

# Reading Borough Council

## Inspection of children's social care services

**Inspection dates: 16 September 2019 to 27 September 2019**

**Lead inspector: Tracey Scott**  
**Her Majesty's Inspector**

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

Reading children's services were judged inadequate in 2016. Frequent, and often sudden, changes in the senior leadership team since then have hampered progress in improving services for children. This, combined with the high turnover of frontline staff, has meant that improvements, when they have been made, have not always been sustained. Some children have experienced too many changes of social workers, which have contributed to delays in improving their circumstances or have led to children disengaging from their worker.

Despite this, there has been evidence of improvement in most areas of practice since the last inspection. Recent practice is stronger but remains variable. Early help services, which were a strength at the last inspection, continue to provide children with well-targeted interventions, and the establishment of the multi-agency hub has contributed to a reduction in the number of referrals to children's statutory services. Senior leaders have rightly focused on strengthening the recruitment and retention of staff, caseloads are reducing, and there has been an increase in management capacity.

For some children, particularly those in private fostering arrangements, 16- and 17-year-olds at risk of homelessness, and children living with family and friends, the support they receive is not good enough. Since December 2018, services for children have been delivered by Brighter Futures for Children (BFfC). 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-old young people who are homeless, children living in private fostering arrangements and children living with connected carers.
- The participation and engagement of the police in child protection processes.
- The timeliness of initial health assessments for children in care.
- The number of local placements for children in care, the completeness and accuracy of foster carer records, and the quality assurance oversight of commissioned placement arrangements.
- Care leavers' access to their health histories, and staff and young people's understanding of care leavers' rights and entitlements.
- The impact of quality assurance processes on children's cases.
- The stability of the workforce to reduce the numbers of changes of social workers for children.

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

1. Overall, services for children who need help and protection in Reading have improved since the last inspection. However, some significant areas for improvement remain, and, consequently, these services are judged to require improvement to be good. The quality of practice is variable. For some children, their circumstances aren't properly understood or assessed, and plans are insufficiently detailed. This includes children in need, children living in private fostering arrangements and 16- and 17-year-old homeless young people.
2. Early help services are a real strength in Reading. Early help assessments and plans lead to helpful, targeted interventions to support children and their families. The recently launched 'One Reading Partnership' framework promotes a cooperative approach to early help and prevention across all agencies, and there is a strong commitment to its implementation. The recently established multi-agency hub has led to a reduction in the number of referrals to children's social care and is helping agencies to identify alternative approaches to supporting children's needs.
3. The number of referrals to children's services has reduced as a result of purposeful work with partners to ensure that thresholds for referral to statutory services are well understood. The quality of referrals to social care is improving, but not all partners, particularly the police, provide timely information to inform initial decision-making. Children and families receive a prompt and proportionate response to contacts made to the Children's Single Point of Access (CSPoA). Thresholds are well understood and are appropriately applied by the professionals in the multi-agency team. Consent is routinely sought when necessary. Historical information is carefully considered to inform decision-making. Managers have good oversight of all referrals, and decision-making is supported by a clear rationale.
4. As the result of the legacy of weak practice, the number of children referred for a second or subsequent time is too high. Some children had not previously received the help they needed to improve their circumstances, and their cases had been closed too soon. A review of all children subject to child in need plans is currently underway to ensure that intervention is effective.
5. When child protection concerns are identified, including for disabled children, responses from social workers are mostly effective and swift. Inspectors saw a small number of strategy discussions that had not been held when they were needed. For a small number of children, the lack of police involvement during the early stages of child protection investigations meant that some potential crimes were not investigated, and there were delays in making effective decisions. During the inspection, the police committed to providing additional resources to the CSPoA in Reading to better meet demand.

6. Most child protection enquiries are thorough and lead to the right actions to reduce risk to children. Inspectors identified a small number of children's cases where a child protection conference had not been convened, and the subsequent planning for children was insufficient to meet their need. These children's cases were reviewed during the inspection by senior leaders, and further action was taken to address the level of concern for a small number of children.
7. The quality of assessments has improved, but not all are completed in a timely manner. Most assessments are comprehensive and take good account of family history, the child's wishes and feelings and their diverse needs. The quality of analysis is variable, and some assessments include strong analysis of risk and protective factors, as well as parental capacity to sustain change.
8. In recent months, visits to children have been in keeping with their level of need. Children are seen, and are seen alone. However, the high turnover of social workers means that children experience too many changes of social worker. This has a negative impact on children's capacity to form meaningful relationships with their social workers, and it is more difficult for workers to understand the child's experience or for children to make sense of what is happening to them. Some children have stopped talking to their social workers. Changes of social workers have contributed to a loss of momentum and delay in progressing some children's plans.
9. Child protection plans are mostly effective and well targeted. Plans for children in need are not sufficiently specific or measurable and lack timescales for action. Many child in need plans are a list of actions to be undertaken, and the template used for recording plans does not assist social workers. Consequently, it is difficult to measure progress and to hold parents and professionals to account when outcomes are not achieved. Specialist primary mental health and substance misuse workers bring considerable added value to the support and intervention offered to families where parental mental health or substance misuse are factors. Co-working arrangements with early help workers provide additional and effective support to adolescents and unborn children.
10. Disabled children receive a good level of support that is responsive to their changing needs. They are safeguarded effectively through timely recognition and response to risk. Early planning ensures a smooth and coordinated approach to supporting disabled young people into adulthood.
11. Work before the instigation of court proceedings is improving. While there is some variability in the quality of letters before proceedings, they all outline the concerns and actions required. When children's circumstances deteriorate or do not improve, legal planning meetings are convened. In the past, a small number of children have experienced delays in decisions being made. The pre-proceedings tracker is not used effectively to ensure that all children's plans are progressed in a timely way. Applications to court, and the length of subsequent care proceedings, are mostly timely. Appropriate pre-proceedings work takes place

prior to the application. The quality of court work is variable, and this is, in part, the result of the high turnover of social workers and frontline managers.

12. Families who elect to educate their children at home are supported well in order to ensure that this is in the best interests of the child.
13. Close links and information-sharing are evident between missing and exploitation operational and strategic groups, and these serve to ensure that responses to young people are well coordinated. Sexual exploitation risk assessments are strong. However, risk assessments are not as well used when young people are at risk from gang activity. Exploitation and missing risk assessment conferences lead to well-targeted intervention and individual work with young people in order to reduce risk. However, when children go missing from home or care, they do not always receive timely return home interviews. There are well-coordinated strategic arrangements to gather local intelligence, contribute to local mapping and create an intelligence profile of the area. A revised and strengthened multi-agency meeting now identifies links and patterns between children, places and perpetrators when there are concerns regarding possible exploitation.
14. Reading has a diverse population and there is a good multi-agency understanding, and a timely response, to potential risks of female genital mutilation and honour-based violence to ensure that children are safeguarded effectively.
15. Private fostering is not well understood, and the number of private fostering arrangements is very low. There has been no activity by the company to promote the awareness of private fostering this year, and there is a lack of understanding of what constitutes a private fostering arrangement. Assessments do not always assess the needs of the child and the capacity of the carer to meet these needs. Visits to children are mainly at school. This means that there is limited opportunity to observe the quality of relationship with the carers and the arrangements for the child's care.
16. A small number of young people aged 16 and 17 years old who present as homeless are placed in bed and breakfast accommodation, and not all are offered the support they would benefit from if they were children in care. Senior leaders have recognised that their response to young people who present as homeless is inconsistent and they are strengthening their response to ensure that young people are appropriately supported.

**The experiences and progress of children in care and care leavers requires improvement to be good.**

17. Many children in care in Reading live in good homes that meet their needs well. However, too many children live too far from their family and friends, and do not receive initial health assessments quickly enough when they come into care. Not all care leavers receive their health history when they leave care, and there is a lack of understanding by staff and young people of care leavers' rights and

entitlements. As a result, the experience of children in care and care leavers is judged to require improvement to be good.

18. Social workers build meaningful relationships with children in care through regular visiting. Social workers are persistent, particularly when children are ambivalent about engaging with them, and find creative ways to work with them. However, some children, particularly those whose social workers are in the family intervention teams, continue to experience too many changes of social worker. Children told inspectors that this makes it hard for them to trust social workers, and that they don't want to keep building relationships with someone new. While there are some good examples of purposeful, creative, direct work to understand children's experiences or to help children understand their situation, this is not always recorded on children's files.
19. A small number of children do not come into care soon enough. When some children first come into care, the right foster home is not always available. When children move to live with carers, meetings about what children need and expectations for their care take place, but these are not always recorded. This means that some important information is not known when social workers change.
20. There are not enough local foster homes available to meet demand. Once children are matched with the right foster carer, these relationships are enduring, and many foster carers continue to support young people into adulthood. Children and young people told inspectors that they want to be able to live closer to their homes and friends and families. The appointment of a dedicated marketing officer and a recent targeted recruitment campaign have led to an increase in the number of enquiries from prospective carers, but it is too soon to measure this in terms of approvals of new foster carers.
21. Senior managers' understanding, scrutiny and oversight of children living in unregistered settings is insufficiently rigorous. This has led to some children living in inappropriate arrangements that are unable to sufficiently meet their complex needs.
22. Assessments of children in care are comprehensive and clear. Care plans are mostly detailed and consider children's wider needs. Children have access to a wide range of recreational activities and are encouraged to develop and pursue hobbies. Plans are reviewed regularly by independent reviewing officers (IROs), who provide consistency and stability. Children value their IROs; they trust them and feel listened to. Most children attend their reviews and some chair the meetings. The review records are powerful documents written to the child, and in plain language. They are comprehensive, and they capture children's views and experiences effectively. Actions are mostly specific, with clear timescales and progress against plans. However, IROs are not always effective in ensuring that actions are completed when they need to be or that they escalate their concerns to senior managers when they are not.

23. The time that children spend with their family and friends is carefully considered and informed by children's wishes and feelings. The question of whether brothers and sisters should live together or apart is routinely considered, and most decisions are effective.
24. Most children have the benefit of comprehensive annual health checks. Good attention is paid to their emotional health and online safety, as well as to their physical health. However, most children do not benefit from timely health assessments when they first come into care, and too many children's dental checks are overdue. Leaders are aware of this, and have taken steps to strengthen processes, but these processes are yet to show significant impact.
25. The virtual school is a strength and a strong advocate for children in care. Schools value the support and challenge that leaders provide them. Effective personal education plans, completed in a timely way, ensure that additional funding is used appropriately. As a result, children in care achieve well and are prepared successfully for the future.
26. Most children live in good-quality homes with carers who meet their needs and advocate for them. Assessments of foster carers are generally of a good quality, and annual reviews are effective. However, some foster carer records are incomplete or inaccurate. Unannounced visits are not always accurately recorded. This poor-quality data and recording do not readily provide leaders with the information they need.
27. The circumstances and legal status of a small number of children being cared for by family and friends is not always well understood or properly assessed. This means that some carers and children are not receiving the appropriate level of support, and that plans for permanence are delayed.
28. Plans for children to return home are timely, and purposeful work is undertaken to support the transition and ensure success. Life-story work helps most children living in long-term foster placements to understand their histories.
29. Permanence, including adoption, is considered at an early stage. When adoption is the plan for children, they receive an effective service. The regional adoption agency (Adoption Thames Valley) is effective in delivering plans for children in Reading where adoption is the plan for permanence. Social workers and managers know adopters and children well. Matching is effective, and children achieve permanence without delay. Foster-to-adopt is well used and carefully considered. It also encourages early attachments and helps to avoid delays in children achieving permanence.
30. The quality of assessments of potential adopters is variable, but all assessments contain enough detail and provide a clear rationale for recommendations and decision-making. An effective adoption panel provides independent scrutiny of



adoption practice, helping to mitigate some of the examples of weaker assessments. Adopters are prepared well to care for their children. They are supported to understand the complexity of children's needs and the impact of trauma. In addition to regular visits from social workers, adopters are well supported through workshops, training events and support groups. They highly value the support of the adoption team through the different stages of the adoption process. Adopters and children do not always receive life-story books and later-life letters in a timely way. Leaders are aware of this, and additional capacity is now in place to address this.

31. The Children in Care Council 'Your Choice, Your Voice' is beginning to have some influence on service delivery. Children have been involved in the recruitment of senior leaders and have delivered training to social workers and foster carers. A recent summer holiday programme enabled children to participate in a wide range of activities. This provided a forum for children to have their voices heard, but not enough children are involved in this group and the influence and impact of this group is limited.
32. An advocacy service and independent visitor service are commissioned via an independent provider. Although the service is in its infancy, the numbers of children accessing advocacy has doubled over the last six months. Children and young people speak positively of the support they receive.
33. Arrangements to support care leavers have been maintained since the last inspection. Leaving care advisers and social workers know young people well and successfully keep in touch with most of them. Young people told inspectors that they had experienced a number of changes in social worker and leaving care advisers, but that this had improved recently. All young people are visited by their leaving care advisers at least once every three months. However, this is not enough for a small number of young people who have more complex needs.
34. All care leavers have pathway plans which are completed with them every six months, but these are not always reviewed in response to significant changes in the young people's circumstances. This means that some young people's plans do not reflect their current circumstances. Most pathway plans are comprehensive and contain a helpful insight into young people's day-to-day experiences. The role of the leaving care adviser in the pathway plan is not always specifically defined in terms of building relationships and supporting the young person to achieve independence. The approach to supporting young people into independence and the use of an overarching assessment framework is inconsistent. Despite this, young people are supported and are enabled to maintain tenancies and live independently.
35. Most care leavers live in appropriate accommodation and receive specialist support from a range of agencies. Their health needs are well considered, but not all young people have access to their health histories. Early consideration is given to young people remaining with their carers when this is in their best interests.

Foster carers sustain enduring relationships with young people into adulthood. The number of young people aged 17 and 18 who are in education, employment or training has fallen and is below the national average, but the number of 19- to 21-year-olds who are in education, employment or training has increased. 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.

36. The rights and entitlements of care leavers are not consistently understood by young people or leaving care advisers, and some young people experience inequity in how it is applied, for example the provision of a laptop or funds toward gym membership. There is no active care leavers forum, which means that the capacity of care leavers to influence service development is limited. Attempts have been made to re-launch and re-energise the group, but this has been unsuccessful.

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

37. The pace of progress following the inspection in 2016, which found children's services inadequate, has been slow and inconsistent. Frequent changes of senior leaders, including the directors of children's services, led to a 'start again' approach to practice improvement and workforce development. Leaders in the council, and subsequently in the company, have begun to work more effectively to tackle the longstanding weaknesses in services for children.
38. A lot of time, energy and resources went into setting up the company arrangement, but this is beginning to deliver results. Partners now view the senior leadership team as responsive and visible. In the last six months, leaders have focused on building the foundations to develop a resilient and sustainable service. The focus on improving the quality of social work practice is beginning to show some positive results. However, the quality of child in need plans, the understanding of some children's legal status, timely support to connected carers and the quality and effectiveness of supervision all need to improve at pace.
39. Leaders have a broad understanding of the service strengths and areas for improvement. They recognise that there is further work needed to be done in order to make an in-depth analysis of the service and to ensure that they effectively tackle the areas for improvement, with continued pace.
40. At the point that responsibility for children's services transferred to BFFC, some key elements to run an effective service were not in place. The staffing structure and budget were not clear. This has now been resolved, and the partnership between the council and the company is collaborative but appropriately challenging. Clear governance arrangements ensure clarity regarding accountabilities. There is a recognised interdependence and a shared commitment to improving outcomes for vulnerable children.

41. The development and launch of the 'One Reading' early help strategy has been successful in aligning partners' contribution to ensuring that children get the right help. The recently implemented multi-agency hub to consider referrals that do not reach the threshold for statutory services has contributed to a reduction in the number of referrals to children's social care. It has also been successful in empowering partners to identify alternative approaches to supporting children.
42. Sufficiency of placements close to home remains a challenge, despite a targeted recruitment campaign. Provision for care leavers and supported accommodation have recently been strengthened through work with housing and a new provider framework. However, provision for some 16- and 17-year-old homeless young people has been inappropriate and insufficient. The management oversight and quality assurance of a small number of young people placed in B&B accommodation or in unregistered provision have not provided enough assurance about the suitability and quality of placements.
43. Corporate parenting roles and responsibilities have been recognised by the council and senior leaders as areas for renewed focus and attention. A recent workshop has assisted councillors to better understand their responsibilities.
44. Performance management arrangements have been strengthened since the last inspection. Performance information is now readily available and is beginning to support managers to provide more effective oversight of day-to-day practice. Arrangements to track permanence and pre-proceedings work are not always used effectively to ensure timely progression of children's plans. The recently introduced quality assurance board facilitates an understanding of performance data and professional accountability across the service. However, this is not yet embedded.
45. Regular case audits, practice weeks, thematic audits and observations of social workers' practice take place. However, these are not yet sufficiently effective in identifying and addressing shortfalls in practice and improving outcomes for children. Audits lack clear action plans, and opportunities for learning are not embedded.
46. The recruitment and retention of social workers remain real challenges. Turnover of staff remains high, although it is beginning to reduce. The churn of social workers and a number of transition points mean that children experience too many changes of social worker. This is particularly the case in the family intervention teams. The company has taken action to reduce caseloads and they are now lower and are described by social workers as manageable.
47. The council and company have successfully sponsored a number of unqualified staff to train as social workers. This group of staff are very positive about the support and training they have received and plan to continue their careers in Reading. More frontline managers have been appointed to increase managerial

capacity. Practice improvement mentors are supporting social workers effectively to improve the quality of their practice. The company recognises the need to invest in frontline managers, and recent training has been welcomed by practitioners.

48. The regularity and quality of management oversight and supervision have improved, but are not yet consistently regular or effective in ensuring children's cases progress in a timely way. Changes in social worker and in supervisor have hampered the progression of some children's plans. Recent supervision training for managers has been welcomed and is beginning to have a positive impact on the quality of supervision.



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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

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