Hackney Council: local authority assessment

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Assessment published: 5 February 2026

About Hackney Council

Demographics

Hackney Council is a unitary authority in Central London with 266,758 residents. Hackney Council is proud of its long history of welcoming refugees, including Jewish, Turkish and Vietnamese communities. It is now a bustling urban area that is a place where people from a range of backgrounds, cultures and income brackets coexist. It is one of the most deprived areas in the country, ranking 7th out of 317 (1st being the most deprived), and has an Index Multiple Deprivation score of 10 (with 10 being the highest and most deprived). The proportion of private and social rented tenures in Hackney is 72% which is higher than the rest of London (50%).

There is a rich ethnic and cultural mix in Hackney, 47% of people were from ethnic minorities (excluding white minorities), of whom 21% were Black, Black British, Caribbean or African, 10% were Asian and Asian British, 9% other ethnic groups and 7% from mixed or multiple heritage. It is also estimated that 11.7%-12.5% of the population are part of the Orthodox Jewish community. 20% of residents preferred to speak in languages other than English, with Turkish 3.2% and Spanish 2% being the most preferred. Hackney has a smaller proportion of people over 65 (8%) and a greater proportion of people of working age (71%) than the national average.

Hackney Council is one of seven place-based partnerships in the Northeast London Integrated Care System and shares its place-based partnership area with the City of London. This includes Homerton Healthcare Trust, providing hospital services and the East London NHS Foundation Trust, providing mental health and community health services. Hackney is a longstanding Labour-controlled local authority, with 57 elected councillors across 21 wards. The makeup of councillors is 45 Labour, 6 Conservative, 3 Hackney Independent Socialist Group, and 3 Green Party.

During 2020, Hackney Council experienced a criminal cyber-attack, which meant the loss of its adult social care records system. The record system went live again in 2022; the reintroduction of the system required development for it to achieve full capacity, with this process continuing. This meant that some national data sets were not available for this assessment.

Financial facts

The Financial facts for Hackney Council are:

- The local authority estimated that in 2024/25, its total budget would be **£735,502,000**. Its actual spend for that year was **£763,533,000** which was **£28,031,000** more than estimated.

- The local authority estimated that it would spend **£116,854000** of its total budget on adult social care in 2024/25 Its actual spend was **£142,071,000** which is **£25,217,000** more than estimated.

- In 2024/25, **18.61%** of the budget was spent on adult social care.

- The local authority has raised the full adult social care precept for 2024/25, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.

- The local authority did not submit national data on the number of people accessing long-term and short-term social care in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.
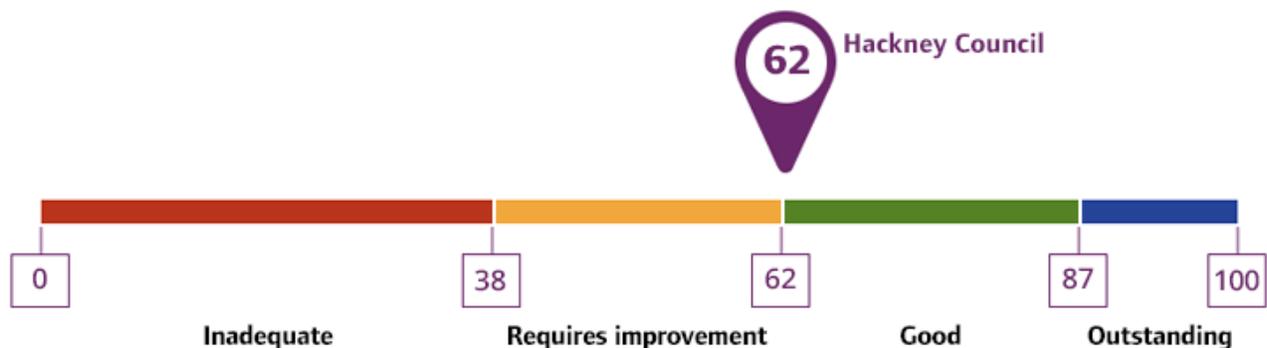
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Overall summary

Local authority rating and score

Hackney Council
Requires improvement

Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 2

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People reported that they had good experiences of assessment by social care teams at Hackney Council, and they felt listened to. Assessments considered people's views, what they wanted to achieve, and the communities to which they belonged. People reported that they had access to advocacy to support them in decision-making. Some assessments and reviews were delayed for people, and complaints indicated communication was not always clear. This meant people felt frustrated and did not always have access to the right information as they journeyed through the care and support system.

Carers were unclear about the services available to them from Hackney Council, and there was a reactive approach to carers' assessment. Carers' outcomes were more negative overall than the national average, but carers had been involved in improvements, including developing a carers strategy which was driven by carers' priorities.

People talked about having access to commissioned services that maintained their independence following assessment. There was evidence that multiprofessional teams came together around a person. Independence outcomes for people were improving but were generally worse than the national average.

There was a range of services to support people's cultural needs and help them to engage with Hackney Council including advocacy and voluntary and community sector links with communities. There was clear evidence of an anti-racist culture, and people could access local authority services through community groups to support trusted relationships.

Most people received timely care and support to meet their needs. But not everyone had access to care and support in the borough or were offered direct payments; this meant that people sometimes had restricted choice or had to leave the area to get the care and support that they needed. Work was underway to create more supported living provision in the longer term for people to stay in the borough, and people with lived experience were involved in the design of these spaces.

There was some evidence that the approach to risk and safeguarding was personalised for people, but more work was needed to actively seek views from people about their experience of safeguarding. There was mixed evidence about supporting people to plan for contingency and manage their own risks.

People told us that they were involved in some engagement activities with Hackney Council, and everyone we spoke to said this was improving with working on the carer's strategy, highlighted multiple times. There was also evidence that people were involved in developing the Adult Social Care three-year plan and there was a commitment from Hackney Council to continue this work. People with lived experience talked about areas where coproduction could be improved, including more face-to-face meetings, taking more account of communication needs, and being more open about financial decision-making.

Summary of strengths, areas for development and next steps

There were clear and effective governance, management, and accountability arrangements at all levels within Hackney Council; these provided visibility and assurance on the delivery of Care Act duties, quality and sustainability, and risks to delivery and people's care and support experiences and outcomes. The local authority identified the areas it needed to improve, and there had been investment in adult social care supported by senior leadership and members.

Hackney Council was going through a transformation process, which was supported by the leadership team's oversight. There was evidence that adult social care was using this as an opportunity for delivery of its Adult Social Care three-year plan and had consultant support for this. Hackney Council had an ambition to improve its prevention, access, individuality, and quality in its adult social care offer. There was evidence that the local authority was improving how it held itself to account on the delivery of its plans.

As part of the transformation, they reviewed their practice framework and delegated responsibilities to improve the assessment provided. Staff had a good understanding of Care Act duties, taking account of protected characteristics and strength-based approaches. They worked with community partners to support people to have equal access to assessment in a way that was meaningful to them. There were mechanisms to check the quality of practice, which led to enhanced training offers. National data showed that people were less satisfied with their care and support than the national average. Hackney Council was engaged with the data and determined to improve this.

The local authority had delays in assessments and reviews but was working to ensure they gave high-quality information and advice at the front door and that people were triaged appropriately depending on risk. Hackney Council recognised that some people who were triaged under the 'waiting well' policy as having low risk had disproportionate and inequitable waiting times. Hackney Council was looking at ways to improve demand management to bring the waiting lists down to within their target timescales of 30 days.

Leaders at Hackney Council wanted to improve the experience for carers, as they knew the local authority had under-identified carers and that the outcomes for carers were not as good as the national average. The local authority undertook engagement with carers and produced a carers strategy that supported positive change. There were long waits for financial assessments, though there had been recent improvements due to process changes. Leaders told us more work was required to reduce wait times.

There was preventative place-based working within eight neighbourhoods in Hackney; most social care teams were aligned to one of the eight community neighbourhoods to support local multidisciplinary decision-making and reduce the long-term need for care. The partnership was looking at ways to measure the outcomes of this work, with key issues identified in communities being financial problems, social isolation, and housing problems.

There was a drive in Hackney Council to improve the preventative offer and the access to social care services. There had been an analysis of what was working and what needed to change, and the local authority had plans in place for improvements, including in the provision of equipment and adaptations, expansion of reablement, and provision of better information and advice.

Hackney Council embraced the rich ethnic and cultural mixture of people in the community, and there was ownership of this from senior leaders. In adult social care, they had completed an analysis of the coverage of their equality data on the social care records system and from this had identified trends for future investigation. The local authority proactively worked with community groups to build ties, and the local authority was anti-racist and a borough of sanctuary for refugees and asylum seekers. Staff gave examples of how they had worked with people from different backgrounds, regularly reflecting on unconscious biases they might hold.

Within commissioning, they had used some specific needs assessments to identify a need for housing with care, and they had set out how they wanted to work with the market, but broader market planning was not consistent. The local authority was changing the way it was commissioning its care to make the market more predictable and improve value for money. Providers described open, transparent and effective relationships with the local authority, citing the frequency of communication with both commissioning staff and senior leaders as a key strength.

There was sufficient care and support available to meet demand, but this was not all in the borough. The local authority purchased most of its care and support through spot contracts, which reduced oversight and market management opportunities. There was an ambition to move to dynamic frameworks, and one such framework for residential and supported living was out to the market at the time of this assessment. The local authority had a plan to build more accommodation with care in the longer term to improve capacity. There were quality assurance mechanisms in place, though these were less robust for people who were living out of the area due to a backlog in social care reviews.

There was a strong place-based partnership. Positive relationships in health and the voluntary and community sector were supporting an evaluation of the governance structures to support greater integration and planning for the future. The local authority had oversight of partnership arrangements, including its integrated mental health and Learning Disabilities teams, and made changes where they were needed. Better Care Funding was allocated and monitored to support a range of programs across the borough related to discharge services, support for carers, equipment services, a neighbourhood's programme, and a homelessness pathway. The partnership was working on a set of outcomes that would provide a clearer link between services and what was being delivered for people.

There was a structured programme of support to the voluntary and community sector, which gave the sector a clear understanding of what the local authority was able to provide. The outcomes associated with grants funding were not provided in the past, but the local authority had plans to monitor this going forward.

The local authority understood some of the risks to people across their care journeys; risks were identified and managed proactively in most cases. Several high-risk panels meet monthly to support staff in gaining multi-agency views about risk for people they were working with. There was some evidence that the local authority had collated risk across these networks to drive continuous learning and improvement.

The local authority had some systems in place to provide care and support that were planned and organised with partners and communities to ensure safety across care journeys and continuity of care. There was evidence in hospital discharge that processes were safe and well established; in other areas, like transitions to adults' services, there was work to improve the offer across all needs. For people who no longer fund their own care, or for people moving to another authority, there was limited evidence that there were systems in place to support safe transition.

There was senior-level oversight of safeguarding work; the local authority worked with the Safeguarding Adults Board and partners to deliver a coordinated approach to safeguarding adults in the area. There was clear progress against the plans that the safeguarding board had made, but people were not yet involved in developing future strategies. Work was underway to clarify policies and procedures that were delegated in mental health as part of a broader transformation.

Staff had a good knowledge of safeguarding practice, and there were opportunities for reflection and to share outcomes of Safeguarding Adult Reviews. Not all safeguarding decisions or enquiries were made promptly, but the local authority had improved its performance and felt this was down to better use of data and additional resources in the Learning Disabilities team had supported this.

The local authority had a good learning and development programme for staff who felt supported in their career development. The local authority had started to work with people on co-production to develop their more recent strategies and programme, though this was not yet consistent across the service. The local authority had invested in this area to ensure improvements. There was a sense of energy in the local authority to improve now that they had recovered core systems after the cyber-attack, and the transforming outcomes programme had helped the local authority to reset and move forward with its priorities for the future.

Theme 1: How Hackney Council works with people

This theme includes these quality statements:

- Assessing needs

- Supporting people to live healthier lives

- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Hackney Council had made changes to the way that people accessed care and support services as part of a Transforming Outcomes Programme (TOP) and its Adult Social Care three-year plan (2023-2026), and these improvements were ongoing. All requests for support from residents or members of the public went to an Access and Duty team, which was created in 2023, and this provided a triage point for all enquiries from the public via phone, website, email or in person. Additional pathways are in place for professionals, such as hospitals, reablement services, and children and education to ensure safe transitions from these services into adult social care. All teams had a duty system to ensure changes in need, risk and prioritisation could be swiftly picked up, as per the 'Waiting Well' Policy. In July 2024, the Access and Duty team piloted carrying out Care Act Assessments at the front door, which became business as usual in January 2025, and there was evidence that this had improved access to information, advice and proportionate Care Act assessments.

Mental health and learning disabilities services were integrated with East London NHS Foundation Trust and this teams had clear, clinically led criteria for accepting referrals. Feedback from some community groups and staff was that people who need services could sometimes get caught between teams when referrals were not accepted or services were not available. For example, with support for autism, some teams felt provision was good, other teams expressed that there were no services available to meet needs. The local authority was improving its internal referral process by creating a workflow on its adult social care recording system and was aware that communication with people in need of services needed to improve, as this was a theme identified in their complaints. As a result, they had made a core principle in their Adult Social Care three-year plan (2023-2026) to make social care 'easier to access', and there was evidence that they were planning to improve their website and create a 'no wrong door' approach to accessing mental health social care.

The approach to assessment and care planning was person-centred and strength-based. The approach reflected people's right to choice, built on their strengths, assets, and reflected what they wanted to achieve and how they wished to live their lives. An example of this was how the older people's team supported a person with dementia who was losing their bearings in the community. The team worked with the person and a dementia navigator from the memory clinic and put a GPS tracker in place for them. This was planned with the individuals with their consent, and together they created a board with key appointments and days out, so care staff could support them. The team also found a singing group with the local memory clinic for the person, as they loved singing and dancing. This enabled the person to remain in their community, close to their family, and remain as independent as possible.

National data from the Adult Social Care Survey for 2024/25 showed 61.29% of people were satisfied with care and support. This was somewhat worse than the England average (65.16%). And 74.46% of people felt that they had control over their daily life. This was the simular as the England average (77.31%). The local authority had improved this national data from 23/24, and they were driving further change through their Transforming Outcomes Programme (TOP). The TOP had already delivered an evaluation of their Care Act provision by an external consultancy. This evaluation had identified missed opportunities to maximise independence, and this was supporting practice changes and service redesign.'

The TOP included training, enhanced supervision and oversight, and roll-out of a new practice framework for adult social care to support a relational and strength-based approach to practice. This new approach to Care Act assessment was evidenced in care records, feedback from people receiving services and from staff. One staff member spoke about the culture change and how they were supported to attend challenging conversations training, so they felt equipped to discuss keeping people in their own homes, rather than feeling pressured by informal carers and family members to move people to residential settings. There was local data that showed that satisfaction with services was improving.

During 2020, Hackney Council experienced a criminal cyber-attack, which meant the loss of its adult social care records system. This system went live again at the end of 2022. Processes were still being refined, and data management had been affected, but leaders spoke about how proud they were of staff for managing risk during this time and about the opportunity to reengineer the system to work for them. As a result, they had made improvements to the workflow, one of which was to link the Occupational Therapy and Sensory assessment to the care and support plan, meaning that there was potential to reduce duplication by carrying out an annual review alongside an Occupational Therapy assessment where a resident was waiting for both. At the time of this assessment, the Occupational Therapists were six weeks into this new approach. The Local Authority hoped this would be a step towards supporting a reduction in duplication of assessments for up to 300 people.

Pathways and processes ensured that people's support was planned and coordinated across different agencies and services. Adult social care worked closely with health partners and housing, with teams being directly integrated with health in learning disability, mental health and hospital discharge. The place-based partnership had developed a neighbourhood working model, and there were eight neighbourhoods in Hackney. Community focused social care staff were aligned to neighbourhoods, which supported relationships with professionals in the area and helped them become connected with communities. There were multidisciplinary team meetings in each neighbourhood, which supported health, social care, community services and assets to come together around a person.

There was evidence that there were checks and balances in place within joint working to ensure Care Act duties were delivered. For example, within the mental health team, which was run by the acute NHS trust under a section 75 agreement, the local authority had identified that oversight and delivery of Care Act duties had faltered. As a result of this, they had developed a joint mental health transformation programme which started in 2024 and planned to run for two years with the aim of re-establishing the legal and practical bases for Care Act assessment. Staff working in mental health reported that the understanding and delivery of the Care Act duties had increased, and further work was ongoing around pathways and processes, training, mental health aftercare, and commissioning.

People's experiences of care and support ensured their human rights were respected and protected, that they were involved in decisions, and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. Staff talked competently about issues of mental capacity and how to ensure that the voice of the individual was heard. There was a range of resources in place to support social care practitioners to reach out to communities in the area. This included voluntary and community sector groups used to engage with specific communities like the Charedi, the Turkish, and the refugee community. In addition, there were community connectors in mental health teams who helped to identify resources within neighbourhoods to meet individual needs. All social care practitioners talked about the importance of protected characteristics and were clear about how to record these on systems.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. A quality assurance framework was launched with staff in January 2025 with a new case audit tool, aligned to the practice framework. The aim of this was for the refreshed audits to enrich practice insights brought to monthly Practice and Performance meetings. The Principal Social Worker gave an example of how staff audits had flagged a gap in knowledge relating to energy-limiting conditions like chronic fatigue syndrome, and so there was training planned for this area in 2025. There were also staff with specialist training and guidance available in areas relating to autism, sensory impairment and those with no access to public funds. Staff with specialist knowledge worked alongside social care staff to ensure that people completing care act assessments had access to the right expertise.

Timeliness of assessments, care planning and reviews

The local authority had delays in assessments and reviews but was working to ensure they gave high-quality information and advice at the front door and that people were triaged appropriately depending on risk. To support this, Hackney Council had a 'Waiting Well' policy which set out the process of triage based upon risk and how teams were to actively manage their waiting lists. The quality of Hackney Council's performance information was improving following the reintroduction of their care record systems at the end of 2022, and team managers had access to performance dashboards and risk levels on waiting lists. The waiting lists and risks were discussed in Practice and Performance meetings. Each Head of Service had this monthly meeting with the Principal Social Worker, which gave oversight of waiting list numbers, quality audits and feedback from people receiving services to get a picture of how operational teams were performing and any gaps.

In Hackney Council, the waiting list for Care Act assessment in July 2025 was 552, and data showed there was little movement in this number over the previous 12 months. The median wait for Care Act assessment was 0 days, and the maximum was 759 days. Staff and managers talked about the waiting list and balancing the quality of assessment and staff wellbeing with the need to complete more assessments for people. Hackney Council recognised that some people who were triaged under the waiting well policy as having low risk had disproportionate and inequitable waiting times.

The Local Authority had ring-fenced resources to progress assessments and meet the needs of those people who had been waiting the longest. The local authority acknowledged that demand for assessment had increased by 43% since 2020, and had put in place a range of measures, including the Access and Duty team and trialling assessments within community centres. At the time of the assessment, there was no predicted date provided for when waiting lists would improve, and people would receive assessment within Hackney Council's target wait of 30 working days. In recognition of the increasing demand, a distinct project to better understand demand and optimise prevention activity had been added to the second phase of work within the Transforming Outcomes Programme, starting in March 2025.

There were also waits for reviews within Hackney Council, in July 2025, of the 1662 people who had overdue reviews, 259 people with overdue reviews had been waiting more than a 12-month period. Of the overdue reviews, the median wait was 259 days, and the maximum wait for review was 2309 days or over 6 years. Information from staff, providers and complaints reflected these long waits. There was an acknowledgement in the directorate that the current position meant that they could support people at the Access and Duty stage if assessment was straightforward, but in teams, because of demand, the focus was on supporting people who had reached a crisis point in their lives. The Learning Disability team had been given a dedicated resource focused solely on overdue reviews, and leaders were looking to add capacity to this function. The local authority did not report in 2023/24 the % of long-term support clients reviewed (planned or unplanned) as this was being replaced by new statutory metrics, and the local authority had prioritised having the system report newer metrics when rebuilding their care records system.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. Overall, the provision for carers was mixed, but there was a clear leadership commitment to improve access and services for carers. Hackney Council undertook their own carers assessments, and they knew that the number of carer assessments was low and there were more carers in the community that they needed to reach. Hackney Council had a dedicated service for young carers from ages 6-19 through children's and families' services and support for young adult carers as they transitioned to adulthood.

Feedback from carers was that they received or were offered a carers assessment, but respite support offered did not always meet their needs. Some reported they were told funding was a barrier. Carers also said that the response when they contacted the local authority was often delayed. This was mirrored in National data from the Survey of Adult Carers in England for 2023/24, which showed most carers indicators were worse than the England average. For example, National data from Survey of Adult Carers in England for 2023/24 showed 48.15% of carers felt involved or consulted as much as they wanted to be in discussions about the person they cared for. This was significantly worse than the England average (66.56%). Also, 20.00% of carers felt they have encouragement and support. This was significantly worse than the England average (32.44%).

Hackney Council was aware of the need to improve the experience for carers, and in 2023 to 2024, they completed a co-production exercise with carers and produced the Hackney Adults Carers Strategy. There was a multiagency engagement process, and views were gathered from 160 unpaid carers. This identified three priority areas for carers, which were improved services and information provision, improved access and identification of carers and, listening to carers and strengthening of community support. There was evidence that actions from the strategy had been completed, and the progress of this had been overseen by the Hackney Carers Partnership Board. In 2025, the local authority had increased the membership of the carers board, provided a physical location for carers in Hackney, changed the respite process so it rolled over yearly and worked with the Carers Board to develop mandatory carers awareness e-learning for staff.'

Staff in Hackney Council spoke about the importance of a relational approach to carers' assessments and gave examples of where they had creatively used direct payment to meet carers' needs and supported them with accommodation options. In the mental health team, there was a specialist support service available carers for people in acute mental health settings. This carers hub at Homerton Hospital provided one-to-one support to carers as well as additional training, like boundary setting, to help carers reshape the relationship with the people they cared for and plan for their future in a strength-based way.

Hackney Council recognised that although most carers have their assessment completed on the same day, for some carers, waiting times were unacceptably long, with a maximum waiting time of 740 days in July 2025. A dedicated resource was tasked with tackling these longer waits, which reduced the waiting list from 90 in February 2025 to 22 in July 2025. The local authority was on the trajectory to complete the 22 carer assessments on the waiting list, which were the longest waits.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. There was evidence of non-eligible needs being met through signposting. Since the Access and Duty team was launched in early 2025, there had been 1,783 requests for support around 40% of these requests were signposted to other services and did not require a Care Act assessment.

In 2023/24, the local authority rolled out training across staff within adult social care and Hackney Council customer services with the aim of giving staff the tools and knowledge to have more holistic and strength-based conversations to improve signposting for people who had non-eligible needs. This was supported by the launch of a directory of services and commissioning of mystery shopping with Healthwatch in March 2025 to understand the effectiveness of the information and advice offered. This increased focus on prevention was regularly monitored as part of the delivery of the Adult Social Care three-year plan.

There was also evidence that the local authority provided support beyond eligibility criteria for example it had pathways in place to support people with no recourse to public funds to access care and support services via a human rights assessment. There was a multiagency approach to identifying people who may need this support as part of a broader approach of Hackney to be a 'borough of sanctuary' for people seeking asylum.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Staff had clear guidance on eligibility decision making and this was supported by a Quality Assurance Meeting (QAM). The QAM brought together staff to discuss individual cases, how practitioners assessed or reviewed a person's needs, and the outcome it had on the support plan. National data from the Adult Social Care Survey for 2024/25 showed 73.12% of people who do not buy any additional care or support privately or pay more to 'top up' their care and support. This was a positive variation from the England average (63.73%). This indicated that the local authority was providing good care for the needs of the local population.

The local authority had a clear appeals process for Care Act assessment which was on Hackney Council's website and there was an easy read version of the appeals process as well; Hackney Council only had four appeals of Care Act decisions in the last 12 months and there was evidence these were resolved with the person who raised them.

Financial assessment and charging policy for care and support

Improving the financial assessment process was an action in the three-year adult social care plan. Hackney Council had recently reviewed and updated its financial assessment materials and supported frontline practitioners with training to make sure they knew how to have conversations about financial assessments early. The local authority had a long waiting list for a financial assessment which in part was due to their inability to charge for care while they had no social care recording system after their cyber-attack.

There were steps to improve this as part of the Transforming Outcomes Programme, and there was evidence of success. For example, 702 people were awaiting assessment in February 2025 and this was reduced to 232 people in June 2025. The main reason for this change was that the local authority agreed to complete light-touch assessments of people who received state benefits. Of those remaining the median wait was 44 days, and the longest wait was 693 days. Most people waiting for an assessment were those who had not returned their financial assessment documentation. There was a policy around lack of engagement and charging, which indicated that people would be charged if they did not engage with the process. However, in parallel Hackney Council had added a welfare benefits officer to sit with the benefits maximisation team to offer more holistic individual support in completing financial assessment. As

The local authority had a clear financial appeals process for people who wanted to dispute their allocation of disability related expenditure and kept clear records of where more disability related expenditure was granted and where it was not. In the 12 months to February 2025 the local authority received 80 appeals relating to disability related expenditure, of which 50% did not need recalculation. There were no themes identified for learning from the appeals.

Changing the framework for assessing and charging adults for care and support was a corporate priority. Hackney Council was reviewing their charging policy to bring it more in line with national charging policy where it had previously been more generous. Hackney Council was out to public consultation on this at time of assessment and it was due to close in October 2025.

Provision of independent advocacy

Some independent advocacy support was available to help people participate fully in care assessments and care planning processes. Staff and people who accessed services talked positively about advocacy and how it could be used appropriately to support representation. We also heard how staff took account of people who spoke different languages, ensuring this was not a barrier to receiving advocacy.

In 2023, the local authority retendered its contract for advocacy, and this retender included the advocacy provider training people from local communities to act as advocates. Though this approach was spoken of, there were no clear outcomes indicating how successful this had been, or quality assurance to ensure impartiality of representation. We had mixed feedback about the relationship with the advocacy provider, with conflicting statements about under referral and difficulty in accessing an advocate unless the needs were urgent. This indicated issues with communication between the provider and frontline teams, which reduced equitable and timely provision of advocacy.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

Hackney Council were working together within a place-based partnership to make available a range of health and care services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The City and Hackney place-based partnership had members from local hospitals and Trusts, Hackney Council, City of London, GP confederations, and other hospitals outside the area. Partners came together in an overarching Health and Care Board.

There was place-based working within eight neighbourhoods in Hackney; Staff in Case Management, Occupational Therapy and Review teams worked within one of eight neighbourhood huddles. These network areas included GPs, East London Foundation Trust, District nurses and therapists as part of a multidisciplinary health and social care team. This meant social care practitioners could feed in information and support through the neighbourhood team to prevent and delay the development of social care needs. There was limited data on how many people had been supported using the local multidisciplinary approach and whether this had led to a reduction in needs. There were local social prescribers in each neighbourhood, and in December 2023, a yearly report on neighbourhoods highlighted the main reasons for referral to social prescribers were financial problems, social isolation and housing problems.

The place-based partnership got data and insight from the City and Hackney Population health hub, which was a partnership between the City of London, Hackney Council and the Northeast London Integrated Care Board. This produced Joint Strategic Needs Assessments (JSNA) on a project basis, which helped inform partners' priorities around health and care. There was no current JSNA for adult social care but there was a population health dashboard to provide high level data about Hackney, and the population health hub provided data for strategy development. JSNAs relating to housing and learning disability had been produced, which had supported strategic decision-making around housing and supported living provision in these areas. The population health hub had a strategic plan to provide neighbourhood-level health and social care data, as well as help the neighbourhood teams to define clear outcome measures for performance reporting.

Hackney Council's preventative focus was expressed in the 'Health and Wellbeing Strategy' (2022-2026), which had three priority areas for prevention: improving mental health, increasing social connection and supporting greater financial security. An attempt had been made to integrate the priorities of the 'Hackney Joint Health and Wellbeing Strategy' (2022-26) under the governance of the City and Hackney Partnership board; in doing so, it had lost reporting lines to the Health and Wellbeing board, so there was no clear action plan linked back to the Health and Wellbeing Strategy 2022-2026. This meant there was no articulated progress or learning linked to the Hackney Joint Health and Wellbeing Strategy 2022-26. However, the spirit of the Health and Wellbeing strategy 2022-2026 was still embodied in the direction of preventative work delivered by the Health and Care board.

Hackney Council knew that the governance between the Joint Health and Wellbeing board and the Health and Care boards needed to be improved to reduce duplication of governance. Relationships between all partners were very positive, and there was a drive at the strategic level to continue to develop the neighbourhood model and make it an example of best practice in community prevention within the changing national policy context. There was a disconnect between the neighbourhood model and Hackney Council's planning, meaning that neighbourhood community engagement work and lessons learnt were not feeding into the learning and development of adult social care's preventative approaches, and some of the neighbourhood approaches were health-led.

Hackney Council was moving forward with their preventative approach, and prevention was a key pillar in their Adult Social Care Three-year plan 2023-2026. This was being delivered as part of Hackney's Transforming Outcomes Programme. Areas of priority had been informed by the national adult social care survey data for Hackney, which showed, for quality-of-life indicators, overall, Hackney was aligned with, or was worse than, the national average. For example, National data from the Adult Social Care Survey for 2024/25 showed 64.13% of people reported that they spent their time doing things they value or enjoyed. This was somewhat worse than the England average (68.85%), and 90.05% of people who use services describe their home as clean and comfortable. This was significantly worse than the England average (94.53%).

These preventative priorities included reviewing reablement provision, working to improve the front door and strength-based conversations, commissioning home care to support a preventative approach, improving the timeliness of disabled facilities grants, improving technology-enabled care provision and improving independent living accommodation options. There was evidence that the Adult Social Care three-year plan was being monitored and delivered, and though there were delays in some focus areas, others had been implemented. For example, the implementation of the practice framework included work to promote a strength-based approach and there was evidence of these improving outcomes. People who received services said that social care staff had talked to them about how they could stay independent. And the local authority reported that they had 10% fewer residential placements and enabled people to stay in their own homes.

There was an Ageing Well Strategy 2020-2025 for Hackney, which had no clear action plan. So, although the intention was to provide support to help older people live healthier lives for longer, a lack of governance around this meant there were no reportable outcomes. After the cyber-attack in 2020 the local authority had refocused its effort on the Transforming Outcomes programme. This meant much of the effort around prevention was now focused on the more recently published Adult Social Care Three-year plan 2023-2026 rather than older strategies.

Provision and impact of intermediate care and reablement services

At the time of assessment, the local authorities' reablement function was delivered through a Section 75 agreement. A section 75 agreement allows the local authority to allocate money to health to deliver services on its behalf, while retaining statutory responsibility for them. The Homerton Healthcare foundation trust delivered intermediate care and reablement services with an Integrated Independence team, with the aim of enabling people to return to their optimal independence. The team was made up of health and social care staff, and they worked to avoid hospital admission, support people when being discharged from hospital, and work towards rehabilitation goals when at home. The local authority had not reported national data on outcomes of reablement because of delays secondary to the cyber-attack in 2020 but submitted a local data collection for 2023/24 that showed that of the 104 people who completed reablement 78.7% were independent.

The local authority had completed an internal review of the reablement service provided by the health trust and had decided to end the Section 75 agreement in financial year 2025/2026. It had worked closely with partners in making the decision to minimise the impact on hospital discharge. The acute trust spoke of how the local authority had been open to negotiations and, through this, had retained funding in the Integrated Independence Team to have staff available to avoid hospital admissions. The planned move of reablement to the local authority aimed to increase positive risk-taking to promote independence, increase number of people seen by the service and to support more people to access reablement from the community. Alongside this, the commissioning team were developing a model so that external reablement care services could be provided with oversight from the reablement team.

Access to equipment and home adaptations

People's experience of access to equipment and minor home adaptations to maintain their independence and continue living in their own homes were varied depending on needs. Some people had a long wait for assessment, and the local authority was looking at ways to address this. The equipment and adaptations support in Hackney Council was primarily provided by occupational therapists. In July 2025, there were 582 people waiting for an Occupational Therapy assessment, which was an improvement from February 2025, when 760 were waiting. The median wait for Occupational Therapy assessment in July 2025 was 151 days, and the maximum waiting time was 351 days. The Occupational Therapists followed the same Waiting Well policy as the rest of the social care workforce, so there was evidence that cases were prioritised and people with urgent care and support needs were seen in a timely way. People who waited longer for assessment were those who were otherwise independent and needed equipment, like bathing equipment, to support quality of life in the longer term.

There were also delays in the provision of equipment and adaptations, which followed a different pattern than the waiting list. Provision of minor equipment or adaptations was provided promptly, but more specialist equipment or major adaptations would take longer. With major adaptations taking on average 12 months to complete from referral. At the time of the assessment there were significant issues with the community equipment provider, which meant that they were not meeting their performance targets or providing accurate delivery information. This was causing operational issues for the Occupational Therapists as they had to wait longer for equipment, and this effected the efficiency of the service. While median waits were only a day out of contract timescales, for example, a 5-day order, took 6 days. There were some maximum waits recorded of over 200 days. Hackney Council was a contract consortium partner with 23 other London Boroughs and in August 2025 the equipment provider began the liquidation process.

There were plans in place to improve the waiting list backlog, a private Occupational Therapy firm was commissioned in July 2025 to complete 300 assessments for people on the waiting list, and the process of allocation of these had begun. Also, Hackney Council had been developing and rolling out a bathing clinic to support people in having their needs assessed in a community venue to reduce waits.

Improvements in the process for major adaptations to people's homes had been part of the Transforming Outcomes programme. An evaluation with housing, occupational therapy and commissioning had delivered the insourcing of the project management capacity for major adaptations to properties. Also, the plan was to complete future tendering of major adaptations through the Hackney Council's dynamic purchasing system. The local authority felt that this would reduce waits for adaptations and increase value.

The Occupational Therapy service had completed some annual reviews for equipment issued. For example, in response to the Medical Health and Regulatory Agency alert on bed rails, beds and turning devices 203 reviews had been completed between July 24 – July 25. This piece of work, completed alongside health teams, enabled compliance with the issued guidance. However, the local authority did not have a broader policy for annual and six-monthly reviews of people with substantial manual handling needs and relied on agencies or unpaid carers to be proactive and approach the local authority. This left a gap in the management of the risk of these cases.

There was Technology Enabled living (TEL) service which provided telecare alarms and linked sensors. Between February 2024 and February 2025 there were 851 items issued. The service was provided through contract, and provider was struggling to meet their contracted timescales on same day, next day or five-day orders. Themes for delays were a lack of stock availability, request for later installation date or delayed hospital discharge. There was no analysis of the overall impact of the service but there was analysis of discrete pieces of equipment from within the service. For example, in February 2024 the local authority reported on the effectiveness of movement monitoring technology to secure additional funding to continue the service. This show that of the 23 installations in 22/23, 75% informed the outcome of Care Act assessment and in some cases supported people to remain in their own homes and undertake activities without need of supervision, reducing the need for care.

The local authority was committed to ongoing development of its technology enabled care service and this was highlighted in the three-year plan for Hackney Adult Social Care. The local authority was expanding the remit of its TEL as part of its procurement of the service. The new TEL provision jointly commissioned with the Integrated Care Board and was due to go-live in August 2025. This had a 24/7 community response service to offer welfare check and assistance from lifting for non-injurious falls. The local authority had completed modelling looking at example from other local authorities and were confident that this model would support people to get the urgent care they needed in the community rather than them being transferred to hospital.

Provision of accessible information and advice

People could access information and advice on some of their rights under the Care Act and ways to meet their care and support needs, but this was not comprehensive. This included carers' information for unpaid carers. There was no specific information for people who funded or arranged their care and support.

Feedback from people receiving services and community groups was mixed, with some reporting they could find the information they needed, and others saying information was difficult to find, especially on the website.

Hackney Council had recently reviewed the website's accessibility in November 2024, and it was found that the website was only partially compliant with AA Web Content Accessibility Guidelines. Key areas around navigation, line spacing and keyboard access needed addressing to support people using accessibility software to navigate the website. In addition, the website did not have language options or service access options for people who were deaf or hard of hearing.

As part of the Adult Social Care Three Year Plan 2023-24, the local authority made 'ease of access' to support a key priority. This included a plan to make information about how to access support and what support may be available clearer, including on the Hackney Council's website. National data from Survey of Adult Carers in England for 2023/24 showed 43.55% of carers who found it easy to access information and advice. This was worse than the England average (59.06%). More recent data from the Adult Social Care Survey for 2024/25 showed 66.13% of people who use services found it easy to find information about support. This was the similar as the England average (70.16%). And an improvement on the figure from 23/24 which was 61.90%.

There were options for people to get information and advice over the phone via the front door team. There were several bespoke teams to support with in-depth advice, including the "Here to Help" team, which provided support on the cost of living and Engage Hackney, who provided individualised housing support. For those who were open to the mental health team, there were community connectors who worked in the eight neighbourhoods to connect people with community assets to support them to remain well. There were also community groups that the local authority had commissioned to build bridges into communities like the Turkish and African communities which aimed to support people to come forward with care and support needs earlier.

There was no evaluation of who was accessing information and advice through these different methods, so the local authority had no way of analysing the reach of the information. But in March 2025, the local authority had commissioned Healthwatch to undertake mystery shopping, and feedback from this was going to support the redesign of the adult social care webpages.

The local authority did have some printed leaflets that it gave to people on assessment or that people could collect from local community venues, for example, direct payments leaflets. Leaflets had a form which supported people in requesting a copy of the information in their language. There were also examples of information being made in easy read, and there were easy read versions of documents like the Adult Social Care three-year plan.

Direct payments

There was a low uptake of Direct Payments, but the local authority was working to improve this and had set up a strategic board at the end of 2024 to develop the personal assistance market, create a direct payments policy and procedure and improve social work practice. Hackney Council was rolling this work into phase two of its Transforming Outcomes Programme, starting in March to support its delivery. There was no national data submitted as part of the Adult Social Care Outcome Framework return on the uptake of Direct Payments, but local data gathered in 2024/25 showed that 15.9% of people who needed services received Direct Payments with people of working age being twice as likely to receive them (23%) than older people (10%). There was no overarching analysis of why people had not taken up Direct Payments in the past, but blockers spoken about by staff were a lack of understanding of Direct Payments, a lack of resources to move the direct payment project forward and issues resulting from delayed financial assessment.

Staff had a mixed experience of using Direct Payments, but some spoke of the creative use of these payments. For example, a staff member spoke about using a direct payment to support an unpaid carer with their house clearance, as they had struggled to maintain their home while caring. This was creating a high level of distress for the carer, and the cleaning of the home offered a reset and supported them to continue to care.

Once people had a Care Act eligible need for a Direct Payment, they received ongoing access to information, advice and support via an internal Direct Payments team. This team supported people to set-up and manage direct payments, and there were options to have the Direct Payment paid into a bank account or via a prepaid card.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

Hackney Council embraced the rich ethnic and cultural mixture of people in the community, and there was ownership of this from senior leaders. In the strategic plan for Hackney Council 2022-2026 tackling inequality was an underpinning theme, including a commitment to anti-racism. The Chief Executive chaired the Equality, Diversity and Inclusion board at the Hackney Council and recognised a need to change the membership from champions to Heads of Service to have the right people in the room to get changes made.

Hackney Council was working to improve data analysis in social care to support the further identification and depth of understanding of inequalities in people's care and support experience and outcomes. There were over 89 languages spoken in the borough, with Turkish (3.2%) and Spanish (2%) being the most spoken languages after English. There were also varied community groups like the Charedi, LGBTQ+, Irish Traveller and the refugee community. Hackney Council were open about the gaps they had in their data analysis and were working on increasing their understanding of disparities in access. For example, the Public Health team had completed work on the Health and Social Care needs of Irish Travellers in December 2024, as part of this, they had given competency training to social care staff on barriers faced by the traveller community. One of the main recommendations was completing a health needs assessment to better prioritise and allocate resources to the Traveller community. There was not a health needs assessment commissioned by the public health team at time of assessment.

A Community Needs Assessment looking at the needs of the African community using ethnography was being undertaken with a local university. Through a local charity, residents were being trained to be peer researchers to undertake research to better understand the experience of the African community and its interaction with services. Employees we spoke to reflected on the multiple countries within Africa, and that people with heritage from these different areas may have very different cultural needs. The purpose of the work was to better inform the development of services across health and social care.

In adult social care, they had completed an analysis of the coverage of their equalities data on the social care records system and from this had identified trends for future investigation. For example, it had been identified that the proportions of those with a marital status of 'married' decrease for those in receipt of services (21.05%) when compared to those requesting support (25.10%). Also, there was a lower proportion of those with an Asian ethnicity accessing adult social care in comparison to the population. There was an action plan in place to take forward the work to improve data quality and use it to support equitable service delivery.

The local authority worked with community, voluntary and faith groups as key partners. There were some communities that the local authority had struggled to engage with in the past, such as the Turkish community and the Charedi Jewish community, but they had proactively worked with community groups to build ties. Both community groups and partners, such as health, commented on the good relationships held by the local authority with seldom heard communities and how this supported the health and social care sector to engage with them. The local authority was ambitious to continue to grow these ties and develop a stronger relationship with its different communities.

The local authority had regard for its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions but there were some gaps in quality. When services were developed or changed, there was guidance on how to complete equality impact assessments, and this gave information to staff about how to gather and analyse evidence. But there was no mechanism to ensure oversight and quality of this work, and guidance was not followed consistently. Sometimes communities were involved in the completion of the Equality Impact Assessment, and there was evidence that this took place in an assessment looking at changes to Extra Care housing. But in another assessment relating to emergency accommodation, assumptions were made based upon a national news article and communities using services were not engaged in discussion around how they felt about community safety.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. Recognising racism and understanding intersectionality was a pillar in the practice framework of adult social care in Hackney, and this flowed through into practice. Staff talked about holding a mirror up to themselves, and they reported that anti-oppressive practice was always discussed in team meetings and supervision. Examples were given, including wearing LGBTQ+ badges to ensure same sex couples felt supported during assessment and working in partnership with community groups and day centres to engage with the orthodox Jewish community, who sometimes lacked trust in professionals.

The social care workforce was representative of the demographic profile of the area. Since 2023 Hackney Council had been signed up to the Workforce Race Equalities Standard (WRES) and they were open about the results and where there were areas for improvement. For example, in 2024 they identified that there was racial inequality in pay bands, with Black and Global Majority staff members being more likely to be paid less than £40k compared to white staff. Also, staff from a Black and Global Majority background experienced more bullying, harassment and abuse than white staff. There was a clear action plan in place to support improvement under the WRES programme, which included developing a clear policy which set out Hackney Council's response when staff experience racism from residents or people using services.

Inclusion and accessibility arrangements

There were some inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example, British Sign Language or interpreter services.

The local authority had a contract with a language provider, and staff talked about using this to support people appropriately. Staff also talked about adapting their communication style to meet people's needs, including using pictorial symbols and sensory support. There were services available to have information made into easy read, and some staff had received training to do this themselves. Key documents around the Care Act assessment and the Adult Social Care three-year plan were available online in this format.

The local authority was aware that there were issues with accessibility of its website, and there was a planned refresh of this in 2025, as an action of the Adult Social Care three-year plan. Hackney's digital strategy 2025-2028 was being drafted with the ambition to support Hackney in becoming a digitally inclusive borough. This was in its early stages, and this was reflected in some feedback received that the local authority could do more to help those who were digitally excluded, and reports that although this had been raised several times, it was felt this was not seen as a priority.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity

- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

Hackney Council had done some work to understand the needs of local people and stakeholders, and data to understand care and support needs in the community, however gaps remained. In Hackney Council, Joint Strategic Needs Assessments happened on a project basis through the Public Health service with the City of London, the web based JSNA provide demographics for the City of London and Hackney but there were no recent assessments of broad areas of adult needs in the local authority. However, the local authority was due to publish neighbourhood health needs assessments within the eight neighbourhoods to support local community insights and place-based service planning.

Two specific needs assessments had been commissioned, one looking at the needs of People with learning disabilities across Tower Hamlets, Newham and City and Hackney, which was finalised in April 2024. Another looking at Hackney housing with care needs completed in June 2024. Both reports indicated that there was not enough housing with care in the borough, especially for people with learning disabilities, mental health and complex physical health conditions. As an example, this meant that in June 2025, 52% of spot placements for supported living for mental health were outside of Hackney, and 26% were out of London.

There was no overarching commissioning strategy or centralised action plan which gave a place for commissioning priorities to be articulated, targets agreed and actions tracked. Several strategies spoke to commissioning intentions, and although in some cases there were positive outcomes, due to lack of governance they were not always directly attributable to the strategic intent. For example, the Autism Strategy 2020-2025 had talked about making respite opportunities available for carers of autistic people, the local authority knew that most respite placements were taken up by carers of people with learning disabilities, which may have included people with Autism. But they did not report Autism separately so could not track if there was an improvement in respite take up. The City and Hackney strategy for Learning Disabilities 2019-2024, had the ambition of making supported employment the norm in Hackney. There was evidence that the supported employment programme commissioned from Hackney Works had supported 20 people with Learning Disabilities into employment in 2023/24, the local authority did not gather information about number of the people in employment as a percentage of the population to show the impact of this programme.

There was evidence that in the over the last few years the local authority had started to meet market challenges. The local authority had submitted a market sustainability plan to the central government during the Fair Cost of Care exercise in 2022, which stated that the care home market was much more fragile than the home care market, and land costs and restrictions would make it difficult for new care homes or housing with care providers to set up business. The market sustainability plan was seeking to move demand from care home placements into the community to support more people to stay in the borough.

The local authority started to address these sustainability issues in June 2024, when an independent Housing with Care needs assessment was published. This identified a current and predicted shortfall of housing with care units, which informed a capital building programme and contract redesign. This aimed to deliver 532 units of housing with support within the borough by 2035. There had also been some need analysis within strategies for specific groups that had led to commissioning actions, for example, the Hackney Adults Carers Strategy 2024-2027 had recommended that there were better pathways between GPs and carers services, and as a result, this had been built into the contract and links with GPs were being made.

A restructure of commissioning with health had been paused due to national decisions about health commissioning, and there were interim posts in commissioning management positions at the time of assessment meaning that the team felt in a state of change. This meant some work like that of direct payments, had not been moving forward at pace due to uncertainty.

Market shaping and commissioning to meet local needs

People had access to some local support options that were safe, effective, affordable and high-quality to meet their care and support needs. The local authority was making changes to ensure it had more influence in shaping the local market. The local authority had an internal care provision of housing with care, a small, shared lives service and a day centre. The local authority provided all its housing with care in the borough across 8 sites of extra care and supported living and planned to continue to do this. The local authority hoped to develop this further in the future and provide satellite provision to the community.

At the time of the assessment, the local authority was spot purchasing most of their care and support provision, but they had started the process of transitioning to framework agreements. There was a 2025/2026 contracts register which showed that most contract were reviewed in a timely way, but the outcome-based care home service contract had ended in 2023 when a 4-year contract extended for 2 years had come to an end. There was no clear narrative as to why the local authority had failed to renew contracts, and there was a large contract value that was spot purchased in the home care and care home sector.

There was evidence that the local authority had started to change its contracting arrangements to provide more stability from 2024. The local authority recognised that spot contracting reduced their oversight of quality, buying power, and limited the influence of the local authority to make placements within certain provisions. This was behind the aim to transition to framework contracts and dynamic purchasing systems that would cover the whole of the Northeast London footprint. This had begun with the award of the day service framework contract in March 2024 and the emergency accommodations framework in November 2024; more time was needed to show the benefits of these contracting arrangements. Frontline staff at the local authority were not clear on the timeline for the rest of the frameworks to go live; however, leaders told us that, though the home care tender had been delayed, the supported living and residential care frameworks were out to tender with the aim of a start date in August 2025. There was evidence that provider cost and sustainability were both flagged at a corporate level on the Adults Health and Integration Risk Register.

There was evidence of some improvement in choice. National data from the Adult Social Care Survey for 2024/25 showed 66.8% of people who use services feel they have a choice over services. This was similar to the England average (70.70%). This was an improvement on the 2023/24 figure of 60.73% indicating more people were feeling they had a choice about services.

The local authority's market position statement was reviewed in 2025 and set out its key areas of focus and outlined areas where procurement was happening over the next two years. For example, for residential and nursing, there was clear information about moving to frameworks and e-brokerage systems, with a signal to the market that placements may become more complex. The market position statement did not give specifics around need but signposted providers to support if they wanted to know more, including giving details of provider forums. Providers described open, transparent and effective relationships with the local authority, citing the frequency of communication with both commissioning staff and senior leaders as a key strength. Providers shared they felt that the local authority were working towards longer-term plans supporting sustainability, as they had shared the market position statement with providers during discussions.

The local authority has invested in new tools to support its transition to new ways of working, including a provider portal and care costing tool to support negotiations with providers on spot contracts. There were examples of where the local authority had been working within the spot arrangements to complete whole home reviews of supportive living and residential settings. During this process, commissioning worked with a reviewing officer to conduct 124 commissioning reviews, which identified where care was not being delivered as contracted and supported negotiation on care costs using the care costing tool. This supported increased quality and value for money within the reviewed cases.

The commissioning team spoke about how they involved people who used services in the scoring of tender documents, and that people had received training in this. There was also evidence that people had been involved in some of the more recent strategy work, like the carer's strategy. There was a resident co-production tool kit that gave practitioners links to best practice, but there was no clear guidance on how the local authority should complete commissioning in co-production with residents or providers, and this led to an inconsistent approach.

Commissioning leads talked about how they were working across the Northeast London (NEL) footprint when tendering new contracts in partnership with the other London boroughs in the area. As part of this, they worked together to establish a shared set of principles for working with providers and giving uplifts. This was being done to attract more providers by offering larger frameworks, but also to stabilise prices across the NEL footprint by working together. The local authority talked about the ambition to undertake more integrated commissioning with health but plans for this had stalled due to changes to the Integrated Care Board funding arrangements, which led to uncertainty in this area.

There were no specific services that were commissioned for carers' respite, and this was purchased on a spot basis. Data indicated it was harder for carers to get support at short notice, which may have been a result of a lack of commissioned capacity. As part of the Carers strategy actions, the local authority had made it easier for carers to receive a rolling respite allocation and take this as a Direct Payment if they wished. Within the market position statement, it was highlighted that the local authority wanted more crisis respite for people with learning disability in supportive living and shared lives settings. National data from Survey of Adult Carers in England for 2023/24 showed 9.09% of carers accessing support or services allowing them to take a break from caring at short notice or in an emergency. This was similar to the England average (12.08%). National data from Survey of Adult Carers in England for 2023/24 showed 10.26% of carers accessing support or services allowing them to take a break from caring for >24hrs. This was somewhat worse than the England average (16.14%).

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available to meet demand, but this was not all in the borough; much of the care and support was spot purchased, which meant the local authority had reduced purchasing power and influence on the market. In some cases, where people had high levels of care and support needs, this could take longer to source, and there were limited placement options for them in the borough. But for most people, care was sourced in a timely way, which was supported by a buoyant home care market and the individual relationships that the brokers had with providers. Sometimes brokers went to providers they knew rather than investigating options in the broader market for care provision. The plan was that the implementation of frameworks and a dynamic purchasing system would make this process more transparent and lead to more competitive purchasing decisions.

Most home care was put in place within 2 days, but there were a small number of long waits. There was a large pool of providers, which meant the local authority could often source packages of care which supported the cultural practices and languages people spoke. For example, Hackney Council spot purchased from a home care agency that provided specialist support to the Jewish community. For residential and nursing care, waits were longer, with an average of 14 days and 18 days, respectively. Most of the placements were made from hospitals with bespoke care needs, like languages, causing longer delays. For supported living, the average wait was 32 days as the local authority reported that these took longer to broker due to the aligning accommodation requirements with the expectations of carers and family members. The local authority had targets to get accommodation with care brokered within seven days, but there was no plan for how it was going to meet this target in the short term.

In February 2025, 436 people were placed out of area, and 107 of these placements had been made in the last year. The housing with care needs assessment and Hackney Council's data showed that people with physical and support needs and memory and cognition needs were more likely to be placed out of area. The housing with care needs assessment from June 2024 for adults identified that a lack of understanding of supportive living and extra care provision among staff and residents, in some cases, meant people were placed out of area in residential care when they could have been in the community. The local authority had started to address the skills gap with staff through the Transforming Outcomes programme and panel process, but there remained gaps in provision that meant people were going to residential care, especially for those needing supported living.

Some people were placed a long distance from the borough, for example, in the housing with care needs assessment completed in June 2024, 58% (67) of people with learning disabilities who needed residential placement were placed outside of London. Members and leaders spoke about not wishing for people to move away from where they lived, and there were longer-term plans to address this through a capital buildings programme. There was no engagement with people living out of the borough and how this experience was impacting them, and their carers, to inform future service planning. However, 61% of people living out of the borough had received a visit in the last twelve months, and Hackney was planning to visit all out-of-borough placements by the end of 2025.

Ensuring quality of local services

The local authority had some arrangements to monitor the quality and impact of the care and support services being commissioned for people, and it supported improvements where needed. There was a new contract monitoring and quality assurance framework published in February 2025 that set out clearly how to contract manage, complete quality assurance, manage risk and escalate concerns. Staff talked about quality assurance visits and completing these, and when frameworks were in place for providers, this process would be more efficient, which would make the oversight easier.

There was guidance on how the local authority would work with other local authorities and social workers to quality assure out-of-borough placements. With reviews being delayed within social care teams, there was insufficient evidence that the oversight was comprehensive enough for the large number of out-of-borough placements. But there was evidence that members of the quality assurance team had been responsive to provider concerns for out-of-borough providers, where they were flagged and offered support as part of a multidisciplinary approach. There was no information provided by the local authority on the number of quality assurance visits that had been completed, though staff reported all providers were seen once a year, and providers reported regular communication with the local authority. There was some evidence that quality assurance visits had been used for sector improvement, for example, a presentation about medication management was given at a learning disability forum in May 2025, as this was a theme for quality improvement.

The local authority had a clear and comprehensive provider of concern policy, and this also included how to escalate concerns and risks to senior leaders and safeguarding. The roles of both local authority and external agencies were described. There was a five-stage procedure in place, from initial discovery of concerns to exit strategy following intervention. In the 12 months to February 2025, there was only one embargo on a home care provider due to quality concerns, and the local authority had used its provider concerns policy and worked with the Care Quality Commission to support improvement.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. Hackney Council had worked as part of a partnership within the Northeast London footprint to agree a set of principles for financial uplifts in 2025/26 as well as how to support providers who might be financially at risk across borough boundaries. The local authority took account of increases in London Living Wage in its calculations for uplifts and worked with providers who requested increases on individual negotiations. Providers reported an improvement in the uplift process since last year and felt that they were able to engage in a supportive process where the local authority acknowledged the pressures faced by the provider and showed willingness to work with them.

The local authority worked with provider organisations to understand how contracts and grants would work for them. An example of this was the voluntary and community sector grants had been extended to a 5-year allocation, this was a direct result of feedback from organisations who told the local authority that having longer term funding streams was more important than having an increase in funding.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. The local authority had four provider forums for learning disabilities providers, residential care, home care and day opportunities as well as quality assurance arrangements to keep in contact with individual providers. The local authority had a provider failure plan which was a clear guidance on managing provider failure, including risk mitigation, the use of decision trees and the development of continuity plans to minimise disruption. It also included the roles and responsibilities of partner agencies, such as other local authorities and the CQC. The local authority reported in the last 12 months from February 2025, that they had no contracts handed back for any reason.

The local authority did not have a workforce strategy or plan for the wider care market but there was a web-based training offer for providers which a provider reported was helpful. National data from Adult Social Care Workforce Estimates for 2023/24 showed 71.42% Adult social care staff with care certificate in progress or partially completed or completed. This was better than the England average (55.53%). The local authority also had a pledge to offer the London Living Wage to all care staff. The local authority reported that many provider organisations relied on home office sponsorship to recruit additional staff, which would be affected by changes to sponsorship schemes and could impact sustainability in the long term. National data from Adult Social Care Workforce Estimates for 2023/24 showed there were 17.45% of adult social care job vacancies in Hackney. This was significantly worse than the England average (8.06%).

There were clear workforce plans in place for care staff who worked for Hackney Council in their day centre, shared lives and in eight housing with care settings a mixture of extra care and supportive living. For example, through the work on the Workforce Race Equalities Standard Hackney Council discovered that most staff in the lowest paid bracket were Black and Global Majority working within provider services. A key focus was to address this inequality, which included moving those from agency employment into local authority contracts and they had completed this for 40 staff.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Since 2022, the local authority had been part of the City and Hackney place-based partnership that included local hospitals and trusts, Hackney Council, City of London, GP confederations, voluntary and community sector and Healthwatch. This was one of seven place-based partnerships in the Northeast London Integrated Care Board footprint. Partners came together in an overarching Health and Care Board, and this functioned as a place for partners to provide leadership, direction and oversight to the area. The Health and Care Board decided on joint funding, including s75 agreements, as the Health and Wellbeing Board had delegated this function to the Health and Care Board.

The key priorities of the Health and Care Board were to give every child the best start in life, improve mental ill health and prevent ill health and support those with long-term health needs. Hackney Council and the City of London worked together to ensure that adult social care was considered when needed within these areas. The partnership was strong, and everyone spoke of good relationships at a strategic level and a wish to take the partnership forward. This included work with the Health and Wellbeing Boards for Hackney and the City to see how they could be better aligned with the place-based governance structure. The population health hub, which was a partnership with City and Hackney place-based partnership, was developing clear outcome measures for the neighbourhood work.

Arrangements to support effective partnership working

The local authority had long-standing partnerships with health in the integration of its mental health and learning disabilities social care services. The local authority reported that this supported people in accessing more coordinated care and support. Mental health teams felt that a joint approach allowed faster access to support when people's mental health deteriorated, as they could work directly with the doctors who reviewed people, which reduced the need for handover. However, there was no evidence at a strategic level of improved efficiency or outcomes for people.

The local authority had oversight of partnership arrangements and made changes where they were needed. For example, the local authority was working with East London Foundation Trust (ELFT), which delivered its mental health services under a section 75 arrangement. This work aimed to refocus on social care as part of a mental health transformation programme because the local authority had identified that there had been a lack of a Care Act focus within ELFT work.

The local authority had an ambition to integrate health and care commissioning, but this had been stalled due to national changes in health commissioning arrangements. But there was still work going on across Northeast London to manage the market, including a joint statement on financial uplifts in 2025/26. Other work was also ongoing to support the integration of health and social care, including the implementation of a shared social care and health record in 2023. The effectiveness of this was being monitored and proactively improved as part of its continued development.

The local authority had a clear Better Care Fund plan for City and Hackney 2023-25, which was linked with the health and care board and local priorities. Areas of work related to discharge services, support for carers in ELFT and Hackney Council, equipment services, the neighbourhood programme and homelessness pathway. Hackney adult social care leads and finance leaders met with Better Care Fund leads and NHS Northeast London directors every quarter to monitor scheme performance and sign off returns. Also, the bimonthly Hackney Hospital Discharge Group brought together people who use their services, Healthwatch Hackney, Age UK, and statutory partners, including Hackney Council's Head of Benefits and Homeless Prevention. This group monitored any challenges within discharge pathways and reviewed progress against the NHS Discharge Policy and related Better Care Fund metrics.

Impact of partnership working

Staff and partners spoke about the benefits of integrated working, especially in relation to the neighbourhood huddles and the discharge process. Staff saw the benefit of the multidisciplinary approach, and there was evidence of the voluntary and community sector being drawn in to support, for example, with benefits support or house clearance. There was some work happening where the local authority was evaluating the impact of partnership working on the cost of social care and the outcomes for people. The local authority commissioned an external consultancy to review the outcomes for people receiving reablement. This led to the service coming out of the partnership arrangements so the local authority could increase the focus on community-based reablement as part of initial contact with social care. The monitoring of outcomes across partnership working in the context of adult social care was not present across all partnership work, with many of the outcomes having a health focus. However, the City and Hackney Population health hub were working on a set of outcomes that would give a more balanced focus and, through appreciative enquiry, offer a clearer link between services and what was being delivered for people.

Working with voluntary and charity sector groups

Hackney Council was working to promote sustainability in the voluntary and community sector; they had a clear voluntary and community sector strategy 2025- 2035. To produce this, Hackney Council completed a year-long consultation with the voluntary and community sector. The main aims were to change the power relationship between Hackney Council and the voluntary community sector, invest resources in the right place, provide accommodation and delivery spaces, support volunteering, and grow infrastructure for the sector.

There was evidence that this strategy was beginning to be delivered; there was a commissioned local infrastructure partners offering support to the voluntary sector, around governance, communication, and sustainability. At the time of the assessment, Hackney Council was offering the opportunity for the voluntary and community sector to apply for pools of five-year grant funding and were supported with accommodation and rate relief. The support that Hackney Council provided was aimed at organisations that worked with people experiencing entrenched inequalities.

Feedback from the voluntary and community sector was positive, and these partners felt listened to, though there was some concern that smaller voluntary organisations were being left behind. There was a lack of monitoring and evaluation of whether the voluntary and community sector work had an impact on people with needs for adult social care; however, there was a commitment to learn and work together once the latest round of grant funding had been awarded.

Theme 3: How Hackney Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions

- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understood some of the risks to people across their care journeys; where risks were identified they were managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. One of the principles in Hackney's adult social care practice framework was taking a positive approach to risk, which supported people's human rights. Several high-risk panels met monthly to support staff to gain multi-agency views about risk, which included meetings for street homelessness, domestic abuse, sexual exploitation and prison discharge. The meetings were a place for professionals from across agencies, like the voluntary sector, GPs, mental health and the police, to come together with the local authority to give professional opinions and make an action plan based upon the risks presented. Staff talked positively about these panels and that they supported people who might not otherwise engage with services. Workers praised housing for supporting people who were evicted to find stable accommodation and achieve their recovery goals.

Hackney Council had an out-of-hour service provision to manage risk outside of working hours. This was managed by an externally commissioned provider in partnership with the City of London. Designated social workers within Hackney Council would be called and receive referrals from the out-of-hour number which they would act on within an hour. Where there were complex decisions to be made out of hours about care and support needs the social worker could contact a head of service for advice. Mental health calls were diverted to the crisis line at East London Foundation Trust and Approved Mental Health Professionals were accessed through this route as required. The out of hours team talked about working in partnership with the emergency housing team which worked well but reported partnerships with the police were not always as effective, as they struggled to get support if welfare calls were needed. This indicated that more work was needed in partnership to understand boundaries of responsibilities and joint arrangements for welfare calls.

The local authority had started to embed continuous improvement in its governance structure as part of the adult social care three-year plan, to support one of the four priorities which was 'good quality and safe'. This included monthly practice and performance meetings with each Head of Service, where performance, complaints, and resident insights were considered and areas of learning identified. Staff had knowledge that these were going ahead and reported that each Head of Service had autonomy in these meetings and could escalate concerns to the Senior Leadership Team as needed. There was evidence that any risks identified from high-risk panels were used to enable learning and drive improvement, but that more needed to be done to ensure that learning from case audits was similarly embedded.

The local authority rolled out a system for social care practitioners to view health information for people in need of services in October 2023. Staff talked about using this to find information about whether someone was known to health. At a neighbourhood level, information was regularly shared about people who were at increased risk of needing services, and the neighbourhood teams had completed an analysis of how many people used multiple services within the team. There was continuous work to improve information sharing between health and social care, but there were no specific information-sharing protocols for staff.

Safety during transitions

The local authority had some systems in place to provide care and support that were planned and organised with partners and communities to ensure safety across care journeys and continuity of care. There was evidence in hospital discharge that processes were safe and well established; in other areas, like transitions to adults' services, there was work to improve the offer across all needs. For people who no longer fund their own care, or for people moving to another authority, there was limited evidence that there were systems in place to support safe transition.

Hackney Council had an integrated discharge service, and everyone was assessed for adult social care in the hospital setting as part of a multidisciplinary approach. The local Acute Trust reported that this was a positive partnership, and they had no concerns about delays. Some staff reported that it could feel like a rush to get people out of the hospital; there were disagreements around funding decisions and delays in equipment provision, which all caused friction in the discharge process. There was evidence that feedback had been gathered from people receiving services and carers about their experience of hospital discharge. For example, in a Healthwatch listening event in June 2024, some people talked positively about communication about discharge, while others reported barriers relating to fear of authority and lack of empathy. Healthwatch were repeating the listening event again in Homerton hospital in June 2025 and noted improvements in outcomes for people because of the listening work. Healthwatch were also involved in the local discharge steering group alongside two residents and felt this supported coproduction and improvements in the discharge process.

There was evidence that the local authority was doing regular work to improve the discharge service. More recently, this included bringing reablement services back under the control of the local authority and in the past few years, continuous improvement had led to the creation and implementation of a moving on team. The moving on team was a team that completed reviews for people discharged to a care setting. The team worked with people to see if they could go back to their own home or receive care in a less restrictive environment. As part of this, the team worked to find permanent accommodation for people who were placed in interim housing with care flats as part of the discharge pathway. A person who had received services via the housing with care flats praised it highly and, though they were sad to move on, said that they had contact with the team after they moved to extra care. Over a 24-month period, the moving on team supported 36 people to use the 25 interim housing with care flats, and 71% of these moved into long-term housing with care placements.

Hackney Council had plans to bring their transition arrangements for young people moving into adult services into one team. At the time of assessment, each team managed their transition process individually. There was no separate waiting list for people who were waiting for assessment for transition, but there were indications that some young people had a timely assessment, while others did not have an assessment until their 18th birthday. For example, people who were supported through the learning disabilities team went through a preparing for adulthood pathway and conversations about a young person's transition started at 14, with a formal assessment starting at 16 between adults and children's services. But in the mental health team they reported that young people could be transferred from children's mental health services a couple of weeks before their 18th birthday, which meant a care and support plan would not be in place for transition.

As part of the Transforming Outcomes programme, Hackney Council had started planning improvements to the transition to adulthood pathway. They had taken a broader view of transitions beyond those who were coming through by the special educational needs route. There was a clear analysis of demand, and the local authority was learning from a pilot they had completed in the access team and other local authorities that had changed their transition arrangements. The aim was to form a new single team which would support young adults to greater independence and to offer clear information and advice to young people who may not be eligible for support under the Care Act. Hackney Council's plan was to create this team in 2025. There was no evidence that people receiving services, or their carers, had been involved in this work.

In 2020, Hackney's provider survey indicated that 12.7% of the population were self-funding, which was lower than the national average at the time. There was information on the website about financial assessment and when people might have to pay for care, but there was no information or process around supporting people who could no longer afford to pay for their care.

There was evidence that consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, through provider selection and contract management, and through the quality assurance activity, but there was an acknowledgement that overdue care reviews reduced oversight. There was mixed evidence about what happened when people moved from one local authority area to another. A process diagram for people moving to a new local authority spoke about case closure, and did not refer to the handover process that is specified in the Care Act guidance, which ensures that people's rights are maintained and that they have appropriate care in the receiving authority. But there were case examples of joint work with other authorities, which gave some assurance that this happens in practice.

Contingency planning

The local authority undertook contingency planning and knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. The business continuity plan talked about maintaining service continuity in an emergency through equitable prioritisation frameworks, recovery targets, and resilience protocols for each critical function, reducing the risk of disproportionate disruption. There were also severe weather plans in place to ensure emergency protocols were applied across all adult and children's services, enabling consistent protection for all age groups and need types during severe weather.

Within the adult social care core processes and procedures, there was a prompt for staff to consider ensuring preparedness for possible interruptions in the provision of care and support. Staff reported that they were often reacting to a crisis or urgent cases, and there were some cases where contingency had not been considered within the assessment. This indicated more work was needed to deliver more flexible increases in care and reduce the need for a crisis response. In January 2025, the local authority changed its procedures so that it was easier to renew yearly respite allocations to carers, and there was evidence that 55 carers had used this so far, and that care was arranged within 4 days on average under the new process, demonstrating improvement in access to contingency care.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There was senior-level oversight of safeguarding work, with senior leaders attending the safeguarding adults board and understanding the importance of safeguarding practice. For example, the lead member for adult social care felt confident that they had an oversight of Safeguarding Adult Reviews (SARs). The lead member reported the main lesson learned from SAR reviews was the need to improve the way data was used and shared by partners. There was an example of how data had been used to prevent safeguarding issues arising in housing. Housing officers visited people with social tenancies living alone who had not reported a repair for two years, and this helped to identify people in hoarded conditions or neglecting themselves.

The local authority worked with the Safeguarding Adults Board and partners to deliver a coordinated approach to safeguarding adults in the area. The local authority was an active partner of the safeguarding board and showed a strong commitment to the meetings. The City and Hackney Safeguarding Board (CHSAB) covered Hackney Council and the City of London. As well as the statutory partners, the board included members from health, housing, public health, fire brigade and the voluntary sector. People's voices were represented by Healthwatch and an older people's reference group. There was a clear strategic plan for the board from 2020-2025 to drive quality and assurance in adult safeguarding. In the 2023-24 annual report, it was clear that the priorities of the strategy were being addressed across all partners. For example, within Hackney Council in 2023/24, they improved the recording of ethnicity in safeguarding from 81.6% in 2022/23 to 91.5% in 2023/24 and were able to show that concerns raised were generally consistent with the population profile. This supported the outcome in the safeguarding strategy of 'ensuring equality and diversity were considered in all areas of safeguarding work'.

The CHSAB had a new chair, and they were taking time to gather the outcomes from the final year of the safeguarding strategy and develop a new one. There were plans to follow the previous strategy, where it had not met an aim. For example, there was an action to develop a framework to include people who had experience of care and support in the board's activity, which had not been achieved in the previous strategy. This was reflected by people involved in co-production who spoke about their safeguarding concerns being responded to in a timely way, but not about being involved in decision-making about safeguarding policy or process. The CHSAB 2023/2024 annual report focused on successes, but there were no updates on why actions had not been achieved or stalled.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information-sharing arrangements were in place so that concerns were raised quickly and investigated without delay. The members of the CHSAB had signed up to the London Multiagency safeguarding policy and procedures, which had clear guidance about cooperation, information sharing, and confidentiality.

There was operational guidance for managing safeguarding in Hackney Council, and this outlined the key responsibilities of the safeguarding adults' team, as well as outlining timescales for response. The safeguarding adults' team did not triage all enquiries; some enquiries were sent directly to East London Foundation Trust's (ELFT) mental health team and the learning disability Team to triage. The ELFT had a safeguarding policy, but it did not include managing safeguarding referrals and making section 42 decisions, so there was a gap in operational guidance in this area. Some staff were also unclear about the role of the safeguarding team and when they held referrals or sent them on, and there were multiple waiting lists for safeguarding across the system.

Partners' feedback reflected that there was a difference in the timeliness of response depending on where the referral went, with the mental health team being less effective at responding to referrals. As part of the mental health transformation programme ELFT, the trust was looking to review and improve the current safeguarding process and procedure. There was a workstream in place which included developing operating procedures for oversight and accountability of open safeguarding enquiries to ensure timely and high-quality intervention.

National data from Adult Social Care Survey for 2023/24 showed 67.74% of people who used services felt safe. This was somewhat worse than the England average (70.16%). The local authority had identified that fear of falling was a driver for this and hoped that the newly commissioned Technology Enabled Living service with health, and longer-term improved access to home adaptation would support improvement in this area. For those who used services 87.43% of people who use services said that those services have made them feel safe and secure. This was similar to the England average (87.90%). This data showed that there was no significant difference in how safe people who received services were compared to other areas in the country.

All staff involved in safeguarding demonstrated suitable skills and were supported to undertake safeguarding duties effectively. There was space for reflective practice and practice development. Staff spoke competently about safeguarding practice and working in a multiprofessional way to support people at risk. There were monthly safeguarding clinics, and the safeguarding team manager was available to discuss any high-risk safeguarding and good practice. National data from Adult Social Care Workforce Estimates for 2023/24 showed 52.23% of independent/LA staff completed safeguarding adults training. This was similar to the England average (48.70%). Hackney Council committed to 100% of adult social care staff would complete safeguarding training every three years; they evidenced this had happened for unqualified staff but not for qualified staff.

Responding to local safeguarding risks and issues

There was some understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and prevent abuse and neglect from occurring. There were differences in monitoring and learning across the Hackney Council and East London NHS Foundation Trust (ELFT), which had delegated responsibility for safeguarding duties for people under their mental health services. In 2023-24, Hackney Council identified that the highest number of concerns were raised for people of working age, which was in contrast with the national picture. Within this time scale, 26.9% of the concerns reported were related to self-neglect, making this the most common type of abuse. ELFT did not have the same depth of demographic detail for their delegated safeguarding responsibilities, but were able to show that the most common type of abuse was financial, with 27% of all concerns being in this category.

There were action trackers from Safeguarding Adults Reviews (SAR), which showed how Hackney Council and ELFT were completing actions, and this was monitored by a City and Hackney Safeguarding Board (CHSAB) SAR sub-group. Staff reported that they felt that people received the same quality of safeguarding response regardless of whether this was managed by ELFT or the local authority, as they all followed the London Multiagency safeguarding policy. Hackney Council had a plan to bring mental health safeguarding triage together and bring safeguarding recording over to their case recording systems, as it currently sat on a separate ELFT system.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. Following several Safeguarding Adult Reviews (SAR) over the years in Hackney, some of which had homelessness as an element, the City and Hackney Safeguarding Adults Board commissioned a deep dive into concerns raised under safeguarding for adults who were homeless or not in secure tenancy. This review was expected to take place in 2025.

The CHSAB had several subgroups to support partners to come together and respond to safeguarding issues. This included the SAR action plan task and finish group, which was a group that ensured actions from the most recent SARs were completed and improved practice. The Local Authority had also developed a new post of practice improvement and quality officer to embed the learning from Safeguarding Adult Reviews, and to be accountable for tracking the activities and implementation from the local Safeguarding Adults Board. Staff talked about training that could be accessed by all colleagues across ELFT and LBH, and there were briefings on SARs, MDT meetings, and safeguarding oversight meetings every week.

Responding to concerns and undertaking Section 42 enquiries

Practitioners told us that eligibility decisions were consistent despite safeguarding triage being carried out by different teams and organisations. This was because all teams used the London guidelines. In addition, mental health and the learning disability teams had named professionals who linked in with the safeguarding adult board. Guidance and the work of the safeguarding board showed when safeguarding enquiries were conducted by another agency, e.g. a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned.

The local authority was on a journey of data improvement and had changed workflow and performance reporting to improve visibility of casework provided by the new safeguarding dashboards, which had a positive impact on data quality and on how quickly safeguarding enquiries were completed. The local authority had worked to reduce the length of time that safeguarding enquiries were open with a specific focus on improving performance in the learning disabilities team.

Between 2022 and 2023, there was no recorded data on the number of safeguarding concerns or enquiries as the local authority was recovering from a cyber-attack. In 2023, data showed the local authority had 1855 enquiries, of which 29% (530) were converted to safeguarding enquiries. This meant that the local authority was unable to show trends in safeguarding received and enquiries opened.

For safeguarding concerns awaiting initial review across the Hackney Council from the 12 months to July 25 the maximum time someone had been on the waiting list for a Section 42 decision was 198 days and the median wait was 4 days. Data from the month of July 2025 showed that the maximum wait until enquiry decision had reduced to 35 days. In the East London Foundation Trust information had only been recorded since March 2025 but this showed the maximum wait for decision in May 2025 was 6 days.

There was a similar trend in improvement in the allocations of Section 42 enquiries. This showed that in Hackney Council in the 12 months to July 2025 the maximum wait for allocation of enquiry was 260 days and the median wait was 7 days. In July 2025/26 the maximum wait was 37 days. In East London Foundation Trust data from July 2025 showed the maximum wait for allocation for enquiry was 6 days.

Some people were waiting too long to have their safeguarding concern triaged and Section 42 enquiry allocated, but the local authority provided evidence of improvement in the performance and management of safeguarding cases. Leaders in Hackney Council felt this was down to better use of data and additional resources placed in the Learning Disabilities team. For those cases that the local authority was unable to allocate the safeguarding adults manager reviewed the concerns and made a risk assessment and prioritisation of the case.

Hackney Council completed timely Deprivation of Liberty Safeguards (DoLS) applications from January to December 2024, there were 941 DoLS applications of which 599 were granted. There was no wait for allocation of these assessments. There was no information about pathways of waits for management of community DoLS assessments and staff were not clear about how this was managed, indicating a gap in management of deprivation of liberty in the community.

Some voluntary and provider agencies reported that they struggled to get feedback following safeguarding enquiries, but when individual organisations raised this as an issue with the local authority, the response improved. A provider highlighted that they saw a pattern in delayed responses that was beginning to form, and they escalated the issue to the local authority. The local authority acknowledged the delays in providing feedback for safeguarding concerns to providers. The provider shared that since having this discussion with the local authority, they are now obtaining feedback for safeguarding concerns. This showed that the local authority was open to feedback and responsive.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively though some had delays, keeping the wishes and best interests of the person concerned at the centre. There was evidence in guidance and training that making safeguarding personal was a key theme; we heard about practice to include people in their safeguarding. For example, staff told us pictorial communication aids were used to support someone with learning disabilities to raise a safeguarding concern about inconsistencies in their care package, which enabled the person to feel heard and remain part of their community. Staff talked about safeguarding enquiries sometimes being delayed as they could not speak to the person at risk, but they did not talk about how enquiries could go ahead even if they were unable to talk to the person at risk, especially in relation to domestic abuse cases.

In 2024, 478 safeguarding enquiries were concluded, and 89% of the people subject to safeguarding were asked about their desired outcomes and of the 398 who expressed these, 94% had them fully or partially met. There was no evidence that people's feedback on the safeguarding support received was gathered more broadly, but the local authority was aware of this and was working with the safeguarding adults board to capture feedback from people who have been involved in the safeguarding process

Staff talked about the importance of including people in the safeguarding process, and in the safeguarding guidance, it stated that the requirement for advocacy needed to be explicitly stated. A partner reported that the local authority was resistant to providing statutory advocacy to support people during their safeguarding process. The local authority had a new case audit tool that included questions about advocacy and mental capacity, but there were no outcomes of this assurance process at the time of assessment in July 2025.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability

- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were some clear and effective governance, management and accountability arrangements within the local authority; these provided visibility and assurance on the delivery of Care Act duties, quality and sustainability and risks to delivery and people's care and support experiences and outcomes. There was clear governance on the delivery of the Care Act Assessment and management of risk; these were a quality assurance meeting that focused on quality assuring the assessment, and the practice and performance meeting that looked holistically at the practice quality within services. The local authority was strengthening oversight in commissioning through the roll-out of frameworks and dynamic purchasing systems, which was well underway. Any trends, risks, issues and performance information were then fed into the Senior Leadership team and onwards to the Corporate Leadership Team as required or requested. The local authority was working to improve its governance arrangements for the provision of Care Act assessments within its section 75 agreement as part of the transforming outcomes programme. The oversight of contract monitoring and quality assurance at all levels was less clear with the lines of accountability ceasing at Quality Assurance & Improvement Manager.

For example, in 2024, a trend in complaints was identified due to teams giving mixed messages to people requesting services and signposting them incorrectly to waiting lists. A recommendation was made that practice and performance meetings came together to improve communication and signposting. The Director of Adult Social Services (DASS) was aware of this and felt that this work was completed as part of the implementation of the waiting well policy. This was monitored by the practice and performance meetings, giving assurance that people were now waiting in the right place for services.

A Chief Executive was permanently appointed in May 2024; since that time, leaders told us Adult Social Care had been a greater priority at Hackney Council. This supported investment in, and a greater focus on, support services for social care. For example, improving the financial assessment process, which was managed by corporate finance services. The Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture spoke about Adult Social Care and how it had not always been a priority for Hackney Council, but there was more interest now as adult social care and temporary accommodation costs had continued to rise. The Cabinet Member spoke about having a positive and open relationship with the DASS and having weekly meetings, in supporting them to keeping up to date and involved in Adult Social Care.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. The Chief Executive and the DASS talked about the importance of open culture and supporting staff to raise concerns; and were forthcoming about the challenges of the past and how this had shaped their determination to foster transparent communication. Staff spoke about the support by management and how they found senior leaders approachable.

Since being in post, the DASS had increased the size of the leadership team from 2 to 5 to support greater oversight of services. For example, the DASS had appointed a Head of Service for mental health to ensure management of the delegated s75 arrangements. This prompted the transformation programme for Mental Health, and the extra management capacity supported the partnership with East London Foundation Trust to become stronger with a better understanding of responsibilities under the Care Act 2014. Most of the leadership were in permanent appointments, and a permanent Principal Social Worker was due to start taking over from the interim.

There was a clear adult, health and integration risk register which was supported by business continuity planning. These included escalation internally and externally as required. There were examples of this mechanism being used to escalate risk, for example, a risk was raised about the notification from the Medicines and Healthcare products Regulatory Agency about bed levers entrapment until the risk was mitigated, and new processes became business as usual. Senior Leaders were cited on key risks through the internal risk escalation policy and through the work of the safeguarding adults board and safeguarding adults' reviews.

The local authority's Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture was engaged and was committed to supporting the diverse communities of Hackney to feel a sense of belonging and shared history. The Cabinet Member was passionate about keeping as many residents in the borough as possible and reducing the need to place people out of area. This ambition was supported with a good depth of knowledge about Adult Social Care, which had built up over several years and had been supported through weekly meetings with the DASS since their appointment. The Cabinet Member had talked to adult social care officers, as well as taking part in staff training and key meetings.

Scrutiny arrangements worked to allow the full range of adult social care decisions to be discussed and challenged. The chair of the Health in Hackney scrutiny committee was confident in the committee's ability to raise and discuss any questions that need to be asked to either the Cabinet Member, DASS or any manager in the Adult Social Care team. A good example was a discussion regarding Housing Repairs, which focused on delays and the impact that this could have on individuals' health. The committee meeting raised some questions with housing managers that were answered promptly, in detail, and the item was then put on the work programme to be followed up at a future meeting.

Data and information were easily available to members, which meant that they were able to make informed decisions about the direction of Hackney Council. An area of focus for the Cabinet Member and the Chair of the Health in Hackney scrutiny committee was reviewing information around delays on assessments, understanding why there were delays, and how they could improve, delivering timely assessments of needs.

Strategic planning

Hackney Council was going through a transformation process, which was supported by the leadership team's oversight. The Transforming Outcomes Programme (TOP) for Adult Social Care, focused on the delivery of a co-produced three-year plan for Adult Social Care 2023 - 2026. This had four key principles, which were that adult social care would be easy to access, preventative, personal to people, and good quality and safe.

To deliver on these priorities, the local authority had sought outside support from independent consultants to audit services, including adult social care practice and safeguarding. These reviews had supported leadership decision making, for example, the analysis by the consultants had prompted a reablement review which led to the current restructure of this service, to enable the local authority to shift focus to community support.

The local authority had completed the first phase of its TOP, which ran from November 2023 to March 2025. There was a clear board structure for governance of the programme, with delivery reports showing outputs. During the consultant-supported review of adult social care, it was found that 57% of people with care and support needs could have more independent outcomes. As a result, changes were made to the culture as well as governance mechanisms, including launching a creative outcomes forum to allow staff to discuss cases together and think creatively to promote independence.

There was a focus on improving data usage and performance management. This was to enable staff to have sustainable workloads to support relational working and provide better oversight of people waiting for assessment to avoid missed opportunities for intervention. More time was needed to see the outcomes of this work reflected in national data and local demand. However, staff did talk with confidence about prompting independence and data-driven working. The local authority was planning the next phase of the programme, which had workstreams including improved demand management and a care charging review.

Running alongside the TOP programme was the work of the mental health programme board in delivering the transformation of mental health services in East London Foundation Trust. Work had started in August 2024, and there was a focus on redefining the role of social care assessment and practice to ensure that the same service was being provided to people at the Trust and the Local Authority. Workstreams included reviewing and improving safeguarding procedures and staff training, and development. At the time of assessment, plans were in place for this work. Staff were in consultation about the new structure and were talking about the transformation in mental health and a greater focus on social care.

There were some areas where governance was not as clear, as in delivery on the Health and Wellbeing Board Strategy. But senior leaders in Hackney Council and health were aware of the need to draw the strategic direction together. There were supportive meetings taking place to consider recent health reforms. This was to discuss the pause on work like the joint commissioning programme between health and social care as well as realigning priorities. All partners talked openly about challenges and valued the local authorities honesty about how it needed to allocate resources. The DASS had undertaken work with health partners to support them in developing a greater understanding of adult social care across the Trust and in the Integrated Care Board, and this had supported empathy amongst leaders.

Due to the focus on the Transforming Outcomes programme across Hackney Council, some of the focus on legacy strategies was lost. This meant the Ageing Well Strategy 2020-2025 and City and Hackney strategy for Learning Disabled People 2019-2024 lacked clear outcomes or learning for where things were not achieved. Conversely, there was evidence of senior managers reflecting on the progress of recent strategic work and changing governance to support delivery. For example, the interim Principal Social Worker talked of how they had recently set up a board to ensure that the Workforce Development plan was delivered, as it had stalled. Also, there was evidence that the new Hackney Adults Carers Strategy 2024-2027 had made progress in its delivery. Overall, this showed that the local authority was improving how it held itself to account on the delivery of its plans.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Hackney Council experienced a serious criminal cyber-attack in October 2020 which had immediate and significant impacts on daily work, and in Adult Social Care they lost access to the Mosaic case management system and associated payment systems.

Adult Social Care leaders were incredibly proud of how staff worked to safely support residents during this time and of the work they did to recover Mosaic, which went live again in November 2022. As part of this, Hackney Council's IT department worked with the Information Commissioner to ensure that action was undertaken to reduce the risk of the security incident recurring. Hackney Council had also provided support to residents who it felt might be at risk due to the loss of personal data, and they were monitoring this through the directorate risk register.

The local authority had prioritised getting social care systems back online and over time had recovered reporting functions. The local authority had focused on delivering the Client Level Data return which they started to provide in 2023, and as this was replacing the Short- and Long-Term support data collection in 2024 this had not been rebuilt into the adult social care system. In Summer 2024, the local authority started to submit the Safeguarding Adults Collection, the Deprivation of Liberty Safeguarding returns and the Survey of Adult Carers and the Adult Social Care Survey. Hackney Council had submitted Adult Social Care Outcome Framework data for 2024/2025, but this was not published at the time of this assessment.

Staff had regular training about information security, and there was evidence that there was consideration of the General Data Protection Regulations within local policies. Local authorities had an appropriate Caldicott Guardian who was responsible for ensuring health and social care information was used ethically and legally.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. There was a cyclical training plan in place, so over time, all areas of Hackney Council's social care practice framework would be covered. Recently, staff had completed trauma-informed training and training on bias in discrimination and racism.

There was evidence that the Hackney Council had consulted with residents about training plans, but there was only one session that included experts by experience. This was the Oliver McGowan training about autism, which had experts by experience in the training team; staff reported that this training was very good. Staff felt that they had good access to training and development but sometimes struggled to find time to complete this due to workplace pressures.

There was a clear workforce development plan that supported in-house staff across all services. There was a workforce development board overseeing the action plan. Some of the actions were delayed, and not all actions had a timescale, but there was evidence of progress. For example, there was a target to make the Assessed and Supported Year in Employment (ASYE) programme for newly qualified social workers more comprehensive. To support this Skills for Care completed an audit of ASYE in April 2025. The report stated there had been progress with the consistency and quality of the ASYE programme, however some work was needed on managers and senior managers being consistent and understanding the ASYE process. The Workforce Development board reflected on the lack of management support to progress in recruitment and the support needed for ASYE's to finish their programme. As a result of this, the board had secured funding for a new role of practice assessor to support newly qualified social workers. Staff talked positively about workforce development and talked about the opportunities to undertake Occupational Therapy and Social Work qualifications at Hackney Council.

Staff reported that they felt listened to, had regular supervision, and their well-being was central to managers. There was evidence that mechanisms like staff workforce surveys and the workforce race equality standard were used to monitor and continually improve the work environment for staff. A key driver for the local authority was to make Hackney Council an anti-racist employer; they had noticed that staff in their provider services were more likely to be from an ethnic minority background. They were working to give these staff clear career pathways and additional support to improve their access to better-paid roles.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improved people's social care experiences and outcomes. The local authority had strong relationships with health, the voluntary sector and had started working with residents in co-production. There were many examples of Hackney Council working in partnership, and they were seen as a community leader. Where Hackney Council were unable to provide money to support community growth, they had offered their buildings to community groups as shared spaces to support collaboration and stability in the sector.

Many partners we spoke to talked about the carers' strategy and how this had been completed in co-production, with this being held up as a good way of working. Hackney Council staff talked about the carer's strategy and how over 160 residents had been involved in its development, and through this, they had identified what was important to Hackney carers before they set priorities. The local authority had a co-production and engagement officer to continue to build on the success of this co-production exercise and support staff to think about how they could work with people with lived experience in all aspects of their work. People with lived experience talked about areas where coproduction could be improved, including more face-to-face meetings, taking more account of communication needs, and being more open about financial decision-making.

There was limited evidence of how staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. Though there was some work starting through public health with a local university to complete ethnographic research with the African community, and there were examples of the local authority doing local research on needs to inform service planning with the support of public health.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. There were multiple examples of the local authority drawing on third-party support and peer reviews. This included an internal consultancy working with social care for over a year as part of the transforming outcomes programme, and companies being brought in to complete needs assessments, like the housing needs assessment, to support service planning.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. There were plans in place to improve this to inform strategy, improvement activity, and decision-making at all levels. There was evidence that the local authority engaged regularly with national indicators to benchmark their performance, as they were used as outcome measures in the Adult Social Care Plan. Hackney Council had also developed some additional questions for the Adult Social Care Survey to determine if they had achieved the outcomes that they wanted for people. These outcomes were 'I statements' that they had developed with people receiving services. 'I statements' are designed to empower individuals by giving people a voice and setting clear expectations. For the adult social care priority 'Personal to you', a corresponding statement' was 'I feel listened to, and my needs are taken into consideration', which translated into a question in the Adult Social Care Survey about whether people felt their carers listened to them.

There was also evidence that the local authority analysed complaints, and this led to recommendations for the improvement of the services every quarter, in the third part of 2024/2025 the local authority dealt with 102 complaints, at different stages. The key themes of these complaints were analysed, with 32% of complaints relating to a delay in doing something and 15% relating to failure to do something. The local authority had also recently piloted gathering feedback from people alongside undertaking internal case audits of practice, to get a richer understanding of the quality of the service. There was evidence that respondents felt treated with respect and dignity but had mixed experiences of being given clear information on what would happen next. Each Head of Service was responsible for acting on lessons learned and feedback for their own service, but there was no place for themes to be drawn together across the directorate or with partners to explore if the issue was impacting more broadly across social care and the system.

There were processes to ensure that learning happened when things went wrong, and from good practice. Leaders encouraged open communication, reflection, and collective problem-solving. This was evidenced in the work of the Safeguarding Adults Board and in the open approach that the local authority had in sharing where things had gone wrong. For example, in August 2024, a coroner's report highlighted that a piece of technology, which enabled care, had not been working at the time of a fall and probably contributed to a person's death. This led to the local authority putting in place a clear process to make it clear who was responsible for supporting the provision of technology when it is provided as part of a care and support plan, as well as improving education about technology-enabled care.

There was a sense of energy in the local authority to improve now that they had recovered core systems after the cyber-attack, and the transforming outcomes programme had helped the local authority to reset and move forward with its priorities for the future.