

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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12 October 2021

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NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE 20 OCTOBER 2021

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Wednesday, 20 October 2021 at 6.30 pm in the Council Chambers, Civic Offices, Reading. The Agenda for the meeting is set out below.

	<u>WARDS AFFECTED</u>	<u>Page No</u>
1. DECLARATIONS OF INTEREST		
Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2. MINUTES		5 - 14
3. MINUTES OF OTHER BODIES		15 - 36
Health and Wellbeing Board - 19 March 2021 and 16 July 2021		
4. PETITIONS		
Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.		
5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS		

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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.

6. DECISION BOOK REFERENCES

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

7. READING YOUTH COUNCIL CONSTITUTION

BOROUGH 37 - 52
WIDE

Members of the Youth Council will be present at the meeting to present the Youth Council Constitution and inform the Committee about their current work.

8. POST 16 UPDATE REPORT

BOROUGH 53 - 72
WIDE

A report providing an update on the work undertaken by the Education Service at Brighter Futures for Children to children looked after (CLA) and care leavers (CL), and the achievements in relation to previously high numbers of vulnerable young people not participating education, employment and training (NEET).

9. REVIEW OF THE SEND ADMISSION POLICIES AND ARRANGEMENTS BOROUGH 73 - 80
WIDE

A report providing information on the review of SEND admission policies and arrangements.

10. SEND STRATEGY - PROGRESS REPORT BOROUGH 81 - 212
WIDE

A report providing the Committee with an update regarding the SEND Strategy.

11. SAFEGUARDING ANNUAL REPORT BOROUGH 213 -
WIDE 240

A report presenting the Committee with the Safeguarding Adults Board Annual Report 2020/21.

12. EXCLUSION OF PUBLIC & PRESS

The following motion will be moved by the Chair:

“That, pursuant to Section 100A of the Local Government Act 1972 (as amended) members of the press and public be excluded during consideration of the following item on the agenda, as it is likely that there will be disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A (as amended) of that Act”

ITEM FOR CONSIDERATION IN CLOSED SESSION

13.	EXTRA CARE SHELTERED HOUSING - CARE & SUPPORT TENDER	BOROUGH WIDE	241 - 250
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A report asking the Committee to consider options and approve a procurement process for Extra Care support contracts.

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Agenda Item 2

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

Present: Councillors James (Chair), David Absolom, Ballsdon, Carnell, Hoskin, Mpofu-Coles, Pearce, Robinson, D Singh, Sokale, Terry, and R Williams.

Apologies: Councillors Ennis, O'Connell and White.

1. MINUTES

The Minutes of the meeting held on 30 March 2021 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS

Questions on the following matters were submitted by Councillors:

Questioner	Subject	Reply
Councillor White	Children Taken into Care	Councillor Terry

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

3. ROYAL BERKSHIRE NHS FOUNDATION TRUST ANNUAL QUALITY ACCOUNTS 2020-2021

Steve McManus, Chief Executive Officer, and Eamonn Sullivan, Chief Nurse, The Royal Berkshire Hospitals NHS Foundation Trust, attended the meeting and addressed the Committee and answered questions on the Royal Berkshire NHS Foundation Trust Annual Quality Accounts 2020-2021 and in particular some areas of concern that had been raised by Councillors as set out below:

The Quality Accounts was just one vehicle for improvement, it was fairly restrictive both as a document and in terms of its completion and if there were areas that weren't in the Accounts it didn't mean they weren't being addressed. Because of the disruption over the previous 15 months due to the Covid-19 pandemic the process of completing and publishing the document, which usually took six months, had been compressed into six weeks. As a result, the priorities from the previous year had been rolled over into the current document.

Health Inequalities

Concerns had been expressed by Councillors in respect of health inequalities specifically for those with learning disabilities. This was an area of priority focus for the Trust and partnership work had been started with Public Health with £300k being allocated to the issue over the coming three years to better inform the hospital about how to deliver services. Part of this money had been used to make a joint appointment of a consultant in public health to bring expertise in public health collaboratively into the organisation. During the pandemic the Learning Disability Team had remained in the hospital and as

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

services were disrupted or delayed they maintained a register so that they would be ready to recommence care when restrictions were lifted. Work was being carried out to look at how staff were trained with £30k being allocated to this issue; the aim was for this to have been completed by the end of quarter three in the current year. As the hospital functioned on a 24 hour basis work was also being carried out to strengthen the out of hours service for those with learning disabilities.

Over the previous four years the Trust had actively moved away from seeing itself as an acute hospital to being part of the community, changing the way facilities were used so that there was a focus on self-intervention and prevention. The redevelopment of the hospital site, as reported at the meeting on 20 January 2021 (minute 18 refers), provided an excellent opportunity to improve what the hospital could bring to Reading and Berkshire. Potential redevelopment would start in 2025 so it was important work took place with the Council to ensure it was right for the wider community.

Impacts of Covid and rehabilitation - Including for those with long-Covid

Clinical teams had been innovative around preventing the effects of long-Covid. Patients who had come into the hospital with Covid, and were able to manage at home, were sent home with oxygen monitors and the hospital then kept in contact with them on a daily basis as it was found that outcomes for patients were improved significantly if they stayed at home. A virtual service was currently being provided for patients and the hospital had been one of the early adopters of a long-Covid programme and was becoming a research active organisation to discover how support could be given to those suffering from the long-term impact of Covid. The hospital had also been one of the first to set up a long-Covid clinic, which was largely therapy driven, and had treated 700 patients. Paediatric long-Covid would be consolidated by the BOB ICS with the service being brought together over the whole area.

Nationally and locally there was a focus on patients with Covid but, there was widening inequality with non-Covid patients. During the second wave of Covid the hospital had maintained a significant level of service and had used other facilities to create Covid free environments. Performance prior to the pandemic had been good and coming out of the pandemic at the end of March 2021 there were 2,800 people waiting more than a year for their planned treatment, this had decreased to 1,140 by May 2021.

With regard to performance in respect of cancer treatment, a decision had been made early in the pandemic to maintain as much cancer treatment as possible. Some treatment had been moved to the independent sector but during the second wave this had been moved back to the hospital. Cancer services had therefore been maintained throughout the pandemic and at the end of May 2021 the two week wait standard from a GP referral to being seen as an outpatient was 94% compared to a national figure of 93%. For the 31 day cancer standard, the wait time between the meeting at which the patient and doctor agreed a treatment plan and the start of treatment, nationally the figure was 96% with the hospital at 95%. For the 62 day performance standard, which was from the point of being referred by the GP to receiving definitive treatment, the national standard was 85% and the hospital was at 84.3%. In respect of diagnostics such as access to CT and MRI scanning, nationally endoscopy had come under pressure, the national standard was that 99% of people should receive their definitive diagnostic within six weeks, the percentage for the

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

hospital was currently 96%. Again, services had been maintained and the independent sector had been made use of.

In terms of staff, the Council, and others such as the university, had provided support in respect of psychological and mental health support; staff were tired, but due to the support they had received were resilient.

Investment had been made in the digital environment so that information would be more accessible, particularly going forward and dealing with the impact of long-Covid. A patient portal had been set up and channels had been expanded so that services could be offered in different ways and there were different ways for patients to engage with the hospital. Reducing the number of people coming to the hospital would also reduce the amount of traffic coming to the hospital and the resulting carbon impact. More services were also being provided further into the community and more use was being made of digital services. With regard to staff working, the hospital wanted to learn from other public sector organisations about how to get the balance right in terms of flexible working but the value of face-to-face work was recognised due to the type of work that the hospital did. Hybrid working and flexible working would feature in the future, but this would be approached with care.

Links to Primary Care, Lifestyle Services and Adult Social Care to prevent NHS need

One of the legacies of the pandemic had been the agility of decision making and the quality of improvement processes that had been put in place during the first the pandemic. The challenge now was to put these into quality improvement processes moving forward.

Being part of the Health Infrastructure Plan (HIP) 2 meant that work was being carried out with 40 organisations, coordinated by the Department for Health, and had provided the opportunity to share knowledge and experience. Two areas that were being shared were, the need to be a highly digital organisation and the built environment which was being worked on in partnership with the university. The university was looking at how the hospital could be used as a live laboratory when thinking about sustainable buildings and a sustainable environment.

Cancer and A&E Services

An area of concern across the whole of England was around waiting times in Accident and Emergency. Normally there was a 3% increase in people attending A&E each year however, between May 2019 and May 2021 this increase had been 16%. This was a challenge for patient flows and work was being carried out with colleagues in the community, the ambulance service and primary care colleagues on how the community could be supported to access emergency care. Although there was a steady flow of patients being admitted to the hospital there had been an increase in ambulatory patients who were accessing services for urgent care, but care that was less time critical. This formed a piece of ongoing work and support was being given by the Council's Adult Social Care Team.

With regard to services for children, a £4.5m investment had been made into the children's emergency department which had been made larger and provided a much more appropriate environment for children.

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

Hydrotherapy Service

Steve McManus explained that when he had first arrived in post at the hospital in 2017 there had been proposals to close the hydrotherapy pool, he had met with a range of stakeholders to look at options and in early 2017 the decision had been reversed. However, the CCG had needed to make a decision about the long term viability of water based therapy treatments and it had been agreed that the pool would not be closed until there was some form of alternative provision in place and that any hydrotherapy service did not need to be on an acute hospital site. The Commissioners had carried out a review of the commissioning arrangements for hydrotherapy and the decision was made to move to an Individual Funding Request (IFR) approach which would reduce the numbers accessing the service, as reported at the meeting on 20 January 2021 (minute 19 refers). In the last year that the pool was open, prior to the pandemic, 217 patients had been referred to use the service. With a further reduction in users as a result of the IFR approach and a commitment from the commissioners to find an alternative, as well as a commitment to make some difficult financial decisions, to bring the hydrotherapy pool back into use at the hospital would cost £1m; £750k to bring the pool back into use and £250k to maintain the pool (the revenue from non-NHS users at its best had been £20k). To close the pool had not been an easy decision but work would continue with the CCG and there was a commitment to providing an alternative service for both adults and child. Meetings would continue with user groups and some of the engagement would continue into July 2021.

The Committee discussed the presentation and concern was expressed about the IFR approach to the hydrotherapy service and that alternative provision had not been put in place before the pool had been closed.

Resolved - That the position be noted and Steve McManus and Eamonn Sullivan be thanked for attending the meeting.

4. BERKSHIRE COMMUNITY EQUIPMENT SERVICE - EXTENSION OF CONTRACT

The Executive Director of Social Care and Health submitted a report providing the Committee with the options available to the Council in advance of the Berkshire Community Equipment Service Contract expiring in March 2024 and inviting the Committee to consider the new Turnkey Technology Enabled Care pilot service and its extension.

The report explained that the Berkshire Community Equipment Service (BCES) provided equipment to support people to live independently at home, for example, by providing rails and sensor alarms. This service was delivered by NRS Healthcare as part of a five year contract that was due to expire on 31 March 2022. The BCES contract was managed by West Berkshire Council on behalf of all six unitary authorities in Berkshire and the two Berkshire NHS Clinical Commissioning Groups. There was an option to extend the contract for a further two years, covering an extension period from 1 April 2022 to 31 March 2024. The monetary value of the extension was £1.4m.

In addition to the core equipment contract the Council had worked with NRS to develop an enhanced Technology Enabled Care (TEC) Turnkey pilot service which had been launched in Reading in November 2020. Whilst this worked within the framework of the current contract it provided access to additional equipment and support services thus providing an

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

end to end offer for services, for example, assessment through to installation and monitoring.

The report outlined the options available to the Council in advance of the contract expiring in March 2024.

Resolved -

- (1) **That the current contract period of the Berkshire Community Equipment Service supply be extended from 1 April 2022 to 31 March 2024 at an estimated value of £1.4 million including contract management fees;**
- (2) **That the Turnkey pilot service be continued from 1 April 2022 to 31 March 2024 at an estimated value of £384,000.**

5. ACCESSIBILITY STRATEGY 2020 - 2022

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report on the Council's Accessibility Strategy 2020 - 2022. A copy of the School Access Framework was attached to the report.

The report explained that the requirement to write an Accessibility Strategy was set out in Schedule 10 of the Equality Act 2010 and specifically related to pupils with a disability. The sections relating to disability were different than those in the rest of the Act as they recognised that a person with a disability might have been treated more favourably than someone who did not, in order to avoid substantial disadvantage. Where a school did something that might put a disabled child at a substantial disadvantage compared to those who were not disabled, they had to take reasonable steps to avoid that disadvantage.

Taking reasonable steps to avoid substantial disadvantage was often known as a 'reasonable adjustment' and both local authorities and schools had to adhere to the reasonable adjustment duty. The Strategy set out the steps that needed to be taken to ensure disabled pupils could participate fully in the education provided by a school and that they could enjoy the other benefits, facilities and services that the school provided for its pupils. Whilst the Strategy related to maintained schools, many of the support arrangements that were made by the local authority would also benefit disabled pupils attending academies and free schools in the Borough.

All local authorities therefore had to have an Accessibility Strategy for the schools it was responsible for. The Strategy did not apply to academies or free schools but, all schools had to have an Accessibility Plan which was based on the same principles as an Accessibility Strategy. The Strategy explained how, over time, it would support the schools it was 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.

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

The report explained that the current Strategy had been refreshed and following the place based review of SEND services, which would take place at the end of June 2021, it would be the subject of a more thorough review in autumn 2021.

Resolved - That the report be noted.

6. ANNUAL ENGAGEMENT MEETING

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing the Committee with the context and information about the Annual Meeting with Ofsted which had taken place in March 2021. A copy of the Self-Evaluation of Education (including SEND), Early Help and Children's Social Care was attached to the report at Appendix 1, the Annual Engagement Meeting - Covid-19 response was attached at Appendix 2 and the Letter from Ofsted was attached to the report at Appendix 3.

The report explained that each year the Executive Director of Children's Services, the Director for Children Social Care, Director of Early Help and Prevention and Director of Education within BFFC met with Social Care and Education Ofsted Inspectors to discuss what was working well and what needed further work and development. These annual meetings had been established by Ofsted with the purpose of 'catching local authorities before they fall' referring to the identification and support Ofsted could provide to prevent local authorities being judged 'Inadequate'. Previously, there had been only a three yearly inspection with no opportunity to quality check performance and outcomes.

The Annual Engagement Meetings did not result in any grading and were not directly linked to a full inspection. However, if there were any significant concerns identified it was likely that a full inspection could be triggered, this had not been the case for BFFC.

The first Annual Engagement Meeting had taken place in March 2020 and the second had been on 3 March 2021. In preparation for the meeting two key documents had been written, the first a comprehensive self-evaluation of all key services within Early Help and Prevention, Children's Social Care and Education including SEND, highlighting what was going well and areas for further development and the second was a Covid-19 report which had been written in response to questions that had been posed by Ofsted prior to the meeting which had focused on challenges and opportunities with a particular focus on vulnerable learners post 16. The letter from Ofsted following the Annual Engagement Meeting provided a summary of the key elements noted by the Inspectors as a result of the discussions, these key elements were set out in the report.

The report stated that there were Continuous Improvement Plans and Service Plans that captured the actions required to address areas for development and improvement which were regularly reviewed and up-dated.

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

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

7. SCHOOL ADMISSIONS AMENDED ARRANGEMENTS 2021/22 AND 2022/23

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report asking the Committee to determine the amended admission arrangements for Community Primary Schools in the Borough for the school years 2021/22 and 2022/23. A copy of the admissions arrangements for Community Primary Schools in Reading for the school years 2021/22 and 2022/23 were appended to the report.

The report explained that in the previous year the Government had consulted on changes to the School Admissions Code. The new Code and associated regulation had been laid before parliament and were subject to parliamentary procedure and would come into force on 1 September 2021.

Point 1.7 of the new Code required children who appeared, to the admission authority, to have been in state care outside of England and had 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 and children who had been previously looked after by English authorities. This advice referred to these children as internationally adopted previously looked after children, IAPLAC. These arrangements complied with the new School Admissions Code 2021.

Resolved - That the scheme attached to the report at Annex A as the admission arrangements for 2021/22 and the scheme attached to the report at Annex B as the admission arrangements for 2022/23 for community schools in Reading be approved as updated arrangements.

8. REVISED ADMISSIONS POLICY - HOLY BROOK SCHOOL

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report presenting the Committee with the revised Admissions Policy for Holy Brook Primary School. A copy of the Admissions Policy for Holy Brook School was attached to the report at Appendix 1.

The report explained that the Admissions Policy had been updated by the Headteacher of The Holy Brook School and had been approved by the school's governing body. The updates had been made by the Headteacher in partnership with the Special Educational Needs and Disability (SEND) Team Manager, BFFC. All pupils at the school had an Education, Health and Care Plan with a primary need of Social, Emotional and Mental Health Needs (SEMH). The reasons for the updates were to ensure that BFFC SEND Team was fully involved in decision making regarding the identification and prioritisation of pupils admitted to Holy Brook School, in accordance with the SEND Code of Practice. The proposed revised Admissions Policy would be reviewed jointly, and ratified annually, by the governing body of the school and ACE Committee in line with their responsibility for maintained schools.

Resolved - That the updated version of the Admissions Policy for implementation at the next review date be approved.

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING

MINUTES - 1 JULY 2021

9. SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing the Committee with a summary of the Supporting Children with Medical Needs Policy. A copy of the Policy was attached to the report at Appendix 1.

The report explained that there was legal requirement to enable children who were medically unfit and unable to attend school settings to access alternative provision which offered 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.

The Policy set out how BFFC, on behalf of the Council, would comply with the statutory duty to arrange suitable full time, or when appropriate part time, education for children of compulsory school age who, because of illness, would otherwise not receive suitable education. There was no legal timescale for the alternative provision to be secured however, DfE guidance recommended after 15 days. The statutory duty applied to all children and young people of compulsory school age who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child was not on the roll of such a school.

The provision for children who were medically unfit to attend school had to ensure the following:

- Pupils made good progress in their education and did not fall behind their peers, particularly in key subjects;
- Disruption to learning was minimised and there was a continuity of education provision within the school curriculum;
- Pupils were able to obtain qualifications as appropriate to their age and abilities;
- Pupils were able to re-integrate successfully back into school and that this took place as soon as their health permitted;
- Pupils felt fully part of their school community and were able to stay in contact with classmates;
- BFFC was committed to providing a recovery focused model that embraced inclusive and Therapeutic Thinking Schools principles with a clear focus on an appropriate and timely return to school based learning.

The Council's Health and Safety Team had produced a model policy 'Supporting Pupils at School with Medical Conditions', which had been updated in June 2020 and which schools had been recommended to adopt. There was an expectation that most children and young people would make a full or partial recovery from their illness and at that point it was important that their needs for education continued to be met appropriately. It was understood that most children and young people would transition back to full time mainstream education.

The child's progress would need to be reviewed at least every six weeks by the schools in liaison with the alternative provider, in consultation with the parent/carer and other relevant services. Relevant services including Special Educational Needs and Disabilities

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

(SEND), Child and Adolescent Mental Health Services (CAMHS), General Practitioners, Education Inclusion/Attendance/Improvement Services, educational psychologists and school nurses all had responsibilities to work together to support children who were medically unfit to attend school. The expectation was that the schools and alternative providers would make arrangements to reintegrate pupils at the earliest opportunity and as soon as they were well enough. Each child was expected to be provided with a reintegration plan set out in their Individual Health Care Plan which was reviewed and amended as appropriate.

Resolved - That the report be noted.

10. SAFEGUARDING AUDITS - SECTION 11 AND SECTION 175 BFFC SUMMARY

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing assurance that BFFC and partners had carried out or collated three key safeguarding audits over the previous six months and that the findings were that the company had continued to meet safeguarding and wellbeing requirements across its service areas. Where improvements were required, action plans were being implemented, with support being provided as required to schools, settings and providers across the local area.

The three audits had captured safeguarding measures across the company, local area schools, including nursery schools, and local area early years settings. The first two audits were statutory requirements and the third was a best practice option that enabled the company and its partners to identify any issues in early years settings and address them.

The report stated that BFFC had completed a section 11 Audit, which had been reported to Berkshire West Safeguarding Children Partnership, schools across the Borough had completed a section 175 Audit, that had been collated and analysed by BFFC, and early years settings across the Borough had completed a safeguarding audit which had also been collated and analysed by BFFC.

Resolved - That the report be noted.

(The meeting commenced at 6.30 pm and closed at 8.14 pm).

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Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Andy Ciecienski (Vice-Chair in the Chair from Item 5)	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Maureen McCartney	Director of Operations & Urgent Care, Berkshire West CCG
Meradin Peachey	Director of Public Health Berkshire West
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Ramona Bridgman	Chair, Reading Families Forum
Rebecca Curtayne	Communications Lead, Healthwatch Reading
Gill Dunlop	Pupil and School Support Service Manager, Brighter Futures for Children (BFFC)
Dom Hardy	Chief Operating Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Deb Hunter	Head of SEND and Principal Educational Psychologist, BFFC
Eilis McCarthy	Reading Locality Manager, Berkshire West CCG
Kathryn MacDermott	Acting Executive Director of Strategy and SRO for Recovery, BHFT
Sam Mortimore	Community Safety Advisor - West, Royal Berkshire Fire and Rescue Service
David Munday	Consultant in Public Health, RBC
Paul Myerscough	Lead Governor, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Vicky Rhodes	Director of Early Help & Prevention, BFFC
Janette Searle	Preventative Services Development Manager, RBC
Nicky Simpson	Committee Services, RBC
Rachel Spencer	Chief Executive, Reading Voluntary Action

Apologies:

Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFFC)
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
Nick John	Reading LPA Commander, Thames Valley Police
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Kate Reynolds	Director of Education, BFFC
David Shepherd	Chair, Healthwatch Reading

1. MINUTES

The Minutes of the meeting held on 22 January 2021 were confirmed as a correct record.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

a) Place-Based Planning

The recent NHS White Paper envisages statutory reshaping of Integrated Care Systems such as BOB, including absorbing CCG functions.

Section 5.11 states:

"The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa). ICSs will also want to think about how they can align their allocation functions with place, for example through joint committees, though we are leaving this to local determination. NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation."

At present the detailed knowledge, resource and skill to be a "place-based planner" for health resides with Berkshire West CCG rather than with the Reading HWB. If the Reading HWB or the grouping of Berkshire West HWBs are to take on the role of 'place-based planners' of health a completely new level of working with NHS capacity, usage and finance data will be needed as well as close cooperation with the main NHS providers for Reading.

How do you foresee the Borough Council taking on these new functions and resources?

Will there be a place within the new Health and Wellbeing Board for local GPs, who have driven much innovation in the lifetime of the CCGs, not least in their own primary care arena?

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

Thank you for your question Mr Lake. First of all, we do need to remember that we are still talking about a white paper, a report that lays out the government's proposals for future legislation. Whilst there maybe things we like or don't like in the White Paper we will have to await the government's 1st draft of legislation and further guidance to get a better understanding of more specifically what the future reorganisation of the NHS will look like.

The Health and Care White Paper sets out proposals for future partnership working between the NHS and local government through Integrated Care Systems (ICSs). The stated intention is that local authorities will be involved in both ICS NHS Bodies and ICS Health and Care Partnerships, to support health and social care integration and encompass preventative approaches.

The ICS NHS Body will take over the functions and funding of CCGs, and will be able to delegate funding to place level. The ICS Health and Care Partnership

will have responsibility for developing a plan to address the system's health, public health and social care needs.

Further national guidance is expected on how the new ICSs will operate, including how to align partners' practices and cultures. However, there is local experience of collaboration and planning which we will be able to draw on in Reading. For example, the production of a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy is currently a shared responsibility of the CCG and the local authority through the Health and Wellbeing Board. Through these functions, and also from our experience of collaborating on Better Care Fund plans, Reading Borough Council has established a strong foundation for collaborating with the NHS to share data and expertise.

Reading is currently working with our Berkshire West neighbours on the production of a new Health and Wellbeing Strategy. This aims to recognise cross-border travel and use of services within the Berkshire West area whilst also reflecting the particular issues relevant to each of the three boroughs.

In addition to the feedback gathered through the recent public engagement exercise to shape the new Health and Wellbeing Strategy, there is additional feedback we can draw on regarding local views on place-based planning for health. The CCGs within the BOB ICS established an Architecture Oversight Group, which oversaw an engagement exercise with a broad range of stakeholders towards the end of 2019. Through this exercise, people were invited to comment on how different structures would support delivery on commitments in the NHS Long Term Plan, provide appropriate oversight and accountability, and take advantages of opportunities to share expertise and resources between organisations. These will remain important considerations in designing the new ICSs for this area.

Our own Health and Wellbeing Board does, of course, include strong GP representation in the form of our Vice Chair. The question also refers to new joint committees, which are referenced in the White paper, and suggested members of these committees include primary care networks and GP practices, as well as community health providers, local authorities and voluntary sector representatives. Again, further detail is awaited at a national level on how these will operate.

b) Berkshire West CCG

After the fiasco of the tender for primary care services at Circuit Lane and Priory Avenue won by One Medical Group, the local CCGs issued no further such tenders but worked to encourage GP practice renewal through consolidation, through mergers and through bringing in new partners and encouraging development, with positive results.

After the dissolution of Berkshire West CCG how will such detailed and constructive oversight be maintained?

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

READING HEALTH & WELLBEING BOARD MINUTES - 19 MARCH 2021

NHS partners will be reviewing arrangements for the delegated commissioning of primary medical services as part of the further development of the ICS. This work is still at an early stage however it is intended that decisions on local primary care services will continue to be made at 'place' level and with the continued involvement of appropriate stakeholders.

3. IMPACT OF COVID-19 IN READING

David Munday, Gill Dunlop, Andy Ciecielski and Dom Hardy gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
- Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England and mortality per 100,000 population, as well as recent data on cases by age group, noting that the latest data was now showing only 1.2% of individuals testing positive, 34.6 cases per 100,000 population and two deaths in the previous week.
- Comparative data with other Berkshire authorities
- Information about the steps in the Recovery Roadmap
- Information on Covid vaccination local roll-out, progress in vaccinating priority groups and overall vaccination numbers, noting that there had now been almost 45,000 vaccinations in Reading
- Update on lateral flow testing
- Brighter Futures for Children - Schools overview, including information on:
 - Reading Schools' Attendance, noting that, as at 17 March 2021, attendance had increased to 93.1%
 - Reopening of Schools
- NHS Berkshire West CCG - information on the impact on Primary Care Services, including:
 - Changes to Access routes to GP services
 - Establishment of Covid-19 Respiratory Hub
 - Introduction of Oximetry at home
 - Covid Vaccination programme
 - Establishment of Recovery and Future Plans
- Royal Berkshire NHS Foundation Trust - information on the impact of Wave 2 of Covid-positive patients on the Trust and the current position

Resolved - That the presentations be noted.

4. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - UPDATE ON COVID-19 RECOVERY

Kathryn MacDermott submitted a report and gave a presentation and answered questions on the progress of the Covid-19 Recovery Programme for Berkshire Healthcare NHS Foundation Trust (BHFT), which covered the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate Services. The presentation gave

details of the impact of Waves 1 and 2 of the Covid-19 pandemic on community and mental health services and of the impact of a review and reconfiguration of the BHFT estate to ensure safe environments for patients and staff. The presentation covered the following areas:

- Adult Community Health services
- Children's Community Health Services, including Children's and Young Persons' Mental Health
- Adult Mental Health services
- Serious Incidents and Duty of Candour
- Impact on staff
- Reducing health inequalities

Resolved - That the report be noted.

5. HEALTH OF ASYLUM SEEKERS AND REFUGEES PLACED IN A READING HOTEL DURING THE PANDEMIC

Mandeep Bains submitted a report presenting the findings of a project carried out by Healthwatch Reading between July and September 2020 to support asylum seekers and refugees placed in a Reading hotel during the pandemic with any health and wellbeing needs.

The report explained that Healthwatch had become aware that around 80 asylum seekers had been placed by the Home Office into a Reading hotel in March 2020 as part of the pandemic response. They had wanted to check their health and wellbeing needs were being met, their rights were being upheld and to give them a voice. Neither residents nor third parties had been aware of how long they might be staying at the hotel.

From discussions with the asylum seekers, it had become clear that they had a number of health and wellbeing issues with which they needed help. Some residents had been transferred from other areas of England whilst others had come straight to the hotel after arriving in the UK from another country. They had been at a disadvantage in terms of not being familiar with the Reading area and what services were available. Normal ways of working for NHS and care services had also changed during the pandemic so it had been even more difficult for the residents to access some services. For a number of residents, English was not their first language, which had been another barrier.

The report contained case studies which highlighted asylum seekers' multiple or complex health and wellbeing needs and unsafe gaps in care, and details of how Healthwatch and other local charities had supported them.

The report also contained formal responses to eight key questions that Healthwatch had put to local stakeholders - the Council, Berkshire West CCG and Berkshire Healthcare NHS Foundation Trust. It stated that the responses indicated that local organisations had got little notice of the asylum seekers arriving in Reading but once they were in Reading, the process of linking the arrivals into local health services had been slow and responsibility for their overall wellbeing had been fragmented.

The report summarised the following main findings:

READING HEALTH & WELLBEING BOARD MINUTES - 19 MARCH 2021

- Healthwatch had spoken with 43 asylum seekers/refugees from 19 different countries who spoke 16 different languages, all placed in the same Reading hotel
- Healthwatch had carried out four visits to the hotel from July-September 2020 to hear their views and had spent many hours afterwards trying to resolve their issues
- Most of the people spoken with were single young men but there were some family groups including single women with babies or toddlers
- Many had been living in the hotel since March 2020, after being moved by the Home Office from accommodation in eight other UK cities or towns, mainly London
- They were mostly experiencing dental, pain, insomnia or mental health problems
- Being moved from other parts of the UK had sometimes caused unsafe breaks in usual medication or ongoing treatment
- A Home Office weekly allowance had been stopped for some people, preventing them from buying over-the-counter medication, phone credit and other items
- A mass registration exercise with a local GP surgery had only taken place 16 weeks after the first residents had arrived
- Their rights to free NHS prescriptions and dental care had been delayed in many cases
- Healthwatch believed local and national agencies had not liaised well to meet people's needs
- Information-sharing between statutory services had been delayed or inadequate, preventing full understanding on who had arrived and left the hotel and their needs
- Local charities had been filling the gaps to provide support, visits, advice, advocacy and interpretation. Hotel staff had also unofficially provided pastoral care.

By 25 March 2021, all of the asylum seekers at the hotel were due to be moved on from Reading by the Home Office. As well as being submitted to the Health & Wellbeing Board, the report would be submitted to Healthwatch England so they could raise the issues involved with the Home Office, as there were lessons to be learned about how health and wellbeing needs were met and rights upheld when asylum seekers were moved around any part of England.

Maureen McCartney explained in more detail at the meeting the history of what information had been received by Berkshire West CCG about the asylum seekers and refugees. She said that the CCG had been told on 7 May 2020 of 61 people at the hotel, who had been there since 2/3 May 2020. In discussions with Clear Springs, who provided short term accommodation to asylum seekers for the Home Office, the CCG had been told the residents would be looked after by the London Immigration Assessment Centre and were likely to be in Reading only for a few days.

On 12 June 2020, the CCG had received a formal letter from NHS England about needing to put healthcare arrangements in place for the residents and the London Immigration Assessment Centre had confirmed they no longer had the capacity to do that. On 17 June 2020 the CCG had arranged for the Reading Walk In Centre to register them as patients and clinics had been held for the patients. Some residents

had chosen to register elsewhere themselves or to stay with a registered GP in London.

Seona Douglas explained that, as the asylum seekers and refugees had been placed in Reading by the Home Office through the Immigration Office, they were not ordinary residents in Reading, and any interventions required by the Social Care Act would have needed to be requested of the Council by the Home Office; the only exception was safeguarding cases under Section 42, and there had been no enquiries to Adult Social Care on this matter.

It was noted that the report was helpful for the relevant organisations to better understand the issues involved, particularly in relation to barriers to accessing services for asylum seekers and refugees, and to be able to consider how to do things differently in any similar situations in the future.

Resolved - That the report be noted and welcomed.

6. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST MENTAL HEALTH STRATEGY - PROGRESS UPDATE

Kathryn MacDermott submitted a report on the progress of the Berkshire Healthcare NHS Foundation Trust Mental Health Strategy, which explained what it had been possible to deliver against the commitments set out in the Mental Health Strategy 2016-21, the impact of responding to COVID and the challenges/changes this would mean for the service offer going forward.

The report set out key areas in the NHS Long Term Plan and explained that the Plan had an ongoing commitment to investment in Mental Health services and new models of care, and gave details of the following eight key areas, as well as some specific projects:

- Community Mental Health
- Alternative Provision for those in crisis
- Access to Psychological Therapies
- Physical Health in Serious Mental Illness
- Children and Young People
- Schools and Colleges
- Learning Disabilities and Autism
- NHS 111 and Access to 24/7 community care

The report gave details of the BHFT current situation or “starting point” from its Three Year Plan, summarising its work and activities in the local, regional and national context. It also gave a summary of the 2016-2121 Mental Health Strategy to provide safer, improved services with better outcomes, supported by technology, covering:

- Effective and compassionate help
- Working with service users and carers
- Straightforward access to services
- Supporting staff
- Good experience of treatment and care
- Working with partners and communities

READING HEALTH & WELLBEING BOARD MINUTES - 19 MARCH 2021

The pandemic had resulted in a massive increase in the use of technology and increased access to digital and online services, which had been beneficial in some areas. However, in other areas, service users had found services more difficult to access remotely and it was noted that a blended model would be needed going forward. Details of the changes in appointment types and referrals since the start of the pandemic were set out in the report.

The report gave details of progress on the following key initiatives:

- Prospect Park Hospital Development - Bed Optimisation and Staffing
- IAPT (Improving Access to Psychological Therapy)
- Zero Suicide
- Pathways and Clustering
- Emotionally Unstable Personality Disorder Project
- Structured Clinical Management
- Specialist Mental Health services
- Community Mental Health Team Function and Workforce
- Urgent Care

The report also gave details of the significantly increased demand for mental health services as a result of Covid-19, noting that a national model was predicting up to 20% of the population would need new or additional mental health support. The other factors which caused mental health problems had also not gone away, so a steep increase in demand was expected. Covid-19 had also meant that many patients were presenting later and were more poorly on presentation.

The report set out the priorities for 2021/22 in adult mental health, CAMHS and eating disorders. It explained that mental health transformation investment had been made available to Integrated Care Systems and Berkshire West had submitted Expressions of Interest to BOB ICS and had successfully secured funding for Crisis Alternatives, Integration with PCNs, and Suicide Prevention.

Deb Hunter noted that there were already lots of good examples of multiagency working but it would be important to continue good communication to plan and bid together with partners, especially with the increase in perinatal mental health. She also said it would be good to have further involvement with BHFT around early intervention and identification of eating disorders and around children and young people with autism with emotional wellbeing mental health issues, in order to put initiatives in place across Reading in line with emerging research. Kathryn MacDermott said that there had already been positive conversations with the CCG about what could be invested to reduce the waiting lists for children with autism and ADHD and further discussions with partners to ensure regular communication and planning would be welcomed.

Resolved - That the report be noted.

7. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets for the financial year so far.

READING HEALTH & WELLBEING BOARD MINUTES - 19 MARCH 2021

The report explained that performance had been exceeded in relation to reducing the number of non-elective admissions (NELs). The performance now included some of the winter pressure period. Over the 10 recorded months (to January 2021), there had been 7,803 NELs against a target of no more than 10,607 for the year. Projections based on activity to date indicated an end of year cumulative figure of 9,363 - 12% below the target.

Performance in relation to limiting the number of people placed into residential placements was strong, with 340 placements made in 10 months (to January 2021), and a projected 409 placements for the financial year (against a target of no more than 571 for the financial year).

Progress against the target for increasing the effectiveness of reablement services had improved significantly for the cohort discharged in September to 91%. However, latest data for the cohort discharged from hospital in November 2020 (reported in January 2021), at the start of the second national lockdown, showed that figures were 10% below the target of 93% of people remaining at home 91 days after discharge from the service.

Delayed Transfers of Care (DTOC) had been suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19, and instead had moved to monitoring Discharge to Assess pathways. Performance had been positive and remained on track with a projection of 19 against the minimum target of 18 to the end of the year, within the independent living flats at Charles Clore Court on Pathway 1.

Resolved - That the report and progress be noted.

8. HEALTH AND WELLBEING DASHBOARD & ACTION PLAN - MARCH 2021

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Action Plan (Appendix A) and on the Health and Wellbeing Dashboard (Appendix B), which set out local trends. The report therefore gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Action Plan and paragraph 2.2 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

9. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 16 July 2021.

(The meeting started at 2.02pm and closed at 4.48pm)

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READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Andy Ciecienski	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFFC)
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
Meradin Peachey	Director of Public Health Berkshire West
Rachel Spencer	Chief Executive, Reading Voluntary Action
Katie Summers	Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Kielan Arblaster	Policy Officer, Alzheimers' Society
Katie Badger	Public Health Programme Officer, RBC
Niki Barton	Strategic Communications Manager, RBC
Ramona Bridgman	Chair, Reading Families Forum
Karen Buckley	Acting Consultant in Public Health, RBC
Niki Cartwright	Interim Director of Joint Commissioning, Berkshire West CCG
Dom Hardy	Chief Operating Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Amanda McDonnell	Media & Communications Manager, RBC
Steve McManus	Chief Executive, Royal Berkshire NHS Foundation Trust
Councillor Mpofu-Coles	RBC
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
David Munday	Consultant in Public Health, RBC
Councillor O'Connell	RBC
Bev Nicholson	Integration Programme Manager, RBC
Jo Rice	Dementia Connect Local Services Manager, Alzheimers' Society Committee Services, RBC
Nicky Simpson	Regional Public Affairs and Campaigns Officer, Alzheimer's Society
Laura Vicinanza	
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC
Sarah Wise	Primary Care Contract Manager, Berkshire West CCG

Apologies:

Seona Douglas	Director of Adult Care & Health Services, RBC
Teresa Bell	Independent Chair, West of Berkshire Safeguarding Adults Partnership Board
David Shepherd	Chair, Healthwatch Reading

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

1. MINUTES

The Minutes of the meeting held on 19 March 2021 were confirmed as a correct record.

2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Tom Lake in accordance with Standing Order 36:

a) GP Phone Systems

Last November/December South Reading Patient Voice carried out a survey of the experiences of older patients with regard to the new electronic forms of access to GP surgeries.

In the course of that work we discovered that a couple of pharmacies that we visited had patients who were failing to obtain repeat prescriptions for long term conditions, even to the extent of abandoning their medications. Difficulties in contacting their GP surgeries, to arrange repeat prescription or required medication reviews were the cause of this difficulty. We contacted Berkshire West CCG about this.

We would like to congratulate Reading Healthwatch on their investigation of this problem, which, as the paper on today's agenda shows, is illustrated by plentiful, eloquent evidence.

We would like to draw the Board's attention to the provision of telephone systems as a Systems Design problem. An inadequate system can leave its controllers unaware of the harsh difficulties being experienced by its users. It may be asking too much of a GP or practice manager to be the designer of a system which avoids such indirect communication bottlenecks.

Will the Board urgently call for an external review of the telephone systems in use at our GP surgeries to check that they present timely and representative management information in an easily accessed and digestible form so that patients' difficulties in gaining access are clear to the surgery management and their PPGs? Also to check capacity against demand.

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

Thank you for your question Mr Lake and I'm also very grateful for the attention that South Reading Patient Voice has been paying to this issue and ones about access to primary care in Reading.

In my role as chair of this board and Reading's lead councillor for Health I am taking a keen interest in the developing picture of access to primary care services in the changed world that the Covid pandemic ushered in. Work is taking place more widely around this and I am keen that this Board, the council, partners and residents input into that work.

A telephony project is underway which will evaluate the platforms being used by GP Practices with the aim of identifying the best telephony solutions to be deployed across sites. Once deployed it is envisaged that this will support

collaborative working across practices and Primary Care Networks, improve demand and capacity capabilities as well as greater resilience within primary care. The initial evaluation stage is due to be completed by March 2022.

3. IMPACT OF COVID-19 IN READING

David Munday, Niki Barton, Andy Ciecielski and Dom Hardy gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
 - Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England and mortality per 100,000 population, as well as recent data on cases by age group and school-based cases, noting that the latest data was now showing 4.9% of individuals testing positive and 239.2 cases per 100,000 population, so both figures had reduced in the previous week. The highest numbers of cases were in the 19-24 age group and, although this had reduced in the most recent data, as restrictions were lifting, it was the lower age groups who did not have full vaccination cover whose numbers were higher.
 - Information on Covid vaccination in Reading, listing vaccination sites and showing the increase in vaccination rates, with Reading coverage improving over time and getting closer to the national and nearest neighbour comparators.
 - Information about Step 4 in the Recovery Roadmap, based on government announcements on 5 and 6 July 2021.
- Communications Approach on Covid, giving examples of local communications planned from 19 July 2021, when Covid restrictions would be eased.
- NHS Berkshire West CCG - information on the impact on Primary Care Services, including:
 - Increases in demand and changes to Access routes to GP services and the effects of these.
 - An update on plans for recovery, including the step down of the Respiratory Hub and planning for the autumn booster vaccinations.
 - Continued work on remedial actions to address Primary Care demand.
- Royal Berkshire NHS Foundation Trust - information on the current position and future modelling of Covid admissions and diagnoses and an update on key issues for the Trust, noting that there was currently a minimal Covid impact, with few admissions and low Covid hospital bed use, but a significant increase in A&E attendances and that good headway was being made on getting through the backlog of elective work.

Resolved - That the presentations be noted.

4. "FROM DIAGNOSIS TO END OF LIFE: THE LIVED EXPERIENCES OF DEMENTIA CARE AND SUPPORT" ALZHEIMER'S SOCIETY REPORT AND IMPLICATIONS FOR READING

Karen Buckley submitted a report with, attached, a report by the Alzheimer's Society "From Diagnosis to End of Life: The Lived Experiences of Dementia Care and Support". The covering report summarised current work in Reading on dementia and set out recommendations in the report to consider and take forward in Reading.

The report had appended:

- Appendix 1 - Alzheimer's Society Report Executive Summary
- Appendix 2 - Alzheimer's Society full report
- Appendix 3 - Alzheimer's Society Local Authority Briefing "Recovery Planning for People Affected by Dementia" - June 2021

Kielan Arblaster (Policy Officer), Jo Rice (Dementia Connect Local Services Manager) & Laura Vicinanza (Regional Public Affairs and Campaigns Officer) from the Alzheimer's Society attended the meeting and Laura Vicinanza presented the Alzheimer's Society report.

The report from the Alzheimer's Society looked at four stages of NHS England's 'Well Pathway for Dementia' - Diagnosing Well, Supporting Well, Living Well and Dying Well. It explored in detail what NICE and the Government said people in England should be receiving at each stage of the dementia pathway and benchmarked it against the experiences of people affected by dementia.

The report explained that the Society had spoken with 75 people affected by dementia to better understand their experiences of care and support from pre-diagnosis to end of life. They had also spoken with a range of health and care professionals to identify the barriers to providing effective care. The research had revealed that people were not consistently receiving high quality, integrated care and support that enabled them to live well, with a recurring theme at each stage of the pathway being a sense of disjointed, fragmented care. Whilst there was good practice happening in parts of the country, and significant progress had been made on improving dementia care and support over the years, there was still work to be done.

The key finding was to improve the quality, consistency and integration of care for people living with dementia to better enable them to live well. However, the research had been done pre-COVID and so it was recognised that the dementia care pathway also needed to be improved as services continued to respond and recover from COVID. The report listed detailed issues and findings and set out recommendations for each of the four stages of the pathway; diagnosing well, supporting well, living well, and end of life.

The covering report stated that making Reading a place where people could live well with dementia was one of the priorities under the current Reading Health & Wellbeing Strategy. Whilst some of the work on dementia had been impacted by COVID, efforts had continued to support diagnosis and support people with dementia and their carers. Services included memory clinics, dementia champions, dementia friends, dementia cafes and strategic work. However, there was more that could be done in Reading and, as response and recovery continued, the recommendations in the national report needed to inform the dementia actions in the new Berkshire West Joint Health and

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

Wellbeing Strategy. It was also noted that there was an existing Berkshire West Dementia Strategy but this was now out of date and needed to be refreshed.

It was noted at the meeting that there could be a big variation in dementia diagnosis rates in communities depending on ethnicity and other social and economic factors such as deprivation. For example, BAME communities tended to have lower diagnosis rates and in some communities there were no words for dementia and those words which were used were stigmatised and taboo. It would therefore be important to consider how addressing these issues would be factored in when developing the local dementia strategy. Jo Rice reported that there was an empowerment group of people with dementia in Berkshire West who could be involved in dialogue on and co-production of a new Dementia Strategy. Also, as the Manager of the local Dementia Care Advisory Service, she was already assisting in the creation of a dementia action plan in West Berkshire and she would be happy to help with a Reading plan.

Resolved -

- (1) That the report and the recommendations in the Alzheimer's Society report be noted and further conversations and work with the Alzheimer's Society be welcomed;
- (2) That it be endorsed that dementia would be included as a theme within the action plan that would sit under the new Health & Wellbeing Strategy under Priority 2 "Support individuals at high risk of bad health outcomes to live healthy lives";
- (3) That it be endorsed that further work be carried out to refresh the Berkshire West Dementia Strategy and action plan;
- (4) That it be endorsed that the development of the Health & Wellbeing Action Plan should also consider Covid recovery, supporting people living with dementia and their carers to recover from the effects of the pandemic.

5. ROYAL BERKSHIRE FIRE & RESCUE SERVICE - READING BOROUGH LOCAL SAFETY PLAN 2021/22

Paul Illman and Gail Muirhead gave a presentation on the Royal Berkshire Fire & Rescue Service's (RBFRS) Reading Borough Local Safety Plan for 2021/22.

The presentation covered the following areas:

- Reading's Profile - noting that people and communities facing health, financial and housing challenges were more likely to have fires in their homes and become injured and therefore the need for a focus on fire prevention
- Incidents Attended - RBFRS had attended 1,578 incidents in Reading Borough in 2020, covering fires, road traffic collisions, other incidents and false alarms.
- Local Safety Plan - analysis of local risks, data, demographics and trends had been done to create a targeted plan to reduce risks from fire and other emergencies
- Preventing Fires in the Home - mostly cooking-related or electrical fires
- Preventing Other Fires - working in partnership with other agencies to reduce deliberate fires and threats of arson

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

- Reducing the numbers of fires - listing the ways RBFRS would do this, including delivering safe and well visits, fire safety education and targeted campaigns and using events and social media to reduce electrical and cooking fires
- Preventing other emergencies - road safety and water safety

Gail Muirhead said that RBFRS was working closely with partners to raise awareness of water safety. The number of drownings had increased in lockdown as people had visited waterways rather than going on holiday and people were expected to increasingly visit waterways and surrounding areas as lockdown eased and people needed to be more aware of potential risks, such as jumping off bridges. A Water Safety Partnership had recently been established in West Berkshire and it was suggested that a similar partnership could be set up in Reading.

Resolved -

- (1) That the presentation be noted;
- (2) That the West Berkshire Water Safety Partnership model be explored to see how it was working and what could work for a Reading Water Safety Partnership.

6. BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY - UPDATE ON DEVELOPMENT

Further to Minute 6 of the meeting held on 22 January 2021, David Munday submitted an update report on the development of a Joint Health and Wellbeing Strategy for Berkshire West, including the process by which five priorities had been identified for the new strategy and giving details of the latest consultation on the draft strategy.

The report had appended:

- Appendix 1 - the Berkshire West Health & Wellbeing Strategy Public Engagement Report
- Appendix 2 - the draft Berkshire West Health & Wellbeing Strategy

The report explained that public engagement, on the shortlist of potential priorities for the strategy which had been set out in the report to the 22 January 2021 meeting, had been carried out between 4 December 2020 and 28 February 2021 and the following five priorities had been selected through this engagement process:

- Reduce the difference in health between different groups of people;
- Support individuals at high risk of bad health outcomes;
- Help children and families during the early years of life;
- Promote good mental health and wellbeing for all children and young people;
- Promote good mental health and wellbeing for all adults.

There had been consensus across the three boroughs on the top five priorities from the shortlist and a draft strategy had now been developed around this selection of strategic priorities. There was ongoing engagement to develop Delivery Groups and Action Plans for each of the three localities, in support of the new Strategy, and these would then be brought to the Health & Wellbeing Boards for adoption.

The report gave details of the online survey on the proposed priorities for the new strategy, which had been hosted on West Berkshire Council's website with links published on the Reading and Wokingham local authority websites. It stated that a formal public consultation on the draft strategy itself had been launched on 23 June 2021 and would be running for six weeks through to 3 August 2021. As previously, an online survey was being hosted by West Berkshire Council and Reading Borough Council had published and promoted the link. Given the breadth of previous engagement, it appeared unlikely that the further consultation would indicate any need to make substantial changes to the priorities in the strategy, but feedback would be used to refine language, clarify aims and so help with the development of Action Plans.

Resolved - That the progress towards finalising a Berkshire West Health and Wellbeing Strategy 2021-30 be noted.

7. HANGING ON - A REPORT ON GP PHONE ACCESS FOR READING PEOPLE IN THE SPRING OF 2021 - HEALTHWATCH REPORT

Mandeep Bains submitted a report setting out the findings of an online survey conducted by Healthwatch Reading between 25 March and 25 April 2021, which aimed to find out what was happening when local people phoned their doctor's surgery during the latter stages of England's third Covid lockdown.

The survey had been run at the request of Healthwatch's board of volunteers with an interest in health and care services after they had raised concerns that people were experiencing long waits trying to get through to book appointments, despite the local NHS telling the public that GPs were 'still there for you' during the pandemic, and the survey had been extended to investigate GP phone access more widely. The survey had been run online but giving people the option to phone in their answers if they did not have internet access or needed help completing it.

The survey had been answered by 339 people, mostly Reading residents. The responses had shown more than half had found phoning their GP surgery difficult, with the majority of negative experiences reported by people living south of the river. Many comments of frustration about phone systems had been received, as well as some worrying case studies about barriers to face-to-face appointments with GPs that affected people's health. A smaller number of people feared that Covid was being used as an excuse to normalise phone-only access to doctors.

Positive comments about certain practices had also been received, praising polite and helpful staff and 'amazing' doctors and clinical care.

Full details of the survey findings were set out in the report, including case studies and quotes from patients, as well as discussion of the results, covering:

- Survey method and sample
- Comparisons with other research
- Covid pressures and resources
- Phone systems, triage and online access
- Health inequalities
- Lack of face-to-face consultations

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

As the success of the Covid vaccination programme was helping open up society, Healthwatch Reading recommended that GP services started offering more face-to-face appointments and opened up access routes such as online booking for routine appointments in advance. If changed ways of working were to become permanent, these needed to be communicated clearly to the public to help reframe the relationship between doctors and patients in a post-lockdown world.

The report set out detailed recommendations to Berkshire West CCG, as the commissioners of GP services in Reading, and it had appended a response from the Director of Primary Care at Berkshire West CCG, addressing each of the recommendations and setting out the work being carried out to improve telephone access to primary care and further actions being taken following the survey report to improve patient experience in this area. Reference was also made at the meeting to the question on GP Phone Systems asked earlier in the meeting and the reply (see Minute 2 above).

Resolved -

- (1) That the report be noted;
- (2) That further information on how access to Primary Care was developing be requested to be submitted to a future meeting of the Board or to the Council's Adult Social Care, Children's Services and Education Committee as the Health Overview and Scrutiny Committee.

8. HEALTHWATCH READING ANNUAL REPORT 2020/21

Mandeep Bains submitted the 2020/21 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2020/21.

The report explained who Healthwatch Reading were, set out highlights from the year, and detailed how Healthwatch had responded to the Covid-19 pandemic, including:

- Supporting asylum seekers placed in a Reading hotel and writing a report on their experiences
- Running targeted Zoom sessions about Covid vaccinations
- Carrying out a Lockdown 1 Survey

It gave details of how Healthwatch had provided people with information, advice and advocacy, striving to provide advocacy in challenging times.

The report also set out how Healthwatch had worked hard to influence the shape of future health and care services, including:

- Holding Reading focus groups to inform a new Berkshire West Health and Wellbeing Strategy
- Contributing to a five-borough Healthwatch-led review of health inequalities
- Responding with other local Healthwatch to Care Quality Commission plans on future regulation
- Jointly responding with other local Healthwatch to NHS England plans for integrated care systems
- Jointly responding with other local Healthwatch to government plans for A&E targets.

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

The report also gave details of Healthwatch Reading's finances, and set out its priorities for 2021/22:

- Understanding access to GPs as we move out of pandemic restrictions
- Ensuring people's voices are heard as commissioners focus on health inequalities
- Launching a hospital discharge experience project to see if services join up for people

Resolved -

- (1) That the report be noted;
- (2) That the Health and Wellbeing Board's thanks to the Healthwatch Reading team for their hard work, flexibility and responsiveness be recorded and passed to the team.

9. UPDATE REPORT ON THE BREATHING SPACE (MENTAL HEALTH CRISIS CAFÉ) FOR BERKSHIRE WEST

Further to Minute 7 of the meeting on 9 October 2020, Nicki Cartwright submitted a report giving an update on the progress made in setting up a Breathing Space (Mental Health Crisis Café) in Berkshire West and the services that would be offered.

The report explained that the review of mental health crisis services, which had been carried out from July 2019 to March 2020 and reported to the Board on 9 October 2020, had recommended setting up a Breathing Space for people in mental health crisis and the report set out why the service was needed.

The Breathing Space had been co-designed in partnership with people who would use the service and with the support and advice of Mental Health professionals. A service specification for the pilot site of the Breathing Space service had been drafted and approved and the procurement process had been completed in May 2021, with the contract being awarded to Together for Mental Wellbeing, a national charity which Berkshire West CCG already commissioned to provide local services at Berkshire West Your Way, working alongside people with mental health issues to help them lead fulfilling and independent lives.

The contract would start at the end of July 2021, premises had been obtained in Friar Street and the provider was furnishing them; it was reported at the meeting that the service would be opening at the end of September 2021.

'The Breathing Space' would be open each Friday to Monday in the evening (5pm - 11pm) including bank holidays, offering short term crisis support to people who had been advised to attend by a professional or who wanted to get in touch directly. It would provide a safe, supportive, inclusive and homely environment where people could talk to others who had had mental health problems and gain support by sharing their experiences.

The Breathing Space was for all adult residents of the three local authorities in Berkshire West, who were registered with a Berkshire West GP. There was, however, a 'no wrong door approach' to access, which meant that any young person (under 18) accessing the service would be offered immediate support according to operational protocols and signposted to appropriate Children and Young Person's services.

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

There would be a minimum of three non-clinical staff at the premises at all times, including a Team Leader and two Peer support workers. The service would be open to and encourage additional volunteers. The staff would have direct access to Crisis Line and Mental Health Practitioners at Berkshire Healthcare Foundation Trust (BHFT) and this post was currently being recruited by BHFT and should be operational by September 2021. BHFT were supporting the provider with the setup of the service and arranging the necessary joint working and to access clinical notes and support, including managing of risk.

The model would use a recovery approach, which encouraged self-care and well-being. It would offer 1:1 therapeutic support for all service users including a digital offer for remote areas. There would be refreshments available, and people could also use the space to have a break from the outside world when all became too much, with volunteer peer supporters, who had all had their own experiences of mental health crisis, available for support and to listen.

Visitors would be helped to access community resources such as the recovery colleges or secondary care mental health services, and it was hoped the service would provide better and timely support for people experiencing mental distress, as well as help ease pressure on the hospital's Emergency Department and other emergency services.

The CCG would collect and use qualitative feedback and quantitative reports to improve the service and understand the impact it was having on the wider crisis response and the demography and social make-up of people accessing the space, to aid future planning and interventions. The aim was to support a 15% reduction in urgent mental health.

Resolved - That the report be noted.

10. CQC READING LOCAL SYSTEM REVIEW (JANUARY 2019) - ACTION PLAN CLOSURE

Melissa Wise presented a report which explained that the Care Quality Commission (CQC) had led a Local System Review across Health and Social Care system in Reading during October 2018. The focus of the Review had been on services for older people 65 and over. Progress on the resulting Action Plan, produced in January 2019, had been reported previously to the Health and Wellbeing Board and the actions agreed with system partners had been completed and the Action Plan was now closed.

The final update would be submitted to the Department of Health & Social Care with a recommendation to close the CQC Action Plan, which was attached at Appendix 1 to the report.

Resolved -

- (1) That it be noted that the actions identified from the CQC System Review had been completed;
- (2) That it be noted that the final System Action Plan would be sent to the Department of Health & Social Care with a recommendation that the review be closed.

11. ICP UNIFIED EXECUTIVE - JUNE CHAIR'S REPORT

Andy Ciecielski presented a report on a new standing item for the Board, giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the most recent meeting of the Unified Executive, held on 10 June 2021.

The report addressed the following key points:

- Update from BOB ICS System Leader's Group
- ICP Priorities 2021/22
- Future Development of Place

Resolved - That the report be noted.

12. BETTER CARE FUND 2020/21 END OF YEAR RETURN

Bev Nicholson submitted a report outlining the progress made and assurance of spend in respect of the Better Care Fund (BCF) 2020/21 in the form of an End of Year Return. The report provided assurance that the BCF National Conditions had been met in respect of the BCF funding and the return had been submitted in line with the deadline of 24 May 2021.

The report stated that the Executive Director of Adult Social Care and Health, Seona Douglas, in consultation with the Lead Member for Health, Wellbeing and Sport, Cllr Graeme Hoskin (Chair of the Reading Health and Wellbeing Board) had approved the return on behalf of the Reading Health and Wellbeing Board and it had been submitted by the deadline.

The Better Care Fund End of Year return for the period from 1 March 2020 to 31 March 2021 was attached at Appendix 1.

Resolved -

- (1) That the contents of the End of Year Return for Better Care Fund 202/21 and the compliance with the BCF National Conditions be noted;
- (2) That it be noted that the return had been formally signed off and submitted by the deadline of 24 May 2021.

13. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets for the financial year so far. The Reading Integration Board (RIB) Programme Plan, signed off at the RIB meeting on 16 June 2021, was appended for information.

The report gave details of the four national BCF targets and explained that the targets had been met in all but the reablement target, and further details were set out in the report.

The report stated that the RIB was also keen to progress with a number of Health Inequalities-focused projects in addition to the existing schemes funded through the

READING HEALTH & WELLBEING BOARD MINUTES - 16 JULY 2021

BCF. A working group had been formed to identify three to four projects that would be supported by the Integration Board and feed into the wider Health and Wellbeing Board, Integrated Care Partnership (ICP) and Integrated Care System (ICS) priorities.

A Voluntary Care Sector Forum had also commenced, in collaboration with Reading Voluntary Action, to enable the voluntary sector to engage with the ongoing development of the Reading Integration Programme and the Health Inequalities-focused projects.

Resolved - That the report and progress be noted.

14. HEALTH AND WELLBEING DASHBOARD - JULY 2021

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

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

The report explained that the Health and Wellbeing Dashboard would be reviewed in future to reflect the priorities in the new 2021-2030 Health and Wellbeing Strategy, following completion of the consultation period in August 2021.

Resolved - That the report be noted.

15. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 8 October 2021.

(The meeting started at 2.00pm and closed at 5.05pm)

Agenda Item 7

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES - EDUCATION, EARLY HELP AND SOCIAL CARE

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	20 OCTOBER 2021	AGENDA ITEM:	
TITLE:	READING YOUTH COUNCIL CONSTITUTION		
LEAD COUNCILLOR:	CLLR LIZ TERRY	PORTFOLIO:	CHILDREN
SERVICE:	BRIGHTER FUTURES FOR CHILDREN	WARDS:	BOROUGHWIDE
LEAD OFFICER:	GINA CARPENTER	TEL:	
JOB TITLE:	SERVICE MANAGER - EARLY HELP	E-MAIL:	gina.carpenter@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 1.1 Reading Youth Council Constitution 2020 -2023

The purpose of the Reading Youth Council Constitution report is to provide an update on how the Youth Council operates in Reading. It provides an overview on how the Youth Council is run and the various roles and responsibilities of different positions within the Youth Council.

The Youth Council are seeking endorsement from Brighter Futures for Children and Reading Borough Council and to be used to further promote the Youth Council across Reading.

The Reading Youth Council Constitution will inform future recruitment, to ensure a wide representation of young people. The Reading Youth Council constitution is a three-year working document. Future reviews coincide with the planned changes of leadership in the Youth Council.

2. RECOMMENDED ACTION

2.1 That the updated Youth Council Constitution and planned recruitment campaigns across Reading schools be endorsed.

3. POLICY CONTEXT

3.1 There is no statutory requirement to deliver a youth council, but it is recognised as best practice to engage children and young people in the design and delivery of services.

4. THE PROPOSAL

4.1 **Current Position:** The reviewed constitution clarifies the roles, responsibilities and associated procedures of Reading Youth Council.

4.2 Options Proposed An updated constitution that clarifies all the above in line with the British Youth Council recommendations

4.3 Other Options Considered: No other options considered.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The purpose of this section is to ensure that proposals contained in reports support the Council's vision and Corporate Plan priorities:

Reading Borough Council's vision is:

To help Reading realise its potential - and to ensure that everyone who lives and works here can share the benefits of its success.

5.2 Explain how your recommendations contribute to the Corporate Plan Themes:

Healthy environment

- Does it make it easy for people to play their part through the choices they make about their home, their transport and their waste?
- Does it play a part in tackling climate change and working towards our goal of a carbon neutral town by 2030?
- Does it increase investments in green infrastructure?

Reading Youth Council often has green issues as one of their priorities over the year.

Thriving Communities

- Does it tackle inequality in our society, to ensure everyone has an equal chance to thrive whatever their economic, social, cultural, ethnic or religious background?
- Does it build relationships and strengthen the capacity and resilience of the voluntary and community sector?
- Does it prioritise the needs of the most marginalised groups and the most vulnerable adults and children in our communities?
- Does it tackle the effects of the pandemic, such as increased unemployment, long term health problems, mental health issues and social isolation?

Reading Youth Council had mental health as one of its priorities last year.

Inclusive economy

- Does it create education, skills and training opportunities?
- Does it invest in key infrastructure to keep Reading at the forefront of advances in technology?
- Does it build on Reading's cultural heritage to enhance our tourist industry, creating an amazing place for people to enjoy?

Does not apply.

5.3 Full details of the Council's [Corporate Plan](#) are available on the website and include information on the projects which will deliver these priorities.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There are no environmental and climate implications regarding this decision.

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 The Youth Council members were fully involved in the developing and revision of the constitution.

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 the decision

9. LEGAL IMPLICATIONS

- 9.1. Does not apply.

10. FINANCIAL IMPLICATIONS

- 10.1 *See and use attached template. State here:*
 - *the agreed budget provision - revenue and capital - how much and when agreed*
 - *how the proposal offers value for money - NB - THIS MUST BE INCLUDED*
 - *your risk assessment of key financial risks*

11. BACKGROUND PAPERS

- 11.1 There are no background papers.

**READING BOROUGH COUNCIL
REPORT TEMPLATE**

FINANCIAL IMPLICATIONS

The financial implications arising from the proposals set out in this report are set out below:-

1. Revenue Implications

Use this Table in the report or as an Appendix to set out the revenue implications:

	2021/22 £000	2022/23 £000	2023/24 £000
Employee costs (see note1)			
Other running costs			
Capital financings costs			
Expenditure			
Income from:			
Fees and charges (see note2)			
Grant funding (specify)			
Other income			
Total Income			
Net Cost(+)/saving (-)			

The net cost of the proposal can be funded from (specify service and approved cost centre budget).

Note 1: Specifying any one off early retirement and redundancy costs. With regard to early retirement costs set out capitalised pension cost and pay back period in a separate paragraph.

Note 2: In a separate table/appendix set out detailed fees and charges proposals and sensitivity analysis.

2. Capital Implications

Capital Programme reference from budget book: page line	2021/22 £000	2022/23 £000	2023/24 £000
Proposed Capital Expenditure			
Funded by			
Grant (specify)			
Section 106 (specify)			
Other services			
Capital Receipts/Borrowing			
Total Funding			

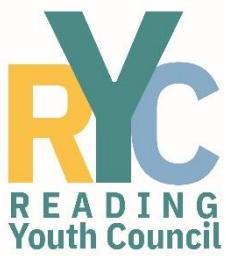
Note: where more than one option /proposal is being made it may be easier to set out the above information in an Appendix.

3. Value for Money (VFM)

Given the continuing need to demonstrate VFM please include evidence that the proposal offers VFM (e.g benchmarking data)

4. Risk Assessment.

Include relevant comments around any key financial risks associated with the proposal(s)



Reading Youth Council

Constitution

2020-2023

SUMMARY

OWNER

Reading Youth Council

VERSION

Version 1

DATE

October 2020

© Brighter Futures for Children

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

Company number 11293709

1.	Role of Reading Youth Council
2	Membership
3	Social Networking
	Expectations of members online
	Use of social media in campaigning
	The Reading Youth Council social media platform and Brighter Futures for Children
4	Political Views
5	Equalities Policy
6	Roles and Structure
	Reading Youth Council Executive Roles
	Reading Youth Council Officer Roles
	Reading Youth Council Campaign roles
7	Procedures
	Absence of key figures
	Invitation of external guests
	Voting on issues within meetings
	Grievances
8	Elections
	Internal Elections
	External Elections
9	Budget
10	Code of Conduct
	Signatures

1 Role of Reading Youth Council

Reading Youth Council is a strong elected voice, representing the young people of Reading. It is a very effective way for young people to communicate with decisions makers, to have their say and have influence on decisions which affect them and other young people.

1.1 The purpose of Youth Council is to:

- Be a strong elected voice for the young people of Reading
- To facilitate access to contact with elected officials and organisations

1.2 The role of the Youth Council is to:

- Take part in and planning the delivery of services for young people.
- Consult and influence decision makers
- Consult young people across Reading

1.3 The role of the support staff is to:

- Facilitate each meeting and provide resources where necessary
- Help organise events planned by the Reading Youth Council.
- To help answer any questions regarding British Youth Council or Brighter Futures for Children.
- To manage the external election process
- To offer ongoing advice and guidance to members of the Reading Youth Council

1.4 The role of Youth Council within Brighter Futures for Children:

- To report any information which may be useful in delivering services for Brighter Futures for Children.
- To discuss and update the Director of Children's Services members of Brighter Futures for Children Board and other professionals with information when requested.

2 Membership

2.1 Reading Youth Council will have an upper limit of 30 members

2.2 Reading Youth Council is open to all people ages 11-18 who live or go to school in the Borough of Reading

2.3 Members must be between 11 and 18 in January following election

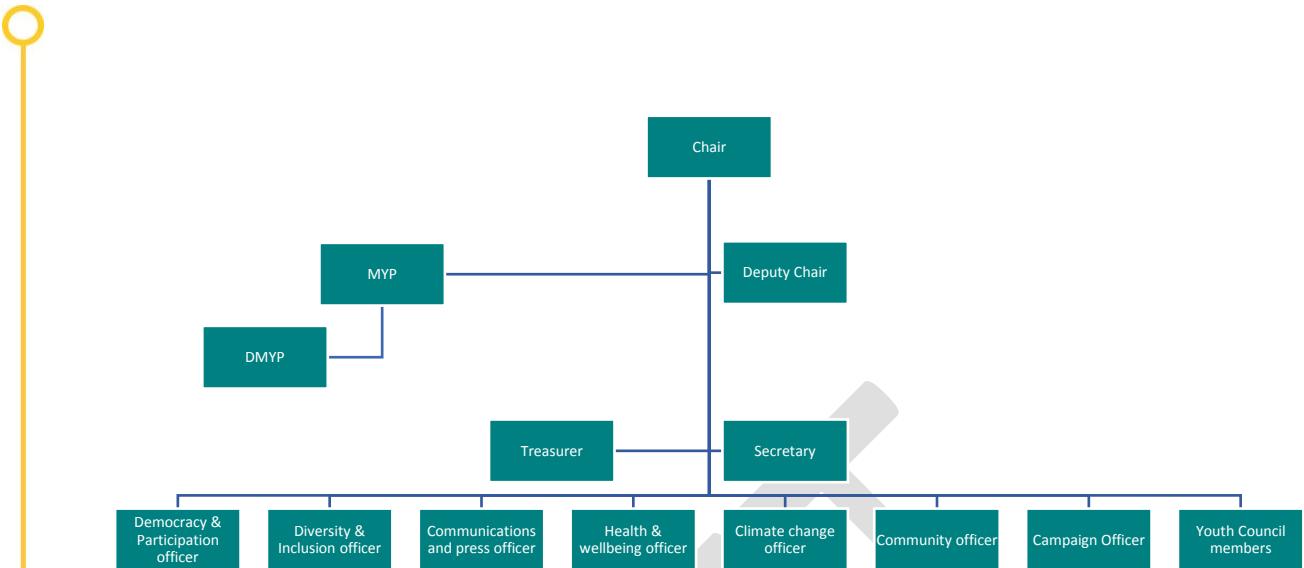
2.4 Members are elected for a 2-year period.

2.5 If further involvement is so desired, members can stand for re-election after their 2-year term.

2.6 Every member is to engage actively and consistently, within meetings.

2.7 If membership is required to be terminated early, a request should be sent to the Chair in written form.

3 Structure and Roles



3.1 Reading Youth Council Executive Roles

3.1.1 Chair of the Reading Youth Council

Responsible for:

- the effective running of the Reading Youth Council
- creating the agenda and ensuring meetings are organised
- ensuring all members participate and are given equal opportunities
- liaising with all members and staff about Reading Youth Council matters

3.1.2 Deputy Chair of the Reading Youth Council

Responsible for:

- ensuring other role members effectively carry out their responsibilities
- aiding the Chair with their responsibilities
- standing in for the Chair during absences

3.1.3 Treasurer of the Reading Youth Council

Responsible for:

- liaising with campaign coordinator and staff to allocate the budget fairly
- ensuring the budget is spent responsibly by minimising expenditure
- maintaining a clear record of all expenditure
- developing fundraising initiatives
- liaising with all members and staff about Reading Youth Council matters

3.1.4 Secretary of the Reading Youth Council

Responsible for:

- recording and distributing the minutes to all members
- measuring the impact of RYC campaigns in partnership with the campaign coordinator
- writing emails to visitors and outside agencies

3.1.5 Member of Youth Parliament (MYP)

Responsible for:

- upholding the roles and duties outlined by British Youth Council

3.1.6 Deputy Member of Youth Parliament (DMYP)

Responsible for:

- Supporting the MYP in their role as outlined above

3.2 Reading Youth Council Officer Roles

3.2.2 Democracy and Participation Officer

Responsible for:

- encouraging participation in Reading Youth Council campaigns, events and Make Your Mark
- liaising with Councillors to promote views important to young people
- ensuring the election process is democratic and fair

3.2.3 Diversity and Inclusion Officer

Responsible for:

- ensuring that members reflect the population demographic (encouraging underrepresented groups to stand for election)
- encouraging discussion and debate within the meetings
- ensuring that the views of young people are reflected in Reading Youth Council work and that everyone's ideas are listened too

3.2.4 Communications and Press Officer

Responsible for:

- managing Reading Youth Council social media
- writing press releases
- ensuring the Reading Youth Council projects are inclusive and reflective of young people's views

3.2.5 Health and Wellbeing Officer

Responsible for:

- promoting the health and wellbeing related interests of the young people of Reading
- liaising with health and wellbeing groups in Reading to this end
- helping to voice widespread health concerns for young people in Reading

3.2.6 Climate Change Officer

Responsible for:

- Promoting environmentally friendly initiatives
- Conversing with organisations in Reading on climate positive policy.

3.2.7 Community Officer

Responsible for:

- Community reach out
- Getting in contact with listed individuals and guests.
- Understanding and using information compiled from the general population of Reading.

3.3 Reading Youth Council Campaign Roles

3.3.2 Campaign Coordinator

Responsible for:

- coordinating campaign planning
- ensuring that everyone in the campaign groups is contributing
- setting and meeting achievable campaign goals
- reporting on progress to the Chair

There will be one campaign coordinator per campaign each year.

4 Social Networking

4.1 Use of social media in campaigning

- 4.1.2 Members personal accounts are not required to have a neutral political stance but cannot use Brighter Futures for Children or Reading Youth Council to espouse their views.
- 4.1.3 The official social media accounts of Youth Council should be run by the Press Officer, MYP and Chair always combined and overseen by support staff.
- 4.1.4 The passwords for the social media accounts should be kept in a secure document, which should be kept by the MYP and press officer and passed onto the next MYP and press officer once a new one is elected.
- 4.1.5 Before a post is submitted, the Youth Council should be given a brief statement as to the content and type of post.
- 4.1.6 If a post is requested by the Youth Council, then the Press Officer is required to write up a release.

4.2 The Youth Council social media platform and Brighter Futures for Children

- 4.2.2 Reading Youth Council may request a post to the Brighter Futures for Children social media accounts.
- 4.2.3 Brighter Futures for Children may request a change to the social media presence of Reading Youth Council, which must be discussed and voted upon by Reading Youth Council before being accepted or rejected with relevant reasoning.
- 4.2.4 Brighter Futures for Children youth workers have a responsibility to safeguard all members of Reading Youth Council online and may be required to contribute to any online activity if deemed necessary.

4.3 Expectations of members online

- 4.3.2 Members are expected to be tolerant and respectful while online.
- 4.3.3 Members who are in executive positions should have social media platforms on:
 - Twitter
 - Instagram
 - Facebook
- 4.3.4 Members are encouraged to actively use social media if they have consent from their parents to do so
- 4.3.5 Members personal accounts are not required to have a neutral political stance but cannot use Brighter Futures for Children or Reading Youth Council to espouse their views.

5 Political Views

- 5.1 Reading Youth Council, in line with British Youth Council, must present as neutral on political issues.
- 5.2 Members cannot use Reading Youth Council to represent political views so as to not exclude members from across the spectrum.
- 5.3 Members should withhold personal and political views within the Reading Youth Council.

6 Equalities Policy

- 6.1 Reading Youth Council promotes that everyone, irrespective of background, should be allowed a voice and representation within Youth Council.
- 6.2 This includes:
 - Building anti- discriminatory structures into our systems.
 - Free speech for all members.
 - Work towards reducing hatred and discrimination across Reading
 - Allowed me to be more accepting of past situations and grow in confidence for the future.

7 Procedures

7.1 Meetings

- 7.1.1 Meetings will occur fortnightly during term time.
- 7.1.2 If additional meetings must be scheduled, the Chair should arrange this either online or in person.
- 7.1.3 If a guest is invited, they will be allowed to voice opinions and observe the meeting processes but will not have voting rights.

7.2 Attendance

- 7.2.1 If a member is unable to attend, must leave early or must leave late, then this must be informed to the Secretary (see 2.4).
 - If a member is consistently late, then an email will be sent asking for an appropriate explanation.
 - If it is an issue with timing, they will be caught up during meetings and if this is a widespread issue, timings may be adjusted accordingly
- 7.2.2 If sufficient notice, which means at any point before the meeting, is given then non-attendance is acceptable.
- 7.2.3 If a person is unable to attend consistently and does not give notice or reason for not attending meetings the procedure will be as follows:
 - If they miss three meetings with no prior information, they will be sent an email by the Chair.
 - If this email is ignored, a meeting will be set up to talk to the member to give them the opportunity to explain.
 - If no explanation or involvement is given, then they will be terminated formally via an email from the Chair.
- 7.2.4 Members may take leave from Reading Youth Council if they give reason for doing so.
 - If they miss three meetings with no prior information, they will be sent an email by the Chair.

- If this email is ignored, a meeting will be set up to talk to the member to give them the opportunity to explain.
- If no explanation or involvement is given, then they will be terminated formally via an email from the Chair.

7.2.5 Members may take leave from Reading Youth Council if they give reason for doing so.

7.2.6 If a member would like to leave, then the Secretary and Chair should receive written confirmation of this, which they should respond to.

7.3 Absence of key figures

7.3.1 When there is an occasion where certain key members are not present, then each of the key members have separate protocol that is to be followed.

7.3.2 If there is an absence of the Chair:

- The Deputy Chair will chair the meeting.
- If the Deputy Chair is unavailable, then there will be a temporary Chair that will be appointed and will set up the agenda for the meeting once given adequate information.
- Where possible, notice of absence for the chair and deputy chair should be given 24 hours prior to a meeting to ensure there is adequate leadership in place

7.3.3 If there is an absence of the Secretary, then a temporary Secretary will be appointed to record and send minutes after the meeting.

7.3.4 If the MYP is unable to attend:

- The DMYP will inform us of activities either they or the MYP have taken part in.
- If unable to attend, then the DMYP/MYP will have to send adequate information to update the Youth Council on their activities.

7.3.5 If the Treasurer is not present, then:

- The treasurer should provide any appropriate updates regarding the budget.
- The Chair will read such updates.

7.4 Invitation of external guests

7.4.1 If a member would like to invite an external guest, then the following procedure should occur:

- The member should send an email to both the Chair and the support staff in attendance, requesting an invitation from a guest and explain the purpose.
- If this invitation is granted, then they should continue in communications while using the CC function in email for the Youth Worker in attendance for safeguarding purposes.
- If a date is finalised, the secretary and the Chair should be informed, and it should be integrated into meetings.

7.4.2 If a Youth Worker is approached by a guest, then the Chair should be informed via email. Confirmation should be given by the Chair to make sure the meeting is free.

7.5 Voting on issues within meetings.

7.5.1 *Note: This is separate from elections* If there is an issue to be voted upon within Reading Youth Council meetings in person then the following procedure is to be used:

- Heads will be put down and a show of hands requested for the solutions to the issue.
- From this show of hands, a count will be done, and the most popular solution considered.

7.5.2 If there is an issue to be voted upon within Reading Youth Council meetings online then:

- The members must type their agreement/disagreement in a chat box or verbalise it if access is not possible.

- 7.5.3** There should be an expectation of a quorum of 50% of the Reading Youth Council is present at any given time, in order to make sure voting is fair and unbiased.
- 7.5.4** In the event of a tie, the Chair will intervene and decide. If a member would like to leave, then the Secretary and Chair should receive written confirmation of this, which they should respond to.

7.6 Grievances

- 7.6.1** If a member of Reading Youth Council has a concern or grievance they would like to air, then an email should be sent to the Chair and, if preferred, a meeting could be set up.
- 7.6.2** This should then be given consideration by the Chair.
- 7.6.3** If this is of serious concern, then Youth Worker must be informed, and further action will be taken.
- 7.6.4** If the grievance is minor, then it should be informed to the Chair to be rectified immediately and added to appropriate protocol.

8 Elections

8.1 Timeline

February	External Elections Make your Mark ballot
March	Internal elections and election of Reading MYP
March to December	Campaign work Build up to conference
January	Annual conference

8.2 External Elections

- 8.2.1** External elections take place annually.
- 8.2.2** Any young person over the age of 11 and under the age of 19, who lives, is educated, or is employed within the boundaries of Reading Borough Council's area of authority, may vote in the annual elections that take place in December.
- 8.2.3** Running for previous elections unsuccessfully does not disqualify a young person from running again.
- 8.2.4** During elections, candidates register to run to represent their school.
- 8.2.5** Candidates may also stand as independents, representing community groups (for example, Young Carers, LGBTQ+, Faith groups, Cultural communities etc).
- 8.2.6** Candidates will be required to write a manifesto outlining their reasons to be elected, which will be published on ballot papers
- 8.2.7** Votes are counted by Youth Workers rather than Reading Youth Council members to ensure fairness.
- 8.2.8** There is an upper limit of 30 members. The terms for each of these members is 2 years from the date of election onwards.

8.3 Internal Elections

- 8.3.1** Internal elections take place with every new intake of members to the Reading Youth Council.
- 8.3.2** Every role listed above in "Reading Youth Council Officer Roles" and "Reading Youth Council Executive Roles" is voted on by elected Reading Youth Council members

- 8.3.3** Both the MYP and the Deputy MYP must be an elected member of the Youth Council.
- 8.3.4** Voting is done democratically with a space for a one-minute speech of each candidate per role before any voting takes place.
- 8.3.5** Voting is taken by secret ballot
- 8.3.6** Members may run for multiple roles at once, but if elected to more than one role, they may only choose one role to take on.
- 8.3.7** Should there be roles unfulfilled, or officers resigned during their term of office, a bi-election can be held.
- 8.3.8** Internal elections require at least 50% of the Reading Youth Council to be present before a vote is made.

9 Budget

9.1 Projected Budget

An estimated maximum budget is laid out as follows; this is subject to change within each year and at reviewed each financial year.

	Estimated annual cost
United Kingdom Youth Parliament & British Youth Council Incorporating annual fees and travel to venues for annual sitting, annual conference, regional meetings.	£1250
Annual conference costs Incorporating catering and venue hire and printing costs	£2000
Annual venue hire Based on hiring RISC for 3 hours a fortnight over 21 weeks	£700
Elections To cover printing, publicity, and other sundries towards external elections	£500
Campaigns Split evenly between each	£2400
Activities To be used for team building activities when each newly elected group begins	£1000
Contingency To be used in case of emergency in campaign or activities work	£250
TOTAL PER YEAR	£8100

9.2 Use of budget

- 9.2.1** The budget is available to be requested rather than open to be used immediately according to our wishes.
- 9.2.2** 10% of the activities and campaign work budget should be kept separately as a contingency fund.
- 9.2.3** Any major spending should be voted on by the Reading Youth Council when at least 50% of the members are present to ensure fairness.
- 9.2.4** The budget can also be used for projects spanning multiple campaigns or the entirety of the Reading Youth council if approved by a vote.
- 9.2.5** If a percentage of the budget is used for projects spanning multiple projects or the entirety of the Reading Youth Council, then the money diverted from campaign work should be taken from each of the three campaigns equally to ensure fairness.

10 Code of Conduct

The members of Reading Youth Council are always expected to follow these agreed ground rules and codes of conduct.

- 10.1 Responding to communication by the given deadline
- 10.2 Respecting other members of the Reading Youth Council as well as visitors
- 10.3 Listening to other people's ideas without silencing contribution
- 10.4 Treating the interests of every school equally
- 10.5 Limiting phone use, unless relevant
- 10.6 Upholding a degree of formality
- 10.7 Using valuable meeting time productively
- 10.8 Upholding punctuality and starting meetings on time
- 10.9 Alerting either the support staff, Chair or the secretaries of absence via email or WhatsApp
- 10.10 Respecting other meetings taking place in the building.
- 10.11 Keep yourself muted when you are not speaking online.
- 10.12 Members should be encouraged to take part in discussions.
- 10.13 Members should not attend meetings without support staff to maintain safety at all times.
- 10.14 Safeguarding the brand of Reading Youth Council within meetings and outside of meetings.
- 10.15 Using appropriate language within meetings
- 10.16 Members must ensure they are always representing the views of all children and young people in Reading

Signatories

Chair of Reading Youth Council (2021)

Deputy Chair of Reading Youth Council (2021)

Member of Youth Parliament (2021)

Endorsement

Executive Director of Children's Services

Social Care, Education and Early Help

Date: _____ / _____ / _____

Lead Member for Children's Services

Date: _____ / _____ / _____

This constitution will be reviewed every three years

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Agenda Item 8

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES - EDUCATION, EARLY HELP AND SOCIAL CARE

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	20 OCTOER 2021	AGENDA ITEM:	
TITLE:	PARTICIPATION OF CHILDREN LOOKED AFTER AND CARE LEAVERS INTO EDUCATION, EMPLOYMENT AND TRAINING (EET)		
LEAD COUNCILLOR:	COUNCILLOR PEARCE	PORTFOLIO:	EDUCATION
SERVICE:	EDUCATION	WARDS:	BOROUGHWIDE
LEAD OFFICER:	CLARE MARTIN, MAB AKTHER, KAYON MORRIS-JOHNSON	TEL:	
JOB TITLE:	TEAM MANAGER	E-MAIL:	clare.martin@brighterfuturesforchildren.org

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The report focuses on services being provided by Leaving Care, the Virtual School and the Elevate team within Brighter Futures for Children to children looked after (CLA) and care leavers (CL). The report provides an overview of the current picture of children looked after and care leavers aged 16-25 years, who have engaged in positive outcomes in education, employment and training.
- 1.2 There report evidences the work and developments that have achieved reductions in relation to the previously high numbers of vulnerable young people not participating education, employment and training (NEET).
- 1.3 The report explains how developing a high-quality support service that young people can readily access will further encourage and support positive participation into good quality education, employment and training outcomes which in turn will enable young people to live happier, healthier and more successful lives.

2. RECOMMENDED ACTION

- 2.1. That the contents of the report and what more the Council might do to provide opportunities for the young people of Reading in relation to training and work be considered.

3. POLICY CONTEXT

- 3.1 Children and young people who are looked after generally do less well than their non looked after counterparts in relation to educational achievement, training opportunities and positive employment.
- 3.2 A large proportion of young people who are NEET have no formal qualifications or fewer than 5 GCSEs at grade 4 pass level. Care leavers do not always want to continue with education and are entering low level jobs that offer no training, are temporary and in the sectors that have been badly hit by the Covid-19 pandemic in hospitality and retail. A direct consequence of being in low paid work is job insecurity and when young people are in and out of jobs their chances of career progression is reduced.
- 3.3 As Corporate Parents it is incumbent on us to make sure we are having a consistent and impactful focus and support available to improve the life chances of our young people.

4. CURRENT POSITION

- 4.1 There has been much focus on providing a more robust and targeted support to young people in our care to prevent them becoming NEET or to support them to stop being NEET. The aim is to offer a range of training opportunities that combine qualifications with work experience, for example a construction course delivered by the charity New Meaning (Tool Shed). We are expanding our communication and support so that young people know, about the options and choices outside the college or school environment to enable them to achieve qualifications and experiences.
- 4.2 As part of this offer, we are continuing to build and maintain regular communication and promoting local opportunities to encourage and enable social workers, leaving care advisers, placement providers and foster carers, support staff to actively promote local provision to young people. Learning and Training providers need to be accountable on ensuring that good quality provision is delivered to young people, ensuring that young people successfully achieve sustained positive outcomes.
- 4.3 We have a growing number of Unaccompanied Asylum Seeking Children (UASC) in Reading who need support with their career planning and further help to fast-track them onto ESOL programmes. We are working with further education providers and other employability programmes to encourage them to support these young people's future career aspirations and progression.
- 4.4 Young people sometimes move placements - so it is important that there is a more advanced Education, Employment and Training (EET) plan to support those young people moving placements and still needing transition support to their new EET placement thus ensuring greater coordination of placement planning in line with EET opportunities. This will allow for young people to successfully progress and sustain their education, employment and training opportunities.
- 4.5 There has been a very positive and continued take-up of care leavers going to study at University. The future focus is to both grow these numbers and support university retention. To help grow future demand, supporting programmes such as 'Study Higher', a partnership of higher education institutions (universities) and further education colleges will be offered alongside increasing university mentoring programmes such as Spring Forward and targeting secondary age students by raising awareness and actively promoting university open days and alternative viable Post 16 options.
- 4.6 Another key focus is identifying the reasons for the dropout rates from Further Education (FE). Many young people who are now NEET had been enrolled on a full time FE course

which they were not able to sustain for longer than 3 months. In order to support these young people, the Post 16 networking group is being re-started, bringing together a network of partners - training /learning providers, further education, support agencies/networks and employers, to work together to offer opportunities to young people in Reading. Each provider will bring something unique to the network, enabling us to build a strong offer of a range of opportunities and support for young people. 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.

- 4.7 History of illness, ill mental health, complex SEND needs are sometimes evident in young people's inability to communicate and wish to avoid professionals. Substance misuse and unstable/ unsupportive living circumstances also play a role in young people's readiness to engage in EET activities. We promote re-engagement opportunities to young people that are not ready to access work or formal training. For example, we have commissioned LAS Mindset, a local company that offers mentoring and one-to-one personal training in the gym. Starting Point also matches mentors who focus on building young people's confidence, self-esteem, offering them social and skills building sessions. Social Workers can make referrals to the Virtual School Emotional Health and Wellbeing Triage Support Group.
- 4.8 Having a criminal record is a significant barrier and limits access to EET opportunities including access to FE and training providers due to risk of reoffending or legally young people are not permitted to work in certain geographical areas or industries. Elevate has a careers coach based at the Young Offending Service (YOS) which works with YOS officers to engage young people, including children looked after and care leavers into EET.
- 4.9 Pregnancy/ Parental responsibility for most young people means that they are not available for work by their own choice or their circumstances are not enabling them to be flexible when looking for work/training opportunities. Leaving care advisers refer young parents who are career planning or ready to work into the Elevate service for advice and support.
- 4.10 Children looked after and care leavers who are residents out of Reading do not have consistent careers support as many other local authorities have very limited NEET services which often excludes care leavers. Elevate researches the local provision for young people who need more "hands on support" e.g. filling in application forms, accompanying young people to visit employers and training providers. We aim to continue to offer a virtual information and guidance session to each young person and have started working with Resume Foundation, whose job coaches can virtually support young people into EET. This virtual career offer will help to support care leavers and children looked after, who are based outside of the Reading area, and enable them to take-up EET opportunities.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:
1. Securing the economic success of Reading and provision of job opportunities
 2. To protect and enhance the lives of vulnerable adults and children
 3. Ensuring that there are good education, leisure and cultural opportunities for people in Reading

5.2 State here how the decision contributes to the Council's strategic aims. The strategic aims are:

- To reduce the NEET position in Reading/living out of Reading for CLA and Care Leavers
- To support Reading in securing economic success by increasing EET opportunities for Young People
- To protect and enhance the lives of vulnerable young people

5.3 Also state any contributions made to the following:

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Not applicable

7. EQUALITY IMPACT ASSESSMENT

7.1 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.

READING BOROUGH COUNCIL
REPORT TEMPLATE

FINANCIAL IMPLICATIONS

The financial implications arising from the proposals set out in this report are set out below:-

1. Revenue Implications

Use this Table in the report or as an Appendix to set out the revenue implications:

	2018/19 £000	2019/20 £000	2020/21 £000
Employee costs (see note1)			
Other running costs			
Capital financings costs			
Expenditure			
Income from:			
Fees and charges (see note2)			
Grant funding (specify)			
Other income			
Total Income			
Net Cost(+)/saving (-)			

The net cost of the proposal can be funded from (specify service and approved cost centre budget).

Note 1: Specifying any one off early retirement and redundancy costs. With regard to early retirement costs set out capitalised pension cost and pay back period in a separate paragraph.

Note 2: In a separate table/appendix set out detailed fees and charges proposals and sensitivity analysis.

2. Capital Implications

Capital Programme reference from budget book: page line	2018/19 £000	2019/20 £000	2020/21 £000
Proposed Capital Expenditure			
Funded by Grant (specify) Section 106 (specify) Other services Capital Receipts/Borrowing			
Total Funding			

Note: where more than one option /proposal is being made it may be easier to set out the above information in an Appendix.

3. Value for Money (VFM)

Given the continuing need to demonstrate VFM please include evidence that the proposal offers VFM (e.g benchmarking data)

4. Risk Assessment.

Include relevant comments around any key financial risks associated with the proposal(s)



Participation of Children Looked After and Care Leavers into Education, Employment and Training (EET)

August 2021

SUMMARY

This report provides information to ACE Committee about the current picture of Children Looked After and Care Leavers in education, employment and training (EET) and evidences the support available to those who are not in education, employment or training (NEET) or at risk of NEET.

OWNER

Leaving Care Team
Virtual School
Elevate Service

VERSION

2

DATE

August 2021

REVIEW DATE

August 2022

For decision

For discussion

For information

Contents

1.	Introduction and Context	3
2	Current EET and NEET Cohort	4
3.	Leaving Care Team Service Support	5
4.	Elevate Team Service Support	5-8
5.	Virtual School Service Support	8-11
4.	Conclusion and Recommendations.....	12-13

1.0 Introduction and Context

- 1.1 The responsibility for children and young people's education and training within BFfC primarily lies with; Children's Social Care, the Virtual School and the Elevate team. These services work collaboratively with children looked after and leaving care in settings such as schools, further education (FE) colleges, universities and other training providers. Elevate has a statutory responsibility for tracking, supporting and reporting all the NEET and EET children who are looked after, aged 16-18 within the Reading postcode area.
- 1.2 The report will focus on services being provided by Leaving Care, Virtual School and the Elevate team to children looked after (CLA) and care leavers (CL). The report will provide an education, employment or training overview of the current picture of children looked after and care leavers aged 16-25 years, who have engaged in positive outcomes such as education, employment and training.
- 1.3 Brighter Futures for Children has responsibility to complete key statutory duties around young people's participation and engagement in education, employment or training. The DfE have provided local authorities statutory guidance and a framework - *Participation of young people in education, employment and training* to support us in increasing EET participation and reducing the NEET numbers. This guidance is issued under sections 18 and 68(4) of the Education and Skills Act 2008 (ESA 2008) in relation to sections 10, 12 and 68 of that Act.
- 1.4 In 2019 a NEET Strategy was developed in response to BFfC and Reading Borough Council receiving Ministerial Letters regarding the concerning high NEET and Not Known numbers of young people in Reading, the NEET action plan focussed on 3 key themes:
 - Reduce the high numbers of vulnerable young people's non-participation in education, employment and training (NEET)
 - Develop a robust tracking process that will reduce the Not Knowns and increase and encourage NEET young people to reengage;
 - Develop a high-quality support service that young people can readily access that will encourage positive participation into good quality education, employment and training outcomes.
- 1.5 This report will update the progress on these three themes, and what the education, employment or training opportunities that the Post 16 children looked after and care leavers are currently accessing.

2.0 Current EET and NEET Cohort

- 2.1 The current cohort consists of young people who are age between 16- 25. This includes all of Reading's children looked after and care leavers who are resident both in and outside of the borough. The total number of care leavers in August 2021 was 217, which is based on the 5003 Mosaic Report which provides performance summary data. From this data the NEET percentages for the last 3 years, has been on a positive decline, there has been an overall 13% decrease in the NEET numbers since August 2019.

Table 1 Overall NEET figure (Based on CSC Monthly Performance Data)		
Aug 2019	August 2020	August 2021
44%	40%	31%

- 2.2 The Department of Education EET and NEET data, also reflects the local picture, showing that BFFC statutory duty for (16-17-year-olds) children looked after, and care leavers.

Table 2 16 and 17-Year olds Care Leavers EET in Reading.

	Care Leavers June 2021						
	CL	EET	EET%	Not Known	NEET	NEET & Not Known	NEET & Not Known %
England	4178	3085	74.6%	126	3.0%	1053	25.4%
South East	497	356	72.2%	21	4.3%	137	27.8%
Reading	5	5	100%	0	0.0%	0	0.0%

Published DFE Data - 30 June 2021 Performance Statutory Data

Table 3 16 and 17-Year olds Children Looked After EET in Reading.

	Children Looked After June 2021						
	CLA	EET	EET%	Not Known	NEET	NEET & Not Known	NEET & Not Known %
England	8490	6781	80.1%	227	2.7%	1453	17.2%
South East	1403	1093	78.0%	33	2.4%	275	19.6%
Reading	35	29	82.9%	0	6	0	17.1%

Published DFE Data - 30 June 2021 Performance Statutory Data

- 2.3 The above table 2 and 3 shows a breakdown of those young people recorded as a care leaver and looked after young person, as reported by the DfE. Our care leaver data shows that as of 30 June 2021 we had 100% engaged in Education, Employment and Training. With 0% NEET or Not Known. Our Looked After data shows that as of 30 June 2021 we had 82.9% engaged in EET, 0% Not Knowns and 17.1% (6 Young People) registered as NEET.

3.0 Leaving Care Team Service Support

- 3.1 The Leaving Care Team have established good practice examples of collaborative working arrangements between the Elevate Team, Virtual School and other providers to promote available EET opportunities. Also support with matching children looked after and care leavers who are NEET with these and removing barriers for young people to access opportunities and sustain EET. The Leaving Care Team Manager attends monthly NEET/EET tracking meeting alongside the Virtual School and Elevate team. We discuss every NEET young person and those at risk of becoming NEET. Solutions are identified to resolve the barriers and agree on realistic steps towards re-engagement into EET.
- 3.2 The Leaving Care Team Elevate and Virtual School are working collaboratively to identify suitable applicants for referrals to training courses or additional support from mentoring or other charities such as: Starting Point, New Meaning, Adviza's Employability programme with Thames Water, Buttle UK, Barnardo's, paid traineeships and internship programmes.
- 3.3 As a result of close collaborative working with the Elevate Team and Virtual School, has allowed the Leaving Care Team to increased number of referrals by social workers and leaving care advisers to promote EET opportunities to young people.
- 3.4 The Leaving Care Team have continued to attend and support Post 16 Personal Education Plan (PEP) meetings, this is in conjunction with the Virtual School. These have been attended by the young person , further education colleges, training providers, social workers and carers. All have been working to support the wider education and learning needs, developing the potential of young people to successfully remain in education, employment or training settings.
- 3.5 Work with the BFFC Participation officer to offer a 6 weeks Skills of Life programme to care leavers age 16 to 24, covering areas such as healthy living, managing a tenancy, managing money, healthy relationships and educational and training opportunities. This programme is offered 3 times per year, however restricted by covid 19 in the past year. The programme is well attended by young people and they receive valid accreditation after each of the 6 modules.

4.0 Elevate Team Service Support

- 4.1 The Elevate Team has dedicated resources allocated to YOS, Post 16 SEND and Reading College to support young people with SEND who are NEET and to those who may be at risk of dropping out from post 16 learning to NEET. Children looked after and care leavers are supported into EET by careers coaches at YOS or Reading College.
- 4.2 The Elevate Team operate a face-to-face and virtual appointment duty system, which is there to support children and young people with career and employment information, advice and guidance through various communication channels: face-to-face, telephone, live chat, emails and through attendance at PEP reviews or meetings as and when required. Elevate also operate virtual appointments system to young people who live out of the Reading area.

- 4.3 In January 2021 Elevate went into a partnership with the West Berkshire DWP to deliver the Youth Offer in Reading, resulting in us setting up Youth Skills and Employment Hub in the town centre, a 12-month contract to provide holistic support to vulnerable young people 16-24 who are NEET or at risk of NEET. The hub is being delivered from the Curious Lounge a new CIC company, offering a safe, relaxed modern space allowing us to deliver a 'one-stop' careers and employment hub for young people, with also the opportunity to increase our engagement with local employers, businesses, building stronger networks with local partners, providers and support services for the benefit of young people.
- 4.4 Strong partnership with the DWP has expanded partnership networks further and increased local Post 18 opportunities, for example receiving information first-hand on local Kickstart schemes and opportunities, are able to access sector-based academies, mentoring circles or other DWP supported programmes. Elevate and DWP job coaches work collaboratively to support care leavers in receipt of universal credit directly into training programmes and employment.

Case Study

K, 20 years old, care leaver, lives in Reading, NEET

K's leaving care adviser arranged a face-to-face meeting for K with Elevate Careers at the Curious Lounge. K was accompanied to the first meeting by her leaving care adviser as she was very anxious. K is a vulnerable young person; her self-esteem has deteriorated since she lost her job in March 2020. She is a bright and polite young person who enjoyed school. She achieved three GCSEs at grade 3. She doesn't have her own place to live and relies on relatives who provide accommodation for her. Her leaving care adviser is supporting her with her application to get housing. She relies on universal credit to buy food and other essentials.

Elevate careers coach met with K a few times getting to know K, encouraging K to express her thoughts and wishes about the future. K was encouraged to explore the opportunities available to her to get further qualifications and work experience to return to work. K was not ready for work due to low confidence and lack of previous work experience. She wanted to focus on developing her confidence, self-esteem and improve her health in general.

Careers adviser explored a number of options with K - she decided that she wanted to do Prince's Trust Team programme. K completed the programme successfully, the programme lead liaised with careers coach and leaving care adviser regarding her next steps and K is now being supported into another programme or apprenticeship. K is also keen to start working with LAS mentors to improve her health and reduce anxiety and substance misuse habits.

Elevate was able to arrange with our DWP colleagues to get K a new youth employment coach who will be able to support her further to apply for Kickstart opportunities, when she is ready.

CLASSIFICATION: ENTER HERE

- 4.5 In May 2021 a monthly jobs and opportunities board was developed and is readily available on the BFFC website. Elevate regularly sends the new programmes and vacancies to BFfC Participation Officer, an administrator of the care leavers Facebook page. Elevate has a live vacancy service on IYSS database with suitable opportunities for young people. Elevate will match children looked after and care leavers with the opportunities. Our biggest concern is lack of suitable apprenticeships in construction, hospitality and customer service which are in high demand for this group of young people. In addition, post Covid-19 economy is already seeing job losses in these sectors.
- 4.6 Our collective aim is to create and promote other vocational pathways to this group. Elevate is engaging with employers locally and in the Thames Valley area. We have established links with a few employers including the Oracle shopping centre, Compass Group and Visa. Visa is working on developing a programme specifically aimed at offering care experienced young people taster days in their various departments to raise aspirations and encourage participants into trainee level jobs and apprenticeships.
- 4.7 Elevate participates in the Skills4Life programme aimed at Children Looked After and Care Leavers. We have delivered two face to face and one online session themed My Future, which is designed to prepare young people to aspire to become independent or confident in their career planning.
- 4.8 Elevate contribute in multi-agency transition meetings such as the SEND Strand 4 Supporting young people to prepare for the future, Preparing for Adulthood Panel, Youth Diversion Hub, Extra Familial Risk Panel and children missing education (CME) group. Being actively involved in these core group meetings allows for early identification of any children looked after or care leavers in need of additional support on their future career and employment planning.
- 4.9 Elevate arrange regular local NEET networking events for young people to attend and network with local providers. The last event took place in September 2020, we are currently planning and promoting another networking event for August 19th 2021. We are promoting the event to all NEET care leavers ready to engage into EET, directly contacting them and via other channels such as social media, social workers and support workers.
- 4.10 In 2019-2021 Elevate Service was awarded NEET funding through various grant schemes (SIB, SEND NEET Grant, City Deals), enabling commissioning of EET/ NEET programmes initiatives as outline in table 4.

Table 4 – Elevate EET and NEET Programme Initiatives

Who	When	Offer
LAS Fitness	July-September 2021	motivational, health and mentoring programme with the aim to re-engage young people who lack motivation and have fallen into unhealthy habits that prevent them from accessing and sustaining EET.
Starting Point	January 2021 – January 2022	Aspire Mentoring Programme
Starting Point	2020 -March 2021	Part funded with RBC Cultural Commissioning team an Action Media programme
Ways into Work	November 2019 – November 2021	To support people with a disability or disadvantage to gain and maintain paid employment.

New Directions College	Due to start in September 2021	4 x Vocational Pathway Programmes with a combination of work tasters and accreditations.

5.0 Virtual School Service Support

5.1 The Virtual School offers comprehensive support and guidance to the Post 16 cohort. Supporting children looked after and care leavers from the age of 16 until 25, both inside and outside of the Reading Borough area. This area of work is led by the Virtual School Assistant Headteacher for Secondary and Post 16, who coordinates the delivery of timely high-quality Post 16 Personal Education Plans (PEPs) and Re-Engagement PEPs which provide a framework to enable young people to access EET opportunities and intervene to prevent children and young people who are at risk of becoming NEET.

5.2 In the Ofsted monitoring letter August 2018 and the Ofsted ILACS Report September 2019, it was noted that:

"Progress has been achieved in engaging more young people leaving care in meaningful education, employment and training opportunities. The virtual school is active and influential in its work with post-16-year-old young people through the development of targeted personal education plans (PEPs) and "re-engagement" PEPs." August 23rd, 2018 Ofsted monitoring letter.

"Work by the Virtual School and Care Leaving Service to increase the proportion of care leavers who are in education, employment and training is starting to have a positive impact but remains an area of ongoing work". Ofsted 2019 ILACS Report

5.3 The Virtual School ensures that Post 16 students have a termly and quality assured PEP which tracks and monitors attendance, attainment and progress. It also encompasses key transition points with SMART robust targets linked to key interventions. The PEP also informs and supports the educational element of the Pathway Plan.

5.4 Of the Post 16-18 cohort, 88% were in EET of which 75% attended college or sixth form and 6.5% were in employment or accessed apprenticeship or training opportunities, and 6.5% were in a secure unit (see table 5 below). The Virtual School works closely with children looked after social workers, and leaving care advisors to support Post 16 transitions, and ensure that all children looked-after and care leavers have a secure 'intended destination'. For those young people who do not have an intended destination, the Virtual School offers support to secure an appropriate destination in line with the September Guarantee. This is the guarantee of an offer made by the end of September of an appropriate place in Post-16 education or training for every young person completing compulsory education.

Table 5 September 2021 CLA Y12 and Y13 Cohort

NCY Cohort	FE College / Sixth Form	Employment / Apprenticeships	Secure Unit	EET	NEET
Y12 – (30)	84% (25)	6.5% (2)	3% (1)	93.5%(28)	6.5% (2)
Y13 - (28)	65% (18)	7% (2)	10% (3)	82% (23)	18% (5)
Total 58	75% (43)	6.5% (4)	6.5% (4)	88%(51)	12% (7)

- 
- 5.5 The Virtual School liaises with Post 16 providers to support young people to secure a place on their chosen courses at college or sixth form. Currently we have 43 (16-18) CLA students in 23 different FE and sixth form settings, of which Reading College is the main provider, with over 50% of the 16-18 cohort attending there.
 - 5.6 The Virtual School continues to support two mentoring programmes which enable young people to develop their confidence and help them to remain in education, employment or training.

These include:

- **Spring Forward-** This is a DfE funded Higher Education one to one mentoring support programme, which supports existing Year 12 and Year 13 students who are at sixth form or college and are considering university as a future destination. Five Year 12 and Year 13 children looked after, and care leavers have successfully accessed and completed this programme.
 - **Starting Point-** Supporting the roll-out of the one to one programme targeted at Post 16 young people who are NEET or currently disengaged from EET. Referrals have been coordinated jointly with the Elevate Team.
- 5.7 The Emotional Health and Wellbeing Triage Support Group was formed by the Virtual School and Education Psychology Service to ensure the early identification of potential mental health and emotional wellbeing concerns of children looked after. The group provides access to advice and support for children looked after and care leavers who present with a high Strength, Difficulties Questionnaire (SDQ) score. A total of 5 Post 16 referrals have been made during the last twelve months, these range from young people whose placements have broken down or who need support and guidance in relation to their mental health and emotional well-being. The group is chaired by the Virtual School link EP, Headteacher of the Virtual School and Service Manager for Children Looked After. The group has excellent attendance from partners in CAHMS, Primary Mental Health, Health and Social Care and focuses on the early identification of the emotional health and well-being needs of children looked after. It offers Social Workers direct access to specialist advice and support to enable local services to be accessed timely and equitably.
- 5.8 For all Post 16 children looked after and care leavers who are not in education, employment or training, a Post 16 re-engagement PEP is implemented with key professionals. The re-engagement PEP focuses on setting clear targets and interventions to support re-integration into education, employment or training. This PEP forms the framework for purposeful meetings between young people and key professionals and ensures that appropriate support mechanisms and action plans are in place to re-engage young people back into education, employment and training. The re-engagement PEP also supports young people who have had unexpected placement changes and helps them to re-connect with EET opportunities.

Re-engagement PEP - Student and Carers Feedback

"feeling really happy and proud of myself for achieving my GCSE Maths and English. Thank you to all staff at Virtual School, and my placement for all the constant support and encouragement to help re-connect back with College and my learning. I feel confident to continue with my future studies and working towards building a better future career . "

Y12 Student being Re-integrated back into FE College

"Thank you to the whole team at Virtual School for all their ongoing advice and support with helping all of our young people with their educational needs. Consistency in contact and communication is always prompt and thorough and all of this combined, enables our service to attain the positive results that we thrive on achieving with our young persons . "

Post 16 Placement Provider Feedback

- 5.9 There were some creditable individual A level and BTEC Level 3 results in Year 13 in which four students completed their level three courses. Three students are progressing onto University to study Games Design at the University of Northampton, Sociology at The University of Exeter and Psychology at Aston University. This is in addition to the existing fifteen care leavers that were already at University during 2020-21. The Virtual School along with the Leaving Care and Elevate teams are working hard to continue to grow the numbers of care leavers applying and being accepted onto university courses.
- 5.10 The Virtual School is linked up with sixteen other Local Authorities in the South East as part of the Post 16 Virtual Schools Network. The network provides a forum to share best practice and to consider ways of collaborating and sharing information across local areas. The contact and support offered through the network is a key driver in ensuring cohesive partnership working across Virtual Schools in the South East and Berkshire areas. This is vital in ensuring that knowledge is shared about access and resources for our young people who live out of borough. In addition, the Berkshire Virtual School Head's University Sub-Group will be providing future 'Open Day' visits at the University of Reading in late October to continue raising awareness of Higher Education opportunities for both secondary and Post 16 young people.
- 5.11 During 2020-2021 two care leavers have successfully been recruited to the Civil Service Care Leaver Internship scheme. The Internships provide exciting opportunities which enable care leavers to experience working in central Government. The aim of the Internships is to help them to develop skills and competencies which we hope will strengthen their career prospects for the longer term. In addition, there is also an increased level of interest of Post 16 children looked after and care leavers opting for apprenticeship programmes. There are currently 8 young people on apprenticeship programmes ranging from childcare to plumbing.

Civil Service Care Leaver Internships Participant Feedback

"I'm super excited to have this opportunity. The prospect of gaining qualifications whilst on a proper salary on the Internship Programme enables me to plan for a better future for myself and my daughter. Thank-you for all the help and support to enable me to access this opportunity".

Post 18 Single Parent Care Leaver

5.12 A joint expression of interest pilot bid was submitted by the Virtual School to the Department of Education in July 2021. The bid is to secure additional Post 16 Pupil Premium Plus (PP+) funding to support Year 12 and Year 13 students who are at FE College. Successful bids will be announced in mid- September for pilots to be delivered between the 4th October 2021 until 31st March 2022.

5.13 The Virtual School organises monthly EET /NEET tracking meetings in conjunction with the Leaving Care and Elevate teams, to monitor young people who are at risk of becoming NEET and provide access to appropriate resources to enable young people to take up EET opportunities. These meetings also help to disseminate new provider information and provide operational support targeting children looked after and care leavers who are NEET.

5.14 Support for unaccompanied asylum -seeking children (UASC) has yielded 100% pass rate for all fifteen UASC students on the Entry Level ESOL programme. Also, GCSE results have shown that two UASC students achieved grade 4 passes in Maths. The Virtual School has established a strong partnership arrangement with Reading and Bracknell College, to establish a fast-track rolling programme for all our UASC students. This enables newly arrived unaccompanied asylum-seeking children to access suitable ESOL provision at college straight away and avoid being NEET.

UASC Student and Carers Feedback

"Being supported by the Virtual School has enabled me to improve my spoken and written English at a speed I couldn't believe it was possible. It also assists me by giving me a structure to work independently and help me improve my overall understanding ".

Post 16 UASC receiving 1to1 ESOL support

"Working with the Virtual School has meant that we can progress the young person's education much quicker by ensuring they are on the right path and supporting them with relevant ESOL resources which has led into young people gaining into positive outcomes ".

Post 16 – UASC Placement Provider

6.0 Conclusion and Recommendations

- 6.1 The report shows that monthly NEET figures have been consistently decreasing and that on-going work and collaboration with the Elevate, Leaving Care and the Virtual School teams is having an impact on reducing the NEET number. Work also needs to continue with other EET provider partners to enable care leavers and children looked after to reach their full potential. Also, for the work of the EET/NEET Tracking group to investigate NEET prevention work with the focus on supporting those care leavers or children looked after to sustain their college or training placements.
- 6.2 A large proportion of NEET young people have no formal qualifications or fewer than 5 GCSEs at grade 4 pass level. Care leavers do not always want to continue with education and are entering low level jobs that offer no training, are temporary and in the sectors that have been badly hit by the Covid pandemic in hospitality and retail. A direct consequence of being in low paid work is job insecurity and when young people are in and out of jobs their chances of career progression is reduced. The aim is to offer a range of training opportunities that combine qualifications with work experience, for example a construction course delivered by the charity New Meaning (Tool Shed). We are aiming to communicate to our young people that they can still achieve qualifications outside the college or school environment as they have options and choices.
- 6.3 To recommend that more advanced EET planning is put in place to support those young people moving placements and still needing transition support to their new EET placement thus ensuring greater coordination of placement planning in line with EET opportunities. This will allow for young people to successfully progress and sustain their education, employment and training opportunities.
- 6.4 To continue to build on maintaining regular communication and promoting local opportunities to encourage and enable social workers, leaving care advisers, placement providers and foster carers, support staff to actively promote local provision to young people. Learning and Training providers need to be accountable on ensuring that good quality provision is delivered to young people, ensuring that young people successfully achieve sustained positive outcomes.
- 6.5 We have a growing number of unaccompanied asylum -seeking children who need support with their career planning and further help to fast-track them onto ESOL programmes. We recommend that further education and other employability programmes are targeted to support their future career aspirations and progression.
- 6.6 There has been a continued take-up of care leavers going to study at University. The future focus is to both grow these numbers and support university retention. To help grow future demand, supporting programmes such as 'Study Higher', a partnership of higher education institutions (universities) and further education colleges will be offered alongside increasing university mentoring programmes such as Spring Forward and targeting secondary age students by raising awareness and actively promoting university open days and alternative viable Post 16 options.
- 6.7 Decrease the dropout rates from further education. Many young people who are now NEET have been enrolled on a full time FE course which they were not able to sustain for longer than 3 months. We will re -start the Post 16 networking group, bringing together a network of partners - training /learning providers, further education, support agencies/networks and employers, to work together to offer opportunities to young people in Reading. With each provider bringing something unique to

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the network, enabling us to build a strong offer of a range of opportunities and support for young people. 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.

- 6.8 History of illness, ill mental health, complex SEND needs are sometimes evident in young people's inability to communicate and wish to avoid professionals. Substance misuse and unstable/unsupportive living circumstances also play a role in young people's readiness to engage in EET activities. We promote re-engagement opportunities to young people that are not ready to access work or formal training. For example, we have commissioned LAS Mindset, a local company that offers mentoring and one-to-one personal training in the gym. Starting Point also matches mentors who focus on building young people's confidence, self-esteem, offering them social and skills building sessions. Social Workers can make referrals to the Virtual School Emotional Health and Wellbeing Triage Support Group.
- 6.9 Having a criminal record is a significant barrier and limits access to EET opportunities including access to FE and training providers due to risk of reoffending or legally young people are not permitted to work in certain geographical areas or industries. Elevate has a careers coach based at YOS who works with YOS officers to engage young people, including children looked after and care leavers into EET.
- 6.10 Pregnancy/ Parental responsibility for most young people means that they are not available for work by their own choice or their circumstances are not enabling them to be flexible when looking for work/training opportunities. Leaving care advisers refer young parents who are career planning or ready to work into the Elevate service who provide support.
- 6.11 Children looked after and care leavers who are residents out of Reading do not have consistent careers support as many other local authorities have very limited NEET services which often excludes care leavers. Elevate researches the local provision for young people who need more "hands on support" e.g. filling in application forms, accompanying young people to visit employers and training providers. We aim to continue to offer a virtual information and guidance session to each young person and have started working with Resume Foundation, whose job coaches can virtually support young people into EET. This virtual career offer will help to support care leavers and children looked after, who are based outside of the Reading area, and enable them to take-up EET opportunities.

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ACE Report

Review of the Admission
Arrangements for Children and
Young People with SEND

For decision

For discussion

For information

SUMMARY

This is an updated report requested by ACE Committee in January 2021

OWNER

Gill Dunlop

VERSION

Version 2

DATE

20 October 2021

REVIEW DATE

As required

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

Company number 11293709

Contents

1	PURPOSE AND SUMMARY OF REPORT	3
2.	RECOMMENDED ACTION.....	3
3.	POLICY CONTEXT.....	4
4.	THE PROPOSAL – update on SEND policies and arrangements	4
5.	CONTRIBUTION TO STRATEGIC AIMS.....	6
6	ENVIRONMENTAL AND CLIMATE IMPLICATIONS	6
7.	COMMUNITY ENGAGEMENT AND INFORMATION	6
8.	EQUALITY IMPACT ASSESSMENT	7
9.	LEGAL IMPLICATIONS.....	7
10.	FINANCIAL IMPLICATIONS.....	7
11.	BACKGROUND PAPERS.....	7
	Comment(s) obtained	7

TO:	ADULT SOCIAL CARE, CHILDRENS SERVICES AND EDUCATION COMMITTEE		
DATE:	20 October 2021		AGENDA ITEM:
TITLE:	REVIEW OF SEND ADMISSIONS POLICIES AND ARRANGEMENTS		
LEAD COUNCILLOR:	ASHLEY PEARCE	PORTFOLIO:	EDUCATION
SERVICE:	BFFC	WARDS:	BOROUGHWIDE
LEAD OFFICER:	Deborah Glassbrook	TEL:	01189374665
JOB TITLE:	Executive Director of Children's Services - Education, Early Help & Social Care	E-MAIL:	Deborah.Glassbrook@brighterfuturesforchildren.org

1 PURPOSE AND SUMMARY OF REPORT

- 1.1 This report provides an update requested by ACE Committee in response to the SCHOOL ADMISSIONS ARRANGEMENTS 2022/2 report presented at the 20 January 2021 meeting where the School Admissions arrangements for Community Primary Schools in Reading for the school year 2022/23 was presented for determination.
- 1.2 The report states at 3.7 that 'BFFC are reviewing the admissions policies/procedure of maintained special schools and resourced bases within mainstream and academy schools. Legal advice is being sought. Any finding will be brought back to ACE committee at a later date'.
- 1.3 ACE Committee requested that a report be submitted to the Committee in March 2021 following a review of SEND admissions policies and arrangements. This was deferred to the October 2021 meeting.

2. RECOMMENDED ACTION

- 2.1 That ACE Committee notes the progress following a review of SEND admissions policies and arrangements.

- 2.2 That ACE Committee comments on whether a review of The Avenue School Admission Policy required.

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. As part of those requirements, local authorities must draw up schemes for coordinating admissions to all maintained schools in their area.
- 3.2 Children with Education, Health and Care Plans are not placed in school through the usual School Admissions policies and arrangements. They are placed in schools by Special Educational Needs Teams through a consultation process with schools based on the needs reflected in the Plan; this could be a mainstream school with or without a Resource Base or a special school. The relevant legislation is the Special Education Needs Code of Practice (2015).
- 3.3 In order that the School Admissions team can manage the spaces available in mainstream schools, the SEND Case Officer informs the Admissions team where children and young people have been placed. This only applies to children of statutory school age.

4. THE PROPOSAL – update on SEND policies and arrangements

- 4.1 The Revised Holy Brook Admissions Policy was agreed by ACE Committee on 1 July 2021.

The impact of the revised Holy Brook policy is that there is a greater understanding of processes and communication between BFfc and the school, and with other Local Authorities who request places at the school. A Senior Case Officer now attends every admissions panel and co-administrates this with the school. The process and procedures will need further review when Oak Tree Special School opens in September 2022 to ensure that the two schools' admissions processes are aligned.

- 4.2 The Avenue School admissions process has not been revised as it is an Academy. Communication between the SEND Team and the school is very frequent and open; the admissions arrangement is transparent and not a cause for concern. The SEND Manager will review the Admissions process if ACE requests this.
- 4.3 Similarly, Cranbury Alternative Provision and Hamilton Special School admissions policies have not been reviewed as they are academies. However, the SEND Team Manager has reviewed the procedures and communications regarding the

consultation process for admissions to both schools. The impact of this is that the SEND Team is receiving more timely responses to consultations and applications.

- 4.4 The Service Level Agreements for all Resourced Base are being reviewed for sign off by the Director of Education and Deborah Glassbrook (Executive Director of Children's Services – Education, Early Help & Social Care)

The new admissions process is written and agreed for Resourced Bases. Although not a 'formal' document, it makes the consultation and admission process clear. Feedback from Headteachers in schools where Resourced Bases are placed report that it is very helpful to have a step by step guide. Admissions panels for Resourced Bases are held every 6 weeks (each new term) and attended by Headteachers and chaired by SEND Team Manager.

- 4.5 The building of the Oak Tree School in Wokingham, a project led by Wokingham Borough Council and the DfE, and for which RBC and BFFC are key stakeholders, has been delayed – having been due to open in September 2022. On-going conversations are being had by all parties around a revised date; this being dependent on the requirement, or not, to re-procure the contractor building the School. If re-procurement is not necessary, the School could be open for September 2023 (but the DfE currently, will not formally commit to this date). If it is necessary to re-procure the contractor, then this will delay the opening beyond 2023. This procurement question also has an impact on where the particular cohort of children, proposed to have attended Oak Tree, will now be placed from September 2022. The Trust that will run the School (Maiden Erlegh Trust) could possibly be willing to open Oak Tree in another School Building for one academic year from September 2022 but will not run the School at another site beyond this date. If opening the School on its designated site from September 2023 proves not be an option by November or December this year, those children proposed to have attended the Oak Tree will have to be placed in other, likely more expensive, settings. If this is the case, it is likely to significantly impact on High Needs Block funding, which is already overspent. This matter is being discussed with the DfE.

4.6 A new SEND consultation letter has been drafted explaining the purpose of consultations to schools i.e. to seek an indicative view, as to whether the school can meet the child's needs, to inform SEND Panel decision making about applications and placement. This has resolved the issue of schools inviting parents to meetings and visits, prematurely and raising expectations before a placement has been agreed in principle by the SEND EHC panel.

- 4.7 SLAs will be reviewed by the BFFC Commissioning Team in conjunction with the SEND Team to ensure parity and compliance with commissioning policy.

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 They also contribute to the aims to establish Reading as a learning City and a stimulating and rewarding place to live and visit
- 5.3 Similarly, this applies to the placement of children under the SEND code of Practice (2015)

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 Within School Admissions arrangements, 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.
- 6.3 Children with an Education, Health and Care Plan may be placed outside their local area within Reading in mainstream school with or without a Resourced Base or in a special school.
- 6.4 Some children due their needs are placed in schools out of borough. The SEND Strategy is delivering work to increase the number of SEND places available in Reading through satellite classes in liaison with The Avenue School and through Resources Bases in mainstream schools for children with Social Communication Difficulties.
- 6.5 The opening of Oak Tree special school, although just within the Wokingham border, will enable children to remain closer to their communities and reduce travel.

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 regarding School Admissions arrangements. 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 as per the relevant. The outcome from that was report to ACE on the 14 February 2019.

- 7.3 The SEND Strategy has been widely consulted upon including Reading Families Forum. The very positive outcome of the SEND Inspection evidences coproduction and engagement.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.2 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. BACKGROUND PAPERS

- 11.1 None.

Comment(s) obtained

(delete any not applicable)

DEPT	NAME	COMMENT
Finance		
HR		
Communications		

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Agenda Item 10

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN' SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	20 OCTOBER 2021	AGENDA ITEM:	
TITLE:	SEND STRATEGY AND INSPECTION UPDATE		
LEAD COUNCILLOR:	CLLR TERRY	PORTFOLIO:	CHILDREN
SERVICE:	CHILDREN'S	WARDS:	BOROUGHWIDE
LEAD OFFICER:	DEBORAH GLASSBROOK	TEL:	0118937 4664
JOB TITLE:	EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES	E-MAIL:	

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides a brief update regarding SEND Strategy and shares a copy of the letter from Ofsted regarding this inspection.
- 1.2 The current SEND strategy is included in Appendix 1, and inspection letter is included in Appendix 2 of this report.

2. RECOMMENDED ACTION

- 2.1 That the report be noted.

3. POLICY CONTEXT

- 3.1 The local area SEND strategy sets out how support and service will be delivered in collaboration with children, young people, families, carers and partners to meet local needs and national responsibilities.
- 3.2 The SEND local inspection letter assesses the extent to which those needs, and responsibilities are being met for children and young people with SEND in Reading.

4. DETAILS

- 4.1 SEND Strategy Update
- 4.2 There has been considerable work undertaken on developing the next version of the SEND Strategy which now needs to be finalised and agreed for 2022-2027. The recommendations of the local area inspection that took place in June 2021 have been included in the updated strategy.

- 4.3 We have added two more strands to the five existing ones in response to the inspection so there are now seven focused areas of work in the next version of the strategy.
- 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
 - Strand 6: Capital and School places
 - Strand 7: Revenue and funding

4.3 SEND Local Area Inspection

- 4.4 The joint local area inspection of SEND was conducted by Ofsted and CQC in June 2021 and concluded that arrangements are sufficiently robust and effective so that no action of written statement was required for Reading.
- 4.5 There has been a very positive response to the inspection outcome and findings from stakeholders. Whilst being confident about what has been achieved, we are continuing to focus on key areas that need to be strengthened. The actions have been outlined under the strands detailed in section 4.3 and will be overseen through the SEND Strategy Group.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The information contained in this report and its appendices are in line with the overall direction of the Council, meeting the following Corporate Plan priorities:
- Priority 3: To protect and enhance the lives of vulnerable adults and children
 - Priority 5: Ensuring that there are good education, leisure and cultural opportunities for people in Reading
- 5.2 It also to these Council strategic aims:
- To establish Reading as a learning City and a stimulating and rewarding place to live and visit
 - To promote equality, social inclusion and a safe and healthy environment for all

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Not applicable for this report

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Not applicable for this report

8. LEGAL IMPLICATIONS

- 8.1 Not applicable for this report

9. FINANCIAL IMPLICATIONS

9.1 Not applicable for this report

10. BACKGROUND PAPERS

10.1 Not applicable for this report

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Reading Area

Special Educational Needs and/or Disabilities (SEND)

STRATEGY

2022-27



Contents

Vision.....	5
Developing the strategy 2022-2027.....	6
Alignment with other key strategies.....	6
Conclusion.....	9
Workstrand 1 Improving Communications.....	10
What does the data tell us?	10
What did the inspection say?.....	10
Key performance indicators – where will we be by 2027.....	12
Action Plan 2022-2023.....	13
SEND Communications Work Group Terms of Reference	16
Purpose	16
Scope.....	16
Core Functions	16
Features of the work group	17
Meetings	17
Membership.....	17
Quoracy.....	17
Workstrand 2: Early intervention through to specialist provision –.....	18
What does the data tell us?	18
Characteristics.....	19
Gender	19
Free school meal eligibility.....	20
Ethnicity	21
Types of school.....	22
Elective Home Education (EHE) and Alternative Arrangements.....	23
Early years.....	24
Early Years Children in Reading Subject to Children in Need (CiN), Child Protection (CP) and Children Looked After (CLA) at January 31 st each year.....	25
Looked after children and children in need with SEND – prevalence and characteristics	25
Attainment of children and young people with SEND in Reading Schools.....	25
Attainment at Key Stage 2: Quartile Banding A (12-50%), National Rank 6	25
Progress Scores at Key Stage 2 for children with SEND	26
LAIT DATA: Quartile Banding D (up to -4.48%), National Rank 143.....	26

Progress Scores at KS2 by SEN pupils – Writing.....	26
LAIT DATA: Quartile Banding D (up to -5.38%), National Rank 120.....	27
Progress Scores at KS2 by SEN pupils – Maths	27
LAIT DATA: Quartile Banding D (up to -1.6%), National Rank 125.....	27
Progress Scores at KS2 by SEN support pupils -Reading.....	27
Progress Scores at KS2 by SEN support pupils –Writing.....	28
Progress Scores at KS2 by SEN support pupils – Maths.....	28
Attainment 8 Scores at KS4 by pupils with an EHCP	29
Attainment 8 Scores at Key Stage 4 for SEND support pupils.....	29
Progress 8 Scores at Key Stage 4 by pupils with an EHCP.....	30
Progress 8 Scores for Key Stage 4 for young people with SEND support	30
Post-16 – attainment by age 19	31
Statutory Assessments.....	31
What did the inspection say?	32
Key performance indicators – where will we be by 2027	36
Action Plan 2022-2023.....	37
Workstrand 3 – Consistent approaches to emotional well being	43
What does the data tell us?	43
What did the inspection say in the June 2021 Local Area SEND Inspection?.....	44
Key performance indicators – where will we be by 2027 (data)	46
Action Plan 2022/23.....	47
Workstrand: 4: Preparation for Adulthood (RBC lead Katie Laws).....	58
What does the data tell us?	58
What did the inspection say?.....	60
Key performance indicators – where will we be by 2027 (data)	61
Action Plan 2022-2023.....	62
Workstrand 5: Short Breaks and related family support	65
What does the data tell us?	65
Reading data shows:	67
What did the inspection say?	68
Overview	68
Strengths - Support for families/Short Breaks	68
Areas of development	69
Key performance indicators – where will we be by 2027 (data)	70
Action Plan 2022-2023.....	71
Work strand: 6. Capital and school places.....	76

What does the data tell us?	76
What did the inspection say?.....	76
Key performance indicators – where will we be by 2027 (data)	77
Action Plan 2022-2023.....	78
Strand 7: Funding and finance	81
What does the data tell us?	81
What did the inspection say?.....	81
Key performance indicators – where will we be by 2027 (data)	81
Action Plan 2022-2023.....	82

Vision

Our strategy for SEND is rooted in our vision for Reading's children and young people, it reflects the outcome of the June 2021 local area inspection and the key areas for development identified through that report:

All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.

We will do this by ensuring:

- **SEND is everybody's business**, embedded in the practice of all those that work with children, young people and families
- "**Co-production**" happens at every level - "working with" families not "doing to". Co-production at the heart of what we do: changing the way in which we work together with families operationally and strategically.
- We deliver **the right support in the right place at the right time**, ensuring the availability and development of high quality universal and specialist provision to meet needs locally.
- We **improve outcomes for children and young people**. We focus on working together to identify and assessing needs early, and through transparent and evidenced based decision making, ensuring equitable resource allocation to meet agreed outcomes and support aspirations.
- And unlocking all the resources in the borough of Reading

The strategy is driven forward by the work of the workstrands. These operationalise the strategy and enable it to be embedded in our work. The strands are:

- **Strand 1: Improving communication (BFFC Lead Fiona Tarrant, Head of Corporate Communications and Marketing)**
- **Strand 2: Early intervention through to specialist provision (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 3: Consistent approaches to emotional wellbeing (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 4: Preparing for adulthood (RBC Adult Social Care to lead)**
- **Strand 5: Support for families / short breaks (BFFC Lead Claire Lewis, Service Manager – Childrens Disability Service)**
- **Strand 6: Capital and School Places (BFFC lead Mandie Barnes, Education and SEND commissioner with support from Paul Gresty, Education Strategic Lead and RBC assets)**
- **Strand 7: Funding and finance (BFFC Leads Nikki Stevens, Head of SEND and Steph Heaps, Schools & DSG Business Partner)**

As part of our commitment to ensuring families are at the heart of all we do, representatives of parent/carers forums are active participants in all the workstrands.

Our strategy is data driven and reflects our current performance and our ambition to be one of the best areas in the country for SEND. The strategy will be revised once the outcome of the Government's SEND review is known to ensure it meets governmental and local priorities.

Developing the strategy 2022-2027

Following a consultation exercise in the Spring 2021, the development of the strategy has ensured that it is both data driven and focused on Key Performance Indicators and that the lines of accountability for delivering on each strand are clear. It is hoped that each work strand will have a strategic performance indicator (where will we be by 2027) to sit alongside the annual action plans.

The SEND Strategy will be delivered through **7 Key Strands** set out in the strategic framework set out below. Each strand will be supported by a workstream which will set out specific yearly action plans to deliver the priorities identified through the Self Evaluation and data analysis, and include key performance indicators (KPIs), timescales and intended impact/outcomes. All workstreams will ensure that the work is coproduced and informs opportunities for joint commissioning. The delivery of the actions will be kept under regular review, reporting progress and recommendations to the SEND Strategy Group.

The SEND Strategy delivery will be supported by an overarching communication plan that:

- communicates data and information to inform all partners actions
- provides a summary of feedback received from parent / carers and young people
- communicates progress of different strands of work and its impact

Alignment with other key strategies

The draft SEND strategy 2022-2027 has been developed with reference to:

1. Joint local area SEND inspection in Reading – July 2021



10147311 Reading
LASEND Final PDF (0C)

2. The BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS) 2021- 2030 Health and Wellbeing Strategy:



HWB Strategy
2021.pdf

3. Brighter Futures for Children Year 3 Business Plan 2021-2022



BFfC Year Three
Business Plan 2021-2

The alignment between these strategic documents is shown below:

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
<p>Areas of development-</p> <ul style="list-style-type: none"> • The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. • Some pathways to health services are not clear enough and can be confusing • Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD. • Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, • and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. • The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed. • Quality of health and social care contributions to EHC plans require improvement • The number of adults with learning difficulties in meaningful activity or paid employment needs to 	<p>Priorities:</p> <ol style="list-style-type: none"> 1. Reduce the differences in health between different groups of people 2. Support individuals at high risk of bad health outcomes to live healthy lives. 3. Help children and families in early years. 4. Promote good mental health and wellbeing for all children and young people 5. Promote good mental health and wellbeing for all adults. 	<ul style="list-style-type: none"> • Priority 4: Implement and embed the Early Help approach securing active commitment of community partners • Priority 5: Support education providers to give our children and young people the best start and to promote excellent teaching and learning, especially for those with SEND.

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
<p>increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.</p>		

Conclusion

The draft strategy is attached as appendices 1 to 7. The strategy will ‘go live’ from January 2022 and the responsibility for ensuring and monitoring progress will rest with strand leaders reporting to the monthly SEND strategy group. The action plans will form the basis for the annual SEF update and the annual reports to Schools Forum and the Health and Well Being Board. Our over-riding key performance indicator for the new strategy is that any local area inspection in the future rates Reading as ‘outstanding’ and **one of the best local areas in the country for children and young people with SEND and their families.**

Workstrand 1 Improving Communications

What does the data tell us?

Data on its own does not provide the key indicator for improved communications with parent carers of children and young people with SEND, professionals working in this field or, indeed, for young people with SEND.

The key indicator is feedback from parent carers and young people on whether they can find the right information, at the right time and in the right place.

Therefore, the key focus for SEND Strategy workstrand 1 has been to revisit the information and communication ‘as is’ and to make improvements working in partnership with parent carer representatives.

This workstream’s responsibility is to ensure there is readily accessible information on services provided and that this is communicated in a clear and accessible way.

The better the information available and improvements in the way that information is communicated will improve confidence. That confidence can be measured by surveys but also in parental feedback (and feedback from children and young people) in SEND local area inspections. Feedback from the 2021 local area SEND inspection in Reading recognises improvements in communications in recent years but we recognise there is still much more to be done and the narrative provided gives scope for many further improvements, all of which need to be communicated to the children, young people and their families who access these services.

The reputation of the partner agencies involved in the provision of SEND in Reading will improve if there is better access to information and help for parent carers on where to go and how to find help at different stages of their child/ren’s development.

This is where improved access to information and better communication of it will shine. The action plan for 2022/23, detailed below, may change as work is completed and further improvements identified during 2021/22 but the key aims are the same.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been

waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths – Communication

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help.
- There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
- Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.

Areas of Development- Communication

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.

Key performance indicators – where will we be by 2027

It is anticipated that year-on-year improvements to information about SEND services and better communication about how to access them will mean that, by 2027, this will be – if there was a SEND inspection rating – 'outstanding' in Reading.

Commitment from all partner agencies involved to make improvements in the way services are communicated already exists. The expectation is that complaints about communication will reduce and that, as the partnerships in Reading strengthen, processes and channels set up will mean excellent communication will be the norm.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Ongoing publicity campaign on 9 month and 2.5 year health checks by all agencies in Reading	Social media interaction stats, visits to websites, increase in booked appts (shared KPI with operational leads)	March 2023	Increased awareness of the checks, where to access them, why they're important	Health comms, with co-operation across the Work strand 1 Comms Group
Amend Terms of Reference for Work strand 1 to become a permanent working group		March 2022	Improved communication and information as ongoing	BFfC Head of Communications
Improved information and comms with parent carers while awaiting an ADHD or ASD assessment	Increased visibility of information on ADHD and ASD assessments. Website and social media data on engagements with information provided	March 2023	Less stress for parent carers, greater awareness of process, improved knowledge of conditions and/or future steps, fewer complaints during waiting time	Health comms, with co-operation across the Work strand 1 Comms Group
Increase in co-production of collateral and website information	Website and social media data on engagements with information provided. Increased and improved feedback from parent carers via Local Offer annual surveys	March 2023	More information, which is more accessible and informative for parent carers and young people. Increased parent carer confidence in services	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group

CLASSIFICATION: OFFICIAL

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Increased publicity campaign on free early years places	Increase in applications (no starting data, so can't apply a KPI)	March 2023	provided and how to access them	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Improve accessible information for parent carers and young people on preparing for adulthood and transition to adult services from children's services	Survey feedback via Local Offer/FIS surveys and quarterly reports	Sept 2022	Greater engagement with messaging and increased clicks to website to apply	Chair of Workstream 1 and Chair of Workstream 4, with co-operation and input across both workstreams
Improve readily available mental and physical wellbeing resources and information for parent carers and young people on Local offer, FIS, with stronger signposting from partner websites and strengthening of engagement with ReadingYoungPeople Instagram	Website and social media data on engagements with information provided.	March 2023	Less anxiety about the transition process and future provision, greater awareness of key transition stages	FIS/Local Offer Manager and BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group

CLASSIFICATION: OFFICIAL

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Rollout of EHCP comms strategy and engagement with all partner agencies, particularly schools	More appropriate referrals, better engagement with correct processes	Sept 2022	Better partnership working, clarity of roles and responsibilities	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Update of SEND Comms strategy, in line with action plans for all other SEND Strategy workstreams	Hard to identify a KPI for this one, although this will form the majority of workstream 1's workload	April 2022	Better communication about improvements made by all workstreams. Greater parent carer confidence in actions being taken and progress made	BFfC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group
Establish a SEND communications protocol across all relevant partners in Reading	Increase in visits to relevant FIS and Local Offer web pages and engagement with information provided	May 2022	Information streamlined so other partners' websites aren't updated. Establish single source for key information and others signpost their website visitors to it	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Ongoing communication with parent carers about new SEND school places in Reading	Website and social media data on engagements with information provided	March 2023	Fewer complaints, increase in early resolution of disputes taken to IASS. Greater parent carer confidence	BFfC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group

SEND Communications Work Group Terms of Reference

Work strand 1 of the SEND Strategy Group

November 2020. Updated March 2021

Purpose

The primary purpose of the SEND Communications Working Group is to be a short-term group (no more than 12 months) to establish a good working partnership and clear communication channels to help promote and communicate the effective delivery of the SEND Strategy.

This group will ensure that SEND children, young people, parent carers and service providers have improved information to be able to access services and ensure their needs are met.

A key part of this will be co-production - ensuring that parents/carers and partner agencies develop the communication strategy together.

The Reading Families' Forum, the Local Offer team and IASS will feedback young people and parent carer views back to the working group, which will ensure collateral produced is objective reviewed and is right for the audiences it serves.

Scope

The working group will focus on collateral and communication methods outlined in the BFFC SEND Communications Strategy and associated action plan.

The working group will agree and sign off the strategy and action plan and will ensure the work is on track and on target, in terms of messaging and accessibility.

The working group will monitor the development and delivery of communication and marketing collateral and will encourage the exploration of innovative approaches to improve communication of SEND services.

The working group will not cross over into operational areas or the delivery of SEND services.

Core Functions

- View drafts and approve collateral
- Develop effective solutions to current barriers to communication in delivering the SEND Strategy.
- Approve approaches and innovative ideas on ways to communicate SEND services
- Suggest new approaches, offer ideas and contribute to the strategy
- Encourage and promote a culture of continuous improvement and a collegiate approach.

Features of the work group

Meetings

The work group will meet bi-monthly, initially for a year, after which it will be reviewed. Meetings will be via Teams, chaired by the Head of Communications & Marketing.

Membership

Invited membership of the work group is as follows:

Fiona Tarrant, BFFC Head of Communications & Marketing fiona.tarrant@brighterfuturesforchildren.org

David Millward, BFFC Senior Communications Officer david.millward@brighterfuturesforchildren.org

Lesley Chamberlain, Reading IASS Manager lesley.chamberlain@brighterfuturesforchildren.org

Maryam Makki, Manager of Reading's Family Information Service and SEND Local Offer

Maryam.makki@reading.gov.uk

Ramona Bridgman, Reading Families Forum rgebridgman@aol.com

Claire Lewis, BFFC CYPD Service Manager claire.lewis@brighterfuturesforchildren.org

Ruth Pearce, Parenting Special Children ruth@parentingspecialchildren.co.uk

Jessica Langdon, RBH/CCG Comms jessica.langdon@royalberkshire.nhs.uk

Rachel Tetchner, Inclusion Leader/ The Ark Manager, Christ the King Primary School
resourcemanager@christtheking.reading.sch.uk

Nikki Stevens, BFFC SEND Manager nikki.stevens@brighterfuturesforchildren.org
nikki.stevens@brighterfuturesforchildren.org

TBC, SENCO representative

Quoracy

A quorum shall be at least 6 members.

The working group may invite any BFFC employees or agency to attend and/or provide information to support its work.

The working group will assess its own effectiveness, including its Terms of Reference, every year.

As part of the working group's assurance process, it will routinely report on its activity and progress to the BFFC Board, BFFC Senior Leadership Team and SEND Board, via reports from the Head of Communications & Marketing.

Workstrand 2: Early intervention through to specialist provision –

What does the data tell us?

The National context as outlined in key data sets (SEND2 return) June 2021 highlights key findings

- The total number of EHC plans has continued to increase
- The number of new EHC plans has increased each year since their introduction in 2014.
- Pupils with special educational needs (SEN) increased to 1.37 million pupils in 2020.

In Reading we know that in January 2020, the number and percentage of pupils with SEND in all Reading schools¹ was 15.3% and this has increased each year, since 2016.

	2014	2015	2016	2017	2018	2019	2020
Reading	4,237	3,819	3,229	3,368	3,499	3,766	4,025
Reading %	18.5	16.1	13.1	13.5	13.7	14.6	15.3
Statistical Neighbours %	19.0	16.5	15.2	15.0	15.3	15.4	15.4
England %	18.0	15.5	14.4	14.4	14.6	14.9	15.5
South East %	18.1	15.3	14.2	14.2	14.5	14.9	15.6

- Of these pupils, 19% with SEND had an EHC plan in Reading schools compared to 81% identified as receiving SEND support.
- At January 2020, the percentage of pupils with an EHC plans in Reading schools increased slightly from 2019. The same is true of our statistical neighbours, the South East and England. Reading schools have a higher proportion of pupils identified as requiring SEND support and a lower percentage of pupils with EHC plans however for the first time in January 2020, the South East had a higher proportion of funded EHC plans than Reading, England or statistical neighbours.

Type of need

In Reading, the majority of children and young people have a primary need of autism (roughly 50% ASD and/or speech language and communication needs) lower than some of our statistical neighbours and in line with the South East average. Boys are over-represented in this autism and SLCD primary need cohort with over 50% of boys with plans having this as their primary need (this is similar to the South East average). For girls, the comparison figure is 39%.

Figures show a likely over-representation of Asian pupils in the cohort with a primary need of ASD and SLCN (19% compared with a South East average of 7%).

¹ Source: School Census, School Level Annual School Census (SLASC) and General Hospital School Census 2011-2019 (at January each year). 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. All schools includes all academies, including free schools, maintained and non-maintained special schools, middle schools as deemed, all through schools, city technology colleges, university technology colleges, studio schools and general hospital schools, and excludes nursery schools, independent schools and pupil referral units.

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	Communication and Interaction Needs		Cognition and Learning Needs				Sensory and/ or Physical Needs				Other	Total
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

SEND Benchmarking Data 2021

On 1 July 2021, out of 1450 EHC plans with Reading named as the home LA:

- 522 had a primary need of ASD registered (36%).
- 275 had a primary need of SEMH registered (19%)
- 213 had a primary need of MLD registered (15%)
- 207 had a primary need of SLCN registered (14.2%)
- 70 had a primary need of PD registered (5%)
- 58 had a primary need of PMLD registered (4%)
- 41 had a primary need of SLD (2.8%)
- 28 had a primary need of VI (1.7%)
- 28 had a primary need of HI (1.7%)
- 8 had a primary need of SPLD (0.6%)

There are an additional 59 EHC plans, where Reading is the funding LA but the EHC plan is maintained by another LA; the majority of these children and young people are children looked after with a high number in specialist provision:

- 29 have a primary need of SEMH (49.9%)
- 9 have a primary need of ASD (16%)
- 7 have a primary need of MLD (12%)
- 6 have a primary need of SLCN (10.2%)
- 3 have a primary need of SLD (5.1)
- 2 have a primary need of PD (3.4%)
- 1 has a primary need of PMLD (1.7%)
- 1 has a primary need of SPLD (1.7%)

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	Communication and Interaction Needs		Cognition and Learning Needs				Sensory and/ or Physical Needs				Other	Total
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

Characteristics

Gender

Reading has a higher ratio of boys to girls who have EHC plans in comparison to the South East and England.

Gender and SEN Support and EHC plans in Reading, SE and England							
		SEN Support			EHC Plan		
		2018-19	2019-20	2018-19	2019-20	2018-19	2019-20
Reading	Boys%	64.9	64.6	62.8	76	77.3	78
	Girls%	35.1	35.4	37.2	24	22.7	22
South East	Boys%	65	64.3	63.8	73.5	73.3	73.2
	Girls%	35	35.7	36.2	26.5	26.7	26.8
England	Boys%	64.9	64.6	64.2	73	73.1	73.1
	Girls%	35.1	35.4	35.8	27	26.9	26.9

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

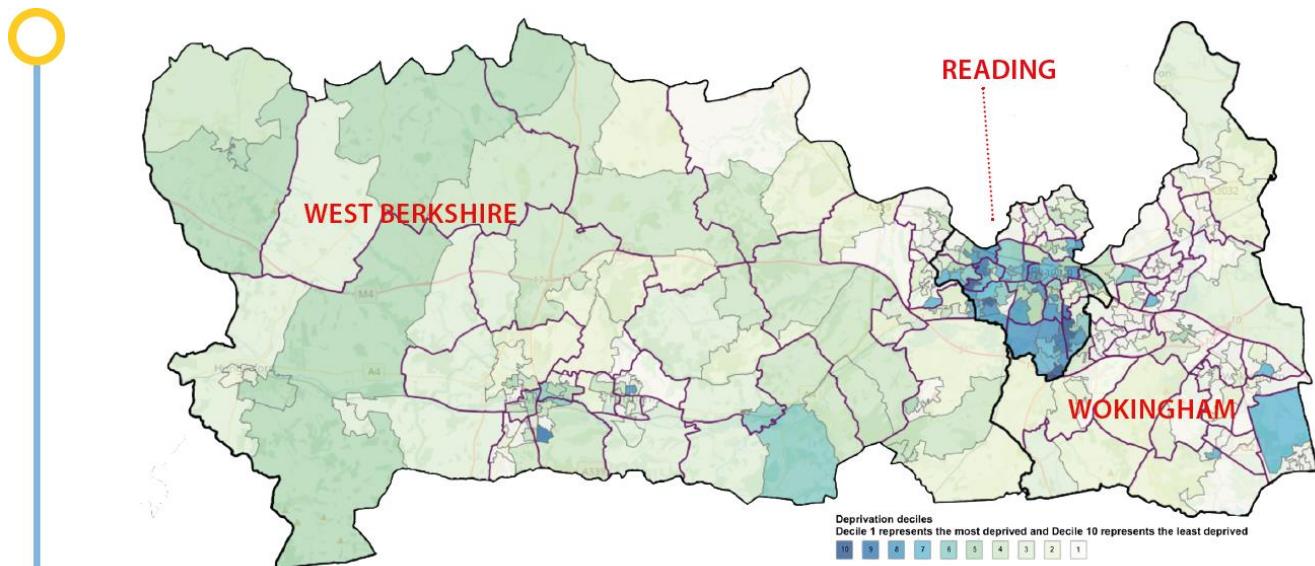
Free school meal eligibility

Nationally pupils with special educational needs are more likely to be eligible for free school meals. Reading is an outlier compared to geographical neighbours but in line with statistical neighbours.

Free School meal % eligibility and SEN Support and EHC plans in Reading, SE and England						
Area	SEN Support			EHC Plan		
% eligible for free school meals	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Reading	26.7	29.6	33.3	30.6	33.7	39.7
West Berkshire	15.6	17.9	22.7	21.6	21.9	27.5
Wokingham	13.8	15.7	17.6	20.5	20.4	21.1
South East	22	24.8	29.2	27	28.4	32.3
England	27.3	29.9	34.3	32.8	34.6	38
Sheffield	37.5	40.1	44.8	42.7	44.8	47.7
Milton Keynes	24.3	27.5	32.1	27.7	29.5	33.8
Bedford	23.1	25.4	29.3	29.9	32.4	34.8
Brighton and Hove	27.9	31.7	34.9	34.2	36.3	40.5
Bristol	32.4	35.5	39.8	42.4	44.8	47.9
Southampton	35.7	40.1	45.8	41.0	41.7	46.3
Derby	30.7	33.7	39.4	36.1	38.0	42.8

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent school

This is reflected in the Index of Multiple Deprivation (IMD) of Berkshire West, below, with bluer areas showing the most deprived and green areas showing the least deprived areas.



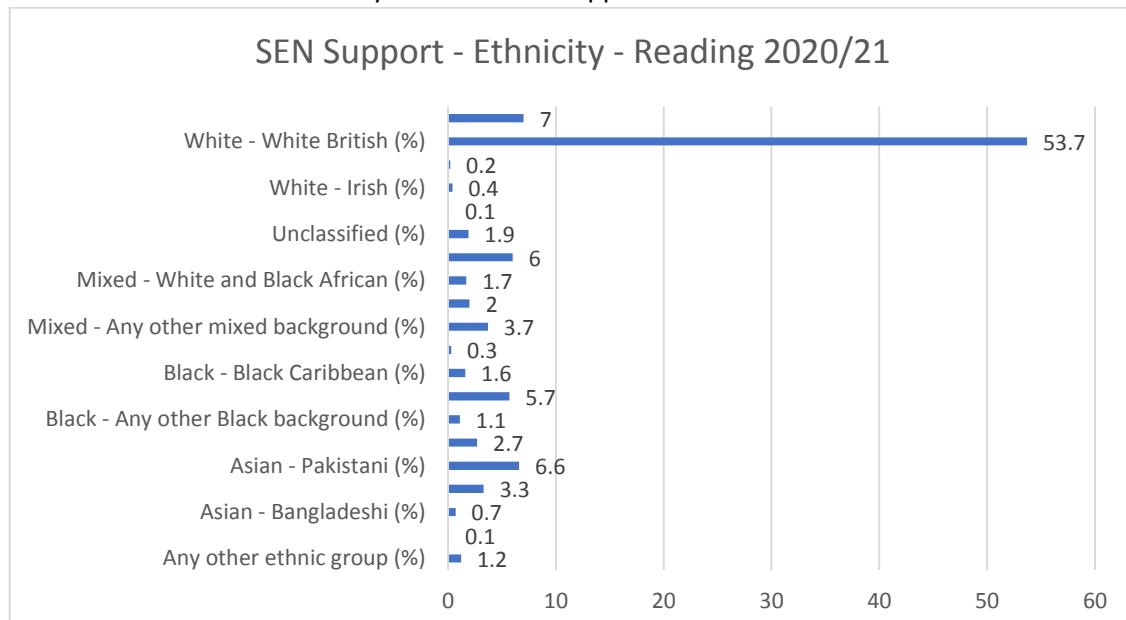
- English as a first language

CYP with SEND and first language English/not English – Reading 2020-2021		2020/21
SEN Support	First language known or believed to be English %	77.9
	First Language known or believed to be not English %	21.4
EHC plans	First language known or believed to be English %	76.9
	First Language known or believed to be not English %	22.1

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

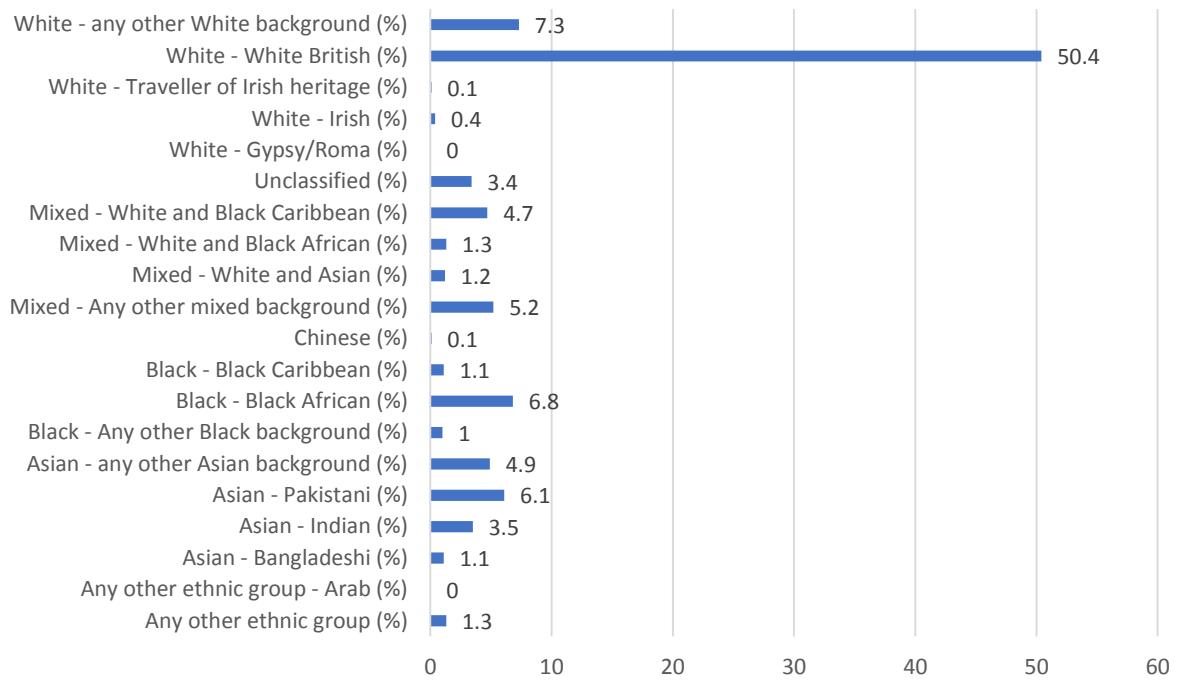
Ethnicity

The tables below show the ethnicity of CYP at SEN Support or with an EHCPC.





EHC plans - Ethnicity - Reading 2020/2021



Types of school

The majority of pupils in Reading, in January 2021 with EHC plans, attended a maintained mainstream school, academy or free school. The percentage attending resourced base provision, was 6.1%, significantly higher than compared to the South East or England.

In January 2021, 28.8% of pupils with EHC plans attended a special school. This is a slightly lower percentage compared to England or the South East. However, the percentage of children with EHC plans attending Independent Non-Maintained schools with a Reading EHC plan is significantly lower (2.9%) compared to England (4.1%) and the South East (5.5%). This will have a positive impact on the High Needs Block in relation to the total spend on high cost placements and has been the result of our SEND strategy to reduce out of borough placements and increasing mainstream resource units. A number of these placements have been awarded post tribunal.

% of CYP with an EHC Plan maintained at 14th January 2021, by Placement					
			Reading	South East	England
Non-maintained EY settings in the private and voluntary sector			0.4	0.4	0.5
Mainstream School	LA Maintained	School	20.6	16.1	17.3
		SEN Unit	0.0	1.4	0.9
		Resourced Provision	5.0	1.7	1.5
	Academy	School	11.2	13.8	16.2
		SEN Unit	0.0	1.5	1.0
		Resourced Provision	2.1	1.5	1.4

	Free School	3.8	0.8	0.7
	Independent School	0.0	1.2	1.1
Special School	LA Maintained/Foundation	13.5	21.0	19.5
	Academy/Free	15.3	9.1	11.2
	Non-maintained	0.4	1.6	0.9
	Independent	2.9	5.5	4.1
PRU AP	LA maintained	0.0	0.2	0.4
	Academy or Free School	1.7	0.2	0.3
Post-16	General FE colleges/HE	17.4	14.4	13.2
	Other FE	0.0	0.6	1.2
	Sixth form college	0.0	1.3	0.6
	Special Institutions	0.0	1.6	1.6
Other	Other Arrangement LA	2.0	1.4	1.0
	Other Arrangement Parent	0.0	0.2	0.2
No Placeme	Excluded on Census day	0.1	0.0	0.3
	Awaiting Placement	2.8	1.7	1.3
	NEET	0.0	1.7	2.5
	Other	0.0	0.22	0.5

SEN Benchmarking data – 2021

% CYP with Maintained Statements/ EHC Plans at 14th January 2021 Placed in Independent/ Non-Maintained Special Placements*

	2017	2018	2019	2020	2021
Reading	5.7	5.5	4.5	3.1	3.3
South East	8.5	7.8	8.7	9.3	9.9
England	7.4	7.2	7.4	7.6	7.7

SEN Benchmarking data – 2021- *includes independent Mainstream Schools, Non-maintained Special Schools, Independent Special School and Independent post-16 provision.

Reading's previous SEND strategy has focused on the right provision in the right place at the right time; meeting needs locally; building skills and confidence in mainstream schools for children with complex needs. The emphasis on securing appropriate provision continues in this strategy and forms part of Workstrand 6. The chart below shown the gap between demand and supply for places.

Elective Home Education (EHE) and Alternative Arrangements

Reading has a lower proportion of children and young people in elective home education in comparison to England and the South East. Reading saw an increase in demand for EHE in 2020 – Jan 2021, which reflects the national trend, but the total figure remains under the national percentage.

For children and young people with EHC plans awaiting provision/placement, Reading has increased the use of “other arrangements” (alternative provision) between 2020 and 2021.

Elective Home Education (EHE) and Alternative Arrangements												
		England		Reading		Wokingham		West Berks		South East		SN range
		2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	20-21
Elective home education	Number of EHC plans	2,983	3,660	6	10	6	11	12	18	602	719	8-25
	Percentage of EHC plans	0.8%	0.8%	0.4%	0.7%	0.6%	0.9%	1.2%	1.7%	0.9%	1.0%	0-1.4 %
Alternative Provision / arrangements by LA	Number of EHC plans	3,984	4,284	11	29	3	7	0	0	662	1029	
	Percentage of EHC plans	1.0%	1.0%	0.8%	2.0%	0.3%	0.6%	0.0%	0.0%	1.0%	1.4%	0-1.6%

In Reading, Education Welfare Officers have active involvement with those children with EHCPs who are not attending (currently 26 pupils out of 350 active cases – May 2021).

Using our Young Carers Screening Tool, we have identified 15 young carers who are supporting a sibling with a physical or learning disability (and have an EHCP).

Early years

In Reading the percentage of children aged under 5 with an EHC plan has increased since 2017.

% EHC plans, under 5s Jan 2017-Jan2021					
	2017	2018	2019	2020	2021
Reading	2.8%	2.6%	3.7%	3.3%	3.7%
South East	4.1%	3.6%	3.9%	4.0%	3.7%
England	4.0%	3.9%	4.0%	3.9%	3.8%

In Reading, the early help service uses a multi-agency assessment to identify children in the early years sector. This assessment gathers information from a range of agencies who know the child and includes health needs including physical, emotional and social needs. The outcomes are then recorded in the mosaic system to enable those children with an EHCP to be supported. In April 2021, 9% of the active cases within Early Help had an EHCP (50 cases), the majority of these were being supported by family workers.

24 staff in the private, voluntary and independent sectors have completed a level 3 special needs co-ordinator course to support their settings in identifying need. This is complemented by 10 settings who have completed the early years SEND inclusion award. Children with emerging needs also receive 2 year funded places.

The number of children who are children looked after or on Child Protection has remained steady over the last five years apart from 2018 when there was a spike (CP-36% and CLA- 40% increase) whereas the number of Early Years children registered as Child in Need has decreased significantly.

Early Years Children in Reading Subject to Children in Need (CiN), Child Protection (CP) and Children Looked After (CLA) at January 31 st each year					
	2016	2017	2018	2019	2020
Children Looked After	49	47	59	51	48
Child Protection	69	83	94	68	66
Child in Need	360	347	309	260	227

Looked after children and children in need with SEND – prevalence and characteristics

In Reading – of the 71 children with an EHC plan who were CLA on 1 July 2021:

- 13% of children were in receipt of SEND support and 3% of children were undergoing statutory assessment (May/June 2021). Of the children who have an Education Health Care Plan 57.6% have a primary need of Social, Emotional Mental Health needs of which 16 are in an independent non maintained school, home or hospital. 17% of Cognition and Learning needs, 17% of Communication and Interaction needs and 8.4% of Physical and Sensory needs.
- The number of children looked after has fallen over the last three years by 19% and the number of children in need has fallen by 28% although the number of children designated as requiring protection has decreased by 30%. During this same time frame the overall under 5 population is estimated to have fallen by 5%.
- In Reading, the wards with the highest percentage of children with social care involvement are Whitley, Southcote and Minster.

Attainment of children and young people with SEND in Reading Schools

The data provides a mixed picture of attainment of children and young people with SEND across Reading:-

- Key stage 2 pupils have significantly improved in achieving expected level of attainment
- However, progress scores in reading, writing and maths in Key stage 2 for those with SEND have decreased
- In Key stage 4 progress and attainment for SEND pupils is good
- All School Standards work is focused on quality of curriculum & fully embedding principles of instruction, supporting shared model of learning.

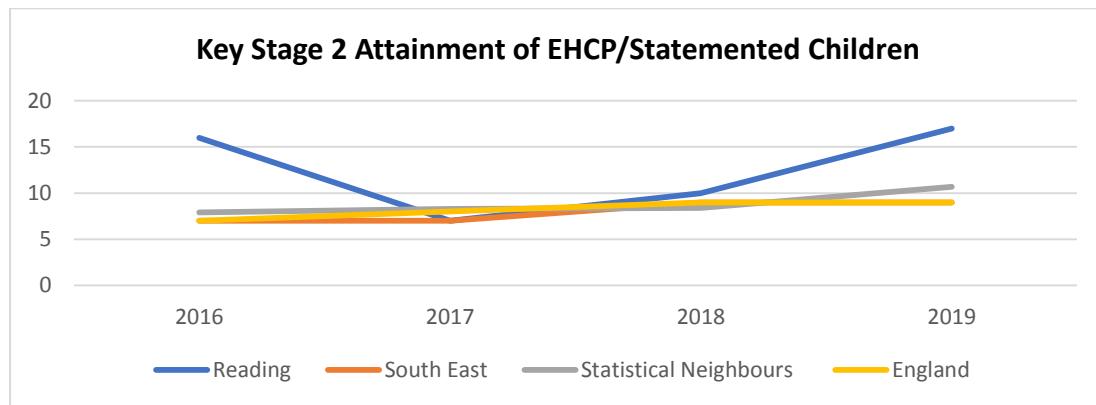
Attainment at Key Stage 2: Quartile Banding A (12-50%), National Rank 6

The performance of children with SEND at Key Stage 2 is strong and some of the best performance of any local authority in the country.

Significant improvement since 2017 at KS2 for children supported with EHC Plans achieving the expected level, with 17% of children achieving this in 2019 (up from 7% in 2017), and against the South East average of 9% (2019), statistical neighbours average of 10.7% (2019) and England average of 9% (2019).

CLASSIFICATION: OFFICIAL

Between 2018 and 2019, school performance increased seven times above the South East average and more than three times the national average. The 2019 result ranks Reading as sixth and the top quartile nationally for performance in this metric.



Progress Scores at Key Stage 2 for children with SEND

Reading's performance for progress is not as strong as attainment at Key Stage 2. Reading is in the bottom quartile and ranks one of the lowest local authorities in the county.

LAIT DATA: Quartile Banding D (up to -4.48%), National Rank 143

A pupils' progress score is the difference between their actual KS2 result and the average result of those in their prior attainment group. If Emily, for example, received 102 in reading at KS2 and the average KS2 reading score for her prior attainment group was 101 - her progress score would be +1. Average scores for reading has fallen since 2017 and significantly since 2018 at KS2 for SEN pupils, with a drop of -0.5.1 in 2017, a drop of -4.6 in 2018, and a drop of -6 in 2019. This is against the South East average of -3.9 (2019), statistical neighbours average of -3.3 (2019) and England average of +0.2 (2019).

Between 2018 and 2019, in Reading schools, there was decreased performance of more than 1.5 times compared to the South East average and the national average. The 2019 result ranked Reading – 143, and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Reading				
	2017	2018	2019	Change from previous year
Reading	-5.1	-4.6	-6	-1.4
South East	-3.9	-4.0	-3.9	-0.1
Statistical Neighbours	-4.13	-4.59	-3.3	1.29
England	-3.7	-3.8	-3.6	0.2

Progress Scores at KS2 by SEN pupils – Writing

LAIT DATA: Quartile Banding D (up to -5.38%), National Rank 120

Between 2018 and 2019, in Reading schools, there was a decrease in performance more than twice the South East average and more than four times the national average. The 2019 result ranks Reading 120 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Writing				
	2017	2018	2019	Change from previous year
Reading	-4.3	-4.8	-5.7	-0.9
South East	-5.1	-4.4	-4.8	-4.0
Statistical Neighbours	-5.02	-4.28	-4.01	0.27
England	-4.3	-4.1	-4.3	-0.2

Progress Scores at KS2 by SEN pupils – Maths

LAIT DATA: Quartile Banding D (up to -1.6%), National Rank 125

Performance in Maths is in the bottom quartile and is some of the poorest in the country. Between 2018 and 2019, the performance in Reading schools was roughly in line with the South East, but nearly twice as poor as our statistical neighbours and the national average. Our 2019 result ranks Reading 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Maths				
	2017	2018	2019	Change from previous year
Reading	-1.30	-2.50	-1.90	0.60
South East	-2.00	-1.60	-1.80	-0.20
Statistical Neighbours	-1.06	-1.04	-1.06	-0.02
England	-1.10	-1.00	-1.00	0.00

Progress Scores at KS2 by SEN support pupils -Reading

Average progress scores for reading at key stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-1.5 average score). This is lower than the South East (average of -1.4 (2019)), statistical neighbours (average of -0.84, 2019) and England average of -1 (2019).

Between 2018 and 2019, performance in Reading schools improved the average score by +0.6 which is significantly higher than its statistical neighbours (improvement of +0.1) and the South East and national average, both of which did not change from the previous year. The 2019 result ranks Reading 107 and the third quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Reading				
	2017	2018	2019	Change from previous year
Reading	-1.80	-2.10	1.50	0.60
South East	-1.50	-1.40	-1.40	0.00
Statistical Neighbours	-0.81	-0.94	-0.84	0.10
England	-1.20	-1.00	-1.00	0.00

Progress Scores at KS2 by SEN support pupils –Writing

Reading is in the bottom quartile for performance in writing. Average progress scores for writing at by pupils at Key Stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-2.3 average score). This is equal to the South East (2019), but lower than both statistical neighbours (average of -1.94, 2019) and England average of -1.7 (2019).

In Reading, between 2018 and 2019, the average score improved by +1.4 which is significantly higher than its statistical neighbours (dropped -0.07) and the South East (+0.3) and national average (+0.1). The 2019 result ranks Reading 112 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Writing				
	2017	2018	2019	Change from previous year
Reading	-2.60	-3.70	-2.30	1.40
South East	-3.20	-2.60	-2.30	0.30
Statistical Neighbours	-2.14	-1.87	-1.94	-0.07
England	-2.20	-1.80	-1.70	0.10

Progress Scores at KS2 by SEN support pupils — Maths

Reading is in the bottom quartile for progress and ranked 125 out of 152 local authorities. Average progress scores for maths at KS2 by pupils with SEN support have fluctuated between 2017 and 2019, with an average score of -1.9 in 2019. This is a little lower than the South East (-1.8, 2019), and lower than both statistical neighbours (average of -0.02, 2019) and England average of -1 (2019).

However, between 2017/18 and 2018/19, BFFC improved its average score by +0.6 which is significantly higher than its statistical neighbours (dropped -0.02) and the South East (-0.2) and national average (no change). The 2019 result ranks Reading - 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Maths				
	2017	2018	2019	Change from previous year
Reading	-1.30	-2.50	-1.90	0.60
South East	-2.00	-1.60	-1.80	-0.20
Statistical Neighbours	-1.06	-1.04	-1.06	-0.02
England	-1.10	-1.00	-1.00	0,00

Attainment 8 Scores at KS4 by pupils with an EHCP

At Key Stage 4, Reading young people with SEND perform well with Reading ranked 25 out of 152 local authorities.

A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.

Attainment 8 scores at the end of KS4 for pupils with an EHCP trended downwards between 2016 and 2018, improving in 2019 and significantly improving in 2020, with an average score of 19. This is higher than the South East (16.3, 2019), statistical neighbours (15.8, 2019) and England (15.2, 2019). Between 2019 and 2020, BFFC improved its average attainment 8 score by 4.8 which is considerably higher than its statistical neighbours (increased by 2.66) and the South East (increased by 2.10) and more than three times the national average (increased by 1.5). Our 2019 result ranks us 25 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with an EHCP						
	2016	2017	2018	2019	2020	Change from previous year
Reading	17.50	15.60	13.60	14.20	19.00	4.80
South East	17.50	14.20	13.90	14.20	16.30	2.10
Statistical Neighbours	16.43	13.26	13.26	12.52	15.18	2.66
England	17.00	13.50	13.50	13.70	15.20	1.50

Attainment 8 Scores at Key Stage 4 for SEND support pupils

For young people with SEND support, Reading is also performing in the top quartile at Key Stage 4. A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.

Attainment 8 scores at the end of KS4 for pupils with SEN support have consistently improved in Reading since 2017, reaching 39.2 in 2019. This is higher than the South East (36.5, 2019), statistical neighbours (36.99, 2019) and England (36.40, 2019).

Between 2019 and 2020, BFFC improved its average attainment 8 score by 4.2 which is higher than its statistical neighbours (increased by 3.8) and the South East (increased by 3.7) and national average (increased by 3.8). Our 2019 result ranks us 35 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with at SEN Support						
	2016	2017	2018	2019	2020	Change from previous year
Reading	35.00	31.70	32.00	35.00	39.20	4.20
South East	36.50	32.10	32.70	32.80	36.50	3.70
Statistical Neighbours	36.51	32.59	32.85	33.19	36.99	3.80
England	36.20	31.90	32.20	32.60	36.40	3.80

Progress 8 Scores at Key Stage 4 by pupils with an EHCP

Reading is in the third quartile for performance for young people with an EHCP at Key Stage 4 for Progress 8.

The Progress 8 score is based on pupil's performance score across 8 subjects – this performance score is known as the “Attainment 8” score. Attainment 8 is a measure of a pupil's average grade across a set suite of eight subjects.

Between 2016 and 2019, Progress 8 scores at the end of KS4 for pupils with an EHCP have fluctuated, with an average score of -1.31 in 2019. This is lower than South East (-1.19, 2019), statistical neighbours (-1.24, 2019) and national averages (-1.17, 2019).

Between 2018 and 2019, BFFC improved its average progress 8 score by +0.17 which is higher than its statistical neighbours (decreased by -0.1), the South East (decreased by -0.12), and the national average (decreased by -0.08). Our 2019 result ranks us 102 and the third quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Statement/EHCP					
	2016	2017	2018	2019	Change from previous year
Reading	-1.27	-0.76	-1.48	-1.31	0.17
South East	-1.02	-1.05	-1.07	-1.19	-0.12
Statistical Neighbours	-1.08	-1.15	-1.15	-1.24	-0.10
England	-1.03	-1.04	-1.09	-1.17	-0.08

Progress 8 Scores for Key Stage 4 for young people with SEND support

Performance against this metric has remained relatively static.

Between 2016 and 2018, Progress 8 scores at the end of KS4 for pupils with SEN support were fairly static and significantly lower than South East, statistical neighbours and national averages. The significantly improved in 2019, improving by +0.36 to reach -0.38. This is higher than the South East (-0.49, 2019), statistical neighbours (-0.41, 2019) and England (-0.43, 2019).

Between 2018 and 2019, BFFC improved its average progress 8 score by +0.36 which is significantly higher than its statistical neighbours (decreased by -0.03) and the South East (decreased by -0.02).

The national average remained unchanged between 2017/18 and 2018/19. Our 2019 result ranks us 64 and the second quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils at SEN Support					
	2016	2017	2018	2019	Change from previous year
Reading	-0.75	-0.79	-0.74	-0.38	0.36
South East	-0.39	-0.49	-0.47	-0.49	-0.02
Statistical Neighbours	-0.35	-0.45	-0.38	-0.41	-0.03
England	-0.38	-0.43	-0.43	-0.43	0.00

Post-16 – attainment by age 19

National Data: 30.0% of pupils identified with SEND in year 11 achieved Level 2 (equivalent to 5+ A*-C/ 9-4 at GCSE) including English and mathematics (GCSEs only) by age 19 in 2019/20, which is 44.6 percentage points lower than pupils without SEN (74.6%).

Statutory Assessments

In Reading the percentage increase in new EHC plans is 56% since 2014 and a 5.2% increase in 2020 (10.4% in England and 10.11% South East).

	2014	2015	2016	2017	2018	2019	2020	Jan-21	Percentage increase 2014-Jan 2021
Reading	919	963	998	1071	1173	1282	1364	1436	56%
South East	38817	39843	42828	48883	54630	60860	67602	74438	91.77%
England	237,111	240,183	256,315	287,290	319,819	353,995	390,109	430,687	81.6%

In Reading there was a 9.2% decrease in requests for statutory assessment by December 2020 although there has been a 21% percentage increase in the academic year 2020-2021 overall.

	2016	2017	2018	2019	2020	Decrease on initial RSAs between 2019 and 2020
England	55,235	64,555	72,423	82,329	75,951	8.39%
Reading	176	226	262	296	271	9.2%
South East	9,628	12,304	12,860	14,265	13,869	2.85%

The percentage of initial requests for assessment for an EHC plan that were refused during the calendar year 2020, was below the South East percentage, at 24.4 %.

	2015	2016	2017	2018	2019	2020
England	Initial requests for an EHC plan	z	55,235	64,555	72,423	82,329
	Initial requests for assessment for an EHC plan that were refused	10,935	14,795	14,586	17,890	18,755
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	26.8%	22.6%	24.7%	22.8%
Reading	Initial requests for an EHC plan	z	176	226	262	296
	Initial requests for assessment for an EHC plan that were refused	48	50	38	52	91
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	16.8%	19.8%	30.7%
South East	Initial requests for an EHC plan	z	9,628	12,304	12,860	14,265
	Initial requests for assessment for an EHC plan that were refused	1,722	2,738	2,835	3,742	3,826
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	23.0%	29.1%	26.8%

In Reading, the proportion of EHC plans issued within 20 weeks has significantly increased. In 2020, Reading was operating at 85.9% (excluding exceptions). This was also a significant improvement from 49.4% in 2019.

		2014	2015	2016	2017	2018	2019	2020
England	EHC plans excluding exceptions	1,177	19,712	30,942	36,702	45,145	49,519	54,175
	EHC plans excluding exceptions issued within 20 weeks	757	11,675	18,140	23,805	27,111	29,895	31,446
	EHC plans including exceptions	1,359	24,624	36,019	41,250	48,543	53,327	59,097
	EHC plans including exceptions issued within 20 weeks	836	13,451	20,045	25,302	28,178	31,313	32,863
	Rate of EHC plans excluding exceptions issued within 20 weeks	64.3%	59.2%	58.6%	64.9%	60.1%	60.4%	58.0%
	Rate of EHC plans including exceptions issued within 20 weeks	61.5%	54.6%	55.7%	61.3%	58.0%	58.7%	55.6%
Reading	EHC plans excluding exceptions	0	68	70	151	193	172	185
	EHC plans excluding exceptions issued within 20 weeks	0	62	67	142	143	85	159
	EHC plans including exceptions	0	79	91	159	201	174	190
	EHC plans including exceptions issued within 20 weeks	0	68	69	142	143	85	160
	Rate of EHC plans excluding exceptions issued within 20 weeks	z	91.2%	95.7%	94.0%	74.1%	49.4%	85.9%
	Rate of EHC plans including exceptions issued within 20 weeks	z	86.1%	75.8%	89.3%	71.1%	48.9%	84.2%
South East	EHC plans excluding exceptions	199	2,615	5,545	6,333	7,882	8,792	9,166
	EHC plans excluding exceptions issued within 20 weeks	65	1,485	2,390	3,344	4,021	4,164	4,465
	EHC plans including exceptions	235	3,779	6,168	7,047	8,324	9,281	9,614
	EHC plans including exceptions issued within 20 weeks	68	1,779	2,624	3,602	4,171	4,303	4,600
	Rate of EHC plans excluding exceptions issued within 20 weeks	32.7%	56.8%	43.1%	52.8%	51.0%	47.4%	48.7%
	Rate of EHC plans including exceptions issued within 20 weeks	28.9%	47.1%	42.5%	51.1%	50.1%	46.4%	47.8%

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people

- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way e.g.
 - A well-established system in the neonatal unit ensures that babies who may have additional needs are referred promptly to the integrated therapy team
 - Each school has regular contact with a link speech and language therapist (SLT), enabling a quick response to requests for support.
 - A dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage.
- Schools and early years settings are well supported by professionals from both education and health services
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded.
- A number of schools have collaborated to ensure that their curriculum supports all pupils to learn, including those with SEND. This work focuses on making it as easy as possible for pupils with SEND to learn, stressing the importance of sequencing learning, early reading and the development of language and communication. A wide range of curriculum support and training has been provided by local area partners to support this development. This is leading to pupils with SEND being able to learn more and remember more, and so make greater progress.
Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.
- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

Areas of development

- **The needs of vulnerable young children are not being consistently identified by health professionals.** The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
 - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
 - health visitors are not always notified when families move into the area
 - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened:**
 - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
 - contributions from social care are too rare and often lack sufficient detail
 - plans do not routinely include consideration of preparation for adulthood outcomes
 - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- **The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups.** Opportunities to use shared models of support and co-production are missed.
- **The number of adults with learning difficulties in meaningful activity or paid employment needs to increase.** Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.



Key performance indicators – where will we be by 2027

By 2027, all key performance indicators will be in the top quartile and any local area inspection will rate Reading as one of the best areas in the country for children and young people with SEND.

CLASSIFICATION: ENTER HERE

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>1. Ensure the needs of vulnerable pre-school children are being consistently identified by health professionals.</p> <p>This work is being led by the One Reading Partnership EY strategic group (Corinne Dishington) Regular updates to Strand 2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 121</p>	<ul style="list-style-type: none"> the health check on offer to all two to two-and-a-half-year-old children identifies speech, language and communication difficulties in a timely manner and improve the take up checks. <ul style="list-style-type: none"> health visitors are notified when families move into the area clarify who should do this pregnant women receive an antenatal contact better take up of 2yr old funding – Corrine leading on this? 	March 2023	identify additional needs and plan early	Corinne Dishington, Early Help
<p>2. EY: Develop shared priorities, models of support and co-production for the very youngest children and their families in Reading</p> <p>The ORP EY strand is coproduced, with EY families represented.</p> <p>The transition workstream develops shared framework for supporting children moving into primary school – Aimee Trimmer</p>	Shared models of support and co-production are clear and evidenced multi-agency working will be improved in EY	March 2023	The identification and meeting needs of EY children with SEND benefits from shared focused priorities across families and partners Children are better prepared for primary school	Corinne Dishington

CLASSIFICATION: ENTER HERE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
SALT communication pathway development is in place				
3. Liaise with Berks West SEND JIG to produce clear pathways to health services for children with and without an EHCP (CCG funding currently determines the system – different providers). (Schools would like to refer to SALT/OT/Physio as well as Health Visitors. Education settings can with EHCPs but not SEND support.)	Clear pathways are in place. Health visitors and Education settings are able to directly refer to the paediatrician, physiotherapist & occupational therapist (in addition to existing agreement for referrals to SLT and the neurodevelopmental pathway).	March 2023	Reduce delay and inconsistency to accessing services. Parents/carers are confident in pathways and access to services.	Deb Hunter
4. Liaise with Berks West SEND JIG re reducing the wait for a diagnostic appointment for ADHD and ASD. Strand 2 has regular updates on waiting lists.	Waiting times decrease. Parents report satisfaction with needs led support services.	March 2023	Reduce waiting time for an efficient diagnostic service, whilst ensuring needs led services & support.	Deb Hunter
5. EY SCD Resources in Blagdon, Norcot & Snowflakes	Monitor costs, impact & demand for the SCD EY resource bases Produce reports & recommendations for the SEND Strategy Group	July 2022		Vikki Lawrence
6. Monitor and update the development of satellite classes;	Ensure clear communication of plans and vision			Debs Hunter

CLASSIFICATION: ENTER HERE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	Produce reports & recommendations for the SEND Strategy Group			
7. Implement the Alternative Provision procurement framework	The AP report gives recommendations to ensure there is sufficient AP to meet needs Children are offered AP if necessary to ensure as soon as possible if out of school.	January 2022	Children and young people's needs are met locally in appropriate settings	Warren Manning
8. Strengthen the health and social care aspects of the EHC plan process 9. The number of adults with learning difficulties in meaningful activity if unable to work needs to increase.	<ul style="list-style-type: none"> ▪ evidence of findings from the audit process result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement to Strand 2 report three times pa. ▪ contributions from social care are reliable and of good quality ▪ plans include consideration of preparation for adulthood outcomes ▪ develop SOPs on the coordination of statutory assessments with the EHC plan and annual review process for children looked with a pep and MHEW reviews. 	July 2022	The complex needs of these children and young people are reviewed holistically.	Nikki Stevens
	Increased options and places within adult social care for meaningful activities for young people with very complex disabilities.	March 2023	Increased opportunities for young people with complex needs unable to work	Clare Martin

CLASSIFICATION: ENTER HERE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>Preparation for working life and other options are discussed as early as possible together with independence skills.</p> <p>Annual Review at Year 9 should focus on this but work should start asap.</p> <p>Link with Strand 4 for commissioning of day care options for those unable to work.</p> <p>P</p>	EHCP includes plans for after college are in place in a timely manner			
10. Tackle Persistent Absence by ensuring caring responsibilities are addressed in Annual Reviews SEND team in conjunction with young carers' manager EOTAS with EHCP being reviewed	Children with EHCPs are attending school/college and that they have the support they need with any caring responsibilities	July 2022		Education Welfare Service
11. Roll out and embed Autism Growth project.	Schools take up training; networks are established; parents & CYP involved		CYP with autism have a more positive experience of education; lower MH needs in CYP with autism; schools feel supported and knowledgeable about recognising and supporting needs	Alice Boon and Debs Hunter
12. Ensure girls with neurodiversity are identified early	Schools understanding of all CYP with neurodiversity will improve as a result of	July 2022	Ensure robust assessment processes	Debs Hunter and Alice Boon

CLASSIFICATION: ENTER HERE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	the Autism Growth Project, including girls & those without a diagnosis. Link more closely with the Autism Board, CAMHS pathway, PSC, & Autism Growth. Coproducing guidance with parents for schools on masking. Schools listening to parents.		are in place to support early identification of need to ensure that right children are accessing SEN support or statutory assessment if appropriate.	
13. Review all primary need for children and young people with plans. page 125	All primary needs will have been reviewed and updated. Examine the updated data on primary needs	July 2022	Confidence in and understanding of primary needs informs placement planning & services	Nikki Stevens
14. School standards team to provide support and challenge to school leaders to help them improve the quality of their curriculum so that SEND children make better progress across each Key Stage. Support the SENDCO network to further develop and implement effective teaching and learning techniques that improve SEND progress in their schools	Improve progress for children with SEND and EHCPs at KS2 in reading, writing and maths within locally maintained schools	July 2022		Alice Boon
15. SEMH is identified as an area of need – continue TTS & Trauma Informed Approached Link to strand 3 & ORP Consistent approaches	Networks, champion schools, are established and lead with partners and parents	July 2022	Schools feel supported and skilled to help CYP with SEMH needs be successful in school, in a	Alice Boon

CLASSIFICATION: ENTER HERE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			holistic range of areas. CYP benefit and have a positive experience of educational settings.	
16. Review the workstrand once the Government's SEND Review is known and amend in line with Governmental priorities	Refreshed workstrand reflecting changed priorities	July 2022		Deb Hunter

Workstrand 3 – Consistent approaches to emotional well being

What does the data tell us?

Berkshire West Health and Wellbeing strategy (2021-2030) has a key focus on mental health and well being. This is highlighted in Priority 4: Promote good mental health and well being for all children and young people.

Their data shows:

- Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14.

Mental health problems further widen health inequities with children from households in the poorest areas of Berkshire West four times more likely to experience severe mental health problems than those from the richest areas.

Besides social factors, other important contributors to mental health and wellbeing amongst children and young people include general health and physical activity. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of children and young people also warrant urgent attention. Mental health conditions that start at a young age often persist into later life and limit children and young people's opportunities to thrive in both education and in the job market. Closing the gap in mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all children and young people have the best chance of making the most of the opportunities available to them and fulfilling their potential.

- The three key issues affecting the mental and emotional welfare for local children and young people are:
 - 1) Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
 - 2) Limited access to mental health education and services to support children and young people and prevention services;
 - 3) The waiting time to access child and adolescent mental health services (CAMHS).

The results from Berkshire's survey on health and well being showed over 70% of people 45 years or younger and about 50% of all respondents considered good mental health and wellbeing for all children and young people an extremely important issue. However, the respondents raised concerns about insufficient support in schools and the struggles faced by many families.

What did the inspection say in the June 2021 Local Area SEND Inspection?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND
This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way...a dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage. This helps professionals to decide what further information will be needed and to prioritise the young person's needs in the system.
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help. This early identification of children and young people with less complex needs is, in turn, improving the recognition of children with more complex needs. The prompt detection and support provided by schools and early years settings frees up specialist practitioners to see pupils with more complex needs more quickly.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an

Strand 3: Mental Health & Emotional Wellbeing.

- existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.
- There is evidence of a commitment to co-production and joint working at a strategic level to meet the needs of children and young people with SEND. This is leading to some examples of very effective co-production, such as the approach to mental health support offered across the area.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively
- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.
- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number

of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion, but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also, that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with

Areas of development

- **The needs of vulnerable young children are not being consistently identified by health professionals.** The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
 - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
 - health visitors are not always notified when families move into the area
 - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist, but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD**
- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD

Key performance indicators – where will we be by 2027 (data)

See action plan below

Action Plan 2022/23

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update	
1: Promoting resilience, prevention and early intervention							
1.1 Page 131	Set up a 2nd MHST that covers 17 schools in the South & East of Reading	Improving Children and Young People's Mental Health in Schools and Colleges	Staff full recruited and trained, delivering clinical activity, training and consultation - receiving referrals and delivering outcomes for CYP (Sept 2022)	<p>By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23).</p> <ul style="list-style-type: none"> •500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually. •CYP report progress using ROMS. •Service user feedback shows positive impact. •Wait list of <12 weeks. •Schools report improvements in their recognition & interventions for MH. •Quarterly reports to NHS England and CCG. •Upload MHSDS minimum datasets monthly. •Annual feedback from parents, carers, CYP, schools. •Case audits & learning. 	Deb Hunter	Sept 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update	
1.2	Develop MHST 1	Improving Children and Young People's Mental Health in Schools and Colleges	MHST 1 offers comprehensive early intervention (Getting Support, Advice, and Getting Help in THRIVE model)	By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23). <ul style="list-style-type: none"> • 500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually. • CYP report progress using ROMS. • Service user feedback shows positive impact. • Wait list of <12 weeks. • Schools report improvements in their recognition & interventions for MH. • Quarterly reports to NHS England and CCG. • Upload MHSDS minimum datasets monthly. • Annual feedback from parents, carers, CYP, schools. Case audits & learning.	Deb Hunter	Review qtlly & annually	Enter Qtly numbers here
1.3	Continue Schools Link Mental Health project	Offering training and support, school/college staff can recognise and support less severe mental health and emotional wellbeing	- Mental health training modules - Develop modules for schools on adaptation of environments for good self-esteem and mental health. - Overcoming your child's anxiety workshops for parents	<ul style="list-style-type: none"> • Training – no. of participants • No. Schools participating • Training evaluations 	Training offer Sep 22		

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	issues in their pupils. A whole school approach to mental health.	- Parent workshops planning underway for January 2021 onwards - Active signposting for CYP for self-care and resources.	• A comprehensive and responsive training offer has been shared with all settings No. of school MH surgeries No. of CYP discussed in MH surgeries. MH Dash board Quarterly reports			
1.4 Page 133	Therapeutic Thinking Schools Schools respond compassionately to the emotional and mental health needs of children and staff.	Supporting schools in promoting wellbeing (Ofsted framework) Include training on trauma informed approach in the schools training on therapeutic thinking. Training modules to be recorded and circulated to participating schools. Beacon School identified	Exclusion KPIs are met and show below national average rates of exclusion for all children and vulnerable groups • TTS audit show that schools who received training have attempted to implement the approaches • Identify and establish mechanisms for capturing parent and pupil views in schools where the approach is embedding No. of Reflective Spaces & attendees. Included in Quarterly reports from data from the MH Dashboard	Alice Boon	Reviewed annually	
1.5	Senior MH Lead training					
1.6	Parent workshops and signposting to mental health		Parents will report good support and information			

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
resources and self-care / self-help resources						
Develop a Reading Wellbeing Charter Mark	Educational settings will achieve the Reading Wellbeing Charter Mark in recognition of their approach to MHEW. Combine with a Resilience or MHEW curriculum offer; workshops for CYP/P; Audits (incl Oxwell).			Deb Hunter		
Promote Kooth & Qwell	Provision of online tool for support and information on MHEW		Continued growth in use of Kooth & Qwell Kooth national survey & local usage suggest we are targeting right areas including vulnerable groups, BAME, self-harm, anxiety, suicidal ideation. Kooth usage nationally CYP increase 42% & 63% of CYP presented in the 'severe' category on CORE. Reading had 449 new registrants in Q4, 57% out of school hours in lockdown and 69% out of lockdown.	Deb Hunter		
Develop our pre-school MHEW offer	Improving pre-school children's emotional	Training modules are written and offered to pre-school settings.	No. staff 7 settings attending training	Deb Hunter		First training offered.

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	wellbeing, and the abilities of pre-sch staff and parent / carers to recognise and respond.					
2 Support settings and communities in being trauma informed.						
2.1 P a g e 5 Continue to work with schools to ensure trauma informed approach becomes better understood and embedded in thinking and responses	Promote schools that have embraced the trauma informed approach. Set up a TIA Schools Network and Sharing Platform. The Trauma Informed approach is implemented across all strategies including Early Help and SEND, Health, partners, Families and communities.		Increase number of schools using TIA, undertaking training, and attending networks.	Deb Hunter	July 2022	
3.0 Identify & provide services for targeted populations i.e. the most vulnerable children & young people						
Learning Disabilities (& autism)	Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need; to provide early intervention, management and Crisis	Learning Disabilities ~scope level of need not currently being met through existing services ~review other examples of targeted support. ~proposal for new/enhanced offers. Work with The Avenue special school with CYP with LDD and / or neurodiversity to develop offer of mental health support	Specialised training offered (3 modules) Advice & support for adaptations to curriculum. Invite The Avenue to offer training to schools on managing self-regulation.	Deb Hunter	July 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	offers which is fit for all CYP and which caters for all ages, including adolescents to young adults (16-25) and diversities, such as CYP from diverse ethnic backgrounds, learning disabilities and from the LGBTQ+ communities	Training for The Avenue being written & dates will be arranged shortly School link EP is offering training modules to the school staff March 21				
Autism	As above	Autism Growth Project: AET & Portsmouth ND Profile (see strand 2) CPD and links to universities Promote the voices of CYP with neurodiversity Support Special United with their blog/ Vlog on being autistic. Support the setting up of adult mentors/ role models for CYP with neurodiversity. Work with PSC & Autism Berkshire in their programme of support for CYP with autism and ADHD. Early intervention – work alongside CYP.	AET training quotas met for Year 1 Autism offer developed (S2) Universities contacted. Reading University have expressed interest in possibly offering awards (modular Masters degrees). AB & PSC joining with this offer.	Deb Hunter	July 2022	
LGBTQI+	As above	"LGBTQ+ ~co-produce action plan to raise profile and access arrangements to help and support. Models of interventions are compared and local data analysed in order to make strategic decisions.	Run minimum of 2 information events or workshops with local LGBTQI+ groups in the next 6 months.	Deb Hunter	July 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Diverse ethnicities	Asset-based community development involves working with communities and focusing on their strengths and the contributions they can make, rather than the problems they face. It is underpinned by theories and practices which focus on the roots of health and wellbeing, factors and resources (or 'assets') which enhance individual and community wellbeing, and community resilience, independence, involvement and empowerment (Rippon & Hopkins, 2015).	Ethnic minority groups ~review current access ~co-produce action plan to raise profile and access arrangements to help and support. Contact Alafia (Acre) and faith group leaders; Close contacts within the BAME communities are made and training and workshops are agreed.	Run minimum of 4 information events or workshops with our faith and community groups in the next year. Contact Birmingham City Council and Lewisham Council on how they developed their offer for young black men. Investigate Youth & Theatre Companies.	Deb Hunter	July 2022	DH sent further email to Shagufta in Acre March 21
Young men's group	As above	Group run at Reading College	• Restart Young Men's groups at Reading College in Autumn term 2021.	Deb Hunter	July 2022	
Develop the new CLA MHEW service	There is an improved service offer for CLA – either within BFFC or through a Berks West CLA service. CYP who are CLA feel supported and know how to access services,			Deb Hunter	July 2022	-Workshops with BFFC staff have been held to establish model of MH support for CLA. -Monthly EWB workshops for social workers are in place by EPS & PMHT

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update	
	support and help when they need it.						
IFAs	Foster carers and social workers have a regular service offer to identify and support EWB and MH needs; they feel supported and know how to access services, support and help when they need it.		<ul style="list-style-type: none"> Have therapeutic support in place for the IFA. 	Deb Hunter	July 2022	-Focus groups held with staff in BFfC who work with CLA to illicit the model of support they feel is needed.	
Pa ge 8 Children on child protection plans and Children in Need.	As above	A systemic model of therapeutic support and advice is available to social care for CYP who are CiN or have CP plans		Deb Hunter	March 2023		
Pa ge 8 Children not engaged in education							
4.0 Data & performance monitoring for MHEW services in BFfC							
4.1	Develop shared mental health dashboard for BFfC MHEW services	To have a tool that enables oversight of all MHEW provision & KPIs, in order to improve services for CYP/F.	MH Dashboard -Continue to develop accurate and robust data information and interrogation for informing outcomes and strategic developments	MH dashboard developed for: <ul style="list-style-type: none">- EPs, PMHW;- IFA;- EH&P MH dashboard now shows 'live' data and is informing Qt reports. May: working on MH data from CLA and adding to the dashboard.	Deb Hunter	March 2023	Developed for EPS & PMHW; measures agreed for IFA but not yet collated.
5.0 Coproduction and communication							
	Clear system of communication of our local MHEW offer.	CYP/F know how to easily find advice & support	Clear pathways/ single point of access? Promote self-care, self-help for schools, CYP and parent/carers		Deb Hunter	March 2023	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	Start CYP and parent advisory groups	Provide mental health support that children and young people and their families want to access where and when they want it ie options for within schools and colleges, community, online, at home.	Contact Oxford Mind for support/ ideas. •Meet regularly (at least 3 times over next 8 months) with Special United to see their views. 2 CYP reports being responded to. Regular meetings with RFF re mental health. You Said, We did responses to CYP/F's views. Help CYP in Reading have a louder voice on mental health. High positive user feedback for all MH services.	Deb Hunter	March 2023	
P age 13	Purchase the Oxwell mental health survey for 2021. Put in place OxWell 2020 report recommendations (received Jan 2021):	1. Identifying the specific factors that contributed to lower wellbeing and happiness, increased loneliness and poorer sleep quality during lockdown for upper secondary age pupils 2. Encourage physical activity amongst school students, especially those in older year groups, the populations reporting the least amount of exercise 3. Provide online resources to promote the wellbeing of both primary and secondary school pupils		Deb Hunter	January 2022	
Local Transformation Plan						
	Update Plan with the CCG, partners, schools and CYP and parent/carers.	- Schools attend the Health & Wellbeing Board - Schools know of the JSNA, LTP & commissioning plans - Papers and resources on mental health are widely shared and promoted		Deb Hunter	October 2021	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Develop MHEW services within BFfC & across partners						
Continue to develop good relationships between schools and other partners such as CAMHS, social care, voluntary organisations, to establish joint working arrangements, referral pathways, share skills, knowledge and expertise, and train and learn from each other.	THRIVE	<p>Early identification work to reduce urgent cases: enable MHST, school nurses and other early intervention services to work with schools and families to seek help as appropriate.</p> <p>There are three layers to the work:</p> <ul style="list-style-type: none"> - Whole school work for all pupils, - Targeted work in school for some children with extra needs and - Individual, therapeutic support. <p>The therapeutic support can be in the form of staff consultations, group work, individual support or family consultations.</p>		Deb Hunter	September 2022	
CYP MHEW Transformation Plan across Berkshire West						
9 priorities identified – see separate Action Plan.				Deb Hunter	Dates in line with plan	
Building a formal delivery partnership arrangement						
Create a single access and decision-making partnership arrangement						

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Tackling the waiting times in both specialist/ Core CAMHs						
Meeting the Eating Disorder waiting times for response to referrals						
Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases						
Mobilising 2 further Mental Health Support Teams						
Meeting the COVID surge demand as it arises (tied to 3 & 5)						
Addressing gaps in access and service offer due to inequalities						
Strengthening our adolescent to young adulthood offer (16 – 25)		Adolescent (16-25) pilot evaluated and recommendations made				

Page 14

Workstrand: 4: Preparation for Adulthood (RBC lead Katie Laws)

What does the data tell us?

Local Data in relation to National Data

Quality performance SEND 16-24 Data	Cohort	Proportion engaged in:			Total	NEET	Current activity not known	NEET and NK%
		Mainstream education and training	ISPs	Supported Internships				
September 2020								
England	134,191	34.2%	0.7%	0.5%	35.4%	8.4%	54.9%	63.4%
South East	22,650	29.3%	0.2%	0.6%	30.1%	6.7%	62%	68.7%
Reading	393	50.4% (198)	0.0%	0.0%	50.4%	6.1% (24)	41.2% (162)	47.3% (186)
December 2020								
England	131,562	49.4%	1.3%	0.6%	51.3%	9.3%	38%	47.3%
South East	22,393	44.2%	0.5%	0.6%	45.3%	8.1%	45.3%	53.5%
Reading	397	67.5% (268)	1% (4)	0.0%	68.5% (272)	8.8% (35)	18.1% (72)	27% (107)
March 2021								
England	129,293	54.5%	1.5%	0.5%	56.5%	9.3%	32.7%	42%
South East	22,830	50.4%	0.6%	0.5%	51.4%	8.2%	39.1%	47%
Reading	396	69.9% (277)	1% (4)	0.0%	71% (281)	11.9% (47)	9.8% (39)	21.7% (86)

Data reporting for September 2020 demonstrates that:

- Out of a cohort of 393, 16-24 young people with EHC plans in Reading, 50.4% were engaged in mainstream education and training in comparison to 29.3 % in the South East. However, with 24 registered as NEET, a key challenge identified was the high SEND unknown picture, highlighting that nearly half of the cohort's situation was not known.
- A more robust tracking process was implemented, and closer working with the SEND Casework Team, has resulted in the reduction of unknowns by 31.4% (123 YP) by March 2021.
- This tracking exercise has positively impacted on Reading's SEND participation rates, rising to 71% (281 YP) engaged in education or training however it has also caused a rise in the number of SEND NEET, the numbers increasing by 5.8% (23 YP) at the end of March 2021, with a total of 47 SEN YP registered as NEET.
- However, SEND participation in education and training in Reading is higher compared to the South East and nationally. In Reading, a transition project has now been developed to ensure our work on transition to adulthood is robust and secure. The key aims for the project include:
 - Preparing for Adulthood Service evaluation and implementing key recommendations
 - Early identification of need through embedding the joint transitions process from 14+ for young people with SEND
 - Providing support and advice for providers participating in the co-commissioned accommodation and support pilot

A Preparing for Adulthood policy covering young people from age 14 to 25 has now been implemented. As part of this, a Preparing for Adulthood panel has been established to deliver training, collate feedback and ensure the creation of 'safe spaces' across Reading for young

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- people with SEND. This panel has developed our Child Sexual Exploitation protocol (CSE) and a monthly meeting is held to assess those young people at risk of CSE.
- e) At the end of March 2021 Reading's "Not Known" performance was nearly 30% lower than South East LAs and just over 20% lower nationally. Better identification and individual case management has allowed for earlier improved engagement with young people.
 - f) To ensure ongoing accuracy, a data cleansing activity is underway where the SEND EHCP open and closed data is cross referenced and updated on the DFE NCCIS database.

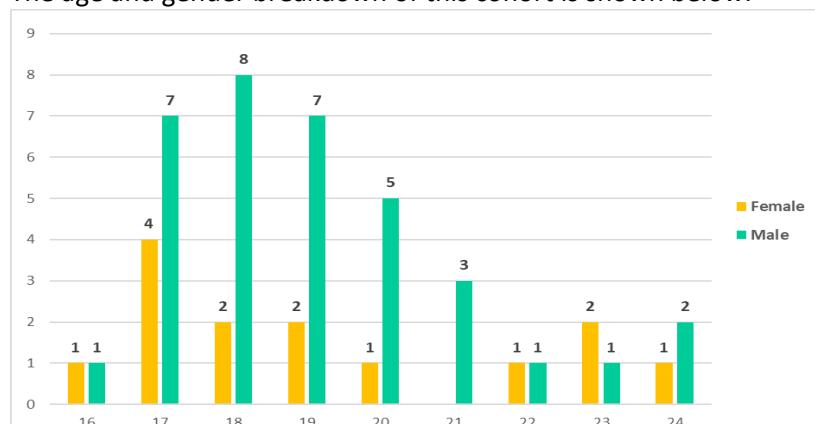
As of 10 May 2021, there were 389 young people with SEND, aged 16-25 years, with an open EHCP, living in Reading registered on the NCCIS database. Of these 79.9% - 311 young people with SEND are engaged in education, employment or training:

- 17.5% are attending sixth form School or Special School (Year 12, 13, 14, 15)
- 1% are attending specialist post 16 education provision
- 47.3% are attending Further Education (encompasses various courses of study –i.e. BTECs, Foundation programmes, Traineeships, Supported Internships)
- 0.5% have progressed onto a Higher Education course
- 1% engaged in an Advanced or Intermediate Apprenticeship
- 3.3% are engaged on a Study/Work Programme
- 2.1% are participating in reengagement programmes
- 1.3% are engaged in Traineeships
- 0.5% are engaged in formal education through their custodial sentence
- 4.4% are in employment with no formal training
- 1% are engaged in work based-voluntary opportunities

As of 10 May 2021, there were 12.6% - 49 young people with SEND 16-24, registered as NEET with an open EHCP:

- 8% are NEET available to labour market
- 4.6% are NEET not available to labour market due to various reasons such as illness, disengaged, complex barriers, anxieties.

The age and gender breakdown of this cohort is shown below:



- An analysis of the previous provider/destination attended prior to becoming NEET shows that a significant majority (57%) of this cohort have previously been in further education.
- 80% of this cohort have Entry Level 1 or below qualifications.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

Areas of development

- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened:**
 - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
 - contributions from social care are too rare and often lack sufficient detail
 - plans do not routinely include consideration of preparation for adulthood outcomes
 - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- **The number of adults with learning disabilities in meaningful activity or paid employment needs to increase.** Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities.
- **There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities.** There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.
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Key performance indicators – where will we be by 2027 (data)

To be developed.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
1) Exploratory work to understand the needs of the 4.6% of NEET that are not available and identify what support the families would require	Target to improve outcome for 4.6% NEET	September 2022	Sufficient and appropriate support is provided for families	SEND Team Preparing for Adulthood Team Managers
2) Identify and engage with the remaining young people whose “current activity not known”	Target to reduce 9.8% to 0%	April 2022	Improve SEND participation rates engaged in education or training	SEND Team
3) Establish and promote pathways between the Preparing for Adulthood Team and Mental Health Social Care Team so that no young people with a disability and/or mental health need falls through the net and joint working is undertaken where appropriate	Produce and launch practice guidance document for staff Update the Preparing for Adulthood Policy	April 2022	The needs of young adults with disability and/or mental health needs are met by the appropriate team in adult social care	Assistant Director DACHS
4a) Identify local services that provide post-employment support for SEND, undertake gap analysis and take action to address gaps b) Share information about available support via FIS / RSG / voluntary sector/ IASS	Increase proportion of young adults in supported employment in line with national average (currently 0%)	June 2022	Increase in number of young adults with SEND in meaningful employment. Mechanisms to support for young adults is in place when the contract with Ways Into Work ends.	Assistant Director DACHS – supported by an Officer

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
5a) Information sharing and training to improve knowledge about the EHCP process and expectations on staff b) Actions to be identified to develop shared understanding and commitment across Children's and Adult Social Care and Health about attendance and participation at EHCP reviews	All staff to attend EHCP workshop led by SEND team All staff to attend EHCP workshop led by SEND team	April 2022	Improved contributions by Health and Social Care to the EHCP process so that young people's aspirations are captured and outcomes are tangible. This will inform commissioning intentions and help to scope and shape the market.	SEND Team
6a) Embed the Preparing for Adulthood policy and process to enable the Preparing for Adulthood Team to undertake much earlier planning for young people with complex needs b) Seek feedback from families to ensure planning is being undertaken from age 14	All young people with SEND will have Preparing for Adulthood outcomes identified on their EHCP's from Year 9 review	Jan 2022	Earlier planning for children with very complex needs. This will inform commissioning intentions.	Assistant Director DACHS
7a) Needs analysis to be undertaken for the current cohort of young people aged 18-25 years. Joint planning to be undertaken with the Commissioning Team to see ensure all information is captured that would help inform service development and commissioning	100% of 18 – 25 year olds with SEND will have a needs analysis undertaken	Jan 2022	The needs of people aged 18-25 years are understood, and used to inform service development and commissioning intentions for them now and in the future	Katie Laws on behalf of PFA Team, and DACHS Commissioning Team



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
b) Findings to be shared with Adults Commissioning Team and used to inform commissioning intentions for this cohort now and in the future				
8a) Undertake survey on day services availability and capacity. b) Information to be shared with Commissioning Teams and used to inform commissioning intentions and service development		June 2022	Increase in availability of day service activities	Reading Mencap and DACHS Commissioning Team
9) identify actions to expand and promote the role of occupational therapy in independence planning		June 2022	Young people are supported by occupational therapists to maximise their independence	Lead OTs in Children's and Adults' social care

Workstrand 5: Short Breaks and related family support

What does the data tell us?

The national data published in August 2021 shows the following:

<https://www.gov.uk/government/publications/childrens-homes-providing-short-breaks/childrens-homes-providing-short-breaks> -

- As at 31 March 2020, there were 167 short-break-only homes in England.
- A third of all local authorities (LAs) (51, 34%) had no short-break-only homes within their boundaries.
- Of the 100 LAs that had short-break-only homes within their boundaries: 64 had 1 home, 21 had 2 homes and 15 had 3 or more, including in some of the geographically largest LAs.
- Most short-break-only homes were LA- or voluntary-sector owned. This was different from children's homes, which were mostly privately owned.

Table 1: Regional breakdown of number of short-break-only homes and the number of places provided, as at 31 March 2020

Ofsted region	Number of short-break-only homes	% of short-break-only homes	Number of places	% of places
North East, Yorkshire and Humber	34	20	227	23
North West	27	16	135	13
South East	25	15	171	17
West Midlands	22	13	115	11
East of England	19	11	119	12
South West	19	11	99	10
London	11	7	72	7
East Midlands	10	6	70	7
Total	167	100	1,008	100

Around half of all short-break-only homes (87 homes, 52%) were located in predominantly urban areas. A further 39 homes (23%) were in areas defined as 'urban with significant rural' parts. A quarter of all short-break-only homes (41, 25%) were in predominantly rural areas.

As urban areas are more densely populated, homes in these areas are likely to be locally accessible to a greater number of children and their families. The majority of densely populated areas were well served by short-break-only homes, though there are exceptions. However, there were only 41 short-break-only homes in rural locations across the whole of England. It is possible that disabled children who live rurally may have to travel long distances to access short breaks, or go without them entirely.

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Distribution of Short -break-only homes in comparison to statistical Neighbours:

Local authority in which the home is located	Local authority	Voluntary	Private	Health authority	Urban/rural classification	Number of short-break-only homes
Reading	0	1	0	0	Urban with city and town	1
Barnet	0	1	0	0	Urban with city and town	1
Bedford	1	0	0	0	Urban with significant rural	1
City of Bristol	2	0	0	0	Urban with city and town	2
Derby	1	0	0	0	Urban with city and town	1
Milton Keynes	1	0	0	0	Urban with city and town	1
Sheffield	3	0	0	0	Urban with minor conurbation	3
Southampton	0	1	0	0	Urban with city and town	1

Nationally the provision of short-break care for children in their early years (0 to 4 years) was the least extensive. Only 24 homes (14%) were able to provide care to this age group. However, the number of homes that can provide children aged 5 to 7 with short breaks increases substantially. As at 31 March 2020, just over two thirds (114 homes, 68%) of all short-break-only homes offered care to children within this age bracket. The number of homes increases even further for children aged 8 to 10. All short-break homes can accommodate this age group. There were 17 homes that did not indicate the youngest age group that they can accommodate.

There was a lot less variation in the upper age limit for short-break-only homes. Almost all homes (155 homes, 93%) were able to provide care for children up to the 16 to 18 years old range. An additional 9 homes offered care into early adulthood (19 years and above), subject to the majority of short breaks being taken by children under 18.

- In Reading we have Cressingham Short Breaks provision that provides overnight Short Breaks for children 8-18 years old. Cressingham is a 6-bed residential provision that is open all year round with the exception of Christmas and New year bank holidays. Cressingham is rated 'outstanding' following its inspection August 2021 and is registered with Ofsted to provide Short Breaks for children with learning disabilities, physical disabilities and sensory impairment

Reading data shows:

- 1,466 Children with an EHCP living in Reading
- 600 children named on the Reading Disabled Children's Register
- 1528 children aged 5 - 18 years receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP)living in Reading.
- 533 children with SEND open to Childrens Social Care
- 164 children open to CYPDT
- 42 children accessing a Direct Payment

Based on attendance figures for children attending short breaks in May/June 2021 we had 177 spaces taken up by Reading children, attending one or more sessions per week. Covid had a big impact, regarding capacity of provision and also the confidence of parent carers to access short breaks. Also, children with complex needs may be more likely to have been clinically extremely vulnerable and not accessing short breaks as a result.

Booking of short breaks in preparation for the school summer holidays started July 2021. Make sense theatre had already taken bookings for 216 spaces for the summer program by the end of July 2021, Reading Football Club were also having a great response to their multi-sports programme.

Based on attendance figures for children attending targeted short breaks funded by BFFC through the school summer holidays 2021;

- Reading football club provided sport-based activities for children aged 7-17 years old over 5 weeks. On average 16 children attended 15 sessions. Totalling 240 children. The sessions had catered for 20 children showing there were a further 60 spaces available.
- Chance to Dance provided dance/action-based activities for children aged 5-17 years old over 5 weeks. On average 14 children attended 10 sessions. Totalling 140 children. The sessions had catered for 15 children showing there were a further 10 spaces available.

- Make sense provided theatre-based activities for children aged 5-17 years old (awaiting data at time of writing)

There has been less provision offered for children with complex needs due to the closure of Mencap Saturday Club and Challengers.

We forecast going forward Post Covid, we could expect to fill 200-250 spaces per week across the groups.

Age groups have ranged from 7yrs to 17yrs across the groups. There is a demand for an increased provision for children 4-8yrs. This area is currently identified as a priority area of unmet need as is those with complex needs esp. those under 12.

CYPD Resource and Short Breaks panel is holding a waiting list for children assessed as requiring overnight Short Breaks Foster carers. The waiting list currently has 7 children who have been waiting between 3-6 months.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND

This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people

- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services.

Strengths - Support for families/Short Breaks

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for

families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard. A good example of this can be seen in the redesign of the equipment policy to ensure that children and young people get the equipment they need promptly and that it is suitable for their needs.
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first.

Areas of development

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Some aspects of the EHC plan process could be strengthened:
 - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
 - contributions from social care are too rare and often lack sufficient detail
 - plans do not routinely include consideration of preparation for adulthood outcomes
 - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.

- The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed
- The number of adults with learning difficulties in meaningful activity or paid employment needs to increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support

Key performance indicators – where will we be by 2027 (data)

What do we want to be measuring?

- Evidence of the positive impact co-production has made to Reading children accessing Short Breaks and parent carer and professionals understanding of Short Breaks.
- Readings ambition – for 60% of children with SEND to be able to access a Universal, targeted or Specialist eligible for Short breaks to be accessing a short break. This is above the national average of 47%
- An increasing offer for Reading children across all areas of need year on year until we can evidence needs are being met in line with legislative expectations.
- ensure that we have full data on numbers of children, including age, ethnicity and level of need in the next 12 months to inform commissioning.
- Diversity and inclusion – are short breaks accessible for all children with SEND across the diverse population in Reading? Use data regarding the demographic of Reading and compare to children accessing Short Break's.

How will BFFC ensure engagement with diverse groups who are currently considered ‘Hard to reach groups’ (English not first language/ non computer users)

- Satisfaction indicator – are families aware of SB's, and satisfied with the provision available

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Progress from spot purchasing to multi provider contract model for targeted short breaks. Ensure contracts are value for money This will require: Equality Impact assessment; eligibility criteria; Short Break strategy; Service model and specification; finance model.	Increase in number of children with SEND accessing short breaks to 40% Increase number of providers offering targeted short breaks Target gaps in short breaks rather than	April 2022	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning/ Mandie Barnes
Progress from multi provider contract model to lone provider contract model for targeted short breaks. Ensure contracts are value for money	Increase in number of children with SEND accessing short breaks to 50% Increase commissioning outcomes achieved – 80%? Added value to contracts	April 2023	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Identify gaps in SB provision and ensure these are filled where possible through local providers. Increase in provision of SB's for under 8's and over 13's. Increase in provision for children with complex needs.	Data evidences increased number of children access short breaks by age.	October 2021	Greater variety of provision for all eligible children on a graduated continuum.	Mark Hobson and RFF Mark Hobson Mark Hobson
Co-produce refreshed Short Breaks Statement that includes eligibility criteria for specialist Short Breaks.	Short breaks statement available to access through the Local Offer and BFFC website.	September 2021	Awareness raising of short breaks and how to access them.	Claire Lewis and RFF
Clear data is available regarding numbers and outcomes for services delivered. Also gaps/ waiting lists etc to evidence unmet need.	Increase in take up of SB's	October 2021	There is transparency of cost against numbers and outcomes that supports future development of short breaks.	Mark Hobson

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			Analysis of historical data and comparison to current data	
Work with partners to support recruiting volunteers and PAs	Increase in numbers of PA's and decrease on reliance on agency	January 2022	Consistent relationship for the YP with their PA and outcomes achieved.	Ben Boatman & Shaun Polley
Undertake a training needs analysis for PA's and provide a training offer for Childrens PA's.	Increase support for PA's	January 2022	Increase in quality and skills of PA's	Ben Boatman & Shaun Polley
Develop tool for collating and monitoring feedback from families on targeted provision and publish response on Local Offer quarterly. Also need to hear from families that have not accessed a short break to find out what the barriers may be		December 2021	Raise awareness of quality of Short breaks and evidence changes made as a result of feedback	Mark Hobson RFF and Shaun Polley

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Development of provision of overnight Short Breaks Cressingham SB foster carers	Increase in numbers of children access specialist overnight short breaks	June 2022	Consistent overnight breaks for parent carers to prevent family breakdown	Helena Baptista, Seamus Jennings, Claire Lewis
Co-production to be built in as a principle for developing short breaks and support for families.		December 2021	Services that accurately reflect the needs of the community	Claire Lewis and RFF
Forecasting for beyond 2027. Use increasing data to forecast need beyond 2027		March 2026	Accurate budget and needs met for eligible children to access services	Claire Lewis, Mark Hobson & Maryam Makki
Target hard to reach groups/ within the Reading community Use multiple forums and medias to communicate with families.	Increased numbers of children accessing short breaks from across Reading	November 2021	Children accessing short breaks from historically harder to reach communities	Mark Hobson, Maryam Makki, RFF, Fiona Tarrant

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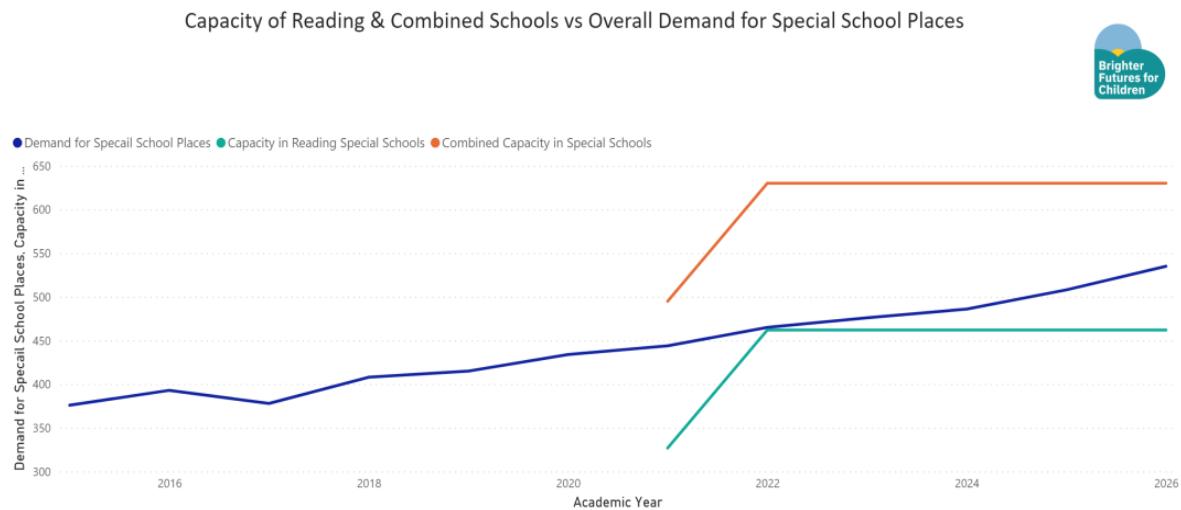
Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Liaise with Strand 1 regarding better communications and formatting for all identified documents that are produced regarding Short Breaks for service improvements (operational practice and wider circulation/ publishing).		August 2022	Fiona Tarrant to consider if inclusion in Strand 1 is required	Claire Lewis/ Fiona Tarrant

Work strand: 6. Capital and school places

What does the data tell us?

- Increasing numbers of children with EHCPs – rising at 7.6% per annum on average – current numbers 1500. Assuming the average increase continues, we would see an additional 827 pupils with plans by 2027. The majority of these children and young people would continue to be educated in mainstream schools.
- The additional 179 places to be delivered from September 2022 may not be sufficient to meet ongoing demand.
- Majority of needs are speech, language and communications difficulties/autism followed by SEMH (50% and 20% of all plans respectively)
- So roughly 1164 places are needed for SLCD/autism and 465 for SEMH if the current increase continues. Not all of these would require specialist provision and our mainstream schools should be able to offer places for the majority of children in line with our commitment to supporting schools in local provision
- Need for capital investment in short breaks to meet the needs of children and young people and their families

The chart below shows the demand and supply of special school places. The orange line represents supply in the Greater Reading area (which sits outside of the Reading local area). The demand line shows only the demand within the Reading local area.



This graph shows historical and projected demand for special school places in Reading. The combined capacity shows the capacity of Reading schools plus the yearly average of places sent to near by special schools in Greater Reading. It is being assumed that these schools will be able to accommodate similar numbers of Reading pupils in the future. The new special school in Wokingham is included in these capacity projections assuming it opens as scheduled.

Note: The capacity doesn't account for the number of places that are occupied by children from other LAs.

What did the inspection say?

The local area inspection highlighted the increasing investment in specialist places and the need to continue the good progress made to date.

Key performance indicators – where will we be by 2027 (data)

By 2027, we will:

- Have increased places in for pupils with SLCD/autism and SEMH to meet demand with the majority of needs being met within mainstream schools.
- As a result, have decreased the placement of children out-borough and in independent settings and thereby reduced the deficit in the high needs block.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Interrogate the data to ensure robust assumptions on likely demand for next five years.	JNSA accurately reflects likely demand	December 2021	Effective use of capital investment funding	Performance and Data team
Identify specific need and locality	Need is broken down into planning areas	March 2022	Effective meeting of need at a local level	DoE
Amend capital programme to reflect 'new' need	Capital programme has strand of SEND school places	March 2022	Effective meeting of need	DoE and RBC
Roll out of programme of capital investment	XX places created (number to be confirmed)	From March 2022 with view to opening from September 2022 onwards	Additional local places funded from DfE capital (£955k)	RBC
Those purchasing SEND placements to use the funding that is available to support children and young people with SEND to enable the provision of personalised, integrated, high quality support that delivers positive outcomes	Clear processes in place to secure individual placements.	March 2022	Effective use of funding	BFFC finance and DoE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
from early childhood through to adult life.				
Harnessing the views of children and young people, their families and carers	Placements are based on evidence about which services provide the best support and which interventions are effective.	On-going	Improved outcomes	Education commissioner
Exploring integrated approaches towards key SEND pathways.	Identifying scope for working more efficiently together across these areas.	March 2022	Effective use of funding	BFFC finance and SEND team
Developing processes for joint review of SEND services.	<p>Closer monitoring (including reviewing EHCPs) of changing needs of the local population of children and young people with SEND in order to identify demand;</p> <p>Feedback from service users and families used to identify gaps in provision, and shape and change our</p>	March 2022	Sufficiency of the appropriate type of places	Education commissioner

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	commissioning priorities accordingly.			

Strand 7: Funding and finance

What does the data tell us?

- Increasing number of EHCPs which will need to be funded.
- Need to increase provision locally and reduce spending on out borough independent expensive placements
- Recovery plan in place for High Needs Block deficit - need to continue to monitor and ensure delivery
- Schools 'feel' underfunded for pupils with plans

What did the inspection say?

- Building confidence in 'the system'
- Confidence in BFFC's willingness to meet needs
- Improvements to quality of plans
- Sufficiency of specialist placements
- Transitions to adulthood / adult services
- Support for complex needs

Key performance indicators – where will we be by 2027 (data)

By 2027, we will:

- Have a funding regime that appropriately supports children and young people with plans
- A consistent approach to funding academy and independent special schools with robust frameworks in place that are reviewed on an annual basis
- Responded to the Government's SEND review and realigned our funding regime if appropriate

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Bid for additional funding to support review of systems and processes	Review of systems completed	Autumn 2021	Greater capacity to review and implement positive and sustainable change, and measure impact	Richard Harbord
Briefing on Schools Funding to SENDCO Forum SEDCO Forum workshop on SEND Provision Mapping		Annually Spring Term 2022	Increased understanding of funding system, high needs funding guidance and pressures Increased understanding of what 'efficient use of resources' means and how this is determined and evidenced across the whole of Reading, not just in individual settings Improved transparency improves schools and parental confidence in the system	SEND Team Manager Finance Business Partner

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Establish regular SENDCO and Headteacher attendance at EHC Panel		Jan 2022	<p>Increased understanding, partnership working, transparency and accountability re decision making</p> <p>Building confidence in the system</p> <p>School confidence will impact on parental confidence</p>	SEND Team Manager
<p>Review mainstream bandings – uplift costs for 21-22 pending outcome of Government's SEND review, publication date unknown.</p> <p>Include benchmarking nationally and with stat neighbours.</p> <p>Ensure funding level is reviewed at every annual review</p>	<p>School have greater understanding of the banding system</p>	<p>Uplift from Sept 2021</p> <p>Review completed by XX?</p> <p>Decision taken on funding bandings from 2022 onwards XX?</p>	<p>Schools will be funded at a level that reflects rising costs and is in line with benchmarked national arrangements</p> <p>School confidence will impact on parental confidence</p> <p>Improved monitoring of provision and spend and improved analysis of impact on outcomes for CYP</p>	<p>DSG Finance Business Partner</p> <p>SEND Team Manager</p>

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Frequent monitoring of High Needs Block		Report to Schools Forum 5 times per year, with monthly oversight to Strand 7 meeting		DSG Finance Business Partner
Review Health contributions to high cost placements and provision for children with EHCPs CHC / CCG referrals training for social care and education officers – annual Attendance at CHC panel – social care and SEND Team Manager			Reduced pressure on the high needs block	Led by Shenis Hassan / Deborah Glassbrook Adult Social Care Childrens Social Care SEND Team Manager
Develop process and mechanism for consideration of, and, agreement to joint/tripartite funding			Reduced pressure on the high needs block Clearer and more timely communication	Led by Shenis Hassan Adult Social Care Childrens Social Care SEND Team Manager

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Negotiate INMSS / ISPs / Special academies costs for existing placements and future placements – consider block purchasing and SLAs with frequently used providers			Reduced pressure on the high needs block Improved financial planning and projection	Education Commissioner (SEND Team Manager)
Review of FE high needs funding and development of SLAs with Reading and Newbury Colleges		Agreement in place for xx (?) academic year by end of May 2022	Reduced pressure on the high needs block Improved financial planning and projection Clearer and more timely communication with providers	Education Commissioner (SEND Team Manager)
Monitor implement of the Alternative Provision review and its impact on the High Needs Block				DSG finance business partner
Update the policy on combined personal budgets to include health and		Autumn 2021		DCS for policy SEND team manager for processes

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
processes sitting underneath policy Co-produce Education Personal Budget information for parents/carers and young people and publish on Local Offer		End March 2022	Improved communication and confidence in the SEND system Greater choice and control for families Potential for more efficient use of resources	
Review financial systems used for accounting and payments and SEND Case Management System			More sustainable, efficient and robust systems Avoidance of increased staffing costs in SEND Team as EHCP numbers are projected to rise by around 30% over 5 years	DSG Finance Business Partner



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27 July 2021

Deborah Glassbrook,
Director of Children's Services, Brighter Futures for Children,
Civic Offices, Bridge Street, Reading, Berkshire, RG1 2LU
Sally Murray, Clinical Commissioning Group Chief Officer
Fiona Betts, Local Area Nominated Officer

Dear Ms Glassbrook and Ms Murray

Joint local area SEND inspection in Reading

Between 21 June and 25 June, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Reading to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence of the local offer and joint commissioning.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines our findings from the inspection, including some strengths and areas for further improvement.

Main findings

- In Reading, the quality of care and help for children and young people with SEND is improving. Leaders across the area have worked together to make the support children receive better and to address areas of weakness. While there is more to do, most notably to reduce the long waiting times some children must endure while waiting for an assessment for autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD), the actions taken so far show the determination of leaders to make Reading a good place to be for children and young people with SEND.
- Leaders have an accurate understanding of how well the area comes together to meet the needs of children and young people with SEND. Leaders recognise the concerns of parents and have plans underway to address the issues that worry parents most, such as the availability of specialist school places. Leaders are also aware that they need to improve the way that they communicate with parents. Leaders want to ensure that parents are fully informed of the actions being taken to strengthen the care and support available for children and young people with SEND.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people. Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education. This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- In recent years, leaders have acted swiftly when they become aware of issues that affect children and young people with SEND. For example, three years ago there were concerns that young children with SEND were remaining in early years settings because there were insufficient suitable places in schools. More places have now been created as part of a wider plan to increase specialist school places. This includes 40 part-time places in early years provision so that young children with complex needs have an appropriate nursery school place.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While

plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way. For example, a well-established system in the neonatal unit ensures that babies who may have additional needs are referred promptly to the integrated therapy team. Each school has regular contact with a link speech and language therapist (SLT), enabling a quick response to requests for support. Also, dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage. This helps professionals to decide what further information will be needed and to prioritise the young person's needs in the system.
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help. This early identification of children and young people with less complex needs is, in turn, improving the recognition of children with more complex needs. The prompt detection and support provided by schools and early years settings frees up specialist practitioners to see pupils with more complex needs more quickly.
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12

weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

Areas for development

- In recent years, increasing numbers of young children with complex needs have arrived at school without the support they need to do well. While Brighter Futures for Children (the not-for-profit organisation delivering children's services on behalf of the local authority) has a range of strategies in place to increase the take-up of two-year-old places, the needs of vulnerable young children are not being consistently identified by health professionals. The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
 - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
 - health visitors are not always notified when families move into the area
 - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- Some pathways to health services are not clear enough and can be confusing. For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- There is evidence of a commitment to co-production and joint working at a strategic level to meet the needs of children and young people with SEND. This is leading to some examples of very effective co-production, such as the approach to mental health support offered across the area.

- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard. A good example of this can be seen in the redesign of the equipment policy to ensure that children and young people get the equipment they need promptly and that it is suitable for their needs. Working in partnership has improved the provision of equipment for children with additional needs by agreeing funding and collective approaches to sharing equipment. This has resulted in more children and young people getting what they need both at home and at school. Consequently, many practitioners and families are now more positive about the provision of equipment in the local area.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people.
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively.

- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded.
- A number of schools have collaborated to ensure that their curriculum supports all pupils to learn, including those with SEND. This work focuses on making it as easy as possible for pupils with SEND to learn, stressing the importance of sequencing learning, early reading and the development of language and communication. A wide range of curriculum support and training has been provided by local area partners to support this development. This is leading to pupils with SEND being able to learn more and remember more, and so make greater progress.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.

Areas for development

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Some aspects of the EHC plan process could be strengthened:
 - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement

- contributions from social care are too rare and often lack sufficient detail
- plans do not routinely include consideration of preparation for adulthood outcomes
- opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to

enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

Area for development

- The number of adults with learning difficulties in meaningful activity or paid employment needs to increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.

Yours sincerely

Phil Minns

Ofsted	Care Quality Commission
Chris Russell Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Phil Minns HMI Lead Inspector	Tessa Valpy CQC Inspector
Rosemary Henn-Macrae Ofsted Inspector	

Cc: Department for Education
Clinical commissioning group
Director Public Health for the local area
Department of Health
NHS England

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Reading Area SEND Inspection

29 July 2021

Page 181



Welcome



Di Smith
Board Chair
Brighter Futures for Children



Setting the context

Niki Cartwright

Director of Joint Commissioning

Berkshire West Clinical Commissioning Group



Deborah Glassbrook

Executive Director of Children's Services for Reading

Borough Council and

Brighter Futures for Children

Our inspection

- Took place between 21-25 June and involved health services and schools in the borough, Brighter Futures for Children and Reading Borough Council.
- Inspectors spoke to children and young people with SEND and their parents and carers.
- 2 presentations and 23 focus groups
- 8 visits to settings
- 140 colleagues across Reading met with inspectors
- 99 documents uploaded to the portal
- 115 children's EHC plans shared



Process since inspection visit

- Draft report received
- Factual accuracy check and revisions offered
- Final report received 28 July
- Report can be shared now
- Report will be published on Ofsted website on 4th August



Reading Area SEND Inspection

The Results...

Page 186



**Quality of Care for
SEND in Reading is**

Improving



**With determination
to make Reading a
good place to be for
Children and Young
People with SEND**



Leaders recognise
and have plans to
address the issues
that worry parents
most



Professionals work
well together



**There is better and
earlier identification
for children with
SEND**



There were many examples of established co-production and joint working helping to identify children's needs in a timely way



Schools and early years settings are well supported by education and health services



Schools have collaborated to make the curriculum support all pupils to learn

Schools and early years settings are well supported by professionals. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help.



Improving outcomes include a reduction in the number of pupils being excluded from schools, by the adoption of a therapeutic thinking approach



“Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard.”



Outcomes for pupils with Education, Health and Care Plans (EHCP) are in line with, or above, the national average by the time they leave primary school.



In secondary schools,
pupils with SEND in
Reading attain better
results than their peers
nationally



More places have now been created as part of a wider plan to increase specialist school places.



Increasingly, young people are centrally involved in the design of services.

As a result, services are more likely to be responsive to the needs of young people.



There is widespread awareness among families of where to go to find information and advice.



Inspectors highlighted some areas for development but they did not issue a written statement of actions, which is a strong indication of the level of improvement in the Reading area



Reading Borough Council

Cllr Liz Terry

Lead Member, Children's Services
Reading Borough Council



Reading Families' Forum



Alice Carter

Reading Families Forum

Reading
Families'
Forum



Reading Borough Council

Jackie Yates

Deputy Chief Executive
Reading Borough Council



Public Health, Berkshire West

Meradin Peachey

Director, Public Health
Berkshire West



Next Steps Together...

Page 207



What we will be working on

- Reduce waiting times for ASD and ADHD assessments
- Improving identification of needs for 0-2s
- Support children with SEND to be ready for school
- Ongoing development of specialist education places
- Ensure all elements of children's EHC plans are strong
- Strengthen the offer for young people with very complex needs aged 18 to 25



Delivering improvements

Our revised SEND Strategy will include the learning and actions identified from this inspection



Our SEND Strategy Groups will be managing delivery of these actions, and reporting them back to stakeholders



Final words

Cllr Jason Brock

Leader
Reading Borough Council



In summary

- This inspection has validated what we know and what we still need to do
- We have achieved a significant amount and have made good progress
- We are a strong local area with strong partnerships
- We have more to progress and more to achieve
- We are looking forward to working together to make sure we continue on this positive trajectory and to make Reading a good place to be for children and young people with SEND.



Questions and comments

Page 212



Agenda Item 11

READING BOROUGH COUNCIL

REPORT BY (EXECUTIVE DIRECTOR FOR SOCIAL CARE AND HEALTH)

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	20 OCTOBER 2021		
TITLE:	SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2020/21		
LEAD COUNCILLOR:	CLLR ENNIS	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
LEAD OFFICER:	JO TAYLOR - PALMER	TEL:	
JOB TITLE:	INTERIM LOCALITY MANAGER SAFEGUARDING	E-MAIL:	jo.taylor-palmer@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its authority and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 1.2 The overarching purpose of a SAB is to safeguard adults with health and social care needs. It does this by: Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014, and statutory guidance; requiring that Local Authorities demonstrate that:
 - Safeguarding practice is person-centred and outcome-focused;
 - They are working collaboratively to prevent abuse and neglect where possible;
 - Agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
 - Safeguarding practice is continuously improving;
 - The quality of life of adults in its area is enhanced.
- 1.2 The Berkshire West Annual Report 2020/21 when this is approved by the Safeguarding Board will detail what it aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2020-21. This is both as a partnership, and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.
- 1.3 This Report is Reading Borough Council's submission to the Berkshire West Annual Report 2020/21 which will be incorporated with partners contributions with the approved action plan and will be presented to ACE at a later date.

2. RECOMMENDED ACTION

- 2.1 That Adults Children and Education Committee to Note the Report as RBC's contribution to the Berkshire West Safeguarding Board Annual Report.

3. POLICY CONTEXT

3.1 The SAB has a duty to develop and publish a strategic plan setting out how it will meet its objectives and how the partnership will contribute. The Appendices (attached) details Reading Borough Council's contribution to the Berkshire West Annual Report 2020/2021.

3.2 The priorities for 2020/21 are that:

- We will consider SAB learning regarding self-neglect and understand why learning has not been fully embedded and what the partnership needs to do to transform our way of working with people who are at risk of self-neglect.
- We will consider SAB learning regarding pressure care management and understand what the partnership needs to do to ensure that our way of working with people at risk of pressure ulcers is consistently of a best practice standard.
- We will consider SAB learning regarding organisational safeguarding and understand why learning has not been fully embedded and what the partnership needs to do to transform our way of working with provider agencies.
- The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

4. THE PROPOSAL

4.1 Current Position:

The RBC Safeguarding Performance Data is detailed in Appendix A

A summary of the data is:

- In 2020/21 31% of safeguarding concerns (493) led to a section 42 enquiry - this has reduced compared with 2019/20 data. This data is comparable with the our colleagues across West Berkshire.
- In 2020/21 56% (244) of section 42 enquiries reported relate to older people over 65 years - this has shown a slight decrease compared with 2019/20 data.
- More women were the subject of a safeguarding enquiry than males as in previous years; however, however the gap has narrowed to only 4%.
- 80% of section 42 enquires were for individuals whose ethnicity is White. There has been an increase to 20% in section 42 enquires for individuals whose ethnicity is Mixed, Asian, Black or Other. This continues to be the focus of work for all partners in view of the demographic makeup of Reading.
- When all section 42 enquiries concluded, the individual's ethnicity was known.
- As in previous years the most common type of abuse for concluded section 42 enquires were for Neglect and Acts of Omission. This was followed by Financial or Material abuse, Physical abuse and Psychological abuse
- For most section 42 enquiries the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.
- 84% of service users were asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process. This is similar to the previous year.

4.2 Safeguarding Activity

The RBC Safeguarding Achievements are detailed in Appendix B

A major achievement to highlight for Adult Social Care this year has been to secure funding to develop a hoarding pathway of £58,030 from the Social Impact Voluntary and Community Grant. The grant will be used to develop a multi-agency hoarding and self-neglect procedure and pathway. The reason for applying for the grant was based on activity data collected during the COVID Pandemic that identified that individuals who needed help to address their hoarding and self-neglect were reported when their situation had often become acute. That individuals who needed help to address their hoarding and self-neglect were reported when their situation had often become acute.

It is expected that the funding for this project will be targeted at:

- Promoted independence and support for a group of people who often refuse support and are hard to engage.
- Increase access to services to support mental wellbeing, reduce social isolation and stigma.
- Increased access to community and health services
- Prevent crisis and hospital admissions through preventative work
- Enabling people to stay healthy and active in their community and at home

4.3 Improving the Future of Safeguarding Adults in Reading

The aspiration for 2021/2022 will be to:

We will continue to seek assurance that all agencies are clear about their obligations to deliver adult safeguarding activity which prevents abuse, crime, neglect, self-neglect and exploitation.

We will continue to seek assurance that agency obligations are supported by clear processes which directly support the West Berkshire Multi-Agency Adult Safeguarding Policy & Procedures, as a model of good practice.

We will work with each other and collaborate, to maximise our multi-agency practice to reduce risk and improve lives.

We will raise public awareness about and for adults at risk; what can be done to help; how communities can raise concerns and how the work of the Board is vital for planning; assurance, oversight, transparency and accountability.

We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon, and that we engage with local communities ensuring we are transparent about what we are saying we are going to do and how we will measure it.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The SAB is a statutory function and has set priorities for 2020/2021 as detailed in Section 3 of this report.
- 5.2 The organisation has a legal duty under the Care Act 2014 to safeguard adults and promote wellbeing and this has been evidenced within our Corporate Plan 2016-2019; Service Priority 1 - Safeguarding and protecting those that are deemed as meeting the safeguarding threshold for a safeguarding intervention

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 6.1 There is no direct impact noted as a result of this report.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 A priority for the board for 2020/21 is to continue to strengthen communication and engagement across groups and communities of West Berkshire, and to ensure that plans and actions are informed by the experience of the widest range of local people.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 The Local Authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. There is currently no change in the service to the residents proposed, hence an Equality Impact Assessment will not be completed at this stage.

9. LEGAL IMPLICATIONS

- 9.1 The Safeguarding Adults Board has a duty under the Care Act 2014 to publish an Annual Report, detailing how effective its work has been. Appendix 1 details the RBC data and appendix 2 the achievements and a full Berkshire West Safeguarding Annual Report incorporating RBC submission will be presented at a future ACE with all partners contributions across the three Local Authority areas in Berkshire West (Wokingham, Reading and West Berkshire)

10. FINANCIAL IMPLICATIONS

- 10.1 The Care Act provides a power for members of the SAB to contribute towards the expenditure incurred for the purposes of its work. The work undertaken by social care and health staff for delivering a safeguarding service is provided through their core responsibilities and incorporated into the day to day responsibilities of all staff.

11. BACKGROUND PAPERS

- 11.1 West of Berkshire Safeguarding Adult Report 2019/2020
The Care Act 2014

Appendix A



Reading Annual Performance Report 2020/21

The 2020-21 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged and has been collected since 2015/16.

Section 1 - Safeguarding Activity

Concerns and Enquiries

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised, s42 Enquiries opened and the conversion rates over the same period.

There were 1589 Safeguarding Concerns received in 2020/21 which is a considerable increase since last year (up 629 over the previous year).

493 s42 Enquiries were opened this year, with a conversion rate from Concern to s42 Enquiry of 31% which is lower than both the national average (Approx. 37%) and the South East average (Approx. 39%) for 2019/20. This brings Reading more into line with other West Berkshire authorities and with other current comparator averages such as the South East ADASS Q4 benchmarking (Approx. 30%).

There were 435 individuals who had an s42 Enquiry opened during 2020/21 which is a decrease of 27 over the year. It shows that whilst Concerns have risen sharply this year the number of individuals starting a s42 Enquiry has decreased by a smaller proportion over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2018/19

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2018/19	1109	549	458	50%
2019/20	960	543	462	57%
2020/21	1589	493	435	31%

Section 2 - Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2020/21 were referred from 'Health' staff (41.7%) and the 'Police' (21.7%). 'Social Care Staff' whilst still making up 18.5% of the total has fallen over the year.

The 'Social Care' category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The 'Health' category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Concerns by Referral Source - 2020/21

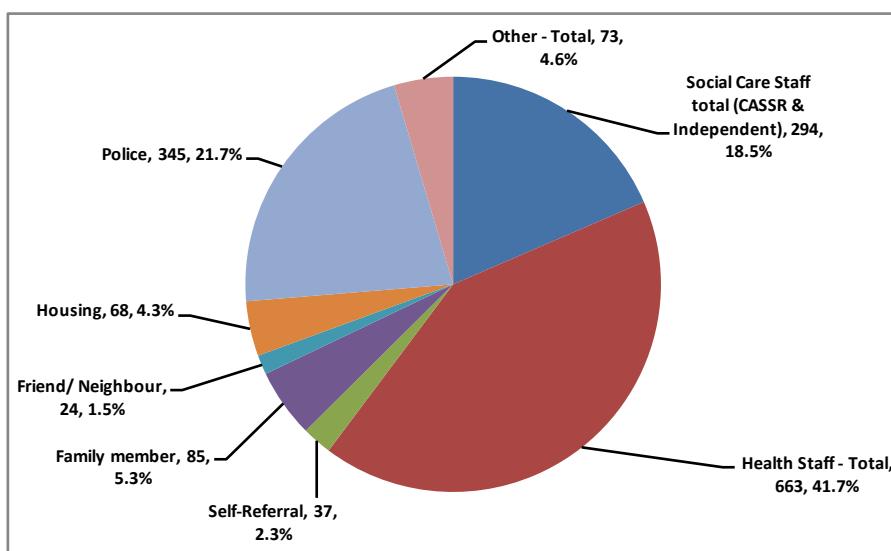


Table 2 shows the breakdown of the number of safeguarding concerns by Referral Source over the past 2 years since 2019/20.

The biggest decrease as mentioned earlier can be found in 'Social Care' where whilst actual numbers coming in have only decreased over the year by 16, this proportionately now makes this group 18.5% of the overall total (down from 32.3% in 2019/20). Most of this decrease has been due to less referrals being made from 'Social Worker / Care Managers' where numbers have fallen from 84 to 49 which is a 5.7% fall overall.

The numbers of referrals coming in from 'Health Staff' have increased sharply from 287 to 663 since 2019/20. Proportionately it now makes up 41.7% of the overall total (up from 29.9% in 2019/20). The biggest rise in numbers has come in the 'Primary / Community Health' group where referrals have risen over the year by 13.9% when looking at the proportion overall.

'Other Sources of Referral' over the year have increased by 3.2% this year and now make up 35.2% of the overall total. As a proportion of those in this category by far the biggest rise has been in the 'Police' where the overall proportion has risen by 13% to now make up 21.7% of the overall total (up from 8.8%) which is due to a lot

Appendix A

of more inappropriate referrals being received during the Covid Pandemic over the last year.

Also due to the recent lockdown situation the numbers of referrals from out in the community have fallen by about 9% with the biggest drop being seen in those referrals from 'Family Members' (down 6.7%) since 2019/20.

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2019/20

	Referrals	2019/20	2020/21
Social Care Staff	Social Care Staff total (CASSR & Independent)	310	294
	Domiciliary Staff	81	75
	Residential/ Nursing Care Staff	68	86
	Day Care Staff	0	0
	Social Worker/ Care Manager	84	49
	Self-Directed Care Staff	0	1
	Other	77	83
Health Staff	Health Staff - Total	287	663
	Primary/ Community Health Staff	83	358
	Secondary Health Staff	159	226
	Mental Health Staff	45	79
Other sources of referral	Other Sources of Referral - Total	363	559
	Self-Referral	41	37
	Family member	115	85
	Friend/ Neighbour	22	24
	Other service user	0	0
	Care Quality Commission	3	4
	Housing	45	68
	Education/ Training/ Workplace Establishment	3	1
	Police	84	345
	Other	50	68
	Total	960	1589

Appendix A

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

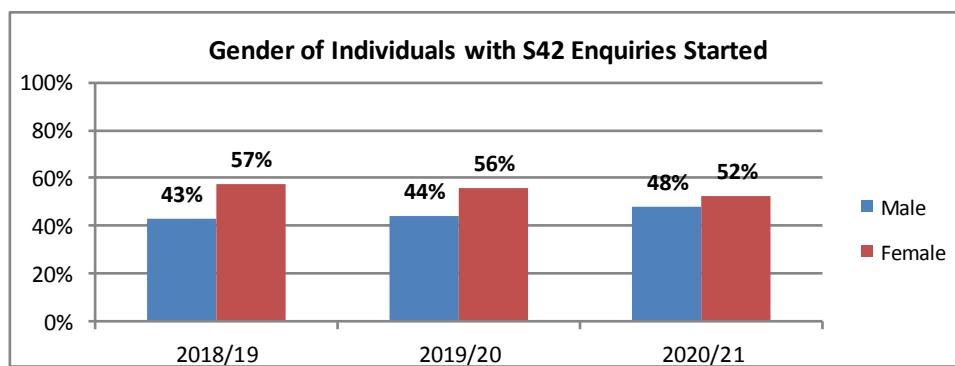
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 56% of enquiries in 2020/21 which is slightly lower than last year (was at 58% for 2019/20). Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. Overall most age groups have stayed consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2018/19

Age band	2018-19	% of total	2019-20	% of total	2020-21	% of total
18-64	191	42%	194	42%	191	44%
65-74	66	14%	67	15%	68	16%
75-84	91	20%	99	21%	82	19%
85-94	93	20%	86	19%	76	17%
95+	17	4%	16	3%	18	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	458		462		435	

In terms of the gender breakdown there are still more Females with enquiries than Males (52% compared to 48% for 2020/21) although the gap between the two has narrowed significantly over the past 3 years. This is shown in Figure 2 below (See *Table A in Appendix A1 for actual data*).

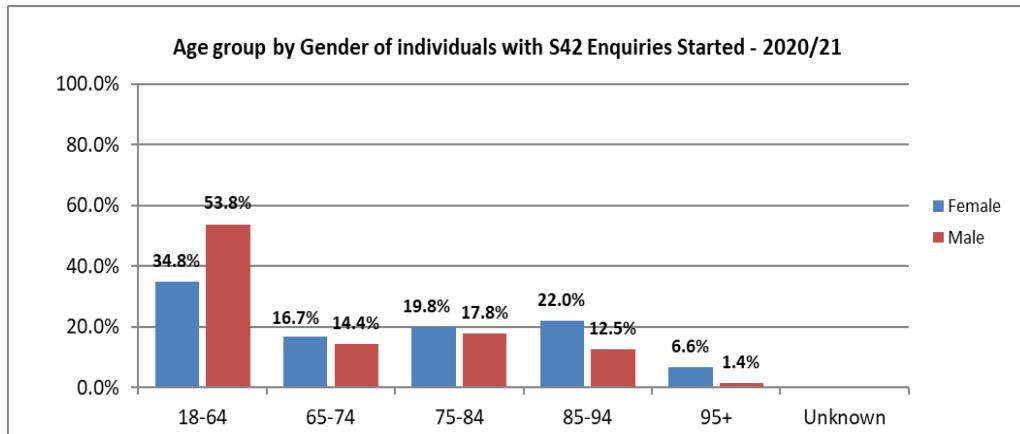
Figure 2 – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2018/19



When looking at Age and Gender together for 2020/21 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 22% and Males – 12.5%) and the 95+ age groups (Females – 6.6% and Males – 1.4%). For Males there is a larger proportion in the 18-64 group which makes up 53.8% of that total whereas the proportion is only 34.8% for the Females in that group. This is shown below in Figure 3 (See *Table B in Appendix A1 for actual data*).

Appendix A

Figure 3 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries – 2020/21



Ethnicity

80% of individuals involved in s42 enquiries for 2020/21 who identified themselves as of a 'White' ethnicity with the next biggest groups being those who identified themselves as 'Black or Black British' (8%) and 'Asian or Asian British' (ethnicity 6.7%). The 'White ethnicity' group has fallen this year by 2.5% (82.5% in 2019/20) whereas the 'Black British' and 'Asian or Asian British ethnicity' groups have risen by 1.1% and 2.2% respectively. This is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2020/21

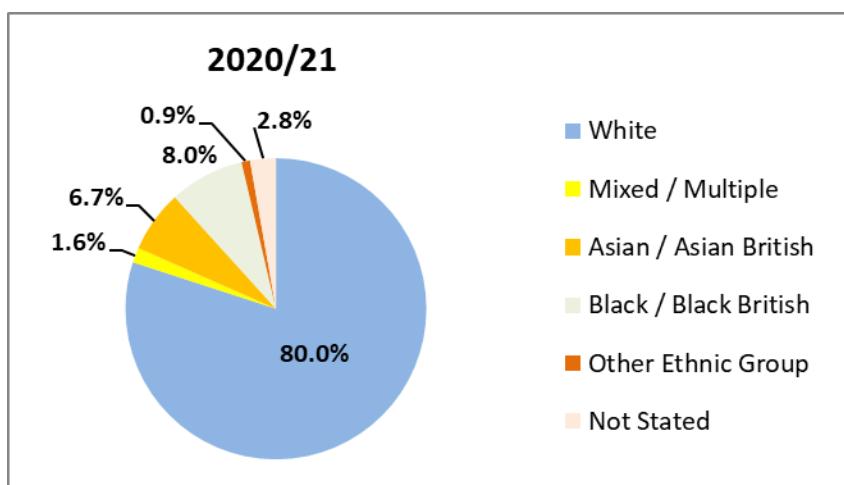


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2019/20 compared to 2020/21. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Appendix A

Table 4 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2019/20

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2019/20	% of Safeguarding s42 Enquiries 2020/21
White	74.8%	85.6%	85.2%	82.3%
Mixed	3.9%	2.3%	2.2%	1.7%
Asian or Asian	12.6%	7.0%	4.7%	6.9%
Black or Black	7.7%	3.4%	7.2%	8.3%
Other Ethnic group	1.0%	1.7%	0.7%	0.9%

The numbers above suggest individuals with a ‘White’ ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although they are now lower than the England Population from the 2011 Census data.

It also especially shows that those individuals of an ‘Asian or Asian British’ ethnicity are less likely to be engaged in the process especially at a local level even though the proportion for this group has risen for this year and is more in line with the national census figure. Once again, the ‘Black or Black British’ ethnicity group is more comparable to the local picture and is higher than that at a national level.

Primary Support Reason

This is the classification that helps understand the reasons why people need support from a Local Authority. Data collection at a national level uses these categories.

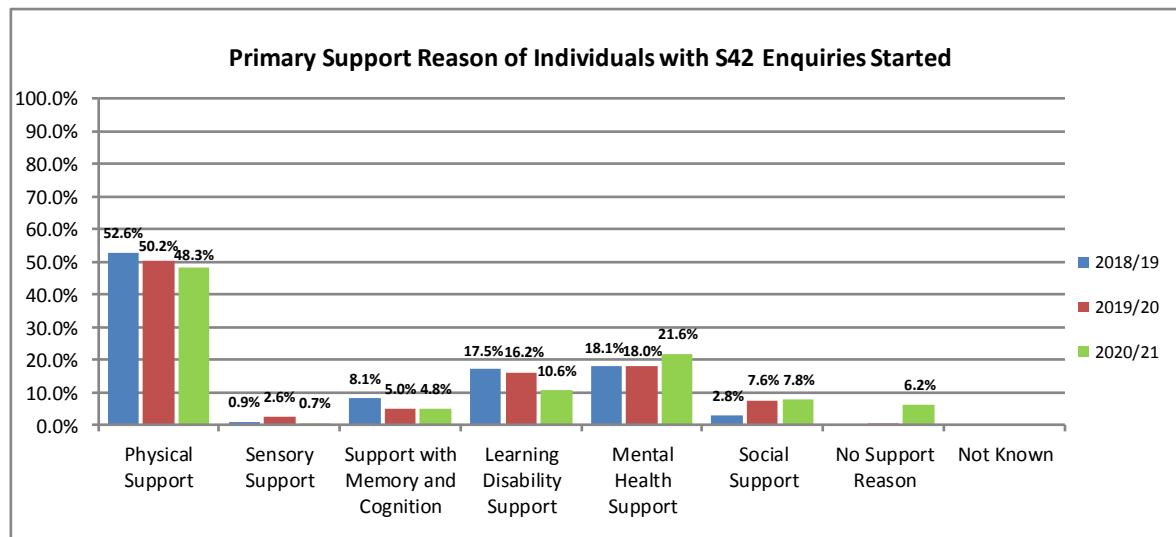
Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2020/21 had a PSR of ‘Physical Support’ (48.3%) which has seen a decrease in its proportion of 1.9% over the year.

The ‘Learning Disability Support’ one has fallen sharply this year by 5.6% (from 16.2% in 2019/20 to 10.6% in 2020/21) whereas the ‘Mental Health Support’ group has risen by 3.6% (up from 18% in 2019/20 to 21.6% in 2020/21).

For 2020/21 the number of those individuals with ‘No Support Reason’ has increased by 6.2% due to more robust and accurate recording within the authority. (See *Table C in Appendix A1 for actual data*).

Appendix A

Figure 5 – Primary Support Reason for Individuals with Safeguarding s42 Enquiry over past 3 years



Section 4 – Case details for Concluded s42 Enquiries

Type of Alleged Abuse

Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added in the 2015/16 return.

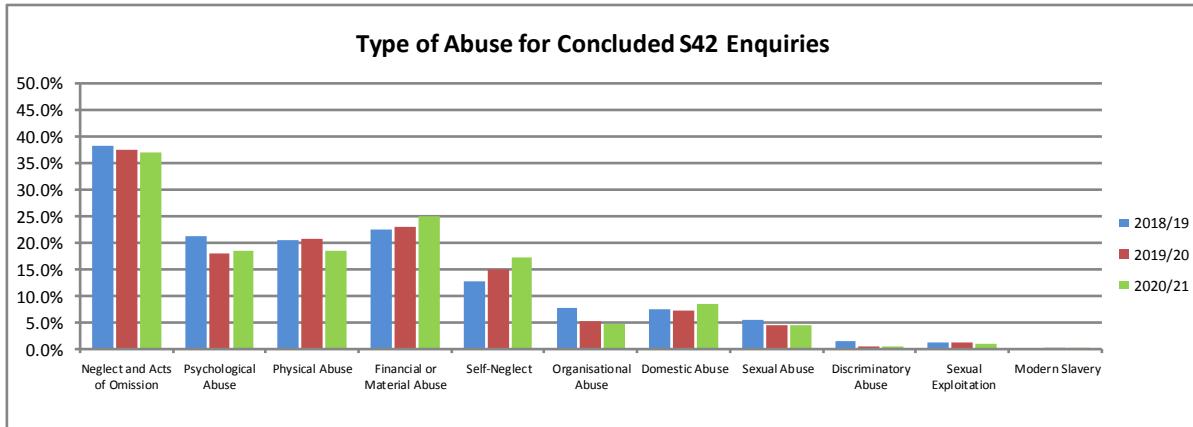
The most common types of abuse for 2020/21 were for ‘Neglect and Acts of Omission’ (37.0%), ‘Financial or Material Abuse’ (25.1%) and ‘Physical Abuse’ and ‘Psychological Abuse’ (both 18.6%). ‘Self-Neglect’ and ‘Financial or Material Abuse’ saw the largest proportionate increases (up 2.3% and 2.0% respectively) with ‘Domestic Abuse’ slightly rising also (up 1.1%).

Table 5 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2018/19

Concluded enquiries	2018/19	%	2019/20	%	2020/21	%
Neglect and Acts of Omission	236	38.3%	202	37.6%	177	37.0%
Psychological Abuse	131	21.3%	97	18.1%	89	18.6%
Physical Abuse	126	20.5%	112	20.9%	89	18.6%
Financial or Material Abuse	139	22.6%	124	23.1%	120	25.1%
Self-Neglect *	78	12.7%	80	14.9%	82	17.2%
Organisational Abuse	48	7.8%	28	5.2%	22	4.6%
Domestic Abuse *	46	7.5%	39	7.3%	40	8.4%
Sexual Abuse	34	5.5%	24	4.5%	21	4.4%
Discriminatory Abuse	9	1.5%	3	0.6%	2	0.4%
Sexual Exploitation *	7	1.1%	6	1.1%	5	1.0%
Modern Slavery *	0	0%	1	0.2%	1	0.2%

Appendix A

Figure 6 – Type of Alleged Abuse over past 3 Years since 2018/19



Location of Alleged Abuse

Table 6 shows concluded enquiries by location of alleged abuse over the last two years only.

Still by far the most common location where the alleged abuse took place for Reading residents has been the individuals 'Own Home' (71.8% in 2020/21) which has seen a 4.2% increase proportionately compared to last year. Those in 'Care Homes' have seen a fall by 2.2% overall (a fall of 4% in the 'Care Home – Residential' location but a rise of 1.8% in the 'Care Home – Nursing' location). Those in a 'Hospital' location have also fallen 1.3% over the year. For those 'In a Community Service' there has also been a 1.8% fall in the numbers.

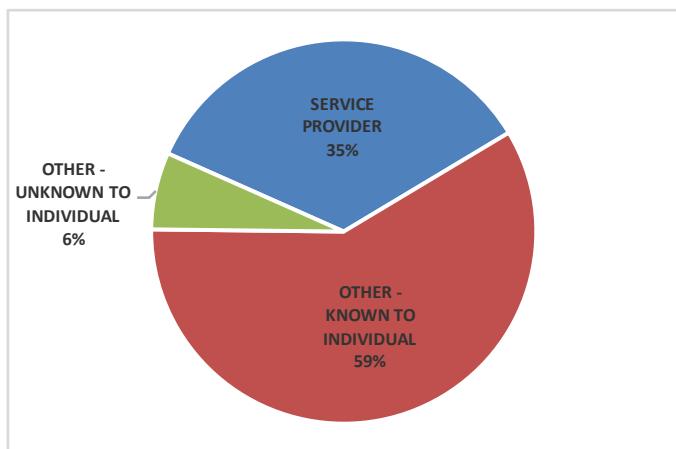
Table 6 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2019/20

Location of abuse	2019-20	% of total	2020-21	% of total
Care Home - Nursing	25	4.7%	31	6.5%
Care Home - Residential	42	7.8%	18	3.8%
Own Home	363	67.6%	343	71.8%
Hospital - Acute	21	3.9%	15	3.1%
Hospital – Mental Health	18	3.4%	12	2.5%
Hospital - Community	2	0.4%	4	0.8%
In a Community Service	12	2.2%	2	0.4%
In Community (exc Comm Svcs)	40	7.4%	38	7.9%
Other	14	2.6%	15	3.1%

Source of Risk

59% of concluded enquiries (up 1% on 2019/20) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 6.0% (up 1% on 2019/20). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted or commissioned to provide social care. This makes up 35% of the total (down 2% on 2019/20). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2020/21



Action Taken and Result

Table 7 below shows concluded enquiries by action taken and the results for the last three years whereas Figure 8 compares the last 2 years directly in terms of the concluded enquiry outcomes.

In 2020/21 the data has changed significantly again due to the outcomes of concluded enquiries being looked at closely for the current year and the rise in inappropriate concerns. As a result, those with 'No Further Action' have increased back up to 20% of all concluded enquiries (was 15% of the total in 2019/20).

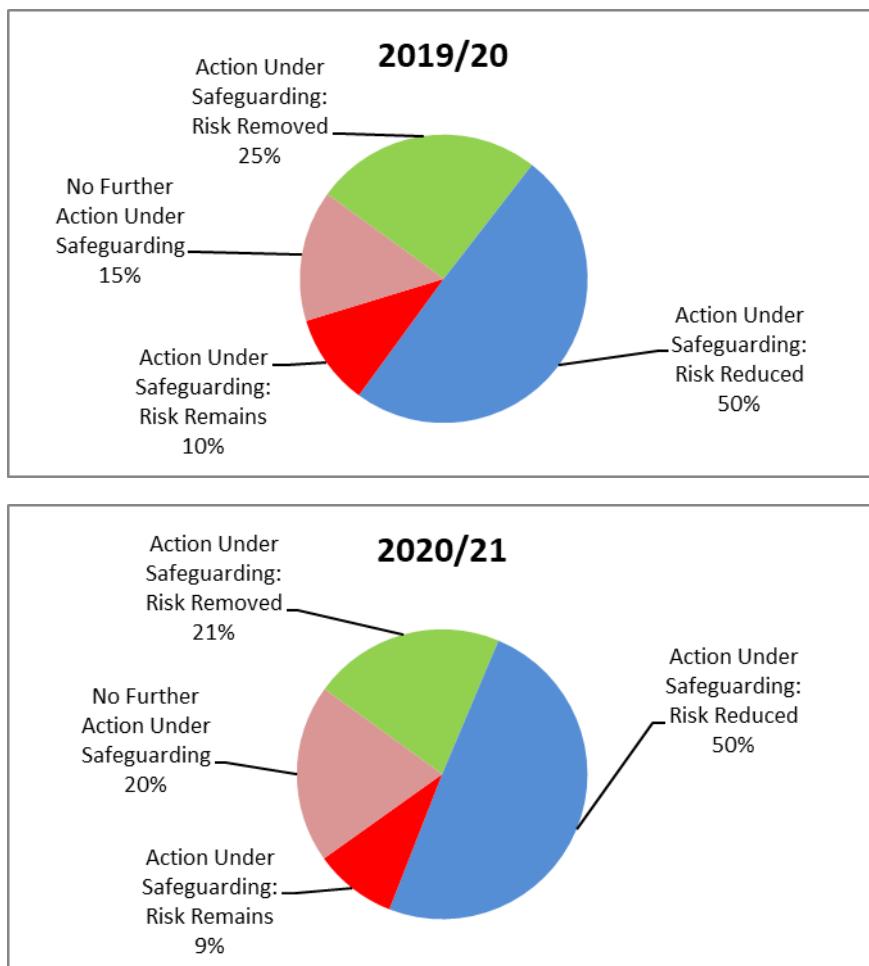
The risk was 'Reduced' or 'Removed' in 75% of concluded enquiries in 2019/20 whereas this has decreased to 71% of the total in 2020/21. Of those there was a 4% fall in those where a 'Risk Removed' outcome was recorded. There are occasions when we will have mitigated the risks as far as possible and that we remain engaged with the individual, however the risk has not been eradicated but they are still living in the community. We will continue to work in partnership with the individual and other agencies to manage these risks where we are able to.

Appendix A

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2018/19

Result	2018-19	% of total	2019-20	% of total	2019-20	% of total
Action Under Safeguarding: Risk Removed	113	18%	137	25%	102	21%
Action Under Safeguarding: Risk Reduced	336	55%	266	50%	237	50%
Action Under Safeguarding: Risk Remains	43	7%	55	10%	44	9%
No Further Action Under Safeguarding	124	20%	79	15%	95	20%
Total Concluded Enquiries	616	100%	537	100%	478	100%

Figure 8 – Concluded Enquiries by Result, 2019/20 and 2020/21

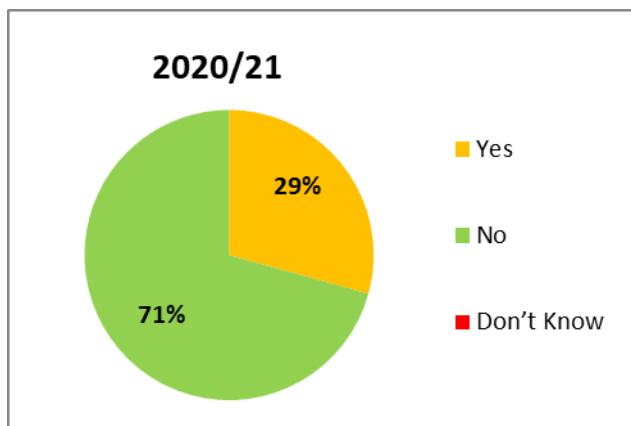
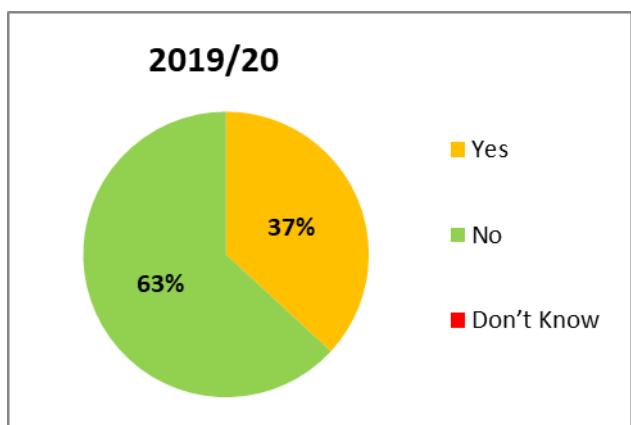


Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2019/20 and shows if they lacked capacity at the time of the enquiry.

The data shows that over this year those that lacked capacity has decreased by 8%. Over the past 2 years those concluded enquiries where the Mental Capacity was not fully identified have been reduced to zero as work has been completed to ensure capacity is always considered during the enquiry process.

Figure 9 – Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2019/20



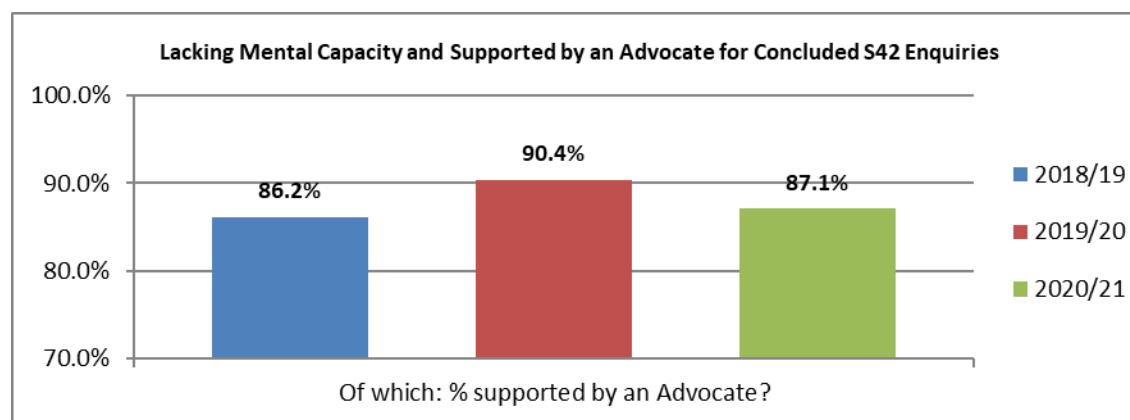
Of those 140 concluded enquiries where the person involved was identified as lacking capacity during 2020/21 there has been a 3.3% drop in those supported by an advocate, family or friend than in the previous years (down to 87.1%). Table 8 and Figure 10 show how the numbers and proportion had risen last year but had fallen again down to a slightly higher level than was seen in 2018/19.

Appendix A

Table 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2018/19

Lacking Capacity to make Decisions?	2018-19	2019-20	2020-21
Yes	195	198	140
<i>Of which: how many supported by an Advocate?</i>	168	179	122
<i>Of which: % supported by an Advocate?</i>	86.2%	90.4%	87.1%

Figure 10 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2018/19



Section 6 - Making Safeguarding Personal

As at year end, 84% of all service users for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 10% of those did not express an opinion on what they wanted their outcome to be (in 2019/20 this figure was 86% of which 10% did not express what they wanted their outcomes to be when asked). This is shown below in Figure 11.

Appendix A

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2018/19

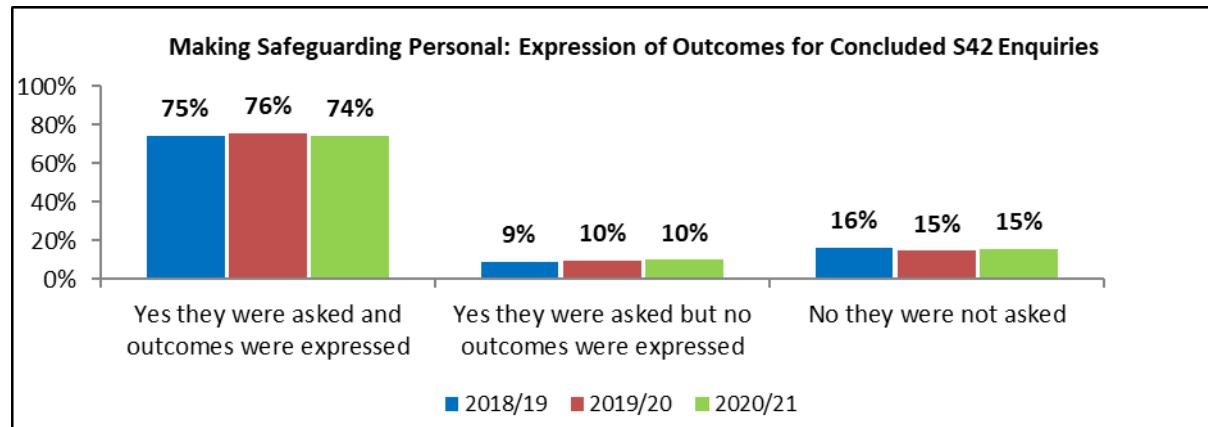
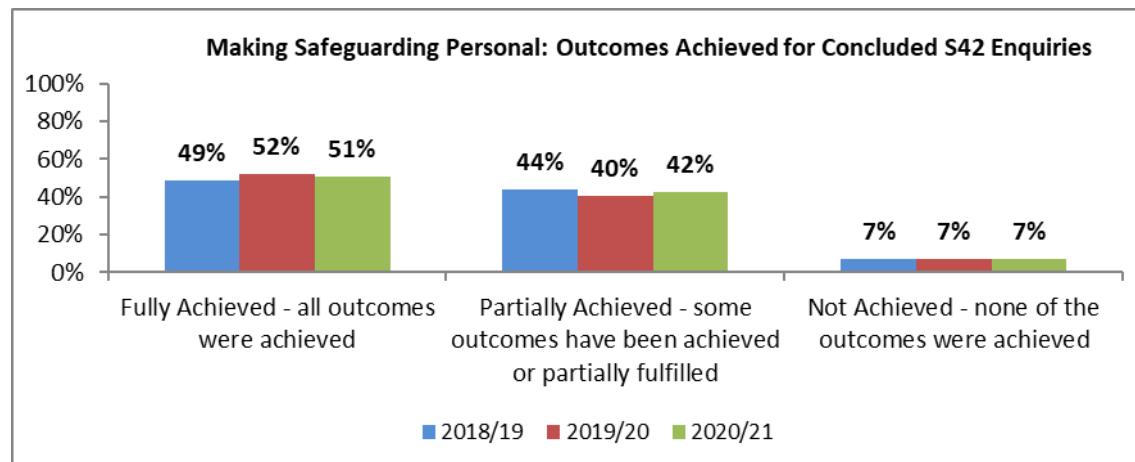


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2018/19



Of those who were asked and expressed a desired outcome, there has been a slight decrease of 1% (from 52% in 2019/20 to 51% in 2020/21) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However, a further 42% in 2020/21 (up 2% since 2019/20) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the year which was on a par with the figures in both of the last 2 years. This is shown above in Figure 12.

Appendix A

Appendix A1

Table A – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2018/19

Gender	2018-19	% of total	2019-20	% of total	2020-21	% of total
Male	196	43%	204	44%	208	48%
Female	262	57%	258	56%	227	52%
Total	458	100%	462	100%	435	100%

Table B – Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2020/21

Age group	Female	Female %	Male	Male %
18-64	79	34.8%	112	53.8%
65-74	38	16.7%	30	14.4%
75-84	45	19.8%	37	17.8%
85-94	50	22.0%	26	12.5%
95+	15	6.6%	3	1.4%
Unknown	0	0.0%	0	0.0%
Total	227	100.0%	208	100.0%
	52%		48%	

Table C – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 Years since 2018/19

Primary support reason	2018/19	% of total	2019/20	% of total	2020/21	% of total
Physical Support	241	52.6 %	232	50.2 %	210	48.3 %
Sensory Support	4	0.9%	12	2.6%	3	0.7%
Support with Memory and Cognition	37	8.1%	23	5.0%	21	4.8%
Learning Disability Support	80	17.5 %	75	16.2 %	46	10.6 %
Mental Health Support	83	18.1 %	83	18.0 %	94	21.6 %
Social Support	13	2.8%	35	7.6%	34	7.8%
No Support Reason	0	0%	2	0.4%	27	6.2%
Total	458	100%	462	100%	435	100 %

Performance Data Commentary

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the local authority is meeting any of those needs and is experiencing, or at risk of, abuse or neglect; **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

An adult safeguarding concern is a concern about an adult who has or appears to have care and support needs and is referred to Adult Social Care in order to determine what action would be taken through a robust screening process of the details taking into consideration the individual whom the concern refers to.

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

Reading Borough Council;

Has seen a 65.5% increase in the number of safeguarding concerns (1589) in 2020/21 when compared with 2019/20 (960). This has been a challenging year with COVID and as a result of this there has been an increase in the number of safeguarding concerns from professionals within the community.

The levels of safeguarding concerns do not necessarily progress to a section 42 enquiry as you will note from the information provided and we are working closely with partner agencies to address the numbers of safeguarding concerns which are not appropriate for the service.

The Safeguarding Team have been through an extensive improvement programme with our recording system and as a result of this we are confident that our reporting mechanism for all safeguarding concerns are robust, the consequence of this has been an increase in the numbers. The improved system has now been embedded within the service.

- In 2020/21 31% of safeguarding concerns (493) led to a section 42 enquiry – this has reduced compared with 2019/20 data. This data is comparable with the our colleagues across West Berkshire.
- In 2020/21 56% (244) of section 42 enquiries reported relate to older people over 65 years – this has shown a slight decrease compared with 2019/20 data.
- More women were the subject of a safeguarding enquiry than males as in previous years; however, however the gap has narrowed to only 4%.

Appendix A

- 80% of section 42 enquires were for individuals whose ethnicity is White. There has been an increase to 20% in section 42 enquires for individuals whose ethnicity is Mixed, Asian, Black or Other. This continues to be the focus of work for all partners in view of the demographic makeup of Reading.
- When all section 42 enquiries concluded, the individual's ethnicity was known.
- As in previous years the most common type of abuse for concluded section 42 enquires were for Neglect and Acts of Omission. This was followed by Financial or Material abuse, Physical abuse and Psychological abuse
- For most section 42 enquiries the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.
- 84% of service users were asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process. This is similar to the previous year.

The Making Safeguarding Personal (MSP) agenda remains a high priority for Reading Borough Council. The benefits of the MSP agenda enable individuals to be involved with decision making and determine the outcomes they wish to achieve.

Examples of these are empowering people receiving personal care to be confident in speaking out when they believe that the quality of the care is not acceptable. This has reduced the level of risk and offered individuals, professionals and their care provider to work together to ensure the quality of the care improves.

We continue to strive to ensure everyone has a voice and therefore we will be working alongside carers and their families to be the voice of the person at the centre of a section 42 enquiry when they are unable to articulate the outcomes for themselves.



Reading Borough Council Safeguarding Achievements 2020/2021

Operational Teams

The Adult Safeguarding Team continues to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Locality Teams undertake most of the section 42 enquiries.

There remains in place a robust oversight of all section 42 enquiries by managers.

There have been bite size learning events with managers regarding key aspects of the safeguarding process where it has been identified through consultation with managers that they felt the necessity for greater clarity.

Service Development

Hoarding and Self Neglect

Adult Social Care during the COVID Pandemic noted that individuals who needed help to address their hoarding and self-neglect were reported when their situation had often become acute. The challenges for all professionals during the pandemic were that because of reduced interaction in the community these cases were not identified until a later stage. The impact of hoarding and self-neglect can be significant and risks which are associated with the condition may include:

- Delays in hospital discharge and associated additional costs of 'bed-blocking'.
- Fire hazards.
- Poor physical and mental health.
- The potential for safeguarding concerns to be raised.
- The potential for individuals presenting on multiple occasions to services – the revolving door scenario.

This created ongoing challenges for all agencies working alongside Adult Social Care, which resulted in reaching an agreement to produce a hoarding and self-neglect local procedure and pathway for the residents of Reading Borough Council.

Adult Social Care identified that there were opportunities to apply for a hoarding grant and were successful in securing funding of £58,030 from the Social Impact

Voluntary and Community Grant. The grant which Reading Borough Council have been awarded will be used to develop a multi-agency hoarding and self-neglect procedure and pathway.

Aims of the Project:

- Provide practical and emotional support to people who hoard/self-neglect.
- Research to identify how best to support people with self-neglect or hoarding tendencies in the community and ensure interventions and support meet longer term needs.
- Establish a multi-agency network to provide a joint and joined-up approach
- Establish integrated pathways and a multiagency “panel” with safeguarding leads to support with risk management and interventions.
- Set up a framework in collaboration with participating agencies and using service users views and experiences of service users involved.
- Educate statutory and voluntary agencies on hoarding and self-neglect, raise awareness and impact on wellbeing.

Expected benefits for the target group

- Promoted independence and support for a group of people who often refuse support and are hard to engage.
- Increase access to services to support mental wellbeing, reduce social isolation and stigma.
- Increased access to community and health services
- Prevent crisis and hospital admissions through preventative work
- Enabling people to stay healthy and active in their community and at home

Research aims

To use qualitative research methods to gain an understanding of the service users experience of our service. This will guide future service development for this group.

The funding identified will include:

- Lead Practitioner for 9 months to run the project .
- Specialist training and service development support will be offered from Hoarding UK.
- Development of “Train the Trainer” in order to ensure a consistent high level of expertise in this area of work.
- Workshops to review the existing Hoarding pathways and services with all agencies across Reading.
- Development of a Reading hoarding and self-neglect procedure/pathway for all partner agencies involved in delivering services in Reading.
- Focus groups with service users to understand how Reading Borough Council can support them through the process, what worked well and changes they feel would be beneficial in their journey.

Section 42 provider enquiry template

There was in existence a section 42 provider enquiry template that was primarily being used for GP's to respond to Adult Social Care with information to assist in the section 42 enquiry. A staff survey highlighted that it was not being consistently used across the service and feedback demonstrated the need for clarity regarding the content of the document and which external professionals should be completing the form.

A review of the safeguarding process highlighted the need for consistency of approach to gathering information from providers as part of the section 42 enquiry. The inconsistency of approach resulted in lack of accountability by some providers, difficulties in identifying the feedback by providers in Mosaic with defined outcomes and the learning. Unclear timeframes for the enquiry to be completed which resulted in some drift. All of this resulted in the need to ensure that a coherent and consistent approach to all section 42 enquiries was adopted across all provider organisations.

The decision about how best to approach an enquiry is made by the Local Authority. Under Section 45 of the Care Act, any professional or organisation asked to co-operate in the enquiry has a duty to do so.

Where the approach involves another professional or organisation making enquiries, the Local Authority remains the lead agency, with responsibility for monitoring progress of enquiries made by others and coordinating the safeguarding process.

- The specific enquiries to be made
- Who has been allocated which enquiry?
- The timeframe within which the enquiry must be made

A group of Safeguarding Leads worked together to update the template, and this culminated in the relaunch in November 2020 of the Section 42 enquiry provider template.

A review took place in the Spring of 2021 regarding the implementation and use of the template. Feedback from staff and providers was positive and the template is now consistently used.

Safeguarding Concerns – working alongside partners

An audit of Safeguarding Concerns being sent to the Safeguarding Team was undertaken by the Safeguarding Senior Manager. It identified several themes in respect of the interpretation of Care and Support needs, what constitutes a safeguarding concern and appropriate pathways for individuals who are experiencing a mental health episode. This work sat alongside the launch of the West Berkshire Safeguarding Guidance document which supports professionals in making decisions to refer a safeguarding concern to the appropriate Safeguarding Team.

A programme of work was identified to address these issues with external partners, and this resulted in working alongside Thames Valley Police to address the emerging themes.

Over a 2-day period auditing of TVP safeguarding concerns took place which identified a total of 15 safeguarding concerns that Thames Valley Police had sent to the team which clearly demonstrated that the two agencies needed to work closely together to ensure that the right professionals received the right information at the right time. It was a collaborative approach and has resulted in the development of a Power Point presentation by the police for police officers to enhance their knowledge and skills in respect of adult safeguarding. This will be implemented over the coming months with input from the managers within the Safeguarding Team.

It is the intention of the managers involved with this collaboration to undertake further audits at the end of the year examine what differences there have been with the quality of the safeguarding concern post the workshops, and to continue to support police officers to understand their role in referring a safeguarding concern to Reading Borough Council.

Mental Capacity Act Training

A review of the Mental Capacity Act Training took place, which included the themes that had arisen from Safeguarding Adult Reviews across West Berkshire. In addition, feedback from staff and managers identified the necessity to implement further training to support their professional practice. It was identified as level 2 and level 3 training.

The learning outcomes for level 2 training were as follows:

- Demonstrate knowledge and understanding of the concept of capacity and incapacity
- Understand the importance of the key concepts in the context of the relevant safeguards of the mental capacity act
- Understand and apply the key principles of supporting individuals to make decisions
- Understand the requirement for undertaking formal assessments

Level 3 training leads on from level 2 training and is an opportunity for staff to come together and discuss in detail how they have applied the learning from level 2 training by using case studies.

The learning outcomes for level 3 training is as follows:

Demonstrate through case studies the learning from the level 2 training including the following aspects

- Who the Mental Capacity Act concerns?
- The Mental Capacity Act code of practice
- The five core principles of the Mental Capacity Act
- When and how to assess mental capacity
- How to make decisions in a person's best interests
- The importance of keeping good records
- What can be done within the law?
- When and how to use restraint

Mental Capacity Act Champions (MCA)

It was also identified that in order to maintain a good level of knowledge and skills within the service it was helpful to identify staff who would be willing to become MCA champions and apply the principles of the Mental Capacity Act. Only staff who attended the training would be asked if they would be willing to undertake the role of an MCA champion.

The objective of the MCA champion role is to promote the correct and effective application of the Mental Capacity Act (MCA) across Adult Social Care

The intention is that there will be at least one MCA Champion for each team .

MCA champions would be asked to undertake the following:

- Providing a source of basic advice of MCA to colleagues within Adult Social care

The Champions are not expected to provide legal expertise or to advise on complex matters but would be able to support colleagues in relation to matters such as:

- The general issues relating to MCA
- Promoting awareness of MCA in their team
- How to locate the MCA resources on the intranet
- Discuss in teams meeting any MCA updates
- Support other staff with guidance on completion of the MCA assessment
- Who to contact for more detailed advice (ie DoLS lead, Legal Services Team).

Safeguarding Consultation document

The safeguarding consultation process and document was launched at the beginning of 2021. The document is completed by a manager within the Safeguarding Team. It is an internal recording tool and has been developed in order to ensure there is consistency in the approach to recording safeguarding consultations with staff across the service. In such situations it is a crucial recording tool which is well structured in order to ensure readability, to allow analysis and the practitioner's overview of the safeguarding concern and to follow the principles of evidence-based content. The safeguarding consultation document is recorded in accordance with the following recording principles:

- Completeness: all information relevant to the consultation and the adult's circumstances is documented.
- Openness: any adult may request access to their file at any time
- Accuracy: all content is accurate - facts are distinguished from opinion

The safeguarding consultation document once completed is placed within the IT system and as a stand-alone document is useful to all practitioners who are involved with the service user and will assist in feedback to referrers and evidence of actions that may need to be taken to support the individual.

Safeguarding Adult Reviews

There have been no Safeguarding Adult Reviews (SAR's) for Reading Borough Council over the past 12 months.

Adult Social Care have reviewed their internal processes regarding SAR's and have developed robust SAR actions plans which meet internal quality assurance standards. Reading Borough Council existing SAR action plans are continually reviewed through the Adult Social Care Quality Board to ensure continued improvement in any learning.

Safeguarding training plans are reviewed to ensure mandatory training encompasses the priorities of the Safeguarding Adult Board and remain responsive to emerging findings from SARs.

Internal briefings have taken place with all staff regarding the learning from SARs across West Berkshire which not only raise awareness.

Unexpected/Suspicious death process

Significant work has been undertaken across Reading Borough Council to produce procedures and support tools for all staff in implementing a robust approach to Unexpected/Suspicious deaths. It was identified as an area of work that could be challenging with what was lack of clarity regarding what constitutes an Unexpected/Suspicious death. This lack of clarity resulted in limited adherence to the Local Authorities statutory responsibilities within the Safeguarding process to consider transferrable risks. It also highlighted a risk regarding the Local Authorities statutory responsibility regarding the criteria for Adult Safeguarding Reviews which can arise from deaths of this nature. The clarity offered is as follows:

When an adult has died in unexpected/suspicious circumstances the following criteria must be applied:

- There is a suspicion, or it is known, that abuse, or neglect was a contributory factor in their death, and
- The abuse or neglect was caused by a third party.

Several workshops took place with managers to launch the procedures and templates and to facilitate an opportunity to discuss in detail the practical aspects of the process and to allow them time to understand their responsibilities as a manager.

Reading Borough Council have implemented an action log of all Unexpected/Suspicious deaths which is overseen by the Safeguarding Locality Manager. Its function is to capture all the vital information and actions taken. It also highlights emerging themes which are addressed through task and finish groups.

The action log is brought to the Adult Social Care Quality Board to be reviewed and identify any action required.

Adult Social Care Case recording system

Our IT system has an online digital case management system which is easy for practitioners to use and quickly takes you to where you need to be in the person's journey. It simplifies how you record and monitor pathways and aligns your data with data from other services to save time and minimise risks. It has all the workflows and forms you need to adopt proven practices and meet statutory requirements.

An internal review of Reading Borough Council IT system identified the need to update the safeguarding pathway to support the work of all staff who undertake this statutory safeguarding work. The review also incorporated the themes from Safeguarding Adult Reviews specifically linked to working alongside commissioning colleagues and providers. The review included the views of managers and staff not only from Adult Social Care but from colleagues within the Performance Team and identified key areas to be addressed. There have been significant changes made to the safeguarding pathway and this work remains ongoing.

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Agenda Item 13

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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