

Inspection of Hull local authority children's services

Inspection dates: 14 November to 25 November 2022

Lead inspector: Louise Hollick, His Majesty's Inspector

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

The impact of improvements for children's services in Hull City Council effectively began following the appointment of the director of children's services (DCS) at the end of 2020. The DCS and corporate leadership team have continued to progress service developments throughout the challenges of the COVID-19 pandemic. Strategic leaders have developed and delivered a comprehensive improvement plan which has delivered improvements in services and outcomes for many children. Overall, this has led to a better service for children in care and care leavers. For children in need of help and protection, the service has also improved and is no longer inadequate. There are some areas for improvement for children in need of help and protection that were identified at the last inspection that have still to be fully addressed.

Like many local authorities across the country, Hull is struggling to recruit enough permanent social workers, and this has an impact on social work capacity. A number of agency workforce companies have been commissioned to cover social worker vacancies by providing complete teams of social workers and managers. The senior leadership team in Hull has failed to ensure that managers in the agency teams are accountable to the same quality assurance and practice standards as the rest of the service. This has led to inconsistency of practice in the agency teams, and inspectors found a small number of children at risk of significant harm in these teams. Leaders' response to the children referred back by inspectors was robust.

What needs to improve?

- The quality and consistency of child protection planning for children suffering long-term significant harm.
- The scrutiny and oversight of social work practice by managers, including senior leaders, and child protection chairs for all children in need of protection.
- Supervision of staff and consistent quality assurance of practice for all children across all teams and services.
- Multi-agency arrangements and sufficiency of emergency placements for children in custody.

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

1. Children in need of help and support benefit from a comprehensive range of universal and targeted early help services. Purposeful early help work at the right time leads to improvements in children's and families' lives.
2. When children are referred to the Early Help and Safeguarding Hub (EHaSH), most contacts are appropriate and timely, and contain the right information to inform the next steps in decision-making. Police contacts regarding domestic abuse are brought to the daily 'Pitstop' meeting, where appropriate information is shared effectively between partners to ensure the right response. For a small number of children at risk of other types of harm, there are delays in the police making contact through EHaSH, meaning their needs are not addressed at the earliest opportunity.
3. There is appropriate early help management oversight for children stepping up to children's social care or down to early help services. Most children in need of help and support are directed to the right level of service at the right time.
4. When children need an emergency response at evenings or weekends, the emergency duty teams respond promptly in most circumstances. For children who are arrested and subject to Police and Criminal Evidence (PACE) arrangements, there is currently no suitable emergency overnight placements for them. This results in children unacceptably having to remain in police cells overnight.
5. When there are concerns of significant and immediate harm to a child, most child protection strategy meetings happen in a timely way, with appropriate information shared by safeguarding partners. Subsequent child protection enquiries are timely, with children seen promptly. When children are assessed as requiring an initial child protection conference, a small number of these meetings are delayed due to late notifications to the conferencing team. This leads to children having to wait for multi-agency interventions at the right level of service.

6. Children's assessments, including children with disabilities, are of variable quality. Children are included in most assessments and their views are captured through direct work with social workers. Immediate safety planning with parents takes place during the assessment period to address presenting risks. A small number of assessments do not sufficiently capture the longer-term impact on children of their adverse experiences, particularly when there is domestic abuse and neglect, or use this impact to inform their planning. Assessment timeliness is slowly improving, although not all late assessments have management oversight in order to monitor the impact on children.
7. Child protection planning is not always effective in reducing risks to children in a timely way. Children's presenting risks are usually well considered, but the impact from longer-term recurring risks is less well addressed. Children sometimes experience second and subsequent periods of child protection planning, because short-term improvements have not been maintained, often as a result of changes in family circumstances, including domestic abuse. For some children, this results in delay in achieving positive outcomes because child protection planning goes on for too long. Child protection conference chairs are not robustly challenging or escalating concerns to managers when this happens.
8. Contingency planning for children who are subject to child protection plans is not consistently clear and does not always happen concurrently. This means that alternative steps for what happens next are not clear or timely for children, and this builds in more delay in their circumstances improving.
9. Most social workers know their children well. Social workers routinely complete sensitive direct work with children in order to help understand their daily lived experiences. There are regular family network meetings to strengthen extended family support for children and families, and to develop effective safety plans for immediate risks.
10. Allegations made against adults in trusting positions are appropriately reported to the local authority designated officer. There is an appropriate and robust response in which the safety of the child and the welfare of the adult are considered.
11. When risks to children escalate, or their circumstances do not improve, a small number of children experience delay before they are considered under the public law outline pre-proceedings process. There have been improvements in the management and oversight of children in pre-proceedings since the last inspection, so that the majority of children are visited frequently and their plans are progressed. A small number of cases continue to take too long to progress to court, particularly when children's risks are chronic and enduring in relation to domestic abuse or neglect.
12. When it is in their best interests to do so, the edge of care service is supporting more older children effectively, to improve their relationships with their family

and remain at home rather than come into care. A comprehensive joint protocol with housing and targeted youth support has been developed for children who are aged 16 and 17 and homeless. However, for a small number of children who need to be in care, their rights and entitlements to support are not explicitly explained to them in a timely way. This leaves a small number of children without the right level of care and support that they need.

13. The oversight of the small number of children who are privately fostered remains inconsistent. Assessments of children who are privately fostered do not always fully consider the carer's suitability, and risks are not always properly identified or understood. Not all vulnerable children have robust plans to ensure they are safely supported in private fostering arrangements.
14. Practice and oversight of children who go missing is effective, and there are well-coordinated responses when children are at risk of exploitation, including children in care. Direct work and support offered by the vulnerable, exploited, missing and trafficked team are helping to reduce children's risks.
15. Robust data-sharing partnerships with relevant agencies are used to locate children who are missing education, by checking to see if children have been registered with them. The minority of children who are not found remain on a monitoring list, where they are routinely checked to see if they can be tracked down.
16. The elective home education team cultivates strong relationships with families who electively home educate their children. This enables the team to undertake appropriate checks to monitor the children's welfare and educational provision.

The experiences and progress of children in care and care leavers: good

17. Most decisions for children to come into care are timely. Pre-birth planning is effective when there are concerns about unborn babies. Increasingly, when parents cannot safely care for them, babies are considered for early permanence placements so that they can be placed with stable carers as soon as they leave hospital. Children who come into care in an emergency are well supported. However, a lack of contingency planning during pre-proceedings means a small number of children suffering long-term neglect do not come into care soon enough in line with their needs.
18. The majority of children in care are making progress and are settled where they live. This includes children who live outside of Hull and those aged 16 to 18 living in supported accommodation. Children in care live with their brothers or sisters when this is in their best interests. Children's wishes, feelings and assessed needs inform considered matching decisions about where they live. Children benefit from family time when it is safe to do so, to enable them to maintain strong relationships with people who matter to them.

19. Plans for children in care are appropriate and address their key needs and risks. Their plans are reviewed regularly and most independent reviewing officers take time to meet and talk with children. Children are encouraged to attend and contribute to their own reviews. This ensures that they are able to share their views and wishes.
20. Social workers know their children in care well. They visit them regularly and purposefully. Direct work with children is completed sensitively and regularly, and cultural identity is generally well considered for children in care. This helps social workers tailor care and planning to children's individual needs. Some children in care report several changes in social worker. This has had an impact on their emotional well-being and results in them having to repeat their stories over again.
21. The 'YVIC' (Young Voices Influencing Care) group is valued by children who attend. They enjoy a variety of meaningful activities. Children say that they feel listened to by senior leaders and believe that they influence service delivery for the better.
22. Children's identified health needs are generally well met, although initial health assessments are not always completed quickly enough when children first come into care. A range of available services, including a specialist child and adolescent mental health service, support children effectively with their emotional and mental health.
23. The virtual school is well led and effective in helping children progress in their education, and children in care usually make good educational progress from their starting points. They also enjoy a variety of learning and fun experiences, including activities that support their future career ambitions.
24. Some children live in unregulated placements. A number of children live with friends or family members who have not been formally approved as connected foster carers. There is management oversight of most of these arrangements and children have their immediate needs met. There is sometimes delay in progressing the legality of these children's plans. As a result, a small number of children do not benefit from secure legal arrangements at the earliest opportunity.
25. Children in care return to their parents when it is safe and appropriate for them to do so. Children's need for permanence is well considered and an increasing number of children are discharged from care into special guardianship arrangements. A 'no detriment' policy has been introduced to support children and carers so that they continue to be financially supported after they leave care. Children do not remain in care any longer than is needed.
26. Unaccompanied asylum-seeking children are sensitively supported in line with their cultural and religious needs. They are provided with suitable accommodation in a timely way. They are well supported and encouraged to

attend school or college and take part in social activities to make links with other children.

27. There has been investment in the recruitment and retention of foster carers, which is welcomed by carers. An increased focus on training for foster carers supports their care of children. However very few carers have completed training around contextual safeguarding. This would help equip them to recognise and respond to risks around exploitation and children who go missing from care.
28. Adoption is considered for children at an early stage of planning when it is right for them. Hull is a member of a regional adoption agency (One Adoption) and there is good partnership working between the agency and the local authority. Introductions for children with their adoptive parents are well managed. This helps adopted children settle into their forever homes.
29. Personal advisers (PAs) know their young people well. They provide practical and emotional support and visit at a frequency determined by need, up to the age of 25. The majority of PAs have regular contact with young people, but not all are creative enough in their approach when young people are difficult to keep in touch with.
30. The majority of care leavers are living in suitable accommodation that they have chosen, and which meets their needs. A broad range of accommodation is available, including shared tenancies that are suitable for those young people who wish to live with others.
31. There are concerted and effective strategies used to engage young people in relevant groups, social activities and drop-ins to 'Room 42', a space well loved by care leavers. This includes the employment hub, which is instrumental in providing support and opportunities for care leavers, leading to an increase in young people in education, employment or training.
32. There are well-established celebratory events, such as the Blue Diamond awards. Care leavers are supported to be ambitious and have opportunities to test different avenues to help them choose the path that is right for them.
33. The majority of care leavers know about their rights and entitlements, shared in person by PAs. The offer to care leavers is comprehensive and is publicised on an easily accessible website and available on a dedicated app. Most care leavers have key documents in place to aid their transition to independence.
34. When risks escalate for care leavers, there is multi-agency collaboration to strive to reduce the risks. They are encouraged to write their own safety plans, which provide them with clear strategies to use to help them stay safe.
35. Young people are actively encouraged, and accompanied at their request, to attend routine universal and specialist health services. This includes access to

therapeutic support and counselling for their emotional and mental health needs.

36. Pathway planning is effective, and most assessments and plans are written collaboratively with young people and their PAs. Other professionals are involved when appropriate, and strong partnership working progresses packages of support, improving transitions to adult services. This helps to ensure that young people access the right level of support as they move into adulthood.

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

37. Under the leadership of the current DCS, there is a stable and experienced senior leadership team in place that is focused on improving children's lived experiences. The team has a clear strategy for driving the progress made since the last inspection through the improvement action plan. Inspectors found that a number of areas for improvement identified during the last inspection have not been fully progressed, in particular the understanding of the impact on children of their adverse experiences, managers' oversight and challenge to consistently drive the progress of children's cases, and the scrutiny and oversight of independent conference chairs in driving children's plans to improve their outcomes.
38. There are enhanced performance management and audit arrangements in place since the last inspection. Learning is more widely shared and embedded, supported by a range of measures, including live performance data dashboards, detailed monthly performance reports, and a range of monthly case file audits. This has assisted the leadership team in identifying areas of progress and areas for development.
39. The management oversight of social work practice within the commissioned agency teams has not been robust. The practice in the majority of the agency teams is of an overall weaker standard than in the permanent teams within the service. This has led to a small number of children having an insufficient response, weak care planning and experiencing ongoing harm. Leaders have commissioned management arrangements that have allowed agency teams to be managed and audited by the directors within the commissioned agency. The agency teams have not been subject to the same management and quality assurance processes as the rest of the service. As a result, local authority leaders have failed to have an adequate oversight or understanding of the practice in these teams or the impact on all children. Recently, leaders have identified some of the weaknesses and put in revised measures to monitor them, such as increased auditing, review of contracts, and performance management processes. This increased oversight has not achieved the impact required to improve practice for all children. Inspectors continued to see a small number of children whose risk was not being effectively managed and assessed, despite the new risk management process leaders have put in place.

40. Corporate parenting responsibilities are better understood and more robust since the last inspection. The focus on children's experiences is enhanced when children in care and care leavers attend the corporate parenting panel to present specific items, which receive prompt and careful consideration and action from the panel. The panel, and the DCS, also meet informally with children in care and care leavers outside of the official meetings. The voice and participation of children in strategic planning is now much better embedded. Children's views and feedback are more widely sought and are informing service planning.
41. Strategic partnerships with health, education, Children and Family Court Advisory and Support Service and the family court have been strengthened. There has been some partnership working with the police, in particular the creation of 'Pitstop' at the front door to share information and ensure that referrals about children are made at the right threshold. There remains more work to do with the police to ensure that there is a timely joint response for all children who need it.
42. There has been a significant financial investment towards improving the sufficiency of in-house residential homes for children, providing enhanced payments to foster carers, and supporting the 'no detriment' policy, all of which are leading to improved outcomes for children in care.
43. Since the last inspection, a number of senior management panels have been established to monitor the planning for children with the most complex risks and needs. While the panels meet regularly and review information, they are not effectively addressing drift and delay in the planning for a number of children in need of help and protection, where there are enduring and ongoing risks from domestic abuse and neglect. This means that some children remain in harmful situations for too long.
44. Supervision for most social workers is regular. However, the quality of all supervision is not strong. In particular, for children experiencing long-term child protection planning and interventions, management oversight and supervision is not helping social workers reach conclusions or achieve timely outcomes for children.
45. The quality of supervision for some managers is poor. Managers at all levels are not receiving robust support and challenge. Agency managers working in the local authority are supervised by their own agency managers, rather than by permanent senior managers, meaning they are not being held to the same account on organisational priorities, performance, or practice standards. This has enabled poorer management and social work practice to go unaddressed.
46. A social work academy has been established, alongside an attractive workforce offer. There is a range of measures around recruitment and retention. that are beginning to have an impact on reducing staff turnover and bringing apprentices and students into the service under the 'Grow your Own' policy. A

programme of training has assisted social workers' development. There has not been a formal training and development offer for team managers. As a result, supervision and management oversight is still variable in some service areas.

47. The chosen practice model has been rolled out across most of the service and is fully integrated into the practice standards. Most social workers are aware of the practice standards, but not all are being held to account by managers when they do not reach them, for example when there are delayed assessments. This means that not all children are consistently receiving the appropriate response they need.
48. Social workers enjoy working in Hull. They report a vastly improved workplace culture that provides a good balance of support, direction and challenge. The retention and learning and development offers are well received. Increased and clearer communication through the service from senior leaders means that social workers feel valued, good work is celebrated, and social workers feel part of the service. Senior leaders are more visible and are listening to and acting on feedback from staff and children. This means there is a more positive and open culture in many parts of the service, which is enabling some good practice to develop and embed.

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