

Inspection of Reading local authority children's services

Inspection dates: 22 April to 3 May 2024

Lead inspector: Christine Kennet, His Majesty's Inspector

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

Children and families living in Reading are not currently receiving consistently good services. Senior leaders have a shared understanding of the priorities and improvements needed, and significant progress has been made in some areas since the last inspection, such as for early help, disabled children, children in care and care leavers. Leaders have also been successful in recruitment and in stabilising the workforce.

Despite the improvements, there is still inconsistency in the quality of practice and insufficient progress in certain areas. The inexperience of workers, combined with high caseloads in some teams, is contributing to a small number of children not having risks identified quickly enough. Management oversight and supervision in some teams are not effective, reflective or frequent enough and record-keeping is not of a consistently high quality. Senior leaders have strengthened quality assurance arrangements and these are helping to identify when there are concerns for children, but the systems are not sufficiently robust.

Since December 2018, children's social care statutory functions have been delegated to Brighter Futures for Children. The company and council are working collaboratively and appropriate arrangements for scrutiny and challenge are in place.

What needs to improve?

- The quality of assessment, planning and provision for children in need, 16- and 17-year-olds who are homeless and children living in private fostering arrangements.
- The timely identification of risk for children.
- The workforce development, training and support offer to attract and retain staff.
- The timely assessment of and support for connected carers, kinship carers and special guardians.
- The development and embedding of the response to children at risk of harm outside the home.
- The timely publication of the local offer for care leavers and the implementation of the delayed measures to improve corporate parenting for care-experienced young people.

The experiences and progress of children who need help and protection: requires improvement to be good

1. Since the 2019 inspection, some aspects of services for children who need help and protection have improved. While there are several pockets of strong practice, many children are not receiving a consistently good service that meets their needs.
2. In most cases, workers in the children's single point of access (CSPoA), which acts as the 'front door' and receives contacts about children who may benefit from early help or access to statutory services, apply thresholds appropriately. When there is concern that a child is suffering significant harm or is likely to do so, referrals are swiftly transferred to the social work teams (together for families teams) for strategy meetings. However, for a small number of children, the decisions to end involvement with children's social care services are overly optimistic and children have subsequently been quickly re-referred.
3. Effective joint working and information-sharing arrangements in the CSPoA enable agency partners to obtain and consider relevant information. Parental consent is sought to complete further checks with other agencies. Consent is appropriately overridden when there are concerns, and the rationale is recorded in children's records. Although staff are experienced and curious, there is a high demand rate in CSPoA and there have been staffing challenges, both of which have impacted on the timeliness and quality of work which has been assessed as lower risk by the duty manager.
4. Children and their families are helped by a range of impressive and impactful early help services, known as family help, that are reducing children's need for statutory intervention. Some children and families have to wait for a few weeks for a service, due to increasing levels of demand; however, their circumstances are regularly checked and reviewed.

5. Family help assessments are comprehensive and demonstrate curious and insightful work with families by family workers. Parental backgrounds are explored and links between earlier childhood experiences and current parenting behaviours are drawn out well. Children's lives at home and school are thoroughly considered and their voices are clear. The input of other agencies enables a rounded evaluation of children's needs. The assessments provide a solid foundation for developing effective plans.
6. If risks to children increase, transitions to social care are carefully managed. Accumulating risks are identified and acted on promptly. When statutory intervention is no longer needed, transitions to family help are similarly well considered and managed.
7. The majority of assessments are completed within timescales that meet the needs of children and their families. However, there is a delay in visits for some children once assessments are allocated. High caseloads and high demand in this part of the service mean that some children are visited by duty social workers. Additionally, when allocated workers are absent for a period of time, work is not always reallocated and is managed on a duty system, meaning that children do not have the opportunity to build trusting relationships with their social workers. Chronologies for some children omit key events, such as previous child protection concerns; this does not support workers to fully understand the impact of children's histories and of previous social care interventions. Not all children's records have an up-to-date summary to enable their current circumstances to be quickly understood by other workers.
8. The quality of plans is variable, with stronger examples reflecting the needs and risks identified in the assessment. Weaker plans lack detail to enable a clear understanding of progress for children. When a family support worker works alongside the social worker, the evidence of positive change is greater for the child and their family.
9. Most children in need reviews are well attended by parents and professionals and most are timely. Progress against actions is set out in the notes of the meetings, enabling next steps to be identified, even when plans are not updated.
10. Strategy meetings are well attended by relevant agency partners and are clearly and accurately recorded. Risks and rationale for decisions and actions are clear but, for a small number of children, these meetings are delayed, potentially leaving children in situations of risk for too long.
11. Most child protection enquiries are thorough, timely and effective in identifying risks and making clear recommendations. For a small number of children, there is insufficient challenge of partner agencies when there are differences in the levels of assessed risk.

12. Child protection conferences are timely and well attended. Advocacy is promoted with a newly created 'opt-out' process, meaning that far more children are receiving this support than before. The conferences enable a sound multi-agency understanding of the risk of harm for children; conference chairs complete detailed mid-point reviews and escalate concerns when progress is insufficient. Core group meetings are mostly regular. Most core group meetings are well attended by parents and professionals and consider progress against actions in the plan.
13. Children are seen alone when possible and their wishes and feelings are sought, either through the use of a direct work tool or through conversation-based direct work. Some children are not visited at the agreed frequency or by a consistent worker, due to a lack of staff.
14. When risks to children escalate, most pre-proceedings under the Public Law Outline arrangements are timely, with impactful interventions, particularly for unborn babies, whose needs are identified at an early stage. Letters sent to parents provide clear and explicit details about concerns and the changes that need to be made. A small number of children have not been escalated into this process quickly enough as their needs have not been proactively identified.
15. Disabled children's complex health, emotional and physical needs are well understood by highly skilled workers. Multidisciplinary plans are clear and well thought through. Children's safeguarding needs are clearly identified and responded to in a timely way, and children's views and feelings are ascertained through direct work and careful observations.
16. Most young carers' needs are assessed appropriately, and support is provided through young carer groups. This is enabling children to interact with others who are caring for family members and to have their circumstances recognised and understood.
17. When children go missing from home, there are robust arrangements in place to monitor them on a daily basis. All children are offered return home interviews and the information from these interviews is reviewed diligently by the 'missing' coordinator, who sets out recommendations which are effective in reducing risk. Chronologies of missing episodes enable workers to gain a clear overview of concerns.
18. The initial response to children identified as at risk of harm outside of the home is effective and robust. The individualised multi-agency planning approach is inclusive of families. However, ongoing safety planning for children is not fully and consistently developed across all teams and children's vulnerabilities are not always identified early enough.
19. Children and families receive a timely, child-focused response from the emergency duty service. There are clear strategic arrangements and a recently

introduced quality assurance framework has enhanced the level of oversight and monitoring.

20. Very few children are identified and known to be living in private fostering arrangements, although efforts have been made to raise awareness. Visits and reviews to monitor children in these arrangements have not always been completed in a timely way.
21. The response to 16- and 17-year-old children who present as at risk of homelessness is inconsistent and lacks sufficient urgency. The immediate risks that some children face do not always trigger a rapid response, leaving children in vulnerable circumstances. Children are not always made aware of all the options available to them, including the opportunity to be accommodated.
22. The local authority designated officer (LADO) is effective and is appropriately managing allegations about professionals in positions of authority who may have caused or could cause children harm. However, cover arrangements are insufficient when the LADO is not at work.
23. When children are electively home educated and intelligence suggests potential risks to children, systems are in place for contacting families. Children who miss education are known and a range of approaches is being used well to tackle this, but some children are out of full-time education for too long. Systems to ensure that children receive or are supported into education are underdeveloped, and an additional worker is being recruited.

The experiences and progress of children in care: good

24. Most children come into care at the right time. The local authority is addressing and improving the experiences of children who have remained in neglectful circumstances for too long, some of whom have come into care more recently.
25. Children are supported to remain within their family and friends network when it is safe for them to do so; this is enabling them to maintain connections with people who are familiar to them. A high number of children live with kinship carers or special guardians. A small number of carers have not been assessed in a timely way.
26. Most children live in stable, nurturing and caring homes in which their needs are well met, and they flourish. When children are unable to return home, there are early and suitable considerations of their permanence plans, with engagement from key professionals. Many children remain in stable foster homes for a long time; they are settled and have their permanence plans ratified by the fostering panel and agency decision-maker and are presented with a certificate. A small number of children have experienced delay through lengthy care proceedings, some attributable to the local authority requesting adjournments when assessments have been delayed.

27. When children are placed with their parents, social workers complete detailed assessments and an evaluation of how their needs will be met, before they return home. This allows proper planning and resources to enable families to care safely for their children.
28. Care plans show thorough consideration of children's needs, wishes and aspirations. Stronger plans demonstrate creative planning and work with the wider family. Highly active, child-centred independent reviewing officers (IROs) provide an additional layer of positive oversight and scrutiny to children's circumstances and plans, helping to make sure that needs are met and plans are fulfilled.
29. Children, including those who live outside the area, are visited regularly by social workers. The social workers see them alone and invest time to form positive relationships and build trust. Brothers and sisters are supported to live together when appropriate and children are able to maintain links with family members and other people who are important to them.
30. Children's physical and emotional health are strongly promoted. Children can access a wide variety of supplementary services which support their emotional well-being, and therapeutic support is swiftly mobilised, including for children living out of area. A specialist children in care child and adolescent mental health service is easily accessible and offers consultations for professionals and mental health support and therapy to children without delay.
31. Children in care receive an effective education. The virtual school is highly ambitious, with staff acting as strong advocates for children. Good communication between children, schools, families, carers and social workers results from well-established joint working, coordinated successfully via personal education planning. As a result, children in care improve their attendance and academic achievement.
32. Disabled children in care benefit from impressive direct work and understanding of their needs. The skilled workers are highly attuned to children's individual communication styles, needs and behaviours.
33. All children have access to independent visitors and advocates, and they are supported to attend and participate in their reviews. IROs write letters to the children to confirm what was discussed at the meeting and the actions that have been agreed. These letters are sensitively written and give children a clear understanding of why decisions were made for them.
34. Annual award ceremonies celebrate children's achievements. The Children in Care Council represents children's views at wider corporate parenting forums and an active and enthusiastic participation officer continues to develop and improve the offer of engagement activities for children. Children told us that they enjoy meeting friends, having fun and sharing their views.

35. The response to children's vulnerabilities and risk outside of the home is not yet routinely robust. In stronger examples, there is swift identification of risk to children and thorough consideration of impact, with detailed plans about intervention and support. However, for some children, there is insufficient identification and understanding to enable their situations to improve quickly enough.
36. There is effective recruitment and assessment of foster carers. A recent restructure includes improved processes for quality assurance and monitoring. Decision-making and recommendations are timely and in line with the aim to promote the welfare of children in foster care. Most foster carers are positive about the support and training that they receive, both of which have helped to secure stability for children. There have been capacity challenges in the fostering teams, resulting in some negative impact on the timeliness of assessments and support provided to kinship carers.
37. Adoption for children, in part achieved through membership of the regional adoption agency (Adopt Thames Valley) is a strength. Governance arrangements are clear and effective. Early permanence through fostering to adopt is supporting children to develop early attachments. The inclusive approach secures adopters with diverse backgrounds, ethnic origins and sexual orientation.
38. Children whose plan is for adoption or long-term fostering have their memories and stories about their journeys into care and on to permanence collated sensitively into beautiful life-story books.
39. Leaders recognise the need to improve and build placement sufficiency and choice. There are a variety of incentives and action plans coming into effect and although it is too early to see any direct impact, there is a real focus and intention to try to keep children living locally.

The experiences and progress of care leavers: good

40. Care leavers are very well supported. Transition work has improved and children are allocated personal advisers (PAs) in a timely way, which enables positive relationships to develop before they leave care. Adult services are usually involved at an early stage and work alongside PAs when it is likely that children will need long-term support. Care leavers receive continuing and seamless support following their 21st birthdays in line with their needs and wishes, with an expectation that contact will continue as long as it is needed.
41. Care leavers receive careful and effective practical support and advocacy from committed and skilled PAs who are ambitious for their futures. PAs get alongside care leavers and are persistent in their efforts to engage those who are less likely to keep in touch. PAs talk about the care leavers with warmth and affection. Many PAs have worked in the service for a long time, so have developed stable and long-standing relationships with care leavers, continuing

beyond the age of 25, and often go above and beyond the call of duty to support them.

42. PAs strenuously advocate on behalf of care leavers and are attentive to their unique identities, for example helping them to find and attend places of worship. PAs know their care leavers well and are fully aware of their life histories. They work effectively with care leavers with additional needs such as autism and attention deficit hyperactivity disorder, although they currently do not receive bespoke training for this.
43. Care leavers living at a distance from Reading also see their PAs regularly and receive the same diligent support as those who live locally. Care leavers who are in custody are seen regularly by their PAs, who work closely with probation and other involved agencies, ensuring suitable and timely plans on release.
44. PAs understand the importance of care leavers' lifelong connections. Training in mapping connections has recently been provided to PAs and is helping them to understand the significance of building wider networks for when children live independently. PAs help care leavers to develop a range of hobbies and interests to improve their well-being and widen their social networks.
45. Most pathway plans are detailed and carefully written, co-constructed with the care leavers, reflecting their voices, views and aspirations. The plans set out care leavers' needs comprehensively and identify how they will be addressed. They are adapted regularly, as circumstances evolve and change. PAs work collaboratively alongside other professionals, promoting cohesive support and help for care leavers.
46. Most care leavers are prepared well for semi-independent or independent living through a range of activities provided by their support staff, 'staying put' foster carers and PAs. Some care leavers complete a more structured and accredited independence training programme, which runs regularly and is helping them to prepare for independent living.
47. Most care leavers live in suitable accommodation commensurate with their assessed needs. Some care leavers 'stay put' with their foster carers and these arrangements are supported and encouraged. Most say that they feel safe and are content where they live. Some care leavers are allocated council flats from a prioritised queuing system, while others live in supported accommodation and value the tailored help provided by their support workers. A tapered reduction in council tax has just been applied to care leavers aged over 21 years.
48. PAs are alert to potential or actual risks of exploitation that some care leavers are exposed to. However, when care leavers go missing, urgent and determined efforts to obtain soft intelligence about their movements and associations and to consider and reduce risks are not always evident.
49. Unaccompanied asylum-seeking care leavers are provided with the support necessary to build stable lives following their journeys to the UK. Counselling is

offered through GP referrals to specialist post-traumatic stress disorder psychologists and other counselling services. Care leavers are helped to contribute to reviews and meetings, through interpreters if needed. They are provided with suitable supported accommodation that meets their needs.

50. Close attention is paid to care leavers' physical health; they are registered and attend appointments with GPs, dentists and opticians. Talking therapies are promptly offered to care leavers struggling with emotional health issues. Psychology support is offered to address more complex needs, and a specialist substance misuse service is also available. Care leavers are given the opportunity to receive a health summary document of their health needs when they leave care and this aims to ensure that they have the information they need to manage their own health and well-being. If they consent, a copy of this health summary is shared with their PAs and placed on their local authority records.
51. Care leavers who are parents are supported well by their PAs, but there are no dedicated groups where they can seek mutual support and advice. A suitable communal venue is being sought where care leavers can meet together.
52. PAs are very knowledgeable and resourceful and actively advise care leavers of their entitlements and their rights under the current local offer. Plans to publish a strengthened local offer have been delayed. Some entitlements have very recently been enhanced, but care leavers receive variable offers, partly driven by the quality of evidence presented by their PA. Consequently, decisions on resource allocation by senior managers are not always consistent.
53. Leaders are ambitious for care leavers to achieve their potential, providing them with opportunities to be inspired about education and career possibilities. While this work makes a huge and meaningful difference to individual care leavers, the proportion of care leavers, particularly those aged 19 to 21, who are not in education, employment or training, is not reducing.
54. A care leavers' ambassador forum is being reinvigorated by an energetic participation worker. Care leavers' complaints and concerns are vigorously pursued, helping them to be addressed at an early stage.

The impact of leaders on social work practice with children and families: requires improvement to be good

55. There have been some significant improvements since the last inspection in 2019, notably in relation to children in care, care leavers and the development of a more structured quality assurance framework. However, there is still too much inconsistency in the quality of practice; some changes have been too slow and there has been insufficient progress made in certain areas, such as in the capacity and impact of the together for families teams, some strategic development plans and some areas for improvement from previous inspections.

56. The director of children's services took up post in February 2023. Following several years of turnover at senior leadership level, there has now been a stable senior leadership team for the past 15 months, who have a shared understanding of the priorities and what needs to be done. Leaders are beginning to work together effectively to tackle challenges and they have recently developed a transformation programme, a five-year approach to deploy resources to the greatest areas of need, including developing family hubs, support for an edge of care offer and increasing sufficiency.
57. The transformation plan addresses the right priorities and there is a clear vision for the delivery of services. Some progress is already evident and senior leaders have a good understanding of the improvements that have yet to be achieved, but these improvements are dependent on ongoing financial investment. The chief executive officer and the lead member are supportive of the transformation programme and the importance of the whole council investing in services for children, both in terms of significant financial investment and as corporate parents.
58. Leaders have been successful in recruiting permanent staff to the workforce and are working with a clear aim to change the culture of the service. Many of the new staff are from overseas or inexperienced, newly qualified and in their assessed and supported year in employment. They have required a lot of time and investment from practice managers to support them to understand systems and processes. It is not clear how leaders propose to support, develop and retain the staff that they have worked so hard to recruit.
59. Leaders have made progress in developing strong engagement from some partners, for example the One Reading Partnership, with an aligned proposal and shared approach to family hubs, and the multi-agency safeguarding arrangements with two other local authorities who are working on appropriate local and regional priorities and disseminating learning from reviews. Relationships with some agencies, for example the police and the judiciary, are not as strong. Frontline workers are able to give positive examples of working together on a practice level with partner agencies, which is supporting positive outcomes for children.
60. Leaders recognise that there is much more to do. The implementation of the findings from an independent report in 2023 to look at services for care leavers, despite having a clear action plan, has been too slow. It is positive that 'care experienced' has become a protected characteristic within the council, but the impact of this remains limited, with a draft local offer which is not yet published.
61. Leaders have introduced a new model of working in the together for families teams, with the overall positive intention of ensuring fewer changes of social workers for children. However, the new model is reliant on social workers having lower caseloads to be effective. Caseloads have remained too high in this part of the service and this, combined with the less experienced workforce

and inconsistent supervision, has impacted on children's experiences and progress through this part of the system. The together for families teams undertake a significant proportion of the local authority's social work with children and families but have some of the most inexperienced workers and the busiest caseloads; this is a vulnerability for children at risk. During the inspection, senior leaders took immediate action to relieve pressures in the together for families teams, over and above the work that is already under way, bringing additional welcome resource to this area of practice.

62. Leaders have begun to build in systems to oversee practice, such as panels, additional scrutiny via child protection chairs/IROs and audit activity. These systems are intended to provide a 'failsafe' mechanism to ensure that children are kept safe, with evidence of some success, but the systems themselves are not sufficiently robust. Middle managers in the areas of weaker practice are not close enough to practice to provide effective oversight, challenge and guidance. Analysis of audit activity is helping leaders to recognise key areas for improvement, and stronger progress has been seen in practice with children in care and care leavers. The impact of audit activity in the together for families teams is less evident. Regardless of action plans, performance continues to be inconsistent.
63. The lead member chairs the corporate parenting board. There are also a range of other forums where children and families can share feedback and express their concerns and highlight aspects of their care plan that they would like reviewed. Children and young people have explored relevant topics and been supported to share views through the corporate parenting board; examples of changes made as a result include access to advocacy and an improved housing offer.
64. Children and families have access to the Reading Family Information Service, which won a national award for Best Community Engagement last year and offers free information, advice and guidance for families, and young people aged up to 25.
65. Staff have access to training, but many told inspectors that they are too busy to attend. The current pressures are likely to impact on staff retention, and on the experiences and progress for children. Given these pressures, it is commendable that significant improvements have been made with regard to services for children in care and care leavers.

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