

Inspection of safeguarding and looked after children services

London Borough of Hackney

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Reporting inspector Matthew Brazier HMI

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Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	6
Overall effectiveness	6
Areas for improvement	8
Safeguarding outcomes for children and young people	9
Children and young people are safe and feel safe	9
Quality of provision	11
The contribution of health agencies to keeping children and young people safe	14
Ambition and prioritisation	17
Leadership and management	18
Performance management and quality assurance	20
Partnership working	20
Services for looked after children	23
Overall effectiveness	23
Capacity for improvement	24
Areas for improvement	24
How good are outcomes for looked after children and care leavers?	26
Being healthy	26
Staying safe	27
Enjoying and achieving	28
Making a positive contribution, including user engagement	30
Economic well-being	31
Quality of provision	33
Ambition and prioritisation	34
Leadership and management	35
Performance management and quality assurance	36
Record of main findings:	38

About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, parents and carers, front line staff and managers, senior officers including the Corporate 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 with front line professionals, managers and senior staff from Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust and NHS North East London and City
 - analysing and evaluating 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 75 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in May 2011.

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. The London Borough of Hackney is situated in the east of inner city London. There are approximately 64,000 children and young people under the age of 20 years, representing 28% of the total population. Of these, 19,000 are aged less than five years.
5. Over 70% of children and young people aged under 20 years belong to minority ethnic backgrounds. Hackney is richly diverse with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. There are over 180 languages spoken in the borough.
6. Hackney is ranked the second most deprived area in England and it is estimated that 44% of children in Hackney are living in poverty. This is the third highest rate in London.
7. All the education services for the borough are run by the Learning Trust, a not-for-profit private company. Responsibility for running education services will return to the local authority in August 2012. Hackney has 73 schools comprising two nursery schools, 53 primary schools, six academies and six maintained secondary schools, four special schools and two pupil referral units that work with commissioned alternative education providers. A sixth-form college and a further education college provide post-16 provision. Hackney's network of 21 children's centres deliver a range of services, working closely with schools, GPs and other local service providers to ensure continuous support to children and their families. Opportunities and support for children and young people aged from six to 19 is delivered through Young Hackney which links to schools, youth clubs and centres and the wide range of services provided by the voluntary and community sector.
8. The Children's Trust Board has been in place since 2009 when it replaced the earlier children and young people's partnership arrangements. It provides the strategic overview and direction for integrated children and young people's services. The City and Hackney Safeguarding Children Board (CHSCB) is independently chaired and brings together the main agencies working with children, young people and their families to work together to safeguard and promote the welfare of children.
9. At the time of the inspection there were 302 looked after children, 58 of whom were aged under five, 202 were of school age and 42 were young people aged 17. The local authority supports 174 care leavers. Some 190 children were the subject of a child protection plan, 158 of whom were aged 11 or younger.

10. At the time of the inspection the local authority had 161 in-house foster placements, including 39 family and friends placements, and 84 placements with private sector providers.
11. The Children and Young People's Partnership has agreed a common support framework to ensure that early help is provided through an appropriate assessment of need that is linked to integrated packages of support. Referrals for targeted children's social care support are managed by the council's first response team, with assessments undertaken by the access and assessment service. Hackney's own emergency duty team provides out of hours cover. The Partnership Triage Unit, launched in July 2009, co-locates professionals and databases from health, education, the local authority and police to act as a single point of access for information about children and young people.
12. Services requiring children in need or child protection plans are provided through the children in need service or, in some cases, through the disabled children's service which is based at the Hackney Ark providing integrated services for disabled children and families. The corporate parenting service incorporates looked after children, leaving care, fostering and adoption, placements, commissioning and post permanency services. Hackney also has a multi-disciplinary virtual school supporting looked after children and care leavers. Children's social care services are delivered through multi-disciplinary social work units led by a consultant social worker. The units incorporate Tier 2 child and mental health services (CAMHS) provision. The authority has also expanded the use of the unit model within its recently re-configured Young Hackney service, integrating youth services, youth support teams and the youth offending teams.
13. High level strategic planning of children and young people's health services is done jointly through the Shadow Health and Well-being Board and informed by the Joint Strategic Needs Assessment. A Health and Well-being Strategy for the borough is currently being developed. Planning and commissioning of health services and primary care is carried out by the NHS North East London and City (NHS NELC) which has delegated authority to the City and Hackney Clinical Commissioning Group. Homerton University Hospital NHS Foundation Trust (Homerton) is the major provider of both acute and community based services in Hackney. Homerton provides maternity care in hospital and throughout the community for some 5,000 women and their babies each year. The Trust is also a regional neonatal intensive care centre. Homerton provides accident and emergency services for children, including a children's emergency assessment unit, a dedicated children's inpatient ward and general and specialist paediatric clinics. Community-based services for children and families provided by Homerton include health visiting, school nursing and paediatric therapies (including child and adolescent psychology). East London NHS Foundation Trust (ELFT) provides Hackney

with specialist CAMHS, adult mental health services and specialist addiction services as well as a multi-systemic therapy service that provides intensive family support to young people at risk of custody or care. Young Hackney also includes the young people's substance misuse service and contributes to a range of partnership health interventions across the borough.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

14. The overall effectiveness of safeguarding services is good. Political leaders and senior managers across the partnership articulate an ambitious vision for children and young people and there is a firm consensus about service priorities.
15. Hackney has delivered a radical reconfiguration of its children's social care services. The Hackney model of children's social care comprises social work units led by consultant social workers and includes social workers, clinicians, children's practitioners and unit coordinators. There is demonstrable evidence of sustained improvements in outcomes for children and young people and their families, who report high levels of satisfaction with the services that they receive.
16. The quality of services provided to children and families is good. A wide range of effective and well-coordinated early intervention services have contributed to fewer referrals to children's social care, a reduction in the number of children who are subject to child protection plans and a significant decrease in the number of children who are looked after.
17. Thresholds for services are firmly established and clearly understood across the partnership. Referrals to children's social care are responded to in a timely manner. Responses to cases when there are concerns about the safety of a child are appropriately prioritised. Assessments of need are often very good, with strong attention paid to the voice of children and families and consistently sensitive attention paid to their diverse needs. The implementation of plans is of more variable quality, although inspectors did not see any cases where children were left at unassessed risk. The most recent unannounced inspection of contact, referral and assessment arrangements undertaken in 2011 identified no areas for development.
18. Assertive change management has led to significant improvements in staff recruitment and retention. Vacancy rates are low and staff report high satisfaction with Hackney's service delivery model. Performance management is embedded thoroughly across all service levels. A robust reporting framework that ensures that senior managers are routinely informed of key performance issues is underpinned by a comprehensive range of multi-agency case file audit activity that drives improvement. Unit meetings provide good opportunities for reflective supervision but these meetings are of variable quality and do not yet consistently drive improvement.
19. Partnership working is strong operationally and strategically. The CHSCB is well led and holds partners to account effectively through a coherent

structure of well-attended sub-groups. There is a clear commitment to embedding organisational learning to improve safeguarding arrangements for children.

Capacity for improvement

Grade 1 (Outstanding)

20. The capacity for improvement is outstanding. In a challenging financial climate for the authority and against a background of high levels of deprivation for an increasingly diverse and dynamic community, the authority and its partners have a strong track record of implementing innovative and sustainable change that has driven considerable improvements. These include a range of effective early intervention services which have contributed to a drop in the rate of referrals and re-referrals to children's social care, a decrease in the number of children who are subject to a child protection plans, and fewer first-time offenders. These improvements are underpinned by ambitious leadership and unswerving political commitment to improving outcomes for children and young people. Children spoken to by inspectors and who responded to the Care4Me survey said that they felt safe in their placement.
21. Inspectors saw examples of high quality practice across key service areas. Assessments were often very good, with effective engagement of children and families whose views and feelings were well captured. There is much positive and creative work undertaken to engage with hard-to-reach groups. A sensitive consideration of cultural and religious issues is integral to practice and fully informs strategic planning.
22. Significant improvements in key performance areas have been evident and most have been sustained. Safeguarding judgements from recent Ofsted inspections are nearly all good or better. Responses to these inspections are extremely robust, supported by specific and timely action plans, reflecting the authority's rigorous approach to performance management. The authority has a solid understanding of its strengths and weaknesses and clear plans are in place to maintain improvement and to address swiftly any identified shortfalls.
23. Partnership arrangements are well established and have resulted in a culture of integrated co-located working that provides a firm foundation for continued improvement. A modern working environment for children's social care facilitates effective day-to-day communication between staff and is in itself significant evidence of the authority's long term commitment to service improvement. Managers at all levels provide strong visible support to a settled and highly motivated workforce, many of whom, when meeting inspectors, expressed a strong commitment to working in Hackney.

Areas for improvement

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

Immediately:

- ensure that all copies of criminal records bureau certificates are removed from staff files in the council within six months of receipt of a completed check to ensure compliance with statutory guidance.

Within three months:

- NHS City and Hackney Clinical Commissioning Group, Homerton University Hospital NHS Foundation Trust and NHS North East London and City (NHS NELC) must ensure that all pregnant women are seen alone and asked if they have been subject to domestic abuse so that appropriate action can be taken
- NHS City and Hackney Clinical Commissioning Group and Homerton University Hospital NHS Foundation Trust NHS North East London and City (NHS NELC) to ensure that all midwives have regular safeguarding supervision
- NHS City and Hackney Clinical Commissioning Group, NHS North East London and City (NHS NELC) and Hackney Borough Council to ensure that general practitioners (GPs) are invited to, and receive minutes in a timely manner from, strategy meetings and child protection conferences
- effective and robust arrangements should be implemented for monitoring the safeguarding requirements in any contracts commissioned by the local authority to provide services to children and young people
- ensure that parents in receipt of services from children's social care are aware of how to make complaints
- Hackney Borough Council to ensure that all case file records include up to date chronologies

Within six months:

- develop a comprehensive workforce strategy to coordinate workforce planning activity and to ensure that progress is sustained.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

25. Safeguarding outcomes for children and young people are good. Social workers ensure that children and young people are seen alone when assessments are undertaken. Their views are consistently sought, are clearly recorded and inform assessments. There is a prompt response to child protection concerns, including joint agency action where appropriate. Where safeguarding concerns are identified, assessments effectively take into account issues of equality and diversity, and some very good examples of assessments were seen by inspectors.
26. There has been a reduction in the numbers of children subject to child protection plans over the past two years. This trend has been robustly analysed by the authority. Cases looked at by inspectors indicated that assessments were appropriately identifying risk and children were not being left at risk.
27. The Local Authority Designated Officer (LADO) process and procedures provides a speedy and effective response to allegations made against individuals working with children and young people, with good examples of training and awareness-raising work undertaken with a range of voluntary organisations, community and faith groups. Inspectors saw good examples of the LADO service engaging with faith groups in the borough, including work with the Muslim community on safer recruitment. This is having a positive impact on raising the profile of the LADO and safeguarding across the borough. LADO cases sampled by inspectors demonstrated timely and safe intervention and that the views of children were effectively gathered.
28. Statutory requirements in respect of complaints are well met and complaints activity is reported annually. Complaints inform service delivery by sharing themes with practitioners and incorporating recommendations and learning into service plans. However, not all parents spoken to by inspectors were aware of the complaints process or how to make a complaint, although they were satisfied with the quality of support they and their children had received.
29. Systems and processes for safe staff recruitment are thorough and well established across the council and the Learning Trust, including a good system of checks and balances by appropriate senior managers. This results in suitable staff being recruited and appointed to work with children and families. Both the council and the Learning Trust carry out Criminal Records Bureau (CRB) checks every three years. Files seen by

inspectors had proof of CRB clearance. However, copies of both CRB applications and certificates were retained on council files which is contrary to statutory guidance that certificates should not be kept for more than six months.

30. Safeguarding is judged as good in inspections of the local authority fostering service and of private fostering arrangements and adequate in the inspection of adoption services. Nearly all safeguarding judgements for children's centres are good or better. The most recent inspection of contact, referral and assessment arrangements identified several strengths and no areas for development.
31. Schools contribute well to safeguarding. There is an effective anti-bullying policy in place with 85% of schools judged good or better on behaviour and safety. The focus of local authority work has been on behavioural and restorative approaches, social and emotional aspects of learning (SEAL), e-safety and safeguarding related training for schools. Extensive and effective work on homophobic bullying, and to help children develop their awareness of cultural differences has reduced the number of bullying incidents in schools. Highly effective work with the police through the safer schools partnership helps address the causes of bullying. The tracking of social media by the integrated gang prevention project is an additional method of identifying patterns of activity that may raise concerns.
32. Comprehensive procedures are in place to monitor children and young people educated at home and any concerns are referred to social care. Children's work is reviewed at least annually, but more frequently where there may be concerns about the standard of education received by children. School Attendance Orders are used appropriately in a small minority of cases where the quality of education provided is poor or where parents consistently refuse requests to see children's work. Teaching and learning consultants provide clear guidance to parents including information about useful websites and resources.
33. The pupil referral units (PRUs) work closely with schools through a panel which meets monthly to provide specific interventions to keep those who find it difficult to settle into school life or whose behaviour is deteriorating in education. The Key Stage 4 PRU works with 20 voluntary sector providers offering alternative provision for young people in small groups or on a one to one basis. The local authority has acted to strengthen mentoring support for young people to sustain their participation in post-16 education, as many young people moving on from the PRU to college do not complete their first year of study.
34. CHSCB identifies the risk of child sexual exploitation as a priority. A range of preventative and targeted programmes aimed at young men and women at risk of sexual exploitation and at risk from involvement in gangs

has resulted in better identification and a wider range of services to support young people who may be at risk.

35. Hackney has carried out consultations with young people in the borough to determine how safe they feel. For example, a successful project on obtaining the views of minority ethnic young people about domestic and gender-based violence was carried out with Turkish and Kurdish young people. Overall, young people responding to this consultation felt safe in their communities and home.
36. There is highly effective work between the police and schools through the safer neighbourhood teams and safer schools partnership to address gang related activities and knife crimes and to reduce tensions between the police and young people. Operation Chaperone was used successfully to manage large groups of young people congregating in specific areas after school and to ensure children, young people and other users of public transport felt safe. Work is in progress to alleviate tensions that may arise from the use of stop and search procedures.
37. The number of offences committed by young people has reduced steadily and by 50% overall over the last five years. Community-based restorative justice interventions have been very effective in keeping young people out of the youth justice system with only 10% of young people who have been subject to interventions re-offending, compared to 35% nationally.

Quality of provision

Grade 2 (Good)

38. The quality of provision is good. The council and its partners have established comprehensive procedures for assessing the needs and supporting children and young people who do not meet the threshold for children's social care, including those children on the edge of care. Multi-agency team (MAT) panels identify lead professionals and coordinate packages of support. Multi-agency planning meetings effectively support children from six years old where there is challenging behaviour or a risk of school exclusion. Referrals are made to the borough-wide Children and Young People's Partnership Panel when more comprehensive support is required involving a wider range of services, such as from the multi-systemic therapy team or from Young Hackney. The well coordinated early intervention and prevention services have led to a reduction in referrals to children's social care over the last two years, and are now in line with similar authorities. Re-referral rates have consistently remained lower than similar authorities and the national average for several years.
39. Integrated and co-located services for children with disabilities and those with additional health needs ensure that needs are identified in a timely way, leading to responsive assessment and intervention. Referrals are considered at weekly multi-agency referral meetings and these identify which agency will act as the key worker.

40. Hackney has a well-established project for young carers provided by Action for Children that works with approximately 200 young carers. Referrals are prioritised efficiently. The lack of a young carers' strategy has been identified by the council's scrutiny commission and a strategy is being developed that aims to secure better support and input from all universal services in the identification and support of young carers. This is a particular gap in health and adult services.
41. Thresholds for access to children's social care services have been developed and agreed by all agencies at a strategic level. The Hackney Child Well-Being Model sets out shared multi-agency thresholds, which is understood and well embedded at an operational level across all agencies.
42. In cases seen by inspectors, no child was left at risk of significant harm. Referrals to children's social care are responded to promptly by the first response service. Responses to cases where risks to children are identified are prioritised well. Child protection strategy discussions and meetings take place promptly and appropriately. Referrers are informed of outcomes of referrals.
43. There are effective transfer arrangements between first response, access and assessment and child in need units. All cases seen by inspectors and observations of unit meetings evidenced that roles and responsibilities within the multi-disciplinary model are clear with social work tasks, for example, in relation to undertaking child protection enquiries carried out by qualified social workers.
44. The quality of assessments is good. Timeliness of completion is appropriately dependent upon complexity and urgency of individual cases. Timeliness continues to be monitored by the authority and the average length of completing assessments is between 45-50 days, with 43% of core assessments still completed within 35 days.
45. Assessments clearly identify risk and protective factors, and are well informed by contributions from other professionals. Theory and research is used effectively to inform and strengthen some assessments. Assessments consider historical information well and this informs analysis of risk and protective factors. There is good engagement with fathers and extended families. Most assessments sensitively and proportionately considered the impact of factors relating to equality and diversity and in some cases, diversity and cultural issues were addressed very well. There is good access to a range of advocacy services for children and families, including the interpreter service. The service is proactive in learning about different cultures and communities in the borough. For example, work has been done on engaging with local Rabbis in the Orthodox Jewish community on safeguarding issues.

46. There is effective use of written agreements with families, which clearly outline the roles, responsibilities and expectations of the local authority, parents and extended family members.
47. Children and young people are routinely and regularly seen during the assessment process. Their views are sought, are clearly recorded and inform assessments. Where children are too young to express a view, there are some good observations of their presentation which is reflected in assessments. Inspectors saw evidence of creative engagement with disabled young people to ascertain their wishes and feelings. Assessments are routinely shared with parents.
48. Child protection plans are outcome focused and cover identified risks, although in some cases they do not identify contingency plans. Initial and review child protection conferences take place in a timely way. Child protection conference chairs are suitably experienced, providing independent oversight and challenge of the progress of children subject to child protection plans. Review conferences effectively review progress against the plan. However, in a small number of cases where there had been delay in progressing aspects of the child protection plan, it was not always clear what action was taken by the child protection conference chair to challenge drift or escalate concerns.
49. The child protection conference process uses a 'signs of safety' approach which involves professionals and family members directly in formulating plans to achieve change. Parents spoken to by inspectors felt involved in child protection conferences, receiving reports before meetings and feeling able to contribute to conferences and core groups. Young people's attendance at child protection conferences and core groups is facilitated where possible, although work is ongoing to facilitate better access to independent advocacy services.
50. Core groups take place regularly and in line with the timescales set in child protection plans; they are outcome-focused with good engagement from agencies in progressing the plan. However, in some cases, core groups did not identify the need to progress plans at a sharper pace. Statutory visits to children subject to child protection plans nearly always take place within timescales set in the plan.
51. The quality of child in need (CIN) planning, though satisfactory overall, is variable and this is recognised by the authority. Up to date CIN plans were not always evident on files and those seen tended to be descriptive and not sufficiently outcome focused. It was not always clear from the records whether CIN meetings had taken place. Evidence was seen of effective CIN planning as an outcome for a review child protection conference, with good parental and multi-agency involvement. However, in a small number of cases, inspectors saw delay in the implementation of a plan.

52. Case recording is purposeful, mostly up to date and of good quality. Not all chronologies are in place or complete, but historical information was effectively taken into account in the vast majority of cases.
53. The supervision of cases mostly takes place at weekly unit meetings. Not all records refer to previously agreed actions or use the meeting as a forum to progress the plan. The authority has recognised that more work needs to be done to ensure that case discussions in supervision are consistently transferred to the child's record. This was not always evident in cases seen by inspectors.
54. The children's emergency duty team provides an effective service. The service is publicly accessible and is staffed on a rota basis by consultant social workers, enabling continuity of service and effective information-sharing with daytime services. Decision-making and accountability is clear through an agreed protocol, with heads of service available out of hours for consultation on decisions regarding the use of resources or entry to care.

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

Grade 2 (Good)

55. The contribution of health agencies is good. There is good and appropriate engagement with the CHSCB and the wide range of subgroups. The designated and named health professionals effectively work in line with statutory guidance. There is a track record of effective partnership working which has been further advanced with multi-disciplinary team meetings and the highly-valued joint health and social care meetings that focus on child in need cases. There are a number of jointly-funded post holders who successfully work across organisational boundaries.
56. A wide range of clinical audits related to both safeguarding children services and adult mental health address engagement and involvement in safeguarding children. Results show a continuous increasing trend of compliance.
57. All health staff have a good understanding of safeguarding thresholds, reporting an improvement in the consistency of threshold application within the last 18 months. Most staff report receiving feedback on referrals from children's social care within 48 hours with the exception of those made by accident and emergency (A&E) staff where feedback is rarely received. Good use is made across all health agencies of 'alert forms' when there are safeguarding concerns that do not meet the referral thresholds for children's social care.
58. There are nationally recognised effective joint working protocols between children's social care and the drug and alcohol teams. These include the use of learning sets and joint training, all of which increase the competency level within the workforce. There is good joint work with the

safer community partnerships, the local police and Young Hackney. However, it is recognised that more work is required to fully meet the needs of young carers and the needs of siblings of young substance misusers. The transition protocol to adult substance misusing services is being recommissioned.

59. Health partners work effectively and flexibly with the 'hard to reach' young people. The Young Hackney model has been effectively used to signpost young people to substance misuse services. Schools, residential associations and housing providers have valued the provision of training seminars and intervention techniques provided by substance misuse services. Weekly harm reduction drop-in clinics within colleges are well attended.
60. The A&E electronic patient record management system enables flags to be placed on the records of children that are known to social care. There are effective quality control measures in place to ensure that information relating to children and young people is accurate.
61. There are good partnerships with the child and adolescent mental health self-harm service, which provide an out of hours service during the working week. However, the lack of a next day service available over weekends or bank holidays sometimes results in a young person remaining in hospital longer than medically required, or the young person prematurely self-discharging.
62. As a result of the child death overview panel procedures, there is good support for staff following a child's death, although learning from child deaths and preventative campaigns is not fully evidenced in the practice of all front line community practitioners.
63. Safeguarding referrals for unborn babies are made promptly. There is good engagement of named safeguarding health staff at the multi-agency risk assessment conference (MARAC), and effective information sharing with other practitioners. Pregnant women, however, are not always seen alone or asked during their antenatal appointments if they are subject to domestic abuse. The use of the 'red dot' alert system to identify possible concerns is yet to be implemented.
64. There are a wide range of accessible sexual health services for young people, including a condom distribution scheme. Although rates of teenage conception remain above the national average, there has been a significant recent reduction, with the latest data showing a 38.2% decrease in conceptions for young women aged under 16 years and a 32% decrease for those aged under 18 years. These figures are a significant improvement compared to the national decline over similar periods. Targeted local action in known 'hotspot' areas has had some impact, but the use of long-acting reversible contraception and support for young women is not fully embedded. A gap in health education provision

has very recently started to be addressed by the development of a standardised programme for all education services.

65. A named general practitioner (GP) for safeguarding will be in place from June 2012, after a long period without such a named person. GPs report that they are rarely invited to attend child protection strategy meetings and that notification of case conferences is not always timely. The notes of these meetings are sometimes not received within prescribed timescales, which can delay required interventions.
66. Good use is made of the GP practice meetings to discuss vulnerable families. However, GPs remain unclear as to how to contact and include school nursing services which is a missed opportunity for sharing information, such as when older children enter care unexpectedly.
67. There are good rates of training compliance at the East London NHS Foundation Trust and 89% of GPs have undertaken specialist safeguarding training. Safeguarding training rates at Homerton are satisfactory overall. The CHSCB lunchtime training sessions are well attended and highly valued by practitioners, include those GPs who attend the targeted sessions. Child sexual exploitation is a recognised gap in staff training and is being addressed.
68. Supervision arrangements for most health staff including the public health midwives, designated and named health staff, safeguarding and looked after children are good. However, hospital and community based midwives' safeguarding supervision is not as robust and is recognised as an area for development.
69. The enhanced CRB status of all health staff seen during the inspection are being rechecked at three yearly intervals with the exception of those based at the urgent care centre. This gap has now been addressed.
70. There is good timely access to specialist child and adolescent mental health services (CAMHS). There is good understanding and embedded practice within adult mental health services of the risks of alcohol and substance misuse and parental mental ill health. Transitions for those young adults with neurodevelopment conditions, however, are not always timely.
71. There is good access to highly specialist (Tier 4) CAMHS beds and a dedicated psychiatric intensive care unit. The transition process and step-down provision is well embedded.
72. Cultural expectations of families who have children with disabilities or life limiting conditions are respected by health agencies in Hackney and the different service expectations are addressed well through the use of advocates for Orthodox Jewish and Turkish families.

73. Despite ongoing engagement with the local police force and other agencies, the provision of sexual assault and child sexual abuse examinations for historical cases remains an area for development, due to a shortage of skilled practitioners to undertake physical examinations.
74. There is a range of innovative and culturally focused campaigns to reduce childhood obesity. This includes dedicated work with the Rabbanit to increase the level of and range of physical activity that is undertaken by younger people in the local Jewish population. The impact of these campaigns is yet to be evident.

Ambition and prioritisation

Grade 1 (Outstanding)

75. Ambition and prioritisation are outstanding. Senior managers and leaders within the council have a powerfully evident track record of high ambition for Hackney's children and young people. The local authority and partners have successfully implemented major changes, including the radical and innovative redesign of the children's social care delivery model, the implementation of Young Hackney, and the establishment of integrated services for disabled children and families. Performance targets are extremely ambitious. Not all have been met, but there is strong evidence of sustained improved outcomes in key areas for children and young people that compare favourably with similar authorities. These include a significant reduction in the number of looked after children allowing reinvestment in effective preventative services, a reduction in youth offending, and improvement in educational attainment.
76. The Lead Member provides active political leadership and has a detailed grasp of issues pertaining to children and young people in Hackney. She chairs the corporate parenting group, acts as a participant observer on the CHSCB and chairs the Children's Trust Board. The scrutiny function of the council takes a close interest in the outcomes of children and young people and holds officers and the Lead Member accountable in a testing but constructive manner. This is exemplified by its review of young carers' support and its interrogation of the educational progress of vulnerable groups. Scrutiny members work creatively to engage with children and families to ensure their views are central to reviews. The CHSCB's independent leadership is suitably challenging and holds partners to account effectively, as evidenced by the robust Section 11 audits and the monitoring of action plans arising from serious case reviews. The thorough and sensitive attention that is paid to issues of equality and diversity and to narrowing the gap of achievement between vulnerable groups and others is commensurate with the diversity of the area.
77. Shared strategic and operational priorities are consistently identified and acted upon in plans across the partnership. This common purpose was also strongly evident in interviews with managers, staff members and

partner agency representatives who demonstrated a firm commitment to the overall service direction.

Leadership and management

Grade 2 (Good)

78. Leadership and management of safeguarding services are good. There is strong and visible leadership from the local authority and its partners and this is most notable in the extent to which a shift to a radically new way of working has been designed, implemented and embedded. This has brought benefits to children and families, who can access services faster, are supported by staff who know them very well and whose work is overseen effectively by competent managers. Local priorities are identified and services shaped accordingly. Management of change, such as the recent restructuring of corporate parenting services, is handled well through regular communication with staff and consistent clear messages from senior managers. The absence of a formal written workforce strategy and plan to ensure that the full range of workforce planning activity is coordinated is an acknowledged gap.
79. There are high levels of experienced and qualified front line staff to meet demand. The capacity of units has been increased by the establishment of unit coordinator posts to support staff working directly with children and families. There are low vacancy rates in units and minimal use of agency staff to cover unfilled posts. There are, however, several vacancies in consultant social work posts, which have been filled temporarily. A refreshed recruitment campaign is underway, informed by focus groups with existing staff that sought to identify more clearly any possible barriers and attractions to potential applicants.
80. Social workers and children's practitioners have a good range of access to single and multi-agency training opportunities. Training plans are informed by staff views and identified needs. Plans are in place to use collated data from appraisals, although the inconsistent quality of appraisals limits the usefulness of this exercise. Newly qualified social workers are supported effectively. Quarterly 'Champions' meetings, chaired by heads of service, explore service issues, such as use of appraisals, with staff groups.
81. There are good examples of user engagement. For example, the views of users of family support services are used well to develop services. Hackney youth parliament worked alongside the children and young people scrutiny commission, setting up their own youth scrutiny panel to complete their review of support for young carers. A DVD, produced by the youth project in partnership with the youth parliament presents young people's views of aspects of safeguarding, such as forced marriage and domestic, gender-based and honour-based violence.
82. There is an active and well established disabled children's forum for both primary and secondary aged children. The groups have been involved in a range of consultations across the borough which has led to improved

service provision. For example, consultation on adventure playgrounds resulted in new equipment that was accessible for disabled children.

83. Effective links with different communities are used well to engage with families who are hard to reach. The Community Partnerships Advisor offers training and consultation to a wide range of groups and professionals across the borough. This post contributes strongly to the very good engagement overall with the many and diverse community and faith groups in Hackney. This includes the work done with the Council for Voluntary Services to reach very small communities and grassroots organisations. Considerable work has been carried out to break down traditional barriers for Travelling communities.
84. Much input has gone into improving attainment across different groups. Gaps in educational attainment between vulnerable groups and others are narrowing. Although attainment of Black Caribbean groups has improved over recent years, more needs to be done to narrow the gap and this is the focus of current work. Mentoring and targeted work with specific groups of children has been effective as has family learning. Big Lottery funding has been secured to continue this work which will help over 200 families.
85. The use of financial resources is effective. Significant savings that have been realised through a planned reduction in the number of looked after children have been reinvested in effective preventative and support services which have reduced the number of children and families requiring intervention from children's social care.
86. Commissioning activity including needs analysis, procurement and review is effectively carried out using the council's corporate frameworks. Priorities are derived from the Joint Strategic Needs Analysis and other data and reflect a good understanding of the profile of children, young people and families in the borough. Commissioning is well informed by a concern for quality and to deliver value for money. The local authority provides good advice on effective tendering for its voluntary sector partners. A scheme of delegation establishes clear accountabilities for budgets and there are routine reporting requirements and good support from finance officers.
87. Robust responses are taken to address recommendations and feedback from previous external inspections. The partnership works hard to ensure that organisational learning is captured and used to improve services. Planned actions for all relevant agencies arising from serious case review learning, such as those that address awareness of thresholds and referral processes to children's social care, are robustly monitored.

Performance management and quality assurance**Grade 2 (Good)**

88. Performance management and quality assurance are good. Performance management is well embedded across all levels of service and there is a strong emphasis on improving quality of service intervention. The authority has firm plans in place to improve the electronic recording system. Comprehensive reporting mechanisms are in place, including weekly performance reports on proxy and national key performance indicators. The numbers of children subject to repeat child protection plans has increased and, while this has been recognised by the authority and there is some increased understanding of root causes, including a small number of families with long-standing and complex difficulties, analysis is ongoing to ensure that the issue is fully addressed. There were no cases looked at by inspectors where children were removed from plans prematurely.
89. It is acknowledged that more needs to be done to enable consultant social workers to understand how the work of each unit contributes to improvements in some outcomes areas for children, for example, in relation to children subject to repeat child protection plans.
90. There is a range of varied, thorough and challenging case file audit activity across the partnership. The auditing tool is sharply focused on improving quality and improving outcomes. Case file audit findings are now collated to measure progress and early findings demonstrate an overall improvement in practice. Training and support is given to auditors to ensure consistency of findings.
91. The strong support of visible managers at all levels is welcomed by staff, who receive support through regular supervision exploring personal development.
92. Formal management oversight of cases is through unit meetings. Inspectors saw evidence of meetings that outlined risks and protective factors and recorded agreed actions clearly, evidencing consistent management oversight and offering units good opportunities for reflective decision-making. The quality of unit meeting records, however, varies between units. On occasions, a lack of reference to a child protection or CIN plan means that some cases seen were subject to delay in progressing aspects of agreed work.

Partnership working**Grade 2 (Good)**

93. Partnership working is good at both strategic and operational levels and there is evidence of this leading to improved outcomes for children and young people.

94. The CHSCB, with active and visible leadership, is well established with strong multi-agency participation from agencies including the voluntary sector. An appropriate range of sub-groups are in place and they report regularly on their progress to the Board. The CHSCB priorities are clear, appropriately focused on local safeguarding priorities, and are informed by a SMART work plan. There is a systemic approach to learning and progress on agreed actions across agencies is robustly tracked. The thorough Section 11 audits have informed a wide range of well attended training. A flexible approach to engagement has facilitated increased involvement of GPs. Performance of board members is routinely monitored and appropriate action is taken to address any concerns.
95. Strong positive relationships have been developed by the CHSCB with the numerous diverse communities across the borough. A culture of working creatively, openly and proactively at both a strategic and operational level is well embedded. This contributes to the effective identification of safeguarding issues with evaluation of improving outcomes. For example, there has been effective work with Madrasahs, which provide Islamic instruction for children, on safeguarding and safer recruitment issues.
96. There is strong engagement with community organisations. Training has been provided on complex safeguarding issues such as spirit possession and forced marriage. The Board identifies fuller engagement with children and their families to influence board activity as a priority. A second Section 11 audit completed in 2011 effectively highlighted strengths and weaknesses across agencies, leading to a detailed action plan which will be supported by shorter, deep-dive audits over the next two years.
97. Partnerships concerned with high risk cases are effective and ensure that risks are robustly managed and safeguarding issues prioritised. Good partnership working is reported by front line staff across agencies and evidenced in work seen by inspectors. Agencies refer children appropriately to children's social care services, joint working is undertaken appropriately, and agencies contribute to child protection conferences and core groups. Strong partnership working is in place between the police child abuse investigation team and children's social care.
98. There are effective arrangements in place for multi-agency public protection arrangements (MAPPA) with appropriate representation from statutory agencies at Level 2 and Level 3 meetings. MARAC processes are well established and work effectively.
99. Reducing the incidence and impact of domestic violence is a clear and shared priority overseen by strong governance arrangements. Incidents of domestic violence have reduced by 18% in the past year which is an improvement on previous years. Improvements are a result of the strategic and integrated approach to tackling domestic violence across the borough, where there is good engagement from all agencies, and a focus

on preventative and specialist intervention, including work with children and known perpetrators.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

100. The overall effectiveness of looked after children services is good. Strong leadership across the authority and the wider partnership has contributed to a track record of good outcomes for looked after children in several key areas, including placement stability, educational attainment and health. Performance in nearly all key national indicators is at least in line with comparators and better in most cases, including placement stability, educational attainment and health outcomes.
101. The recent reconfiguration of the corporate parenting service, which is now consistent with the Hackney model, has been managed and implemented well. The planned strategy to reduce the number of looked after children has been successful. Financial savings have been reinvested into effective early help and edge of care services that, in tandem with robust gate-keeping systems, ensure that only those children who need to be looked after are in the care system.
102. Overall, the quality of care planning is good. Assessments of children's needs are thorough and up to date, with good attention paid to issues of diversity. Permanence planning is timely. Multi-agency support to children is well embedded. Good work is carried out to support children and carers by the virtual school and by clinicians, who are co-located in the social work units. Educational outcomes are improving and the active encouragement for children to aspire to higher education has led to an increased number of young people reaching university. There is good support to care leavers. The assessments of their needs are generally good, although some pathway plans could be more specific.
103. Good arrangements are in place to monitor care placements, including those outside the borough, and children feel safe and well supported in their placements. There is good access to independent advocacy and support. Children are encouraged to express their views, which are consistently given due weight in case plans and reviews. Parents and carers spoken to during the inspection consistently reported high levels of satisfaction with the services provided.
104. Performance management arrangements are strong, with a firm emphasis on improving quality. The council recognises that there remains scope to improve the consistent quality of case discussions within unit meetings and one to one supervision.
105. The Children in Care Council, Our Voice, Our Choice (OVOC), is well established and has undertaken effective work with the authority to put in place an ambitious pledge to looked after children and care leavers that reflects the high aspirations and shared vision of corporate parents for

children in their care. OVOC members have engaged well with the wider care population to monitor progress in implementation of the pledge, although active regular involvement in OVOC work is limited to a relatively small number of young people. Elected members on the corporate parenting board are active advocates for looked after children but membership of the board or the corporate parenting officers group does not extend beyond children's services to all departments across the council.

Capacity for improvement

Grade 2 (Good)

106. The capacity for improvement is good. The authority's restructuring of the corporate parenting service into multi-disciplinary social work units was part of a radical and major organisational change programme that has radically altered the model of children's social care service delivery in Hackney. Improvements in outcomes for looked after children have continued during this time and generally compare favourably with similar authorities and the national average. Children and families are supported by a stable workforce who value the management support and the opportunities for development that are provided.
107. The pledge to looked after children represents an ambitious vision for children and young people and is supported by a good multi-agency corporate parenting strategy. The pledge's implementation is monitored closely and findings have informed service planning. Governance arrangements are robust and well-informed, knowledgeable senior management and elected members routinely and keenly assure themselves that looked after children's needs are prioritised and met. The Corporate Parenting Board's membership, however, does not fully reflect the wide range of stakeholders across the council and partnership.
108. There is good engagement with children and young people. Their views, and feedback from their parents and carers, inform individual service planning effectively and also serve to shape service development. Children and families report that the new unit model within the service facilitates better communication and has improved access to timely support. OVOC have undertaken some effective work to represent the views of the care population, although there is room to broaden participation in OVOC work to ensure that the views of all looked after children are fully represented.

Areas for improvement

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

Within three months:

- NHS City and Hackney, Hackney Borough Council, Homerton University Hospital NHS Foundation Trust and NHS North East London and City must ensure that all initial health assessments, use of strengths and difficulties questionnaires and care leavers' health information are completed in line with the statutory guidance
- Hackney Council to ensure that children's records are readily retrievable for practice and audit purpose
- strengthen the influence and reach of the corporate parenting board to ensure a wider membership that reflects the full range of relevant partners.

Within six months:

- take steps to widen the participation and contribution of looked after children and young people, including those placed out of borough.

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

Being healthy

Grade 2 (Good)

110. Health outcomes for looked after children are good. The designated health professionals for looked after children fully meet their statutory duties. The presence of clinicians and the occupational therapist within the service contributes to the close attention paid to children's emotional needs.
111. Health outcomes have significantly improved and continue on an upward trajectory. All are above statistical neighbours and England averages. The percentage of looked after children who have received up to date health assessments stands at 95%. The rate of children who have received timely dental assessments and immunisations is 84% and 94% respectively, which are better than similar authorities and the national average. Not all initial health assessments, however, are completed by a medical practitioner, although nurses who carry out the assessments have access to immediate support from a doctor if required.
112. Access to health services for looked after children and care leavers is good. The looked after children health team includes a designated doctor, a designated nurse, a specialist nurse and a consultant community paediatrician. They work with social care units to ensure that health assessments are appropriately undertaken and that health plans are in place. A specialist CAMHS clinician is based in each social work unit to address the emotional needs of children and young people. Support from clinicians is welcomed by foster carers.
113. Looked after children and young people have good access to specialist CAMHS. Referrals are made mainly through the social work team but the designated doctor can directly refer if necessary. Looked after young women who become pregnant are well supported by the public health midwives, who work with children's services to provide ongoing support post-birth. Support for looked after young fathers is less well developed.
114. Results from the improving engagement with children and young people shows that they highly value the range of choice and flexibility of their health appointments. Further work, which includes care leavers, is well developed to rebrand the looked after health service, and encourages young people to access health screening and support.
115. The majority of looked after children's health files are satisfactory. There was no evidence, however, of the strengths and difficulties questionnaire results or analysis being used to inform health assessments. Not all health care plans were fully completed and planned outcome measures were not

always measureable. Health files did not contain minutes of children's statutory reviews, although health staff do receive this information regularly and are held to account well.

116. Preparation to introduce young people to universal health provision generally commences at their fourteenth birthday health review. Although care leavers are not provided with a comprehensive leaving care health information pack or birth history information, they do receive their full immunisation information. Work is underway to address the gaps. The occupational therapist provides supportive development sessions for care leavers in developing skills to support independent living. Health issues are routinely addressed in needs assessments for care leavers and pathway planning. Clinicians are available to support care leavers.
117. There is good sharing of information between social care and health professionals regarding the status of looked after children. This has helped to improve the timeliness of the initial health assessments significantly.
118. The looked after children health team take appropriate follow-up action when children are admitted to care in an emergency. Looked after children are 'flagged' on the A&E and the urgent care centre electronic patient information system. The ascertaining of parental consent is well embedded.

Staying safe

Grade 2 (Good)

119. The arrangements to safeguard looked after children and young people are good. Children are looked after for good, defensible reasons. Assessment within the access, assessment and family support service and the children in need service is sound, with good analysis of risks and needs. Services to prevent the need for children to enter care are well coordinated through the partnership triage approach and multi-agency mechanisms. This ensures the prompt allocation of lead professionals to families at risk of breakdown and provides regular monitoring and review of progress. Weekly children's resource panel meetings provide high-level and comprehensive scrutiny of requests for children to enter care and consider the needs of those children who have entered care in an emergency. This provides consistency in the application of thresholds.
120. Placement stability is good. There is evidence of concerted and successful action in recent years to establish long-term placements for children who have experienced too many moves in the past. Improvements in the matching of children with carers and the development of a multi-agency approach to supporting carers and children have contributed to good placement stability. A contract with Action for Children ensures that looked after children, particularly those placed some distance from the borough, can have an independent visitor. Some children have had the same independent visitor for several years and this provides them with an enduring relationship with a trusted adult and promotes their safety and

well-being. Risks associated with children when they go missing are managed well, in close partnership with the police and other partners as appropriate.

121. There are good arrangements to ensure the quality of independent sector placements. No child is currently placed in a setting judged inadequate. Hackney works through a pan-London partnership to secure fostering provision and there is a minimum requirement for providers to be rated good or better by Ofsted. Collated information about providers informs subsequent procurement. Staff from the placement and commissioning support service attend placement planning meetings with the child's social worker and there are effective mechanisms for continued quality assurance meetings. There are appropriate contingency arrangements for reviewing cases where a provider receives an inadequate judgement during a placement. The LADO responds appropriately to allegations made against foster carers and other professionals.
122. Relevant agencies are involved in meeting the needs of looked after children. The virtual school oversees the progress of children and young people placed outside of Hackney as well as those placed in the borough. Looked after children benefit from information, support and guidance that address their particular needs well. For example, a dedicated occupational therapist provides support to children with disabilities and their carers. Where placements do not provide an exact religious or cultural match, social workers take steps to ensure that carers have sufficient understanding to meet the child's needs and wishes.

Enjoying and achieving

Grade 2 (Good)

123. The impact of services on enabling looked after children and young people to enjoy and achieve is good. The virtual school is well led and its highly-motivated staff are clearly focused on raising attainment and improving outcomes for looked after children. The school is having a positive impact on the planning of education for looked after children and young people and on the support they receive. For children and young people overall, 76% are in good or better schools, with 29% in schools judged outstanding. None attend inadequate schools.
124. Designated teachers are clear about their roles and find opportunities to learn and exchange experiences through the designated teachers' forum useful. Designated teachers consistently speak highly of the support they receive from the virtual school and the school's promptness in responding to queries. There is no standard induction for new designated teachers but all those who are new to the role are invited to the designated teachers forum and offered support as required.
125. Action taken by the virtual school and individual schools to improve attendance is effective. Absence rates for looked after children are reducing and overall absence is lower than seen nationally or in similar

areas although persistent absence is a little higher. Attendance rates for children and young people in foster care are good at 90% and work with foster carers has been effective in emphasising the importance of good attendance. However, attendance rates of the relatively small number of young people living in children's homes are low at 70%.

126. Annual rates of permanent exclusion are usually low due to early detection of potential problems and effective preventative actions, including small group work, behaviour and conflict management, managed moves and alternative provision. When children are excluded, swift action is taken to support children. Fixed term exclusion rates are lower than seen nationally and work with young people at Key Stage 3 to improve behaviour has been effective.
127. The virtual school effectively monitors the termly progress and attainment of children and young people and intervenes where causes for concern are identified. Targeted support is provided for individual children and young people by virtual school staff both within and outside the borough. One to one support and mentoring provided by the virtual school for Year 6 pupils is effective in driving up standards, as are initiatives such as the letterbox club and a book scheme to help children with their reading. All Year 6 and Year 11 children and young people are provided with laptops which enable them to access learning materials and additional support via the virtual school learning platform. The head of the virtual school is a member of the borough's fostering panel and this helps to promote the role of foster carers in helping children and young people to achieve.
128. Personal education plans (PEPs) are completed by individual schools and reviewed regularly by the virtual school. Overall, the quality of PEPs is good. Most have a good analysis of attainment, with effective plans to drive progress. Children and young people are encouraged well to express their views prior to or during meetings. Less effective PEPs tend to focus more on behaviour and attendance than attainment and are not sufficiently ambitious for children and young people. There is little information in PEPs to clarify how pupil premium funding is used to raise attainment and whether the funding is being used effectively, although this is improving.
129. Attainment overall is good. In English, attainment at Key Stage 2 was above the national average in 2011 and well above in 2009 and 2010. The gap between looked after children and others in the borough is narrowing. Attainment in mathematics has been well above the national average for the last two years and the gap with all children and young people in the borough has narrowed over the last four years. At Key Stage 4, the proportion of young people gaining five or more GCSEs at grade A* to C is in line with the national average and has improved over three years. Rates for young people gaining five or more GCSEs at grade A* to C including English and mathematics is consistently above the national average.

Virtual school data indicate however that for the last two academic years three quarters of young people did not make the expected progress between Key Stage 2 and Key Stage 4.

130. Looked after children and young people have access to a wide range of extra-curricular activities and take-up is monitored through personal education plans. The Duke of Edinburgh accreditation officer arranges opportunities for young people to join the scheme. Opportunities are provided for specific groups of children and young people to help build their confidence and self-esteem.

Making a positive contribution, including user engagement

Grade 2 (Good)

131. The opportunities for looked after children and young people to make a positive contribution are good. The views of children are strongly and consistently evident in individual assessment and planning. Looked after children are well supported and encouraged to participate in their statutory reviews and consistently contribute to personal education plans. Children and young people understand how to make complaints and have access to and use advocacy services where necessary.
132. The Children in Care Council, known as Our Voice Our Choice (OVOC), meet on a weekly basis. OVOC members attend the corporate parenting board regularly and the group is linked to the board explicitly through the council's governance structure. Senior managers and elected members regularly meet with OVOC members to address ongoing issues. OVOC have developed links outside the borough and attended a meeting of an All Party Parliamentary Group looking at funding for looked after children, with a member of the council acting as chair. Work initiated by OVOC has resulted in the development of a website providing information about the activities and opportunities available to looked after children and young people. Although there is a small committed group of young people, these are mainly older young people and wider participation in OVOC business is generally project-related.
133. OVOC is rightly proud of the Hackney pledge and its contribution to establishing the seven promises. Common areas of concern were identified through questionnaires sent to all looked after children and young people and these were reviewed carefully by managers and OVOC. Progress was reviewed by a team of young inspectors after 12 months. At the time of the inspection, young inspectors were about to be recruited to conduct a further review. Good progress has been made in made in implementing the pledge and in raising children and young people's awareness of its contents. A DVD produced by OVOC captured the views of children and young people and is now used as part of OVOC's involvement in the preparation training for potential new foster carers.

134. The authority places a high priority on the celebration of the achievements of looked after children and young people. OVOC plays a key role in the annual Exceptional People in Care (EPIC) celebration held at the Hackney Empire. At the time of the inspection, OVOC was working on its contribution to a key training event on safeguarding.
135. Multi-agency action to prevent offending and re-offending are well established and safer neighbourhood teams from the police work closely with schools. Agencies including the police, schools, social care and Young Hackney, which includes youth offending services, work well together. There is a high level of commitment to a preventative and supportive approach to diverting looked after young people from crime and to keeping them out of the youth justice system. Restorative approaches are used well to reduce the involvement of the police in incidences in children's homes or damage to foster carers' property. Training for foster carers has been effective in helping them understand and manage challenging behaviour that could lead to offending. As a consequence offending rates for looked after children and young people are lower than the rates in similar areas and the national average and have been relatively stable over the last five years.

Economic well-being**Grade 2 (Good)**

136. The contribution of services to supporting looked after children and care leavers to achieve economic well-being is good. The virtual school includes a post-16 team comprising two education, employment and training (EET) advisors and an education coordinator. Additional support is provided by the virtual school's occupational therapist when required. All care leavers have an allocated social worker and an education and training advisor. In addition to providing information and advice, the post-16 team provides pastoral support and works closely with social workers. The virtual school monitors the progress and attendance of care leavers enabling early advice, support and intervention where concerns become evident. Pathway plans have a clear focus on the education and training needs of care leavers.
137. Local post-16 provision offers a broad curriculum at all levels. Schools, colleges and voluntary sector partners, such as Inspire and the Princes Trust, are increasingly working together to meet the needs of individual young people. The council provides free travel for care leavers continuing with their education along with any specialist equipment they might need and covers the fees of those over the age of 19 attending college. Care leavers in higher education are paid a grant of £3,000 a year. The council works closely with foster carers to ensure young people have appropriate accommodation during university vacation periods.
138. At the time of the inspection, 12 young people were on apprenticeship programmes. None of these, however, were with the council, which does

not yet provide ring-fenced apprenticeships or specific work experience opportunities for looked after young people and care leavers.

139. Learning mentors from the virtual school start working with young people early in Year 10 to help them focus on achievement and post-16 progression opportunities. The virtual school has a clear focus on engaging with disaffected care leavers and on reducing the number who are not in education, training or employment. The Moving Forward project effectively targets disaffected Foundation Level learners. In addition to developing basic skills and providing opportunities to sample different vocational areas, the programme helps improve self-esteem and involves a residential experience in partnership with the Outward Bound Trust. Education and training advisors also provide good practical support, including revision techniques for examinations and support for job applications.
140. Over the last two years the very large majority of young people have progressed to education and training at the end of Year 11 and 85% of these young people complete Year 12. The current proportion of care leavers who are in education, training or employment is 72% and is similar to that achieved in 2010. This level of engagement has been maintained against a background of increasing numbers of older young people with complex needs coming into care. At the age of 19, the proportion of care leavers in education, training or employment is similar to that seen nationally and in similar areas. The borough is, however, effectively supporting young people to progress to higher education and at the time of the inspection, 28 young people were at university which represents 17% of the age group. Unaccompanied asylum seekers spoken to by inspectors reported that they had been well supported by the virtual school.
141. Agencies and professionals work well together with leaving care service staff to meet the varying needs of care leavers. Assessments are comprehensive and analytical and clearly inform pathway planning, which is good overall. Health, education and training needs are routinely addressed in assessments and plans. Young people contribute to their assessments and pathway plans which are reviewed regularly and have enduring relevance. However, some planned actions are not always sufficiently specific.
142. Despite permanent housing being limited, there is some choice for young people. Nearly all care leavers are in suitable accommodation and performance is in line with similar authorities and the national average. An appropriate range of accommodation is available including training flats, supported accommodation and floating support. The council does not use hostel accommodation for care leavers. The 'Staying Put' policy regarding the upper age limit for foster care is flexible. Young people can stay in

foster care beyond their 18th birthday if that is assessed to meet their needs.

Quality of provision

Grade 2 (Good)

143. The quality of provision for looked after children, young people and care leavers is good. There is decisive action to ensure that children come into care when necessary. There are well-established processes that enable a consistency of approach and good senior management oversight of practice. Decisions to initiate care proceedings or public law outline processes are taken by the group manager in consultation with the head of service. Legal planning meetings involving the council's legal advisers are chaired by the group manager to evaluate whether the threshold is met and an order needed. Decisions are then taken for further consideration to the Children's Resource Panel, chaired by the Assistant Director, though this does not delay action where there is an urgent need to safeguard the child. Decisions to accommodate children under Section 20 of the Children Act are also made by the Children's Resource Panel.
144. The multi-agency units within children's social care support looked after children effectively. Children's plans are based on an up to date understanding of the child's needs, although efforts to secure stability recorded elsewhere are not fully evident in all plans. Plans cover all key aspects of children's care and, in conjunction with the decisions and action plans emerging from statutory reviews, provide clear direction and a programme for action for the child. Plans consider permanence arrangements from the second statutory review. Performance in placing children with adoptive parents in a timely manner, after the court has approved a plan for adoption, is good.
145. Statutory visits take place at least in line with statutory requirements and in many cases are more frequent. In addition, there is regular contact by relevant professionals from the social work units as well as other involved professionals. Records of such contacts are mostly comprehensive and timely, with evidence of purposeful work with the child. Children are seen alone.
146. Equality and diversity factors are carefully considered and influential in care planning and delivery. Efforts are made to ensure cultural and religious matches, and where this cannot be achieved, there is consideration of how to compensate.
147. The presence of clinicians within the social care units ensures that appropriate attention is paid to children's emotional needs. There is good access to support from key partners, including the looked after children health team and services within Young Hackney.
148. Children spoken to during the inspection all knew the content of their long-term plan. Most social work reports for statutory reviews are detailed

and include an updated assessment of the child's needs. The views of children are actively sought and taken into account by social workers and independent reviewing officers, and are incorporated clearly in reports and minutes.

149. Children say that they have regular contact with their social worker or children's practitioner. Good staff stability enables the development of sustained relationships between children and their social worker, and children and parents say that the unit model provides a continuity of well-informed support when their lead worker is absent. Children and parents feel listened to and respected by social workers, and fully included in assessment and planning. Even where a child's long-term future is not with their birth family, parents feel that the best was being done for them. All parents spoken to report high levels of satisfaction with the service received from children's social care. Parents value sustained relationships with social workers and the emphasis on sustaining contact at appropriate levels with siblings and parents. They say that their cultural and religious needs are taken into account. For example, the council is undertaking innovative work with the Charedi community to ensure mutual understanding and appropriate placements for looked after children.
150. The vast majority of statutory reviews are held within the required timescale and more often if necessary. The council has identified a very recent drop in performance and has taken effective remedial action. No reviews can now be cancelled without the permission of the head of service. Opportunities for children to return home are explored. Where this is the plan, parents say that effective support is provided to plan for the move and that this support continues after the return home. Independent reviewing officers (IROs) ensure interpreters are used when necessary for children, young people and their families and promote advocacy and independent visiting services.
151. Case records are mostly up to date but the council's electronic recording system does not facilitate the ready location of key documents. Plans are in hand to address the known difficulties of the recording system.

Ambition and prioritisation

Grade 2 (Good)

152. Ambition and prioritisation for looked after children and care leavers are good. Senior managers, staff and partner agencies share high aspirations for looked after children. The commitment of partner agencies is evidenced by the multi-agency nature of the recently restructured corporate parenting service and the attendant corporate parenting strategy. The authority meets its sufficiency duty to provide the necessary range of placements for looked after children effectively. Most children are placed in-house. There is a particular emphasis on keeping sibling groups together where appropriate.

153. Children and young people have been well-supported to develop and monitor implementation of the pledge to looked after children, which is comprehensive and establishes ambitious objectives. Implementation is well underway and the council and its partners know what remains to be done.
154. Performance is reported routinely to each meeting of the corporate parenting board, chaired by the Lead Member for children's services. In turn, the board provides a detailed report on looked after children's progress to the Children's Trust Board. Although its minutes do not always reflect a high level of challenge to officers, the corporate parenting board has provided robust and successful challenge to partner agencies, for example to the council over the quality of permanency planning. Membership of the corporate parenting board and the corporate parenting officers group does not embrace council departments beyond children's services. This restricts the scope of both, although membership of the corporate parenting officers group has good multi-disciplinary representation from children's services. The board does not include young people as board members, but the board has engaged well with OVOC, who are linked through the formal governance structure.
155. Senior managers identify looked after children as a key priority and have a firm grasp of their outcomes, including educational attainment and routinely receive performance reports relating to looked after children.

Leadership and management

Grade 2 (Good)

156. The leadership and management of services for looked after children are good. The local authority has a good understanding of the needs of its care population.
157. At operational levels, accessible managers provide good support to staff. Children's social care staff welcome the unit model of working, reporting a shared sense of responsibility and reduction of the sense of isolation and anxiety when acting as sole key worker. Training opportunities are valued by staff.
158. The ethnicity of the local authority's workforce is monitored but the absence of a workforce development strategy means it is not possible to evaluate the extent to which it reflects local demographics.
159. Service users spoken to during the inspection consistently reported high levels of satisfaction with the services provided by the council, whether in services for looked after children or for children on the edge of care. The complaints system is clear and well publicised, and is used by children, young people and parents. Themes emerging from complaints are identified with well-established mechanisms to ensure that lessons are learnt and changes implemented. Looked after children and young people, including those placed out-of-borough, have good access to advocacy

services through a contract with Voice. A large majority of looked after children who make a complaint choose to work with Voice.

160. Partnerships are mostly strong and have served to improve quality. For example, work by children's services with Supporting People has enabled the provision of a good range and volume of supported accommodation for care leavers. The virtual school provides a strong integrated approach to improving educational and other outcomes across the whole age range from birth to 25 years.
161. Financial resources are used effectively. The placement commissioning strategy, based on a clear analysis of children's needs, clearly identifies resource deficits such as low numbers of white foster carers proportionate to the number of white looked after children and informs work to remedy such shortfalls. There are good examples of coherent responses to meeting need, including the identification through the pan-London partnership of placement providers with a high number of Asian foster carers. The strategy's focus is on fostering and adoption placement needs, based on analysis of current population trends.
162. The local authority is working with the pan-London partnership and the sub-regional alliance with the intention of moving to preferred provider agreements with independent placement providers.

Performance management and quality assurance

Grade 2 (Good)

163. Performance management and quality assurance for looked after children's services are good. Performance management and quality assurance arrangements are well established. Lines of accountability at all levels are clear and there is routine and thorough performance reporting at all levels up to the Chief Executive and Lead Member.
164. Performance against key indicators is mostly in line with or better than that of comparable authorities. Where there is a shortfall in performance, careful analysis is undertaken to understand the underpinning reasons and to inform necessary action. For example, a recent deterioration in the previously strong timeliness of statutory reviews has been analysed and reviews can now only be cancelled by a head of service. Performance is monitored by the care planning panel and any concerns on individual cases taken up in line with the escalation policy.
165. Senior managers provide robust oversight of care planning and direct work through a range of panels. For example, the fortnightly care planning panel provides an additional, senior level layer of scrutiny, with consideration of cases that are more complex or may require additional resources. The permanency and adoption panel effectively monitors long-term planning for individual children to ensure progress and prevent drift and delay. There is evidence of assertive intervention and challenge by

IROs, including the take-up of independent legal advice if disagreement about case planning cannot be resolved.

166. Weekly unit meetings provide good opportunities for casework discussion, reflection and decision-making. Some of these meetings clearly show evaluative discussion and clear decision-making, but others are too narrative and are not sufficiently focused on moving the plan forward. The local authority has recognised that more work is needed to ensure a greater level of consistency between units. Individual supervision to support the unit meetings is held regularly and staff value the support that they receive from managers. Individual supervision records, however, vary considerably in quality. Prompt and appropriate actions are identified following robust case file audit activity.
167. Consultant social workers and group managers report that the emphasis on co-working within the Hackney model enables the swift identification and resolution of poor performance, whether by an individual or a unit, and inspectors saw evidence of effective handling of poor performance.

Record of main findings:

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