

To: Deborah Sewell, Assistant Coroner
Coroner Area: Coventry and Warwickshire

Reference:

Subject: Response to Regulation 28 Report – Matilda Rose Davis otherwise known as Matilda Rose Southall

1. Introduction

I, [REDACTED], Executive Director for Children and Young People at Warwickshire County Council, am responding to the Regulation 28 Report issued on 7/4/2026 regarding the death of Matilda Rose Davis.

Warwickshire County Council takes the matters raised seriously and is committed to ensuring improvements are made to prevent future deaths.

2. Response to Matters of Concern

The Coroner has highlighted the following concern:

Evidence heard during the inquest confirmed that suicide prevention training is not mandatory for frontline practitioners and staff within Warwickshire Children's Services. The social worker and support worker who visited Matilda had not received suicide prevention training, although such training was available within the organisation.

In the absence of mandatory suicide prevention training, Matilda was not asked directly about suicidal ideation during the visit, where reference was made to suicidal thoughts within the referral context. It was also noted that she was not signposted to crisis support services at that time.

The non-mandatory nature of suicide prevention training may give rise to variability in practice when practitioners are required to explore, record, or respond to indications of possible self harm or suicidal thoughts [E.g., Inadequate staff training on the alarm system]

Action Taken/Proposed:

We have undertaken a comprehensive review of the WCC training offered to social workers regarding suicide prevention.

WCC is an active partner in the [Coventry and Warwickshire Suicide Prevention Strategy](#) and co-funds the Suicide Prevention Real Time Surveillance Programme. The Council has also developed internal suicide prevention resources, including an intranet page and guidance. In addition, WCC has facilitated suicide prevention training both internally and in partnership with partners. However, the current training offer remains fragmented and not sufficiently tailored to different workforce roles. In particular, there is a gap at practitioner level, where staff are required to have direct conversations about suicide risk. This may contribute to inconsistency in both confidence and practice.

As part of the scoping exercise research has been undertaken to understand and compare what other local authorities offer their staff by way of training in this area.

The proposed model provides a structured and proportionate response, recognising that different roles require different levels of knowledge and support.

While initial delivery will prioritise Children and Families, the model is designed to be scalable to Adult Social Care and wider public-facing roles.

It ensures that:

- All staff have a consistent baseline understanding

- Practitioners working directly with risk develop applied, practice-based skills
- Leaders and teams are supported to manage complexity and risk in addition to emotional impact

Tier 1 – Universal awareness (mandatory)

This tier establishes a baseline for all staff. It focuses on:

- Recognising warning signs
- Understanding suicide risk and vulnerability
- Responding appropriately within role boundaries
- Knowing when and how to escalate concerns

Delivery will be through the updated 2024 e-learning programme, ensuring content is aligned with current best practice in suicide prevention, supported by a single, accessible intranet resource hub which signposts to additional resources and pathways for support (including Dear Life). A refreshed and regularly reviewed suicide prevention intranet page will act as the central resource hub, building on the existing WCC Suicide Prevention page and ensuring consistent access to guidance and training materials, as well as signposting resources.

This e-learning offer will be available to all staff across WCC as a universal awareness resource; however, at this stage, mandating completion will be prioritised within Children & Families, subject to further corporate agreement.

Delivered through:

- Short e-learning or facilitated sessions
- Supported by a single, accessible resource hub

Tier 1 Delivery Model and timescale

Delivered to all Children and Families frontline staff within 3 months.

Tier 2 – Practitioner response (mandatory)

This tier is designed for staff working directly with individuals at risk, including social workers, family practitioners, and personal advisors.

The focus is on developing applied skills and confidence in:

- Asking direct questions about suicidal thoughts
- Understanding risk and protective factors in context
- Working with families and multi-agency partners
- Safety planning within professional boundaries

Training will be structured, interactive and practice-based, with all participants taking part in facilitated sessions that include applied exercises such as role-play, scenario-based discussions, and skills rehearsal.

Content will be informed by learning from the Handling Suicidal Conversations pilot programme and delivered ensuring consistency, quality assurance, and alignment with recognised suicide prevention training standards.

Tier 2 Delivery Model and Timescale

Delivery of Tier 2 training will follow a phased three-year implementation model, reflecting both financial considerations and workforce capacity.

- Approximately 200 staff will be trained per year
- Total of 600 staff trained over three years
- Total cost estimates are significant

Delivery will:

Miscellaneous/DAVIS (Matilda)/MC66258/Ann Hume/11,492,750.00

- Move beyond awareness to interactive, scenario-based learning
- Provide space for reflection and discussion
- Support practitioners to manage uncertainty and professional anxiety

Initial rollout will prioritise practitioners working directly with children and families, alongside their line managers, to ensure both frontline capability and effective supervisory oversight.

Based on this approach:

- All identified Children & Families staff will complete Tier 2 training within three years of commencement with the first cohort of staff starting their training in the Autumn of 2026.

Training will not be a one-off intervention:

- A refresh requirement will apply every three years
- Earlier refresh may be required following role change, incident learning, or updated practice guidance

Following initial rollout, delivery will transition into a business-as-usual model permitting funding, including:

- Ongoing training for new starters
- Scheduled refresher cycles
- Gradual expansion to wider workforce groups subject to funding agreement.

Due to the scale of investment, commissioning of Tier 2 training will be subject to a formal procurement tender process in line with organisational requirements. As such options will be finalised following a competitive tendering exercise. In person and online options will be considered with the preference to be for frontline staff who hold cases to have in person training. Commencing Autumn 2026.

Tier 3 – Leadership and post-incident support (Mandatory)

This tier focuses on strengthening organisational response and workforce wellbeing.

It includes:

- Supporting managers to provide reflective supervision
- Managing complex risk and professional anxiety
- Establishing psychologically safe team environments

It will also introduce a clear and consistent post-incident pathway, including:

- Immediate response following a death or serious attempt
- Structured team debriefs
- Ongoing emotional and psychological support

Tier 3 Delivery model and Timescales

Existing support services can be used to deliver this support. Some updates to intranet pages will be needed and this can be completed by July 2026.

3. Action Plan Summary

Training uptake and compliance will be monitored through corporate HR booking systems, enabling reporting at team level (e.g. percentage completion rates). This will support oversight through existing performance management arrangements, including quarterly reporting from the Practice & Learning Hub Service Manager to the Children & Families Performance Board.

Individual compliance will also be monitored using the established Workforce Health and Safety tracker. Suicide awareness training can be incorporated into this tracker to enable

monitoring of individual attendance, in line with existing processes used by Service Managers.

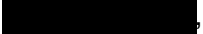
The proposal supports improved outcomes for high-risk groups, including care leavers, and promotes more consistent and equitable responses to suicide risk.

Training will emphasise inclusive, trauma-informed practice and support staff to engage sensitively with diverse communities.

4. Conclusion

Warwickshire County Council believes these actions directly address the matters of concern raised by the coroner.

Signed 

 Executive Director, Children & Young People
(Director of Children's Services)
Warwickshire County Council

Date: 29/5/2026