

To: Councillor McEwan (Chair)
Councillors David Absolom, Ballsdon,
Challenger, Grashoff, Hoskin, Jones,
Khan, McKenna, O'Connell, Pearce,
Robinson, Sokale, Terry and White

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22 March 2021

Your contact is: Richard Woodford - Committee Services

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION
COMMITTEE 30 MARCH 2021**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Tuesday, 30 March 2021 at 6.30 pm via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA	Page No
1. DECLARATIONS OF INTEREST	
Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.	
2. MINUTES	5 - 14
3. MINUTES OF OTHER BODIES	15 - 26
Health and Wellbeing Board - 22 January 2021	
4. PETITIONS	
Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.	
5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS	

CIVIC OFFICES EMERGENCY EVACUATION: *If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.*

Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

6. DECISION BOOK REFERENCES

To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.

7. GROWING UP IN READING 27 - 72

A report by Reading Voluntary Action's Youth Social Action Team and the University of Reading Participation Lab.

8. CHILDREN IN CARE SUFFICIENCY STRATEGY 2020 - 2023 73 - 102

The annual assessment of the provision of quality, accessible and affordable childcare provision for under 5s.

9. ONE READING CHILDREN'S AND YOUNG PEOPLE'S PARTNERSHIP: EARLY HELP STRATEGY 103 - 122

A report sharing the draft One Reading Children and Young People's Partnership Early Help Strategy 2021-2023 and providing an opportunity for comment prior to finalisation of the Strategy.

10. OFSTED INSPECTION REPORT OF THE FOSTERING SERVICE 123 - 130

A copy of Ofsted Inspection Report of the Fostering Service.

11. ADULT SOCIAL CARE PERFORMANCE REPORT MARCH 2021 131 - 166

A report outlining the key areas of performance of Adult Social Care during 2019-2020 which is based on performance against the national Adult Social Care Outcomes Framework dataset which is monitored annually.

12. SHARED LIVES EXPANSION UPDATE 167 - 190

A report providing an update on the expansion of the Shared Lives scheme to support older people, including marketing plan and vision.

- 13. BRIGHTER FUTURES FOR CHILDREN: CUSTOMER SERVICES ANNUAL REPORT 2019-20** 191 - 210

A report providing an overview of complaints activity and performance for Children's Services for the period from 1 April 2019 to 31 March 2020.

- 14. ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2019 - 2020 FOR ADULT SOCIAL CARE** 211 - 224

A report providing an overview of complaints and compliments activity and performance for Adult Social Care for the period from 1 April 2019 to 31 March 2020.

- 15. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** 225 - 234

A report recommending to Council the establishment of a Joint Health Overview and Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to consider any substantial development or variation in the provision of health services across the footprint of this area.

Agenda Item 2

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 20 JANUARY 2021

Present: Councillors McEwan (Chair) Grashoff, Hoskin, Jones, Khan, McKenna, Pearce, Robinson, Sokale, Terry and White.

Apologies: Councillor Challenger.

15. DECLARATIONS OF INTEREST

Councillor White declared a personal interest in Item 22, on the basis that his wife worked in the Council's Adult Social Care Service.

16. MINUTES

The Minutes of the meeting held on 22 October 2020 were confirmed as a correct record and would be signed by the Chair in due course.

17. QUESTIONS

A question on the following matter was submitted:

Questioner	Subject	Reply
Councillor White	Weekly Food Hampers for School Children	Councillor Pearce

(The full text of the question and reply was made available on the Reading Borough Council website).

18. AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL

Nicky Lloyd, Acting Chief Executive of the Royal Berkshire NHS Foundation Trust, introduced John Underwood, Communications and Engagement Lead, Freshwater Communications, who gave a presentation on the redevelopment of the Royal Berkshire Hospital, and Andrew Statham, Director of Strategy Transformation and Partnership, who answered questions raised by the Committee. She also thanked the Council for setting up beds in the Holiday Inn for patients who were recovering from Covid-19 and were unable to return home, this had had a huge impact on the flow of patients in the hospital and on staff. The support and goodwill had been hugely appreciated and, although the hospital was under a lot of pressure, everyone who had an appointment at the hospital was being asked to attend.

The presentation explained that the Government's Health Infrastructure Plan (HIP) had provided funding for new hospital projects over the next ten years and the Royal Berkshire Foundation Trust was one of 21 Trusts to receive funding to develop ideas for new hospital facilities. A Strategic Outline Case had been developed for the Treasury and all redevelopment possibilities were being considered, this was seen as a major opportunity for the NHS and for the local community to improve services, patient experience and the environment. The case for change had been based on the 5 C's: Condition, Capacity, Capability, Climate and Catalyst and six possible scenarios had been developed as follows:

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- Do Nothing - Only the most high risk backlog maintenance would be addressed;
- Do the Minimum - Address more backlog maintenance;
- New Emergency Care Block - Expanded A&E, new ICU and new theatres;
- New Emergency Care Block plus new Elective Care Block and new women's and children's facility - Grow clinical services, better address developing local needs;
- Substantially new hospital on the current site - To support growing demand, greater integration of health and care services, medical school and research centre;
- Completely new hospital on a greenfield site - Could address all local needs and provide the blank canvas for a zero carbon health facility.

The pros and cons of the redevelopment were being considered in the following terms:

- Adjacencies - Ensuring the services that needed to be near each other were co-located;
- Environment - Developing an environment which was green and low carbon;
- Economy - Developing a hospital which supported the local economy and created jobs;
- Compliance - Considering which scenario ensured the greatest compliance with modern safety guidelines;
- Cost - Developing the most cost-effective scenario;
- Convenience - Considering which scenario could be easily and conveniently delivered.

Critical features of the case included the Thames Valley being home to one of the world's largest life sciences clusters, crucial in the fight against coronavirus and future pandemics, and the hospital being an anchor institution.

The next steps in the process had seen the Strategic Outline Case being submitted to the Treasury in December 2020, continuing engagement with stakeholders, the production of an Outline Business Case and then finally submitting a Full Business Case to the Treasury for approval.

The Committee asked a number of questions and made a number of points including the following:

- Having submitted the Strategic Outline Case to the Treasury in December 2020, it was assumed that the next stage would take between 12 and 18 months, depending on how long the Government took to respond. The build phase was constricted by timings in the Treasury with funding for the project being in the next spending review, therefore it had been estimated that the hospital would be in some or all of the new facilities by 2025;
- Plans were being aligned with the Health and Care system in Berkshire West, work was also being carried out with the primary care networks in terms of care through digital channels and it was hoped that this would affect the footfall and reduce some of the demand on the site;
- One of the prime concerns was the impact on services, this would be easier if the hospital moved to a greenfield site, but if it remained on the current site then development would take place in phases with services moving into new buildings and then the old ones being demolished;

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- The catchment area of the hospital went beyond the Borough's boundaries and there was a need to be more strategic. There was an aging population with more challenging life styles and health needs and it was suggested that all options up to option four would not meet the growth or ambition of the hospital; (Richard - this bit I didn't understand)
- It was also suggested that in addition to the 5 C's, Community and Congestion be added. It had been suggested in the plans that deliveries be made to the hospital at night but, this would not be welcomed by local residents and, in terms of parking, if the current site were expanded parking issues would only get worse;
- In terms of a regional approach, and for the hospital to obtain university status, a greenfield site might be the better option as had happened elsewhere, for example, in Oxford and Swindon;
- The development of the current site would not see any building taller than the tallest building currently onsite;
- The hospital had a Travel and Transport Policy and was investing heavily in updating storage and changing facilities so that staff would be encouraged to cycle to work, the hospital was also working with Reading Buses;
- One of the design requirements of the HIP was to be carbon neutral and the use of more sustainable methods of construction was at the heart of the project's thinking, as was community;
- Congestion would be addressed in the new designs and the hospital was committed to a sustainable solution;
- The hospital had a catchment area of a district hospital and provided services at other sites which it rented such as the University, the Bracknell Healthspace, Townlands Hospital in Henley and the West Berkshire Community Hospital. Work was being carried out to see which services could be moved off-site nearer to where people lived. The vision for the future was to have a combination of face-to-face and phone consultations. Patients were also being monitored remotely saving them having to come into the hospital;
- At the heart of the project was the absolute commitment to engage with stakeholders and to design a facility for staff and patients for years to come.

Resolved - That the presentation be noted and Nicky Lloyd, John Underwood and Andrew Statham be thanked for taking part in the meeting.

19. FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST

The Executive Director of Social Care and Health submitted a report informing the Committee that NHS Berkshire West Clinical Commissioning Group (CCG) had approved revised arrangements for the commissioning of NHS hydrotherapy services in Berkshire West. This would mean that hydrotherapy would only be funded when exceptionality could be demonstrated via an individual request. Given the operational challenges of providing this service currently due to stringent control policies, the CCG would be working with the Royal Berkshire Foundation Trust to determine the best way to provide this service. The hydrotherapy facility at the Royal Berkshire Hospital had in fact been closed since March 2020 as part of the Trust's Covid-19 Infection Control Policy. A copy of a report by Shairoz Claridge, Director of Operations Planned Care and Long-Term Conditions, Newbury Locality, and Caroline Tack, Head of Planning and Transformation, entitled 'Future Commissioning of NHS Hydrotherapy Services in Berkshire West' that had been presented

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to the NHS Berkshire West CCG Governing Body on 8 December 2020 was attached to the report. Copies of the Stage 1 and 2 Integrated Impact Assessment Tools were also appended to the report.

Shairoz Claridge and Dr Kajal Patel, Milman and Kennet Surgery and GP Locality Lead South Reading CCG, were present at the meeting and addressed the Committee on the revised arrangements for the commissioning of NHS hydrotherapy services in Berkshire West. They informed the Committee that the CCG had a duty to ensure that limited NHS resources were spent prudently and that the services it commissioned were evidence based and they offered clinical benefit to the maximum number of people. The CCG would regularly review procedures of limited clinical value, procedures where the clinical value was either absent or evidence showed weak efficacy. A consultation had taken place to understand the future provision of the service and was the first time a public consultation had taken place about this issue. The scope of the consultation had related solely to hydrotherapy services for NHS funded patients and those referred by a physiotherapist or a consultant from the Royal Berkshire Foundation Trust using the NHS funding from the CCG. The consultation had begun on 10 August 2020 and had concluded on 2 November 2020, around 498 individual responses had been received and nine written responses from organisations. Of the responses received, 217 identified as having used the NHS service and 279 had not; only 59 were NHS patients who had been prescribed hydrotherapy. The majority of the comments had been about the pool at the hospital rather than about hydrotherapy and it was clear that these comments were from people who used the pool in a private capacity. Other views were that hydrotherapy did not have to be provided at a hospital site, a better pool was needed and that hydrotherapy was good at aiding pain relief. There was a limited amount of good quality evidence on the effectiveness of hydrotherapy compared to land-based therapy and therefore considering the clinical effectiveness and analysis of responses to the public consultation the CCG Governing Body ~~members~~ approved an option to commission hydrotherapy services on an exceptionality basis via an individual funding request. This option would allow consideration of the individual's needs and an assessment of the benefits that hydrotherapy could deliver against a set list of clinical criteria and would ensure that those who needed the service the most would get it. The criteria were being developed in partnership with the Chartered Society of Physiotherapy.

Councillor Hoskin, Lead Councillor for Health, Wellbeing and Sport, read out an email that had been sent to him during the meeting from Iain Croker, Organising Officer - South, Charter Society of Physiotherapy (CSP), who was unable to join the meeting at that point. The email stated that although the pool might not be fit for purpose currently if the decision was made to close it then a suitable alternative would have to be found. There was evidence that hydrotherapy was beneficial for a number of conditions, none of which were linked to National Institute for Health and Care Excellence (NICE) guidance except in the management of axial spondyloarthritis, which was why the CCG wanted to move hydrotherapy to a procedure of limited clinical benefit and to develop an individual funding request process. Aquatic physiotherapy covered a wide range of symptoms and conditions and by its nature created an improvement in function for some of the most disabled members of society as buoyancy counteracted the effects of gravity which allowed freedom of movement. However, ceasing or restricting access to hydrotherapy might promote further health inequalities for these people as they would not be able to achieve the same or similar levels of function on dry land. The process by its nature was about restricting access and referring clinicians would have to prove an individual patient had a clinical need

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over and above others who had a similar condition and with funding only being provided on an exceptional basis further inequality was promoted. The CSP was working with the CCG to try to influence the development of the process to minimise the restriction of access but moving away from a referral/open access system had been decided by the CCG. It was appreciated that this was as a result of the CCG having to make cost savings but consideration should be given to increasing activity in the pool in order to offset costs. Access to hydrotherapy allowed individuals to self-manage their conditions thus saving costs in terms of hospital and GP appointments and was an effective treatment option for those with multiple conditions and for those recovering from Covid-19 as it promoted muscle power and stamina, while reducing pain levels and the need for pain medication.

The Committee discussed the report and made a number of points including the following:

- The Council had agreed at its meeting on 20 October 2020 (Minute 9 refers) that the decision by the CCG to stop commissioning of hydrotherapy services was premature;
- The decision by the CCG to stop commissioning services would very likely mean that the facility would be under threat of closure;
- The lived experiences of many people who had benefited from the hydrotherapy had not been listened to and although this had been picked up in the consultation it had been less strongly reflected in the report by the CCG;
- It was recognised that the CCG was in a difficult financial position, but this decision would impact on those people who were in most need and could lead to a bigger impact on finances in the future;
- With the services only being provided on an exceptionality basis and not provided for all, this would promote inequality;
- As all public services were under great financial pressure, there was a need for the Council to keep sight of the issue and to make sure that the resource was not lost. In addition, having just heard about the redevelopment of the hospital, see minute 18 above, if a hydrotherapy pool was not going to be provided in the redevelopment then what was going to be provided in its place;
- If the service was not available in the hospital then thought had to be given as to where else it could be provided, for example, by making use of private gyms, which had been piloted successfully by other authorities.

The Chair, on behalf of the Committee, thanked Shairoz Claridge, Dr Kajal Patel and Iain Croker for attending the meeting.

Resolved - That the decision regarding future commissioning of NHS hydrotherapy services in Berkshire West be noted.

20. SCHOOL ADMISSION ARRANGEMENT 2022-23

The Director of Children's Services, Brighter Futures for Children, submitted a report that invited the Committee to agree the determination of school admission arrangements for September 2022 as follows:

- The admissions arrangements for Community Primary Schools in Reading for the school year 2022/23.
- The coordinated scheme for primary and junior schools for the 2022/23 school year.

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- The coordinated scheme for secondary schools for the 2022/23 school year.
- The Relevant Areas.
- Maps of the catchment areas.

Copies of the schemes, policies, relevant area and maps were appended to the report.

The report explained that a new admissions code for local authorities would be laid before Parliament in early 2021 and a further report would be submitted to a future meeting once the code had been published if any amendments to existing arrangement were required. It was anticipated that there was likely to be changes in the areas of domestic violence and children in need. In addition, BFfC was reviewing the admission arrangement for children and young people with SEND and a report on the outcomes of the review would be submitted to the Committee in March 2021.

Resolved -

- (1) That the scheme attached to the report at Annexes A, B and C as the admissions arrangements for 2022/23 for community schools in Reading and the local arrangements for complying with the national coordinated primary school admission procedures for the allocation of primary school places for residents of Reading Borough be agreed;
- (2) That the scheme attached to the report at Annex D as the local arrangements for complying with the national coordinated secondary admissions procedure for the allocation of secondary school places for 2022/23 for residents of Reading Borough be agreed;
- (3) That the relevant area attached to the report in Annex E which sets out the organisations that must be consulted for any admissions arrangements for schools in Reading be agreed;
- (4) That a further report be submitted to a future meeting once the new admissions code has been laid before Parliament in early 2021;
- (5) That a report be submitted to the Committee in March 2021 following a review of SEND admissions policies and arrangements;

21. ADULT SOCIAL CARE RESPONSE TO THE COVID-19 PANDEMIC

Melissa Wise, Assistant Director of Commissioning, Transformation and Performance, gave a presentation on the response by Adult Social Care to the Covid-19 Pandemic.

The presentation explained that the weekly rate of confirmed cases of Covid-19 per 100,000 of the population had increased significantly in Reading during December 2020 and January 2021 and in fact the numbers for Reading had gone slightly beyond what had been seen in south east England and nationally. On 7 January 2021 there had been 1219 new cases during the previous seven days, with 1040 in the week to 3 January 2021 and 775 in the week to 27 December 2020. During the first wave of the virus from April to May 2020 deaths had been above what was normal, this had settled to fairly normal levels until recent weeks when it had again increased above the average. For the period from 1 March 2020 to 1

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January 2021 there had been 218 deaths due to Covid-19, which was 27% higher than would be expected for the year to date, 60% of deaths had occurred in hospital and 32% in care homes.

Adult Social Care had played a key role during the pandemic and had provided support for service users, hospitals, the provider market and staff. Currently, the service was supporting 1,800 people with services and 570 carers and dealt with 600 pieces of work a month and during the pandemic it continued to provide support such as the overnight service, day services and other services that had re-opened once guidelines allowed. Support was also provided for a new cohort of people, those who were deemed to be Clinically Extremely Vulnerable, there were 6,000 people in this group, 350 of whom were known to the service. The team had worked proactively with providers to help service users and had worked with officers in Housing to help people remain safely in their homes; 1,000 pieces of equipment had been installed in homes to allow this to happen. To support hospitals work had been carried out to avoid hospital admissions, hospital discharges had been fast-tracked and new packages of care had been organised to get people home. With regard to discharges, a block of 10 beds had been provided for those who needed nursing services so could not return home or were waiting for a place in a care home; 67 people had been supported by this service. In addition, a block of 20 rooms had been provided in a dedicated section of the Holiday Inn for people who were ready to leave hospital but who could not return home. This had provided support for 19 people and had saved 90 bed days in hospital in the current wave and 162 days in the first wave of the pandemic. The service had been contacted by a number of authorities across the country wishing to duplicate this model.

Providers had also been supported with regular communications, particularly at the beginning of the pandemic when changes were happening on a daily basis, which meant that they could continue to focus on providing care. The service had also led a recruitment campaign on behalf of providers, dispelling myths about working in care, financial support had also been provided so that they could remain sustainable; a lot of people had been fearful of losing care services. There had been difficulties in sourcing Personal Protective Equipment at the beginning of the pandemic, but this was now being managed by a central portal.

By Easter 2020 the service had been able to provide testing and had been involved in a pilot scheme in October 2020 mobilising testing in different settings. A lot of time had also been spent managing questions around testing. Currently, staff needed to be tested twice a week which meant a huge amount of administrative support was required. Early access to vaccinations had been provided and the service had arranged for 150 staff from Reading based providers and Adult Social Care staff to receive a vaccine in early December 2020. Vaccinations were now being rolled out to all Adult Social Care staff with 600 having been vaccinated to date, work was also being carried out to dispel myths around the vaccine.

Finally, the presentation set out some quotes from staff on how working during the pandemic had been for them, what was different about working during this time and what had been learnt.

Resolved -

- (1) That Melissa Wise be thanked and the presentation noted;**

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- (2) That all staff in Adult Social Care be thanked for their dedication in working with the most vulnerable members of the community during the Covid-19 pandemic.

22. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20

The Executive Director of Social Care and Health submitted a report with attached a copy of the Safeguarding Adults Board (SAB) Annual Report 2019/20. The following appendices were attached to the Annual Report:

Appendix A	Board Member Organisation
Appendix B	Achievements by Partner Agencies
Appendix C	Completed 2019-20 Business Plan
Appendix D	2020-21 Business Plan
Appendix E	Annual Safeguarding Performance Reports for:
	<ul style="list-style-type: none">• Reading Borough Council• Berkshire Healthcare Foundation Trust• West Berkshire Council• Wokingham Borough Council• Royal Berkshire Foundation Trust

The report explained that the Annual Report 2019/20 presented what SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019/20, both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area, in what circumstances and why. It also outlined the role and values of the SAB, its ongoing work and future priorities.

The report noted that in terms of the Council's Safeguarding Performance Data:

- There had been a 13.4% reduction in the number of safeguarding concerns in 2019/20 compared to 2018/19;
- In 2019/20 57% of safeguarding concerns had led to a section 42 enquiry;
- In 2019/20 58% of section 42 enquiries that had been reported related to older people over 65 years;
- More women were the subject of safeguarding enquires than men as in previous years;
- 85.2% of section 42 enquiries were for individuals whose ethnicity was White. There had been a slight decrease of 2.5% in section 42 enquires for individuals whose ethnicity was Mixed, Asian, Black or Other. This continued to be the focus of work for all partners in view of the demographic makeup of the Borough;
- As in previous years the most common type of abuse for concluded section 42 enquiries were for Neglect and Acts of Omission;
- For most section 42 enquiries the primary support reason was physical support;
- As in previous years, the most common location where alleged abuse had taken place were in a person's own home or in a care home;
- 86% of services users had been asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process.

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In response to the SAB report 2019/20 the Council had considered the wider safeguarding agenda for the residents of the Borough and had supported the implementation of the following services which supported the statutory work of the Safeguarding Team:

- The Serious Concerns and Standards of Care Provider framework had been implemented, carried out by the Commissioning Service;
- The Conversation Counts Model, that had been implemented in 2018, had been delivered and had been continually evaluated and developed as a result of the initial feedback from services users, staff and external professionals;
- The use of Direct Payments had been increased as an alternative to the traditional models of care and for Direct Payments to be offered to service users for purchasing support packages;
- A project had been initiated to understand how Technology Enabled Care could promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for safeguarding intervention.

The report stated that most notable in the data was the small drop in the number of safeguarding concerns that had been recorded. It was noted that there remained some disparity across the West Berkshire Board in the recording of organisational abuse safeguarding concerns and that work was being carried out to address this issue and clarity was being sought from the Department of Health.

Officers had worked to continue to embrace Making Safeguarding Personal, a nationally led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry, and this had been evidenced in the safeguarding data.

The report stated that the aspiration for 2020/21 was to streamline the pathway for all safeguarding concerns into the Council through the single point of access. This would support the work of the Safeguarding Team to ensure consistency of approach and offer better efficiency in meeting safeguarding targets. There would be an updated implementation of the safeguarding electronic file recording system and a review of the way in which the safeguarding statutory function was delivered across Adult Social Care would take place in line with national work being carried out. The latter was in respect of those individuals who were homeless or had drug and alcohol problems, the outcome of which might increase the responsibilities of the Safeguarding Team which would see an increase in the levels of safeguarding concerns.

Resolved - That the report be noted.

(Councillor White declared a personal interest in the above item. Nature of interest, his wife worked in the Council's Adult Social Care Service)

(The meeting commenced at 6.30 pm and closed at 8.48 pm).

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Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock Andy Ciecierski	Leader of the Council, RBC North & West Reading Locality Clinical Lead, Berkshire West CCG
Deborah Glassbrook	Director of Children’s Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Maureen McCartney	Director of Operations, Reading Localities, Berkshire West CCG
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Meradin Peachey	Director of Public Health Berkshire West
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Teresa Bell	Independent Chair, West of Berkshire Safeguarding Adults Board
Ramona Bridgman	Chair, Reading Families Forum
Rebecca Curtayne	Communications Lead, Healthwatch Reading
Nicky Lloyd	Acting Chief Executive, Royal Berkshire NHS Foundation Trust
Jill Marston	Senior Policy Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Councillor McEwan	Chair of the Adult Social Care, Children’s Services and Education Committee, RBC
David Munday	Consultant in Public Health, RBC
Sarah Rayfield	Acting Consultant in Public Health, West Berkshire Council
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
Councillor Robinson	RBC
Janette Searle	Preventative Services Development Manager, RBC
Andrew Statham	Director of Strategy Transformation and Partnership, Royal Berkshire NHS Foundation Trust
John Underwood	Communications and Engagement Lead, Freshwater Communications
Nicky Simpson	Committee Services, RBC

Apologies:

Seona Douglas	Director of Adult Care & Health Services, RBC
David Shepherd	Chair, Healthwatch Reading
Rachel Spencer	Chief Executive, Reading Voluntary Action

1. MINUTES

The Minutes of the meeting held on 9 October 2020 were confirmed as a correct record.

2. IMPACT OF COVID-19 IN READING

David Munday, Deborah Glassbrook and Maureen McCartney gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded, in light of the second and third national lockdowns and work on recovery. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
 - Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England and mortality per 100,000 population, as well as recent data on cases by age group
 - Comparative data with other Berkshire authorities
 - Information about the new SARS-CoV-2 variant
 - Information on Covid testing
 - Details of Covid vaccines and the list of priority groups
- Adult Social Care - information on support to service users and the provider market
- Brighter Futures for Children - information on:
 - Impact on and support to Schools
 - Impact on Early Years
 - Impact on Children's Social Care and response
 - Impact on Early Help & Prevention
- NHS Berkshire West CCG - information on Covid Vaccination in Reading and Phlebotomy Services
- BOB Integrated Care System - information on NHS 111 First national initiative and the BOB 111 First Model, benefits, progress and next steps
- RVA - information on the Reading Voluntary and Community Sector support activities, areas of concern and planning for recovery.

Resolved - That the presentations be noted.

3. READING PEOPLE'S EXPERIENCE OF HEALTH AND SOCIAL CARE SERVICES DURING THE FIRST COVID-19 LOCKDOWN

Mandeep Bains submitted a report presenting the findings of a survey carried out by Healthwatch Reading between June and August 2020 to understand people's experiences of health and care services during the first Covid-19 lockdown.

The survey had asked how people experienced NHS and social care services, their experience of digital means of access or the reasons for any choices not to use services during this time.

In total 153 responses had been received to the survey from people of a broad range of ages and ethnicities. Whilst people had appeared to accept new ways of working, Healthwatch had found that a third of respondents had stayed away from services due to the pandemic, potentially delaying the early diagnosis and treatment of health concerns. Services had changed greatly at this time to cope with treating people with the virus safely and there was a strong message from the findings that clearer and

more up-to-date communications would have helped support people to navigate and use services.

The report gave details of the survey findings, summarised below:

- 65% of people who responded to the survey had used services during this period
- Most people had used their GP (75%), pharmacy (51%), or outpatients (22%)
- 23% had mentioned how quickly they were seen at appointments
- 36% had said better communication and information was needed to improve their experience of services at this time
- Very few respondents had participated in a video consultation
- Resolving technical issues on video consultations would improve patient experience
- 54% of people who did not use services had said that they had no new health concerns while nearly a half (44%) had said they did not use services because they either did not want to bother services at this time, thought their problem could wait or were worried about catching COVID-19
- Most people had described ‘ups and downs’ of emotions during this time
- 55 people had left messages for staff and services showing their gratitude for the care they had received at this challenging time

The report stated that, as vaccines offered the hope that life would ‘get back to normal’ by Spring, the public would need to know which ways of working would be kept by the NHS and other services, and which would return to pre-pandemic routines. The survey had suggested that patients would accept alternative models of care that were right for their health concern, their confidence, their lifestyle and their abilities. To bring the public with them, service providers and commissioners would need to show they had considered public feedback in planning the future delivery of services and communicate a post-pandemic vision as well as comprehensive operational details about how services would work going forward.

This report concluded with six key recommendations that focused on how to better shape services as recovery started from the second surge of the pandemic and included responses from Berkshire Healthcare NHS Foundation Trust and the Berkshire West Integrated Care Partnership.

Resolved - That the report be noted.

4. ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT - “BUILDING BERKSHIRE TOGETHER” UPDATE

Nicky Lloyd, John Underwood and Andrew Statham gave a presentation and answered questions on the Royal Berkshire NHS Foundation Trust’s (RBFT) plans for redevelopment of the Royal Berkshire Hospital.

The presentation explained that the government Health Infrastructure Plan (HIP) had provided funding for new hospital projects over the next ten years and that RBFT was one of 21 Trusts to receive seed funding to develop ideas for new hospital facilities. A Strategic Outline Case had been developed for the Treasury and all redevelopment possibilities were being considered. This was a major opportunity for the NHS and

local communities to improve services, improve patient experience and improve the environment.

The presentation set out the case for change, in terms of the capacity, condition and capability of the current hospital buildings and the opportunity to improve the environment and reduce the contribution to the climate emergency, as well as being a possible catalyst for change in the area. It gave details of some possible scenarios:

1. Do nothing - addressing only the most high-risk backlog maintenance
2. Do the minimum - addressing more backlog maintenance
3. New Emergency Care Block - expanded A&E, new ICU, new theatres
4. New Emergency Care Block plus new Elective Care Block and new women's and children's facility - grow clinical services, better address developing local needs
5. Substantially new hospital on the current site - support growing demand, greater integration of health and care services, medical school and research centre
6. Completely new hospital on a greenfield site - could address all local needs and provide the blank canvas for a zero-carbon health facility

The pros and cons of the redevelopment were being considered in the following terms:

- Adjacencies - Ensuring the services that needed to be near each other were co-located;
- Environment - Developing an environment which was green and low carbon;
- Economy - Developing a hospital which supported the local economy and created jobs;
- Compliance - Considering which scenario ensured the greatest compliance with modern safety guidelines;
- Cost - Developing the most cost-effective scenario;
- Convenience - Considering which scenario could be easily and conveniently delivered.

The presentation noted critical features of the case were that the Thames Valley was home to one of the world's largest life sciences clusters, critical in the fight against coronavirus and future pandemics, and that RBFT was an "anchor institution" in the local community.

A Strategic Outline Case had been submitted to the Treasury in December 2020 and RBFT was continuing engagement with stakeholders (local authorities, patients, staff, other stakeholders) under the title "Building Berkshire Together" before developing an Outline Business Case and then submitting a Full Business Case to the Treasury for approval.

The meeting asked questions and a number of points were made, including the following:

- The majority of the funding for the project was expected in a future spending review, possibly around 2025, and in the next 12 to 18 months a decision would need to be made about which options were able to be progressed.

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- It would be good to be able to “future proof” the hospital site as much as technology and finances would allow but there were some concerns about potential massing on the current site and what improvements could be made to deal with the existing traffic and parking problems for staff, patients and visitors.
- Consideration of which clinical services needed to be on site would be central to the development of the massing of the buildings, as the Trust operated from several sites in the area. For example, since the pandemic many other services now offered non face-to-face interactions and remote monitoring. Modelling suggested a less than 10% increase in beds was needed to meet the clinical model and a reduction of around 35-33% of outpatient work on site by using other sites across Berkshire was being assumed.
- In line with HIP 2 design requirements, there was an ambition to be zero carbon and RBFT was already working with RBC and Reading Transport Ltd on public transport for staff, improving facilities for staff to cycle, walk and run to work and working with suppliers on logistics and impacts. In working towards the Outline Business Case, the intention was to work closely with stakeholders to design the plans to ensure enhancement of rather than detriment to the environment.
- Public Health were keen to work with RBFT on ensuring plans for a “healthy hospital” were built into the fabric of the redevelopment, including aspects such as food and beverages, smoking policy, active travel and using the large patient throughput at the hospital to help with screening. RBFT would welcome further conversations on these areas and was already focusing on green space for patients and staff, food and nutrition and improving compliance with the no smoking policy. The RBH was one of the few hospitals that already prepared and cooked all food on the premises, and a Health and Wellbeing Centre for staff would be opening later in 2021.
- A co-production approach to development of the plans was intended and although the pandemic had reduced the amount of face to face consultation that had been possible so far, this was still planned when safe and appropriate. Recent developments in use of digital technology had been useful, for example to carry out focus groups with people from some seldom heard groups. The intention was to carry out deep, substantial and continuous engagement with all communities in the area served by the hospital.
- The level of formal consultation on the proposals would depend on which option was being pursued. The position RBFT had recommended to NHSE and DOH was that they focused in on the last three of the six options, so if this was supported, RBFT would need to make a choice about staying on site or moving; changing site would obviously require consultation and engagement with the public. If it was decided that a new site was not affordable, there would not be a substantive change in provision and location, so active engagement would continue, but less formal consultation might be needed.
- Accessibility at the hospital was an important issue and concern was expressed, for example, that there were a number of areas where it was difficult to take wheelchairs and the availability of charged hoists to enable patients with mobility issues to be examined was variable. RBFT was aware of the problems and had already commissioned an expert company to review all on site access, including ramps, provision for those with visual and auditory impairments and way-finding issues and make recommendations to address these. The recommendations from this review would be considered as soon as they were

received and appropriate changes would be made and further details of these could be provided once known. This review was not linked to the redevelopment but would inform the design of any new built environment.

- RBFT were keen to provide learning opportunities and apprenticeships in the redevelopment process and beyond and were building in best practice in the plans.

Resolved - That the position be noted and Nicky Lloyd, John Underwood and Andrew Statham be thanked for their presentation.

5. SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY - UPDATE

Further to Minute 4 of the meeting held on 17 January 2020, Kate Reynolds submitted a report on progress made in delivering the SEND (Special Educational Needs and Disability) Strategy since January 2020 and on the timetable for development of the next strategy.

The report highlighted the significant work in hand to develop revenue and capital approaches in a way which embedded the strategic intent to provide high quality, local provision for Reading children. It provided evidence of the improvement journey and plans for moving forward with the development of the next strategy during 2021 for implementation to commence from 2022.

The report had appended the following:

Appendix 1: Performance against Key Performance Indicators (up to September 2020)

Appendix 2: SEND strategy 2017-2022

Appendix 3: Action plan for development of SEND strategy 2022-2027

Ramona Bridgman from Reading Families Forum attended the meeting and addressed the Board, noting that the situation had improved since 2020, with lots of positive progress and concrete plans and funding in place to take strategic plans forward. It still took some time to obtain resources for individual co-production to happen with families, but the new system was very clear, the materials being developed were excellent and the SEND team were doing a good job in moving the strategy on.

Resolved -

- (1) That the work completed to date on implementing the SEND Strategy be noted;
- (2) That the action plan for the development of the SEND strategy 2022-2027 be noted and a report on progress be brought to the Board in autumn 2021;
- (3) That Ramona Bridgman be thanked for attending the meeting and be invited to attend all future meetings of the Health and Wellbeing Board.

6. DEVELOPING A BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY - UPDATE

Further to Minute 8 of the meeting held on 13 March 2020, Meradin Peachey and Sarah Rayfield submitted a report and gave a presentation on the development of a Joint Health and Wellbeing Strategy (JHWBS) for Berkshire West, highlighting some of the results of the public engagement so far and seeking approval to extend the time allowed for public engagement, in light of the impact of the COVID pandemic and current national lockdown. The report had appended a Public engagement plan, a list of the potential priorities for the JHWBS and the presentation slides.

The report gave details of progress, explaining that defining the current state of the strategy had been carried out from March to July 2020, which had included: an evaluation of each of the three existing Joint Health and Wellbeing Strategies; numerous priorities discussions with various stakeholders across the system (the three local authority public health teams, children's services, adult's services, education, place directorate, Berkshire West CCG, colleagues from the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust) and a "What's missing" data exercise had highlighted areas of population need not identified through discussion. In addition, a review of strategies in place across the three local authorities had been undertaken to ensure alignment.

A long list of 30 priorities had been compiled. This had been reduced to a short list of 11 through two sets of prioritisation workshops in August and September 2020 looking at:

- Workshop 1 - System working and whether the potential priority can be addressed by health and social care organisations along with at least one other system partner (August)
- Workshop 2 - Is there value added by working on this area across the whole of Berkshire West and would it reduce duplication; Does the priority aid the recovery from Covid-19 and does it align to the whole system's vision (September)

A short list of priorities had been developed as follows and it had been planned to use public engagement from October 2020 to January 2021 to refine the list into the final three to five priorities of the JHWBS:

- Reduce differences in health between different groups of people
- Support vulnerable people to live healthy lives
- Help families and children in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

The report set out details of the public engagement and the initial findings from the public engagement were outlined in the presentation. It explained that the worsening situation of the coronavirus pandemic and the current national lockdown had presented challenges to the public engagement and so it was now proposed to extend the period of engagement until the end of February 2021, in order to fully address the gaps in engagement so far and ensure adequate opportunity for the public to have their say in the strategy. It had originally been planned for the first draft of the final strategy to be brought to the next Board meeting on 19 March 2021 for discussion and approval, but if the deadline for engagement was extended, this would be delayed to a later Health and Wellbeing Board meeting.

Resolved -

- (1) That the progress be noted and the programme to continue with the JHWBS development and public engagement be supported;
- (2) That the extension by a month of the time allowed for the public engagement be endorsed.

7. STUDENT HEALTH AND WELLBEING IN READING

Mandeep Bains submitted a report presenting the final set of findings of an engagement project carried out by Healthwatch Reading between September 2018 and February 2020 to understand the health and wellbeing concerns of people aged 16 and over, who were studying at university or college in Reading, and their awareness of local health and wellbeing services.

The report explained that 279 students had been surveyed: 172 in 2018, mostly first-year students and 107 in late 2019 and early 2020. The second part of the survey, concentrating on second and other later-year students, had been carried out after a stakeholder group suggested Healthwatch find out whether students' awareness of services and health needs changed over time. The project had found that awareness of most services did improve from first-year levels, over time, but there were still worrying gaps, with fewer than 50% of students in both groups knowing where to find Reading's NHS sexual health clinic and fewer than 40% of both groups aware of how to get help for serious mental health conditions. For both sets of students, coping with stress and worries remained their top health concern.

As well as capturing views of students, Healthwatch Reading had also designed a Student Guide to Local Services - a double-sided A5 card directory of GPs, pharmacies, sexual health, mental health and other services - that had been distributed to students and some GP surgeries.

The report set out further details of the findings of the project, summarising the following key statistics:

- Two-thirds (66%) of all students would turn to family first when seeking information about a health or wellbeing issue
- The services that students were most confident of finding in Reading were a doctor's surgery (72%) and a pharmacy (71%)
- The services students knew *least* how to find were the local NHS sexual health clinic (29%) and the Reading Walk-In centre (46%)

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- The top three health issues for students were: coping with stress and worries, their weight and diet and coping with depression or a diagnosed mental health condition
- Only 30% of respondents said they would know how to access help for serious mental health issues
- Only 41% said they would know how to access free and/or emergency contraception
- Only 44% said they would know how to access help to cope with stress or anxieties
- Students called for more information to be available to help them find services or cope with issues, particularly to help them manage their mental health needs.

The report made five key recommendations, but Healthwatch had been delayed in sending these out to providers and commissioners for a response by the Covid-19 outbreak. The national body Healthwatch England had advised Healthwatch Reading to suspend activities that would put pressure on services at that time. At the time of publishing the report, Healthwatch had not received a final response to the report due on 25 September 2020 due to Covid-19 pressures.

David Munday reported that the Public Health and Wellbeing team had been working closely with the University of Reading regarding Covid-19 and so there was now a strong working relationship which could be built on to look at any wider areas of wellbeing for students which needed addressing, noting that the areas of concern for students were likely to have been worsened by the pandemic. He said that there was a wide range of health services and offers available to students and it would be helpful to map those, perhaps through a workshop, to ensure that the offers were comprehensive and cohesive, and that this exercise should include Wokingham colleagues as the University spanned the borough boundary.

It was reported that the relevant partners would be looking at the recommendations within the report and how best to address them and would then respond to Healthwatch.

Resolved - That the report and position be noted.

8. BERKSHIRE WEST LOCAL SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2019/20

Deborah Glassbrook submitted a report presenting the Berkshire West Local Safeguarding Children Partnership (BWSCP) Annual Report for 2019/20 on the work of and achievements of the BWSCP for the 2019/2020 financial year, which was appended to the report.

The report explained that the Local Safeguarding Children Boards (LSCBs) had been disestablished by the Working Together to Safeguard Children 2018 statutory guidance and replaced with a requirement for a flexible equitable safeguarding partnership. From March 2019, the LSCBs across the west of Berkshire (Reading, West Berkshire and Wokingham) had merged to become BWSCP, which was now the key statutory partnership whose role was to oversee how the relevant organisations co-operated to safeguard and promote the welfare of children in Reading (and across Berkshire West) and to ensure the effectiveness of the arrangements.

The first BWSCP annual report had focussed on the work undertaken together as a partnership rather than as single agencies or areas. The report highlighted some significant achievements that had been achieved by being open to new ways of working in a tri-borough arrangement, including:

- A clear and effective Rapid Review process that provided detailed and comprehensive learning for cases at an early stage, which had been recognised by the national Child Safeguarding Practice Review Panel as best practice.
- A new website for Berkshire West Safeguarding Children Partnership that brought together all the key information from the previous LSCB websites and made the location of information for practitioners and families clearer and easier to access.
- The locally devised and produced 'Be Brave - Speak up' online campaign which had reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and had been shared 207 times on Facebook.
- A committed Strategic Partnership which ensured the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners during the Covid-19 pandemic.
- Collaborative working across multi-agencies had captured the views of practitioners that had resulted in the production of the first partnership Business Plan under the new arrangements to focus priorities.
- Local learning and key information from five Serious Case Reviews had been delivered to 167 practitioners as an opportunity to participate in multi-agency safeguarding discussions.

The report also described how the multi-agency arrangements had been revised and adapted for the year ahead, to better suit the needs and the local ways of working.

Resolved - That the report be noted.

9. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019-20

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2019-20. The SAB Annual Report was appended.

The report explained that the Care Act 2014 stipulated that each local authority must have a Safeguarding Adults Board (SAB) to lead on adult safeguarding arrangements across its locality and have oversight and co-ordination of the effectiveness of the safeguarding work of its member and partner agencies. The SAB's aim was to help and safeguard adults with care and support needs by ensuring that local safeguarding arrangements were in place, as defined by the Care Act 2014, and that: safeguarding practice was person-centred and outcome-focused; work was collaborative in order to prevent abuse and neglect where possible; agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; safeguarding practice was continuously improving and the quality of life for adults in its area was enhanced.

The Annual Report 2019/20 presented what SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019/20, both as a partnership and through the work of its participating partners. It provided a picture

of who was safeguarded across the area, in what circumstances and why. It also outlined the role and values of the SAB, its ongoing work and future priorities.

The report also gave details of activity Reading had taken in response to the SAB report 2019/20, key findings in the data that had influenced delivery priorities for the following year and plans for streamlining the pathway process for safeguarding concerns.

Teresa Bell highlighted some of the key points from the report, noting that Reading had seen a reduction in the number of safeguarding concerns in the 2019-20 period which was being reported on, but that the impact of the Covid-19 pandemic and lockdown had meant an increase in the number of concerns in 2020-21 and the SAB had been meeting more often to keep on top of the work.

Resolved - That the report be noted and Teresa Bell be thanked for all the valued and respected work carried out by the SAB.

10. READING'S ARMED FORCES COVENANT AND ACTION PLAN

Jill Marston submitted a report presenting an update on progress against the actions outlined in the Reading Armed Forces Covenant action plan, in particular the health-related actions, and on the general development of the covenant, including national proposals to enshrine the Covenant in law and proposals for a pan-Berkshire Civil Military Partnership. The Action plan with details of progress made was appended to the report.

The report explained that the Government had recently announced that it intended to introduce legislation to further strengthen the statutory basis of the Covenant, as part of the Armed Forces Bill, due to go through Parliament in January 2021. The proposal was for the legislation to put a duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing.

In response to the new duty, the Council was proposing to demonstrate 'due regard' by adding the Armed Forces community to those considered as part of the standard committee report paragraph on 'equality impact assessment', so that the impact on this community was considered as a matter of course.

The report also gave details of proposals for setting up a pan-Berkshire Civil Military Partnership, noting that the Reading Armed Forces Partnership Board were also keen to continue meeting at the local level for information exchange and networking.

Resolved -

- (1) That the potential new legislation relating to the Armed Forces Covenant and the duty to pay 'due regard' to the Armed Forces community be noted;
- (2) That the proposals for a pan-Berkshire Civil Military Partnership be noted;
- (3) That the progress against the actions set out in the Armed Forces Covenant action plan be noted.

11. HEALTH AND WELLBEING DASHBOARD - JANUARY 2020

David Munday submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

12. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 19 March 2021.

(The meeting started at 2.02pm and closed at 5.21pm)



GROWING UP IN READING

Key findings from a report by Reading Voluntary Action's Youth Social Action Team and the University of Reading Participation Lab



The full *Growing up in Reading* report, from which these key findings and recommendations are taken, was written by Dr Lorna Zischka, the Youth Social Action Team and John Ord.

For a copy of the full report, or further information about the project, please email info@rva.org.uk.

A note on dates: The research and engagement period was November 2019 to February 2020, and the full report was compiled in May 2020. These key findings were published in March 2021.

ACKNOWLEDGEMENTS

Youth Social Action Team

Lucy Burrows, Pradnya Dabhole, Jamie Dibley, Calvin Gabrielov, Zarah Khan, Joanne Mushi, George Roberts, Marya Waseem, and Amy Williams

Youth social action course leaders

Charlotte Netherton-Sinclair, RVA Youth Project Coordinator

John Ord, Visiting Research Fellow at the University of Reading and the Whitley Researchers Project Manager

Schools, colleges and youth organisations

Headteachers and supporting staff at Kendrick School, Blessed Hugh Faringdon School, Little Heath School, Prospect School, Highdown School, John Madejski Academy, The Wren School, Cranbury College and Reading College

Schools and organisations who hosted focus groups, including Reading Borough Council's Children in Care, St Laurence's Youth Club, Starting Point and The Avenue School.

All the young people who completed questionnaires and participated in focus groups and case studies.

University of Reading Participation Lab

Dr Lorna Zischka, Data Analysis, University of Reading

Dr Sally Lloyd-Evans, Lead Researcher, Whitley Researchers, University of Reading

Sonia Duval, Whitley Researchers, and Philip Zischka – for data administration

Photographs of Reading

Paul Allen and Raphael Fernandes Allen
Rhiannon Stocking-Williams

Reading Voluntary Action (RVA)

Rachel Spencer, RVA Chief Executive

William Westwood, RVA Services Administrator

Demelza Hookway, RVA Information and Communication Officer

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GROWING UP IN READING

KEY PRIORITIES IDENTIFIED BY THE YOUTH SOCIAL ACTION TEAM



Mental health and wellbeing, especially tackling loneliness

- Ensuring young people are heard and have space and opportunities to be themselves.
- Older teenagers have more complicated issues and need confidential space to share their emotions.



Being and feeling safe

- Address intolerance in order to ensure our community is safe and stays diverse.
- Tackle racism and homophobic abuse online.
- Consider the safety and freedom of children and young people when designing and managing public and open spaces.



Creating a sense of community

- Explore how to support all young people in social action.
- Introduce 'topic' sessions for secondary school children – open to all, but not at school – to discuss and gain knowledge or advice about safety, social isolation, finding activities and how to maintain mental wellbeing.



Widen the diversity of activities and opportunities available for young people

- Create a non-competitive environment to ensure anyone who attends extracurricular activities feels equal and has a heightened sense of community.
- Open clubs and extracurricular activities for older teenagers and Black, Asian and Minority Ethnic (BAME) youth.
- Create more clubs for niche interests or general spaces for young people to be themselves.

INTRODUCTION

This report investigates how young people experience growing up in Reading. The research was shaped and carried out by a Youth Social Action Team supported by Reading Voluntary Action and the University of Reading Participation Lab.

We're publishing these key findings from *Growing Up in Reading* a year after the fieldwork was completed, just before the start of the coronavirus pandemic. So, are the findings still relevant? We think the answer is a resounding yes. The pandemic has made the priorities identified by the Youth Social Action Team – especially tackling loneliness among young people and supporting the diverse communities in Reading – even more urgent. (For an account of how the pandemic has affected young people in Reading, we recommend the report by No.5 Young People: *The Impact of Covid-19: the voice of young people – as told by No5 Young Ambassadors.*)

It has also underscored the importance of strengthening the voice and participation of young people in social action, so that they can help shape future services and planning. For any adult involved in the provision of services to young people in the town, the findings may not always make easy reading – but this makes it all the more important for us to pay attention, work together and facilitate change.

These findings are extracted from a much longer report and we want to pay credit to the large team of people who have contributed to this work. The central place of young people in shaping and carrying out this research has not only affected the output, it has also had an impact on those who got involved – expanding their experience, aiding that vital ability to reflect on a problem, influencing their thinking and opening up new connections and opportunities. Turn to the back of the report to read the Youth Social Action Team's reflections on the work.

Rachel Spencer

Reading Voluntary Action Chief Executive



THE RESEARCH

AIMS

The aims of this research – initiated and overseen by Reading Voluntary Action (RVA), in consultation with partners including the University of Reading and the Whitley Researchers – were to:

- Identify and train young people who can strengthen the voice and participation of young people in social action.
- Support the development of a youth campaign and advocacy group informed by a greater understanding of concerns and vision for the future.
- Inform our understanding of how young people experience growing up in Reading, to help shape future services and planning.
- Increase partnership working across sectors.

METHODOLOGY

Several focus areas were identified including health, security, activity, independence and respect. In September 2019, the opportunity for young leaders to get involved with the research was advertised openly and widely through schools, colleges, community networks, partner agencies and a range of youth associations. Young people who were interested were invited to attend a youth social action programme.

A youth social action research programme began in November 2019 with ten young people. The University of Reading Participation Lab provided training for the young people and supported the process in partnership with RVA. The young people were paid £8 per hour (up to a maximum of 30 hours each) for their participation. The course leaders were Charlotte Netherton-Sinclair, RVA's Youth Project Co-ordinator and John Ord, a Visiting Research Fellow at the University of Reading and the Whitley Researchers Project Manager.

The training included a 10-session course introducing a range of research skills and training in research ethics. They were expected to engage fifty young people each to meet the challenging target of collecting views on growing up in Reading from 500 peers. The Youth Social Action Team agreed to collect responses using a mix of a questionnaire and focus groups and the field work was completed in February 2020.

A total of 608 questionnaires were completed – some online and some on paper. Returns came from 13 schools and one college. Focus groups were also held in eight locations including six schools and two youth organisations – a total of 94 young people attended the eight sessions. The content of the questionnaire and focus group topics were decided by the Youth Social Action Team – they led the distribution of the questionnaire and moderated the focus groups.

THE QUESTIONNAIRE ASKED ABOUT THE FOLLOWING:

- The demographic profile of the respondents (age, school, ethnicity, gender, place of residence).
- Information about clubs the young person attends (if they attend any) and their opinion on whether they have a voice and the opportunity for self-expression.
- Self-reported life-satisfaction and opinions on key issues affecting young people, including mental health, having things to do, diet, social media, loneliness, safety, and support networks.
- What young people want for themselves in the future (which threw up career-related goals but also other priorities and ambitions).
- Problems young people have experienced growing up in Reading.
- The views of young people on the meaning of 'community', how the term applies to Reading and whether people feel they 'belong' to a Reading community.
- Changes young people would like to see in their communities
- Issues important to Reading's young people, and whether or not they would like to get more involved in addressing these issues.

The research generated an immense amount of data including thousands of quotations. The full *Growing up in Reading* report, from which the following key findings are taken, was compiled by Dr Lorna Zischka at the University of Reading, the Youth Social Action Team and John Ord. The full report includes appendices with all the quotations, and detailed notes on the focus groups and case studies, to preserve the richness of the data set. For a copy of the full report, or further information about the project, please email info@rva.org.uk.

ETHICAL CONSIDERATIONS

Questionnaires

Questionnaires were completed anonymously.

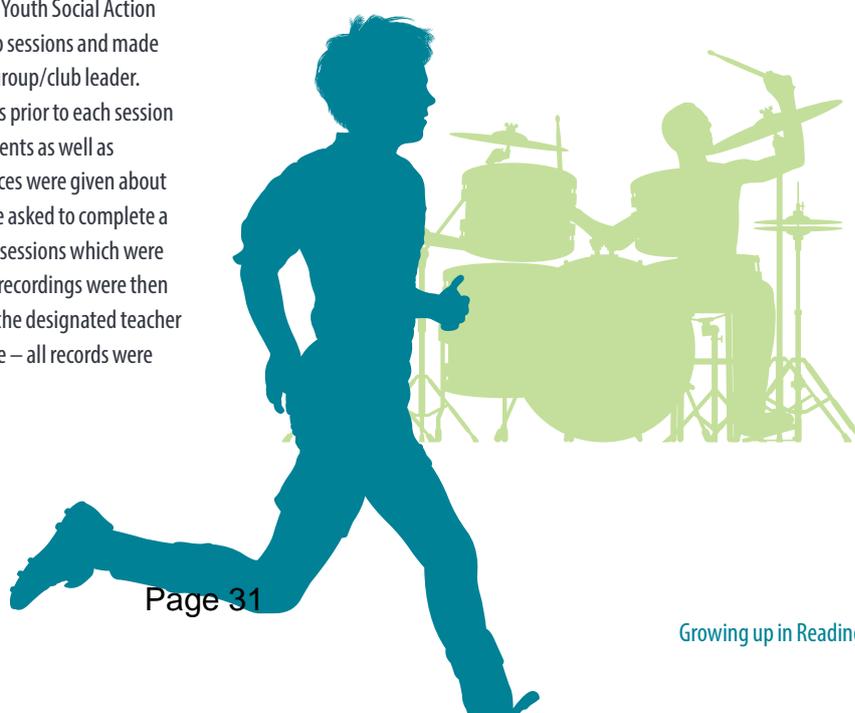
Focus groups

Towards the end of the youth social action programme considerable time was spent in preparing and planning the focus group sessions – including organisational and ethical concerns, guidance on conducting focus groups and the potential themes and topics that might be covered. The Youth Social Action Team decided on the themes or prompts for the focus group sessions and made the necessary arrangements with a designated teacher or group/club leader. Permission was obtained from head teachers or club leaders prior to each session and this helped with safeguarding and wellbeing requirements as well as formal validation for the sessions. For participants, assurances were given about anonymity and confidentiality and all those attending were asked to complete a consent form. The Youth Social Action Team moderated the sessions which were recorded by one of the programme staff members. Session recordings were then sent to the Youth Social Action Team moderators as well as the designated teacher or club leader to check and verify as acceptable and accurate – all records were satisfactory.

Who participated?

- 9 members of the Youth Social Action Team aged 15 to 18 years led, shaped and implemented the engagement and survey.
- 702 participants – aged between 11 and 18 years with a high number of 15- and 16-year olds.
- 608 questionnaires were completed, a mix of online and paper.
- 13 secondary schools and 1 college participated.
- 94 young people attended 8 focus groups (within 8 schools and 2 community settings).
- 27% of those completing questionnaires were from grammar and private schools, 73% were from were from both mainstream secondary and SEN specialism schools.
- Gender (self-described): 64% of respondents said they were female. 23% identified as male. 12% did not specify which gender they were (leaving the question blank or putting nonsense answers). 1% wrote that they preferred not to say. Overall, females were significantly more willing to respond to the questionnaire than males.
- Ethnicity (self-described): 37% of respondents left this question blank or else wrote 'British' or 'English' which did not allow classification by ethnicity. A handful also wrote about their character rather than defining themselves by race. Out of those who gave a clearer indication of their ethnicity, the predominant description was 'white'. 59% indicated white or some variation of white – mostly 'white British' but also 'white English' or 'Caucasian' or 'white European'. The other 41% self-described themselves as from a BAME community (almost half were Asian but not Chinese, predominantly of Indian or Pakistani origin, and the rest split between black and mixed heritage. A few people were Chinese, Arab, North African, or South American). The survey clearly succeeded in capturing the views of a diverse mix of young people in Reading.

Some 600+ young people resident in Reading constitute a powerful sample collection. The ONS (Office for National Statistics) were contacted and confirmed that the most recent data they had showed that the total number of 16–19 year olds in Reading in 2018 was 8,012 – allowing for relatively few outside this cohort and some slight population changes since 2018 our sample still represents approximately 7.5% of Reading's older teenagers.



KEY FINDINGS

KEY FINDINGS: VOICE AND SELF-EXPRESSION

Young people were asked whether they felt their views were heard. They were also asked about the clubs they attend and whether they felt they had enough opportunity for self-expression in Reading.

- Having one's views heard and self-expression are both associated with a greater level of wellbeing in young people. Around half of the young people felt that Reading offered creative opportunities to freely express themselves and half did not. 22% felt that their views were never heard.
- Attending clubs appears to contribute to positive outcomes if they:
 - meet the niche interests of the young person;
 - deliberately aim to give each young person a voice, providing a platform through which they can express themselves; and
 - young people feel personally supported and encouraged in their endeavours by others (and especially by teachers).
- Belonging somewhere appears to be more important to outcomes than the frequency of attendance.
- Young people attending mainstream schools lag behind grammar schools and private schools in the degree to which they participate in clubs.
- Efforts need to be made to create spaces in which older teenagers feel engaged, and in which BAME youth (particularly black youths) can feel at home. These two social groups are significantly less engaged than others. Niche interest groups are better at engaging these social groups. Also, some people want a non-competitive environment in which to engage. Multiple older teenagers were looking to get more help into a career.
- Young people want spaces in which to 'hang out' with one another informally. Although some clubs may be very structured and focused on a particular interest, others should provide safe spaces in which the young people have more control. For example, multiple respondents mentioned wanting facilities like a bowling alley, ice rink and more swimming pools.
- A lot of young people are simply not aware of what is out there. Personal invitation and encouragement to engage is important. A non-judgemental environment helps. Help should be made available to families with low income.



KEY FINDINGS: LIFE SATISFACTION

Young people were asked whether they agreed or disagreed with the following statements:

I am satisfied overall with my life;

Health and social care people do support young people's health, especially mental health;

Social media currently has a positive impact on young people's wellbeing;

I believe that healthy eating makes the main difference in weight control;

Too many young people are isolated or lonely;

In Reading, there are plenty of facilities for sports and social activities.

- Where teenagers report having supportive relationships with others (and particularly with adults), their life satisfaction is significantly higher. Such relationships are also associated with being less worried about mental health care and being less concerned about loneliness and isolation. The better the school, the more likely it is that young people report supportive relations with others (and especially support from their teachers). However, the pressures of high achievement put some counterbalancing strain on mental health and on concerns for loneliness.
- It is generally agreed that social media can be used for good or bad, but the balance of opinion expressed by young people (and particularly those attending the better schools) tended to tip towards the negative impacts rather than the positive. In the free comment sections, social media had a few mentions in connection with poor mental health but did not feature prominently among the issues that the young people felt concern about.
- While healthy eating is important for weight control, many if not most young people think that there is more to weight control than diet (possibly other stress factors are felt to play a part).
- There is scope to improve Reading's offer of sports and social facilities, although half of the respondents were fairly positive about the current offer. The problem may not be only with the variety of clubs and facilities on offer, but also with helping new people to engage with what is already available.
- Although wider support networks may be available to teenagers in theory, it is family, friendship networks and teachers who most significantly impact the wellbeing of young people. The best outcomes are recorded among young people who experience multiple strands of support.

- Above all other issues, consensus is strongest around the issue that too many young people are isolated or lonely. Mental health is also an issue that some young people feel strongly about, and the importance of dealing with past trauma so that it does not carry into other areas of life is recognised. However, concern for mental health is certainly linked to social isolation, as well as to greater levels of concern about loneliness and isolation. This finding again points to the critical importance of supportive interpersonal relationships for good mental health, and particularly to the importance of adult-teen relationships. Safety from crime is another significant concern for young people. Dark and deserted places were particularly feared. Many young people also mentioned being intimidated by other teens.



KEY FINDINGS: THE FUTURE

Young people were asked an open question about what they want for themselves in the future. 33% either gave no response or wrote something along the lines of 'I don't know' or said they had wishes for their future but did not specify what those wishes were. Other responses were vague, which makes it difficult to accurately categorise the data. However, some broad themes emerged.

Careers and jobs were mentioned by 62% of those giving a response. People wanted 'a good job', and some went on to define 'good' in various different ways, including: a stable job, being able to earn lots of money, being able to enjoy their job and being successful. Although a good job was most frequently linked to having a good income, many emphasised their desire for a stable income and some even said that they did not need a lot of money, but enough to get by and to feel safe.

Under half of those mentioning careers mentioned the specific job they wanted to do, for example: 'I want to be a chef and own my own restaurant' or 'I want to go to university and become a midwife'. For a majority the options were open:

'I want to have a successful job and be able to provide for myself and I want good exam results.'

'Financial stability in a job that I enjoy.'

'A well-paying job.'

'To be successful in job and life.'

'To get a job I'm happy with and enjoy an adult life.'

'To be happy in my career and relationships and to be able to support myself financially without stress.'

'A good stable job.'

Happiness and good mental health were mentioned by 28% of respondents. The greater part of these simply stated that they wanted to be happy: 'Happiness in whatever I do'; 'I want a full life. A life full of love and happiness. Others mentioned goals relating to more specific aspects of good mental health, including a desire to feel safe, relaxed, proud and without regrets: 'Mental stability', 'To be happy and proud of what I have done', 'Happy, safe life', 'I want to be happy with myself and my life and the life I've lived before then'.

Happiness was also linked by some to their family and friends, and to their health, lifestyle and possessions: 'Happy family', 'Children, money, happiness', 'Happy, healthy life', 'I want a job that I enjoy, with a good salary. I want to be content with my life and live comfortably'.

Family, friends, and community were mentioned by 26% of respondents. These respondents talked about having a good family life, getting married, having kids, and having good friendships as well:

'To become a solicitor, make a lot of money and have a good life for my family.'

'A stable career, house and family.'

'A successful life with a beautiful family.'

'To be surrounded by people who have a positive impact on my life'

A smaller number talked about the wider community and, specifically, wanting to help others, either in their family, or in a wider sense via charities or through their job

'Happiness of course, as number one :)'

'A job I enjoy doing, that helps other people and gives them good wellbeing. A family that continues to love and support me through my life, as I do for them.'

'I want to help others. I'd like to go to university, and then get a job. I'd like to live comfortably but not excessively.'



Space: 20% talked of desires linked to where they wanted to live or to lifestyle preferences. For example, there were many references to wanting a nice house to live in, and many to wanting a stable or safe living environment. Some wrote about wanting the opportunity to engage in hobbies and interests.

“A safe place to live, access to more local gyms and swimming pools, my own little business and a nice place for my children to grow up’.

‘A supportive community that is not only a safe space for mental well-being but also physical well-being’.

A few had locations or travel plans in mind: ‘[I want to] leave Reading’. A handful wrote about wanting to live (and others to live) in ways that protect the environment and the common good:

‘I want a future. A real one, where the environment is safe to live in and we don’t have to worry about destroying the planet on which we live’.

‘To be able to feel safe and comfortable in my own town’.

This links to the ‘community’ responses above. A wish for independence was also mentioned. ‘To be more independent and have places that I can go to socialise safely. Better sports facilities’.

Education: 13% mentioned school goals or university. These were sometimes mentioned on their own, and sometimes in connection with the career related goals above: ‘I want to go to university and work to hopefully get a doctorate or PhD’, ‘Go to university and study medicine’, and ‘To do my best in my GCSEs’.

Money: While financial security was most frequently mentioned in connection with having a career, 8% of those giving a response mentioned wanting lots of money without directly linking this goal to having to work for it: ‘[I want to be] rich and famous’, ‘Lots of money’.

Good physical health was mentioned by 6% of those giving a response: ‘I don’t know exactly but I do want a healthier future’, ‘Happy and healthy’, ‘Fit and healthy lifestyle, active social life, job that I enjoy, enough money to get by’.

Stability: an overarching theme of stability came through repeatedly and across all the themes above, particularly ‘careers’, ‘happiness’, ‘family’ and ‘space’. A desire for stability and safety is, indeed, a recurring theme throughout this research.



KEY FINDINGS: CHALLENGES AND CHANGES NEEDED

Young people were asked an entirely open question: 'What is the biggest problem for you growing up in Reading?' 34% of respondents left the question blank or said that they had not grown up in Reading or that they were not sure. Out of those who responded, 8% said that everything was good – they did not have problems growing up in Reading, while 1% (5 people) expressed generalised disgust, saying there was nothing good about Reading. A summary of all other responses is given below, in order of mentions. Most of these responses were felt by males and females alike, by young people from all ethnic backgrounds, across all schools and across all ages to a similar degree. Any notable exceptions are recorded.

35% MENTIONED FEELING UNSAFE WHEN GOING OUT

Crime rates were mentioned frequently, as were drugs. So were 'dodgy' or aggressive people, and risky areas. A few people mentioned feeling unsafe when waiting for public transport.

'Lots of gang type people hanging around.'

'Feeling uncomfortable when walking in the street, due to homeless people and antisocial behaviour.'

'Some places are unsafe after a certain time.'

'The dodgy areas'

'Aggressive people sometimes.'

'Being a female alone in the dark in town isn't always safe.'

'Violence and knife crimes.'

'There are a lot of drug dealers in Reading and puts off my parents letting me go out at certain hours.'

'I'm anxious when going out either on my own or with people, this is because I know that there are people doing drugs and could potentially target me.'

'I feel unsafe when accessing public transport links after 4pm – the train station and most bus stops are in the "dodgier" areas of town beyond the oracle and main high street.'

This category also included a significant number who felt intimidated by other young people or who felt distressed by the irresponsible behaviour of other young people: 'Aggressive groups of young people,' 'The fear of drug users and drugs being passed around and hurting people & bullies,' 'Amount of young people involved in smoking/drugs,' 'Roadmen [intimidating young men]'

Pupils from schools rated by Ofsted as in need of improvement were particularly likely to stress such problems. Those classifying themselves as 'white' were also more concerned about safety than BAME youth: 'We don't have safe enough places that teenagers can roam around in without feeling unsafe at times, such as parks or town centres.'

16% MENTIONED A LACK OF THINGS TO DO AND LACK OF FACILITIES IN READING

The problem was not just with a lack of clubs, but a lack of places to hang out or roam around.

'Lack of opportunities in terms of extracurricular activities.'

'Not many clubs,' 'Not many social activities for young people.'

'Not enough places to go out with your friends.'

'Lack of things to do i.e. leisure activities.'

'There isn't much for young people that aren't clubs that you have to commit to. Places people used to be able to hang out in have shut down.'

'Having to travel to other places to do things.'

'There is nothing accessible for teens. Where there is stuff for us it's not interesting.'

'Sports facilities are limited. Central swimming pool as well as Bulmershe Leisure Centre have been being repaired for years now and the nearest ones to where I live are quite far away. The gym membership only applies to children over 16 so it's difficult to prevent obesity in children if we aren't given the opportunity and choices to stay healthy.'



15% MENTIONED LACK OF COMMUNITY CONNECTION

Lack of community, connection, integration, and acceptance were the sort of comments placed in this category. Some young people felt unsupported, and some mentioned a lack of people being helpful to one another. Some wanted more opportunities to mix and make a difference. Some talked of not having local friends. Others feel judged by others. A few mentioned bullying, which links also with the 'lack of safety' issues already mentioned. Comments were made to the effect that some are cocooned in their own world from other people:

'A lack of community and support from others, especially for the homeless and people in poverty'.

'Feeling alone and afraid'.

'Growing up as a mixed child without a strong understanding of who I was, especially in an area known to be diverse but not as embracing as it might seem'.

'I don't do anything with the community of Reading and it's dangerous'

'Isolation'.

'People being rude to you'

'Police harassment'.

'Everyone competing'.

9% HAD A PROBLEM WITH MONEY-RELATED MATTERS

About half of these mentioned a personal lack of money and/or the cost of things in Reading making things inaccessible to them: 'There are many opportunities for people if they have the right connections. However, it may be difficult to get involved if you are of a lower income'. The other half were concerned with a lack of support for the poor more generally. The plight of the homeless was especially prominent (and was also mentioned in connection with feeling unsafe): 'Lack of support for the homeless and people in poverty'; 'Seeing homeless people a lot because it's upsetting'.

8% COMPLAINED OF VARIOUS PRESSURES ON MENTAL HEALTH

They also talked of the difficulties in accessing support and help, and a lack of awareness and action when it came to mental health related issues: 'I worry a lot about many different things'; 'Lack of free mental health support. There is support out there but there are always really long waiting lists'; 'Lack of information for big issues like mental health – only given to people when they're at breaking point, not beforehand in order to stop the problem growing'.

Peer pressure was also mentioned under this category: 'The pressure to be accepted by the right people. Growing up some people had to like you because they were popular and it didn't feel safe or normal to disagree with them'. Those who classed themselves as 'white' were particularly likely to mention this problem.

8% MENTIONED A PROBLEM WITH CONSTRAINTS ON THEIR LIFE CHOICES

These constraints fell into three broad areas:

- Not being able to get a job and earn money as a young person.
- Lack of independence (feeling constrained by parents and by authorities) was another – for example, some complained about school, and some about parents not allowing them out due to safety concerns.
- The felt lack of education options or ongoing opportunities following school.

Pupils from so-called 'elite' schools were less likely than others to cite such problems. BAME young people were particularly likely to cite constraints on their life choices.

7% MENTIONED PROBLEMS WITH TRANSPORT

These people felt public transport was unpleasant and often delayed or infrequent: '[Public transport is] more expensive every year and difficult to afford. They're never on time, trains are delayed/ cancelled too often and regularly disrupts daily life'. A problem of feeling unsafe when waiting for public transport was included under 'feeling unsafe' above, and the problem of cost is also categorised separately.

A second transport-related problem in this category concerned traffic being too busy: 'Traffic is terrible and it amazes me that anybody manages to get anywhere on time'; 'The constant roadworks and traffic – maybe only one project at a time' and 'Travelling into Reading is hard as it's full of traffic'. It was also said to be 'dangerous for school children'. Traffic pollution was also mentioned. Transport problems were a particular issue for pupils from elite schools, who did not necessarily live within walking or cycling distance of their school.

7% HAD A PROBLEM WITH READING'S PHYSICAL ENVIRONMENT

Some felt it was ugly. Some said there were not enough green spaces. Some said it was spoiled by litter. Some mentioned pollution. Some were concerned that Reading is not doing enough to save the planet. Overcrowding in Reading was also a problem for some (which adds to the traffic problem already mentioned): 'Educational facilities and communal areas need money to help clean the area up and provide more social spaces that aren't commercialised'.

Within the categories previously listed, **only a very few people mentioned school-related problems** such as lack of teaching and poor-quality teaching, lack of school funding, and a couple disliking school generally.



KEY FINDINGS: COMMUNITY IN READING

The young people were asked: 'Based on your past experience, what changes would you like to see in our communities?' and they could name up to three changes. 38% did not respond to the question (some of whom did not live in Reading) but there were still around 370 respondents. What follows is a summary of the key changes desired, ordered by the number of mentions received. A lot of the issues mirror those raised under the section, 'Problems faced by young people growing up in Reading'. Many of the issues were overlapping and comments could have been categorised in multiple different ways. The percentages reporting one way or another are therefore only a rough guideline to the levels of demand.

39% MENTIONED MAKING COMMUNITIES SAFER

'Safer streets' and 'safer places to go' were overriding themes, although many other respondents broke these down into more specific concerns:

- **Drug and alcohol abuse:** 'Stricter drug control', 'Less drug abuse', 'Less alcohol', 'Better policing as there are drug dealers everywhere and it isn't safe'.
- More police presence and better policing were recommended, but also police brutality was a concern (and this was before the 2020 news focus on this issue): 'More police presence', 'Police actually doing something', 'More protection' and 'Better police management – less harassment'.
- More street lighting and CCTV control were recommended. There was particular concern over safety at night-time and in 'dodgy' areas.
- Crime and violent crime were concerns: 'Stop crime', 'Lower knife crime', 'Less violence in our community'.
- Protection from intimidating individuals (including other teenagers): 'More measures to prevent bullying', 'Roadmen', 'No hooligans or teens raiding the park and the street'.
- Antisocial behaviour and hate crimes were also mentioned: 'Less hate and discrimination', 'People respecting other people's property', 'Stop teenagers causing trouble'. In one of the focus groups someone said 'There is damage to property and graffiti and no-one is held accountable'.

The request for reducing crime and drugs was often coupled with wanting better support in place for people. There is a recognition that both victims and offenders need help and support into a better life: 'Schools to identify drug problems but help victims of it instead of getting them into trouble', 'Clear direct and published courses of action and help for children found to be involved in drugs or alcohol'. This also came through in the focus groups: 'There should be a special organisation that focuses on young people and helps them with life skills. Roadmen could be good if they have a strong sense of identity – some sense of belonging'.

37% WANTED MORE THINGS TO DO AND PLACES TO GO

Again, this is partly about clubs, but also public spaces where youth can gather informally, indoors as well as outdoors. Swimming pools and bowling alleys were frequently suggested, as well as an ice rink and other sports facilities and shops and eating places – in general, young people wanted more spaces for informal meeting links to 'helping people connect'.

'More places to swim'.

'Better sports facilities'.

'More clubs'.

'More places for young people to hang out (e.g. bowling alley)'.

'Social space'.

'More places for teens to hang out with friends'.

'More exciting things to do'.

'More activities for children 12 and above to do with friends'.

'Better places for teenagers to go'.

'More public indoor spaces for young people especially to socialise and hang out'.

'More shops', 'More fast food joints' and 'More parks'.

Similar kinds of comments came out of the focus groups: 'The council doesn't care about people' said one person. This was echoed by several comments about nothing for young people to do or places to go: 'even an arcade might help'. 'What's happened to our youth clubs?' was a common concern. There was a plea for places for young people to go, not open-air sites but somewhere indoors 'just to sit with people and talk'. In one of the focus groups it was said of parks that there is 'No wheelchair friendly play equipment', 'There's nothing for older teenagers – it's the younger children who have more to do'.

In the survey responses, multiple requests were made for places to meet where you don't have to spend a lot of money: 'more free events for young people to socialise in a safe environment', 'More free sports areas that are looked after', 'More things for teens to do for free or cheap'.



31% MENTIONED THE PROVISION OF OTHER SUPPORT BY WHICH YOUNG PEOPLE CAN FLOURISH

Counselling, having someone to talk things over with and mental health support came up quite frequently as did making these things more affordable and accessible. For example, it was said that mental health services were only available after things had gone too far.

'Increased support for people suffering with mental health.'

'More counselling in schools.'

'Access to actual support for mental health – raising awareness is good but doesn't actually help those struggling.'

'Better support for young people.'

'Mental health talks compulsory in schools from year 7, as only including older years is too late for some.'

'Adults being aware of mental health.'

'People to talk to or go to for advice.'

'Strict confidentiality rules for councillors: teachers and parents are regularly told about things discussed in confidence with a counsellor and this is a massive factor putting people off going to school counsellors.'

Mental health was also a hot topic in the focus groups: 'There are services for if you have severe mental health problems, but there's nothing for you if you have mild-moderation mental health problems, or if you are just having a bad day and want someone to talk to,' 'Maybe pastoral or other mental health support should be on tap without having to go through teachers only.'

More opportunities for personal, educational and/or career development were also mentioned: 'More places to study,' 'Uni fees abolished,' 'Better schools that have better funding and can actually support students individually,' 'More job opportunities for young people,' 'More jobs for teenagers to earn money,' 'Opportunities being offered by local companies,' 'More experiences' and 'More opportunities.'

In the focus groups and case studies it was suggested: 'More awareness of events happening around us, especially events for youth such as charity events that youth can take part in or small summer jobs at care homes/child care that youth can take part in. It was also said that children can 'slip through the educational net'. For families with money this can be helped but it is still a long struggle and is 'a massive problem in the educational system.' Those with less severe forms of dyslexia can miss out on support – wider help in the educational system is 'almost nil'.



There were multiple mentions of *giving young people a voice and a platform* through which to help shape the services that affect them and the wider community.

- 'More youth-based projects.'
- 'Encouraging kids at all ages to do sport and volunteering.'
- 'Trying to involve young people into helping others (like donation boxes / charities) as it all stops after primary school.'
- 'More opportunities for younger people to get involved in decisions which involve the community.'
- More opportunities for people to express voices.'

A focus group participant asked: 'What about public panels where young people might question those who make decisions locally such as local councillors or police?' and 'Is there an on-line forum for young people?'

29% MENTIONED THE NEED TO BUILD COMMUNITY AND HELP PEOPLE TO CONNECT

These requests overlap closely with the points categorised above and below. Examples include:

Promoting tolerance and respect and understanding between people. In the focus groups it was said that 'Reading is a racist town and all religions are judged and discriminated against. Homeless people also get abused'. A role for schools in educating people and pointing out hurtful language and misconceptions was mentioned.

'More acceptance (race, religion, LGBTQ+).'

'A decrease in 'segregation' of social classes at secondary schools.'

'Some people don't have respect for us because we're young. At the same time some students could be more respectful too''.

'Respect for the area (so people can live in a nicer area).'

'People being more respectful to others.'

'People to stop judging.'

Putting on events that draw everyone in, providing more community centres which serve as meeting spaces, and advertising what is on better.

'More community centres.'

'Getting teens to socialise more with adults to end the stigma between the two parties.'

'Doing more activities as a community.'

'More events to bring people together.'

'Improvement to care homes e.g. volunteering for younger children, integration with society.'

'Improving local entertainment services to give people places to socialise.'

'More visibility for community programmes/clubs.'

'More advertisement about what there is available.'

Also in a case study it was suggested that 'There should also be groups mixing older and younger generations so that the older generations could give wisdom and a slower pace to young people and the younger generations could give technology and new perspectives on life'.

While leadership plays an important part in making all this happen, it was also mentioned multiple times that individuals also need to become more friendly towards one another and listen more to one another.

'A more compassionate society'.

'People to be nice'.

'For people to be more considerate of everyone'

'More welcoming'.

'Everybody coming together'.

Inclusivity'.

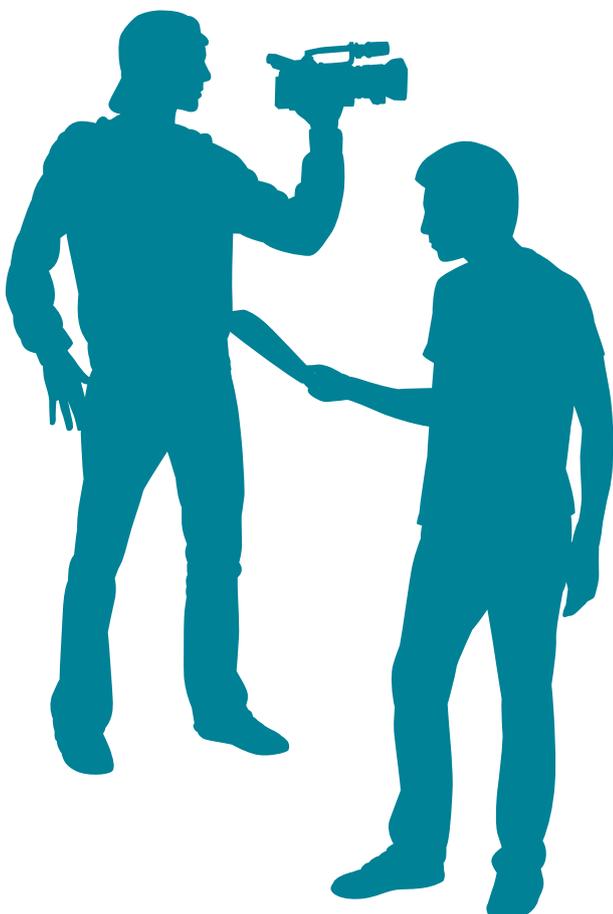
'More support for one another'.

'More friendly people'.

'People to be careful of their actions'.

'To do little things because it changes a lot'.

18% said to clean up litter and beautify Reading with flowers and green spaces, address vandalism and maintain buildings.



17% said tackling poverty – the most outstanding issue was doing something for the homeless. Also comments on the welfare state and ensuring that everyone can flourish, with particular care for the most vulnerable. Provision of health services, limiting smoking, help with obesity and tackling other social issues came up. Provision of housing was an issue – but flats in place of houses were not looked upon favourably.

'Support for homeless/more awareness/more homes for the homeless'.

'More work on poverty'.

'Better and more available houses, not more flats, that are affordable!!!'

'Less expensive food and living facilities'.

'Financial support for those in need'.

'Better health care'.

'Drug rehabilitation centres'.

'Endorse sexual health clinics'.

'A decrease in the use of cigarettes and vapes'.

'Child obesity'.

'The laziness of the council'.

16% wanted action on transport They wanted cheaper and more accessible public transport, better traffic management, improvements to safety and improved roads.

9% mentioned action on climate change, which included planting trees, raising awareness, and reducing emissions:

'Less pollution'.

'Act on climate change'.

'More green energy and transport'.

'Greener public transport and all vegan/low resource places to eat'.

'More environmentally conscious actions to improve the quality of our community'.

Once again, the big four are making neighbourhoods safer, having things to do, creating opportunities for young people to flourish and improving the connections between people. Addressing homelessness also stands out to young people. Addressing poverty more generally, providing a clean and green environment and improving transport systems are less prominent issues but also on the radar.

KEY FINDINGS: ISSUES IMPORTANT TO YOUNG PEOPLE

The last two questions young people were asked were 'What issues (personal, political or social) are most important to you?' and 'Would you like to be more involved with the issues you named above?' Most of those who came up with an issue (and 41% did not) also wanted the opportunity to be more involved with that issue. These were open questions and the issues mentioned are grouped into broad categories. As before the percentages are a rough guide to the level of interest expressed among those who answered the question.

38% MENTIONED POLITICS AND POLITICAL RIGHTS

Brexit and the subsequent government elections were hot and emotive topics in the news at the time of the survey. There was a lot of frustration about not having the right to vote over Brexit as this is an issue which affects the lives of young people going forward: 'I think that the youth should have more of a say in politics, seeing as the decisions made today will affect us the most tomorrow, and it frustrates us younger people that we have no effect or say for our futures'. BAME youth were particularly likely to mention this topic.

Under this category (although it would go equally well under the category of social justice) was also political activism with respect to LGBT rights, women's rights and multicultural acceptance. Some said that everyone should have a voice and to be listened to – including young people. A few lamented corrupt or incompetent political leaders.

23% HAD AN ISSUE WITH WELFARE/ SOCIAL JUSTICE

They wanted more equality in resource distribution and were concerned about the provision and funding of services like the NHS, education, transport and sports.

'I'd like to see a government which can benefit all different types of people for example different classes.'

'Healthcare, Education and Equality are really important to me. We should be kind towards everyone, and give what we can to benefit not only ourselves but other people.'

'The preservation of the NHS.'

'Looking out for the homeless.'

'There shouldn't be homeless people.'

'Breaking the poverty cycle.'

'Quality of education.'

'Help younger people who struggle to find opportunities to get them to the next stage in their lives, or to help them understand the different paths they can take.'

21% MENTIONED RELATIONAL/COMMUNITY CONCERNS

They wanted people to be kinder and more helpful to each other. They wanted get-togethers. They were concerned with friends and family. Some simply wrote 'social' (i.e. social issues were important to them) which could refer to community/relational concerns, but also to safety concerns, to social justice and welfare and to health and mental health: 'Relationships between people are very important to me', 'I want more connection between the young and the old', 'Be nicer to people', 'Fun activities to do together'.

18% MENTIONED MENTAL HEALTH ACTION A COUPLE OF PEOPLE MENTIONED OTHER BROAD HEALTH ISSUES SUCH AS OBESITY AND SMOKING.

'Local CAMs institute is severely under-funded. It needs more resources and more staff. It took me months to get an appointment - anything could have happened by then.'

'Mental health. NOT random talks by representatives to sufferers/victims but actual support and stopping the issue in the first place rather than how to deal with it.'

16% MENTIONED CLIMATE ACTION AND LITTER REDUCTION

'More things should be done to help the environment',

'Climate change is a really important to me trying to save the planet is needed also.'

14% MENTIONED 'PERSONAL' CONCERNS

Many of these gave no further explanation. But also categorised in this section are expressions of concern for the future, for grades and career. Personal health issues were also mentioned. Overprotective parents were mentioned. BAME youth were more likely to mention personal concerns than those classifying themselves as white: 'Personal issues are important to me. My state of wellbeing, etc.'

14% ONCE AGAIN RAISED THE ISSUE OF SAFETY

This included protection from crime (drugs, alcohol, violent crime, vandalism and domestic abuse with child abuse were all mentioned). Also disarming peer pressure and bullying, and some mentions of social media pressure. There were even 3 mentions of fear of war/world war. It was emphasised that protection should be extended to all. Those from schools in more disadvantaged neighbourhoods of Reading and 'white' youth (as opposed to BAME) were particularly likely to be concerned about safety issues. "I don't feel safe at school as many people I know have done things they are not meant to do at their age. Also walking around in Reading in the dark isn't very comforting as I don't think Reading is a safe place at night."

Because the question asked, 'What issues (personal, political or social) are most important to you?' some obviously thought they needed to choose between these three and simply wrote 'personal' 'political' or 'social' in answer to this question, and multiple people mentioned all three as being important to them. Someone added 'religious' to these three.

GETTING INVOLVED

Following the question about what issues are felt to be important, the young people were asked whether they would like to be more involved with the issues they had named. The split of responses was as follows:

- No answer to the question: 45%
- No or not really (I do not want to get more involved): 13% (or 24% of those giving an answer)
- Don't know or depends: 4% (or 7% of those giving an answer)
- Yes, I want to get involved: 38% (or 69% of those giving an answer)

Most of those who had come up with an issue also wanted the opportunity to be more involved with the issues mentioned.

A few of those not wanting to get more involved added reasons for their answer. Some of these reasons revolved around the feeling that change was outside of their personal capacity. This was either because the change required was too big (for example, wanting change in crime levels or the benefits system) or because the respondent did not have much confidence in their own ability to make a difference. For example, respondents said they did not want to get involved as 'I wouldn't help' or 'because I can't' or 'I don't have the voice or confidence to'. One said 'I have no power to change them. And I know you'd probably say, well you do, but I don't. I really don't. It's not me who can make the big differences – it's the people at the top'. However, others were simply not interested in getting involved: 'I don't care enough', 'I like to watch from afar', and 'someone else can do it'.

Some of the people who did want to get involved also felt unsure that they could make a difference, either stressing the need for wider engagement (not just them) or stressing their own weaknesses. Some were not sure how they could get involved or make a difference but were open to suggestions. It is notable that while issues like crime were at the top of the list of concerns, they were at the bottom of the list for issues the young people want to get involved with – clearly some issues are felt to be beyond the capacity of the young people to resolve alone:

'Yes, but I feel like my opinion will never make a difference.'

'Yes, I would. I'm not the most confident public speaker or advocate, but I would try my best to spread the word and get people talking and acting on our local issues.'

'I don't know how I could help but I would like to.'

Some yeses were conditional, and some would be willing to get involved regarding one issue but not another. Indeed, some of the respondents expanded on the very particular issues that they were interested in getting involved with. It may be noted that personal connection with an issue can be a driver of a willingness to get involved. Some involvement was conditional on having an organised structure which provides a way in:

'Definitely, if all the items/issues were dealt with and introduced I would want to get involved.'

'Yes, but not political or social issues. I am not really concerned with them.'

Yes, political because I disagree with the choices and decisions chosen by our parliament and governments.'

'As a victim of severe bullying in the past I want to be a main advocate in resolving it as a whole. No one should suffer as I did.'

Some gave rather lukewarm assent, such as: 'Maybe', 'Depends how', 'I don't mind', and 'If you want'.

Many gave a plain yes and some were very enthusiastic to get involved if they could, saying things like 'Yes definitely', 'Absolutely! 100%', 'Very much so', and 'I'd love to play an active role in my community'.

Others said they were already involved and even gave details such as 'I am pretty involved with some of the above by using my social media platforms for good but I would like to be more environmentally friendly and "aware" this year'.

Some were willing to engage but only at a minimal level. Some felt that change would involve a change in the attitudes of everyone ('people need to deal with their own problems'), and that as an individual they can just play their part ('practice what I preach').

Since levels of enthusiasm were quite varying, further encouragement could make a lot of difference to those on the margin.

RECOMMENDATIONS

A YOUTH SOCIAL ACTION MOVEMENT FOR READING

The recommendations set out here provide the basis for a youth social action movement in Reading and they start with young people themselves. If successful, a movement will engage all residents, set the agenda, make decisions that matter and bring about change in a collective and collaborative way – this is the challenge presented by this youth report.

1: The Youth Social Action Team and other young people should be supported to organise a **Reading-wide dialogue** that maximises engagement: of other young people primarily but also local agencies and organisations. This extended dialogue could include a conference in which young people lead on how best to link the report's content to local social action – within the framework of a social innovation movement. Joint or panel dialogues should be initiated with **open-ended discussion focused on youth needs and concerns** with agencies including Reading Buses, police, mental health agencies, teacher unions, Reading Borough Council and BAME organisations.

2: Other **Youth Social Action Teams** could be organised engaging more of Reading's youth – particularly those who expressed an interest in getting involved. These leadership programmes will link together to support a local social action movement and could include training and paying **youth counsellors or youth guides to support their peers** across Reading in community as well as institutional settings.

3: **Set up youth hubs around Reading** that are youth-led but resourced and supported by adults. Ideally, they will offer a range of facilities including cafés, rest rooms, computers, and stocked activity spaces.

4: **A review of current activities open to young people** should be undertaken with relevant agencies and with youth leadership to consider how best to significantly improve the options open to Reading's young people and how to encourage and support engagement.



THE YOUTH SOCIAL ACTION TEAM

Members of the Youth Social Action Team and the coordinator, Charlotte, reflect on the value of this research



CHARLOTTE NETHERTON-SINCLAIR

'This project had the purpose of encouraging young people to speak up and get involved in local initiatives that matter to them. You'll see quotes in the report that relate to the fact young people feel helpless to initiate change, that there is nowhere or no structure available to them to have their voices heard – so how can they make a difference when no one is listening? It's up to us as organisations to provide our youth with those support structures and platforms they need in order to speak up and to appreciate the value young people can bring to any conversation – political, social or otherwise. We hope that this research and report is the start of a new wave of youth voice, change, and action in Reading.'

PRADNYA DABHOLE

'As Reading Youth Council's Equality and Diversity Officer, I was excited to see that there was a chance to amplify the forgotten voices of the youth and wanted to ensure that our research targeted a full range of people including historically marginalised groups. I particularly appreciated the fact that the Youth Social Action Team were given the freedom to devise the research methods and execute our plan how we saw fit, so that we could fulfil our self-set aims to the best of our ability. Having led a similar research project about mental health, it is clear that this research is especially critical for civil servants to utilise in order to elevate stigmatised issues such as mental health and isolation. Additionally, action must be taken on the issues that are solely discussed and nothing more; this report brings to light the racial and religious harassment and abuse that young people have had to endure. I hope that substantial and where necessary systemic change is made to fully support the youth of Reading.'



LUCY BURROWS

'I think I've learnt a lot from our research. I've learnt about what people from different walks of life and backgrounds feel about this town and the communities within it. For myself, I've had to consider several questions about how I really feel about Reading and my experiences as a young person. I think my views on Reading as a whole have now changed. For example, I now really believe we should have a better support system in place for mental health as it's a problem that can really affect young people.'



MARYA WASEEM

'I wanted to discuss important issues with young people who cared about improving the same aspects of Reading that I did. Although face to face meetings aren't currently possible, I enjoyed every single one I attended as it was inspiring to meet people with fresh perspectives and gain more insight into different schools and youth groups. It's been a lot of fun meeting people with passion for similar subjects and how we all brainstormed ideas. . . . I remain just as keen to continue trying to make the little changes we can as a youth in order to prevent potential more serious problems occurring. Our findings have given me a lot of hope that we'll be able to reach out to those who stated specific issues more regularly, as if a lot of people all want to meet the same goal, we will be able to build and grow together!'



GEORGE ROBERTS

'Having frank conversations with peers and young people across Reading about their experiences growing up in the town has been an eye-opening experience and the process of conducting the research has taught me a variety of transferable skills that I can take into the future. This experience has taught me that we should be more hopeful for the future – young people in Reading have shown that they are engaged and hungry for positive change. The passion from young people I spoke to about the need to improve the town has been inspiring and I hope that their thoughts and ideas expressed in this report are listened to carefully and positive action is taken.'



JOANNE MUSHI

'As well as being a researcher for Reading Voluntary Action, I am also the Health and Wellbeing Officer for Reading Youth Council and I am passionate about improving the lives of young people in Reading in any way I can; I am glad to have worked towards this by being part of this project.'

Conducting the research was made much easier by the diversity within our group and our range of backgrounds, and so as a collective we were able to reach a far more representative sample of young people to make the research more accurate – which I had initially been worried about. This experience has caused me to realise that the experience of Reading by children from different schools or communities can be vastly different, which I believe has made me more curious to learn about the backgrounds of new people I meet and broadened my mind. It has also inspired me to continue trying to change the experience of Reading for young people as through interviews and focus groups I have been able to see first-hand how statistics and research links to concrete experiences of individuals more clearly. In particular, the most enjoyable part of the experience was hearing about people's experiences in in-depth interviews. What surprised me the most was the number of ideas I heard that young people had to improve the Reading community. For example, a programme to connect older and younger people, which gave me hope for the future because it showed how innovative and enthusiastic a lot of young people are to make Reading better for the next generation, which I hope I will see come to pass.'

ZARAH KHAN

'This research project has given me the awareness that it is possible to reach out to a large number of young people. Each individual has a unique and distinctive experience of growing up in Reading and we should be more understanding of their thoughts and emotions. It was thought-provoking to see mutual views amongst young people, such as the deficiency of mental health services and anti-social behaviour in the streets due to insufficient youth social hubs. Whilst empathising with the majority of the respondents' views, I believe that more needs to be done about ensuring that prejudice doesn't occur, particularly against race and religion. This is partially due to a lack of resourceful PSHE lessons and the narrowness in Religious Education in schools, leading to many misapprehensions towards ethnic minorities. This has made me determined to combat the stigmas that may ascend, and overall, I am more willing to advocate for the youth so that we live in a more respectful, safe, friendly and supportive town.'



KALVIN GABRILOV

'I've found the experience rewardingly insightful and eye opening to what else needs to be done to benefit the young community. I see this as the common motivation of every member of the group.'



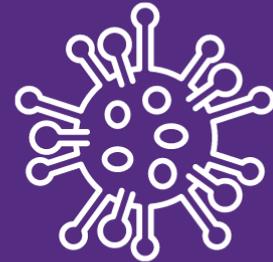
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Helping Young People
Become Mentally Fit

THE IMPACT OF COVID-19



The Voice of Young People

As told by No5 Young Ambassadors

IN THE WORDS OF: Elii Daly, Angelika Etherington-Smith,
Sanjana Krishnamurthy, Hannah Pither & Abbie Trussler

FOREWORD BY: Alyson Brickley

COMPILED BY: Carly Newman

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Acknowledgements and Foreword

Firstly, my thanks go to our Young Ambassadors for sharing their insights so openly and honestly during the COVID-19 pandemic. They are driven to help other young people learn from their life experiences.

I'd like to recognise their contribution, through ideas and content delivery (written and video) which has helped No5 provide additional resources by young people for young people during the lockdown. At No5 the voices of young people are at the centre of our service development.

I would like to take this opportunity to thank Berkshire Community Foundation and The Blagrave Trust for their essential funding to core services that have enabled us to support the No5 Young Ambassadors to complete this work.

It has been, and continues to be, a very difficult time for everyone and while our usual services moved to virtual delivery formats, the contribution of the Young Ambassadors, facilitated by The Berkshire Community Foundation and The Blagrave Trust, has meant that we have been able to offer at least some essential support to the young people of Reading during the lockdown.

Although No5 is returning to deliver face-to-face counselling, we will learn from how we have flexed our services and aim to quickly adapt should another lockdown be implemented. We are taking forward our own learnings to continue to offer young people a choice of video, face-to-face or phone counselling. No5 will continue to work with others to provide the best support we can, whatever the future holds. Ultimately, we continue to focus on helping children and young people in Reading become mentally fit but we also fully appreciate the additional demands on their mental health as a result of coronavirus. We wish to see them come through this challenging period with new emotional skills, insights and experience to be stronger and more resilient than before.

We hope this report will offer us all some understanding of the world of young people through the pandemic. I thank our Young Ambassadors again for giving up their time to share their own experiences and provide practical tips to help other young people. They are a credit to themselves and I hope we can all take their words as inspiration in the way we offer and deliver mental health services in the future. We must, as the adults, find a way to offer hope to this generation, as without hope our wellbeing is at serious risk.

Alyson

Alyson Brickley
Director, No5 Young People

About the Report

In the last few weeks and months, many reports have been published by large, national organisations about the impact that COVID-19 and the lockdown has had on our young people.

No5 wanted to be able to show the 'view from the ground' – the experiences of our central group of Young Ambassadors over the last few months. We did this in order to highlight just how challenging this pandemic has been on our young people, and how the impact of COVID-19 will be felt by these young people in the months and years to come.

Our Young Ambassadors have shared their reflections on their experiences of lockdown, and given a voice to those unheard stories of the difficulties of living in lockdown through a pandemic.

The views and thoughts of our Young Ambassadors were collected through regular group video calls during the pandemic, written content and their reactions to published reports and media articles. These were collated over a few months from July to the end of August 2020. This report has been compiled by Carly Newman (23), our former Lead Young Ambassador, and currently No5's Operations and Relationships Manager, in conversation with No5's Young Ambassadors who had full editorial control. These are their own words.

Their stories show us the deep impact that COVID-19 has had on their relationships with their families and friends, their opportunities to socialise and feel connected to their peers (which is essential for all people, but especially adolescents), their education and careers and, ultimately, on their mental health.

Their insight illustrates the difficulties that young people have faced in the last 5 months, and also sheds light on what challenges we are yet to face in terms of restoration and recovery, as we begin to come out of this period of lockdown.

Significant damage to young people's mental health has been caused by this pandemic, through long periods of isolation and being disconnected from peers; time missed in the classroom; the very real concern over careers and job prospects, and by the sense of grief felt by us all. This damage will be experienced by our young people, and the services set up to support them, in the many months and years to come.

We hope that this report, and the testimony of our Young Ambassadors, will give a voice to those unheard stories of lockdown, show us the people who 'fell through the gaps', and help us all to better support our young people and provide the services that they want and need as they will need us now, more than ever before.

Key Themes and Findings

Detailed experiences of our young ambassadors can be found later in this report, broken down by topic area. Below, we summarise common threads that arise in their experiences of lockdown.

Family & Peers

- **Restriction of independence.** As a result of lockdown young people, like everyone, were confined to spend more time than usual at home. To support adolescent development into adulthood it is important for young people to do things independently of their parents and lockdown prevented them from doing this. Will this have a long-lasting impact on young people's confidence?
- **Reduction of peer support.** The usual support network from outside the home, such as school, other family members and peers, was not to hand. Young people often find it useful to talk about how they're feeling to adults who are not their parents. The loss of these networks can heighten tension and anxiety for young people with mental health needs.
- **Split between choosing one parent.** Over 18s with divorced parents fell through the cracks during lockdown. The rules allowed under 18s to continue to see and live with both parents but over 18s were not covered. Imagine having to choose which parent you live with and the associated worry about the other parent you cannot see.

Friends

- **Digital didn't do it.** Young Ambassadors shared that communicating with friends via text and digital media did not make up for the lack of seeing their friends in person. This broke the common misconception that young people are always on their phone so 'always connected'.
- **Falsely connected.** Social media is not a place where young people are willing to admit they are struggling and need help, as they fear stigma and being accused of 'seeking attention'. Our Young Ambassadors reported social media gave them a false sense of staying connected.
- **Appearances.** Social media use increased and so did the focus on weight and looks. Be aware, this may lead to an increase in eating disorders that will not be immediately detected.

Education & Careers

- **Exams.** For our Young Ambassadors about to sit their GCSEs and A-levels, the cancellation of exams meant the pent-up adrenaline and anxiety had no outlet.
- **Isolation** was felt whilst studying alone or even if taking part in online lessons. Many reported it was a struggle to focus and motivate themselves.
- **Lack of hope & prospects** – the Young Ambassadors see their ideal roles in the industries they would like to work in moving further away from being a reality. Alternatively, they're already working and feel trapped in a job or industry that won't allow them to flourish, unable to see an opportunity to branch out.

Wellbeing

- **No team sports.** Wellbeing suffered for those who spend a lot of downtime playing team sports.
- **New or existing mental health issues.** For some there were new feelings of anxiety e.g. panic attacks experienced for the first time. Others feared there might be a reoccurrence of previous mental health issues and wondered how they would cope in lockdown.
- **Blame and guilt** Young people felt overlooked and unconsidered, as though they were responsible for spreading COVID-19. The majority of our Young Ambassadors experienced guilt – for 'not doing enough to help' and for 'feeling grateful' because they were at low risk of catching COVID-19.

During lockdown all our Young Ambassadors experienced considerable periods of feeling anxious, lonely, sad, low, isolated, bored, exhausted, frustrated, stressed and scared. With no sense of purpose and considerable damage to their sense of self-worth, they felt lost and useless. There will not be a 'quick fix' upon return to some normality.

Family

The experiences of our Young Ambassadors when it came to their families ranged broadly. Some were away from their families for an extended period, due to staying in their university towns throughout lockdown. Some spent considerably more time than normal with their families and this led to conflict and heightened tension, and some had to decide to not see one parent in order to try and keep everyone safe.

For many young people, lockdown meant an increase in the amount of time spent at home with their families, and with the added pressures and anxieties caused by the pandemic. In many cases, this has led to a sharp increase in tension and stress within the family home, which all too often resulted in an increase in conflicts between parents and their young people.

Having a support network that spans outside of the family unit is especially important during the crucial time of adolescence when young people need to feel able to leave their family home, branch out into the world and become an adult. Lockdown, in a very literal sense, prevented young people from doing that, which not only caused a huge increase in tension and conflict, but also may have temporarily inhibited this stage of development for them. This inhibition may have long-lasting impacts on young people's own perceptions of their capacity to be in the world as an adult without 'needing' their family in the same way as they did in their formative years.

“Lockdown meant that I was fighting more with my parents due to different ideas and generational differences.”

Our Young Ambassadors have reflected that their family members, especially grandparents and other older relatives, have been a heavy source of anxiety, stress and worry and that this worry has carried a heavy burden. Young people have experienced heightened worries --about these family members as they faced the very real risk of catching COVID-19 and being gravely ill or losing their lives, but also because they now had to isolate for at least 12 weeks. For most older people, especially those who live alone, visits from family and the opportunity to socialise is their lifeline, and this was very quickly taken away. Also, it is not as easy for these family members to stay connected with loved ones via the telephone or video calls, and so this made young people even more concerned as there was not an easy way to 'check in' on vulnerable family members.

There was also the worry about these family members getting the food and medicines that they needed, along with the deep anxiety of COVID-19 being 'brought in' to the house via these supplies, and the perpetual worry that young people were unknowingly contaminating these supplies by dropping them off to loved ones.

“I was really worried about my grandparents, friends and family who lived alone, and the impact of lockdown on their lives.”

Although not experienced directly by any of our Young Ambassadors, we think it should be acknowledged that many young people will have lost loved ones during this pandemic. For many, they will not have been able to say goodbye in the normal or expected way as they could not visit care homes or hospital or attend

funerals. This is likely to have a long-lasting impact on the mental health of family members.

During lockdown, it was confirmed that children under 18 with divorced parents could continue to spend time and live between their two parents' houses if that is what their custody arrangements had been previously. However, this did not cover young people aged over 18 who continued to see their parents in this way.

As spending time at, and moving between, two households was not in accordance with lockdown regulations throughout most of the lockdown period, this meant that young people who usually would spend time at both parents' households had to make a rapid decision about which parent to 'lockdown with' and which one they would not be able to see. In instances where one parent worked in a 'high risk' area, this decision was taken away from young people to try and keep everyone safe. Many young people went from seeing both parents consistently to only living with one, and not knowing when they would be able to see their other parent.

“Before lockdown we made the decision to stay at my Mum’s house until further notice as my Dad was working in a high-risk area and wanted to keep us safe. Due to being over 18, it meant I was not allowed to see him unlike those under the age of 18. This was a big challenge for me as I went from seeing him every other day, to not knowing when I was going to see him again.”

This was not only hugely disruptive to the routine that families were used to but also detrimental to the wellbeing of both young people and their parents. Parents serve a 'protective function' to their children and young people and so, where contact with a parent is removed for whatever reason, a young person is more at risk of struggling with their mental health because a central part of their support network is missing. Equally, the wellbeing of these parents who have not seen their children during lockdown will have been jeopardised, which is detrimental to both themselves and their children.

Children naturally worry about their parents, especially when they don't see them, and so young people not seeing one of their parents during lockdown would increase the burden on them as they would be more concerned about the wellbeing of that parent. Young people would also potentially feel guilty about it seeming like they have 'chosen' one parent over another, and feel guilty over the potential damage to the other parents' mental health and wellbeing while they are apart.

This worry may also be felt by children and young people whose families have lost their jobs and therefore livelihoods as a result of COVID-19, and this worry will weigh heavily on children and young people who may feel a responsibility to protect or help their parents when things are challenging.

Friends and socialising

As previously noted, the support network of a young person branches out away from their family into friendships and social circles. These groups are essential for a young person's socialisation, development, and wellbeing. The testimony of our Young Ambassadors shows that these friendships have been heavily tested and stretched during lockdown, and the connectedness that young people usually feel with their peers has been severed, not only by not being able to see each other physically, but also by the feeling of there being less to say to each other as the pace of their lives changed so dramatically.

“My friends and I stopped reaching out as much as there was nothing to talk about since our lives were the same every single day.”

It is a common misconception that young people are always connected to their peers, and therefore should not or could not feel lonely, as they are 'always on their phones'. The experiences of our Young Ambassadors clearly show that communicating with friends via text and other digital means does not give

them the same feeling of connectedness as when they are in the physical presence of each other, and this loss has weighed heavily on them during lockdown.

“I felt anxious and loneliness was starting to sink in – friends started becoming more distant due to them starting to feel this way too as well as us lacking topics to talk about and activities to do remotely. What made these feelings even harder was not having my support network of my friends around me.”

It is clear that young people have experienced deep anxiety and loneliness during this period, which has driven them apart from their peers, who were likely feeling the same way. This, coupled with the boredom and perceived lack of things to talk about, has meant that young people have become further isolated from each other, heightening their sense of loneliness and perpetuating the cycle of feeling lonely and isolating themselves.

This isolation and lack of connection, along with the physical distance between people has meant that young people have significantly lacked their support network during this time and so their everyday experiences have been harder to process and deal with as they haven't had the support of their peers to process these experiences with. This will have been particularly

“I had panic attacks during lockdown and had to deal with them without my usual support system of my friends with me.”

testing where a young person has experienced challenges with their mental health during this time. This is true for young people who struggled with their mental health prior to lockdown, but especially where a young person has experienced new challenges with their mental health, such as panic attacks, during lockdown.

This 'false feeling' would have been the most prominent in instances where a young person was struggling with their mental health, and despite maybe talking to their peers online, still felt lonely and isolated and as though they were alone with their mental health struggles.

The 'curated identities' that we project/offer on social media can, on the one hand, prevent a young person from feeling exposed, vulnerable and 'imperfect', but on the other hand prevents them from truly connecting with each other and being able to reach out for help when they need it – it is far more comfortable, and much easier, to create the perfect image of a happy, healthy version of yourself than to admit that you are struggling and need help without the fear of stigma and being accused of 'attention seeking'.

This, along with the perceived 'practical necessity' of being online and connected 24/7 has led to a toxic environment where young people are spending countless hours online, seeking connection with their peers, without ever getting the support that they need.

For many young people, their worry about friends who may live on their own and be struggling in isolation caused significant distress. Just as with their family, young people feel a responsibility to protect their friends, especially in terms of their mental health where they know they have struggled in the past.

Difficult decisions have had to be made, and young people have felt as though they have had to put themselves at potential risk to protect the wellbeing of others. For our Young Ambassador, the risk of COVID-19 was far less important than doing everything they could to prevent a mental health crisis. This came at the risk of being judged and potentially 'reported on' by other people and they were so concerned about the potential kick-back, stigma and lack of understanding of others, that having their friend 'bubble' with them at the beginning of lockdown was something they couldn't share with others. This also means that this young person has had to 'deal' with this all on their own, as the fear of stigma prevented them from being able to share this with others and be supported in this decision.

“Social media gives us a false feeling of remaining connected.”

“What we fail to consider as young people is that we only show what we want other to see.”

“Bingeing and posting incessantly on social media have become a practical necessity, unexpectedly our sole source for information around the pandemic.”

Young people are still significantly worried about their friends. They have high anxiety about asymptotically carrying the virus and passing it on the vulnerable loved ones, both friends and family.

The damage that long-term disconnectedness will be experienced for many months to come. For some young people, especially those in education, employment, or training, they will more easily be able to spring back into socialising and being together, where social distancing regulation allows. However, for those out of education, employment or training (NEET) and young people who have struggled significantly with being disconnected and isolated or have underlying health conditions who have to continue to shield; their experiences and struggles with isolation and loneliness will likely continue for many months to come. Finding it harder to re-integrate back into friendship groups and social circles and not re-establishing the support network that they previously had around them has caused significant worry and young people are worried about the longer-term impacts of this fragmentation.

“A friend of mine has social and general anxiety (and so struggled to talk to their house mates) and struggles really badly with isolation.

In order to avoid a serious mental health crisis, he moved in with me once lockdown began. I have felt bad and awkward about telling people as although we technically ‘broke the rules, and I know that some people won’t understand or think that mental health is a good enough reason, it was essential for his wellbeing. It was a decision we had to make, not so we could ‘hang out’ with a friend but to avoid serious and genuine consequences.”

Education and careers

For some of our Young Ambassadors, lockdown came at a crucial time in their education; some were about to sit their GCSEs and A-Levels, some were finishing different years at university, expecting to sit exams, finish coursework and hold exhibitions, and some were planning and preparing for their year abroad. For all our Young Ambassadors, lockdown has caused significant disruption to their education and/or careers.

It can be expected that we will see the impact of this disruption for many years to come. For some, their GCSE and A-Level results will mean they cannot go on to study the subjects that they were hoping to, and this will have a significant impact on both their wellbeing, their sense of worth, and future prospects.

“Lockdown began in quite a key point of my final year of university... my placement was cancelled... then our exhibition that we had been working towards and looking forward to all throughout all of our course had to be cancelled.”

“I assumed that life would go back to ‘normal’ and I could finish my finals and say goodbye to my first year of Law school.”

Mental health services will also see the impact of this in the issues that young people present with. For many young people, exams cause significant worry and anxiety and those feelings would have been building within them for

many months prior to lockdown. For many, the sitting of those exams expels the pent-up adrenaline and anxiety and acts as a physical release of those emotions. For young people who have not been able to sit their exams this year, these emotions have not had an outlet and young people will likely carry them for many years to come, having had no way to release or express them.

For many, the experience of online learning will have also been detrimental to their mental health, both because it has caused significant stress, and also because many young people have felt very isolated when taking part in online classes as the sessions where students’ cameras and microphones were turned off have been in stark contrast to their usual noisy, busy classes.

“The transition to online learning has not been smooth.”

The struggles that young people have experienced regarding online lessons, completing coursework and lacking suitable spaces to study has been a real gap

during lockdown. Of course, the ultimate aim had to be keeping everyone safe, but this has come at the heavy cost of young people struggling to work in isolation and facing a huge amount of pressure to continue to meet deadlines and work to their expected standard.

“I was working on my coursework before lockdown and was really looking forward to finishing it all off... Online school was its own struggle – many couldn’t focus on online lessons...and classes felt isolating.”

“I had a particularly rough time trying to finish my dissertation in lockdown – it felt like I had this massive and impossible task and I was on my own. Due to my mental health, I already really struggle with concentrating and motivating myself. Going to the library and having a separate study environment helped me when I had deadlines, but that was taken away.”

A significant gap for children and young people who were in a transition year (Year 6, Year 11, Year 13 and end of college or university courses) prior to lockdown was the opportunity to have a proper ending. Many will not have been able to say goodbye to friends and teachers who they will no longer be spending every day with come September. This is a significant loss and will potentially make starting somewhere new in September considerably harder as their previous year feels unfinished and relationships lost.

Lockdown, and the damage to the UK’s economy, has had a significant impact on job and career prospects, particularly for young people. For young graduates, they already faced what they knew would be the really uncertain task of entering the world of work following their studies. However, financial uncertainty and a potential change in the grades they were expecting due to having to work in isolation, has led to many young people feeling that entering the world of work, even in a role that they are passionate about, is close to impossible. This causes considerable loss of hope and a lack of prospects for young people which is seriously damaging to their mental health. If young people have nothing to hope for, look forward to, or work towards, they can lose their sense of purpose and find themselves feeling as though there is ‘no point’ to continuing. A lack of hope is one of the most damaging feelings we can experience.

“The uncertainty of getting a job as a graduate was already enough, now it is feeling close to impossible.”

“I was looking at changing industries to do something I am passionate about; however, it seems safer to stay where I am.”

The lack of career prospects and feelings of instability and uncertainty is also being felt by young people who may have started their working life not in the industry where they hoped to build a career. These young

people are now feeling as though they cannot branch out of where they are or move towards doing something they are really passionate about and where they imagine themselves working for the years to come. This, again, is massively damaging to a young person's hopefulness for the future and their prospects, as they are feeling 'trapped' in jobs and industries that don't allow them to grow and thrive as individuals. Many young people will feel moving into the industry that they want to remain in is time-limited, and due to the current financial instability and uncertainty facing us all, that this is not the time to make this move. The optimal time for them to do this may pass without an opportunity for them to pursue it.

We will see the impact of this for many years to come as young people will not be in jobs that they are passionate about or allow them to grow as individuals. This will have a negative impact on their mental health as they are likely to feel unfulfilled, with a lack of hope, prospects, and purpose.

Mental health

For many young people, the shine of what felt like an extended Easter holiday quickly wore off and was replaced with feelings of anxiety, loneliness, sadness, uselessness, and boredom amongst many other emotions.

For some young people, lockdown gave them time and an opportunity to focus on hobbies and interests that they usually didn't have time for, and for many, this has been hugely beneficial. However, for those who spent a large part of their 'downtime' playing sport, especially team sports, this was a significant gap for them and was detrimental to both their physical and mental health.

“More and more of my friends were staying up until 2 or 3am playing video games or watching videos which negatively affected their mental health.”

For many, exercise and sport are ways in which they stay mentally well and look after their wellbeing. For those who were able to go outside for their allowed daily exercise, this made a significant difference to their wellbeing, feeling less irritable and better all round. However, for those who could not do their usual exercise, or engage in their usual sports activities, these young people were less motivated, and their wellbeing suffered significantly.

For some young people, the boredom felt due to a lack of things to do and the lack of routine to their days meant that many of them were staying up later into the night and filling their time by playing video games and watching videos online. This, along with an increase in their use of social media has led to a negative impact on their mental health.

“With social media being a vital form of communication during this time, many of us are focusing on the online presence of others which takes a toll on your mentality and belittles personal battles and self-improvements.”

Lockdown, and the increased use of social media, has led to a rise in trends across social media platforms that can cause serious harm to young people's mental health. These include videos, blogs etc. that focus on physical appearance or using lockdown to lose weight. This is likely to have led to an increase in rates of eating disorders. Worryingly, these may go unnoticed for longer than normal as young people are not being seen by teachers, colleagues or friends and this can be harder for family to notice if they see their young person every day.

Unfortunately, there has been a gap and a lack of focus and attention on helping people to stay mentally well during lockdown as well as staying physically safe and well. Many have had to take it upon themselves to make sure they are engaging in activities that look after their wellbeing, or their mental health and wellbeing has suffered significantly.

Across the board, all of our Young Ambassadors have said they had considerable periods of feeling anxious, lonely, sad, low, lost, useless, isolated, bored, exhausted, frustrated, stressed, scared, and as though they had no sense of purpose during lockdown, and it can be expected that this is true for the majority of young people.

For some, they experienced mental health issues such as panic attacks for the first time, and for others, lockdown resulted in them struggling with their mental health in ways they had done previously and the recurrence of these feelings made young people fearful about what the impact of struggling with these feelings again might be.

As mentioned previously, an important factor in our Young Ambassadors' experience of lockdown was feeling no sense of purpose. For some, they were able to take control of this feeling by finding ways that they could help, with one working in a care home during this time. However, for others, those opportunities were not available, and a lack of purpose has left them feeling lost and useless. This can damage a young person's sense of self-worth and there will not be a 'quick fix' upon the return to some normality.

These experiences, alongside the extreme boredom due to a lack of opportunity of things for them to do has led to them feeling exhausted, which has then made it harder for young people to engage in activities and therefore perpetuates their boredom. This boredom and associated exhaustion have contributed to young people experiencing a lack of motivation during this period and this is further perpetuated by the lack of hope that they feel about their education and/or employment.

“Over lockdown there have been many trends across social media that involve bettering your physical appearance. But working on your mental health is just as important especially when previously simple tasks like going to the shops come with such overwhelming anxieties.”

“I had been in the dark and anxious mindset before and didn't want to stay there again.”

Young people also felt quite angry and frustrated during lockdown because they felt overlooked and unconsidered and as though they were 'being blamed' for spreading COVID-19. While there have been some cases of young people meeting up and not abiding to lockdown restrictions, the media attention surrounding this made young people feel as though there was a blanket judgement being made about all young people, rather than the few who were not following the regulations. This has made young people feel disenfranchised and not understood or respected.

“I have always seen the world slightly differently as a result of my OCD... For me, the word ‘pandemic’ is scary enough, but the idea that this virus was global and growing really heightened my anxiety. Undoubtedly, I was angry at myself because of this. I had made so much progress over the years to overcome certain aspects of my OCD, but the lockdown really threatened this.... A large part of my OCD stereotypically surrounds illness.... and I felt overwhelming anxiety and guilt.”

Anxiety, especially about being in public spaces and doing once normal things, will be a lasting impact of COVID-19, particularly for those young people living with disorders such as social anxiety disorder and instances of OCD which surrounds illness and cleanliness. Our Young Ambassadors have consistently shown that this was a gap in the thinking surrounding, and provisions available, during lockdown. This particularly impacts young people who live alongside ongoing mental health issues but were not receiving support prior to lockdown. To young people, it seems as though they were left 'high and dry' to make it out on their own in terms of their mental health unless they were experiencing a crisis.

Guilt was also experienced by our Young Ambassadors. They felt guilty about 'not doing enough to help' but also guilty about feeling low and as though they 'should be grateful' for what they have and for not having caught COVID-19. This guilt about the way that they were feeling will mean that they have not given themselves the permission to experience those negative emotions or given themselves the time or space to process them but suppressed them and 'carried on'. This potentially will result in longer-term mental health issues across our young people who eventually will need an outlet.

As mentioned previously, although none of our Young Ambassadors has experienced the grief that will be felt by so many families who have lost loved ones due to COVID-19, it should be acknowledged that there will be collective grief felt by all society. We collectively will grieve for the tens of thousands of people who have lost their lives in the UK alone, and also grieve for a way of life that, at the moment, seems will never return.

In their own words

Our Young Ambassadors' personal experiences of lockdown (unedited).

Abbie's Story

My personal experience has been a bit of a rollercoaster. I started feeling quite calm about COVID-19 and the process of going into lockdown due to my dad's role at work as well as maybe the lack of information and research that had been done at that current time. On the day we went into lockdown I felt kind of prepared, I expected it to happen that week, so I said goodbye to my work friends and emptied my locker just in case. I feel that having this closure helped me at the start. A few weeks in was when this positive and calm outlook started to fade, and I felt the anxiety and loneliness sink in. Friends started becoming more distant too, due to them starting to feel this way as well as us lacking topics to talk about and activities to do remotely.

What made these feelings harder was not having my support network around me of my friends but also my dad. Even though I am now 20, I still stick to the custody schedule my parents have with my sister and I as I still live at home and quite enjoy it. Before lockdown, we made the decision to stay at my mum's house until further notice as my dad was working in a high-risk area and wanted to keep us safe. Due to being over 18, it meant I was not allowed to see him unlike those under the age of 18. This was also a big challenge for me as I went from seeing him every other day to not knowing when I was going to see him again. Amidst all this I also had a feeling of being lost, I work in hospitality so working from home was not possible and unlike some of my friends who go to uni, I had no studying to take part in. I genuinely felt like I had no purpose.

I then took a step back and looked at where I was, how I was feeling and why. I then wanted to make some improvements, I had been in the dark and anxious mindset before and didn't want to stay there again.

I created some new purposes to keep my mind active and to give me a reason to wake up in the morning. This gave me things to aim for and also to evaluate where I want to be in the future. Not long after, things started to ease, I was able to see my dad again after 2 months, I returned to work halfway through May, and was allowed to see friends and other family at a distance.

However, with the return to work and as more things started to re-open, I felt more anxious about doing simple things like getting petrol, popping into the shop, etc. Even now I am still struggling to work through these social anxieties and sometimes feel disappointed in myself due to having worked hard to get through these barriers in the past.

From reading multiple reports of the impact COVID-19, etc, has had on young people, I feel that they mostly match up to my experiences. However, I do feel they are lacking the view from those who are over 18 who didn't decide to go to uni and those with divorced parents who haven't been able to see the other. I feel that for those like me, there is a gap as we may not receive the support our peers may receive, and I am uncertain about any advances within my career in the next few years. I was looking at changing industries to do something I am passionate about; however, it seems safer to stay where I am.

Angie's Story

Lockdown has been a bit all over the place for me. While it did have some good moments, it also had many lows. Lockdown at first was just a bit of an inconvenience for me-it was the week I was working on my coursework for different subjects. I was really looking forward to finishing them off, and then lockdown was announced and two days later the schools were closed. Online school was its own struggle. Many couldn't focus on online lessons, and since cameras and mics were mostly turned off the lessons with full, busy classes felt even more isolating, since it was just so quiet! As the key dates passed-last day of exams, prom, summer concerts, last day of school - we all felt sadder but also more accepting of lockdown.

Some focused on hobbies or creative outputs that they never have enough time to indulge in during normal school time, especially in exam season. More of my artsy friends completed their old projects and started new ones, and felt more content as artists, whether specialising in music or textiles.

However, others struggled much more, those whose hobbies were mostly sport based, especially those playing team sports since many of clubs were closed to obey the social distancing guidelines. I noticed that more guys and girls were gaming. For some, this was quite new and can be seen as a positive effect of lockdown-exploring different interests and gaining new skills. The negative part of that was that more and more of my friends were staying up till 2-3am gaming or watching videos, which ended up affecting their mental health negatively, whether due to getting little sleep or fighting with parents. Yet another reminder that every coin has two faces.

My negatives in lockdown included having and dealing with a panic attack without my usual support system of my friends with me; fighting more with my parents due to different ideas and differences between generations; more and more feeling useless due to lack of activities I could do safely. Loneliness was an issue in the middle of lockdown. After the first few months, my friends and I stopped reaching out as much-there was nothing to talk about since our lives were the same every single day. For a couple of months, it was just awkward starting conversations. And then we all kind of adapted to not talking as much as we did. We got involved in projects or interests, and actually started talking again, about new things we did in lockdown.

There were positives that kept me going, and I actually ended up learning new things about myself. My drama group kept rehearsals going via Zoom and it was a relief to see everyone every Friday for a couple of hours. I became really interested in youth action and took part in a number of campaigns, discovering that I actually enjoy things like that, and now I'm looking forward to things I can partake in post-lockdown. I've never enjoyed PE lessons, but in lockdown, I noticed that on the days I didn't follow the exercise routine I created, I felt much worse: less motivated, more moody, more irritable and just all-round worse. "Exercise helps mental health" became more than just a phrase the PE teacher tells you before making you run cross country. It really did end up making a difference to my day-to-day attitude.

So yeah, while every day is different in lockdown, I think it ended up being as normal as it can be when the world has a new plague every month. Just got to take it one day at a time.

Hannah's Story

Living in a Global Pandemic: OCD edition

A year ago, if someone had said there would be a virus that would start a global pandemic, forcing countless countries to go into lockdown; I for one know I would not have believed it. I have always seen the world slightly differently as a result of my OCD. So, to one day wake up and have everyone suddenly taking all these additional precautions that I didn't think twice about doing was surreal. Not to brag or anything, but I like to think I was ahead of the game.

For me, the word 'pandemic' is scary enough, but the idea that this virus was global and growing really heightened my anxiety. Undoubtedly, I was angry at myself because of this. I had made so much progress over the years to overcome certain aspects of my OCD, but the lockdown really threatened this.

I quickly realised that I had the wrong attitude towards it. I engaged myself in news updates and researched thoroughly around how I could play my part to help during the pandemic. A large part of my OCD stereotypically surrounds illness so my vigilance with PPE and cleanliness was helpful in this case.

I began working in care because the vast research I had completed drew attention to the ever-inclining death rates in care homes as a result of the virus. This took me away from my overwhelming anxiety and guilt as I felt as though I was doing everything I could to help. It also took away from the loneliness and gave me a sense of purpose again.

Sadly, I know many young people, like myself at the start of it all, who were very negatively impacted by lockdown. What we fail to consider as young people is that we only show what we want others to see. With social media as a vital form of communication during this time, many of us are focusing on others' online presence. Which takes a toll on your mentality and belittles personal battles and self-improvements. Over lockdown there has been many trends across social media that involve bettering your physical appearance. But working on your mental health is just as important as working on your physical health. When simple tasks like going to the shop come with such overwhelming anxieties, just being willing to do these activities is an amazing thing; something that should be celebrated.

We need to draw attention to the fact that, as a collective, we are surviving a global pandemic. This shouldn't be overlooked. As although it is hard, we are getting through it. We are all living through it; however, this may be.

Sanjana's Story

Much like the vast majority of young people in the UK, I went into lockdown wearing rose-tinted glasses. After a hasty goodbye to my flatmates at University, I arrived home with a suitcase full of dirty laundry prepared to take a 2-week holiday. I assumed that life would go back to 'normal' after Easter at best, where after I would return to Uni to finish my finals, spend summer with my friends and say goodbye to my first year of law school.

Unfortunately, this 'normal' life never came for me. Battling both extremes of anxiety and utter boredom has been nothing but frustrating and exhausting. In addition, the transition to online learning has not been smooth.

Bingeing and posting incessantly through social media have become a practical necessity, unexpectedly our sole source for information around the pandemic. False feeling of remaining connected with our wider community.

Feeling of gratefulness mixed with survivor guilt.

Elii

Lockdown began in quite a key point of my third year. I wasn't necessarily stressed about me catching the virus itself, (because I am fairly young and able-bodied) but I was worried about my grandparents, my friends who lived alone, and also the impact of the lockdown on life. When the lockdown started to begin my placement was cancelled, all of our group meetings were moved online. Then our art exhibition, that we had been working towards and looking forward to – not only all year but all 3 years of our course, had been cancelled.

I was worried about the mental health of my loved ones, especially those who lived alone - I know from my own experience how long periods of isolation can massively impact someone's mental health.

I had a particularly rough time trying to finish my dissertation in lockdown – it felt like I had this massive and impossible task and I was on my own. Due to my mental health I already really struggle with concentrating and motivating myself. Going to the library and having that separate study environment helped me when I had deadlines – but that was taken away. I coped by turning the spare bedroom into a little office, I would still very often get distracted, however, it was better than working in my bedroom. I also very luckily had a course mate who was a massive help, who would spell check my work and let me ramble about my ideas to make them clearer in my mind.

Our art exhibition became online, as I was on the website design team, my small responsibility had become the main event.

I also had a friend who lived in halls and has social and general anxiety (therefore struggles to talk to housemates), who also struggles very badly with isolation. He essentially moved in with me once lockdown began. This helped us both avoid any big mental health crisis/episodes - that would have otherwise inevitably happened. I sometimes feel bad, or awkward telling people, since we technically 'broke the rules', and I know that maybe some people won't understand - or won't think that mental health is a good enough reason. However, it was a decision that was essential for our wellbeing, not just so we could hang out with a mate but to avoid serious and genuine consequences.

Now that lockdown is gradually lifting, and I have finished my dissertation and my degree (yay) my concerns have shifted. I get a little nervous in public spaces, especially when people don't stay the recommended distance. The uncertainty of getting a job as a graduate was already enough, now it's feeling close to impossible. I worry about my partner and my friend's anxiety around catching the virus and passing it on to a vulnerable loved one.

However, with finding new coping mechanisms for new challenges, things are improving.

Conclusion

We cannot predict the whole picture of what the mental health of young people will look like going forward, or what long-term impacts we will see from this pandemic. However, it is clear that the mental health of our young people has suffered significantly and the effects of this will be seen by us all in the years to come.

If our young people are going to rise up and thrive from their experience of this pandemic and go on to be honest forward-thinking leaders that we will need as we recover from this pandemic, now more than ever we must to be there to support them.



Helping Young People Become Mentally Fit

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Tel: 0118 901 5668



If this report has raised feelings or worries, you'd find helpful to discuss please contact our Young People's Helpline. Text TALK followed by your first name and postcode to 07786 202430 to request a phone call from one of our trained counsellors.

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES - EDUCATION, EARLY HELP & SOCIAL CARE, BRIGHTER FUTURES FOR CHILDREN

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICE AND EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	8
TITLE:	CHILDCARE SUFFICIENCY ASSESSMENT		
LEAD COUNCILLOR:	COUNCILLOR LIZ TERRY	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	BRIGHTER FUTURES FOR CHILDREN: EARLY HELP	WARDS:	BOROUGHWIDE
LEAD OFFICER:	CORRINE DISHINGTON	TEL:	
JOB TITLE:	SERVICE MANAGER 0-5S	E-MAIL:	Corrine.dishington@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Childcare Act 2006 places a legal duty on all local authorities to ensure that there is sufficient childcare in their area. The purpose of this report is to share the 2020/21 Childcare Sufficiency Assessment (CSA) for information and comment.
- 1.2 Under Section 6 of the Act there is a requirement on local authorities to produce an annual sufficiency assessment on the availability and sufficiency of childcare in their area. The responsibility to complete the assessment is delegated by the local authority to Brighter Futures for Children.
- 1.3 Section 12 places a duty on local authorities to provide information, advice and assistance to parents and prospective parents relating to the provision of childcare and services or facilities that may be of benefit to parents and prospective parents, children and young people. It is advised this Childcare Sufficiency Assessment is viewed alongside the information available on the Reading Family Information Service
- 1.4 This assessment provides a summary of childcare provision in Reading with the aim to support:
 - Parents to gain an understanding of the types of childcare on offer in Reading and help to inform decisions about childcare options for their family
 - Childcare providers to understand the local childcare market and to help them make informed choices to better meet the childcare needs of families in Reading
 - Brighter Futures for Children by providing a structured picture of the current childcare offer in Reading that informs potential actions for market management to meet demand and the forward strategic planning for primary school places.
- 1.5 The CSA provides a snapshot of the position of the childcare market. The impact of the Covid 19 pandemic on the sector has created challenges in producing meaningful data and analysis of the childcare market in Reading. The CSA provides an indication of trends or areas for further investigation and action, and the tools used in the production of the assessment enable ongoing analysis and monitoring of the childcare data for future planning.

2. RECOMMENDED ACTION

2.1 That the 2020/21 Assessment be noted and endorsed.

3. POLICY CONTEXT

3.1 While complying with the duties above local authorities must have regard to statutory guidance provided by the Department for Education. This ensures that early years funding is offered consistently and fairly. The latest guidance on early years funding can be found at the following www.gov.uk/government/publications/early-education-and-childcare--2

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 This proposal will contribute to the key priority set out in the Council's Corporate Plan 2018-21, of protecting and enhancing the lives of vulnerable adults and children and to ensure that every child is safe and can achieve their potential and aspirations.

5. EQUALITY IMPACT ASSESSMENT

5.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 An Equality Impact Assessment (EIA) is not relevant to the decision.

5.3 In this regard you **must** consider whether the decision will or could have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.



Reading Childcare Sufficiency Assessment 2020-2021

Early Years Childcare
Sufficiency Assessment

The assessment is a statutory
duty of the Childcare Act 2006

OWNER

Corinne Dishington

VERSION

Version 1.1

DATE

February 2021

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Civic Offices, Bridge Street,
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Company number 11293709

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Introduction

The Childcare Act 2006 places a legal duty on all local authorities to ensure that there is sufficient childcare in their area. In particular, the local authority has a duty to:

- Secure sufficient childcare, so far as is reasonably practicable, for working parents, or parents who are studying or training for employment, for children aged 0 – 14 (or up to 18 for disabled children)
- Secure early years provision free of charge for all three and four year -olds and eligible two-year-olds (570 hours a years)
- Secure 30 hours free childcare for working parents
- Provide information, advice and assistance to parents and prospective parents on the provision of childcare in their area

The duties in the Act (section 6) requires local authorities to shape and support the development of childcare in their area in order to make it flexible, sustainable and responsive to the needs of the community. This role is described as the “market management” function, supporting the sector to meet the needs of parents, children and young people, parents and stakeholders.

Under Section 6 of the Act there is a requirement on local authorities to produce an annual sufficiency report on the availability and sufficiency of childcare in their area. The responsibility to complete the annual sufficiency assessment is delegated by the local authority to Brighter Futures for Children.

Section 7 requires local authorities to secure prescribed early years provision free of charge. This provision is for eligible children aged two, three and four-year-old. All three and four-year-olds are eligible for some funded early years provision.

Nationally approximately 40% of two year -olds are legally entitled to Funded Early Years provision, based on national criteria (see appendix 4):

The Childcare Act (2016) extended the Childcare Act (2006) and the duty to provide universal entitlement for three and four year olds; since September 2017 eligible families have been entitled to 30 hours funded childcare for three and four year olds, extending the previous provision of up to 15 hours a week (570 hours a year) universal early learning for this age range.

Section 12 places a duty on local authorities to provide information, advice and assistance to parents and prospective parents relating to the provision of childcare and services or facilities that may be of benefit to parents and prospective parents, children and young people. It is advised this Childcare Sufficiency Assessment is viewed alongside the information available on the Reading Family Information Service (FIS).

Purpose of the Childcare Sufficiency Assessment (CSA)

This assessment provides a summary of childcare provision in Reading with the aim to support:

- Parents to gain an understanding of the types of childcare on offer in Reading and help to inform decisions about childcare options for their family
- Childcare providers to understand the local childcare market and to help them make informed choices to better meet the childcare needs of families in Reading

- Brighter Futures for Children staff by providing a structured picture of the current childcare offer in Reading that informs potential actions for market management to meet demand and the forward strategic planning for primary school places.

While complying with the duties above local authorities must have regard to statutory guidance provided by the Department for Education. This ensures that early years funding is offered consistently and fairly. The latest guidance on early years funding can be found at the following www.gov.uk/government/publications/early-education-and-childcare--2

The publishing of the annual Childcare Sufficiency Assessment is part of the local authority's legal duty in managing the childcare market to ensure there is sufficient childcare. It must be recognised that the statistics and data are fluid and constantly changing. This document only provides a snapshot of the position of the childcare market at any given time. It must be noted that this year has been particularly challenging to provide meaningful data and analysis of the childcare market in Reading. Nevertheless, this assessment still provides a good indication of trends or areas for further investigation and action, and the tools used in the production of the assessment enable ongoing analysis and monitoring of the childcare data for future planning.

The Childcare Sufficiency Assessment will be of interest to parents, providing them with an overview of the childcare which is offered across the town and in their locality. It will be useful to existing and potential childcare providers when considering a change to delivery model, expanding provision or starting up in new areas. The childcare market is particularly dynamic, with many factors affecting demand and supply, especially parental choice. The findings of this report are indicative only and further detailed analysis of local areas should be undertaken by childcare providers to fully understand the local market. This report is to be shared with the public, local authority officers, elected members and the childcare market.

Covid-19

This assessment is for the year 2020-2021, however, due to extraordinary circumstances most of the data has been taken from March 2020 when the market was last stable. This document highlights some of the short- term impact for the sector since Covid-19 restrictions were put into place.

The country has experienced three lockdowns due to the Covid-19 pandemic since March 2020. Guidance issued to the sector during significant periods of 2020/21 has entailed periods of schools and childcare providers only being open for children of critical workers and vulnerable children. Concerns have been publicised nationally and locally of the impact on the sector as many childcare providers, even with government support, will struggle to remain financially viable if the situation continues.

Following the initial lockdown in March 2020, government signalled the wider opening of early years and childcare provision on 1 June 2020. A large majority of local providers re-opened on this date, albeit with restricted numbers and in some cases a reduced offer for parents. There was a steady increase in children attending from September 2020. However, the two- week lockdown in November followed by a further lockdown from January 2021 has seen numbers fall once more. Early Years provision was advised to remain fully open during this latest lockdown, but parental confidence has resulted in a low take-up of places. It is difficult to predict future demand. Although much of this assessment is based on the data prior to Covid-19, the action plan responds to the impact and identifies measures the local authority will take to support childcare providers in future.

The main findings of this report are:

- There are no sufficiency issues related to quality of childcare provision, as 97% of providers in Reading were judged Good or Outstanding by Ofsted at their most recent inspection (Ofsted inspections of Early Years provision have been suspended (except the most urgent) throughout lockdown.
- There are currently sufficient childcare places for 0-4 year olds, including funded early education entitlement places for two, three and four year olds, albeit some may not be in the area preferred
- The town centre and Whitley ward have been identified as areas to monitor regarding future growth where the number of families is anticipated to increase over the next few years in line with housing development. Sessional care in Whitley is particularly low.
- Parents have a varied choice of childcare providers in most areas of Reading

Reading demographic information

Estimated population of Early Years aged children living in Reading			
Under 5 Population Reading	Male	Female	Total
Total	5861	5428	11289
0	1097	1033	2130
1	1115	1085	2200
2	1220	1113	2333
3	1252	1149	2401
4	1177	1048	2225
Data Source – ONS Mid year 2019			

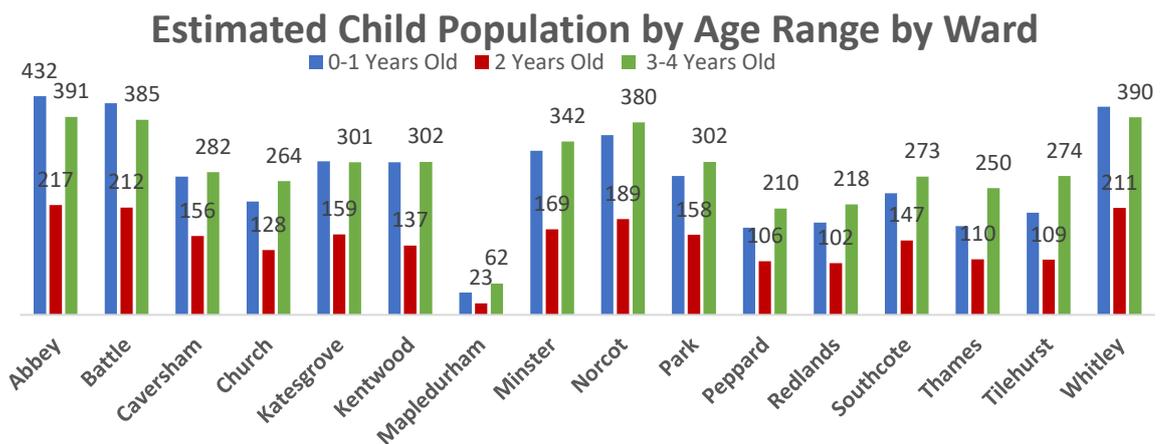
Nationally the under 5 population grew at the slowest rate for 15 years between mid-2018 and mid-2019. This is due to the lowest number of births for 14 years alongside an increase in emigration and a fall in international immigration. Reading data reflects the national change in the population of children who are 2-years old and under but the number of 3-year-old children living in Reading has slightly increased.

Reading is a vibrant town, hosting the headquarters of several multi-national companies. It also has good transport links across the South East and more favourable house prices than London. Data for Reading shows a decrease in the birth rate over the last six years and factored with a net negative migration number has resulted in a slight decrease in the under 5s child population. The development of housing in Reading (appendix 3) shows there are currently 5387 planning permissions.

A high number of housing development could increase the challenges in maintaining sufficiency of childcare places in the future. Wards such as Abbey and Whitley are developing new housing at a much higher rate than other wards, especially in the form of flats. Traditionally families living in flats within the town centre would migrate to the suburbs as their family grew. The current economic environment could see more families remaining in their properties which would see us experience an increase in demand for childcare within the town centre.

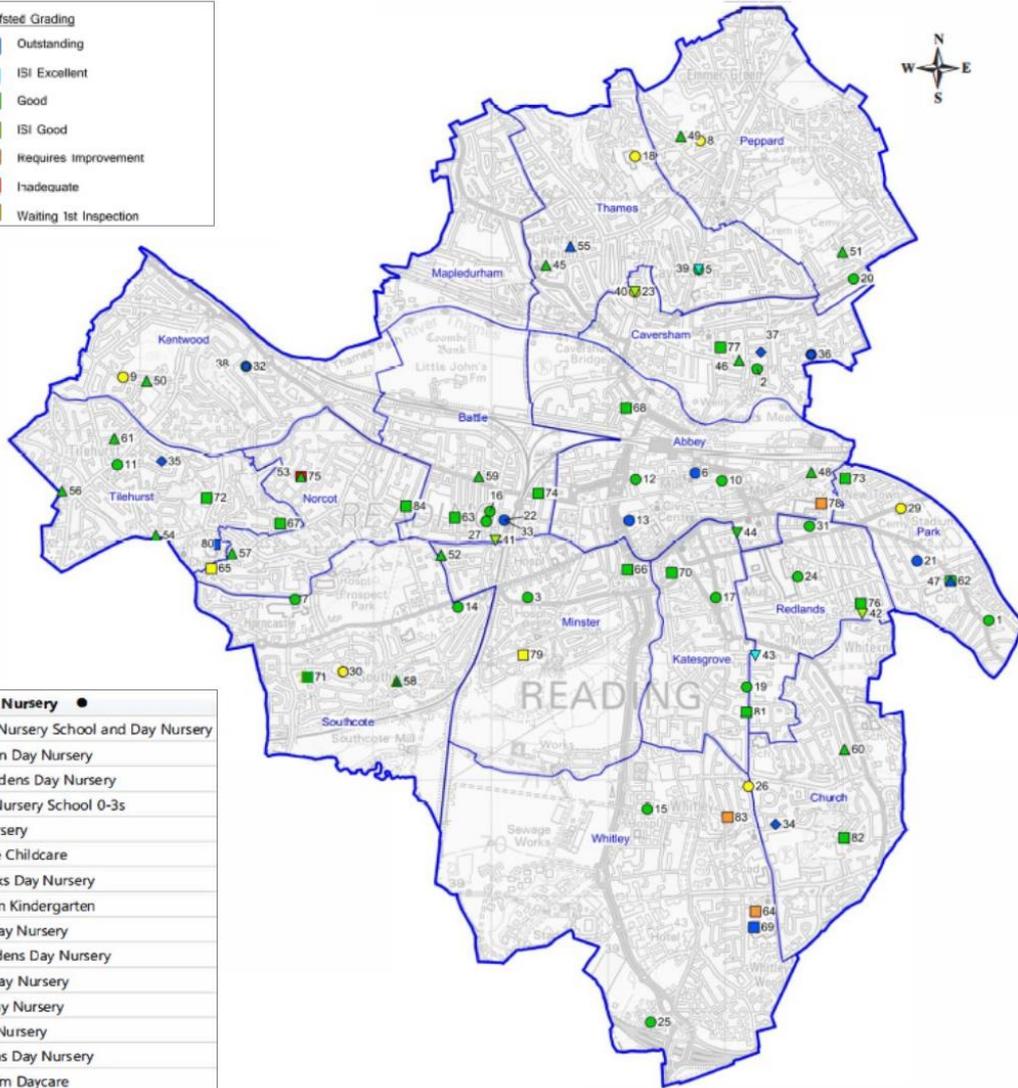
The potential increase in population due to growth in housing development could have a significant impact on the demand for childcare. New homes, jobs, schools and improved transport links could increase the potential need for early years childcare in the town.

Type of Provision	January 2018	January 2019	January 2020
Pre-School	20 ↓	20 →	19 ↓
Full Day Care	30 ↓	32 ↑	34 ↑
Independent Nursery	6 →	6 →	6 →
Childminder (registered and claiming EY funding)	33 ↑	32 ↓	34 ↑
Childminder (Not claiming EY funding)	78 ↑	87 ↑	77 ↓
Maintained Nursery School	5 →	5 →	5 →
Maintained Nursery Class	22 →	22 →	22 →
Total Providers	194 ↑	204 ↑	197 ↓



Childcare Providers in Reading

Reading maintains a consistent mix of childcare provision with delivery of places from all provider types including day nurseries, pre-schools, primary schools, maintained nursery schools and childminders. As of January 2021, there were a total of 197 early years childcare providers in Reading. This was a decrease of 7 providers from the previous year. Most of the closed providers were childminders and one was a pre-school whose premises were returned to a local church. Despite the impact of Covid, in January 2021 the majority of provision remains open with a small number of childminders closing and new start-ups entering the market. Overall numbers have remained fairly constant over the last year.



ID	Private Day Nursery
1	Abbeymore Nursery School and Day Nursery
2	Banana Moon Day Nursery
3	Berkeley Gardens Day Nursery
4	Caversham Nursery School 0-3s
5	Chiltern Nursery
6	Co-operative Childcare
7	Dickory Docks Day Nursery
8	Emmer Green Kindergarten
9	Fledglings Day Nursery
10	Forbury Gardens Day Nursery
11	Goldilocks Day Nursery
12	Greyfriars Day Nursery
13	Kennet Day Nursery
14	Little Dragons Day Nursery
15	Little Kingdom Daycare
16	Littlelots Nursery
17	Mary Seacole Day Nursery
18	MonkeyMoos Highdown
19	Northumberland Day Nursery
20	Orchard Day Nursery
21	Park Day Nursery
22	Pine Rivers Kindergarten Day Nursery
23	Play Day Nursery
24	Rainbow Day Nursery
25	Reading International Busy Bees
26	Sure Start Whitley Children's Centre,
27	The Bee's Knees Nursery
28	The Coley Lodge
29	The Honey Bee Day Nursery
30	The Lodge Day Nursery
31	The Wigwam Day Nursery
32	Waterside Day Nursery
33	Western Elms Nursery School

ID	Nursery
34	Blagdon Nursery
35	Blagrove Nursery School
36	Caversham Nursery School
37	New Bridge Nursery
38	Norcot Early Years Centre

ID	Independent School
39	Caversham Preparatory School
40	Hemdean House School
41	St Edwards Prep
42	St. Joseph's College Preparatory School
43	The Abbey School
44	The Deerway Montessori School

ID	Pre-School
45	Caversham Heights Pre-School
46	Crawshay Pre-School
47	Crescent Under Fives
48	Dingley's Promise
49	Emmer Green Pre-School
50	Little Badgers Pre-School
51	Micklands Pre-School
52	Parkside Pre-School YMCA Reading
53	Ranikhet Rainbows Pre-School
54	St Michaels Pre-school
55	St Andrew's Pre-School
56	St Joseph's Nursery
57	Stepping Stones Pre-School Group
58	The Grange Pre-School
59	The Honey Bee Pre-School
60	The Little Owl Pre-School
61	Victoria Road Pre-School

ID	Primary
62	Alfred Sutton Primary
63	Battle Primary Academy
64	Christ the King RC Primary
65	Churchend Academy
66	Coley Primary School
67	English Martyrs RC Primary School
68	EP Collier Primary School
69	Geoffrey Field Infant School
70	Katesgrove Primary School
71	Manor Primary School
72	Moorlands Primary School
73	New Town Primary Academy
74	Oxford Road Community School
75	Ranikhet Primary Academy
76	Redlands Primary School
77	St Annes RC Primary School
78	St Johns CE Primary School
79	St Mary & All Saints CE Primary School
80	The Avenue Special
81	The Palmer Primary Academy
82	The Ridgeway Primary School
83	Whitley Park Nursery & Primary School
84	Wilson Primary School

Title: Childcare Providers in Reading Nursery, Pre-School and Out of School Childcare Providers as of 20th August 2020
 Ref: Childcare_Providers_Oct 2020.wor
 Dwg No.: GIS00297
 Produced by GI & Business Systems
 Date: 11/12/2020
 Scale at A3: 1:35000
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Map of Early Years Childcare providers in Reading (not including Childminders) and Ofsted grading

Childcare places available in Reading

The number of Reading childcare providers has remained constant over the last 3 years. As some businesses have closed others have opened to rebalance the market. Reading has seen a 9% decrease in registered childminders not offering early year funding. Some of these are due to retirement rather than economic factors.

The largest number of Ofsted registered places are in the Full Day Care sector. These places are to secure sufficient childcare for working parents to access. Many day care settings have been adversely affected over the last twelve months by an overall decline in parental demand caused by the COVID pandemic and subsequent changes to working practices. The sustainability of the sector will be dependent on parental demand in the short to medium term. There is a risk if demand reduces providers may close and then if demand rises in the future it will be challenging to revitalise the Early Years childcare market.

The Family Information Service (FIS) is contracted to deliver childcare information on behalf of Brighter Futures for Children. The team manages and collates childcare data in order to provide free individually tailored information, advice and guidance directly to parents and carers. The Family Information Service advises and supports childcare providers to update their Local Offer. The Local Offer covers the services they provide in Reading. Local Offers are promoted via the Reading Services guide - www.reading.gov.uk/services guide.

The number of registered places represents the maximum number of children who can attend a setting at any given time. Places offered at settings depends upon the provider type, accommodation and staffing levels, with some providers having multiple settings across Reading. The number of available childcare places in a setting can vary depending on staffing ratios and age ranges of the children. The vacancy numbers can fluctuate rapidly, as children may leave a setting or change times they attend. The majority of providers reported having current vacancies (see appendix 1) suggesting parents are able to access places for their children, although these may not be in the desired location.

Providers may choose not to offer all registered places and operate below their maximum capacity for either financial or staffing capacity.

Childcare capacity, in particular for pre-school children, fluctuates throughout the year. Places come under increasing pressure in the summer term ahead of school intake to Reception in September. This results in a challenging environment to predict sufficiency on an annualised basis and especially in the last twelve months due to the pandemic and subsequent lockdowns.

Childminders offer places across the age ranges and make a significant contribution to the stock of available childcare in Reading.

Provision for children and young people aged 11-14 years old is more likely to be out of school (in the form of clubs, activities and groups) and delivered by schools, for their own pupils and for less than two hours. This provision is not required to be registered as childcare with Ofsted. Data shows there are significant gaps in certain wards for Out of School care and Holiday provision, however the supply does meet the demand with regards holiday club and out of school provision in relation to childcare. There are increased requests for activity clubs in the 12+ age groups rather than formal registered childcare, this can be fully supported by the Family Information Service for universal

services. There is however an increase demand for clubs for short breaks and activities for children and young people with SEND, including formal childcare as a respite offer. It is unknown the impact of the pandemic and restrictions placed on these providers and their future decisions and financial sustainability.

Number of Childcare Providers By Type & Ward – March 2020

	EY Funded Childminder	Childminder	Day Nursery	EY Funded Independent School	Pre School	Maintained Nursery School	Maintained Nursery Class	Total
Abbey	2	3	4	1	1	0	2	13
Battle	4	6	5	1	1	0	2	19
Caversham	1	3	3	1	1	2	1	12
Church	1	1	0	0	1	1	1	5
Katesgrove	0	1	2	0	0	0	2	5
Kentwood	3	3	2	0	1	1	0	10
Mapledurham	1	4	0	0	0	0	0	5
Minster	2	4	1	0	2	0	2	11
Norcot	3	7	0	0	1	0	3	14
Park	4	6	3	0	1	0	2	16
Peppard	1	17	2	0	2	0	0	22
Redlands	0	0	2	2	0	0	1	5
Southcote	4	0	3	0	2	0	1	10
Thames	0	11	3	1	2	0	0	17
Tilehurst	3	9	1	0	3	1	3	20
Whitley	2	5	3	0	0	0	3	13
Total	31	80	34	6	18	5	23	197

Reading has a good balance of childcare by type in each ward. Peppard has a high total number of providers, including 16 childminders and total number of childcare places responsive to the demands of the Ward. Mapledurham has low childcare places reflective of the low child population. Abbey ward has one of the highest number of day care providers. Data shows that Abbey ward is one of our most populated wards with increasing residential development.

The four Wards with the highest percentage of Reading's under 5s population are Abbey 9.2%, Battle 9%, Whitley 9% and Norcot 8.2%. The overall percentage of registered childcare places in Abbey 9.1% matches population estimates, however, the population estimates in Battle 6.8%, Whitley 8.2% and Norcot 3.9% fall short if childcare demand is high. This is especially so in Battle which has seen a day care setting close since March 2020 so any excess demand may put additional pressure on neighbouring wards such as Abbey. The demand in Norcot ward which only has 3.8 % of registered childcare places in Reading could be met by childcare providers on the border with Tilehurst ward and provision based in West Berkshire. It should be noted that Abbey and Battle wards both include registered places available at independent schools. The highest number of current housing planning permissions are in Abbey and Whitley wards. Increased child population within these two wards

could put pressure on the current availability of childcare places. Analysis of attendance data for January 2019 showed that most children attended an early years provider in their home ward.

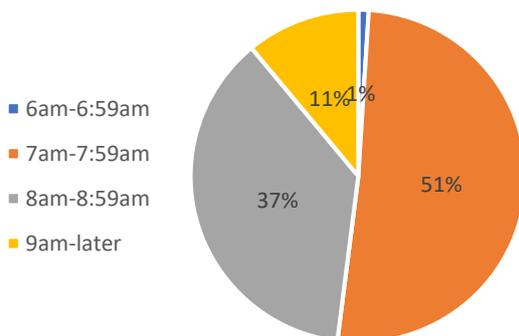
Parental choice and flexibility play a large part in determining childcare sufficiency making local demand difficult to predict. The largest percentage of registered places in Reading is in the full day care sector which generally offers more flexibility to meet the demands of working parents. The shifting childcare need of parents currently affected by the COVID pandemic is starting to impact some childcare providers as indicated in our Provider and Parent surveys. Recent census data will enable a fuller analysis of childcare take-up and the wider impact on the market into the future.

The assessment concludes that although there are local variations in places offered by different providers, on the whole Reading has a balanced childcare market.

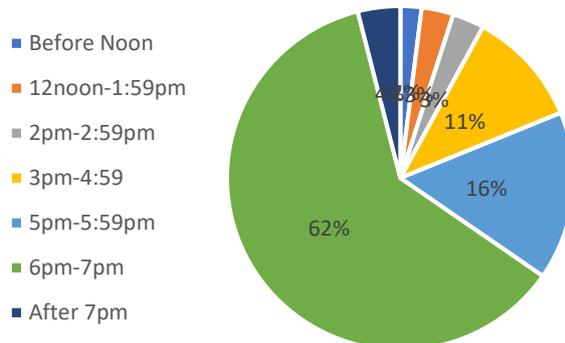
Early Years Childcare Providers Opening Times

Most childcare providers open between 7am to 8am and close between 6pm to 7pm. Only 1% opened earlier than 7am and 4% closed later than 7pm. Childminders tended to have the most flexibility in the hours they offered.

Opening Times



Closing Times



70% of childcare providers are open all year round. This includes a large number of childminders who may not offer early years funded places. 30% of childcare providers offer term time only funded places. Most of these places are offered in pre-schools and maintained nursery schools and classes. Two childminders can offer weekend care.

Early Years Childcare Costs

Average Costs of Childcare in Reading by Provider Costs (March 20 snapshot from Providers)

	Per Hour	Per Session	Per Day	Per Week	Per Term
Childminder	£5.25	£25.14	£45.67	-	-
Day Nursery	£6.65	£32.47	£56.28	£224.68	-
Pre-School	£5.62	£16.82	£33.85	-	-
Holiday Scheme	£7.50	£27.20	£30.18	£208.88	-

According to the Family and Childcare Trust childcare prices have increased above inflation in 2019/20, with the average cost of a full week care for children under two years old at £231.27. 61 a week. The average price for families using an after-school club for five days is £60.99 per week. Information gathered from Reading childcare providers indicates that their hourly charge is around the national average and can vary both between types of settings and between individual providers.

Early years entitlement hours are currently funded at an hourly rate of £4.88 for 3 and 4 year olds which is below the average childcare hourly rate charged across all providers. The early years funding rate was increased by 8p per hour in April 2020 after several years without an increase.

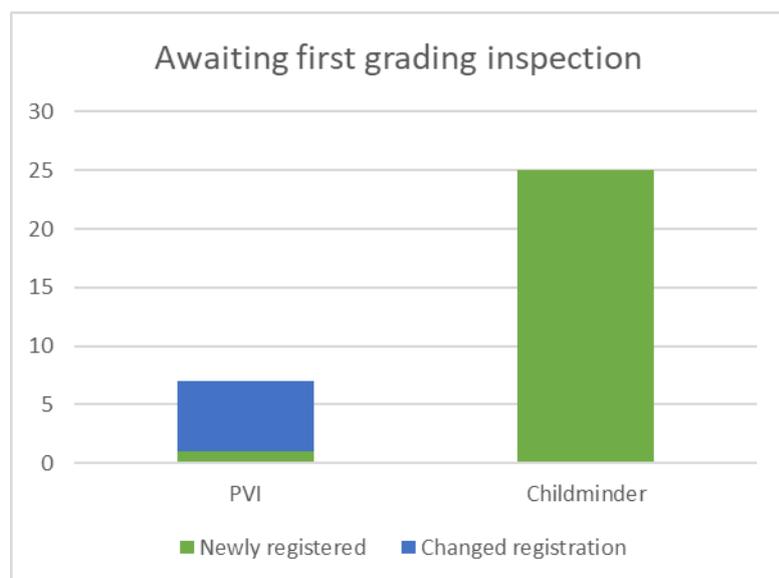
Childcare Vouchers and Tax Free Childcare (TFC) are schemes designed to financially support working parents by providing tax savings or topping up contributions. The majority of childcare providers are now signed up to this scheme can save parents up to £2000 a year per child on their childcare costs.

A large number of parents/cares who responded to the annual childcare survey considered childcare costs to be high which had an impact on household finances (see appendix 4)

Childcare Quality

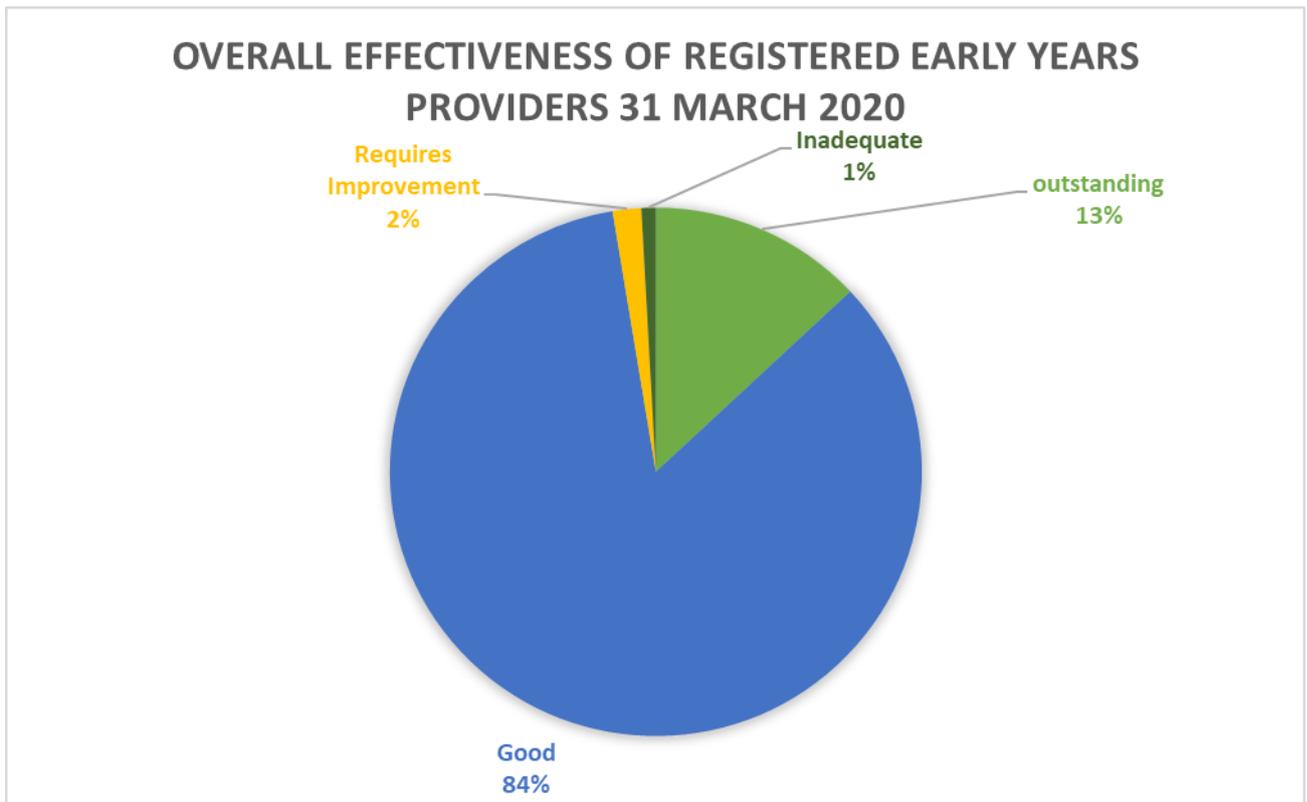
Childcare standards are regulated by the Office for Standards in Education, Children’s Services and Skills (OFSTED). Ofsted registered providers are checked for safety and suitability for caring for children. All childcare settings, who care for children under eight years old, are legally required to be registered with Ofsted on their childcare register.

In Reading there are a number of newly registered childminders. Childminders complete a rigorous registration process to meet Ofsted standards, so parents can be assured they provide good quality care prior to a grading inspection within 30 months. There are 7 PVI providers awaiting a grading inspection, six have either changed owner or premises, only one is completely new to Early Years practice.



Ofsted Ratings of Childcare Providers in Reading

Ofsted inspection outcomes as at 31st March 2020 established that most Reading childcare providers were rated Good (192/197). The 4 providers rated Requires Improvement and Inadequate are being supported by the Early Years team to make the required progress. On 17 March 2020, all routine inspections of schools, further education, early years and social care providers were suspended due to the Covid-19 pandemic. Urgent inspections where specific concerns continue. This allows Ofsted to prioritise the immediate safety of children where necessary. Ofsted may carry out further on- or off-site regulatory work if they receive information that needs actioning before the next inspection. They will publish an outcome summary on the Ofsted inspection report page relating to the provider if they need to take any action.



Early Years Funding

Three and four-year-old funded early education entitlement

15 hours funded childcare

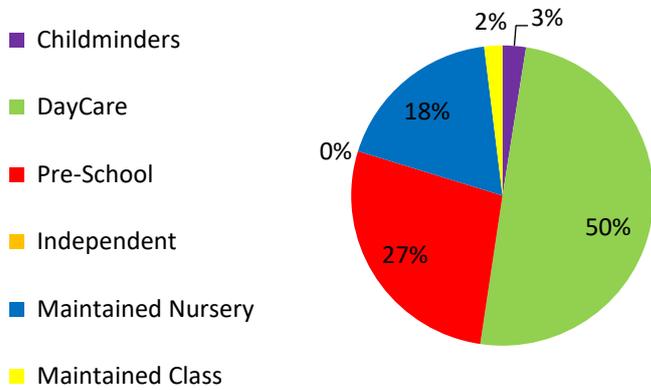
All three and four-year-old children in England are eligible for 570 hours of funded childcare per year from the term after their third birthday. This is usually taken as 15 hours a week for 38 weeks of the year known as “universal entitlement”. Providers can also offer this entitlement as a stretched offer across the whole year. This entitlement continues until the child is statutory school age.

30 hours funded childcare

The Government offers working parents of three and four-year-olds an extended early year of up to 30 hours per week for 38 weeks of the year (1,140 hours per year). This is known as the “extended entitlement”. National criteria for the extended entitlement can be found in the Appendix 4.

The 40% most disadvantaged two-year-old children (as defined in appendix 4) are eligible to claim a free early years place of 15 hours a week for 38 weeks (term time only) or the equivalent of 570 hours if they stretch it over a year.

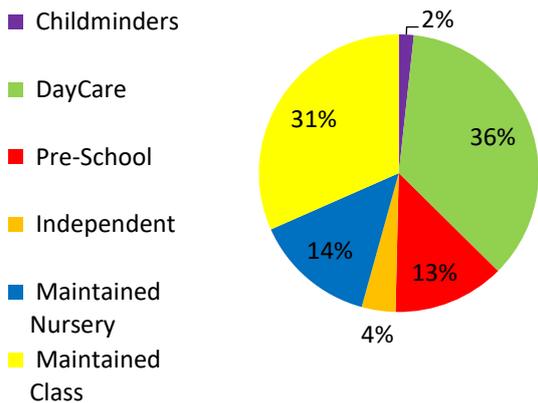
Two-Year-Old Funding – Spring 2020



2 Year Olds Claiming Funding		
2018	2019	2020
396	410	371
58%	65%	63%

The take-up percentage is calculated using estimated numbers supplied by the Government’s Department for Work and Pensions (DWP). The DWP numbers relate only to children that reside in Reading, however, families can choose to attend a setting in any local authority area. The majority of funded two-year-old children attend a Provider offering full day care, this benefits parents returning to work as the child can remain in the same setting at three years old. Throughout the lockdown there has been a decrease in the take-up of the two year old entitlement in Reading attributed mainly to parental confidence in sending their child to a setting.

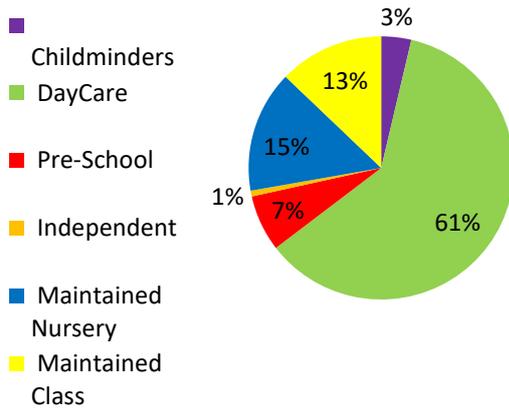
Universal Funding (three and four-year-old) – Spring 2020



3 & 4 Year Olds Claiming Universal Funding		
2018	2019	2020
3011	2888	3012
62%	60%	65%

There is an even balance of universal 15 hours funding being offered between the private and the maintained sector. In contrast, the majority of 30 hours places are still being claimed from private day care. The number of children claiming universal funding increased in Spring 2020 however this has decreased in January 2021.

30 Hours Extended Entitlement Funding – Spring 2020



3 & 4 Year Olds Claiming 30 Hours Extended Entitlement Funding		
2018	2019	2020
900	977	983
30%	34%	34%

The number of families claiming 30 hours extended entitlement funding has increased slightly from the previous year. The majority of these claims are in the day care sector suggesting that parents are combining it with wrap around childcare.

Early Years Pupil Premium

Early Years Pupil Premium (EYPP) is additional funding paid directly to early years settings to improve the education they provide for disadvantaged three and four-year-olds. Children from households on low incomes and receiving Universal Credit are entitled to EYPP. There were 381 three and four-year-olds funded for EYPP in January 2020 in Reading, 13% of the total cohort. The overall take-up is still considered to be a low however, additional information and marketing has increased the numbers of parents now being accessed for the entitlement. 74% of children in the PVI sector had a EYPP eligibility check run via the Education Checking System in Spring 2020.

Disability Access Fund

The Equalities Act 2010 requires local authorities and settings not to discriminate, harass or victimise disabled children, which may include making reasonable adjustments to accommodate children's' needs. Local authorities must comply with the provisions of the Act in finding suitable provision for eligible disabled children.

In April 2017 the Government increased support for children with disabilities through the introduction of a Disability Access Fund (DAF). The fund allows early years settings to claim £615 per year for every eligible child. The funding supports eligible children access their early years entitlement. Claimants will need to provide evidence of the child's Disability Living Allowance certificate. Since 2017 Reading has funded 106 children.

Childcare for School Aged Children

Estimated population of School aged children living in Reading By Ward			
	5 – 7 Year Olds	8 – 10 Years Olds	11 – 14 Year Olds
Abbey	556	444	430
Battle	564	497	560
Caversham	388	359	421
Church	351	378	499
Katesgrove	411	344	391
Kentwood	430	390	515
Mapledurham	102	123	180
Minster	503	408	469
Norcot	602	513	553
Park	436	384	482
Peppard	394	403	516
Redlands	257	282	407
Southcote	397	390	445
Thames	450	479	617
Tilehurst	396	388	467
Whitley	616	574	718
Total	6853	6356	7670

Data Source – ONS Mid-year 2019

There are an estimated 2,436 Ofsted registered places for school-aged children (aged 5 years old and over) being offered in out of school and holiday provision. Childminders play an important role for older children although their registered places have not been included in the provision table. Places are estimated based on Ofsted registration data. The number of Ofsted registered places incorporates provision for different age groups, it is at the discretion of the childcare provider how they allocate their places. Out of school provision may also be available after school (in the form of clubs, activities and groups) that are run by the school, for pupils attending the school, and for less than 2 hours. It is not required to be registered as childcare and is not always advertised with the Reading Family Information Service. The registered places included in the table below are based on full time numbers. Some Holiday clubs offer half day sessions.

Demand for After School Club and Holiday Provision is difficult to predict due to the age range it covers and the wide variety of care available. After school activities provided by schools may be available for limited hours (e.g. 45 minutes to an hour and therefore be too short for formal registration) and subject to short term cancellation.

Place data based on Ofsted registered provision may over-estimate supply for younger children (aged 4-7 years old). Providers may choose to operate with a lower number of children than they are registered for. Understanding operating capacity is a challenge for future sufficiency assessments, both to provide an assessment of the (currently) usable supply of places, and to provide an assessment of where there may be additional capacity to develop to cater for any unmet need. It is unknown the impact on this sector of childcare due to the lockdown restrictions placed on school aged children accessing provision.

Number of Childcare Providers By Type & Ward – March 20				
	Number of After School Clubs or Breakfast Clubs	Registered Places in After School Clubs or Breakfast Clubs	Number of Holiday Clubs	Registered Places in Holiday Clubs
Abbey	3	52	1	80
Battle	5	65	2	108
Caversham	4	40	2	80
Church	2	4	3	72
Katesgrove	5	114	3	190
Kentwood	0	0	0	
Mapledurham	0	0	0	
Minster	1	0	0	
Norcot	3	16	2	38
Park	4	85	0	
Peppard	7	236	2	104
Redlands	1	0	3	110
Southcote	1	0	2	138
Thames	2	0	1	
Tilehurst	2	50	0	
Whitley	2	50	1	
Total	42	1628	22	708

Impact of Covid-19 on Childcare Provision

In March 2020 childcare providers were advised to close to all children except children of keyworkers or children who were considered to be vulnerable. 46% of private, voluntary or independent childcare providers remained open to offer this care.

In June 2020 the Government eased restrictions and allowed all pre-school age children to return to childcare settings. At this point 93% of PVI's were open for business.

Childcare provision has remained steady since July with isolated closures of childcare bubbles due to outbreaks of Covid cases and a national lockdown in November 2020.

The result of the Parent and Provider childcare surveys indicate that parental confidence and a change in childcare demand is the biggest factor currently effecting the sustainability of Reading's childcare market.

Data collections from autumn term 2019 compared to autumn term 2020 reveals the following:

2 year old funded children – reduction of 45 children taking up their entitlement

3 & 4 year old Universal funding – reduction of 160 children taking up their entitlement

30 hours Extended Entitlement – increase of 9 children taking up their entitlement

36% of the Providers who responded to our childcare survey stated they do not currently have a business plan. This is an area which needs to be addressed in order to safeguard the future of Reading's childcare market.

82% of early years childcare providers were given a sufficiency payment in December 2020 to mitigate the effect that a reduction in occupancy levels had on their sustainability.

Action plan

Due to the pandemic and lockdown restrictions over the last year some of the actions from last report have been carried forward to this report along with actions that have emerged from analysis of current data and information.

Ensure there is sufficient, affordable childcare available to meet the needs of families moving out of lockdown. To achieve this:

- Monitor the local job market including new working patterns, flexible working and working from home and understand the impact on sufficiency of childcare
- Continue to seek the views of parents on their experiences of searching for and using childcare in Reading in collaboration with Family Information service and use these views to inform future planning of early years provision
- Support the sector to collaborate to ensure 30 hours childcare entitlement is delivered flexibly for working parents whilst maintaining the balance of places for babies and two year olds
- Promote the different ways that parents can obtain help with costs for childcare. This is particularly important as many parents in our parental survey stated that they found childcare expensive.

Ensure strategic planning includes mapping housing growth against existing projected demand for childcare provision

Increase the percentage of take-up by eligible two-year-old children by working with Reading under 5s services to investigate effective ways of promoting the entitlement widely to support access among eligible families

Work with providers to develop systems for the ongoing monitoring of capacity of places by age range, including where providers have vacancies

Work with Reading Borough Council colleagues to investigate options around the use of Section 106 to support development of early years provision

Continue to maintain and develop a strategic approach to early years sufficiency including:

- Improving children’s outcomes at Foundation stage and introduction of the new EYFS framework
- Supporting parents to stay in work or return to work
- Supporting and maintaining good professional standards within Reading’s childcare workforce. Monitoring Ofsted inspection outcomes and offer support to childcare settings requiring improvement.
- Work with all providers to support the changing childcare environment and ensure they receive current and updated information about policy direction and implementation.
- Continue to work with providers so childcare is inclusive and meets the needs of children with SEND and actively promote inclusive childcare to families who require it.
- Review sufficiency of specialist early years SEND places with a focus on social and communication difficulties
- Linking early years sufficiency work to primary school place planning

- 
- Support providers to understand local parental demand in a changing environment and the business opportunities and risks this introduces including claiming for Early Years Pupil Premium and Disability Access Fund.
 - Support recruitment and retention to the childminding sector and actively encourage participation in Readings Childminder Partnership.
 - The Covid-19 Pandemic has brought significant new challenges to our early years providers, and at the time of writing this assessment, many settings have asked for support and advice from the Early Years team. This will be provided in the form of business planning and financial sustainability.

Appendix 1

Provider Survey

Settings delivering early years funded places were asked to complete a questionnaire in order to explore in more detail how early years is delivered in Reading. This survey was sent out October 2020 therefore responses could have been affected by Covid restrictions implemented from March 2020. A total of 55 childcare settings responded, this represents an overall response rate of 65%. The breakdown of response represented each sector is as follows:

Pre-school	25.45%
Day nursery	21.82%
Independent nursery/School	7.27%
Childminder	43.64%
Other	1.82%

We also ran a questionnaire for providers offering wrap around and out of school care. The response rate was quite low with only 13 settings responding. The low response rate is attributed, in part, to some settings being closed due to Covid 19 restrictions.

Two-Year-Old targeted funded childcare

40 Providers reported offering two-year-old funded places.

A total of 287 funded places were reported as available with 24 settings stating they had current vacancies.

47% of Providers did not have a waiting list

53% of Providers offered funded only sessions.

Universal Funding (Three and Four-year-olds)

39 Providers (71%) responding to the survey offered care from birth to statutory school age.

30 Providers (55%) offered Full Day Care, 13 (24%) Sessional care and 12 (23%) a mixture of both.

30 Providers (55%) stated they had current vacancies.

28 Providers (51%) said they offered funded only sessions with 36 (65%) stating they do not restrict hours to certain times in the day.

15 Providers (27%) asked families to pay for wrap around care to access their funded hours.

22 Providers (40%) charged for additional consumables such as meals or nappies.

Extended 30 Hours Funding

42 Providers (76%) offered full day care

46 Providers (84%) offered 30 Hrs funded places

40 Providers(72%) did not ask families to pay for wrap around care.

30 Providers (71%) were happy for families to attend more than one childcare provider.

Business

54 Providers (98%) accepted childcare vouchers or Tax Free Childcare

39 Providers (69%) had not increased their fees in the last 6 months

6 Providers (12%) have made redundancies in the last five months (since May 2020)

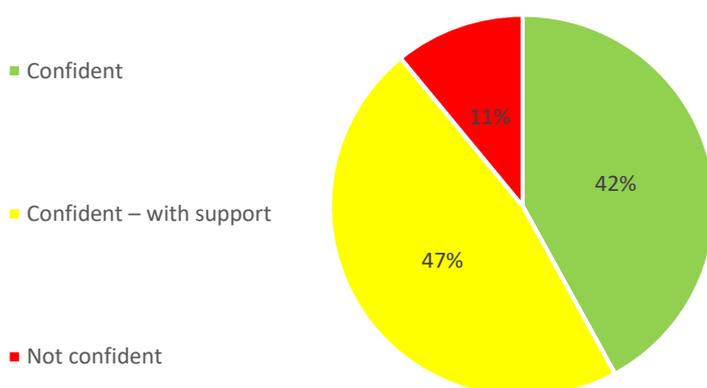
35 Providers (64%) accessed the Governments furlough scheme

20 Providers (36%) do not currently have a business plan

The greatest concern for settings sustainability was changing parental demand followed by government funding rates. 26 Providers (47%) reported that the biggest change to their setting since Covid restrictions were implemented (March 2020) has been parents requiring less childcare.

Access for children with Special Educational Needs and Disabilities (SEND)

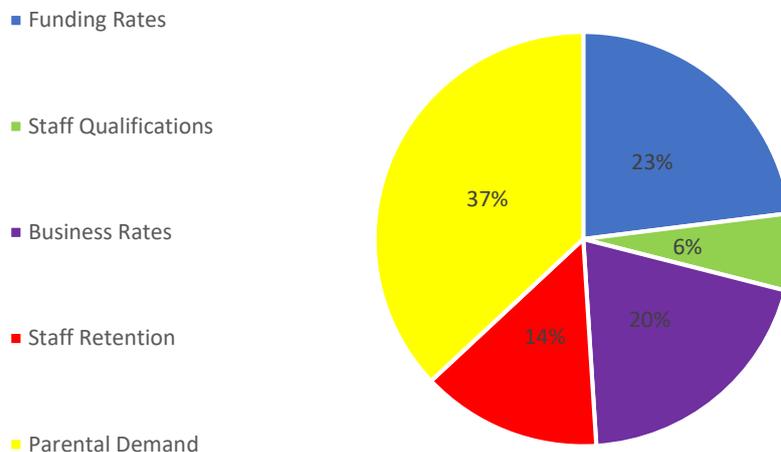
Providers were asked how confident they were offering care to SEND children.



Brighter Futures for Children launched a pilot called Brighter Beginnings Inclusion award in 2019. The scheme supports childcare providers to upskill staff and aids childcare providers to meet their statutory duty regarding SEND. The Inclusion Award helps to reassure parents that their children's needs will be considered and met, as well as assisting parents to make informed choices regarding their childcare. As at January 2021, nine childcare providers in Reading have now successfully achieved Level 1 of the Brighter Beginnings Inclusion award, as part of the pilot scheme.

Sustainability

We asked childcare providers whether they'd found or were anticipating any barriers to their business' sustainability. Their biggest concern was a change in parental demand, this is a large shift from last year's results which showed parental demand was their 2nd least concern.



Out of School Care – Survey Findings

We received a very low response to our childcare survey for out of school care, 13 settings. This may be due to the timing of our questionnaire as setting operating only during the holidays might not have been available to comment. Due to COVID restrictions some before and after school care may not be operating as normal.

- 15% of respondents were Holiday clubs, the rest were before or after school.
- 84% of the OoS providers opened for more than 2 hours each session
- 62% of OoS provision was run by Schools, 77% of care was offered on school premises.
- 85% of respondents offered care to children aged 5 to 11 years old.
- 12 providers stated they currently cared for a child(ren) with SEND, with 92% feeling confident to do so.
- None of the providers reported having a waiting list
- 92% accepted childcare vouchers or Tax Free Childcare
- Providers biggest concerns regarding sustainability were parental demand and funding rates.

Appendix 2

Parent Survey

The opinions of parents and carers were sought regarding childcare provision in Reading in October 2020 via a survey Monkey questionnaire. The survey was completed by 162 respondents. The number of responses was lower than in previous years due to the lack of publicising through children's centres, Settings and libraries.

Analysis of the responses suggests there was a good level of representation from the population as a whole, covering geographical distribution, age range of children and social economic backgrounds.

145 (90%) of those surveyed in our parent questionnaire stated they were satisfied with the quality of their childcare provision.

Other responses are as follows;

Access to childcare

- 130 (80%) said they had used informal or formal childcare in the last 12 months. The majority of children aged 0 to 4 years old were cared for within a Day Nursery or Pre-School. Children aged 5 to 10 -year-olds were generally cared for within an Out of School Care provision, by a Family Member, after school activity. Children over 10 years old used after school activities or stayed with friends.
- 131 (81%) parents/carers said it was important to access childcare close to their home. followed close to work (32%) and close to school (28%).
- 84 (52%) parents said they used between 15 to 30 hours of childcare a week.
- 112 (69%) parents/carers stated they were able to find the type of childcare they wanted in their local area compared to 74 (46%) thought there should be more childcare in their local area.
- Only 16 (10%) parents felt that childcare costs were reasonable.
- Of the respondents to the survey who did not access childcare 59% did not access childcare as their children were cared for by themselves or their partner followed by 37% who said it was too expensive to access.
- 133 (82%) parents/carers said they accessed childcare as it allowed them to work. 84 (52%) said it aided their child's development.
- 123 (76%) parents/carers stated they didn't require anymore childcare than they already accessed. The majority of those stating they required access to more childcare said they needed it from a family member followed closely by After School Clubs and Childminders.

Two Year Old targeted funded childcare

- 120 (74%) of parents questioned in our parent survey were aware that the Government offered targeted two year old funding.
- 8 parents (4%) reported using two-year-old funding as part of our parents' survey.

Universal Funding (Three and Four year olds)

- 147 (91%) parents questioned in our parent survey were aware that the Government offered 15 hours of free childcare regardless of income.
- Of the parents who reported using universal 15 hours funding, 48% claimed it during term-time only and 52% spread it across the year.
- Of those parents who used it term time only 29% purchases additional week.
- 50% of the 65% parents who purchased additional childcare hours paid for more than 10 hours each week.
- 60% of parents reported they didn't purchase additional hours because they were too expensive.

Extended 30 Hours Funding

- 60% of the 63 parents claimed their 30 hours funding at a different provider than their universal funding.
- 67% of parents said it did not encourage them to pay for more childcare.

Childcare costs

- The majority of the open comments received as part of our parent survey were regarding the high cost of childcare and the impact this had on family's finances.
- 38% of respondents stated that they had a combined household income of over £60,000.
- 37% of respondents said that costs stop them using childcare.
- The most popular method of paying for childcare is using direct payment such as bank transfer (39%). This was closely followed by Childcare Vouchers Schemes (23%) and Tax Free Child Care (19%).

Response to COVID 19

- When asked if they were using less childcare 2 (3%) parents said they were worried about exposing their child to the risk of contact with COVID. 18 (11%) they no longer needed the childcare due to a change of work pattern.

- 16 (10%) of parents said they were using more childcare as they weren't able to use friends or family.

Appendix 3

Housing data

Planning Permissions (Hard Commitments) outstanding as at March 2020	
WARD NAME	Planning Permissions
Abbey	2980
Battle	240
Caversham	67
Church	8
Katesgrove	255
Kentwood	27
Mapledurham	4
Minster	55
Norcot	129
Park	86
Peppard	18
Redlands	50
Southcote	11
Thames	6
Tilehurst	10
Whitley	1441
Total	5387

Appendix 4

Eligibility Criteria for Funded Early Entitlement for two, three and four-year-old children

Two-Year-Old national criteria

Economic criteria:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- The guaranteed element of State Pension Credit
- Child Tax Credits or Working Tax Credits and they have a gross annual income (before tax) of no more than £16,190
- Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
- Universal Credit - if you and your partner have a combined income from work of £15,400 or less per year after tax.

Non-economic criteria:

- Received a DWP postcard from the Local Authority with a unique reference number (URN) on
- the child has been in Local Authority care for 1 day or more
- the child has left Local Authority care under a special guardianship order, a child arrangement order or an adoption order
- the child has a statement of special educational needs (SEN) or an education, health and care plan (EHC)
- the child receives Disability Living Allowance

Non-EEA citizen who cannot claim benefits:

A 2-year-old may get funded childcare if the family is getting support under the Immigration and Asylum Act and have either:

- claimed asylum in the UK and are waiting for a decision (known as 'part 6')
- been refused asylum in the UK (known as 'section 4')

A 2-year-old may also get funded childcare if the household income is £15,400 a year or less after tax, and the family have either:

- leave to remain with 'no recourse to public funds' on family or private life grounds
- support from your local council because you have 'a child in need', for example they have a disability or a child protection plan
- the right to live in the UK because they are the main carer of a British citizen (known as a 'Zambrano Carer')

In Reading all eligible two-year-olds can access a funded early education place from the term after their second birthday. Each eligible child is entitled to up to 570 hours per year of funded early education from the term after their second birthday for a maximum of three terms.

30 hours extended entitlement

The following national criteria determine which children are eligible:

Both parents are working (or sole parent in a lone parent family) and over the next 3 months each parent/carer expects to earn:

- At least a weekly minimum salary equivalent to 16 hours at national minimum wage (for under 25-year-olds) or national living wage (if over 25 years old), and
- No more than £100,000 per year

Or

Both parents are employed but one or both parents is temporarily away from the workplace on parental, maternity, paternity or adoption leave or statutory sick pay.

Or

One parent is employed, and one parent is in receipt of either Incapacity Benefit, Severe Disablement Allowance, Carer's Allowance or contribution-based Employment and Support Allowance disabled or incapacitated based on receipt of specific benefits.

Immigration status

A parent will not be eligible if they are from outside the EEA and their UK residence card states they cannot access public funds.

However, their partner can apply instead if they're from:

- the UK or EEA
- outside the EEA and their UK residence card says they can access public funds

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES - EDUCATION, EARLY HELP & SOCIAL CARE, BRIGHTER FUTURES FOR CHILDREN

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICE AND EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	9
TITLE:	ONE READING CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP: EARLY HELP STRATEGY		
LEAD COUNCILLOR:	COUNCILLOR LIZ TERRY	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	BRIGHTER FUTURES FOR CHILDREN: EARLY HELP	WARDS:	BOROUGHWIDE
LEAD OFFICER:	VICKY RHODES	TEL:	
JOB TITLE:	DIRECTOR OF EARLY HELP	E-MAIL:	Vicky.rhodes@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to share the draft One Reading Children and Young People's (CYP) Partnership Early Help Strategy 2021-2023 and to provide an opportunity for comment prior to finalisation of the strategy.
- 1.2 The One Reading CYP Partnership was formed in 2019 with a vision for all sectors working together towards a shared goal of improving life quality for children, young people and families, underpinned by a shared accountability for early intervention and prevention. A key role for its Board is to oversee the implementation and review of the partnership early help strategy.
- 1.3 The vision set out in the strategy is for every child, young person and family to receive the right help, at the right time and at the right place. The aims are to:
 - Improve outcomes for children, young people and families
 - Reduce demand on high cost services
 - Build resilient communities and a thriving voluntary sector.
- 1.4 Local data and collective understanding of the current and emerging needs have informed our priority areas. These are:
 - Children under 5 years old
 - Young people - adolescent risk
 - Consistent approaches to emotional wellbeing and mental health.
- 1.5 The One Reading Partnership Consensus outlines a set of agreed principles and shared commitment to a trauma-informed approach underpinning the work of the partnership.
- 1.6 Established workstreams will deliver plans to improve outcomes for each priority areas with a cross-cutting focus on: trauma informed approach; co-production; data and knowledge; integrated working and workforce development.
- 1.7 Impact will be measured through agreed performance indicators linked to each priority area.
- 1.8 The strategy interlinks with strategies across Reading and wider geographical footprints and the Board will ensure that its plans align where needed.
- 1.2 *Appendix A:Principles -Definitions: Appendix B: Key Performance Indicators.*

2. RECOMMENDED ACTION

- 2.1 That the One Reading Children and Young People’s Partnership Early Help Strategy be noted and endorsed.

3. POLICY CONTEXT

- 3.1 The early help strategy sits within the context of the national HM Government Statutory Guidance ‘Working Together to Safeguard Children’ (July 2018) which sets out guidance for inter-agency working to safeguard to promote the welfare of children, including for children and families who would benefit from early help.

4. CONTRIBUTION TO STRATEGIC AIMS

- 4.1 This proposal will contribute to the key priority set out in the Council’s Corporate Plan 2018-21, of protecting and enhancing the lives of vulnerable adults and children and to ensure that every child is safe and can achieve their potential and aspirations.

5. EQUALITY IMPACT ASSESSMENT

- 5.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 An Equality Impact Assessment (EIA) is not relevant to the decision.
- 5.3 In this regard you **must** consider whether the decision will or could have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.

One Reading Early Help Partnership Strategy

2021/23

SUMMARY

The draft Early Help Strategy to update associated governance arrangements prior to final approval by the One Reading Children and Young People's Partnership Board in April 2021.

OWNER

One Reading

AUTHOR

One Reading

VERSION

Draft

DATE

03 March 2021

REVIEW DATE

30 April 21

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Introduction

The One Reading Prevention & Early Intervention Partnership was formed in 2019 to take forward the ambitions set out in the Reading Early Intervention Strategy 2018 – 2021. The now-named One Reading Children and Young People's Partnership is driven by key leaders from across the Voluntary and Community sector, Health, Education, Reading Borough Council, Police, Business, Children's Services, Schools and Colleges. The core aims are to improve outcomes for children, young people and families, reduce demand for specialist services and nurture resilient communities and a thriving voluntary sector.

The early intervention and prevention focus of the partnership is enabling a collaborative approach to deliver our Early Help strategy. The current strategy concludes in March 2021 and our new strategy builds on the strengths of our partnership and its clear focus on local priorities for early help.

A key role of the One Reading Children and Young People's Board is to lead and drive the One Reading Early Help Strategy. The Board is currently chaired by Cllr Liz Terry, the Lead Member for Children's Services.

Who's this for?

This strategy sets out the Partnership's 2-year plan for ensuring robust early intervention and prevention and is for everyone working with children, young people and families in Reading.

What is Early Help?

'Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse.'

Early intervention Foundation.

As the One Reading Children & Young People's Partnership we believe early help is a collaborative approach and response, not a single provision.

Early Help can be provided by a range of staff in different organisations, such as health services, schools, early year's provision and a range of voluntary, community and faith sector services. As a basic principle, the first person to offer support to a child or young person and their family should be the professional identifying the issue. We believe that emerging needs within families are often best supported by practitioners known to the family.

Working Together to Safeguard Children 2018 states that 'providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'

Early Help is the right help, at the right time, in the right place.

The Case for Early Help

There is an increasing body of research that evidences the effectiveness of early help in improving outcomes for children, young people and families and in reducing the need for and costs relating to higher tier services.

The Cost of Late Intervention: Early Intervention Foundation analysis 2016 – estimated the cost of late intervention to be £17 billion or £287 per head of the population across England and Wales. This relates to the cost of the acute, statutory and essential benefits and services required when children and young people experience significant difficulties in life, many of which might have been prevented. The largest individual costs are:

- £5.3 billion spent on Looked After Children
- £5.2 billion associated with cases of domestic violence
- £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET)

The cost is spread across different areas of the public sector, with the largest shares borne by:

- Local authorities (£6.4 billion)
- NHS (£3.7 billion)
- DWP (£2.7 billion)

Our Vision

Our vision is for every child and young person and family to receive the right help at the right time and right place.

Key Aim

Our shared aim as the One Reading CYP Partnership is to work together to:

- Improve outcomes for children young people and families
- Reduce demand on high cost services
- Build community resilience
- Build the capacity of the voluntary and community sector

Principles

The graphic below describes the principles that underpin how we will work together.



[\(See Appendix A definitions\)](#)

Trauma-informed Approach

Our ONE Reading Partnership vision is for all children, young people and families feel safe, healthy and well, valued and understood.

As a trauma-informed community we believe that every contact we have with a child, young person or adult is an important connection.

A trauma informed and responsive community and workforce recognises where people are affected by trauma and adversity and the barriers it can create to accessing life chances; responds in ways that prevent further harm and support recovery and improve life chances; and resists re-traumatisation through applying the principles of safety, choice, collaboration, empowerment and trust.

Our understanding and awareness of trauma will inform how we work together to embed our principles and achieve our key aims.

Local Data and Needs

Population

Reading has a population of 161,780 people, and a large proportion of this number is comprised of young people and families. Of this figure, approximately 25% (41,505) of the population are made up of young people up to the age of 19 (ONS, 2019).

Diversity¹

Reading has a more diverse population than neighbouring boroughs. Over a quarter of Reading's overall population is from BAME backgrounds compared to 14.6% nationally and 9.3% in the South East. Reading's population self identifies from a variety of different backgrounds, including Asian or Asian British, Black, African, Caribbean, Black British, or Mixed ethnicity. 85.5% speak English as a main language, with 'South Asian languages' ranked second and 'other European languages' ranked third most commonly spoken.

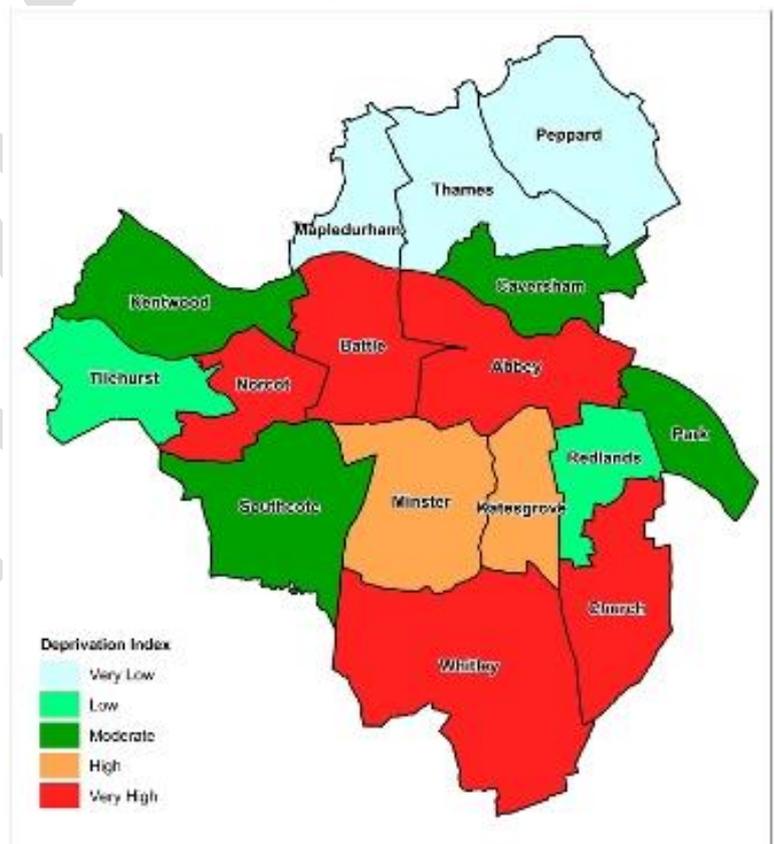
54% of secondary school children are from BAME backgrounds (School Census, 2020).

Deprivation

Reading has some of the most affluent and the most deprived neighbourhood in the Thames Valley. Relative to other boroughs in the South East, a greater proportion of Reading's children live in poverty. Reading as a whole is ranked 141st most deprived out of 317 local authorities.

5,004² children under 16 in Reading live in families with "relative low income". This is 14.8% of the local population compared to an average of 13.7% for the South East. 27.8% of the population live amongst the 30% most deprived small areas in the country (IMD). There are concentrations of low deprivation in the southern and central parts of Reading (Mapledurham, Thames and Peppard wards) and high deprivation in the north of the borough (Norcot, Battle and Abbey wards in the centre and Whitley and Church wards in the south).

Figure 1



Many families in Reading achieve positive outcomes³. For example, the overall unemployment rate in Reading currently sits at 2.5%⁴ compared with 4% nationally. The median annual salary for

¹ All data in this paragraph is from ONS Census 2011.

² All low-income family's data is from 2018-19 DWP data.

³ This is a generalisation, made based on key indicators, a selection of which are represented in this paragraph.

⁴ The unemployment and salary data from ONS 2020.

Reading is £27,992 nearly £2,000 more than the national average and this has steadily risen since the period following the financial crash.

24% of Reading pupils are eligible for Pupil Premium (4,919 pupils) compared with 21.1% for the South East and 27.2% for England. (DfE, 2019). This has decreased since the previous year, when 25% were eligible in 2017/18, although the percentage has risen nationally.

Education

Children who live in relative poverty attain worse outcomes than their peers. This pattern becomes entrenched in the Early Years of development. In the Foundation Stage, 58%⁵ of all children eligible for free school meals (FSM) are considered to have achieved a good level of development compared to 71% of all children not eligible for FSM's.

The proportion of all children in Reading (69%) achieving a good level of development at Early Years is lower than the South East average (75%) and National average (72%) (DfE 2019). Improving outcomes for under-fives is a priority.

Academic achievement is around the national average. Children with disadvantage (FSM) and children with SEN underachieve and the gap is larger than national figures. By the time children are aged between 14 and 16, in Reading, non-disadvantaged children attainment (8) is higher in Reading (55.5%) than the South East (51.3%) and National (50.5%) averages. However, our disadvantaged children do less well, 33% in Reading compared with 34.4% in the South East and 36.85% for England (DfE 2019). There is significant concern that the pandemic will further impact on the disparity.

Exclusions

In 2019/20, 1511.5 days were lost due to fixed term exclusions (FTEs) at Secondary School. This is a slight decrease from 2018/19 figure of 1538. In 2019/20 323.5 days were lost due to FTEs at Primary School. This is a significant decrease from 2018/19 figure of 415. In 2019/20, there were 23 permanent exclusions at secondary level, reduced from 31 in 2018/19.

Whilst we are seeing an improvement in primary school, concerns about exclusions at secondary level remain a key concern. Reading ranked 116th out of 152 local authorities for fixed term exclusions and 63rd for permanent exclusions in 2018/19.

Attendance

The average attendance in 2017/18 for Reading pupils is 94.3% which is lower than the National average (95.2%). The 2018/19 figure for Reading is 95% which is an increase on the previous year. The percentage of children in Reading who persistently absence (more than 10% absence) is 12.2% which compares to 11.2% nationally (2017/18, Local Data). This percentage has increased to 15.1% in Reading for 2018/19.

Special Educational Needs (SEN)

Young people (0-25 years old) with Reading funded Education Health and Care Plans (EHCP) in Reading are 230.8 (per 10,000), this is lower than our Reginal Neighbours and higher than the National data (223). The percentage of SEN primary school pupils with social, emotional, mental

⁵ All data in this paragraph is from DfE 2019.

health needs (SEMH) is 17.8%, secondary school pupils is 24.8% and special school pupils is 25.3%. (2019, Local Data).

Education Employment or Training (EET)

The NEET figures in Reading are 4.1% which are higher than the South East (3.0%) and England (3.3%).

Children known to Children Social Care

There has been an increase in children open to children's social care in the last year. In 2019/20, 1451 children were open to children's social care. The rate (per 10,000) was 392, higher than both the Statistical Neighbour rate (338) and the national rate (324). At January 2021, 1553 children were open to children's social care and the rate has increased to 418.8.

The numbers of children with a child protection plan increased from 226 in 2019/20 to 271 in January 2021. The rate in 2019/20 of 61 per 10,000 was higher than the Statistical Neighbours (45) and national rate (43). The rate for Reading increased to 73.1 in January 2021.

There has been a slight decrease in the number of children looked after from 277 in 2019/20 to 273 in January 2021, representing a reduction in rate from 74.7 per 10,000 to 73.6. The numbers of Children in Need have increased from 518 in January 2020 to 552 in January 2021.

The age groups most at risk are the under-1 year olds and adolescents.

Adolescent Risk

Youth Crime/Youth Violence

First time entrants to the youth justice system has risen in Reading (336 per 100,000) and is higher than the South East (144) and the National average (211). Reoffending rates for young people in Reading are relatively low with 32.2% reoffending within 12 months compared to 26.3% in the South East and 38.5% nationally.

There has been a 4% decrease in recorded knife crime offences in the Thames valley in the last year. However, there has been a 6% increase in domestic related knife crime. Reading and Milton Keynes have consistently been the areas with the highest total knife crime offences with Reading seeing proportionally more offences in December 2020 than the rest of the Thames Valley. In the last 12 months (February 2020-2021), in Reading, there were 65 incidents involving possession of an offensive weapon/ bladed article with the suspect aged Under 25. There were 50 offences for possession of drugs with intent to supply with the suspect age under 25.

There were 42 under 18-year-olds who were suspects of a Serious Violence Offence in 2020. 24% of these had previously been a suspect in the previous 2 years and 17% were also a victim during that period indicative of the complexity of young people often being both victim and perpetrators of violence. Almost a quarter (24%) of these young people were already a suspect in previous 2 years and 17% were also a victim in that time). 60% had already been arrested. The data suggests that custody, being a suspect and victim in police reports are all important factors and potential intervention opportunities. (Source Serious Violence, SNA 2021).

Sadly, there have been 2 deaths as a result of knife attack in the first quarter of 2021 where children are implicated, including the death of a 14-year old boy.

Child Exploitation and Missing

The missing episodes have reduced in 2020/21 with 182 missing episodes from home and 135 missing episode from care by end of Q3 2020. This compared with 440 episodes from home and 418 from care in 2019/20. The numbers of children identified as at risk of criminal exploitation decreased to 23 by December 2020 compared with 58 in the 2019/20.

It is thought that the impact of Covid-19 related lockdown periods have been a protective factor in preventing young people from going missing and criminal exploitation, although there have also been concerns that opportunities for on-line grooming will have increased and decreased visibility of young people will have impacted on early identification.

The numbers of children identified as at risk of child sexual exploitation was 14 by December 2020 compared with 17 for the whole of 2019/20. This increase can be linked to a recent spike due to a group of children being identified. Both locally and nationally there has been a concern that a decreased focus on child sexual exploitation may be resulting in decreased identification of children at risk and there is a focus on needing to address this risk.

There is increasing complexity of the interlinking challenges that some of our young people are faced with. There is well documented evidence that most, although by no means all, young people who are victims of exploitation and at risk of criminal activity will have had adverse childhood experiences including poverty, exposure to domestic violence and educational exclusions.

An integrated partnership approach to preventing and responding to adolescent risk continues to be a high priority.

Mental Health

Hospital data shows increasing numbers of children and young people presenting with mental health issues and self-harm. Higher numbers of young people from Reading (under 18) were detained under the Mental Health Act in 2020-2021. There is an emerging concern about higher levels of admittance for young people with eating disorders.

Locally we have seen an increase in the numbers of young people presenting at hospital with significant mental health concerns including eating disorders. In quarter 3 of 2020/21 referrals to CAMHS had increased by the following percentages compared with the same time in the previous year (this is Berkshire wide data).

- CPE (common point of entry) 15.6%
- BEDS (Berkshire Eating Disorders Service) CYP 64%
- A&D (anxiety and depression) Service 47% *
- Rapid Response (crisis) Service 70%

Impact of the Covid-19 Pandemic

The full impact of the Pandemic on children, young people and families is not yet realised. There is significant concern about the longer-term impact on social inequality due to increased poverty, unemployment and disrupted education. Local data provides evidence of a sharp rise in adults claiming universal credit.

Since the onset of the pandemic there has been an increase in demand on children's services, particularly where children have been impacted by poor mental health and domestic abuse. Early Help services are delivering support at higher levels of need as pressures escalate on higher tier services.

Locally we have seen an increase in pregnant mums experiencing Domestic Abuse (DA) and this is high priority within our Domestic Abuse Strategy. We have also seen an increase in non-accidental injuries for under 5-year olds, and in particular under 1s.

There is concern about both the rise and the levels of complexity of cases in both these areas and these are priority areas for the One Reading Children and Young People's Board.

The impact on Early Years Provision and schools during Covid may impact further on attainment levels across all age groups and EET for 16 plus.

National research and local knowledge indicate that for some young people the initial lockdown period had the impact of reducing stress and improving emotional well-being for others there had been a negative impact on mental health (Impact of COVID-19 – The Voice of Young People by No. 5; Young Minds National research).

What have we achieved?

Establishing the One Reading Children & Young People's Partnership has ensured consistent focus on early help over the last 3 years and crucially through the current pandemic. As noted by Ofsted in its inspection of Reading Children's Social Care services in September 2019 'the recently launched 'One Reading Partnership' framework promotes a cooperative approach to early help and prevention across all agencies, and there is a strong commitment to its implementation.

The 2020 Troubled Families programme Early Help Systems self-assessment highlights the distance travelled in terms of early help being understood and seen as everyone's business across the partnership and commitment to collective responsibility at a leadership level for improving outcomes.

The Board established the local consensus, a partnership agreement of the underpinning principles of how partners will work together with families, the community and each other (see above). This includes a commitment to promoting and supporting Reading to become a trauma informed community. The Board jointly funded a post to support the development and embedding of trauma informed thinking and practice across the partnership.

Some of the key developments across the partnership include:

- The DfE funded Therapeutically Thinking Schools Programme. 80% of Reading schools are working therapeutically.
- Royal Berkshire NHS Foundation Trust Executive Board have endorsed the Children and Young Peoples strategy to become a trauma-informed organisation by 2025.
- Brighter Futures for Children has adopted its Architecture for Professional Practice which outlines the company's framework and commitment to thinking trauma informed,

responding restoratively, therapeutically and whole family. The company is implementing a 2 year programme to help embed the approach.

- Parenting Special Children have acquired funding to support their development as a trauma-informed organisation.
- The Violence Reduction Unit are working with Public Health England to develop a Trauma Informed Framework and are committed to a embedding a trauma-informed approach to violence reduction work.

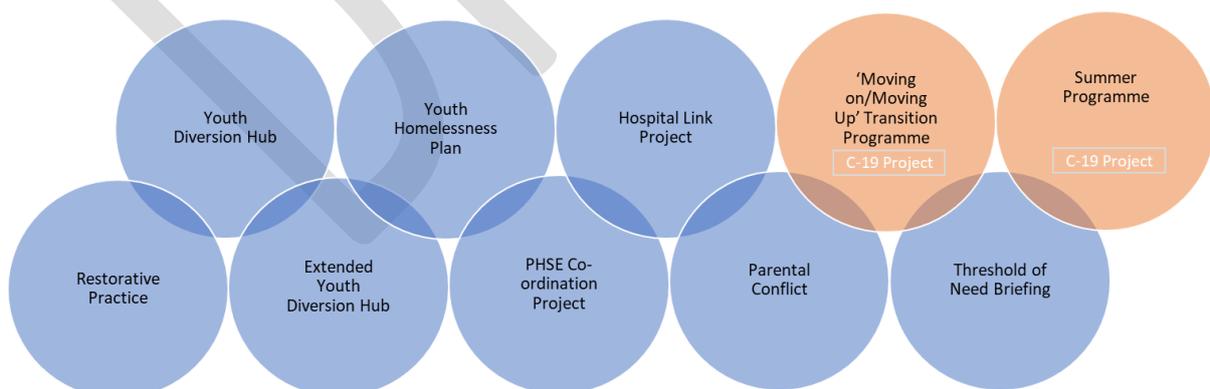
The One Reading Trauma-Informed Conference (2020) attracted 147 participants from across over 20 organisations to a week of 24 workshops facilitated primarily by local organisations, families and practitioners. Senior leaders attended facilitated workshops and committed to developing a shared vision and plan in early 2021.

The One Reading CYPP have established a set of key performance indicators from needs analysis and outcomes data from across a range of data sets. This has informed the review and re-focus of the workstreams.

Establishing the One Reading Partnership Hub has increased the multi-agency response to family's needs at threshold level 2a. The year 1 evaluation evidenced that this approach shortens service referral processes as appropriateness and threshold is explored in advance and better understood. Also, that the Hub meetings promote a holistic approach which breaks down siloed thinking, enabling a shift from process focus to family focus across participants. In addition, there is evidence of increase in partners awareness and access to Voluntary & Community Sector services and resources.

We have established a stable and committed Board that has enabled us to respond to need nimbly, particularly in response to Covid-19 and a number of collaborative partnership initiatives that have been delivered linked to our priority groups of children.

Partnership Initiatives



Our challenge is to build on this momentum, achieve systemic change and evidence the difference and the impact our collaborative approach is having on outcomes for children, young people and families.

Our Priorities for 2021/2023

Our local data and collective understanding of needs means that we will continue to focus on the following three priority areas for the next 2 years:

Under 5's

Improving school readiness through the percentage of children achieving a Good Level of Development at 2/2.5yrs and the percentage of children achieving a good level of development at the end of the Foundation Stage will remain priority areas of work. This group will develop responses to decrease non-accidental injuries particularly in under 1s. The newly established Under 5's workstream will identify any further priorities and collaborative action.

Adolescents

Our priorities are to:

- Prevent and respond to child exploitation and young people who go missing
- Prevent youth crime with a focus on preventing knife crime and serious youth violence
- Improve the youth offer
- Minimise school exclusions/ children missing education and maximising engagement in EET
- Prevent youth homelessness and improve housing readiness
- Prevent entry to care

We will do this through working together to:

- Drive and oversee a trauma informed, public health approach adolescent risk strategy to prevent and respond to child exploitation and youth violence
- Develop co-located services for young people
- In partnership with schools develop approaches to help support and prevent exclusions of young people, particularly those at risk of experiencing exploitation

Consistent Approaches to Emotional Wellbeing and Mental Health

We will achieve:

- Continued progress on our journey to embed of a trauma-informed and restorative approaches across Reading.
 - This includes consistent shared language, awareness, collaborative responses and measures of progress and impact.
- An accessible and well communicated trauma informed EWB and mental health offer for children and young people that is responsive to need.

We are recognising that activity to progress the offer sits largely within the Berkshire West landscape and within the SEND strategy.

Three workstreams are established to achieve the priorities. The following aspects will be integral areas of focus within each priority area:

Cross Cutting Focus

Three workstreams are established to achieve the priorities. The following aspects will be integral areas of focus within each priority area:

- Trauma Informed Approach

- Coproduction
- Data & Knowledge
- Integrated working
- Workforce development

Outcomes and Impact

The overarching ambition of the strategy is to intervene earlier and reduce the demand on the specialist resources. We will measure the impact of our work through the agreed performance indicators linked to each priority area and through our success and outcome measures identified within the workstream action plans.

Actions Plans are currently being developed by end of March 2021. Key performance Indicators are attached as Appendix B. There may be additional KPIS recommended by the workstreams through the action planning process.

Other Linked Strategies

The Early Help Strategy links with a number of other key strategies on both a local Reading and wider geographical footprint, including:

- Domestic Violence Strategy; Health and Well-Being Strategy, Community Safety Partnership Plan; BWSCP Plan, Integrated Commissioning Partnership Plan.

The One Reading CYP Partnership ensures integration of plans where appropriate.

Action Plans (to follow)

Appendix

Appendix A – Principles - Definitions

Problem Solving:

One Reading will place high value on new responses of a preventative nature that are not dependent on the public system and that engage other partner agencies, the community and the private sector. Partnership involvement will significantly contribute to the reduction of problems that children and families face. One Reading will adopt the OSARA model, with its 5-stage process:

- Objective
- Scanning
- Analysis
- Response
- Assessment

Restorative:

One Reading is a restorative partnership which is built on the principles of working 'with' people rather than doing things 'to' them or 'for' them. By using the approaches connections between

people are actively nurtured, leading to strong, mutually respectful and supportive relationships within work with children and families and between organisations.

Trauma Informed:

One Reading partners will promote Reading becoming a trauma-informed town, where residents across communities work together to not only help mitigate and resolve the effects of trauma for the current generation, but to also prevent it as far as they can for future generations too. One Reading will empower communities, strengthen local services and spread awareness about how of adverse childhood experiences (ACEs), resilience and their impact on life chances.

Whole Family:

One Reading recognises and promotes the importance of a whole-family approach which is built on 4 key principles:

- No wrong door
- Looking at the whole family
- Providing support tailored to need
- Building on family strengths

Integrated:

One Reading partners will operate in an integrated family system, when supporting children and families to effectively to put the child at the centre, meet their needs and improve their lives.

Multi-Agency:

One Reading values the experience and expertise that each partner brings and recognises that outcomes for children, young people and families are improved as a result of working collaboratively. This way of working will ensure children and young people who need additional support have exactly the right professionals needed to support them. To families this will mean: Services will be delivered as 'one team' around a particular child or family.

Partners working as one panel to deal with the needs of individual children or families
That services work together within a single unit, either co-located or virtual

Shared Practice Frameworks:

One Reading will work towards a shared values-based approach to support the quality and consistency of practice.

Capacity Building:

One Reading will harness the power of partnership and build its ability to perform functions, solve problems and set and achieve objectives in a sustainable manner.

Place based:

As partners we work and align resource across varying geographical footprints. This includes partnerships across Thames Valley, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Berkshire West and Reading.

The One Reading Partnership recognises both the challenges and opportunities to work collaboratively within this context. The Partnership will engage pro-actively and positively with the range of geographical footprints that partners are operating in.

When referring to a Place Based Approach within the local consensus we are referring to Reading as Place. We recognise that sometimes we may also seek to collaborate with smaller geographical communities within Reading to work towards specific outcome/s.

Shared Accountability:

The One Reading partners will take equal responsibility for upholding the consensus to achieve improved outcomes for children, young people and families.

DRAFT

Appendix B – Key Performance Indicators

Key Performance Indicators – Snapshot January 2021

Linked key outcome	Performance Indicator	2017/18 or Yr 2017			2018/19 or Yr 2018			2019/20 or Yr 2019			YTD	Arrows are based on...	
		England	South East	Reading	England	South East	Reading	England	South East	Reading			
Wider Social Determinants													
	% of children (aged under 16) living in relative low income families	18%		15%	18%		15%				-	17/18 vs 18/19	→
	Estimated local unemployment rate (%)							3.8%		3.8%	-	RDG vs England	→
	Free school meal rate in Reading (%)			17.1%			16.5%			18.0%	-	18/19 vs 19/20	↗
	Households with children claiming universal credit (per 1000 households with children)							134.82		134.39	-	RDG vs England	→
	UC and JSA claimant count for persons aged 16+				900650	96645	2625			3070	6775	2019 vs YTD	↗
	UC and JSA claimant rate for persons aged 16+				2.6%	1.7%	2.4%			2.8%	6.3%	2019 vs YTD	↗

Adolescent Risk													
Reduce Youth Crime/Violence	First Time Entrants to the Youth Justice System (Rate per 100,000 10-17 year olds)	278	205	320	222	157	211	211	144	336	336	2018 vs 2019	↗
Early Intervention	Number of children diverted from CSPoA through the Youth Diversion Hub			0			0			94	80	2018 vs 2019	↗
Prevent Youth Homelessness	Percentage of 16/17s leaving care in suitable accommodation						95.3%			96.6%	95.4%	2019 vs YTD	↘
	Homeless rate (per 1,000) for young people aged 16-24	0.52	0.50	0.89							-	-	-
Prevent Entry to Care, Where Safe to do so	Number of 10-17 entered care			110			88			120	68	Dec 19 vs Dec 20	↘
	Number of young people age 10+ with a CIN plan										243	Dec 19 vs Dec 20	↗
	Number of young people age 10+ with a CP plan (excluding dual CP CLA)										100	Dec 19 vs Dec 20	↗
Prevent Exploitation	Number of Missing episodes from Home						576			440	182	2018 vs 2019	↘
	Number of Missing episodes from Care						309			418	136	2018 vs 2019	↗
	Number of children identified as at risk of Criminal Exploitation						60			58	23	2018 vs 2019	↘
	Number of young people identified as at risk of Child Sexual Exploitation						12			17	14	2018 vs 2019	↗
	Number of children identified as at risk of Child Exploitation where their risk has reduced						39			24	33	2018 vs 2019	↘
Inclusion - Education	Secondary School Exclusions - Days lost to Fixed Term Exclusions			1881.5			1538.5			1511.5	840	Dec 19 vs Dec 20	↘
	Secondary School Exclusions - Number of PEX (In & Out Borough total)			32			31			23	5	Dec 19 vs Dec 20	↘
Inclusion - Employment, Education or Training	16-17 year olds not in education, employment or training (NEET)				2.7%	2.3%	3.9%			2.6%	2.5%	2019 vs YTD	↘
	16-17 yr olds whose activity is not known				6.5%	7.2%	15.9%			18.4%	13.8%	2019 vs YTD	↘
Special Educational Needs	State-funded primary schools schools: Percentage of pupils with SEN with SEMH						17.3%			17.8%	-	2018 vs 2019	↗
	State-funded secondary schools schools: Percentage of pupils with SEN with SEMH						27.2%			24.8%	-	2018 vs 2019	↘
	Special schools: Percentage of pupils with SEN with SEMH						31.1%			25.3%	-	2018 vs 2019	↘

Under 5's													
Development	Percentage of children achieving a good level of development at 2-2½ years	83.3%	86.3%		84.1%	84.9%	91.0%					No comparative data yet	
School Readiness	Foundation Stage - % achieving a good level of development	70.7%	74.0%	70.4%	71.5%	74.7%	71.1%	71.8%	74.6%	69.2%	-	2018 vs 2019	↘
	Foundation Stage - % achieving good level of development - FSM	56.0%	56.0%	55.0%	57.0%	57.0%	60.0%	57.0%	55.0%	57.0%	-	2018 vs 2019	↘

Consistent Approaches to EWB													
Reduce High Impact Users	Rate (per 100,000) of hospital admissions for self harm 10-24 year olds	421.2	467.6	517.7	444.0	470.2	510.5				-	2017 vs 2018	↘
Children Missing Education	Number of Children Missing Education										230	Dec 19 vs Dec 20	↗

Data Sources

Linked key outcome	Performance Indicator	Data Source	Type of Year/Frequency
Wider Social Determinants			
	% of children (aged under 16) living in relative low income families	Children in low income families local area statistics - DWP	Annual - Financial
	Estimated local unemployment rate (%)	Children's Commissioners Local Vulnerability Profiles	Financial - Quarterly
	Free school meal rate in Reading (%)	BFFC - Data Team	Academic - Termly
	Households with children claiming universal credit (per 1000 households with children)	Children's Commissioners Local Vulnerability Profiles	Financial - Annual
	UC and JSA claimant count for persons aged 16+	Berkshire Observatory	Calendar - Quarterly
	UC and JSA claimant rate for persons aged 16+	Berkshire Observatory	Calendar - Quarterly
Adolescent Risk			
Reduce Youth Crime/Violence	First Time Entrants to the Youth Justice System (Rate per 100,000 10-17 year olds)	YOS Performance Review - National Data	Calendar - Quarterly
Early Intervention	Number of children diverted from CSPoA through the Youth Diversion Hub	BFFC - One Reading Team	Financial - Quarterly
Prevent Youth Homelessness	Percentage of 16/17s leaving care in suitable accommodation	BFFC - Data Team	Financial - Quarterly
	Homeless rate (per 1,000) for young people aged 16-24	Public Health Profile - Fingertips	Financial - Annual
Prevent Entry to Care, Where Safe to do so	Number of 10-17 entered care	BFFC - Internal Report	Financial - Quarterly
	Number of young people age 10+ with a CIN plan	BFFC - Internal Report	Financial - Quarterly
	Number of young people age 10+ with a CP plan (excluding dual CP CLA)	BFFC - Internal Report	Financial - Quarterly
Prevent Exploitation	Number of Missing episodes from Home	BFFC - Exploitation Team	Financial - Quarterly
	Number of Missing episodes from Care	BFFC - Exploitation Team	Financial - Quarterly
	Number of children identified as at risk of Criminal Exploitation	BFFC - Exploitation Team	Financial - Quarterly
	Number of young people identified as at risk of Child Sexual Exploitation	BFFC - Exploitation Team	Financial - Quarterly
Inclusion - Education	Secondary School Exclusions - Days lost to Fixed Term Exclusions	BFFC - Data Team	Academic - Termly
	Secondary School Exclusions - Number of PEX (In & Out Borough total)	BFFC - Data Team	Academic - Termly
Inclusion - Employment, Education or Training	16-17 year olds not in education, employment or training (NEET)	BFFC - Data Team	Academic - Termly
	16-17 yr olds whose activity is not known	BFFC - Data Team	Academic - Termly
Special Educational Needs	State-funded primary schools schools: Percentage of pupils with SEN with SEMH	Government Statistics	Calendar - Annual
	State-funded secondary schools schools: Percentage of pupils with SEN with SEMH	Government Statistics	Calendar - Annual
	Special schools: Percentage of pupils with SEN with SEMH	Government Statistics	Calendar - Annual
Under 5's			
Development	Percentage of children achieving a good level of development at 2-2½ years	Public Health Profile - Fingertips	Financial - Annual
School Readiness	Foundation Stage - % achieving a good level of development	Local Authority Interactive Tool (LAIT)	Academic - Annual
	Foundation Stage - % achieving good level of development - FSM	Local Authority Interactive Tool (LAIT)	Academic - Annual
Consistent Approaches to EWB			
Reduce High Impact Users	Rate (per 100,000) of hospital admissions for self harm 10-24 year olds	Public Health Profile - Fingertips	Financial - Annual
Children Missing Education	Number of Children Missing Education	BFFC - Children Missing Education Team	Academic - Termly

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Brighter Futures for Children: Fostering Service

Reading Borough Council, Bridge Street, Reading, Berkshire RG1 2LU

Assurance visit

Information about this independent fostering agency

The agency registered in January 2019. It was formerly part of Reading Borough Council and is now part of Brighter Futures for Children Limited.

The agency offers mainstream, short- and long-term, emergency, and parent and child placements.

There are currently 76 fostering households and there are 56 children placed with the agency.

Visit dates: 24 to 25 November 2020

Previous inspection date: 10 February 2020

Previous inspection judgement: Requires improvement to be good

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

The care of children

Children have been well supported by their carers through the pandemic. Foster carers have helped children to understand and make sense of the world around them. Carers provide stability, security, support and good-quality care to children. Children form good, trusting relationships with their carers and seek their help and comfort when they are worried or upset. Children's views, aspirations and wishes about their care are regularly sought by their foster carers. However, this information is not well reflected in written records or care reviews.

Foster carers support children to maintain relationships with their family and friends. There is good consideration of individual needs and wishes to ensure that time spent with family is child centred. When concerns regarding arrangements arise, these are shared and reviewed with the placing authority.

Children's emotional and physical health and well-being needs are well supported by their foster carers. For some children, there has been a negative impact on their well-being and development where specialist therapies and support were paused or delayed during the lockdown period. Not all children have been able to return to previous activities from which they benefited.

Foster carers have provided stability and consistency to children through the varied learning activities, opportunities, outings and new experiences that have been offered. All children are encouraged to attend full-time education.

The agency has improved its matching processes through the development of more effective systems and better consideration of children's needs. However, there continues to be a high number of placement breakdowns. While gaps in service provision to address children's needs are identified, individual plans do not always thoroughly consider how to address these, particularly diversity issues. Leaders and managers have undertaken a review of children's plans and identified key contributing factors. However, they are yet to implement effective strategies to improve placement stability and reduce placement breakdowns.

The newly developed foster carer profiles which are shared with children are child centred, helpful and informative. Children can meet their carers before moving into the home, which helps them to settle in with their new foster families.

The safety of children

Children feel safe and secure while living with their foster carers. Children have a trusted adult they can confide in and seek help and advice from when they are worried or upset. Foster carers and staff have good understanding of risk.

Managers and staff refer, report and respond promptly to safeguarding concerns when these are brought to their attention. Established systems are in place to ensure effective tracking and oversight of concerns, accidents and allegations. However, identified actions are not consistently completed, and Ofsted is not always informed of allegations that have been made against staff.

Some risks highlighted within the matching processes and safer care plans are not thoroughly explored. Not all risks identified include detailed or clear practical strategies, advice and guidance to support foster carers to be consistent in their response to and management of risk. Social workers and foster carers regularly discuss and explore risk and consider how to respond, but this is not consistently evidenced in plans.

Recruitment of staff has improved. Recruitment records now evidence that all appropriate checks are completed.

Leaders and managers

Leaders and managers have a good understanding of the strengths and weaknesses of the agency. A number of weaknesses identified previously have been successfully addressed. Considerable effort has been undertaken to ensure that all foster carers were transferred to the new agency following the previous inspection. However, further work is required to ensure that all changes are embedded into practice and to develop and improve remaining areas of weakness.

Leaders and managers have focused on improving the culture of the agency, although there is more to do to ensure this change is embraced by all. While the current staff team is stable, there has been a high turnover of staff in the agency this year. Some foster carers report that, on occasions, the quality of communication between them and the agency is poor. The manager is aware of this and has implemented strategies and plans to improve this. There has been one complaint about the agency this year, which has been responded to appropriately.

There have been a high number of placement breakdowns this year. Currently there are no formal processes in place to ensure that lessons can be learned from placement breakdowns to inform practice development or avoid any reoccurrence. Leaders and managers have stated that it is their intention to formalise and embed a process to follow when placements come to an early end. This will involve children, carers and others to ensure learning is systemically captured. The process will also involve gathering feedback routinely after breakdowns to inform the development of the service.

Staff and foster carers have been well supported this year through regular effective supervision, performance management, team meetings and training. Staff and foster carers report that they have good access to the manager. Staff and foster carers can access online training that equips them for their roles and foster carers complete their required mandatory training. Most of the support available has been virtual and some carers would now benefit from face-to-face supervision and interaction. The additional support provided by the out-of-hours service has been well received.

The independent fostering agency committee is effective in ensuring that the agency considers strategic issues and monitors the agency’s risk register. Where tasks are not completed due to operational demands, for example on placement breakdown during the lockdown period, the committee has held the agency to account and ensured that tasks are actioned to drive improvement.

The quality of panel minutes and the agency decision-maker notes has improved. They now clearly evidence exploration of matters brought to them with detailed rationale and recommendations noted.

What does the independent fostering agency need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Fostering Services (England) Regulations 2011 and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>The registered person in respect of an independent fostering agency must ensure that—</p> <p>the welfare of children placed or to be placed with foster parents is safeguarded and promoted at all times, and</p> <p>before making any decision affecting a child placed or to be placed with a foster parent due consideration is given to the child’s—</p> <p>religious persuasion, racial origin and cultural and linguistic background. (Regulation 11 (a)(b)(ii))</p> <p>With specific reference to ensuring that issues of equality and diversity are identified and well managed.</p>	31 January 2021

<p>The procedure under paragraph (1)(b) must, subject to paragraph (4), provide in particular for—</p> <p>Consideration to be given to the measures which may be necessary to protect children placed with foster parents following an allegation of abuse or neglect. (Regulation 12 (3)(e))</p> <p>This specifically relates to ensuring that individual safer caring policies and plans are comprehensive and cover all known risks.</p>	<p>31 January 2021</p>
<p>If any of the events listed in column 1 of the table in Schedule 7 takes place in relation to a fostering agency, the registered person must without delay notify the persons or bodies indicated in respect of the event in column 2 of the table.</p> <p>Any notification made in accordance with this regulation which is given orally must be confirmed in writing. (Regulation 36 (1)(2))</p>	<p>31 January 2021</p>
<p>When undertaking a review, the fostering service provider must—</p> <p>seek and take into account the views of—</p> <p>the foster parent,</p> <p>any child placed with the foster parent (subject to the child's age and understanding). (Regulation 28 (3)(b)(i)(ii))</p>	<p>31 January 2021</p>

Recommendations

- The registered person should ensure that the views of the child, the child's family, social worker and independent reviewing officer are sought regularly on the child's care, unless in individual cases this is not appropriate. ('Fostering services: National minimum standards', 1.4)

Independent fostering agency details

Unique reference number: 2502331

Registered provider: Brighter Futures for Children

Registered provider address: Reading Borough Council, Civic Offices, Bridge Street, Reading, Berkshire RG1 2LU

Responsible individual: Biri Yaya

Registered manager: Stefanie Roth

Inspectors

Amanda Maxwell, Social Care Inspector
Suzy Lemmy, Social Care Inspector
Alexander Dignan, Social Care Inspector

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR SOCIAL CARE AND HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	11
TITLE:	ADULT SOCIAL CARE PERFORMANCE REPORT MARCH 2021		
LEAD COUNCILLOR:	COUNCILLOR JONES COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE HEALTH, WELLBEING & SPORT
SERVICE:	ADULT SOCIAL CARE	WARDS:	
LEAD OFFICER:	CATHERINE BENNETT	TEL:	Ext: 73976
JOB TITLE:	MANAGER - PERFORMANCE & DATA TEAM	E-MAIL:	Catherine.bennett@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report outlines the key areas of performance of Adult Social Care during 2019-2020 which is based on performance against the national Adult Social Care Outcomes Framework (ASCOF) dataset which is monitored annually. The framework measures how well care and support services achieve the outcomes that matter most to people. It is important as it is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.
- 1.2 Key highlights include Reading's high performance compared to other Local Authorities with regard to the number of older people newly admitted to Residential and Nursing Care homes and the number of people with Learning Disabilities living in their home or with their family. Reading performed less well in the measure of the number of people aged 18-64 newly admitted to Residential and Nursing Care homes and the number of people using a Direct Payment to pay for their care and support.
- 1.3 An overview of performance for Reading Adult Social Care against all ASCOF Measures in 2019-2020 as well as an update on current Performance is included in Appendix 1.
- 1.4 An Action Plan addressing the areas for development for two key performance targets as outlined above is presented in Appendix 2.
- 1.5 A visual representing a snapshot of Adult Social Care Performance on a Page for 2019-20 is reflected in Appendix 3.

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children’s Services and Education Committee:
- Note the performance of Adult Social Care in Reading for 2019-20 against similar Councils, the South East and the national Adult Social Care Outcomes Framework (ASCOF) indicators
 - Endorses the associated Action Plan to address 2 key areas of development.

3. POLICY CONTEXT

- 3.1 The Adult Social Care Outcomes Framework (ASCOF) is published annually, usually in October but was delayed due to COVID-19, and instead published on 10th December 2020. It is based on statutory returns completed by Adult Social Care in the previous April and May. These include the Short and Long Term Support (SALT) return, the Adult Social Care Survey (ASCS) and the Survey of Adult Carers in England (SACE).
- 3.2 THE ASCOF measures allow a comparison of the Council alongside other Local Authorities in the South East, England and additionally our CIPFA (Chartered Institute of Public Finance Accountants) new Statistically similar neighbours i.e. Bedford, Bracknell Forest, City of Bristol, Coventry, Milton Keynes, Newcastle-upon-Tyne, Peterborough, Portsmouth, Slough, Southampton, Swindon, Thurrock, Trafford, Warrington, York.

4. PERFORMANCE IN 2019-20

- 4.1 Whilst the full framework analysis is included in Appendix 1, below we have selected 2 areas where performance was good in 2019-20 and a further 2 areas where we need to focus on improvements.
- 4.2 **LONG-TERM NEEDS OF OLDER ADULTS (AGE OVER 65) MET BY ADMISSION TO RESIDENTIAL AND NURSING CARE HOMES**
- 4.2.1 Following a continued focus on supporting people to be independent in their own homes in line with Reading’s “home first” approach, Adult Social Care continued to ensure that the number of older people (age 65+) placed in residential and nursing care homes last year was reduced. This strong performance has continued into this year, and we now have the 2nd lowest rate of new admissions to residential and nursing homes in the South East

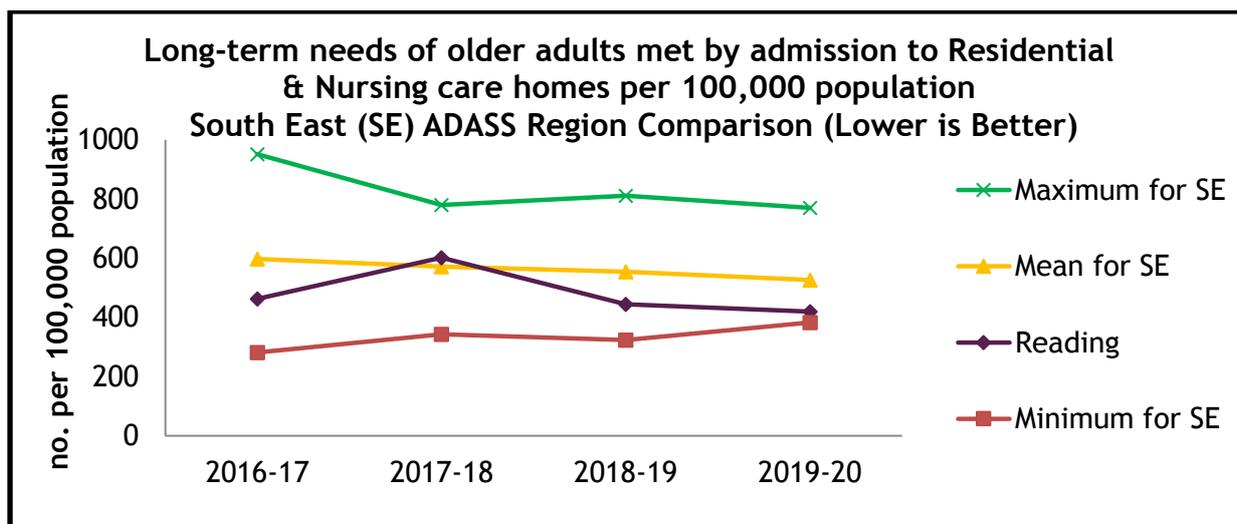


Table 1: Table 1 shows comparison of numbers of admissions to Residential and Nursing homes per 100,000 of population age 65+ against all Local Authorities in the South East.

4.3 THE PROPORTION ADULTS WITH A LEARNING DISABILITY WHO LIVE IN THEIR OWN HOME OR WITH FAMILY

4.3.1 We continue to work with people with a Learning Disability to ensure they are living in settled accommodation, ensuring that as far as possible people live in their own home or with their family

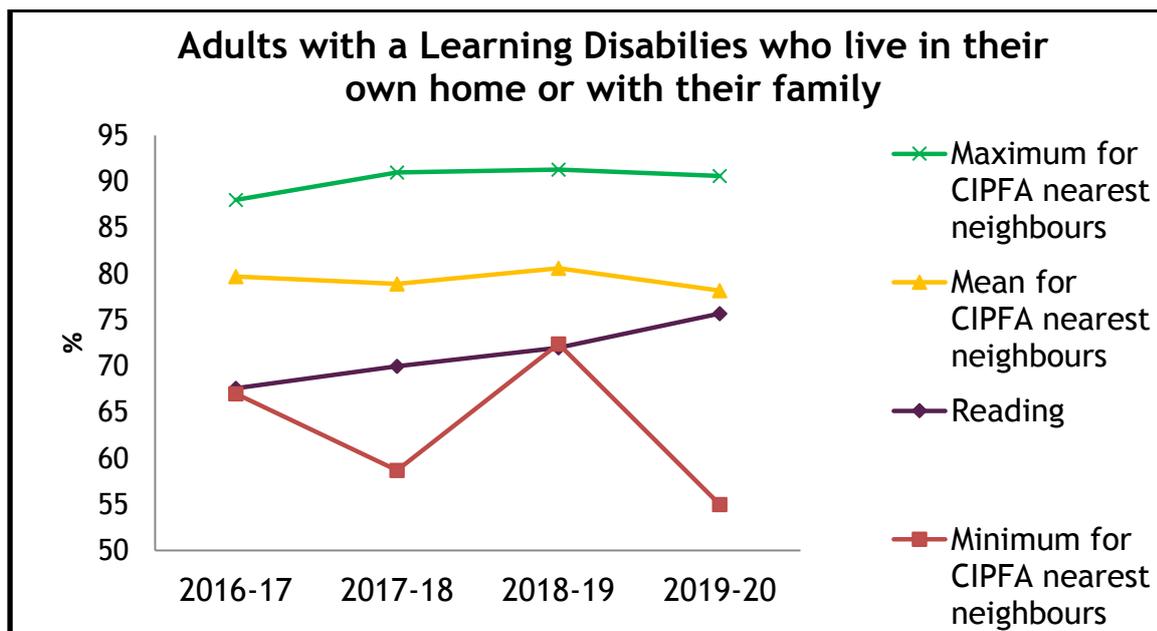


Table 2: Compares Reading with our CIPFA (the Chartered Institute of Public Finance Accountants) Near Statistical Neighbours for ASCOF Measure 1G measure

4.4 LONG-TERM NEEDS OF YOUNGER ADULTS (AGE 18-64) MET BY ADMISSION TO RESIDENTIAL AND NURSING CARE HOMES

4.4.1 Despite concentrated focus on keeping people in their own homes, there was a very slight increase in the number of younger people placed in residential and nursing care homes last year. This was due to a lack of alternative options available to meet the needs of younger people and equates to 15 people a year in total.

4.4.2 Work on producing an Accommodation Strategy for vulnerable adults will continue this year with a focus on sourcing alternative accommodation for younger adults

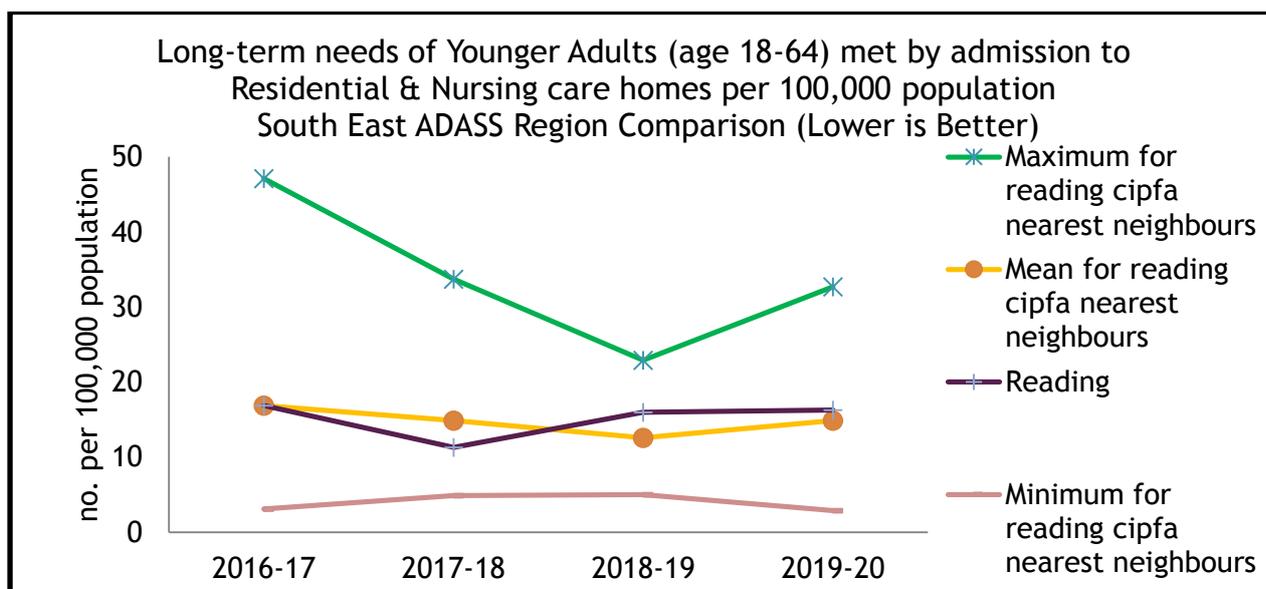


Table 3: Compares Reading with our CIPFA Near Neighbours for ASCOF Measure 2A1

4.5 INCREASE USE OF DIRECT PAYMENTS

4.5.1 Direct Payments have increased by 71% since 2016/17, from 12.1% to 20.7%. Whilst Direct Payments remains a priority for Adult Social Care, the lack of alternative services available to meet people's

needs beyond the Council commissioned services has resulted in a slower uptake. The Personal Assistant (PA) Market Development Transformation Project has started to increase the number of people employing PAs

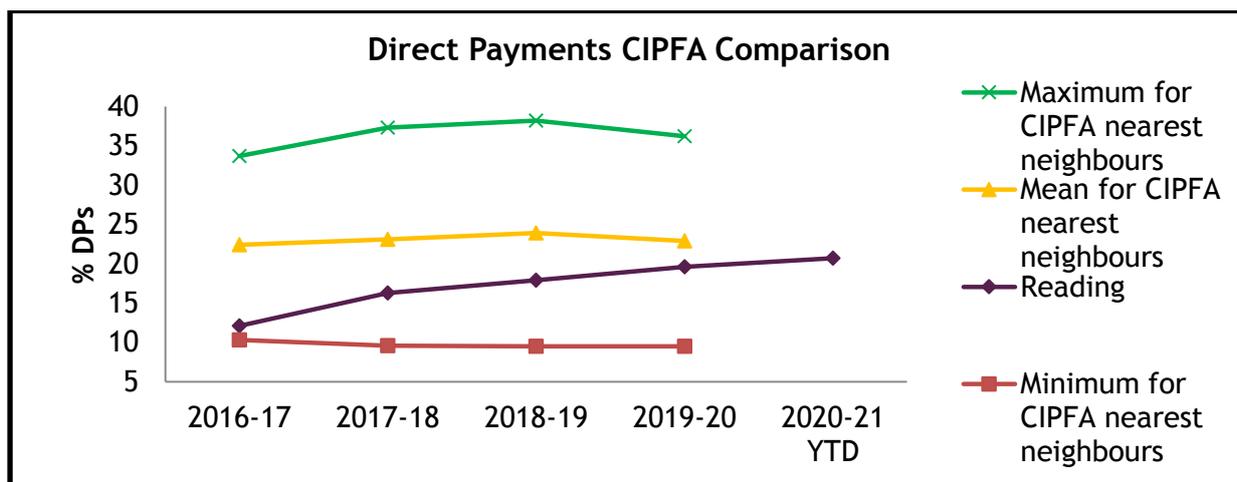


Table 4: Compares Reading with our CIPFA Near Neighbours for ASCOF Measure 1C2A

4.6 Further comparisons of all Adult Social Care Outcomes Framework measures can be found in Appendix 1

4.7 Appendix 2 details the action plan we have created to address the two areas for development.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This report contributes to the Corporate Plan Priority 3: To protect and enhance the lives of vulnerable adults and children, by ensuring appropriate oversight of Adult Social Care performance.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The performance presented in this report supports this ambition. By helping to keep people in their own home, we contribute to reduced emissions as people will not have to travel to visit their relatives in alternative accommodation.

6.2 Ensuring a suitable provision of Extra Care Sheltered housing means that people are moving from larger housing into modern, energy efficient accommodation.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 Extensive engagement is undertaken to gather the views of individuals in relation to the performance measures presented in this report. In 2019-20 we sent surveys to 780 service users as part of the Annual Adult Social Care Survey (ASCS). In 2018-19 we sent surveys to 540 Adult Carers in Reading for the biennial Survey of Adult Carers (SACE). The responses were collated by the Council's Adults Performance & Data team and submitted to NHS Digital and subsequently the national dataset is published in October each year. These surveys form part of the mandated national Adult Social Care data returns

8. EQUALITY IMPACT ASSESSMENT

The contents of this report is for information only and is not considered to impact on equality as there are no service changes proposed.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications of this report.

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications of this report.

11. BACKGROUND PAPERS

11.1 The national 'Measures from the Adult Social Care Outcomes Framework, England, 2018-19 Report' and associated Datasets can be found here [Measures from the Adult Social Care Outcomes Framework, England 2019-20 - NHS Digital](#)

APPENDIX 1: ADULT SOCIAL CARE PERFORMANCE INCLUDING ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF) MEASURES FOR 2019-20

APPENDIX 2: ADULT SOCIAL CARE ACTION PLAN TO ADDRESS TWO KEY PERFORMANCE TARGETS

APPENDIX 3: ADULT SOCIAL CARE PERFORMANCE ON A PAGE 2019-20

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Appendix 1: Adult Social Care Performance Report - March 2021

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Including Adult Social Care Outcomes Framework (ASCOF) measures for 2019-20



How is Adult Social Care Measured?

Collection Name	Publication date
Adult Social Care Outcomes Framework	December 2020
Adult Social Care User Experience Survey in England	December 2020
Survey of Adult Carers in England	October 2019
Short and Long Term Support (SALT)	December 2020
Safeguarding Adults Collection	December 2020
Adult Social Care Finance Return (ASC-Fr)	December 2020
National Minimum Data Set - Social Care (NMDS-SC)	March 2021
In addition, as a result of Covid, 2 new additional mid-year surveys were completed	
Mid-Year Adult Social Care Activity data 2020-21	tba
Safeguarding Adult Mid-Year Collection 2020-21	tba



How is Adult Social Care Measured?

Local Key Performance Indicators

Corporate Plan Key Performance Indicators

Reduced Delayed Transfers of Care (DToC) for Social Care

Increased number of service users receiving direct payments

Decrease the permanent new admissions to Residential or Nursing care per 100,000 population for Younger People (18-64)

Decrease the permanent new admissions to Residential or Nursing care per 100,000 population for Older People (65+)

Directorate Key Performance Indicators e.g.

Percentage of people with learning disabilities living in settled accommodation

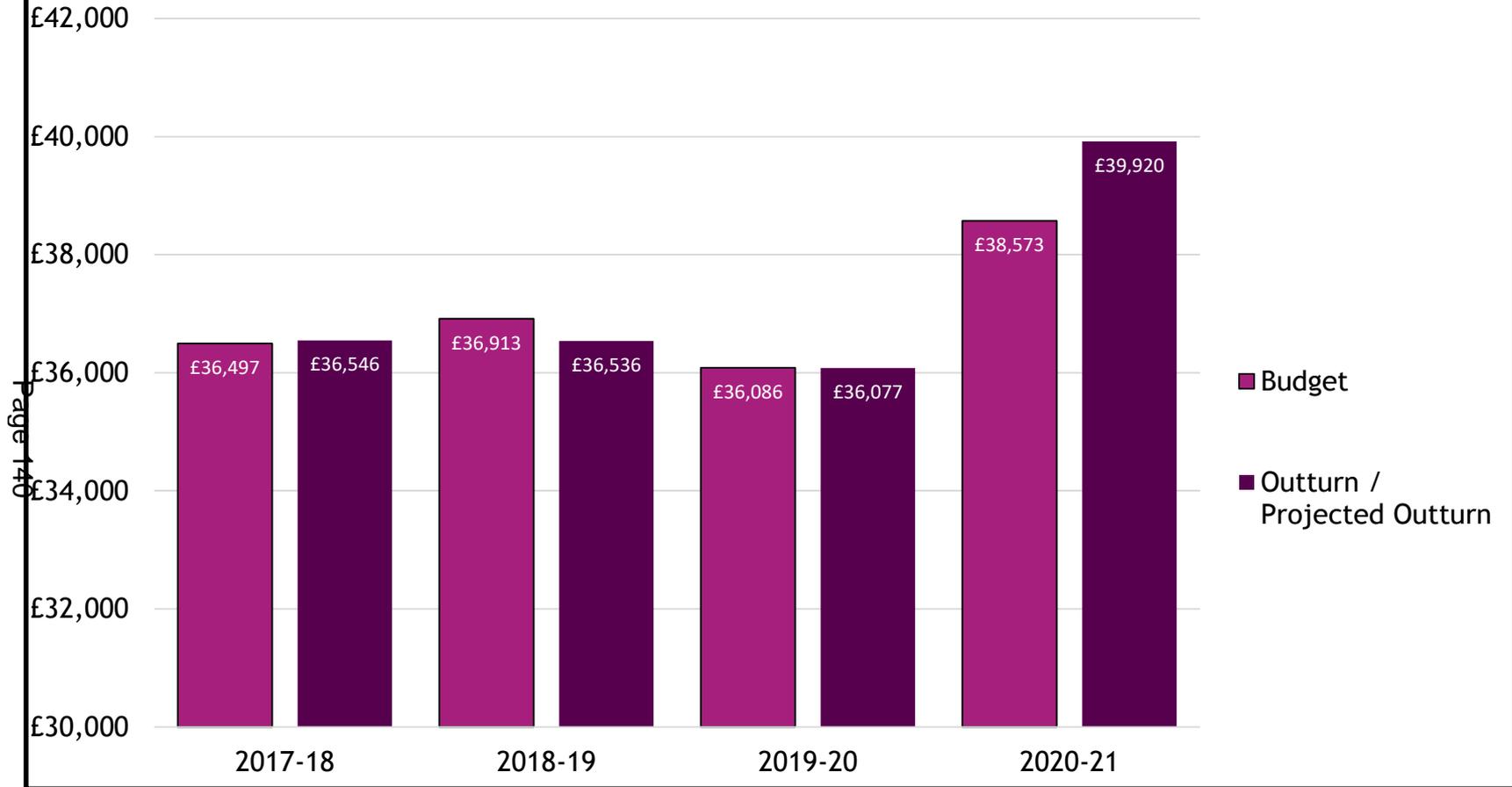
Percentage of older people (age 65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services

% of Safeguarding Concerns leading to a Full Enquiry

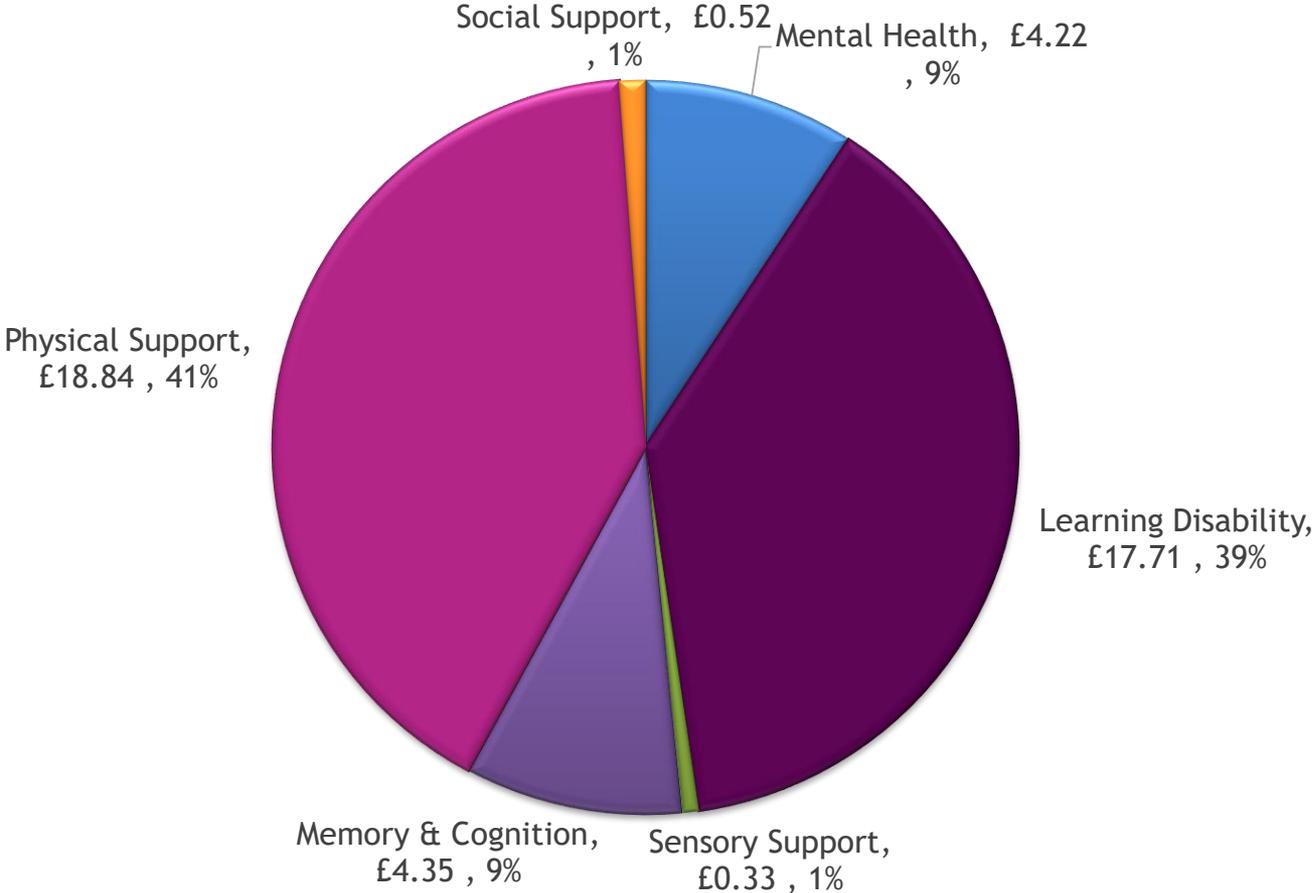
CIPFA is the Chartered Institute of Public Finance Accountants - used as a comparison with our Near Statistical Neighbours



Adult Social Care Budget 2017-18 to 2020-21 (000's)

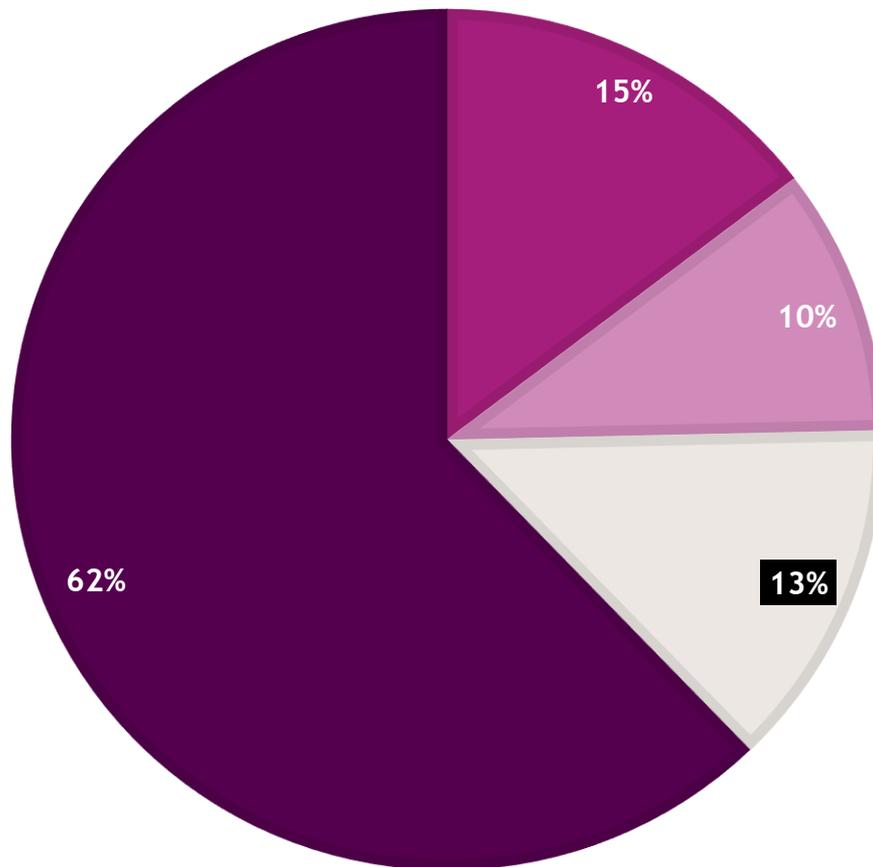


Forecast percentage Spend per PSR 2020/21, £m

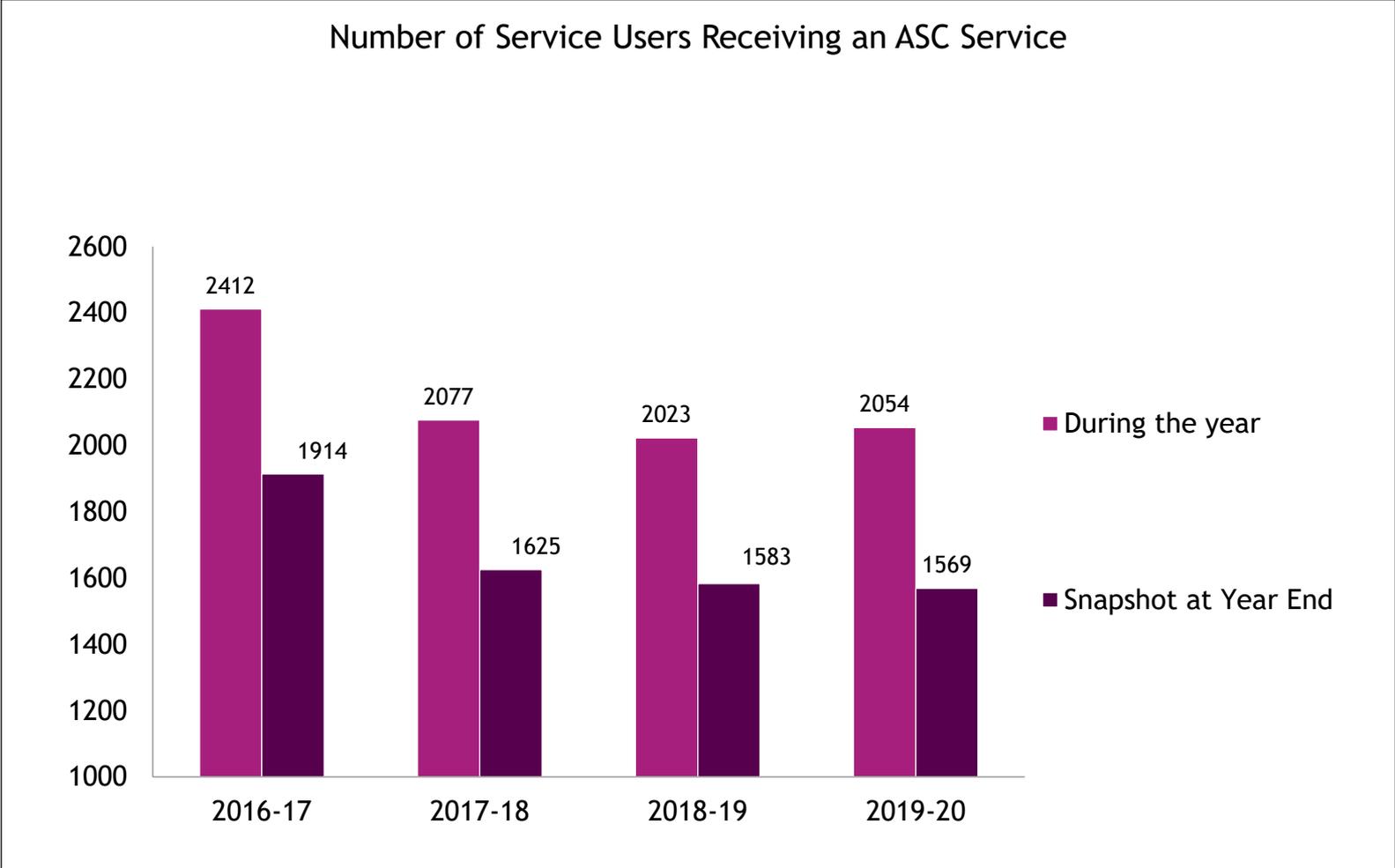


**% OF PEOPLE WITH AN ADULT SOCIAL CARE SERVICE BY SERVICE TYPE GROUP
(AS AT 31ST JANUARY 2021)**

■ Residential ■ Nursing ■ DP ■ Community



Number of People receiving Adult Social Care Services 2016-17 to 2019-20

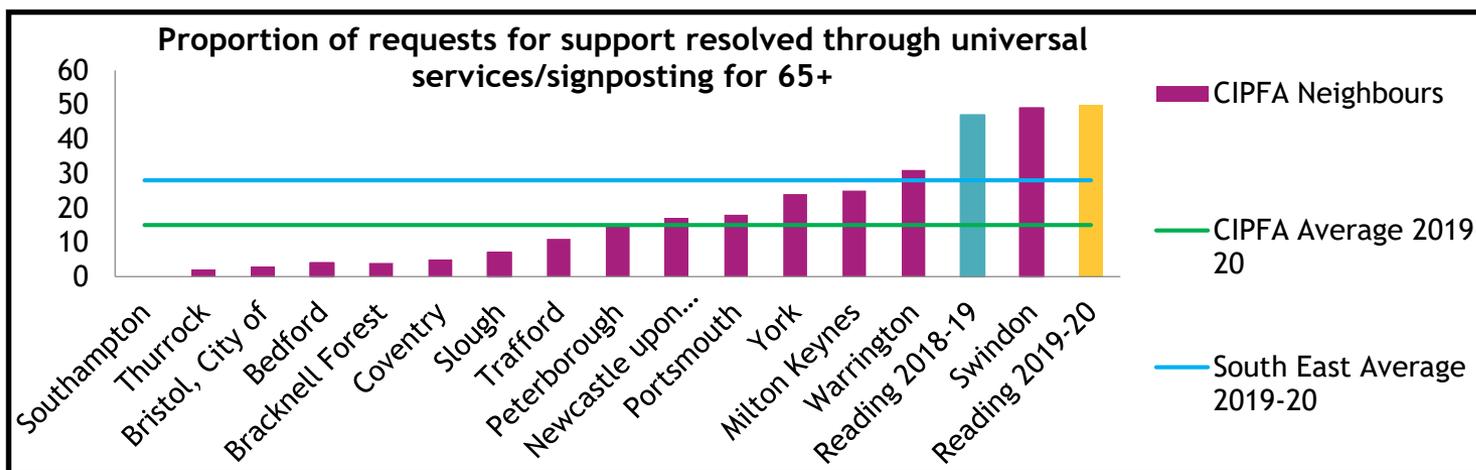
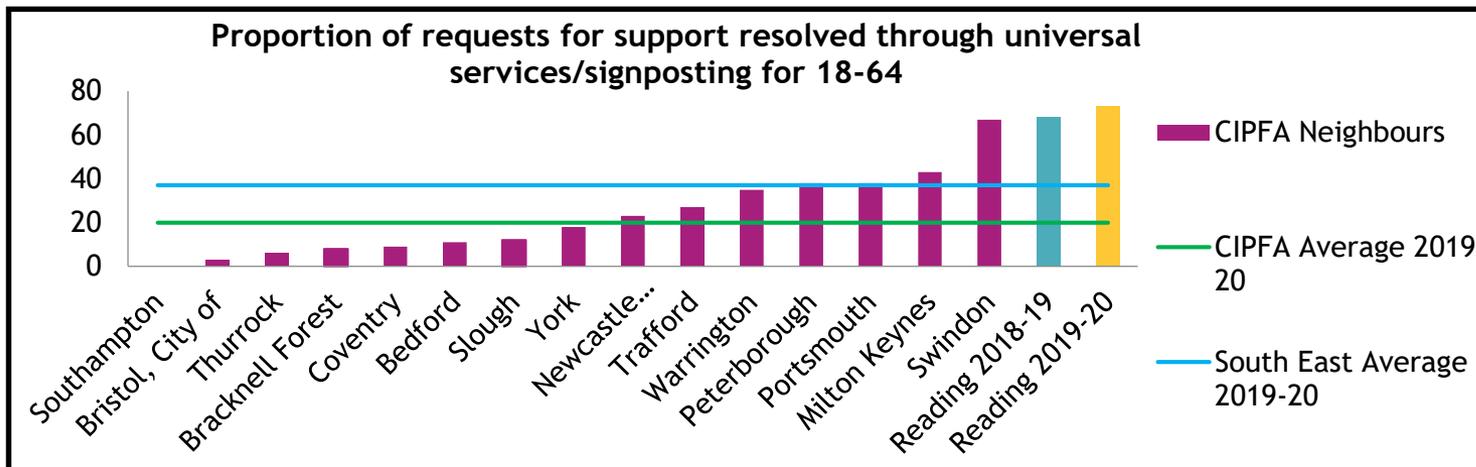


Adult Social Care Wellbeing Front Door HUB

The Wellbeing hub is successful in diverting demand and preventing people going on to a long term service.

There are currently 52 people who have not had their request for services screened by the HUB Reading (and the HUB) resolve a higher than average rate of requests for support through universal services/signposting.

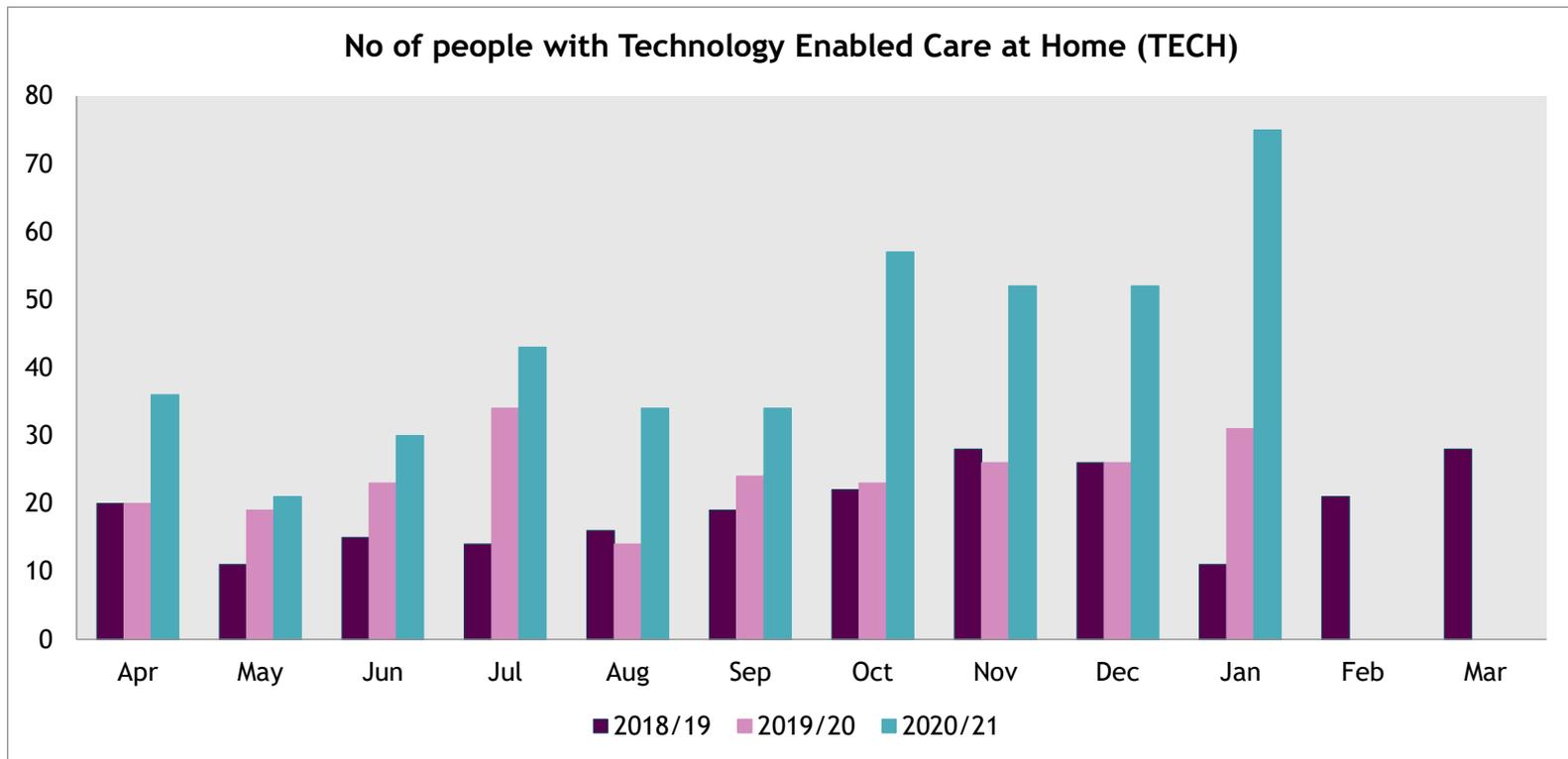
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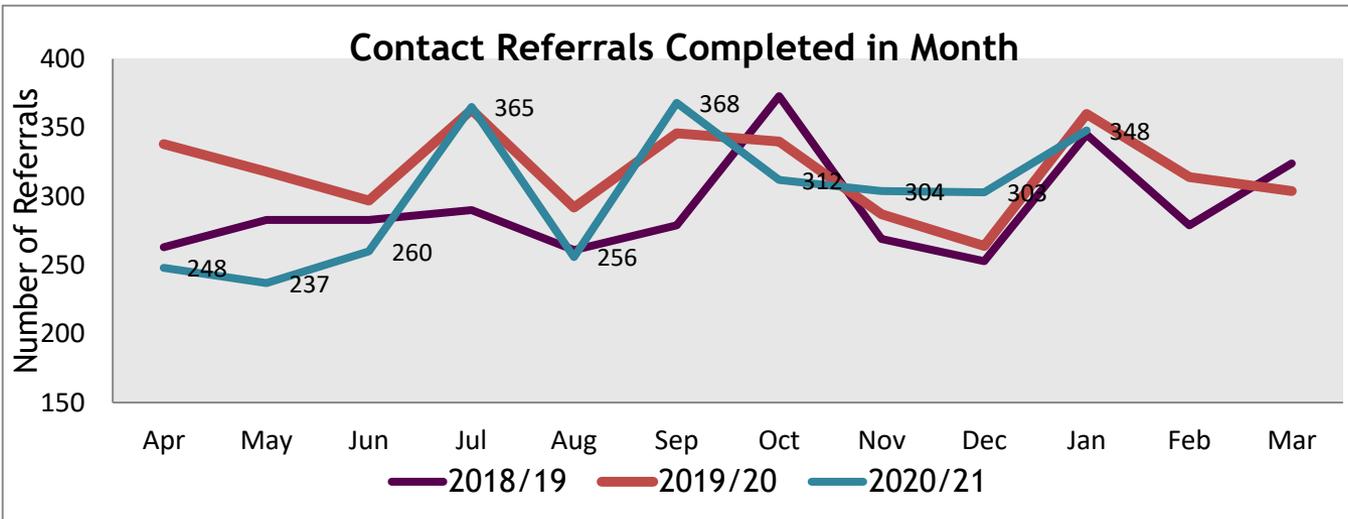
Technology Enabled Care

Design, implement and transition to an enhanced Technology Enabled Care (TEC) service that delivers savings, through innovation, development of digital services and increased usage of TEC as a preventative approach.

New TEC Turnkey commissioned service introduced in Dec 2020 with TEC Lead supporting operational staff to ensure smooth TEC service delivery. 54 Referrals were made in December

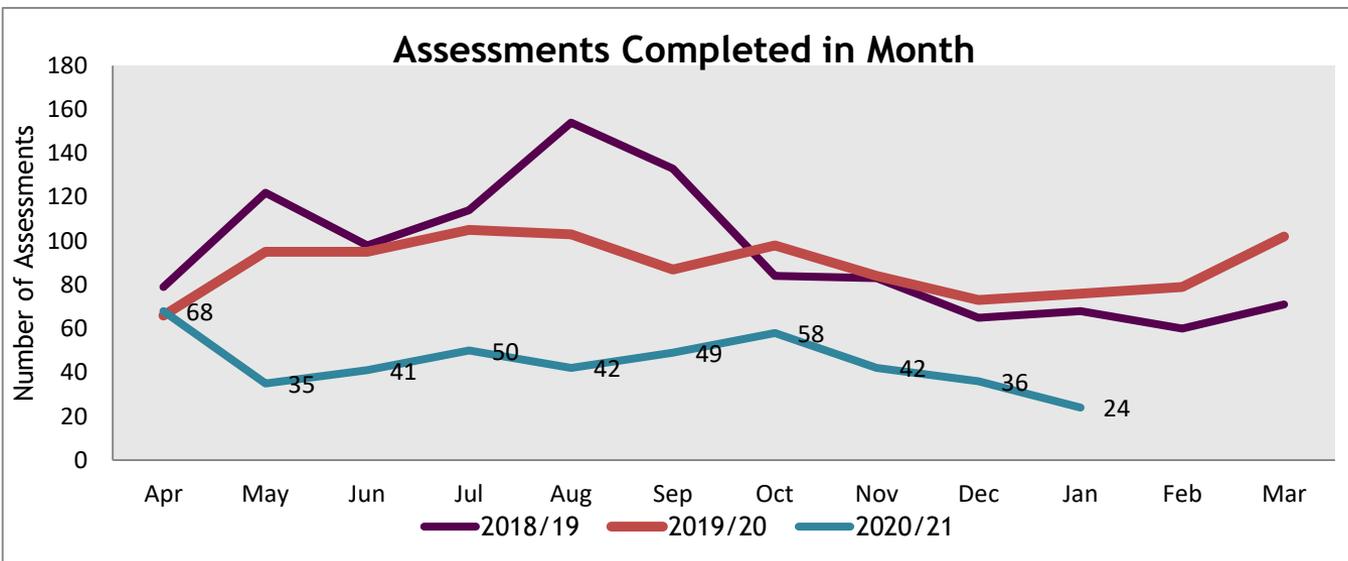


Current Activity and Work coming into the System

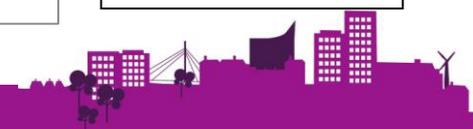


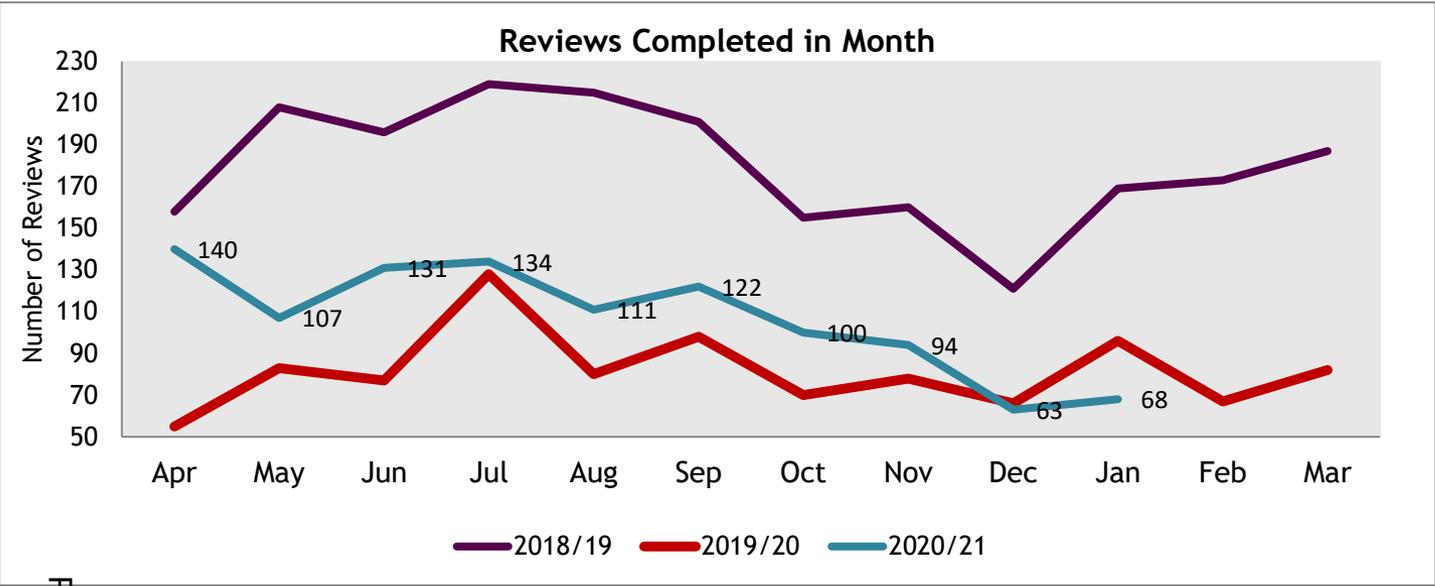
Referrals are received into Adult Social Care from Health and the Community.

The RBC Contact Centre deals with 17,000 calls a month, 94% are resolved by them whilst the remaining 6% are referred to the Adult Social Care service

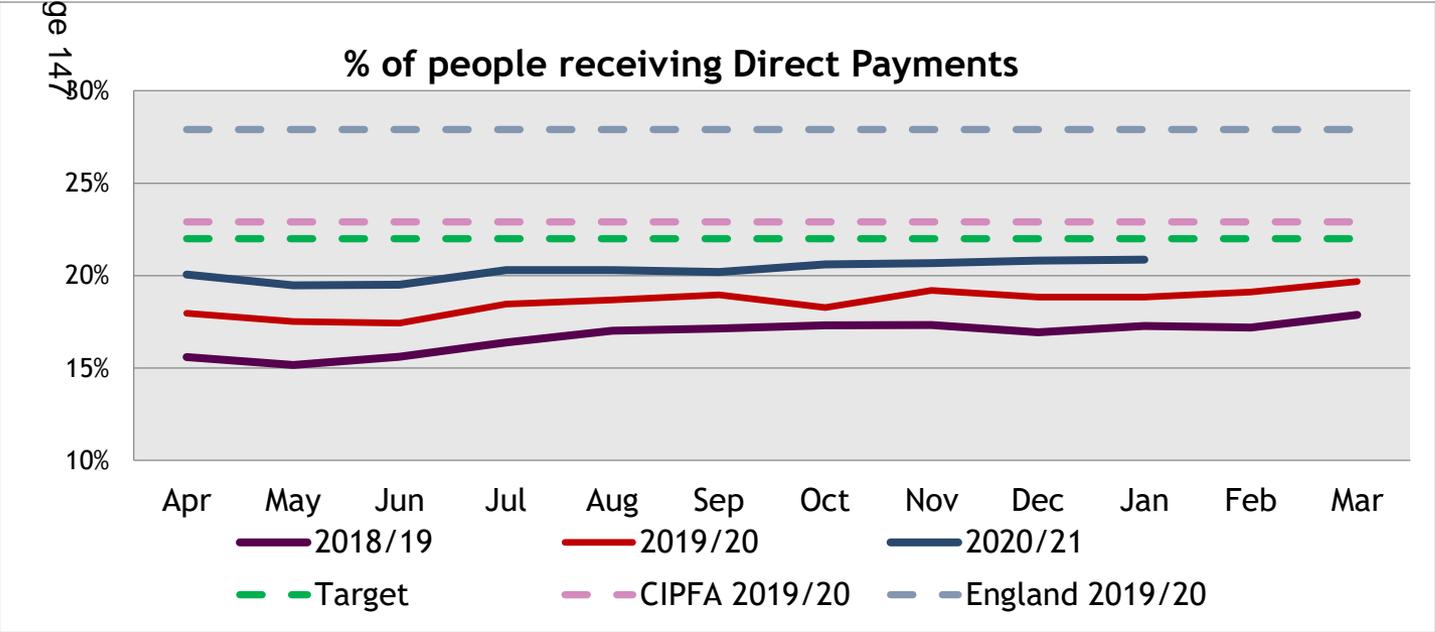


Fewer full assessments have been carried out since the Advice and Wellbeing Hub started in Oct 2018. Also, hospital discharges under Scheme 2 mean that the Assessment is completed in the community





Reviews of existing people to determine if needs have changed. Fewer reviews are completed as under Scheme 2, we completed an initial assessment only once the person has been discharged from hospital

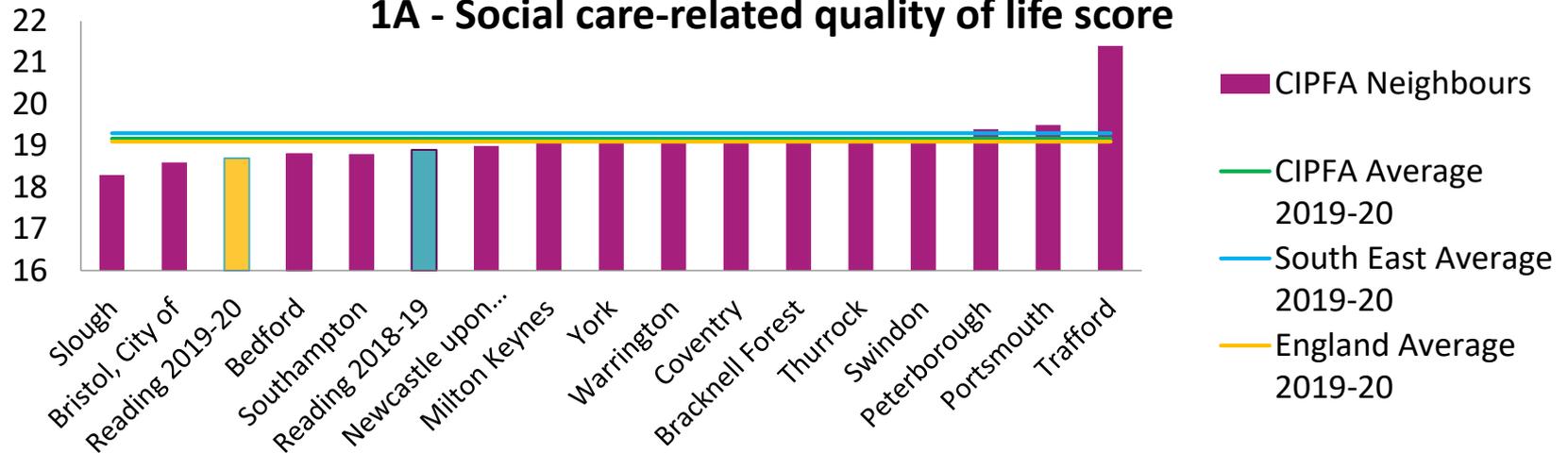


Direct Payments are paid to people so that they have more control over determining the type of care and support they need

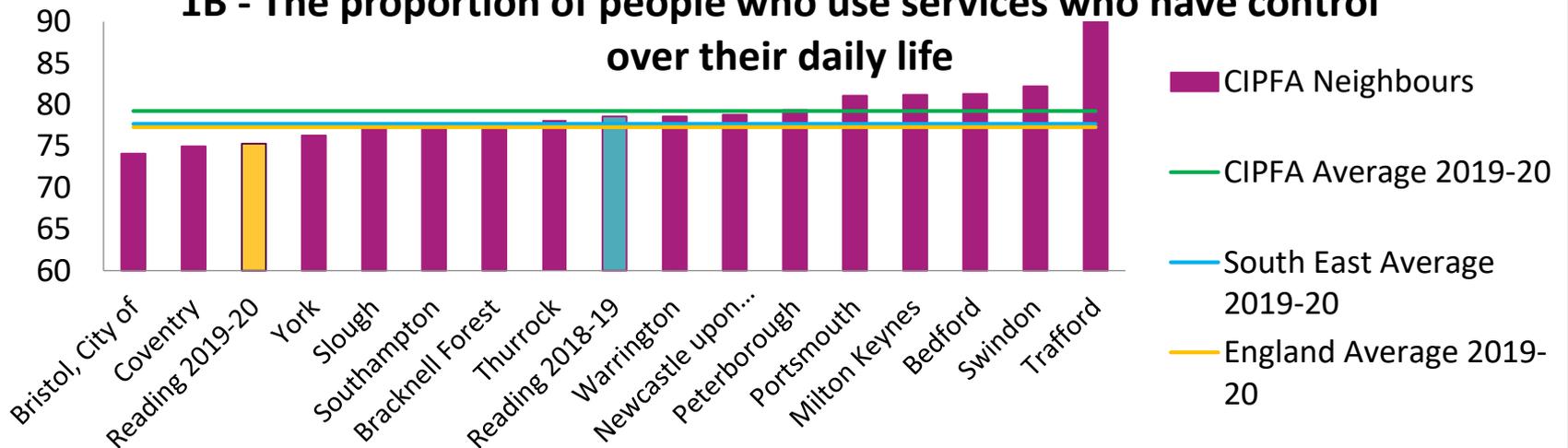


1: Enhancing quality of life for people with care and support needs

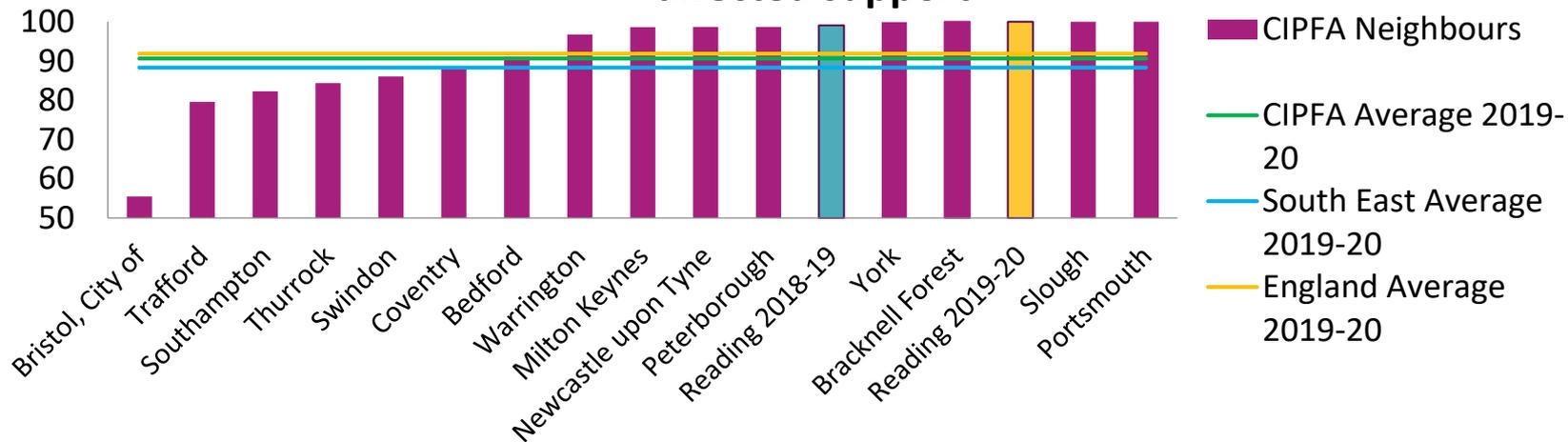
1A - Social care-related quality of life score



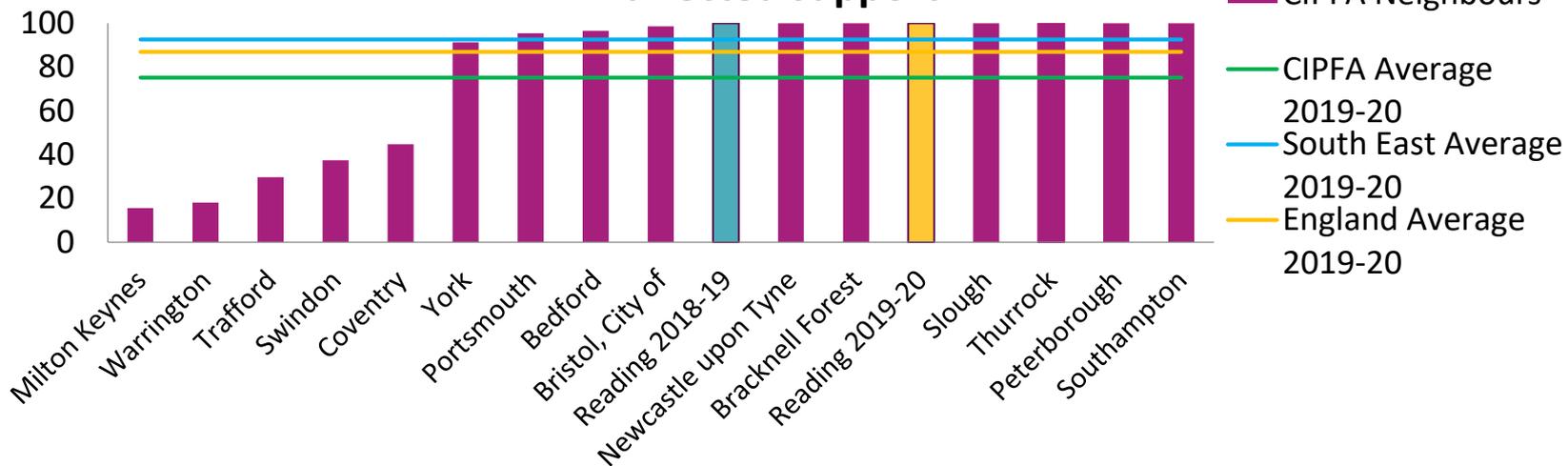
1B - The proportion of people who use services who have control over their daily life



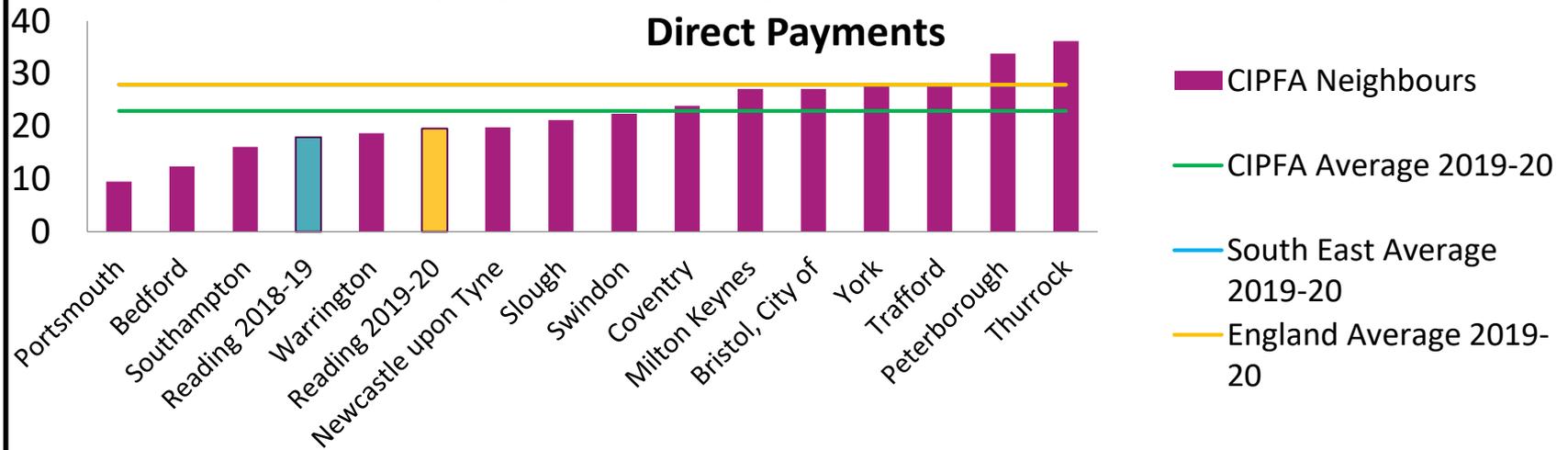
1C1A - The proportion of people who use services who receive self-directed support



1C1B - The proportion of Carers who use services who receive self-directed support

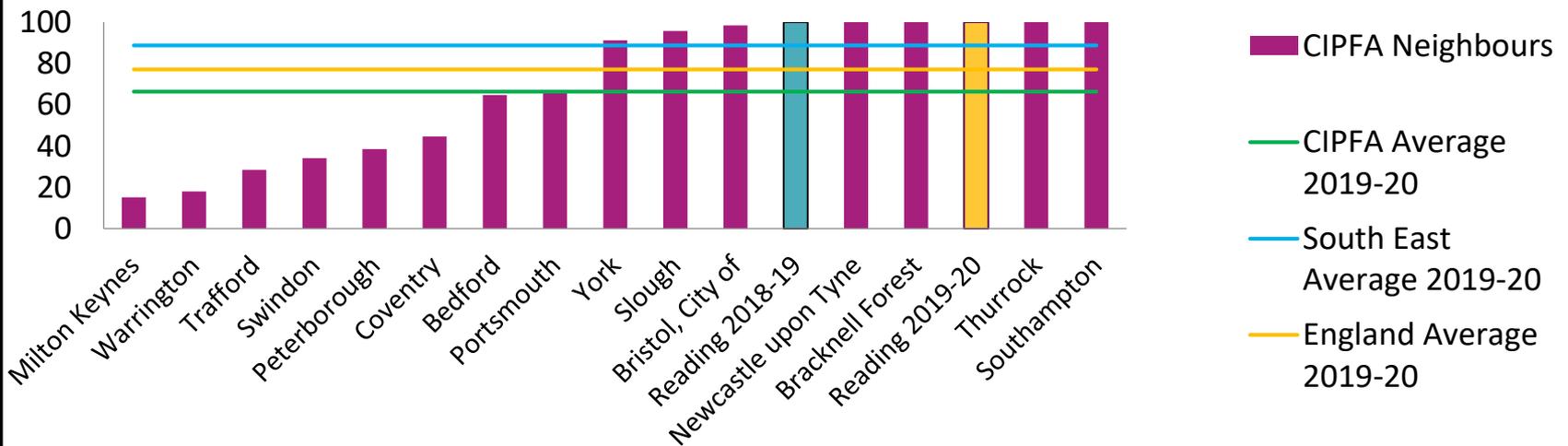


1C2A - The proportion of people who use services who receive Direct Payments

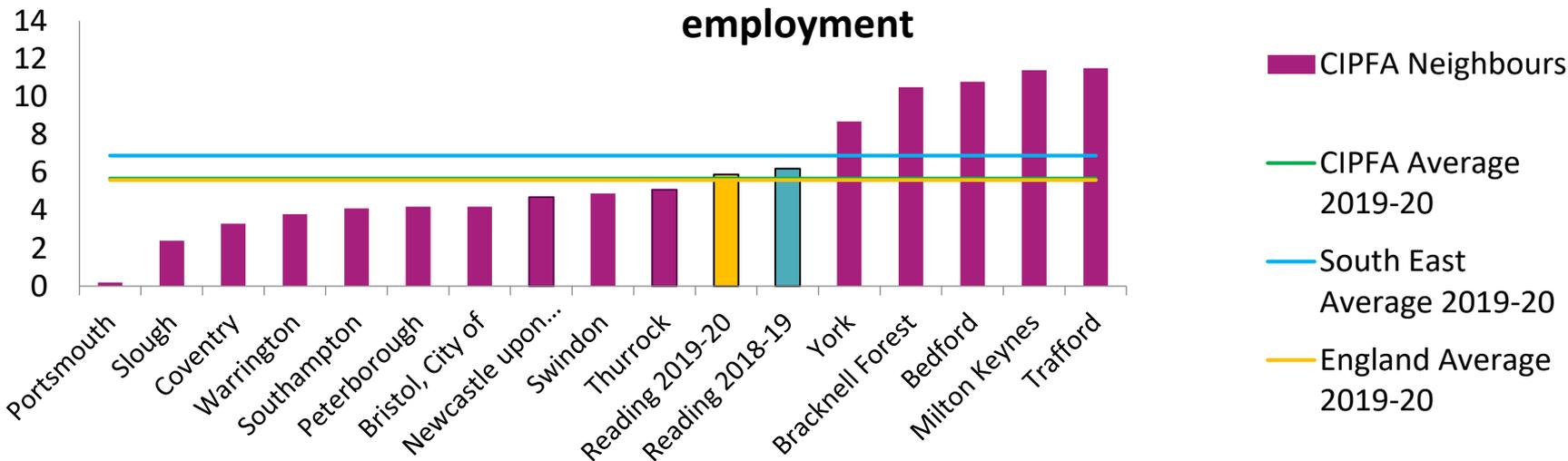


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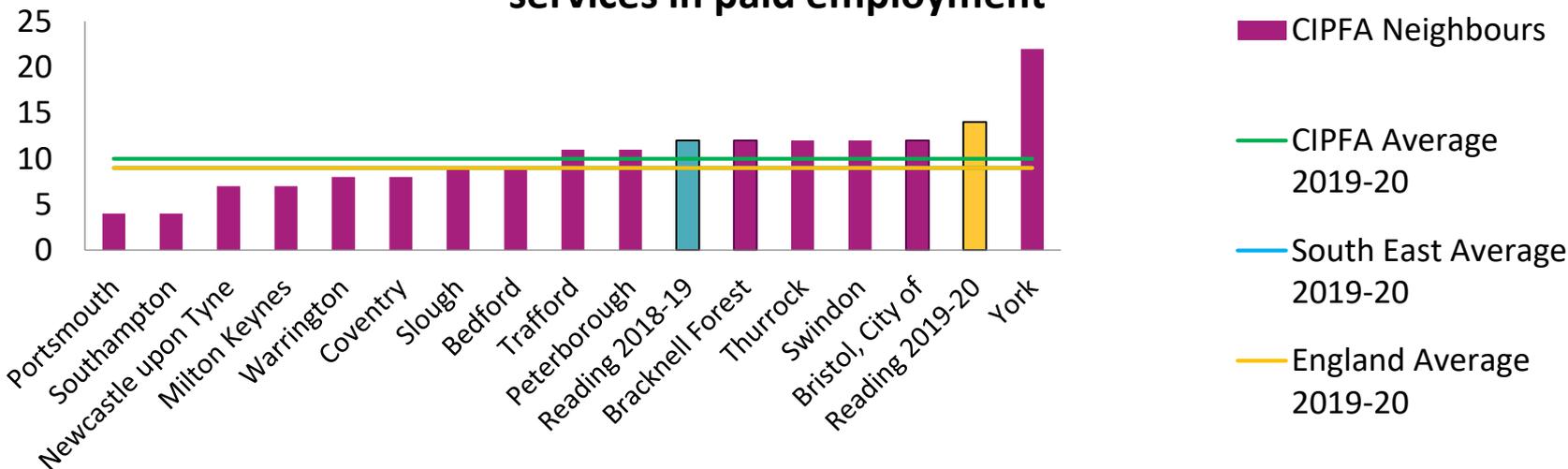
1C2B - The proportion of carers who receive Direct Payments



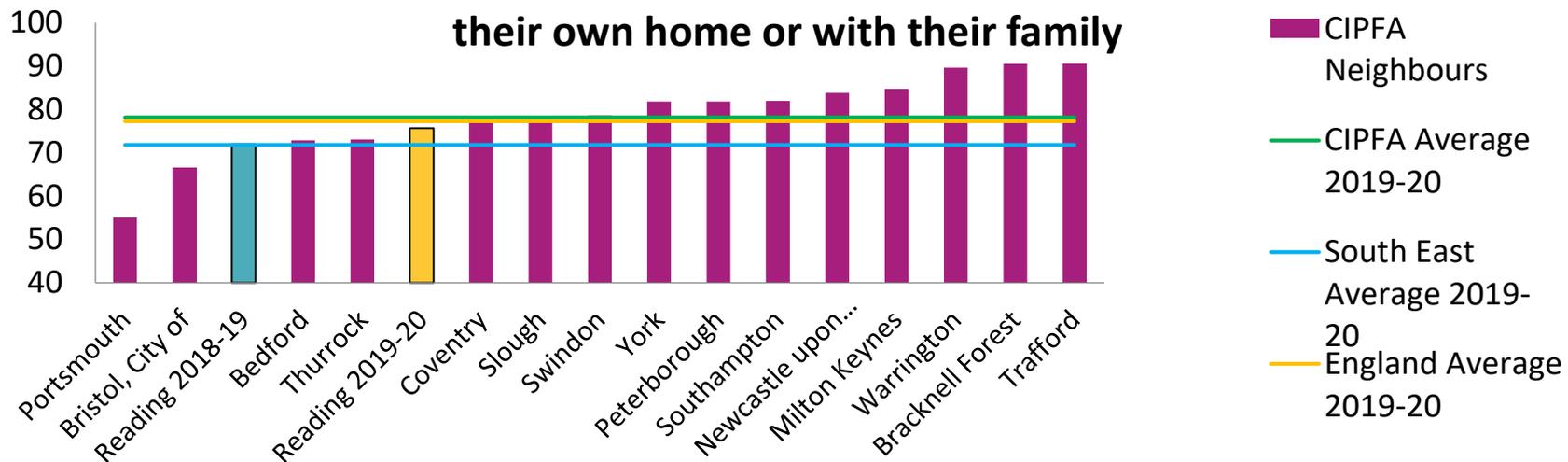
1E - The proportion of adults with a learning disability in paid employment



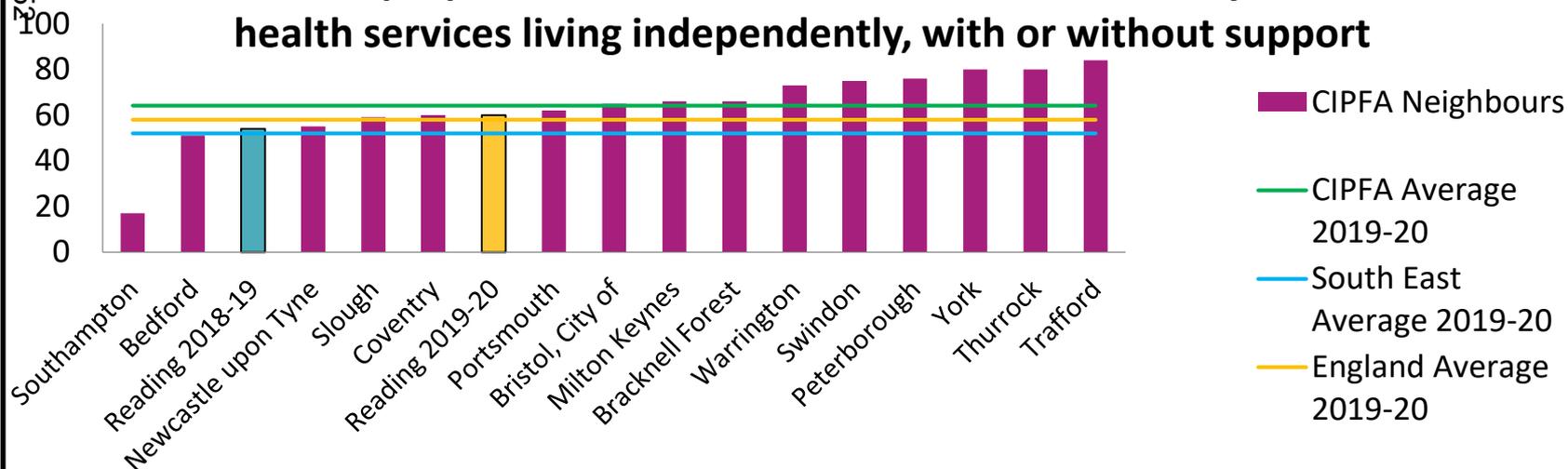
1F - The proportion of adults in contact with secondary mental health services in paid employment



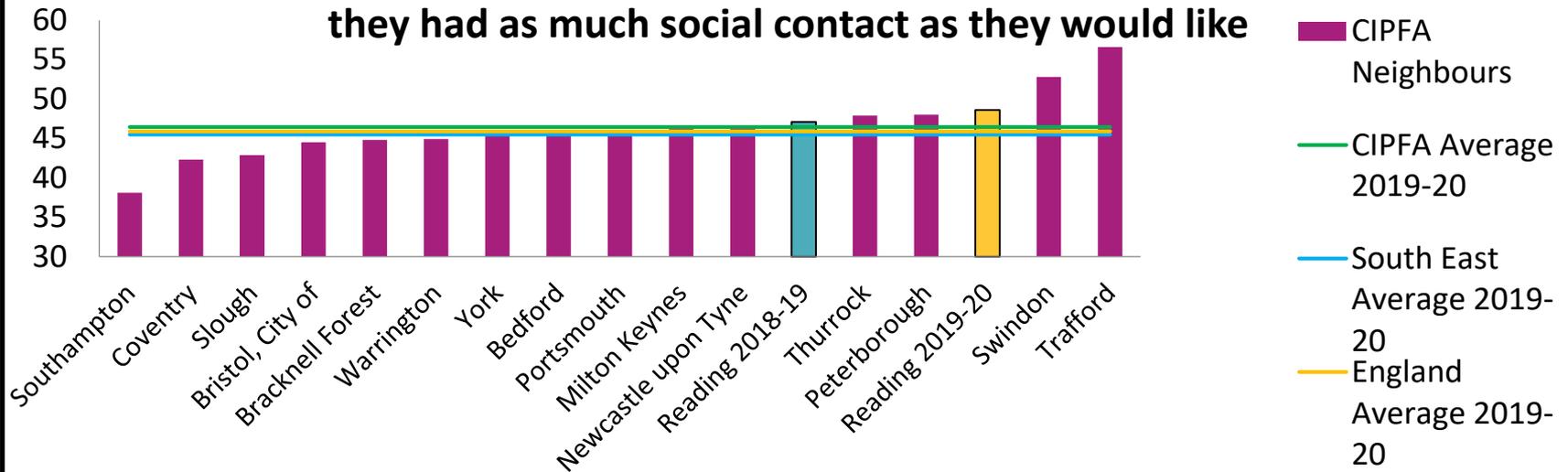
1G - The proportion of adults with a learning disability who live in their own home or with their family



1H - The proportion of adults in contact with secondary mental health services living independently, with or without support



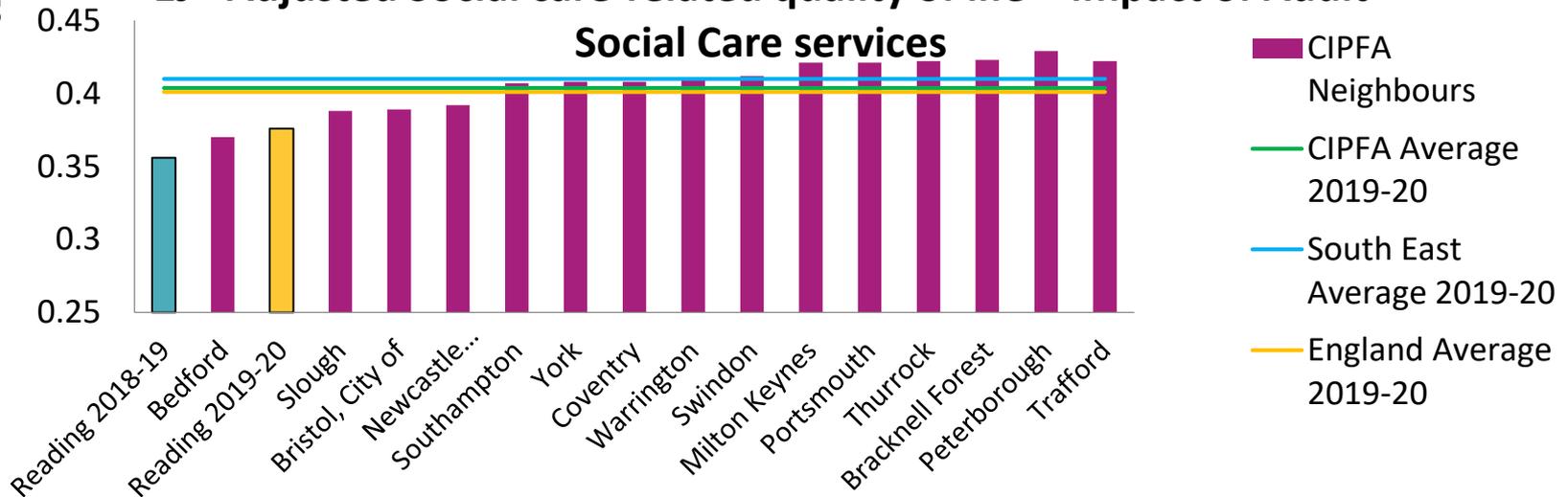
1I1 - The proportion of people who use services who reported that they had as much social contact as they would like



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1J - Adjusted Social care-related quality of life – impact of Adult

Social Care services



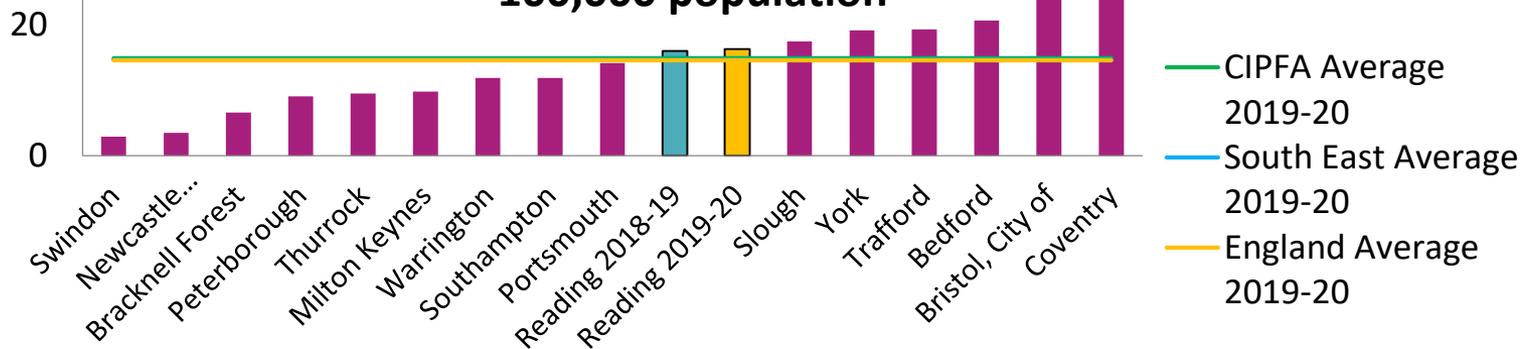
Adult Social Care Outcomes Framework 2018/19

2: Delaying and reducing the need for care and support

2A1 - Long-term support needs of younger adults (aged 18-64)

met by admission to residential and nursing care homes, per

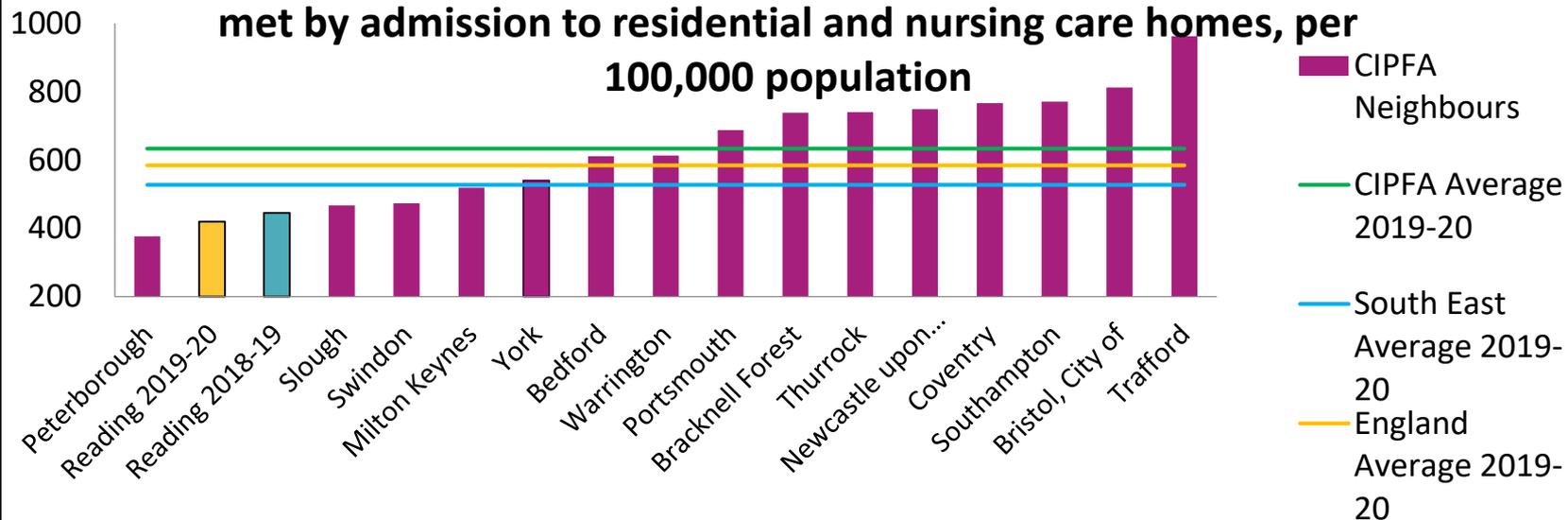
100,000 population

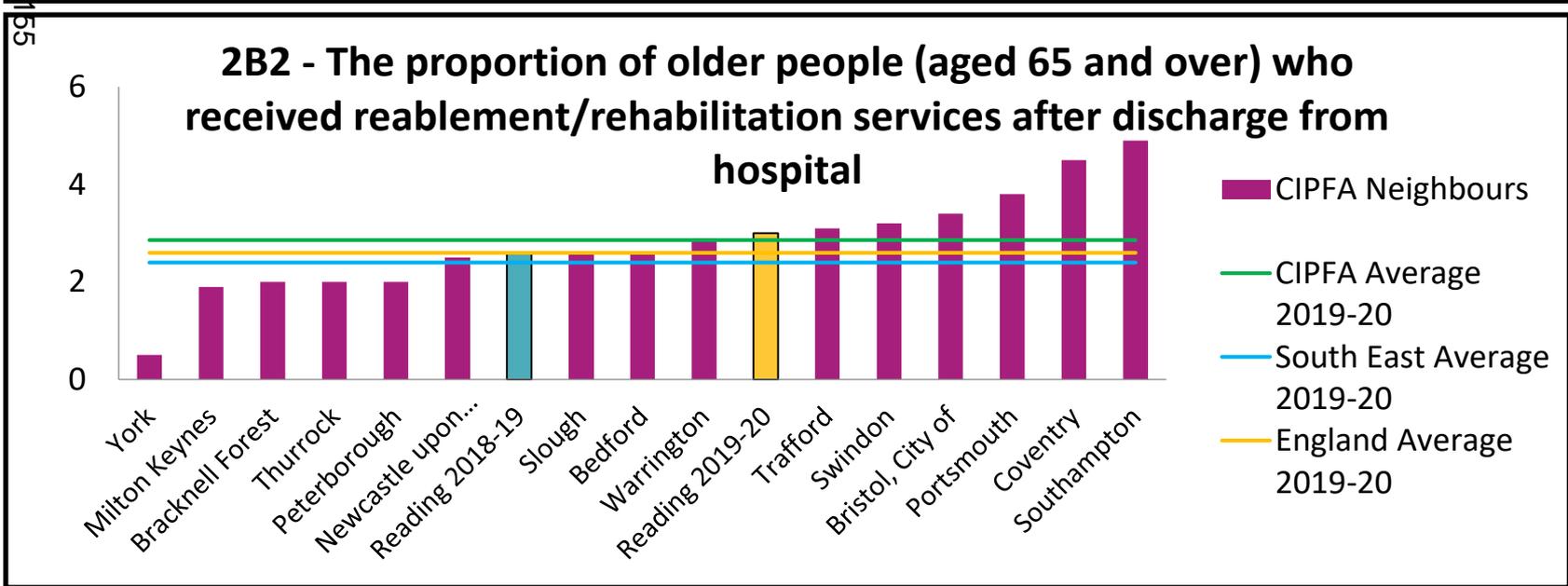
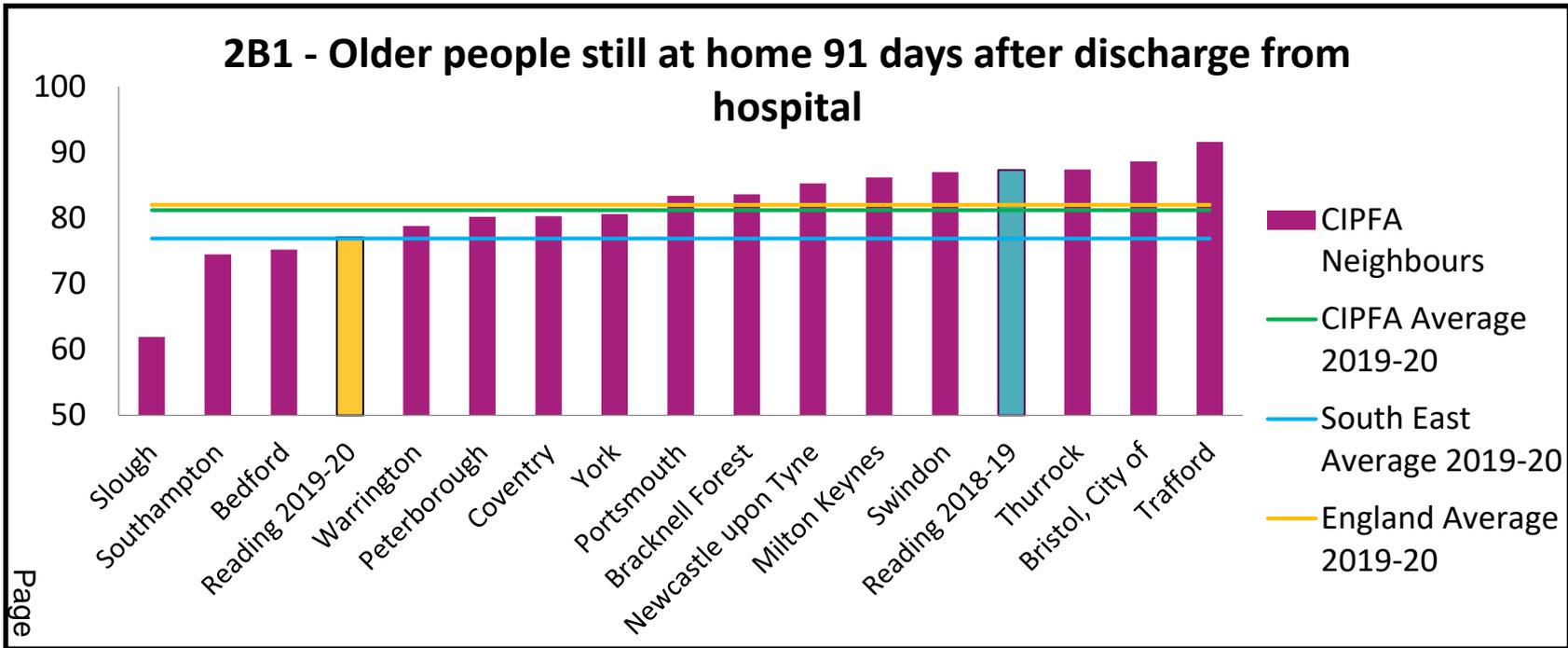


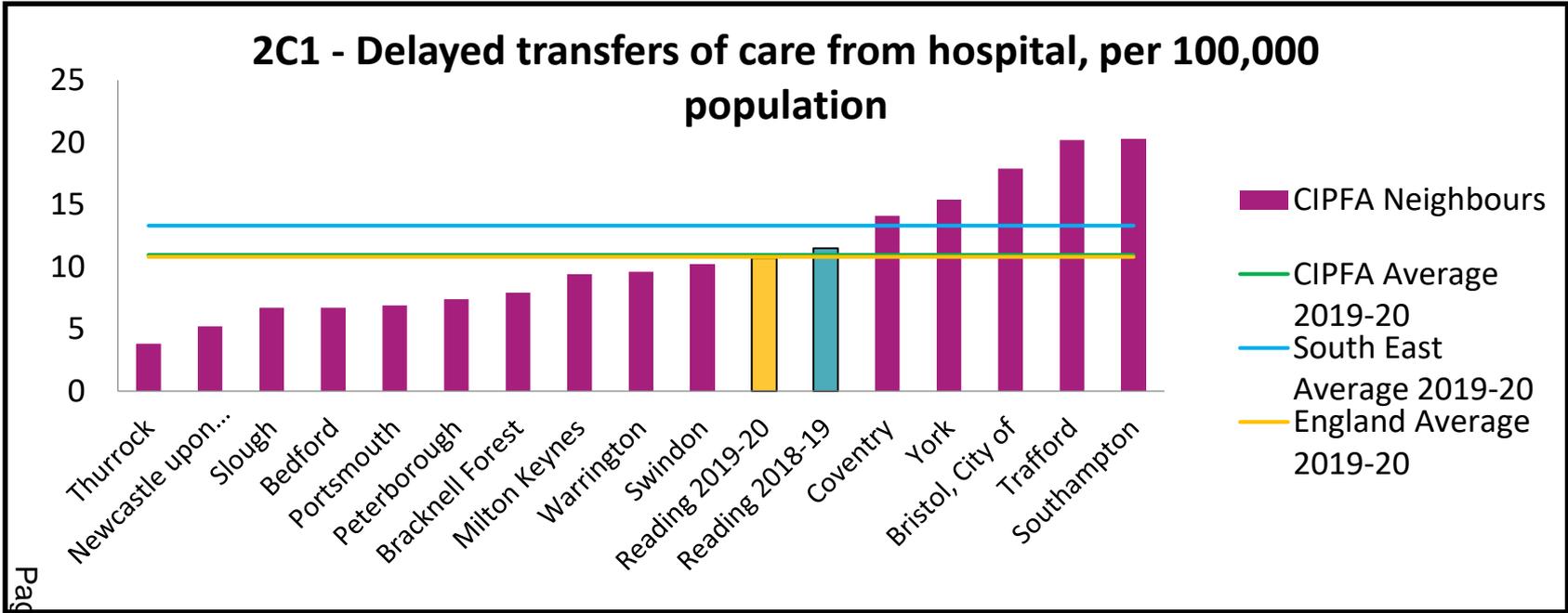
2A2 - Long-term support needs of older adults (aged 65 and over)

met by admission to residential and nursing care homes, per

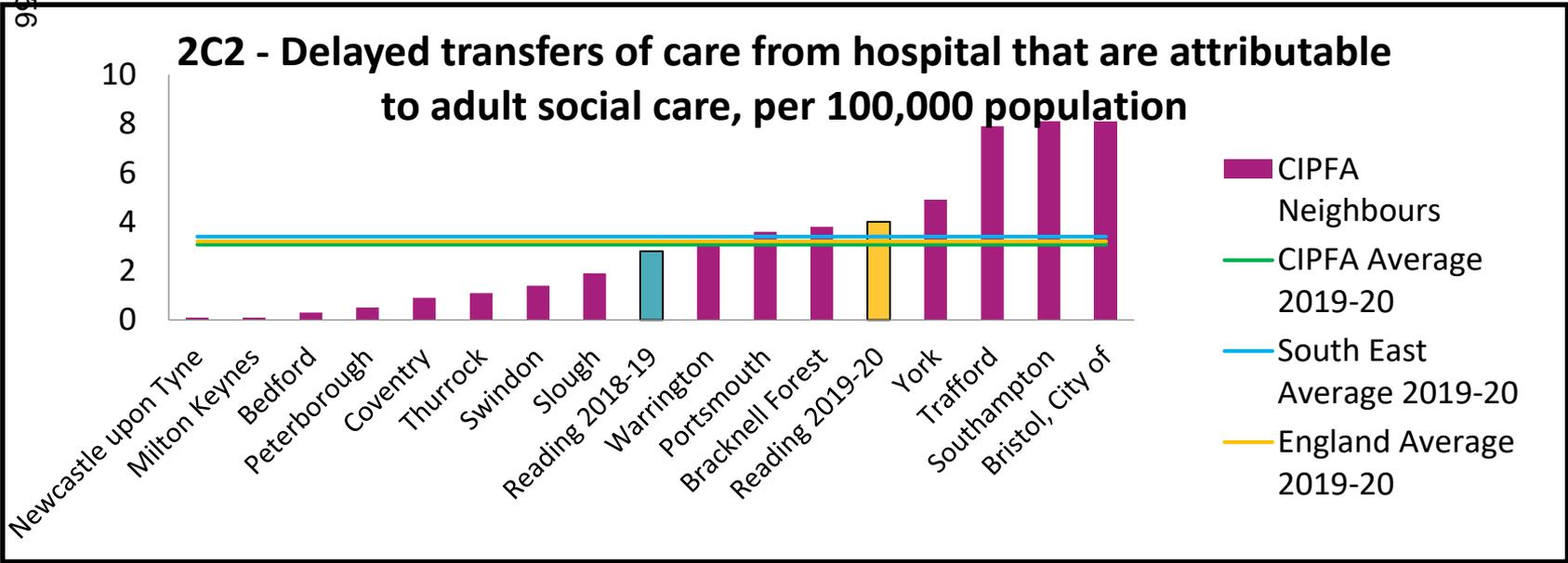
100,000 population

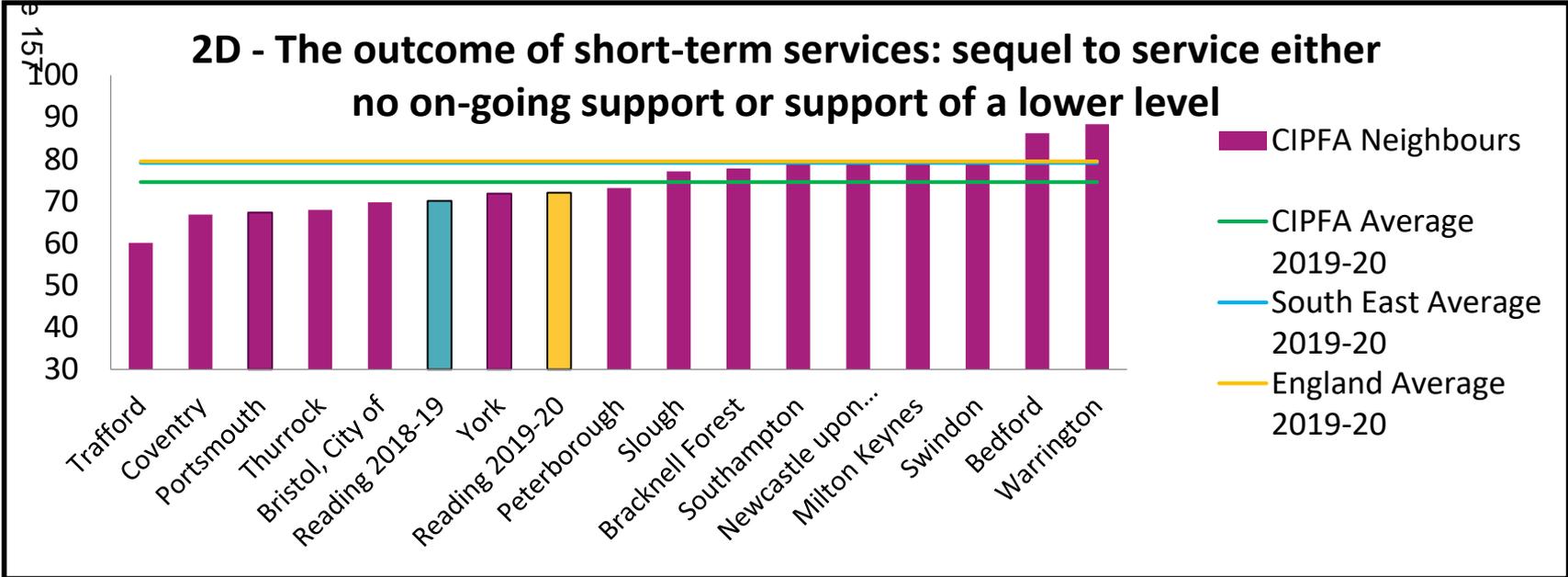
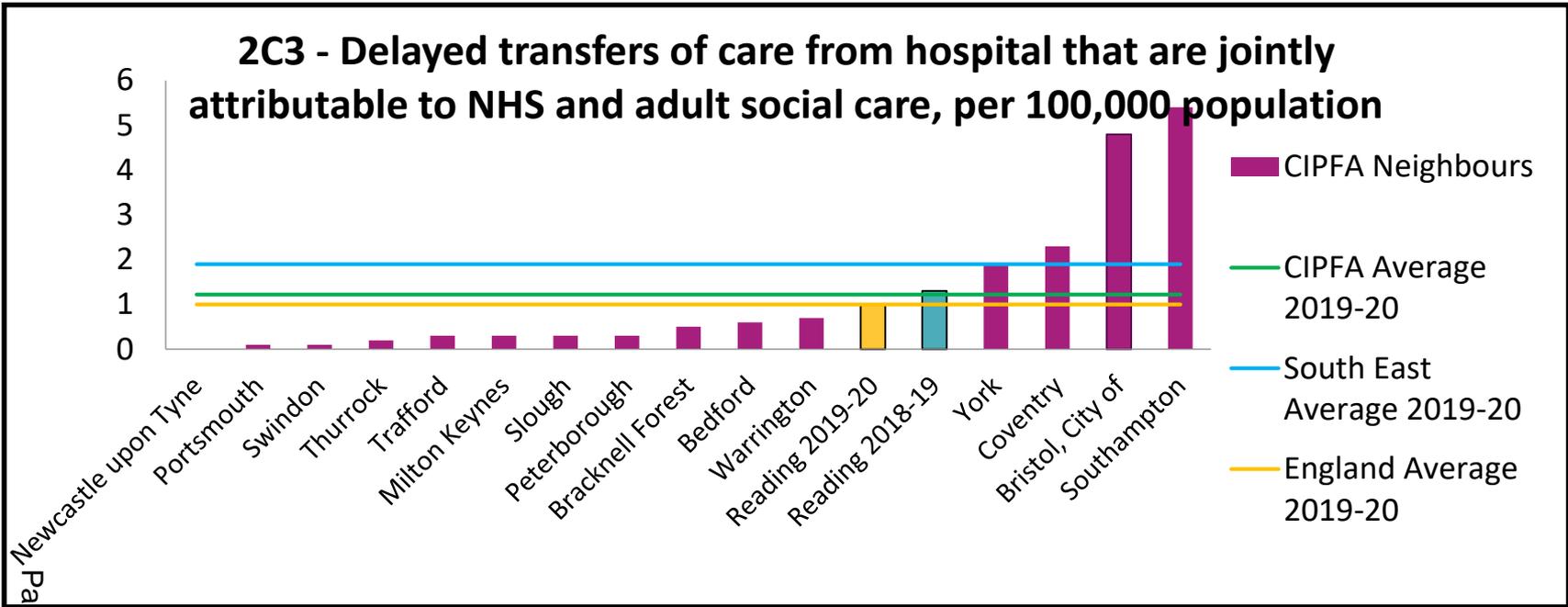






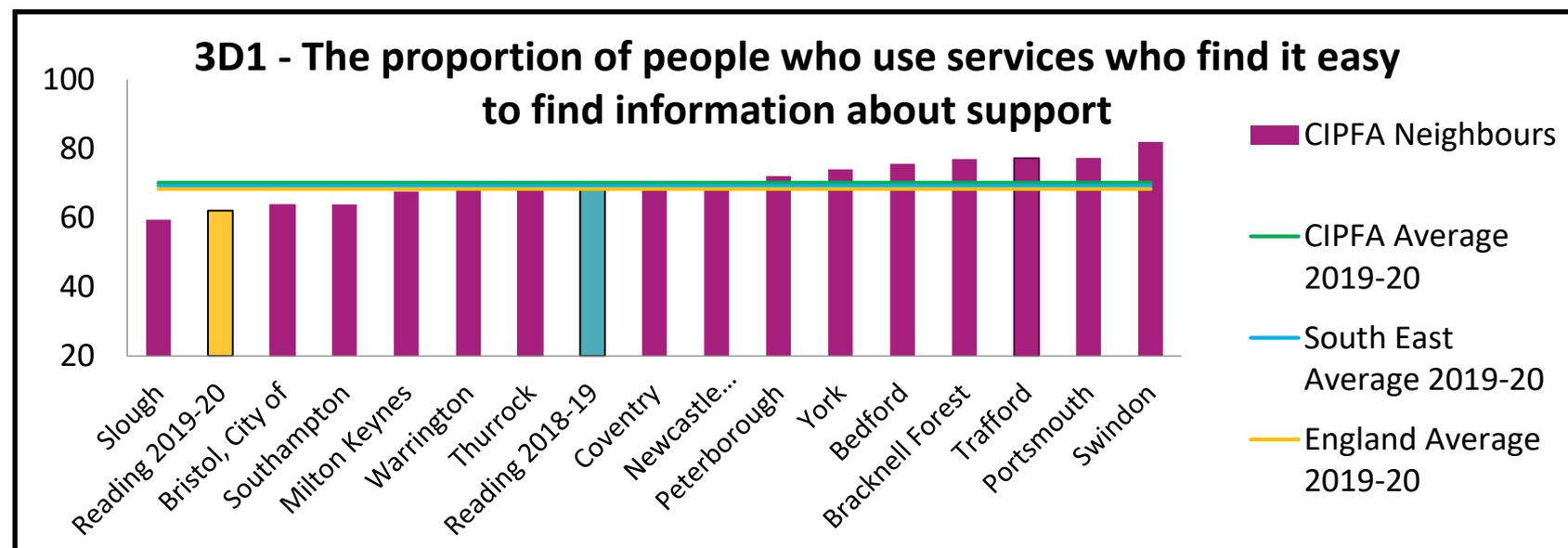
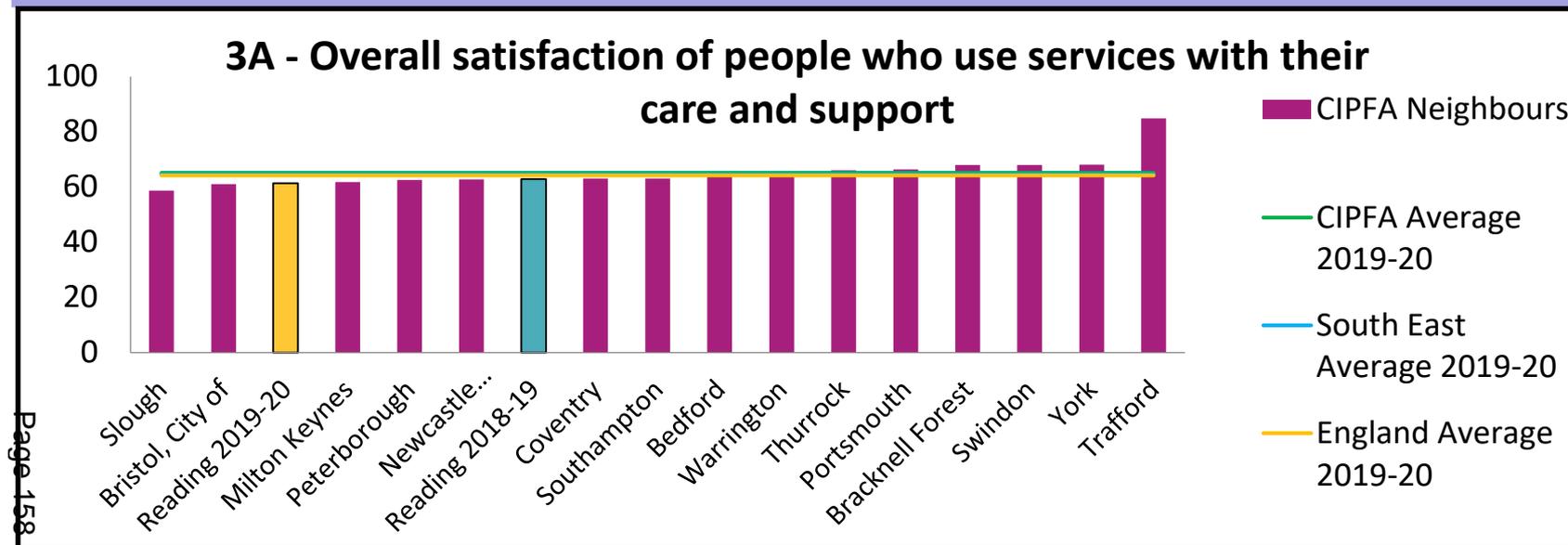
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Adult Social Care Outcomes Framework 2018/19

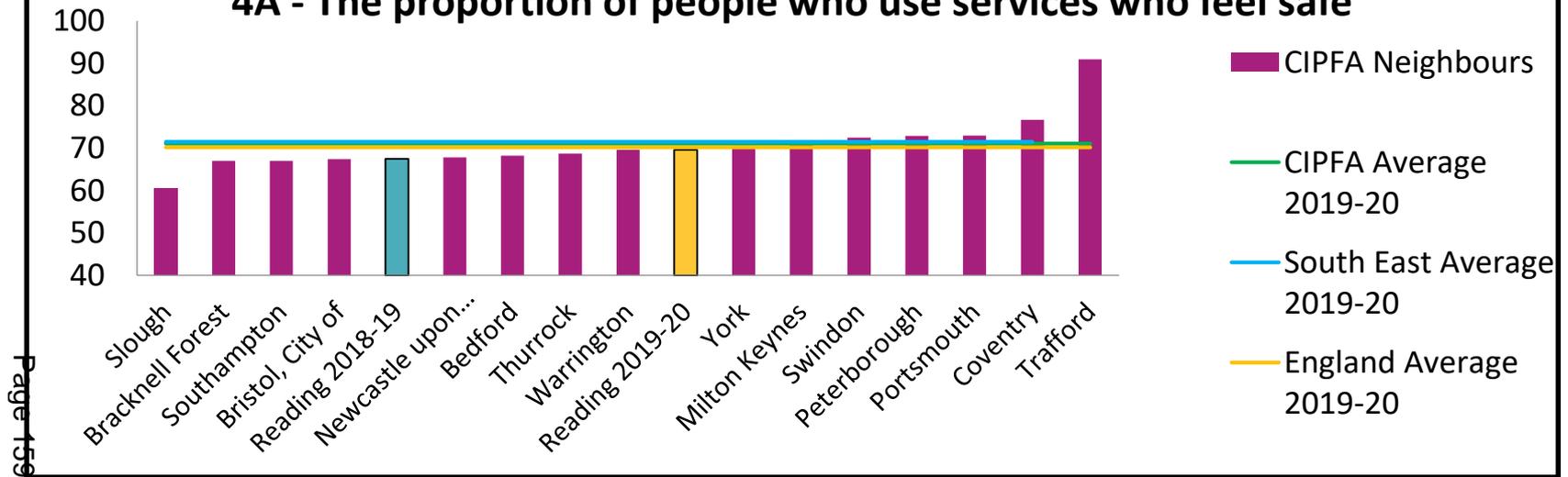
3: Ensuring that people have a positive experience of care and support



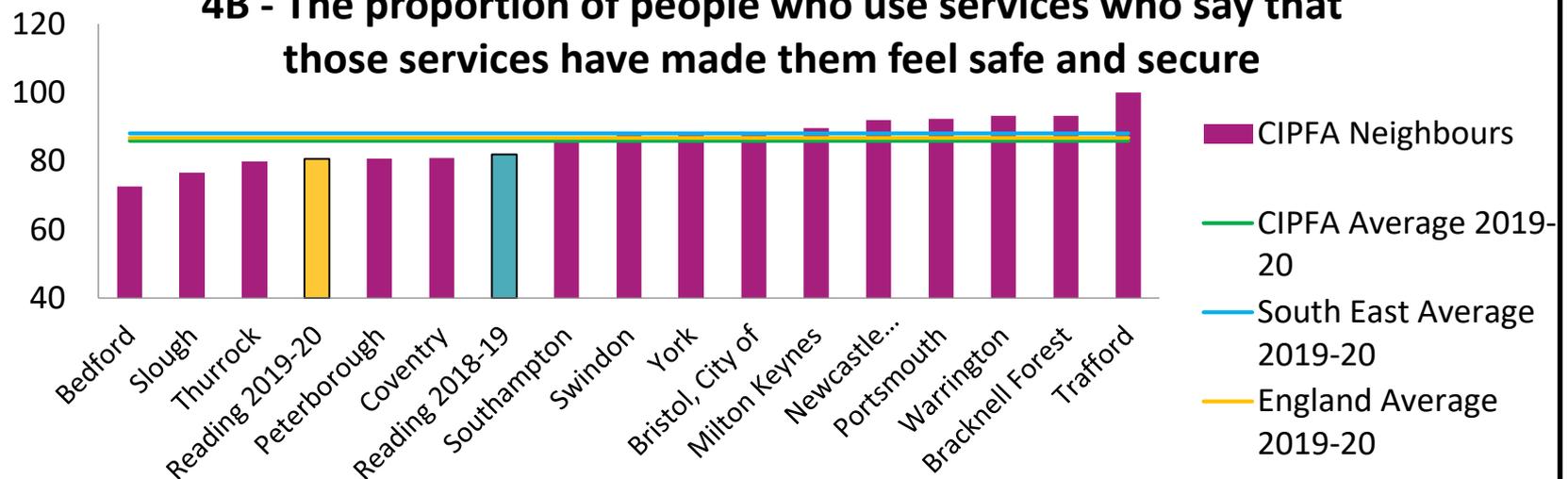
Adult Social Care Outcomes Framework 2018/19

4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4A - The proportion of people who use services who feel safe



4B - The proportion of people who use services who say that those services have made them feel safe and secure



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ASC PERFORMANCE REPORT MARCH 2021 - APPENDIX 2 - ACTION PLAN

This Action Plan has been compiled to address the areas of development presented in Section 4 above. It will be monitored through the Adult Social Care Performance Board.

	Theme	Action	Responsibility	Progress to Feb 2021	Next Action	Action by
1	New Admissions to res/nursing for younger adults age 18-64 per 100,000 population	<p>To develop an Adult Social Care Vulnerable Adults Accommodation Strategy to examine Adult Social Care's accommodation options and pathways to</p> <ul style="list-style-type: none"> • Enable better use of existing resources, • Inform market engagement to meet identified gaps in the markets. • Ensure we can best meet accommodation needs over the next 25 years • and reduce admissions into residential and nursing provision. <p>We will:</p> <ul style="list-style-type: none"> • Review models of best practice for alternative service options 	Melissa Wise	This has been on hold due to Covid related work pressures, but a new timetable has now been developed.	<p>To develop an Adult Social Care Vulnerable Adults Accommodation Strategy which will:</p> <ul style="list-style-type: none"> • Review models of best practice for alternative service options • Result in market engagement to gauge provider interest in filling identified service gaps • Prepare Business cases for provision to meet service gaps • Implement selected options in phases • Identify people who could benefit from the new service options 	<ul style="list-style-type: none"> • Q1 2021/22 • Q2 2021/22 • Q3 2021/22 • Q4 2021/22 • Ongoing

	Theme	Action	Responsibility	Progress to Feb 2021	Next Action	Action by
		<ul style="list-style-type: none"> Result in market engagement to gauge provider interest in filling identified service gaps Prepare Business cases for provision to meet service gaps Implement selected options in phases Identify people who could benefit from the new service options and monitor placement numbers to ensure these options are being utilised. 			and monitor placement numbers to ensure these options are being utilised.	
2	Direct Payments	<ul style="list-style-type: none"> Setup 6-month secondment for a Direct Payments Development Officer (DP Champion) to promote Direct Payments, educate & continue to encourage all staff to consider Direct Payments and further develop staff competencies. Review of all related staff and service user guidance and upload to RBC website 	Melissa Wise	DP Development Officer secondment extended for further 6 months. Percentage of service users with DPs continues to increase (20.86% in Jan 2021).	Personal Assistant (PA) Market Development Project to be delivered over 18 months objectives: <ul style="list-style-type: none"> To increase number of service users employing PAs. Savings by increasing the number of people using DPs to employ PAs. 	<ul style="list-style-type: none"> Q2 2022/23

	Theme	Action	Responsibility	Progress to Feb 2021	Next Action	Action by
		<ul style="list-style-type: none"> Explore use of pre-loaded cards to support increased use of direct payments for hospital discharges Further develop training for all staff and managers in ASC Implement Direct Payments into new Conversation Counts Hospital Discharge pilot To commence development of the Personal Assistant (PA) market in Reading 		<p>Dedicated DP section on intranet created with updated reviewed guidance.</p> <p>Pre-loaded cards for hospital discharges was explored, but not implemented due to risks.</p> <p>DP training delivered to all ASC staff.</p> <p>DP process introduced in hospital discharge team.</p> <p>Direct payments project ended</p>	<p>Research and analyse PA services across other LAs</p> <p>Create Process Maps for staff, prospective PAs, and service users</p> <p>Marketing campaign to promote PA role and increase recruitment</p> <p>Creation of an online tool to aid recruitment of PAs</p>	<ul style="list-style-type: none"> Q4 2020/21 Q1 2021/22 Q2 2021/22 Q3 2021/22

	Theme	Action	Responsibility	Progress to Feb 2021	Next Action	Action by
				<p>July 2020 and moved to BAU.</p> <p>PA Market Development Project commenced in Nov 2020.</p>		

Adult Social Care Supporting Reading Residents

April 2019 to March 2020



23,218

Adult social care enquiry phone calls to Reading Borough Council contact centre

The Advice & Wellbeing Hub helps people with short term support

75% given support & signposted to other help in the community

15% helped with intervention through a short term crisis

6% assessed for ongoing support



507

Disabled residents issued with a Blue Badge



727

Residents given help with short term care needs (reablement) helping them home from hospital



655

Full Assessments completed



18

Younger people newly admitted to a care home

88

Older people admitted to a care home

Keeping people safe



929

safeguarding concerns investigated

Ongoing care

2054

residents supported



568

in care homes

1486

in the community

Thank you for being the only one to think not just of my mum, who you were brill with, but also helping me along the way

468

People with a Learning Disability were supported...



1103

Physical Support



305

Mental Health Support



120

Memory and Cognition Support

Just wanted to drop you an email to thank you for all you have done for Mum. You have listened to Mum's needs and ensured she has got the support and equipment to make her life easier and happier.



Shared Lives Scheme, works like fostering - adults with learning or physical disabilities, mental health needs or older people supported in their Shared Lives carer's home.

49 people supported

8 carers supported

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF SOCIAL CARE AND HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	12
TITLE:	SHARED LIVES EXPANSION UPDATE		
LEAD COUNCILLOR:	COUNCILLOR JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE AND HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SEAONA DOUGLAS	TEL:	Ext: 72094
JOB TITLE:	EXECUTIVE DIRECTOR SOCIAL CARE AND HEALTH	E-MAIL:	Seona.douglas@reading.gov.uk

1.0 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to provide an update on the expansion of the Shared Lives scheme to support older people (65+), including a marketing plan and vision.
- 1.2 Shared Lives is a national scheme, created as an alternative to care homes or short but frequent care visits. The scheme matches someone who needs care with an approved Shared Lives carer. The carer is paid to open up their home, shares their family and community life, and gives care and support to the person with care needs.
- 1.3 In Reading, the Scheme currently primarily supports those with Learning Disabilities, but is planned to expand support to Older People also, either through full-time, day support, or respite placements. This report explains the reasons for expanding the scheme to support older people, primarily as cost-avoidance and to provide a preferable service to members of the public than traditional alternatives.
- 1.4 The expansion requires recruitment of extra carers to provide this care; a recruitment and marketing campaign was undertaken back in July 2019 which has included marketing on social media, in print and on both the radio and television news. The most significant marketing exercise was advertisements placed on the backs of Reading Buses.
- 1.5 The expansion aligns with the strategic direction of travel outlined in the Adult Social Care Transformation Strategy, to provide sustainable forms of care to benefit residents of Reading
- 1.6 An Equality Impact Assessment has been completed. Appendix 1

2.0 RECOMMENDED ACTION

2.1 To note the Shared Lives Plan and continued planned expansion of the Shared Lives scheme to support Older People

3.0 POLICY CONTEXT

3.1 The expansion of the Shared Lives scheme has been successfully rolled out across the country and is driven by national best practice. In line with the Care Act 2014 the Shared Lives scheme has demonstrable benefits in terms of prevention, meeting people's outcomes and supporting independence in the community.

3.2 More locally, the expansion of the Shared Lives scheme aligns with the Adult Social Care vision for Provider Services which supports an independence model based in the community first and foremost. In addition, the expansion of the scheme seeks to deliver the Council's values within the corporate plan; particularly safeguarding and protecting people who are most vulnerable and aligns with the Adult's Transformation strategy to provide financially sustainable forms of care.

4.0 THE PROPOSAL

4.1 Current Statistics

4.1.1 56% of Adult Social Care service users are aged 65 and above¹. According to the 2011 census, 16% of the total population of Reading was aged over 60 (24,200 people).

4.1.2 Older people equate for 38% of Adult Social Care spend, with Learning Disabilities representing 32%; Mental Health services make up 7% and 'other' services provide the remaining 23% of spend²

4.1.3 In 2017 8,199 people aged 65 and over living in the borough were estimated to be unable to manage at least one or two domestic tasks on their own, with this figure estimated to increase to around 9,762 by 2025³.

4.2 Benefits of the Scheme

4.2.1 Shared Lives consistently outperforms all other forms of regulated care in CQC inspections, at 96% of schemes rated good or excellent⁴.

¹ Snapshot of service user demographics 10/10/18 from Performance and Data team

² Reading Borough Council Adult Social Care Market Position Statement 2016-2019 - 'Resource and Demand Profile'

³ <http://www.poppi.org.uk/index.php?pageNo=329&areaID=8640&loc=8640> accessed February 2019

⁴ <https://sharedlivesplus.org.uk/news/item/593-shared-lives-carers-and-schemes-top-the-ratings-of-care-in-england-again>

- 4.2.2 “Shared Lives enables people to live life to the full in their community, without having to live alone or in a care home”⁵
- 4.2.3 For older people, “a key benefit of the Shared Lives model is that the same Shared Lives carer can provide day care and respite when needed, which leads to reduced confusion caused by multiple environments for different forms of care”⁶.
- 4.2.4 Expanding the Scheme to older people will enable people to live more independently for longer, with lasting benefits such as - reduced isolation, reduced hospital admissions and reduced admission into residential or institutionalised care.

4.3 Financial Benefits

- 4.3.1 The average annual cost of a Shared Lives placement including care and rent in Reading is £15,700; this is comparable to an average residential placement which averages at £28,000. This comparison assumes a like-for-like placement with equivalent needs; however, all placements are different with unique needs and care plans.
- 4.3.2 Shared Lives also offers day support. A day session of 4-6 hours costs £49.80; this is comparable to a day session for older people provided by in-house day services at £51.78 per day.
- 4.3.3 In 2018 a revised charging proposal and agreement was drafted for the Shared Lives scheme in Reading to expand its support to other Local Authorities. The proposal was not formally agreed, therefore, will be revisited as there remains potential to increase income from other Local Authorities. We currently have an agreement with Wokingham Borough Council to support up to ten service users on their behalf.

4.4 Marketing Campaign - March 2019

- 4.4.1 The first stage of our marketing campaign was to raise the profile and awareness of the scheme across Reading and to recruit more carers. We urgently need local carers to support and care for older people with care and support needs in Reading.
- 4.4.2 At the start of the Marketing Campaign, the Reading Shared Lives scheme supported 43 service users primarily with learning disabilities, and 37 carers over 23 households. However, since this time these numbers have reduced to 33 service users and 30 carers over 21 households. Several carers have recently retired, some have had their approval as carers withdrawn. Therefore, the service is looking to recruit new carers generally as well as to expand the service to focus on supporting older people.

⁵ <https://sharedlivesplus.org.uk/images/publications/Family/SL-FAMILY-6.pdf> accessed October 2018

⁶ Shared Lives Plus ‘An independent review of Shared Lives for older people and people living with dementia’

- 4.4.3 The marketing has been focused around the use of Reading Buses to advertise the service; adverts (appendix 2) were posted on the back of 19 buses throughout the month of March 2019 to promote the scheme and attract members of the public to attend a recruitment information event on 1st April 2019.
- 4.4.4 Social media platforms were also utilised; accounts on Facebook and Twitter were set up exclusively for Shared Lives and these were used to advertise the scheme and attract visitors to the information event. Further, ITV Meridian News and BBC Radio Berkshire covered a case study to promote the scheme. This was aired on BBC Radio Berkshire on 21st March 2019. Shared Lives specific Facebook and Twitter accounts have now been deactivated but the scheme continue to advertise via RBC's Facebook and Twitter accounts.
- 4.4.5 Printed publicity materials have been distributed to strategic locations throughout the borough, including doctors' surgeries, places of worship and schools. Marketing materials have also been sent electronically to the local police station to advertise to other public sector employees and have been placed in the Reading Voluntary Action newsletter.

4.5 Recruitment

- 4.5.1 A Shared Lives officer has been recruited and joined the existing team on 1st April 2019 to support the expansion of the scheme. The officer was recruited to assist the team with ongoing marketing efforts to increase referrals to the Scheme and focus on expansion to support Older People, and support with the recruitment of carers with risk assessments, registration and the matching process.
- 4.5.2 The Shared Lives Team have done a considerable amount of promotional work over the last 2 years but, due to the COVID19 Pandemic some potential carers have withdrawn their interest due to other work commitments i.e. working in other care settings - once the fallout of COVID19 starts to settle the team will revisit these carers. The team have continued to promote the service online via social media platforms, RBC websites, Jobs go Public etc.
- 4.5.3 Shared Lives Plus have developed a successful model to recruit and assess carers - they aim to have the portal available to all Shared Lives Scheme from 21st March - the Reading Scheme will include this model as part of their recruitment plan.

5.0 CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities below:
1. Securing the economic success of Reading and provision of job opportunities - the scheme meets this aim by providing jobs to carers in Reading

2. Ensuring access to decent housing to meet local needs - the scheme meets this aim by providing housing through full-time carers welcoming adults who need support in Reading to live with them.
3. To protect and enhance the lives of those adults and children who will need support - the scheme meets this aim by placing adults with carers who safeguard the adults and help them to live more independently; in many cases, adults on the scheme gain skills which they would otherwise have missed such as cooking or going to the shops on their own.
4. Ensuring that there are good education, leisure and cultural opportunities for people in Reading - the scheme meets this aim by ensuring that carers involve service users in community life. Often, carers take service users with them to activities such as attending church, attending a social club or attending the gym
5. Ensuring the Council is fit for the future - the expansion of the scheme meets this aim by offering a wider variety of placements for adults with care and support in Reading. As stated above, the use of Shared Lives as opposed to other more traditional forms of care has the potential to save money which in turn will ensure the Council can provide sustainable services.

6.0 COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 An informal engagement was undertaken with existing Shared Lives carers in February 2019 discuss the service provided by Shared Lives and the expansion of the scheme to support older people. All carers supported the expansion of the scheme to support those adults with care and support needs, in addition to those with learning disabilities.

7.0 EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, an Equality Impact Assessment has been drafted (appendix 1) and due consideration has been given to promote equality, diversity and human rights through this project and will be updated throughout the expansion of the Scheme.
- 7.2 The service supports adults with learning disabilities and will be expanded to support older people. Adults with learning disabilities will continue to be supported, and as the number of carers increase, more service users with learning disabilities will be offered placements where eligible.

8.0 LEGAL IMPLICATIONS

- 8.1 None at this stage

9.0 FINANCIAL IMPLICATIONS

- 9.1 £30.000 was secured through the Transformation Project to support the recruitment of an additional Shared Lives officer and the initial marketing campaign. The post provides additional capacity amongst the Shared Lives team to recruit and support an additional 15 placements. The Marketing campaign to recruit new Carers was carried out throughout March 2019 and the Shared Lives Team continues to promote the scheme through RBC's social media platforms.

The team were on track to deliver an additional 4 placements by April 2020, with potential cost avoidance of at least £6,726.48. However, due COVID19 Pandemic this has not been achieved in this financial year. We have used this person to support the service during COVID due several difficulties in supporting Carers during a very challenging time. Three of the additional prospective carers withdrew at the time of the initial lockdown for a number of reasons. Contact is being made post lockdown to pursue the discussions.

- 9.2 It is important to note that the marketing and recruitment process is a slow-burning campaign. Becoming a Shared Lives Carer is a huge commitment and something which people will mull over for some time before committing to themselves. The recruitment process then takes up to five months, therefore, not seeing the benefits until at least 12 months.

10.0 BACKGROUND PAPERS

Appendix 1: Equality Impact Assessment

Appendix 1: Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed: Shared Lives Scheme

Directorate: Adult Care & Health Services

Service: Adult Care and Health Service

Name: Amelia Johnson

Job Title: National Management Trainee

Date of assessment: 22/03/19

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

We are proposing to expand the Shared Lives service to support older people, in addition to those with learning disabilities and some service users with mental health who are currently supported by the service.

Who will benefit from this proposal and how?

The expansion of the scheme will provide more carers to support Older People (over 65) in Reading; these adults will meet the eligibility criteria and be supported to maintain independence and reduce isolation; this has long-term benefits for health and reduces the dependence on traditional forms of care such as residential placements.

Furthermore, additional carers recruited by the scheme will be able to further support service users with learning disabilities and mental ill health.

What outcomes does the change aim to achieve and for whom?

The change aims to provide a more inclusive service to support a wider variety of vulnerable adults in Reading by supporting another of our main service user groups. The change will provide a service to older people which isn't currently a care option.

Who are the main stakeholders and what do they want?

The expansion aligns with the Adult Social Care vision for Provider Services which supports an independence model based in the community first and foremost. The expansion of the scheme has been agreed as a corporate priority due to cost avoidance benefits and additional care provision for vulnerable adults in Reading.

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No

If the answer is **Yes** to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

The expansion of the service provides additional support and care to vulnerable adults in Reading. The service currently supports adults primarily with learning disabilities and some adults with mental ill health. The expansion will support an additional group of adults, whilst maintaining the current provision with the potential to add to this provision.

Referrals to the Shared Lives service are made on a care need basis and are indiscriminate of race, gender, sexuality and religious belief. The service is only eligible for vulnerable adults, which includes those with disabilities and older people requiring support. The expansion will focus on recruitment of carers who are willing to support older people, but referrals will be accepted for all client groups and therefore age will not be a discriminatory factor.

Bharti Meisuria

Date 19thth Feb 2021

Melissa Wise

Date 1st March 2021

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Shared Lives Plan 2021- 2024

www.reading.gov.uk/sharedlives

Introduction



About Shared Lives

Shared Lives is a national scheme, providing accommodation and care to someone with support needs. The scheme matches Adults in need of care with an approved Shared Lives carer. The carer is paid to share their home and family life and give a helping hand. For instance, to help someone get dressed, get to doctors' appointments, make friends, cook together or learn a new skill.

The scheme enables individuals to live more independently in the community for longer and has proven to be successful in supporting adults with care and support needs adults across the country, with several other benefits for the individual. It is also significantly cost effective.

The UK network for Shared Lives and Homeshare is facilitated by Shared Lives Plus who provide support to individual schemes throughout the country.

Who it Supports

The scheme was predominantly set up to specifically support adults with Learning Disabilities. However, in the last few years, the Shared Lives Schemes has grown across the country to include those with other support needs which make it difficult for them to live on their own, such as physical impairment (which increased by 34% in 2018) or those with mental health needs (which increased by 27% in 2018).

History of Shared Lives at Reading

The Shared Lives scheme has been running in Reading for almost 30 years (previously known as Adult Placement) and is rated 'Good' by the Care Quality Commission (July 2018).

It was set up in 1989 across West Berkshire but run as an individual scheme in Reading since 1998, and in 2005 combined to cover Wokingham.

Like the wider trend, Shared Lives in Reading has predominantly focussed on Learning disabilities, but in 2018 began to expand the scheme and increasing their publicity and marketing materials.

From November 2018 a six-month project was carried out to begin an expansion of the Reading Shared Lives scheme to older people.

Benefits

Over **150** Shared
Lives Schemes across the
UK

Over **9,000** Shared
Lives Carers supporting
over **12,000**
people nationally

1989
Shared Lives Scheme
introduced across West
Berkshire, including
Reading

1998
Shared Lives Scheme run
independently in Reading

2018
Expansion of the Shared
Lives Scheme to Older
People

Existing carers have reported the scheme to be a life-enriching experience for them and immensely rewarding through the ability to make a difference to people's lives

Reducing social isolation

Many service users report of feeling settled, valued and like they belong for the first time in their lives. Half of people using Shared Lives went on their first ever holiday, as a result of the support and companionship of their Shared Lives carer. In 2018:

- 97% of people in Shared Lives felt they were part of the family most or all the time
- 93% of people felt that their social life had improved
- 83% of people in Shared Lives found it easier to have friends

Improving Wellbeing and Independence

As well as reducing social isolation, many service users can learn new skills and live independently in the community for longer, due to Shared Lives. In 2018:

- 94% felt more involved with their community
- 83% felt that they had more choice in their daily life
- 79% felt their physical health had improved
- 85% felt their emotional health had improved.

Financial Benefits

An independent report by Social Finance showed that Shared Lives costs £26,000 less per year for people with learning disabilities than other forms of regulated care (£8,000 less for people with mental health problems). In Reading, Shared Lives costs up to £25,200 less per year for an older person than other forms of regulated care.

If all areas caught up with the best performing Shared Lives schemes, around 34,944 people would be supported, with total annual savings of over £225 million (not including further savings associated with better outcomes)

Further savings would be achieved through cost avoidance with reduced trips to A&E, GPs, and hospital admissions, reduced reliance on community health services, and reduced residential admissions

Shared Lives consistently outperforms all other forms of regulated care in the UK, with 96% rated good or excellent in CQC

“I really do have the best job in the world”

Lorna, Reading Shared Lives Carer



Vision, Aims and Va

Vision and Aims

I wholeheartedly encourage every leader to invest

Individuals live independently in the community for longer through the life enriching experience of Shared Lives

Objectives

To promote the physical, emotional and spiritual well-being of the people in Shared Lives and protect from abuse of harm

To promote the right of individuals to live an ordinary and independent life, in the same kind of home as others in the community

To extend support to adults with learning disabilities, mental health problems, older people, and other needs that make it harder for them to live on their own.

To provide high quality service, which is the first choice of regulated care in Reading

To raise the profile of the Shared Lives Scheme in Reading and ensure its continued sustainability.

Values

Respect

Respect for every individual and their right to live and enjoy an ordinary life as part of their local community and keep them safe

Caring

Making a difference to someone's life by being their champion and responding to their needs

Effective

Supporting people to develop their independence and be the best they can be— being stronger together

Who we are....

Reading Shared lives is a small, internal service, owned and run by Reading Borough Council. The Shared Lives team are part of The Directorate of Adult Social Care and Health.

It is made up of four Shared Lives Officers and a part-time registered Manager, based at 188 Whitley Wood Lane. An overall team manager oversees the Scheme as well as other internal learning disability and older people services.

Key to the success of the Scheme are its 30 approved Shared Lives Carers who support 33 adults with care and support needs in Reading, Wokingham and beyond.

All Shared Lives schemes are registered with the Care Quality Commission and periodically reviewed.

The majority of Shared Lives carers are couples, and some are part time or day carers. The majority of Shared Lives Carers in the scheme live in Reading. They are all DBS checked Carers and can take up to three service users, depending on the level of complexity.

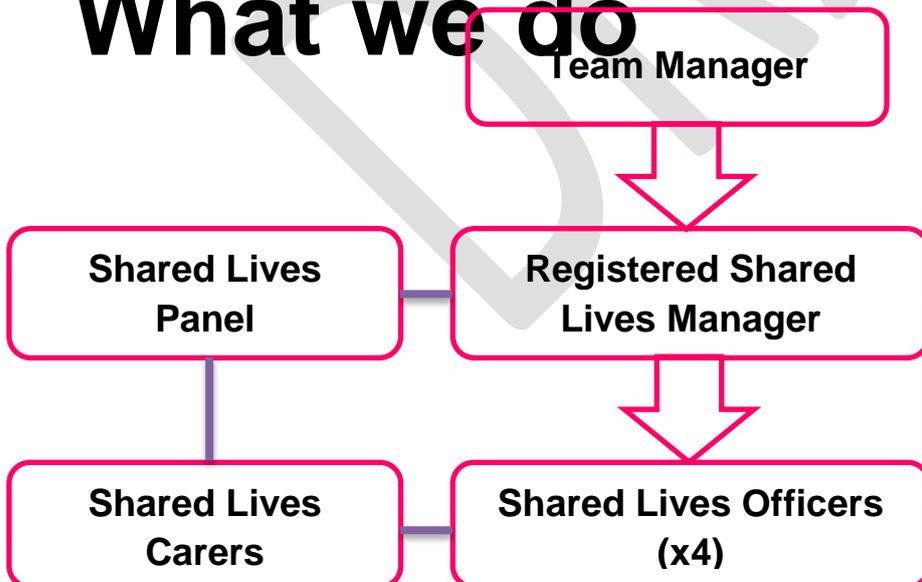
The Shared Lives Scheme is governed through Reading Borough Council. Approved Shared Lives Carers are self-employed but recruited by Reading Borough Council.

The Scheme also has a Shared Lives Panel, which is made up four independent people who have relevant skills and experience to review potential new Shared Lives Carers and approve with the Registered Manager

30 approved
Shared Lives Carers
across 21 households*

33 adults
supported with learning
disabilitiies or mental
health conditions*
* February 2021

What we do



There are three key main areas of work for the Shared Lives team at Reading over the next five years:

- To raise the profile of the Shared Lives Scheme through marketing and communications, events, and other publicity

- To recruit a pool of new Shared Lives Carers in Reading

- To promote the wellbeing of adults with care and support new and support their independence and interests

How it works

- To effectively train and support new and existing Carers to carry out their role
- To monitor and review placements, helping to resolve any problems and maximise the benefits



“I needed a flexible role that could work round my other job and family”

Shared Lives Carer

- To match a person with care needs to a suitable Carer, supporting both ends through the process and setting up new placements



1

Recruitment and training of Carers

Shared Lives carers are recruited and trained by Reading Borough Council and are DBS checked. Carers come from all walks of life and can be single people, partners or married couples. Potential Carers complete an Expression of Interest form and the Shared Lives team gets in touch, visits them in their home, and supports them through the application process, which is then presented to a panel for approval. Carers then begin an induction process.

3-5 months recruitment and matching

2

Referral

Adults who live in Reading and are in need of support are referred to the Reading Shared Lives Scheme by social workers, voluntary organisations, GPs or are self-referred. Adults with care and support needs adults are assessed according to eligibility criteria and support needs by adult social care practitioners.

3

Match

The Shared Lives team match the user with an Approved Shared Lives carer; this matching is by mutual agreement. Both parties meet and choose one another, which helps to ensure the success of the scheme. The recruitment and matching process includes a number of informal visits and settling in period.

4-12 weeks Trial period

4

Placement

Shared Lives works as full-time placements where the service user lives with their carer and fully integrates into family life. Placements can also be part-time, where the service user regularly visits the carer during the daytime or as overnight respite visits. Placements can be arranged on a one to one basis or up to 3 service users at any one time according to the needs of each person.

5

Monitoring and Review

The carer will be contacted a minimum of three times annually. This includes a carer Review, a Record Check and health and safety check. Other reviews will be arranged as needed.

Regular Reviews and support

6

Support and training

The Shared Lives Scheme will endeavour to arrange meetings for mutual support, exchange of information and training whenever possible. Some of the training is mandatory and much of it is included in the induction process.

Expansion of the Scheme

In five years, Shared Lives has grown nationally by more than a third (34%). Shared Lives has also shown that it complements traditional forms of care – giving family carers valuable relief and support – with day support growing by 15% in 2018 - the biggest growing type of support arrangement.

The Shared Lives Plus Annual report (2017-18) states that Shared Lives has grown to help more people enjoy a richer life where there has been concerted effort and collaboration to expand.

In 2018 the Shared Lives Scheme at Reading began to review its strategic priorities and expand its reach to benefit a wider range of people across Reading – enabling them to live independently in the community for longer.

This included:

- Carrying out a needs analysis to identify priorities and need
- The recruitment of an additional Shared Lives Officer to support the expansion of the scheme
- Increasing Carers pay by 19.76% across both full and part time placements (effective from 1st April 2020)
- A marketing campaign to raise awareness of the Scheme and attract new Carers

Between 1st October 2018 and 31st October 2019 awareness of the Reading Shared Lives scheme has been raised through:

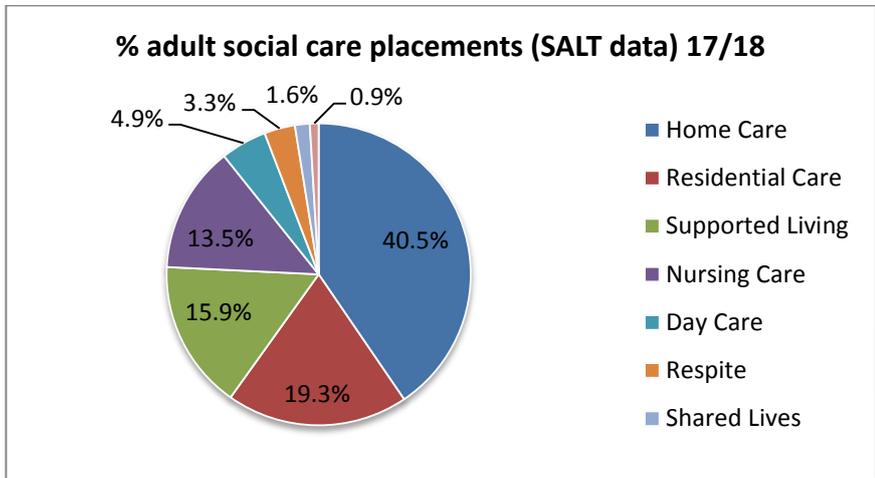
- Around 1000 leaflets and posters distributed to almost 300 local organisations or venues, as well staff email distributions to local public and voluntary organisations.
- 724 people visiting the Shared Lives website page as well as additional press releases promoted on the RBC website and Shared Lives Plus.
- 16,800 people reached through social media between January and March 2019, with 1 in 28 people interacting through a further link or click (Twitter and Facebook)
- A four-week bus advert campaign in March 2019 across 19 Reading buses, estimated to reach approximately 76% pedestrians
- Media coverage through interviews with BBC radio Berkshire and ITV Meridian in March and April 2019.

**Nationally,
in five years,
'Shared Lives
has grown
by more
than a third
(34%)'**

Shared Lives Plus

Priorities and need

In 2017/18 Shared Lives placements represented 1.6% of adult social care placements (27 placements of 1713). 81.5% of these placements were learning disability support for 18-64-year olds.



We have set a target to expand our Shared Lives scheme by 15 placements (34.9%) to a total of 58 placements by April 2024, which would represent around 2% of adult social care placements overall. The aim is to increase the number of placements by an average of five per year, which is seen as realistic and achievable within current resources.

A further expansion could then be considered, supporting another 15 placements (around 2.5% of adult social care placements) by 2027. Future targets could be adjusted accordingly, depending on success, drive and ambition.

Total Number of Shared Lives Placements*	Year	% of Adult Social Care Placements (baseline 2890 adults)
43	2019	1.49%
58	2023	2.01%
73	2027	2.53%

In order to build capacity of the Scheme, the expansion is being managed through a phased approach, with the primary focus on older people. The focus on older people is based on our needs analysis which showed that:

56% of people in adult social care placements were aged 65 or over (snapshot, Oct 2018).

Older people equated for 38% of Adult Social Care spend, with Learning Disabilities representing 32%; Mental Health services make up 7% and 'other' services provide the remaining 23% of spend¹

In 2017, 8,199 people aged 65 and over living in the borough were estimated to be unable to manage at least one or two domestic tasks on their own, with this figure estimated to increase to around 9,762 by 2025 (Popilia Jan - Feb 2019).

The Future

¹ Reading Borough Council Adult Social Care Market Position Statement 2016-2019 – 'Resource and Demand Profile'

Over the next three years, delivering quality care for adults will be a continual challenge for adult social care, Reading Borough Council and the public sector, particularly in the landscape of further financial cuts to local government budgets and lack of adult social care funding.

Over the next three years there are also several other factors that will influence the work of Shared Lives in Reading, including:

- **The financial position, and strategic direction of Reading Borough Council** – providing a clear commitment to the expansion of the Shared Lives Scheme in Reading and championing its role in the wider provision of care and support of adults with care and support needs adults
- **Demographical and economic changes** – the number of people in need of support.
- **Employment opportunities and carers pay** – attracting and retaining Shared Lives Carers as an attractive career route or flexible working option.
- **Market position** – the cost of care in the wider market and alternative types of support which are available.
- **Regulations and Quality of Care** – any changes in regulations or standards of care, for instance stipulated by the Care Quality Commission
- **Digitisation and technology** – the role of smart technology in helping people to live independently in their own home and online services which enable people to better access support and guidance

There are also several wider initiatives within the Council which will influence the work of the Shared Lives team. For instance, the drive to improve ICT packages and backend processes within Adult Social Care to better support staff.

Sometimes it is the subtle changes here and there which can help save staff time and work better for those who use our services. For instance, as part of the initial project to expand the Shared Lives scheme in 2019, we reviewed the payment process for Carers and changed the weekly payments to once every 4 weeks, with the onus on the carer to invoice RBC for their pay. The change in the invoicing arrangements has eased the administrative burden and improved transparency on managing payments.

Strategic Priorities

Over the next three years the Shared Lives team at Reading will continue to expand its reach to benefit a wider range of people across Reading and will fully review its strategic priorities with a wide range of stakeholders in order to ensure we are demand responsive and fit for purpose as we go forward.

This will include continued focus on:

- **Raising the profile of the Scheme**
- **Attracting new Carers through events and marketing**
- **Supporting existing carers to deliver high quality support to adults with care and support needs adults,**
- **Working closely with adult social care practitioners and health and social care partners to increase the level of referrals**
- **Promoting Shared Lives as the regulated care of choice.**

Phased approach

The expansion of the Shared Lives scheme requires commitment and investment in order to become the regulated care of choice and extend its reach to benefit the lives of more adults with care and support needs.

In addition, continuing to support existing placements within the scheme – primarily adults with learning disabilities and mental health conditions and their Carers – remain pivotal.

The phased approach requires some capacity building of the Shared Lives team in terms of marketing and publicity, as well as ongoing resource to develop and support an increasing number of placements. These need to be structured and phased in order to manage resources effectively. The following approach is recommended to build the capacity of the team over time:

Phase	Priority	Key work strands	Objective
Phase 1	Expansion to Older People	a) Marketing and recruitment of Carers b) Increasing referrals c) Analysis and review	Increase the number of Shared Lives placements by 15 (total 58)
Phase 2	Further expansion – learning disability, older people, mental health and neighbouring areas	a) Marketing and recruitment of Carers b) Increasing referrals c) Analysis and review	Increase the number of Shared Lives placements by 15 (total 73)
Phase 3	Home share Scheme or further expansion	a) Feasibility to be explored	Increase the number of Shared Lives placements by 15 (total 88)

Action Plan*

The following activities and recommendations will help to carry out the plan to 2024, including the vision and objectives.

Phase 1: Expansion to Older People (1st January 2021- 31st March 2022)

Planned activity	Planned activity and recommendations	Lead
Events and marketing for new carers	<p>A minimum of four annual marketing events to increase awareness and interest in the scheme, with the long-term vision of recruiting carers and increasing referrals to the scheme, examples include:</p> <ul style="list-style-type: none"> ● Shared Lives week (June 2021) ● Carers week - June 2021 ● World wellbeing week June 2021 ● Annual information and recruitment event to recruit new carers – (July/August 2021) ● International day of older persons – October 1st each year ● Continue and encourage use and growth of social media for marketing purposes - Ongoing <p>- Exact dates to be planned and scheduled into calendar of events -</p> <p>Additional targeting through social media, newsletters and emails</p>	<p>Shared Lives Team</p> <p>Additional support: Corporate Communications</p>
Support Existing Carers	<ul style="list-style-type: none"> ● Continuation of local Shared Lives Carers Network – coffee mornings or shared activities – via TEAMS ● Discount Benefits scheme – further explore and formalise an annual Carers event to obtain feedback for continual improvement from existing carers and service users - ongoing 	<p>Shared Lives Team</p> <p>Additional support: Finance</p>
Review contracting arrangements	<ul style="list-style-type: none"> ● Review and assess contracting arrangements with other local authorities, including possibility to extend and increase income generation 	<p>Shared Lives Team</p> <p>Additional support: Commissioning</p>
Staff development	<ul style="list-style-type: none"> ● Communications and marketing training for Shared Lives Officers to be arranged through the Communications Team 	<p>Provider service team manager with the Head of Communications</p>
Process and administration	<ul style="list-style-type: none"> ● Monitor and assess enquiries for potential placements as well as expressions of interests from Carers to analyse demand and plan for future activity. ● Ensure all documents within service user and carer files are duplicated on the shared drive in digital form. Scan and hold copies of placement agreements and placement reviews. ● Provide all social care practitioners (and relevant partners) with a Shared Lives profile and key information about the scheme, including its benefits, eligibility criteria, referral process and costs. ● Review the referral process making use of digital technology ensuring it is customer focussed. For instance, making use of the online referral form. 	<p>Shared Lives Team</p> <p>Additional support: Adult Transformation team (pending Business Process review)</p>

Phase 2: Further expansion (1st January 2022- 31st March 2023)

To continue the activities set out in Phase 1 and further develop, including:

Planned activity	Planned activity and recommendations	Lead
Events and marketing for new carers	<ul style="list-style-type: none"> ● Seek and extend opportunities to promote through other events, organisations, and networks ● Seek to co-ordinate another major marketing campaign to raise the profile of the scheme, including street advertising, bus adverts and social media. Budget around £2,000. 	<p>Shared Lives Team</p> <p>Additional support: Corporate Communications</p>
Existing Carers	<ul style="list-style-type: none"> ● Review feedback and achievements and communicate back to carers and wider publicity where appropriate 	<p>Shared Lives Team</p> <p>Additional support: Corporate Communications</p>
Increasing referrals	<ul style="list-style-type: none"> ● Further reviewing mechanisms to increase the number of referrals coming through 	<p>Shared Lives Team</p> <p>Additional support: Locality Managers and senior operational managers</p>

Phase 3: New ways of working – 1st January 2023- 31st March 2023

To continue the activities set out in Phases 1 and 2 and explore new ways of working, including:

Planned activity	Planned activity and recommendations	Lead
Introduction of a Homeshare Scheme	<ul style="list-style-type: none"> ● Full exploration and feasibility study of introducing a Homeshare Scheme 	<p>Shared Lives Team</p> <p>Additional support: Adult Transformation team (to be confirmed)</p>
Funding opportunities	<ul style="list-style-type: none"> ● Full exploration and feasibility study of future funding opportunities, further income generation, co-funding opportunities with other strategic partners, spinning out to the voluntary sector etc. 	<p>Shared Lives Team</p> <p>Additional support: Adult Transformation team (to be confirmed)</p>

Get in touch

* Action Plan to be annually reviewed by the Shared Lives team and subject to resources.

Please Note: due to COVID19 Pandemic a lot of the actions have been put on hold due to change in priorities, staff being furloughed etc. However, the team have continued to promote the service online via social media platforms, RBC websites, Jobs go Public etc.



The

Reading Shared Lives registered office is:

188 Whitley Wood Lane

Reading

RG2 8PR

www.reading.gov.uk/sharedlives



0118 937 3700



sharedlives@reading.gov.uk



www.facebook.com/ReadingCouncil/



[@ReadingCouncil](https://twitter.com/ReadingCouncil)

Further resources (External):

- <https://sharedlivesplus.org.uk/> - National Shared Lives Plus network and support
- www.youtube.com/watch?v=Zd7qfut6RSY - Shared Lives example for Carers, West Sussex County Council (2 min clip)
- www.youtube.com/watch?v=Ns3_bSGo178 - Key questions answered on Shared Lives, with examples of placements, Gloucestershire County Council (10 min clip)

READING BOROUGH COUNCIL

Report by Customer Relations & Information Governance Manager on behalf of Board Chair Di Smith and Director of Children's Services Deborah Glassbrook of Brighter Futures for Children (BFfC)

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	30 March 2021	AGENDA ITEM:	13
TITLE:	BFfC's CUSTOMER SERVICE REPORT 2019-20		
LEAD COUNCILLOR:	COUNCILLOR TERRY	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	BRIGHTER FUTURES FOR CHILDREN (CHILDREN'S SOCIAL CARE)	WARDS:	BOROUGHWIDE
LEAD OFFICER:	NAYANA GEORGE	TEL:	0118 937 3748
JOB TITLE:	Customer Relations & Information Governance Manager	E-MAIL:	Nayana.george@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Complaints, particularly in the emotive arena of children's services, are inevitable. However, the way that they are handled can help reduce the number of escalations and can improve parental and family understanding of the need for intervention by children's services and the positive outcomes for children and young people. This report's main focus is on complaints and compliments, although other aspects of customer relations, including subject access requests (SARs) are also covered. Complaints are an important source of information to help the company understand where and why changes need to be made to improve the service provided. Children's social care, early help, education and Special Educational Needs and Disabilities (SEND) services in Reading are delivered by Brighter Futures for Children (BFfC), the not-for-profit company wholly owned by, but independent of, Reading Borough Council. Through a Service Level Agreement, Reading Borough Council's Customer Relations team handles the administration for complaints, compliments and SARs.

1.2 The purpose of this report is to provide an overview of complaints activity and performance for Children's Services for the period from 1 April 2019 to 31 March 2020. Due to the coronavirus pandemic, the timing of this report has been delayed and its contents are relatively historic.

The Customer Relations Team have continued to raise awareness of the complaints process and in accord with recommendations from Ofsted have worked with operational teams to encourage children and young people to

submit complaints where they are dissatisfied with the service they receive. Brighter Futures for Children went live on 3 December 2018.

The Council and BFfC have worked closely to drive improvement in the services for children.

- 1.3 The 'Children's Services Complaints 2019/20 - Summary Report' attached at Appendix A of the main report and provides an analysis of the data; it explains how complaints are managed and how the learning is used to improve services. This will also be made publicly available through both the Council and Brighter Futures for Children's websites from 01 April 2021.

2. RECOMMENDED ACTION

- 2.1 Note the contents of the report and intended actions to further improve the management of representations, particularly complaints in children's services in Reading.
- 2.2 That the Committee notes the continuing work to raise awareness of all conflict resolution processes including the statutory complaints process and encourage appropriate use by children, young people and their families.

3. LEARNING FROM COMPLAINTS

The DfE guidance asks for the Council or its representative, such as BFfC, to ensure that we report the learning and service improvements implemented as a result of complaints, for 2019/20 these are cited within the main report.

3.1 Intended actions for further improvement are:

- 1) RBC's Customer Relations Team (CRT) and BFfC to conduct a review of complaints, with specific emphasis on identifying learning points from these.
- 2) Learning points to be shared more widely with BFfC staff through a dedicated section of BFfC's intranet knowledge hub.
- 3) Complaints training for BFfC team and assistant team manager to become mandatory.
- 4) Improved BFfC process for capturing learning from complaints to be mapped and embedded, so learning is more visible in future annual reports.
- 5) Improved CRT recording of and BFfC oversight of complaints which are reported to the Ombudsman and visible learning from outcomes to be reported in quarterly internal reports and externally in the annual report.
- 6) Greater oversight of SARs completed by the CRT on BFfC's behalf, with more frequent reporting by CRT on open SARs' status, so any issues with completing these within timescale are addressed at an earlier stage.

3.2 With reference to point 2.2 above:

- 1) RBC's CRT and BFfC to continue to promote the use of all conflict resolution options, including the statutory complaints process, on both websites, through social media, in children in care guides, information for parents/carers and all other collateral available to the public.



Customer Services Annual Report

2019-20

SUMMARY

An overview of complaints, compliments, SARs activity and performance for the period from 1 April 2019 to 31 March 2020.

AUTHORS

Nayana George, RBC's Customer Relations & Information Governance Manager and Fiona Tarrant BFC Head of Communications & Marketing

VERSION

1.0

DATE

February, 2020

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Brighter Futures for Children
Civic Offices, Bridge Street,
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Company number 11293709

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TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	30 March 2021	AGENDA ITEM:	
TITLE:	BfFC ANNUAL CUSTOMER SERVICES REPORT 2019-20		
LEAD COUNCILLOR:	COUNCILLOR TERRY	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	BRIGHTER FUTURES FOR CHILDREN (CHILDREN'S SERVICES)	WARDS:	BOROUGHWIDE
LEAD RBC OFFICER (as per the SLA with BfFC):	NAYANA GEORGE	TEL:	0118 937 3748
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LEAD BfFC SENIOR MANAGER (BfFC Lead for the SLA)	FIONA TARRANT	TEL:	
JOB TITLE	Head of Communications & Marketing	E-MAIL	Fiona.tarrant@brighterfuturesforchildren.org

Purpose of report

The purpose of this report is to provide an overview of complaints, compliments, SARs activity and performance for the period from 1 April 2019 to 31 March 2020. Future annual reports will include freedom of information requests, to give a more complete picture of the company's customer service and customer relations.

Executive summary

This report outlines the work that Brighter Futures for Children (BfFC) and Reading Borough Council has carried out to improve customer relations. This report's main focus is on complaints and compliments, although other aspects of customer relations, including subject access requests (SARs) are also covered.

Children's social care, early help, education and Special Educational Needs and Disabilities (SEND) services in Reading are delivered by Brighter Futures for Children (BfFC), the not-for-profit company wholly owned by, but independent of, Reading Borough Council. Through a Service Level Agreement, Reading Borough Council's Customer Relations team handles the administration for complaints, compliments and SARs.

Complaints, particularly in the emotive arena of children's services, are inevitable. The way that they are handled, however, can help reduce the number of escalating complaints and can improve parental and family understanding of the need for intervention by children's services and the positive outcomes for children and young people.

BfFC recognises that there will be occasions when the service provided to children, young people and their families has not been of a satisfactory standard or where the customer is unhappy with the service they have received.

Complaints are an important source of information to help the company understand where and why changes need to be made to improve the service provided.

During this period the service received 92 statutory complaints, which is a decrease of 4 (4.17%) against the 96 received in 2018/19. In the same timeframe, 74 compliments were received and logged for BfFC, an increase of 51 from the previous year when 23 were received.

Of the 92 complaints received:

- 16 were resolved through alternative dispute resolution (ADR) by the social care teams.
- The remaining 76 progressed to a formal investigation, although nine of these were subsequently withdrawn by the complainant once the investigation had commenced.

During the same period, nine complaints progressed to a Stage 2 investigation and a further two progressed to a Stage 3 investigation, although these were not all progressions of Stage 1 complaints received in the same period, as some related to Stage 1 and 2 investigations carried out in 2018/19.

Both the Customer Relations team, on BfFC's behalf, and BfFC's Communications & Marketing and HR/Training teams have continued to raise awareness of the complaints process for both staff and the public.

The 'Children's Social Care Complaints 2019/20 – Summary Report' attached at **Appendix A** provides an analysis of the data for statutory complaints; it explains how complaints are managed and how the learning is used to improve services. This will be made public through both Reading Borough Council's and Brighter Futures for Children's websites from 1 April 2021.

The council and BfFC have worked closely to drive improvements in the services offered to children and young people and to signpost to information on advocacy, early resolution and the complaints procedures.

Due to the coronavirus pandemic, the timing of this report has been delayed and its contents are relatively historic. The 2020/21 report, which will be published by the end of the first quarter of the 2021/22 financial year, shows a marked improvement in the handling of complaints and FOIs in particular, plus an increase in external compliments for services provided to children and young people and their families.

Nevertheless, BfFC recognises there is much room for improvement and is actively working to better the services offered to its customers.

Recommendations

The Adult Social Care, Children's Services & Education Committee is asked to:

- Note the contents of the report and intended actions to further improve the management of representations, particularly complaints, in children's services in Reading.
- Note the continuing work to raise awareness of all conflict resolution processes, including the statutory complaints process and encourage appropriate use by children, young people and their families.

Context

The NHS & Community Care Act 1990, Children Act 1989, The Children Act 2004, Department of Health and Department for Education Guidance & Regulations require that the children's social care service sets up and maintains a complaints procedure. They also require that local authorities operate the procedure within specified timescales, methods of investigation and that a summary of statistical information on complaints and a review of the complaints process are included in an annual report.

Activity

Brighter Futures for Children operates a 3-stage procedure in respect of statutory complaints about children's social care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as the child or young person, their parent, carer or foster carer or 'anyone who could be seen to be acting in the best interests of the child'.

The timescale for responding to complaints at Stage 1 is 10 working days, which can be extended to 20 working days in certain circumstances. The RBC customer relations manager, who is the designated complaints manager for BfFC, also has to be aware of all complaints as they are being dealt with. The head of communications & marketing has overall oversight, as the BfFC lead on this Service Level Agreement.

The corporate complaints procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about children's services and this route is used for all corporate and education (incl SEND) complaints.

Contribution to strategic aims

Customer relations contribute to both BfFC and RBC's aims to enhance emotional wellbeing and deliver outstanding services for children in need and those needing protection in Reading. It does this by providing an impartial and supportive service to children and families who wish to complain or raise a concern and ensuring that there is learning from complaints.

RBC's Customer Relations Team and the customer relations manager administer this service to Brighter Futures for Children, under The Service Level Agreement. BfFC provides oversight on service delivery and on lessons learned, as part of the company's strategic aim to improve children's services in Reading.

Community engagement and information

Information about the complaints process is provided verbally to service users via BfFC's children's social care teams and independent reviewing officers, as well as by the Customer Relations team. Full information is also on the website www.brighterfuturesforchildren.org. Leaflets on the procedures are widely distributed and available in a variety of formats and languages on request to the Customer Relations team or through the use of BrowseAloud on BfFC's website.

In all children looked after reviews and all child protection conferences, the chair always mentions the complaints process so that our most vulnerable children are reminded of their right to complain and a leaflet is provided. Service users are also able to register a complaint via the web, text, the Mind Of My Own App, email directly to the Customer Relations team, in person, by phone and in writing or via an advocate.

The Brighter Futures for Children website has a direct link to the complaints service and the Customer Relations team has published the details of the customer relations manager and the BfFC advocacy provider, Reconstruct. The Customer Relations team also work closely with Healthwatch Reading and other organisations that offer a free help line support to children in care and carers who may wish to complain and require assistance.

Translation services are provided for complainants whose first language is not English and advocacy support is available for young people who wish to make a complaint.

Equality impact assessment

The customer relations manager will ensure that the statutory complaints process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.

The statutory complaints process is designed to ensure that any concern or issue faced by vulnerable children and their carers is addressed in a timely and impartial manner.

Legal implications

The statutory foundation for the children's social care services complaints procedures are the Local Authority Social Services Act (1970), The Children Act (1989), The Children Act (2004), The Human Rights Act (1998), The Adoption and Children Act (2002) and The Children Act 1989 Representations Procedure (2006).

It is a requirement of the Department of Health's standards and criteria for complaints management for children's social care that an annual report including complaints is presented to a public meeting.

Financial implications

There are no capital or revenue implications arising from this report. However, BfC has an obligation to ensure the service provided by RBC's Customer Relations team is value for money, that the SLA is regularly monitored and that all complaints are handled in a restorative and timely manner to minimise the likelihood of legal costs associated with escalation of complaints that could have been better resolved earlier.

Value for money

The overriding aim of both BfC and RBC is to work towards informal resolution wherever possible. BfC works to the principle of a restorative and trauma informed approach and is keen for complaints to be resolved to the complainant's satisfaction, at the earliest possible stage. The Customer Relations team works to this aim and ensures that most statutory complaints are resolved within the Stage 1 process so that expensive Stage 2 investigations and Stage 3 panels are minimised.

Risk assessment

There are no specific financial risks arising from this report.

Background papers

['Getting the Best from Complaints'](#) Government Publication, August 2006

Appendix A

Children's Social Care complaints for Brighter Futures for Children 2018/19

Summary report

Introduction

This is a summary report of the data for statutory complaints received by Brighter Futures for Children (BFFC) for the financial year 2019/20, when the number of complaints received has decreased slightly compared to the previous year. This report will also be made available to the public through the Reading Borough Council (RBC) and BFFC websites.

In addition to the quality of service provided, there are many factors that can affect the number of complaints received such as satisfaction, customer expectations, awareness of the complaints process, and the extent of promotional activity.

A high number of complaints should not be interpreted simply as meaning that Brighter Futures for Children is providing a poor service, while at the same time a low number of complaints should not be interpreted as meaning people are satisfied with the service.

When interpreting the statutory complaints statistics, it is important to take into account not just the number received but the number and proportion that are upheld.

Brighter Futures for Children welcomes feedback through the complaints process. As well as providing opportunity to identify where services have not been provided as they should be, feedback can also provide customer insight and help identify any deficiency in practice, policies and procedures. It is from these that the service and those who work within it can continue to learn and improve practice and service delivery.

Statutory complaints procedure

Complaints dealt with through the statutory procedure involve three stages.

At Stage 1 complaints are investigated and responded to by a manager in the relevant service area.

If the complainant feels that the issues they have raised remain unresolved, they have the right to progress their complaint to Stage 2. Consideration of complaints at Stage 2 is normally achieved through an investigation conducted by an investigating officer and an independent person. The independent person is involved in all aspects of consideration of the complaint including any discussions in the authority about the action to be taken in relation to the child. At the conclusion of their investigation, the independent person and the investigating officer prepare independent reports for adjudication by a senior manager (usually the Director of Children's Social Care).

When Stage 2 of the complaints procedure has been concluded and the complainant is still dissatisfied, they are eligible to request a review of the stage 2 investigation, by a review panel at Stage 3. The panel must consist of three independent people.

The statutory children's social care complaints process encourages the complainant and BFFC to consider Alternate Dispute Resolution (ADR) at every stage of the complaints process. This means resolving a complaint or concern informally through a face to face meeting or telephone discussion. Entering into ADR does not restrict the complainant's right to request a formal investigation at any

stage. It is the complainant's right to request the presence of a customer relations manager at any face-to-face meeting.

Summary of compliments and complaints activity, quality assurance & learning

There has been a slight decrease in the number of complaints received compared to the previous year. The top three themes for complaints continue to be:

- Service provision
- Staff conduct and
- Communication

Examples of complaints recorded as **service provision** are where the parent or carer may disagree with the content of an assessment or care plan proposed for a child or young person, there has been concerns from parents or carers about contact arrangements with their child looked after or child or young person being unhappy about the move to a different placement.

Staff conduct complaints are recorded as such when complaints are received around specific individual members of social work staff.

Communication complaints are mainly about the customer/young person not being notified in advance of contact arrangements, staff not returning telephone calls or responding to emails.

This report details information for the year 2019/20, analysis of the data, quality assurance and information on service developments as a result of learning from complaints.

Under the current monitoring system, information about complaints received directly by teams is reported to the customer relations manager upon receipt. This is to ensure that the customer relations manager is aware of all current complaints in order to monitor their progress and highlight cases that can be resolved through alternate dispute resolution (ADR) to team managers and senior staff.

The process is overseen by BFFC's head of communications & marketing, who oversees this SLA for BFFC.

Quality assurance

The Customer Relations team carry out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is easy for the complainant to understand, particularly if the complaint is from a child or young person.

Statistics indicate 100% of responses were checked by the Customer Relations team before being sent out. The findings and recommendations are shared regularly with BFFC's Senior Leadership Team and operational managers. The customer relations & information governance manager and the Customer Relations team are also available to the complainant and the investigator for advice on best practice during the complaint investigation but remain impartial.

The customer relations & information governance manager delivers training on investigating and responding to statutory Stage 1 complaints and also on the corporate complaints procedure to BFFC staff. The customer relations & information governance manager also attends team meetings to provide training and advice to front line staff.

Training is now available online also; this can be accessed by all social care staff through BFFC's training department. Take up of this on-line training has been very low. Two training sessions for

operational managers were arranged and the first was completed in November 2019. The second was held in February 2020.

The complaints procedure is promoted to external groups, publicity material is available to staff, children and young people and close links with Healthwatch Reading. Parents or carers with learning difficulties or other needs will be signposted to local charitable advocacy providers.

Processes have been improved to ensure upcoming responses are discussed and monitored regularly. BFFC 's senior managers get regular updates on all complaints which are live and under investigation. BFFC staff are in more regular contact with the customer relations manager and the team and are aware of their processes, which has led to improved joint working for the benefit of the complainant.

Monthly reports of the Service Level Agreement are provided to the BFFC contract manager. Quarterly reports are prepared for the BFFC Board and Senior Leadership Team (SLT) and for the Council's Management Team (CMT).

Support network

The customer relations & information governance manager participates in the southern region Complaints Managers' Group and is the current vice chair of the group and also attends the National Complaints Managers' Group. Both groups continue to support customer relations and complaints managers in sharing good practice, both nationally and locally. Where cases are complex the customer relations & information governance manager often seeks advice and guidance from legal services and the Local Government & Social Care Ombudsman's advice line.

Learning from complaints

In 2019/20 these were the learning improvements BFFC's services focused on children's social care:

- Including the distant parent in assessments – often the father
- Service managers to quality check content of Stage 1 response letters and sign these off before they go to Customer Relations team for full QA. This is to ensure accuracy of the response and reduce escalation to Stage 2
- Compulsory training for all managers in how to manage and respond to complaints
- Learning review and workshop carried out in respect to the learning when dealing with complaints from grandparents
- The Quality Assurance and Auditing Framework now seeks the views of parents and children, to ensure service delivery is impactful and makes a difference.

And the following learning for Special Educational Needs (SEN) services:

- Recruitment of a permanent Head of SEN (May 2019), plus a permanent SEN team manager and two permanent senior SEN case officers (July 2019).
- Following the recruitment of these permanent roles, individual SEN case officers received weekly case supervision with their senior SEN case officer, who, in turn, received weekly supervision from the SEN team manager. Decisions that caused delays are now taken to the Educational Health Care Panel by the SEN team manager for scrutiny and ratification.
- The SEND team reviewed its Standard Operating Procedures in July 2019, with new protocols and processes in place from September 2019.

The DfE guidance asks for the council or its representative - in this case BfFC - to ensure that we report the learning and service improvements implemented as a result of complaints. Some learning was pertinent to individual workers and led to bespoke advice and training. Some learning was shared in reminder to all staff regarding good practice and some learning led to review of services and processes.

Some individual and staff learning included:

1. Complaint (partially upheld)

Lack of communication from the social worker during the assessment process leading to factual inaccuracies within the assessment report.

Learning

- All BfFC staff to be reminded of the need to share copies of drafted or completed assessments with parents / carer at the earliest opportunity, in order to promote partnership working, transparency, and for parents / carers to be clear on the decision-making and outcomes following assessment.
- Views regarding factual inaccuracies with the previous assessments completed have been communicated in writing to BfFC by the parent, and as such, will be recorded on the children's file.

2. Complaint (upheld)

The complainant expressed dissatisfaction but how the child protection enquiry was undertaken following an allegation during contact and raised issues regarding the processes followed by the social worker.

Learning

- Mandatory training for all the contact supervisors and managers on how to report allegations, with reference to the process and procedures.
- The LADO has been asked to carry out a mandatory workshop with the fostering team and Family Intervention Service around the process for dealing with allegations.
- Additional to this training mandatory training is afforded to the Children Single Point of Access staff around handling difficult conversations.

3. Complaint (partially upheld)

Threatening language used by worker.

Request for support but not receiving support and or a service.

Learning

- Team workshop arranged in order to explain the intervention process carried out between social care and families and the potential impact of this upon families and social workers carrying out their duty to safeguard.

- Clarification of the role of the social worker and the appropriate use of language, tone and consent.
- Work to reinforce the importance of working in partnership with families will be addressed with all staff during team meetings.

Complaints and concerns provide essential and valuable feedback from our customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery). Even if a complaint is not upheld, lessons can be learnt from that complaint with service developments and improvements as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services.

Once a complaint is investigated, the investigating officer (IO) will complete a Learning Action Plan for complaints which have been upheld or partially upheld and which may have recommendations to the services about improving services; these are collated by the customer relations team for reporting purposes and shared with BfC senior managers.

BfC recognises the need to improve the timescales for responding to complaints. Fortnightly reports have been provided to the head of communications & marketing who shares this with other senior managers and highlights deadlines and responses needed. This has allowed for better tracking of the timeliness of complaints. This remains a priority area to be improved.

Complaints activity statistics

In the year 2019/20, children's social care received 92 statutory complaints, which is a decrease of four (4.17%) compared to the 96 received in 2018/19.

To give this some context, in 2019/20, 2,564 children in total were referred to children's social care, so the number of statutory complaints represents 3.6%.

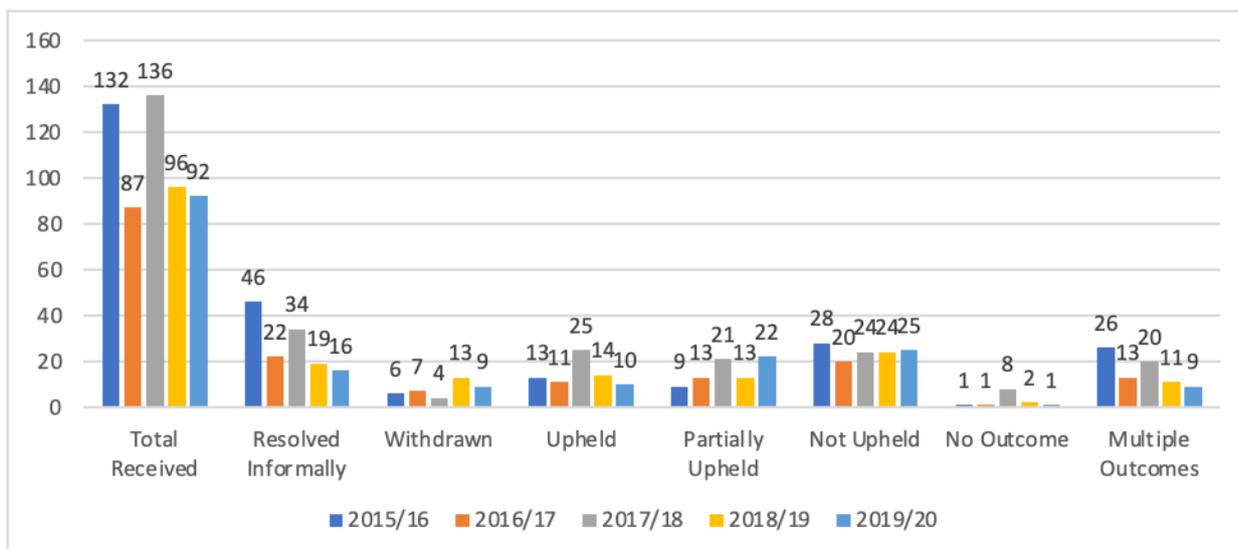
There were nine requests for a complaint to be progressed to Stage 2 during this period, and a further two requests for a complaint to be progressed to Stage 3. These complaints are not included in the reporting statistics for this report, as they are deemed to be duplicates of the Stage 1 complaint for reporting purposes.

Of the 92 complaints received:

- 16 (17.4%) were resolved as representations informally through alternative dispute resolution (ADR) (Stage 0) by the social care teams.
- Nine (11.8%) of the remaining 76 complaints were withdrawn by the complainant following a resolution with the service after the investigation had commenced, leaving 67 which were investigated at Stage 1 to an outcome.

Of the 67, 26 (38.8%) were responded to within timescale, with the remaining 41 (61.2%) complaints responded to over timescale.

Of the 67 complaints investigated to an outcome, ten (14.9%) were recorded as fully upheld, 22 (32.8%) as partially upheld, 25 (37.3%) as not upheld, and one (1.5%) as having no recordable outcome. The remaining nine (13.5%) were complaints with multiple strands where several outcomes were recorded.



Total number of Stage 1 complaints (including those resolved by alternative dispute resolution (ADR) and eventually withdrawn) received in the last five years.

Year	Number of complaints received	% Increase against previous year	Number of cases referred to Children's Services	% of complaints against referrals
*2015/16	87	1.2%	3,078	2.83%
*2016/17	132	51.7%	3,169	4.16%
*2017/18	136	3.03%	2,717	5.01%
*2018/19	96	-29.4%	2,765	3.47%
2019/20	92	-4.17%	2,564	3.6%

*Pre Brighter Futures for Children, which became operational on 3 December 2018.

Outcomes for those investigated to a completion (excluding those resolved via ADR and those eventually withdrawn)

Outcome	Number	% of Total
Upheld	10	14.9%
Partially upheld	22	32.8%
Not upheld	25	37.3%
No outcome	1	1.5%
Multiple outcomes	9	13.5%
Total	67	100

Timescales

Total Investigated to an Outcome	In Timescale	% of Total	Over Timescale	% of Total
67	26	38.8%	41	61.2%

Total Resolved Informally	In timescale	% of Total	Over Timescale	% of Total
16	6	37.5%	10	62.5%

Main theme of all complaints received during 2019/20

(NOTE: This includes all complaints received and resolved informally, withdrawn, and investigated to an outcome at Stage 1, but does not include complaints investigated at Stages 2 & 3, as these themes are duplicates of Stage 1)

Theme of complaint	Number	% of Total
Communication	4	4.3%
Data breach	1	1.1%
Financial issue	1	1.1%
Quality of service provided	69	75%
Staff conduct	17	18.5%
Total	92	100

Who the complaint was received from

Who made the complaint	Number	% of Total
Advocate	5	5.4%
Carer	3	3.3%
Child / Young Person	5	5.4%
Extended Family (Grandparents / Aunts & Uncles, Etc)	11	12%
Foster Parent	2	2.2%
Parent (Incl. Adopted Parents)	66	71.7%
Total	92	100

The majority of complaints are from the birth parents who disagree with social care involvement and outcomes from assessments, care plans and wish to challenge a professional decision. Complaints of

this nature are inevitable, however high-quality record keeping, clear communication with a clear distinction between fact and opinion reduces the opportunity for dispute.

Complaints received by team

Team	No of complaints
Access & Assessment Team	21 (22.8%)
Children Looked After Teams	30 (32.6%)
Children & Young Persons' Disability Team	9 (9.8%)
Children's Single Point of Access Team	1 (1.1%)
Court Team	4 (4.3%)
Family & Friends Team	1 (1.1%)
Family Intervention Teams	20 (21.7%)
Fostering Team	1 (1.1%)
IRO/QA Team	3 (3.3%)
Multi-Agency Safeguarding Hub (MASH)	2 (2.2%)
Total	92

The three areas which received the highest number of complaints were the Children Looked After teams with 30 (32.6%), the Access & Assessment teams with 21 (22.8%), and the Family Intervention teams with 20 (21.7%). This can mainly be attributed to the challenging circumstances in which these particular services work in and the volume of their direct contact with the customers.

Methods used to make a complaint

Method	Number	% of Total
E-mail	32	34.8%
In Person	1	1.1%
Letter	13	14.1%
Telephone	42	45.7%
Webform	4	4.3%
Total	92	100

The above demonstrates that the complainants have a number of methods they can use to contact the Customer Relations team with their complaints.

Demographic Information

Ethnicity	Number of complaints received	% of Total
Mixed Black African & White	1	1.1%
Not Stated	83	90.2%
White British	8	8.7%
Total	92	100

For equality monitoring purposes in 2019/20, staff have been encouraged to seek personal demographic information from people who make a complaint to help assess if there are groups of people who are proportionally complaining more or less and to explore the possible reasons. We have found that people who complain do not always wish to state their ethnicity.

The offer of the translation service and easy read versions of complaint responses are made available by the customer relations & information governance manager to those complainants who need these.

Complaints from young people Involving advocates

Between 1 April 2019 and 31 March 2020, ten complaints were received from young people, of which five were received via the advocacy provider.

The customer relations information governance manager also meets BFFC teams and managers to reinforce the importance of capturing verbal complaints. Staff are encouraged to record and analyse comments or concerns, as many children’s and young people’s issues are resolved this way rather than using the complaints process. If the young person is unhappy but does not wish to make a formal complaint, the Customer Relations team also offers to try to resolve matters informally.

Local Government And Social Care Ombudsman

Between 1 April 2019 and 31 March 2020, the Local Government & Social Care Ombudsman (LG&SCO) received five representations from dissatisfied service users for issues relating to BFFC. This is two more than the previous year. Of the five cases, the Ombudsman investigated four cases. One case was upheld, one case was not upheld and two cases were closed at the request of the complainant and due to lack of information from the complainant. The other case had not progressed through the complaints procedures so was rejected by the Ombudsman as premature.

In respect of the upheld complaint, the Ombudsman asked the council to apologise and provided financial redress.

The Ombudsman did not issue any formal reports finding maladministration by BFFC.

Benchmarking

Attempts to collate information from our statistical neighbouring authorities have proven to be difficult over the years. However, through the Southern Regional Complaints Managers Group which the customer relations manager is a member of, she has obtained the following information. This should not be used as a direct comparison as the size of the authority and the number of referrals to children’s services would differ to that of Reading. It is also worth noting that each authority records their data and report in different formats and Slough Borough Council/Slough Children’s Services Trust is not part of the southern regional complaints managers group.

Statutory complaints investigated & outcomes for other neighbouring authorities:

Local Authority (or company)	Number of complaints investigated	Number of Complaints upheld or partially upheld
West Berkshire	143	8%

Bracknell Forrest Council	77	1.29%
Royal Borough of Windsor & Maidenhead	19	83%
Wokingham Borough Council	Requested but no provided.	
Slough Children's Services Trust	28	50%

Subject Access Requests (SARs)

The Customer Relations team processes all SARs requests for BFFC. These are open and closed children's social care cases (historical cases where paper and microfiche files are held at the records centre) and Special Education Needs (SEN) cases.

In 2019/20, the Customer Relations team received 21 requests for records relating to BFFC. Of these, seven were not progressed either due to no records being held or a lack of further contact from the requestor.

Of the remaining 14, two were processed within the 30-day timescale, and 12 were processed over timescale. The main reasons for the requests being processed over timescale were due to the size of the files the team had to redact, restricted access to historical cases where the paper files are kept at Darwin Close and the need for these to be copied from microfiche and scanned before redactions can be completed. In SEN cases, information is held on the EMS (Education) system as well as shared files and emails. These have to be searched, converted to PDF and redacted before the file can be shared with the requestor.

In all cases the Customer Relations team and the Information Governance team has kept in regular contact with the requestor to ensure they were kept up to date on the progress of their request.

Compliments

In the year 2019/20, 74 compliments were received and logged for BFFC. This is an increase of 51 from the previous year when 23 were received. They were received by the following teams:

- Multiple teams within children's services – 19
- LADO – 2
- Family Intervention – 12
- Early Years teams – 3
- Children Looked After team – 11
- School Standards – 1
- School Improvements – 1
- Access & Assessment – 10
- Community Adolescent Support team – 1
- Fostering team – 7
- Audit & Investigations – 1
- Youth Offending Service – 1
- Transformation Programme team – 2

- Options team – 1

The following are some examples of compliments received:

Family Intervention Team

I cannot articulate how much of a difference Tammy (allocated worker) has made to us in terms of support and guidance. She is simply brilliant!

Family Intervention Team

I am writing on behalf of the family and professionals regarding the excellent work that Barry has undertaken with this family and their situation. Before Barry became involved, we all felt we had reached a stalemate (due to lots of reasons which we understood but were still frustrated by!) and since Barry took over the case these issues have been worked on tirelessly and the family are now in such a good place that support can be withdrawn.

Early Years Team

I just wanted to thank you for arranging such a useful evening. It was clearly well organised and having Ofsted there to give us an overview of the consultation and what to expect from the new framework was really informative and proved just the right amount of information to process.

CLA Team

We want to say what a pleasure it is to work with Nadine and how effective she is in working in a joined up multiagency way to support the families we are working together with. Nadine keeps us informed and actively involved and utilises the specialist knowledge and skills our service can offer effectively.

Access and Assessment

Our social worker made me feel better and happy and make me have a better life since it started.

Appendix B

Contact information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your social worker or a manager. If you want to make a complaint, you can contact the Customer Relations team, phone, letter, in person or by email. Telephone the Customer Relations & Information Governance Manager (Complaints & Representations) on 0118 937 2905 or e-mail: socialcare.complaints@reading.gov.uk.

If you wish to make your complaint to us in writing, our address is:

Customer Relations Team
Reading Borough Council
Floor 2 North Front
Civic Offices
Bridge Street
Reading
RG1 2LU

You can also text us with your complaint, type SPKUP & your message to 81722. Your complaint will be recorded and if we can't sort out the problem immediately it will be passed for further investigation and action.

The Customer Relations team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in council buildings or via the Brighter Futures for Children's website (www.brighterfuturesforchildren.org). You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	14
TITLE:	ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2019 - 2020 FOR ADULT SOCIAL CARE		
LEAD COUNCILLOR:	COUNCILLOR JONES	PORTFOLIO:	ADULT SERVICES
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	NAYANA GEORGE	TEL:	0118 937 3748
JOB TITLE:	CUSTOMER RELATIONS & INFORMATION GOVERNANCE MANAGER	E-MAIL:	Nayana.george@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Adult Social Care recognises that there will be occasions when things do go wrong and complaints are made. This short report tells you how many complaints were received in 2019/20 and were dealt with using either the Council's Corporate Complaints Procedure or the Statutory Complaints Procedure for Adult Social Care. It also summarises the main types of complaints we have received and gives some examples where we have improved as a result of learning from these complaints.
- 1.2 The purpose of this report is to provide an overview of complaints and compliments activity and performance for Adult Social Care for the period from 01 April 2019 to 31 March 2020.
- 1.3 During this period the service received 13 corporate complaints, which is a 44.4% increase over the 9 received in 2018/19, and 84 statutory complaints, which is a 16.7% increase over the 72 received in 2018/19.
- 1.4 The main themes for the period 2019/20 for both corporate and statutory complaints are:
 - Quality of Service Provided
 - Financial Issues
 - Staff Conduct
 - Communication
- 1.5 A summary of Adult Social Care Complaints and Compliments 2019/20 is at Appendix A. This will also be made publicly available through the Council's website from 25 January 2021.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the contents of the report.**

3. POLICY CONTEXT

- 3.1** Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that Local Authorities operate the procedure. In September 2009, the Department of Health introduced a new complaint procedure to cover both adult social care and health services. This meant a 3 stage complaints procedure became a 1 stage complaints procedure. Following investigation of the complaint by the Council, if the complainant is not satisfied with the outcome the complainant is advised to contact the Customer Relations Manager, to share their concerns with a view to possibly reviewing them with a senior manager or proceed to the Local Government Ombudsman.
- 3.2** Complaints relating to Adult Social Care that fall outside of the scope of the statutory process are investigated in accordance with the Council's Corporate Complaints Procedure.
- 3.2.** Compliments can be an indicator of when the Council has performed well and can highlight the positive outcomes of the public who are in contact with us or that we provide a service to.

4. ACTIVITY

- 4.1** The Council operates a 1 stage complaints procedure in respect of statutory complaints about Adult Social Care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as the Service User or their appointed representative which can be a family member, friend or Advocate. The timescale for responding to complaints is between 15 working days and 3 months, depending on the seriousness and complexity of the complaint. The guidance provides a risk matrix to assist the Customer Relations Manager, who is the designated Complaints Manager for the Council, to assess the complaint.

Reading Borough Council's Corporate Complaints Procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about Adult Social Care.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1** The Complaints Service provided by the Customer Relations Team contributes to the Service's aims to enhance emotional wellbeing and deliver outstanding services for service users who may be dissatisfied with the Adult Social Care service and those needing protection through Adult Safeguarding. It does this by providing impartial and supportive service to service users and their families who wish to complain or raise a concern and ensuring that there is learning from complaints.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Information about the complaints or compliments process is provided verbally to service users via the Social Care Teams as well as the Customer Relations Team. Leaflets on the procedures are also widely distributed by the Social Care Teams and available in a variety of formats and languages on request.
- 6.2 Service Users are reminded of their right to complain or make a compliment and a leaflet is given out when the social worker first meets with them. Service users and/or their representative can also register a complaint via the web, e-mail direct to the Customer Relations Team, in person, by phone, in writing or via an advocate.
- 6.3 Translation services are provided for complainants whose first language is not English and advocacy support is available for those people who wish to make a complaint.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The Customer Relations Manager will ensure that the statutory complaints/compliments process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.
- 7.2 The statutory complaints process is designed to ensure that any concern or issue faced by the service user or their representative is addressed in a timely and impartial manner.

8. LEGAL IMPLICATIONS

- 8.1 The Statutory foundations for the Adult Social Care Services Complaints Procedures are The Local Authority Social Services Act (1970), The Human Rights Act (1998), Statutory Instruments 2009 No.309 National Health Service, England Social Care, England, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no Capital or Revenue implications arising from this report.

The Council's Customer Relations Team provides value for money in effectively discharging the complaints process for the Council by attempting informal resolution of complaints.

There are no specific financial risks arising from this report.

10. BACKGROUND PAPERS

- 10.1 Department of Health, Advice Sheet for Investigating Complaints - Listening, Responding, Learning.

ADULT SOCIAL CARE COMPLAINTS & COMPLIMENTS 2019/20 SUMMARY REPORT

Introduction

This is a summary report of the data for complaints/compliments received by Adult Social Care for the financial year 2019/20.

The Council welcomes feedback through the complaints/compliments process which, as well as providing the opportunity to identify where services have not been provided as they should be, also provides customer insight and helps identify any deficiency in practice, policies and procedures. It is from these that the Service and those who work in it can continue to learn and improve practice and service delivery.

Statutory Complaints Procedure

General complaints about Adult Social Care received from Service Users or their approved representatives (Family Member, Advocate or Power of Attorney) are dealt with through the statutory procedure. This will be one investigation by a senior officer in the relevant service area (Team Manager) and then signed off by either a Service Manager or Assistant Director.

At the Complainant's, or their representative's, request, an external, independent investigator can be appointed to investigate if the Customer Relations Manager deems the complaints to be at medium or high risk. The following Risk Matrix is used to assess the complaint.

Risk Matrix

This matrix will be used by the Customer Relations Manager in confirming the level of risk once an expression of concern is being considered within the formal complaints procedure.

		LIKELIHOOD OF RECURRENCE				
		RISK	Rare	Unlikely	Possible	Likely
SERIOUSNESS	Low	Low	Low	Low	Moderate	Moderate
		Low	Moderate	Moderate	High	High
	Moderate	Low	Moderate	High	High	Extreme
		Moderate	Moderate	High	High	Extreme
	High	Moderate	High	High	Extreme	Extreme
		Moderate	High	Extreme	Extreme	Extreme

Time Limits

Level of Risk	Maximum Time Limit for Completion
Immediate resolution	1 working day - confirm outcome
All accepted as formal complaints	Acknowledge within 3 working days
Low	15 working days
Moderate	25 working days
High	65 working days
Extreme	Up to 6 months

If the complainant feels that the issues, they have raised remain unresolved, they have the right to request a meeting with the Locality Manager/Deputy Director and the Customer Relations Manager or refer their complaint to the Local Government & Social Care Ombudsman.

The Statutory Complaints process encourages the complainant and the Local Authority to consider resolving a complaint or concern informally through a face to face meeting or telephone discussion. It is the complainant's right to request the presence of the Customer Relations Manager at any face-to-face meeting.

Some complaints may require immediate action including whether the matter should be considered as a safeguarding issue. If it is a safeguarding issue, the relevant procedures would take precedence over the complaints procedure.

Corporate Complaints Procedure

The Corporate Complaints Procedure deals with complaints which do not meet the criteria for investigation through the Statutory Procedure (for example the complaint is made by a Provider or a family member who does not have consent from the Service User to make the complaint) and is a two-stage process. The first stage provides an opportunity for a local resolution of any problems which may arise, and it is expected that the majority of complaints will be resolved at this level, usually within 20 working days or less. Where the problems cannot be resolved to the complainant's satisfaction at a local level, Stage 2 of the process involves the investigation of the complaint by a more senior member of staff, usually within 30 working days or less and with a formal sign off by the Head of Service.

Where the complainant feels that the issues they have raised remain unresolved, they have the right to refer their complaint to the Local Government & Social Care Ombudsman.

Summary of Compliments and Complaints Activity, Quality Assurance & Learning

This report details information for the past year together with analysis of the data, quality assurance and information on service developments as a result of learning from complaints. Under the current monitoring system, information about complaints received directly by teams is reported to the Customer Relations Manager upon receipt. This is to ensure that the Customer Relations Manager is aware of all current

complaints in order to monitor their progress and highlight cases that can be resolved through Alternate Dispute Resolution (ADR) to Team Managers and senior staff.

Corporate Complaints

Please Note: The following tables include information for those complaints received and investigated at Stages 0 and 1 only, as complaints which go on to Stage 2 would count as being a duplicate complaint received for reporting purposes.

For information, only 1 request for a Stage 2 complaint was received and investigated during this reporting period.

Total Number of Corporate Complaints Received

	Total No. Received	Stage 0	Stage 1
2015/16	29	8	20
2016/17	5	3	2
2017/18	7	3	4
2018/19	9	1	8
2019/20	13	3	10

Outcomes for complaints investigated formally

Upheld	Part Upheld	Not Upheld	No Outcome	Multiple Outcomes
5	1	6	0	1

Timescales for those investigated

In Timescale	Over Timescale
9	4

Spread of Complaints across Teams

Team	Number	% of Total
Deputy's Team	1	7.69%
Disabled Adults	1	7.69%
Localities Teams	1	7.69%
Long-Term Care	1	7.69%
Safeguarding Adults	3	23.08%
Short-Term Care	5	38.47%
Wellbeing	1	7.69%
Total	13	100

Themes

Theme	Number	% of Total
Communication	1	7.69%
Financial Issue	1	7.69%
Quality of Service Provided	4	30.77%
Staff Conduct	7	53.85%
Total	13	100

How Was Complaint Received

Method	Number	% of Total
E-mail	5	38.46%
Letter	3	23.08%
Telephone	5	38.46%
Total	13	100

Statutory Complaints

Total Number of Statutory Complaints Received in 2013 - 2020

	Total No. Received	Stage 0	Stage 1
2015/16	86	33	53
2016/17	62	20	42
2017/18	77	22	57
2018/19	72	21	51
2019/20	84	30	54

Outcomes of complaints investigated formally

Outcome	No.	% of Total
Upheld	30	35.7%
Partially Upheld	8	9.6%
Not Upheld	30	35.7%
No Outcome	3	3.6%
Multiple Outcomes	7	8.3%
Withdrawn	6	7.1%

Timescales

In Timescale	Over Timescale	Withdrawn
31 (36.9%)	47 (56%)	6 (7.1%)

Note: The statutory complaints above, we worked to an initial 15 working day response date extending to no more than 20 working days.

Spread of Complaints across Teams

Team	Number Received	% of Total
Community Mental Health	7	8.3%
Commissioning	4	4.8%
Community Reablement	1	1.2%
Deputy's Office	2	2.4%
Financial Assessments & Benefits	7	8.3%
Finance	2	2.4%
Localities	33	39.3%
Long-Term Support	6	7.1%
Maples Resource Centre	1	1.2%
Personal Budget Support	2	2.4%
Safeguarding Adults	2	2.4%
Short-Term Team	17	20.2%
Total	84	100

Themes

Theme	Number	% of Total
Communication	3	3.5%
Financial Issue	11	13.1%
Quality of Service Provided	65	77.4%
Staff Conduct	5	6%
Total	84	100

How Was Complaint Received

Method	Number	% of Total
E-mail	32	38.1%
Feedback/Complaint Form	1	1.2%
Letter	17	20.2%
Telephone	25	29.8%
Webform	9	10.7%
Total	84	100

Learning & Service Improvements following Complaints received

Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery). Even if a complaint is not upheld, lessons can be learnt from that complaint with service developments and improvements as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints should be reviewed by Social Care teams regularly at their team meetings. Below are some examples of learning from complaints in the past year along with key service improvements as a result of complaints received.

Examples of complaints and learning.

Complaint:

Lack of clarity around the cost and charges for care.

Learning -

- The Financial Assessment and Benefits Team to be reminded to always consult and confirm with the service user regarding any earnings and not just use information taken from DWP.
- For the Financial Assessment and Benefits Team to consider a person centered way of communicating with service users who struggle with retaining information or may not receiving correspondences sent i.e. face to face meeting where letters are hand delivered, e-mailing letters etc

Complaint:

Service user lives with a full time-Shared Lives carer and also has Shared Lives support. She is a self-funder. Service User's sister queried the accuracy of the bills she then discovered that the Shared Lives service had not been included in the billing, and so she raised this with the Council who then stopped this service without notice or consultation. This caused distress to both Service User and her sister.

Learning -

- Shared Lives to not end services without ensuring needs will be met and considering the impact on the service user and their family.
- Shared Lives and the Locality Team improve their understanding of each other's services and processes.

Complaint:

- Lack of communication from the allocated Social Worker.
- Lack of communication regarding sourcing potential nursing placements and which homes are being instructed to assess.
- The distress experienced by Service User when a nursing home from Slough visited the ward to assess the Service User and her family were unaware that the home would be visiting.

Learning-

- The importance of Communication will be discussed with all workers in the Hospital Team to ensure that workers respond in a timely way.
- Communication regarding how Reading Borough Council procures services need to be clear and concise. Staff will be trained to be aware of the Commissioning

Team Procurement Services to enable a clearer understanding when delivering information.

- There is a set process for procuring a nursing home placement. Unfortunately the nursing home from Slough did not follow the process. Reading Borough Council will raise this with the provider and will not use their services until measures have been put in place to address this

Service Improvements For 2019/20

Introduced changes to the Disabled Facilities Grant (DFG) process which has seen improvements to the waiting lists, hospital discharges, admissions and readmissions have been noted. For example, stair lifts are now no longer means tested which allows for increased speed in progressing with these adaptations thus waiting times for such adaptations have reduced. Allowing the Service User to leave the hospital sooner.

The Health and Wellbeing at Home Grant which allows for improvements to the home has enabled faster hospital discharges for some patients who may have had to return to unsuitable accommodation or to wait unnecessarily in hospital whilst awaiting support to address these problems.

With the implementation of the Conversation Counts model the Occupational Therapists (OT) have been able to work with greater efficiency to address urgent need of customers that come through the Duty Team. With up to a six-week period to trial and review equipment to explore options to reduce packages of care, the OTs have had the opportunity to get the 'right fit' of support and equipment for customers.

The Contracts and Commissioning Team we were successful in going live with the new Supported Living and Homecare framework on 1st April 20. All the pre-work was completed in the 19/20 financial year.

The framework itself was new and improved from the previous version based on our learnings of what worked well and to achieve it we undertook a huge amount of collaborative work with Providers to get the right outcomes.

Benchmarking

Local Authority	Number of complaints received and investigated	Number/percentage either upheld or partially upheld
Royal borough of Windsor & Maidenhead	27	52%
West Berkshire	80	48.75%
Wokingham	Requested but not provided	
Bracknell	47	10%
Slough	Requested but not provided	

Quality Assurance

The Customer Relations Team carries out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is made easy for the complainant to understand, particularly if the complainant has a disability. We have on occasion asked the investigating officer to translate reports and responses into Easyread.

Statistics indicate 100% of responses were checked by the Customer Relations Team before being sent out. The Customer Relations Manager and the Team are also available to the complainant and the investigator for advice on best practice during the complaint investigation, but remain impartial.

The Customer Relations Manager will deliver training on investigating and responding to complaints on request. The Corporate Complaints Procedure is available on-line. The Adult Social Care statutory procedure is available on-line also. The Customer Relations Manager attends Team Meetings to provide training and advice to Team and Service Managers when required. The Customer Relations Team has also improved processes to ensure upcoming responses are discussed and monitored at weekly meetings. The Social Care staff are in more regular contact with the Customer Relations Manager and her team and are aware of their processes which has led to improved joint working for the benefit of the complainant.

Support Network

The Customer Relations Manager is the Vice Chair and participates in the Southern Region Complaints Managers' Group, which continues to support Customer Relations and Complaints Managers in sharing good practice, both nationally and locally. Where cases are complex the Customer Relations Manager often seeks advice and guidance from Legal Services and the Local Government Ombudsman's advice line.

Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman's role is to investigate complaints about maladministration or administrative fault that lead to injustice for the complainant. In some complaints the Local Ombudsman may find evidence of administrative fault but no resultant injustice. The Local Ombudsman should not investigate complaints about policy changes where the decision has been properly made.

Between 1 April 2019 and 31 March 2020 the Local Government & Social Care Ombudsman (LG&SCO) received 7 representations from dissatisfied service users for issues relating to Adult Care & Health Services, which is 5 less than the previous year. Of these 7 cases, 3 had not been through the Council's Complaints Procedure, so were rejected by the LGO as premature referrals. 4 were investigated with 2 being upheld and 2 were closed with no further investigation required.

In respect of two upheld complaints the Ombudsman, asked the Council to apologise and provided financial redress, to recognise the stress.

The Ombudsman did not issue any formal reports finding maladministration by the Council.

Compliments

The Customer Relations Team owns the logging of compliments for the Council as a whole. Staff are reminded and encouraged to pass on all compliments to the Customer Relations Team's generic mailbox.

In the year 2019/20, 29 compliments were received by the following Teams:

Community Reablement Team - 1
Deputy's Team - 1
Minor Works - 3
Short Term Team - 10
Locality Team - 10
Bluebell Ward and ECT lead - 1
Hospital Discharge Team - 1
Maples Resource Centre - 1

The figures above only add up to 28. This is because there was 1 compliment that was for the Short-Term Team and Locality Team.

The following are some examples of compliments received:

The Deputy's Team

The staff wanted to let us know our service is brilliant. Whenever they ask for anything they get it very quickly.

Minor Works Team

Someone from your team went out last week to fit a second rail on the stairs and they said what a "lovely man" he was, also very "polite", and how impressed they were that he had his own dust pan and brush and cleared up afterwards.

Community Reablement Team

The care has been excellent, and we are very grateful.

Short Term Service

Gee arranged for Age UK to move the TV and put it on the wall directly in front of the client. This morning Gee had a tearful phone call from the client thanking him as this had 'changed his life'. He is now able to watch TV without any further problems!

Locality Team

We really appreciated your help in giving out mum all the support she needed to improve her quality of life right up until the end. It was such a pleasure to have met you. Thank you so much for everything.

Contact Information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your Social Worker or a manager. If you want to make a complaint, you can contact the Council by phone, letter, in person or by email. Telephone the Customer Relations Manager (Complaints & Representations) on 0118 937 2905 or e-mail: Socialcare.Complaints@reading.gov.uk. If you wish to make your complaint to us in writing, our address is: The Customer Relations Team, Reading Borough Council, Civic Offices, Bridge Street, Reading, RG1 2LU. Your complaint will be recorded and if we cannot sort out the problem immediately it will be passed for further investigation

and action. The Customer Relations Team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in Council buildings or via the Council's website. You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.

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READING BOROUGH COUNCIL

JOINT REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES AND MONITORING OFFICER

TO:	ADULT SOCIAL CARE, CHILDREN & EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	15
TITLE:	JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE		
LEAD COUNCILLOR:	GRAEME HOSKIN RUTH MCEWAN	PORTFOLIO:	HEALTH, WELLBEING & SPORT CHAIR ACE COMMITTEE BOROUGHWIDE
SERVICE:	HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SEONA DOUGLAS/ MICHAEL GRAHAM	TEL:	
JOB TITLE:	DIRECTOR DACHS MONITORING OFFICER	E-MAIL:	Seona.douglas@reading.gov.uk Michael.graham@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To recommend to Council the establishment of a Joint Health Overview & Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System to consider any substantial development or variation in the provision of health services across the footprint of the area.
- 1.2 The draft terms of reference for the Joint Health Overview & Scrutiny Committee, which the Council will also be asked to approve are attached at Appendix A.

2. RECOMMENDED ACTION

- 2.1 That Council be recommended:
 - (a) Approve the establishment of a joint health overview & scrutiny committee for the BOB footprint and the terms of reference set out in Appendix A;
 - (b) Appoint two councillors to the Joint Committee;
- 2.2 That 2.1 be subject to all the other local authorities covered by the BOB (Buckinghamshire Council; Oxfordshire County Council; West Berkshire Council; and Wokingham Council) agreeing to establish the Joint Committee and adopting the same terms of reference.
- 2.3 That the Assistant Director of Legal & Democratic Services, in consultation with the Directors of Adult Social Care & Health/ Children's Services and the Chair of the Adult Social Care, Children & Education Committee and Leader of the Council, be authorised to make any necessary alterations to the terms

of reference to ensure they were consistent across the constituent local authority members of the Joint Committee.

3. POLICY CONTEXT

- 3.1 Since the creation of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan in 2015, the health scrutiny leads from across the footprint have met, informally and on an ad hoc basis, with key health partners. These meetings have been hosted by each authority with the last one taking place in Buckinghamshire on 15th November 2019.
- 3.2 At this meeting, councillor health scrutiny leads (or representative) and health scrutiny officers from across the footprint heard from a number of BOB ICS Leads about the planned activity being undertaken by the ICS. It was at this meeting that the proposal to set-up a joint health scrutiny committee was first raised.
- 3.3 Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
- 3.4 The advice received from the Centre for Public Scrutiny (CfPS) is that it endorses the need for a joint health scrutiny committee and sees it as a key component of the work of the ICS.

4. THE PROPOSAL

4.1 Current Position:

- 4.1.1 The Council adopted a Committee system of governance in May 2013 in place of the executive arrangements that had operated since May 2001. Under the committee system, the Council has chosen not to set up any scrutiny and overview Committees. The statutory scrutiny responsibilities have been embedded in the terms of reference of the standing committees. The Adult Social Care, Children & Education Committee has Health scrutiny within its remit.

4.2 Options Proposed

- 4.2.1 The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three-tiered model - System, Place and Neighbourhood.

System - typically covering a population of 1-3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

Place - a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.

Neighbourhood - a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level

4.2.2 The proposal is for 'System' activities to be scrutinised by the joint health scrutiny committee and activities at 'Place' and 'Neighbourhood' being dealt with by the relevant local authority through their existing health scrutiny arrangements. This terminology is incorporated into the draft terms of reference and further consideration will be needed to develop a protocol to ensure work is considered at the most appropriate level of scrutiny.

4.2.3 Membership of the Joint Committee

The recommended overall size of the Joint Committee is 19 members with the proposed membership for each of the respective local authorities based on population figures being as follows:

- 7 Members for Oxfordshire; 6 Members for Buckinghamshire; and 6 Members for Berkshire West).
- Under this arrangement Reading would have two members; both of whom could be appointed from the Council's controlling group.

In addition, there is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not to be the most appropriate role for Healthwatch, a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS.

4.2.4 Referral to the Secretary of State

To ensure that any local authority within the Joint Committee can independently decide to refer a matter to the Secretary of State the draft Terms of Reference contain a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health even if the BOB joint scrutiny committee has chosen not to do so.

4.2.5 Chairing the Joint Committee, Meeting and Host Authority Arrangements

- The Chair would be elected by the joint Committee but would be expected to be a member of the host authority.
- The host authority would be for a two-year period.

The draft terms of reference currently state that the joint committee will be a standing committee and dates would be organised and put in the Committee Members diaries. If there was no business to be discussed, then the meeting would be cancelled.

4.2.6 Terms of Reference

The draft terms of reference are attached to this paper for approval and set out the key issues in relation to the following matters:

- a) Defining the work of the joint committee;
- b) Membership of the committee;
- c) Referral powers to the Secretary of State;
- d) Frequency of meetings;
- e) Election of Chairman and determining the host authority.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:

1. Securing the economic success of Reading and provision of job opportunities
2. Ensuring access to decent housing to meet local needs
3. To protect and enhance the lives of vulnerable adults and children
4. Keeping Reading's environment clean, green and safe
5. Ensuring that there are good education, leisure and cultural opportunities for people in Reading
6. Ensuring the Council is fit for the future

5.2 The Council's current Corporate Plan priorities have been reframed to provide clarity of purpose and a new three point strategic framework has been adopted as follows:

- To support and protect vulnerable children and adults by ensuring the social care system continues to function effectively;
- To support the people who are most vulnerable and isolated in our communities;
- To support businesses and the local economy, and secure Reading's economic recovery.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers). There are not considered to be any direct environmental and climate implications as regards to the recommendations in this report.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 This is a procedural report about the establishment of joint committee and is not subject to community engagement.

8. EQUALITY IMPACT ASSESSMENT

8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to–

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 It is not considered that an Equality Impact Assessment (EIA) is relevant to the decisions arising from this report.

9. LEGAL IMPLICATIONS

9.1 There is a need to establish a joint Health Scrutiny Committees to consider any consultations covering a ‘significant’ proportion of the entire footprint of the BOB Integrated Care System, as prescribed by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

9.2 Regulation 30(4) states that where more than one local authority is consulted, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:

- (a) make comments on the proposal consulted on pursuant to regulation 23(4);
- (b) require the provision of information about the proposal under regulation 26; or
- (c) require a member or employee of a responsible person to attend before it under regulation 27 to answer questions in connection with the consultation.

9.3 In more general terms, under Section 101(5) of the 1972 Local Government Act, two or more authorities may discharge their functions jointly, and may arrange for the discharge of those functions by a joint committee. Under Section 102(1)(b), two or more local authorities may appoint a joint committee to discharge the function. Section 102(2) states that the number of members of a committee appointed under Section 102(1), and their terms of office, shall be fixed by the appointing authority or authorities.

10. FINANCIAL IMPLICATIONS

10.1 There are no direct costs associated with establishing and appointing members of the Joint Health Overview and Scrutiny Committee. However, there may be costs that are incurred due to attendance at meetings, the payment of Special Responsibility Allowances etc. There would potentially be greater resource implications if Reading was the host authority in terms of providing support for the meetings and developing expertise in the health scrutiny function.

11. BACKGROUND PAPERS

11.1 None

Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Draft Terms of Reference

Purpose

1. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place and Neighbourhood level (see definitions below) - **and, in recognition of the slight differences across the ICS footprint, also at Locality level.** The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

Terms of Reference

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model - System, Place and Neighbourhood.

System - typically covering a population of 1-3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

Place - a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.

Neighbourhood - a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.

Activities at Place, Neighbourhood and Locality would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.

5. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
 - a. make comments on the proposal consulted on
 - b. require the provision of information about the proposal
 - c. gather evidence from key stakeholders, including members of the public
 - d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
 - e. Refer to the Secretary of State only on where it is not satisfied that:
 - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
 - the proposal would not be in the interests of the health service in the area
 - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.
6. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.

7. With the exception of those matters referred to in paragraph [3] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.
8. The process for determining the appropriate level of scrutiny - ie. System or Place/Neighbourhood/**Locality** will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
9. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Governance

10. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

Frequency of meetings

11. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

Host authority

12. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

Membership

13. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
14. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.
15. Appointments by each authority to the JHOSC will reflect the political balance of that authority.
16. The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.

17. The JHOSC shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.
18. Healthwatch shall be recognised as a key stakeholder and a standing item will be included on the JHOSC agenda to allow the organisation to report back on patient and public views from across the ICS.

Chairman & Vice Chairman

19. The Chairman of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.
20. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

21. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

22. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
23. Meetings of the committee are to be arranged and held by the host authority.
24. Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.