

To: Councillor James (Chair)
Councillors David Absolom, Ballsdon,
Sokale, Hoskin, O'Connell, Pearce,
Robinson, Terry, White, Mpofu-Coles,
R Williams, Ennis and Carnell

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23 June 2021

Your contact is: Richard Woodford - Committee Services

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION
COMMITTEE 1 JULY 2021**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Thursday, 1 July 2021 at 6.30 pm in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

Please note that, because of Covid 19, there will be a very limited number of socially distanced seats available for the public in the Council Chamber.

AGENDA

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1. DECLARATIONS OF INTEREST

Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.

2. MINUTES

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3. 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.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

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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.

5. 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.

HEALTH SCRUTINY ITEM

6. ROYAL BERKSHIRE NHS FOUNDATION TRUST - ANNUAL QUALITY ACCOUNTS 2020-21 19 - 60

To receive a presentation by the Chief Executive and Chief Nurse of Royal Berkshire NHS Foundation Trust on the Royal Berkshire Hospital Quality Report 2020/21 and current issues of concern. A copy of the Royal Berkshire Hospital Quality Report 2020/21 is attached.

7. BERKSHIRE COMMUNITY EQUIPMENT SERVICE - EXTENSION OF CONTRACT 61 - 70

A report outlining the options available to the Council in advance of the Berkshire Community Equipment Service contract expiring in March 2024, as well as inviting the Committee to consider the new Turnkey Technology Enabled Care pilot service and its extension.

8. ACCESSIBILITY STRATEGY 2020 TO 2022 71 - 84

To receive a copy of the Council's Accessibility Strategy 2020 to 2022.

9. ANNUAL ENGAGEMENT MEETING 85 - 152

A report providing the Committee with the context and information about the Annual Engagement Meeting with Ofsted which took place in March 2021.

10. SCHOOL ADMISSION AMENDED ARRANGEMENTS 2021/22 AND 2022/23 153 - 186

A report inviting the Committee to determine the amended admissions arrangements for (a) Community Primary Schools in Reading for the school year 2021/22 and (b) admission arrangements for Community Primary Schools in Reading for the school year 2022/23.

- 11. REVISED ADMISSIONS POLICY: HOLY BROOK SCHOOL** 187 - 194
- To present the revised admissions policy for Holy Brook Primary School, for approval by the Committee.
- 12. SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY** 195 - 206
- A report providing a summary of the Supporting Children with Medical Needs Policy, September 2021.
- 13. SAFEGUARDING AUDITS - SECTION 11 AND SECTION 175 BFFC SUMMARY** 207 - 210
- A report providing the Committee with assurance that Brighter Futures for Children and partners have undertaken or collated three key safeguarding audits over the past six months showing that the company continues to meet safeguarding and wellbeing requirements across its service areas.

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Members of the public who participate in the meeting will be able to speak at an on-camera or off-camera microphone, according to their preference.

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Agenda Item 2

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 30 MARCH 2020

Present: Councillors McEwan (Chair) David Absolom, Ballsdon, Challenger, Hoskin, Jones, McKenna, Pearce, Robinson, Sokale, Terry and White.

23. MINUTES

The Minutes of the meeting held on 8 January 2020 were confirmed as a correct record and signed by the Chair.

24. QUESTIONS

Questions on the following matters were submitted:

Questioner	Subject	Reply
Rob Bishop	Pupil Product Ratio	Councillor Pearce
Rob Bishop	Primary School Places	Councillor Pearce
Rob Bishop	Emmer Green Primary School	Councillor Pearce

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

25. GROWING UP IN READING

Rachel Spencer, Chief Executive, Reading Voluntary Action (RVA), Sam Lloyd, Project Manager, Starting Point, and Carly Newman, Operations Manager at No5, gave a series of presentations on Growing up in Reading. A copy of the RVA report on Growing Up in Reading and a copy of the No5 report on The Impact of Covid-19 had been included in the papers for the meeting.

Rachel Spencer told the Committee that the research for the report had taken place between November 2019 and February 2020, finishing just before the start of the first Covid-19 lockdown, and had been shaped and carried out by a Youth Social Action Team, supported by RVA and the University of Reading Participation Lab. There had been 12 RVA Youth Leaders, 608 questionnaires had been completed, 13 schools and colleges had taken part and eight locations had been used for focus groups with 94 young people. The age range of the young people had been between 11 and 18 and 41% of them had self-described as being from BAME heritage. The key issues that had emerged from the research were as follows:

- Being and feeling safe;
- Mental Health and Wellbeing, especially tackling loneliness;
- Creating a sense of community;
- Widen the diversity of activities and opportunities available for young people.

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Sam Lloyd began his presentation by explaining Starting Point's approach and the three mentoring programmes they offered which aimed to create opportunities for young people who faced disadvantage and help them overcome any barriers. There was also a young person led production company, Action Media, that made documentaries about young people. During 2020 Starting Point had supported 125 young people, of which 58% had mental health struggles, 34.5% had learning difficulties/disabilities, 58% had low/no qualifications and 10% had a criminal record. In the first 3 months of 2021 they had mentored 116 young people and had seen a 300% increase in referrals since before the first lockdown. With regard to need, young people said that little had changed since lockdown as they had stayed at home doing nothing before and were doing the same in lockdown, They were also anxious about going out and talking to people and worried about knives and not being safe and some young people said that gaming was the only time they talked to people. A lack of support for parents had been highlighted and there was no where for young people to go where they felt safe or where they could talk to peers, there was also a lack of belief and aspiration. Looking at the solution, there were three key areas as follows:

- Long-Term Relationship - Someone who would listen, won't judge and believed in the young person;
- Journeying, not just signposting;
- Ownership and Empowerment to Shape Provision.

The Committee then heard from Ryan, a young person who was a mentor for Starting Point and who had been mentored by them in the past. Ryan said that having just left university he was struggling to find direction in terms of his career, and found it useful to talk to someone each week to bounce ideas off. This had help build his confidence and had helped him become a better mentor himself.

In summing up, Sam told the Committee that there was a real simplicity to the solution in the continuity and consistency that a role model could provide and by using a diverse pool of volunteers the match could be tailored to the young person and journey alongside them to a more hopeful future.

The final presentation was given by Carly Newman, Operations and Relationships Manager at No5, who explained what No5 did and then outlined the feedback received from counsellors and young people from the three lockdowns. [Richard - could delete paragraph below marked in green and go straight to the paragraph on next page about in September 2020...]

From the point of view of the counsellors, during the first lockdown there had been an escalation of ongoing symptoms as a result of the pandemic including, anxiety, OCD, loneliness, low mood and lack of motivation. Covid-19 specific concerns included, family members becoming ill, exam uncertainty and returning to school after a period of reduced contact. However, the counsellors had noticed a remarkable resilience and a sense of unity amongst the young people they were supporting. The second lockdown had seen a surge in referrals to No5 that had begun in September 2020 as young people returned to school, a total of 214 from September to November 2020 compared to 85 in during the same period in the previous year, which represented a 152% increase. During the third lockdown the consequences of long lockdown periods became evident. From December 2020 to March

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2021 there had been 198 referrals compared to 95 in the during the same period in the pervious year, which equated to a 198% increase and there were 460 young people who were currently waiting for support/to see a counsellor. Looking to the future counsellors had said that it often took a while for the emotional impact of significant events to be recognised and an ongoing surge in need was anticipated.

With regard to young people, in September 2020 the No5 Young Ambassadors had written and published 'Impact of Covid-19: The Voice of Young People' a report on themselves and their peers. The four key areas they had felt were most impacted were: family, friends and socialising, education and careers and mental health. Looking to the future the Young Ambassadors were asked what they thought the local community of young people would need going forward and their feedback had fallen into four main areas, as follows:

- Reassurance - Blame, safety and struggling with mental health and wellbeing;
- Tackling Isolation - Re-Integration and Re-Connection;
- Safety;
- Support for Mental Health

Finally, the presentation set out what this meant services should be like going forward and the features young people had asked for, which were, stability, continuity, relational, early intervention and prevention and confidentiality.

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

- Outside of the home, schools were the place where young people would be most likely to make contact with a trusted adult and there was a need to keep supporting schools to make sure this happened;
- The issue of isolation illustrated clearly that young people, like everyone, missed contact with others during the lockdown periods, despite the many social media platforms that were available, and it would be difficult for young people to get back into 'normal' interactions with others;
- In response to the young people saying they had nothing to do, it would be worth investigating what this meant, for example, if clubs were seen as exclusive or were too expensive for young people to join, then it created isolation;
- Mental health and wellbeing were important and complex issues and were being considered nationally, but there were no quick answers or solutions;
- The Council was currently consulting on the Health and Wellbeing Strategy and children's and young people's mental health and wellbeing was coming through as an issue people wanted the Council to focus on;
- There was a need to look at what was available and what was not and then discuss what could be done to fill the gaps, both the Council and BFfC needed to look at the work that had been carried out by RVA and see what they could do;
- If the Council and BFfC said they wanted to hear the voices of children and young people, then having listened they needed to be able to respond;
- There was clearly a wider issue of safety and there was a need to continue the conversation about what safe felt like;
- Children and young people that they should be involved in shaping services that were designed to support them;

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- Finally, it was suggested that a report be submitted to a future meeting, possibly in the autumn, on the work the Council and BfFC were doing with others to address the issues that had been raised.

Resolved -

- (1) That the reports and presentations be noted;
- (2) That Rachel Spencer, Sam Lloyd, Carly Newman and Ryan Acolatse be thanked for taking part in the meeting and for their presentations;
- (3) That a report be submitted to a future meeting, possibly in autumn 2021, on the work that the Council and BfFC were doing with others to address the issues that had been raised.

26. CHILDCARE SUFFICIENCY ASSESSMENT

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children (BfFC), submitted a report sharing the 2020/21 Childcare Sufficiency Assessment (CSA). A copy of the BfFC Reading Childcare Sufficiency Assessment 2020/21 was appended to the report.

The report explained that under Section 6 of The Childcare Act 2006 there was a requirement on local authorities to produce an annual sufficiency assessment on the availability and sufficiency of childcare in their area. The impact of the Covid-19 pandemic on the sector had created challenges in producing meaningful data and analysis of the childcare market in the Borough. However, the CSA did provide an indication of trends or areas for further investigation and action, and the tools used in the production of the assessment enabled ongoing analysis and monitoring of the childcare data for future planning.

The main findings were as follows:

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

In response to a question about the impact of the pandemic on nurseries and the support being offered, Corinne Dishington - Service Manager 0 to 5's, BfFC, explained that the Council had had various schemes over the previous year that had been open for nurseries to apply for which had included holidays on business rates and grants that could be applied

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for. The entitlement funding from the DfE had been paid for the summer and autumn terms and providers had been funded to at least their Autumn 2019 funded places, so if they had fewer children than they had in autumn 2019 they had been funded to that level. From January 2021 for the spring term the funding had been based on actual numbers however, the government had committed to top-up, if the uptake of places increased through the term, to 85%. The resilience of the sector was good, although it was fairly fragile. Entitlement funding would be increased from 1 April 2021 by 6p per hour for three and four year olds and by 8p per hour for two year old places. In addition, the government had published a policy paper, "The Best Start for Life: A Vision for the 1,001 Critical Days", which had been developed as part of the Early Years healthy development review. The paper included a review of funding that was going to be put to the Treasury before the next spending review and was asking for additional funding for Early Years.

Resolved - That the 2020/21 Childcare Sufficiency Assessment be noted and endorsed.

27. ONE READING CHILDREN'S AND YOUNG PEOPLE'S PARTNERSHIP EARLY HELP STRATEGY

The Executive Director of Children's Services - Education, Early Help and Social Care, BFfC, submitted a report sharing the draft One Reading Children and Young People's Partnership Early Help Strategy 2021-2023. A copy of the draft BFfC One Reading Early Help Partnership Strategy 2021/23 was appended to the report. The Committee was invited to comment on the Strategy prior to its finalisation. Anna Batty, Strategic Lead for Partnership and Prevention, BFfC, and Kirsten Carr, Strategic Lead, Early Help, BFfC, attended the meeting and gave a presentation on the Strategy.

The report explained that the One Reading CYP Partnership had been 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 was to oversee the implementation and review of the Partnership Early Help Strategy. The aims were to:

- Improve outcomes for children, young people and families;
- Reduce demand on high cost services;
- Build resilient communities and a thriving voluntary sector.

Local data and collective understanding of the current and emerging needs had informed priority areas, these were as follows:

- Children under 5 years old;
- Young people - adolescent risk;
- Consistent approaches to emotional wellbeing and mental health.

The report explained that the One Reading Partnership Consensus outlined a set of agreed principles and shared commitment to a trauma-informed approach underpinning the work of the partnership. Established workstreams would deliver plans to improve outcomes for each priority areas knowledge, integrated working and workforce development. Impact would be measured through agreed performance indicators that would be linked to each priority area. The Strategy interlinked with Strategies across the Borough and wider geographical footprints and the Board would ensure that its plans aligned where needed.

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The Committee discussed the report and it was agreed that a progress report should be submitted to the October meeting.

Resolved -

- (1) That the One Reading Children and Young People's Partnership Early Help Strategy be noted and endorsed;
- (2) That a progress report be submitted to the meeting on 20 October 2021.

28. OFSTED INSPECTION REPORT OF THE FOSTERING SERVICE

The Executive Director of Children's Services - Education, Early Help and Social Care, BfFC, submitted a copy of the Ofsted Inspection Report of the Fostering Service.

The inspection had taken place on 24 and 25 November 2020 and had been a virtual visit but, had been just as robust as an in-person inspection with 247 documents having been uploaded and shared with the inspectors over the two day period. The inspectors evaluated the extent to which:

- Children were well cared for;
- Children were safe;
- Leaders and managers were exercising strong leadership.

The inspectors had not identified any serious or widespread concerns in relation to the care or protection of children at the visit.

The inspection found that children had been well supported by their carers through the pandemic and Foster Carers had helped children to understand and make sense of the world around them. However, the information evidencing the care of children was not well reflected in written records or care reviews. Foster Carers supported children to maintain relationships with their family and friends and there was good consideration of individual needs and wishes to ensure that time spent with family was child centred. For some children there had been a negative impact on their well being and development where specialist therapies and support had been paused or delayed during the lockdown period. Matching processes had improved through the development of more effective systems and better consideration of children's needs. However, there continued to be a high number of placement breakdowns. While gaps in service provision to address children's needs were identified, individual plans did not always thoroughly consider how to address these, particularly diversity issues. Staff had carried out a review of children's plans and had identified key contributing factors, although they had yet to implement effective strategies to improve placement stability and reduce placement breakdowns. The newly developed Foster Carer profiles were child centred, helpful and informative and children could meet their carers before moving into the home, which helped them to settle in with their new foster families.

The report stated that children felt safe and secure while living with their Foster Carers and had a trusted adult they could confide in and seek help and advice from. Foster Carers and staff also had a good understanding of risk and staff reported and responded promptly to safeguarding concerns. Established systems were in place to ensure effective tracking

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and oversight of concerns, accidents and allegations but, identified actions were not consistently completed and Ofsted was not always informed of allegations that had been made against staff. Some risks that had been identified within the matching processes and safer care plans were not thoroughly explored and not all risks that were identified included detailed or clear practical strategies, advice and guidance to support Foster Carers to be consistent in their response and management of risk. Social workers and Foster Carers regularly discussed and explored risk and considered how to respond, but this was not consistently evidenced in plans. Recruitment of staff had improved, and records now evidenced that all appropriate checks had been completed.

Leaders and managers had a good understanding of the strengths and weaknesses of the service and a number of weaknesses that had been identified previously had been successfully addressed. Work had been carried out to ensure that all Foster Carers were transferred to the new company but, further work was needed to ensure that all changes were embedded in practice and to develop and improve remaining areas of weakness. Managers had focused on improving the culture of the company, although there was more to do to ensure that this change was embraced by all and although the current team was stable there had been a high turnover of staff in the current year. Some Foster Carers had reported that on occasion the quality of communication between them and the company was poor, managers were aware of this and strategies and plans had been implemented to improve it. There had been a high number of placement breakdowns in the current year and there were no formal processes in place to ensure that lessons could be learnt from these breakdowns to inform development or avoid reoccurrence. Managers had stated that they intended to formalise and embed a process to follow when placements are nearing the end, this would involve children, carers and others to ensure learning was captured. Staff and Foster Carers had been well supported through regular effective supervision, performance management, team meetings and training and Foster Carers had access to online training and for Foster Carers to complete their mandatory training. The additional support provided by the out of hours service had been well received and the independent fostering agency committee was effective in ensuring that the company considered strategic issues and monitored the risk register.

The report set out the four statutory requirements that had to be complied with by 31 January 2021 together with a recommendation that the views of the child, the child's family, social workers and independent reviewing officer be sought regularly on the child's care, unless in individual cases this was not appropriate.

Resolved -

- (1) That the Ofsted Inspection Report of the Fostering Service be noted;**
- (2) That Deborah Glassbrook, Executive Director of Children's Services, Education, Early Help and Social Care, BFfC , and everyone in the Foster Care Team and the Foster Carers be thanked.**

29. ADULT SOCIAL CARE PERFORMANCE REPORT MARCH 2021

The Executive Director of Social Care and Health submitted a report outlining the key areas of performance of Adult Social Care during 2019-2020 which was based on performance against the national Adult Social Care Outcomes Framework (ASCOF) dataset which is

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monitored annually. An overview of performance for Adult Social Care against all ASCOF measures in 2019-2020, as well as an update on current performance, was attached to the report at Appendix 1, an Action Plan addressing the areas for development for two key performance targets was attached at Appendix 2 and a visual representing a snapshot of Adult Social Care Performance was attached to the report at Appendix 3. Melissa Wise, Assistant Director of Commissioning, Transformation and Performance, attended the meeting and gave a presentation on the performance report.

The report stated that key highlights included the Borough'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 to 64 who had been newly admitted to Residential and Nursing Care homes and the number of people using Direct Payment to pay for their care and support.

The report detailed two areas that had been selected where performance had been good in 2019-20 and a further two areas where there was a need to focus on improvements, as follows:

- Long Terms Needs of Older Adults (aged over 65) met by Admission to Residential and Nursing Care Homes - Following a continued focus on supporting people to be independent in their own homes in-line with the Council's 'home first' approach, Adult Social Care had continued to ensure that the number of older people (aged over 65) who had been placed in residential and nursing care homes in the previous year was reduced. This strong performance had continued into the current year and the service now had the second lowest rate of new admissions to residential and nursing homes in the south east.
- The proportion of Adults with a Learning Disability who live in their own Home or with Family - The service continued to work with people with a Learning Disability to ensure they were living in settled accommodation, ensuring that as far as possible people lived in their own home or with their family.
- Long Term needs of Younger Adults (aged 18 to 64) met by Admission to Residential and Nursing Care Homes - Despite concentrated focus on keeping people in their own homes, there had been a very slight increase in the number of younger people who had been placed in residential and nursing care homes in the previous year. This had been due to a lack of alternative options available to meet the needs of younger people and equated to 15 people a year in total. Work on producing an Accommodation Strategy for vulnerable adults would continue in the current year with a focus on sourcing alternative accommodation for younger adults.
- Increase use of Direct Payments - Direct Payments had increased by 71% since 2016/17, from 12.1% to 20.7%. Whilst Direct Payments remained a priority for Adult Social Care, the lack of alternative services available to meet people's needs beyond the Council commissioned services had resulted in a slower uptake. The Personal Assistant (PA) Market Development Transformation Project had started to increase the number of people employing PAs.

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Resolved -

- (1) That the performance of Adult Social Care in Reading for 2019-20 against similar Councils, the South East and the national Adult Social Care Framework (ASCOF) indicators be noted;**
- (2) That the associated Action Plan to address two key areas of development be endorsed.**

30. SHARED LIVES EXPANSION UPDATE

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing the Committee with an update on the expansion of the Shared Lives scheme to support older people, including marketing plan and vision. A copy of the Shared Lives Plan 2021 - 2024 was appended to the report.

The report explained that Shared Lives was a national scheme that had been created as an alternative to care homes or short by frequent care visits. The scheme matched someone who needed care with an approved Shared Lives carer. The carer was paid to open up their home, shared their family and community life and gave care and support to the person with care needs. In Reading the scheme currently primarily supported those with Learning Disabilities but it was planned to expand support to older people also, either through full-time, day support, or respite placements. The report explained 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 other than traditional alternatives. The expansion required recruitment of extra carers to provide this care; a recruitment and marketing campaign had been carried out in July 2019 which had included marketing on social media, in print and on both the radio and television news. The most significant marketing exercise had been advertisements that had been placed on the backs of Reading Buses. The expansion aligned with the strategic direction of travel outlined in the Adult Social Care Transformation Strategy, to provide sustainable forms of care to benefit residents of the Borough.

Resolved - That the Shared Lives Plan and continued planned expansion of the Shared Lives scheme to support Older People be noted.

31. BRIGHTER FUTURES FOR CHILDREN: CUSTOMER SERVICES ANNUAL REPORT 2019-20

The Executive Director of Children's Services - Education, Early Help and Social Care, BFFC, submitted a report providing the Committee with an overview of complaints activity and performance for Children's Services for the period from 1 April 2019 to 31 March 2020. A copy of the BFFC Customer Services Annual Report 2019-20 was appended to the report.

The report stated that during the period 1 April 2019 to 31 March 2020, the service had received 92 statutory complaints, which was a decrease of 4 (4.17%) compared to the 96 that had been received in 2018/19. In the same period, 74 compliments had been received an increase of 51 compared to the previous year when 23 had been received. Of the 92 complaints that had been received, 16 had been resolved through alternative dispute resolution by the social care teams and the remaining 76 had been progressed to a formal

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investigation, although nine of these had subsequently been withdrawn by the complainant once the investigation had commenced.

During the period, nine complaints had progressed to Stage 2 investigation and a further two had progressed to a Stage 3 investigation, although these had not all been progressions of Stage 1 complaints that had been received in the same period, as some had related to Stage 1 and 2 investigations that had been carried out in 2018/19.

The report explained that the Customer Relations Team had continued to raise awareness of the complaints process and in line with recommendations from Ofsted had worked with operational teams to encourage children and young people to submit complaints where they were dissatisfied with the service they had received. The Council and BfC had worked closely to drive improvement in the service for children.

The report included the intended actions for further improvement which were as follows:

- The Council's Customer Relations Team and BfC would conduct a review of complaints, with specific emphasis on identifying learning points;
- Learnings points would be more widely shared with BfC staff through a dedicated section of BfC's intranet knowledge hub;
- Complaints training for BfC team and assistant manager would become mandatory;
- An improved BfC process for capturing learning from complaints would be mapped and embedded, so learning was more visible in future annual reports;
- There would be improved Customer Relation Team recording, and BfC oversight, of complaints which were reported to the Ombudsman and visible learning from outcomes would be reported in quarterly internal reports and externally in the annual report;
- There would be greater oversight of Subject Access Requests (SARs) completed by the Customer Relations Team on behalf of BfC, with more frequent reporting by the Team on open SARs status so that any issues with completing these within timescale were addressed at an earlier stage.

The Committee discussed the report and in answer to questions raised, Deborah Glassbrook, Executive Director of Children's Services - Education, Early Help and Social Care, BfC, explained that a resource on learning from complaints was imbedded in BfC quality assurance activities and was used for practice improvements.

Resolved -

- (1) That the contents of the report and intended actions to further improve the management of representations, particularly complaints in children's services in Reading, be noted;**
- (2) That 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 be noted.**

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32. ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2019-2020 FOR ADULT SOCIAL CARE

The Executive Director of Social Care and Health submitted a report providing the Committee with an overview of complaints and compliments activity and performance for Adult Social Care for the period from 1 April 2019 to 31 March 2020. A summary of Adult Social Care Complaints and Compliments 2019/20 was attached to the report at Appendix A.

The report stated that over the period from 1 April 2019 to 31 March 2020 the service had received 13 corporate complaints, which was a 44.4% increase compared to the nine that had been received in 2018/19, and 84 statutory complaints, which was a 16.7% increase compared to the 72 that had been received in 2018/19. During the same period a total of 28 compliments had also been received.

The main themes for the period 2019/20 for both corporate and statutory complaints were as follows:

- Quality of service which had been provided;
- Financial issues;
- Staff conduct;
- Communication.

Seona Douglas, Executive Director of Social Care and Health, told the Committee that learning events had been set up, to which over 100 staff had attended, to look at complaints and the main themes associated with the complaints and as a result the standard of complaint responses had improved. The aim was for these events to be held annually. Officers were also written to and thanked when compliments were received.

Resolved - That the report be noted.

33. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Executive Director of Social Care and Health and the Monitoring Officer submitted a report recommending to Council the establishment of a Joint Health Overview and Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) to consider any substantial development or variation in the provision of health services across the footprint area. A copy of the draft terms of reference for the Joint Health Overview and Scrutiny Committee was attached to the report at Appendix A.

The report explained that since the creation of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan in 2015, the health scrutiny leads from across the footprint had met, informally and on an ad hoc basis, with key health partners. These meetings had been hosted by each authority with the last one having taken place in Buckinghamshire on 15 November 2019. At that meeting, councillor health scrutiny leads (or representatives) and health scrutiny officers from across the footprint had heard from a number of BOB ICS Leads about the planned activity that was being carried out by the ICS. It was at this meeting that the proposal to set up a joint health scrutiny committee had first been raised. Health Services were required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they had for a substantial

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 30 MARCH 2020

development or variation in the provision of health services in their area. When these substantial developments or variations affected a geographical area that covered more than one authority, the local authorities were required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation. The advice that had been received from the Centre for Public Scrutiny (CfPS) was that it endorsed the need for a joint health scrutiny committee and saw it as a key component of the work of the ICS.

The Council had 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 had chosen not to set up any scrutiny and overview Committees. The statutory scrutiny responsibilities had been embedded in the terms of reference of the standing committees and the Adult Social Care, Children's Services and Education Committee had Health scrutiny within its remit.

The Kings Fund had published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which said that NHS England and NHS Improvement had 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 with key functions including 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 was where the majority of changes to clinical services would be designed and delivered and where population health management would be used to target intervention to particular groups.

Neighbourhood - A small area, typically covering a population of 30-50,000 where groups of GPs and community based services worked together to deliver co-ordinated pro-active care and support, particularly for groups and individuals with the most complex needs.

The proposal was 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 had been incorporated into the draft terms of reference and further consideration would be needed to develop a protocol to ensure work was considered at the most appropriate level of scrutiny.

The recommended overall size of the Joint Committee was 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.

**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING
MINUTES - 30 MARCH 2020**

In addition, there was provision for two co-opted members on the BOB HOSC.

The report explained that to ensure that any local authority within the Joint Committee could independently decide to refer a matter to the Secretary of State the draft Terms of Reference contained a "Notwithstanding clause". This would allow member authorities the right to refer an issue to the Department of Health even if the BOB joint scrutiny committee had chosen not to do so.

The Chair of the joint Committee 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 stated that the joint committee would 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.

The draft terms of reference set out key issues in relation to the following matters:

- Defining the work of the joint committee;
- Membership of the committee;
- Referral powers to the Secretary of State;
- Frequency of meetings;
- Election of Chairman and determining the host authority.

Resolved - That the Joint Health Overview and Scrutiny Report be recommended to Council on 26 May 2021 for approval

34. RETIRING COUNCILLORS

As this was the last meeting of the Committee prior to the local elections on 6 May 2021, the Chair and members of the Committee thanked Councillors Grashoff, Jones and McKenna who would not be standing for re-election.

(The meeting commenced at 6.30 pm and stopped at 7.13 pm due to a technical issue, it recommenced at 7.32pm and closed at 9.23pm).

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Royal Berkshire NHS Foundation Trust



#thanky

#lightitblue

#RBNHSFT

Welcome
Royal Berkshire Hospital - Main Entrance

All Wards
and Departments



#thankyounhs

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Quality Report 2020-21

Chief Executive Statement on Quality



Never before has the importance we place on quality been so crucial to the way we work. The need to provide the best quality healthcare during the height of the most serious pandemic of a generation has been both a huge challenge and a major learning curve for everyone in the health and social care sector.

The unpredictable and sometimes unknown elements of COVID forced us to implement massive changes - not just to the way we work, but to the where, how and why we work in certain ways. Many staff, including those returning from retirement, had to quickly undergo intensive re-training and others were swiftly re-deployed to support colleagues within the organisation. Many moved to other Trust sites or to local Independent Sector (IS) hospitals to enable key services to continue during the first and second waves of the pandemic. I would like to place on record here our thanks to our IS partners, along with those in Primary Care, Berkshire West Clinical Commissioning Group (CCG), the Berkshire West Integrated Care Partnership (ICP), the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), our local authority, community and social care partners for their tireless support during these very difficult times.

Quality, and the absolute need to maintain the very highest standards of infection control in our hospitals and within the wider health and care community, was at the forefront of all this work. Thanks to our ingrained and well established quality standards and procedures, we were fully prepared for the challenges presented during this relentless period of activity and change.

We swiftly established hot and cold wards and ED areas to keep staff and patients safe and, wherever possible, patients needing attention were assessed and monitored virtually. Remote wards were successfully established and provided real time, active surveillance of patients with both COVID and long term conditions. We also achieved a significant increase in digitally delivered services, most notably in outpatient assessments and clinically triaged GP referrals, and here the importance of maintaining quality of care was imperative.

The work of our discharge teams has been crucial in maintaining the continuation of safe, high quality healthcare. We established a new 'Complex Discharge Liaison Team' to ensure appropriate care is maintained for our patients once they leave hospital. This team is now training ward staff so they are able to facilitate discharges themselves, supplemented by ten new Patient Flow Coordinators.

Throughout the pandemic we notched up some really momentous achievements – not least the ability to maintain a range of key services like cancer, diagnostics and crucial

elective work, despite the massive extra pressure this placed on our teams. Managing to keep these vital services running at the height of a pandemic was no mean feat - alongside our own stringent quality control requirements, we had to adhere to very rigid COVID restrictions around hot and cold wards; supervise intensive and time consuming deep cleans of all areas and regularly doff and don very restrictive and cumbersome PPE. All, of course, absolutely necessary, but also an added burden on very stressed and fatigued teams.

However, this tireless commitment to keep on top of services, and in the second wave we ran all our services apart from routine elective ones which are now recovering fast, did put us in a very strong position as we eased out of COVID. But whilst the demands of the pandemic reduced, there was no let up in the pressure as we worked at pace to restore all services at all our sites and tackle waiting times and bottle necks in the system. Our commitment to quality was crucial to the resumption of 'business as usual' both in terms of keeping our patients and staff feeling safe and protected, and also ensuring the re-introduction of services and people's access to facilities was done in a safe and secure manner with patients reassured of the highest standards of clinical care and treatment.

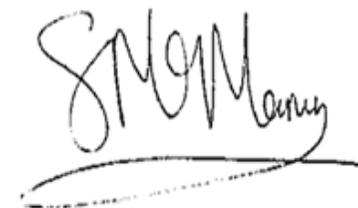
Another achievement, despite the pandemic, was further success in our Digital Hospital work with Pharmacy, Maternity, Theatres and Anaesthetics going live this year along with the Patient Portal allowing patients to view appointments and

update their records. All further evidence of our commitment to offering patients and staff access to high quality and easily accessed patient care.

The learning gained from the last 12 months is already being woven into our Quality Strategy to ensure we capture and develop our experiences and use them to shape even more dynamic and robust healthcare services, and this is evidenced in some of our key priorities for the next 12 months:

- To strengthen the learning from deaths and incident review processes across the Trust
- To improve recognition and management of the deteriorating patient
- To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis
- To reduce hospital acquired pneumonia (HAP)
- To implement the "Compassionate Companions" volunteer programme
- To implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital

I am pleased to present our 2020/21 Quality Report and confirm that, to the best of my knowledge, the information contained within this report is accurate.

A handwritten signature in black ink, appearing to read "S. N. M. Mary". The signature is written in a cursive style with a long horizontal flourish underneath.

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Introduction

The Royal Berkshire NHS Foundation Trust is the main provider of hospital services for the population of Reading, Newbury, Wokingham and the towns and villages of west Berkshire. At our heart we are a local hospital that works with NHS and social care partners to provide excellent healthcare services for over 500,000 people who live in our catchment area. We also provide specialist hospital services beyond the county's borders.

Our specialist centre is the Royal Berkshire Hospital in Reading, a large district general hospital with the expertise to treat patients requiring urgent or hyper-acute care. Additionally, we have a number of community sites in Windsor, Bracknell, Henley-on-Thames and Thatcham where we deliver ambulatory care and diagnostics.

We are a designated specialist centre in renal, cancer, bariatric care, heart attack and stroke. We also provide specialist care as part of a care network through a local neonatal unit, maternity unit, an interventional radiology unit and a trauma unit. We are part of the critical care and vascular care networks.

We employ more than 5,500 staff from 39 different nationalities. Each year we are responsible for efficiently and effectively spending more than £400m of NHS resources on the services we provide. As a founder member of the Berkshire West Integrated Care System (ICS), we are one of NHS England's demonstrator sites for integration between primary, community, mental health and acute healthcare services.



Our Vision & Quality Priorities 2021-22

The Trust's Vision Statement is:

Working together to provide outstanding care for our community

Ensuring safety and quality of care for every patient is our top priority. We are ambitious about the quality of care we provide. We want all our services to be outstanding every day of the week. We also strive to be one of the safest and most caring NHS organisations in the country.

This year's Quality Report sets out our priorities for improving the quality of our care delivery in the forthcoming financial year. We have developed these quality priorities through:

- Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, outcomes data);
- Patient engagement – seeking the views of our governors and patient leaders at the annual Patient Standing Conference and Patient Leader Network;
- Staff engagement – seeking the views of all of our staff (who may also be our patients);

- Key stakeholder engagement – seeking the views of our regulators, Healthwatch and other community partners via an online survey;
- Ensuring alignment with national priorities and those defined by the Academic Health Science Network patient safety collaborative.

The Quality Priority projects listed below were originally developed for the 2020-21 financial year. Due to the COVID outbreak, we were not able to complete the planned improvement work. In April 2021, these priorities were reviewed and it was agreed that these remain key areas for improvement and therefore these will be the Trust's priorities for 2021-22.

Progress against these priorities will be monitored on a bi-monthly basis through a quality dashboard presented to the Quality Assurance and Learning Committee, chaired by the Chief Medical Officer/ Chief Nurse; and the Quality Committee, a Board sub-committee chaired by one of our Non-Executive Directors. This will allow appropriate scrutiny against the progress being made with these quality improvement initiatives, and also provides an opportunity for escalation of issues. This will ensure that improvement against each priority remains a focus for the year and will give us the best chance of achievement.



1. To strengthen the learning from deaths and incident review processes across the Trust

The Trust has developed central processes for mortality review over the past 4 years. In 2021-22 we want to ensure these are as effective as possible. We will improve the quality and timeliness of reviews through increased training which will be extended to nursing and therapy staff groups to ensure multidisciplinary engagement. We plan to improve feedback processes to next of kin to ensure they are fully supported, informed and involved in the reviews. We also wish to triangulate learning from mortality reviews with themes and learning coming from incident investigations. We aim to develop innovative ways of disseminating learning to our frontline staff through a variety of multi-media approaches. These will include: visual prompts such as safety boards in ward areas; staff and patient video stories; development of case-studies; and the use of Twitter and Facebook for the dissemination of key safety messages and good practice.

Key Performance Measures:

- 1) Implementation of process for feedback to next of kin from mortality reviews
- 2) To maintain top 3 trust performance in Staff Survey measure: *“When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again”*
- 3) To achieve top 10 trust performance in staff survey measure: *“We are given feedback about changes made in response to reported errors, near misses and incidents”*

2. To improve recognition and management of the deteriorating patient

In 2019-20 the Trust partially achieved its improvement aims around recognition of the deteriorating patient, with an increase in implementation of ReSPECT decisions and regular reviews of patients who had suffered cardiac arrests. However, we did not achieve our aim of ensuring all patients with a NEWS2 score of 6+ had an appropriate treatment plan in place. In 2021-22 we are therefore focussing on this element of care performance. A deep dive of the factors which lead to patients not being recognised/ escalated appropriately will be undertaken through analysis of the themes emerging from relevant serious incident investigations and mortality reviews and a Trustwide survey to junior staff groups. Once this has been completed, a bespoke action plan will be devised to address any specific areas of concern raised. It is anticipated that this project will take place over a 2-year period, with the scoping and action planning taking place in year 1, and the implementation of improvement actions taking place in year 2.

Key Performance Measures:

- 1) Completion of Trust-wide staff survey
- 2) Development of a Trustwide action plan to address issues
- 3) Collection of baseline data

3. To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis

This priority has featured in the Trust quality priorities since 2016. Whilst the Trust is proud of its improvements around sepsis care over the last 5 years, we feel there is more that can be done. In 2021-22, the Trust will continue its aim of increasing compliance with taking of blood cultures for red flag sepsis cases, particularly in ward areas. This year, we will also focus specifically on neutropenic sepsis. We are aware that the pathway for our suspected neutropenic patients has been suboptimal, with many experiencing delays in ED before receiving antibiotics whilst suitable isolation facilities were found. During COVID a new temporary pathway was implemented in an attempt to divert oncology/ haematology patients from ED unless haemodynamically unstable. This year we hope to evaluate this pathway and make the improvements more permanent, as well as optimizing the pathway for patients who do need to attend ED.

Key Performance Measures:

- 1) 90% red flag sepsis cases to have blood cultures taken in ED
- 2) 80% red flag sepsis cases to have blood cultures taken in ward areas
- 3) Improved compliance with antibiotics within 1 hour for neutropenic patients

4. To reduce hospital acquired pneumonia (HAP)

The Trust is currently showing a higher than average prevalence of HAP, an acute lower respiratory tract infection acquired after admission to hospital. Whilst HAP can be effectively treated with antibiotics if accurately diagnosed in a timely manner, it is associated with a high mortality rate in our most vulnerable patients. In 2021-22, we will implement a quality improvement programme comprising of 3 main elements:

- HAP prevention: improving patient mouth care; positioning patients at 30-45 degrees and mobilising where possible; and improving hand hygiene.
- HAP diagnosis: improving diagnosis of HAP through improved clinical understanding and diagnostic testing.
- HAP treatment: ensuring patients receive the correct antibiotics for HAP to ensure effective treatment.

It is planned to pilot this campaign on Elderly Care wards and then to roll out across the Trust once improvement has been demonstrated.

Key Performance Measures:

- 1) Reduction in overall HAP incidence rates in Elderly Care
- 2) Improvement in appropriate antimicrobial prescribing:
 - *increase use of Benzylpenicillin / decrease use of Temocillin*

5. To implement the “*Compassionate Companions*” volunteer programme

The Compassionate Companions (CC) programme aims to offer comfort care and companionship at the bedside of palliative care patients that have been identified as being on their own. A thorough training programme and support framework has been developed for volunteers to the Programme. Over the next 12 months, the first cohorts of volunteers will be trained and the initiative piloted on the specialist palliative care beds on our elderly care rehab unit, Hurley Ward. The Ward nursing staff will identify and refer eligible patients to the programme. Ongoing support will be provided for the volunteers and feedback from staff on the wards as well as the volunteers themselves will be sought. On successful completion of the pilot phase, the intention will be to roll out the programme across the Trust.

Key Performance Measures:

- 1) Two training programmes to be run throughout the year
- 2) To have 10 fully trained, active volunteers by the end of the year
- 3) To have 30% of referrals to the CC programme covered by the end of Quarter 3 rising to 50% by the end of Quarter 4
- 4) To have 50% volunteer rota coverage by the end of Quarter 4

6. To implement the “*Treat Me Well*” campaign to support patients with learning disabilities in hospital

The national “Treat Me Well” Campaign aims to improve the treatment patients with learning disabilities (LD) receive in the NHS, through better communication, more time, and clearer information. These simple, reasonable adjustments, can make a huge difference to the experience of care as well as the clinical outcomes for patients and their carers. In 2021-22, we intend to:

- develop a system to flag patients electronically on our patient administration system
- rollout the national ‘hidden disabilities’ scheme using sunflower lanyards to identify patients with additional needs
- improve ‘conflict resolution training’ across the Trust in order to equip staff with skills and strategies to recognise, de-escalate and manage challenging behaviours

Key Performance Measures:

- 1) LD awareness presentation to 90% of relevant clinical governance meetings
- 2) Implementation of flagging on EPR for LD patients
- 3) Launch of hidden disabilities sunflower lanyard scheme
- 4) To pilot ‘Maybo’ training in 2 areas and identify 3 trainers to be accredited



Statements of Assurance from the Board

During 2020-21 the Royal Berkshire NHS Foundation Trust provided and/or sub-contracted 33 relevant health services

The Royal Berkshire NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2020-21 represents 100% of the total income generated from the provision of relevant health services by the Royal Berkshire NHS Foundation Trust for 2020-21.

Participation in national clinical audits and national confidential enquiries

National clinical audit provides assurance that the care being delivered by our services is of the highest quality in terms of clinical effectiveness, patient outcomes and patient experience, compared to both national best practice standards and other service providers nation-wide. Where the care being delivered does not meet these standards, it provides a stimulus for improvement in the quality of treatment and care. National clinical audit also provides a measure for organisations to be compared with other care providers across the country. National confidential enquiries are national reviews of high risk medical or surgical conditions

which produce recommendations to be implemented to improve the quality of care being delivered to patients.

During 2020/21 51 national clinical audits and 1 national confidential enquiry covered relevant health services that the Royal Berkshire NHS Foundation Trust provides.

During 2020/21 the Trust participated in 92% of the national clinical audits (47/51) and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal Berkshire NHS Foundation Trust was eligible to participate in during 2020-21 are listed in Annex 2.

The national clinical audits and national confidential enquiries that the Royal Berkshire NHS Foundation Trust participated in, and for which data collection was completed during 2020-21, are listed in Annex 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. The National Audit Programme was suspended in March 2020 in order that staff could be diverted to front line activity. The Trust has endeavoured to continue participation in these audits but this was not possible in all cases.

Results of National Clinical Audits and National Confidential Enquiries

The reports of 7 National Clinical Audits and National Confidential Enquiries were reviewed by the provider in 2020/21 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Paediatric Diabetes audit (published March 2020)

- Programme of peer support activities and structured education programme in order to support children and young people devised
- Business case developed in order to provide more accessible Psychology support to children and young people

In addition to being a driver for quality improvement work, national audit also provides assurance about the quality of care being delivered where the Trust is already performing to the highest standard, or where significant improvements have been made year on year. In some cases, the Trust is one of the highest performers in the country. Some of the highlights of our national audit performance are given below:

National Hip Fracture Database (published January 2021)

- 99.1% of patients received a peri-operative medical assessment (top quartile)
- 99.3% of patients received a delirium assessment (top quartile)

- 99.8% of patients were documented not to have developed a pressure ulcer (top quartile)
- 82.5% of patients were not delirious when tested post operatively (top quartile)
- 77.7% of patients had returned to their original residence within 4 months of their operation (top quartile)

Results of Local Clinical Audits and Quality Improvement Projects

Local-level clinical audit and quality improvement projects tend to be more specialised and smaller in scope than the national audit projects, but have the advantage of rapid cycles of data collection and quality improvement work; this means patients can experience the benefits of the changes implemented more quickly.

The reports of 17 local clinical audit and quality improvement projects were reviewed by the provider in 2020/21 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Improving the documentation of babies with neonatal jaundice

Neonatal jaundice is a common and usually harmless condition that causes yellowing of the skin and whites of the eyes due to the build-up of bilirubin in the blood. Babies with this condition can be cared for across the 2 different teams, the Midwifery and Paediatric teams so excellent documentation is key. The introduction of standardised

documentation and a targeted education plan led to a significant improvement in the quality of documentation including all babies' records having a documented management plan.

Local improvement work was temporarily halted during the year so that clinical teams could dedicate their time to front line services. It is envisaged that local improvement work for the coming year will be reinitiated.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2020-21 that were recruited during that period to participate in research approved by a research ethics committee was 4758 into 54 studies.

CQUIN payment framework

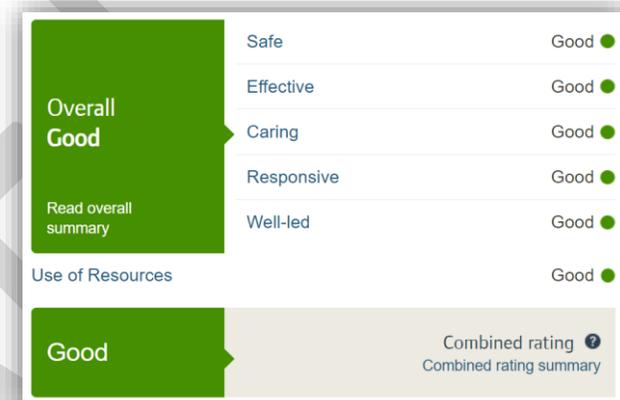
The CQUIN scheme was put on hold during the COVID pandemic for 2020-21.

The monetary total for the associated payment in 2019/20 was £3,754,311.

Further details are available electronically at:
<https://www.england.nhs.uk/nhs-standard-contract/cquin/>

CQC registration compliance

The Royal Berkshire NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "Good". The Royal Berkshire Hospital location is currently rated as "Good".



The Royal Berkshire NHS Foundation Trust has no conditions on its registration.

The Care Quality Commission has not taken enforcement action against the Royal Berkshire NHS Foundation Trust during 2020-21.

The Royal Berkshire NHS Foundation Trust has participated in a special review by the Care Quality Commission relating to the following areas during 2020-21: Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) review in Berkshire Cancer Centre (conducted 10 February 2021) and was issued an Improvement Notice regarding compliance with

Regulation 8 (3) Accidental or Unintended exposure. The Royal Berkshire NHS Foundation Trust had made the following progress by the 31 March 2021 in taking such action: the Trust was deemed compliant with the Improvement Notice.

NHS number and general medical practice code validity

The Royal Berkshire NHS Foundation Trust submitted records during 2020-21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.86% for admitted patient care
- 99.79% for outpatient care and
- 99.00% for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for outpatient care; and
- 100% for accident and emergency care.

Data security & protection (DSP) toolkit attainment levels (previously information governance toolkit)

Following national guidance from NHS Digital the Data Security and Protection toolkit is due to be submitted on the 30 June 2021.

Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020-21.

Data quality

In 2020-2021 the Royal Berkshire NHS Foundation Trust took the following actions to improve data quality:

- Global PAS (GPAS): In preparation for the upgrade to GPAS a data cleansing exercise has been undertaken. Regular monitoring and clean-up is now in place, with feedback to users where necessary, to maintain the veracity of the data.
- The NHS Digital's Data Quality Assessment Framework (NHSD DQAF) for (Healthcare) Providers: self-assessment indicated a good compliance level of 86%. An action plan has been developed to improve further. Regular monitoring of the Data Quality Maturity Index developed by NHSD is

taking place on a monthly basis with remedial actions to improve where indicated.

- Data cleansing exercise prior to Cerner integration of Theatres & Anaesthetics and Maternity clinical systems.
- Increasing visibility of DQ indicators and standards to senior management and the executive team by the inclusion of the Data Assurance Framework dashboard in the DQSG for regular review, monitoring and action.
- Waiting list data assurance: work has been undertaken to ensure our waiting lists are accurate, production of a user-friendly dashboard to facilitate operational staff viewing a whole patient pathway with facility to identify anomalies.
- Staff IT Training portal: The DQ and IT training teams have worked together to develop a staff portal providing short videos and supporting written information showing correct procedures for identified repeated errors. This is being developed into a catalogue which can be referred to and links sent to staff to support their learning.

In the first quarter of 2021/22 the main focus for Data Quality and Assurance will be testing final error reports in preparation for GPAS. One of the main advantages of GPAS is so called system 'hardening' which restricts users to use only correct processes; this will fundamentally reduce errors and improve data quality. The following will be undertaken next year:

- Global PAS: support for go-live data clean up processes and support for reporting.
- The NHSD DQAF: to improve our compliance level with this national assessment the Trust will be formalising a Data Quality & Assurance Strategy focussing on supporting the Trust Vision 2025 and objectives.
- Outpatient appointments: there is a major programme underway to review all outpatient templates that set out the different appointment types in each session. These will be realigned to the service and demand needs so that users have the correct appointments to offer patients.
- Further work is planned in 21/22 to include DQ indicators in the Care Group performance reports.

Learning from deaths

Hundreds of patients come through our doors on a daily basis. Most receive treatment, get better and are able to return home or go to other care settings. Sadly and inevitably, some patients will die here. Whilst most deaths are unavoidable and would be considered to be "expected", there will be a small number of cases where care in hospital was sub-optimal and contributed to the death or provided lessons for the future.

The Trust is committed to continuously monitoring the quality of its care provision through the mortality review process. In

order to identify themes and areas for improvement, as well as areas of good practice, both case record reviews and more in-depth investigations are undertaken where indicated. These allow us to understand contributory factors and root causes, to draw lessons from these experiences, and share learning across the organisation as well as the wider healthcare economy.

During 2020-21, 1737 of the Royal Berkshire NHS Foundation Trust's patients died. The total deaths by quarter are given in Annex 3.

By 28 May 2021, 283 case record reviews and 23 investigations have been carried out in relation to the 1737 deaths noted above.

In 3 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation were carried out are given in Annex 3.

2 deaths representing 0.11% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter the numbers are given in Annex 3.

These numbers have been estimated using the Trust's mortality review processes. All adult deaths are scrutinised by a Trust Medical Examiner (ME). The ME reviews the patient records, speaks to the doctor who looked after the patient at

the time of death, and speaks with the next of kin. The ME will then agree the cause of death with the doctor completing the death certificate, agree whether it requires referral to the Coroner, and decide whether or not the death needs further investigation or review if any clinical concerns have been noted. All deaths which are flagged for case record review are subject to a "Structured Judgement Review" (SJR). All reviews conclude with a grading on the overall care given to the patient to assess whether there was any suboptimal care and, if so, whether or not this may have contributed to the patient's death. Any deaths assessed as "more likely than not to have been due to problems in the care provided to the patient" are subject to a full root cause analysis as part of a serious incident investigation and the final grading discussed and agreed at the Serious Incident Review Group. The themes and learning points are reported to the Mortality Surveillance Group on a quarterly basis.

Learning and actions taken as a result of mortality reviews:

All mortality reviews are reviewed at specialty level mortality and morbidity or clinical governance meetings. In addition, any reviews with suboptimal care identified are reviewed at the Mortality Surveillance Group to identify learning and themes to share within the Trust.

Over the last year the key learning themes have included:

- Delay in requesting/ obtaining imaging

- Importance of clear documentation
- Venous thromboembolism (VTE) prophylaxis
- Importance of early recognition and escalation of deteriorating patients
- The need to document all communications
- Recognising the dying patient
- Infection control procedures relating to COVID

The Trust also participated in a national Royal College of Physicians COVID-19 research study. The purpose of the study was to describe a national picture of the major themes that have emerged from all participating centres surrounding the care delivered throughout the COVID pandemic. The Trust submitted 15 SJR reviews to this study. The key learning themes for the Trust were:

- Social distancing/PPE in the clinical and non-clinical setting.
- PPE compliance in non-clinical spaces (coffee / staff rooms).
- Asymptomatic infection; initial negative tests followed by a later positive test.

The review did identify notable good practice for the Trust:

- Patient Safety immediate feedback and learning action communication tool, sent to all staff regarding the COVID-19 outbreak
- Frequent COVID-19 outbreak and review meetings.
- Prompt identification of positive patients
- Prompt closure of the wards

Actions taken to address specific and thematic learning points have included:

- Development of a workstream to improve recognition and management of the deteriorating patient as a Trust quality priority (see page 8).
- Development of an IV fluids and electrolyte improvement workstream to prevent harm caused by too much or too little fluid leading to electrolyte abnormalities.
- Continued roll-out of 'safety huddles' across the Trust
- The re-establishment of the End of Life Care Clinical Governance.
- Establishment of quarterly meetings to triangulate learning from risk, mortality, patient safety, complaints and audit.

In addition to these actions and improvement workstreams, any serious incident investigation has a detailed action plan to address specific concerns and learning points unique to those incidents which are followed up by the Patient Safety Team and monitored by the Commissioners. In 2020, the Trust also appointed a Medical Associate Director for Patient Safety and a Lead Mortality Nurse to support the Learning from Deaths programme.

Impact of actions:

- The Medical Examiner system and Learning from Deaths programme in the Trust has been strengthened. This year we have rolled out online SJR training and improved multi-disciplinary team involvement in mortality reviews. A pilot

is currently in progress to improve involvement of families in the mortality review process and the Trust is liaising with its community partners to extend the service to community deaths.

- Safety Huddles are now established within Maternity, ICU, ED and twenty inpatient wards, an improvement from eleven in the previous year. These provide additional opportunities to identify concerns to the multidisciplinary team and prompt earlier reviews.
- Improvement plans for recognition of deteriorating patient and IV fluids/ electrolyte have been developed and will be implemented over the forthcoming year.
- Contribution to national learning and recommendations around COVID through participation in RCP study.

We will continuously monitor the frequency of all mortality review themes to assess the effectiveness of the improvement actions and revise plans where indicated.

Reviews and investigations completed in 2020-21 for deaths in 2019-20:

120 case record reviews and 9 investigations were completed after 31/03/2020 which related to deaths which took place before the start of the reporting period.

1 death, representing 0.06% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Royal Berkshire NHS

Foundation Trust's mortality review processes described above. The total for 2019-20 remains as 1 death which is judged to be more likely than not to have been due to problems in the care provided to the patient.

The complete mortality numbers for 2019-20 and 2020-21 are given in Annex 3.



Summary of our Quality Performance 2020-21



3407
COVID +ve
patients treated
and counting... (as at 6/5/21)

1600
staff swabbed
weekly
at peak of pandemic



180%
increase in ICU beds
at peak of wave 1



308
staff used POCT
drive-through
135 staff identified +ve



166.7%
increase in ICU
nurses per shift
at peak of wave 1



97.2%
staff 1st vaccine
uptake
3rd highest in England

During 2020-21 all efforts were focused on supporting the Trust and the community it serves to manage the COVID pandemic. Therefore, the planned quality improvement projects were not able to take place. During this period, however, our staff demonstrated amazing resilience and innovation in coming up with new ways of working to ensure clinical effectiveness of treatments and the safety of our patients and staff. The Trust is taking time to reflect and understand the lessons learned over the last 12 months and to incorporate some of the transformed ways of working into its business as usual model for 2021-22.

Quality Achievements 2020-21:

Clinical staff who were shielding and therefore unable to undertake their usual frontline duties were quickly redeployed to form a new COVID Team who could respond to the rapidly changing demands of the COVID situation. The Team's responsibilities variously included:

- Monitoring and reporting on the breathing status of all inpatients on a daily basis in order to ensure adequate oxygen supply, NIV machines, ICU beds, and staff to patient ratios across the Trust.
- Prompt, accurate and comprehensive reporting to Public Health England (PHE) to support the national effort in tracking trends and new strains of COVID.
- The delivery of a multifaceted programme of staff testing which helped to identify both asymptomatic COVID

positive staff who could then isolate appropriately and reduce unknowing infection of other staff and patients; and, importantly, COVID negative staff, allowing them to resume their clinical duties as quickly as possible.

To overcome national shortages in personal protective equipment (PPE) during the first wave of COVID, a range of innovative sources of PPE supply were identified. The Trust worked with, among others, Gillette to make visors and the University of Reading to source mask fit testing solutions. We also recruited some local seamstresses to cut and sew material for theatre gowns.

The Trust developed new ways of working to see, diagnose and treat patients away from the RBH site at home or in satellite clinics:

- Ambulatory COVID clinic - patients attending ED with COVID symptoms were assessed and if suitable sent home with pulse oximeters to monitor oxygen levels. Patients were followed up with calls from clinicians for up to 5 days and closely monitored. If required, patients could be asked to return to hospital if further treatment was required, if not, patients were able to stay at home.
- Partnerships were formed with local independent sector health spaces to deliver lifesaving operations as well as outpatient facilities.

- “Lighthouse Laboratory” set up at Bracknell Healthspace. This is a diagnostic testing facility for “Test and Trace” with capacity to process up to 40,000 tests per day.
- An ENT, audiology and plastic surgery hub opened at Townlands to upgrade facilities and provide services off site.
- An online booking app for blood tests was developed to reduce waiting times and contact for patients.
- Opening of Older People’s ED – quieter area in ED with bespoke services tailored to meet older people’s needs to save patients having to move around as much to reduce disorientation, noise and confusion.
- The Hospital Discharge Service explored new ways of working to improve timeliness of discharges, supported by a newly created “Safety Net Team” to follow up discharged patients to ensure they were ok.
- The Theatres Efficiency and Modernisation Project looked at different ways of working to release capacity to catch up with the backlog of operations after the first wave of COVID. There were several procedures identified that were currently undertaken in theatres which could be undertaken in an outpatient setting. In order to achieve this, 10 minor operations rooms across the Trust were upgraded to meet Infection Control standards.
- The Pain Management Team redesigned its group based Pain Management Programme to be delivered virtually including transforming its paper-based patient resources to be the first trust in the country to offer an entirely digital

Programme. This has had excellent patient feedback and aims to free up therapist time by up to 60%.

- Long COVID Clinic – the Trust created a brand new integrated ICP-wide Long COVID service by 1 December 2020. This has had over 500 referrals to date with gratitude and relief expressed by patients that their difficulties have been heard and a plan has been made with health professionals for their ongoing support.
- The Dingley Child Development Centre, which brings together a team of specialists who assess and treat children and young people who need help to overcome a developmental issue or a complex illness, was moved to a site on the University of Reading Campus.

Social distancing during COVID meant necessary visiting restrictions were placed on our inpatient wards. New ways for patients to keep in touch with loved ones were developed:

- Donations of iPads to ward areas to facilitate “virtual visiting” for patients.
- A card messaging service over Christmas and beyond to allow messages to be passed to loved ones from friends and family in hospital.
- “Forget-Me-Not” memory boxes. As loved ones were unable to come into the hospital to collect the personal effects of patients who had passed away, memory boxes were created with forget-me-not seeds and poems alongside the personal effects that were delivered by volunteers to next of kin.

We would also like to acknowledge the tremendous support for our staff from the community over this period.

This has included:

- Financial support to fund a much needed long-term wellbeing centre for health carers
- Daily donations of hot meals, snacks, face masks and toiletries
- Volunteers delivering medicines and equipment between the Trust's sites as well as acting as 'pharmacy runners' at the hospital and cleaning wheelchairs and other equipment
- People volunteering to run a staff supermarket and pop-up well'
- being staff area
- Volunteers stitching and sewing and creating PPE, scrubs and laundry bags

To see such outpourings of kindness and generosity has really taken us all aback... everyone has been affected in one way or another by this awful pandemic, either becoming ill themselves, caring for poorly loved ones, or furloughed and worried about work and their finances, and for them to want to do something to help us has been both humbling and uplifting. Steve McManus, CEO

Freedom to Speak Up

The Royal Berkshire NHS Foundation Trust is committed to ensuring that staff who have concerns can openly raise their concerns without fear of retribution. The Trust has a Raising Concerns (Whistleblowing Policy) that closely aligns to the NHSI national Freedom to Speak Up Policy and clearly outlines the process for raising concerns.

Staff can raise concerns in a number of ways which include directly to the FTSUG, using a virtual platform (MS Teams), by telephone and via trust email. Should staff suffer any detriment as a result of speaking up, the role of the FTSUG is to support the staff member by escalating this to the Trust board.

In 2021 the Trust recruited a new "Freedom to Speak Up Guardian" (FTSUG) who commenced in post in April. The new FTSUG will oversee a relaunch of the service which will include a more visible presence of the service with new posters and leaflets being displayed in staff areas at all sites throughout the organisation. The content offered to new starters at trust induction will also be reviewed so that new colleagues feel empowered and supported in knowing how to speak alongside learning about the types of things they are able to speak up about. The vital and supportive FTSU Ambassadors role will be reviewed in conjunction with the team so that that this group feel empowered and knowledgeable in being able to sign post and support colleagues to speak up and raise concerns. Lastly, there is a firm commitment to ensuring that there are at least 15 FTSU Ambassadors by the end of the year and this includes having an ambassador at each trust site.

In addition to trust induction, there are plans to run a series of engagement and introductory sessions with staff at all sites across the trust which include face-to-face (where possible during covid-19) meetings, virtual meetings (including coffee mornings) and team meetings so that they are made aware of who the Freedom to Speak Up Guardian and Ambassadors are. These sessions will also give colleagues an opportunity to raise any concerns about what barriers may exist in terms of preventing staff speaking up and raising concerns.

The FTSUG keeps staff informed of the actions taken for any concerns that have been raised with him and feedback is sought from those who raise concerns which includes a key question around suffering detriment. In addition, staff can raise patient safety concerns through our electronic incident reporting system where they are able to request feedback on the reported incident.

To date we have maintained a 100% record of providing feedback to staff.

Seven Day Services (7DS)

The formal NHSE/I audit of seven day services was suspended due to the COVID pandemic in 2020-21 and it has not been a priority in the midst of the extreme pressures for the Trust to collect this data internally. However, in 2020-21 there was a high level of 7 day consultant presence with extended hours in the evenings and at weekends. This is evidenced by our consultant job plans and feedback from our trainee surveys.

Medical Staffing – Rota Gaps

The Guardian of Safe Working submits a quarterly report to the Board Workforce Committee, which tracks workload exceptions and reflects these back to individual departments. Trainees are allocated at the deanery level and each department is responsible for managing their own rota and filling any gaps accordingly (the Trust has employed FY3 trainees and Junior Clinical Fellows for this purpose). To date these posts have been successfully filled and trainees have given positive feedback. Within medicine there is also a dedicated rota coordinator who ensures that the gaps are filled internally wherever possible.

Learning Disability Standards

The Learning Disability (LD) Liaison Nurse Service at the Royal Berkshire Hospital supports patients with learning and complex disabilities and their families and carers both on site and providing outreach support at spoke sites. The service aims to improve patient experience and safety and to reduce admissions and length of stay in the acute healthcare setting. The Trust has benchmarked itself against the LD standards and has identified some excellent care in place:

Respecting and Protecting rights:

'All about me' booklets and communication booklets are available in all clinical areas. These documents support individualised care through sharing individual patients' needs and providing toolkits including picture exchange

communication systems, Makaton, body maps and various accessible pictures to aid communication.

Double appointments are available for those patients with additional needs, and where possible, reasonable adjustments will be considered on an individual basis to support the least distressing visit to the hospital site.

We have participated in national benchmarking, including seeking the experience from people who have used our service.

Inclusion and engagement:

The learning disability service tries to create a person centred admission to hospital where possible, involving each patient in the planning stages and where it is assessed that they lack capacity, we actively seek family/ friends and independent advocacy to support decisions, for patients where required.

Workforce:

The Trust has safeguarding champions on every ward who attend a yearly conference and take a special interest in vulnerable patients including those with a learning disability.

Learning disability training is available to new nursing, midwifery, allied health professionals and support staff with resources available to access for both staff and patients on the Trust's webpage.

Route to recruit is a programme with Reading College that support placements for local people with a learning disability to work within the hospital. Several people with learning disability have subsequently been employed permanently through this programme. The route to recruit service often supports with training and expert witnesses for supporting service development.



Annex 1: Core Performance Indicators 2020-2021

The latest data periods given are the latest available data for each indicator. The national averages, NHS best and NHS worst figures are all given for the latest available time periods unless otherwise indicated.

1) Standardised Hospital Level Mortality Indicator (SHMI)

Indicator	Jan – Dec18	Jan – Dec19	Jan – Dec20	Nat Average	NHS Best	NHS Worst
Summary of SHMI (Value)	1.07	1.118	1.023	1.00	0.703	1.184
Banding	2	2	2	2	1	3
Deaths coded with palliative care	51%	51%	50%	37%	N/A	N/A

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: The Trust mortality data is subject to significant data quality checks and coding review before being submitted nationally for publication.

The Trust saw an increase in its SHMI rate in Jan – Dec 19 which has come down in the last reporting period (Jan-Dec 20). Following an in-depth review of the drivers for the increase in SHMI rates, the Trust developed an action plan which incorporated both data and clinical quality improvement workstreams. This has been worked through over the last 12 months and will continue for 2021-22. The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by:

- Reviewing data capture processes of ‘fixed consultant episodes’
- Improving usability and training in electronic records system
- Ongoing review and development of innovations to improve patient flow and ease capacity
- Strengthening the ‘Learning from Deaths’ programme to drive improvements in clinical care (*see Quality Priority 1*)
- Focused quality improvement work planned on HAP and Sepsis (*see Quality Priorities 3 and 4*)

2) Patient Reported Outcome Measures (PROMS)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Hip Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.494	0.452	0.473	0.459	0.539	0.352
Knee Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.343	0.286	0.343	0.335	0.420	0.215

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: data is collected by a contracted external organisation and then provided to NHS Digital.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: monitoring the hip and knee PROMs within the Orthopaedic Clinical Governance and business meetings for hip and knee replacement surgery.

3) Readmissions within 28 Days

Indicator	2018-19	2019-20	2020-21
Adults (16+)	16.54%	16.04%	17.92%
Paediatrics (0-15)	10.20%	10.36%	9.78%

NHS Digital data are not available for this indicator therefore national comparator data are not available.

Data are subject to change post-year end due to the publication timescales for the Quality Report. Therefore, figures may be slightly different to those reported in the previous year.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the Trust has completed readmission activity reconciliations with both the CCG and national Secondary Uses Services readmission data extracts and has found its data to be in line with these external readmission sources.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: regularly reviewing the emergency readmissions that appear to be related to the previous admission and ensuring that the care and treatment of these patients is reviewed by the relevant clinical team.

4) The Trust’s Responsiveness to the Personal Needs of Patients

This indicator is based on a composite score of 5 questions from the national inpatient survey:

- *Were you involved as much as you wanted to be in decisions about your care and treatment?*
- *Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*
- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
The Trust’s responsiveness to the Personal Needs of Patients	70%	68.8%	69.6%	67.1%	84.2%	59.5%

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data are collected by a contracted external organisation and provided to NHS Digital.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: ensuring up to date patient information leaflets are available and visible in ward areas; promoting use of translation services; embedding patient knowledge and inclusion within clinical huddles and handovers as part of MDT discussions and planning; updating Trust internet site so that discharge information is available to download; promoting and ensuring the effective use of the discharge envelope scheme; and appointing further patient flow co-ordinator posts to support ward staff with discharge planning.

5) Staff Recommendation Rate

Indicator	2017	2018	2019	Nat Average	NHS Best	NHS Worst
Staff Recommendation Rate	76.7%	79.9%	83.9%	73.4%	92%	50%

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data are collected by a contracted external organisation and provided to NHS Digital.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: implementing the action plans to improve the quality of our care and services outlined in this report. We will actively engage staff with these quality priorities and improvement workstreams and improve communication of our quality achievements with all staff.

6) Patient Recommendation Rate

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Inpatient FFT Recommendation Rate	100%	99.7%	99.6%	96%	100%	73%
ED FFT Recommendation Rate	98%	97.8%	98%	85%	99%	40%

Data submission and publication for the Friends and Family Test (FFT) were paused for acute and community providers during the response to COVID-19 from March 2020 so there is no further published data for this indicator. Data for the 2019-20 year therefore is incomplete and includes April 19 – Feb 20 data only. National average, NHS best and NHS worst figures are based on Feb 2020 figures.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data are collected by a contracted external organisation and provided to NHS Digital.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: encouraging patients to complete the FFT and incentivising the ward staff to strive to improve on their scores through the ward accreditation scheme.

7) Venous Thromboembolism (VTE) Risk Assessment

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Patients risk assessed for VTE	96.1%	96.6%	96.3%	95.5%	100%	71.8%

Data submission and publication for VTE Risk Assessment figures were paused for acute and community providers during the response to COVID-19 from March 2020 so there is no further published data for this indicator. Data for the 2019-20 year therefore is incomplete and includes Q1-3 data only as Jan-Mar 2020 data has not been published. National average, NHS best and NHS worst figures are based on Q1-3 2019-20 figures.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: it is collected electronically and monitored on a monthly basis by the Board.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: involving key clinical staff to train others in the importance of risk assessment, collecting the risk assessment data electronically, and monitoring the indicator in the monthly Board performance reports. The Trust also has a VTE Prevention Committee in order to provide a forum to review learning and ensure VTE prevention processes were effectively embedded across the organisation.

8) Clostridium Difficile (C.diff)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Rate of Hospital Onset C. diff	11.2	8.7	13.5	13.6	0	51

Data are subject to change post-year end due to the publication timescales for the Quality Report. Therefore, figures may be slightly different to those reported in the previous year.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: all positive results are reviewed and verified by the Infection Control Team and a root cause analysis investigation undertaken to identify the contributory factors and actions for improvement.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: implementing actions focused on appropriate stool sampling, improved microbial prescribing, environmental cleaning, hand hygiene and prompt isolation of affected patients. In addition, the Director of Infection Prevention and Control chairs the *C. diff* Investigation meeting to review the RCA reports completed for each incidence of *C. diff*, identifying lapses in care and actions for improvement.

9) Patient Safety Incidents (PSIs)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
No. of PSIs reported	8,769	9,431	10,426	12,727.49	-	-
Rate per 1000 bed days	42.5	48.91	52.2	49.2	-	-
No. of PSIs resulting in severe harm or death	1	11	7	38.9	1	183
% of PSIs resulting in severe harm or death	0.01%	0.12%	0.004%	0.02%	0%	0.05%

**Based on all non-specialist, acute trusts (England).*

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the Trust encourages an open reporting patient safety culture. All incidents reported are reviewed and validated by the Quality Governance Team prior to upload to the NRLS.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: encouraging the reporting of patient safety incidents. All severe harm/ death patient safety incidents are subject to potential Serious Incident Requiring Investigation (SIRI). Those meeting the criteria have a thorough root cause analysis investigation undertaken and an action plan developed to put mitigation in place to prevent the incident happening again and to share lessons learned across the Trust.

SINGLE OVERSIGHT FRAMEWORK

Indicator for disclosure	2020-21 performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	61.1%*
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	88.8%*
<i>Type 1 attendances only</i>	86.6%*
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> • Urgent GP referral for suspected cancer • NHS Cancer Screening Service referral 	<ul style="list-style-type: none"> • 82.7%* • 87.5 %*
<i>C. difficile</i> : variance from plan	44 cases – no upper limit set
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)	See page 28
Maximum 6-week wait for diagnostic procedures	96.1%*

**End of year position (March 21) reported rather than full year performance due to variable collection of data during the COVID pandemic.*

Annex 2: National Clinical Audits & Confidential Enquiries

a) National Clinical Audits

Title	Participation
1. Antenatal and newborn national audit protocol 2019 to 2022	100%
2. BAUS Urology Audits: Cytoreductive Radical Nephrectomy Audit	100%
3. BAUS Urology Audits: Renal Colic	25 cases submitted
4. British Spine Registry	*Participated
5. Case Mix Programme (ICNARC)	100%
6. Elective Surgery (National PROMS Programme)	No data available
7. Emergency Medicine QIP - Fractured Neck of Femur	131 – audit requirement met
8. Emergency Medicine QIP - Infection control	106 - audit requirement met
9. Emergency Medicine QIP - Pain in Children	Ongoing – deadline October 2021
10. Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)	100%
11. Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service (FLS)	1158 – denominator unavailable
12. Falls and Fragility Fractures Audit Programme (FFFAP) - National Audit of Inpatient Falls (NAIF)	100%
13. Falls and Fragility Fractures Audit Programme (FFFAP) - Vertebral Sprint audit	Ongoing – deadline June 2021

14. Inflammatory Bowel Disease programme/IBD Registry	*Participated
15. Learning Disabilities Mortality Review Programme (LeDeR)	100%
16. Mandatory Surveillance of HCAI	100%
17. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - COPD Secondary care	334 – denominator unavailable
18. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Adult Asthma	125 - denominator unavailable
19. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma	60 - denominator unavailable
20. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	100%
21. National Audit of Breast Cancer in Older Patients	100%
22. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	*Participated
23. National Bariatric Surgery Register (NBSR)	100%
24. National Cardiac Arrest Audit (NCAA)	100%
25. National Cardiac Audit Programme - Cardiac Rhythm Management (CRM)	100%
26. National Cardiac Audit Programme - Myocardial Ischaemia National Audit project (MINAP)	100%
27. National Cardiac Audit Programme National Audit of Percutaneous Coronary Interventions (PCI)	100%
28. National Cardiac Audit Programme - National Heart Failure Audit	100%
29. National Diabetes Audit (Adult) - Inpatient Harms (NADIA)	100%

Title	Participation
30. National Diabetes Audit Diabetes (Adult) - National Pregnancy in Diabetes Audit (NPID)	100%
31. National Early Inflammatory Arthritis Audit (NEIAA)	*Participated
32. National Emergency Laparotomy (NELA)	*Participated
33. National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	100%
34. National Joint Registry (NJR)	100%
35. National Lung Cancer Audit (NLCA)	100%
36. National Maternity & Perinatal Audit (NMPA)	100%
37. National Neonatal Audit Programme (NNAP)	100%
38. National Ophthalmology Audit (NOD)	*Participated
39. National Paediatric Diabetes Audit (NPDA)	100%
40. National Prostate Cancer audit (NPCA)	100%
41. Perioperative Quality Improvement Programme (PQIP)	*Participated
42. Sentinel Stroke National Audit programme (SSNAP)	100%
43. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	100%
44. Surgical Site Infection Surveillance Service	100%
45. The Trauma Audit & Research Network (TARN)	100%
46. UK Registry of Endocrine and Thyroid Surgery	100%
47. UK Renal Registry National Acute Kidney Injury programme	100%

**These audits were participated in but we are unable to provide participation figures or rates*

b) National Confidential Enquiries

Title	Participation
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100%

c) National Clinical Audits and Confidential Enquiries not participated in:

Title	Reason for non-participation
1) National Diabetes Audit – Adult	Only partially relevant to the RBH
2) Oesophago-Gastric Cancer (NOGCA)	Only partially relevant to RBH
3) Society for Acute Medicine's Benchmarking Audit (SAMBA)	Lack of capacity to participate due to COVID pressures
4) BAUS Urology Audits: Female Stress Urinary Incontinence	Lack of capacity to participate due to COVID pressures

d) National Clinical Audits and Confidential Enquiries listed in 2020/21 Quality accounts list but subsequently postponed/delayed

Title
1) National Audit of Care at the End of Life (NACEL)
2) National Audit of Dementia (NAD)
3) NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections
4) Child Health Clinical Outcome Review Programme (NCEPOD)

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Annex 3: Learning from Deaths

	Q1 2020-21 (Apr-Jun)	Q2 2020-21 (Jul-Sep)	Q3 2020-21 (Oct-Dec)	Q4 2020-21 (Jan-Mar)	Total 2020-21	Reported in Quality Accounts 2019-20	Additional reviews completed in 2020-21 for deaths in 2019-20	Revised Total 2019-20
Total inpatient/ ED deaths	424	345	443	525	1737	1748	-	1748
Total case note reviews completed	23	77	104	79	283	221	120	341
Total investigations completed *	8	6	9	0	23	32	9	41
Casernote review or investigation completed	30	82	112	79	303	216	127	343
Deaths assessed to be more likely than to be due to problems in care	1	0	0	1	2	1	0	1
% deaths assessed more likely than not due to problems in care	0.23%	0%	0%	0.19%	0.11%	0.06%	0%	0.06%

**During the COVID pandemic, cases of ‘hospital-acquired’ COVID were investigated in clusters as an infection control outbreak in order to learn lessons regarding our infection control practices. These deaths were not individually reviewed and therefore have not been included in the ‘investigation’ numbers.*

Annex 4: Statements from Commissioners, Overview & Scrutiny Panels, Healthwatch

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Annex 5: Statement of Directors' Responsibility for Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated XXX
 - feedback from governors dated XXX

- feedback from local Healthwatch organisations XXX
- feedback from Overview and Scrutiny Committee XXX
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Q1-3 2020/21
- the 2019 national inpatient survey published July 2020
- the 2020 national staff survey published February 2021
- the Head of Internal Audit's annual opinion of the trust's control environment dated N/A (not subject to Audit this year)
- CQC inspection report dated 07 January 2020

- the Quality Report presents a balanced picture of the Royal Berkshire NHS foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting

guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Signed:

DRAFT

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH

TO:	Adult Social Care, Children's Services and Education Committee		
DATE:	1 July 2021		
TITLE:	Berkshire Community Equipment Service Contract Extension April 2022 - March 2024		
LEAD COUNCILLOR:	Councillor John Ennis	PORTFOLIO:	Adult Social Care
SERVICE:	Adult Social Care	WARDS:	All
LEAD OFFICER:	Melissa Wise	TEL:	Ext 74945
JOB TITLE:	Deputy Director - Commissioning & Transformation	E-MAIL:	Melissa.wise@reading.gov.uk

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Berkshire Community Equipment Service (BCES) provides equipment to support people to live independently at home e.g. rails and sensor alarms. This service is delivered by NRS Healthcare as part of a five year contract that is due to expire on 31st March 2022. The BCES contract is managed by West Berkshire Council on behalf of all six unitary authorities in Berkshire and the two Berkshire NHS Clinical Commissioning Groups (CCG). There is an option to extend the contract for a further two years, covering an extension period from 1st April 2022 -31st March 2024. The monetary value of the extension is £1.4m.
- 1.2 In addition to the core equipment contract the Council worked with NRS to develop an enhanced Technology Enabled Care (TEC) Turnkey pilot service which was launched in Reading in November 2020. Whilst this works within the framework of the current contract it provides access to additional equipment and support services thus providing an end to end offer for service users e.g. assessment through to installation and monitoring.
- 1.3 This report outlines the options available to the Council in advance of the contract expiring in March 2024 and the associated recommendation alongside consideration of the new Turnkey Technology Enabled Care (TEC) pilot service and its extension.

2. RECOMMENDED ACTION

- 2.1 To seek agreement to extend the current contract period for the Berkshire Community Equipment Service (BCES) supply from 1st April 2022 to 31st March 2024 at an estimated value of £1.4 million including contract management fee.
- 2.2 To seek agreement to continue the Turnkey (TEC) pilot service from 1st April 2022 to 31st March 2024 at an estimated value of £384,000.

3 POLICY CONTEXT

- 3.1 The aim of the service is to provide an equipment service to support Berkshire residents to maintain their independence and improve their well-being whilst remaining in their own home for as long as possible. These outcomes are achieved by providing equipment and or minor adaptations to individual's in their own homes which provides a safe and effective way to meet their needs in the familiarity of their home environment which is in line with RBC, Adult Social Care's 'Home First' principles.

- 3.2 The Care Act 2014, Care and Support, (Charging and Assessment of Resources) Regulations 2014, part 2, point 3 states,

“A local authority must not make a charge for community equipment (aids and minor adaptations) means an aid, or a minor adaptation to property, for the purpose of assisting with nursing at home or aiding daily living. For the purpose of these regulations an adaptation is minor if the cost of making the adaptation is £1,000 or less”.
(www.legislation.gov.uk)

4. THE PROPOSAL

Current Position

- 4.1 The Berkshire Community Equipment Contract (BCES) is a partnership of the Six Berkshire local authorities and the two Berkshire NHS Clinical Commissioning groups. This partnership operates by combining purchasing power to achieve a cost-effective service. West Berkshire Council is the lead authority and the service provider is Nottingham Rehabilitation Supplies (NRS) Healthcare.
- 4.2 NRS deliver, install, collect, repair and recycle a wide range of equipment ranging from low level items such as bath boards, walking frames, to complex items such as hoists, turning aids, specialist seating and more.
- 4.3 The current contract runs from 1st April 2017 to 31st March 2022 and has an option for a two-year extension period which would ensure the provision of a

service until 31st March 2024. In order to offer the extension period, the host authority issued Reading six months written notice in October 2020.

If Reading choose to terminate the contract and not exercise the extension period the Section 75 agreement states, there is a twelve month notice period to be issued. The section 75 agreement is the partnership agreement which includes the financial arrangements for the partnership i.e. Local Authorities and Clinical Commissioning Groups. For any partner to withdraw from the agreement a period of twelve months' notice is required.

- 4.4 The BCES service and associated contract has been designed to keep pace with Government initiatives, new legislation and demographic changes. The demand for community equipment is growing (see 4.6) in line with increasing numbers of people with complex needs living in the community, particularly older people over the aged of 75; improvements in elective and non-elective care reducing mortality and the length of stay in the acute hospital; expansion of supported housing and end of life care.
- 4.5 The table below details activity over the first four years of the contract and forecasts the impact of the service for April 2021- 2022.

During 2020/21 the Covid-19 pandemic may have had an impact on equipment spend, which enabled people to stay in their homes and communities and out of hospital. The table below shows over 1300 more pieces of equipment were sent to service users. As the pandemic is still on-going it is unknown whether this pattern will continue through this financial year 2021-2022 and into the two-year extension period 2022-2024.

	17/18	18/19	19/20	20/21	Full year effect forecast for 21/22
No of unique service users who had items delivered	1352	1425	1577	1514	1651
No of items delivered	7085	8807	7988	9339	10188
Recycling rate	35%	35%	34%	30%	33%
Net spend	£464,866	£471,172	£618,253	£806,602	£779,160
S75 Management charge	£9,454	£8,856	£9,004	£9,337	£10,186
No of people who attended BCES training sessions	65	78	135	NA	NA
Complaints	NA	7	5	6	7

Option Proposed

- 4.6 To extend the current joint commissioning arrangement in line with the position of all partners involved for two years from 1st April 2022 to 31st

March 2024 with West Berkshire Council as lead authority for the provision of the BCES service, and to explore the opportunity to find an alternative Provider for joint commissioning arrangements thereafter (Recommended Option)

The BCES service was procured in 2017. The process involved market engagement and an open tender process, at this time NRS offered the best value for money (to note there are only a small number of Providers in this market). Whilst the market may have evolved in the interim there would be no economies of scale to achieve if Reading was not part of that arrangement. Commissioning have been informed that the six unitary authorities have agreed to continue with the two-year contract extension. As the leading authority, West Berkshire Council, made a strategic commitment to joint commissioning for this service and Reading would not wish to move away from this. The joint commissioning of this contract supports the Berkshire West Integrated Care Partnership strategic aim of joint commissioning where it makes best sense to do so.

The impact of the Covid19 pandemic is visible across provider services and therefore there are several commissioning priorities in relation to sustainability of the wider market. It is therefore not the right time to undertake a procurement exercise for alternative provision however if the option to extend the current contract is agreed, commissioning are then in a position to review the market and scope out the possibility to change providers and enter into a procurement for future years.

The Turnkey Technology Enabled Care (TEC) pilot service was implemented in November 2020 and provides a holistic service. This includes:

- Triage and assessment
- Installation of equipment
- The review of the equipment after twelve weeks
- An evaluation of the service received and the benefits
- The recycling of equipment no longer required

The Turnkey Service removes the need for the referrer to specify exactly what equipment is required. Instead, the referral (whether from a health or social care setting), indicates the service users care and support needs and the service completes a Turnkey TEC assessment, recommends and installs the most appropriate TEC equipment to meet the user's needs. The service was created as part of an Adult Social Care Transformation Project jointly with NRS Healthcare and the BCES Commissioner. The TEC service currently sits under the BCES contract in West Berkshire in line with the current BCES contract.

The TEC Turnkey service pilot started on 30th November 2020. Assessments and referrals have exceeded estimates and early evidence through case studies demonstrates financial benefits including cost avoidance. A review of the pilot is scheduled to be carried out after six months to support a detailed analysis, showing more available data, early trends and the benefits from the pilot.

The tables below provide further detail about the service.

Table 1 Referrals (details of user, reason for referral) & assessments (lifestyle, needs, environment)

Referrals	Dec '20	Jan'21	Feb'21	Mar'21	Total	Average monthly
Estimated monthly	Actual	Actual	Actual	Actual	Actual	
34	46	71	81	108	306	50
Assessments	Dec '20	Jan'21	Feb'21	Mar'21	Total	Average monthly
Estimated monthly	Actual	Actual	Actual	Actual	Actual	
31	23	52	45	38	158	40

Table 2 Case Study examples during the pilot

Case Study	Current weekly package £	Tech Offer weekly £	Cost benefits	Cost benefits
1	1025	378	647	33,644
2	808	303	505	26,260
3	800	214	586	30,472

Table3 Spend on the service

Dec 2020-Mar 2021-£	2020/21 £	2021/22 £	2022/23 estimate £	2023/24 estimate £
72,333k	217k	266k	192k	192k

Other Options Considered

- 4.7 Provide the service internally.** A scoping exercise would be required to understand the scale of the potential business plan, costs, resources and requirements. The scoping exercise would consider the following,
- Funding costs and availability
 - Resources required and availability
 - Value for money and sustainability

However given the pressures caused by the Covid-19 pandemic this is not deemed a priority piece of work, particularly given the contract is working well at this time.

4.8 Stand alone and retender a contract for Reading.

It is worth noting that there a limited number of providers in the market place (currently NRS and Millbrook) that could provide this service, so the Council is therefore limited to what providers are available to deliver this service,

such contracts normally only achieve value for money by sharing costs across multiple partners. Commissioning as a single authority is likely to cost more as opposed to joint commissioning arrangements due to economies of scale and purchasing power.

If RBC let the current contract expire and recommission in isolation, this would mean that we would lose the benefits and efficiencies of joint commissioning.

The Social Care Institute for Excellence (SCIE) states,

“Joint commissioning is bringing together local resources which provides the scope for economies of scale and supports place-based integrated care. Joint commissioning also helps tackle the barriers to integrated care”
www.scie.org.uk/integrated-care/research-practice/enablers/joint-commissioning)

5 CONTRIBUTION TO STRATEGIC AIMS

5.1 The Council’s 2021-2022 Corporate Plan priorities are focusing on three inter-connected themes.

1. Healthy environment
2. Thriving communities
3. Inclusive economy

This service supports theme 2: *Thriving Communities*.

The BCES provide a service that keeps people at home and independent and in their local communities. Focussing on the needs of the most vulnerable, ensuring young people, older people, those with long term health conditions or disabilities and those most affected by Covid 19 get the help they need to live successful, independent lives in vibrant, thriving communities.

Key initiatives:

The “home first” approach in our Adult Social Care Transformation Programme means residents are supported to be as independent as possible, are informed with information to support healthy life choices, manage their condition and remain at home for as long as possible.

6 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019.

6.2 The Council aims to minimise the impact of any climate or environmental change wherever and whenever possible. This service actively encourages the recycling of equipment where possible thus reducing waste and impact on landfill. In addition deliveries of equipment to service users homes is

coordinated where possible thus reducing the overall number of deliveries and reducing emissions

- 6.3 It is acknowledged that there are certain activities which would not in normal times reflect the approach we would take in accordance with the declaration, such as the provision and supply of Personal Protective Equipment (PPE), which is often single use, not recyclable and therefore will have a carbon impact if this is required to be used in line with any Covid19 regulations. This service uses PPE to enable equipment to be delivered to people's homes.
- 6.4 However, this service is primarily aimed to maintain people in their own homes and to avoid care placements outside the home wherever possible. The service aims to minimise any callout to the emergency services for hospital/care home admission thus having a positive impact on the environment.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 Consultations between the six local authorities in Berkshire and the Clinical Commissioning Groups have been held through Steering Group meetings for the two-year contract extension.
- 7.2 As the lead authority, West Berkshire Council, has reviewed and shared service data with all commissioning partners. Service user engagement is part of the service monitoring data e.g. usage, costs, recycling, training and staffing requirements and is shared through the regular Operational and Steering Group meetings as part of the governance arrangements for the contract.
- 7.3 Commissioners were last consulted about satisfaction levels in October 2020 this highlighted that although there had been some issues these had been resolved and satisfaction levels were good. Prior to quarterly contract monitoring meetings as part of the contract monitoring information compliments and complaints from service users are included in reports to partners and are also included in the Annual Report for the service.

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 An Equality Impact Assessment has not been undertaken as there is no change proposed to the current service nor any impact on existing service users in the event of a decision to extend this contract. The service offered by the Provider under this contract extension will continue to enable equipment to be provided to vulnerable people, such as those with learning disabilities, mental health problems, disabilities and older persons.

9. LEGAL IMPLICATIONS

- 9.1 The Contract was procured pursuant to an OJEU open process in 2016/17.
- 9.2 Under the Current contract the parties may extend the contract period for a further period of two-years.
- 9.3 A supplemental agreement formally documenting the extension will need to be entered into with the Provider. (See 4.3, section 75 agreement)

10. FINANCIAL IMPLICATIONS

- 10.1 One of the Council’s strategic aims is to enable people to live at home longer. This approach has led to an increase in the number of service users using equipment and technology. As a result, the cost of the contract has risen annually as Reading has issued more items of equipment increasing the number people staying in their own homes.
- 10.2 Expenditure on the first five years of the contract was £2.9m including the 6% management administration fee for all partners (note 21/22 is an estimate figure). The contract spend has steadily increased from £464k in 2017/18 to an estimated £779k in 2021
- 10.3 The two-year extension period estimates a cost to Reading Borough Council of £691k and £732k per annum including management costs of 6% as set out in the table below. The contract value fluctuates depending on demand for the service and will be reviewed as part of the Council’s annual budget setting process.

Contract extension year	Spend £	Management admin fee 6%	Total £
Year 1 2022/23	680k	c 11k	691k
Year 2 2023/24	720k	c 12k	732k

10.4 The two-year extension for the TEC Turnkey Service is £384k for 2022/2024 (note this is an estimated figure).

2022/23 estimate	2023/24 estimate
192k	192k

10.5 Finance have confirmed that there is budget available within the Adult Social Care Directorate to fund the council's share of the service.

11. BACKGROUND PAPERS

None

References

1. www.scie.org.uk/integrated-care/research-practice/enablers/joint-commissioning.
2. www.legislation.gov.uk/uksi/2014/2672/made

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Accessibility Strategy 2020 to 2022

Subtitle

- For decision For discussion For information

SUMMARY

School Accessibility Strategy –
Refresh June 2021

OWNER

Kate Reynolds, Director for
Education

VERSION

V1.0

DATE

15 June 2021

REVIEW

June 2022

© Brighter Futures for Children

Brighter Futures for Children
Civic Offices, Bridge Street,
Reading RG1 2LU

Company number 11293709

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Background

1. Legislation

The requirement to write an accessibility strategy is set out in Schedule 10 of the Equality Act 2010 and specifically relates to pupils with a disability.

Unlike the rest of the Equality Act which has a focus on equal treatment, the sections relating to disability are different and recognise that a person with a disability may have to be treated more favourably than someone who does not, in order to avoid substantial disadvantage.

Where a school does something that might put a disabled child at a substantial disadvantage compared with those who are not disabled, they must take reasonable steps to avoid that disadvantage.

2. Reasonable adjustments

Taking reasonable steps to avoid substantial disadvantage is often known as a 'reasonable adjustment'. Both local authorities and schools must adhere to the reasonable adjustment duty. The Strategy sets out the steps that need to be taken to ensure disabled pupils can fully participate in the education provided by a school and that they can enjoy the other benefits, facilities and services that the school provides for its pupils.

Disability in its broadest sense covers:

- physical impairments
- learning difficulties
- sensory impairments
- mental impairments

Under the Equality Act, a person has a disability 'if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities'.

Whilst the accessibility strategy relates to maintained schools, many of the support arrangements made by the local authority will also benefit disabled pupils attending academies and free schools in Reading

Local Context

3. Reading Accessibility Strategy

All local authorities must therefore have an accessibility strategy for the schools it's responsible for. This is a requirement of law, as set out in the Equality Act 2010.

Accessibility strategies don't apply to academies or free schools. However, all schools, including academies and free schools, must have an accessibility plan which is based upon the same principles as an accessibility strategy.

The Local Authorities accessibility strategy explains how over time, it will support the schools it's responsible for in order to:

- increase access to the curriculum for disabled pupils
- improve the physical environment of schools to increase access for disabled pupils
- make written information more accessible to disabled pupils by providing information in a range of different ways

4. Refreshing the Strategy

- The current strategy has been refreshed, and will be presented to the ACE Committee in July this year for sign-off.
- Post the place-based review of SEND services in Reading (taking place at the end of June), the strategy will be the subject of a more thorough review in the Autumn.

Vision

Delivering on the SEND strategy vision to safeguard and protect those that are most vulnerable, providing the best life through education, early help and healthy living, our Accessibility Strategy demonstrates our continued commitment to provide the best education possible to all young people with Special Educational Needs and Disabilities (SEND) in Reading - to enhance their life chances, prepare them for adulthood and enable them to contribute to their community. To achieve this vision, we will:

- Work in partnership with the schools for which we are responsible, and with those we aren't, to meet the legal duty and to ensure they do not disadvantage or discriminate against a disabled pupil.
- Work with other services to identify and plan for the needs of disabled pupils more generally
- Work with schools and school governors to agree reasonable adjustments and to improve the physical environment of schools to allow disabled pupils full access to school facilities, activities and to participate fully in the school curriculum

What does the Accessibility Strategy cover?

This Accessibility Strategy addresses the parts of the Equality Act 2010 relating to children and young people with disabilities and their access to:

- Maintained schools, including maintained nursery schools
- Early years settings that receive funding via Brighter Futures for Children.

Local Authority Accessibility Strategies do not apply to academies or free schools (mainstream or special), although many of the support arrangements made by Brighter Futures for Children and Reading Borough Council for maintained schools will also benefit disabled pupils attending academies and free schools. Academies and free schools are responsible for developing their own strategies.

All schools, including academies and free schools, must have an accessibility plan which is based upon the same principles as an accessibility strategy.

Definition of Disability

Under the Equality Act (2010), a person has a disability, 'if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities'.

A disability can arise from a wide range of impairments including:

- physical impairments;
- learning disabilities;
- sensory impairments, such as those affecting sight or hearing;
- impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, and epilepsy;
- developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia;
- mental health conditions with symptoms such as anxiety, low mood, panic attacks, phobias, or unshared perceptions; eating disorders; and some self-harming behaviour;
- mental illnesses, such as depression and schizophrenia.

Legislation

The Equality Act 2010 brought together a range of equality duties and requirements within one piece of legislation. The Act introduced the single Public Sector Equality Duty or 'general duty' that applies to public bodies, including maintained schools, academies and Free Schools and which extends to all protected characteristics – race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnership, and gender re-assignment. The combined equality duty came into effect in April 2011.

Under the Equality Act (2010) Schedule 10 local authorities are **required in law** to have an accessibility strategy for the schools for which they are responsible. Schedule 10 sets out what must be included in the strategy including the steps being taking to:

- a) increase the extent to which disabled pupils can participate in the schools' curriculum;
- b) improve the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- c) improve the delivery to disabled pupils of information which is readily available to pupils who are not disabled.

Unlike the rest of the Equality Act which has a focus on equal treatment, the sections relating to disability are different and recognise that a person with a disability may have to be treated more favourably than someone who does not, in order to avoid substantial disadvantage.

Where a school does something that might put a disabled child at a substantial disadvantage compared with those who are not disabled, they must take reasonable steps to avoid that disadvantage. Substantial is anything more than minor or trivial.

Reasonable Adjustments

The law on reasonable adjustments is anticipatory; it requires local authorities and schools to consider the needs of potential disabled pupils in addition to those already attending the school.

Local authorities, schools and settings must take reasonable steps to avoid substantial disadvantage by making reasonable adjustments. This means taking positive steps to ensure that disabled pupils can fully participate in the education provided by a school and that they can enjoy the other benefits, facilities and services that the school provides for its pupils. Schools have a duty to plan better access for disabled pupils generally through their accessibility plan.

Failure to make a reasonable adjustment is a form of discrimination under the Equality Act.

Pupils with Medication Conditions

Schools should implement the Statutory Guidance: ‘Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England’ (December 2015). <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Planning Duty

As set out in the Equality Act (2010) Schedule 10 of the Act identifies three strands which schools and local authorities must address in their accessibility plans/ strategies:

1. increasing the extent to which disabled pupils can participate in the schools’ curriculum;
2. improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools; and
3. improving the delivery to disabled pupils of information which is readily available to pupils who are not disabled.

Schools must also have regard to the need to provide adequate resources for implementing plans and must regularly review them. An accessibility plan may be a freestanding document or may be published as part of another document such as the school development plan.

Local authorities must prepare accessibility strategies based on the same principles as the accessibility plans for schools.

Further Guidance

Guidance on the planning duties and wider compliance with the Equality Act as applicable to both schools and local authorities can be found in “Equality Act 2010: advice for schools” which was published in February 2013.

<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Reading Local Area SEND Strategy Vision for SEND

The Local Area Vision for SEND is set out in the SEND Strategy which was approved in 2017 and refreshed in 2018 and 2019. This Accessibility Strategy supports delivery of the SEND Strategy which comprises of the following elements:

SEND Everybody’s business

Right support / right time

Local provision that meets local needs

Making best practice common practice

Co-production at the heart of what we do: changing the way in which we work together with families operationally and strategically; doing with families, not doing to

Parents/carers and young people are confident in local provision

Our Priorities

Our vision is further expanded in our priorities:

- **Making SEND Everybody's Business** – we will work together to embed the SEND Strategy into the practice of everybody who works with children, young people and families, thinking about the implications on SEND in everything we do
- **Embedding co-production at every level** – we will work with all partners to ensure children; young people and their families participate fully in decisions at an individual level as well as in the development of services
- **We will work together to identify and assess needs early**, with a focus on developing preventative and early intervention approaches and a graduated approach to meeting needs
- **We will work together to deliver support in the right place at the right time** - being clear about our expectations of high quality universal and specialist provision and working together to support this being delivered, enabling the majority of individual needs to be met locally and achieving best possible outcomes
- **Resources will be allocated fairly, transparently, and kept under review** – we will make sure they are used effectively and lead to improving outcomes

Implementing the Accessibility Strategy

Our Graduated Response Guidance (add link) provides guidance to schools and settings on inclusive practice against the 4 areas of need set out in the SEND Code of Practice (2015). This aims to support consistent practice across schools and settings.

There are a number of Accessibility Audit Tools that are accessible to schools (for example through 'The Key' and which they are encouraged to use to assess their inclusivity and inform their SEND Information Report and Accessibility Plans. An example Accessibility Audit Tool is available on the Local Offer and BfFC website.

1. Increasing the extent to which disabled pupils can participate in the schools and early years curriculum

All children and young people should have access to high quality teaching that focuses on inclusive practice and breaks down and removes barriers to learning.

Schools should:

- have regard to national and local guidance on meeting the duties set out in the Equality Act 2010 and the Children and Families Act 2014;
- provide a broad and balanced curriculum for all pupils and increase access for pupils with SEND through:

- quality first teaching
- relevant and challenging differentiated learning opportunities that take account of the pupils' needs
- enabling participation in after school, leisure, sporting and cultural activities / school visits organised by the school
- include improvements that increase access to the curriculum in their accessibility plan and ensure this is published on their school website;
- plan for and teach children with SEND through a range of interventions and teaching strategies, including implementing the Reading Graduated Response Guidance;
- establish effective ways of assessing and monitoring the progress of pupils with SEND as well as other vulnerable groups;
- evaluate outcomes for SEND pupils and adapt provision to ensure these are improved;
- implement the statutory guidance for governing bodies of maintained schools and proprietors of Academies in England on Supporting pupils with medical conditions (December 2015);
- make sure there's effective and tailored support for pupils with SEND in transition;
- apply school budget and SEND funding appropriately, making sure pupils with SEND are not disadvantaged in comparison to non-vulnerable groups;
- monitor and review the skills and expertise of staff to support pupils with disabilities and provide effective professional development for staff and governors;
- involve parents and carers in decision making and keep them informed of progress;
- comply with the statutory duty set out in the Exclusion Guidance (September 2017): “not to discriminate against pupils on the basis of protected characteristics, such as disability or race. Schools should give particular consideration to the fair treatment of pupils from groups who are vulnerable to exclusion”. The Therapeutic Thinking Schools approach is supportive of this duty.
- provide access to full time education and ensure that children are not missing education

Brighter Futures for Children works with partners to:

- build capacity in mainstream schools and settings through the provision of specialist advice, services and access to training, for example Sensory Consortium Service, and NASEN. This may be provided from internal or commissioned services, commissioned outreach from special schools. Where specific expertise is not available through these means, this will be sought externally.
- support school leaders, including SENCOs, in relation to expected practice (the Graduated Response Guidance) and support available through BfFC and partners, including providing example inclusion audit tool.
- provide a Local Offer of services and provision that is available and accessible to children and young people with SEND
- keep the SLA and service specification for therapy services under review through monitoring arrangements to ensure it meets the needs of the Local Area
- offer and facilitate CPD opportunities for school staff to support and enhance the understanding of accessibility in the curriculum
- provide opportunities for governor training in relation to increasing access to the curriculum
- facilitate outreach support from special schools and schools with specialist provision to enable mainstream schools to better support children with disabilities, learning through the experience of special schools and other SEND specialists
- ensure schools implement the DfE guidance (2015) for all schools about supporting pupils with medical conditions, including services available from Cranbury College.

- provide opportunities for SENCOs to regularly meet, share good practice and keep up to date with new developments
- provide clarity on guidance for statutory education, health and care assessment
- make sure that education, health and care (EHC) plans are specific about the provision required to make the school curriculum more accessible for individual pupils with a disability
- encourage liaison between early years settings and schools to ensure good transition
- encourage high aspirations for the most vulnerable learners
- keep local provision under review so that it meets the changing needs of Reading Borough pupils.

2. Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools

All children and young people should be able to attend an education setting with an accessible environment that supports their ability to take part in the curriculum and does not put them at a disadvantage compared to their peers. The physical environment includes steps, stairways, kerbs, exterior surfaces and paving, parking, entrances and exits, internal and external doors, gates, toilets and hygiene facilities, lighting, heating, ventilation, lifts, signage, interior surfaces/flooring, décor and furniture.

All new buildings will comply with the latest Building Regulations and Schools Premises Regulations.

The Equality and Human Rights Commission have produced technical guidance for schools on “Reasonable Adjustments for Disabled Pupils” which we advise school to use

[http://www.equalityhumanrights.com/sites/default/files/publication_pdf/Reasonable%20adjustments%20for%20disabled%20pupils%20\(1\).pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/Reasonable%20adjustments%20for%20disabled%20pupils%20(1).pdf)

Schools should:

- keep the physical accessibility of the school building and site under review and make timely arrangements to accommodate access;
- rearrange classrooms to ensure access on the ground floor for pupils with physical disabilities (reasonable adjustment);
- include improvements that increase access to the physical environment in an accessibility plan that is published on the school website
- comply with the anticipatory duties as set by the Equality Act 2010
- respond to the expectations set out in local and national guidance on meeting the Equality Act 2010 and Children and Families Act 2014 with regard to SEND
- fund projects that increase access to the physical environment from their own resources and, where appropriate, to liaise with Reading Borough Council / Brighter Futures for Children
- give early notification of potential access issues so as to ensure a timely response that meets the needs of both the school and pupil(s) in question.
- adhere to the specific guidance contained within this accessibility strategy
- undertake any improvement projects in liaison with property surveyors and adhere to building regulations and health and safety requirements

- apply advice provided by occupational therapists and physiotherapists, Sensory Consortium, and other relevant services or professionals.
- make sure curriculum needs are met by providing access to appropriate classroom facilities
- carry out risk assessments for school trips to make sure they're accessible for pupils with mobility, sensory or medical difficulties
- provide effective professional development for staff and governors
- involve parents and carers in decision making and keep them informed of progress

Reading Borough Council will:

- Work with the School Admission and/or SEN Teams and other local authority staff to assist with issues regarding individual placements and make reasonable adjustments to facilitate the access of individual children/young people with a physical impairment or complex medical need via the Schools Adaptations Framework; to help meet the needs of pupils with hearing, visual and physical difficulties in mainstream schools
- plan new buildings and significant extensions or adaptations that comply with accessibility requirement.
- make sure any new buildings or extensions to buildings are appropriately signed off in line with accessibility and health and safety requirements
- where possible, liaise with schools to try to secure alternative DfE Capital funding for services beyond reasonable adjustment.
- Work within the BFfC/ RBC agreed Physical Adaptation Framework

Reading Borough Council (Public Health Services) will:

- make sure that the school nursing contract includes reference to what is available from school nurses to schools to support inclusion, and how to access it, and monitors the implementation of this;
- keep the contract under review, working with Brighter Futures for Children to ensure it continues to meet local needs.

Brighter Futures for Children will

- facilitate / advise on the access of individual pupils with physical or sensory impairments (Sensory Consortium), or complex medical conditions (School Nurse), where required. This may include outreach from special schools or externally commissioned advice or audits.
- make sure education, health and care (EHC) plans are specific about the adaptations required to make the school environment more accessible for individual pupils with a disability, and provide training where required
- monitor transition arrangements for children with SEND coming into schools for the first time and those moving across school phases, and ensure (where possible) adaptations are in place in time for the child to start at the school
- liaise with schools, parents and specialists to ensure early notification of any reasonable adjustments which may be required as outlined within the Physical adaptations Framework

3. Improving the delivery to disabled pupils of information which is readily available to pupils who are not disabled

The Local Offer sets out in one place the support available to families of children and young people with SEND in Reading. Peer Reviews have been carried out on the Local Offer and the learning from

these used to implement changes. Feedback is continually used to improve access to information. All partners are encouraged to share the Local offer with families.

Schools will:

- include improvements that increase access to information for disabled pupils in their accessibility plan and publish it on the school website
- make sure they're proactive in researching and using a range of communication techniques and technologies, seeking the advice of relevant professionals where necessary. This may include for example outreach from The Avenue. School should seek advice from BfFC SEND Service on how to access this.
- monitor and review the skills and expertise of staff to support pupils with disabilities
- involve pupils and their families in decision processes regarding the accessibility of information
- inform and signpost parent carers to the SEND Local Offer
- liaise with the CCG, school nurses and PHE re infection control procedures

SEN Information Report/SEND Local Offer for the schools will be updated and reviewed by the schools annually and published on the SEND Local Offer

Brighter Futures for Children will work with partners to:

- offer governor training that covers the requirements of an accessibility plan and the specific need to increase access to information
- provide information to pupils and their families in accessible formats whenever needed
- provide advice to schools and maintained settings about how best to support children and young people with accessing information, for example, the Sensory Consortium offer a range of support from signing to Braille
- make sure education, health and care (EHC) plans are specific about the provision required to make information to all pupils more accessible for individual pupils with a disability
- Promote the SEND Local Offer to parent carers and professionals
- We will make information available through alternative methods and formats, including leaflets, newsletters, regular mailouts, brokerage and access to a dedicated phone service thorough the Family Information Service.

The requirement in the 2014 Children and Families Act to develop a Local Offer has the express purpose of making information more accessible.

The Local Offer is the local area's publication of all the provision, services, pathways which are available across education, health and social care for children with SEND and their families, whether or not they have an EHC Plan. It is a web-based tool and should provide clear, comprehensive, accessible and up to date information about the available provision and how to access it.

In Reading, the Local Offer remains the subject to ongoing development, and is co-produced and reviewed by Reading Families Forum (RFF) and Special United (Young Peoples Forum) to ensure it provides good quality information and that the offer itself meets the needs of local families.

The Local Offer can be found here Reading's [SEND Local Offer](#)

Parent carers, children and young people, and professionals tell us that we need to do more **together** to promote and seek feedback on the Local Offer and we will continue to work with parent

carers (RFF), using the Local Offer Parent Champion model, to increase usage of the SEND Local Offer and support its further development. Schools should use feedback to improve their SEND Information and provide feedback from their pupils and parents on the Local Offer to support this work.

Improving information for disabled pupils



Funding

Schools are expected to fund reasonable adjustments in line with their Equality Duty from within their budget. This duty applies to all pupils with a disability, whether or not they have an EHCP.

Schools receive funding through a delegated budget for all pupils in the school according to their characteristics, based on the number at the October School Census. This provides funding for general costs within the school but also provides a notional SEN budget which enables them to provide additional support for those pupils that need it, of up to £6,000 per pupil, per year.

Schools should use these monies to support implementation of the requirements of this Accessibility Strategy, particularly in terms of increasing access to the curriculum and when making written information more accessible.

There is a third element of funding available to schools for pupils who have additional needs costing over £6,000 per year; this is known as top-up funding. In most cases, schools receive this funding through the SEND Service for pupils with education, health and care (EHC) plans, although there are exceptional circumstances. The EHCP will include equipment and communication aids that has been assessed as a need and is beyond which the school can provide.

Brighter Futures for Children provides a range of services to work with schools to support pupils with SEN and disabilities. Some of these are funded through a centrally retained budget funded via High Needs Block Funding and aspects are therefore available to schools free of charge. Some are available on a traded basis and schools should use their existing funding mechanisms to access these, in order to meet the requirements of this accessibility strategy, particularly in terms of increasing access to the curriculum and when making written information more accessible. For example, Educational Psychologists may work with schools to support understanding and meeting needs of pupils with specific disabilities, and Cranbury College provides training on behaviour that challenges.

Examples of work we've undertaken

These are examples of recent works undertaken in line with this accessibility strategy.

Increasing access to the curriculum

- Graduated Response Guidance

- Therapeutic Thinking Schools
- The Schools Link Mental Health Project
- The Mental Health Support Team trailblazer project

Improving the physical environment

Parks and Leisure Directorate are working in liaison with RBC, BfC and the local communities to improve accessibility for children and young people with SEND to the broader offer which schools may access.

Specialist SEN accommodation for CYP and autism is in place in Blessed Hugh Farringdon specialist resource.

We are working with colleagues to expand access to the joint equipment store to support efficient use of resources to support access needs of pupils with specific disabilities.

Making written information more accessible

Providing information in enlarged print for a pupil with a visual impairment: The Local Offer has the function to enlarge text, this can be printed or emailed to the recipient.

Providing easy-read guidance on the Local Offer: Where possible we will provide easy read documents. There is also a guidance document to help users access the SEND Local Offer.

The SEND Local Offer has Google translate. therefore, all information can be translated in to the users preferred language.

SEN Information Reports are accessible via each school record listed on the SEND Local Offer. Schools review and updated their information on an annual basis. Where available the record on the Local Offersibility will also link to the school's accessibility plan.

The Family Information Service (FIS) /SEND Local Offer also have a phone service available Monday – Friday 9am -5pm, users can also come in to the Civic Office during office hours to see an information officer, alternatively users can email localoffer@reading.gov.uk to assist with the information.

Outreach programme each quarter, where FIS attend events, activities, support groups and schools where users can come and see an information officer, who would be able to assist with the information on services etc.

Monitoring and Review

The Equality Act 2010 requires us to keep the Accessibility Strategy under review during the period to which it relates and revise if it is necessary. Revisions to this Strategy will be informed by feedback from parents / carers, children and young people, voluntary organisations and professionals supporting SEND.

The Head of SEND and Principal Child & Educational Psychologist, Brighter Futures for Children, in partnership with Reading Borough Council, Directorate of Economic Growth & Neighbourhood



Services, Reading Borough Council and Reading Borough Council Public Health lead will keep this accessibility strategy under review; updating when required.

It is the duty of all those working within maintained schools, Brighter Futures for Children and Reading Borough Council to ensure that this strategy is implemented and adhered to.

All schools and academies must publish an accessibility plan on their website, which must comply with the statutory duties as detailed in Schedule 10 of the Equality Act 2010. A link to the school's accessibility plan will be added to the school's record listed on the Local Offer where available.

Schools Accessibility Plans and SEND Information Reports are published through the SEND Local Offer, moderated by the Family Information Service. The content is monitored by the SEN Team. Reminders to review and update their information are sent to SENCOs and heads each year. A template has been developed by the SEND team and SENCOs to support this.

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	1 JULY 2021		
TITLE:	ANNUAL ENGAGEMENT MEETING		
LEAD COUNCILLOR:	COUNCILLOR TERRY	PORTFOLIO:	CHILDREN
SERVICE:	CHILDREN'S	WARDS:	BOROUGHWIDE
LEAD OFFICER:	DEBORAH GLASSBROOK	TEL:	0118 937 4665
JOB TITLE:	EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES	E-MAIL:	deborah.glassbrook@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides context and information about the Annual Engagement Meeting with Ofsted which took place in March 2021.
- 1.2 Each year the Executive Director of Children's Services, the Director for Children's Social Care, Director of Early Help and Prevention and Director of Education within Brighter Futures for Children meet with Social Care and Education Ofsted Inspectors to discuss what is working well and what needs further work and development. These annual meetings were established by Ofsted with the purpose of 'catching Local Authorities before they fall' referring to the identification and support Ofsted can provide to prevent Local Authorities being judged 'inadequate'. Previously there was only a three-yearly inspection with no opportunity to quality check performance and outcomes.
- 1.3 In the appendices are the self-evaluations that were used to form the evidence for the meeting. The letter from Ofsted was the response we received in relation to the discussions about our Children's Social Care and Education services.
- 1.4 The Annual Engagement Meetings do not result in any gradings and are not directly linked to a full inspection. However, if there were any significant concerns identified it is likely that a full inspection could be triggered. This has not been the case for Brighter Futures for Children/Reading Borough Council.

2 REPORT

- 2.1 Since December 2018, services for children have been delivered by Brighter Futures for Children. There was a full Inspection of the Local Authority Children's Services Inspection (ILACS) in November 2019 which resulted in an improved outcome from 'inadequate' in June 2016 to 'requires improvement to be good'.
- 2.2 In March 2020 we had our first Annual Engagement Meeting with Ofsted Inspectors and our second on 3 March 2021. The purpose of the meetings was to provide an opportunity

for Brighter Futures for Children’s Directors and Ofsted to discuss any performance issues, what is working well, areas of concern and areas for improvement.

2.3 In preparation for the meeting, two key documents were written which are appended. The first is a comprehensive self-evaluation of all key services within Early Help and Prevention, Children’s Social Care and Education including SEND highlighting what is going well and areas for further development. The second is a Covid-19 report written in response to questions posed by Ofsted prior to the meeting which focused on challenges and opportunities with a particular focus on vulnerable learners and post 16.

2.4 The letter from Ofsted following the Annual Engagement Meeting provides a summary of the key elements noted by the Inspectors as a result of the discussions including:-

Children’s Social Care

- Government direction lifted - a reflection of BFFC’s progress
- BFFC’s ambition
- New Chair of the BFFC Board and tighter governance arrangements
- Stable and permanent staff and senior and middle management
- Strong partnerships
- Developing our practice approach which is Trauma Informed
- Turnover of staff and higher caseloads in some teams
- Opportunities to become a social worker
- Increased complexity in families’ situations during Covid-19 with a need to focus on babies and young children
- Increase in serious violence
- Focus on quality assurance

Education

- Embedding the school improvement model
- Impact of Covid-19 on school performance data
- Reading having above average Attainment 8 scoring in 2020
- High ambitions for children with SEND
- Co-production
- Commitment to inclusion
- Increase in numbers of families choosing Elective Home Education
- Improved performance in relation to young people who were Not in Education, Employment or training

2.4 There are Continuous Improvement Plans and Service Plans that capture the actions required to address areas for development and improvement which are regularly reviewed and up-dated. We continue to be very ambitious for the children and families of Reading and are committed to achieving the very best in partnership with them.

List all appendices here.

1. Self-evaluation of Education (including SEND), Early Help and Children’s Social Care
2. Annual Engagement Meeting - Covid-19 response
3. Letter from Ofsted

2. RECOMMENDED ACTION

2.1 That the contents of the evidence provided to Ofsted and the letter from Ofsted be noted.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The focus of service delivery for the children, young people and families of Reading within Brighter Futures has been given some assurance through the Annual Engagement Meeting. This contributes to the strategic aim within the Corporate Plan 2021/22 'Thriving communities' which includes focusing on the needs of the most vulnerable, ensuring young people, older people, those with long term health conditions or disabilities and those most affected by Covid-19 get the help they need to successful, independent lives in vibrant thriving communities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 There was no specific community engagement for the Annual Engagement Meeting however, some of the information included in the self-evaluations reflected feedback from key stakeholders.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 There are no decisions to be made therefore the Equality Impact Assessment is not relevant.

8. LEGAL IMPLICATIONS

- 8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no financial implications

10. BACKGROUND PAPERS

- 10.1 There are no additional background papers. All relevant papers are included as appendices.

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Annual Engagement Meeting

Education (incl SEND), Early Help &
Children's Social Care

Self-Evaluation

March 2021



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Introduction

The reports we receive at the Quality Assurance Improvement Committee (QAIC) demonstrate increasing evidence of the effective use of data, good knowledge of the service and a strong sense of what needs to be done to secure further improvement.

In addition, we can see that the development of the quality assurance framework and the effective use of audit are making a real difference to the company's understanding of the quality of practice and the improvements being made.

The commitment to ongoing improvement is tangible and the openness to challenge has given confidence to the Board and to the DfE representatives who have attended QAIC.

The recent lifting of the DfE direction and the ending of formal intervention confirm the growing sense of confidence in the ability and capacity of Brighter Futures for Children to deliver further improvement.

The ending of the period of intervention is a real boost to our ambition towards delivering good and outstanding services for the children, young people and families in Reading.

We are encouraged by the progress we have made but also clear and realistic about what needs to be done.

This self-assessment captures the progress made in the last twelve months and outlines the priority areas for improvement in the coming year.



Di Smith

Chair of the Board and Quality Assurance and Improvement Committee

Brighter Futures for Children

Delivering impactful services

Brighter Futures for Children (BFfC) is a not-for-profit company, owned by, but independent of, Reading Borough Council. The Company took over the responsibility for the delivery of children's services in December 2018.

The company is responsible for the delivery of children's social care, education (including SEND), early years, early help and prevention. The transfer to BFfC, supported by Reading Borough Council, was in line with the recommendations of the Department for Education's appointed commissioner and followed the adverse inspection findings in 2016. The Power for Reading Borough Council to discharge care functions is detailed in the Children and Young Persons Act 2008.

On 8 February 2021, the Department for Education formally removed the intervention. In a letter to Reading Borough Council Leader Jason Brock, Vicky Ford, Parliamentary Under Secretary of State for Children and Families, confirmed she was lifting the Government direction with immediate effect, as a result of the continuing improvement of children's services in Reading by the council and Brighter Futures for Children.

Governance arrangements are set out in the service level agreement

between the council and the company. In brief, the council has established minimum quality expectations and agreed a ring-fenced budget that is held by Brighter Futures for Children.

The council holds the company to account for its performance. Statutory responsibilities remain with the council, so it in turn will be held to account by Ofsted for the quality of services delivered on its behalf.

The company's Board and senior management structure is illustrated on the next page.

All the Senior Children's Services Directors are permanent.

- **Deborah Glassbrook** – Executive Director of Children's Services
- **Maria Young** – Director of Social Care
- **Vicky Rhodes** – Director of Early Help and Prevention
- **Kate Reynolds** – Director of Education

Councillor Liz Terry has been the Lead Member for Children's Services since May 2018. Councillor Ashley Pearce has been the Lead Member for Education since 2018.

“

I would change 1 thing about the support and that's making sure that when you place a child or care leaver with a support make sure that they understand the support being given

”

“

My social worker always makes sure that I'm doing well and if I need help. She helped me with everything, she is a very nice person. I wouldn't change a thing about the support I get

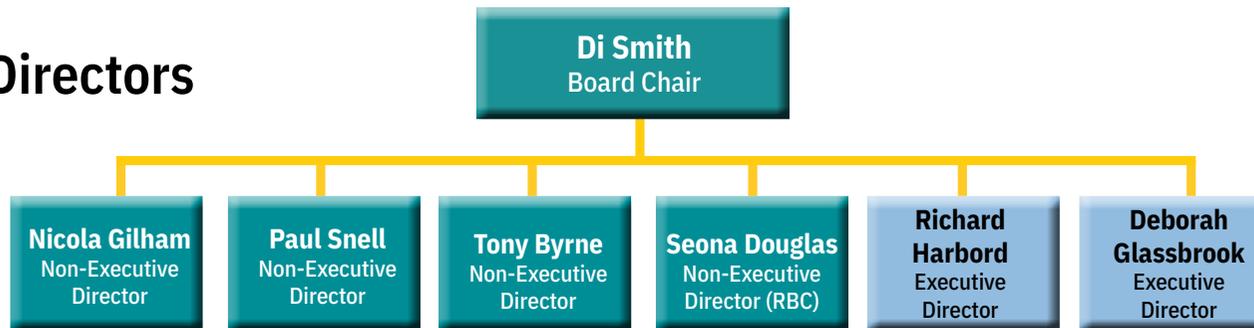
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Delivering impactful services

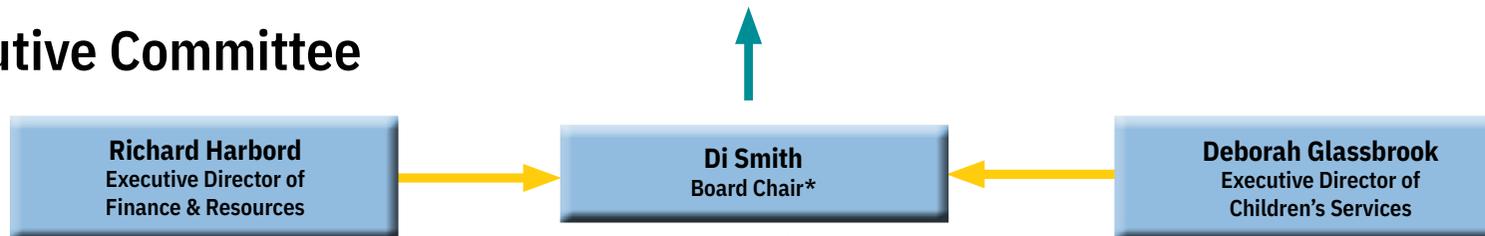


COMPANY LEADERSHIP STRUCTURE

Board of Directors



Executive Committee

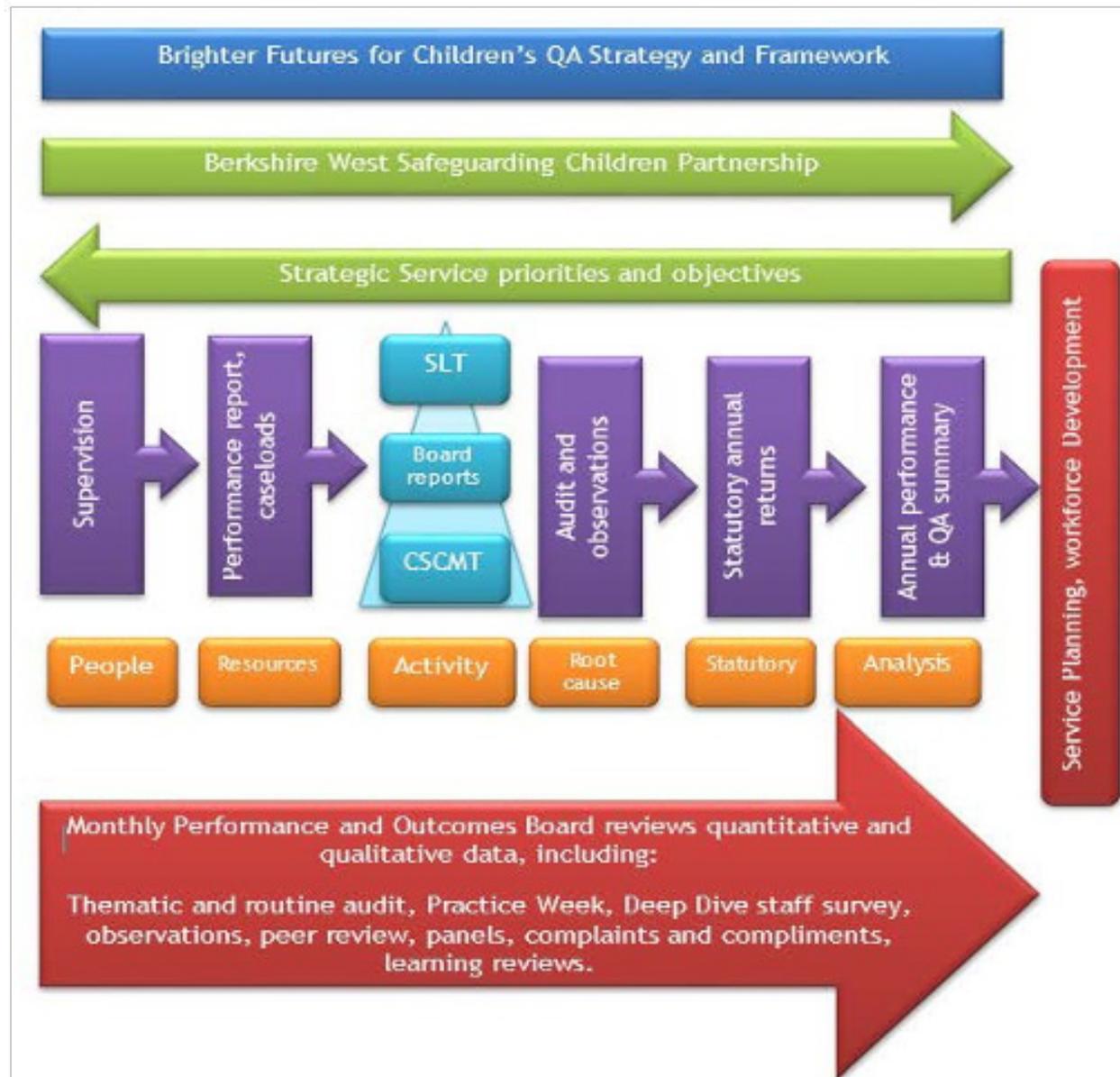


*Acting with DfE-approved executive responsibilities until March 2021

Senior Leadership Team



Quality Assurance Framework



Quality Assurance Framework

Quality Assurance activities

- Our Quality Assurance Framework sets out our approach to quality assurance and sets out our company-wide Quality Assurance Activity Plan. Activities include deep dives, joint and paired reviews, routine audits and thematic reviews, and auditors are drawn from all service areas.
- The programme of quality assurance work is informed by our improvement plan, key areas of focus, and emerging themes, and is a mix of planned and responsive audits and reviews.
- Audit findings and reports are presented to a range of Boards and Committees, including the Quality Assurance and Improvement Committee, the Performance and Outcomes Board and the Executive Committee.

Routine monthly audit programme

- Auditing is a major part of our quality assurance process. Managers at all levels across the Company and our IFA participate in this formal activity.
- There are monthly audits undertaken across early help, children's social care, SEND, adoption and fostering. Routine audits are completed each month and take the form of either quality audits including success reviews, or compliance checklist audits.
- Additionally, we are planning to regularly complete joint and paired audits across service areas and with partners, and formalise our moderation programme.

Use of data and intelligence

- The Performance Team produce weekly and monthly performance reports that are disseminated to managers.
- Directors of Education, Early Help and Children's Social Care routinely meet with their team to review key performance indicators.

- Feedback from children, young people and their families
- The views of children, young people and their families about services they receive and the impact these have on their lives, are sought and gathered in several ways, including surveys, bi-monthly audits and reviews.

Practice Weeks

- Practice Week takes place for up to five working days and occurs twice a year, it is a Company-wide activity.
- Our Practice Weeks incorporate a holistic and collaborative approach whereby case discussions and practice activities/observations are completed alongside the practitioner (Practice Week 1 annually) and learning conversations are held which centre on key themes (Practice Week 2 annually).

Measuring our learning and impact

- As our audit activities become embedded in practice, we are looking at what we are learning from these activities, and the impact our findings are having on the experiences and outcomes of children and families. This includes understanding 'wow' moments for children and families that inform transferable skills and knowledge, and how improving specific practice issues support families to achieve outcomes.
- This is a continued area of focus for the year ahead, and the Quality Assurance and Improvement Committee is providing key support and challenge.

Compliments and complaints

- We welcome feedback from service users to inform the improvement of services. All compliments and complaints are logged and disseminated to managers. Issues arising from complaints, how the specific service has addressed them, and emerging themes are then reported to the senior leadership team and relevant Company Boards and Committees.

Workforce

Table 1: The Company establishment as at January 2021.

Service	Permanent	Interim	Vacancy	Grand Total
Children's Social Care	68%	24%	7%	100%
Early Help Service	94%	0%	6%	100%
Education Services	89%	4%	7%	100%
Finance and Resources	81%	6%	13%	100%
Managing Director's Unit	76%	18%	6%	100%
Grand Total	80%	13%	7%	100%

Table 2: Social worker establishment by team

Team	Permanent	Interim	Vacancy	Operational Estab	Budgeted Estab
A&A Team 1	3	2	1	6	6
A&A Team 2	2	3	1	6	6
A&A Team 3	2	4		6	6
A&A Team 4	3	3		6	6
CSPoA	4	2		6	6
CYPDT	5.2	1	2.1	8.3	6.8
FI Team 1	3	4	1	8	8
FI Team 2	4	4		8	8
FI Team 3	6	2		8	8
FI Team 4	3	5		8	8
CLA Team 1	6.5	1		7.5	16
CLA Team 2	6		1	7	
Leaving Care	3	1		4	4
Grand Total	50.7	32	6.1	88.8	88.8

Social worker establishment total is 89 FTE: 33.5 interims, 48.7 permanent, and 6.6 vacancies (as at 31st Dec 2020)

“
My IRO always comes to see me before meetings is nice and kind
”

Key workforce strategies

- The Board-led Recruitment and Retention working group continues to meet monthly and is currently reviewing options for attracting newly qualified social workers through an “academy style” programme and the infrastructure needed to support this option. This will include an ASYE programme for 2020/21 and an apprenticeship entry level scheme for four students currently employed by the Company.
- The working group is also looking at how we can best retain our staff through effective onboarding and improved managerial support.
- Most of our staff are working remotely due to Covid-19. A number of wellbeing events are planned for February 2021 which aims at supporting staff working remotely from a perspective of mental wellbeing and muscular-skeletal conditions – the two highest causes of sickness absence.



What our children and young people looked after say

The support I get ●
 My social worker ●
 My IRO and review ●

“
 I know who my IRO is
 ”

“
 More support and knowledge
 about everything i am entitled
 to and services i can get help
 from once leaving care
 ”

“
 I have had 12 social workers. Too
 many and I can name them all.
 I do not like it and don't want
 another social worker again! But
 I like you as you have been with
 me from the start.
 ”

“
 I need my social
 worker to sort out
 my national insurance
 number. I am now
 nearly 17 years old.
 ”

“
 I would like her to
 come round more, I
 don't like video chats
 ”

“
 I never go to my
 review as its way
 too long
 ”

“
 My IRO is good at
 getting things done
 quickly and effectively
 and listening to me
 ”

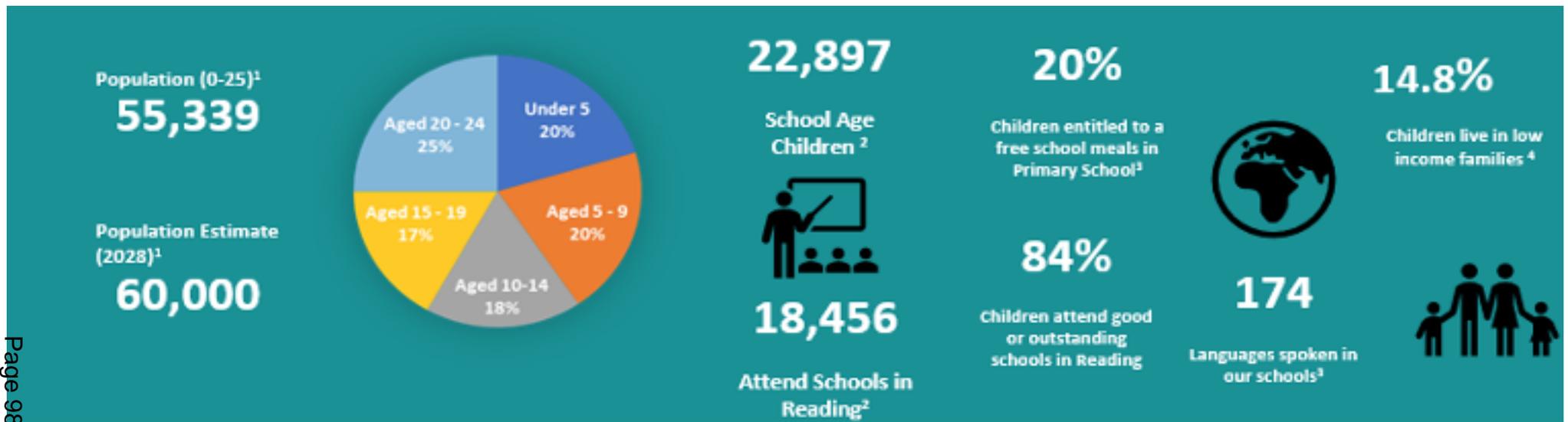
“
 I have been
 supported so I'm
 out of trouble
 ”

“
 I would like my
 social worker to
 answer my texts
 ”

“
 The support I get
 now is adequate
 but should've been
 consistent right from
 the start
 ”

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The children of Reading



Page 98

- The estimated number of Reading children aged 0-18 years is 39,736¹.
- Percentage of children (under 16) living in low income families was 14.8% in Reading, and 18.4% nationally in 2019⁴.
- Percentage of primary school children entitled to free school meals was 20% in Reading³, compared to 17.7% nationally in 2020⁴.
- Percentage of secondary school children entitled to free school meals was 12.4% in Reading, and 15.9% nationally in 2020⁴.
- The percentage of BME children in Reading schools is 57.8%⁵
- The largest minority ethnic groups of children and young people in the area are White Other and Asian Indian⁵.
- The proportion of children and young people who speak English as an additional language in primary schools was 36.5% in Reading, and 21.3% nationally in 2020⁴.
- The proportion of children and young people who speak English as an additional language in secondary schools was 31.8% in Reading, and 17.1% nationally in 2020⁴.

Source of Information: ¹ONS 2019 mid-year, ²DfE SFR Jan 2020, ³School Census Oct 2020, ⁴LAIT Local Authority Interactive Tool 17/12/20, ⁵School Census Jan 2020.

“ I like my social worker ”



What our children and young people looked after say

- The support I get ●
- My social worker ●
- My IRO and review ●

“ I am not well supported with my money as I can't afford to pay my council tax, it's too much ”

“ I trust Bharti and will only speak to her because she has been with me all this time and is the same as me. ”

“ The support I get from BFFC by updating me everything that's going on ”

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“ My social worker left without saying goodbye and I had to learn she had gone in my review. This does not make me feel very important. ”

“ My IRO is good at getting things done quickly and effectively and listening to me ”

“ There always seems to be someone away on holiday when its my review so it has to be rearranged at the last minute ”

“ Maybe not misinterpret when a young one is talking or making things up, or even thinking they said something else to what the young one originally said ”

Our Architecture for Professional Practice

Our Architecture for Professional Practice was approved by the BfC Board in September 2020, and will support our work to improve outcomes for children, young people and families through embedding effective practice, rooted in our knowledge of research and evidence of 'what works'.

Our architecture applies to our leadership and our professional practice across the company. It is fundamental to how we work with children, young people and families and also underpins how we work with each other and our partners across all services and all layers of the organisation.



We will continue to build on the foundations that are needed for successful implementation of our Architecture for Professional Practice. These include developing:

- A stable workforce
- Prioritising staff wellbeing
- Manageable caseloads
- Effective management and supervision
- Mature partnerships with other agencies
- Highly visible leaders and managers
- A strong culture of learning
- Mature partnerships with other agencies
- Good quality assurance, performance monitoring and performance management

Safeguarding Arrangements BWSCP

New safeguarding arrangements

Working Together to Safeguard Children 2018 provided the framework to re-configure our local safeguarding partnership. The previous separate LSCBs of Reading, Wokingham and West Berkshire had worked closely for many years, and a shared Independent Chair and a number of shared sub-groups. We took the decision to bring these areas together under a new multi-agency safeguarding arrangement, called the Berkshire West Safeguarding Children Partnership (BWSCP). The new arrangements came into force in June 2019, and information about the partnership, can be found here: <https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp>

Achievements during our first 18 months

Much of our first 18 months as BWSCP has been focused on our response to the safeguarding risks from the Covid-19 pandemic.

- As soon as we faced a lock-down situation, the Statutory Safeguarding Partners and other key health organisation colleagues initiated a regular Covid-19 Partnership meeting.
- We compare data, discuss emerging and identify risks and determine what the impact of lockdown continues to be on our families.
- We agreed and shared business continuity plans and changes in working practices, impact of mental health issues, and agreement and swift production of communication materials for practitioners and communities.
- The lockdown 'Speak up be Brave' safeguarding video campaign had over 80,000 views and was shared hundreds of times on Facebook.

To support frontline practitioners, we have:

- developed the new BWSCP website containing a large range of useful information.

“
I like to see my IRO
before my review
that works for me
”

- offered free Universal Safeguarding e-learning available via BWSCP website. More than 1500 people have accessed and completed the module since September 2020.
- held six learning events across Berkshire West disseminating learning from our local case reviews, which was well attended by colleagues from all organisations across the partnership including voluntary sector.
- provide threshold guidance that is consistent and aligned across the three areas. The guidance recognises that each area retains their key differences in provision and referral routes, however, the localised information is in the same place in each document, the levels of need are described verbally and diagrammatically very similarly, and the risk factors and protective factors are virtually identical.

Rapid Review Process

Between the start of the first national lockdown to the end of 2020 we had an unprecedented rise in incidents that were reported to the national Child Safeguarding Practice Review Panel. Each notification triggers the requirement to undertake a rapid case review within 15 working days.

- During this nine-month period we have undertaken 11 Rapid Reviews across the three localities (five for Brighter Futures for Children), compared to one for Brighter Futures for Children in the previous 20 months.
- Our robust process and identification of early learning has received positive praise from the National Child Safeguarding Practice Review Panel for the quality of this work and our processes have been shared with colleagues in other regions.



Achievements and Highlights

The past twelve months have provided many opportunities for the company to grow and improve in its delivery of children’s services to the families of Reading. Some of our achievements and highlights over this time include:

- Out of DfE Intervention following positive ILACs inspection in Autumn 2019
- Response to Covid-19 in schools and early years providers
- Positive Assurance Visit in November 2020 of BFC Independent Fostering Agency
- Children in Need Service within Early Help and Prevention services
- Kept quality and timely services in Social Care and Early Help and used minimal relaxations
- Delivery of 656 laptops to vulnerable children
- Tackled food poverty through range of strategies
- Well-being of staff
- Stability of the Operational Senior Leadership Team
- Savings through Transformation Programme
- Robust response to rise in Elective Home Education
- 2,000 risk assessments of vulnerable and children with SEND
- Coaching, mentoring and training programmes for service and team managers
- Trauma Informed Conference
- Practice week in November 2020
- More robust Quality Assurance and audit activities across children’s services
- Embedding of Achieving Best Outcomes Panels
- ‘Outstanding’ Ofsted judgements for our residential and respite provisions for children with disabilities
- One Reading Children and Young People’s Partnership is a strong partnership thinking innovatively about how to manage children’s needs at earlier stages.

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“

My review is really useful and it makes sure everyone is doing what they are supposed to be doing

”

“

Thank you for always being there for my family. You know all my family and have been there from the start.

”

“

The support I get works well because I can rely on the staff that support me

”

Transformation Programme

We have revised and consolidated our Transformation Programme projects to support our improvement journey. In 2020/21, we closed projects that we have completed, we moved pilot project work with beneficial outcomes into business as usual and agreed projects to carry forward into 2021/22. Our projects focus on improvement and efficiency, and are summarised in the table below.

“
I would like people
to talk to me and tell
me what is going on
”

Table 3: Transformation projects by workstream

WORKSTREAM	PROJECTS
A: Improving Practice Standards	<ol style="list-style-type: none"> 1. Court Proceedings 2. Family Group Conferencing
B: Building Community Capacity	<ol style="list-style-type: none"> 3. ONE Reading Children & Young People's Partnership 4. Children in Need cases
C. Stronger Stability for Children	<ol style="list-style-type: none"> 5. Re-imagining Foster Care 6. Placement Solutions Team
D: Consolidating Corporate Resilience	<ol style="list-style-type: none"> 7. Direct Payments 8. Enhanced Short Breaks Service 9. Modernising ICPCs 10. End to End Process Mapping 11. End to End Demand Management 12. Contact Centre Review 13. SEND Transport Review 14. Using Analytics to Improve Referral Workflow

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Working in COVID-19 Summary

We have prepared a companion document that specifically responds to the impact of and our response to COVID-19 including for our vulnerable learners and our post-16 young people. In this document, we have presented a summary of this information.

Working in COVID-19

- Maintaining effective interventions with children, young people and families in the context of the COVID-19 pandemic has created both challenges and opportunities. In November 2020, a combined lessons learned from Early Help and Social Care was presented to the QA and Improvement Committee.

In August 2020, Early Help held four thematic discussions to explore how practitioners made contacts meaningful in the context of virtual working. Thematic discussions focussed on: 0-5s, 5-10s, young people, and parenting.

- In May 2020, Children Social Care provided a Practice Guide for Video Call/Contact and Virtual/ Online Home Visits, supporting practitioners to creatively undertake virtual visits.
- In October 2020 Children Social Care undertook a thematic audit to ascertain parents and children's experience of service delivery, during COVID-19. This, together with feedback from staff, provided a helpful understanding of the learning and key themes.

Adapting to virtual working

- Practitioners initially struggled with moving beyond 'welfare checks' to creative and meaningful engagement. Some children, young people and families responded well to virtual working, sharing more in calls than they would in a home visit. Other families were more reluctant to take part in virtual working. There were particular challenges for virtual working with young people with learning difficulties and non-verbal children requiring creative ways to observe and engage with them in a meaningful way.

- Some families reported feeling overwhelmed by multiple professional contacts. Staff themselves were adapting to primarily working from home away from colleagues and management support.

Strengths

- Improved multi agency attendance at TACs and statutory review meetings
- Increased engagement of parents of older young people
- 100% completion of virtual RHIs
- Launch of One Reading Hub.

Challenges

- Digital Poverty: Family access to laptops, smartphones and broadband, especially when not meeting DFE definition of vulnerable
- Cessation of targeted group work, including parenting programmes, children's centres and youth groups
- Ensuring safe virtual environments for CPCs and CLA reviews
- Sustaining contact arrangements
- Supporting families through virtual, delayed court sessions
- Reduced community support, respite and short breaks.

Reponses

- Timely updates to Standard Operating procedures to provide all staff with safe framework
- Refreshed knowledge hub on intranet
- Increased frequency of virtual and reintroduction of direct work when risk assessed as safe.
- Increased use of creative activities/resources to engage and give focus to sessions
- Increased use of doorstep/garden and targeted outdoor group activities when permitted.



Education Summary

Reading has a mixed economy of types of schools - Academies and free schools, community and voluntary aided schools, selective and non-selective, infant, junior, primary and secondary schools.

Strengths

- The investment in building relationships with Headteachers and other key stakeholders has paid off during the pandemic. The Education Team moved swiftly once the first lockdown was announced, putting in place a team of 'go-to' contacts, responsible for supporting headteachers and picking up and resolving issues which could be dealt with at a local level as well as providing an escalation route for matters which required regional or national solutions. In addition, a regular email briefing and a weekly virtual meeting were developed for heads. This supportive relationship led to a smooth transition through the pandemic, first through the phase to support attendance for key workers and vulnerable children and then through the 'full' opening of schools from 1 June 2020 and 4 September 2020. All schools were supported in developing a risk assessment for all vulnerable children (some 2000). These were used as the basis for supporting pupils who were not attending school and reintegrating pupils on their return.
- Our strategy enabled attendance at Reading Schools to exceed the national and regional positions and our statistical neighbours. As at the week commencing 7 December, attendance in Reading Schools was 87.4% compared with the England average of 86.3%, the south east average of 86.2% and our statistical neighbours' average of 86%
- In the secondary sector all of our schools except one (Blessed Hugh Faringdon) are academies. In the primary sector, most of our schools remain maintained (out of 49, 13 are academies or free schools).
- The Reading Primary Heads Association has been resuscitated and alongside the Reading Association of School and College Leaders meet regularly to support each other and provide a 'schools-led' response to the local authority.

- The Director of Education is in regular contact with both groups to help build relationships and to enable early conversations for policy directions. As a result of the pandemic, both groups have been active in lobbying for the prioritization of school staff in the rollout of the vaccinations.
- Alongside the University of Reading, our partnership with schools and others is leading to some early thinking on building a more research informed education community. This work is at an early stage, however, our first Big Education Conversation (held in October 2020 on the topic of 'Do Black Lives Matter: decolonising the curriculum?') was well received and has formed the platform for further education discussion and debate.

Challenges

- In general terms, on leaving secondary school, performance is high with our schools achieving some of the best performance in the country at key stage 5. However, at earlier key stages performance remained stubbornly at or marginally below national averages and for those looking at non-academic pathways at post-16, there are a limited range of vocational opportunities such as apprenticeships, training, and routes into work. As a result of the pandemic, no performance information on education outcomes at our schools is currently available.
- Mirroring the national picture, Reading has experienced an increase in elective home education, particularly at the start of the new academic year. However, our increase is lower than the national increase (some 29% increased for Reading, compared with 38% in England). In particular, although the white British community still represent the highest proportion of children and young people home educated, there has been a significant rise in children and young people from Pakistani backgrounds.

Achievement at key stages

The last validated performance data for schools is for the 2018/19 academic year. Given the situation with Covid-19 and exams, there are no reliable data for 19/20 academic year. We are also aware that SATs and EYFS moderation has been cancelled for 20/21 academic year and at the time of writing the situation is unclear in terms of GCSEs and A levels. BfC continues to work with our schools to support them in ensuring children and young people have access to high quality learning, be it through remote learning or face to face teaching.

This document and the figures and analysis overleaf therefore refers to the previous year 2018/19. Achievement at all key stages except key stages 4 and 5 remains marginally below the national average for all pupils.

Children Looked After achieve significantly higher than national counterparts at EYFSP, however, at key stage 2 they perform at level lower than the national average by key stage 4 they are once again above national average.

Pupils with special educational needs and without EHCP perform below their national counterparts at EYFSP, however, at key stage 2 they perform above the national average. By key stage 4 these young people are achieving in line with national figures.

For pupils with an EHCP, performance in the early years remains in line with national picture, but significantly lower than other pupils. At key stage 2, these pupils are performing above the national average for their peers (although in line with the national picture this remains below the national average for all pupils). By key stage 4, such pupils are exceeding the national average.

In general terms, on leaving secondary school, performance is high with our schools achieving some of the best performance in the country at key stage 5. However, at earlier key stages performance remained stubbornly at or marginally below national averages and for those looking at non-academic pathways at post-16, there are a limited range of vocational opportunities such as apprenticeships, training, and routes into work. As a result of the pandemic, no performance information on education outcomes at our schools is currently available.

In 2019, the number of children in Reading achieving good levels of development (GLD) fell from 71% to 69.2%. This equates to approximately 60 children not achieving expected GLD.

Table 4: Percentage of children achieving good level of development in FSP

Statistical Neighbours	2013	2016	2017	2018	2019	-	Change from previous year
870 Reading	51.10	71.00	70.40	71.10	69.20	-	-1.90
Statistical Neighbours	47.56	68.16	70.14	71.56	71.86	-	0.30
989 South East	54.30	73.00	74.00	74.70	74.60	-	-0.10
970 England	51.70	69.30	70.70	71.50	71.80	-	0.30

The quality of local early years provision is Ofsted rated as primarily good or outstanding. There is evidence that both maintained and PVI provision is supporting GLD. Whilst the skills, knowledge and experience of early years staff across the sector may be variable, there is insufficient evidence to indicate acute problems in any one area.

A more contributing factor maybe the percentage of children who do not access any early provision prior to starting school. In 2019, of a cohort of 3,453 children eligible for FSP assessment:

- 30% of children had transitioned from nursery provision attached to the school
- 15% from the Maintained Nursery Schools
- 42% from the PVI's
- 1% from out of area
- 12% had no early years history and of these 34% were English as additional language (EAL).

Tackling exclusions

Cross phase initiatives: Mental Health

Alongside our work with Therapeutic Thinking schools, we have been focusing on the importance of mental health and wellbeing within schools.

- In January 2020, following a successful trail blazer bid, we launched our mental health support team focused on supporting schools to address mental health and wellbeing issues with children and young people through a range of CPD opportunities for school staff.
- Our Mental Health triage has been launched with self-referrals being taken from children and young people, as well as parent/carers.
- Our next step is to embed GP referrals into the process. The service is led by the Principal Child Education Psychologist and has been successful in securing additional funding and support.

Cross phase initiatives: Therapeutic Thinking

Our work to influence schools' behaviour and inclusion policies has been very successful.

- We have shared training on Therapeutic Thinking with schools and colleges including nursery, primary, secondary, and special and higher education settings (such as Reading College). We have also provided briefings for Reading University's teacher trainees and all internal teams who support schools.
- We have attracted interest in this trauma informed approach from a number of neighbouring authorities. Brighter Futures are part of a national steering group. 51 schools have committed to the programme – out of 59 schools in Reading. We have trained over 120 senior tutors in schools and BfFC.
- We have also had a commitment from six schools to act as System Leaders, tasked with providing support and sharing innovation as part of our school to school approach.

Between academic year 2015/16 and academic year 2017/2018 the number of fixed term exclusions has decreased significantly (nearly halved). However, we are still experiencing challenges in a small handful of secondary schools and we have followed these up with the schools and their respective trusts as well as the Regional Schools Commissioner.

- As part of our developing research informed approach, we are working with the University of Reading to develop case studies on the three permanent exclusions we had. This work will feed into our partnership with the violence reduction unit, and will also support the creation of a trauma informed, therapeutic tool for school staff and professionals to use when assessing the support for pupils who are at risk of exclusion.
- The tool will also support the identification of gaps in current and future support for these pupils. This toolkit will be based on the experiences of the children within the case studies, giving them and a voice within the system. The toolkit will become part of Brighter Futures for Children Education Services' successful 'Therapeutic Thinking School' project.

Table 5: Exclusion rates

Between 2016/17 and 2018/19 the rate of fixed term exclusions in Reading secondary schools decreased, compared to an increase in England.	2016/17	2017/18	2018/19
Rate of Fixed term exclusions from secondary school England	9.4	10.13	10.75
Rate of Fixed term exclusions from Reading secondary schools	10.79	8.71	7.49
Number of fixed term exclusions from Reading secondary schools	788	651	720

Tackling exclusions

Reading had previously outsourced its careers advice team. From summer 2019, this was brought in-house under the leadership of the Director of Education and was rebranded as Elevate. Within Elevate, our aim is to create a thriving seamless service that is accessible to young people in Reading, particularly those young people from disadvantaged backgrounds and diverse range of cultures, those who are looked after or have special educational needs and disabilities. The service aims to deliver a high-quality career service, helping young people to understand the range of local opportunities available to them in the current economy and gain the skills and qualifications they need to succeed for the jobs of the future. We want young people in Reading to transform their lives for the better and to do this they need to receive a good education, with the qualifications and skills to show for it.

Elevate has a comprehensive and ambitious plan to support young people with post-16 services, that includes actions regarding:

- NEET Prevention/improving Post 16 attainment
- NEET delivery
- Careers digital technology
- Quality, performance and data management

Offers of education or training

With regard to one of our statutory responsibilities, the September Guarantee, a process where we confirm all Year 11 and 12 2020 leavers have a confirmed formal offer of education or training, in 2020/21 we saw an increase of offers compared to last year with 2,777 young people securing a formal offer. Further analysis of the last four years shows this year is the best performance yet.

We have seen another improvement with young people not being contacted successfully to obtain their offer, this year we had 129 young people with no offer recorded. We have and will continue to proactively track and support

these young people. There has been an increase with our NEET numbers, with 36 young people leaving education with no offer secured.

The successful partnerships established with our secondary schools, local colleges, providers and other local authorities resulted in this year's September Guarantee process running smoothly and effectively. Schools, colleges and local authorities were extremely helpful and efficient in gathering and sharing their September Guarantee data helping Reading to achieve such positive results this year.

Table 6: September Guarantee performance

Year	16 & 17yos known to BFFC	Offer made (%)	Offer not appropriate (%)	No offer (%)	Not recorded (%)
2020	2,999	92.6	1.9	1.2	4.3
2019	1,960	57.4	0.4	0	42.2
2018	2,450	71.4	0.2	0.2	28.3

Strengths and achievements in this area include:

- Reading attainment in all Level 3 qualifications (APS per entry is 38.3) ranks us as second nationally, first in the South East and first among our statistical neighbours.
- The proportion of pupils attaining at least three A-levels at grades A*-A is 29.9% is the highest nationally. The proportion of pupils attaining at least three A-levels at grades A*-B is 39.6% is the highest nationally.
- The average point score per entry in Reading for Applied General Studies (32.9) puts us in fourth place nationally and first in the South East (and among our statistical neighbours).

NEET

We continue to work hard in reducing the number of young people who are not in education, employment or training (NEET) and those whose situation is not known. NEET numbers continue to rise, in November there were 88 young people not engaged in education, employment or training. We are performing slightly higher than our statistical neighbours, England and the South East.

Participation and Engagement numbers are improving month by month. In November we had 2,839 young people engaged in formal education or training. This is higher than our statistical neighbours, England and the South East.

Our 'not known' figure has decreased dramatically and we are beginning to see an improved picture on our NEET figure which as at January 2020 was lower than our statistical neighbours.

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Table 7: NEET figures

16-17 Olds NEET and Not known	Dec-20		Dec-19	
	All	SEND	All	SEND
Reading	5.4%	10.7%	17.5%	29.2%
England	6.3%	10.1%	6.1%	10.0%
South East	7.6%	11.2%	7.3%	11.0%

Reading's Post 16 Attainment for 2019: Reading attainment in all Level 3 qualifications (APS per entry is 38.3) ranks us as second nationally, first in the South East and first among our statistical neighbours.

Reading's 2019 A-Level performance: The proportion of pupils attaining at least three A-levels at grades A*-A is 29.9% is the highest nationally. The proportion of pupils attaining at least three A-levels at grades A*-B is 39.6% is the highest nationally.

Reading's 2019 performance in vocational qualifications: The average point score per entry in Reading for Applied General Studies (32.9) puts us in fourth place nationally and first in the South East (and among our statistical neighbours). Reading's performance against this measure has dramatically improved from last year when Reading was ranked 90th nationally.

A weekly report is submitted to the Director of Education reporting on actions taken to support the re-engagement of NEETs, particularly children looked after and those with SEND.

Following the issuing of the ministerial letter in autumn 2019 raising concerns about the high level of NEETs, an action plan was implemented with monthly progress being reported to SLT. The table below shows some of actions taken:

Issue	Solution
SEND overrepresented in NEET and exclusion data. Tribunals around lack of vocational work experience/ skills. Lack of vocational pathways for vulnerable learners	Created and trialled a new vocational pathway for SEND learners which as vocational profiling at its heart – produced alongside EHCP. Planned rolled out with the idea of having a vocational pathway from around 12/13 years of age
No supported employment offer	Commissioned Ways into Work to work with young people 16 to 19 with EHCP who have been NEET the longest. Also developing a 3-way model for BFFC linking ways into work (as support) a secondary school (education) and employers (we and jobs) into one model.
No contextual approach to why YP are NEET and what we can do at individual family school community level to prevent NEET and re-engage NEET	Commissioned a creative employment project for young people interested in a career in the arts sector. Have also commissioned a sports project as a pilot.



Elective Home Education

Following the partial opening of schools during the first lockdown when all but keyworker and vulnerable pupils were educated via distance or remote/online learning, a rise in the number of electively home educated (EHE) pupils was anticipated in Reading when schools fully reopened to all pupils in September 2020.

There has been a clear increase in EHE in Reading since Schools opened fully from September 2020. Numbers have risen from 194 pupils in 153 families in September 2020 to the current 263 pupils in 189 families (January 2021).

The main reasons given by parents/carers to EHE for withdrawal, using the DFE categories, are:

- Parents opted out of school system (44 children)
- Unknown (27 children)
- Short term measure due to personal issues (12 children)
- A child's unwillingness/ inability to attend school (8 children).

The largest withdrawal category is "Parents opted out of the school system". This could be divided into three types of opt out:

- a) those parents who have really enjoyed having the children at home and undertaking their education and have chosen to continue with EHE instead of returning the children back to school
- b) those who have opted to EHE through fear and concern over the safety of school with Covid-19
- c) those who have family/ child health issues and have chosen to EHE rather than return to school

Although parents are required to formally notify schools that they are withdrawing their child/ren to educate them other than in school, they are not obliged to give a reason for doing so. This explains the high number in "Unknown" category.

Support for new EHE families

- In response to our concerns about the increasing rate of home educating, a questions and answers guide was produced and circulated to schools to help them give parents and families advice to support their choices.
- Once a family is registered as home educating, they receive an information pack containing the Parent/Carer Information booklet, guidance on employing tutors and a comprehensive resources list divided into subjects together with a covering letter of introduction which includes the Advisory Teacher's details and contact numbers. Due to Civic Office restrictions some families have had to wait two weeks before receiving the information.
- Where possible phone calls or emails are sent to check the pack has arrived safely together with the offer of additional telephone support.
- Currently it is not possible under the Covid-19 restrictions to offer home visits but these will be resumed as soon as they are permitted and subject to family consent.
- Support is becoming more difficult not only due to the Covid-19 restrictions but also due to the large increase in numbers. The Advisory Teacher is currently employed on a 0.5 FTE, so when visits can resume and families are happy to consent, visits will be less frequent with the current increase of families on the list.
- Despite the increase in EHE in Reading (which mirrors the national situation although we are lower than our statistical neighbours), there has been a robust response to supporting parents and families make active choices on whether to electively home educate their child. With schools now required to make remote learning available, we would expect the interest in home education to wane.

Vulnerable groups

Strategy

- Our strategy was formally approved by Reading's Health and Well Being Board in 2017. It was further refreshed in 2018 and again through a stakeholder workshop in 2019. The underlying workstreams for the strategy remain:
 - » Strand 1: Improving communication
 - » Strand 2: Early intervention through to specialist provision
 - » Strand 3: Consistent approaches to emotional wellbeing
 - » Strand 4: Preparing for adulthood
 - » Strand 5: Support for families / short breaks

Regular progress is reported to the SEND strategy board and from there to the Health and Well Being Board.

The overall strategic direction remains to ensure that children with SEND are educated as close to home as possible whilst meeting their needs. Given the increasing demand for autism and SEMH support, we have opened one resourced provision for social and communication difficulties in mainstream schools in September 2020 and are discussions to open a second, and, in partnership with Wokingham Borough Council, a school for autism and SEMH students (all through school) from September 2023.

- We are working alongside colleagues in Reading Borough Council to increase places from September 2021 at The Avenue School – an outstanding special school academy.
- We are also investing in SCD facilities in early years and primary schools to increase our ability to support children at an early stage of their school career.

“
My teacher and social worker
have been really nice to me
”

Achievements

- We have invested in our staff and brought additional capacity to the SEND team. Alongside this we have introduced a new quality assurance approach (using the software Invision) to ensure our EHCPs are of the highest quality. Our performance in terms of issuing plans has continued to improve with us regularly issuing 100% of plans within statutory deadlines.
- For children with SEN support at key stage 1 (R,W,M), our schools' performance is in the top 25% of all Local Authorities.
- For children with EHCPs, our school performance is in the top 10 at key stage 1 (R,W,M).

Children Looked After

Our virtual school continues to be recognised as a strength. Alongside being committed advocates in our corporate parenting role, the virtual school ensures that children looked after receiving high quality education. At early years and foundation stages children looked after continue to perform significantly higher in terms of a good level of development than their peers. However, as these children enter primary school there is a dip in their attainment which mirrors the overall dip in performance across all schools with 33% children looked after reaching expected levels compared with 61% of their peers (2019 figures). The gap at key stage 2 has widened this year but has been significantly lower in the previous two years.

By key stage 4 attainment 8 figures showed that the gap between Reading looked after and their peers is slightly larger than the gap nationally.

Achievements

- Reading ranked third in the country for the percentage of children looked after achieving 9-4 pass in English and Maths (2018 latest figures).
- At 42.1% this was significantly higher than south east average at 18.6% and all England national average of 17.8%.



Virtual school

Our Virtual School has supported schools and Designated Teachers to prioritise the needs of children looked after with an identified special educational need via termly virtual Personal Education Plan (PEP) meetings. Where appropriate, PEP meetings have been scheduled to coincide with Annual Review meetings.

During lockdown, the Virtual School advocated determinedly for children looked after, setting up virtual systems of working and continues to work hard to support children, foster carers, social workers, designated teachers and schools during the COVID-19 pandemic. The Virtual School worked closely with social workers and designated teachers who ensured that during lockdown children looked after had risk assessments in place which determined whether they should attend school or remain with their carers and be supported via home learning.

In addition to the children looked after remit, the headteacher of the Virtual School was the daily contact for seven Reading primary schools offering support and reassurance throughout the period of lockdown. This support has continued on a weekly basis throughout the pandemic.

Key strengths of our Virtual School include:

- **Voice of the child:** Listening to the wishes and views of children, giving them the opportunity to express how they are feeling and responding to their needs has been critical during this pandemic. This is captured in a comment shared by one of our children looked after in relation to the impact of COVID-19 and online learning and how it has supported their emotional and wellbeing and mental health.
- **Emotional health and well-being:** Using the Strengths, Difficulties Questionnaire (SDQ) is an important tool which can serve as an indicator of the level of children's emotional health and well-being. This has been particularly important during this period and social workers continued to receive support from the Virtual School's Educational Psychologist in the SDQ process, indicators and analysis.
- **The Virtual School's Emotional Health and Well Being Triage Support Group** transferred to meeting via Microsoft Teams with continued

attendance from our partners in CAMHs, Health, Primary Mental Health, Education Psychology and the Virtual School. Social workers made referrals to the panel often based on high SDQ scores and expert advice and guidance was offered to support the emotional health and well-being of our children looked after.

- **The Virtual School Educational Psychologist** has continued to complete assessment's which have informed and supported the delivery of targeted interventions funded via Pupil Premium Plus funding and which has also served as evidence towards requests for statutory assessment.
- Support on attachment and developmental trauma has been offered to foster carers, social workers, designated teachers and schools along with the promotion of therapeutic thinking approaches to support children's emotional health and well-being.

The Virtual School continued to track attainment and progress through personal education plans and feedback at virtual PEP meetings from children, social workers, foster carers and designated teachers was key in understanding how children were attaining and making progress whether they were attending school or were home learning. These include:

- Bespoke support for children and carers was offered prior to and on KS4 and KS5 examination results day. Children received letters of congratulation from the Lead Cllr for Education and the Director of Education and have also received on line vouchers from the Virtual School.
- There were some creditable individual achievements at KS4 and three KS5 students gained places at university and continue to receive support. One young person in their first year at university received intensive support during lockdown, following issues around their mental health, which enabled them to complete assignments and successfully progress into their second year in September.
- Support for all children looked after was critical at this time but particularly for children looked after with an identified special educational need and education, health care plan. The following comment from a designated teacher for children looked after in a Reading specialist setting for children with education, health care plans evidences this.

SEND

We have produced a COVID-19 SEF which was updated in early January 2020. This identifies our approach to support children and young people with SEND throughout the pandemic.

Table 8: Pupils identified by schools as receiving SEND support and pupils with EHC plans¹

	2018	2019	2020
Reading	3,499	3,766	4,025
Reading %	13.7	14.6	15.3
Statistical Neighbours %	15.4	15.5	15.4
England %	14.6	14.9	15.4
South East %	14.5	14.9	15.5

¹Source: School Census, Percentage of pupils with SEND (SEND support and a statement or EHC plan), based on where the pupil attends school at January, and expressed as a percentage of the total number of pupils on roll.

Since 2016 the overall number of pupils increased in Reading schools by 5%, while the number of pupils with SEND has increased by 25%. The percentage of pupils with SEND in Reading schools is similar to our statistical neighbours and slightly lower than the South East and England overall. At January 2020 there was an increase in the total number of pupils with SEND across schools in Reading, a net increase of 526 pupils with SEND since January 2018.

The percentage of pupils with special educational needs across all schools will be influenced by the number of pupils across all schools at SEND support, as only a relatively small proportion of pupils have an EHC plan. At January 2020, 19% of pupils with SEND had an EHC plan in Reading schools compared to 81% identified as receiving SEND support.

Our Local Assessment Protocol is being reviewed to ensure it includes fuller information regarding the expectations for our children with SEND and pathways.

Co-production in SEND

Co-production is at the heart of our work and is increasingly 'business as usual'. Reading Families Forum (RFF) are key members of the SEND Strategy Group and involved in the key workstreams. Regular meetings are held between RFF and our head of SEND.

Achievements over the past year include:

- We have refreshed the EHCP process to ensure the 'voice of the child' and the views of families are central.
- We respond annually to the RFF's survey of parents, producing a 'You Said, We Did' response which is added to information on the local offer.
- RFF were centrally involved in our proposals for the new SEND special school which will open in Wokingham from September 2022.
- Co-production is embedded in the work of the Berkshire West SEND Joint Implementation Group (JIG) and some work streams such as the recent equipment review have been led by Parent Carer Forum members.
- A former CAMHs service user supported the CCG and Public Health to lead a 5 Ways To Wellbeing social media campaign for young people during the first lockdown period. The CCG is currently updating the Little Blue Book of Sunshine which was co-produced with Young People about 4 years ago.

Feedback from service users on their experience of service delivery continues to shape care pathway transformation across health partners. An example is the recommissioning of Neurodiversity support service (Autism and ADHD) where members of local parent carer forums shaped the service specification, outcomes framework and were involved in evaluating the tenders. A further example is the scoping work in Transforming Care work streams such as Alternatives to Admission. Service user feedback gathered during a successful trial of online Autism assessments prior to the COVID-19 pandemic helped to expedite the move to online interventions. The DCO is seeking audit results and recommendations on the experience of service users during this period to further inform future planning.

SEND EHCPs

Reading children and young people with EHCPs

At January 2020, Reading funded 1,364 EHC plans and in January 2021 there are 1,426. Over the last eight years, the number of EHC plans has increased year on year in Reading, England and the South East. The population has also increased so it should be expected that the number will increase, and this increase will have an impact on capacity in services.

Since 2017, the percentage of pupils with an EHC plan across all schools has increased by about 10% in England and the South East. Across our statistical neighbours the same cohort of pupils has increased by 7%, while in Reading the percentage increase is 17%.

Table 9: Percentage of pupils with an EHCP

Area	Dates:	Reading	SN	England
% of pupils who have an EHCP (primary)	2019	1.7 %	1.65 %	1.6 %
	2018	1.4 %	1.56 %	1.4 %
	2017	1.4 %	1.46 %	1.3 %
% of pupils who have an EHCP (secondary)	2019	1.9 %	1.76 %	1.7 %
	2018	1.8 %	1.72 %	1.6 %
	2017	2.0 %	1.76 %	1.7 %
Total % of Pupils with an EHCP in maintained schools	2019	2.8 %	3.15 %	3.10 %
	2018	2.5 %	3.0 %	2.9 %
	2017	2.4 %	2.89 %	2.8 %

In 2019 Reading was in line with the national average for primary aged pupils without an EHCP requiring SEN support. This was lower than our statistical neighbours and is a similar picture in the secondary sector and taking both primary and secondary pupils as one cohort.

Table 10: Percentage of SEN pupils without an EHCP

Area	Dates	Reading	SN	England
% of SEN pupils without an EHCP (Primary)	2019	12.7 %	13.06 %	12.6 %
	2018	12.3 %	12.96 %	12.4 %
	2017	11.6 %	12.68 %	12.2 %
% of SEN pupils without an EHCP (Secondary)	2019	11 %	11.5 %	10.8 %
	2018	9.8 %	11.82 %	10.6 %
	2017	8.5 %	11.84 %	10.7 %
Total % of Pupils with Special Educational Needs (SEN) Support (All Schools)	2019	11.8 %	12.3 %	11.9 %
	2018	11.2 %	12.4 %	11.7 %
	2017	11.0 %	12.9 %	11.6 %

We continued to collect the data on our performance regarding support to our vulnerable learners throughout the COVID-19 period (April to August 2020). This data shows that:

- an average of 23.4 assessments requested each month with an average of 20.4 started
- a total of 74 EHCPs issued – an average of 14.8 per month.
- the average number of Reading children with plans as 1408. This has started to increase from September 2020.
- on average 22% of annual reviews were delayed each month during the period. This will be mainly due to shortages of professional capacity during the period.

An audit was completed in early 2020 to examine the quality of EHCPs. As a response to that audit, we have acquired a licence for a new quality assurance programme (Invision), and there is regular audit and reporting activity using this software. We are prioritising plans issued during COVID-19 within this activity.

Early Help Service

Summary

The 2019 ILAC recognised that Early Help services were a real strength in Reading. COVID-19 has challenged ours, and partners, capacity to deliver effective early interventions in a virtual environment.

We have continued to adapt our services whilst helping to mobilise the One Reading Children and Young People's Partnership response to emerging needs.

COVID-19 Responses

- Sustaining timely Early Help Assessments with an average completion time between April – December of 92%
- Delivering a blend of 9661 virtual and 4165 direct visits
- Summer programme with 400 + YP seen in summer programme (240k walked by team!)
- Delivered an amended free EWO offer to all schools reaching 485 children and young people in Autumn Term
- One Reading Transitions Project. 29 supported by EWS with 70% achieving 90%+ attendance in autumn term
- Ensuring health partners access to children centres to continue direct support to expectant and new Mums
- Half term food project – 300 meals/hampers provided
- Winter Support Grant – 3400 FSM children vouchers

Progress on Areas for Development

- Five staff completed Graded Care Profile 2 train the trainer and training roll out in progress. 15 staff completed, monthly slots to May fully booked. Mosaic workstep in place to report on completed assessments.
- Delivered a more integrated audit cycle and practice week, routine audits sustained and Q3 audits focused on children with an EHCP.
- Whilst unable to develop a 3-year budget with growth, we have sustained all external funding into the service.

Further Areas for Development

- Complete GCP2 roll out and explore expansion to partner agencies
- Increase numbers of vulnerable children attending school
- Embed learning from practice week into service re-design for 2021

Transformation

Early Help transformation projects continued to deliver integrated working with children's social care.

In December 2021, the numbers of families being supported and project highlights are set out in the table below.

Table 11: Outcomes from Transformation projects in Early Help

Project Team	Total number of families supported since April 2019	Families being currently supported	Outcomes for children and young people
Community Adolescent Support	55	17	Prevented 43 care entries of at-risk young people. Of the nine young people who did enter care while open to the service, the team have supported five back into home environments
Intensive Pre-Birth Support	33	18	Prevented 14 removals at birth
Reunification	24	14	Reunified 11 children



Early Help Service

Transformation

Progress on Areas for Development

- Pilot with Thames Valley Police to triage police notifications agreed
- Full evaluations for all projects completed in September 2019 with plans to integrate the learning into business as usual from April 2021
- Regular co-presentation with Social Care on the Child in Need project securing additional in-year DFE resources
- Exit strategies /mainstreaming plans in place.

ONE Reading Children and Young Peoples Partnership

We continue to coordinate the ONE Reading Children and Young People's Partnership. Working groups have been condensed with a focus on under 5s, adolescents and emotional wellbeing.

- The Mental Health Triage Partnership Hub has supported 13 children
- The Family Support Partnership Hub has supported 16 families
- The Youth Diversion Hubs has coordinated responses to 80 young people (April – Dec 20) at risk of entering the youth justice system.

An online form was designed and launched in December to reduce the demand on social care. Extended allocation approach launched with two local partners for young people mentoring and domestic abuse holistic support. A pilot project with Royal Berkshire Hospital agreed to intervene early with those presenting at A&E.

Strengths

- Enthusiastic partnership committed to extending early intervention
- Integration of the mental health triage into the Partnership Hub
- Trauma Informed Conference in December with 142 attendees from 30 agencies.

Areas for Development

- Agree the 2021/23 Early Help partnership strategy
- Evaluate the impact of online form, extended allocations model and hospital link post
- Design a place-based demonstration project to measure the impact of a system wide trauma informed approach
- Redesign Early Help youth services integrating YOS, CAST, and mental health support
- Deliver YOS prevention activity with local school to reduce 1st time entrants and employ specialist to address incidents of serious violence.

Early Years

Early Help deliver in-house nurseries (Sure Start Whitley, Coley and the Lodge). All have remained open since April 2020. The Early Years team have supported an increasingly fragile sector to ensure sufficient COVID-19 secure provision in line with guidance

Strengths

- Over 95% of settings opened in 2020
- One Reading under 5s multi-agency partnership group established.

Areas for Development

- Increase the percentage of vulnerable children accessing provision
- Renewed focus on the COVID-19 impact on reduced take up of 2-year-old funding
- Continue focused activity (in light of disapplication of EYFS) to increase FSP
- Continue to influence the re-commissioning of health visiting/school nursing with a focus on speech and language development
- Transfer data into EMS to better identify children not accessing provision.

Children's Social Care

Update from ILACS Ofsted Inspection. In September 2019, Ofsted conducted an inspection using the ILACS framework. The judgements were as

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

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follows:

In order to support a service that is progressing to 'good', our CSC Service Managers have been training to undertake project management. This has included them selecting projects, for example to have a pre-birth process, assessment and intervention established; or to create investment through the contact centre. These projects are linked to service improvement and by virtue of them receiving the training, they are empowered to improve service areas. As a result of the inspection, Ofsted identified seven key improvement areas. Progress against these areas are noted below:

Recommendations: what needs to improve?	Progress
1a) The quality of assessment and planning for children in need and children living in private fostering arrangements	The 'scaffolding' (process, guidance and tools) is in place to undertake quality assessments; plans and interventions. This is an improving measure to evidence consistent 'good' assessments, interventions and plans. Private fostering has transferred to the Permanence Team and has better governance. This is a recent development and sustained impact is yet to be evidenced. A Project Plan is in place for this team to actively support awareness raising and assessment and monitoring processes.
1b) The quality of assessment, planning and provision for 16- and 17-year-old young people who are homeless	A joint housing protocol is in place and housing options for young people has been clarified and sourced. Young people are now consistently been spoken to in respect to their wishes and their rights are made known to them, considering their needs for Section 17 or Section 20 accommodation. This has led to the appropriate consideration for young people to also cease to be children looked after as they understand their rights and practitioners act on their wishes.

Update from ILACS Ofsted Inspection

Recommendations: what needs to improve?	Progress
1c) The quality of assessment, planning and provision for children living with connected carers	The established system and process to undertake Connected Carers assessments are in place; training has been made available and these placements are monitored through weekly performance reports. Children are also appropriately assessed and placed in these placements. The timely use of family group conferences/network meetings and the timeliness of assessments are areas that receive focus in order to demonstrate and sustain clear impact.
2. The participation and engagement of the police in child protection processes	Police attendance has remained in the upper 90%. Some late notifications remain to be received from the police, but is addressed with police through timely and frequent operational multi-agency meetings.
3. The timeliness of initial health assessments for children in care	Many attempts and systems have been set in place to address this recommendation – without sustained improvement. A business analyst is now in place to assist in identifying a system solution.
4. The number of local placements for children in care, the completeness and accuracy of foster carer records, and the quality assurance oversight of commissioned placement arrangements	Recent IFA inspections have provided reassurances in respect to the improvement of the service. Impact of activity to increase the recruitment of new carers, providing in the needs and profile of the children requiring placements is an area of focus.
5. Care leavers' access to their health histories, and staff and young people understands of care leavers' rights and entitlements.	All care leavers have access to their health histories (100%) and a Care Leavers Offer has been developed and is in process of a further update. Care leaver's right and entitlements is known but not yet consistently evidenced in their Pathway Plans.
6. The impact of quality assurance processes on children's cases	An improved auditing programme is in place, inclusive of thematic audits. Learning is disseminated to teams and more engaged workshops and conversation style auditing allows for learning through doing. The impact has been noted.
7. The stability of the workforce to reduce the numbers of changes of social workers for children	The percentage of agency social workers remain high (37%). Issues around retention and 'onboarding' has more recently been identified as areas to improve and is in process of being addressed. Recruitment activity has been impacted upon due to COVID-19.

Identifying and responding to children's needs

CSPoA

Since the September 2019 inspection Children Single Point of Access (CSPoA) has strengthened practice, with good multi-agency participation and sustained improved performance.

Strengths

- Children Single Point of Access (CSPoA) is robust; with consistent threshold application and timely decision-making.
- Consistent responses/feedback to referrers.
- Re-referrals have reduced – YTD at 20%.
- Pre-contact triaging with police to reduce the number of police notifications to CSPoA.
- Online notification form for professionals, to enable comprehensive referral information that leads to better decision making.
- Reduction in inappropriate strategy meetings and better engagement from multi-agency partners.

Areas for improvement

- Reduction of inappropriate contacts.
- Increase in referrals to Early Help or Universal Services where appropriate.
- More effective utilisation of Early Help Hub to increase consultation and early intervention for children that require such support.

“
I do not like being taken out of class for my review
”

“
I only trust Bharti because she has been there from the beginning and knows what I am like.
”

“
I am well supported because my leaving care adviser is in regular contact with me
”

Children's Social Care

The focus within the Social Care service has been on assessment, visits, plans and supervision. By focusing on these key performance areas practice has improved and performance has been sustained.

Strengths

- Social workers know their children well, records their views and wishes and provide an analysis of a child's lived experience.
- Due to COVID-19 and an increase in referrals relating to under 5s, our focus has been on pre-birth assessments to ensure a holistic assessment informs care planning for a child, and provides support to parents to make the changes necessary to safely care for their child.
- Performance in seeing children, within 10 days of the start of an assessment has improved.

Areas for improvement

- Although the majority of assessments are completed within the 45-day timeframe, the focus is also to undertake, where appropriate, some assessments in a shorter, more timely time period.
- Consistent use of chronologies and genograms to inform assessments is not yet consistent practice, an integrated chronology was developed that allows for only one continuous chronology to be in place for a child.



Identifying and responding to children's needs

Child in Need

Practice in respect to Children In Need has improved and frequent, robust intervention and monitoring is now in place.

Strengths

- Children in Need are supported by teams in Early Help and Children's Social Care. This has enabled CIN to be afforded an intervention that reduce re-referrals and the escalation into Child Protection.
- New CIN policy and updated CIN Plan has led to better outcome focused planning.
- Reduction in the number of repeat Child Protection Plans, indicating robust response to safeguarding thresholds (from 14% in Dec 2019 to 4% in Dec 2020, within a two-year period).
- Improved visiting practice to CIN (82% in Dec 2019 – 87% in Dec 2020). Better quality visits and intervention has led to greater practitioner compliance and outcomes for children.
- Group supervision support thoughtful, planned intervention.
- Improved 'throughput' between teams, allowing children to receive the intervention they require, from the appropriate team/service area.
- Robust leadership of Children with Disability service, inclusive of Short Breaks has led to improved performance and oversight; a Resource panel was created to monitor support offered to parents' caring for children with disabilities and children with special educational needs are presented at a partner panel (EHCP) to ensure robust tri-funding of their needs – leading to overall better co-production.

Areas for improvement

- Workers to remain professionally curious especially around mental health and sexual abuse. Covid-19 has led to an increase in these areas.

Court work

Covid-19 led to an increase in risk and threshold and hence an increase in Child Protection Plans. Pre-proceeding (PLO) work has become more focused and timelier and to improved diversion from care proceedings.

Strengths

- Sustained decrease in care proceedings in past 12 months.
- 46% diversion within pre-proceedings, with less leading to care proceedings being initiated.
- Quality of evidence to court has improved, with compliments from judiciary.
- Increase in 'foster for adoption' placements, securing early permanence for children.

Areas for improvement

- Use of research in care planning.
- Authoritative confident social work practice evidenced in statements, evidenced in court.
- Improvement of CPRs where adoption is the care plan.

“

It would be nice to have the same social worker as I have had so many I get bored of having to start again with a new one

”



Identifying and responding to children's needs

CYPD: Short Breaks

- CYPD Resource and Short Breaks Panel has been developed and consistently being held fortnightly to review short break packages and recognise gaps in provision. COVID-19 has had a negative impact on the plans for Short Breaks, however a new Short Breaks Co-Ordinator is in post and is supporting our offer for school holiday periods.
- All short breaks are being reviewed, along with the commissioning process to ensure we are able to support all children as necessary with disabilities. CYPDT works closely with the Local Offer team to jointly identify areas of increasing demand and varying need.

A consultation is planned to develop a wider understanding of what the local community's preference would be for short breaks and how parent carers and young people would like to achieve their identified outcomes.

Our Personal Budget and Direct payments policy has been reviewed, parental guides are being co-produced and there is a drive to widen the use of personal budgets and direct payments to support parental choice and independence. To support this the Children's Disability Service is working closely with an external consultant (Tricia Nicoll) to develop workshops for our staff and parent/ carers to encourage creative thinking and child focused use of Direct Payments and Personal Assistants.

- Crisis support is very challenging, especially in the current climate. Family Group Conferencing is being developed to work proactively with families to identify support mechanisms in advance of a crisis occurring.

Management Oversight

Regular performance datasets and reports has enabled the service to become confident with good management grip in respect to performance indicators, and quality of service delivery.

Strengths

- Increase in managerial 'grip' across all layers, with impact and strategies to improve performance when the needed.
- All managers have been trained as coaches, to support solution-based practice and encourage authoritative social work.
- Practice is more thoughtful, with mostly timely care planning.
- Bespoke training programme offered to respective layers of management to equip them in leading their teams.
- Updated Supervision policy to allow for joint supervision across Early Help and Social Care and a simplified format that allows for reflective conversation, clear actions and timescales to be identified, with follow through in supervision sessions.

Areas for improvement

Group supervision and 'Stop and Think' sessions to enable a deeper understanding and joint learning experience of 'stuck' cases and problems.

Transformation Project Outcomes

Our Transformation projects have also achieved good outcomes in response to children's needs, including:

- 342 placement and care packages reviewed
- 22 children left care under Special Guardianship Orders
- 54 young people aged 18+ stepped out of care
- 57 care packages were progressed to meet children's needs.

Participation with children, families and partners

To strengthen our work with children and families, we have undertaken some key activities regarding participation and direct work, and been informed by recent reports. These include:

- Our Youth Council prepared and presented a report on Mental Health
- Regular reports are received from our Reading Families Forum
- ‘Growing Up in Care Report’ - RVA
- Coaching, mentoring and training programmes for service and team managers.

Direct work strengths

Direct work tools made available to each team; with an online resource library being established.

Audit activity that seeks out a child and family’s views of service delivery.

- Participation Officer has created forums for children to provide their feedback.
- Robust Youth Council arrangement with 80+ young people attending annual event.
- Direct work being uploaded to Mosaic system.
- Complaints and compliments informing practice improvement.
- Greater stability in workforce allows for relationships with children and families to develop to understand their lived experience.
- PAMs training provided to practitioners to enable assessments to be undertaken for parents with learning needs.
- Training of practitioners to confidently engage in direct work with children.
- Graded care profile to be utilised and practitioners trained in the application thereof (neglect).

Identifying and responding to all forms of abuse

In addition to well-understood risks regarding private fostering and accommodation of 16/17-year-olds, locally, risk and harm factors are increasingly moving beyond familial risk, to extra-familial risk including context safeguarding concerns. We are working with young people, families and partners to support our identification of risk and need, and plan and deliver appropriate support to young people and families. Contextual safeguarding remains a central theme in our quality assurance work, and in our discussions with partners.

Strengths

- Pro-active response to children exploited and missing; with links being identified between different vulnerable groups and police diversion taking place.
- Awareness raising re private fostering, with updated brochures. Clarified systems and processes within BfC for assessing and reviewing private fostered children.
- Updated Housing Protocol to support homeless 16- and 17-year olds to obtain the right level of support – positive partnership between housing, early help and social care.

Areas for improvement

- Reviewing service provided re Return Home Interviews and consideration to provide an in-house service.
- Providing practitioners with a ‘crib’ sheet re Southwark Judgement to provide consistency on assessing 16- and 17-year-old homeless children’s needs.

“
Social workers need
to write down what
I say not what they
think I have said
”

“
She always sends me
a card for Christmas
and birthdays
”



Participation and direct work with children in care and care leavers

We have a full time Participation Officer that supports young people in care and care leavers to ensure they are kept at the heart of everything we do. 2020 presented some challenges and a need to work differently to ensure all children and young people in care could participate in a meaningful way. As well as maintaining the Care2Listen and Care2HaveFun groups online, the Participation Officer also carried out doorstep visits to group members to keep them connected and check in.

Children in Care Council – Care2Listen

- Care2Listen continued to thrive throughout 2020, despite members having to adapt to an online presence, this has allowed young people out of area to join in and participate in the group on the same level. The Care2Listen group meetings became a life line for some young people as they provided a platform for emotional support, it helped to overcome the feeling of isolation during lockdown, it was an opportunity for socialization, and the young people carried on being listened to.
- Care2Listen training was offered online. 120 staff members were trained in 2020, including student social workers and ASYEs.
- Care2Listen members have attended the Corporate parenting meetings and have trained all the corporate parents.
- Care2listen have worked on campaigns and a number of projects throughout the year. The group are empowered and supported to be part of the solutions.

Care2HaveFun

- This group is for all children in care to meet once a month to take part in fun activities. This is accessible to all children and young people with learning difficulties and disabilities and is targeted at six-years-old plus.
- These children are afforded the chance to be themselves; free from judgement or prejudice for who they are or what they have experienced.

Care Leavers' Participation

Several activities have taken place throughout this last year to engage, involve and to allow participation of care leavers.

- Independent living skills - A 'Skills 4 A Brighter Future' group was set up and started at the beginning of the year, they met every week. After completing the accredited six-week programme, they were awarded certificates as a record of achievement.
- Care leavers hub – is a monthly drop in for care leavers to make lunch together, discuss any issues, difficulties or anything they need support with and to participate in projects.

Care Leavers' Forum

- After difficulties in trying to establish a care leavers' forum, a different approach was taken by setting a closed Facebook group, which was set up at the start of the first lockdown for all Reading care leavers. To date, there are 30 members that benefit from five posts a week. Posts range from national and local news appropriate to care leavers, employment and education vacancies, sexual health support, COVID-19 guidance and reminders, competitions, freebies or items for sale. More recently, mental health advice and things to try from a BFC trauma-informed practitioner.

Care Leaver Ambassadors Group

- The ambassador role was set up to encourage participation from care leavers, with all care leavers given the opportunity to apply to become part of the group of ambassadors, to represent all Reading Care leavers and give them a voice. There are now 10 ambassadors that meet every six weeks.

Unaccompanied Asylum Seeker Children Participation Group

A newly formed group has been established just for UASC with eight members. The topics for discussion have been around volunteering and activities.



Sufficiency of social care placements

Children in care and care leavers' placement sufficiency

We have a total of 15 children placed in unregulated provision:

- 11 of these children are aged 16 and 17 and are placed in these unregulated placements to support them towards independence.
- One of these children are in an unregistered placement. The child will shortly turn 16 and at that point their placement will no longer be unregistered. OFSTED are aware of the current arrangements for both young people.
- Three of these children were placed with family and friends carers, and are subject to care proceedings. This is one sibling group and they have since been placed in a foster placement.

Ensuring quality placements

In August 2019, the Company procured a semi-independent provider framework. This framework is due to expire in August 2021. A procurement timeline and working group is in place with a view to this moving over to a Dynamic Purchasing system in September 2021, which will give access to a greater number of providers across more lots. This will not only bring flexibility to ensure better outcomes for young people but support a more competitive market which brings financial efficiencies.

- Due diligence has been undertaken on all framework and non-framework providers. A system is in now place for this to be reviewed quarterly via the KPI monitoring schedule. This has been in place since Q2.
- The Commissioning Team receives placement referrals via a child-centred upload to Mosaic, ensuring all information is centralised. Mosaic records the needs and outcomes of the placement in the child's voice, including risks. Placement option/s are identified and uploaded centrally. The social worker discusses these placement options with the young person.

- All placements are initially approved by the DCS via an Authorisation into Care form, and then reviewed at the Achieving Best Outcomes panel.
- There is further scrutiny provided by the IRO, linked to the young person's pathway plan and needs assessment. There is oversight by the strategic lead (placements solutions team) who whilst reviewing plans for young people to move on particularly in respect of their plans for independence, will also escalate to the commissioning team any concerns that are found in relation to the placement. This is then addressed accordingly.
- If social workers have concerns regarding provision, they will notify the Commissioning Team who will undertake an unannounced provider visit, identifying areas for improvement and ensure the provider addresses all concerns, whilst keeping the social worker informed. When there is a safeguarding issue, the commissioning team will immediately identify alternative accommodation.
- From January 2020, the Commissioning Team has been undertaking two unannounced placement visits per week to monitor quality and compliance of placements and raise findings with allocated social workers. This process is followed with all non-framework IFA and residential providers, as well as all unregulated provision. These visits now take place virtually as a result of Covid-19. For all residential and IFA South Central providers, the framework lead have carried out these visits on our behalf. These do not replace statutory visits to individual CLA carried out by the allocated Social Worker.
- The Commissioning Team have strengthened the relationship between commissioning and social care, with a dedicated social care and edge of care commissioning function, and a focus on co-production. This ensures that when new services are being procured, it is informed by the child's voice and social care colleagues.



Independent Fostering Agency

Brighter Futures for Children has its own Independent Fostering Agency registered with Ofsted. The IFA is integrated into Children's Social Care Services and provides placements for up to 80 local children in care. We have 76 approved foster carers within our IFA.

The IFA was inspected in February 2019, resulting in a judgement of 'Requires Improvement to be Good'. Since that time significant efforts were put into ensuring that progress was made on the nine requirements identified by Ofsted during the inspection.

In November 2020, Ofsted completed a virtual Assurance Visit over a two-day period. Good progress over the seven-month period was noted, resulting in the nine requirements being reduced by six, with an additional requirement being included.

Areas of improvement and development required

There are now four requirements of our IFA:

1. There needs to be more robust matching: it has been concerning that there have been so many unplanned placement endings.
2. Notifications in relation to Schedules 6 and 7 need to be sent in a timelier way.
3. Individualised Safer Caring Agreements need to be in place for all children.
4. Adding children's and parents' views and experiences to the Supervising Social Workers recordings and within the Annual Foster Home Reviews.

A robust action plan to address the requirements has been completed and is being implemented by the IFA.

We are also focusing on improving our sufficiency of local provision by having a team focusing on recruitment and a better utilisation of current in-house placements.

Strengths

- All foster carers are approved by BFfC
- The structure of the IFA has been reviewed and re-designed
- Fees and allowances have been reviewed
- Children have been well supported by their carers through the pandemic
- Foster carers support children to maintain relationships with their family and friends
- Children's emotional and physical health and well-being needs are well supported
- All children are encouraged to attend full-time education
- Newly developed foster carer profiles
- Children feel safe and secure while living with their foster carers
- Leaders and managers have a good understanding of the strengths and weaknesses
- Leaders and managers have focused on improving the culture
- Staff and foster carers have been well supported this year through regular effective supervision, performance management, team meetings and training
- The independent fostering agency committee is effective in ensuring that the agency considers strategic issues and monitors the agency's risk register
- Quality of panel minutes and the agency decision-maker notes has improved.

Evidence of positive impact on children living with BFFC foster carers

LDR was bonding well with CB who helped LDR with issues regarding personal hygiene. They went to the pub together to watch the football and LDR commented that 'he was living the dream'. It was good for them to have that one-on-one male bonding.

Michelle and her family postponed their family holiday twice in order to avoid their little child booked after having to go into respite prior to the child transitioning into their prospective adoptive placement. This took place with delay.

This young person has been in a stable long-term matched placement. It is a success for her that she attended college completing a Level 2 childcare course and is now doing an apprenticeship in order to complete her Level 3. She also has a part-time job in childcare. It is noticeable that she continued to complete this whilst life in the foster home had been challenging and impacting on her due to the other child in placement.

Aaron Zinyanya (guest speaker) went through the training of the MOMO app for the benefit of social workers in the team, all workers should be

set up with their own accounts. Social workers to check that their carers have done the training which has been sent out to them via email. Aaron is available to help with any issues the social workers may have using the app.

Improvement of confidence as FC taught TJ how to ride a bike, which not only improved his balance but was also seen as a milestone achievement for him.

Foster carer is ensuring that children are fully integrated and feeling part of her family. It is acknowledged that the whole family embrace the girls being part of their lives and consistently involve them in activities and, in doing so, ensuring the close family connection.

Foster carer aware of the young person's needs and that she has the tendency to feel low when in the bath. Foster carer appropriately engages with the young person whilst in the bath by walking passed the door and having conversations with her. This allowed the foster carer to gauge the young person's mood and safety throughout.

Foster carer supported the child in her wish of wanting to purchase a new handbag and whilst the child had initially chosen a very expensive designer handbag which wasn't affordable, over time the foster carer encouraged her to use her savings for a handbag that would have more purpose. MS took on board the advice and the foster carer described MS walking around with pride when showing her new handbag and this having a huge impact on her self-confidence. This was an important learning for MS in terms of saving and budgeting within one's means.

Foster carer provided stability to the young person for the first time in her life. This was the longest and consistent placement the young person had been living until KL moved into residential.

Young person recognised the level of care her foster carer had for her despite many challenges. This was leading to the young person opening up to the FC and even giving her a 'Thank you' card.



Voluntary Adoption Agency and Adopt Thames Valley

Adoption and Permanence Service

Over the last 15 months, Permanency Planning has become well established for BfFC CLA. From 1st November 2020, all of the local authority's 'permanence' services for children looked after were transferred to the BfFC Adoption and Permanence Service. This includes, but is not limited to:

- Permanency Planning for all Children Looked After aged up to 14 years
- Family finding for children with Care Plans of permanent fostering
- The assessment of Connected Carers and Special Guardians for our Children Looked After and those on the edge of care
- Supervision of and support to Connected Carers
- The provision of Special Guardianship Support Services
- The registration of Private Foster Carers and the monitoring and support of private fostering arrangements
- The day-to-day management of our Regional Adoption Agency contract (with Adopt Thames Valley)
- The management of the BfFC Permanence Allowance Scheme.

Early permanency planning is increasingly being put in place for children who are subject to PLO where it is anticipated that Care Proceedings are likely to be progressed, including for as yet unborn babies (this has supported early placements being achieved for some very young children who have had an adoption plan from birth with BfFC pursuing Fostering for Adoption (FfA) when this is judged to be appropriate to the case). Permanency planning continues until children are either returned to parental care, placed with Connected Carers or have prospective permanent foster carer or adopters identified for them.

Where children are to be placed for adoption, their social workers then remain fully involved in the matching and placement process for each individual child.

- Since the formation of the Adoption and Permanence Service, an additional twice-monthly Fostering Panel has been established which concentrates on consideration of 'permanence' cases (i.e. proposed 'matches' for children requiring permanent fostering and approval of Regulation 24 and 25 Carers and Connected Carers).
- Our focus on improving our permanency services for our BfFC children looked after and in preparation for the launch of our Adoption and Permanence Service in November 2020, a range of new procedures and written Practice Guidance were produced for staff during 2020.
- Close liaison is established with our RAA – Adopt Thames Valley (ATV) and BfFC has two designated Family Finders within ATV, who are responsible for identifying suitable adoptive placements for our CLA who have a Care Plans of adoption.
- BfFC meet regularly with the ATV Team and Service Manager both to monitor individual children's cases and to agree strategies and resolve any emerging practice issues. Our Director of Children's Social Care also sits on the ATV Management Board.
- Our numbers of CLA achieving placement have reduced this year (2020-21), however this is seen to be due to delays in Care Proceedings caused by the Covid-19 pandemic and mirrors the situation in other LAs. A positive outcome of this is that across the RAA concentration has been focused on securing suitable adoptive placements for some children who were deemed to be 'harder to place', and at the current time our numbers of children who have a PO in place and do not have prospective adopters identified for them is at an all-time low.
- The BfFC Adoption Committee meets bi-monthly and monitors the actions of the Adoption Agency including our timeliness in terms of achieving matching and placements for children.
- A written Policy and Practice Guidance on Life Journey Work, and the completion of Life Books and Later Life Letters has been produced (January 2020) and made available to all staff. A 'template' has been produced for the completion on Life Books for CLA.

Conclusion

Our ambition within Brighter Futures for Children continues to be to deliver 'outstanding' services for all the children and young people of Reading. We are delighted that we have made such progress that we are no longer in DfE intervention in relation to our Children's Social Care, and that we can evidence good progress in many areas of service delivery across Education and Early Help and Prevention as well despite the significant impact of COVID-19.

Our focus for year three is to continue to embed quality practice, re-align demand and continue to respond to COVID-19. As page 14 highlights and evidences achievements, there is much we have achieved in year two.

However, we are not complacent and recognise that there is much more to do in relation to strengthening our workforce in Children's Social Care, to manage demand across the Company, continue to support our schools and early years providers. We are also strengthening our SEND offer, our local placement sufficiency and further developing partnership working to recognise children's needs at the earliest point.

We will be continuing to invest in our partnerships with colleagues in the council, in health, local police and the Violence Reduction Unit, schools and Reading College, and the voluntary sector. We are looking forward to using the benefits of collaborative relationships through the Berkshire West Safeguarding Children Partnership, Community Safety Partnership, Integrated Care Partnership, Health and Wellbeing Board and the One Reading Children and Young People Partnership.

We cannot ignore that, in the past five weeks there have been two murders in Reading involving young people. One involved the death of a 13-year-old, with a 13-year-old and 14-year-old currently charged with murder and three other 13 and 14-year-olds bailed (currently without charge) for the same offence. The other involves the death of a 26-year-old, where two 16-year-olds and a 17-year-old have been charged with murder.

We are, at the time of writing, closely examining any involvement with these

young people and the incidences have heightened the need to work closely with our partners to identify any trends and to be tuned to the increase in serious violence in Reading by young people and our collective need to address this.

We will be continuing to strengthen our work with partners and across the system to further improve innovative, comprehensive and collaborative delivery of services to our children and their families in Reading.

We will be doing all of the above while using a trauma informed approach, thinking restoratively and whole family so that we can use all the resources available to us to continue to improve children's potential to live safer, happy, healthy and successful lives.



Deborah Glassbrook

**Executive Director of Children's Services
Brighter Futures for Children**



Annual Engagement Meeting

COVID-19 Response

March 2021





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1. Introduction

This document is intended to complement our self-evaluation document, and is a response to the particular questions posed in the Ofsted South East – DCS/RD Annual Engagement Meeting protocol 2020-2021 regarding the challenges and opportunities COVID-19 has brought to our Company and partners in Reading.

There is some overlap with our self-evaluation document, however this document enables us to provide more detail about the impact of, and our response to the pandemic, with a particular focus on our vulnerable learners and young people who are post-16. This second report reflects the challenges that are specific to COVID-19 – some of these are additional challenges and others have extended those that we are already facing in our delivery of children’s services.



2. COVID-19

2.1 Impact of COVID-19

From the end of March 2020, our overarching focus has been on safeguarding and supporting schools as the COVID-19 pandemic took hold. The safety of children and young people known to us – as well as those who were not – was paramount. The impact of the pandemic on our provision to children and families included:

- The cessation of targeted group work, including parenting programmes, children’s centres and youth groups.
- Needing to provide safe virtual environments for Child Protection Conferences and Child Looked After Reviews.
- Sustaining contact arrangements; supporting families through delayed and virtual Court hearings.
- Reduced community support, respite and short breaks for children with disabilities.
- An increase in parents opting out of school attendance for their children, with concerns about the risk COVID-19 poses to their children, and instead have chosen elective home education.
- There has been a significant impact on our workforce, as although we haven’t had a high number of staff who have tested positive for COVID-19, there has been a palpable sense of weariness across our staff that has required a tight focus on supporting them over this extended time of COVID-19 restrictions.

2.2 Our response to COVID-19

- Timely updates to Standard Operating Procedures providing staff with an effective framework
- Creation of Coronavirus Hub on intranet to support practitioners and share daily guidance/updates
- Increased frequency of virtual visits and re-introduction of direct work when risk assessed as safe.
- Increased use of creative activities/resources to engage and give focus to sessions
- Increased use of doorstep/garden and targeted outdoor group activities when permitted
- Increased contact with Care Leavers as they responded more positively to use of social media
- Regular wellbeing and other support activities for staff, including information and advice, and



workplace assessments and response.

2.3 Key activities and achievements

Governance and partnership

In March 2020, the coronavirus pandemic forced us to change the way we live, and all local area services were required to work differently.

Our senior leadership team were partners in the operational command meetings – both Gold and Silver – with immediate actions to move much of our work online.

We stepped up our web presence, creating sections on mental and physical wellbeing for children and young people and for parents and carers. We put learning and fun activities online, as well as links to the latest government and Public Health England guidance in a ‘one stop’ information point. We had more than 7,000 visitors to that section in one week.

Health services across the system were required to redeploy some staff to front line acute services, which at the beginning of April resulted in a significant change to our vulnerable children and young people’s health offer that was concerning. Maintaining oversight of our vulnerable children, and being able to identify newly vulnerable children, has involved keeping a focus on identifying gaps and impact of changes and using the strong partnership to work collaboratively across our local area. One way we have done this is through our Berkshire West Safeguarding Children Partnership (BWSCP), comprising statutory safeguarding partners and other key health organisation colleagues. We initiated frequent and regular COVID-19 Partnership meetings to consider risk to vulnerable children during the pandemic, and plan against these risks.

In October, staff from across BFFC worked with RBC and local organisations to coordinate a rapid response providing more than 1,250 meals, mostly donated by the University of Reading, made their way to the families who needed it most. Our half-term food project enabled 300 meals/hampers were provided to families, and the Winter Support Grant was used to provide 3,400 Free School Meals vouchers.

In November 2020, a combined ‘Lessons Learned’ from Early Help and Social Care regarding the pandemic was presented to our Quality Assurance and Improvement Committee.

Education

Health professionals across the system have worked with our SEND and mental health teams, which has resulted in the development of a suite of resources to support children, young people and their families during this time. Since April 2020, the resources have been displayed on the SEND Local Offer as well as being available on the BFFC website.

Additional funding was secured to support our Primary Mental Health Team and a range of resources including groups, information and Kooth (counselling on line service) were made available to children and young people. We are offering Get Active packs for children and young people so that they can start some self-help whilst on waiting lists.



We revisited the terms of reference of our SEND strategy board to ensure appropriate engagement with our key partners. We continue to assess the impact of lockdown on children and young people and families with SEND. Both the SEND Service and Short Breaks are operating differently following lockdown and these changes are regularly reviewed. We continue to use risk assessments to inform our approach to supporting children, be they in school, at home, or elsewhere.

A risk assessment process has also been developed for children with EHCPs and other children considered to be vulnerable (including all Reading CLA).

We have provided schools with a template risk assessment (RA) looking at the holistic needs of the child or young person which looked at the following areas: (i) family need, (ii) education needs, (iii) mental health needs to be completed with parents/ carers, CYPDT, virtual school for children looked after, health and social workers as appropriate.

We have working protocols in place to share RA with short breaks. We are using the RA to help identify what is being provided in order that we can give parents confirmation and keep a formal record.

We are encouraging schools to continue to maintain phone contact with families and keep RAs updated as circumstances change; some children's needs may only be able to be met at home for a finite time. Children who were flagged as amber or red for emotional wellbeing or mental health needs were followed up on their return to school.

We continued to deliver our amended free Education Welfare offer to all schools, reaching 485 children and young people in the Autumn Term. Fuller details are provided in the next section.

COVID-19 has disrupted the delivery of careers guidance to support post-16 progression planned by schools and between schools and colleges. This will impact disproportionately on young people who remained undecided about their future pathway at the end of March or who are holding unrealistic study offers. We know youth employment and the prospects for new school leavers seeking employment are adversely affected by the pandemic.

Our post -16 service, Elevate, provides regular information on the situation for young people at risk of NEET and we have recently secured additional funding from DWP to work with our 19-25 cohort to secure appropriate support and provision. Our September guarantee shows 94% of 16-year olds have a destination for their post-16 provision. For young people with SEND, this provision is predominantly the local FE provider, Reading College. We adjusted our ways of working with this group during lockdown, providing online and web-based support including a virtual chatline for young people in August concerned about their futures.

Key achievements include:

- We strengthened our partnerships with schools, multi-academy trusts and the independent sector. Each state funded school has an allocated 'go to' person to deal with any queries and ensure schools were receiving the support they needed. This was (and has continued to be) combined with a weekly dial up meeting for all headteachers and the headteachers' briefings, where key messages have been shared and success celebrated.
- We worked with schools to ensure children not in attendance were supported and the risk to them understood.



- We produced a COVID-19 self-evaluation framework in our Education service, which was updated in early January 2021. This identifies our approach to support children and young people with SEND throughout the pandemic.
- We sent daily briefings to employees and also to headteachers as we stepped in to support them with school closures, with interpretation of ever-changing guidelines and with some difficult and distressing messaging to staff, parents and pupils when two (separate) staff members sadly died.
- We refreshed the terms of reference for our Schools Joint Forum, where we work alongside our trade union colleagues.

Early Help

The March lockdown also had an immediate impact on our Early Help offer. As noted above, some activity, including parenting and other targeted group support was halted, But our teams quickly adapted to new virtual ways of working with direct work being quickly reintroduced, with a focus on new families or those experiencing crisis. The Early Years team mobilised support, ensuring funding was released and provision was open for vulnerable and key worker children. Our own nurseries were among the first to re-open.

Our staff maintained their engagement with some of our most vulnerable young people with 40% of contacts face-to-face. Creative responses included a tallest sunflower competition and completing a fantastic mural.

The Early Help team also maintained cover in police stations and covered additional ‘appropriate adult’ work in evenings and weekends. Support was deployed for young people and their families impacted by significant delays in Court hearings.

We were able to sustain timely Early Help Assessments with an average completion time between April – December of 92%, and delivered a blend of 9,661 virtual and 4,165 direct visits

Key achievements include:

- The needs of all children under five were reviewed and we maintained close liaison with health partners to monitor the safety of this age group.
- Our children’s centres staff successfully used Facebook Live to reach out to parents. And, when the warmer weather arrived, we introduced ‘buggy walks’ helping new parents get out and about, meet other parents and get support from health colleagues who joined the sessions.
- Staff delivered additional educational welfare support for those children who fell outside the DfE definition of vulnerable, where non-attendance and lack of professional contact was cause for concern. 252 visits, primarily virtual, but including doorstep checks were delivered including 73 for children not previously known to the service.
- In April, the One Reading Children and Young People’s Partnership Board expressed concern about the impact on school transition. The ‘Moving on Moving Up’ Year 6 Transitions project, led by Cranbury College, was developed to provide bespoke therapeutic support to facilitate a successful transition to secondary school. Of the 29 children supported by EWOs, 70%



achieved 90% attendance in the Autumn Term.

- Our youth/detached workers collaborated with Reading Play to provide targeted activities throughout the summer holiday. Of 53 referrals, 47 young people attended over 20 sessions and received 640 hours' worth of provision.
- Alongside the activity programme, our youth/detached workers went onto the streets of Reading. They covered 240 kms, amassing 900 contacts with young people, 300 of which were regular contacts.
- In August 2020, Early Help held four thematic discussions to explore how practitioners made contacts meaningful in the context of virtual working. Thematic discussions focussed on: 0-5s, 5-10s, young people, and parenting.

Children's Social Care

As elsewhere in the country, we have seen an increase in complexity and risk for the children, young people and their families. The impact of the first lockdown in relation to children being 'hidden' and therefore later notifications of their difficulties being brought to our attention was predicted and was apparent once schools returned in September 2020.

We created a new standard operating procedure for visits, meetings and ways of working. In May 2020, Children Social Care provided a Practice Guide for Video Call/Contact and Virtual/Online Home Visits, supporting practitioners to creatively undertake virtual visits.

All children and young people were triaged and the risk COVID-19 posed to them was rated red, amber or green. Children and young people whose risks rated red (higher risk) continued to have face to face visits throughout the pandemic. children and young people rated amber and green were visited virtually, then in person once the first lockdown was lifted.

We created a duty social work visiting team to cover social workers who were shielding or extremely vulnerable and they worked across teams; we issued frontline workers with PPE equipment.

The increase in risk for children, exacerbated by the absence of interventions, led to an increase in court proceedings with our social workers having to attend remote hearings and giving evidence virtually.

Child protection conferences and Children Looked After (CLA) reviews still took place and none of the relaxations set out in the government guidance were utilised, apart from visiting children virtually, and only then when their risk was low.

In October 2020 Children Social Care undertook a thematic audit to ascertain parents and children's experience of service delivery during COVID-19. This, together with feedback from staff, provided a helpful understanding of the learning and key themes.

2.4 What has worked well and what have been the main challenges?

It has been a disruptive and challenging year and evaluating the effectiveness of schools'



performance will be almost impossible this year. Cancelled exams, schools closing, opening and closing again will mean we will have little viable school performance data to evidence how well, or not, children and young people have been able to learn. We are concerned about the impact on our children's academic, physical, social and emotional progress.

Within our Early Help service, practitioners initially were more challenged with moving beyond 'welfare checks' to creative and meaningful engagement. Some children, young people and families responded well to virtual working, sharing more in calls than they would in a home visit. Other families were more reluctant to take part in virtual working. There were particular challenges for virtual working with young people with learning difficulties and non-verbal children requiring creative ways to observe and engage with them in a meaningful way.

Despite the challenges, we have made some notable achievements, including:

- Overcoming Digital Poverty: identifying and supporting families to have access to laptops, smartphones and broadband, especially when not meeting DfE definition of vulnerable. We were allocated 656 laptops and tablets by the DfE for distribution to the children of Reading to assist in their online learning during the COVID-19 pandemic. All of these devices have been either gifted to our schools for them to distribute or to the social workers to give to directly to children.
- We have improved multi agency attendance at Team Around the Child (TAC) and statutory review meetings, and increased engagement of parents of older young people.
- Our Finance team set up an Allpay scheme as an alternative to cash vouchers for care leavers without bank accounts so they continue to receive their allowances. They have processed more faster payments to support carers and families in need and have been monitoring COVID-19-related additional expenditure.
- The ongoing coronavirus pandemic has forced us to think quickly and do things differently. We are grateful for the resilience and adaptability of our staff who have shown outstanding commitment over the past 12 months. Our staff are our most valuable resource and we are committed to the development of a stable, motivated and agile workforce.



3. Educational outcomes for our children and young people

Reading has a mixed economy of types of schools - Academies and free schools, community and voluntary aided schools, selective and non-selective, infant, junior, primary and secondary schools. In the secondary sector all of our schools except one (Blessed Hugh Faringdon) are academies. In the primary sector, most of our schools remain maintained (out of 49, 13 are academies or free schools).

3.1 Supporting vulnerable learners across all settings during the pandemic

Throughout the restrictions in place as a result of the pandemic, we have continued to support our vulnerable learners:

- Special Schools remained open, and a number of schools continued to provide for all learners.
- Annual reviews for children with EHC Plans continued.
- Our weekly EHC Panel continued with a particular focus on risk assessments.
- We continued to support schools in a more flexible responsive way such as virtual meetings, conference calling.
- Provision of transport, tuition and provision for pupils with EHC Plans continued and we worked closely with our Alternative providers to ensure that children still had support over the summer break due to their vulnerabilities.
- We re-procured all home to school transport, putting in place a robust procurement framework with a new regime of risk assessment.

Early Years Team

Our Early Help team have continued to deliver continuous professional development opportunities. Since April 2020, these included eight courses focussing on Speech, Language and Communication including: 'Closing the gap in Early Years language development', I-CAN Communicate, Superscribers, Storytellers & 'EAL in Early Years'. Over 200 professionals across the sector have attended. The team have booked Dr Julian Grenier, author of Development Matters, for whole sector training in February 2021. This will focus on supporting practitioners to identify & support children not making expected progress.

SEND Local Offer – COVID-19

The Family Information Service continues to support children, young people and their families throughout the pandemic, the demand for the service has increased. During the second quarter of 2020/21, our phone line support service calls doubled (511 calls were taken). We modified and updated the Local Offer, added more tools and filters to help parent carers access high quality information on services that were still available to support families on line, created advice and guidance pages (based on feedback from parent carers) to support them with further



information on trend topics.

Mon-Fri, 9am – 5pm, brokerage service provided to the most vulnerable families, needing additional support to access a service, this could be anything from childcare to mental health support services.

Feedback on the Reading SEND Local Offer can be found on the following page - <https://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=pTV5YggMfbQ>

Key achievements during this time include:

- Family Information Service/SEND Local Offer (Data April 2020 – October 2020)
- Mailout to parent carers – 100 mailouts sent to parent carers between April – October 2020
- New service records created – 118 between April – October 2020
- In-depth information, advice and guidance (including brokerage) provide to 916 contacts
- On average we have had between 45,000 and 55,000 hits on the Reading Services Guide, where the SEND Local Offer can be accessed
- Children and Young Peoples Disability Register – we have 537 children and young people registered on the voluntary register.

Information Advice and Support for SEND (IASS)

In terms of our core work, we have supported service users with a total of 305 new cases and enquiries 01/09/2019-31/08/2020 as against 296 for the same period in the last academic year. This is quite surprising given that schools were closed for most children during the main lockdown period in March to June and this impacted on the number of new cases in that period. What it does reflect is that we were exceptionally busy from the start of the academic year, up to lockdown and we were also very busy in July.

Most of our cases have involved one or more of the following: serious breakdown in communication with education provider, safeguarding/child protection issues, families with complex difficulties, repeated exclusion from school, part-time timetables or students proving hard to place in an appropriate setting.

Our website remains a valuable resource and an important way for us to demonstrate that we are an arm's length service. In February 2020 our new refreshed website launched, and it has received a lot of positive feedback. It is helpful for us to be able to direct service users to our resources page which provides them with basic information about SEN Support, EHCPs etc. We have added information for young offenders, advice on choosing a school and a glossary of terms. We are continuing to improve our website by considering feedback received and we have added a page for children and young people who are looked after.

In February 2020, we also launched our Reading IASS Facebook page. This has steadily



increased likes and follows and is a useful way to spread the word about our service offer and share information relevant to the SEND community.

Mental Health

Mental health of vulnerable children and children with an EHCP has been an integral part of risk assessments. During the pandemic, the Primary Mental Health Team (PMHT) did not cancel any appointments, and offered virtual sessions during lockdown; many of these have continued at the child or young person's choice rather than returning to face to face appointments. Face to face appointments are increasing now although the waitlist remains large. Triage of waitlists is done one a weekly basis.

Additionally:

- Educational Psychologists and PMHT and MHST have continued with mental health surgeries during lockdown and since. Educational Psychologists and PMHT have arranged 'Reflective Spaces' supervision for Head Teachers to help them voice and process the containment, and an additional six virtual training sessions were run.
- SENCO network meetings continued virtually.
- Weekly cross Berkshire West multiagency meetings with all mental health leaders across including CCG, BFFC, CAMHS, AnDY Clinic, No 5 to ensure joined up work to support children and young people with mental health needs.
- Regular meetings with Reading Families Forum were held on mental health needs of children.
- Additional helplines and support were put in place (Kooth). The Berkshire West Kooth report shows a 100% satisfaction rate during August. 70% of interactions took place outside working hours and 95 users of the service. The majority of users (58%) were in the 14-16 age group.

Education Welfare Service

Our EWS amended their offer so that schools can continue to speak to Education Welfare Officers (EWO) free of charge to discuss any vulnerable children who they are concerned about who are not attending provision or engaging in virtual learning or where there is concern relating to lack of communication from home. There may be children who are not regularly engaging with virtual learning. Whilst the legislation is suspended, the EWS cannot enforce school attendance or online learning, but we work with schools and parents to support and encourage positive engagement wherever possible.

For our children already open to the EWO team, the team will:

- Complete cross referencing to ensure families are not being contacted by more than one professional.
- For children not already known to BFFC, the team will liaise with the school to determine current levels of concern.



- Where concerns remain, EWO staff will contact families to complete a welfare check and assess any risk.
- Provide an update to schools regarding the outcome of these checks.

Children Missing Education

COVID-19 has contributed greatly to the increase in children missing education (CME) cases in the year on year comparison. From the anecdotal data and reasons given from settings in regard to their CME cases, the prolonged absences from school, coupled with parental and child anxiety relating to falling ill with the virus has caused the children and young people of Reading to struggle with a successful reintegration into full-time education on the occasions where the schools have reopened. We expect this to continue to rise, given the current third ongoing lockdown we are currently experiencing.

Table 1: Children Missing Education 2020/21 overview

Category	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Unplaced	34	34	37	41	43
On roll - low attendance	155	155	159	189	187
Reduced timetable	123	136	160	162	165
Electively home educated	3	3	2	4	4
PEX - Unplaced after 6th day	0	0	0	0	0
TOTAL	315	328	358	396	399
Currently investigating	0	1	5	7	7

COVID-19 has contributed to the difficulty in reducing CME cases through the considered interventions of key workers and professionals, due to the impact on the schools spending time open and partially closed. For example:

- Managed moves for some children that have been put in place to support a fresh start in a different setting have been postponed either once or numerous times
- Some children that we were making good progress at reintegrating back into school following a period of low attendance have been forced to not attend school
- Interventions and strategies used by schools and agencies to help children reintegrate back into school following a period of low attendance have been paused whilst schools are not open to those pupils
- Some alternative provision organised for children to re-engage them in education has been postponed

We are of the opinion, that especially with CME cases, the longer a child spends out of a school setting, the harder it is to support them back into school. To support our CME, BfFC hold termly CME meetings to review all cases that have been CME for 6 months or more, plus any other child or young person the network would like to raise as a high need case. This is a multi-agency panel including; SEND, CME, Virtual School, YOS, EWS, CSC.



The Pupil and School Service work in conjunction with one another (as well as with other agencies) to support the identification of those whom are CME or on a reduced timetable. For example:

- School transport liaise with the CME Officer if they are providing transport to any child on a reduced timetable so that this can be checked against current data
- School admissions regularly liaise with the CME Officer and Service Manager on any cases where children are not admitted into school places within the allocated time frame, to support the placing of children
- There is an escalation policy for cases that go outside of the 20 days processing allocated timeframe
- There is a joint process with SEND and the Pupil and School Service where children can be supported after being identified when SEN is looking to contribute to a delay in placing a child in a school setting
- School Admissions have continued to process in-year admissions through the current partial school closure

The CME Officer is part of many panels and meetings to ensure sharing of educational data, including the CME status of vulnerable children and young people, including:

- Missing Children Meeting
- Child Exploitation and Missing Operational Group
- Youth Diversion Hub

Since the end of 2020, we have started and are still in the process of trialling fortnightly CME sub-groups for the most vulnerable children, and those most concentrated within the current CME cohort, namely CLA, SEND, Cranbury College Pupils, Hamilton School Pupils. This is to:

- minimise drift on the cases by setting actions more regularly and review them more regularly
- ensure we have current and relevant updates on record
- enable more targeted and thorough conversations with the relevant partners to support them in minimising the length of time the children and young people spend as CME

Reduced timetables data has now been added to the education database, so that any partner within BfC that has access can see this data which was previously only held by the CME Officer. The CME Officer is in the process of widening the CME tracking that is collated monthly, to include more at-risk groups including; children open to YOS or graded on BfC's Exploitation Panels. The CME Officer is currently part of projects within BfC to reduce children missing education including Exclusions Project in conjunction with VRU, and the Reduced Timetables task and finish group.

Supporting vulnerable learners: Areas for improvement

- During the pandemic it was not possible for Under 5 or Over 5 autism assessment services



to offer a direct assessment of the child/young person (clinical consensus is that it is not possible to conduct a valid autism assessment face to face while the clinician is wearing PPE). This means a large number of assessments have been started but not concluded. Services have now begun to introduce new and modified direct assessments for children/young people with the aim of concluding the assessments in progress.

Supporting vulnerable learners: Planned improvement and development work

- We are aware that we do not currently have sufficient choice of alternative provision for some of our most vulnerable children. We have put in place a review of alternative provision led by our excellent alternative provider Cranbury College – part of the Maiden Erlegh Trust.
- We are developing a YOS prevention pilot to reduce the risk of young people becoming involved in the youth justice system. This project seeks to reduce exclusion through early intervention in partnership with one of our schools funded by YOS for 18 months. The aim is to provide a swift response when a child or young person is at risk of exclusion and provide intensive support for two to three days in school instead of being on a fixed term exclusion as well as offering the school training and strategies for managing behaviour (and Educational Psychologist when capacity has improved).
- The Short Breaks offer is an area that requires intense development to ensure BFFC meets its statutory obligations and requirements as set out in the SEND reforms. We are confident with the support of Reading Families Forum (RFF) and multi-agency colleagues through Strand 5 of the SEND Strategy this is achievable. COVID-19 has significantly impacted Short Breaks in Reading as it has nationally, however it has also provided opportunities for reflection and recommissioning to ensure as we redevelop the offer it becomes what is required by our families to achieve the desired outcomes.
- The Short Breaks statement will require review and will be co-produced again with RFF in 2021.
- A new service provider, Autism Berkshire, has been commissioned by the CCG to work across Berkshire to deliver a range of services to support children and young people with autism. This service will be involved in the development of advisory and information videos for parents in early 2021 and will be involved in developing the strategic support for the new ASC/SEMH school for Reading and Wokingham pupils which will open from September 2022.

Supporting vulnerable learners: Example Project

Pilot Project with Prospect School – reducing school exclusions and first-time entrants to the youth criminal justice system – is an example of a new project designed to support our vulnerable learners. The aim of the joint project, which is funded to March 2022, is to have a sustained impact on reducing school exclusions through:

- Brighter Futures for Children, Prospect School and Cranbury College working together to develop strategies to prevent exclusions;
- providing some enhanced resource to have an immediate impact in preventing individual pupils from being excluded; and



- sharing learning and success with other schools.

The scope of the project will include:

- Alignment with other partnership delivery within the school to ensure a co-ordinated, cohesive response including MHST and VCS work.
- Development of a swift response project for an identified cohort e.g. year group(s) when pupils within the cohort are on the brink of fixed term or permanent exclusion.
- Skills-based individual and/or group work to enable young people referred to the swift response project to develop problem-solving, self-regulation and modulation skills in line with evidenced based practice.
- Offer of family/ parenting support for parent/s for individuals identified.
- The project will include bespoke restorative responses for young people identified.

A Youth Worker has been recruited and started in early Jan. The Family Worker recruitment is underway and we hope to have someone in post by end March/April 2021. Following the successful Trauma Informed Conference, The One Reading Children and Young People's Partnership have proposed a place-based demonstration project to deliver and evaluate the benefits of all services taking a trauma informed approach in a specified locality. This project will develop the existing activity with prospect School.

3.2 Promoting the school/early years attendance of vulnerable children

As COVID-19 restrictions took effect, we contacted all settings and maintained schools to understand our cohort of vulnerable children (defined as those with child protection plans (88 children), identified as a Child in Need (109 children), supported by Early Help (85 children) or whose needs were currently being assessed by children's services (50 children)). Currently, we have 332 children classed as vulnerable, which includes all 0-5s. In relation to children aged 2-4 years, we have 156 vulnerable children, and of this cohort, 95 vulnerable children are attending settings, evidence that we are promoting the attendance of children to early years settings.

Table 2: Summary of vulnerable children and Early Years provision

Total vulnerable children	332	
Total with an EY provider listed	95	28.6%
Of the 95 children with a provider listed, total NOT attending*	38	40%
Of the 95 children with a provider listed, total NOT regularly attending	3	3.1%

**8 of these children have either moved to a different provider to the one listed on their Mosaic record (and in some cases the child is actually attending the 'new' provider, for example: one child has The Lodge listed as their Provider but the child is actually attending Coley Lodge), or, the School/Setting listed has no record of this child.*

The general theme for children not attending is COVID-19 related i.e. parental choice/concerns and we understand that nearly all providers are keeping in contact with families and providing



resources for children to access (though not all children are accessing them). All named workers for these children are routinely emailed with the children's updates. It is also recognised that many early years settings are providing virtual lessons and material to support children not currently attending sessions, which further assists their learning in the event that they cannot or choose not to attend in person.

The EWO team have renewed their focussed on vulnerable children in January. Reports from Mosaic identified 433 children in Child Protection/Child in Need. All schools have been contacted to identify which children were attending or engaging on online learning.

Table 3: Educational status of vulnerable children

Children attending school	??
Children not attending	161
Children accessing online learning with good engagement	95
Children partially accessing online learning	23
Children not accessing online learning	36
Children moved out of area	2
Children moved to Reading College	2
Unknown	3

Extra COVID-19 pages have been added to the BfFC website providing parents and carers with a wealth of links and suggestions for home learning and activities for children in lockdown, as well as advice and updates on services.

3.3 Supporting children who do not reach the expected goals at each key stage or reach positive onward destinations

Portage

Reading's portage service, which provides home teaching programmes for pre-school children with additional needs, is continuing to support around 50 families by providing ideas and activities for parents to carry out.

A holistic developmental assessment is completed by a Portage Home Visitor, and a child's development will be reviewed and assessed on a termly basis and subsequent reports will be written for parents documenting the progress made. A home-based educational programme is carried out in conjunction with parents, parents are supported to carry out educational activities with their child as guided by their Portage Home Visitor. Portage Home Visitors liaise with Early Years settings to provide support and advice for children who are receiving portage support at



home.

The portage team is now preparing for some of our children who will be transitioning into school in September, linking in with the school SENCO and any other professionals that are involved to ensure a smooth and positive transition in to school takes place.

SEND

To support children and young people to bridge the gap to their expected goals, we have provided information from the Education Endowment Foundation and other sources about the use of catch up premium and curriculum design to schools and these remain key agenda items for discussion and training between Heads, Governing bodies and the standards team.

All local schools can access training on all elements of curriculum design and classroom pedagogy via the School Standards team, and several projects have been in place to support schools over the last three years. These include:

- Reading and writing (KS1 +2), based on Ofsted research and national leads such as Teresa Cremin who worked with all our primary schools in 2019 /20
- Curriculum design (all phases), based on Ofsted research and using the work of national leads like Tom Sherrigton and Mary Myatt (both providing training for all maintained schools)
- Oracy (all phases) Project is about increasing both vocabulary and communication skills through structured talk, delivered in collaboration with Voice21 national Oracy leaders
- Therapeutic thinking schools (behaviour and relationships management), building a trauma informed response to behaviour and exclusion, based on Norfolk steps following excellent outcomes in Hertfordshire, Essex, Cambridge and Norfolk in reducing pupil exclusions
- Mental Health Support in schools - wide range of support from educational psychologists and primary mental health and wellbeing team as part of the trail blazer projects and based on the work of the Anna Freud centre among others
- Regular SENCO network meetings
- National Association for Special Educational Needs training on audits for SEN Support
- Close working between schools and educational psychologists including the use of assessments, training and interventions including Therapeutic Story Writing, Precision Teaching, use of teaching assistants, and group support.

All projects have included specific support and advice around COVID-19, with a specific focus on vulnerable children and those who have gaps in their subject schema.

3.4 Our focus on post-16 services, including during the pandemic

Since September 2020, we have received 50 referrals into the service from schools, colleges, colleagues and partners requesting support for NEET young people and those at risk of becoming NEET. Highlights with regard to our NEET service delivery and how we are tackling the



rising NEET numbers in Reading include:

- Securing a town centre hub for young people 16-24 years to access frontline holistic support. Working in partnership with the DWP and the Curious Lounge we have secured a town centre location to provide a 'one-stop' careers, employment and skills HUB for young people and local partners and employers. The hub went live on 18th January 2021. It will start off as a virtual hub, with the aim to move to a front facing service at the Curious Lounge from Feb/ March 2021.
- Starting Point will be delivering an Aspire Mentoring Programme aimed at young people 16-24 years, with a focus on supporting young people from vulnerable/disadvantaged groups. Programme. Starting point matches young people who are not in education, employment or training to reliable mentors who act as positive role models, supporting their mentee on their journey into attaining, sustaining and thriving within a job, college course or apprenticeship.
- New Directions College will be delivering four Vocational Pathways to Employment Accredited Programmes aimed at young people 16-24 years, with a focus on supporting young people from vulnerable/disadvantaged groups. These pathways will offer young people the opportunities to work towards gaining accredited qualifications, including Maths, English and Digital Skills alongside a range of vocational/job specific training and development.
- The Provider network has been re-established with our first meeting taking place in January. This network brings together a wide range of partners to work together to support NEET young people in Reading. Each provider brings something unique to the network, this enables us to build a strong offer of alternative provision and support for young people. Currently in the network are Elevate, Starting Point, Ways into Work, Toolshed and Mapis Academy, and it is envisaged that this network will grow as we start to work with the DWP in the Reading hub. The aim of the network is to have a pan Reading approach to reduce our NEET numbers, prevent young people early on from falling into NEET, and to promote alternative and vocational pathways to employment or training.
- We delivered our first NEET networking event working with local providers at the start of September. 40 NEET young people were invited, 22 young people attended met with a wide range of providers and walked away signed up to start a course.

Apprenticeships

In November 2020, the Post 16 Team manager conducted research into the availability of apprenticeships in Reading, as the impact of COVID-19 was being felt. This research found:

- There were 23 Level 2 apprenticeships, comprising 65% in childcare, 9% each in hairdressing and customer service, 4% each in catering, sales, greenkeeping and care sectors. Some of our key sector gaps, largely attributed to the impact of the pandemic, are in construction, ICT, digital skills, motor vehicle, engineering, hospitality, retail, leisure, travel and tourism, and health care sectors.
- There were more Level 3 or higher-level apprenticeships, 40 available in Reading. Level 3 apprenticeships available by sectors were engineering, motor vehicle, specialist office/



business admin, dental nursing, ICT/digital production, and finance.

A challenge is that many of the young people Elevate support are not ready to step into Level 3 apprenticeships when they first come to the service. There is also a lack of pre-apprenticeship programmes available to young people. In response to this Elevate is working with New Directions to develop a programme to build a young person's readiness to undertake an apprenticeship, with the expectation that this will help more young people take up the available apprenticeships.

Youth Offending Service

The Youth Offending Service works with young people who have offended or are at risk of offending. The majority of the young people we work with have had difficulties in their education history and a significant proportion are not engaged in full time education.

Engagement in Education Training and Employment is a key factor for reducing the risk of offending. The YOS have an Elevate worker who assist with young people to gain opportunities after Year 11. We also employ a communicate worker who offers support to young people on the caseload to develop basic skills around literacy numeracy and communication. We also have the health input of a Speech and Language worker who can work with young people with identified issues.

The YOS are involved in regular partnership meetings around Children Missing education, exploitation concerns and missing from home. The Youth Diversion Hub has been embedded over the year and will consider cases of young people experiencing exclusions for other support. Wider Mentoring services are more established in the local area and can take relevant referrals.

Commissioned services

Elevate commissioned Ways into Work to deliver a Supported Employment Programme to Reading – this is specifically focused on young people with SEND who are defined as not in education, employment or training. Although the programme has been impacted by COVID-19 with less employers being able to offer employment opportunities, Ways into Work have increased their virtual offer to our young people.

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16 March 2021

Christopher Russell HMI
Regional Director, South East

Deborah Glassbrook
Director of Children's Social Care, Education and Early Help Services
Reading Borough Council

Sent by email to: deborah.glassbrook@brighterfuturesforchildren.org

Dear Deborah

Annual Conversation – social care and education – 3 March 2021

Thank you for meeting with Nicola Bennett, Tracey Scott, Hilary Macdonald, Harry Ingham and myself online, to discuss education and children's social care in Reading.

Social Care

You told us how pleased you are that the government direction has been lifted, recognising the significant improvements that have been made in the provision of services and quality of practice. This is an important and significant step in your improvement journey, though you recognise that there is more to do and are ambitious for what you can achieve. There have been some changes to arrangements at a senior leadership level. You are pleased to have appointed Di Smith as the new chair of the board, and to have tightened your governance arrangements.

You have a stable and permanent staff group at senior and middle management levels, which has helped to achieve this. COVID has had an impact on recruiting and retaining staff, particularly the virtual nature of team working. This has also had an impact on turnover of staff, though many of your agency practitioners have been with you for a significant period. Some social workers have caseloads higher than you would like, particularly in the FIT teams, which has had an impact on progressing CIN cases in particular. You continue to weigh cases according to complexity, with monthly reviews by team managers. Therefore, while caseloads have increased, staff are managing, and morale is good. You have increased your social worker posts and are hopeful about the potential impact of current initiatives, such as your apprenticeships and 'step up to social work' programme.

While the pandemic has brought several challenges, for you and many of your staff, it also brought about some opportunities. Strong partnership working has informed risk assessments and helped you to have oversight of children who receive a service. You told us that you have maintained face-to-face visiting throughout the pandemic for the children you were most worried about and increased your level of visiting to younger children.

You have seen an increase in demand for your early help services and an unprecedented number and increase in the complexity of referrals for unborn children, with more coming into care at birth. This has been an area of focus for you, ensuring learning from pre-birth work in early help is migrated into the access and assessment team. You are looking to benefit from the Safer Baby Toolkit work being undertaken in Windsor and Maidenhead to strengthen your approach to this area of practice. Under 5's are a priority group for the next 2 years.

You shared that there has been an increasing prevalence of youth violence, particularly including the use of knives. There have been three recent fatal stabbings in Reading involving teenagers as the alleged perpetrators. There has been a review of these and previous cases involving knife crime, and you are satisfied that they are not gang related. However, the impact of COVID is not clear. You reflected upon the pressures of lockdown and acute stress within families, with families coming to your attention that were not previously known to you and children who have not experienced adverse childhood experiences.

December 2020 saw a spike in the number of children subject to a CP plan, which has reduced recently. You reflected that professionals are feeling anxious and are reassured about the safety of children when they have a CP plan. However, this may mean that some children may be subject to child protection procedures unnecessarily. This is borne out by your own analysis of this increase, which identified a number of children's plans end at first review. This has been a long-standing problem and you surmise is compounded by your inspection history. You are moving social work practice towards a strength-based and trauma-informed approach. You are supporting practitioners via coaching opportunities to have a more authoritative approach.

Your children in care numbers have remained stable but sufficiency remains a concern for you. Achieving local placements and progressing the planned work to bring your children back to Reading is an ongoing area of work in discussion with other local authorities. The timeliness of initial health assessments for children remains a challenge and has been impacted in part by the pandemic and lockdown. You understand the causes and have plans in place to address these issues.

Your pre-proceedings and court work has continued. You haven't seen an increase in pre-proceedings work and the number of children subject to care proceedings has stabilised. You shared that there have been some delays in court work progressing which is impacting upon achieving permanence for some children. You are pleased to have received positive feedback from the lead Judge recently regarding the quality of statements to court.

Children who go missing have not always benefitted from a timely return home interview. Again, you understand the reasons for this and have recently 'brought in-house' this function and are of the view that timeliness will improve as a result.

Internal and external quality assurance work has continued during the pandemic and is helping to inform your practice improvement. You have continued with 'deep dives' themed audits and compliance checklists, and Hampshire will be undertaking a review of your QA processes. You are now more confident in your QA processes and are now moving from compliance activities to looking at the quality of practice.

Education

The local authority's school improvement model has been embedded further this year, despite the challenges of the pandemic. Although there has been significant disruption to education nationally, the director of education has steered a steady course and driven forward the improvement priorities that were established in 2019. School-to-school support networks are an important part of this strategy. These networks allow for sharing of strategies and support across schools. The local authority's recent 'big education conversation' gave school leaders the opportunity to debate school wide issues. You were pleased with leaders' engagement in this initiative.

The disruption to the education sector caused by the pandemic has meant that the local authority does not have the opportunity to perform the usual scrutiny of school performance data. Within this context, however, you are pleased with the increase in attainment at the end of key stage 4. In 2020, the average attainment 8 score for Reading increased by 4% to 54; this is above the national average of 50.

We discussed your continuing high ambitions for pupils with special educational needs and/or disabilities (SEND). As part of your SEND strategy, the local authority has created 200 additional places in Reading schools' special units for pupils with autistic spectrum disorder. The director of education expressed the opinion that accountability between the local authority and school-based SEND units has improved due to your recent review of service level agreements.

In our discussion, you and your colleagues explained that you were looking forward to continuing your commitment to co-production and the regular meetings with strategy group members, such as the 'Reading Families Forum'. The local authority remains committed to inclusion. The director of education explained that this commitment and the local authority's 'therapeutic approach' had continued to contribute to a decline in fixed term exclusions. You explained that there had been 3 permanent exclusions in Reading, so far this year, but you are confident that these were necessary and correctly administered. The local authority's education department is currently undertaking a review of alternative provision in Reading. All the pupil referral units in Reading are now academies but you are assured that the local authority will maintain the positive working relationships that are already in place in this sector.

You are, rightly, concerned about the increased number of elective home education (EHE) requests from parents over the past year. However, this increase has recently shown signs of slowing down. Local authority officers have focused on speaking to school leaders about

giving parents accurate information concerning the EHE process. You are hoping to resume face-to-face visits with parents who have chosen EHE, in the near future. Rightly, you ensure that high levels of scrutiny are applied to any EHE requests and particularly for any child who is subject to a child protection plan. When parents change their minds about electing to educate their child at home, you are confident that schools are generally ready to accept pupils back on to their rolls.

In last year's annual conversation, we discussed your strategy of bringing the previously outsourced careers education provision under the control of the local authority. This action followed the issuing of a ministerial letter that raised concerns about the high levels of young people who are not in education, employment or training (NEET). You and your colleagues are pleased with the results of your renewed strategy. It is clear that, in 2020, there was a large increase in the percentage of 16- and 17-year olds who had an offer made to them for September. It is also significant that the number of young people 'known to' the local authority increased by over 1000. Furthermore, the proportions of young people who are NEET decreased substantially in 2020. This was particularly the case for young people with SEND.

Thank you again for making the time to meet with us.

Yours sincerely

A handwritten signature in grey ink, appearing to read "Chris Russell".

Christopher Russell HMI
Regional Director, South East



ACE Report

School Admission amended arrangements 2021-2022 & 2022-2023

For decision For discussion For information

SUMMARY

To advise that School Admissions are requesting the Adults Social Care, Childrens Services and Education (ACE Committee) to determine the amended admission arrangement for 2021-2022 & 2022-2023

OWNER

Victoria Hannington, School Admissions Manager

VERSION 1

DATE

11 June 2021

REVIEW DATE

Yearly for new admission arrangement

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TO:	ADULT SOCIAL CARE, CHILDRENS SERVICES AND EDUCATION COMMITTEE		
DATE:	1 July 2021		
TITLE:	SCHOOL ADMISSIONS AMENDED ARRANGEMENTS for 2021/2022 and 2022/23		
LEAD COUNCILLOR:	COUNCILLOR PEARCE	PORTFOLIO:	EDUCATION
SERVICE:	BfFC	WARDS:	BOROUGHWIDE
LEAD OFFICER:	KATE REYNOLDS	TEL:	01189374717
JOB TITLE:	DIRECTOR OF EDUCATION	E-MAIL:	Kate.Reynolds@brighterfuturesforchildren.org

1 PURPOSE AND SUMMARY OF REPORT

- 1.1 Last year the government consulted on changes to the School Admissions Code (the Code). The new Code and associated regulations have been laid in parliament and are subject to parliamentary procedure. They will come into force 1 September 2021.
- 1.2 This report invites the Committee to determine the amended:
 - Admissions arrangements for Community Primary Schools in Reading for the school year 2021/22.
 - Admissions arrangements for Community Primary Schools in Reading for the school year 2022/23.
- 1.3 Point 1.7 of the new code requires children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted to be given equal first priority in admission arrangements, alongside looked after children (LAC) and children who were previously looked after by English local authorities (PLAC). This advice refers to these children as internationally adopted previously looked after children – “IAPLAC”.
- 1.4 These arrangements comply with the new School Admissions Code 2021.

2. RECOMMENDED ACTION

- 2.1 That the scheme attached at Annexe A as the admissions arrangements for 2021/22 and that scheme attached at Annexe B as the admissions arrangements for 2022/23 for community schools in Reading be determined as updated arrangements.

3. POLICY CONTEXT

- 3.1 School admissions are subject to detailed requirements, set out in law and particularly the School Admissions Code 2021, published by the Government and approved by Parliament. Reading Borough Council is the admitting authority for community and voluntary controlled schools within the borough.
- 3.2 The Council is also required to determine the admission policy for community schools which includes the number of places to be made available at each school and the oversubscription criteria to be applied where there are more applicants than places available. Where the over-subscription criteria include catchment areas these must also be approved. The governing bodies of academies, free schools, voluntary aided and foundation schools are required to determine their own admission number and oversubscription criteria. Those schools also operate their own arrangements as part of the coordinated scheme – and where they are oversubscribed, continue to decide which applicants best meet their oversubscription criteria.
- 3.3 As the amendment is mandatory for all Admissions Authorities, Reading Borough Council do not need to consult on the amended policies.
- 3.4 Reading Borough Council deliver its school admissions service through Brighter Futures for Children (BFfC). BFfC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children’s services, early help, education and SEND services in Reading
- 3.5 On 26 June 2020, the DfE issued a consultation on a revised version of the School Admissions Code-The consultation ran for 16 weeks until 16 October 2020. The School Admissions Code imposes mandatory requirements and includes guidelines setting out aims, objectives and other matters in relation to the discharge of functions relating to admissions.

Ministers are not proposing a wholesale review of the admissions system. They say that it is clear from feedback that the main round of admissions largely works well, but that there are problems with the in-year admissions processes and Fair Access Protocols. The proposed changes therefore seek to clarify these responsibilities and introduce a more robust process for their management. They also respond to the recent Children in Need Review and the Home Office White Paper on Domestic Abuse. The new code has now been laid down before parliament.

- 3.6 The documents must be determined by the 31 August 2021 to ensure Reading is compliant with the school admissions code and published on the BFfC website by 1 September 2021.

4. THE PROPOSAL

4.1 Admission Policy for Community Primary, Infant and Junior Schools 2021-2022

The policy has been amended to reflect that children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a

result of being adopted to be given equal first priority in admission arrangements, alongside looked after children (LAC) and children who were previously looked after by English local authorities (PLAC). This advice refers to these children as internationally adopted previously looked after children – “IAPLAC”.

4.2 Admission Policy for Community Primary, Infant and Junior Schools 2022-2023

The policy has been amended to reflect that children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted to be given equal first priority in admission arrangements, alongside looked after children (LAC) and children who were previously looked after by English local authorities (PLAC). This advice refers to these children as internationally adopted previously looked after children – “IAPLAC”.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The admission schemes contribute to the aims of Ensuring that there is good education, leisure and cultural opportunities for people in Reading
- 5.2 It also contributes to the aims to establish Reading as a Learning City and a stimulating and rewarding place to live and visit

6 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).
- 6.2 Where possible children are placed as near as possible to their local school. Parental choice and the need to divert children to other schools that are not their preference, means that some children are placed in schools outside their local community. This can have an impact on travel by public transport and in cars.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 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".
- 7.2 This duty has been met. We have a statutory duty to consult every 7 years on the coordinated scheme for school admissions. We last consulted between 17 October 2018 and 10 December 2018. The outcome from that was report to ACE on the 14 February 2019.

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 An Equality Impact Assessment (EIA) is not relevant to this decision

9. LEGAL IMPLICATIONS

9.1 Compliance with School Admissions Code (2021)

9.2 Compliance with SEND code of Practice (2015)

10. FINANCIAL IMPLICATIONS

10.1 None arising directly from this report

11. HR IMPLICATIONS

11.1 None arising directly from this report

12. COMMUNICATION IMPLICATIONS

12.1 The new policies will be shared with all local Schools, neighbouring local Authorities by the School Admission Team. The new 2022 admissions guides will be updated as will the relevant pages on the BfFC website. Own admissions authority schools have been advised of the changes they need to make to their policies.

13. BACKGROUND PAPERS

13.1 [supporting regulations](#), the [Explanatory Memorandum](#) and the [consultation response](#).



ANNEX A

ADMISSION POLICY FOR COMMUNITY INFANT, JUNIOR

AND

PRIMARY SCHOOLS 2021-2022

Amended

For September 2021 entry

Determined on XX

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Introduction

Reading Borough Council is the admitting authority for community and voluntary controlled schools within the borough.

Reading Borough Council deliver its school admissions service through Brighter Futures for Children (BFfC). BFfC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading

This document sets out the local authority's admission arrangements for entry to schools in September 2021.

There are no changes to the admission arrangements for 2020/21 and therefore no requirement for a public consultation.

These arrangements comply with the School Admissions (Admission Arrangements and Coordination of Admission Arrangements) (England) (Amendment) Regulations 2014, the School Admissions Code 2021 (conditional on the 2021 Code passing through Parliament. All such variations should come into effect on 1 September 2021) and the School Admissions Appeals Code 2012.

Other admitting authorities within Reading Borough Council

Voluntary aided schools, free schools and academies are their own admitting authorities and are required to publish their own proposals for consultation (if required) and determine their own admissions arrangements. Details of their proposals and/or determined arrangements should be obtained from each individual school.

National Offer Day for Primary and Junior Admissions is 16 April 2021

Cohort

Applications for children born between 1-9-2016 and 31-8-2017 will be considered for admission to a reception class in 2021 as part of the 2021/2022 routine admission round.

Applications for admission to junior schools in September 2021 will be considered for those born between 1-9-2013 and 31-8-2014.

Admission of children outside the normal age to Reading Borough Council Community Primary Schools

Children are normally allocated according to their chronological age. Parents may seek a place for their child outside of their normal age group, for example, if the child is gifted and talented or has experienced problems such as ill health. In addition, the parents of a summer born child may choose not to send that child to school until the September following their fifth birthday and may request that they are admitted out of their normal age group – to Reception rather than Year 1 - in September 2022.

Reading Borough Council, as the Admission Authority for community primary schools, will consider each case individually and make a decision in every case that is in the best interest of the child,

taking into account:

- The parents'/carers' views;
- Information about the child's academic, social and emotional development from their current setting;
- The child's medical history and the views of a medical professional (where relevant);
- Whether they have previously been educated out of their normal age group;
- Whether they may naturally have fallen into a lower age group if they had not been born prematurely.
- DfE document 'Advice on the admission of summer born children';
- DfE document 'School Admissions Code'
- LGO document 'Summer born admissions';
- the views of the head teacher of the school(s) concerned
- the views of the child's early years setting (if attending one)

To request a child's admission is delayed to start school in September 2022, parents/carers need to read the offset guide and complete the required form. It is recommended they make an application for a Reception place in the normal way for September 2021 by 15 January 2021 so that the application can be considered. Each case will be carefully considered and parents/carers will be informed of the decision in writing, before the National Offer Day, setting out clearly the reasons for the decision. If the request to delay admission is agreed, the parents/carers must issue a formal acceptance, declaring their intention to proceed on this basis. In this case, the application submitted for September 2021 entry will be withdrawn (before a Reception place is offered) and a new paper application must then be submitted (for entry in September 2022) when the next primary admissions round opens in November 2021. Parents will not be made aware of the school they would have been allocated before the decision is accepted or declined. The decision made by Reading school admissions panel is not binding on any other Admission Authority and therefore schools may come to different decisions based on the evidence. If the request is refused, parents must decide whether to accept the offered place for Reception 2021 or refuse it and make an in-year application for a Year 1 place in September 2022.

Oversubscription Criteria for Community Primary and Infant Schools

Children with an Education, Health and Care Plan (EHCP) naming a preferred community primary or infant school will be allocated a place above all other children.

The oversubscription criteria take no account of the parents/carers order of preference. Applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Category		Notes
1	A 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order including those who appear [to the admission authority] to have been in state care outside of England and ceased to be in state care as a result of being adopted. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the	Provided appropriate evidence is submitted – See Note 1.

	exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).	
2	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 2.
3	Children whose permanent home address is in the catchment area of the school and have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 3 and 4.
4	Children whose permanent home address is in the catchment area of the school.	
5	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	See Note 4.
6	Children in receipt of Early Years Pupil Premium (EYPP) at the time application who attends the nursery unit at the school.	
7	Other Children	

Priority within the Oversubscription Criteria

Within each of the above categories 1-5 and 7, priority will be given to children who are in receipt of the Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) at the time of application. To be considered for these priorities, parents/carers will be required to complete a Supplementary Information Form which **must be endorsed by the child's current school or nursery** confirming that they receive **Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP)** for the child. This form must be completed and returned to the **school** admissions team prior to **1 February 2021** in order to be awarded this priority on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **3 May 2021**.

Oversubscription Criteria for Community Junior Schools – Geoffrey Field Junior School

Children with an Education, Health and Care Plan (EHCP) naming the school will be allocated a place above all other children.

The oversubscription criteria take no account of the parents/carers order of preference and applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Older siblings still attending the linked junior school will be considered as siblings for admission to the infant school.

Category		Notes
1	A 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order including those who appear [to the admission authority] to have been in state care outside of England and ceased to be in state care as a result of being adopted. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).	Provided appropriate evidence is submitted – See Note 1.
2	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 2.
3	Children whose permanent home address is in the catchment area of the school and have a sibling at the school, or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 3 and 4.
4	Children whose permanent home address is in the catchment area of the school.	
5	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the is due to start school.	See Note 4.
6	Children who are attending Geoffrey Field Infant School at the time of application.	
7	Other Children.	

Priority within the oversubscription criteria

Within each of the above categories 1-7 , priority will be given to children who are in receipt of Pupil Premium (PP) or Service Premium at the time of application. To be considered for this priority, parents/carers will be required to complete a Supplementary Information Form which must be endorsed by the child's current school confirming that they receive pupil premium or **Service Premium** for the child. This form must be completed and returned to the **school** admissions team prior to **1 February 2021** in order to be awarded this priority on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **3 May 2021**.

Notes relating to the above oversubscription criteria.

Note 1 – Category 1 – Looked After Children and Previously Looked After Children

A 'Looked After' child is a) in the care of a local authority, or b) being provided with accommodation by a local authority in the exercise of their social services functions as defined in Section 22(1) of the

Children Act 1989 at the time of making an application for a school place.

A previously 'Looked After' child is a child who was looked after but has been adopted or became subject to a child arrangement order or special guardianship order immediately following having been 'Looked After'. Confirmation will be required from the local authority that last looked after the child that the child was looked after immediately prior to the issuing of one of the following orders:

An adoption order is an order under the Adoption Act 1976 (see Section 12 adoption orders) and children who were adopted under the Adoption and Children Act 2002 (see Section 46 adoption orders). A 'child arrangements order' is an order settling the arrangements to be made as to the person with whom the child is to live under Section 8 of the Children Act 1989 as amended by Section 14 of the Children and Families Act 2014. Section 14A of the Children Act 1989 defines a 'special guardianship order' as an order appointing one or more individuals to be a child's special guardian (or special guardians).

Children who were previously in state care outside England

A child is regarded as having been in state care outside of England if they were in the care of or were accommodated by a public authority, a religious organisation, or any other provider of care whose sole or main purpose is to benefit society.

The care may have been provided in an orphanage or other setting but the child may have been adopted and is no longer in state care. Evidence of the previously looked after status and/or the adoption will be requested. Where such evidence is not available, the Admissions Authority will work closely with BFFC Virtual School for Children Looked After to make a pragmatic decision based on the information available so that there is a local consistent approach.

Note 2 – Category 2 Medical/Social Reasons

When submitting an application under criterion 2, families who have strong medical or social grounds for their child's admission to a particular school must provide written evidence. This may come from an independent professional aware of the case relating to the child, parent/carer or other children living at the same address (e.g. doctor, hospital consultant or psychologist for medical grounds or registered social or care worker, housing officer, the police or probation officer for social needs). This evidence must: be specific to the school in question; show why that school is the most suitable; what facilities will benefit the child, and why no other school can offer the same support. It is not enough for the professional to report what the parent/carer has told them.

If failure in awarding this priority would result in no appropriate school being allocated, the panel, after considering the evidence submitted, the parental preference and the catchment school, will allow categorization of medical/social grounds to the most appropriate school. This applies to those children whose social/medical needs can be met by one than one school but not many schools. For example, when reasons are due to mobility issues and a number of schools are equal distance and failure to award this would result in no appropriate school being allocated.

In addition, this category includes children who are subject to a child arrangement order or special guardianship order awarded to a family member in order to prevent the child being taken into care by a local authority. A copy of the order must be provided.

No individual officer will take responsibility for determining whether a case is ranked in the category. A panel of officers in the form of the School Admissions Panel will make the final decision. Evidence must be provided by 1 February 2021 to be considered as on time for National Offer Day. If evidence is received by the team after this date, then it is at the discretion of the panel whether to accept

these documents for “on time” allocations. The admissions team will not prompt parents to send evidence to support admission under this category but they may ask for further evidence if this is required to make a decision. If evidence is received before the **1 February 2021** parents will be informed, in writing, before National Offer Day as to whether this has been granted. This is not a guarantee of a place at a particular school.

Note 3 – Category 3 – Siblings

Children whose home address is in the former catchment area of a school and have a sibling at the school and that sibling was admitted to the school from the same address will be treated as category 3 of the over-subscription.

Note 4 – Category 3 – Siblings

If parents/carers applied for a place at their catchment area school for their child and it was not possible to offer a place at that school because the school was oversubscribed, a sibling protection applies. Where the child was admitted to a lower preference Reading community primary school or allocated a place by the authority at an alternative Reading community primary school, the application for any younger siblings for that school will be treated as “catchment area” and considered under category 4. Where a parent does not list all schools in the catchment area for the home address at the time of application and a place would have been offered at a catchment area school had it been listed, they forfeit the right to sibling protection. Parents/carers must inform the admissions team at the time of application if they consider this exemption applies.

Where a space is allocated as part of an in-year admission at a school listed second preference or lower, or if a school closer to the child’s home address was available to parents and was refused, parents forfeit the right to this sibling protection for future admissions. Parents will be informed at the time of allocation if this right has been forfeited.

Catchment area

The catchment area of the schools can be seen from attached maps. These are a guide only. Exact catchment area information for individual addresses can be found on Reading Borough Council’s website <https://my.reading.gov.uk/>

Tiebreaker

If a school does not have enough places for all children in a particular category, places will be allocated to those living nearest the school. The distance is measured in miles as a straight line between the Ordnance Survey data point for the child’s home address and the school using Reading Borough Council digital mapping software. This distance is measured to three decimal places. In the rare event that it is not possible to decide between the applications of those pupils who have the same distance measurement, the place will be offered using random allocation. A member of Committee Services staff for Reading Borough Council will supervise the selection process.

Multiple births (twins, triplets etc.)

Places are offered according to the oversubscription criteria. In the event that this would result in splitting multiple birth families, in the majority of cases the other child/children will be offered a place. In very exceptional circumstances, where the admission of more than one additional child to the year group causes prejudice to the provision of efficient education and efficient use of resources

it may not be possible to offer a place to all multiple birth children.

In the event that siblings with a different date of birth, but in the same year group, are split by the oversubscription criteria, only one child will be offered a place. This applies to children during Key stage 1, up to and including Year 2, if admission would take a class over 30. Selection will be made randomly by a representative of Reading Borough Council's Committee Services.

It is open to the parents to decline this offer and seek places for all their children at another school or suggest the place is given to one of the other siblings. The other sibling(s) name(s) will put on the waiting list. If the admission is in Key Stage 2 or admission of the other siblings will not contravene infant class size regulations, then each case will be considered and, **in most cases**, the other child/children will be offered a place (on the condition that the admission will not prejudice the provision of efficient education and efficient use of resources).

Parent/Carers

A parent/carer is any person who has parental responsibility or care of the child. Parental responsibility for a child is set out in the Children Act 1989. Normally this parent/carer would reside with the child at the permanent home address stated on the application.

Home address

Applications are processed based on the child's single permanent home address, where the child lives with parent(s) or a carer/legal guardian and are living at this address on the closing date for applications. By submitting an application, the parent/carer/legal guardian is confirming the child will be living at that address on National Offer Day. An address will not be accepted where the child was resident - other than with a parent or carer - unless this was part of a private fostering or formal care arrangement.

Checks will be made to determine whether an address declared on the application form is that of a second home with the main home being elsewhere. Some residential arrangements will be considered to be temporary arrangements. The Reading school admissions team will consider the available evidence to determine if, on the balance of probability, the declared home address is the child's permanent home. Where the applicant, or their partner or spouse, is reasonably considered to be living with them as a single family unit owns another property, has previously lived in it and has chosen not live in it (including where a home is rented out to a third party) the owned property will ordinarily be considered to be the permanent home. Special circumstances that might lead to the declared address being considered as a permanent home despite another home being owned or otherwise available for occupation will need to be declared at the point of application by parents.

Without being exhaustive these might include:

- an owned property being a considerable distance from the preferred school, indicating that the family had permanently relocated to the new home; or
- an owned property that is uninhabitable and cannot reasonably be made habitable in the period leading up to admission to the school; or
- an owned property that is in the process of being sold and the family live permanently in the declared property; or
- a situation, following divorce or separation, where the family home cannot be occupied by the applicant or otherwise treated as the child's permanent home.

Where the declared address is rented and the applicant has no claim on any other property, the declared address may be considered to be a temporary address if there is evidence the applicant has

chosen to rent the property solely for the period necessary for a child to be admitted to a particular school.

Reference to Reading Borough Council tax records will be made to determine a single address for consideration of a place under criteria 3 or 4. It is for the applicant to satisfy the **admissions** authority that they live at the address stated.

Applicants will be asked to declare that the address used is expected to be their place of residence beyond the date of the pupil starting school. Applicants are required to advise of any change of circumstance at any time prior to the child starting school. If the applicant does not declare such arrangements, or a different address is used on the application where the child does not usually live; it will be considered that a false declaration has been made and it may be decided to decline to offer a place at a particular school, or to withdraw the offer of a place. In deciding whether a place was allocated based on a misleading or fraudulent application, an admissions panel will consider any supporting evidence giving reasons why the move was necessary prior to the child starting school.

It is important to declare if there is to be a change of address prior to the child starting school. If the applicant already owns a property which is in the process of being sold, the admissions team are able to accept the address of the new property only on submission of the appropriate evidence in support (e.g. completion of contracts letter on both the new property and, where possible, disposal of their current property). The deadline for submission of evidence to support a move is **1 February 2021**. If the move takes place later or evidence is submitted later, the application will be marked late and considered after National Offer Day.

If the applicant is renting the property, the tenancy agreement must be dated **1 February 2021** or prior, to be accepted as on time. If the tenancy agreement then expires prior to **National Offer Day**, the applicant must provide evidence showing that they still reside at the property past that date. If the applicant moves to a new rented property after the **1 February**, the application will be marked late and considered after National Offer Day.

A temporary address cannot be used to obtain a school place. Temporary addresses will only be considered where evidence is provided of a genuine reason for the move e.g. flooding or subsidence.

Reading school admissions reserves its right to carry out further investigation and require additional evidence and to reject applications or withdraw offers of places if it believes it has the grounds to do so. In such cases, the applicant will have recourse to the independent appeals process. Where it is believed an address provided is not the only address then the Corporate Audit & Investigation Team will investigate the address.

The home address should be the child's current address and is assumed to be the address on the National Offer Day. Any change of address after submitting the application must be notified to the Reading admissions team and the application will be reviewed using the new address. Any place offered based on misleading information, with the intention of deception or fraud concerning a permanent home address, will have the place withdrawn even if the child has started at the school.

Split living arrangements

Where a family claims to be resident at more than one address, justification and evidence of the family's circumstances will be required, e.g., formal residence order, child arrangements order or legal separation documentation. The application must be completed by the parent using the address which is owned, leased or rented where the child lives for the majority of the school week. This is based on the number of school nights a child spends at the home (Sunday night 1800hrs to Friday 0900hrs).

Where there is an equal split or there is any doubt about residence, the school admissions team will assess and make a judgment about which address to use for the purpose of the allocation of a school place where necessary requesting further information, for example:

- any legal documentation confirming residence;
- the pattern of residence;
- the period of time over which the current arrangement has been in place;
- confirmation from any previous school or early years setting of the contact details and home address supplied to it by the parents;
- the address where child benefit or other benefit (if applicable) is paid;
- where the child is registered with the GP;
- any other evidence the parents may supply to verify the position.

It is recommended that consensus is reached by both parents and child on the school preferences to be expressed and it should be noted that only one offer letter will be sent to the main applicant unless otherwise requested and agreed by both parents.

The information provided to determine the home address to be used will be considered by an admissions panel of at least two officers and their decision is final.

Siblings

Siblings are older siblings for purposes of admission criteria during the routine admission rounds, except those for Geoffrey Field Junior School, which will consider a younger sibling at Geoffrey Field Infant School. In-year applications will consider younger siblings, but not a sibling attending the nursery class of a school.

Siblings are children who have either the same mother or father, or they are children who live together in a family unit and with their parent(s)/carer(s). Siblings must live at the same permanent home address as each other. If they do not live at the same address, then they are not treated as siblings for the purpose of admission.

Deferring a Place

There is a legal requirement to offer a full-time place to every child whose parents wish to take up that option from the September following a child's fourth birthday. Places offered in a Reading school are on a full-time basis from September 2021 as a "rising 5" admission. Children do not need to be in statutory education until the September, January or April after their fifth birthday. When children are offered "rising 5" places, parent/carers may defer the place until January 2022 or April 2022 or until their child reaches statutory school age whichever is earlier but may not defer after April 2022 as admissions beyond that are in the next school year. Parents will then need to re-apply for a place in Year 1. However, it should be considered that places may not be available in Year 1, as those places may already have been allocated to children in the previous year as part of the routine admissions round.

Part Time Admissions

Where the parents wish, children may attend part-time until later in the school year but not beyond the point at which they reach compulsory school age. If parents choose this option, they cannot insist on part-time provision that is individually tailored to their needs. Parents/carers must discuss this with the Headteacher of the allocated school to agree the best arrangements for the

child and school.

Waiting Lists

After **3 May 2021** 'waiting lists' will be created for Reading schools where it has not been possible to offer a place at a school the parents/carers listed as a higher preference than the school which has been offered. A child's position on the waiting list is determined according to the oversubscription criteria and will be re-ranked when new children are added to the list as a result of late applications or change of preference. When a place becomes available this will be offered to the child ranked highest on the waiting list. After the 1 September **2021**, children identified for placement as part of the Fair Access Protocol can be placed above those on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals, new or revised applications. **Reading school admissions** will keep waiting lists until end of **July 2022** (End of Term 6 for Reception classes). After this date, the waiting lists will be abandoned. Parents/carers must then re-apply for a place in Year 1 as an in-year admissions application if they are still interested in obtaining a place for their child.

Returning Crown Servants and Armed Forces Personnel

Families of Crown servants returning from overseas to live in the Reading Borough or applicants relocating in the armed forces may apply for a place in advance of their move provided the application is accompanied by an official letter confirming the posting to the UK and the expected relocation date. A school will be offered in advance of a move and held until the appropriate time. If the schools listed on an application form are oversubscribed, the family will need to provide an address in order to be ranked accordingly. Where a parent is unable to provide confirmation of a relocation address, an indication of the area may be provided, narrowed down as far as possible, to which the family intend to return. Preferences will be processed but applications will be considered under criterion 7 (other children) until the parent is able to provide confirmation of the new address such as proof of exchange of contracts or a signed rental agreement. If a place cannot be offered at a preferred school, an alternative school will be offered and parents will be advised of the right of appeal for a place at the preferred school. It is the responsibility of parents to keep the school admissions team informed of any changes to their planned address during the application process.

In-Year Admission Arrangements for the School Year **2021-2022**.

The In-Year admissions arrangements for the school year 2020-2021 will use the determined policies of 2020-2021.

Parents/carers seeking admission for their child into Year 1 – Year 6 in a community primary school in Reading Borough must apply **to Reading school admissions using the In-Year Application form**. Parents/carers may apply direct to some voluntary-aided or academy schools in the Borough but the majority of these schools have opted to be part of the coordinated admission arrangements and applications are normally submitted to the **Reading school admissions team**. A list of those schools to which a direct application is necessary is available from the **Brighter Futures for Children** website.

If there is a place in the parents'/carers' preferred school, the place will be allocated, however, if there are more applications than places available the oversubscription criteria (as outlined above) will apply with places allocated to the child(ren) ranked highest. Remaining applicants will be added to the waiting list which will also be ranked according to the oversubscription criteria. Children allocated according to the Fair Access Protocol will take precedent over children on the waiting list.

Children new to the area, or those who have moved within the borough, will be able to start at the school as soon as possible after their move. If the request is to move schools within the borough without a move of home, these children will normally be expected to start at the beginning of the

following term.

Waiting lists for admission in Years 1 to 6 will be held until 31 December 2021 after which parents/carers must reapply for their child to remain on the waiting list until July 2021. The waiting list will be abandoned after 31 July 2021 and parents/carers must reapply if they are still seeking a place for September 2022.

Appeals

If it is not possible to offer a place at the preferred school(s) parents/carers will be advised of their right of appeal.

Admissions Numbers – Reading Community Infant, Junior and Primary Schools.

The following are the proposed admission numbers for 2021

School	September 2021 - Admission Number
Alfred Sutton Primary	90
Caversham Park Primary	30
Caversham Primary	60
Coley Primary	30
Emmer Green Primary	60
EP Collier Primary	60
Geoffrey Field Infant	90
Geoffrey Field Junior	90
Katesgrove Primary	90
Manor Primary	45
Micklands Primary	60
Moorlands Primary	60
Oxford Road Community	30
Park Lane Primary	60
Redlands Primary	30
Southcote Primary	90
St Michael's Primary	60
Thameside Primary	60
The Hill Primary	60
The Ridgeway Primary	60
Whitley Park Primary School	90
Wilson Primary	60

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ANNEX B

ADMISSION POLICY FOR COMMUNITY INFANT, JUNIOR
AND
PRIMARY SCHOOLS 2022-2023
Amended

For September 2022 entry
Determined on XX

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Introduction

Reading Borough Council is the admitting authority for community and voluntary controlled schools within the borough.

Reading Borough Council delivers its school admissions service through Brighter Futures for Children (BFfC). BFfC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading

This document sets out the local authority's admission arrangements for entry to schools in September 2022.

The Reading School Admissions policy was last consulted on between 17 October 2018 and 10 December 2018. There have been no significant changes since that consultation took place, therefore no requirement for a public consultation.

These arrangements comply with the School Admissions (Admission Arrangements and Coordination of Admission Arrangements) (England) (Amendment) Regulations 2014, the School Admissions Code 2021 (conditional on the 2021 Code passing through Parliament. All such variations should come into effect on 1 September 2021) and the School Admissions Appeals Code 2012.

Other admitting authorities within Reading Borough Council

Voluntary aided schools, free schools and academies are their own admitting authorities and are required to publish their own proposals for consultation (if required) and determine their own admissions arrangements. Details of their proposals and/or determined arrangements should be obtained from each individual school.

National Offer Day for Primary and Junior Admissions is 19 April 2022

Cohort

Applications for children born between 1-9-2017 and 31-8-2018 will be considered for admission to a reception class in 2022 as part of the 2022/2023 routine admission round.

Applications for admission to junior schools in September 2022 will be considered for those born between 1-9-2014 and 31-8-2015.

Admission of children outside the normal age to Reading Borough Council Community Primary Schools

Children are normally allocated according to their chronological age. Parents may seek a place for their child outside of their normal age group, for example, if the child is gifted and talented or has experienced problems such as ill health. In addition, the parents of a summer born child may choose not to send that child to school until the September following their fifth birthday and may request that they are admitted out of their normal age group – to Reception rather than Year 1 - in September 2023.

Reading Borough Council, as the Admission Authority for community primary schools, will consider each case individually and make a decision in every case that is in the best interest of the child,

taking into account:

- The parent's/carer's views;
- Information about the child's academic, social and emotional development from their current setting;
- The child's medical history and the views of a medical professional (where relevant);
- Whether the child has previously been educated out of their normal age group;
- Whether the child may have fallen into a lower age group had they not been born prematurely.
- DfE document 'Advice on the admission of summer born children';
- DfE document 'School Admissions Code'
- LGO document 'Summer born admissions';
- The views of the head teacher of the school(s) concerned
- The views of the child's early years setting (if attending one)

To request a child's admission be delayed to September 2023, parents/carers need to read the offset guide and complete the required form. It is recommended they make an application for a Reception place in the normal way for September 2022 by 15 January 2022 so that the application can be considered. Each case will be carefully considered and parents/carers will be informed of the decision in writing, before the National Offer Day, setting out clearly the reasons for the decision. If the request to delay admission is agreed, the parents/carers must issue a formal acceptance, declaring their intention to proceed on this basis. In this case, the application submitted for September 2022 entry will be withdrawn (before a Reception place is offered) and a new paper application must then be submitted (for entry in September 2023) when the next primary admissions round opens in November 2022. Parents will not be made aware of the school they would have been allocated before the decision is accepted or declined. The decision made by Reading school admissions panel is not binding on any other Admission Authority and therefore schools may come to different decisions based on the evidence. If the request is refused, parents must decide whether to accept the offered place for Reception 2022 or refuse it and make an in-year application for a Year 1 place in September 2023.

Oversubscription Criteria for Community Primary and Infant Schools

Children with an Education, Health and Care Plan (EHCP) naming a preferred community primary or infant school will be allocated a place above all other children.

The oversubscription criteria take no account of the parent's/carer's order of preference. Applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Category		Notes
1	A 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order ⁹¹ including those who appear [to the admission authority] to have been in state care outside of England and ceased to be in state care as a result of being adopted. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the	Provided appropriate evidence is submitted – See Note 1.

	exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).	
2	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 2.
3	Children whose permanent home address is in the catchment area of the school and have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 3 and 4.
4	Children whose permanent home address is in the catchment area of the school.	
5	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	See Note 4.
6	Children in receipt of Early Years Pupil Premium (EYPP) at the time application who attends the nursery unit at the school.	
7	Other Children	

Priority within the Oversubscription Criteria

Within each of the above categories 1-5 and 7, priority will be given to children who are in receipt of the Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) at the time of application. To be considered for these priorities, parents/carers will be required to complete a Supplementary Information Form which **must be endorsed by the child's current school or nursery** confirming that they receive Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) for the child. This form must be completed and returned to the school admissions team prior to **1 February 2022** in order that this priority may be awarded on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **4 May 2022**.

Oversubscription Criteria for Community Junior Schools – Geoffrey Field Junior School

Children with an Education, Health and Care Plan (EHCP) naming the school will be allocated a place above all other children.

The oversubscription criteria take no account of the parent's/carer's order of preference and applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Older siblings still attending the linked junior school will be considered as siblings for admission to the infant school.

Category		Notes
1	A 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order ⁹¹ including those who appear [to the admission authority] to have been in state care outside of England and ceased to be in state care as a result of being adopted. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).	Provided appropriate evidence is submitted – See Note 1.
2	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 2.
3	Children whose permanent home address is in the catchment area of the school and have a sibling at the school, or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 3 and 4.
4	Children whose permanent home address is in the catchment area of the school.	
5	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the is due to start school.	See Note 4.
6	Children who are attending Geoffrey Field Infant School at the time of application.	
7	Other Children.	

Priority within the oversubscription criteria

Within each of the above categories 1 to 7, priority will be given to children who are in receipt of Pupil Premium (PP) or Service Premium at the time of application. To be considered for this priority, parents/carers will be required to complete a Supplementary Information Form which must be endorsed by the child's current school confirming that they receive pupil premium or Service Premium for the child. This form must be completed and returned to the school admissions team prior to **1 February 2022** in order that this priority may be awarded on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **2 May 2022**.

Notes relating to the above oversubscription criteria.

Note 1 – Category 1 – Looked After Children and Previously Looked After Children

A 'Looked After' child is a) in the care of a local authority, or b) being provided with accommodation

by a local authority in the exercise of their social services functions as defined in Section 22(1) of the Children Act 1989 at the time of making an application for a school place.

A previously 'Looked After' child is a child who was looked after, but has been adopted or became subject to a child arrangement order or special guardianship order immediately following having been 'Looked After'. Confirmation will be required from the local authority that last looked after the child that the child was looked after immediately prior to the issuing of one of the following orders:

An adoption order is an order under the Adoption Act 1976 (see Section 12 adoption orders) and children who were adopted under the Adoption and Children Act 2002 (see Section 46 adoption orders). A 'child arrangements order' is an order settling the arrangements to be made as to the person with whom the child is to live under Section 8 of the Children Act 1989 as amended by Section 14 of the Children and Families Act 2014. Section 14A of the Children Act 1989 defines a 'special guardianship order' as an order appointing one or more individuals to be a child's special guardian (or special guardians).

Children who were previously in state care outside England

A child is regarded as having been in state care outside of England if they were in the care of or were accommodated by a public authority, a religious organisation, or any other provider of care whose sole or main purpose is to benefit society.

The care may have been provided in an orphanage or other setting but the child may have been adopted and is no longer in state care. Evidence of the previously looked after status and/or the adoption will be requested. Where such evidence is not available, the Admissions Authority will work closely with BfFC Virtual School for Children Looked After to make a pragmatic decision based on the information available so that there is a local consistent approach.

Note 2 – Category 2 Medical/Social Reasons

When submitting an application under criterion 2, families who have strong medical or social grounds for their child's admission to a particular school must provide written evidence. This may come from an independent professional aware of the case relating to the child, parent/carer or other children living at the same address (e.g. doctor, hospital consultant or psychologist for medical grounds or registered social or care worker, housing officer, the police or probation officer for social needs). This evidence must: be specific to the school in question; show why that school is the most suitable; what facilities will benefit the child, and why no other school can offer the same support. It is not enough for the professional to report what the parent/carer has told them.

If failure in awarding this priority would result in no appropriate school being allocated, the panel, after taking considering the evidence submitted, the parental preference and the catchment school, will allow categorization of medical/social grounds to the most appropriate school. This applies to those children whose social/medical needs can be met by one than one school but not many schools. For example, when reasons are due to mobility issues and a number of schools are equal distance and failure to award this would result in no appropriate school being allocated.

In addition, this category includes children who are subject to a child arrangement order or special guardianship order awarded to a family member in order to prevent the child being taken into care by a local authority. A copy of the order must be provided.

No individual officer will take responsibility for determining whether a case is ranked in the category. A panel of officers in the form of the School Admissions Panel will make the final decision. Evidence must be provided by **1 February 2022** to be considered as on time for National Offer Day. If evidence

is received by the team after this date then it is at the discretion of the panel whether to accept these documents for “on time” allocations. The admissions team will not prompt parents to send evidence to support admission under this category but they may ask for further evidence if this is required to make a decision. If evidence is received before the **1 February 2022** parents will be informed, in writing, before National Offer Day as to whether this has been granted. This is not a guarantee of a place at a particular school.

Note 3 – Category 3 – Siblings

Children whose home address is in the former catchment area of a school and have a sibling at the school and that sibling was admitted to the school from the same address will be treated as category 4 of the over-subscription.

Note 4 – Category 3 – Siblings

If parents/carers applied for a place at their catchment area school for their child and it was not possible to offer a place at that school because the school was oversubscribed, a sibling protection applies. Where the child was admitted to a lower preference Reading community primary school, or allocated a place by the authority at an alternative Reading community primary school, the application for any younger siblings for that school will be treated as “catchment area” and considered under category 4. Where a parent does not list all schools in the catchment area for the home address at the time of application and a place would have been offered at a catchment area school had it been listed, they forfeit the right to sibling protection. Parents/carers must inform the admissions team at the time of application if they consider this exemption applies.

Where a space is allocated as part of an in-year admission at a school listed second preference or lower, or if a school closer to the child’s home address was available to parents and was refused, parents forfeit the right to this sibling protection for future admissions. Parents will be informed at the time of allocation if this right has been forfeited.

Catchment area

The catchment area of the schools can be seen from attached maps. These are a guide only. Exact catchment area information for individual addresses can be found on Reading Borough Council’s website <https://my.reading.gov.uk/>

Tiebreaker

If a school does not have enough places for all children in a particular category, places will be allocated to those living nearest the school. The distance is measured in miles as a straight line between the Ordnance Survey data point for the child’s home address and the school using Reading Borough Council digital mapping software. This distance is measured to three decimal places. In the rare event that it is not possible to decide between the applications of those pupils who have the same distance measurement, the place will be offered using random allocation. A member of Committee Services staff for Reading Borough Council will supervise the selection process.

Multiple births (twins, triplets etc.)

Places are offered according to the oversubscription criteria. In the event that this would result in splitting multiple birth families, in the majority of cases the other child/children will be offered a place. In very exceptional circumstances, where the admission of more than one additional child to

the year group causes prejudice to the provision of efficient education and efficient use of resources it may not be possible to offer a place to all multiple birth children.

In the event that siblings with a different date of birth, but in the same year group, are split by the oversubscription criteria, only one child will be offered a place. This applies to children during Key stage 1, up to and including Year 2, if admission would take a class over 30. Selection will be made randomly by a representative of Reading Borough Council's Committee Services.

It is open to the parents to decline this offer and seek places for all their children at another school or suggest the place is given to one of the other siblings. The other sibling(s) name(s) will put on the waiting list. If the admission is in Key Stage 2 or admission of the other siblings will not contravene infant class size regulations then each case will be considered and in most cases the other child/children will be offered a place (on the condition that the admission will not prejudice the provision of efficient education and efficient use of resources).

Parent/Carers

A parent/carer is any person who has parental responsibility or care of the child. Parental responsibility for a child is set out in the Children Act 1989. Normally this parent/carer would reside with the child at the permanent home address stated on the application.

Home address

Applications are processed based on the child's single permanent home address, where the child lives with parent(s) or a carer/legal guardian and are living at this address on the closing date for applications. By submitting an application, the parent/carer/legal guardian is confirming the child will be living at that address on National Offer Day. An address will not be accepted where the child was resident - other than with a parent or carer - unless this was part of a private fostering or formal care arrangement.

Checks will be made to determine whether an address declared on the application form is that of a second home with the main home being elsewhere. Some residential arrangements will be considered to be temporary arrangements. The Reading school admissions team will consider the available evidence to determine if, on the balance of probability, the declared home address is the child's permanent home. Where the applicant, or their partner or spouse, is reasonably considered to be living with them as a single family unit owns another property, has previously lived in it and has chosen not live in it (including where a home is rented out to a third party) the owned property will ordinarily be considered to be the permanent home. Special circumstances that might lead to the declared address being considered as a permanent home despite another home being owned or otherwise available for occupation will need to be declared at the point of application by parents. Without being exhaustive these might include:

- an owned property being a considerable distance from the preferred school, indicating that the family had permanently relocated to the new home; or
- an owned property that is uninhabitable and cannot reasonably be made habitable in the period leading up to admission to the school; or
- an owned property that is in the process of being sold and the family live permanently in the declared property; or
- a situation, following divorce or separation, where the family home cannot be occupied by the applicant or otherwise treated as the child's permanent home.

Where the declared address is rented and the applicant has no claim on any other property, the declared address may be considered to be a temporary address if there is evidence the applicant has

chosen to rent the property solely for the period necessary for a child to be admitted to a particular school.

Reference to Reading Borough Council tax records will be made to determine a single address for consideration of a place under criteria 4 or 5. It is for the applicant to satisfy the admissions authority that they live at the address stated.

Applicants will be asked to declare that the address used is expected to be their place of residence beyond the date of the pupil starting school. Applicants are required to advise of any change of circumstance at any time prior to the child starting school. If the applicant does not declare such arrangements, or a different address is used on the application where the child does not usually live; it will be considered that a false declaration has been made and it may be decided to decline to offer a place at a particular school, or to withdraw the offer of a place. In deciding whether a place was allocated on the basis of a misleading or fraudulent application, an admissions panel will consider any supporting evidence giving reasons why the move was necessary prior to the child starting school.

It is important to declare if there is to be a change of address prior to the child starting school. If the applicant already owns a property which is in the process of being sold, the admissions team are able to accept the address of the new property only on submission of the appropriate evidence in support (e.g. completion of contracts letter on both the new property and, where possible, disposal of their current property). The deadline for submission of evidence to support a move is **1 February 2022**. If the move takes place later or evidence is submitted later, the application will be marked late and considered after National Offer Day.

If the applicant is renting the property, the tenancy agreement must be dated **1 February 2022** or prior, to be accepted as on time. If the tenancy agreement then expires prior to National Offer Day, the applicant must provide evidence showing that they still reside at the property past that date. If the applicant moves to a new rented property after the **1 February** the application will be marked late and considered after National Offer Day.

A temporary address cannot be used to obtain a school place. Temporary addresses will only be considered where evidence is provided of a genuine reason for the move e.g. flooding or subsidence.

Reading school admissions reserves its right to carry out further investigation and require additional evidence and to reject applications or withdraw offers of places if it believes it has the grounds to do so. In such cases, the applicant will have recourse to the independent appeals process. Where it is believed an address provided is not the only address then the Corporate Audit & Investigation Team will investigate the address.

The home address should be the child's current address and is assumed to be the address on the National Offer Day. Any change of address after submitting the application must be notified to the Reading admissions team and the application will be reviewed using the new address. Any place offered based on misleading information, with the intention of deception or fraud concerning a permanent home address, will have the place withdrawn even if the child has started at the school.

Split living arrangements

Where a family claims to be resident at more than one address, justification and evidence of the family's circumstances will be required, e.g., formal residence order, child arrangements order or legal separation documentation. The application must be completed by the parent using the address which is owned, leased or rented where the child lives for the majority of the school week. This is

based on the number of school nights a child spends at the home (Sunday night 1800hrs to Friday 0900hrs).

Where there is an equal split or there is any doubt about residence, the school admissions team will assess and make a judgment about which address to use for the purpose of the allocation of a school place where necessary requesting further information, for example:

- any legal documentation confirming residence;
- the pattern of residence;
- the period of time over which the current arrangement has been in place;
- confirmation from any previous school or early years setting of the contact details and home address supplied to it by the parents;
- the address where child benefit or other benefit (if applicable) is paid;
- where the child is registered with the GP;
- any other evidence the parents may supply to verify the position.

It is recommended that consensus is reached by both parents and child on the school preferences to be expressed and it should be noted that only one offer letter will be sent to the main applicant unless otherwise requested and agreed by both parents.

The information provided to determine the home address to be used will be considered by an admissions panel of at least two officers and their decision is final.

Siblings

Siblings are older siblings for purposes of admission criteria during the routine admission rounds, except those for Geoffrey Field Junior School, which will consider a younger sibling at Geoffrey Field Infant School. In-year applications will consider younger siblings, but not a sibling attending the nursery class of a school.

Siblings are children who have either the same mother or father, or they are children who live together in a family unit and with their parent(s)/carer(s). Siblings must live at the same permanent home address as each other. If they do not live at the same address, then they are not treated as siblings for the purpose of admission.

Deferring a Place

There is a legal requirement to offer a full-time place to every child whose parents wish to take up that option from the September following a child's fourth birthday. Places offered in a Reading school are on a full-time basis from September 2022 as a "rising 5" admission. Children do not need to be in statutory education until the September, January or April after their fifth birthday. When children are offered "rising 5" places, parent/carers may defer the place until January 2023 or April 2023 or until their child reaches statutory school age, whichever is earlier, but may not defer after April 2023 as admissions beyond that are in the next school year. Parents will then need to re-apply for a place in Year 1. **However, it should be considered that places may not be available in Year 1, as the school may still be oversubscribed in the year group required**

Part Time Admissions

Where the parents wish, children may attend part-time until later in the school year but not beyond the point at which they reach compulsory school age. If parents choose this option they cannot insist on part-time provision that is individually tailored to their needs. Parents/carers must

discuss this with the Headteacher of the allocated school to agree the best arrangements for the child and school.

Waiting Lists

After **4 May 2022** 'waiting lists' will be created for Reading schools where it has not been possible to offer a place at a school the parents/carers listed as a higher preference than the school which has been offered. A child's position on the waiting list is determined according to the oversubscription criteria and will be re-ranked when new children are added to the list as a result of late applications or change of preference. When a place becomes available this will be offered to the child ranked highest on the waiting list. After the 1 September **2022**, children identified for placement as part of the Fair Access Protocol can be placed above those on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals, new or revised applications. Reading school admissions will keep waiting lists until end of **July 2023** (End of Term 6 for Reception classes). After this date, the waiting lists will be abandoned. Parents/carers must then re-apply for a place in Year 1 as an in-year admissions application if they are still interested in obtaining a place for their child.

Returning Crown Servants and Armed Forces Personnel

Families of Crown servants returning from overseas to live in the Reading Borough or applicants relocating in the armed forces may apply for a place in advance of their move provided the application is accompanied by an official letter confirming the posting to the UK and the expected relocation date. A school will be offered in advance of a move and held until the appropriate time. If the schools listed on an application form are oversubscribed, the family will need to provide an address in order to be ranked accordingly. Where a parent is unable to provide confirmation of a relocation address, an indication of the area may be provided, narrowed down as far as possible, to which the family intend to return. Preferences will be processed but applications will be considered under criterion 7 (other children) until the parent is able to provide confirmation of the new address such as proof of exchange of contracts or a signed rental agreement. If a place cannot be offered at a preferred school, an alternative school will be offered and parents will be advised of the right of appeal for a place at the preferred school. It is the responsibility of parents to keep the school admissions team informed of any changes to their planned address during the application process.

In-Year Admission Arrangements for the School Year **2022-2023**.

The In- Year admissions arrangements for the school year, September 2022- July 2023 will use the determined policies of 2022/2023.

Parents/carers seeking admission for their child into Year 1 – Year 6 in a community primary school in Reading Borough must apply to Reading school admissions using the In-Year Application form. Parents/carers may apply direct to some voluntary-aided or academy schools in the Borough but the majority of these schools have opted to be part of the coordinated admission arrangements and applications are normally submitted to the Reading school admissions team. A list of those schools to which a direct application is necessary is available from the Brighter Futures for Children website.

If there is a place in the parent's/carer's preferred school, the place will be allocated, however, if there are more applications than places available the oversubscription criteria (as outlined above) will apply with places allocated to the child(ren) ranked highest. Remaining applicants will be added to the waiting list which will also be ranked according to the oversubscription criteria. Children allocated according to the Fair Access Protocol will take precedent over children on the waiting list.

Children new to the area, or those who have moved within the borough, will be able to start at the school as soon as possible after their move. If the request is to move schools within the borough

without a move of home, these children will normally be expected to start at the beginning of the following term.

Waiting lists for admission in Years 1 to 6 will be held until 31 December 2022 after which parents/carers must reapply for their child to remain on the waiting list until July 2022. The waiting list will be abandoned after 31 July 2022 and parents/carers must reapply if they are still seeking a place for September 2023.

Appeals

If it is not possible to offer a place at the preferred school(s) parents/carers will be advised of their right of appeal.

Admissions Numbers – Reading Community Infant, Junior and Primary Schools.

The following are the proposed admission numbers for 2022

School	September 2022 - Admission Number
Alfred Sutton Primary	90
Caversham Park Primary	30
Caversham Primary	60
Coley Primary	30
Emmer Green Primary	60
EP Collier Primary	60
Geoffrey Field Infant	90
Geoffrey Field Junior	90
Katesgrove Primary	90
Manor Primary	45
Micklands Primary	60
Moorlands Primary	60
Oxford Road Community	30
Park Lane Primary	60
Redlands Primary	30
Southcote Primary	90
St Michael's Primary	60
Thameside Primary	60
The Hill Primary	60
The Ridgeway Primary	60
Whitley Park Primary School	90
Wilson Primary	60

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CLASSIFICATION: ENTER HERE



Revised Admissions Policy: Holy Brook School

- For decision For discussion For information

SUMMARY

Holy Brook School revised admissions policy for approval by ACE Committee

OWNER

Nikki Stevens, SEND Team Manager

VERSION or DRAFT

Draft version 1.0

DATE

15 June 2021

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Brighter Futures for Children
Civic Offices, Bridge Street,
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Company number 11293709

1. Purpose of report

To present the revised admissions policy for Holy Brook School, a maintained specialist SEMH Primary School, for approval by the ACE Committee.

2. Executive summary

This admissions policy has been updated by the Head teacher of Holybrook School, Lee Smith, and has been approved by Holybrook School's Governing Body. The updates were made by the Head teacher in partnership with the SEND Team Manager, BfFC. All pupils at Holybrook School have an EHC Plan (EHCP) with a primary need of SEMH. They are often pupils with additional vulnerabilities. The reason for the updates was to ensure that BfFC SEND Team is fully involved in decision making regarding the identification and prioritisation of pupils admitted to Holybrook School, in accordance with the SEND Code of Practice (2015). The proposed revised admissions policy will be jointly reviewed and ratified annually by the Governing Body of Holy Brook School and Reading Borough Council's Adult Children and Education Committee in line with their responsibility for maintained schools. The policy is attached as Appendix 1.

3. Recommendations

The ACE Committee is asked to approve this updated version of the admissions policy for implementation at the next review date.

DEPT	NAME	COMMENT
Finance	n/a	
HR	n/a	
Communications	n/a	The updated admissions policy will need to be shared on the school's website and on their Local Offer website entry.

Appendix 1: Admissions policy for Holy Brook School

This policy outlines the procedures for admitting new pupils to Holy Brook Special School

1. Introduction

Holy Brook Special School (HBS) is a Local Authority (LA) maintained school supporting both Key Stage 1 and Key Stage 2 pupils with Social Emotional & Mental Health difficulties (SEMH).

In order for all pupils and parents to enjoy a successful integration into HBS we recognise the important role of Brighter Futures for Children (BFfC), delivering education services on behalf of RBC, Partner Schools (PS) and HBS have in the admissions process. BFfC retain the placement decision-making responsibility on behalf of RBC in line with the SEND Code of Practice 2015. It is the responsibility of BFfC SEND (Special Educational Needs and Disabilities) team to manage all referrals for full time places to HBS Admission Panel.

HBS Admission Panel: It is the responsibility of the HBS Admission Panel to consider all referrals from BFfC SEND Team in an open and transparent manner, ensuring all referrals are treated in accordance with Equal Opportunities and Disability Equality guidance and the SEND Code of Practice 2015.

The Panel will consist of:

- Director of Education, BFfC, who may delegate this responsibility to an appropriate officer (Chair)
- The Headteacher, Holy Brook School and members of HBS School Leadership Team (SLT)
- Brighter Futures SEND Team representative
- HBS SEND Governor
- BFfC Educational Psychologist
- A Headteacher of a local mainstream primary school

Admissions meetings will be considered quorate when the panel consists of 4 members including a minimum of 2 representatives of BFfC

2. Parental Choice

In exercising or performing all their respective powers and duties under the Education Acts, the Secretary of State, local education authorities and the funding authorities shall have regard to the general principle that pupils are to be educated in accordance with the wishes of their parents, so far as that is compatible with the provision of efficient instruction and training and the avoidance of unreasonable public expenditure.

The parent or the young person has the right to request a particular setting of the following type is named in an Education Health and Care Plan (EHCP)

- a maintained school
- a maintained special school
- a maintained nursery school
- an academy or free school

- a further education or sixth form college
- a non-maintained special school
- an independent special school or college approved under section 41 of the Children and families act.

Relevant legislation: Section 33&39 of children and families act 2014.

If a parent makes a request for a particular school, nursery or college, the local authority must comply with that preference and name that school or college in the child or young person's EHC plan **unless**:

- it would be unsuitable for the age, ability, aptitude or SEND of the child or young person, or
- the attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources

Efficient education means providing for each child or young person a suitable, appropriate education in terms of their age, ability, aptitude and any special educational needs they may have. Where a local authority is considering the appropriateness of an individual institution, 'others' is intended to mean the children and young people with whom the child or young person with an EHCP will directly come into contact on a regular day-to-day basis.

*Special educational needs and disability code of practice: 0 to 25 years
9.79 Requests for a particular school, college or other institution*

3. Consultation

"The local authority must consult with the governing body, principal or proprietor of the school or college concerned and consider their comments very carefully before deciding whether to name it in the child or young person's EHCP"

*Special educational needs and disability code of practice: 0 to 25 years
9.80 Requests for a particular school, college or other institution*

HBS will respond to BfFC within 15 days of the initial consultation. HBS will state whether HBS is either suitable or unsuitable for the age, ability, aptitude or SEND of the pupil or whether the admission of the pupil would be incompatible with the efficient education of others, or the efficient use of resources.

4. Admissions Meetings

There are three scheduled admissions meetings each academic year ensuring there are three opportunities for pupils to start at HBS during an academic year:

Admission Meeting	Pupils start at HBS
Summer Term 6 Week 1	Autumn Term
Autumn Term 2 Week 1	Spring Term
Spring Term 4 Week 1	Summer Term

However, additional extraordinary Admissions Meetings may be convened if the need arises. Where the school is full and it is not possible to offer an additional space as to do so would be detrimental to the education of others, consultations will be responded to within 15 days of receipt with an answer regarding suitability. The response will give an

indication of the date of the next admissions panel meeting when the consultation will be considered. All consultations MUST be sent to admin@holybrook.reading.sch.uk.

5. Admission Panel Criteria

This policy relates only to referrals which have been made known to and assessed or recommended by the BfFC EHC panel. Therefore, no referral will be considered unless it has been submitted by or via the BfFC SEND team. Referrals from other LAs must also be sent to the BfFC SEND team for onward referral.

All pupils referred to the HBS Admission Panel must have an EHCP identifying SEMH as primary need.

In addition, the Admission Panel may request that professionals working with pupils and families clarify whether a referral has been made to Child and Adolescent Mental Health (CAMHS) team:

- If no referral has been made at the time of the referral the panel may ask why not?
- If a referral has been made the panel would like to know what any outcome has been.

6. Admission Procedure

- Stage 1: BfFC SEND team sends consultation to Head Teacher of Holy Brook School (admin@holybrook.reading.sch.uk). Holy Brook School responds to BfFC SEND team within 15-day statutory timescale advising if HBS feels they can meet needs should a place be available and date of next admissions panels meeting where referral will be considered
- Stage 2: The HBS Admission Panel meet on a Wednesday Week 1 Terms 2, 4 and 6 at 15:30. Should places become unexpectedly available; a decision will be made by the panel to call an extraordinary meeting, thus enabling pupils to start sooner. All referrals will be considered in conjunction with:
- The age, ability and SEND of the child
 - Whether the attendance of the child would be incompatible with the efficient education of others, or the efficient use of resources
- Stage 3: The Chair of HBS Admission Panel will record the decision to either decline the application, along with an explanation (see 8), or if the placement may be considered appropriate by the HBS Admissions Panel proceed to Stage 4. BfFC SEND team will then communicate to relevant parties:
- School
 - Parents / Carers
 - Other LA's
- Stage 4: Pupils visit HBS with parents/carers / relevant professionals e.g. Family Worker or Social Worker, for tour and discussion with SLT and Class Teacher. It is an important aspect that Parents /Carers and Pupils feel involved in the admission process
- Stage 5: HBS Head teacher will confirm offer of a place to BfFC SEND Team who will inform the relevant LA SEND Department. BfFC or other LA SEND Department to write to Parents/Carers formally offering a place and

confirming start date and confirming financial responsibility for placement at the current Top-Up Rate to HBS.

Stage 6: EHCP is updated naming Holy Brook School.

Stage7: Pupil starts

7. Timescale

The HBS Admission meetings take place at the beginning of each even term; 2, 4 and 6. New pupils will be admitted during the beginning of the next academic term where places are available.

8. Unsuitable referrals

If a placement is considered unsuitable by the HBS Admissions Panel, the Chair of the Panel will inform BFFC EHC Panel of their decision, providing a clear, detailed reason with supporting evidence with reference to:

- Age
- Ability
- Aptitude
- SEND of the pupil
- The attendance of the pupil would be incompatible with the efficient education of others, or the efficient use of resources

9. Exit Criteria

All pupils will have an Annual Review of their EHCP. This will provide HBS and the pupils LA an opportunity to establish whether current provision remains appropriate. Any change in provision, for whatever reason, will be the outcome of either an annual review or interim review attended by a representative of the LA, Parent / Carer and member of HBS SLT. Any change of provision will be made in consultation with the Full Governing Body, the appropriate LA and be based upon clear assessment data identifying academic progress and emotional development.

All pupils will leave Holy Brook Special School when they have completed KS2 where they will either transfer to a SEMH Special Secondary School, other SEND provision or a mainstream setting. For those pupils who have been assessed as ready for transition back into mainstream before the end of KS2, HBS will work closely with its partner school. If SEMH is assessed as no longer the primary SEND of the pupil then HBS and the LA will work closely with other professionals to identify an alternative specialist setting.

10. Conclusion

In order for the admission process to be successful, regular reviews and co-operation between all parties involved is paramount. It is important to recognise that this level of co-operation should be maintained while the pupil remains on the roll at Holy Brook Special School.



Agreed By	Date	Agenda item
FGB	24.11.14	8
FGB	21.09.15	16
FGB	03.10.16	15
FGB	10.07.17	16
FGB	18.09.17	12
FGB	24.09.18	14
FGB	30.09.19	16
FGB	Lee to insert date	Lee to insert agenda item
BfFC / RBC		
FGB		

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE	
DATE:	1 July 2021	
TITLE:	SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY	
LEAD COUNCILLOR:	Councillor Terry	PORTFOLIO: Children
SERVICE:	Children	WARDS: BOROUGH WIDE
LEAD OFFICER:	Deborah Glassbrook	TEL: 0119 937 4665
JOB TITLE:	Executive Director of Children's Services	E-MAIL: Deborah.glassbrook@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report summarises the content of the Supporting Children with Medical Needs Policy.
- 1.2 There is a legal requirement under Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2010 and the Equality Act 2010 to enable children who are medically unfit and unable to attend school settings to access alternative provision which offers good quality education. Such support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2. DETAILS

- 2.1 The policy sets out how Brighter Futures for Children (BFfC), on behalf of Reading Borough Council, will comply with the statutory duty to arrange suitable full-time (or part-time when appropriate for the child's needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education. There is no legal timescale for the alternative provision to be secured however, DfE guidance recommends after 15 days.
- 2.2 The statutory duty applies to all children and young people of compulsory school age, living in Reading, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the roll of such a school.
- 2.3 The provision for children who are medically unfit to attend school must ensure that:
 - Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects;
 - Disruption to learning is minimised and there is a continuity of education provision within the school curriculum;
 - Pupils are able to obtain qualifications as appropriate to their age and abilities;

- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits;
- Pupils feel fully part of their school community and are able to stay in contact with classmates.
- BFFC is committed to providing a recovery-focused model that embraces inclusive and Therapeutic Thinking Schools principles with a clear focus on an appropriate and timely return to school-based learning.

2.4 Reading Borough Council's Health & Safety Team has produced a model policy 'Supporting Pupils at School with Medical Conditions' updated in June 2020 which schools are recommended to adopt.

2.5 There is an expectation that most children and young people will make a full or partial recovery from their illness. At that point it is important that their needs for education continue to be appropriately met - it is understood that most children and young people will transition back to full time mainstream education.

2.6 The child's progress needs to be reviewed at least every 6 weeks by the school in liaison with the alternative provider, in consultation with the parent / carer, and other relevant services. Relevant services including Special Educational Needs and Disabilities (SEND), Child and Adolescent Mental Health Services (CAMHS), General Practitioners, Education Inclusion/Attendance/ Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

2.8 The expectation is that Schools and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child is expected to be provided with a reintegration plan set out in their Individual Health Care Plan which is reviewed and amended as appropriate.

3. RECOMMENDED ACTION

3.1 That the Committee notes the contents of this report.

4. POLICY CONTEXT

4.1 The contents summarised in this report relate to the following statutory guidance:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2010
- Equality Act 2010.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The areas of work identified in this report are aligned with Priority 3 of the Council's Corporate Plan: To protect and enhance the lives of vulnerable adults and children

6. EQUALITY IMPACT ASSESSMENT

6.1 Not applicable.



Supporting Children with Medical Needs

Policy

September 2021

For decision

For discussion

For information

SUMMARY

This policy outlines the duties regarding the education of children and young people who are unable to attend school due to medical needs

OWNER

Gill Dunlop

Pupil & Schools Service
Manager

VERSION or DRAFT

V8

DATE

14 June 2021

REVIEW

June 2022

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Brighter Futures for Children
Civic Offices, Bridge Street,
Reading RG1 2LU

Company number 11293709

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1. Introduction

‘Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum’ DfE guidance 2013

- 1.1 This policy sets out how Brighter Futures for Children (BFfC), on behalf of Reading Borough Council, will comply with its statutory duty to arrange suitable full-time (or part-time when appropriate for the child’s needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.
- 1.2 BFfC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children’s services, early help, education and SEND services in Reading.
- 1.3 This statutory duty applies to all children and young people (CYP) of compulsory school age, living in Reading, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the roll of such a school.
- 1.4 This policy does not apply to children who are electively home educated, or where a young person is on roll of a post-16 institution.
- 1.5 The Local Authority will not normally provide support for pupils who are under or over compulsory school age. However, where pupils who would normally be in Year 12 are repeating Year 11 due to medical or other valid reasons, requests for support will be considered on an individual basis.
- 1.6 For post-16 students attending mainstream provision, the Local Authority would look to the host school, college or training provider to make any necessary reasonable adjustments for students who are unwell over a prolonged period.

2. Aim of the policy

- 2.1 BFfC recognises that schools are the best environments in which to educate children and young people; schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.
- 2.2 BFfC’s intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child’s individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.
- 2.3 The provision for children who are medically unfit to attend school will ensure that:
 - Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects;

- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum;
- Pupils are able to obtain qualifications as appropriate to their age and abilities;
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits;
- Pupils feel fully part of their school community and are able to stay in contact with classmates.
- BFFC is committed to providing a recovery-focused model that embraces inclusive and Therapeutic Thinking Schools principles with a clear focus on an appropriate and timely return to school-based learning.

3. Legislation and Guidance

3.1 Key legislation covering the duties and powers relating to this policy:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2010;
- Equality Act 2010.

3.2 Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that Local Authorities (LAs) must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to premises and the curriculum.

3.3 There is no legal deadline by which LAs must have started to provide education for children who cannot attend school because of their health needs. However, DfE guidance also suggests that this should be provided after 15 days absence (see below).

3.4 Local authorities must:

- Arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education;
 - Suitable provision means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have;
 - Provision should be "full time" unless the pupil's condition means that full-time provision would not be in his or her best interests. Although "Full-time education" is not defined in law, it should equate to what the pupil would normally have in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

3.5 Local authorities should:

- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child;

- Ensure that the education children receive is of good quality (as defined in the Alternative Provision January 2013 statutory guidance), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible;
- Addresses the needs of individual children in arranging provision - this may include remote learning platforms;
- Where full-time education would not be in the best interests of a child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

3.5 Local authorities must have regard to statutory guidance when carrying out their Section 19 duty. The relevant guidance is: ***“Ensuring a good education for children who cannot attend school because of health needs”*** January 2013

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

This policy has been developed with regard to this guidance.

3.6 This policy also recognises the duties placed on Governing Bodies / Trusts set out in Section 100 of The Children and Families Act 2014 to ensure that arrangements are in place to support pupils with medical conditions. The DfE guidance ‘Supporting pupils at school with medical conditions’ (December 2015) embodies this duty and can be found via the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

The guidance contains both statutory and non-statutory advice.

3.7 Reading Borough Council’s Health & Safety Team has produced a model policy ‘Supporting Pupils at School with Medical Conditions’ updated in June 2020 which schools may adopt. This policy outlines staff training requirements, administration of medicines, emergency procedures, risk management and insurance to ensure the school is compliant with health and safety requirements. This supports this DfE guidance in implementing Individual Health Care Plans to enable a child to continue their attendance at school.

4. Role of Brighter Futures for Children (BFfC)

4.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for BFfC is Gill Dunlop, Pupil & Schools Service Manager, who can be contacted by email gill.dunlop@brighterfuturesforchildren.org.

4.2 BFfC’s SEND Case Officer team will work with schools to review any changing needs of a child with an Education, Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long- term educational needs associated with the child’s medical condition to the most appropriate teaching and learning provision.

- 4.3 The Pupil and School Service monitors and provides advice on pupils receiving alternative education provision. The Safeguarding & Children Missing Education (CME) Officer (Fiona Hostler fiona.hostler@brighterfuturesforchildren.org) within the service works closely with colleagues within BfFC, with parents, schools and with partner agencies to reduce the length of time that children are out of school or receiving reduced timetables, which may be due to their medical needs.
- 4.4 BfFC expects that all schools will work in partnership with it to ensure continuity of access to education for all children unable to attend school because of serious illness or injury.

5. The Role of Schools including funding

- 5.1 The legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens.
- 5.2 Under Equalities legislation schools are expected to make reasonable adjustments to meet the needs of the child if they are able to attend school and to be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part-time and intermittently, particularly when there are known medical needs, and these can be planned for. The Safeguarding and Children Missing Education (CME) Officer should be notified of Reduced Hours Timetable in all cases.
- 5.3 There is an expectation that most children and young people will make a full or partial recovery from their illness. At this point it is important that their needs for education continue to be appropriately met; most children and young people will transition back to full time mainstream education.
- 5.4 Children in receipt of medical tuition should be recorded on the schools' annual census return.
- 5.5 Schools retain their formula funding for pupils during the period of any alternative provision and will be charged according to the agreed formula based on the daily funding rate for educational provision.
- 5.6 It is the responsibility of schools to contact BfFC within 10 days of any pupil absence

6. Identification of children who need provision

- 6.1 This policy applies to all children and young people who:
- Have an illness which will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year and where suitable education is not otherwise being arranged;

- Have a health need and their absence has been validated as necessary by a medical professional, either a consultant community paediatrician or specialist consultant or psychiatrist from the Child and Adolescent Mental Health Service (CAMHS).

6.2 Children who are admitted to hospitals (including Tier 4 psychiatric units) in other areas will receive education through local hospital schools or medical pupil referral units; BfFC will be invoiced for such provision.

6.3 When a child who lives in Reading is admitted to hospital, or is otherwise too ill to attend school, the component elements of this framework should ensure a continuum of education provision. It also aims to establish effective mechanisms for liaison between the hospital, the alternative provider, parents, school, and in some cases, other LAs.

7. Referral and Intervention

7.1 Before considering a referral to BfFC for advice and guidance a school must satisfy itself that a children or young person's absence is due to ill-health and that there are no other factors influencing non- attendance.

7.2 All referrals must be verified, in writing. The school in the first instance requires a letter from a Doctor and evidence of specialist referrals, if applicable. We have used "Doctor" as this means a person with a medical doctorate i.e. GP, EP, Consultant or Paediatrician. This should indicate:

- if the child/young person is unfit for school
- for how long support might be required
- a recommendation on the number of teaching hours the young person is able to manage based on their state of health
- an outline of what medical intervention is currently in place

N.B: further information may be requested of the school or Doctors.

7.3 Subject to medical advice, BfFC/the Hospital School aims to teach children and young people in hospital from day 1 or as soon as the child is well enough. When a child is in hospital, effective liaison between hospital staff, teaching staff on the wards and the child's school will ensure continuity of provision and consistency of curriculum, helping the child to keep up rather than having to catch up with his/her education.

For pupils who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff.

If a child has complex long-term health issues and the pattern of illness may be unpredictable, regular liaison between the school, medical professionals and the Hospital School will enable appropriate provision to be made.

7.4 The child's progress will be reviewed at least every 6 weeks by the school in liaison with the alternative provider, in consultation with the parent / carer, and other relevant services. Reviews will be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may

change depending on their health and that the programme may need to be flexible to accommodate this.

8. Children with an Education, Health and Care Plan (EHCP)

Where a child with an EHCP is educated in the Royal Berkshire Hospital or in another venue through the alternative provider, the teaching provided will be tailored to meet the child's needs as identified on the EHCP.

The provider will receive a copy of the EHCP and a copy of the current Provision Map or most recent Annual Review. Children who have special educational needs but no EHCP should have their needs identified in their Individual Health Care Plan.

9. Transport provision for sick children

Where a child who lives in Reading is unable to attend school due to an illness, but could attend if appropriate transport were provided, BFFC may provide transport to and from school, if the conditions mentioned in the School Transport Policy are met, including sufficient supporting evidence.

<https://brighterfuturesforchildren.org/wp-content/uploads/2020/07/BFFC-Transport-Policy-v2b-July-2020.pdf>

10. Working in Partnership

Schools and alternative providers should collaborate with parents/carers, BFFC and all relevant health services to ensure the delivery of effective education for children with additional health needs.

Parents and carers have a key role to play in their child's education and will be involved in planning and on-going review. In the case of children looked after (CLA), BFFC Virtual School and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

Relevant services including Special Educational Needs and Disabilities (SEND), Child and Adolescent Mental Health Services (CAMHS), General Practitioners, Education Inclusion/Attendance/ Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

Schools and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child should have a reintegration plan set out in their Individual Health Care Plan reviewed and amended as appropriate. Schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

The plans for the longer-term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance.

Children will be supported by both their home school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

11. Complaints and Review

This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Education Support for Medical Absence is underpinned by the following Government documents in addition to the statutory documents referred to in the policy:

- Out of School Out of Mind, 2011
- Ofsted Subsidiary Guidance, 2012
- Alternative Provision Statutory Guidance, January 2013
- SEND Code of Practice, January 2015

This policy has been developed regarding the above guidance.

12. Co-production and consultation

Through the SEND Strand 2 Working Group the following teams, services and organisations have been consulted with, and contributed to, this policy:

- Early Years settings and nursery schools;
- BfFC Early Years Manager and EY Adviser for SEND;
- SEND Team Manager, Special School head teachers;
- Primary and secondary School SENDCos;
- BfFC Educational Psychology Service;
- BfFC Autism Adviser, BfFC Early Help;
- BfFC Children's Social Care;
- BfFC School Standards;
- Reading Independent Advice and Support Service for SEND;
- Berkshire NHS including School Nursing,

Comment(s) obtained before submitting this policy/procedure

DEPT	NAME	COMMENT
Finance	Claire White/Steph Heaps	Provided wording on funding
HR	Paul Smith	No specific comments.
Communications	Fiona Tarrant	Comments noted and actioned

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN'S SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	1 JULY 2021		
TITLE:	SAFEGUARDING AUDITS - SECTION 11 & SECTION 175 BFFC SUMMARY		
LEAD COUNCILLOR:	COUNCILLOR TERRY	PORTFOLIO:	CHILDREN
SERVICE:	CHILDREN'S SERVICES - BRIGHTER FUTURES FOR CHILDREN	WARDS:	BOROUGHWIDE
LEAD OFFICER:	DEBORAH GLASSBROOK	TEL:	0118 937 4665
JOB TITLE:	EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES	E-MAIL:	deborah.glassbrook@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is provided to offer assurance to the Members of the ACE Committee that Brighter Futures for Children (BFfC) and partners have undertaken or collated three key safeguarding audits over the past six months, and the findings are that the company continues to meet safeguarding and wellbeing requirements across its service areas. Where improvements are required, action plans are being implemented, with support being provided as required to schools, settings and providers across the local area.
- 1.2 These three audits capture safeguarding measures across the Company; local area schools including nursery schools; and local area early years settings. The first two audits are statutory requirements; the third is a best practice option that enables the company and its partners to identify any issues in early years settings and address them.
- 1.3 BFfC has completed a section 11 Audit, reported to Berkshire West Safeguarding Children Partnership; schools across Reading have completed a section 175 Audit that has been collated and analysed by BFfC; and early years settings across Reading have completed a safeguarding audit, also collated and analysed by BFfC.

DETAILS

Section 11 Audit

- 1.4 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Locally, Reading is required to submit a section 11 audit return to

the Section 11 Panel when requested (usually every three years). This Panel is a Berkshire-wide sub-group of the Berkshire West Safeguarding Children Partnership.

- 1.5 BfFC submitted and presented its section 11 audit in December 2021. This was the first section 11 audit the company has completed on its own, previously children's services has been included as part of the RBC return. These previous returns historically there have been concerns and challenges, this is an improving picture - performance, leadership, stability.
- 1.6 A summary of our section 11 return is as follows:
 - 31 measures met, two partially met, none not met (one not applicable)
 - Good understanding and ownership of responsibilities - contributions to the audit
 - Strong governance arrangements, with Board engagement and challenge on key elements
 - Improving picture for the Company - strategic direction, improvement plans, business plan.
 - Strong proactive and reactive processes (e.g. recruitment and allegation management)
- 1.7 In a follow up letter to the audit presentation in December, the S11 Panel acknowledged that this was the first s11 submission from Brighter Futures for Children and were in agreement that the information provided was clear, reflective and demonstrated that our organisation understands and complies with the wider s11 duties placed upon us.
- 1.8 The Panel agreed with the actions identified by BfFC as a result of the audit, and made some additional recommendations. These have been collated and a robust action plan has been implemented. We are confident that all areas will have been addressed and can be evidence at the next audit.

Section 175 Audit

- 1.9 The annual section 175 safeguarding audit was completed in May 2021, and considers how schools in the local area are managing their statutory responsibilities to safeguarding (section 175 Education Act 2002, section 157 Education Act 2002 and section 11 Children's Act 2004). Alongside Wokingham and West Berkshire, uses the online NSPCC Safeguarding Audit tool for the section 175 audit. It sets out four standards areas, each comprising a set of measures with 43 elements in total.
- 1.10 Key findings of the 2021 audit include:
 - A high majority of all settings met all requirements
 - 100% of settings met the following criteria for standard 1: Leadership and Management of Safeguarding, Managing Allegations, Reporting Concerns, Record keeping
 - 100% of settings met the following criteria for standard 2: Pastoral Care
 - 100% of settings met the following criteria for standard 3: Local Procedures, Early Help, Parental responsibility, Children Missing Education
 - On comparison between all settings, there were 2 primary schools that had disproportionately higher unmet criteria compared to all other settings when considering their unmet requirements. These settings are being identified to the appropriate partners for further support to ensure they are offered additional support by the relevant teams available within BfFC.
 - There has been a significant reduction in unmet elements relating to the relevant safeguarding standards. The total difference last year's audit has been a 44% reduction in unmet elements.

- The results of the Section 175 audit were comparable with the other two areas in the Berkshire West Safeguarding Children’s Partnership.
- 1.11 Again, a risks and action plan for BfC teams has been implemented on the back of the audit findings.

Early Years Safeguarding Audit

- 1.12 The Early Years safeguarding audit for 2019/20 was reported in February 2021. The audit template is also used by West Berkshire and Wokingham. It should be noted that this audit is not mandatory, and it may be that the standards set in the audit and by settings and provider is higher than the Ofsted and BWSCP standards.
- 1.13 Of the Early Years settings that have signed a provider’s agreement, 64% of childminders and 98% of group providers returned the safeguarding audit. In April 2020 the COVID-19 pandemic resulted in 26% of providers temporarily close (some childminders and one PVI provider have still not reopened) and may be a contributing factor in the lower submission rate.
- 1.14 Most providers who returned an audit identified at least one action to enhance the provisions safeguarding practice. Across the Early Years Providers in Reading the confidence that they have met the safeguarding criteria is high.
- 1.15 Audit responses regarding safer recruitment, visitors, outings and information to parents all scored above 90%, with training and policies and procedures (88% and 81% respectively). Timing and cost of training tended to be the main reason cited, whilst most of the safeguarding training is free, this is not so for the other mandatory training that providers must undertake.
- 1.16 The Early Years Team is contacting the settings with part-met judgements to confirm progress in regard to the actions set. Safeguarding forms part of the annual compliance visits undertaken by the Early Years team. The team also has its own detailed action plan that is being implemented and monitored.

<p>2. RECOMMENDED ACTION</p>

- | |
|--------------------------------------|
| <p>2.1 That the report be noted.</p> |
|--------------------------------------|

3. POLICY CONTEXT

- 3.1 The audits summarised in this report relate to the following statutory guidance:
- section 175 Education Act 2002,
 - section 157 Education Act 2002
 - section 11 Children’s Act 2004

4. CONTRIBUTION TO STRATEGIC AIMS

- 4.1 The areas of work identified in this report are aligned with Priority 3 of the Council’s Corporate Plan: To protect and enhance the lives of vulnerable adults and children

5. EQUALITY IMPACT ASSESSMENT

- 5.1 Not applicable.

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