

Inspection of safeguarding and looked after children services

Kingston upon Hull City Council

Inspection dates: 27 June - 8 July 2011

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Age group: All

Published: 12 August 2011

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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 four 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 children and young people receiving services, parents and carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - interviews and focus groups held with health professionals, managers and senior staff from NHS Hull Primary Care Trust, Hull City Health Care Partnership, Hull and East Yorkshire Hospital NHS Trust and Humber Mental Health NHS Foundation Trust
 - 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 54 case files for children and young people with a range of need. This gave 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 October 2010.

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

Service information

4. Hull has approximately 54,000 children and young people up to 17 years of age in the city. This equates to 20.6% of the local population.
5. Within the city, there are 3,628 children and young people who are defined, by themselves or their parents/carers, as having disabilities or learning difficulties. Eighty five percent of school aged children are White British (March 2011). There is a relatively low minority ethnic population in the city, with a significant proportion of children being from other white backgrounds (6.5%), mainly from European countries. In January 2011 there were 2911 children in Hull schools who spoke English as an additional language.
6. Hull is the 11th most deprived local authority in England. The Local Authority Interactive Tool, (National indicator 116), reports that 33.1% of children and young people in Hull live in poverty.
7. The Children's Trust, the Hull Safeguarding Children Board (HSCB), and the Local Strategic Partnership are the key partnerships in the city. A new shadow Health and Wellbeing Board has also recently been established. The Children's Trust arrangements include representation and involvement from a wide range of agencies. This includes Humberside Police and the Police Authority, Humberside Fire and Rescue Service, Humberside Probation Service, local NHS services, the co-terminus Primary Care Trust NHS Hull, City Health Care Partnership (Social Enterprise) and representation from the voluntary sector.
8. Children's social care services were, until very recently, provided through a central duty service feeding through to family resource teams based across seven localities. A revised structure was in the final stages of implementation during the inspection. The new structure consists of one contact, referral and assessment team providing a single point of access; three integrated locality services teams; a new integrated looked after children team providing all services and resources for looked after children; an integrated inclusion and access team which will also support services for children with disabilities and/or special educational needs and an independent conference and review team. As at 1 July 2011 there were 640 looked after children in Hull and 245 who were subject to child protection plans. There are seven children's homes in Hull owned by the local authority, two of which specifically support children with disabilities. Foster care provision includes 302 foster carers registered with Hull City

Council Fostering Service which includes 30 short break carers. Hull has 20 children's centres.

9. Education in Hull is provided by 71 primary schools, 14 secondary schools, six special schools, three nursery schools and six pupil referral units. Of the 71 primary schools, 51 have nursery provision. The Building Schools for the Future (BSF) programme includes either new build or refurbishment for 26 schools. Post 16 years education and training is provided by one university, one college of further education, two sixth form colleges and one school sixth form. Children are supported in school by 65 breakfast clubs and 34 out of school clubs. The city has 117 play areas and the 18 youth centres are either part or wholly funded by the local authority.
10. Children's partnership arrangements are overseen by Hull Children's Trust which consists of an Executive Group and a wider Engagement Group. HSCB is independently chaired and brings together all the main organisations with responsibilities for safeguarding children services in the City.
11. Commissioning and planning of health services and primary care are the responsibility of NHS Hull Primary Care Trust. Health care is provided by City Health Care Partnership, mental health and therapy services by Humber Mental Health Foundation Trust and acute care and some community paediatric services by Hull and East Riding NHS Hospital Trust. NHS Hull also commissions a range of specialist health services, including neonatal and cardiac services through regional and national specialist commissioning groups.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

12. The overall effectiveness of services in Hull in safeguarding and promoting the welfare of children and young people is adequate. The Director of Children's Services provides effective leadership and is building on already strong partnership arrangements to improve safeguarding services. Partnerships with the voluntary and community sector are particularly positive and productive. Partner agencies have a clear commitment to securing the safety and well-being of children and to maintaining, within a challenging financial context, sufficient levels of resourcing for front line safeguarding services.
13. The unannounced inspection of contact, referral and assessment arrangements conducted in October 2010 identified seven areas for development. Some progress is evident in each of these areas. Significant improvements are now in place for the allocation and risk assessment of work. Improvements are also noted in the detail of recording. A supervision policy is now in place but more work is required to ensure it is consistently followed. Written guidance on service thresholds is now developed but not yet implemented fully in practice across agencies. Similarly, while progress has been made in implementing a revised quality case audit procedure it is not yet fully established across all management levels. The quality of initial and core assessments also remains too variable although the authority is undertaking a range of training and development work to address this.
14. Statutory requirements are met and systems are operating effectively to identify and protect children most at risk. The central duty team continues to receive high levels of referrals and some assessments are taking too long to begin and complete. Similarly, some children and families requiring transfer to longer term teams wait too long before being allocated a named worker. These cases are, however, supported on a duty basis with regular management oversight and monitoring. Service quality overall is too variable. Although inspectors saw some examples of good and excellent work, not all assessment and planning work is of a satisfactory standard. Risk is appropriately identified and managed but the poor quality of some assessments and resulting plans mean that the support required to improve outcomes for children and their families is not always clearly identified. Performance management arrangements are adequate. Performance data is available and used to monitor services against key performance indicators but quality assurance processes are not yet sufficiently robust to have impacted consistently on the quality of casework.
15. Workforce planning is satisfactory and has ensured sufficient numbers of qualified social workers to meet statutory requirements. A good range of

opportunities for learning and development are available to workers. Processes for safe recruitment are robust. Services in Hull have a good record of engaging with children and young people and their views have an influence on service development.

16. HSCB is well established with a broad engagement of partners. It has good processes in place for consultation with children and young people. Although the Board adequately fulfils its statutory duties and has overseen some valuable work around, for example, e-bullying and safe recruitment, it lacks robust monitoring of a number of key areas, including the quality of front line child protection work. The Board is benefiting from the independent leadership and scrutiny brought about by the recent appointment of an independent chair.

Capacity for improvement

Grade 2 (good)

17. The capacity to improve is good. The local authority and its partners have responded positively to the considerable challenges presented by the resourcing implications of the comprehensive spending review and the previously limited impact of early intervention and common assessment framework (CAF) development in Hull. They have a clear and appropriate vision for improving early intervention and safeguarding services. There is widespread understanding and commitment to the vision by members, senior officers and managers, and across partner agencies. There are clear and coherent plans for delivery through restructuring and the integration of services and these are being implemented with appropriate pace. The ambition includes recognition of the need to respond more consistently to the needs arising from the increasing diversity of Hull's children. Effective equality impact assessments have been completed on the restructure proposals.
18. The local authority has a sound record in prioritising and improving safeguarding services. Examples of this include the development of effective multi-agency responses to domestic violence, progress made on areas identified by unannounced inspections of contact, referral and assessment services and improvements across the broader safeguarding agenda, including in private fostering and bullying.
19. Significant progress has been made in reducing the level of vacancies and use of agency workers in front line social work teams. These are both now very low. Effective workforce planning, and in particular good working relationships with local universities, ensures a steady supply of new social workers and there is good retention of experienced social workers. This ensures there is sufficient social work capacity to meet statutory requirements. This capacity is protected in the authority's budget planning.
20. Services in Hull have a well established commitment to gathering and using the views of children and young people to inform service

development. This includes safeguarding services where children and young people have the opportunity to inform service priorities and have a significant influence on service development around, for example e-safety and bullying.

Areas for improvement

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

Immediately:

- work with partner agencies to apply the new thresholds guidance to ensure greater consistency in the quality and appropriateness of referrals being made to children's social care
- implement systems to monitor compliance with agreed timescales for completion of initial and core assessments together with the content of those assessments in relation to the analysis of risk and protective factors, and needs arising from the child's culture and ethnicity
- ensure all new child protection and children in need plans have SMART (specific, measurable, achievable, realistic and timely) targets which enable support for children and families to be better defined, delivered and evaluated
- evaluate the quality of all existing child protection and children in need plans at the next statutory review to ensure that these are also SMART
- ensure core groups adhere to HSCB Guidelines and Procedures so that individual child protection plans are developed into detailed working tools and that they are meeting sufficiently regularly to monitor actions and outcomes against the child protection plan.

Within three months:

- review the use of written agreements to ensure they are of good quality, supported by sound planning, and used in circumstances where they are likely to promote effective safeguarding work with parents
- ensure that the supervision policy in children's social care is used consistently so that the recording of management decisions and supervision outcomes is clear, accessible and consistent
- review and strengthen safeguarding supervision requirements for key Health staff to ensure all safeguarding casework is regularly monitored and reviewed

- review and strengthen the current HSCB business plan, including arrangements for monitoring core safeguarding activities and the implementation of a multi-agency auditing process
- introduce annual reporting on the operation and activity of the Local Authority Designated Officer (LADO) to HSCB
- ensure that the recording within assessments is sufficiently detailed to fully reflect the information gathered during the assessment and its analysis
- review current case auditing processes in light of the findings of this inspection and ensure all managers comply with their auditing responsibilities.

Within six months:

- ensure the evaluation of safeguarding training across children's services monitors the impact of training on service delivery
- introduce effective processes for gathering and analysing the views of parents receiving child protection and children in need services
- reduce waiting times for specialist Child and Adolescent Mental Health Services (CAMHS) interventions.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

22. The effectiveness of services in ensuring that children and young people are safe and feel safe is adequate. The majority of children and young people spoken to during the inspection said that they felt safe and most reported good relationships with their social workers. The quality of assessment and planning with the most vulnerable children is, however, too variable.
23. Surveys of children and young people in Hull show that a significant proportion do not always feel safe and that this is a important issue for them. The local authority and its partners have acted on these findings and are undertaking a range of activities to promote children and young people's sense of safety within their communities.
24. The development and implementation of a whole school approach to restorative practice in many of Hull's primary schools supports good behaviour, reduces bullying and helps to ensure that children feel safe at school. It also provides an effective response to incidents of racism within schools by encouraging children to reflect on the impact of their behaviour towards others.
25. HSCB has supported change by monitoring the effective implementation of plans to improve services like e-safety and domestic violence. Services in Hull support the Gateway Project which provides resettlement for particularly vulnerable refugee families. These services have responded well to meeting the needs of the children in these families. The Fire service has, in partnership with a local school, good training programmes that lead to qualifications for young people and improve school attainment. Due to the success of this pilot project, plans are in place to roll this out in other schools. The work of Hull Young People's Parliament includes focusing on safeguarding issues such as bullying and this work has a positive impact in reducing bullying, enabling children to talk through concerns and creating safer school environments.
26. Families who are victims of domestic violence receive good support from the council and partner agencies to help them keep safe. Hull Women's Aid provides excellent support for women and their children fleeing domestic violence. Workers from the project provide individual support to women and undertake work to help them to keep themselves and their children safe. Specialist children's workers provide individual and group work with children to help them feel and stay safe. The work with children observed was of very good quality with children able to identify effective

approaches to keep themselves safe. Parents described to inspectors very positive views of the help they had received from the project.

27. A group of parents spoke highly about the 'Strengthening families, strengthening communities' parenting course they had been on. They found it extremely helpful in assisting them to understand their own behaviour and that of their children. All reported positive outcomes in interactions with their children from undertaking this intensive 13 week programme. All parents were eager to undertake further work as a result of this. Fathers also spoke positively about the 'strength to change' programme to address domestic violence issues. They all felt that they had gained a much clearer understanding of the impact of their behaviour and what changes needed to be made to prevent their children and partners suffering further harm from their actions.
28. The LADO role is well established. Statutory guidelines about complaints made against staff working with children are consistently followed. Quarterly meetings are held with all agency designated officers where themes from complaints are identified, with any significant issues reported to the HSCB. However an annual report is not produced to support this work and ensure that training and development needs are identified for all partner agencies so that they have suitably robust allegation management processes in place. A designated education officer is in place, part of whose role is to evaluate potential referrals to the LADO. This ensures that appropriate education referrals are escalated to the LADO and the education officer can provide advice and guidance on those cases that do not meet the threshold for escalation.
29. Effective multi-agency protocols are in place for children and young people who run away or go missing from home or care. A multi-agency group of professionals is part of a HSCB sub group for missing children and children at risk of sexual exploitation. While they do not have a central database for recording children missing from home, care or education, the Police notify social care of all children they become aware of and they work closely on all missing children. While the missing children sub group reports directly to the HSCB it does not routinely produce a report which evaluates the work they do. All children and young people who go missing are classified as at least medium risk by the Police to ensure a robust response. Police undertake thorough safe and well checks of children and young people when they return home. The missing children sub group keeps a list of the children and young people deemed to be most at risk, through risk assessments, sharing of information and close monitoring. The education service manages a team for children missing from education, they work closely with other agencies to identify and track these children and young people. They keep data and monitor closely the numbers of pupils moving into the area without school placements, pupils who have moved out of Hull without school placements, pupils who are receiving unsatisfactory elective home education and those pupils who

have been permanently excluded and who refuse a school. Taken together, these processes ensure that all cases of children going missing receive a multi-agency response and children who are at significant additional risk of going missing are identified and closely monitored.

30. Processes for safe recruitment are robust and more than meet minimum statutory requirements. There are examples of good practice, including a multi-agency panel to consider and advise on complex cases where there has been a positive Criminal Records Bureau disclosure. This promotes consistency and rigour in decision making across agencies.

Quality of provision

Grade 3 (adequate)

31. The quality of provision is adequate. Thresholds for access to social care services are generally applied consistently by social care managers but are not fully understood by all referring agencies. Multi-agency guidance on thresholds is developed but not yet implemented fully in practice across agencies.
32. The CAF is used by some agencies as a tool for early intervention. However this is not consistent across all agencies and as a result it is difficult to show that CAF has sufficient impact. A robust quality assurance framework for CAF is not in place and no formal evaluation of this work is undertaken to evidence outcomes. However, some multi-agency staff are positive about the 'team around the family' meetings and feel that these meetings have the most impact in improving family's lives. CAFs completed in the Children with Disabilities service are valued by families who feel that they receive a responsive service.
33. The central duty team has good access to Family Group Conferencing and Family Intervention Project workers. This results in a speedy response for some children, young people and families who need support. A range of short term emergency placements are available through the Marlborough Avenue Family Support Team, which has four respite beds, and the short breaks scheme which has access to 31 emergency carers. Access to this provision means that families in crisis can receive a responsive service and there are strategies in place to encourage a return home if appropriate.
34. The Barnardo's Family Intervention Project (FIP) works collaboratively with a multi-agency team including children's centre, Citysafe and youth justice services to deliver programmes to families who are involved in the criminal justice system. The project team staff work holistically with families to provide a range of parenting programmes, in order to help improve outcomes for parents and children, and young people. They undertake 'strengthening families, strengthening communities' programmes and 'strength for change' courses for perpetrators of domestic violence. Over the last 18 months they have seen a reduction from 86% to 13% of reoffending by members of families receiving support.

35. The quality of initial and core assessments is too variable. In some cases examined, assessments are detailed and include risk and protective factors. However, others lack robust analysis, with limited information leading to a lack of identification of risks and actions required to minimise those risks. Ethnicity is not recorded in all cases seen and assessments do not consistently evidence an analysis of children's needs in relation to the relevance of their ethnicity, religion or culture. Children and young people are regularly seen as part of their assessments, and also seen alone, where this is appropriate.
36. Overall case recording is timely but its quality is variable. There is an over reliance on the use of diary notes with these notes often containing much more information than assessments. In a few cases examined, core assessments were not undertaken when it was clearly identified that they were required. Whilst the children involved were not left at risk, this did lead to delays in establishing a fuller assessment of their needs. There is evidence of supervision on case files and adequate recording of decision notes by managers but this is not consistent and for some social workers supervision is not timely. Social workers describe good access to managers for advice and guidance and report that there is an open door policy which means that regular on going discussions can take place between workers and managers about cases, which they value. However, this is not consistently evident in case recordings meaning that the rationale and process for decision making is not always clear. A supervision policy is now in place but this is not yet used consistently by managers so there remains variability in supervision practice and recording and some supervision records seen did not meet minimum standards.
37. Child protection investigations are undertaken by suitably qualified and experienced social workers and in most cases examined, child protection enquiries are timely with good, effective working relationships with the Police. The Police have three designated decision makers and a number of officers in post to deal specifically with child protection concerns. This means that they can always respond to requests for discussions, information or cases requiring investigation. A Police decision maker is soon to be co-located with social care, to ensure improved sharing of information and decision making for child protection concerns. Strategy discussions between social care and the Police are held when appropriate to agree and plan investigations under Section 47. On occasions, however, these are recorded as Section 17 consultations. This is confusing and inaccurate. The local authority knows this is a weakness and has clear plans in place to improve its recording practice in this area.
38. The quality of child protection plans and children in need plans is too variable with some lacking specific actions and clear, measurable outcomes. Although a number of plans state clearly what is expected of parents they do not describe the support that will be provided to assist

parents to achieve the necessary changes. Core groups are not always held regularly and those that are, do not always show evidence of developing or modifying the child protection plan.

39. There is an over reliance on the use of written agreements between social care and parents. While these agreements have their place, some of those inspected are of poor quality and were unrealistic in their expectations of parents. As a result, some of these agreements appeared to be inhibiting rather than assisting effective work with parents. In some cases seen, written agreements also appear to be a substitute for clear planning.
40. Child protection conferences and reviews are nearly always held within timescales. Independent conferencing and reviewing officers ensure that they meet young people and parents before conferences. They are a committed team who take their work seriously with a strong focus on ensuring that young people and families are involved in reviews when appropriate.
41. Case transfer arrangements from the central duty team to family resource teams are in place and well managed. Child protection cases are allocated promptly but until very recently some cases with lower priority were being managed on a duty basis prior to being allocated a social worker. The number of cases being managed in this way is reducing and during the inspection action was taken to allocate the outstanding cases.
42. Designated social workers oversee domestic violence incidents and provide a valuable multi-agency service through the Families Affected by Domestic Abuse group (FABDA). This group provides low level, preventative support to those families who do not require statutory intervention. This work underpins the Multi-Agency Risk Assessment Conference (MARAC) if cases are not serious enough to go to these panels. High level domestic abuse referrals are dealt with through the Domestic Abuse Partnership (DAP). The DAP is colocated within the Police Protection Unit (PPU) which means that risks to families can be managed more effectively. Sharing of information can be quick and decisive and this was confirmed by women spoken to at Women's Aid who report a speedy response to their concerns from the DAP.
43. The emergency duty team is suitably resourced and has appropriate links with day time services. They share a base with the central duty team which supports good communication and effective handover arrangements. The service is enhanced through outreach support provided from the Marlborough Avenue Family Support Team which offers crisis support and respite for children on the edge of care. This includes access to emergency beds from a group of skilled and flexible foster carers.

The contribution of health agencies to keeping children and young people safe Grade 2 (good)

44. The contribution of health agencies to keeping children and young people safe is good. Health partners benefit from strong relationships with the senior management team in the local authority and are well engaged in local Children's Trust arrangements.
45. Effective governance structures provide Health Trust boards with assurance about the arrangements to safeguard children within their organisations; this is particularly effective in the Hull and East Yorkshire Hospitals NHS Trust. Development of key performance indicators to influence and monitor safeguarding practice is in the early stages and is being led by the recently established NHS Hull Safeguarding Assurance Board. Supervision overall remains too variable, with some key groups of staff receiving no formal timetabled supervision in safeguarding children. The current policy requires cases to be brought for supervision at a minimum of six months which is too long.
46. An effective Child Death Overview Panel (CDOP) has raised awareness about the dangers of co-sleeping between parent and child and improved bereavement support for parents and staff. Although the panel is appropriately constituted, the designated doctor has been acting as the chair for approximately six months and historically there has been a lack of involvement from public health services.
47. Adequate arrangements are in place for the safeguarding designated nurse and designated doctor as the Primary Care Trust moves into the local Humber Cluster as part of national reorganisation. Governance arrangements for safeguarding children across the cluster are being implemented and an executive lead for safeguarding children has been identified. The named safeguarding children professionals for the City Health Care Partnership and Humber Mental Health NHS Foundation Trust are appropriately line managed and well supported with good and effective access to the trust executive board's lead for safeguarding children. However, only interim arrangements are in place for the named professionals for Hull and East Yorkshire Hospitals NHS Trust until the substantive posts are recruited to. The capacity of the named doctor for safeguarding for Humber Mental Health NHS Foundation Trust is insufficient and does not allow sufficient time for the post holder to fulfil his duties as outlined in *Working Together to Safeguard Children 2010*.
48. Most health staff have access to appropriate training which supports them in carrying out their safeguarding responsibilities effectively. A good take-up is reported by City Health Care Partnership and Humber Mental Health NHS foundation Trust. Numbers of staff attending training in Hull and East Yorkshire Hospitals NHS Trust have historically been low but are now improving. There is excellent attendance of General Practitioners (GPs) in

accessing safeguarding training for children and this is leading to improved knowledge of, and engagement in, child protection processes by GPs.

49. The arrangements in place to safeguard children and young people who attend accident and emergency (A&E) at Hull Royal Infirmary are good. The initial assessment and triage processes in which injuries are assessed for any child protection concerns are well documented. A special code is indicated on the casualty record card alerting the A&E practitioner to check whether there is a child protection plan in place or if a child is looked after. A&E staff refer safeguarding concerns to the relevant children's social care team and the trust's safeguarding team receives copies of all referrals for audit. The effect of this is that children presenting at A&E who may be at risk or require further assessment are identified and receive appropriate intervention.
50. The paediatric liaison through Hull and East Yorkshire Hospital Trust safeguarding team is outstanding. All attendances at A&E by a child, young person or pregnant woman, or situations where domestic violence has been noted, are reviewed by the senior nurses for safeguarding. As part of the review, the nurses consider the appropriateness of any safeguarding action taken and where necessary follow this up with A&E staff and the health visitor, school nurse or other professional.
51. Clear care pathways are in place to support the young people who attend A&E who require support following an incident of self harm or, who are in mental health crisis. A young person who has attended the unit following an incident of self harm will either be admitted to the paediatric ward if s/he is under 16 or, if s/he requires additional medical care and is over 16, s/he will be admitted to the medical assessment unit. All young people will not be discharged until an assessment of their mental health needs has taken place by the A&E psychiatric liaison team.
52. Good partnership working ensures that where possible families are protected from domestic violence. Health partners are well represented on the local MARAC as well as the Families Affected by Domestic Abuse group panel. Health visitors and school nurses receive Police notifications of domestic violence incidents where children are involved, to determine whether any agency intervention is required. Staff in the Hull Royal Infirmary and urgent care centres demonstrate good awareness of the impact of domestic violence on children and there is a clear and effective process for escalating concerns and referring to the relevant children's social care team. This ensures children at risk of harm from domestic violence are identified and referred appropriately for assessment and support.
53. The provision of sex and relationship education provision is good, with some innovative practice used by school nurses to engage young people,

including an increasingly popular texting service. Contraceptive and sexual health services are good with high numbers of young people taking up the offer of long acting reversible contraceptives. Good progress is made in reducing teenage conceptions and the rate of reduction of teenage conceptions is better than national and statistical neighbours.

54. The midwifery service has good arrangements in place to identify vulnerable pregnant women, and good support is given to those who need additional input for their emotional health and well-being through the perinatal mental health pathway. The substance misuse midwife provides good support for women who are pregnant and have a drug or alcohol problem. She also works closely with other midwives and the adult substance misuse service. This ensures risks associated with pregnant women's substance misuse are identified and assessed with specialist support provided if necessary.
55. The health visitor and school nursing services provided by City Health Care Partnership are good. The healthy child programme is delivered through integrated teams with all key contacts taking place face to face with families. Well established arrangements are in place to transfer children from the health visiting service to the school nursing service and health plans are completed for children who have additional health needs. There is evidence of skill mix being used effectively to support families as part of child protection plans and CAF.
56. Children and young people have access to a wide range of emotional health and well-being services through the primary mental health worker team. The team also offers a consultation service for professionals working with children and young people. However, for those children and young people that are assessed as needing additional support from specialist CAMHS, there can be significant delays in accessing some care pathways. There is a lack of coordination in securing in-patient provision, with some young people being transferred to units a long distance away. Transition arrangements for young people to transfer into adult services are poor, with adult services receiving late notification of young people who may need transition into adult mental health services. This means that effective support plans are not always in place for young adults when they become 18.
57. A good range of services is provided for children and young people with disabilities and additional needs. This includes access to a wide range of respite and short breaks for children and families with complex needs. Direct payments for social care and health care are made available to families to promote choice and flexibility. Parents spoken to by inspectors were very enthusiastic about the opportunities that direct payments had provided and the difference they had made to the quality of their lives. Good support is available for young people with learning disabilities and/or

additional needs for their transition into adult services through the work of the specialist multi-agency transition team.

58. Young people have good access to drug and alcohol services. The Refresh team provides education into local schools, youth clubs and other young people's groups and provides specialist treatment for young people who misuse drugs and alcohol. High numbers of young people leave the service having successfully completed a treatment programme.
59. Adequate processes are in place in adult mental health services to identify where service users have children or have significant child caring responsibilities. Staff are trained in risk assessing the impact of the service user's mental health on the safety of children, and the new process clearly identifies the escalation pathway to the safeguarding team and local authority children and families. The impact of the revised process has not yet been audited so it is not yet clear how well staff are using the new escalation policy.
60. Good arrangements are in place to ensure that children who require a child protection medical or an examination following alleged sexual abuse receive a responsive and sensitive service. Children are seen in a child centred environment and are appropriately examined by a trained paediatrician or a forensic medical examiner.

Ambition and prioritisation

Grade 2 (good)

61. Ambition and prioritisation for safeguarding services is good. There is evidence of a sound track record in identifying and acting on local priorities for safeguarding, and this is leading to improved outcomes. One example of this is the development of very effective processes and services for children at risk through domestic violence. Elected members consistently champion the needs of vulnerable children. The local authority and its partners are now facing a new set of challenges within a changing and diminishing resource context. In response they have developed a strong vision, ambition and priorities for children and young people and communicated this clearly to key staff groups. This clear and appropriate vision for improving early action and safeguarding services is supported by detailed plans for its delivery which include prioritisation of safeguarding services. There is widespread understanding, agreement and commitment to the way forward by members, senior officers and managers and across partner agencies.
62. The local authority's engagement in the Community Budget pilot is integrated into the overall vision to improve services for vulnerable children. The local authority and its partners recognise the opportunities this will provide to develop a more holistic approach to working with families with complex needs.

63. The ambition includes a commitment to continue to respond to the needs rising from the increasing diversity of Hull's children.
64. The business plan of HSCB appropriately prioritises core safeguarding services. However, as it lacks detail and depth it is not clear how the Board will fully contribute to service improvement. This is recognised by the Board members who are in the process of revising their business plan.

Leadership and management

Grade 2 (good)

65. Leadership and management of safeguarding services are good. The Director of Children's Services provides clear leadership and is well supported by partners and elected members. Weaknesses in services are mostly well understood and coherent plans are in place to tackle the deficits.
66. A recent serious case review was evaluated by Ofsted as inadequate. The reasons for this are thoroughly understood by HSCB. The learning from serious case reviews is being used to improve service responses with more work planned to consolidate this learning. Through its seminar programme HSCB is also promoting learning from serious case reviews undertaken elsewhere.
67. Workforce development is good. The level of vacancies and use of agency staff in social work teams is relatively low. The local authority ensures there are sufficient numbers of qualified and experienced social workers in place to meet statutory requirements and protects this resource in its budget planning. The supply of qualified social workers is ensured through good partnership arrangements with local universities. The authority is committed to providing good quality social work placements and has created a pool of newly qualified social workers keen to work for Hull. Once recruited, social workers can access a good range of development opportunities. Retention of experienced social workers is good and there is a reasonable balance of experienced and newer workers in most teams. A range of training courses is provided and these receive positive feedback from workers. Although the impact of this training on service quality is not consistently evident, the authority is developing sharper impact and audit measures to analyse and address the barriers to improving practice.
68. The social work and wider children's workforce does not fully reflect the diversity of Hull's population which is changing rapidly. This is understandable due to the changing population but is being addressed through workforce planning. Training is being provided to improve worker's understanding of children's needs arising from this increasing diversity.
69. User engagement is good. There is a well established and consistent commitment to gathering and using the views of children and young people to develop services. Children and young people are consulted

about services changes, including the recent budget proposals, and their views are taken seriously and make a difference, for example in the changes proposed in the provision of youth work services.

70. Hull has a well developed, vibrant and inclusive Youth Parliament. This has had an impact on a range of issues important to children and young people including e-safety, bullying and combating racism. The parliament effectively champions the interests of vulnerable groups in Hull. HSCB has a consultative group of children and young people who act in an advisory capacity to the Board and were involved, for example, in the selection of the Board's independent chair.
71. Children and young people access good quality advocacy support if they are involved in child protection processes or wish to make a complaint. In most casework seen there is evidence of the child's views being sought and taken account of. Restorative practice approaches are used widely and effectively with children in schools to promote self esteem and self responsibility.
72. There is less evidence of how the views and experiences of parents involved in child protection processes are gathered and used to inform service development. The local authority collects and analyses users views of its central duty service although it was not clear what impact this had had on service responsiveness. Some of the parents seen by inspectors had a very positive view of the help they had received. Others, however, described an experience of 'being done to' rather than worked with and this was reflected in some of the casework examined. Few of the parents interviewed said they knew how to make a complaint. In contrast, parental views have had a significant influence on the development of services for children with additional needs.
73. The use of resources is good. The local authority and its partners have undertaken a joint strategic needs assessment called 'Growing up in Hull' which provides a comprehensive profile of children and young people in Hull. This assessment helps to create a common understanding of the needs of Hull's children, including particularly vulnerable children. This understanding informs strategic and service planning. The local authority and its partners have a good understanding of the diversity of the population and how this is changing. There is evidence of services adapting in response to these changes, for example in improving communication with its growing Polish community.
74. The local authority is faced with a need to make significant savings from its overall budget and hence in the spending on children's services. It has a clear strategic approach for achieving this without compromising children's safety. The restructuring sets out a process which preserves front line safeguarding services and develops more integrated early intervention services through a locality model and community support

teams. This good strategic approach offers potentially improved value for money and outcomes for children.

75. The local authority and its partners work well with the voluntary and community sector and are viewed by the sector as fair and effective commissioners. This work has attracted additional resources and services into Hull to support vulnerable children and families and enhances the range and quality of services on offer. A collaborative approach is taken to commissioning and the use of resources, with the Children's Trust arrangements being used effectively to promote and deliver this. There are some good examples of joint commissioning of individual services with plans to develop a broader joint commissioning strategy. There are also examples of very effective sharing of resources and collaboration to improve service delivery, for example the integration of services for children with additional needs. All of this is leading to more effective and efficient use of collective resources and improving outcomes for Hull's children.

Performance management and quality assurance

Grade 3 (adequate)

76. Performance management and quality assurance arrangements for safeguarding are adequate. Performance against national indicators is broadly in line with that of its statistical neighbours with some examples of consistently good performance such as the timeliness of Review Child Protection Conferences.
77. The local authority and children's trust have a clear and consistent approach which delivers a good range of performance data clearly and consistently at all levels. Regular performance data does not, however, currently report to senior managers or HSCB on the regularity of core groups or child protection visits and this means that they cannot be assured that this activity is taking place to the required standards. Performance management meetings are held regularly with managers in children's social care and they provide a forum for analysing and responding to performance information. Inspectors, however, observed variability in the use and impact of management information indicating there is not yet a consistent performance management culture at all levels and that managers varied in their level of performance management skills.
78. A case auditing process is in place in children's social care which is becoming embedded although some managers report being too busy to complete their quota of case audits. Child protection chairs do not currently have the capacity to undertake auditing or provide a systematic overview of service quality and this is a missed opportunity. There is evidence of case auditing beginning to be used to inform and drive improvements in the quality of services but not across all areas requiring improvement. Auditing has identified gaps in the recording of ethnicity,

language and religion in case records and this has been highlighted with managers who understand performance in this area will receive ongoing scrutiny.

79. Effective processes are in place to identify and disseminate learning from complaints. Issues arising from complaints are considered at performance management meetings and regular bulletins are produced for staff highlighting learning from complaints.
80. Although HSCB uses performance data to monitor services, the monitoring is not sufficiently focused or challenging. It is also not supported by information on service quality such as would be provided by an effective case auditing process. There are plans to address this as a priority in the HSCB business plan.
81. Social workers report receiving regular management supervision and management oversight of their work and there was evidence of this on most, but not all, case records seen by inspectors. A supervision policy is now in place but is not being consistently followed by managers. The quality of recording of supervision and management decisions is too variable as is the quality of supervision records.

Partnership working

Grade 2 (good)

82. Partnership work is good. Children's Trust arrangements are robust with very good partner engagement. The Trust arrangements are an effective vehicle for driving service collaboration and development in Hull. Working relationships between key front line safeguarding services are also sound with appropriate engagement and joint working in child protection processes.
83. HSCB meets its statutory requirements with appropriate multi-agency representation in place. Partners are well engaged with good communication in place and there is some effective work across the wider safeguarding agenda including e-safety, bullying and preventing young people becoming victims of crime. The Board receives regular performance information regarding key safeguarding services but this does not include sufficient information on the quality of child protection services being provided to children and families. This restricts the Board's ability to scrutinize and constructively challenge service performance. While there are regular, quarterly designated officer LADO meetings, there is no annual LADO report to the HSCB. Although the Board produced its own good quality annual overview report the current business plan is not robust and does not contain specific or measurable targets.
84. Victims of domestic abuse receive a responsive and sensitive service through the Domestic Abuse Partnership (DAP). Good multi-agency work ensures that families can access swift advice and support when required, with a range of services in place to respond to different needs. Hull

Women's Aid provides an exemplary service to women and children. Inspectors met women who speak highly of this service and describe the immediate response from both the DAP and women's aid as 'a life saver'. These interventions have a positive impact on outcomes for women and children and keep them safe from harm. Voluntary agencies have a range of dispersed housing options for women and children to suit needs, for example homes for families with young people over 16, which are often rare. The sanctuary scheme is well used, enabling some women to remain in their homes with appropriate safety mechanisms in places and good links with the Police.

85. MARAC is well established with good sharing of information to ensure that people posing a risk are effectively tracked and families helped to keep safe. There are 1.5 housing staff specifically appointed to work with families suffering domestic violence and all housing officers are trained in understanding and responding to domestic violence. The work of MARAC and Multi Agency Public Protection Arrangement (MAPPA) is well established with good multi-agency support in both groups.
86. Partnership working with the voluntary and community sector is good both at a strategic and operational level. This sector provides a good range of sometimes innovative services responding to the needs of vulnerable children and families in Hull. There is a clear shared commitment to combating the impact of poverty and deprivation and improving outcomes for these children. Effective collaborative work between the voluntary and community sector and the council is leading to creative activities that are widening an understanding of lifestyle, cultural and faith issues, are helping to tackle homophobic bullying and gender stereotyping and bringing about better community cohesion.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

87. The overall effectiveness of services for looked after children and young people is adequate. Statutory responsibilities are generally met and looked after children report that they feel safe, however not all are receiving sufficiently regular statutory visits. There is a sound track record of achieving some good outcomes for looked after children and care leavers with some outcomes such as educational attainment showing consistent improvement. Services and outcomes for care leavers are also good. The local authority has a strong and well established commitment to gathering and using the views of looked after children and care leavers to develop services. However, delays in implementing the council's Pledge for looked after children constrains the impact of this work. Children entering care do not receive a timely initial health assessment and overall performance in the timeliness of annual health assessments has recently deteriorated. There is good use of adoption to achieve permanence for children but timescales for achieving adoption plans are sometimes too long, and alternative routes to permanence, such as support for Special Guardianship Orders, are underdeveloped.
88. Good partner engagement and commitment to achieving improved outcomes translates into some effective operational arrangements that deliver joined up services for looked after children. However this is not consistent across all service areas in Hull City Council. Although the council demonstrates a strong commitment to the principle of corporate parenting, an effective corporate multi-agency parenting strategy is not yet in place. The scrutiny function of the City Council is effective in providing informed and critical oversight of services for looked after children.
89. Workforce planning has ensured sufficient numbers of social workers are in place to meet statutory requirements and this includes a number of skilled and very experienced practitioners. All social workers spoken to had a sound grasp of the needs of looked after children and strong commitment to delivering good quality services. The authority assesses and supports its foster carers and adopters well. The development needs of most staff and carers are met through the provision of a good range of training and other learning opportunities. Hull has responded to the increase in its number of looked after children by increasing its use of external providers and purchasing good quality placements for its children. This has been backed by the necessary additional resources to fund this expansion. The authority recognises in its financial planning that continued resourcing at this level may not be sustainable and is putting in place plans to reduce its expenditure on purchasing placements from external providers.

90. Performance management and quality assurance is adequate and is driving some improvements in outcomes, but there is too much variation in performance and service quality. The new case auditing process is beginning to impact on this. The authority's plans for a more specialist looked after service are well advanced and are supported by sound financial planning. These plans have a clear service improvement focus and aim to allow workers and managers to give more focus to improving outcomes for looked after children.

Capacity for improvement

Grade 3 (adequate)

91. The capacity to improve looked after children and young people's services is adequate. Outcomes for looked after children and care leavers are at least adequate and in some cases they are consistently good and improving. There are also examples of high quality services which have been developed for looked after young people such as the young people's support service. The local authority and its partners have a clear strategy for service improvement with appropriate priorities and ambition. These include the creation of an integrated looked after service under a unified management structure. However, while there are clear plans and commitment to address key areas such as placement choice, diversion from, and alternatives to, care and adoption timescales there is currently only limited evidence of progress in these areas.
92. The local authority has a good awareness of most of its strengths and weaknesses and recognises the need to review its approach to corporate parenting and strengthen its use of its Pledge to looked after children. Robust plans are in place to address these issues with appropriate urgency.
93. Effective action has been taken to reduce vacancy levels and the use of agency staff within looked after social work services. Social worker's progression and professional development is well supported and they can access a good range of training opportunities. A more pro-active and creative approach has been adopted to foster carer recruitment with some success in increasing the numbers of new foster carers. Reductions have also been achieved in waiting times for the assessment of potential adopters, although these remain too long for some potential adopters.
94. An effective range of support and advocacy services has been developed for looked after children and young people. This helps them to have their voices heard and any grievances addressed. Young people spoken to valued this support highly and spoke very positively of how they had developed their self confidence and communication skills through involvement in consultation activities.

Areas for improvement

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

Immediately:

- ensure all looked after children receive sufficiently frequent statutory visits
- ensure children entering care receive a timely health assessment.

Within three months:

- endorse and launch the local authority's Pledge to looked after children, with clear arrangements for monitoring its impact and improving service responses in the areas it prioritises
- revise the approach to corporate parenting and ensure that it includes strategic engagement with partner agencies, all council departments and with the Children in Care Council
- ensure performance management and quality assurance processes give consistent attention to evaluating how well services address needs arising from ethnicity and culture
- develop and agree an effective strategy for the use and support of Special Guardianship Orders in promoting improved outcomes for looked after children
- develop and implement an effective strategy to improve the quality and consistency of pathway plans and personal education plans
- further develop its strategic approach to placement commissioning and implement tighter contract monitoring processes with independent placement providers.

Within six months:

- review access and service arrangements for looked after and adopted children requiring specialist CAMHS in order to ensure looked after children can access appropriate and timely support.

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

Being healthy

Grade 3 (adequate)

96. Services to promote healthy outcomes for looked after children are adequate. Looked after children and young people access a good range of health services which are delivered sensitively, and are responsive to their health needs. For example looked after young people can access good local provision for support around drug and alcohol misuse. Looked after young people who require contraception and sexual health (CASH) services receive effective support from the outreach sexual health nurses. Looked after teenagers and care leavers who become pregnant are supported well by the teenage pregnancy advisory service and the family nurse partnership.
97. There is good practice around establishing any emerging concerns on the emotional health and well-being of a child or young person when they enter care, through consultation between the social worker and the looked after children Clinical Psychologist. If additional therapeutic intervention is required then a referral is made to core CAMHS but there are no specific looked after children CAMHS services to meet the needs of this very vulnerable group of children and young people. The use of strengths and difficulties questionnaires to assess and monitor a young person's emotional health and well-being is improving. The looked after children Clinical Psychologist provides a consultation service to residential staff in the children's homes and other professionals working with looked after children, including foster carers. Taken as a whole, this work is helping workers and carers to better understand and meet the emotional needs of looked after children and young people.
98. The arrangements to ensure that health outcomes are achieved for children and young people in care are adequate; 70.3% of looked after children are up to date with their immunisation programme which is slightly below national performance and 82.6% have received their annual dental check up which is line with national performance. The timeliness of the initial health assessments is very poor. Timeliness of annual health reviews has deteriorated from previously good performance.
99. Despite the fact that initial health assessments are not timely, health visitors and school nurses carry out effective health reviews and prepare the health plans for looked after children. This ensures most looked after children have an appropriate plan to promote their health. Young people are given a choice where they might be seen and this promotes their engagement in the process. The designated looked after children nurse quality assures all health reviews and reports that the quality of the assessments and plans continues to improve. Adequate arrangements are

in place to ensure that looked after children and young people who are placed out of area receive their review health assessments. The involvement of health partners in commissioning specialist placements is good and there is good use made of the Clinical Psychologist for looked after children in ensuring the suitability of any therapeutic placement being considered.

100. There is no shared protocol between the local authority and health partners about securing a health plan for young people who decline to take part in the health assessment. In some cases it appears that young people are not receiving appropriate encouragement to engage in this process. Young people leaving care are not provided with a comprehensive summary of their healthcare. However, a pilot is operating within the aftercare service to provide a folder for young people that contains their life history, including health care.

Staying safe

Grade 3 (adequate)

101. Arrangements for ensuring looked after children and young people are safe are adequate. In cases seen by inspectors, children and young people are safe and in suitable placements. However, not all children and young people are receiving the minimum statutory visits. Children and young people seen by inspectors say they felt safe and the vast majority of the 77 children who responded to the Care4Me survey reported that they felt safe and had more than one person they could go to if they had concerns. There is good awareness by children and young people about how to complain and the accessibility of advocates and independent visitors contributes to ensuring that children and young people are safe. Good attention is given to the safeguarding needs of unaccompanied and refugee children.
102. Short term and longer term placement stability is just above that of statistical neighbours, with some evidence of an improving trend. Most looked after children are living in stable placements and receiving good quality care and support. How children and young people will be safeguarded and how risks are managed are key components of placement matches and plans. Good support and training for foster carers contributes to improving safeguarding awareness and placement stability. All placement provision operated by the local authority is judged adequate or better overall and in the vast majority of provision staying safe is judged good. All external providers must be judged good or better to be considered as potential placements for Hull children and young people. There is effective and robust reviewing of all looked after children placements within and outside the local authority which contributes to ensuring that children and young people are safe. Prompt and robust action is taken when monitoring identifies any safeguarding concerns for looked after children.

103. Effective protocols are in place for children and young people who run away or go missing from home or care. All local authority children's homes have suitable policies and practices in place and foster carers are also aware of Missing from Home procedures. The increased potential vulnerability of looked after children is recognised and responded to well by the Police. The local authority takes a proactive approach to identifying children in private fostering and monitors their welfare effectively.

Enjoying and achieving

Grade 2 (good)

104. The impact of services to ensure children enjoy and achieve is good. The head of the virtual school monitors the achievements of looked after children and care leavers well. A wide range of data is produced and analysed to ensure looked after children and care leavers are accessing good support services to maintain their engagement in education and maximise their potential for success. The monitoring of the progress and attainment of looked after children is good. Different groups of learners' achievements are monitored and any significant differences highlighted for action. Good individual tuition is adding value to the progress in school of looked after children. Head teachers prioritise their needs and the designated teacher for looked after children in each school ensures effective oversight of their needs and progress. Annual reporting is comprehensive and purposeful, enabling school governors and senior managers to oversee performance. However, the current personal education plans are not routinely driving the progress of looked after children as well as they could. While they are satisfactory overall, some lack clear and measurable targets. Improvements to personal education plans are being implemented. This includes the creation of an electronic version enabling regular and frequent updating as the looked after child's needs and experiences change. Training is underway for designated teachers in schools and for social workers to promote consistency and quality in the use of personal education plans.

105. A clear focus on improving educational outcomes and looked after children's attainment is prioritised in schools. Overall, educational attainment for looked after children is improving consistently and the rate of attainment is higher than statistical neighbours and national averages. Looked after children are achieving well, despite many challenges in maintaining their engagement in education. The attainment of looked after children at Key Stage 4 in 2009/10 was good at almost 39%. This is above statistical neighbours and well above the England average of 26%. Education coordinators working with designated looked after children teachers in schools are pivotal in ensuring they have every opportunity to access the curriculum. They receive good individual support provided by personal tutors funded through the personal education allowance. Learning mentors assigned to looked after children in schools are very effective in keeping children motivated, engaged and on target to achieve their goals. The impact of personal tuition is good and in 2010/11, 97%

of looked after children maintained or exceeded their expected progress in reading, 93% maintained or exceed their expected progress in writing and 100% of those tutored maintained or exceeded their expected progress in mathematics. The achievements for looked after children from different minority groups are not significantly different than their peers. More recently arrived unaccompanied refugees are quickly accessing education placements with good support from English for Speakers of Other Languages provision. Care leavers are well supported in accessing higher education and numbers attending university are increasing.

106. Partnerships between school, social workers and children's homes are effective, promote good communication and contribute well to prompt responses to potential child protection, safeguarding and bullying incidents. Education coordinators for looked after children work closely with social care professionals to bridge the gap between schools and care services for looked after children and to avoid exclusions for this group. Current rates show a positive picture for Hull in relation to fixed term exclusions in comparison with statistical neighbours and national averages. The fair access panel is effective in enabling managed moves between schools. Attendance rates have improved for looked after children but, although the number of persistent looked after children who are non-school attendees is reducing, at 7.9% it is still above statistical neighbours. A number of initiatives are used to support looked after children in maintaining engagement in school. For example, very effective support for foster families is being developed through the family learning signature. This is an initiative which aims to identify factors in a family which support looked after children's development and factors that may be barriers to this. In the Care4Me survey, very few respondents report they are unhappy with their educational experience and most believe they are getting the help they needed with education. Almost all respondents say they have a very positive experience of education and only 2% say it is just OK.
107. Young people access a range of activities provided through sports development, including street games aimed at encouraging looked after children and care leavers' participation in enjoyable and healthy activities. The service provides free leisure passes for looked after children and care leavers to participate in healthy sporting activities. Children with learning difficulties and/or disabilities access a wide range of play and leisure activities, including short breaks and summer play schemes.

Making a positive contribution, including user engagement

Grade 3 (adequate)

108. Opportunities for looked after children and care leavers to make a positive contribution are adequate. Young care leavers and looked after children are making a positive contribution to shaping the services they receive,

including significant involvement in the training of foster carers. Rights and Participation Project workers help young people develop their presentation skills to highlight key issues for foster carers. This gives foster carers a clear understanding of the experience of being looked after and the issues that brought them into care. Foster carers find this a particularly powerful part of their training. The Rights and Participation Project workers provide support and advocacy by attending looked after reviews and monthly visits to children's homes. The project also provides organised activities and participates in the rewards for children who have achieved well during the year known as Platform to Success.

109. Hull has a well established Kids in Care Council which has now evolved into Young Voices Influencing Care. These groups are engaged well with the work of the Youth Parliament. Although a pledge for looked after children has been developed by these groups and clearly reflects their views it has not yet been launched and so is not familiar to workers or elected members or being used to drive service improvement. Looked after children were consulted on the proposed service restructuring and have had some impact in shaping services. For example, changes in foster carer review consultation forms and changes in staff behaviour and attitudes following training. Overall, however, this consultation work is at an early stage in terms of influencing service delivery. The work has clear benefits for the young people involved in terms of improving their interpersonal skills and self confidence.
110. A range of good information is supplied to help looked after children in children's homes and in foster care placements to understand the roles and responsibilities of carers and workers and the services provided for them. Looked after children receive a letter and an information card detailing how they can make a complaint about the services they are receiving. There is also a texting facility at the complaints service for young people to raise any concerns they may have along with a free phone line to ring and leave messages. A specialist disability worker with specific skills to assist in ensuring the views of disabled children are understood is able to access signers and specialist tools such as talking books. The advocacy service provided by KIDS is invited to contribute to all reviews for children with a disability, undertaking individual pieces of work where this is considered necessary and/or helpful. Excellent use is made of the independent visitor scheme provided by Supporting Others through Voluntary Action and advocacy provided by the Rights and Participation Project. This includes attendance at looked after reviews to support and advocate on behalf of a child or young person. Feedback from young people indicates that this support is highly valued by them.
111. The Supporting Others through Voluntary Action service is currently expanding in response to demand and the new care planning regulations. The staff utilise some excellent consultation materials which were developed by the Rights and Participation Project together with young

people and include some graphics designed by a care leaver. For those young people reluctant to participate in the review process alternative opportunities are made available. However the voice and views of looked after children are not always clearly represented in their care plan or needs assessment. The AfterCare survey conducted by Ofsted shows that only half of the 11 respondents are aware of a care council to take their views to or to act on their behalf. Not all respondents are aware of their care plan; however those that are aware are involved in the care planning process and believe care plans are adhered to.

112. The percentage of looked after children receiving final warnings, reprimands and convictions in the criminal justice system reduced in 2009/10, the opposite trend to the national average and that of statistical neighbours although the rate still remains slightly above that in similar areas. Despite reoffending by young people in Hull being worse than in similar areas, the performance by the youth justice service is improved overall and is now performing well. The youth justice service works closely with others involved with looked after children and care leavers to minimise offending behaviour. The young people play an active part in this process, particularly through restorative justice activities. A resettlement service contributes to improving outcomes for looked after children in achieving reintegration back home or in the community. This, combined with the triage and diversionary schemes and restorative justice, has reduced the number of looked after children receiving custodial sentences by 50% and those involved with the criminal justice system for the first time also by 50%. Professionals involved with care leavers and looked after children work proactively with young people using a restorative practice approach. This enables young people to think through the consequences of their actions and ensure effective resolution to conflict and concerns. This approach is particularly effective in resolving conflicts with neighbours who complain about looked after children's behaviour in residential settings.
113. The Young People's Support Service very actively promotes young care leavers participation in developing and shaping their services and in decision making about their leaving care support. Young people work closely with their personal advisors for example, and relationships are built through residential events, frequent informal contact as well as formal meetings to enable appropriate pathway planning.

Economic well-being

Grade 2 (good)

114. The impact of services to promote the economic well-being of looked after children and care leavers is good. The service has a clear looked after children strategy that outlines a range of integrated support services to maximise care leavers opportunities for economic well-being. Local post-16 provision offers a wide and varied curriculum at a range of levels from foundation to advanced. The engagement of young people known to the

youth justice service in suitable education, training and employment has significantly improved and is on a par with similar areas. Educational attainment of care leavers is improving and there are plans to enhance the service further.

115. A good coordinated response to the accommodation needs of young people leaving care is well established in Hull. The proportion of care leavers in suitable accommodation has been consistently better than the national average and that of similar authorities with virtually all care leavers in suitable accommodation in 2010. Effective partnerships between the local authority housing services, the young people's support service and other professionals such as the youth justice service and post-16 education and training providers, result in a range of good quality housing options being offered. Good arrangements enabling young care leavers to remain in foster care placements offer continuity and stability to young people as the placements are converted to supported lodgings. Some good specialist housing provision enables young mothers, or those care leavers with learning difficulties and/or disabilities, to be well supported, particularly in developing independent living skills. The recruitment of carers for young care leavers needing provision in an emergency enables effective support for care leavers in crisis. Further support services, such as supported housing, walk in duty services and counselling services, are readily accessible. Many services are co-located, enabling an effective team around the young person approach. The youth justice service has an accommodation officer placed in the young peoples support service enabling a more coordinated approach to supporting those care leavers engaged with the youth justice service.
116. A dedicated advisor in the young peoples support service provides advice, guidance and support to asylum seekers leaving care and offers individual support for providers of supported lodgings to respond to the cultural and religious needs of care leavers placed with them. English for Speakers of Other Languages is provided, including a Summer school for care leavers who are unable to start a college course until the autumn term. For care leavers with a Muslim faith, there are insufficient supported lodgings/foster carers from a Muslim faith; although good links with external voluntary organisations provide support for carers in promoting young care leavers' cultural heritage and faith. Good advice and guidance is offered to young care leavers through the Connexions partnership in schools and at the local Further Education College and with work based learning providers. The percentage of care leavers in education, employment or training in 2010 is good and five percentage points above statistical neighbours and the national average of 62%. Hull's performance has improved further to 72% this year. All looked after young people and care leavers are in contact with services. The City Council's own work-based learning provision prioritises the needs of care leavers and offers a very wide range of vocational training options, including foundation

learning and apprenticeships within the council and with external employers which often lead to permanent employment.

117. The Young People's Support Service guidance for the completion of pathway plans is clear. The Young People's Support Service has revised its pathway planning over many years and now uses an e-pathway plan enabling updating as and when appropriate. Useful training and presentation material aimed at young care leavers outlines the component parts of the pathway planning process, the expectations of young people and their personal advisors responsible for their completion. The information is clear and appropriate. However, pathway plans remain variable in quality of content, despite efforts to improve them. Action plans in the pathway plans sometimes set global targets that are insufficiently detailed and as a result are difficult to measure. In other pathway plans seen it is difficult to identify what the long term goals are or the steps that the young people need to take to achieve them.

Quality of provision

Grade 3 (adequate)

118. The quality of provision for looked after children and young people is adequate. The number of looked after children in Hull has risen substantially over the last three years and is significantly above that of similar authorities. The reasons for this are still being explored by the council. Thresholds at the point of children becoming looked after are appropriate and are scrutinised through a weekly panel process to ensure consistency and that children are not being admitted to care unnecessarily. A good range of services exist to support children and young people in crisis and on the edge of care. However, early intervention, children in need and child protection services do not have sufficient impact in maintaining children in their families and in preventing the need for looked after services. Support for kinship carers through Special Guardianship Orders is underdeveloped and not widely understood or used by staff.
119. Due to placement pressures, matching can be compromised during the early stages of a child's time in care with a high use of fostering exemptions, although all placements are risk assessed and there is good attention to matching for longer term placements. Examples were also seen during the inspection of considerable attention being given to addressing needs arising from a child's ethnicity, although this was most often through additional support to White British carers rather than securing a placement with carers from the same or similar ethnic background. Foster carers describe good support being provided to prevent placement breakdown. Care is also taken to achieve sound adoption matches and this is reflected in good placement stability and low rates of placement disruption.

120. The quality of social work assessments varies from adequate to good. The best assessments seen show a good understanding of the child as an individual, address needs arising from culture and ethnicity and are clearly focused on outcomes. Other assessments seen are weaker in these areas and also sometimes fail to translate or analyse the details contained in diary records into an assessment document. The inspection case sample and the authority's own audits show that not all looked after statutory visits are clearly recorded and that some children are not receiving sufficiently regular visits. The council's most recent audit figures showed that in 24.2% of cases audited, looked after children were not receiving timely placement visits. Some looked after children are not therefore having their welfare checked regularly enough although there was no indication of children being left at risk as a consequence of this. Some children also described to inspectors difficulties in contacting their social worker and, frustration at experiencing a number of changes of social worker. All these factors can inhibit the development of positive relationships between children and their social workers. In the majority of cases seen however, there is evidence of children forming good relationships with their carers and social workers with a number of examples of good direct work being undertaken. This includes some good life story work although this is not standard practice for all children with long term care plans.
121. Most looked after children have current care plans and care planning ensures that consideration is given to achieving permanency where that is most appropriate for an individual child. There is effective use of adoption to achieve permanency, including children with complex medical needs, supported by good care planning and adoption support services. Performance in achieving timely adoption placements is, however, variable with some children waiting too long to be placed with suitable carers and performance below that of statistical neighbours. Delays in undertaking assessments of potential adopters have contributed to this in the past although this has now been largely addressed and the main current factor in delays is completing court proceedings.
122. Looked after reviews are held in line with statutory requirements and provide effective monitoring of care planning. Independent review officers are sufficiently experienced, skilled and empowered to challenge practice or resource issues which may be barriers to meeting a child's needs. They also work effectively to ensure children and young people are engaged as possible in the review process.
123. Most looked after children and young people spoken to by inspectors felt they had been treated with dignity and respect as did the small number of parents seen. This was also confirmed by the response to the Care4Me survey and case records seen as part of the inspection. A significant minority of young people, however, also reported poor experiences

alongside the good when they felt ignored or not properly consulted by their social worker.

Ambition and prioritisation

Grade 3 (adequate)

124. Ambition for, and prioritisation of, services for looked after children, young people and care leavers are adequate. The CYPP includes appropriate prioritisation of the needs of looked after children. The current strategy for looked after children's services prioritises reducing the number of looked after children out of authority placements, alongside strengthening corporate parenting, reviewing current residential provision and creating an integrated looked after children team. The vision for future children's services focuses on improving early intervention services in Hull with the aim of reducing the need for looked after services. It envisages enabling scarce resources to be concentrated on improving services and outcomes for a smaller overall population of looked after children. It is shared and understood by most staff groups. The ambition for looked after children does not specifically identify how the response of services to needs arising out of diversity will be improved.
125. The local authority's engagement in the Community Budget pilot includes a specific and ambitious proposal to review and enhance services for looked after children and to prevent the need for children to become looked after. The proposal is, however, partly dependent on a bid for additional resources being successful.
126. Elected members express a strong commitment to corporate parenting and a Corporate Parenting Advisory Group is championing the needs of looked after children. The local authority recognises that this work needs to be more formalised and have broader partner involvement. A pledge for looked after children is not yet in place and the local authority has not yet articulated clearly, or prioritised sufficiently, the actions which need to be taken to achieve its ambition for looked after children. This has recently been recognised by the council and a plan is in place for the local authority and partners to launch their pledge.

Leadership and management

Grade 3 (adequate)

127. Leadership and management of services for looked after children and young people are adequate. Senior managers are visible and well respected and have a good understanding of the needs of Hull's looked after children. Local priorities have been identified and acted upon and lead to outcomes improving, for example in reducing the level of offending by looked after young people. Where weaknesses in services have been identified action has been taken and resources made available if necessary. Currently most managers in children's social care have to focus both on safeguarding and looked after services but plans to change this

through the creation of an integrated looked after children team are well developed and in the process of being implemented.

128. Workforce development is adequate. The local authority ensures that there are sufficient numbers of qualified and experienced social workers in place to meet statutory requirements and protects this resource in its budget planning. A range of training and development opportunities are available to social workers to promote their ongoing professional development. However some social workers described the challenges in managing mixed caseloads and that these meant they were not always able to fully focus on the needs of looked children by, for example, undertaking life story work. Foster carers are well supported and value the training opportunities available to them. However, despite efforts to increase the pool of in house carers, the authority's reliance on external placement providers remains significant. The quality of these placements is good but in some cases the impact is limited as a result of the distance from a child's home, family and community. Similarly, while assessment and preparation of potential adopters is good, some are still waiting too long for their assessments to commence, and Hull remains reliant on external providers for many of its adoption placements.
129. Although changing, Hull remains a predominantly white community. This presents the local authority with challenges in recruiting workers and carers with a range of ethnic and cultural backgrounds needed to reflect the increasing diversity of the children and families. The authority is aware of this challenge and responding to it in its workforce planning.
130. Partnership working for looked after children is adequate. Effective working partnerships with education services drive improved outcomes for looked after children. The young people's support service includes several colocated professionals and the effective partnership working and close working relationships help prepare and support care leavers moving towards independence, including access to housing, counselling services and alcohol and drug misuse services. There are also some good examples of responsive health services which are meeting the needs of looked after children, however arrangements for health assessments are insufficiently robust and the needs of looked after children are not well addressed within current CAMHS provision.
131. Use of resources is adequate. The authority has a good understanding of the profile of its care population and uses this to inform its service planning and delivery. A commissioning process is now in place to identify appropriate placements for individual children. There is a better knowledge of the market which is beginning to increase placement choice and to reduce costs. The local authority recognises the need to further develop its strategic approach to commissioning and to monitor contract compliance more robustly. Placement commissioning includes an expectation on providers to meet the needs arising from children's culture,

ethnicity and religion. The local authority has a clear intent to develop its 'in house' resources and reduce its dependence on external providers. This aims to deliver better value for money but a reduction in the number of external placements has not yet been achieved.

132. There is a well established complaints process for looked after children which is well advertised and promoted. Children and young people can access good quality support and advocacy when making a complaint and value this support highly. Statutory guidelines in relation to complaints made against staff working with children are consistently followed. Feedback from complaints and other sources is used to inform service improvement and there are some examples of it being analysed differentially for equality and diversity.

Performance management and quality assurance **Grade 3 (adequate)**

133. Performance management and quality assurance arrangements for looked after children and young people are adequate. Performance against national indicators is broadly in line with that of statistical neighbours with some examples of good and improving outcomes for looked after children and care leavers. Performance information is available to managers and examples were seen of the good impact in the use of the analysis of data, for example in improving educational attainment. However this best practice is not consistent across all looked after services. Although the authority generally has a good awareness of its strengths and weaknesses the lack of timeliness of initial health assessments had not received sufficient focus through performance management processes.
134. The case auditing is not yet fully established in children's social care. Case auditing is beginning to be used to inform and drive improvements in the quality of services, for example in improving the rate of statutory visits undertaken. However auditing has not yet developed into a process which is consistently driving up the quality of services provided for looked after children. Performance management information and quality assurance processes do not consistently focus on how well looked after services address needs arising from diversity.
135. Although independent reviewing officers quality assure work effectively through individual looked after reviews they do not have the capacity to undertake case audits or provide a detailed overview on service quality issues.
136. Social workers report receiving regular supervision and management oversight of their work. There is evidence of this on most, but not all, electronic case records seen by inspectors. The quality of the recording of supervision and of management decisions is too variable and not yet compliant with the new supervision policy. This means that not all case or

supervision records demonstrate clear management oversight and direction.

Record of main findings:

Safeguarding services	
Overall effectiveness	adequate
Capacity for improvement	good
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	good
Services for looked after children	
Ambition and prioritisation	good
Leadership and management	good
Performance management and quality assurance	adequate
Partnership working	good
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	adequate
Staying safe	adequate
Enjoying and achieving	good
Making a positive contribution, including user engagement	adequate
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