

Inspection of safeguarding and looked after children services

Reading Borough Council

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Reporting inspector: Sean Tarpey HMI

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 30 children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Reading Local Safeguarding Children Board (RSCB), elected members and a range of community representatives
 - analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 60 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Berkshire, Berkshire Healthcare NHS Foundation Trust and the Royal Berkshire Foundation NHS Trust.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements

Inadequate (Grade 4)	A service that does not meet minimum requirements
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Service information

4. Reading Borough Council has a resident population of approximately 31,330 children and young people aged 0 to 18, representing 20.3% of the total population of the area. In the January 2012 school census, 48% of the school population was classified as belonging to an ethnic group other than White British compared to 25% in England overall. Some 7.5% of pupils are of Pakistani background. An increasing proportion are bilingual with 30% of pupils speaking English as an additional language, with 150 first languages in the area. The most commonly spoken community languages are Urdu 3.4%, Punjabi 2.9%, Polish 2.4% and Nepali 2.1%. The latter has shown a rapid increase along with the Tamil language.
5. Reading has 47 schools comprising 37 primary schools, seven secondary schools and three special schools. Five of these schools have converted to academy status since September 2010. Early years service provision is delivered predominantly through the private and voluntary sector in 17 settings; there are additionally five local authority maintained nurseries and 20 schools with nursery classes.
6. The Reading Children's Trust was set up in April 2004. The Trust includes representatives of Reading Borough Council and Berkshire West Primary Care Trust services. Other representatives include police, probation, Reading children's voluntary youth services, Reading youth cabinet, Schools/nursery staff and governors, Connexions, Job Centre Plus, Royal Berkshire Fire and Rescue Service, and Reading College.
7. The Reading Safeguarding Children Board (RSCB) became independently chaired in 2007 bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. At the beginning of 2012, children's social care services increased the register of foster carers to 67, including respite and family and friends carers. There are two children's homes (one is for disabled children and one is a respite care home) and the council uses an additional 93 externally commissioned foster places.
9. Community-based children's social care services for children in need and looked after children are delivered through three locality teams with initial contact via a single access and assessment team. Local authority teams support children with a disability, adoption, fostering and young people leaving care. There are further commissioned services for intensive support including teenage pregnancy, Source (the contracted substance

misuse services), youth offending service and post-16 partnership services.

10. There is a combined emergency out of hours service providing cover for Reading and five neighbouring local authorities, including cover for adult social care responsibilities.
11. Other family support services are delivered through four children's action teams, 13 children's centres and extended services in schools. These teams also deliver universal services (children centres, youth engagement services, health visitors, school nurses), school facing services (emotional well-being development workers, education welfare officers, education psychologists) and, through electronic common assessment framework (eCAF) or single service requests, access to family workers, primary mental health workers, prevention and support services and the youth engagement service.
12. At the time of the inspection there were 243 looked after children. Of these 79 children are less than five years of age, 125 are children of school age (5–16), 39 are post-16 young people and a total of 60 with care leaver status. Reading Borough Council uses a virtual school approach in its support of the learning of looked after children.
13. At the time of the inspection there were 180 children who were the subject of a child protection plan. These are equally split by gender. Some 3% of these children are unborn, 33% are aged under five, 42% are 5 to 11 years and 22% are 12 years and over. The highest categories of registration were neglect at 71% and emotional abuse at 14%, physical abuse at 7% and sexual abuse at 1%.
14. Universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Berkshire Healthcare NHS Foundation Trust. The acute hospital providing accident and emergency (A&E) services for children is the Royal Berkshire Hospital in central Reading. Maternity and newborn services are also provided by the Royal Berkshire NHS Foundation Trust.
15. Children and families access primary care services through one of 30 GP practices in the Reading Borough Council area, including a walk in health centre in the centre of Reading.
16. Child and adolescent mental health services (CAMHS) are provided by Berkshire Healthcare NHS Foundation Trust (jointly commissioned under a Section 75 arrangement). Services for children with learning difficulties and/or disabilities and those who have complex health needs, as well as looked after children health services, are also provided by this Trust.
17. The Young Offenders Institute in Reading includes a health centre, provided by Berkshire Healthcare NHS Foundation Trust.

18. Policing in the borough is delivered through the command structure of the Thames Valley Constabulary.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

19. The overall effectiveness of safeguarding services is adequate. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure they are protected, and partner agencies collaborate well operationally to safeguard children and young people. The council meets its statutory requirements for the management and delivery of safeguarding services. However, health providers either do not provide sufficient resources, or they do not meet national guidance and expectations in several areas. In these areas, training and practice for safeguarding are insufficiently embedded.
20. Performance management and quality assurance systems are in place across the partnership. However, these are neither sufficiently robust nor embedded to secure sustained improvements to practice.
21. Strong political leadership and a commitment to safeguarding are ensuring high prioritisation of children's safety and protection within the council's strategic priorities. Additional financial resources have been committed in order to strengthen aspects of services.
22. Workforce planning within children's social care services has been very effective in securing and retaining qualified staff. Staffing resources are, for the most part, sufficient across the partnership with some planned growth. Areas of concern are monitored and include senior managerial capacity in children's social care and the impact of an increase in demand on the independent reviewing officers (IROs) and child protection conference chairs. Within health the sufficiency of health visitors and school nurses is under review and includes consideration of further recruitment.
23. The unannounced inspection of contact, referral and assessment arrangements in November 2010 identified strengths in the organisation including the streamlined assessment process. No areas for priority action were identified. Areas for development have been addressed through work to embed the common assessment process (CAF). This has been underpinned by the introduction of the electronic common assessment framework (eCAF) and the greater clarity and effectiveness of work flow processes. The latter has been facilitated by the attendance of all relevant team managers at the weekly allocation meeting. Limited progress has been made in relation to referrals and re-referrals involving domestic violence cases, and the timeliness of core assessments is not yet meeting the council's own target.

24. The views of children and young people, their parents and carers are derived from a range of sources and are helping to inform, shape and evaluate services, although equality and diversity issues are not always considered in individual casework.

Capacity for improvement

Grade 3 (adequate)

25. The capacity for improvement is adequate. There is ongoing restructuring of the council and an ambitious redesign programme for the delivery of services. Front line staff feel engaged with the process. They are accepting new opportunities for the more seamless delivery of services to families and the engagement of communities in developing services.
26. The council has invested to maintain a stable workforce and teams have a balance of newly qualified staff and experienced staff. The training and professional development needs of newly qualified social workers are recognised, although newly qualified social workers reported variation in the support they receive, including the protection of caseloads in the first year. Overall the workforce is well trained and supported by a workforce development strategy which in turn is responsive to changing demands and reflective of local demography. Staff across the partnership report they enjoy working in the borough and demonstrate commitment to the values of the partnership and its priorities and direction.
27. Staffing capacity has been increased in key areas and political support has been unwavering in protecting children's services, despite wider economic pressures. Improvements to some aspects of service, for example contact, referral and assessment, have been delivered. The implementation and use of the CAF has been reinforced following the introduction of the eCAF. More work is required to consistently engage all aspects of health service provision such as midwives and general practitioners (GPs).
28. The performance management information provided to the council, health and partners used within these organisations is detailed and up to date. However, senior managers across services were found to be unaware of some important areas of concern in the practice of staff identified by this inspection.
29. The council and its partners acknowledge that there has been an over reliance on quantitative analysis and exception reporting with insufficiently robust and critical qualitative analysis. It is also recognised that work needs to continue to more effectively monitor and challenge performance at all levels.
30. The health economy is undergoing significant change and police capacity has been reduced with structures reconfigured across the Thames Valley Force. This has, in part, inhibited full strategic engagement in partnership working. Schools are playing a significant role in monitoring the welfare of children and young people, in supporting inclusion and raising

safeguarding awareness. Voluntary and community organisations are also active in key aspects of service development and delivery.

Areas for improvement

31. In order to improve the quality of provision and services for safeguarding children and young people in Reading, the local authority and its partners should take the following action.

Immediately:

- children's social care's existing audit processes must be extended to routinely monitor the consistency and quality of practice. This should include oversight of the practice of assistant team managers and peer auditing
- the council and its partners should review the effectiveness of core groups to ensure that they robustly monitor the child protection plan. Quality assurance processes should be established to monitor the frequency of core groups and report on their effectiveness. Such processes should ensure there is routine auditing of the quality of the minutes of core group meetings and whether they are distributed to all core group members in a timely manner
- the council and partners should ensure that managers provide regular high quality supervision (in safeguarding) within at least the minimum frequency of local policy and fully record management decisions and directions on case records
- ensure that ethnic and cultural issues for children and their families are appropriately and consistently considered in assessment and case planning.

Within three months:

- review the format of child protection plans to more robustly record and evaluate risk and protective factors, as well as making clear to parents and carers what is expected of them and the likely outcome if progress is insufficient to safeguard children and young people
- ensure that social workers understand the purpose of case chronologies, that they are up to date and include significant events that inform reflective practice and reviews
- review the engagement of the housing sector in all safeguarding activity to ensure effective engagement at safeguarding meetings. This should include child protection conferences, multi-agency public protection arrangements (MAPPA), multi-agency risk assessment conference (MARAC) and the RSCB

- NHS Berkshire and the Royal Berkshire Hospital NHS Trust must ensure that maternity staff talk to pregnant women alone, ask if they are subject to domestic violence, and ensure that the women are fully supported.

Within six months:

- the council, NHS Berkshire and partners should establish robust, jointly agreed quality standards for safeguarding practice across the partnership, and implement a joint quality assurance and performance framework which is underpinned by efficient information systems
- ensure that staff who work with parents who have learning difficulties and/or disabilities receive training to better understand their role in safeguarding children. These staff should also undertake effective child centred assessments of risk when requested and contribute to child protection conferences
- develop systems to monitor the effectiveness of social workers' routine sharing of information regarding complaints and access to records to families on first contact. This activity should be analysed and captured within the complaints manager's annual report and include a breakdown of the source and number of complaints from young people.
- NHS Berkshire must ensure that all staff are aware of the role and outcomes of the child death overview panel (CDOP)
- NHS Berkshire and the Berkshire Healthcare Foundation NHS Trust must ensure that there are sufficient numbers of community practitioners, in line with national directives and local needs, to provide the commissioned service and universal health child programme
- NHS Berkshire and the local safeguarding children board must ensure that training brings about positive changes to practice and that this is well embedded throughout all health providers
- NHS Berkshire and Berkshire Healthcare Foundation NHS Trust must ensure a good, well planned transition to adult mental health/learning disability services.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

32. The overall effectiveness of the council, health and its partners in safeguarding and promoting the welfare of children and young people is adequate. Children and young people who may be at risk of harm are identified and there is general awareness across the partnership in respect of safeguarding.
33. Systems are in place to ensure safe recruitment. Criminal Records Bureau (CRB) clearance is undertaken by all agencies and any person that raises concern is subject to risk assessment and decisions made by senior managers. The role and function of the local authority designated officer (LADO) are well established, however referrals from the police and health to the LADO are low.
34. Arrangements for handling allegations against adults working with children and young people are sound, and work has been targeted to ensure that schools and the voluntary sector are aware of their responsibilities in this area. The RSCB appropriately monitors the work of the LADO and reflects this through an annual report.
35. The council provides a wide range of information for parents, carers and children including how to complain and how to gain access to case records. However the files seen by inspectors do not always demonstrate that social workers and others ensure this information is consistently provided to families at the beginning of their involvement. The number of complaints received from children and young people is low and further work is required to understand why this is the case and to raise awareness of the complaints and representations procedure. The source of complaints is not routinely collated. It would be good practice for RSCB to receive an annual report on child protection complaints to consider whether there are persistent issues or trends.
36. There are good operational arrangements to identify missing children but those who return are not offered an independent person to speak to and data has not been interrogated or regularly reported. Systems are in place to ensure children missing from education are monitored. The education welfare service is proactive in taking steps to trace children and young people missing from education, with children remaining on the school roll until their whereabouts have been identified.
37. Safeguarding and child protection concerns referred to children's social care are responded to in a timely manner. In the case files randomly

sampled during the inspection, no children or young people were found to be unsafe, and overall there is evidence that safeguarding work has improved more recently. However, children and young people's views, wishes and feelings are not routinely evidenced in assessments.

38. Action is taken to help children and young people feel safe and know where to go to get help. For example, the youth cabinet hosts a website which provides good information on staying safe and signposts to various services. 'Juice points' in schools and in the community provide good information and support on sexual health and other health matters. Similarly a new youth counselling service has just been launched.
39. Children and young people involved in team around the child meetings (TAC) are encouraged to share their feelings about safety and any other concerns through the 'My TAC, my views' process. Reading youth cabinet has been actively involved in anti-bullying work and action to improve safe and affordable public transport.
40. Anti-bullying work in the schools visited during the course of inspection is well established; bullying incidences are recorded systematically and followed up promptly. There are clear reporting requirements for racist incidences.
41. Good educational provision and good educational outcomes are contributing to the safeguarding of children. The majority of Reading's services, settings and institutions are judged good or better and provision helps children and young people to stay safe and learn well. Strategies to improve educational outcomes for vulnerable groups are having some success. Attainment gaps are closing but there is more to do to improve outcomes for a number of key vulnerable groups such as pupils from some minority ethnic communities. All local authority special schools are judged to be good or better and the independent special school is outstanding. There are some long standing weaknesses in quality of primary provision and Key Stage 2 results dropped in 2011. The impact of strategies to close attainment gaps is mixed.
42. Strategies to prevent school exclusion and to improve attendance for all children and young people including those who are vulnerable are increasingly effective.
43. Incidents of domestic violence are particularly high in Reading and the reduction of these is a priority within all the local authority's plans. As a result the level of police notifications for domestic abuse is high. It is a key priority to reduce inappropriate referrals by March 2012 and this has led to planning to create a multi-agency safeguarding hub (MASH). Work to demonstrate and evaluate the viability of such an approach is currently being piloted through a mini MASH. This promotes the attendance of an access and assessment assistant team manager for two hours per day in the referral centre at Reading police station to prioritise domestic violence

notifications. Berkshire Women's Aid which is commissioned to provide services to both perpetrators and victims, joins such discussions on a weekly basis. It is too early to evaluate the impact of this development. Domestic abuse work is good overall but the MARAC arrangements are not currently operating effectively following gaps in chairing arrangements. MAPPA are working well with the full, informed engagement of all partners.

Quality of provision

Grade 3 (adequate)

44. The quality of provision is adequate. While effective educational provision is contributing to good outcomes for children known to children's social care, the quality of work and its management and supervision are variable and have not received robust quality assurance. Although there is evidence that the quality of assessments is improving with most at least adequate, as well as examples of good assessment and recording practice in children's social care, there is evidence of delay in some cases and a lack of progress with families resistant to social worker involvement. The timeliness of initial assessments is acceptable. However, the timeliness of core assessments remains below the council's target.
45. The views of children are not consistently recorded in assessments and reports. Although overall assessments do take sufficient account of the culture and identity of the child and family, such practice is not consistent in all cases. Historical information is not always fully considered within assessments and case planning. This is made more difficult in some cases where chronologies have not been up to date, or detailed, or missing altogether.
46. A good range of early intervention and preventative services provides a spectrum of support services for vulnerable children and their families. The local authority successfully promotes access to family intervention projects, multi-systemic therapy and other accredited parenting programmes including Triple P. The Pincroft and Cressingham residential centres provide effective care and interventions that enable children or young people to remain successfully in their own community and family network. In addition, the transforming early years team has successfully piloted work in South Reading, designed to create opportunities to reach families most at need by building capacity for parents to support one another. Strategies include a welcoming presence, buddying and in some cases the offer of targeted, intensive support.
47. Thresholds for child protection are clear and are well understood by health and partner agencies. In most cases seen by inspectors thresholds of need are applied consistently. This has resulted in an increasing number of appropriate referrals to children's social care of which a higher percentage progress to assessment. However, referring agencies are not routinely

informed of the proposed actions of children's social care following the referral of children in need cases.

48. All child protection referrals are promptly allocated to suitably qualified and experienced social workers. Good relationships between children's social care services and the police ensure that joint child protection investigations are robustly undertaken where appropriate. However, although all Section 47 enquiries lead to core assessments being initiated, those assessments that go on to initial child protection conferences are routinely closed at 10 working days. This is in order to meet process rather than practice requirements and means that some core assessments are insufficiently thorough to identify risk and protective factors, and may also mean that children, young people and their families are subjected to multiple assessments.
49. Good progress has been made in improving the safeguarding of children whose parents misuse substances, although the identification of young carers is less well developed.
50. Health provision has also been affected by the degree of change within health services and this has led to some inconsistencies in practice. The quality of assessment and care planning for those in need of protection is variable.
51. The electronic case recording within children's social care systems does not support workers and managers in carrying out their duties or evidencing their work effectively and efficiently. Inspectors saw evidence of backdating and some serious gaps in records. The system does not easily enable the compilation of case chronologies to promptly identify historic involvement and to contextualise presenting case concerns.
52. Child protection conferences are effectively chaired and their timeliness is good. However, the quality of child protection plans is poor, core groups are not always held on time, their effectiveness is inconsistent and this aspect of performance is not monitored by child protection conference chairs. Rising numbers of children and young people considered being at risk of harm at initial and reviewing child protection conferences (aligned to increased numbers of children and young people becoming looked after) are presenting capacity issues for the child protection chairs and reviewing officers who already carry large caseloads.
53. Service responsiveness by the out of hours service is good with timely action taken to safeguard children and young people. Opportunities for the out of hours team to undertake planned welfare checks for some children that are subject to child protection plans, as well as planned initial assessments, are about to be implemented following an extensive service review. Legal advice is readily available to support social workers in the emergency out of hours service in making appropriate decisions. Limited and appropriate use is made of police powers of protection.

The contribution of health agencies to keeping children and young people safe

Grade 3 (adequate)

54. The contribution of local health agencies to keeping children and young people safe is adequate. Health organisations have concurrent safeguarding policies and procedures, and a number have recently reviewed their training strategies to support implementation. However monitoring of such implementation is variable. There is good level of engagement with other safeguarding agencies and a highly valued named nurse and midwifery team across all health providers. All named and designated professionals have access to their executive lead for safeguarding. There is improving partnership working with the children's social care service and designated and named professionals have engaged well with the RSCB and its sub-groups, however, not all senior representatives are present at all the LCSB meetings for which they provide services. There is good senior manager involvement with the Children's Trust.
55. Safeguarding training attendance compliance rates are variable, with the Royal Berkshire Hospital overall rate measured over a three yearly cycle at 97%. The Berkshire Healthcare Foundation NHS Trust report training attendance at Level 1 at 71%, at Level 2 at 90% and Level 3 at 51%. GP's rate of training compliance is 80% as monitored by contracting commissioners. Dental services compliance rate is inadequate at 50% even though it is above the NHS Berkshire overall compliance rate of 33%. There has been no evaluation of the impact of training on staff practice. There are various models of supervision in place and all staff report that there is good timely access to this.
56. The child death overview panel (CDOP) which is county wide is well established, however communication of findings to front line staff is not robust and there has been no assessment of the impact of campaigns to reduce child and infant deaths. Following the death of a Reading young person out of area, lifeguards were commissioned to attend schools and colleges to raise awareness of how to keep safe at the seaside. The impact of this approach has not been evaluated.
57. Capacity within school nursing and health visiting services is very limited and evaluated to be 50% less than required. With the school nursing service six staff are reported to be holding 120 child protection cases.
58. There is good access to a range of flexible sexual health and contraceptive services which has led to a sustained reduction in the rate of teenage conception, although rates remain above the England average. There is good take up of long acting contraception; however ongoing use is not monitored robustly. There is good support for young women and their partners if they choose to have a termination of their pregnancy.

59. The sexual abuse referral clinic (SARC) is out of the Reading area. Pathways for referral are not clearly understood by all staff, however health staff report improving communication with the SARC. There still remains a shortage of suitably qualified staff to manage the sexual assault examinations and assessments.
60. Community health practitioner teams effectively protect children and young people from harm through the use of the CAF, the TAC and in joint work undertaken through children's centres and the highly valued school consultation meetings chaired by staff from the children's action teams.
61. Accident and emergency services at the Royal Berkshire Hospital have a dedicated children's department, which acts as an effective single point of entry for all children and young people. Since the redesign of clinical pathways there has been a marked reduction in the number of children and young people using the services. The self harming pathway is robust and there is good liaison with the CAMHS. The A&E department information system is due to be replaced shortly, however looked after children and child in need cases are not 'flagged' on the system and there are no plans for this to change. Children on a child protection plan are flagged, with social care providing an updated register every two weeks. Processes to ensure parental consent is sought for medical treatment have not been audited, although there is now an area on the health record to document the name and relationship of the person that the child has attended with. Quality monitoring of records to evaluate practice in this area are not well embedded.
62. The maternity services are not robust in ascertaining risk in relation to domestic violence. Women are not always asked about abuse or given the opportunity given to women to ask to speak to the midwife or other health professionals alone, such as the 'red dot' system. There is no consistent maternity service representative on MARAC. Unborn baby planning is well established, with good partnership working with other agencies. However, too frequently, communication from social care staff as to the status of the removal plans post birth is not effective, with midwives frequently being informed by the mother about the details of the removal of the baby. The 'POPPY' team provides additional support to pregnant young women, teenage fathers to be, substance misusers, victims of domestic violence, those who have mental health or learning difficulties and/or disabilities. There is good use made of interpreters and good communication processes are in place with other professionals such as health visitors, high risk transitional care midwives, children's centre workers and educational staff.
63. The 'young mums to be' programme and 'Care2learn' provide good advice and support for pregnant looked after children and care leavers. Through this regular support young women can remain in education and receive a recognised qualification, whilst accessing good health support and advice.

64. Whilst there is some use made of CAF and eCAF some of the health staff working in sexual health and contraceptive services have not received training or have no awareness of CAFs. There are two highly valued specialist sexual health outreach nurses who are able to provide fast track contraceptive services for looked after young women, vulnerable young women and men in order to prevent conceptions or second conceptions.
65. There is a good range of training provided by Source (the contracted substance misuse services) to health and social care staff, including those in the leaving care team as well as foster carers. The service operates an open referral policy as well as accepting referrals from those young people as part of the youth justice system, and those who have been given, by the police, a 'youth cannabis warning'. Service users have been able to influence the service delivery and design, such as the 'drop-in' health and sexual health services within the local YMCA, resulting in higher referral rates and attendance rates. The service, however, is not commissioned to work with young carers or siblings of substance misusers which is a gap in provision. There are good levels of on-going outcome measures in place, however, it is too early to measure the full impact. There is recent engagement and joint working being established with children's sexual exploitation services.
66. The revised CAMHS pathway is yet to be fully embedded, however, health staff and families and families with children who have learning difficulties and/or disabilities all report a marked improvement in the rate of acceptance of referrals. Signposting to other services for families when they do not meet the thresholds are also increasingly effective.
67. A transition panel has been established with the aim of improving transition to adult services. Transition to adult mental health and adult learning difficulty and/or disability services is improving, but there still remain a number of gaps in provision, where there is no equivalent adult service. There has been recent successful transitional support provided by health therapy staff to education staff at the local college and this enables young people with disabilities to access further education, which had previously not been the case.

Ambition and prioritisation

Grade 3 (adequate)

68. Ambition and prioritisation for safeguarding is adequate. The strategic leadership within the council and its partners gives safeguarding the highest priority. Cross party commitment to safeguarding by elected council members demonstrates a consensus view that services for children and young people are important and must be appropriately resourced. However significant safeguarding capacity, practice and governance issues within the health services remain unresolved.
69. Some new financial resources have been provided by the council to enable the development of early intervention and preventative services, based on

the existing network of children's centres and other provision. These developments include the voluntary sector, which provides a good range of services across the borough, and other commissioned services.

70. The 'think family' approach is the underpinning rationale for the reconfiguration of council services and there is widespread recognition that the next step is to achieve consistent improvement for children and young people within the context of increasing demand. The work of the children's action teams and the development of support programmes for families at the point they become known cannot yet be fully evaluated in terms of outcomes for children, young people and their families. However, there is recognition from staff that services are improving and the vision of elected members and senior managers is shared and supported by the workforce.

Leadership and management

Grade 3 (adequate)

71. Leadership and management are adequate. In most cases staffing resources across the partnership are sufficient to meet safeguarding needs and growth is planned in some services. Staff across the partnership as a whole consistently report being well supported by their managers. They feel part of a developing service which is under pressure but has a good sense of strategic direction. Staff respect their managers and describe them as accessible and willing to listen. Professional development opportunities are good and based on continuous improvement and learning. Training and supervision for safeguarding children and young people is more variable across health agencies.
72. The council and its partners have a general understanding of the strengths and areas requiring further development in children's services. However, during the inspection significant concerns arose in relation to the quality of practice in a number of cases that had been randomly selected for consideration. These concerns had not been identified by the audit process currently employed by social workers and assistant team managers. They were also unknown to senior managers and elected members despite the existence of structures created since the last Joint Area Review to address previous poor practice. While no children or young people were found to be at risk of significant harm, in some instances there was evidence of delayed interventions. There was also an absence of rigorous oversight, through supervision and planning of some of the cases of vulnerable children and young people subject to a child protection plan.
73. Service commissioning is developing with some examples of pooled budgets and integrated services. Commissioned services place high priority on safeguarding children and young people. The voluntary sector is making a significant contribution to the range of provision across the borough with good examples of innovative practice. Voluntary sector

agencies feel they have an equal place within the various boards and their voice is heard in respect of need identification. The voluntary sector's awareness of safeguarding is promoted by good access to the council's development and training opportunities and the sharing of information.

74. There are good examples of children and young people being involved in the planning and commissioning of services including young inspectors, young commissioners, 'Let's Talk' as well as the Reading youth cabinet who are linked to regional fora. The development of voice, influence and participation (VIP) an initiative aimed at giving children and young people an opportunity to make a difference to how services are delivered has started to make an impact. It has, for example, evaluated early years and school meals provision by making a number of recommendations to improve both areas of work.

Performance management and quality assurance

Grade 3 (adequate)

75. Performance management and quality assurance processes are adequate and have a limited impact on improvements to outcomes for vulnerable children and young people. Although the regular use of a performance reporting framework is well established the impact of performance reports in social work teams are of limited effectiveness and are hindered to some degree by an inefficient electronic recording system which is being re-commissioned. Case audits and thematic audit systems have been established to enable local managers to monitor performance, but to date these have had variable success in developing and sustaining service quality and improvements to outcomes.
76. Managers at operational levels are accessible to staff and provide adequate oversight of the work of their teams although this is not sufficiently reflected in case records. The quality of supervision is variable and in some instances leads to insufficiently clear plans and delay in outcomes for children and young people. Managers are appropriately tackling issues of poor staff performance and are increasingly clear about their expectations for high quality performance and practice.

Partnership working

Grade 3 (adequate)

77. Partnership working is adequate. The Children's Trust has good representation from organisations which have statutory responsibility for safeguarding, as well as young people and representatives from the voluntary sector. The commitment of agencies to safeguard children is exemplified in the decision to retain the Reading Children's Trust Board (RCTB) even though this is no longer a statutory requirement. The RCTB has produced the Children and Young People's Plan for 2011-2014, which is based on rigorous analysis of need and reflects the views of children young people and their families. The local authority's priorities for keeping

children and young people safe are focusing more effectively on early intervention. 'Scrutineers' fulfil a challenge role, especially in terms of progress in making improvements and meeting targets and evaluating impact. The safeguarding partnerships with adult services, and in particular adult learning difficulty and/or disability teams are underdeveloped.

78. The RSCB has an established independent chair and meets statutory requirements. The fundamental elements of the board's structure are secure, most members are engaged and a business plan is in place, although this is insufficiently developed. The board is clear about achievements and challenges and has oversight of safeguarding performance; however a comprehensive quality assurance monitoring framework is not yet fully embedded. The LSCB has appropriate senior manager representation from key safeguarding agencies although it has not yet secured membership from minority groups to reflect the demography of the borough, nor is there a representative from the housing sector. Attendance at the RSCB is adequate though the effectiveness of the work of the sub-groups has been constrained by variable attendance and vacancies, including that of chairs. The board does not yet have a fully effective training plan but has commissioned work to establish what should be provided, for whom, and at what level.
79. Good inter-agency cooperation underpins child protection work. MAPPA and MARAC are increasingly effective with good representation at meetings by officers. Partnership working between schools is an area of strength and a significant factor in raising achievement and reducing the incidence of exclusion. There is good awareness of the impact that domestic violence has on children and young people. The multi-agency response to reports of domestic violence is currently being developed to consider all incidents in a multi-agency manner and may, subject to evaluation, lead to the co-location of officers. Although it is too soon to judge the impact or for outcomes to be fully evidenced in each case, this initiative does demonstrate a 'joined up' approach to addressing this area of high need and demand.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

80. The overall effectiveness of services for looked after children, young people and care leavers is adequate. Outcomes in respect of enjoying and achieving, making a positive contribution and economic well-being are good. However, this is not the case for being healthy, where the contribution of health agencies is found to be inadequate, or staying safe, which is judged adequate. The council and its members demonstrate good ambition for looked after children and young people and have prioritised resources and specific areas of practice improvement. However, the engagement of other agencies, notably health, has not matched this. In a number of areas, health provision is inadequate for looked after children, young people and care leavers.
81. Although the broad objectives of the Children and Young People's Plan are appropriate, the partnership has no overarching looked after children strategy and target setting is insufficiently developed. The council has an adequate understanding of its strengths and areas requiring development. However, there is limited evidence of analysis of the factors which have led to an increase in the looked after children population, or of the effectiveness of services commissioned to reduce the need for care. Corporate parenting arrangements are generally effective and include a significant contribution from children and young people toward developing services.
82. Staffing resources are generally sufficient to deliver priorities and all looked after children and young people are allocated to a qualified social worker. Good work to improve the retention of social work staff means that the service is now fully staffed with a minimal use of agency workers. Learning and development opportunities are well regarded, however the relatively high numbers of newly qualified social workers report variation in the provision of additional support for the development of their practice.
83. The quality of assessment and direct work and support for looked after children is adequate, and in some cases, better. Children's social care services have been reconfigured in consultation with children, young people, parents and carers in order to promote high levels of continuity, better consistency of social worker involvement and more effective case planning and review. Reports from looked after children and their families spoken to during the course of the inspection suggest this aspiration has been partially successful. However, some social workers and independent reviewing officers (IROs) express concern that the needs of looked after children and young people may become lesser priorities as generic locality community teams receive higher volumes of child protection and court work from the access and assessment team, during a period of sustained

demand. Performance indicators for looked after children and young people are generally in line with, or above average for, similar areas and nationally, particularly in relation to placement stability and educational attainment.

84. Performance management systems have improved since the last inspection and are now adequate. The current caseloads of IROs are high and rising which limits the further development of case planning and improved outcomes for looked after children and young people. Evidence gained from survey responses and interviews with looked after children and young people point to a generally high level of satisfaction with care provision.
85. The council's in house provision of foster carers is insufficient, similarly it has not recruited enough adoptive placements to meet local need. However its placement sufficiency strategy is increasing placement choice and its commissioning arrangements for placements are robust and ensure children and young people are only placed in suitable and safe environments. There is also evidence that the council's use of resources is increasingly effective in maintaining cost control and is providing value for money.
86. The local authority adoption service was last inspected in July 2010 and was judged to be good overall, with staying safe judged as good. The local authority fostering service was last inspected in July 2010. The service was judged satisfactory overall, with staying safe also judged satisfactory. This is a downturn from the previous staying safe judgement of good. Reading has two children's homes within its local authority boundary and while the inspections carried out under the previous children's homes framework judged these homes overall to be good, both homes have seen a subsequent reduction in performance. Of concern is the inspection outcome judgement for child safety at the Cressingham home, which has declined from good to inadequate. However, inspectors found that the majority of recommendations have subsequently been addressed and specific safeguarding concerns resolved.

Capacity for improvement

Grade 3 (adequate)

87. Capacity for improvement is adequate. Despite the absence of a single strategy for looked after children which sets out clear ambitions and a detailed plan, the partnerships' general objectives are appropriate and some of the outcome areas for looked after children and young people are good. The council and some of its partners have made some significant improvements to outcomes which are in part linked to the quality of service provision. In particular, educational outcomes for this group are good although there are very significant challenges to be faced by health services to ensure the needs of looked after children are suitably addressed both strategically and operationally.

88. The national trend has shown an average 2% increase of looked after children and young people in the past 18 months and 7% within the borough of Reading. The service pressures resulting from this significant rise in the numbers of looked after children and young people are generally well met although the reason for the increase is less well known. The council's commissioning strategy for looked after children and young people has identified the challenges in providing sufficiency of placement options within the context of a rising looked after population and is taking appropriate action to recruit more foster carers and reduce the looked after population. Such strategies include the increased use of Special Guardianship Orders and improvements in securing, and supporting, placements with families and friends.
89. Shared training and inter-agency working continue to be developed across the partnership and there is a range of provision of services for vulnerable young people, to support them to live safely with their families. Programmes to prevent children from entering care are evidence based and include the piloting of multi-systemic therapy in conjunction with the Innovations Project and the National Endowment for Science, Technology and the Arts. Performance compared with indicators nationally is generally the same as, and in, some instances better than, similar areas. The development of the virtual school has led to clear improvements in attainment and progress for the majority of looked after children with good attendance and very low exclusion rates. Quality assurance systems are in place across the partnership and include case and themed audits. However, they are insufficiently robust in evaluating the quality of practice and effecting improvement. The RSCB receives performance information on services for looked after children and care leavers but has not yet focused specifically or routinely on the effectiveness of multi-agency arrangements so that the needs of looked after children, young people and care leavers are securely safeguarded.
90. A good workforce development strategy is in place and training to raise awareness of equality and diversity has been rolled out across the council's workforce. The children's services workforce does not currently reflect the make-up of the community served in Reading, particularly in management posts. Consequently active steps are being taken to recruit foster carers from different parts of the community, including those who can provide care for unaccompanied asylum seeking children. The systematic recording of the ethnicity of children in social care and health files remains an area for further improvement.

Areas for improvement

91. In order to improve the quality of provision and services for safeguarding looked after children and young people in Reading, the local authority and its partners should take the following action.

Within three months:

- ensure that the impact of reconfigured team structures meets the needs of looked after children, parents and their carers and that they are not adversely affected by conflicting priorities within social care teams
- monitor the overall effectiveness of all council and partners' support and intervention strategies aimed at diverting children from care and ensure they are efficiently deployed
- NHS Berkshire, Berkshire Healthcare Foundation NHS Trust and Reading Borough Council must ensure that all health assessments are undertaken within the statutory timeframes, and that health needs are clearly identified and addressed
- NHS Berkshire and Berkshire Healthcare Foundation NHS Trust must ensure that all care leavers are enabled to access health services and receive a copy of their health histories to ensure that they are able to make future life choices
- NHS Berkshire and Berkshire Healthcare Foundation NHS Trust must ensure that all looked after children and young people receive age appropriate health education information
- NHS Berkshire, Berkshire Healthcare Foundation NHS Trust and Reading Borough Council must ensure that the strength and difficulties questionnaire outcomes are reviewed as part of the emotional health and well-being assessments.

Within six months:

- ensure the development of an overarching strategy and detailed plan for looked after children, young people and care leavers
- review the caseloads of IROs to ensure they do not exceed those recommended in the Independent Reviewing Officers' Handbook 2010 and that the changes to the use of Viewpoint do not adversely impact on caseloads
- ensure there is sufficient fostering provision to offer greater placement choice to children and young people and place less reliability on the independent sector

- NHS Berkshire and Berkshire Healthcare Foundation NHS Trust must ensure that all health staff involved in the health assessments, care and treatment for looked after children have access to supervision.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 4 (inadequate)

92. The health and well-being arrangements for children who are looked after are inadequate. Arrangements for the comprehensive assessment of individual needs and the coordination of support across a diverse range of local teams and providers are insufficiently developed and in some instances fail to meet statutory requirements such as the failure to give care leavers a copy of their health history. There is no health service or after care service for care leavers.
93. Health files seen during the inspection contained mostly comprehensive information and the audits of these files were of a generally good quality. However, although all initial assessments were undertaken by a medical practitioner the content of health assessments was not sufficiently robust, inclusive or complete. For example there was no evidence of the assessment of emotional well-being needs, and there was no strength and difficulties questionnaire score or analysis available.
94. Inspectors did not find evidence of health improvement information being given to looked after children. There is currently poor monitoring of health action plans. The introduction of the new information management system is, however, well developed to address this. There is no quality control or quality assurance of the health assessments undertaken.
95. Health assessments are undertaken by health visitors or school nurses depending on the age of the child. However, not all those children known to disability services have their annual health review linked to, or planned to, take place at the same time as their disability review in order to reduce the number of assessments and appointments that the child or young person is expected to attend.
96. Outcome data published 2011 show that dental assessments, immunisation and vaccine rates for looked after children stand at 96.3% which is above England averages, although health assessment performance is only 85%. Local authority data used as part of monthly performance monitoring show that the averages for the year September 2010 to December 2011 is slightly higher at 87.2% although this fails to meet the target of 95%. For recently accommodated looked after children initial assessments carried out on time are at 62.5% and for children under five years the percentage of medicals carried out on time is at 77%.

There has been no comprehensive analysis of the low rate of health assessments or the instances where there has been refusal to have a health assessment. Cultural and religious needs are frequently not recorded or assessed as part of the health assessment. There is no evidence of health improvement information being given to looked after children.

97. The limited capacity of the looked after children designated nurse impacts on the level of supervision that can be provide to health staff involved in the care of looked after children. There was no evidence in the health files seen during the inspection of supervision being used, or the impact that supervision has had on improvements to the health care of the looked after children and young people. There is no foster carer training provided by health services specifically on health issues, although there has been some training by the substance misuse services to residential care home staff and social workers.
98. There is good identification in maternity services of looked after children although this is not the case in the A&E department and the arrangements to ascertain who has parental responsibility are insufficiently robust. Audits that have been undertaken to monitor who has given medical consent have not included looked after children, only those where there has been a safeguarding concern.
99. Those looked after children from Reading placed out of the authority and within 20 miles and those who are 'hard to reach' receive a good service from the dedicated specialist nurse, however the limited capacity of this post reduces the responsiveness and flexibility of the role. The post holder is family planning trained, and is able to provide sexual health advice and support to these young people.
100. GPs report that frequently they are only made aware of a new foster child in their area when the foster care service presents the paperwork for the health assessment at their practices. However, GPs' information systems do allow for looked after children to be 'flagged' to improve information sharing.
101. There is improving user engagement with both looked after children and care leavers however the impact on service design and delivery is not yet apparent.

Staying safe

Grade 3 (adequate)

102. Safeguarding arrangements for looked after children and young people are adequate. There are robust management arrangements in place through a multi-agency panel set up to ensure that only those children who need to be are looked after. A comprehensive escalation policy ensures protective measures are taken when necessary to protect

children. Clear arrangements between the legal services team and managers ensure early consideration of children and young people's care needs at legal planning meetings. All recommendations to accommodate children are endorsed by the Assistant Director Social Care thereby ensuring consistent application of thresholds and consideration of risk and protective factors. Where care is required, the council and its partners are proactive in appropriately matching placements, which has led to the increased use of independent fostering agencies. There is early consideration of the use of the public law outline and robust monitoring by managers to achieve permanency in a high number of cases.

103. There is a range of support services and intervention strategies deployed to maintain children safely at home wherever possible. A multi-disciplinary panel reviews referrals for community based intensive support interventions such as the family intervention project, multi-systemic therapy or parenting support for vulnerable families with multiple complex needs. Where the panel assesses that referrals do not meet thresholds of support, other lower level services are signposted.
104. The family intervention project provides intensive support to vulnerable families with multiple complex problems, including those that are subject to legal proceedings, and is effective in reducing anti-social behaviour. A number of carers spoken to reported very favourably about the service they received from the family intervention project, which resulted in them being able to continue to care for their children. They valued the expertise and levels of support offered as this improved their ability to manage challenging behaviour and they have seen improved outcomes for their children as a result.
105. There are clear arrangements between the family intervention project, Intensive Support Manager and children's services team managers to ensure safeguarding issues are identified and escalated where appropriate.
106. Through the use of well embedded eCAF, the locality based children action teams offer a broad range of support and services which enable flexible responses to the needs of children and families, such as the prevention and support service and support by family workers. Children action teams are subject to regular review through local steering groups which monitor local needs, the effectiveness of the locality based teams and service delivery. Parents and carers of children commented very positively on the quality of advice and support offered by the family intervention project and children action teams and the resulting improvements in outcomes for both their children and themselves.
107. Commissioning arrangements are robust and ensure children and young people are only placed in provision judged at least adequate, with the majority judged good or better. The commissioning team works closely

with Children's Trust partners, the PCT commissioners and local health trusts and neighbouring authorities to secure quality services.

108. There are rigorous arrangements for monitoring placements. Membership of the South East Framework Agreement for independent fostering agencies ensures clear expectations around safeguarding arrangements and foster carer practice. The council has strengthened these arrangements through the appointment of an additional monitoring officer.
109. All young people spoken to felt safe in their placements and the majority responding to the survey undertaken as part of the inspection reported being very or fairly safe. Of the 45 children spoken to or surveyed, 41 thought they were in the right placement, and 42 children and young people reported their current placement as good or very good. All children are allocated to a suitably qualified social worker. In all cases selected as part of the inspection, looked after children were at least adequately safeguarded with some receiving good or better services.
110. Arrangements for supporting children who go missing from care are effective. Appropriate action is taken to trace children and to conduct interviews when they return to care to prevent further episodes of children going missing. Stability of placements is good and provides continuity of care and security for children. Children are seen regularly by social workers and their carers. They have access to advocates and know how to complain.
111. Placement stability has been consistently good in comparison to statistical neighbours and had improved further at the time of the inspection. This is within the context of a significant increase in the looked after children population. The long term stability figure of 69% is very close to the council's target of 70% for the current year and the number of children having three placements or more was low at 7% at the time of the inspection. The council employs a number of methods to achieve this level of stability, such as additional funding awarded to the fostering and adoption services under its Invest to Save strategy, which increases placement choice and improves matching. It has created a recruitment team within the fostering service to increase its own fostering resource significantly over the last two years from its previously very low level.
112. The council also supports existing foster carers through multi-agency advice and interventions through CAMHS, the virtual school, support from the Directions multi-dimensional treatment foster care service, respite care and support for newly approved carers. New carers are additionally supported by more experienced carers who act as mentors. Additional support provided by outreach workers and respite carers have supported foster carers in managing the needs of complex children.
113. Comparatively high numbers of children are placed in adoptive homes, or are subject to residence orders or Special Guardianship Orders. Placement

stability is high, with only one disruption in the last two years. The council invests in support packages for special guardianship arrangements to reduce risks of disruption. The number of Special Guardianship Orders has continued to increase, 11 were made in 2010-2011 and this number rose to 16 at the time of this inspection.

114. The fostering service, judged satisfactory at its last inspection in August 2010, has completed the majority of the 13 recommendations from the inspection and is close to completing them all.
115. The adoption service, judged good at its last inspection of August 2010, has completed all the recommendations from the report. Oversight of planning for permanency process through the permanence liaison group ensures that plans for adoption are timely with 95% of children being placed within 12 months of the best interest decision. There has been an increase in the number of placement orders and there are a number of difficult to place children, such as sibling groups and children with complex needs. However, the council has invested in additional staff to increase the recruitment of adopters and its targeted recruitment campaign and performance monitoring by the permanency liaison group has resulted in more expressions of interest being made and the service responding more efficiently to enquiries.

Enjoying and achieving

Grade 2 (good)

116. The impact of services that enable looked after children and young people to enjoy and achieve is good. The large majority of looked after children make good progress from their starting points and reach the academic standards expected of them. The work is led and coordinated well by the virtual head teacher who is a committed and passionate champion for improving the educational outcomes of looked after children and care leavers. Partnership work between services for looked after schools and the schools they attend is strong and effective. The virtual head, as part of the senior improvement team, provides robust challenge and support to schools in improving the educational outcomes for looked after children. Targeted interventions, such as one to one tutoring, take good account of children's individual needs and diverse educational backgrounds and are helping to raise attainment.
117. Clear policies and procedures ensure that looked after children are given priority in admission to schools in Reading. The large majority of looked after children are placed in good or better schools, both in and out of the borough, and take a full and active part in school life. Two thirds of looked after children and young people who responded to the Care4me survey felt that they were getting all the help they needed with their educational provision and responses from the remainder were mostly positive.
118. School attendance is good for the large majority of looked after children. Attendance is tracked and reviewed regularly with children, their social

workers and their schools. However, the current IT system for collecting and monitoring attendance data centrally does not enable the virtual head to track attendance in good time. A new system has been agreed and is due to be up and running later this academic year. Schools and attendance support staff work well together on the small number of cases where school attendance is poor and children and young people need more targeted support to improve.

119. Effective strategies are in place to prevent school exclusions. There were no permanent exclusions of looked after children in the 2011 academic year and none in the current year to date. The number of days lost to fixed-term exclusions is low overall and has fallen sharply in the last 12 months, marking three years of consistent improvement.
120. In 2010, the proportion of looked after young people who gained five or more GCSEs was well above the average for all looked after children nationally as well as the average in similar areas. The proportion gaining five or more good GCSEs including English and mathematics was also above the national average in 2010 and 2011. However, test results for looked after children at the age of 11 were not as good following a decline from 2010 to 2011, which also reflected the drop in performance for all 11 year olds in Reading last year. This key area for improvement is identified accurately in the virtual school's self assessment and development plan. Narrowing the attainment gap for all vulnerable groups is a top priority for the council, with coordinated strategies in place to support and challenge schools. Closing the attainment gap between looked after children and the average for all pupils in Reading remains a challenge.
121. Almost all looked after children have personal education plans that are up to date and reviewed on time, including the very youngest children in the early years settings. Performance in the timeliness of personal education plans has improved substantially over the last year. Good training, advice and hands-on coaching provided by the virtual head teacher to social workers and designated teachers has underpinned this marked improvement. The majority of personal education plans seen during this inspection were of good quality and the remainder were adequate. The best plans were comprehensive, showing the child's full education history and their progress and attainment against clear and challenging learning targets. Most personal education plans also took good account of the child's social and emotional well-being needs and helped to support their engagement in extra curricular activities and learning outside of the classroom. In the less effective plans, evidence of the children's active involvement in planning and decision making was not always evident and targets for progress and attainment were not always precise. The lack of consistency in the way that schools set targets for learning and monitor progress makes it more difficult for the local authority to monitor efficiently and effectively the performance for the looked after population

overall. In 2011, only half the statutory reviews for looked after children were attended by an education representative.

122. Support for the education of looked after children placed out of the borough is given a high priority and is good. The virtual head monitors their progress closely and prioritises attendance at their personal education plan meeting and reviews. Children and young people receive good support to help them make a successful transition when they change schools. Particular attention is paid to all children in their transition year at the ages of 11 and 16. Personal education plans seen during the inspection demonstrated some excellent work in planning for and supporting the most vulnerable children during this time.
123. Targeted support is put in place for children and young people who face significant barriers to learning. For example, bespoke curriculum packages in alternative education provision are designed around the individual needs of young people who are struggling to make progress in school. In some cases these have been instrumental in keeping young people on track and engaged in education. The personal education allowance, and increasingly the pupil premium funding, is being used well to provide activities and resources to further support learning, for example through the provision of specialist tutoring in particular curriculum areas and purchasing of IT equipment and learning resources.
124. Looked after children have good access to high quality leisure and recreational activities which help to build their self esteem and provide safe places to go and enjoyable things to do. Through the integrated youth development service, over half the looked after young people aged 13 to 19 have taken part in programmes and projects and gained recognised qualifications and achievement awards which celebrate their learning and personal development.

Making a positive contribution, including user engagement Grade 2 (good)

125. Making a positive contribution is good. Looked after children and young people have opportunities to make a positive contribution and to influence the services provided for them. They are supported well in developing the skills and confidence to speak out. The 2011 celebration event provided an excellent opportunity for children and young people to show off their achievements to a wide and appreciative audience.
126. The majority of children and young people who responded to the Care4me survey said that their views were heard well or very well and were making a positive difference to the way they were looked after. The very large majority of children and young people participated in their reviews in some way in 2010/11. Local data show that 91% of children and young people met their social worker alone prior to the review and over two

thirds attended the review in person to express their views. This is a marked improvement on the previous year. Some children and young people are now supported to chair their own review meetings and are doing this well. The overall increase in participation by children and young people is helping to improve the quality of reviews and children's understanding and ownership of their care plans.

127. Children and young people's contributions to reviews has been enhanced through the use of Viewpoint, an effective electronic tool that effectively obtains the views, wishes and feelings of children and young people prior to their review. This approach gives sufficient time for IROs to consult with children and young people prior to their reviews and share key issues with social workers.
128. A small, though increasingly active and effective, children in care council (CiCC) is in place. Half the children who responded to the Care4me survey said they had used the CiCC to get their views across but this was not the case for all.
129. An effective parenting panel actively promotes the interests of looked after children through its work directly with the CiCC. Children and young people told inspectors that their views are taken seriously and, through regular contact with councillors and officers, they are able to take their concerns to the highest level. Active steps are being taken to widen participation in the CiCC. An innovative but informal 'pathway of participation' has been established. All looked after children have access to the Destiny project which meets weekly in a local youth centre and offers a wide range of enjoyable youth work activities and opportunities. The same centre is also home to the CiCC and this enables it to reach a much wider and representative group. Looked after children also have routes into the well established youth cabinet which enjoys a high profile and provides a strong voice for all youth across the borough.
130. The council has a well established Pledge which sets out the promises it makes to children and young people in care and shows what they can expect in every aspect of their lives, including health, education, permanence and transition to independence. The very large majority of children who responded to the Care4me survey felt that all or some of the promises are being kept. The Pledge has significantly reshaped services in key areas. For example, the long term social care teams have been organised and more foster carers are being recruited. These changes were in direct response to children and young people's criticism about the turnover of social workers. Children and young people together with councillors, managers of key services and the council's partners are part of a Pledge working group reviewing and updating the Pledge. This will be launched shortly, alongside a DVD made by the children and young people themselves which will be presented to the council.

131. Looked after children and young people have good opportunities to shape and improve services and their participation is having a positive impact. They have recently been involved in the re-commissioning of the advocacy service. Children and young people regularly take part in recruiting and selecting staff such as social workers, foster carers and senior managers. A good contribution is also made to staff training. Care leavers recently talked to designated teachers to raise awareness of the significant challenges and barriers that some children face and the importance of raising aspirations.
132. The majority of children and young people who took part in the Care4me survey said they know how to make a complaint. Children and young people have good access to advocacy services provided by an independent advocacy service which has recently been commissioned by the council. A service is provided promptly to all children who apply. Although only small numbers of children have used the service so far, the feedback from users is positive as they have been supported well in getting their views and feelings heard.
133. Active steps are taken to avoid complaints and to seek resolutions to the satisfaction of the children and young people concerned. The advocacy service and the council recognise the need to raise awareness of the new service with children, young people, carers and staff and to increase the numbers of young people accessing advocacy, including those with disabilities and those from minority ethnic backgrounds and unaccompanied asylum seeking children and young people.
134. Corporate leadership for promoting equality and diversity is strong. The equalities group in children's services actively champions equality and diversity issues for children. It provides robust and comprehensive data and analysis of outcomes across services for different groups and this is used to inform service and action plans. All services are required to set equalities priorities relevant to their context. There is a growing understanding of the impact of multiple inequalities that some children and families experience, such as those with disabilities who live in poverty. This sophisticated analysis is increasingly used to coordinate provision and preventative interventions for individual children and families. The education and social care outcomes for different groups of children are monitored closely and reported on at the highest level. Narrowing attainment gaps is a top priority with some good impact seen for children in receipt of free school meals.
135. Good partnership arrangements led by Reading's youth offending service are effective in addressing the challenging behaviours of young people in trouble. First-time entrants into the youth justice system have reduced by half in four years and the number of looked after children who offend and reoffend is in line with the average for similar areas and the national figures. There is a small cohort of young people with complex needs which

the youth offending service and its partners strive to address to improve outcomes, for example undertaking an independent review of cases where orders are breached to identify any significant patterns, resource issues and ways in which practice can be improved. A range of support and intervention services, such as the prevention and support service, multi-systemic therapy and Triple P parenting are well established and effective across the partnership. The youth offending service continues to seek to develop its services, for example working with Berkshire's Woman's Aid on the domestic violence perpetrators programme.

Economic well-being

Grade 2 (good)

136. Economic well being outcomes for most care leavers are good. The contribution of services to supporting care leavers is also good. The very large majority of looked after young people at age 16 continue in full-time education and training and there have been increasing numbers progressing to post-16 education and training provision over the last few years. This means that the gap in performance between looked young people and the whole youth population who have traditionally had high levels of participation in learning at the age of 17 is closing. Outcomes for the small numbers of older care leavers aged 18 plus are not nearly as good with only just over half in education and training. Older care leavers also are over represented in the group of young people who are not in education, employment or training. Reducing these numbers and preventing young people from disengaging through better targeted early help remains a high but challenging priority for the council and its partners in the current economic climate.
137. Looked after children and care leavers have access to a broad 14–19 curriculum offer which includes a range of vocational options. The council and its partners have worked well together to improve the range of post-16 provision including for young people at pre-foundation, foundation and Level 1.
138. The council gives priority interviews to care leavers applying for apprenticeships, but there are currently no posts on offer in the council. Creative use is made of incentives to encourage young people to stay in learning such as reward vouchers and bus passes. The council ensures that no care leavers are financially worse off by taking part-time or short term employment or courses. Support for unaccompanied asylum seeking young people is good. There are currently four care leavers in higher education who receive good ongoing support in and out of term time.
139. The council and its partners meet regularly to identify young people who do not have an appropriate education or training placement or are at risk of dropping out. Good support tailored is provided. The work is being further underpinned by the recent introduction of post-16 personal

education plans and the identification of key staff in post-16 settings, such as Reading College, who act as the designated link person for looked after young people. The range of targeted support for care leavers includes a mentoring service provided by a voluntary organisation.

140. A named Connexions personal advisor is based in the care leaving team and provides impartial careers information, advice and guidance as well as practical help with application forms and in interview techniques. Targeted work with young people and families from ethnic minority backgrounds is helping to raise aspirations and awareness of the apprenticeship programmes available locally. The most challenging barriers to learning for care leavers remain mental health, offending and substance misuse.
141. The young mothers to be programme offers good advice and support to looked after children, young people and care leavers who become pregnant. This group enables young women to meet regularly and to continue in learning to achieve a recognised qualification while accessing good health support and advice. The course has a high success rate and has raised young people's aspirations and confidence about learning, increasing the chance that they will return to education or training after their baby is born.
142. The care leavers who met inspectors were positive about their futures. Care leavers spoken to and survey returns express satisfaction with the support they receive. Young people commented on the wide range of good support, practical help and advice they received to further their educational ambitions, address health needs and secure good quality accommodation. Transition arrangements between social care teams are well understood and clearly communicated to young people who commented favourably on the recognisable change in relationships with social workers in their transition to adulthood. Almost all care leavers have an up to date pathway plan which has been developed effectively to meet their individual needs. Pathway plans seen during this inspection were at least adequate and most are good.
143. Young people play a central part in their development and review. Outcomes for care leavers are monitored closely, however the effectiveness of contingency planning is inconsistent and some contingency plans lack detail. Action is being taken to capture more fully the views of young people with learning difficulties and/or disabilities as they move from children's to adult services. This is aided by a jointly funded post across children's and adult services and the development of a tailored assessment tool. The use of personalised budgets is at an early stage of development.
144. Almost all care leavers live in suitable accommodation which meets their individual needs. Performance in this respect has fluctuated over the last four years but has kept in line with the national figures. Care leavers have

access to a broad range of accommodation which includes supported housing and hostel accommodation. No care leavers are in bed and breakfast accommodation. Partners work together well to prevent young coming in care on the grounds of homelessness. A multi-agency housing panel for young people leaving care includes voluntary and private providers and ensures all reasonable options have been considered prior to presenting cases to the panel. Flexible and effective responses are made to support young people who want to stay with foster families beyond the age of 18, including those with disabilities, where this meets their needs. However, the council recognises that such arrangements have been organised on an ad-hoc basis and work is being done to formalise planning and commissioning for the accommodation and support needs of this group. For example, partners have identified gaps in provision for supported housing for young people with the most complex needs who are unable to live in a large hostel setting. Developments are at an early stage but a property comprising a small number of possible flats has been identified.

Quality of provision

Grade 3 (adequate)

145. The quality of provision is adequate. The council demonstrates a clear understanding of the placement needs of children and young people in the borough, has invested in reducing the need for out of area residential placements and is gradually increasing the number and range of skills within its own foster carers as well as increasing the number of adopters. However the increase in the looked after children population and a historically low level and range of in house fostering provision has resulted in a significant increase in the use of independent fostering agencies (IFAs). The commissioning strategy reflects the council's looked after children profile, which includes significant representation of minority ethnic groups. Commissioners carefully balance matching the cultural and religious needs of children and young people and the impact of placing them away for their communities in order to obtain a successful match. Where exact placement matching is not possible, commissioners and social workers are supported by a cultural advisor to ensure foster carer and adopters can meet children's identity and cultural needs.
146. There is efficient use of resources and placements costs are, as far as possible, effectively controlled. Use of the South East Framework Agreement for IFAs has improved control of placement costs and joint tendering with the South Central Region authorities has resulted in the cost effective acquisition of a placement bed for children with very challenging behaviour. Overhead costs have been reduced as other authorities have been able to purchase the bed when a vacancy exists.
147. Thresholds for entry into care are clear, and entry into care is endorsed at the most senior management level with prompt discussion between the legal services team and team managers. However, a number of cases

examined did not benefit from early intervention and the local authority continued to support some children and their families in the community where parental care was inadequate or abusive. The council deploys a range of multi-agency early interventions to prevent children and young people entering care, some of which are independently evaluated. Inspectors also observed an innovative and developing supporting prisoners' families programme as part of its Early Intervention strategy. This is increasingly effective in engaging prisoners and their families with children's services and other agencies, in order to avoid placement in care.

148. The quality of most assessments and direct work with children is at least adequate or better. Inspectors saw some examples of committed and sustained direct work from social workers with children with complex needs. There was evidence of placements being supported by long term therapeutic input by Directions Fostering and CAMHS. Social workers interviewed show a comprehensive understanding of their looked after children's needs and evidenced effective direct work with them. Children were seen regularly, alone where appropriate, and in response to changing needs, where necessary visiting frequency exceeds statutory requirements. Unaccompanied asylum seekers who met with the inspectors spoke highly of the support they received from an accommodation provider who not only promotes their cultural and religious needs, but is also a strong advocate in all aspects of their lives.
149. There have been substantial increases in children attending looked after children reviews in person since April 2011 and an increase in children chairing their own reviews, which has been successfully promoted by IROs. Looked after children's reviews are timely and review minutes are addressed directly to the child or young person; this style is a particular strength of the reports. Inspectors saw a very good example where minutes were addressed to a baby so that in future they might understand the circumstances under which they became looked after and the steps taken to protect them. Other reports showed particular insight and sensitivity where parents failed to engage in parenting assessments or keep appointments. While the participation of carers at reviews is high at 90%, only 46% of parents attend. IROs are addressing this through a leaflet attached to letters of invitation to both elicit parental views and encourage attendance.
150. All looked after children have qualified social worker, although survey returns and children spoken to reported it was not always easy to contact social workers or to secure a response. A small number of parents and also some foster carers spoken to reflected this view.
151. Recording on most case files seen by inspectors was adequate but of variable quality. Case recording is inconsistent and evidence of management directions, records of supervision and planning meeting are not always entered on to the electronic recording system. Chronologies

seen were adequate and better for those cases that had court involvements. Contingency planning in pathway plans are not consistently completed or sufficiently specific, targeted or measurable. The council acknowledges the need for improvement in the electronic recording system and the need for more consistent, robust management oversight of case recording, and is taking steps to address these matters.

Ambition and prioritisation

Grade 3 (adequate)

152. Ambition and prioritisation for looked after children and young people is adequate and there have been improvements in services for looked after children, such as the development of the CiCC and the Pledge for looked after children. The council's elected members appropriately prioritise the needs of looked after children and there is cross party support to ensure that funding of services has been maintained and in some instances increased. However, there is no underpinning looked after children strategy. The council demonstrates a limited understanding of the contributing factors that have led to an increase in the looked after children population and it has managed the demands on its services well with an increased use of the independent sector where appropriate. Targets for services and quality are increasingly ambitious and in most areas are in line or above similar areas. These are being monitored and scrutinised through joint planning boards and corporate parenting arrangements. Resources are being provided to develop appropriate services and as gaps in provision are identified.
153. Arrangements within health services to ensure appropriate practice, capacity and governance are inadequate and in the absence of shared partnership responsibilities and accountabilities, the effectiveness of services for looked after children and care leavers is limited. Most education provision for looked after children and young people is highly rated and is firmly linked to promoting inclusion, leading to an improving trend in school attendance, attainment and achievement. The engagement of voluntary sector organisations in the delivery of services across the range of outcome areas is good and this add to the range of provision available to children and young people.
154. The Children and Young People's Plan is comprehensive and sets out appropriate key priorities with clear targets for looked after children, and plans for early intervention. Read in conjunction with the comprehensive sufficiency strategy, the council's ambition for looked after children can be seen although such ambition is not located within an overarching policy document. It is clear plans have been developed following extensive consultation with parents, children and young people and partner agencies.

Leadership and management

Grade 3 (adequate)

155. Leadership and management of services for looked after children young people and care leavers are adequate. The council provides appropriate and visible leadership for looked after children and care leavers services. However, this is not matched by health partners whose ambition, prioritisation, capacity and management of practice is inadequate and its management is slow to recognise or remedy many of these deficits. Generally weaknesses in practice and service deficits are understood by the council with appropriate action taken.
156. Strong partnership working at operational level has led to improvement in the provision of services and resulted in a coordinated approach to supporting looked after children and care leavers. Managers' commitment to improving outcomes for children, young people and families is evident and underpinned by joint working. This includes the effective work to support children on the edge of care and the adoption of a child-centred approach to supporting young people approaching adulthood and independence. The Chief Executive Officer, Director of Children's services and the senior management team within children's social care services provide effective leadership in championing the needs of looked after children.
157. Commissioning arrangements for placements are sufficiently robust to ensure children and young people are only placed in suitable and safe environments. The borough placement and procurement manager is active across the area in developing cost effective and good quality placements to meet the diverse needs of children and young people who become looked after. Financial management is robust with a clear focus on value for money. Additional resources have been secured for children's services and have been protected despite the fact the council has had to make difficult budget decisions. There are good examples of effective practice in safe recruitment, service commissioning, safeguarding in schools and joint working to reduce the impact of poverty. Outcomes for looked after children and young people, including those from minority ethnic groups, are good overall and there is a trend of continuous improvement.

Performance management and quality assurance

Grade 3 (adequate)

158. Performance management and quality assurance are adequate. Corporate parenting training is provided for elected members to enable them to fulfil their responsibilities. Good gate keeping systems are in place to ensure the appropriate use of care for vulnerable children and young people. Trends in the use of adoption and Special Guardianship Orders are improving. A range of local services are in place, or being developed, to

provide support to families at risk of breakdown and to return children and young people home quickly and safely once they have become looked after. Cases are suitably allocated to qualified social workers

159. The council has an established quality assurance arrangements for case file audits, however audits of looked after children work are not routinely undertaken within individual partner agencies. While providing an overview of the case and identifying key issues, individual agency case file audits seen during the inspection often lacked sufficient evaluation of actions taken, and adopted an over-optimistic view of the standard of practice. The weaknesses identified in the audit did not always translate into a clear action plan with specified objectives and timescales to review progress. Performance information is used well in some instances. For example, the self evaluation report of the virtual school is rigorous and fair and leads to well targeted actions to bring about improvement. Education data are used well to track individual pupils and the outcomes for all looked after children, and to evaluate performance against key strategic priorities.

Record of main findings:

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Adequate
Equality and diversity	Adequate
Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
How good are outcomes for looked after children and care leavers?	
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Good
Economic well-being	Good
Quality of provision	Adequate
Services for looked after children	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Equality and diversity	Adequate