Hayre, Deputy Cabinet Member Public Health and Sport

Liz Knight

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 11.00 am
on Monday, 4 October 2021

Present:

Board Members: Councillor J Blundell
Councillor K Caan (Chair)
Councillor M Mutton
Councillor P Seaman

Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
John Gregg, Director of Children's Services
Andy Hardy, University Hospitals Coventry and Warwickshire
Anna Hargrave, Coventry and Warwickshire CCGs
Peter Henrick, West Midlands Police
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Mark Price, West Midlands Fire Service

Other representative: Matt Gilks, Coventry and Warwickshire CCGs

Employees: B Atkins, Childrens Services
L Knight, Law and Governance
R Limb, Childrens Services
R Nawaz, Public Health

Apologies: Councillor G Duggins
Professor Lisa Bayliss-Pratt, Coventry University
Melanie Coombes, Coventry and Warwickshire Partnership Trust
Philip Johns, Coventry and Warwickshire CCGs
Professor Caroline Meyer, Warwick University
Mark Price, West Midlands Fire Service
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Public Business

14. Declarations of Interest

There were no declarations of interest.

15. Minutes of Previous Meeting

The minutes of the meeting held on 12th July, 2021 were agreed as a true record. There were no matters arising.

16. Membership Changes

The Chair, Councillor Caan welcomed Chief Superintendent Peter Henrick, the new Commander for the Coventry Neighbourhood Policing Unit. He placed on record his thanks to Chief Superintendent Mike O'Hara, who had moved to a new role, for his valuable support and contribution to the work of the Board. Councillor Caan indicated that he looked forward to continuing the successful, working partnership with West Midlands Police.

Councillor Caan also reported that this was Liz Gaulton's, Director of Public Health and Wellbeing and Gail Quinton's, Deputy Chief Executive, last formal meeting of the Board, although there were both due to attend the next Place Forum in November. He placed on record his thanks for all their tremendous hard work and support to the city over the past few years, with particular thanks for all their work supporting the Board.

17. **Chair's Update**

The Chair, Councillor Caan, highlighted that the Covid-19 pandemic continued to have a disruptive impact and continued to present partners with many challenges both in the services that were provided and in peoples' daily lives. The value of the partnership and collaborative working had never been more important especially with the Autumn/Winter months approaching.

He reported that Coventry had hosted its third annual Health and Wellbeing awards ceremony at the Treehouse inside the Assembly Festival Gardens which celebrated the hard work that goes on across Coventry throughout the public health system to improve health and wellbeing, and to reduce health inequalities. Recognition was given to the individuals that go above and beyond to make the city a better place. This year there was a new category, the Covid Heroes Award to recognise the work of teams, staff and volunteers from public health-commissioned services to support residents. These awards were part of celebrating the public health "family" ethos in the spirit of the 'One Coventry' goal.

A new Transport Charter designed to improve and aid the experience of people with disabilities using public transport in the city was launched on 25th September. This new Transport Charter aimed to promote the public transport system as fully inclusive for people of all abilities.

Councillor Caan thanked those who attended the Health and Wellbeing Development session on 30th September which had been a really useful and insightful session.

18. **Covid-19 Winter Preparedness - NHS Capacity**

The Board received a presentation from Anna Hargrave, Coventry and Warwickshire CCGs, concerning the current position relating to Covid at the NHS with particular reference to the coming winter.

The presentation referred to the £10 million investment for the Accelerator Programme to reduce waiting times for planned operations. The programme aimed to deliver 120% of the costed activity compared to the same time in 2019/20 (pre-Covid). Latest figures were 100.3% for July and 95.4% for August. This performance was below the original trajectory primarily due to a change in coding

at the request of NHSE which impacted baseline and also because of urgent care pressures resulting in restricted access to elective care. The Board were informed that transformation of how things were done was occurring to be able to sustain the changes for the system. The current position of individual hospital services were highlighted.

Reference was also made to General Practice. All practices were open across Coventry and Warwickshire, offering both face to face and telephone appointments with demand being higher than ever – 120% compared to pre-Covid levels. The service was also continuing to deliver the vaccination programme.

The presentation provided an update on the current vaccination programme. To date 1,297,417 vaccines had been administered, of which 670,913 were 1st dose (93% of these people have also received a second dose). The current uptake rate across JCVI cohorts 1-12 (over 18s) was 80.75% with 16 & 17's being 56.15%. The Booster programme started week commencing 20th September with 5,560 vaccines being administered. In addition, the Healthy 12-15 year school based programme commenced on 27th September.

The Board were informed about the recovering Mental Health services with particular reference to the Covid-19 strategic drivers of demand and the groups most likely to be impacted. Mental Health services had seen as predicted a surge in demand and complexity across the service offer despite having continued to offer services throughout the pandemic. Key areas of work in the area included collaborative working and agreements across the sector; improved integration between primary care and specialist mental health services; support for Children and Young People; improved urgent and emergency health care for adults; managing increased demand for in-patient admissions; and psychological Support to NHS Staff.

Members raised concerns about patient access to GPs informing that they were being informed by residents that they were struggling to secure GP appointments leading to concerns about the long term health implications. Andy Hardy, University Hospitals Coventry and Warwickshire, clarified that patients were turning up at A and E as they were unable to get face to face GP appointments leading to a significant increase in A and E patients. Similar concerns were being raised with Healthwatch and it was highlighted that this was also a health inequalities matter. The importance of hearing the people's voice was emphasised. It was suggested that Councillors Caan, Mutton and Seaman meet with the Local Medical Committee to discuss the concerns that were being raised with Councillors. Representatives from Healthwatch would also be invited to attend.

Members also asked for additional information about plans to reduce patient backlogs at the hospital and further details were provided.

RESOLVED that:

(1) The contents of the presentation be noted.

(2) Arrangements be put in place for a meeting with representatives from the Board and the Primary Care representatives to discuss patient access to GPs.

19. Covid Defences

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided an update on Covid defences for the city, with reference to the forthcoming winter season.

The Board were informed of the importance of keeping Covid at a manageable level in the coming months in light of all the other winter pressures faced by the NHS, highlighting the importance of maintaining the vaccination programme.

The presentation referred to the current Covid trends indicating that case rates were increasing in most English regions, with some indication of plateauing in some regions. Rates across the West Midlands had been increasing faster than some other regions so the region now had the 3rd highest rate out of 9 regions.

Key metrics on Covid-19 in the city as at 3rd October included a rate 406 cases for every 100,000 residents with 1511 cases in the last week, which was an increase from the previous week. This compared to the West Midlands Region rate of 409 cases per 100,000 residents. Currently the highest rates in the city were the 11-15 year olds (1771/100k). There was a wide geographical spread across the city.

The metrics also highlighted that the hospital situation was improving with 42 in-patients who were Covid positive at UHCW, approximately 69% of these admissions were Coventry residents. The median age of the patients was 57. There had been 35 new admissions in the last week, of which 18 were unvaccinated and 15 were symptomatic on admission.

Regarding the vaccine uptake, this was lower than the national average with 73.9% of residents having had their first dose and 66% both doses. This pattern mirrored other vaccination programmes in the city.

Actions supporting the Covid defences included the implementation of the Autumn and Winter Plan; support and enablement of the NHS vaccination programme including the booster and schools programmes; highlighting Communications and engagement; the continuation of the Living with Covid message – Hand Face Space Ventilation and regular Lateral Flow Tests; self-isolation and testing requirements; and the importance and safety of vaccination. Additional information was provided on the current containment measures including the work with care homes, schools and work places.

The presentation referred to the Government's Autumn and Winter Plan 2021, a programme aimed at sustaining the gains made by the vaccination programme over the last ten months as well as preparing the country for the challenges of autumn and winter. The winter plan set out Plan A to manage the country through the coming months and also a contingency Plan B in case further measures were needed to protect the NHS and control infection rates. Plan A was made up of five main pillars while Plan B would introduce measures on a sliding scale if the NHS was overwhelmed. The presentation set out these measures. Further information

was included on Plan A including advice for individuals; advice for businesses; and details of the flu vaccination programme.

RESOLVED that the contents of the presentation be noted.

20. **Vaccinating Coventry**

Further to Minute 19 above, the Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing on the latest position of the vaccination programme in the city.

The presentation indicated that vaccination roll out was continuing for all 12 years and older were eligible. The booster programme had commenced for those 50+, for people with long term conditions, and health and care workers. The flu programme had also commenced for the same groups as the booster programme, plus pregnant women and all primary/secondary age children.

The presentation referred to the ongoing engagement with communities with lower uptake. An employer programme had been established which prioritised key employers with staff in areas/from communities of low uptake and linked to vaccination sites for dedicated walk in sessions, or on-site vaccinations. Targeted community setting based drop-ins were operating and a number of GP and pharmacy sites were now regularly offering drop-ins and booked appointments.

Further details were provided on the percentage of vaccination per age group; the doses administered in the different areas of the city; and the school vaccination programme. The presentation concluded with the positive communication messages being used to combat the anti-vaxxers.

Members asked about how the immunosuppressed residents were being offered their booster vaccination. Clarification was sought about the numbers being tested and those who were Covid positive with indications being that numbers were higher than those being recorded. The importance of reinforcing the stay safe messages was emphasised.

RESOLVED that the contents of the presentation be noted.

21. **Key Public Messages for Residents: Self Care**

RESOLVED that consideration of this item be deferred to the next Board meeting.

22. **Health and Wellbeing Test and Trace Sub Group Update**

The Chair, Councillor Caan, reported that at the last meeting of the Health and Wellbeing Test and Trace Sub Group on 6th September, 2021, it had been agreed that, for the foreseeable future, no meetings of the Health and Wellbeing Test and Trace Sub Group be held, with the proviso that arrangements for meetings be put in place should the need arise. He drew attention to the number of Forums where the same information was being reported and the requirement to be mindful of people's commitments.

Liz Gaulton, Director of Public Health and Wellbeing informed that the business of the Sub Group would be reported at future meetings of the Health and Wellbeing Board.

RESOLVED that the current position of the Health and Wellbeing Test and Trace Sub Group be noted.

23. **Integrated Children and Young People's Strategy**

The Board received an update from John Gregg, Director of Children's Services on the development of the Integrated Children and Young People's strategy.

Members were informed that there were now numerous examples of integrated working, a good example being the CAHMS Local Transformation Plan (Minute 24 below refers). Reference was made to the focus on asthma and diabetes. Having the strategy meant that more could be done in this area such as considering housing and air quality. The importance of integrated working to improve the health and wellbeing of local children was highlighted. Councillor Pat Seaman, Cabinet Member for Children and Young People, expressed support for the Strategy.

RESOLVED that the update on the Integrated Children and Young People's strategy be noted.

24. **CAMHS Local Transformation Plan: Year five refresh**

The Board considered a report and presentation of Matt Gilks, Coventry and Warwickshire CCGs and Richard Limb, CAMHS Programme Manager which sought endorsement for the year five refresh on the CAMHS Local Transformation Plan. A copy of the Transformation Plan Year 5 Refresh was set out at an appendix to the report.

The report indicated that it was a requirement from NHS England (NHSE) for Clinical Commissioning Groups to develop a CAMHS Local Transformation Plan, working with their local partners to set out a strategic vision for delivering improvements in children and young people's mental health and wellbeing over a five-year period 2015-2020. Clinical Commissioning Groups were required to refresh plans on an annual basis to demonstrate progress and outline priorities for the forthcoming year.

This was the fifth year of the CAMHS Local Transformation Plan refresh, highlighting progress against the priorities for 2019/20 and further progress planned for 2020/21. This year's refresh, which was due to be published in March 2021, had been delayed due to Covid-19 pandemic. Refreshed plans were reviewed by NHS England. There was a requirement for the plans to be developed collaboratively with key partners.

Since the last LTP refresh in October 2019, focus had been on the response to Covid-19 pandemic. The system had to make significant changes in order to adapt the emotional wellbeing and mental health offer ensuring local children and young people's needs were met. The report outlined the key progress against 2019/20 priorities

The presentation set out the principles of CYP Local Transformation Plans along with the highlights of 2020-21 which were as follows:

- Early help and prevention: Expansion of Mental Health Support Teams, delivery of Wellbeing for Education Return
- Eating Disorder pathway/ services: Funding secured to expand the Eating Disorder team up to the age of 19 and work to support those with ARFID.
- Children and young people experiencing mental health crisis: Think Family team, CIC escalation meetings, People Too Review, Social Care working in Crisis Team, 24/7 Crisis Line.
- Digital interventions: Attend Anywhere, 24/7 Crisis Line, Kooth, Healios and Dear Life.
- Children and young people voices: People Too, 18 –25 co-production and peer mentoring programme.
- Transitions 18–25: Establishment of Transitions Working Group, commissioning of Peer Support programme.

The presentation also highlighted the following challenges of 2020-21:

- Children in Crisis: System capacity to meet demand and complexity of need
- Access rates, timeliness and effectiveness: Of emotional wellbeing and mental health support available to children and young people 0 to 25
- Eating Disorder pathway / services: System capacity to meet demand and emergence of ARFID
- Vulnerable children and young people: Impacts of Covid exacerbating or creating additional vulnerabilities
- Children and young people voices: Engagement restricted due to Covid limitations
- Ability to measure outcomes: System wide data collection and analysis.

The Board were informed of the ambitions for CAHMs for the current year relating to integration; access rates; early intervention and prevention; eating disorders; collaboration; vulnerabilities; coproduction; data integration; and recovery.

The presentation also set out the Delivery Plan Priorities for 2021–22 which were:

- Children in Crisis: development and progression of the Multiagency Working Group and its delivery plan – including workforce and implementation of multiagency dashboard.
- Eating Disorders: Achievement of constitutional targets, expansion up to the age of 19 & AFRID.
- Transitions 18 – 25: Commission Peer Support programme.
- Early Intervention/ prevention: review of Kooth, expansion of MHSTs.
- Access rates: Achievement of constitutional targets.
- Communication: Joint communication plans for LTP priorities.
- Coproduction: Review methods of engagement & embed coproduction.
- Vulnerabilities - CLA and YJS, neuro and learning disabilities, Unaccompanied Asylum Seeker children and CSE.
- Suicide Prevention: Joint Suicide Prevention Group and implementation of Self Harm plan.

- Autism: Support the delivery of the All Age Autism Strategy.

The presentation concluded with details about the governance arrangements for the implantation of Plan refresh.

The Board discussed the success of KOOOTH, an anonymous digital counselling and support service for children and young people to access emotional wellbeing and early intervention mental health support. It was noted that funding was not yet secured for the continuation of the project.

Support was expressed for the importance being placed of the transition phase between the child and adult mental health services.

Members asked about the collection of data and analysis, and for more opportunities for feedback from service users, parents and carers to be included in future reports.

RESOLVED that the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year five be endorsed.

25. **Coventry as a Marmot City - Update**

The Chair, Councillor Caan, introduced the report of Dr Sarah Raistrick, Coventry and Warwickshire CCGs which provided an update on the work of the Marmot Partnership Group in tackling health inequalities.

The report indicated that Coventry had been a Marmot City since 2013. Since this time, organisations across the city had committed to work together to reduce differences in health outcomes between the most affluent and most deprived areas of the city.

The work to embed tackling health inequalities in the Council had resulted in policies in all areas taking account of inequalities and setting out ways in which they would be addressed. It had influenced a number of areas of work, such as the Thrive at Work programme which helped employers to ensure the health and wellbeing of their workforce, a programme which had now been rolled out across the WMCA. It had also influenced the programme of the City of Culture, encouraging the placement of Creative teams in deprived areas of the city and in organisations which dealt with people at risk of inequalities, such as the Migrant & Refugee Centre. The principles of tackling health inequalities were embedded throughout the voluntary sector and had been included as an underlying value in the Anchor Alliance. The consideration of health inequalities had been embedded in all major decisions and policies across the Council.

The Board noted that Coventry had received nationwide recognition for its achievements as a Marmot City and had been approached by many other local authorities from across the country, and in some cases, from other countries, to learn from the city's experience. Coventry had maintained effective relationships with the Institute of Health Equity and Sir Michael Marmot, who continued to hold Coventry up as a positive example for its continued work.

At the Board's meeting on 25th January 2021 the intention to launch a system-wide Call to Action to encourage all businesses and organisations across Coventry to take action to help address health inequalities was outlined. This was as a result of the expectation of worsening of health inequalities following the Covid-19 pandemic. Since then, the Call to Action had been expanded to cover Warwickshire as well as Coventry, with an aligned approach rather than directly integrating the programmes.

An initial event was held in partnership with the Chamber of Commerce, headlined by Sir Michael Marmot and Sir Chris Ham, to promote the Call to Action to private sector businesses and encourage them to take one or two actions. The options for actions were set out in the report. Although the feedback from the event was positive, there had not been resultant actions from businesses. As a consequence, there had been a move to increase awareness raising to help the private sector to understand more about addressing health inequalities and why it should matter to them. Articles were to be disseminated through the business-facing intermediaries, including the Growth Hub and Chamber of Commerce. Work was ongoing with these organisations to help spread the word about the Call to Action. A website has been set up and resources were being developed to help businesses with some of the actions, such as template documents and signposting to good practice.

Discussions were also ongoing with the voluntary sector with a view to creating a network for VCSE organisations to join and work with the Marmot Partnership in specific ways. The aim of the network was to provide intelligence, share information and inform actions that could be delivered in partnership to tackle health inequalities, whilst informing key issues that could be discussed at the Marmot meetings and explored further.

Members of the Board were asked to consider how their organisations could actively contribute to the Call for Action.

The report informed that, in recognition of on-going inequalities in Coventry which were likely to worsen as a result of Covid-19, tackling health inequalities would be embedded as a key priority within the One Coventry Partnership. This would enable strategic oversight of the Marmot work to ensure that it remained focused and added value through the One Coventry Partnership Board. The Marmot Group would continue to report into the Health and Wellbeing Board, acknowledging the importance of addressing health inequalities as set out in the Health and Wellbeing Strategy. It was also the intention to create the role of Marmot champions. Marmot work was also to be embedded in the One Coventry Council Plan. Additional information was provided on other next steps.

A concern was raised about members of the public not being aware of the Marmot work and it was suggested that Sir Michael Marmot be invited back to Coventry to help raise awareness of the City's status as a Marmot City and all that this entailed.

RESOLVED that:

1) The work of the Marmot Partnership in tackling inequalities across the city be supported.

2) Members actively support the Call to Action through making a commitment to take on one or two of the suggested actions.

26. Refresh of the Health and Wellbeing Strategy

The Board considered a report and presentation of Liz Gaulton, Director of Public Health and Wellbeing which provided a stock-take of progress against the 2019-23 Joint Health and Wellbeing Strategy and outlined the plan for the development of the new Joint Health and Wellbeing Strategy, including the Consultation Plan.

The report indicated that the current Health and Wellbeing Strategy was approved in 2019, following consultation and engagement with key stakeholders and members of the public. As part of the development of the Strategy, it was agreed that the short-term priorities would be reviewed and refreshed every 12 to 18 months to ensure that these still reflected the key issues and challenges facing Coventry residents. The impact of the Covid-19 pandemic on the city and residents and the proposed changes within the health and social care system had further strengthened the need to refresh the Health and Well-being Strategy to ensure that the priorities contained within it remained relevant.

The Strategy set out three strategic ambitions aimed at improving the health and wellbeing of residents which together encompassed the long-term vision for change in Coventry as follows:

People are healthier and independent for longer
Children and young people fulfil their potential
People live in connected, safe and sustainable communities.

As part of the JSNA and consultation process, a number of short term priorities, were also identified to make a tangible difference in the next 18 months by working together in partnership as follows:

- Loneliness and social isolation
- Young people's mental health and well-being
- Working differently with our communities.

A stocktake of key outcomes and learning from the current Strategy had been undertaken, the details of which were set out in an Appendix to the report. The report summarised progress and key outcomes with the three short term priorities. In relation to loneliness and social isolation, partners had set up a number of initiatives over the last 18 months to tackle this issue. Health and care partners had worked together during this time to make significant changes in order to adapt the emotional well-being and mental health offer to ensure children and young people's needs were met during the Covid-19 pandemic including improved access to support and increasing the digital offer available.

Partners had also worked closely with communities to minimise the impact of Covid-19 and co-ordinate the response to the pandemic, with the aim of protecting and supporting vulnerable residents.

There were a number of lessons learnt from these three priorities:

- Profile and commitment - Board partners had raised their profile and galvanised commitment to work in partnership specifically to address

children and young people's mental health and well-being, work differently with communities and reduce social isolation and loneliness.

- Population Health model - the King's Fund population health model had been helpful in mobilising partners around each of the four pillars and highlighted the roles that different organisations could play in delivering the strategy priorities.
- Stronger partnership working - Across the three priorities, clear benefits had been realised through new collaborations both with organisations that may not historically have recognised their role in contributing to health and wellbeing outcomes, but also directly with communities themselves, with communities playing an equal and trusted part in the city's response to the pandemic.
- Demonstrating impact – due to the pandemic, work on developing a performance framework to monitor outcomes and impact had been delayed.

The report highlighted that the refresh of the Strategy priorities would be informed by evidence from a range of sources, including needs assessments that had been conducted as well as survey data, workshops with stakeholders, the senior partner workshop and the learning from the current Strategy priorities. A workshop of senior leaders from across the system had taken place on 30th September, facilitated by the Kings Fund. It was now the intention to carry out a light touch public consultation process on the Health and Well-being Strategy priorities. Details of the consultation plan were set out at a second appendix. Following this consultation, the draft strategy would be submitted to the next Board meeting on 24th January, 2022, with the final strategy due for publication in the spring.

The presentation detailed the outcomes from the workshop held at the end of September. Key messages were:

The priorities were broadly right, but some things needed intensifying including how far into some of these issues needed addressing:

- focus on employment and homelessness as a prevention opportunity: recognising the impact of poverty on the well-being of residents and on next generation (children) esp following changes e.g end of furlough, universal credit and end of 'no evictions'
- Mental health for adults as well as children
- Strengthen working with communities and VCS: important to build on the work undertaken during the last 18 months and continue to unlock the power of local assets by improving the connectivity between the Board and communities and the Board and place based working
- Need to ensure work in the overlap between priorities e.g. communities and isolation may have a new slant with different communities coming to Coventry i.e. Afghan refugees

The presentation highlighted all the key messages from the session relating to culture and behaviours with Members recognising the strength of partnership

working and good progress that the Board had made. Other key messages relating to alignment, leadership and partnership were detailed and centred around how Members could forge forwards together, aligned and in the best possible way for and with communities; how to best lead in a way that ensured the best for residents; and how to unlock the vast assets across Coventry, and articulate this in a way that brought others (communities and staff) on side as equal partners helping to jointly lead this agenda in a meaningful way.

The key next steps were as follows:

(i) Culture and behaviours

- Develop existing Health and Wellbeing webpages
- Develop a performance management framework to measure/understand progress and impact
- Contributions to Forward planner

(ii) Alignment, leadership and partnership

- Workshop on community paradigm
- Connectivity to the Integrated Care Strategy – joint discussion with Warwickshire on how the Boards strengthen this.

RESOLVED that, having considered the outcomes and learning from the stock take to inform the Strategy refresh:

(1) The outcomes of the Health and Wellbeing Strategy workshop held on 30th September, 2021 be noted.

(2) The proposed approach to the Health and Wellbeing Strategy refresh, including the Consultation Plan and timeline, be endorsed.

27. Director of Public Health Annual Report

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which presented the Director of Public Health's Annual Report 2020-2021, 'Connecting through Covid-19 – Making a difference by working together in unprecedented times'. A copy of the report was set out at an appendix to the report.

The report focused on the value of relationships and connecting with people and communities. It offered a reflection on the city's approach to engagement and working with communities through the pandemic and demonstrated how this had shaped the Covid-19 response, recovery and ongoing defence. The report brought together data that showed the impact of Covid-19 on the City and provided an overview of the Council's strategy on communications and engagement. It demonstrated how services and the response was guided by community-led activity. The report's findings were informed by statistical figures, performance reports and evaluations from the Council and partners.

The report set out the following five recommendations for improvement and future practice, with learning the lessons from experiences gained during the pandemic benefitting the way work would be undertaken in the future:

i) Harness the work of the Community Messengers approach established during our Covid-19 response, as an ongoing method of working with communities and a central component of engagement for public health and wider programmes.

ii) Build on the engagement structures created and strengthened during the pandemic such as the Places of Worship and Community Centre Network, and grass-roots community organisations who were funded to support COVID-19 response efforts. Further understand the reach of these community organisations and networks to enable the targeting of work in areas with limited availability of community resource.

iii) Strengthen the existing relationships with GPs, other health professionals and those working with populations at higher risk of a range of poorer health outcomes due to inequality, deprivation, ethnicity and underlying health conditions – building upon the work started through the Vaccinating Coventry Programme.

iv) Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners. Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners.

v) Establish strong Covid-19 recovery workstreams with 'One Coventry' partners and communities to embed a robust and coherent recovery for the City, with the aim of building a better future for all.

The report also set out the recommendations from the Director of Public Health's 2019-2020 report and provided a progress update on the actions undertaken to date.

Members were informed that any comments on the Annual Report were to be e-mailed to the Director of Public Health and Wellbeing.

RESOLVED that:

(1) The report's findings be noted.

(2) The recommendations from the 2020-2021 Director of Public Health's Annual report be endorsed.

(3) The progress on recommendations from the 2019-2020 Director of Public Health's Annual report be noted.

28. Integrated Care System/ Integrated Care Partnership Development Update

Anna Hargrave, Coventry and Warwickshire CCGs, provided a brief update on the move to an Integrated Care System and the development of the Integrated Care Partnership.

The Board was informed that much work was ongoing to support the move forward to an Integrated Care System including the development of the Integrated Care Partnership involving the NHS, Council and partners. A shadow Integrated Care System NHS Board was being established to oversee NHS England and CCG functions and plan for NHS resources. Recruitment was underway for the Chair and Chief Executive of the Integrated Care System.

At the next Board meeting, there would be the opportunity to report in detail about the functions of the Integrated Care System

RESOLVED that the update on the Integrated Care System be noted.

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

There were no additional items of public business.

(Meeting closed at 12.20 pm)



To: Coventry Health and Wellbeing Board

Date: 24th January 2022

From: Rachel Chapman, Consultant in Public Health

Title: Coventry Domestic Abuse Strategy

1 Purpose

- 1.1 To inform the Health and Wellbeing Board of the results of the Domestic Abuse Needs Assessment, the updated Domestic Abuse Strategy and progress in delivery of the requirements of the Domestic Abuse Act 2021.

2 Recommendations

- 2.1 Health and Wellbeing Board is asked to note the results of the needs assessment, the updated Domestic Abuse Strategy and the action plan.

3 Information/Background

- 3.1 In June 2021 the Health and Wellbeing Board received a report on the Domestic Abuse Act 2021. The report set out the wide range of provisions and responsibilities in the Act to protect victims and children, including the establishment of a Domestic Abuse Local Partnership Board as a statutory board of the Local Authority.
- 3.2 Under the duties set out by the Act, a needs assessment for domestic abuse support for victims and children in Coventry has been carried out. The needs assessment incorporated a comprehensive engagement exercise which included surveys completed by 71 survivors and 51 practitioners, multiple focus groups and more than 30 interviews with stakeholders. The intelligence from this was supplemented with data from multiple sources and a literature review. While the initial focus of the needs assessment was on accommodation-based support, the information gathered enabled analysis of current needs across the wider agenda of domestic abuse. The full needs assessment can be found at https://www.coventry.gov.uk/downloads/download/5118/domestic_abuse_strategy_2018-2023
- 3.3 The Executive Summary (appendix 1) contains the key findings and 23 recommendations across a number of areas:
- Criminal and civil justice system
 - Perpetrators
 - Health services
 - Safe accommodation for victims and families
 - Support for victims and their children
 - Housing

- Individuals with no recourse to public funds or language challenges

- 3.4 A series of actions have been developed in response to the needs identified (included in Appendix 2) with lead agencies nominated to take the work forwards. Delivery of the action plan will be monitored by Domestic Abuse Steering group, reporting to the Local Partnership Board.
- 3.5 The current Coventry Domestic Abuse Strategy 2018-2023 was reviewed in light of the findings of the needs assessment. The current 4P framework of Prepare, Prevent, Protect and Pursue supports a systematic multi-agency approach to tackling Domestic Abuse and fits well with the needs assessment findings. The strategy has been extended to 2025 to enable delivery of the action plan.
- 3.6 The needs assessment, action plan and strategy extension have been noted and approved at Cabinet and full Council and are being brought to the Health and Wellbeing Board to inform and update partners.
- 3.7 The Act places a duty upon local authorities to provide safe accommodation for victims and their children, and a range of specialist support for victims in safe accommodation. ‘Sanctuary schemes’, whereby victims are helped to remain in their own home by providing extra domestic security and support, are included within the definition of safe accommodation. The Government provided Coventry City Council with a grant of £849,930 in 2021/22 to “*fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation*”. The funding for future years is dependent on the new burden assessment. The following additional provision has been commissioned using the grant:
- Continuation of funding of 13 units of accommodation previous funded by a limited-term MHCLG grant.
 - Introduction of a discretionary grant scheme to support victim/survivors in safe accommodation with a broader range of help including, for example, translation services and support to access move-on accommodation.
 - Widened eligibility of the current WISH service providing emotional and therapeutic support to children experiencing domestic abuse to all children in safe accommodation
 - Introduction of specialist legal support for all victims in safe accommodation with insecure immigration status in safe accommodation
 - Introduction of family support workers to provide a range of interventions with parents and children in specialist supported accommodation, including support in relation to parenting and encouraging good school attendance
 - Introduction of a specialist counselling and mental health support service for adult victims in safe accommodation

4 Options Considered and Recommended Proposal

- 4.1 The option of maintaining the current strategy timeline of 2018-2023 was considered. The needs assessment was comprehensive and looked at needs beyond those specified in the Domestic Abuse Act. It also included significant input from survivors, service providers and other professionals. It was agreed that the current framework was still relevant and that partners’ resources would be better focused on delivering the recommendations and the

action plan. The strategy can now be refreshed once the actions and commissioned services have been implemented and can be evaluated.

- 4.2 There is no national commitment of funding beyond 2021/22. The needs assessment, strategy addendum and evaluation of delivery of services this year will help to inform longer term needs.

Report Author(s): Rachel Chapman

Name and Job Title: Consultant in Public Health

Directorate: Public Health

Telephone and E-mail Contact: Rachel.chapman@uhcw.nhs.uk

Enquiries should be directed to the above person.

Appendices

Appendix 1: Coventry DA needs assessment key findings

Appendix 2: DA Action plan

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COVENTRY

COVENTRY DOMESTIC ABUSE NEEDS ASSESSMENT

EXECUTIVE SUMMARY

v6



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EXECUTIVE SUMMARY

NOTE ON NEEDS ASSESSMENT

This needs assessment was completed in the Summer of 2021. The data included in the needs assessment covers the time period impacted by the COVID-19 pandemic. It is important to recognise that this period was an exceptional time and had an impact on the data for all services. The data for the period impacted by the pandemic is not reflective of previous years and this should be taken into account when viewing the information included in this report.

INTRODUCTION

The Domestic Abuse Act 2021 places a statutory duty on Tier One local authorities to deliver support to victims of domestic abuse and their children residing within refuges and other safe accommodation, and to assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who require highly specialist support and those who come from outside the area.

As well as assessing the specific needs mentioned in the Domestic Abuse Act relating to refuges and safe accommodation, this assessment aims to take a wider view of domestic abuse need. The assessment draws on data and information from a wide range of sources to build a picture of domestic abuse need across the whole of Coventry.

This assessment provides a shared understanding of local need to inform the development of local services and enable victims, perpetrators, their families and children to have their needs met more effectively.

The information in this document is correct at the time of writing.

KEY FINDINGS

POLICE

There has been an increase in domestic abuse incidents in Coventry.

There was a total of 9,280 domestic abuse incidents reported to the Police during 2020. This is a 33% increase on the previous highest number over the analysed period which was 7,000 during 2019.

There has been increases in various offence types where there is a domestic abuse flag – with stalking seeing the largest increase.

“Pursue Course of Conduct In Breach Of S1(1) Which Amounts To Stalking” saw an annual average of 19 incidents a month during 2016-19. There were 421 in 2020, equating to a 2145% increase.

By ward, Binley & Willenhall show the highest increases in incidents with a domestic abuse flag and also a high rate per 100,000 population..

Wainbody ward and Earlsdon ward both have low rates and low increases in reported incidents relative to the other wards in Coventry. Binley & Willenhall had one of the highest increases and shows the highest rate per 100,000 population.

35% of the victims during 2016 to 2020 were repeat victims.

8% of the victims during this period appeared 5 or more times.

There has been an increase in male victims.

Males accounted for 26% of victims recorded in 2020, which is a 6 percentage point increase on the 20% recorded in 2016.

There has been a shift in the age structure of the victims.

The 55+ age group has increased from 9% of the total number of victims in 2016 to 11% in 2020. Conversely, the 18-24 age group has seen a decrease from 22% to 18%.

MARAC

There has been an increase in referrals to MARAC in 12 months to June 2021.

The 613 referrals in the 12 months to June 2021 is the highest in any 12-month period. There has been a 69% increase over the past 5 years. This is similar to the West Midlands.

45% of the referrals to MARAC in the 12 months to June 2021 were repeat cases.

This is slightly higher than the previous 2 years.

In the past 2 years there has been an increase in IDVA and partnership referrals.

Partnership referrals include mental health, health services, and 'other'.

PERPETRATOR

In Coventry, there is one local authority commissioned perpetrator programme; Choose2Change provided by Relate.

There were high attrition rates in the Choose2Change Domestic Abuse Programme. The programme is in-depth but difficult for people to complete.

IRIS

IRIS (Identification and Referral to Improve Safety) to improve Primary Care awareness of domestic abuse and support to Victims was launched in June 2018. In the first full year of service delivery, only 50% of the GP Practices were able to participate in IRIS as only one Advocate Educator resource was commissioned.

2020-21 saw the recruitment of a second Advocate Educator and an increase in training sessions. Subsequently, there has been a higher volume of referrals with only 4 Practices not currently signed up.

There appears to be a moderate to fairly-strong correlation between the number of training sessions delivered by postcode and the number of referrals received.

The CV4 and CV5 postcodes had a low number of training sessions, which may have impacted on the number of referrals. CV5 has since increased training session with the numbers of referrals increasing possibly as a result. CV4 is potentially an area of unmet need.

SAFE ACCOMMODATION

The Domestic Abuse Act places a duty on local authorities to assess the need for support and prepare strategies to provide support for victims who reside in relevant accommodation ('safe accommodation').

Domestic Abuse Act guidance describes a variety of different types of safe accommodation:

Refuge accommodation, specialist safe accommodation, dispersed accommodation, safe self-contained accommodation, safe self-contained 'semi-independent' accommodation, sanctuary schemes, move-on/ second stage accommodation, other forms of domestic abuse emergency accommodation. Bed and breakfast accommodation is not considered as relevant, safe accommodation.

In Coventry there is the following specialist accommodation provision: Valley House (LA funding) – 54 units + 20 units (temporary MHCLG and COVID funding), Coventry Haven (Independent) – 17 units, Panahghar (Independent) – 18 units.

The recommended number of refuge spaces for Coventry (using the Council of Europe formula) is 35 with the actual number commissioned exceeding this by 19 spaces.

Domestic Abuse Act guidance describes domestic abuse support as accommodation support, childrens' support, housing-related support, and advice service.

Data indicates that there are a range of needs present amongst residents in refuges including mental health, legal support needs, and housing support needs.

In Haven, 8% of referrals in 2020-21 were rejected due to capacity.

Of the 126 referred to Haven during 2020-21, 39 (31%) were accommodated. 10 (8%) were not accommodated for due to no capacity. The COVID-19 pandemic impacted this figure as Haven did not advertise spaces and instead kept them available for Coventry homeless.

30% of referrals to Panahghar were rejected due to lack of capacity.

Of the 79 referred to Panahghar during 2020-21, 48 (61%) were accommodated. 24 (30%) were not accommodated for due to no capacity.

Only 2 (1%) of the 241 referrals to Valley House were rejected due to a lack of space.

Current demand is short by 36 spaces per year.

This does not take into account the impact of Covid-19, and peaks and troughs during the year.

COMMUNITY SERVICES

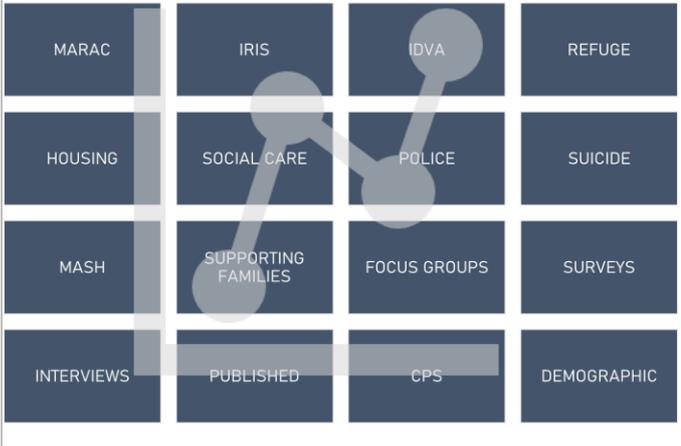
Relate, Panahghar and Coventry Haven are commissioned to provide services to those impacted by domestic abuse living in the community.

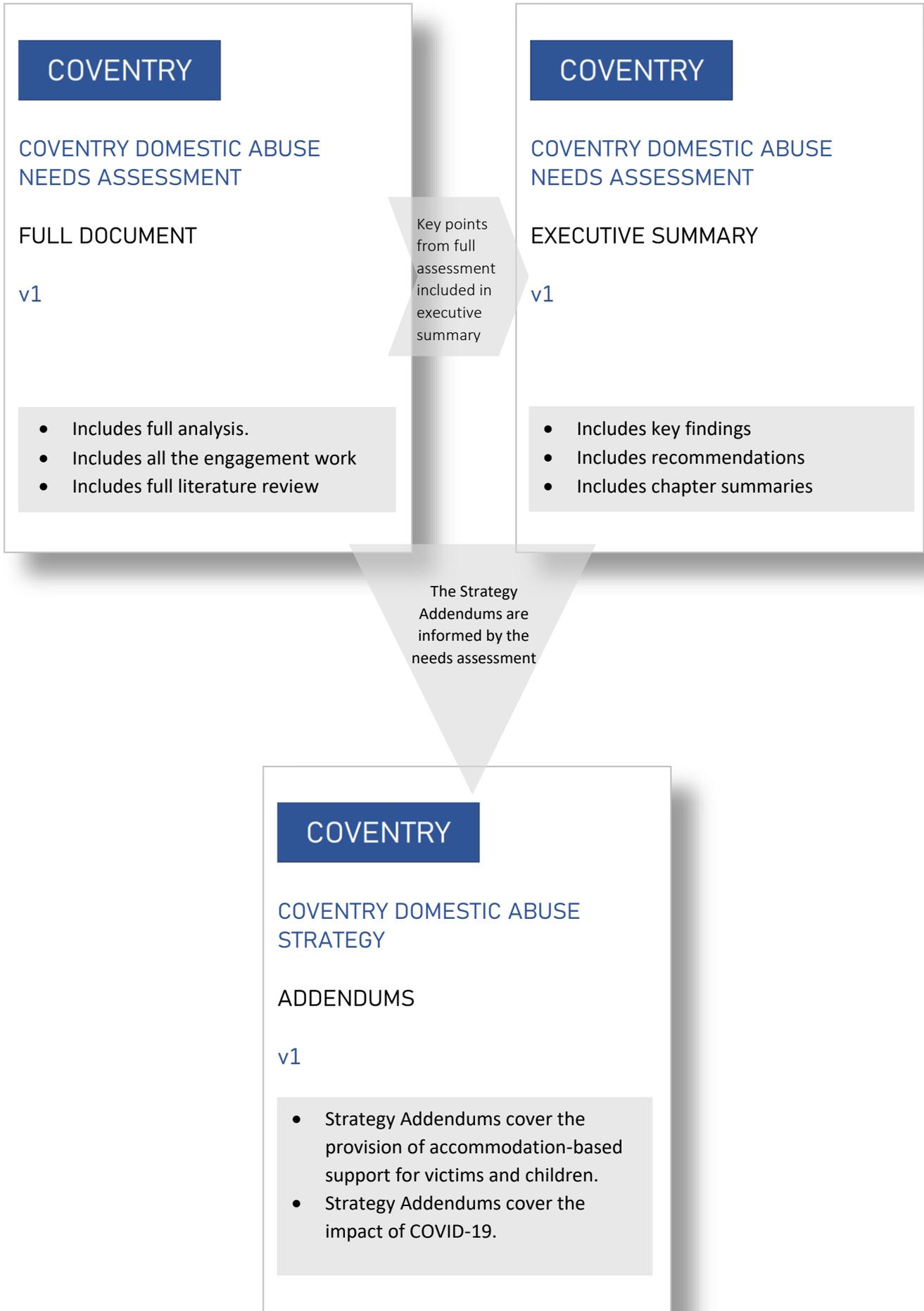
Services include community outreach, IDVA support, group work, perpetrator services, children's specific support, a domestic abuse helpline, and the early intervention project.

INDEX OF RECOMMENDATIONS

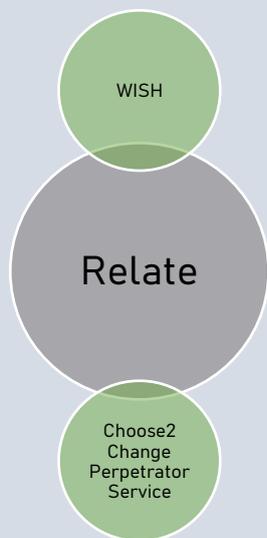
Key Finding	Page	Title	Summary
1	19	Specialist Court IDVA	Support need in relation to support with the Criminal and Civil Justice System (C & CJS).
2	20	CJS Knowledge Gap	A knowledge gap amongst practitioners relating to the Criminal Justice Service response and available specialist support
3	21	Children And Family Courts	Gaps in the monitoring of Children and Family Court Advisory and Support Service (CAFCASS) decisions
4	30	Perpetrator Programmes	Lack in offering for high-risk perpetrators.
5	31	Perpetrator Referrals	There were high attrition rates in the Choose to Change Domestic Abuse Programme. The programme is in-depth but difficult for participants to complete.
6	32	GP & IRIS Perpetrator Pathway	Data from the IRIS programme indicated that perpetrators did disclose abuse to their GP.
7	36	Iris Training	The participation of GPs in training has a strong correlation with referrals.
8	38	Barriers To Registering for Health Services	Healthcare settings to assess how 'Domestic Abuse friendly' their registration systems are and make adjustments based on specialist advice.
9	43	Refuge Spaces	Supply and demand of refuge spaces in Coventry.
10	44	Temporary Accommodation for Victims of DA	Need for floating support to meet needs of those in TA.
11	45	Target Hardening	Consider expanding scheme.
12	48	Anxiety and Trauma	Exploration of a psychologically informed model within refuges.
13	49	Children and Young People	Review children's support in refuges.
14	50	Housing Support	Training for housing staff and linked professionals on the impact, risks and interventions for families affected by domestic violence
15	52	Role of Housing Keyworker	Importance of keyworkers to the housing process.
16	53	Housing Managers	Consider adopting a Whole Housing Approach to raise awareness across the partnership of quality assurance standards and safe minimum practice.
17	54	Housing Officer	Addressing fears of those refusing housing offers.
18	55	Limited Housing Stock	Limited availability of housing for larger families requires further exploration.
19	56	Private Housing	Service users being directed towards private housing require a guarantor, which refuge residents tend not to be able to provide.
20	57	Furnishing Properties	Setting up of a fund to help with moving/furnishing costs.
21	61	Specialist Childrens' Support	Explore widening the specialist children's service response to meet the needs of all children, not just those with a Social Care involvement.
22	63	No Recourse to Public Fund	Further explore the particular needs and challenges for this population in partnership with specialist services to identify practical solutions.
23	64	Translators	Requirement for additional support in this area.

OUR APPROACH

SURVEYS	FOCUS GROUPS
<p>71 SURVIVOR SURVEYS COMPLETED</p> <p>51 PRACTITIONER SURVEYS COMPLETED</p>  <p>SUPPORT SERVICES PROTECTED CHARACTERISTICS COMPLEX NEEDS CRIMINAL JUSTICE</p> <p>HOUSING CHILDREN AND YOUNG PEOPLE HEALTH</p>	<p>Multiple Groups Completed</p>  <p>SURVIVORS YOUNG PEOPLE STAFF</p> <p>VALLEY HOUSE PANAHGAR</p> <p>POSITIVE YOUTH FOUNDATION COVENTRY HAVEN</p>
DATA ANALYSIS	1-2-1 INTERVIEWS
<p>Multiple Data Sources Analysed</p> 	<p>30+</p>  <p>1-2-1 INTERVIEWS COMPLETED WITH KEY STAKEHOLDERS</p>



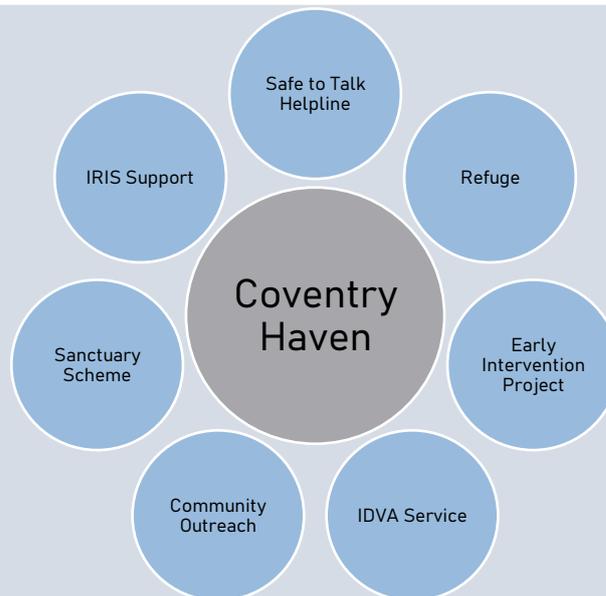
SPECIALIST DOMESTIC SERVICES



WISH
Support service for children and young people affected by domestic abuse.

Choose 2 Change
Domestic abuse perpetrator programme.

Supported Accommodation
54 units of supported accommodation



Refuge
18 units (BME Specialist)

IDVA
BME Specialist

Community Outreach
Work with standard and medium risk. Offering support, training, and awareness.

Early Intervention Project (Haven & Panahghar)
Embedded with police
Medium and low risk cases

Safe to Talk
Helpline, website, social media

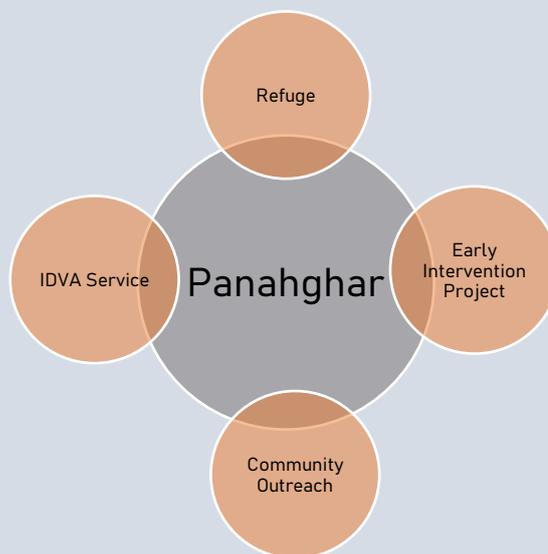
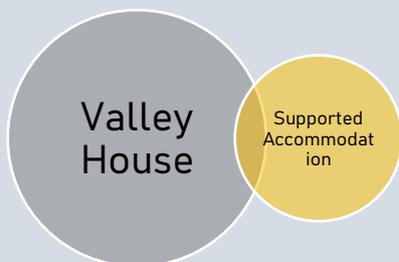
Refuge
18 units

Community Outreach
Standard and medium risk Support and training

Outreach and Aftercare
Group work and 1-2-1

Sanctuary Scheme
Target Hardening

IRIS Support
Advocate Educators
Training to GPs



OVERVIEW OF ENGAGEMENT



SUPPORT SERVICES

Working Well

- Provision of advocacy support
- Prevention advice

“When I was assigned a key worker, she appeared to listen (over the telephone) without judgement and she provided me with support.”

Survivor, 35-44

Area for Development

- Counselling and therapy

“The key workers are great at supporting my daughter’s mental health, 11 years ago she was diagnosed with BPD ... with their help she has stayed strong.”

Survivor, 55-64



PROTECTED CHARACTERISTICS

Area for Development

- Translators

Potential Knowledge Gap

- Faith Service
- Interpreters for hard of hearing
- Dedicated support for LGBTQ+



COMPLEX NEEDS

Working Well

- Drug and alcohol advice and support

“On an initial appointment with Coventry Haven, they identified that I could possibly be suffering from PTSD. I was then diagnosed by a doctor. Had this not been suggested to me, I wouldn't have had this diagnosis and no one over the years had identified this in me, yet when looking back at what was happening to me, it was completely obvious that that was behind the majority of my illness. I then was able to access the counselling services that have been absolutely imperative in my recovery.”

Survivor, 35-44

Area for Development

- Mental health advice and support



COURT

Potential Knowledge Gap

- Support to attend court hearings
- Court Orders & Immigration law
- Advice on Legal Matters

“I wasn't advised as to the terms of the non-molestation. I was unable to contact anyone via phone or email and had to wait on paperwork arriving. The order was given for 6 months, not the 12 requested, as explained, there were danger dates where it's anticipated he will attempt contact.”

Survivor 35-44



HOUSING

Working Well

- Temporary/ refuge accommodation

“Coventry homelessness team did not seem to understand abuse and victim blame”

Survivor, 35-44



CYP

Working Well

- Info on impacts of DA on children

Potential Knowledge Gap

- Child advocacy

Area for Development

- Counselling
- Trauma support for children

“Support to children was unable to be offered at school. Family are no longer able to make the referral and can only come from social care if open to services.”

Survivor, 35-44



HEALTH

Working Well

- Advice / support on managing health issues
- Advice on local GP's and Dentists

“I had a support plan which included an area around my health, and I hadn't appreciated how much of my poor health was because of how I was living and being abused. I was registered straight away at the doctors and supported in being able to tell him what I was feeling about my concerns. I had been worrying about my sexual health and my worker helped me to book an appointment to get all of the tests I needed.”

Survivor 25-34

DEMOGRAPHICS

KEY FINDINGS

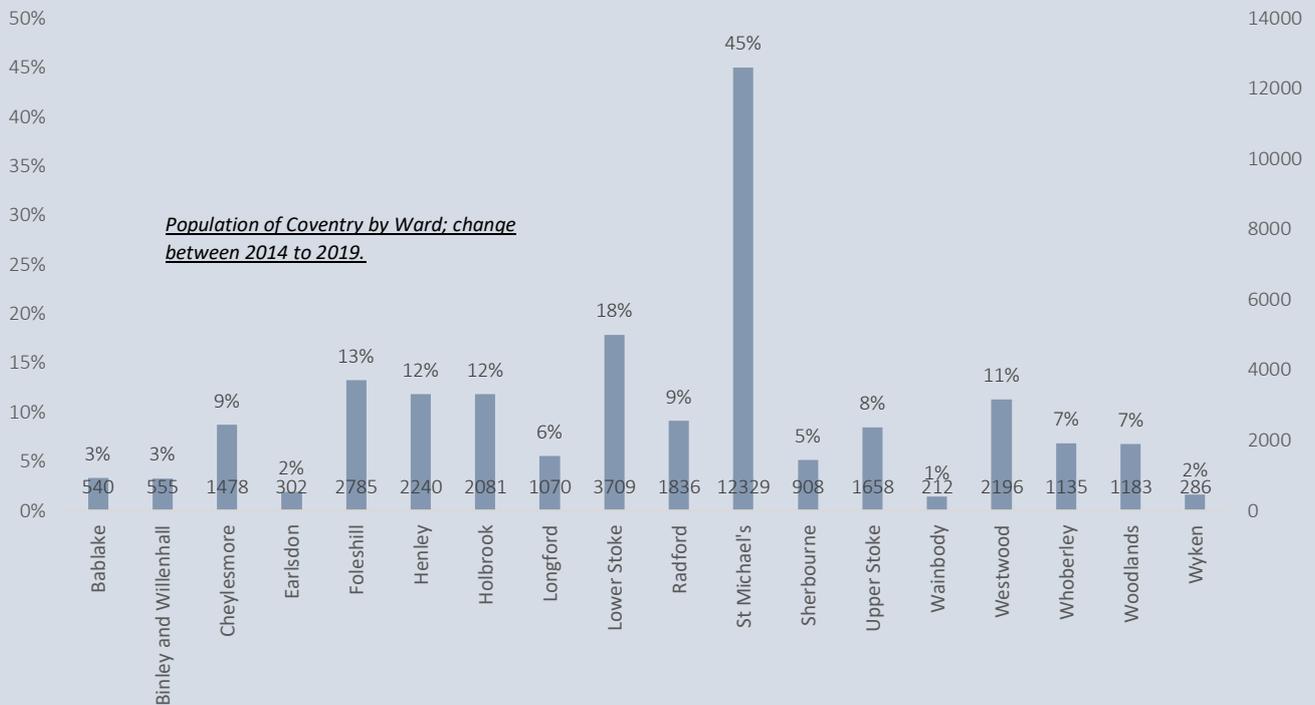
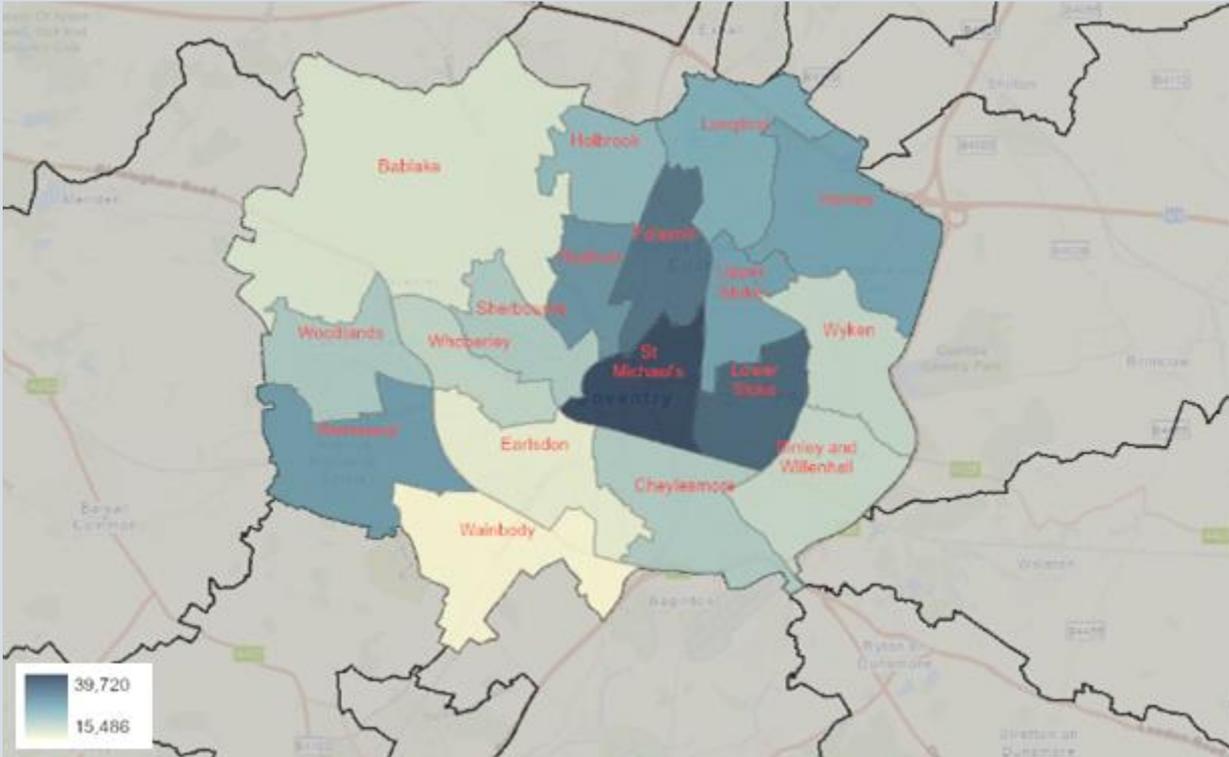
THE POPULATION HAS SEEN YEAR-ON-YEAR INCREASES

- The latest available ONS Mid-Year estimates provide a figure of 371,521 population for Coventry.
- Since 2014, the population has grown on average 7,300 per year; however recent years has seen slower growth. The increase is due to natural change and international migration.
- Based on population size, Coventry is the ninth largest city in England.
- The split between males and females is relatively even.



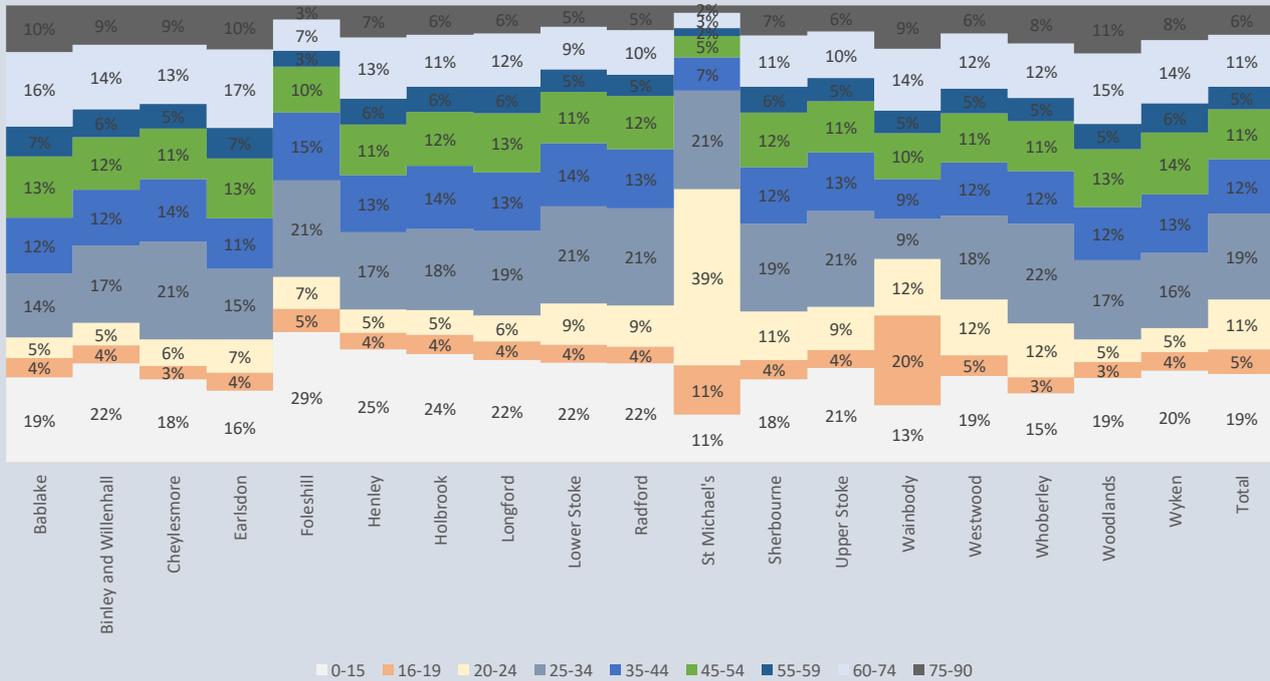
WARD ANALYSIS

- Coventry is made up of 18 wards.
- The population by ward ranges from 15,486 in Wainbody to 39,720 in St Michael's.
- The chart shows the change in population by ward since 2014 and highlights the significant growth in population in the St Michael's ward. St Michael's is home to the university and the population change reflects the increase in the student population.



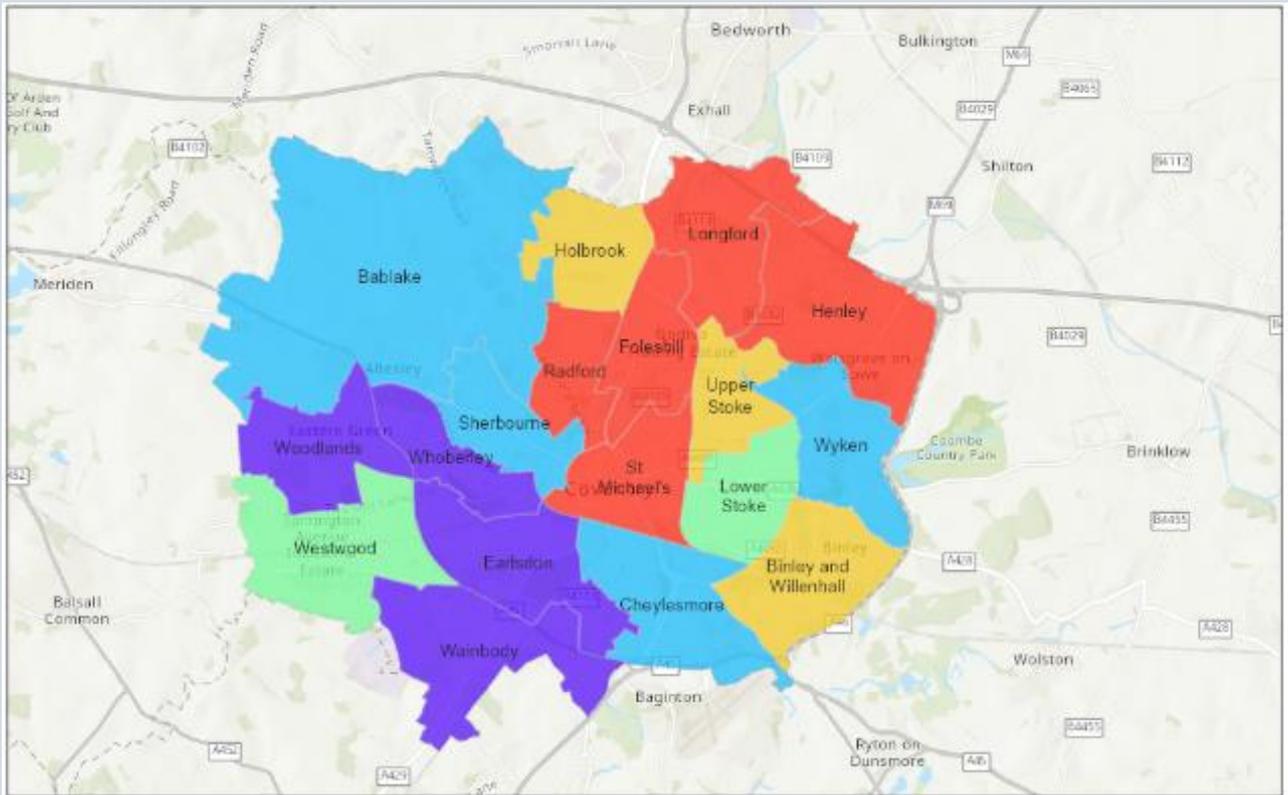
THERE ARE VARIANCES IN THE AGE STRUCTURE BETWEEN WARDS

- Below shows the population of Coventry by ward and by age bands. The age bands reflect those recorded in the Crime Survey of England and Wales (CSEW).



THERE IS SIGNIFICANT POLARISATION OF DEPRIVATION BETWEEN THE WARDS

- It is estimated that 19% of the neighbourhoods in Coventry are amongst the 10% most deprived in the Country.
- The following map shows the IMD decile by ward, where 1 is the most deprived (most deprived 10%) and 10 is the least. Note that the calculations are the average of the Lower Super Output Areas in the Ward as IMD is not produced at Ward level.
- Combining the IMD along with other factors such as age may help to understand prevalence. For example, Bablake Ward has a lower expected prevalence based on age, and in addition, low deprivation.



RECOMMENDATIONS

NO RECOMMENDATIONS

- No recommendations relating to demographics.

PREVALENCE

KEY FINDING

EXPECTED PREVALENCE - OVERVIEW

- Applying the domestic abuse prevalence by age from the CSEW gives a figure of 15,793 for Coventry. The actual number of crime incidents recorded was 9,280. The expected number is based only on age and does not take into account other factors such as ethnicity and deprivation.
- Below shows the expected prevalence and the actual number of DV incidents as a rate per 100,000 population.

EXPECTED NUMBER OF
DOMESTIC ABUSE
INCIDENTS
15,793

RECORDED NUMBER OF
DOMESTIC ABUSE
INCIDENTS
9,280

UNIQUE NUMBER OF
VICTIMS
5,579

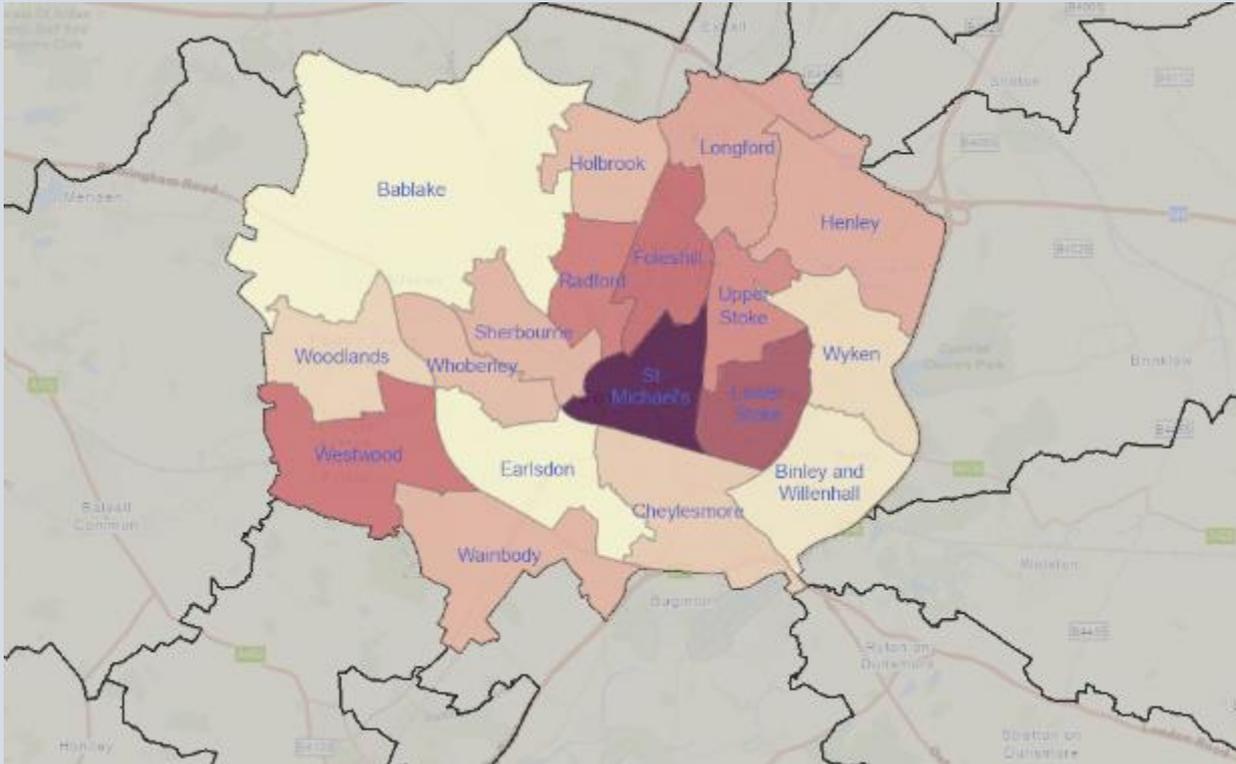
EXPECTED PREVALENCE – BY AGE

- The following table shows the expected and actual prevalence of domestic abuse by age group.
- The expected prevalence is taken from the Crime Survey of England & Wales (CSEW) with the actual prevalence taken from police data and covers all domestic abuse flagged incidents.

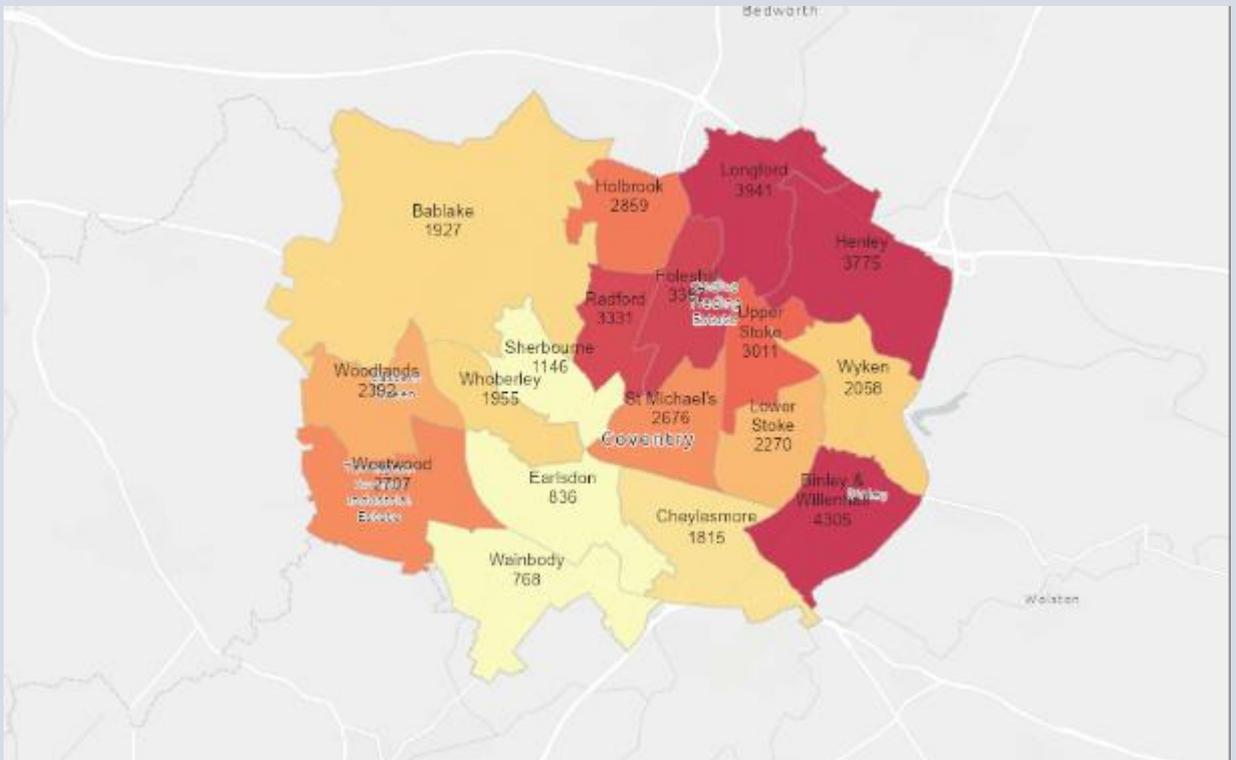
Prevalence of domestic abuse in the last year among adults aged 16 to 74 – Any Domestic Abuse	Men		Women		All	
	Expected	Actual	Expected	Actual	Expected	Actual
Under 16	-	0.0	-	0.1	-	0.0
16-19	5.3	1.0	14.0	3.1	9.5	2.0
20-24	4.9	0.7	10.0	3.2	7.4	1.9
25-34	4.2	1.1	7.7	4.0	5.9	2.5
35-44	4.2	1.4	6.9	4.5	5.6	2.9
45-54	3.7	1.2	7.7	2.6	5.7	1.9
55-59	2.5	0.8	6.5	1.7	4.6	1.2
60-74	1.9	0.5	4.4	1.0	3.2	0.7
75+	-	0.3	-	0.4	-	0.4
ALL ADULTS	3.6	0.7	7.3	2.3	5.5	1.5

EXPECTED PREVALENCE – BY WARD

- Below shows the expected prevalence of DV incidents as a rate per 100,000 population.



- Total DV incidents in 2020; rate per 100,000 population.



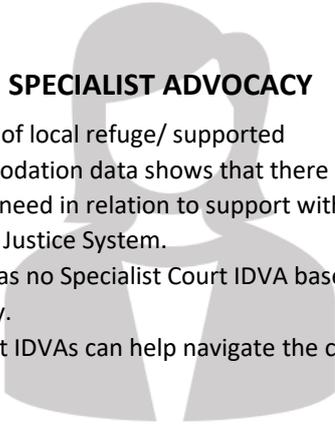
CIVIL & CRIMINAL JUSTICE SYSTEM



KEY FINDINGS

SPECIALIST ADVOCACY

- Analysis of local refuge/ supported accommodation data shows that there is a support need in relation to support within the Criminal Justice System.
- There was no Specialist Court IDVA based in Coventry.
- Specialist IDVAs can help navigate the court

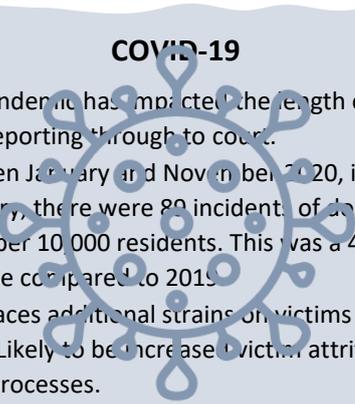


SAFE LIVES REPORT

- The Safe Lives Report '*Understanding court support for victims of domestic abuse*' makes a number of recommendations in relation to court processes:
 - Need for urgent action on court backlogs and increased long-term investment.
 - Recognising the role of IDVAs as an integral part of court systems.
 - Realising 'trauma-informed' courts and cultural change training for all professionals.

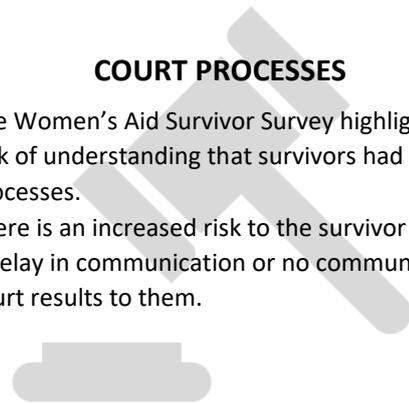
COVID-19

- The pandemic has impacted the length of cases from reporting through to court.
- Between January and November 2020, in Coventry, there were 89 incidents of domestic abuse per 10,000 residents. This was a 45% increase compared to 2019.
- This places additional strains on victims – "life on hold". Likely to be increase victim attrition from court processes.



COURT PROCESSES

- The Women's Aid Survivor Survey highlighted the lack of understanding that survivors had of court processes.
- There is an increased risk to the survivor if there is a delay in communication or no communication of court results to them.



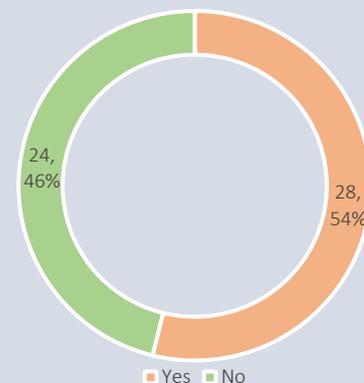
CAFCASS

- Feedback from practitioners show that there are sometimes gaps in the monitoring of CAFCASS decisions.

RECOMMENDATIONS

KEY FINDING 1 – COURT IDVA

- Analysis of local refuge data shows that there is a support need in relation to support with the Criminal and Civil Justice System (C & CJS).
- The Women’s Aid Survivor Survey highlighted the lack of understanding that survivors had of court processes and the complexity and risks for survivors and their children while engaging with the C & CJS.



The chart shows the proportion of residents in Valley House in 2020 who required support with legal issues.

“I wasn’t advised as to the terms of the non-molestation [order]. I was unable to contact anyone via phone or email and had to wait on paperwork arriving.”

“The order was given for 6 months, not the 12 requested, as explained, there were danger dates where it’s anticipated he will attempt contact. And after his ex-wife had the same order previously (for 12 months due to physical abuse)”

Survivor, 35-44

IMPACT

- There is an escalation in risk, fear, and uncertainty through engagement with the C & CJS which requires specialist advice, support and risk reduction interventions, including coordinated multiagency working.
- Interventions and advice will vary depending on context, needs and risk factors. There is a possibility that perpetrators will use C & CJS and credible professionals to perpetuate abuse^[1].

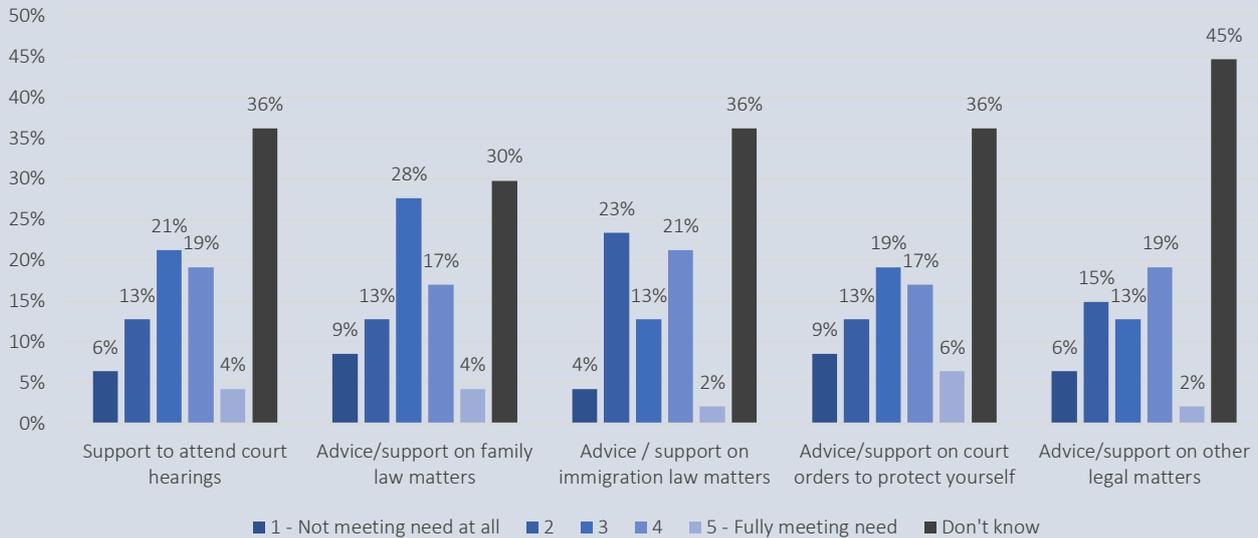
RECOMMENDATION

- Explore the possibility of specialist Court IDVAs and identify the logistical or systemic barriers that heighten risk and safety consequences for engagement with C & CJS.
- Map out the access points for specialist support & legal advice for help-seeking survivors and their children.

KEY FINDING 2 – KNOWLEDGE GAP

- The Coventry practitioners survey highlighted that there was a knowledge gap amongst practitioners relating to the Criminal Justice Service response and available specialist support.

Support in Relation to Criminal Justice - Staff



“I don't have a good enough understanding of what is happening in these areas to fully comment.”

Childrens' Service Practitioner

“We need more awareness of this service for all professionals”

Substance Misuse Practitioner

IMPACT

- Staff are less likely to proactively enable disclosures, make timely or appropriate referrals, recognise the need for coordinated working or early intervention due to their knowledge gap.
- Individuals and families in crisis are more likely to be identified but risks and safety planning in relation to C & CJS may be limited.

RECOMMENDATION

- Ongoing Multi Agency Training to teams and lead professionals on the nature and impact of domestic abuse, and appropriate safe interventions.
- Explore ways of embedding domestic abuse awareness into strategic leadership, organisational development and core business across Multi Agency practice.

KEY FINDING 3 – CHILDREN AND FAMILY COURTS

- Feedback from practitioners show that there are on occasions, gaps in the monitoring of Children and Family Court Advisory and Support Service (CAFCASS) decisions. This relates to CAFCASS decisions stating that there should be no child contact with a perpetrator.

“Where is the monitoring and guidance given by the courts and social care? In this case, dad is getting access to his children even though CAFCASS recommended there should be no contact. Dad obtained contact via solicitor and the civil courts.”

Specialist Accommodation Practitioner



IMPACT

- Gaps in monitoring will enhance and escalate risks to children and the non-abusing parent. These risks are amplified when there are multiple abusers and the survivor, and their children are being coercively controlled.



RECOMMENDATION

- Risk management training to professionals supporting families engaging with C & CJS with clear referral routes to specialist services and the need for coordinated case management to support safe interventions.

POLICE

KEY FINDINGS

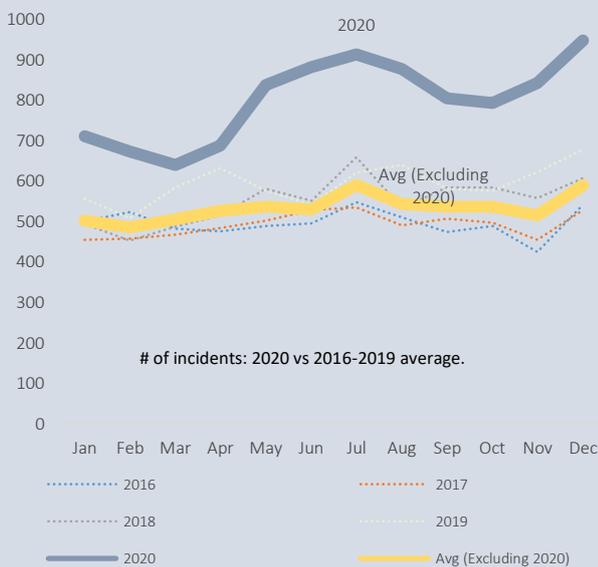


-- TECHNICAL NOTES --

- The analysis is based on raw data provided by the Partnership Intelligence Liaison Team.
- The chapter is based on the initial analysis, and further refinement is recommended. For example, offence types are filtered out to include selected incident types.
- The analysis below uses all incident types which includes non-crimes such as “MARAC DA REFERRAL- NON-CRIME” and “DOMESTIC VIOLENCE DISCLOSURE REQUEST (CLARE'S LAW) - NON CRIME”.
- Further analysis has been undertaken removing CUC Expansion “Non-Crime”. This is in the full document.

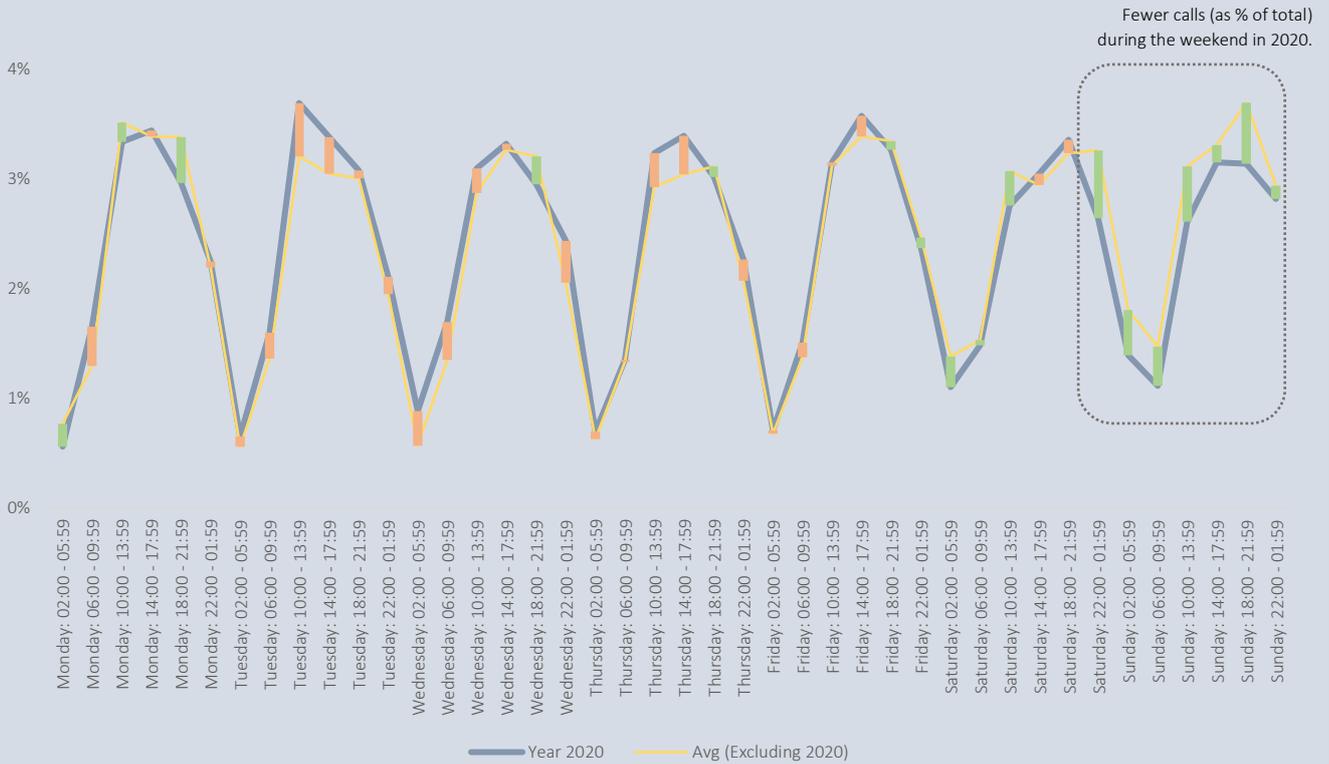
NUMBER OF REPORTS

- There was a total of 9,280 domestic abuse incidents reported to the Police during 2020. This is a 33% increase on the previous highest number over the analysed period which was 7,000 during 2019.
- The average number between 2016 to 2019 was 6,326. The numbers in 2020 represents a 47% increase.
- The analysis by month shows that it was from May onwards which saw the highest increase on the average.



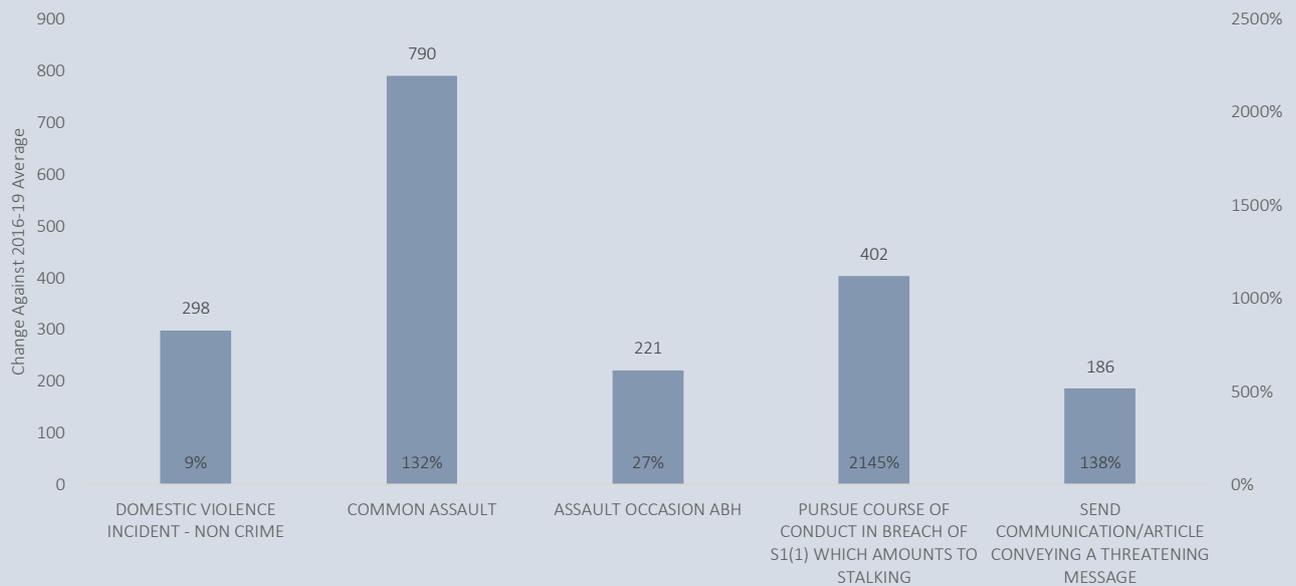
TEMPORAL ANALYSIS

- The following chart shows the distribution of calls to the Police (not necessarily incident time) by day and time. The chart shows 2020 compared against the 2016-19 average.
- The red and green line shows the variance of the 2020 distribution away from the 2016-19 average.
- The 2016-19 average shows more calls during the evenings of the weekend; however, the 2020 data shows more of an even distribution. This is linked to the impact of lockdown.



CERTAIN OFFENCE TYPES REPORT HIGHER INCREASES THAN OTHERS [INCLUDING NON CRIME]

- “Domestic Violence Incident - Non-Crime” accounted for 37% of the calls in 2020, and has seen increases on 2019 (18%) and the 2016-19 average (9%).
- In terms of actual increases in incident type, common assault saw an increase of 790 to 1,390 in 2020 in comparison to the 2016-19 average. This represents an increase of 132%.
- “Pursue Course of Conduct In Breach Of S1(1) Which Amounts To Stalking” saw an annual average of 19 incidents a month during 2016-19. There were 421 in 2020 equating to a 2145% increase. The % change in recorded stalking is due to changes in the recording guidelines in 2020.



Offence	2016	2017	2018	2019	2020	Avg (2016-19)	Change Against 2019: #	Change Against 2019: %	Change Against Avg (2016-19): #	Change Against Avg (2016-19): %	2020 % of Total
DOMESTIC VIOLENCE INCIDENT - NON-CRIME	3486	3374	3265	3032	3587	3289	555	18%	298	9%	37%
COMMON ASSAULT	444	451	625	881	1390	600	509	58%	790	132%	14%
ASSAULT OCCASION ABH	748	724	854	943	1038	817	95	10%	221	27%	11%
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	4	17	23	31	421	19	390	1258%	402	2145%	4%
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	93	100	151	194	320	135	126	65%	186	138%	3%

MARAC

KEY FINDINGS

REFERRAL NUMBERS

- The 613 referrals in the 12 months to June 2021 is the highest in any 12-month period.
- There has been a 69% increase over the past 5 years. This is similar to the West Midlands.



SAFELIVES ESTIMATE

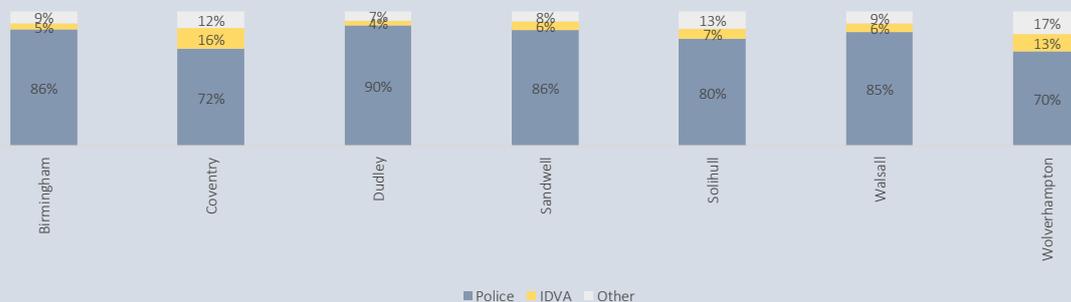
- The SafeLives estimates 576 cases in Coventry. The actual number was slightly higher at 613.
- The 613 rate is lower than 4 out of the 6 other local authorities in West Midlands.

REPEAT CASES

- 45% of the referrals in the 12 months to June 2021 is slightly higher than the previous 2 years.
- The 45% rate is similar to the majority of the other local authorities in West Midlands.

REFERRAL SOURCES

- Referrals from the police has historically accounted for a high percentage of the total.
- The last few years has seen a decrease in the percentage of police referrals and increase in IDVA and partnership referrals.
- Partnership referrals include mental health, health services, and other.
- In comparison to the other local authorities in West Midlands, as a rate of the total, Coventry shows high rates of referrals from IDVA and from other sources who are not the Police.



BLACK, ASIAN AND MINORITY ETHNIC

- The percentage of MARAC referrals including a Black, Asian and Minority Ethnic victim / perpetrator has been between 22-28% of the total over the last 3 years.
- Using the 2011 census as a comparator, the chart shows a proportionate figure of MARAC referrals against this. For example, 26% of the population in the 2011 census were Black, Asian and Minority Ethnic, with 22% of MARAC referrals recorded with Black, Asian and Minority Ethnic victim perpetrator resulting a calculation of 0.9. With other factors being equal, this rate suggests that roughly a representative number of Black, Asian and Minority Ethnic referrals are being received.



- It is possible that the Black, Asian and Minority Ethnic population of Coventry has increased since the 2011 census. This information will have to be revisited once the latest census data is released.

CHILDREN

- For the 12 months to June 2021, there were 661 children were associated with the cases discussed.
- This equates to an average of 1.1 children per case discussed. This is similar to the previous year and to the other local authorities in Coventry.

LGBT

- The number of cases for LGBT relationships has never exceeded more than 5 in any 12-month period. This is less than 1% of the total cases. This rate is similar to West Midlands.

DISABILITY

- The percentage of MARAC referrals with a disability identified has increased from 0% for the 12 months to June 2017 to 4% for the 12 months to June 2021. This equates to 23 referrals for the 12 months to June 2021.
- Across the West Midlands, the rate ranges from 2% in Birmingham and in Sandwell to 6% in Solihull.

MALE VICTIMS

- There has been a decrease in the number and rate of male victims, from 3% (14) for the 12 months to June 2019 to 1% (6) for the 12 months to June 2021.
- The 1% rate is one of the lowest across the West Midlands area.

VICTIMS AGED 16-17

- Excluding the 12 months to June 2017, the number of victims aged 16-17 is on average below 10 a year. This equates to less than 1% of the total referrals. This is comparable to the West Midlands average.

THE NUMBER OF MARAC IDVAS (3), IS LOWER THAN THE SAFELIVES ESTIMATE

- Safe Lives recommends that IDVAs cover no more than 100 cases per year which means around 5.77 full time equivalent (FTE) IDVAs are needed to cope with the number of cases heard at MARAC in Coventry.
- In Coventry there are 7 FTEs with a proposed 3 extra currently in process. Of these IDVAs, only 3 are MARAC IDVAs, the other IDVAs have different responsibilities.

RECOMMENDATIONS

NO RECOMMENDATIONS

- No recommendations relating to MARAC.

PERPETRATORS

KEY FINDINGS

PROGRAMME	DOMESTIC VIOLENCE PERPETRATOR PROGRAMME	BUILDING BETTER RELATIONSHIPS	DRIVE PROGRAMME	CHOOSE 2 CHANGE PROGRAMME
PERPETRATOR RISK LEVEL	MODERATE AND STANDARD RISK	MEDIUM TO HIGH RISK	HIGH RISK	LOW TO MEDIUM RISK
TYPE	NON-COURT MANDATED	COURT MANDATED	NON-COURT MANDATED	NON-COURT MANDATED
AVAILABLE IN COVENTRY	✗	✓	✗	✓

AVAILABLE COURSES

- The following perpetrator programmes are available in Coventry:
 - Choose2Change Programme (Relate)
 - Local authority commissioned.
 - Primary reason for the programme is victim and child safety.
 - Building Better Relationships Programme (Probation)
 - Court mandated programme
 - CAFCASS (My Time Richmond Fellowship)
 - A service commissioned by CAFCASS, for court ordered and directed Domestic Abuse Perpetrator Programmes. Referrals are accepted exclusively from CAFCASS Family Court Advisors.

DOMESTIC VIOLENCE PERPETRATOR PROGRAMME

- Previously, the domestic violence perpetrator programme was offered to residents of Coventry.
- The programme was not delivered within Coventry, which was a barrier to perpetrators attending.
- The course was aimed at medium to high-risk perpetrators (non-court mandated); there is now a gap in this area.
- The programme was commissioned by the PCC but has now ceased.

CARA AND ALCOHOL & DA INTERVENTION SCHEME

- The CARA (Cautions and Relationship Abuse) programme is run in Coventry. The programme consists of 2 workshops and is referred into via the police.
- Cranstoun run an alcohol related violence scheme that is not specifically aimed at perpetrators of domestic abuse.

REFERRALS

- There were high attrition rates in the Choose2Change Domestic Abuse Programme. The programme is in-depth but difficult for people to complete.
- In 2020, there were 69 referrals, of which 28 had a full assessment.
- The reasons for this include inappropriate referrals being made and perpetrators dropping out of the process before an assessment is completed.
- Feedback from practitioners was that it was hard to get people they were working with to engage in the non-court ordered perpetrator course.
- Most of the referrals to the Choose2Change programme came from Children Social Care.
- The Choose to Change programme is for perpetrators of intimate partner violence and does not relate to familial abuse.

EXPERIENCE OF SURVIVORS

- Practitioners working in the areas of early identification and prevention highlighted that the system seems to be more severe on the survivor compared to the perpetrator.
- There is a lot of pressure put on the survivor in terms of attending services and domestic abuse courses. Particularly in relation to child protection plans.

COVID-19

- Feedback from probation was that there was a backlog of people waiting to attend the probation run perpetrator courses.
- During the COVID-19 pandemic, in person courses were not running.
- There is a backlog of cases coming through Magistrates and Crown Courts.

RECOMMENDATIONS

KEY FINDING 4 – AVAILABILITY OF PERPETRATOR PROGRAMMES

- In Coventry, there is a local authority commissioned perpetrator programme; the Choose 2Change Programme has a preventative focus and is predominantly for perpetrators at a low to medium risk.
- The PCC commissioned Domestic Violence Perpetrator Programme is not run in Coventry.
- There are no non-court mandated perpetrator programmes for high-risk perpetrators in Coventry.



IMPACT

- There are a cohort of perpetrators who are not eligible for the Choose 2 Change programme who are not able to receive any interventions aimed at addressing their perpetrating behaviour.



RECOMMENDATION

- Gaps in the offering for high-risk perpetrators should be addressed.

KEY FINDING 5 – REFERRALS

- There were high attrition rates in the Choose2Change Domestic Abuse Programme. The programme is in-depth and challenging.
- In 2020, there were 69 referrals, of which 28 had a full assessment.
- Feedback from practitioners was that it was hard to get people they were working with to engage in non-court ordered perpetrator courses.

“Tackling the perpetrator and focussing on changing their behaviour should be given as much weight as supporting the victims or we will still be in the same position in 20 years’ time.”

Coventry City Council, Programme Manager



IMPACT

- A high proportion of perpetrators did not complete the programme and therefore have not appropriately addressed their behaviour.
- Those who could potentially benefit from interventions were not accessing services.
- Appropriate interventions are dependent on context, severity, and willingness to engage. Professionals working with perpetrators or referring perpetrators to services may need awareness training.



RECOMMENDATION

- Training regarding ‘what works’ when addressing perpetrator behaviour, including motivational interviews for practitioners who work directly with families^[2].
- Consider expanding the definition of intervention ‘success’ and for the use of women/partner reports in evaluation.

KEY FINDING 6 – GP AND IRIS PERPETRATOR PATHWAY

- Data from the IRIS programme indicated that on occasion, perpetrators did disclose abuse to their GP.



IMPACT

- More perpetrators could be offered help through the GP route.



RECOMMENDATION

- Perpetrator work already included in the IRIS training package are reinforced and promoted with GPs.

IRIS

KEY FINDINGS

OVERVIEW

- ‘The IRIS programme started in Coventry in June 2018. Coventry and Warwickshire CCG directly commission Coventry Haven to deliver the programme.
- There are still 4 practices who have not signed up to the IRIS training.
- GPs refer both survivors and perpetrators to the IRIS programme.
- There are plans to further develop the IRIS programme to include dentistry, pharmacies, and sexual health services.

TRAINING AND REFERRALS

- There were relatively low number of training sessions and referrals in 2019-20.
- 2020-21 saw an increase in training sessions, and subsequently high number of referrals.



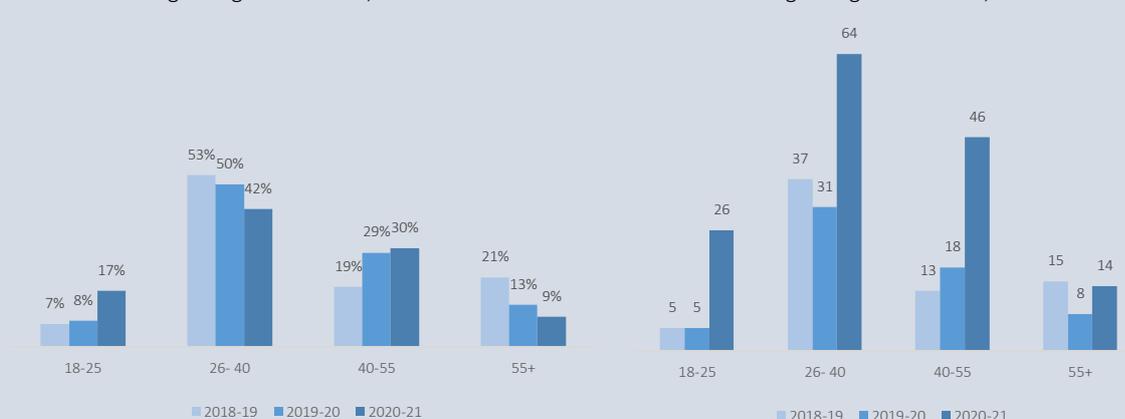
CORRELATION BETWEEN “SOCIAL CLASS” AND NUMBER OF REFERRALS

- The geographical analysis by “social class” and number of referrals shows a level of correlation.
- This however could be linked to the more deprived areas being targeted with more training sessions.

AGE

- There has been a change in age structure of those referred.
- The 55+ age group has seen a decrease as a percentage of the total.
- A high percentage are from the 26-40 age group; however, this rate has been decreasing.
- The 18-25 and 40-55 age groups both report increases.

Change in ages of referral; % of total.



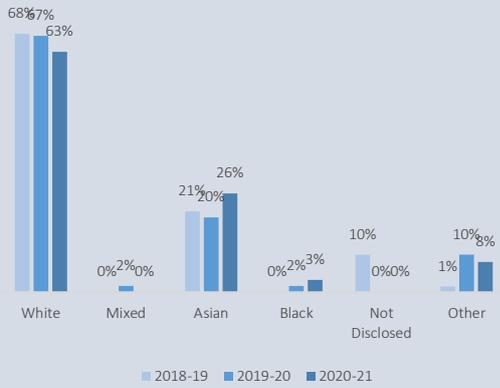
GENDER

- Females accounted for 93% of the referrals, with all except 1 recorded as victims.
- Males accounted for 7% of the referrals, with 5% recorded as victims, and 2% as perpetrators.
- 3 of the 6 males who disclosed as perpetrators did so in the analysed time period during Covid-19.

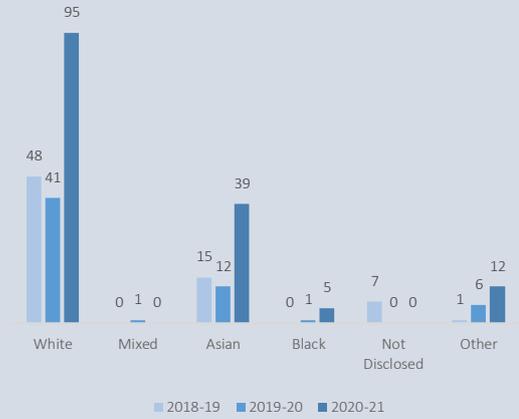
ETHNICITY

- The increase in the number of referrals has meant all ethnic groups show an increase, however certain groups report a higher increase.

Change in ethnicity of referrals; % of total.



Change in ethnicity of referrals; actual count.



MATERNITY SERVICES

KEY FINDINGS

MATERNITY

- 'Routine enquiry' is embedded in the patient's maternity pathway.
- Women who disclose domestic abuse are directed to a perinatal mental health clinic.
- There are safeguarding midwives within the maternity service.

HEALTH

RECOMMENDATIONS

KEY FINDING 8 – BARRIERS TO REGISTERING FOR HEALTH SERVICES

- Practitioners in refuges fed back that registering domestic abuse survivors who have moved into the area with health services can present challenges.



IMPACT

- Survivors can be dissuaded from accessing some health interventions by repeat, non-confidential, administrative processes. (e.g. registering with a GP). There are significant implications for risk when vulnerable individuals and families are not enabled to engage with health care systems.



RECOMMENDATION

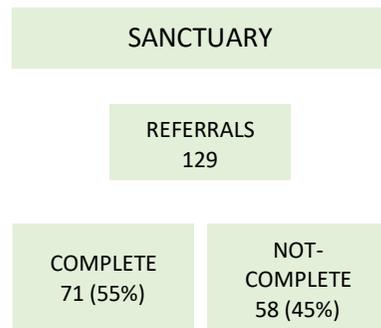
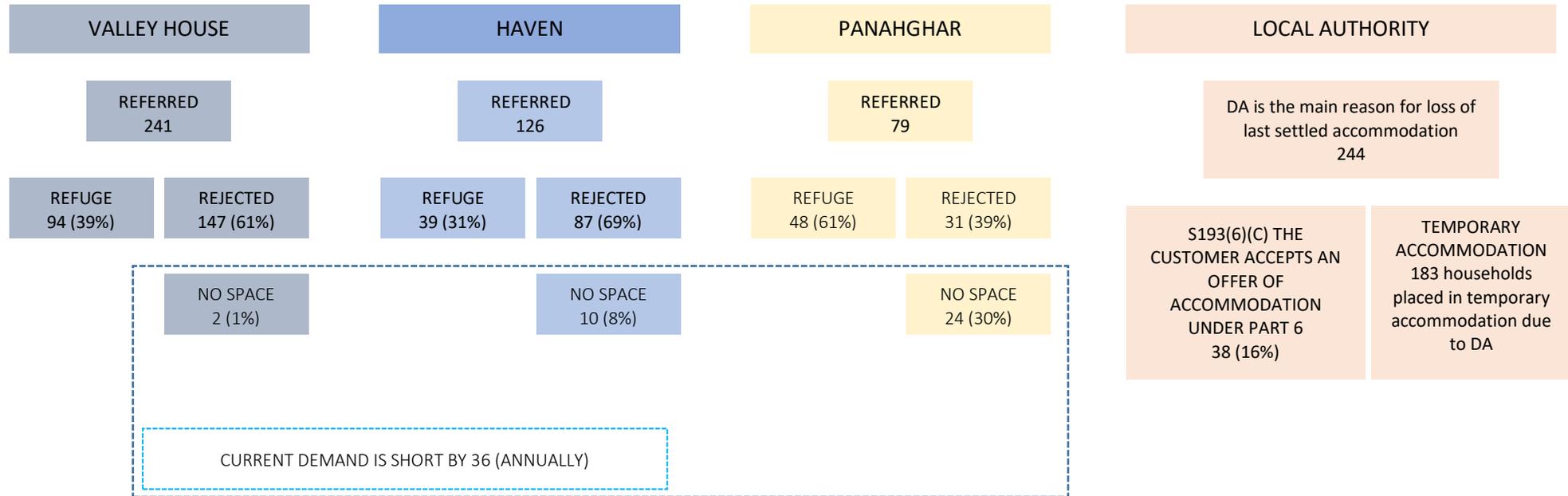
- Healthcare settings to assess how 'domestic abuse friendly' their registration systems are and make adjustments based on specialist advice such as IRIS practitioners.
- Explore ways of embedding domestic abuse awareness into strategic leadership, practice development, and core business within public facing health centres and practices.

SPECIALIST ACCOMMODATION

KEY FINDINGS

OVERVIEW OF GUIDANCE – SAFE ACCOMMODATION

- The Domestic Abuse Act places a duty on local authorities to assess the need for support and prepare strategies to provide support for victims who reside in relevant accommodation ('safe accommodation').
- The guidance describes a variety of different types of safe accommodation:
 - Refuge accommodation
 - Specialist safe accommodation
 - Dispersed accommodation
 - Safe self-contained accommodation
 - Safe self-contained 'semi-independent' accommodation
 - Sanctuary schemes
 - Move-on/ second stage accommodation.
 - Other forms of domestic abuse emergency accommodation
- Accommodation such as bed and breakfast accommodation are not considered relevant safe accommodation.



- In Haven 8% of referrals in 2020-21 were rejected due to capacity. COVID-19. The COVID-19 pandemic impacted this figure as Haven did not advertise spaces and instead kept them available for Coventry homeless. This rate was not reflective of the pre-pandemic rate.
- In Panahghar, the rate is higher at 30%.
- For Valley House, only 2 referrals were rejected due to no capacity. **The vast majority of not being placed was Service User declining, accounting for 75 (31%) of all the referrals.**
- This figure would have been impacted by Covid-19.
- The changes to demand as a result of the changes to the Domestic Abuse act is not fully understood.
- In 2020 21, 183 households were placed into temporary accommodation who presented as homeless due to domestic abuse.
- The guidance in relation to the Domestic Abuse Act indicates that bed and breakfast accommodation is not considered relevant safe accommodation.

- There are currently 54 commissioned refuge/ supported accommodation spaces and 35 non-commissioned spaces. An additional 20 units have also been brought on-line temporarily.
- The recommended number of refuge spaces for Coventry (using the Council of Europe formula) is 35 with the actual number commissioned exceeding this by 19 spaces.



OUT OF AREA

- Local authorities have a duty to house residents from outside of the local authority area.
- Of the 52 residents accessing the Valley House specialist accommodation in 2020-21, 33 (63%) were from outside of Coventry.
- 16 out of 29 Coventry Haven residents (55%) in April to June 2021 resided in Coventry. 5 out of 29 were from the West Midlands (3 from Birmingham).
- Information on where Coventry residents were placed when they moved out of borough was not collected.

REFUGES

- Because of their communal areas, refuges are not suitable for all.
- The communal nature of refuges offers a good opportunity for peer support and informal support to both adults and children.

KEY WORKERS

- Feedback from the engagement work in specialist accommodation highlighted the importance of the key worker role within the specialist accommodation.
- Key workers were key to getting residents engaged with local services, particularly health services.

SOCIAL HOUSING OFFER

- Local authorities make one offer of housing. Feedback was that this could impact those from Black, Asian and Minority Ethnic backgrounds who will reject offers in areas where there is a lack of cultural diversity.
- The role of keyworkers is crucial particularly for assisting minoritised and racialised women to 'relocate'.
- Large families are difficult to move on because there is limited 3–4-bedroom stock.
- Feedback from those in specialist accommodation was that the residents from outside of Coventry had to reside in the specialist accommodation for 6 months before they can bid for properties on the Coventry Housing Register.

PRIVATE RENTED ACCOMMODATION

- Service users being directed towards private housing require a guarantor, which refugee residents tend not to be able to provide.

COVID-19

- Feedback from practitioners and residents in specialist accommodation was that COVID-19 caused a bottleneck in housing.
- This delayed residents moving on from the specialist accommodation.

HOUSING MANAGERS

- Housing practitioners, including those in Housing Associations hold a lot of information that is useful in relation to identifying domestic abuse. They are not always consulted regarding this information.
- Housing officers are not always consulted early in a survivor's journey (once domestic abuse has been identified by specialist services).

FURNISHING PROPERTIES

- Housing allowance does not cover the furnishing of properties. Currently, specialist domestic abuse providers use local contacts and privately sourced monies to support those who require furnishing/ white goods.



HOMEOWNERS

- Survivors who own their homes have different barriers to accessing specialist services.
- Research indicates that social status, eligibility criteria, and practitioner's assumptions were three barriers to 'affluent' women accessing services.

RECOMMENDATION

KEY FINDING 9 – SPECIALIST ACCOMMODATION UNITS

- There are currently 54 commissioned refuge/ supported accommodation spaces and 35 non-commissioned spaces. An additional 20 units have also been brought on-line temporarily.
- The recommended number of refuge spaces for Coventry (using the Council of Europe formula) is 35 with the actual number commissioned exceeding this by 19 spaces.
- There are an additional 35 refuge places in Coventry provided by Coventry Haven and Panahghar. These spaces are independently funded.
- Analysis of demand and supply indicates a shortfall in refuge spaces. In Haven 8% of referrals in 2020-21 were rejected due to capacity. In Panahghar, the rate is higher at 30%. For Valley House, only 2 referrals were rejected due to no capacity. The vast majority of not being placed was Service User declining, accounting for 75 (31%) of all the referrals.



IMPACT

- Technically, existing refuge/supported accommodation provision will meet the future demand as estimated by the CoE formula.
- Local services indicate they are unlikely to ever meet the demand for places. Delays in housing survivors fleeing and attempting to leave has a great impact on the escalation of risk. There are additional risks and challenges for minoritised, racialised and vulnerable populations.

RECOMMENDATION

- While there is enough refuge accommodation in place in Coventry to meet the requirements of the Council of Europe formula, commissioners should ensure that the wider service offering in terms of 'safe accommodation' (as described in the Domestic Abuse Act) for survivors of domestic abuse and their families is developed enough to meet need. (See Recommendation 7 and 8).

KEY FINDING 10 – TEMPORARY ACCOMMODATION FOR VICTIMS OF DOMESTIC ABUSE

- Data on the number of households in temporary accommodation was not available until April 2021.
- Between April 2021 and 11th August 2021, there were a total of 82 households placed in temporary accommodation due to domestic abuse.
- There were 156 children housed as part of these households.

82

Households were placed in TA due to domestic abuse between April 2021 and August 2021.

156

Children were part of these households.

- 48 of these households were still in temporary accommodation on the 11th August 2021.
- 32 households were placed in a hotel, of households who had been placed and who had left a hotel in the period from April 2021, the average length of stay was 9.3 days (min stay = 0 days, max stay = 55 days).
- In regard to the use of temporary accommodation, DA Act guidance in relation to the DA Act states that:
 - Accommodation such as Bed and Breakfast accommodation are not considered relevant safe accommodation, and are specifically excluded in the Regulations, so local authorities should not commission support within these types under this duty.
 - Commissioning authorities will need to ensure that duties covered under other Acts, such as temporary accommodation provided under Part 7 of the Housing Act 1996, continue to be met alongside this duty. It is possible for support under this (Part 4) duty to be provided in accommodation associated with another duty such as a Housing Act 1996 Part 7 duty, provided, such accommodation adheres to the description of relevant accommodation.
- The guidance describes the types of safe accommodation that should be used in housing those with a domestic abuse need. Temporary accommodation comes under the description of ‘Other forms of domestic abuse emergency accommodation’. That is:
 - A safe place with appropriate support. To give victims an opportunity to spend a temporary period of time to [consider and] make decisions in an environment which is self-contained and safe. This would include access to wrap around support and specialist support for victims with complex needs (including mental health needs and substance misuse). An example of ‘other’ forms of safe accommodation would be the ‘Whole Housing Approach’.

IMPACT

- Local authorities will have to change their use of temporary accommodation to ensure that they are in line with the Act.

RECOMMENDATION

- Commissioners ensure that there is enough community or ‘floating’ domestic abuse support to meet the needs of those with a domestic abuse need placed in temporary accommodation.
- The community or ‘floating support’ response should meet the requirements for specialist support for victims with complex needs as described in the guidance in relation to the DA Act.

KEY FINDING 11 – TARGET HARDENING

- There is a Target Hardening (Sanctuary) scheme run in Coventry. In January to March 2021, 27 properties were made safer under the scheme.



IMPACT

- Domestic abuse survivors were helped to stay in their own home.

RECOMMENDATION

- Consider expanding the scheme and ensure measurements of success include reduce risk and increased safety & support to those remaining in their own home.

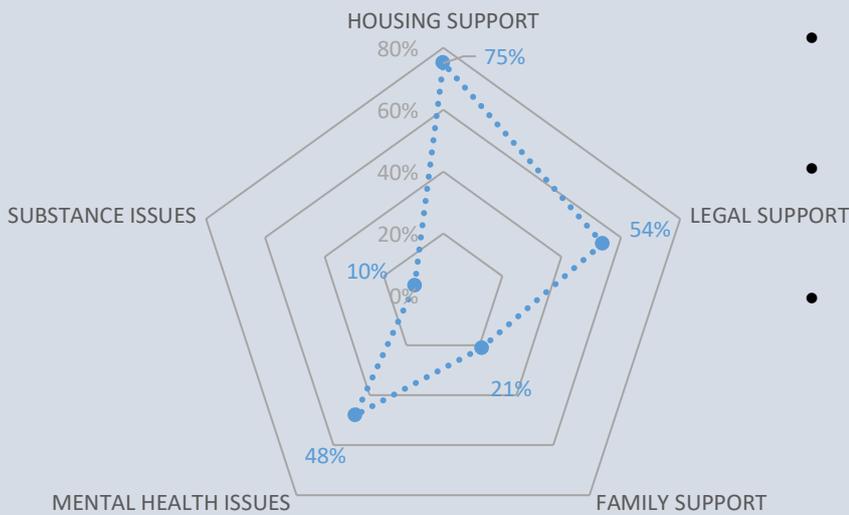
SUPPORT NEEDS IN SPECIALIST ACCOMMODATION

KEY FINDINGS

OVERVIEW OF DA ACT GUIDANCE – SAFE ACCOMMODATION SUPPORT

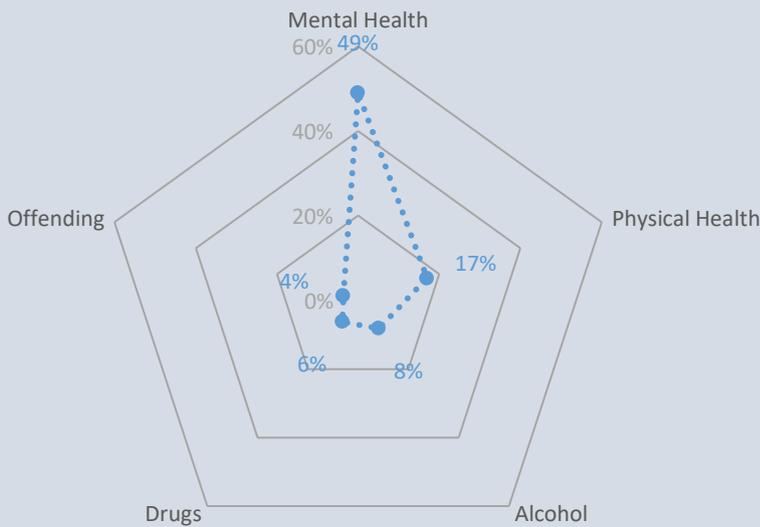
- [We recognize that] some support is directly provided within refuges and safe accommodation services, and that outreach support will be provided to victims in other types of relevant accommodation, including their homes in the case of a sanctuary scheme.
- The support should be delivered by knowledgeable and/or experienced specialist providers, charities, and other voluntary organisations whose purpose is to provide support to victims of domestic abuse.
- The guidance describes domestic abuse support as:
 - Accommodation support
 - Overall management of services within relevant accommodation
 - Support with the day-to-day running of the service
 - Advocacy support
 - Domestic abuse prevention advice
 - Specialist support for victims
 - Designed specifically for victims with relevant protected characteristics
 - Designed specifically for victims with additional and / or complex needs
 - Childrens' support
 - Housing-related support
 - Advice service.

VALLEY HOUSE RESIDENTS SUPPORT NEEDS



- The chart on the left shows the support needs of the residents in Valley House in 2020-21 (refuge only).
- The data is based on the practitioner’s assessment and self-disclosure from the survivor.
- It shows that 75% had housing support needs, 54% required legal support, 48% had mental health needs, 21% had family support needs, and 10% had substance misuse needs.

COVENTRY HAVEN RESIDENTS SUPPORT NEEDS



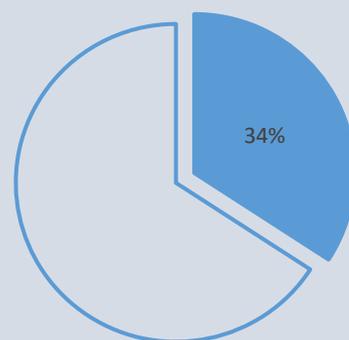
- The chart on the left shows the support needs of the residents in the Coventry Haven refuge in 2020-21.
- The information collected is different to that in Valley House so is not directly comparable.
- The data is based on the practitioner’s assessment and self-disclosure from the survivor.
- It shows that 49% of residents had mental health needs, 17% had physical health needs, 8% had alcohol needs, 4% had needs relating to offending, and 6% had needs relating to drugs.

RECOMMENDATIONS

KEY FINDING 12 – ANXIETY AND TRAUMA

- There is high prevalence of trauma and anxiety in survivors of domestic abuse, particularly at points of crisis such as in refuges. This need adds to the complexities of navigating through complex systems and processes such as the criminal justice system. Analysis of local refuge data aligns with national research regarding the support needs required within refuges.
- Feedback from practitioners and from residents was that it was hard to get trauma informed support while people were still in the refuge.

Data from Coventry Haven for 2019/20 shows that 34% of those passing through the refuge were identified as having a potential mental health need.



“I have been on medication for 3 1/2 years and been crying out for support for my mental health as I became suicidal. I have another initial assessment in July despite many efforts to access services.”

Survivor, 35-44

IMPACT

- The high prevalence of trauma and difficulties in getting appropriate support increases a range of risks including risk of harm to self, risk of returning to abusive partners, increased use of substances, and risks to children.

RECOMMENDATION

- Strengthen key worker confidence and skills in delivering trauma-informed practical and emotional support.
- Explore models of practice that enable refuges to become psychologically informed environments. (See Solace P.I.E. evaluation and PATH model). [\[2\]](#)

KEY FINDING 13 – CHILDREN AND YOUNG PEOPLE

- There are currently limited resources relating to Children and Young Person workers in specialist domestic abuse accommodation.
- High numbers of children and young people are placed in refuge accommodation.



IMPACT

- The needs of children and young people cannot be addressed adequately within refuges unless service providers have resources to employ children's workers.



RECOMMENDATION

- Review current best practice and research on meeting the needs of children in refuges and other safe accommodation and consider the allocation of additional resources to for specialist service providers
- Training for multi-agency professionals linked to families in refuge on best practice and the impacts of domestic abuse.

KEY FINDING 14 – HOUSING SUPPORT

- Analysis of local specialist accommodation data shows that families can be in refuge accommodation for up to 3 years, having a significant impact on their ability to ‘move-on’, heal, and recover from the abuse.
- Keyworkers expressed difficulties in getting consistent information and responses from housing staff and logistical challenges activating benefits and income for families, particularly where economic abuse and coercive control are present.

“The system in place for victims and survivors of domestic abuse to find new housing is disgraceful. I was originally expected to move out of refuge into a private shared house where I would have no control over who I lived with, if they had violent issues or knew my abuser! It took a letter to my MP to secure my current home.”

Survivor, 25-34



IMPACT

- Major impact on survivors’ psychological health, which can force some to return to abusers and create ‘bottle necks’ in the refuge system.



RECOMMENDATION

- Training for housing staff and linked professionals on the impact, risks and interventions for families affected by domestic violence
- Improve the consistency of information provided to families and support a problem-solving approach to housing families.
- Consider a systems review of the processes linked to safely housing families and supporting their needs

HOUSING

KEY FINDINGS



HEALTH

- Practitioners in specialist accommodation feedback that registering patients with health services can present challenges.

GENERAL NEEDS

- Feedback from practitioners was that survivors face a lot of pressure while in a refuge and there are many competing factors that impact on a survivor's emotional wellbeing, e.g. money, housing, immigration status, language, and children.

HOUSING SUPPORT

- Analysis of local refuge/ supported accommodation data shows that there is a support need in relation to housing. The housing process can be complicated for survivors of domestic abuse.

MENTAL HEALTH

- Analysis of local refuge/ supported accommodation data shows needs in relation to mental health within specialist accommodation.
- Feedback from practitioners and from residents was that it was hard to get trauma informed support while people were still in the refuge.
- Feedback from practitioners was that there was a gap in trauma-informed work within the refuge.
- There was an opportunity for a refuge to become a psychologically safe environment.

CHILDREN AND YOUNG PEOPLE

- There are currently limited resources relating to Children and Young Person workers in specialist domestic abuse accommodation.
- High numbers of children and young people are placed in refuge/ supported accommodation.
- Domestic abuse has a detrimental impact on the lives of children and young people. Children require specialist support to ensure their needs are met.

RECOMMENDATION

KEY FINDING 15 – ROLE OF KEYWORKER

- The role of keyworkers in specialist services offering practical support, advice and guidance assisting families navigate through complex or unfamiliar systems such as housing, mental health, children’s services, benefits, and civil or criminal justice systems is crucial. Key workers are managing multiple competing demands in highly pressurized situations with limited resources and, during COVID-19, overwhelming need.



IMPACT

- Intense, consistent pressure on key workers leads to burnout and increases the risk to families of serious harm due to services being stretched beyond their capacity.



RECOMMENDATION

- Using our research on the self-identified needs of those in safe and emergency accommodation, increase awareness across the strategic partnership of the resource needs and stress points for frontline services.
- Training for housing professionals on the impact of domestic abuse and appropriate, safe interventions for families fleeing domestic violence.

KEY FINDING 16 – HOUSING MANAGERS

- Housing practitioners, including those in Housing Associations hold a lot of information that is useful in relation to identifying domestic abuse. They are not always consulted regarding this information.
- Housing officers are not always consulted early in a survivor’s journey (once domestic abuse has been identified by specialist services).



IMPACT

- Potential indicators/ signs of domestic abuse such as multiple lock changes, multiple repairs to properties are not investigated.
- Opportunities to identify practical issues that may delay housing bids may be missed.



RECOMMENDATION

- Consider adopting a Whole Housing Approach to raise awareness across the partnership of quality assurance standards and safe minimum practice^[3].
- Training for housing officers and linked professionals on quality assurance standards, particularly in relation to vulnerability and intersectionality

KEY FINDING 17 – HOUSING OFFICER

- Fear of isolation, violence and harassment due to racism, stigmatisation and disability mean some survivors refuse housing offers and in doing so 'start again' in the bidding process. Survivors feel forced to accept offers which at times leaves them 'between a rock and a hard place'.



IMPACT

- Local Authorities make one offer and survivors feel forced to accept the offer otherwise they delay their moving on. For vulnerable, minoritised and racialised families risks and impact are more severe.



RECOMMENDATION

- Using our research explore ways of increasing confidence and reducing risk for those families fearful of moving into accommodation or local areas due to the impact of vulnerability, racism, stigma and disability.

KEY FINDING 18 – LIMITED HOUSING STOCK

- Feedback from practitioner interviews were that large families are difficult to move on from refuges because there is limited 3–4-bedroom stock.



IMPACT

- Large families tend to go on housing waiting lists for a considerable amount of time. This impacts the availability of refuge places.
- Limited housing stock creates a bottle neck in emergency accommodation.



RECOMMENDATION

- This is potentially a national issue regarding availability of larger social housing stock and challenges for vulnerable individuals and families approaching private landlords. This requires strategic exploration.

KEY FINDING 19 – PRIVATE HOUSING

- Service users being directed towards private housing require a guarantor, which refuge residents tend not to be able to provide.

“Housing is a massive issue in the city, and it is difficult to keep supporting families who could be waiting years for social housing. Also, if they look at private rentals, they need guarantors which we cannot provide.”

Family Hub Worker



IMPACT

- This is a factor that could impact someone moving into new accommodation and as such could mean that a refuge space is being taken up for longer.



RECOMMENDATION

- Appropriate information and guidance should be made available for those moving into private rented properties.

KEY FINDING 20 – FURNISHING PROPERTIES

- Housing allowance does not cover the furnishing of properties. Currently, specialist domestic abuse providers use local contacts and privately sourced monies to support those who require furnishing/white goods.



IMPACT

- This is a factor that could delay someone moving on from a refuge.



RECOMMENDATION

- Setting up of a fund to help with moving/furnishing costs.

COMMUNITY SERVICES

KEY FINDINGS

COMMUNITY OUTREACH

- Panahghar and Coventry Haven are commissioned to provide services to those impacted by domestic abuse living in the community.
- Panahghar work with survivors from black and other ethnically minoritised communities.
- The community outreach service works with those who are assessed as being at a standard and medium risk.
- The service offers practical and emotional support to survivors.
- Support is offered on a one-to-one basis.
- The service offers support in a number of different languages.

Referrals accepted by the community outreach service



GROUP WORK

- Group work sessions are offered for domestic abuse survivors.
- The group work covers:
 - Emotional support
 - Building relationships
 - An exploration of what constitutes domestic abuse.

From the Q1 2021-22 Performance Report:

“We have successfully completed 9 generic Groupwork groups including evening, 2 were delivered in Polish speaking clients and one in French, with 44 SU’s attending. And held a further 3 groups a week, tailored for the BME community, one in the evening and two in the day, with a further 33 women attending.”

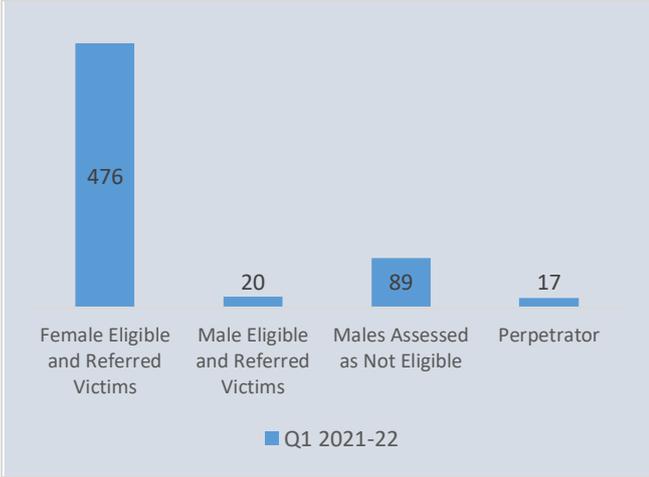
HELPLINE

- Panahghar and Coventry Haven run the Safe to Talk helpline in Coventry for those wanting information, advice and help in relation to domestic abuse.
- The helpline is a gateway to all domestic abuse services and is run by trained support workers.



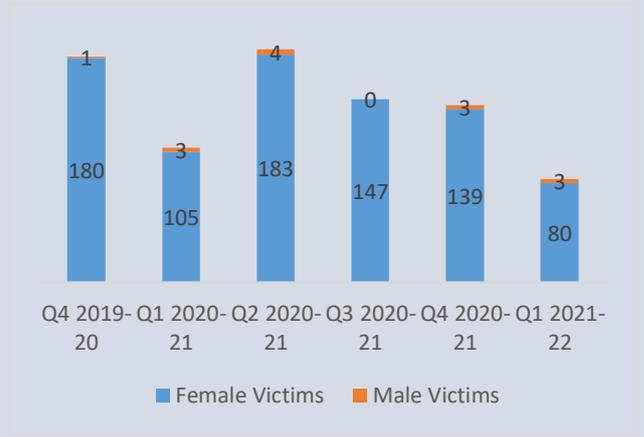
EARLY INTERVENTION PROJECT

- The Early Intervention Project started running in April 2021. It is run jointly between Panahghar and Haven.
- The project places domestic abuse practitioners in Coventry Central Police Station to work with those who report crimes that are not immediately associated with domestic abuse.
- 3 workers (2 Haven, 1 Panahghar) are based in the police station to work with domestic abuse cases where there is a low and medium risk.
- BME women with a domestic abuse flag are directed to Panahghar.
- The information below shows the referrals to the Early Intervention Project for the first quarter that the project was running.



IDVA

- Panahghar and Coventry Haven run an IDVA service working with women at high risk of domestic abuse.
- The information below shows the number of referrals to the IDVA service broken down by males and females.



CHILDREN AND YOUNG PEOPLE



KEY FINDINGS

SPECIALIST DOMESTIC ABUSE SERVICE

- The WISH Service works with children aged 5-18 who have been victims or who have witnessed domestic abuse and who are known to Children's Services. Children who are referred into the WISH Service have to be managed on a Children in Need Plan, or be known to Children's Social Care as a Looked After Child.
- The most common age group that the WISH service works with are aged 5 – 11. Teenagers are less likely to engage in the service.
- Relate are flexible as to where their interventions can take place. Interventions can take place at:
 - Family Hubs
 - Schools
 - Social care offices
 - Online via Teams
- A pre and post evaluation is given to those children who engage in the service. This includes a discussion of safety. The evaluation checks on the child's relationships with their parents. The evaluation asks questions about anything else the child wants or needs.
- WISH practitioners provide reporting to Child Protection Case Conferences and Reviews. Legal reports are provided where necessary. Practitioners also share disclosures with relevant agencies.

RECOMMENDATION

KEY FINDING 21 – SPECIALIST SUPPORT

- Practitioners fed back that there is a lot of expectations on schools to complete counselling and one-to-one work with children and young people. Schools may not have the time or resources to meet all these needs.
- The WISH Service works with children aged 5-18 who have been victims or who have witnessed domestic abuse and who are known to Children's Services.

“Support needs to be available for all children to access, children within early help are not able to access the WISH support.”

Family Hub Worker

“Schools are often left to try and provide support for children and are not supported with is by DV specific services.”

Coventry City Council, Early Help

IMPACT

- School environments provide key opportunities to display useful information about domestic abuse (to parents, children and young people) thus enabling access to specialist services and advice, particularly for those families with no Children Services involvement.
- Schools can be a key referral point to safeguarding services, community support and specialist support, particularly for vulnerable, racialised and minoritized families.

RECOMMENDATION

- There is a need for a service that offers access to those young people who have been impacted by domestic abuse but who do not have Children's Services involvement.
- Explore the concept of a Whole School Approach as a strategy to implement primary prevention work with children and young people.
- Training on the dynamics of domestic violence and risk identification for teachers, volunteers and linked practitioners working directly with children and young people in school environments.
- Work with practitioners working with children under 5 to ensure that they are confident in identifying those affected by domestic abuse and are aware of the appropriate pathways to services.

ETHNIC MINORITIES

KEY FINDINGS



NO RECOURSE TO PUBLIC FUNDS (NRPF)

- In 2020-21 the refuge providers in Coventry supported the following numbers of residents who were recorded as having No Recourse to Public Funds:
 - Valley House – (2020-21) - 18 out of 271 (7%)
 - Coventry Haven (April to June 2021) – 6 out of 14 (43%)
 - Panahghar – (2020-21) 33 out of 48 (69%)

TRANSLATORS

- Survivors who have NRPF can often have needs relating to translators.
- Translation services can be costly.

ISSUES LINKED WITH MIGRATION AND GENDER INEQUALITIES

- Cultural and community pressures may make it more difficult for women for escape the abuser/s. Others are trafficked or forced into marriage.
- Difficulty for women accessing services in which staff do not speak their language.
- Insecure immigration status can lead to immigration abuse by perpetrators
- Fear of children being abducted
- Fear of statutory agencies

RECOMMENDATIONS

KEY FINDING 22 – NO RECOURSE TO PUBLIC FUNDS

- In 2020-21 the refuge providers in Coventry supported the following numbers of residents who were recorded as having No Recourse to Public Funds:
 - Valley House – (2020-21) - 18 out of 271 (7%)
 - Coventry Haven (April to June 2021) – 6 out of 14 (43%)
 - Panahghar – (2020-21) 33 out of 48 (69%)
- Practitioners working with those who have NRPF need to have a specialist knowledge of immigration law.
- Practitioners from Panahghar stated that working with those who have NRPF can require twice as much time as those who can access benefits.



IMPACT

- There are many barriers to accessing services for this population which also greatly heightens risk, such as language barriers and a lack of funded translation or screened interpreter services. Staff who are not multilingual are forced to use Google Translate to onboard residents and communicate complex processes and systems.



RECOMMENDATION

- Further explore the particular needs and challenges for this population in partnership with specialist services to identify practical solutions.

KEY FINDING 23 – TRANSLATORS

- Survivors who have NRPF can often have needs relating to translators.
- Specialist services have staff who can speak a range of languages.
- Translations can also be obtained via translation services and online software however these are not always accurate.



IMPACT

- Translator services have to be available in a range of different languages.
- Translation services can be costly.
- Survivors are not able to articulate their needs appropriately or be understood.



RECOMMENDATION

- Additional resources to be provided in this area.

MEN

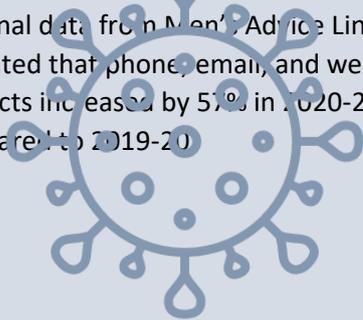
KEY FINDINGS

SERVICE PROVISION

- Valley House, the local authority commissioned refuge/ safe accommodation provider can provide support to male survivors of domestic abuse.
- Males are housed in the stand-alone properties run by Valley House as the refuges and clusters of supported housing are single gender properties.
- The referral process for males works the same as females. Feedback from practitioners was that the referrals for males tend to be urgent in nature.
- Males are given a different risk assessment but have the same access to advocacy and support as female residents.

COVID-19

- National data from Men's Advice Line, indicated that phone, email, and web contacts increased by 57% in 2020-21 compared to 2019-20.



SURVIVOR SURVEY RESPONSES

- In the survivor survey run as part of this needs assessment, there were 7 (10%) responses from male survivors.
- The number was too low to draw any real conclusions from, however the free text did allow some comments to be made.
- Of the male respondents, 3 were White British and 3 were of Asian backgrounds, 1 preferred not to say.
- One respondent said that there was a lack of accommodation for BME groups.
- One respondent cited the lack of male only accommodation as a reason for not moving to specialist accommodation.
- One respondent stated that court proceedings helped them remain in their own home.

PRACTITIONER SURVEY RESPONSES

- In the practitioner survey, respondents could leave some free text comments. One respondent commented on the issue of communal refuges not able to accept male survivors.

“Refuges often will not take single men or they are female only spaces.”

Coventry City Council, Programme Manager

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Key Area	What we will do	Proposed Action	Action Owner	Progress
1 - Court IDVA 	Explore the possibility of specialist Court IDVAs Identify the barriers that heighten risk and safer consequences for engagement with C & CJS	Work with DA organisations to review the current IDVA provision in services including resources commissioned by Police and Crime Commissioner / Others	Coventry Haven	Work underway
	Map out the access points for specialist support & legal advice for help-seeking survivors and their children			
2 - Knowledge Gap  	On-going multi-agency training to teams and lead professionals on nature, impact of DA and appropriate, safe interventions	Include this need within the training needs analysis and develop training resources to aid frontline practitioners	Coventry Haven	Training needs analysis underway
	Explore ways of embedding domestic abuse awareness into strategic leadership, organisational development and core business across multi agency practice	Work with commissioned services to include within training programmes	PH DA Programme Team, Coventry Haven, Relate, Panahghar	

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	Training on the dynamics of DA to all health care professionals, including information about specialist services, outreach and community support as well as ongoing work with Primary Care through IRIS	Include this need within the training needs analysis and develop training resources to aid frontline practitioners. Priority need midwifery, FNP, A and E and Health Visitors.	Coventry Haven	Training needs analysis underway
3 - Children and Family Courts PROTECT	Risk management training to professionals supporting families engaging with C & CJS with clear referral routes to specialist services and the need for coordinated case management to support safe interventions	Review the CAFCASS process and involvement of statutory services and work with relevant partners to identify routes and support	Childrens Services	Work to commence
4 - IRIS training correlation with referrals PREVENT	Explore ways of better enabling access to information and disclosures within Primary Care settings, including for under-represented populations	IRIS workers to work with practices/victims to identify how this action can be undertaken	CCG and Coventry Haven	Work underway
	Specific targeting of training to Practices in the CV4 postcode area	IRIS workers to support practices in the CV4 area	CCG and Coventry Haven	Work underway
	Refresher training should be offered to ensure the IRIS programme is fully delivered and reinforced to Primary Care Practitioners and mitigate the knowledge gaps that occurs with staff turnover	IRIS workers to deliver refresher training to practices	CCG and Coventry Haven	Work underway

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<p>5 - Barriers to registering for health services</p> <p><i>PREPARE</i></p>	<p>Healthcare settings to assess how 'Domestic Abuse friendly' their registration systems are and make adjustments based on specialist advice such as IRIS practitioners</p>	<p>Work with CCG to support training to practitioners around GP registration and management of individuals/families affected by domestic abuse</p>	<p>CCG</p>	<p>Work to commence</p>
<p>6 - Supported Accommodation / Refuge Space</p> <p><i>PREPARE</i></p>	<p><i>Whilst Coventry meets the requirements on refuge accommodation set by the Council of Europe formula, commissioners should ensure that the wider service offering in terms of 'safe accommodation' (as described in the Domestic Abuse Act) for survivors of DA and their families is developed enough to meet need (See recommendations 7 and 8)</i></p>	<p>Monitor the impact of the additional accommodation in surrounding regional areas to understand whether the demand on accommodation in Coventry reduces</p>	<p>PH Commissioners / Accommodation Providers</p>	<p><i>Working with neighbouring and regional Local Authorities to understand their accommodation resource following the Safe Accommodation Duties</i></p> <p><i>Work with providers to monitor the number of referrals rejected due to capacity</i></p>

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<p>7 - Temporary accommodation for victims of DA</p> <p>PREPARE</p>	<p><i>Commissioners to ensure that there is enough community or 'floating' DA support to meet the needs of those with a DA need placed in temporary accommodation</i></p>	<p><i>Clarify the recent changes in the draft guidance with Department of Levelling Up Housing and Communities - (DLUHC) on the use of temporary accommodation</i></p> <p>PH Commissioners</p>	<p>Clarification questions submitted to DLUHC - awaiting a response to determine next steps – no response checking with Martin Donovan about TA stock and DA</p>	
	<p><i>The community or 'floating support' response should meet the requirements for specialist support for victims with complex needs as described in the draft guidance in relation to the DA Act</i></p>			
<p>8 - Target Hardening</p> <p>PREPARE</p>	<p><i>Consider expanding the scheme and ensure measurements of success include reduced risk/ increased safety/support in their own home</i></p>	<p><i>Further resource commissioned via Coventry Haven to support additional target hardening support</i></p>	<p>PH Commissioners</p>	<p>Action completed - additional resource funded from August 2021</p>

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		<i>Review the options available for target hardening/sanctuary schemes to understand additional support available</i>	<i>PH Commissioners / PH DA Programme Team</i>	<i>Work to commence</i>
9 - Anxiety and Trauma	<i>Strengthen key worker confidence and skills in delivering trauma-informed practical and emotional support</i>	<i>Commission Mental Health trauma informed practice support to deliver interventions to those in safe accommodation and provide professional advice and support to staff to support the care of individuals with complex needs</i>	<i>PH Commissioners</i>	<i>Action completed - new contract with Coventry and Warwickshire MIND for adults from August 2021</i>
	<i>Explore models of practice that enable refuges to become psychologically informed environments. (See Solace P.I.E. evaluation and PATH model)</i>			
PREPARE				

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<p>10 - Children and Young People</p> <p><i>PREPARE</i></p>	<p><i>Review current best practice and research on meeting the needs of children in refuge and consider the allocation of additional resources to for specialist service providers</i></p>	<p><i>Commission services to support children and young people in safe accommodation</i></p>	<p><i>PH Commissioners</i></p>	<p>Action completed - additional resource funded for CYP provision from Relate and for Children and Family workers in all 3 accommodation providers from August 2021</p>
<p><i>PROTECT</i></p> <p><i>PREVENT</i></p>	<p><i>Training for multi-agency professionals linked to families in refuge on best practice and good case management.</i></p>	<p><i>Include this need within the training needs analysis and develop training resources to aid frontline practitioners</i></p>	<p><i>Coventry Haven</i></p>	<p>Training needs analysis underway</p>
<p>11 - Housing Support</p> <p><i>PREPARE</i></p>	<p><i>Training for housing staff and linked professionals on the impact, risks and interventions for families affected by domestic abuse</i></p>	<p><i>Include this need within the training needs analysis and develop training resources to aid frontline practitioners</i></p> <p><i>Use of Champions Network to provide support to professionals</i></p>	<p><i>Coventry Haven</i></p>	<p>Training needs analysis underway</p> <p>Champions Network training and development underway</p>

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	<p><i>Improve the consistency of information provided to families and support a problem-solving approach to housing families.</i></p>	<p><i>Training for housing teams around the challenges faced by those affected by domestic abuse and review of the information shared with those who are bidding for accommodation</i></p>	<p><i>Coventry Haven and Housing</i></p>	<p><i>Training needs analysis underway</i></p>
	<p><i>Consider a systems review of the processes linked to safely housing families and supporting their needs</i></p>	<p><i>Review of pathways and processes in place across housing, providers (Citizen) and domestic abuse providers.</i></p>	<p><i>Housing, Citizen and DA Providers</i></p>	<p><i>Work to commence</i></p>
<p>12 – Referrals (Perpetrators)</p>	<p><i>Training regarding ‘what works’ when addressing perpetrator behaviour, including motivational interviews for practitioners who work directly with families. [ref – Drive evaluation]</i></p>	<p><i>Deliver training to Children's Services staff (in particular Early Help) on work with perpetrators and assess its impact.</i></p>	<p><i>Relate</i></p>	<p><i>Training delivered in April and June 2020 to over 400 staff</i></p>

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		<p><i>Include within the training needs analysis and develop training resources for frontline practitioners</i></p>	<p><i>Coventry Haven</i></p>	<p><i>Training needs analysis underway</i></p>
	<p><i>Consider expanding the definition of intervention 'success' and for the use of women/partner reports in evaluation.</i></p>	<p><i>Review the commissioned perpetrator programme</i></p>	<p><i>PH Commissioners/P H Programme Team/Relate</i></p>	<p><i>Review of the programme underway</i></p>
	<p><i>Work effectively with the Police and Probation services including the Offender Management Forum to better understand the appropriate actions to tackle criminal and non-crimin. al activity</i></p>	<p><i>Work with the PCC to understand their proposals for commissioning perpetrator programmes</i></p>	<p><i>PH Commissioners/P H Programme Team</i></p>	<p><i>Responded to PCC on interest in co-commissioning perpetrator programmes</i></p>

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		<i>Understand the impact of the Perpetrator Strategy when released</i>	<i>PH Commissioners/P H Programme Team/Relate</i>	Awaiting the release of the strategy
13 - GP and IRIS perpetrator pathway	<i>Perpetrator work already included in the IRIS re-training package are reinforced and promoted with GPs</i>	<i>IRIS workers to reinforce and re-promote perpetrator pathways with GPs</i>	CCG	Work underway - Coventry Haven to review and increase focus on perpetrator programme
14 - Role of Keyworker  PREPARE  PREVENT	<i>Increase awareness across the strategic partnership of the resource needs and stress points for frontline services</i>	<i>Voice of service users to influence the planning, commissioning and delivery of services</i>	<i>PH Commissioners/P H Programme Team/DA Providers/DALPB</i>	Link with the SU voice groups who are feeding in to the DALPB to support pieces of work identified in the action plan

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	<p><i>Training for housing professionals on the impact of domestic abuse and appropriate, safe interventions for families fleeing domestic violence</i></p>	<p><i>Include within the training needs analysis and develop training resources for housing professionals</i></p> <p><i>Use of Champions Network to provide support to housing professionals</i></p>	<p><i>Coventry Haven</i></p>	<p>Training needs analysis underway</p> <p>Champions Network training and development underway</p>
<p>15 - Housing Managers</p>	<p><i>Consider adopting a Whole Housing Approach to raise awareness across the partnership of quality assurance standards and safe minimum practice. [ref – DAHA]</i></p>	<p><i>Set up working group with Housing, Enforcement Team and Housing Providers to explore using DAHA associate membership as a framework for assessment against recognised standards. Consider learning from the wider WM Combined authority approaches.</i></p>	<p><i>DA Programme Team/Housing/Enforcement Team/Citizen/Other housing providers?</i></p>	<p>Work to commence</p>
<p>PREPARE</p>	<p><i>Training for housing officers and linked professionals on quality assurance standards, particularly in relation to vulnerability and intersectionality</i></p>	<p><i>Use information from the focus groups and develop training raising awareness of challenges faced by those using DA for frontline staff. Work with service users to understand what support could be</i></p>	<p><i>DA Programme Team/ Coventry Haven/ Panahghar / Valley House / Housing / Housing Partners</i></p>	<p>Work to commence</p>

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<p>16 - Housing Officer</p> <p>PREPARE</p>	<p><i>Using our research explore ways of increasing confidence and reducing risk for those families fearful of moving into accommodation or local areas due to the impact of vulnerability, racism, stigma and disability</i></p>	<p><i>available to increase confidence (linking this and action 15 together)</i></p>		<p>Work to commence</p>
<p>17 - Limited Housing Stock</p> <p>PREPARE</p>	<p><i>Potentially a national issue regarding availability of larger social housing stock and challenges for individuals and families approaching private landlords</i></p>	<p><i>Link with the recommendation on explore alternative options for sanctuary support to keep families in their own homes (esp. larger families where housing is more challenging)</i></p>	<p><i>DA Programme Team/ Coventry Haven/ Panahghar / Valley House / Housing / Housing Partners</i></p>	<p>Work to commence</p>
<p>18 - Private Housing</p> <p>PREPARE</p>	<p><i>Appropriate information/guidance should be made available for those moving into private rented properties</i></p>	<p><i>Support those who wish to move into private housing with bonds</i></p>	<p>PH Commissioners</p>	<p>Action completed - Creation of a discretionary fund to support with bonds</p>

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<p>19 - Furnishing Properties</p> <p><i>PREPARE</i></p>	<p><i>Setting up of a fund to help with moving/furnishing costs</i></p>	<p><i>Support those who require funds to help with moving/furnishing costs</i></p>	<p><i>PH Commissioners</i></p>	<p><i>Action completed - Creation of a discretionary fund to support with moving/furnishing costs</i></p>
<p>20 - Specialist Support</p> <p><i>PREPARE</i></p>	<p><i>There is a need for a service that offers access to those CYP who have been impacted by DA but who do not have Childrens' Services involvement</i></p>	<p><i>Commission services to support CYP in safe accommodation</i></p>	<p><i>PH Commissioners</i></p>	<p><i>Action completed - additional resource funded for CYP provision from Relate and for Children and Family workers in all 3 accommodation providers from August 2021</i></p>
	<p><i>Explore the concept of a Whole School Approach as a strategy to implement primary prevention work with CYP</i></p>	<p><i>Review current PSHE offer in Coventry</i></p>	<p><i>PH Commissioners / PH Programme Team</i></p>	<p><i>Work to commence</i></p>

Coventry's Domestic Abuse Needs Assessment Action Plan 2021

	<p><i>Training on the dynamics of DA and risk identification for teachers/volunteers/practitioners working directly with CYP in educational environments</i></p>	<p><i>Include within the training needs analysis and develop training resources to aid frontline practitioners</i></p> <p><i>Use of Champions Network to provide support to professionals</i></p>	<p>Coventry Haven</p>	<p>Training needs analysis underway</p> <p>Champions Network training and development underway</p>
<p>21 - No recourse to public funds</p> <p>PREVENT</p> <p>PROTECT</p>	<p><i>Further explore the particular needs and challenges for this population in partnership with specialist services to identify practical solutions</i></p>	<p><i>Commission a service to provide coordination of legal support for victims with insecure migration status or NRPF</i></p>	<p>PH Commissioners</p>	<p>Action completed - additional resource funded for Immigration Specialist Practitioner from Panahghar</p>
<p>22 – Translators</p> <p>PREVENT</p> <p>PROTECT</p>	<p><i>Additional resources to be provided in this area</i></p>	<p><i>Support with funding for translation costs</i></p>	<p>PH Commissioners</p>	<p>Action completed - creation of a discretionary fund to support with translation costs</p>

Coventry's Domestic Abuse Needs Assessment Action Plan 2021

<p><i>Whole Systems</i></p> <p>PURSUE</p> <p>PROTECT</p> <p>PREVENT</p>	<p><i>Engage with staff in the Family Hubs to explore how they support families who have experienced domestic abuse</i></p>	<p><i>To understand the support offered by Family Hubs that can achieve sustainable change in families who have experienced domestic abuse</i></p> <p><i>To create a 'whole family approach' that places service users and their families at the centre of provision to reduce repeat victimisation and decrease the risk of creating an inter-generational cycle of abuse.</i></p>	<p><i>Public Health</i></p> <p><i>Childrens services</i></p>	<p><i>Work to Commence</i></p>
<p><i>Data</i></p> <p>PREPARE</p>	<p><i>Development of a data collection framework that clearly specifies what data are required and by when they must be reported.</i></p>	<p><i>To have a data collection system in place that provides clear, accurate and consistent data</i></p>	<p><i>Commissioning</i></p> <p><i>Service Providers</i></p> <p><i>Public Health</i></p> <p><i>OPCC</i></p> <p><i>All agencies</i></p>	<p><i>Work to commence</i></p>
<p><i>Underrepresented Groups</i></p>	<p><i>Challenge attitudes around domestic abuse, including forced marriage and honour-based violence in the local community through engagement with the Coventry Multi-Faith Forum and other relevant voluntary and community sector organisations</i></p>	<p><i>To generate sensitive, dialogue around domestic abuse including forced marriage and honour-based violence, to challenge and ultimately bring about a change in attitudes in the local community.</i></p>		<p><i>Work to commence</i></p>

Coventry's Domestic Abuse Needs Assessment Action Plan 2021

<p>PROTECT</p> <p>PREVENT</p>		<p><i>To improve understanding of honour-based violence affecting under-18s</i></p>		
<p><i>Protected Characteristics</i></p> <p>PREVENT</p> <p>PROTECT</p>	<p><i>Explore methods of increasing access to services for those who may experience additional barriers.</i></p> <p><i>To increase the representation of under-represented groups in domestic abuse services</i></p>	<p>REVIEW DATA ON PROTECTED CHARACTERISTICS</p> <p><i>Establish a dialogue with the voluntary and community sector???</i></p>	<p><i>Public Health</i></p>	<p><i>Work to commence</i></p>
<p><i>Workplace Policies</i></p> <p>PROTECT</p> <p>PREVENT</p>	<p><i>Identify methods of engagement with the Coventry and Warwickshire Chamber of Commerce to improve employer awareness and understanding of domestic abuse.</i></p>	<p><i>To increase awareness of domestic abuse in the workplace</i></p>	<p><i>Coventry Haven</i></p>	<p><i>Ongoing</i></p>

Coventry's Domestic Abuse Needs Assessment Action Plan 2021

<p>Priority Area 1 PREPARE: The development of a strong governance and service commissioning structure to provide high quality, equitable services that are shaped around the needs of victims at all levels of risk and ensure that their voices are heard and responded to.</p>	<p>Priority Area 2 PREVENT: A long-term approach to improve awareness, understanding and early identification of abuse at all levels of society. Victims will be empowered to report and staff will be given the skills and confidence to support them. Interventions tailored to victims with a range of needs will help to break the intergenerational cycle of abuse and minimise repeat victimisation.</p>	<p>Priority Area 3 PROTECT: There will be effective information sharing and referral pathways between key agencies, breaking down organisational and cultural barriers to ensure victims of abuse are identified and protected. The safety of victims, and that of their children (where applicable), will be paramount. Victims will be supported to access safe and appropriate accommodation; and safeguarding procedures will be robustly implemented to ensure that children and vulnerable adults are protected, and that the voice of the child is always heard.</p>	<p>Priority Area 4 PURSUE: An approach centred on achieving justice and positive outcomes for victims, including reductions in offending. There will be better understanding of perpetrator risk to support the use of court and out of court disposals so that they are held accountable for their actions and appropriately supported to understand and change their offending behaviour.</p>
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To: Coventry Health and Wellbeing Board

Date: 24th January 2022

From: Jane Fowles, Consultant in Public Health

Title: Suicide Prevention - Strategic Refresh 2022

1 Purpose

- 1.1 To advise the Board on the current position of the work programme delivered as part of the Coventry Suicide Prevention Strategy 2016 -2019 and the Coventry and Warwickshire NHSE funded suicide prevention programme between 2018 – 2021.
- 1.2 To provide recommendations about the refresh of the strategic oversight arrangements for Suicide Prevention across the Coventry and Warwickshire Health and Care Partnership and emerging Integrated care System, and to advise of the intentions to develop the future strategy for Coventry.

2 Recommendations

- 2.1 That the Board notes the successful outcomes of the NHSE funded Coventry and Warwickshire Health and Care Partnership suicide prevention programme between 2018 - 2021.
- 2.2 That the Board endorses the proposal to develop a single Coventry and Warwickshire Suicide Prevention Strategy by the Autumn 2022, overseen by a joint, strategic steering group supported by a delivery plan and multi-agency network forum.

3 Information/Background

- 3.1 NHSE funding from the national suicide prevention programme was awarded to Coventry and Warwickshire during 2018 – 2021 as a Wave 1 site due to sub regional prevalence rates being above the national average.
- 3.2 A comprehensive programme of activity was overseen by the Coventry and Warwickshire Health and Care partnership and delivered through the local Suicide Prevention partnerships (see Appendix 1 – suicide prevention initiatives). Video available here <https://www.youtube.com/watch?v=3Cyrw2dwtik&t=10s>
- 3.3 Most recent Suicide data shows that the rates in Coventry dropped slightly from 2017 – 2019 at 10.6 per 100,000 (England 10.1) to 2018 – 2020 at 10 per 100,000 (England 10.4)
- 3.4 Legacy activity from this programme has now been devolved to the Coventry and Warwickshire suicide prevention steering groups. Local strategies, partnership arrangements and action plans are being reviewed to incorporate the NHSE programme evaluation and our real time suicide surveillance data insights.

3.5 Local context and priorities

- Integrated Care System: *Mental health transformation programme, VCSE Alliance*
- COVID-19: *impact of and recovery from*
- Joint Strategic Needs Assessment (JSNA): *recommendations around mental health and suicide prevention*
- Introduction of Real Time Surveillance (RTS): *learning and response*
- Coproduction: *strengthening our approach to embed lived experience as part of strategic ambition and delivery*
- Workforce development: *supporting our frontline workers*

3.6 Feedback from the respective Coventry and Warwickshire suicide prevention multi agency steering groups during November and December 2021 identified that organisations found value in the partnership meetings, communications and networks however many were attending meetings in both areas which they felt could be amalgamated. In terms of priorities their feedback highlighted that plans should include:

- Impact of covid
- Need to increase awareness of support available, including digital offer (e.g. Dear Life)
- Access to services, including barriers relating to equality, diversion and inclusion
- Self-harm in vulnerable groups (e.g. ASD/LGBTQ+)
- Children and young people
- Ethnically diverse communities
- Older adults
- Support to frontline workforce
- Support to people who have become more isolated as a result of the pandemic (e.g. through bereavement, anxiety and domestic abuse)
- Addressing the disparity in resources at a financial and strategic level for the agenda in Coventry compared with Warwickshire

4 Options Considered and Recommended Proposal

4.1 STRATEGY

4.2 Develop a single **Coventry and Warwickshire Suicide Prevention Strategy** to:

- Provide an overview of the national / regional context
- Outline the shared strategic ambitions for suicide prevention (e.g. zero suicide approach / suicide-safer communities, coproduction etc)
- Reflect system, place (city and county) and local priorities
- Outline mechanisms for delivery, impact and governance
- Acknowledge the role and contribution of all system partners (health, LAs, public sector bodies, VCSE and private sector) in delivering the ambitions of the Strategy

4.3 DELIVERY

4.4 Develop a new and evolving joint **Coventry and Warwickshire Suicide Prevention Delivery Plan** that:

- Builds on the achievements of the NHSE funded programme of work
- Demonstrates alignment to suicide prevention strategic priorities and ambition
- Shows activity at a system, place and local level
- Outlines delivery mechanisms across the whole system
- Demonstrates alignment and association to related activity or programmes of work
- Shows lines of accountability and responsible delivery partners

4.5 PARTNERSHIP ARRANGEMENTS

- 4.6 **Develop a joint *Coventry and Warwickshire Strategic Steering Group* to:**
- Commit to shared ambitions for suicide prevention across C&W
 - Share accountability for suicide prevention partnership activity across C&W
 - Champion suicide prevention within the wider MH and ICS structures within C&W
 - Role model suicide prevention, awareness and support within organisational workforce
 - Lead the delivery of the Coventry and Warwickshire Suicide Prevention Strategy
 - Identify and agree specific priorities for suicide prevention at both system and place levels (system, city, county, district/borough)
 - Identify and agree appropriate measures of success/progress
 - Identify specific activities and partnership actions to deliver against the priorities.
- 4.7 **Explore a joint *Coventry and Warwickshire Suicide Prevention Network* to:**
- Share learning and good practice
 - Inform the delivery of the Coventry and Warwickshire Suicide Prevention Strategy
 - Influence policy and decision making at a local, regional and national level
- 4.8 **Ongoing development of the *Coventry and Warwickshire Suicide Prevention Learning Panels* to:**
- Inform suicide prevention activity and priorities
 - Share learning, data and evidence across system partners
 - Identify emerging trends
- 4.9 **Participate in the *regional suicide prevention leads peer support network (West Midlands)***

Report Author(s): Juliet Grainger

Name and Job Title: Juliet Grainger, Programme Manager, Public Health and Wellbeing

Directorate: People

Telephone and E-mail Contact: email: juliet.grainger@coventry.gov.uk

Enquiries should be directed to the above person.

Appendices

Suicide Prevention Initiatives Slides

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Coventry and Warwickshire
Health and Care Partnership

The following slides illustrate the innovative ideas that generated projects by colleagues of the

Suicide Prevention Programme 2018-2021

Real Time Surveillance

Commissioning Lead: Juliet Grainger CCC



Real time response, support and action to prevent suicide

Aim

To establish a real time data surveillance system to inform a local response, protect communities, prevent avoidable deaths and enable postvention support to be provided to those affected by suicide.

Who did you involve in this work?

NHSE, LGA SASP, other LAs, Statutory and VCSE stakeholders as experts, partners or deliverers of service.

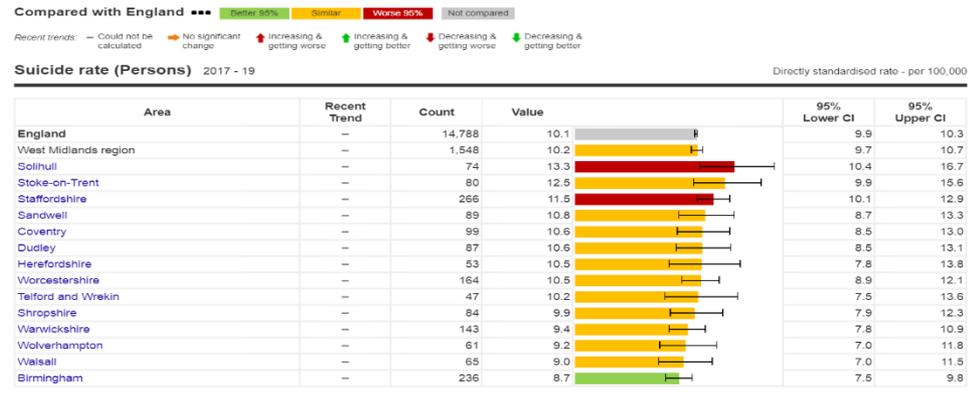
What has changed?

We now have a real time surveillance process set up and are working towards a systematic approach to reviewing and learning from suicide cases, as well as supporting those affected across C&W.

Image



Data and stories



Learning and what next?

RTS response and learning process scoped and being mobilised.

Postvention bereavement support service procurement underway – Coventry and Warwickshire service in place by September 2021.

Crafty Blokes and the Art of Wellbeing

Aim

This is a Peer to Peer mental health support project, aiming to combat social isolation and to discuss experiences of suicidal ideation. Raising suicide awareness with men of working age through art.

Who did you involve in this work?

Service users were involved in this work, as well as those with lived experience but not in touch with services. Various VCSE organisations have also been involved in terms of script writing, costume making, set designing etc.

What has changed?

The clients will now openly engage and discuss their experiences and have seen positive behaviour changes. Peer to peer support demonstrated huge benefits for clients, as well as giving them more skills and enabled confidence building through artwork.

Image



Data and stories

"Having a safe place to come and explore creative pursuits has had a positive effect and inspired me to try my hand at more art projects of my own. Knowing that the guys here have similar conditions to myself makes me feel less isolated and gives me something to look forward to."

The groups demonstrated benefits in terms of friendships gained, men feel able to communicate better, less anxious, activities have given the men purpose, they feel able to help others, improved levels of confidence, the Men's Shed is a safe space, men feel inspired and less isolated, some have had their alcohol recovery supported, some have seen a reduction in depression.

Learning and what next?

We have learnt the value of co-production and supporting men via arts-based projects. Next steps are to: build the stage and play to be held, funding to be sought for continuation of Crafty Blokes.

Mindstance

Commissioning Lead: Juliet Grainger, CCC

Delivery Organisations: Rachael Kelly, Mind & Simon Morgan, CGL



Coventry and Warwickshire
Health and Care Partnership

MindStance



Why did we take action?



Substance misuse is a risk factor for suicide



To join up working between services

Increase understanding of addiction & impact on mental health



Increase coping skills to improve well-being

What did we do?



6 week course



Multi-disciplinary team trained



Peer support



Education



Therapeutic conversation

What has the impact been?



Increase in well-being scores



Improved insight



Improved access to support & information



Embed course in existing partnership

Coventry & Warwickshire STP

Stories of Hope, our male survivors

Aim

To hear from male suicide survivors. Men are less likely to access support on their own. The stories were intended to relate to men's experiences and provide peer generated messages of hope and support.

Who did you involve in this work?

Statutory and VCSE stakeholders in touch with men's groups or engaging with them through services.

What has changed?

We now have resources that were provided by those with lived experiences as messages for men, one of our high risk groups for suicide.

Image



Data and stories

"I just think it is how it is with guys, when they talk to their friends they talk about things like work and football and what's on the telly, things like that and not really about anything emotional, or how they are feeling."

"To be able to physically open up to someone in that space takes a lot, and when you do that, for me, it's like a huge step and that can be just a huge weight off and it might only be half an hour, but it's that kind of, 'Okay, it's not just me now, someone else knows that's happening for me. I'm not here on my own.'"

Learning and what next?

Men with lived experience are better able to recommend what support can help. Insight gained into why it's difficult for men in general to access services and speak out about their mental health challenges, reflection on services and the support given.

The resources will be integrated into MH campaigns and on our Dear Life website.

Out-of-hours Safe Haven service piloted in Warwickshire!

Aim

Pilot the provision of a Safe Haven service offering a non-clinical alternative to accessing mental health support at a time of day when other general support services are closed.

Who did you involve in this work?

Voluntary and community sector providers, individuals with lived experience, and CWPT acute and crisis services.

What has changed?

Community-based crisis alternative has been tested in Coventry and Warwickshire and links between statutory and non-statutory services have been developed.

Service users expressed that they are glad they contacted the service, feel a lot better after speaking to them, and would be more confident when speaking to whoever they were signposted to.

Image



Data and stories

Feedback from service users includes:

- *"I feel better and less lonely now."*
- *"I'm pleased you rang me back and thought about me today."*
- *"Thank you for your time, I feel happier now."*
- *"Talking to you is helpful, I feel like I would like to talk to you again."*
- *"I am really glad I rang you. I would ring you again. Services like this will help me stay well."*
- *"I feel much more positive, less anxious, and I feel that I have been listened to."*
- *"I managed to phone another service to get help. I don't think I would have done that if I hadn't phoned you first. So, thank you."*

Learning and what next?

A full evaluation of both the Coventry and Warwickshire Safe Haven provision has been undertaken, and a series of recommendations have been identified. The recommendations have been sorted by short, medium, and long-term and will be actioned by Commissioners and Providers. Both contracts have been extended and commissioners and provider(s) are to continue to promote collaborative working across health and care system partners including shared learning between the Coventry and Warwickshire Safe Havens.

 Mind. Coventry and Warwickshire

Warwickshire Safe Haven

Out of hours support

Open from 6pm to 11pm every evening.

Available to anyone in Warwickshire aged 16+.

Are you feeling distressed or in crisis? Are you struggling with your mental health in the evenings, when other services are closed?

Our dedicated, experienced team of Wellbeing Practitioners offer immediate mental health support either by phone, text message, email or video link. Bookable face-to-face appointments are also available.

To speak to a member of the Warwickshire Safe Haven team, please contact

(024) 7771 4554 (07970) 042270

safehaven@ewmind.org.uk

www.ewmind.org.uk



Reduction in visits to the ED department by individuals who are in crisis

Aim

The aim of the project was to identify those individuals who were frequent attendees at the ED, presenting with social stressors as their primary need

Who did you involve in this work?

- Members of the AMHAT team
- MIND workers
- CCG
- The founder of the original service

What has changed?

Reduction in visits to the ED
 Reduction in crisis calls

Image



Data and stories

“The reason I want to raise funds for Mind is because the last month or so regarding my fragile mental health, I’ve had awesome suicidal support from a lady called Suki. Without her phone calls helping to ground me with new coping mechanisms that she helped me to build; Without Suki, I have no doubt that I wouldn’t be here today.”

Learning and what next?

The HYIM project has been successful in signposting individuals to the right service and reducing the risk. Going forward the HYIM project will be included in the Crisis Plus service model.

Training the Wider Community in Suicide Prevention
Project Leads: Anne Prendergast (CWPT),
Sue Merriman (CWPT),
Forward For Life



260 new trainees of Wise Steps!!!

Aim

The aim of offering Suicide Prevention training is to equip members of the public with the knowledge to spot the signs of someone who is at risk of suicide and feel confident to be able to do something about it.

Who did you involve in this work?

The training company Forward For Life, organisations and front Line workers who work with members of the public who may be at risk of suicide.

What has changed?

Emergency services and other organisations have now got the skills and confidence to support someone who is at risk of suicide.

Image



Data and stories

'I now feel more confident to support someone at risk of suicide.' - 95% strongly agree

'I now feel more confident to ask the question about suicide.' - 94% strongly agree

'I feel better prepared to talk to someone who is at risk of suicide.' - 96 % agree

Learning and what next?

The need and demand for the Suicide Prevention training in the wider community has been identified. The next step is looking at how to sustain the knowledge gained from the training by offering the Wise Steps Plus Model. This training will be undertaken by those who have done the Wise Steps Foundation course. They will be supported to train Wise Steps in their organisations.

It Takes Balls To Talk
Project Leads: Alex Cotton, Vicky Joel and Kulwant Basi

It Takes Balls to Talk Summary Headlines

Aim

‘It Takes Balls to Talk’ is a campaign which uses sporting themes to encourage people, particularly men, to talk about how they feel and any mental health problems.

Who did you involve in this work?

The campaign group trains volunteers who go to sporting events, such as football and rugby matches, to break down the barriers that men so often erect in caring for their own mental health — by simply listening.

What has changed?

ITBTT has had to adapt the way it has delivered the project during the pandemic; going forward the digital offer of training to organisations will be part of the menu, as well as well as the pre-pandemic offer.

Image

IT TAKES
 BALLS
 TO TALK



Data and stories

In last 12 months: Direct (virtual and face to face mix): 4 x CWPT staff engagement; Sky Blues in the Community and Men’s Health Week; 2 x Loan Shark visits, 4 x training sessions (approx. 80 participants total). Online: 1,246 unique website users; 1 x Facebook Live re Loan Sharks and MH; 15 tweets 17, 900 impressions 477 follow-ups (profile visit/mention). Below general data capture during the programme:

Event details (Inc. attendance figures) • No. Infinity cards handed out • No. Brief conversations held • No. Meaningful conversations held • Referral / information provided for a local service e.g. Samaritans, IAPT • No. Crisis interventions • Training feedback • Examples of meaningful conversations • Social media reach • Event evaluations • stories

Learning and what next?

- 1) We have learnt that our services continue to be in demand with increase request for training.
- 2) We can deliver some our services online.
- 3) There are some key themes linked to suicide prevention.
- 4) Partnerships are crucial with service users, volunteers, and all organisations.
- 5) ITBTT is best located in its own charity.



Making Our Wards a Safer Place
Project Lead: Anne Prendergast



Better **Health**, Better **Care**, Better **Value**
 COVENTRY AND WARWICKSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Calm Down Boxes: The Alternative and Accessible way of keeping safe and calm

Aim

To implement Calm Down Methods boxes as an alternative to PRN (prescription when needed) medication.

Who did you involve in this work?

The ward managers and safe ward champions.

What has changed?

Wards have reported that some of the patients have actively started using items from the calm down boxes rather than using PRN

Image



Data and stories

"Having the calm down box on the ward has helped me in a better way than medication."

"I want to make my own calm down box, so I can have it in the community."

"Stress balls help calm me down."

Learning and what next?

The next steps of the project is to risk assess patients to allow them to have their own individual calm down boxes.

'From suicidal thoughts to securing a job, starting a new course, feeling strong and happy'

Aim

Providing one to one counselling for people feeling suicidal and in crisis.

Who did you involve in this work?

We are a charity which evaluates all of our interventions with our clients and uses that to shape our future projects and developments.

Image



**WARWICKSHIRE
 COUNSELLING
 CENTRE**

trading as
Sycamore Counselling Service

What has changed?

14 Clients engaged.

Outcomes for 3 who completed:

Client 1: Secured a job, started a college course, booked a holiday. Feeling strong. CORE 53-10

Client 2: Making plans for the future, able to solve issues, feels better about self, more confident. Feels happy. CORE 43-23

Client 3: Feels happier, calmer, can concentrate more. CORE 29-6

Data and stories

Two questions from the C-SSRS (Columbia- Suicide severity rating scale)

1. *In the last month have you had suicidal thoughts?*

All three said yes initially and two said no at the conclusion. The other indicated the thoughts were fleeting now. When followed up, this client reports suicidal thoughts have stopped.

2. *In the last month have you intended to end your life?*

None intended to end their life at the beginning or end of the intervention. They all had suicidal thoughts at the start.

Three questions from the WEMWBS mental wellbeing scale

1. *I've been feeling optimistic about the future* - All three clients scores improved

2. *I've been dealing with problems well* - All three clients scores improved

3. *I've been thinking clearly* - All three clients scores improved

Two questions from the 'campaign to end loneliness' measure

1. *I have enough people I feel comfortable asking for help at any time* - All strongly agree on conclusion

2. *I would feel comfortable asking for help from professionals in the future* - All strongly agree on conclusion which fulfils our aim to encourage access to support before feeling suicidal in the future.

Learning and what next?

A wellbeing plan is essential for each client, as is a thorough assessment including: emergency contacts, keeping themselves safe, recognising things that help them to stay in a safe place, who to contact in a crisis, removing items available to aid suicide, exploring calming interventions and things that help. Our practitioner engaged in specialist suicide assessment training: Collaborative Assessment and Management of Suicide (CAMS) which is currently ongoing. This project will continue for a further 6 months.

Alcester Town Council working with Lifespace nominated for mental health star award by the combined authority, for work to improve the mental health of young people locally in South Warwickshire

Aim

Seed funding to help support a research and training approach to develop mental health resilience in young people in years 10 and 12, promoting early intervention and prevention in 3 local secondary schools in South Warwickshire.

Who did you involve in this work?

Alcester Town Council, Lifespace, CAVA, colleagues from SWCCG, WCC, YOWB and Comms team to promote both take up of funding and also promotion of the work and groups.

What has changed?

- 96 school aged children trained in mental health first aid/ambassador courses
- 50 students participated in research to identify mental health needs in their peer group
- Resources produced to support students
- Mental health workshops for parents

Data and stories

Research identified needs around: mental health issues pertaining to exam pressure, bullying, social media influence, friendship and relationship issues, cyber safety and stereotyping issues.

Evaluation showed increased knowledge and confidence by students around mental health issues and how to support their peers.

Improved attitudes towards mental health

Reduced stigma around mental health issues.

Confidence and skill by students if they encounter a peer with mental health issues.

“I understand it more and how mental ill-health can affect everyone.”
“I feel more confident regarding how to deal with mental health issues.”

Learning and what next?

Further funding secured to develop this programme in additional schools in South Warwickshire.

Parenting Project delivers interventions to over 127 families in South Warwickshire to improve wellbeing

Aim

Funding to expand the Parenting in Mind programme delivered by the Parenting Project – a mental health support network for parents and children across South Warwickshire.

Who did you involve in this work?

Parenting Project, CAVA, colleagues from SWCCG, WCC, YOWB and Comms team to promote both take up of funding and also promotion of the work and groups.

What has changed?

Counselling interventions for up to 18 weeks provided for 84 families/parents.
 43 places on workshops supporting parents understanding and confidence regarding their infants’ mental health.

Data and stories

Counselling sessions showed improvements in Core 34 outcomes for all referrals looking at client’s functioning, problems, wellbeing and risk assessment. With the overall improvement rate of 88% for all the counselling work.

Workshops showed increases in confidence and knowledge re parents’ ability to support baby brain development, support recognition of baby states and promote baby mental health.

“I was so glad I was able to have counselling with this service, it has changed every aspect of my life for the better and I would recommend it to anyone.”

Learning and what next?

Further funding secured to develop this offer in Rugby and North Warwickshire.

Inside Stories 2
Project Lead: Jenny Davis, Arts Uplift CIC

Creativity Cures!

Aim

Our aim was to improve the lives of adults who were suffering from poor mental health and alcohol or substance abuse through creativity.

Who did you involve in this work?

We involved adults with mental health issues and who were in recovery from alcohol or drug addiction. Partners were CGL and the Recovery and Wellbeing Academy.

What has changed?

Eleven people produced 5 songs/music and 8 pieces of creative writing which expressed their feelings and helped them to feel better and more confident in themselves.

Image



Data and stories

"I have never been able to make it past the first couple of sessions in similar things before, but I found Gav extremely motivating and it meant the course was the highlight of my week. I have not felt like I was really a part of a group like that before."

"I got so much from last night's course. I identified with so much that was said and it gave me hope"

Wemwbs results: 9 out of 11 people improved their score after the course.

Learning and what next?

We have learnt that it is possible to deliver creative courses online and improve well-being, and for some it really benefits them being online. We will continue with other creative workshops that we have got funding for, and the current participants will be invited to join these sessions and continue with their creative journey both face to face and online.

Arty-Folks message 'Your Life Matters' is connecting people at risk

Aim

To support individuals particularly during early evening hours when feelings of loneliness and social isolation are felt more deeply.

Who did you involve in this work?

- Wise Steps Suicide Prevention training
- Participants with low WEMWBS scoring
 - Warwickshire County Council

What has changed?

- Helpline 074 436 436 34 9am-9pm
- WEMWBS data collection
- Staff completed suicide training
- Peer support groups established
- 1:1 mentoring/coaching support

Image



Data and stories

- Project Launch 10.10.20 World Mental Health Day, Come Connect SuperZoom with 12 community groups, attended by 57 visitors in 1 hour.
- 60% of Creative Arts on Referral participants demonstrate low WEMWBS wellbeing scoring, and of those 35% expressed suicidal thoughts in 1:1 conversations.
- Reduced risk of suicide of 24 individuals.
- 35 individuals signposted to other services.

Learning and what next?

We have taken a proactive approach to preventing the risk of suicide of participants accessing Creative Arts on Referral courses and workshops funded by Warwickshire County Council. Participants registering low WEMWBS wellbeing scores are followed up by our trained staff for 1:1 open conversations and ensure they connect to services and peer support groups.

Practise Hope

Ewa Niepsuj, Commissioner,
Kate Sahota, Lead Commissioner, Warwickshire County Council



Practise Hope

Aim

Improving availability and access to primary care support for children, young people and families affected by self-harm and suicide.

Who did you involve in this work?

This work involved liaison with two participating Warwickshire GP practices, service provider 'Olly's Future' and young people who helped to co-produce project resources.

What has changed?

The project is still ongoing and impact is yet to be measured.

Image



Data and stories

The project is still ongoing and data and case studies will be provided once available.

Learning and what next?

The project is still ongoing and next steps will be identified following evaluation of the project impact and how well it met intended aims and objectives.

Suicide Prevention Programme
Project Lead: Tash Dhansay, Sahara (Coventry) Ltd

Suicide Prevention Programme

Aim

Sahara (Coventry) Ltd provided support during Covid crisis - offering help with ensuring clients received vaccinations.

Who did you involve in this work?

Worked with volunteers, new and current.

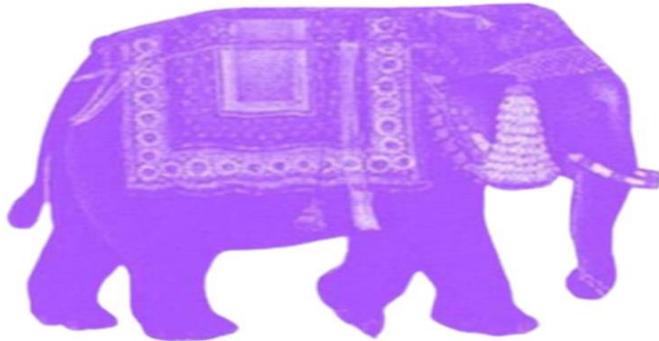
Contacted clients.
Made sure all were vaccinated.

What has changed?

Changed way of contact from face-to-face to telephone.

Now pleased to announce moving back to meeting in person.
New Clients.

Image



Data and stories

30+ clients contacted every week (existing and news).

400+ clients on database – large number contacted / informed of vaccine.

No clients died as a result of Covid!

Learning and what next?

Pandemic brought out skills not used before. Continue to educate clients and families.

Index of projects and contacts:

- Réal Time Surveillance
juliet.grainger@coventry.gov.uk
- Men's Sheds
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- MindStance
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- Coventry University
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- Save Haven
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- Holding You in Mind
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- WISE STEPS training
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- IT Takes Balls To Talk
Alexandra.Cotton@covwarkpt.nhs.uk
- Calm Down Boxes
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- Parenting Project
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- Arts Uplift - Inside Stories
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- Arty Folks – Come Connect
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- Practise Hope
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- SAHARA
saharacoventryfinance@gmail.com



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Thank you for watching

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 24 January 2022

From: Pete Fahy – Director of Adult Services and Housing

Title: Social Care White Paper – People at the Heart of Care

1 Purpose

- 1.1 To brief Coventry Health and Well Being Board on the content and main provisions of the Adult Social Care White Paper 'People at the Heart of Care' issued on 30 November 2021.

2 Recommendations

- 2.1 There are no specific recommendations associated with this report as it is a briefing document.
- 2.2 The Health and Wellbeing Board is however requested to note the following:
1. That the aspirations of the White Paper are positive and ambitious
 2. The resourcing to deliver these ambitions does raise a question regarding how deliverable the ambitions are in reality
 3. The issue of pay and reward of front line care staff remains unresolved
 4. That Social Care will be entering into a new regime of oversight and review by the Care Quality Commission likely to commence in 2023

3 Information/Background

- 3.1 The long anticipated Adult Social Care and Support white paper was published on 30 November 2021. There are three main objectives that the white paper aims to deliver, these being:-
- People have choice, control, and support to live independent lives
 - People can access outstanding quality and tailored care and support
 - People find adult social care fair and accessible.
- 3.2 The content of the white paper sets out a promising and optimistic agenda regarding social care. It seeks to address important issues of:
- Information and Advice - more help nationally on information and advice

- Empowerment of service users and unpaid carers - help more disabled people into employment; keeping open the possibility of allowing the public to appeal certain social care decisions; renewed push for LAs to offer more direct payments and personal budgets with associated support; commitment to revisit the national 2018 Carers Action Plan
 - The role of Housing - increasing the supply of supported housing
 - Improving pay and conditions of care staff - The only references to helping improve the pay and conditions of front-line care are the via the 6.6% increase in the National Living Wage
 - Care market - shaping a healthy and diverse care market
 - New technology and digitisation – more alarm systems, falls prevention aids, smart devices generally in people’s homes and care homes
 - Digital Social Care Records – expect at least 80% of social care providers to have a digitised care record in place by March 2024 that can connect to a shared care record
 - Prevention - more emphasis on whole family, whole system approaches to prevention linking closely with the newly formed Office for Health Improvements and Disparities (OHID)
- 3.3 It is to be noted that there is nothing additional in the white paper in respect of the critical issue of pay for those who work in front line care roles other than reference to the National Living Wage increase and as workforce is so critical in the delivery of Adult Social Care.
- 3.4 The white paper does provide greater clarity on how some of the social care reform monies announced in September 2021 are to be deployed across areas including; housing and home adaptations, technology and digitisation, workforce investment in non-pay related areas, support to unpaid carers, an innovation fund, improving information and advice, and finally, an increased support offer to enable adult social care to improve. The funding spread across these areas equate to £1.05bn over three years (1.65% of the total national spend on Adult Social Care for 2020/21) and is part of the £5.4bn announced in September 2021.
- 3.5 The white paper also provides a reminder that £3.6bn from the £5.4bn announced in September 2021 is to fund the care cap and financial thresholds and to help fund the “Fair Cost of Care” for which a subsequent communication from the Department of Health and Social Care on 16 December 2021 specified the requirement for each local authority to undertake a ‘fair cost of care’ exercise with an emphasis on residential care and home support for people aged 65 and over, and produce a provisional market sustainability plan by September 2022.
- 3.6 Within the White Paper a strong emphasis is placed on better data, assurance, inspection and intervention. There is indication of where the focus of CQC will be for when Adult Social Care becomes a CQC regulated service from April 2022 (once the Health and Care bill becomes an Act). These areas being as follows, which broadly cover responsibilities under Part 1 of the Care Act 2014.

- Maintaining oversight of the social care workforce in their local area, supporting staff retention and professional development
- Managing transitions between services, for example between health and social care, and the transition from children's to adults' services
- Preventing people from requiring social care in the first instance, for example by supporting and developing community organisations working on prevention and reablement
- Carrying out their safeguarding duties
- Ensuring good outcomes for people through effective leadership
- Managing their commissioning and contracting responsibilities
- Shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence
- Meeting the needs of unpaid carers
- Assessing the needs of people who may be eligible for care and support them to access what they need, whether or not they receive local authority support or will fund their own care.

3.7 In addition, the White Paper states that the matter of health and care integration is to be subject to a separate White Paper. No specific timescale for this is provided.

4 Options Considered and Recommended Proposal

4.1 As this report is a briefing paper there are no specific options or recommendations for the Health and Well Being Board.

Report Author(s):

Name and Job Title:

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Enquiries should be directed to the above person.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 24th January 2022

From: Valerie De Souza, Interim Director of Public Health and Wellbeing, Coventry City Council

Title: Coventry and Warwickshire Place Forum Update

1 Purpose

1.1 This paper updates the Health and Wellbeing Board on the outcomes of Coventry and Warwickshire Place Forum meeting held on the 17 November 2021.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the contents of the report and the next steps and actions resulting from the Coventry and Warwickshire Place Forum meeting held on 17 November 2021.

3 Coventry and Warwickshire Place Forum meeting, 17 November

1.1 An online development session for Coventry and Warwickshire Place Forum (the two Health and Wellbeing Boards) was held, with 40 members attending.

1.2 The meeting followed separate development sessions held by each of the Boards, facilitated by The King's Fund, in September and October 2021. This was an opportunity to understand the statutory changes to the Integrated Care System and to consider the future role of the Place Forum in this context. The meeting was chaired by the Health and Wellbeing Board chairs, Cllr Margaret Bell and Cllr Kamran Caan, and facilitated by Gail Quinton and Nigel Minns.

1.3 The meeting placed on record its thanks to Professor Sir Chris Ham, the outgoing chair of Coventry and Warwickshire Health and Care Partnership, and to Gail Quinton and Liz Gaulton who are also leaving their roles at Coventry City Council in December 2021. Danielle Oum, the new ICS Chair, was welcomed to the meeting.

1.4 Presentations included:

- Coventry and Warwickshire Place Forum – journey so far and key achievements: emphasising the unique collaboration between the two Boards around the wider health and wellbeing agenda, which provides a strong foundation on which to develop ICS governance in the new legislative context
- Statutory Integrated Care Partnership: outlining the forthcoming legislative requirements for the ICS, including creation of an ICP, which will be a statutory committee responsible for promoting partnership arrangements and developing an

Integrated Care Strategy to address the health, social care and public health needs of the system

- System Health Inequalities Plan: detailing the requirement to produce a strategic inequalities plan for the system by March 2022, embedding the national NHS 'Core 20 Plus 5' framework, and outlining how the plan is being developed
- Sharing learning from Health and Wellbeing Board development sessions: common themes arising from the separate sessions related to ICS/ICP development, the role of Health and Wellbeing Boards and the role of place and communities.

1.5 Summary from discussion and breakout sessions:

- There was plenary discussion and facilitated break-out groups, focusing on the added value that the Place Forum offers to the system, and shaping its role and format within the emerging ICS governance arrangements
- There was agreement that there needs to be greater clarity about roles, responsibilities and accountability within the system, and that it is important the governance is coherent and can be described to the public, so they can understand where decisions are made and by whom.
- A key principle is that we build on the strong partnership working that we already have through the Place Forum and Health and Care Partnership Board.
- There was continued commitment to working collaboratively through the system changes and opportunities that come out of the Health and Care Act.

4 Key actions and next steps

4.1 The following actions were proposed for partners:

- Submission of ICS constitution – first draft November 2021
- Timeframes for ICP (subject to legislative progress):
 - April 2022: interim ICP in place with chair, at least statutory members and resourcing agreed; an understanding of JSNA and HWSs
 - September 2022 – membership of ICP in “steady state”
 - Integrated care strategy - work of developing, refining and formally agreeing strategy expected to continue after April
- System Health Inequalities Plan – March 2022 final draft for sign off by ICS Boards in April/May 2022 for publication. Draft to Health and Wellbeing Boards in January
- The next Place Forum will be held 9 March 2022.

Report Author(s):

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Appendices

None