

# Children and Education Scrutiny Sub-Committee

## Combined Agenda Pack

**Thursday, 4 May 2023 at 6.30 p.m.**  
**Council Chamber - Town Hall, Whitechapel**

### **Members:**

**Chair:** Councillor Bodrul Choudhury

**Vice Chair:** Councillor Ahmodul Kabir

Councillor Abdul Wahid, Councillor Ana Miah, Councillor Amina Ali, Councillor Shahaveer Shubo Hussain, Councillor Leelu Ahmed and James Thomas

### **Co-opted Members:**

Shiblu Miah ((Muslim community representative)), Dr Phillip Rice (Church of England Representative), Joanna Hannan (Representative of Diocese of Westminster), Abena Adeji (Parent Governor), Ashraf Zaman (Parent Governor) and Nafisa Ahmed (Parent Governor (Vacant))

**Substitutes:** Councillor Harun Miah, Councillor Kamrul Hussain, Councillor Amin Rahman, Councillor Mufeedah Bustin, Councillor Asma Islam and Councillor Amy Lee

[The quorum for the Sub-Committee is 3 voting Members]

### **Contact for further enquiries:**

Democratic Services,

[justina.bridgeman@towerhamlets.gov.uk](mailto:justina.bridgeman@towerhamlets.gov.uk)

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## **A Guide to Children and Education Scrutiny Sub-Committee**

The Children and Education Scrutiny Sub-Committee has been established to scrutinise the provision, planning and management of children and young people's services – including children's social care; safeguarding children; children in care; SEN and education inclusion, troubled families and the Youth Offending Service (YOS) education, learning and schools; youth services; early years; education capital estate and youth & play services.

The Children and Education Scrutiny Sub-Committee will discharge the Council's statutory functions to undertake overview and scrutiny, insofar as these pertain to Children's and Education matters. This will include:

- a) Reviewing and/or scrutinising decisions made or actions taken in connection with the discharge of the Council's children social care and education functions;
- b) Advising the Mayor or Cabinet of key issues/questions arising in relation to children and education reports due to be considered by the Mayor or Cabinet;
- c) Making reports and/or recommendations to the Council and/or Mayor or Cabinet in connection with the discharge of children and education functions;
- d) Delivering (c) by organising an annual work programme, drawing on the knowledge and priorities of the Council, registered providers and other stakeholders, that will identify relevant topics or issues that can be properly scrutinised;
- e) Holding service providers to account, where recent performance fails to meet the recognised standard, by looking at relevant evidence and make recommendations for service improvements;
- f) Considering children and education matters affecting the area or its inhabitants, including where these matters have been brought to the attention of the sub-committee by tenant and resident associations, or members of the general public; and
- g) The sub-committee will report annually to the Overview and Scrutiny Committee on its work.

### **Public Engagement**

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website. More detail of how residents can engage with Overview and Scrutiny are available here

[Overview and scrutiny \(towerhamlets.gov.uk\)](https://www.towerhamlets.gov.uk/overview-and-scrutiny)

# London Borough of Tower Hamlets

## Children and Education Scrutiny Sub-Committee

Thursday, 4 May 2023

6.30 p.m.

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTERESTS (PAGES 5 - 6)

Members are reminded to consider the categories of interest, identified in the Code of Conduct for Members to determine: whether they have an interest in any agenda item and any action they should take. For further details, see the attached note from the Monitoring Officer.

Members are also reminded to declare the nature of the interest at the earliest opportunity and the agenda item it relates to. Please note that ultimately it is the Members' responsibility to identify any interests and also update their register of interest form as required by the Code.

If in doubt as to the nature of an interest, you are advised to seek advice prior the meeting by contacting the Monitoring Officer or Democratic Services.

### 3. MINUTES OF THE PREVIOUS MEETING (PAGES 7 - 14)

To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the held on 9 February 2023

### 4. CESSC Action Log

#### 5.1 Improvements made since Ofsted Inspection and Councils Response to National Review (Pages 39 - 78)

TO FOLLOW

#### 5.2 Children's Safeguarding Partnership Review (Pages 79 - 88)

TO FOLLOW

#### Next Meeting of the Children and Education Scrutiny Sub-Committee

Tuesday, 11 July 2023 at 6.30 p.m. to be held in Council Chamber - Town Hall, Whitechapel



# Agenda Item 2

## **DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER**

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

### **(i) Disclosable Pecuniary Interests (DPI)**

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

**DPI Dispensations and Sensitive Interests.** In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

### **(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)**

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

### **(iii) Declarations of Interests not included in the Register of Members' Interest.**

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

### **Guidance on Predetermination and Bias**

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

### **Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting**

In such circumstances the member may not vote on any reports and motions with respect to the matter.

**Further Advice** contact: Janet Fasan, Director of Legal and Monitoring Officer, Tel: 0207 364 4800.

## **APPENDIX A: Definition of a Disclosable Pecuniary Interest**

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either—  (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or  (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

COMMITTEE, 09/02/2023

**LONDON BOROUGH OF TOWER HAMLETS  
MINUTES OF THE CHILDREN & EDUCATION SCRUTINY SUB  
COMMITTEE**

**HELD AT 6.30P.M. ON THURSDAY, 09 FEBRUARY 2023**

**COUNCIL CHAMBERS – TOWN HALL, 160 WHITECHAPEL ROAD,  
LONDON E1 1BJ**

**Members Present in Person:**

Councillor Bodrul Choudhury            -(Chair)

Councillor Ahmodul Kabir

Councillor Abdul Wahid

Councillor Ana Miah

Councillor Leelu Ahmed

**Members Present Remotely:**

Councillor Amina Ali

**Co-optees Present in Person:**

Shiblu Miah                                    -(Muslim Community Representative)

Joanna Hannan                                -(Diocese of Westminster Representative)

**Officers Present in Person:**

James Thomas                                -(Corporate Director, Children and Culture)

Susannah Beasley-Murray                -(Director of Supporting Families)

Matthew Eady                                 -(Director of Commissioning and Culture)

Katie Cole                                     -(Associate Director of Public Health for Children  
and Families)

Kelly Duggan                                 -(HOS Youth Justice & Young People's Service  
LBTH – Children's Services)

**Officers Present Remotely:**

Khadra Said                                    -(Youth Participation Officer)

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Sumaira Tayyab -(Public Health Lead Maternity & Early Years)

Filuck Miah -(Senior Strategy and Policy Officer)

Justina Bridgeman -(Democratic Services Officer, Committee Governance)

**Invited Guests**

Councillor Maium Talukdar -(Deputy Mayor and Cabinet Member for Education)

Councillor Gulam Kibria Choudhury -(Cabinet Member for Health, Wellbeing and Social Care)

Abdul Hasnath -(Youth Work Manager)

Khalishah Rahman -(Young Tower Hamlets Resident)

Mohammed Habib -(Tower Hamlets Youth Council)

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Shubo Hussain, Dr Phillip Rice, Church of England Representative, Ashraf Zaman and Abena Adeji, Parent Governor Representatives.

**2 DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of pecuniary interests.

**3 MINUTES OF THE PREVIOUS MEETING(S)**

The minutes of the Sub Committee meeting held on 8 December 2022 were approved as a correct record of proceedings.

**4 CESC ACTION LOG**

The action log was circulated for attendees.

**5. REPORTS FOR CONSIDERATION**

**5.1 Youth Provision**

Councillor Maium Talukdar, Deputy Mayor and Cabinet Member for Education introduced Susannah Beasley-Murray, Director of Supporting Families and Kelly Duggan, Head of Youth Justice and Young Peoples Services, who gave a brief overview of the youth provision current and proposed offer, then invited the sub committee to discuss how improvements can be made.



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The presentation included three main components of the proposed service, the key deliverables in achieving this, desired timescales from March 2023 until January 2024, and details of when the workforce model will be in operation. Representatives of Osmani Trust were also in attendance and discussed how the girls youth club has made a positive impact in supporting approximately 148 young women in the borough so far this year.

Further to questions from the sub committee, Susanna Beasley-Murray and Kelly Duggan;

- Clarified that the demographic breakdown of 70/30 relates to commissioned work undertaken. Young residents and families are encouraged to participate in youth clubs in the borough.
- Explained that self-referral forms are available on-line, and referrals are received from schools. The Family Hub Project also promotes the service and engagement is ongoing regarding new ways to publicise and alleviate family safety concerns. Consideration will be given to an app throughout the communication group workstream process.
- Noted that a Girls Leadership Programme has been established to recruit secondary school age young girls to the service, and partners also provide youth provision within Tower Hamlets.
- Clarified that details of ethnic categories are provided by the children who self-define their ethnicity when completing the registration form. This ensures accurate data is provided. At this time data from four Somali providers is pending. An update will be provided to the sub committee once received.
- Noted that ensuring the right staff are recruited to work with young people is paramount to the youth provision service, as is breaking down issues with 'postcode conflicts' in neighbouring areas. This will promote community safety with assistance from the Integrated Detached team service and Exploitation Awareness staff.
- Explained that this model differs from the former Rapid Response team, as more integration with other aspects of children's services using a modern streamlined approach will be taken. Consideration will be given to weekend provision of the service in specific areas with assistance from schools.
- Clarified that there is a dedicated work stream for finance and quality assurance to ensure the budget is spent and governance is documented robustly. This is an improved version using lessons learnt and best practice from the previous in-house model and will be inline with youth work national standards.

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- Noted that borough residents have requested further investment in safe and diverse youth provision, to combat increased crime within the borough. Stringent monitoring and KPI's will be implemented and scrutiny by the sub committee is welcomed to ensure high standards are maintained.
- Clarified that an update on staff turnover figures will be provided to the sub committee. A development workstream has been established to deal with training and retention, to guarantee the right managers are in place to support frontline staff and safeguard children.
- Explained that there are risks with changing the current staffing model and incremental changes with sustained engagement are preferred. The commissioned services and voluntary sector are committed in providing quality provision to the residents.

**RESOLVED that**

1. An update on the background and ethnicity of children using the service will be provided to the sub committee.
2. An update on the staff turnover figures will be provided to the sub committee.
3. That the presentation be noted.

**5.2 Safe East School Health Services**

Katie Cole, Associate Director of Public Health for Children and Families and Sumaira Tayyab, Programme Lead, Children and Adolescence, gave a brief overview of the children aged 5-19 and adolescents public health programmes. The presentation focused primarily on the School Health and Wellbeing Service, which is delivered by the GP Care Group and Integrated Young People's Health and Wellbeing Service (Safe East).

Further to questions from the sub committee, Katie Cole:

- Clarified that a joint strategy needs assessment is one of the methods used to reduce inequalities children face in the borough. The current challenge is accessing effective data which records ethnicity for accurate analysis, as not all health service partners keep this type of data.
- Noted that a BAME inequalities workstream is in development to increase the data and diversity within the workforce to mirror the community. An apprenticeship scheme has been introduced, and new public health posts have been filled by staff living in the borough.
- Explained how the 'Healthy Weight for Tower Hamlets' initiative, looks at the environmental and community factors leading to child obesity and the ways families can improve the food consumed on a community level.

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- Clarified that many families found correspondence informing them that their children were overweight did not give enough clarity. After discussions with families, a culturally appropriate toolkit is now used to effectively engage with parents and modifying the programme, leads to a more streamlined approach to the service.
- Explained that further work with children and young people has been adapted for additional health and wellbeing support. Details of the uptake of Safer East outreach sessions will be brought to the sub committee outside of this meeting,
- Clarified that consideration is required by the school's health services and partners to support children's mental health. The 'Tower Hamlets Together' programme details comprehensive work around reducing inequalities between ethnic groups and other subsections. Further details on the programme can be submitted to the Sub Committee outside of this meeting, as these are monitored quarterly.
- Noted that additional funding has been given to the free school meals improvement programme, currently in development.
- Explained that there is a shortage of school nurses, and a national recruitment drive is in progress to increase and retain staff across the country. Work around North East London is currently taking place to create training opportunities and career progression for the sector.
- Clarified how the youth centres promote the service via posters, word of mouth referrals and visits schools within the borough during assemblies and through social media. One of the core values lies in enabling young people to be positive around their mental and physical health and wellbeing.

**RESOLVED that**

1. The uptake level figures of Safer East outreach sessions will be brought to the sub committee outside of this meeting.
2. Further details on the Tower Hamlets Together Programme can be submitted to the Sub Committee outside of this meeting.
3. The presentation be noted.

**5.3 Challenge Session Report: Increasing women and girls access and participation with sports provision and physical activities in the borough**

The Chair introduced the report findings and recommendations held in November 2022 for the sub committee. The following were considered;

- Key barriers that's stopping women and girls from taking up on sustaining access to sports provision and physical activities in the borough.

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- Key challenges that the Council and its partners face in increasing woman and girl access to sports provision, physical activities in the borough.
- Policy solutions needed to address the challenge and have a positive impact. Who needs to be involved? How do we need to approach this?

After consideration the sub committee **APPROVED** the six recommendations:

- Community Engagement  
Using the co-design framework, the Council's Sports and Physical Activity Service (CSPAS) will set up a steering group to engage women and girls on their needs for accessing sports provision and physical activities.
- Affordability  
CSPAS should work in partnership with the borough's sport delivery partners, Voluntary and Community Sector (VCS) and grass root sports to ensure that access and participation in sports provision and physical activities is both affordable and is actively encouraged to women and girls.
- Campaign and Publicity  
. CSPAS should consult the Council's Corporate Communication Service alongside partners' comms services to positively promote women's sports provision and physical activities borough wide.
- Female Friendly Infrastructure  
CSPAS will collaborate with key partners to develop dedicated female friendly infrastructure and includes location, timetable of facilities, build in competitions and develop scope for employment and training pathways for females to work in the fitness sector.
- Quality Monitoring, Intelligence Capture and Audit  
CSPAS will develop robust systems to capture and measure key diversity, equality and usage performance information across all provisions for women and girls. Monitoring should also include, policy reviews, mystery shopping and pulse audits to ensure that the sports provision is relevant, and sustainable.
- Women and Girls Safe Routes to Sports Provision and Physical Activities  
CSPAS will use the feedback from women and girl (on safe routes to sports venues) and engage and work with key partners such as Transport for London public realm and regeneration, to ensure that any policy or access redesign takes on board and reflects the views women and girls.

**RESOLVED that**

1. The Challenge Session recommendations be approved and noted.

**6. ANY OTHER RESTRICTED BUSINESS CONSIDERED TO BE URGENT**

None

The meeting ended at 8:10pm  
Chair, Councillor Bodrul Choudhury  
Children and Education Scrutiny Sub Committee

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Name of Committee: Children and Education Scrutiny Sub-Committee

Municipal Year: 2022-23

Reference	Action	Assigned to	Scrutiny Lead	Due Date	Response
Insert date	Insert agenda item title and the action requested by the committee	Insert name of director	Insert scrutiny lead	Insert Date	Response provided by the service/ witness
14.07.22					
13.10.22	<p><b>1. Youth Justice: The Youth Justice Service Performance with a specific focus on drugs, grooming of young people and county lines</b></p> <p>The committee requested a response about the new responsibilities around education and attendance.</p>	James Thomas Corporate Director for Children & Culture	CLlr Bodrul Choudhury CESSC Chair	20.10.22	Response provided on 19.10.22. See Appendix 1 for response.
	<p><b>2. Youth Justice: To understand the findings from the inspection report and review the plan for improvement</b></p> <p>The committee raised concerns about the rising number of children from Tower Hamlets entering the criminal justice system and wanted to know why.</p>	James Thomas Corporate Director for Children & Culture	CLlr Bodrul Choudhury	20.10.22	Response provided on 19.10.22. See Appendix 2 for response.
21.11.2022	Challenge Session: Increasing women and girls access to sports provision	James Thomas Corporate Director for Children & Culture	CLlr Bodrul Choudhury	20.12.22	See Appendix 3 response received on 12 <sup>th</sup> January 2023

	<p>The committee requested data/breakdown of female participation in sports in Tower Hamlets, with a specific focus on ethnicity.</p> <p>The committee requested a response on whether the 'first come' policy has been reviewed.</p> <p>The committee requested a response on any actions or plans being taken to redesign existing sporting facilities in Tower Hamlets to make them more accommodating to women and girls.</p>				
Page 16 08.12.22					
09.02.23	<p><b>5.2 Safe East School Health Service</b></p> <p>The committee requested further data on the uptake of Safe East Outreach Sessions.</p>		Cllr Bodrul Choudhury	10.03.23	Not yet provided, will be included as Appendix 4 once received.
	<p><b>5.2 Safe East School Health Service</b></p> <p>The committee requested detailed information on Tower Hamlets Together including the workplan.</p>		Cllr Bodrul Choudhury	10.03.23	Response provided 09.03.23. See Appendix 5 for response.
	<p><b>5.1 Youth Provision</b></p> <p>To provide a written response on how ethnicity data is being collected for youth service participation with specific reference to Black</p>		Cllr Bodrul Choudhury	10.03.23	Response provided 21.03.23. See Appendix 6 for response.



## Scrutiny Action Log

	African or Caribbean young people and provide clarity on whether there is any overlap between categories e.g., Somali and Black / African.				
04.05.23					

### Appendix 1:

#### The new responsibilities and attendance

#### **The role of the Virtual School supporting the YJS and the *educational engagement\** of children on orders.**

\*Please note that educational engagement is the term used by the Department of Justice that means attendance but also has a wider meaning re: enabling attendance for children with no ETE offer. i.e. Taking a child presenting as NEET to ETE.

The Virtual School for Children in Our Care (CIOC) works alongside the YJS to support all children who are on an order, to improve or create engagement with education. Put simply, this is attendance with or sourcing of an educational offer.

There is an element of cross over with the most difficult to reach cases in care also coming under the YJS so the Virtual School jointly funded an education officer with the service.

The Education Officer is a qualified teacher (QTS) who works between the Virtual School and YJS.

The Virtual School also works across Education and the Social Care provision of the authority to get the best outcomes for children in its remit. This is a very powerful synergy, providing comprehensive insight and support for professionals and the children. At inspection this was seen as strength.

The Education Officer is part of a team of education professionals in the Virtual School, receiving constant educational continuous professional development (CPD) essential due to the fast-paced movement of curriculum change in KS4, KS5 and vocational education that our children access. The post holder provides strategic support to all YJS staff across the entire cohort whether in care or not. This support includes navigating school and college offers to make sure all children have an ETE offer. For example at the start of the academic year advocating for young people, often in place of their parents, to make informed decisions about education offers. This advocacy is essential due to the challenging nature of the cohort, which has high levels of SEND, EAL and histories of underachievement, exclusion and disruption to learning.

The Education Officer and Headteacher of the Virtual School are the visible face of the service for our schools and other establishments, reassuring, supporting and challenging teachers and leaders to promote the educational engagement of our children. It is essential that our children and their needs are visible. This representation extends to the Tower Hamlets Safeguarding Service (THESS) which is also under the remit of the Virtual School Headteacher. This linkage provides regular insight

into the Designated Safeguarding Lead network (DSLs) of all our schools. This allows the service to clearly communicate policy and expectations for education in the YJS across the LA.

Education placement and via this attendance, is further supported by the Education Officer being a sitting member of the Fair Access Panel (FAP) which makes sure that school age children with issues arising are placed in the most suitable provision. This linkage means that 100% of our school age children have a school to attend.

It is essential that the needs of our learners are advocated for with internal and external agencies who can offer support to improve engagement. When needs are met, attendance improves.

The education officer links with the wide variety of education, vocational and careers areas that the LA offers. For example, the SEND department has a Youth Justice Champion who assists advocating for needs assessments and health requirements to be reflected into comprehensive Educational Health Care Plans (EHCPs) sometimes created from scratch because the need has previously been missed.

The THESS also has oversight of Children Missing in Education and any child Electively Home Educated (EHE). In other authorities' children known to the YJS can fall into these categories in particularly EHE. Our joined-up services mean we are alerted to any child in these categories instantly. We do not have any electively educated child out of school on an order nor would it be allowed.

**Attendance work in place** - A key responsibility of the Education Officer is to promote engagement with education. This means good and regular attendance to set ETE hours and for statistical purposes, this is measured as "on the last week of the order." This is that we aim to improve attendance, or in many cases, gain education offers for children so their engagement is better by the time their order is complete, than when they joined the service.

**School age** - In the Virtual School, we monitor attendance in real time for all children in care. To do this for the YJS, we work with the Behaviour Attendance Support Service – BASS – to monitor attendance daily with our schools. This monitoring has 100% coverage for children of school age and has proved very effective in spotting attendance tailing off or difficulties at school. Schooling provides many the supervision hours required by an order. Our work with the BASS means that 100% of our school age children have an educational offer and 70% of those children improved or maintained their attendance while on an order last year. 30% of those children had very good attendance at 85%+. This confirms that being on an order has a positive impact on a child's engagement with education. This makes sure a child is safe and gaining the skills and support to we hope not to reoffend.

**Post-16** - Monitoring attendance for young people Post-16 is more problematic. This is due to the wide range of institutions involved, varying attendance requirements for College Courses and the co-operation of FE colleges in data collection. To counter these issues, the Virtual School pays for an Attendance and Welfare Officer from the BASS to phone institutions and develop relationships. The officer has now been in place for the last year, progressing attendance monitoring from just at New City College and LEAP in the LA to a wider range of both in and out of borough institutions. Coverage is not 100% and there are children in this cohort NEET. However, 54% of children in a provision monitored had improved or maintained their attendance while on an order last year.

The challenge at Post-16 remains the number of children NEET. Many come to notice out of the academic cycle, making it very difficult to gain a place on a course. Work and apprenticeship options are limited because the majority do not have L2 English and Maths – a requirement for these options.

We have put in place three solutions to this issue

- Halilbury Youth Centre offers access to Street League, which provides sports leadership qualifications and L2 Functional Skills English and Maths. This is often 1:1 support for the most challenging young people.
- Prevista at KitKat Terrace also offer Functional Skills L2 English and Maths. This is in a group setting and can be joined on a rolling basis as children come to notice. This also supports over 18's who need to gain L2 English and Maths.
- Finally, in the past two years, LEAP – our alternative provider – has extended its offer to children Post-16. At present, this is for children already studying at LEAP graduating from KS4. This is a sizable number of our cohort. This is a fantastic support for our children as it provides a continuous education offer with professionals they know and trust. Courses include Functional Skills in English and Maths as well as pathways into work via the West Ham Foundation and NHS. The offer at LEAP has been further improved for children known to YJS by winning funding for a Task Force from the Department of Justice to support children who could be drawn into crime.

**New responsibilities for the Virtual School and how these will support the YJS** - The Education Officer was put in place to give expert support to our children but also because horizon scanning by the Headteacher indicated a direction of travel from the DfE and central government re: Virtual Schools being asked to support a wider remit of children vulnerable.

You will notice the Virtual School Headteacher has the additional title: Executive Headteacher of the Corporate School for Children Vulnerable. The latest of these additional responsibilities is now formally in place: Children With A Social Worker (CSW) – See attachment.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1086931/Promoting\\_the\\_education\\_of\\_children\\_with\\_a\\_social\\_worker\\_-\\_virtual\\_school\\_head\\_role\\_extension\\_2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1086931/Promoting_the_education_of_children_with_a_social_worker_-_virtual_school_head_role_extension_2022.pdf)

This new responsibility is strategic. It requires the Virtual School to move to monitor and give support to schools and agencies working with CWS, making the needs of these children visible. Underachievement of this group is higher for all metrics than Children in Care. Care in almost all cases sees a rise in attendance, outcomes and progress for

CIOC. Our first step on meeting this challenge has been to appoint an Assistant Headteacher to be the visible advocate for CSW and champion initiatives to support key groups in the cohort. The YJS cohort is one of these groups – we will be researching what works and what are the common challenges for CSW on cohorts. This work will be supported by a DfE research partner, and we have further reached out to the National College of Education for academic support.

The new responsibility is formative, and the post holder must contribute to research re: what works for Children in Need (CIN), requiring Child protection (CP) or close to care. Every authority will be sharing their findings to agree national policy going forward.

**Appendix 2:**

**More children are in our criminal justice system.**

We are not able to compare the total number of children that we are working with in total to that of our neighbours. However, we can compare performance against Key Performance Indicators (KPIs) that all Youth Justice services are marked against.

**First Time Entrants:**

Our First Time Entrants are higher than Waltham Forest and Hackney. However, we have been able to reduce our numbers year on year by a similar extent to our neighbouring boroughs.

The HMIP report highlighted that we were not using our diversionary offer as well as we could have done. We have had a renewed focus on this and we have already been able to see this in our data of the last 6 months.

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Tower Hamlets and City of London	Waltham Forest	Newham	Hackney
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25962

25962

**First Time Entrants**

**Apr 21 - Mar 22**

First Time Entrants

72	55	93	49
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Rate per 100,000	<b>236</b>	<b>214</b>	<b>278</b>	<b>192</b>
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**Apr 20 - Mar 21**

First Time Entrants	96	72	116	82
Rate per 100,000	<b>313</b>	<b>279</b>	<b>345</b>	<b>321</b>

<b>% difference</b>	<b>-25%</b>	<b>-23%</b>	<b>-19%</b>	<b>-40%</b>
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**Use of Custody**

In relation to the custody KPI of the number of children that we have in custody, we have the lowest rates of children in custody and are doing significantly better than our neighbours for the last 2 years.

<b>Tower Hamlets and City of London</b>	<b>Waltham Forest</b>	<b>Newham</b>	<b>Hackney</b>
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**Use of Custody**

**Jul 21 - Jun 22**

25674

Custodial disposals	2	4	8	11
<b>Rate per 1,000</b>	<b>0.07</b>	<b>0.16</b>	<b>0.24</b>	<b>0.44</b>
<b>Jul 20 - Jun 21</b>				

Custodial disposals

4	4	7	8
<b>0.13</b>	<b>0.15</b>	<b>0.21</b>	<b>0.31</b>

Rate per 1,000

% difference

-6%

0%

3%

12%



Appendix 3**1. Data/breakdown of female sports participation in Tower Hamlets, with a specific focus on ethnicity.**

Leisure Centre Female Participation Breakdown can be viewed in the table below and illustrates the current percentage of BAME female users across the borough. Usage figures were configured from Dec 22 Usage.

Centre	Pre-Paid Members		Usage	
	BAME %	Non-BAME %	BAME %	Non-BAME %
John Orwell Sports Centre	25.23	74.77	60.55	39.45
Mile End Park Leisure Centre	55.49	44.51	64.36	35.64
Poplar Baths Leisure Centre	60.78	39.22	60.91	39.09
Tiller Leisure Centre	51.36	48.64	51.73	48.27
Whitechapel Sports Centre	79.23	20.77	74.27	25.73
York Hall Leisure Centre	28.26	71.74	26.42	73.58
<b>Total</b>	<b>51.96</b>	<b>48.04</b>	<b>58.51</b>	<b>41.49</b>

Current BAME female participation has risen in Q3 but with a slight decrease in pre-paid members across the borough. It should be noted that GLL has declared that the statistics are representative of those who have listed their gender as female and does not incorporate data from pre-paid members that did not disclose their gender or “preferred not to say”. For context it is a national trend that membership and participation reduce as the nights get longer, weather changes and we build to the end of the year.

The recognised way that sports participation, including that for women, is recorded is the Sport England Active Lives Survey. The Council is currently working with Sport England and London Sport to obtain the female participation data for Tower Hamlets, which will be used to set the baseline for our Women & Girls Sport Action Plan

**2. A written response on the ‘first come’ policy (first refusal for bookings) being a barrier to women and girl’s sporting provisions in Tower Hamlets and how the council plan to address this.**

The first come first served priority booking system is an industry standard employed across the country, whereby an existing booker of a sports facility get priority booking in the next period if an application is submitted within the given time period. This provides continuity for the booker and its participants and consequently the ability to maintain participation. There have been no complaints regarding limited or less access for female sport and there is no indication that this policy has adversely impacted female sports participation in any way. Examples of where female participation is well represented (in female football, hockey and rugby) can be evidenced at both John Orwell and Mile End between 18.00 – 22.00.

**3. A written response on any prospective plans for the commissioning/redesigning of existing sporting and leisure spaces to ensure the safety of women and girls, once sports and leisure services move in-house. Also, a written response on working on co-production with women and girls to bring sports into the community.**

All sports facilities are and will be designed in accordance with Sport England Technical guidance, which outlines best practice. Safety is a key consideration within the design guidance and the technical design guidance can be viewed on Sport England’s website [here](#).

A Women’s & Girl’s Sport Action group has been established initially with representation from various Council Departments with the intention to increase membership to include:

- Community / sport representatives and

- Regional and national organisations such as the Muslim Women’s Sport Foundation, The Youth Sport Trust, London Sport etc

The Group is currently planning a programme of female sport starting with the tasks informed by the calls to action from the Overview and Scrutiny and the promotion of International Women’s Day with a week of activity co-produced with the local community designed by women for women.

In preparation for the service coming in-house, the Council will undertake consultation and co-production with partners, users, staff and the community to inform and potential future investment and programming. It is proposed that the first workshop is held in first quarter 2023 to look at options for the future programming of the estate.

As set out above, the Council will seek to engage in April 2023 on how the Leisure Service will operate from May 2024. This consultation is being developed currently, and is expected to include the following themes, if not exclusively:

- Identify what actively deters women and girls from using leisure centres now, whether this is driven by the way facilities are designed, their condition, the cost of the service, the level of staff training, etc.
- Discover what activities women and girls would most want our leisure centres to offer, when, and in what format (e.g. mother & child swimming sessions on a Saturday morning, women only swimming for an hour every day, etc.)
- Find out what improvements would encourage more use of our leisure centres by women and girls, prioritised by the scale of impact, to identify any ‘quick wins’
- Seek advice on what other, non-leisure, facilities and/or activities would encourage women and girls to enter our leisure centres, e.g. places to meet, family friendly spaces, refreshments, etc.
- How women and girls want to be engaged and find out about activity and opportunities.
- Opportunities to gain qualifications, volunteer or enter employment

### **Appendix 5 –Tackling Race Inequalities work (BAME commission) health workstream**

**BAME Commission Public Health Projects****Project Sponsor:**

Dr Somen Banerjee  
Director of Public Health  
London Borough of Tower Hamlets

**Contact:**

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Public Health Programme Lead | BAME Commission |  
London Borough of Tower Hamlets  
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**Introduction**

The lived experiences, opportunities and outcomes for Tower Hamlets' Black, Asian and Minority Ethnic communities (BAME) differ detrimentally from those of their White peers. Structural and institutional racism remains a debilitating issue and many residents have neither had equal access to services or employment nor fair treatment and opportunities.

These were emphasised by the London borough of Tower Hamlets BAME Commission which also highlighted the poorer health outcomes associated with ethnicity, linkages to structural racism and the impact of COVID-19 in bringing these inequalities into focus.

This paper outlines indicative projects and interventions commissioned by Tower Hamlets Department of Public Health in response to the recommendations of the BAME commission. These projects include:

- Embedding Learning from Covid-19 Health Communication in the London Borough of Tower Hamlets
- Culturally Appropriate Health Communication and Engagement
- Barriers and Enablers of Trust in Health Services
- Ethnic Health Inequalities in Tower Hamlets: key stakeholder interviews
- Quantitative data on ethnic health inequalities: June 2022

- Vaccine Hesitancy and Lack of Trust

### **Embedding Learning from Covid-19 Health Communication in the London Borough of Tower Hamlets**

#### ***Background***

This 'lessons learned' project was aimed at evidencing health communication practices with BAME communities during the Covid-19 pandemic towards replicating initiatives that worked well in the Covid-19 response on other health issues. The project adopted a three phased approach to data collection which entailed a qualitative survey completed by professionals who provided health communication and/or engagement activities in response to Covid-19 to Tower Hamlets residents (Phase 1), semi-structured interviews with residents of Tower Hamlets (Phase 2), and semi structured interviews with professionals who provided health communication and/or engagement activities in response to Covid-19 to Tower Hamlets residents (Phase 3).

#### ***Recommendations***

Towards embedding learning, a model of health communication and engagement is set out for use in addressing health issues across the London Borough of Tower Hamlets. This model advocates for ensuring health messages are co-produced, use trusted settings and people to communicate health information, and adopts the use of visual representations and multiple languages in conveying health messages.

##### ***1. Ensuring health messages are co-produced***

Co-production is necessary for creating and delivering health messages which recognise and reflect the reality of residents. However, in co-producing, it is important that the contributions of members of the community are acknowledged and incentivised.

##### ***2. Use of trusted settings and people***

Using trusted settings and community leaders in promoting health messages is essential and underpins the need to convey health messages in settings regularly visited by members of the community for needs not aligned to health.

##### ***3. Conveying health information using visual representation***

Conveying health information through direct and symbolic reflection highlights the broader need for the adoption of different communication format for different groups. Therefore, it is important that health messages are conveyed using direct or symbolic reflections which may be photos, images or memes towards ensuring messages have a wider reach and are understood by a large subset of the population. This also speaks to the need for ensuring messages are accessible to residents living with a disability.

##### ***4. Conveying health information in multiple languages***

Recognising the multicultural nature of Tower Hamlets, the use of translations which reflect the ethnic makeup of the borough is essential in ensuring health messages do not unwittingly exclude sections of the community based on languages written and/or spoken.

### **Culturally Appropriate Health Communication and Engagement**

#### ***Background***

This project aimed at developing and implement guidance for culturally appropriate communications and engagement was intended to in the first instance develop a resource for culturally appropriate health communication and engagement, and thereafter, embed this resource into the working practice of all council departments. Importantly, this is aligned with all five ambitions in the Tower Hamlets Health and Wellbeing Strategy 2021-2025 as embedding

culturally appropriate health communication and engagement ensures our approach to partnership working is evidence based and informed by the lived reality of Tower Hamlets residents.

### **Finding**

To implant the approach of culturally appropriate health communication and engagement, a checklist was generated to be used as a tool to embed this ethos across the London borough of Tower Hamlets:

	<b>Key issue to be addressed</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
1	Has the message been co-designed with the community?				
2	Has technical language been avoided?				
3	Has language of requirement and mandate been avoided?				
4	Does the message induce fear and/or stigma?				
5	Will compliance with the health message disadvantage target community?				
6	Are multiple trusted credible sources utilised to disseminate the information?				
7	Are we disseminating in multiple languages?				
8	Are we disseminating using multiple media?				
9	Have we explored the use of a culturally trusted setting?				
10	Have we made provision for questions and clarifications following message delivery?				
11	Is the message accessible to people with disabilities?				

### **Recommendations**

- Recognising the limitations in health literacy and agency to advocate on own behalf congruent with the health reality of individuals from BAME backgrounds, **opportunity for questions and clarifications must be provided** following the delivery of health messages and engagement activities.
- Consideration should be given to creating a **web version of the checklist** to enable ease of completion.
- The importance of accountability when using the checklist was raised and underpins the need for **sign off by divisional leads of health messages** only following completion of the checklist.
- A mechanism to **monitor and collate the use of the checklist** across the council public health team should be implemented. This could be via the use of an online portal with a dedicated staff responsible for monitoring and training staff on use where appropriate.

- It is important that the checklist is **shared across the region** as an exemplar of good practice and to importantly ensure that the ethos of culturally appropriate health communication is embedded as a norm not only in the London borough of Tower Hamlets, but across regional health systems.

### **Barriers and enablers of trust in health services: health inequalities in BAME communities in Tower Hamlets**

#### ***Background***

Delivered by the Young Foundation and underpinned by co-creating insights with BAME communities on what will facilitate trusting relationships between Tower Hamlets residents and service providers, this was an action-focused piece of research which was resident led and involved semi-structured interviews and round table discussions with 51 Tower Hamlets residents from BAME backgrounds. Through semi-structured interviews and a final round-table discussion, data was also collected from eleven professionals representing local health, council and voluntary sector organisations.

#### ***Recommendations***

- Developing an understanding of cultural competence: Training of all professionals within the health system: this should cover principles of working with ethnically diverse communities rather than attempt to curate knowledge about all cultures.
- Person-centred approach to commissioning of services: Commissioners could consider adopting a more participatory approach to commissioning. Such approaches allow residents to have greater influence over service provision, build understanding of the trade-offs required in commissioning, and help to build trust.
- Improve digital access: Ways to access care online are not straightforward. An equality impact assessment of this digital turn in health services will highlight the ways in which digital services pose a barrier to access.
- Improved in-person access: It is paramount for ethnically diverse communities that in-person access to health services is increased. Residents with specialised needs feel cut off from health services due to the shift online and reported being made to leave if they attempted to visit the GP in person. Better communication of capacity issues and proposed strategies to deal with such issues could also help to manage expectations of residents.
- Accountability and quality checking: Residents suggested using mystery shoppers at the GP or CCTV on wards during the night shift. While these suggestions may not be feasible, they show a desire to know that health services are being quality assured and that there is a route to complaint and redress. This could be achieved through working with commissioners to raise awareness of compliments and complaints processes, and to promote the activities of organisations like Healthwatch. There is a need to understand if and how such existing mechanisms can be strengthened within ethnically diverse communities or if completely new mechanisms are required. Commissioners could also work with ethnically diverse communities to create KPIs around cultural competencies that health services could be benchmarked against.
- Building advocacy capacity: There is a need for ethnically diverse communities to advocate for health service provision which meets their needs, and to have support to navigate the complaints process when inadequate care is received. Long-term funding to enable community organisations to provide this advocacy service could build trust.

### **Ethnic Health Inequalities in Tower Hamlets: key stakeholder interviews**

**Background**

Twelve semi-structured interviews were carried out with key stakeholders and community leads. Participants were from a variety of fields including general practice, voluntary and community organisations, faith leaders, community participation leads, and NHS organisations. Topics covered in the interviews included:

- Experience of the pandemic and issues exacerbated by the pandemic.
- Impact of grief on communities and how this has affected their perception of health services.
- Level of trust between residents and statutory services.
- Whether residents feel that their ethnicity impacts on the services they receive.
- How services can begin to restore trust with various diverse communities.

**Recommendations**Access to culturally appropriate health services:

- Improve health literacy so that diverse communities are better equipped to negotiate the health and care system; this should include information on migrants' rights and information on the purpose of primary care.
- Fund interpretation qualifications for people who are embedded in ethnically diverse and underserved communities; this should include specific training on how to have sensitive conversations around health.
- Continue to run/fund awareness-raising sessions for diverse communities on stigmatised issues.
- Train healthcare staff on ethnically informed care; this should include not perpetuating unhelpful racial stereotypes and recognising symptoms in all ethnicities.
- Embed options for care in community settings e.g. pop-ups, co-location.
- As far as possible, ensure ethnically diverse communities can access a range of services in one location.
- Have single-points-of-contact for each ethnically marginalised group, so that there is always a phone number people can call if they are unable to access needed services.

System barriers

- Use the voluntary and community sector to alleviate burden from statutory health services i.e. make the voluntary sector part of the official care pathway. This could be facilitated by shared line management.
- Funding barriers: consider the realistic length and amount of funding needed to a) meet the administrative and running needs of organisations and b) to realistically achieve the set goals.
- Representation where decisions are made: this should also include putting aside time to integrate new members from ethnically diverse communities into these spaces e.g. buddying.
- Actively work to find and support advocates from 'hidden communities' whose views are rarely represented.
- Recruitment of ethnically diverse professionals into primary care should be prioritized.
- Put in place straightforward complaint procedures, which don't rely on residents needing to 'persist'.



### Data

- Come to an agreement across Tower Hamlets/North East London around how all services should be recording ethnicity data locally.
- Educate communities around why it is important that they accurately fill in their ethnicity data.
- Train frontline staff who collect ethnicity data on how to have these conversations.
- Enumerate the communities where we do not have accurate data.

### Cultural competence

- When undertaking service design, be more creative about the 'cultural translation of services': this means merging biomedical models with other approaches and using a strengths-based approach for some issues.
- Reassess the use of BAME as a blanket term for ethnically diverse communities.
- Integrate family approaches in models of care.
- In terms of improving the cultural competence of workforces, it is important to a) know how to meet the basic common needs which are prevalent to your service area e.g. being able to maintain religious observance properly when in hospital and b) ensure that all staff are trained in emotionally astute approaches, where they do not necessarily need to know everything about every culture, but they need to be able to show respect, to listen, and to be flexible to needs which may be culturally specific.

### Trust

- Change the emphasis of KPI requirements for community and voluntary sector organisations who are working with ethnically diverse groups
- Include 'building trust' as a key objective in contracts with CVS organisations.
- Cultivate trust with ethnically diverse youth in Tower Hamlets from a young age: this can be done through mentoring, career days, and sessions in schools and youth hubs.
- Maintain feedback loops. When you haven't been able to do something, also go back and relay this.
- Services should apologise for some of the experiences people had during the pandemic.
- When services are building relationships with community partners, show that you are willing to sit and have uncomfortable and transparent conversations.
- Stop carrying out further research until recommendations from previous pieces have been acted on.
- Retain the partnership and cross-boundary working from the pandemic.

### **Quantitative data on ethnic health inequalities: June 2022**

#### ***Background***

Data held by Tower Hamlets Council and regional health data were collated towards quantitatively conveying the health profile of Tower Hamlets. It is important to highlight that accessible data was not always disaggregated by ethnicity.

### Top prevalent health conditions: all TH GP-registered residents

Condition	Patients with condition	% compared to list size
Depression	36,560	9.70%
Hypertension	25,951	6.89%
Diabetes mellitus	19,820	5.26%
Asthma	15,135	4.02%
Chronic kidney disease	7,115	1.89%
Chronic heart disease	5,064	1.34%
Mental health	4,623	1.23%
Cancer	4,622	1.23%
Chronic obstructive pulmonary disease	3,535	0.94%
Stroke and transient ischaemic attack	2,519	0.67%
Atrial fibrillation	1,917	0.51%
Learning disability	1,493	0.40%
Heart failure	1,468	0.39%
Rheumatoid arthritis	1,280	0.34%
Epilepsy	1,244	0.33%
Peripheral arterial disease	866	0.23%
Dementia	779	0.21%
Palliative care	450	0.12%
Total	83,635	22.19%

### Top prevalent health conditions: BAME residents\*

Condition	Patients with condition	% compared to list size
Depression	18,921	9.93%
Hypertension	16,591	8.70%
Diabetes mellitus	16,222	8.51%
Asthma	9,274	4.86%
Chronic kidney disease	4,016	2.11%
Chronic heart disease	3,107	1.63%
Mental health	2,995	1.57%
Cancer	1,875	0.98%
Stroke and transient ischaemic attack	1,361	0.71%
Learning disability	1,020	0.54%
Chronic obstructive pulmonary disease	991	0.52%
Rheumatoid arthritis	792	0.42%
Heart failure	744	0.39%
Epilepsy	577	0.30%
Atrial fibrillation	572	0.30%
Dementia	443	0.23%
Peripheral arterial disease	323	0.17%
Palliative care	209	0.11%
Total	49,515	25.97%

\*North East London CCG could only disaggregate the data by excluding White and Unknown ethnicities from the data in order to generate the most prevalent conditions for BAME residents

#### key findings

General: Analysis by ethnicity in Tower Hamlets shows that for many chronic diseases, particularly smoking associated diseases, prevalence is highest in the White population, with **diabetes more prevalent in the Asian population**, and **hypertension, obesity and serious mental illness more prevalent in the Black population**

Hypertension, CVD, and COPD: Black patients (72%) were less likely to be on optimal anti-hypertensive treatment compared to patients of White (76%) or South Asian (77%) ethnicities. COPD prevalence is markedly higher in the White population of Tower Hamlets than all other ethnic groups. Nationally, uptake of cardiac rehabilitation has been found to be lower among BAME groups.

Cancer and Smoking: There are minimal differences in the proportion of cancer diagnoses made at each stage between ethnic groups. Overall cancer incidence was lower than, or similar to, the White population in Asian, Chinese, Mixed men and women, and Black women across all London STPs, but significantly higher in Black men. High overall cancer incidence in Black men was driven by prostate cancer incidence (2.6 times higher than White men). Smoking prevalence and the prevalence of cancer and COPD, which are closely associated with smoking, is higher in the White population in Tower Hamlets

Diabetes and NHS Health Checks: South Asian adults make up 34.1% of the GP registered population, but account for 63.3% of the patients with diabetes. Diabetes prevalence is 3.2% in the White population and 7.6% in the Black population. 87% of South Asians met their target cholesterol level compared to Black patients (77%). Reduction in NHS Health Checks will have had an impact on identifying those at risk of diabetes. Clinicians have raised concerns that this has disproportionately impacted on BAME communities. South Asians and Black residents are over-represented at NHS Health Checks.

Mental Health: White residents have significantly higher rates of bipolar, depression, anxiety and postnatal depression but are significantly less likely to be diagnosed with schizophrenia and SMI. Black residents are more likely to be diagnosed with bipolar and more than twice as likely to be diagnosed with schizophrenia and SMI. Asian residents are less likely to be diagnosed with most conditions but are significantly more likely to be diagnosed with schizophrenia and SMI. Whilst there is a large population of Black residents with CMIs, fewer residents of Black ethnicity are accessing IAPT. Black adults represent 1 in 6 people in East London, but make up 1 in 3 people detained under the Mental Health Act at the point of admission.

Maternity: Tower Hamlets has the highest overall stillbirth rate in NEL at 6.2 in 1000 and this is mainly due to stillbirths to White women and those with Unknown ethnicity. Unknown ethnicity have a very high stillbirth rate at 12 per 1000 births. Babies born to Black (12%) and Asian (11%) women are twice as likely to have a low birth weight than those born to White women (5%). Tower Hamlets has one of the largest differences in rates between Black (42%) and Mixed (40%) women attending A&E during pregnancy compared with White (26%) women. On average 8% of Black women that gave birth in 2021 have hypertension compared with 5% among White women.

Children: There are higher rates of asthma incidence amongst children in South Asian and Black groups. In London, after adjusting for deprivation and health area, compared with White-British children, Somali and Bangladeshi children were less likely to have received three doses of DTaP/IPV/Hib by six months of age (-11% and -5% respectively). 2019/20 NCMP data: Children from Black and Asian ethnic groups are more likely to be overweight and obese.

Miscellaneous: Data from Tower Hamlets indicated that within the high-level ethnic groupings, all non-White groups have a higher rate of Covid-19 cases than the White population. Black, Mixed and Other ethnicities experienced the highest rates of hospitalisations and deaths. At Barts Health Trust, outpatient Did Not Attend (DNA) rates are highest in the Black ethnic group (13.56%), closely followed by the Mixed ethnic group (13.37%). Rates are lowest in the White

ethnic group (9.77%). Unplanned hospital admissions are higher for BAME patients compared to White patients, with the highest unplanned admission rates seen in the Bangladeshi population. Data from 2020 shows that there is a significantly greater proportion of White representation (88%) on the Barts Health NHS Trust Board, as compared to BAME representation (13%)

### Poor quality of ethnicity data

- **Accessing high quality data** which was disaggregated by ethnicity was **extremely challenging**. Some of the data presented is taken from out-of-date datasets where more up-to-date figures could not be accessed.
- Even when consistent data on ethnicity was provided, the categories were often too broad.
- Groups other than those enumerated in the national statutory data collection systems may be important to consider because of their large numbers and/or particular health needs (e.g. Turkish, Somali).
- Qualitative information collected suggested that some people don't like to declare their ethnicity on demographic forms and may tick 'Other' or 'Prefer not to answer'. The data collected reveals this tendency, with 'Other' often being over-represented.
- Without knowing what the population number of different ethnic groups are, and without accurate recording of ethnicity, it is impossible to know if some groups are being underserved for particular health conditions.

### ***Obvious data gaps that emerged from this piece of work***

- At what ages are different ethnicities affected by their first, second, third long-term condition?
- What is the ethnic breakdown of the most common causes of premature mortality (and at what age do these deaths on average happen by different ethnic groups)?
- Collating ethnicity data of people who attend the referrals after their NHS Health Check.
- Childhood immunisation uptake by ethnicity
- Cancer screening uptake by ethnicity: **screening services do not extract this.**

### Vaccine hesitancy and lack of trust

#### ***Background***

Through a series of community conversations led by University of East London (UEL), issues around Covid-19 vaccines were used to explore distrust of institutions, power dynamics, historical and structural racism and neglect towards identifying ways trust can be generated and relationships built between communities and services in Tower Hamlets. The target groups for this piece of work were Somali, Black African, and Black Caribbean communities.

#### ***Update***

The majority of this piece of work has been completed, with seven workshops carried out with the different target groups. The workshops were well received, and participants gave very positive feedback on how these were facilitated by UEL. The data from these workshops is currently being analysed and written up, and a final report is expected by December.


Appendix 6 – Ethnicity Reporting for Tower Hamlets Youth Services

Response:

Reporting from April 2023 will collect data on 19 ethnicity categories as listed below which includes Black Caribbean, Black African and Black Somali:

WBRI	White - British
WOTH	Any other white background
WROM	Gypsy/Roma
MWBC	White and Black Caribbean
MWBA	White and Black African
MWAS	White and Asian
MOTH	Any other mixed background
AIND	Indian
APKN	Pakistani
ABAN	Bangladeshi
AOTH	Any other Asian background
BCRB	Black Caribbean
BAFR	Black - African
BSOM	Black - Somali
BOTH	Any other black background
CHNE	Chinese
OOTH	Any other ethnic group
REFU	Refused
NOBT	Information not yet obtained

The data that has been shared was only indicative and does include some overlap due to the limited categories previously. However, going forward from April 23 as part of the new financial year the service is planning to have all data analysed including demographic analysis that will include the 19 categories listed above.

<p>Non-Executive Report of the:</p> <p><b>Children and Education Scrutiny Sub-Committee</b></p> <p>4<sup>th</sup> May 2023</p>	
<p><b>Report of: Susannah Beasley-Murray</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p>Improvements made since Ofsted Inspection &amp; Councils Response to National Review</p>	

<p><b>Originating Officer(s)</b></p>	<p>Susannah Beasley-Murray, Director, Supporting Families</p>
<p><b>Wards affected</b></p>	<p>All wards</p>

## Summary

This cover report accompanies the presentation slidedeck

Childrens Social Care in Tower Hamlets including:

- Improvements made since Ofsted Inspection, including preparation for future inspection
- Councils Response to National Care Review

## Recommendations:

The Children and Education Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Children and Education Scrutiny Sub-Committee meeting.

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# Children and Education Scrutiny Sub-Committee

Improvements in Children's Social Care –  
Post Ofsted 2019



# 2019 Inspection

- Inspection took place in June 2019 following two years of intensive intervention due to an inadequate rating in 2017.
- Outcome was the services were good in all areas

<b>Judgement</b>	<b>Grade</b>
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Good
Overall effectiveness	Good



# Improvement Infrastructure



- Continuous improvement board (CSCIB) – chaired by the Director of Children and Culture
- Improvement plan developed – monitored via the CSCIB. Ofsted have also had sight and consider it has the right areas of focus.
- Detailed management information report prepared and scrutinised monthly
- Bi-monthly audit cycle to look at the quality of practice. Cases audited and moderated using the Ofsted gradings.
- Regular reports to the Performance Improvement Board and Corporate Safeguarding Board – both chaired by CEX
- Monthly performance surgeries using live, child level data- chaired by the Director of Supporting Families.



# Inspection Preparation



- Regular planning meetings, chaired by Director of Supporting Families and attended by Heads of Service.
- Annexe A data lists prepared
- Required documents ready, or in development with a plan and timeline for completion.



# Children's Services Inspection



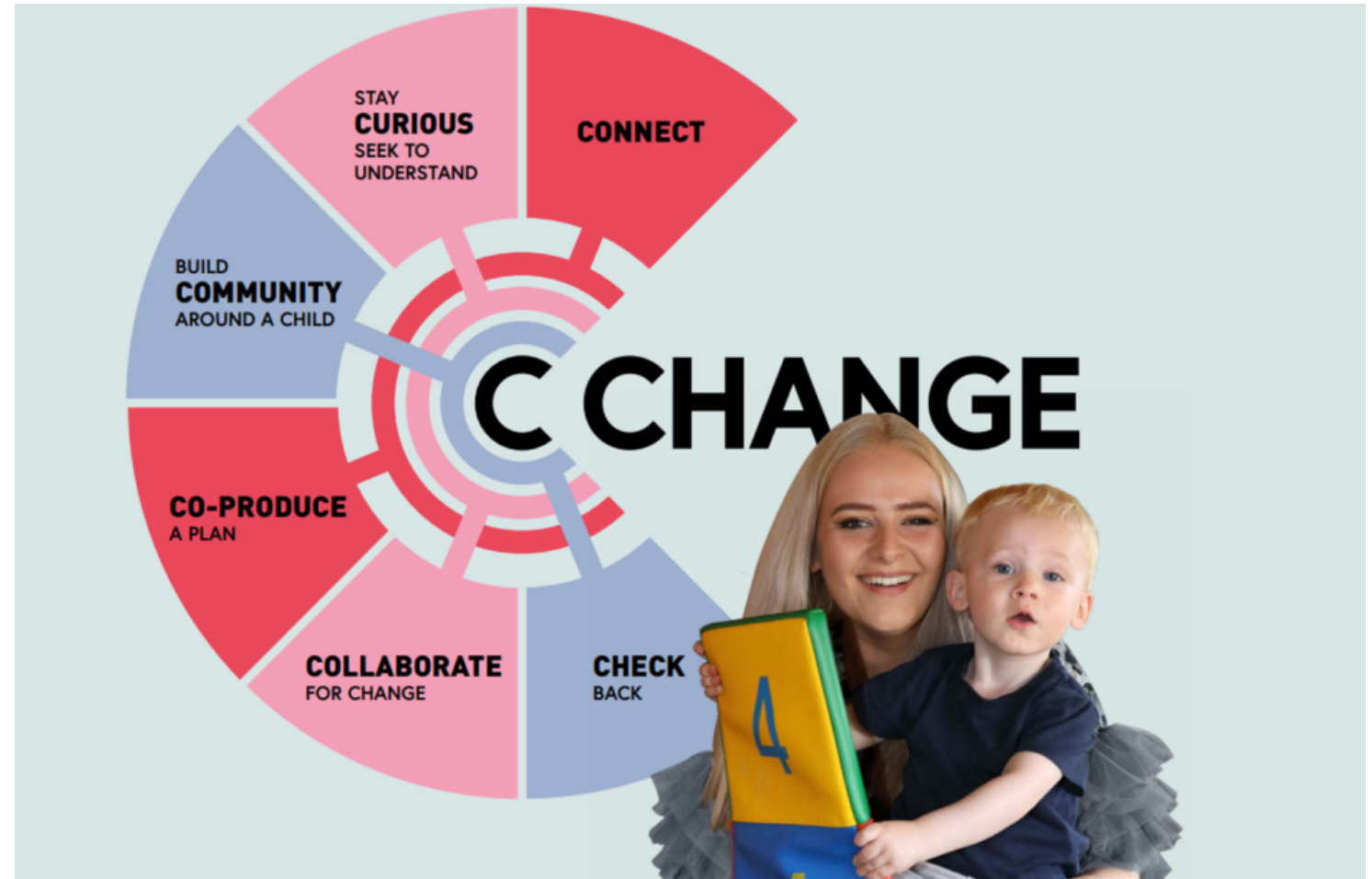
- Inspected by Ofsted – last inspection in 2019 – next expected in the next year.
- Currently rated Good – Second highest rating
- This means our next inspection will be a short inspection – 1 week
- New judgment specifically for care leavers
- Focused visit took place in July 2022 – focus on children we care for and the report was very positive.
- Planning ongoing, regular internal and external reviews of progress.



# Practice Framework – Better Together

## Behaviours we've committed to:

- Be open and honest – do what we say we'll do and explain what happens next
- Listen to understand – be curious, not judgmental
- Value families' experience – work *with* families, don't 'do to' or 'do for' them
- Work to prevent harm and repair damage – to people and relationships
- Empower people – giving high support and having high expectations



# Key numbers (March 2023)



- Number of allocated children – 2503
- CP Plans – 214
  - Rate per 10,000 33.3 (lower than national and regional)
- Children in our care – 301
  - Rate per 10,000 46.8 (lower than national and regional)
- Children in need – 738



# Key Performance Indicators



- Contains 17 key metrics – intended to give a snapshot indication of performance.
- 3 are numbers of children. In the latest report, of the other 14, 6 are RAG rated green (above target), 4 are amber (between minimum and maximum target) with 4 red (below target)
- Of the 4 reds, 3 are below target by less than 1%. All will be addressed and monitored at the next meeting of CSCIB.





# Children's Social Care Highlight Indicators

Mar-23

This report provides summary overview of KPIs linked to child-centred performance management data being used in support of performance improvement across CSC

Performance measure title and reference			Performance from previous financial year	Performance for current period (either snapshot, YTD or rolling year depending on measure) - plus last six monthly performance outturns (where available)									Agreed targets (using corporate minimum/upper model)	Trend line for last 6 months performance	
Ref	Performance Measure	2021/22	Current Performance										Target		Trend
			Num	Denom	Current	Period	Six Month Trend						Min	Upper	
							Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23			
<b>Management Oversight</b>															
1.1	% cases with Management Oversight recorded in past 8 weeks	96%	2,056	2,297	89.5%	Snapshot	89.5%	92.6%	87.9%	88.1%	91.9%	89.5%	90%	95%	
<b>Cohorts</b>															
1.2	Number of CIN (exc. LAC, CP, Care Leavers)	810	n/a	n/a	738	Snapshot	759	797	728	728	749	738			
1.3	Number of children subject to CPP	328	n/a	n/a	214	Snapshot	235	220	226	237	240	214			
1.4	Number of LAC	335	n/a	n/a	301	Snapshot	304	298	297	285	291	301			
<b>Front door / assessment</b>															
2.1	% of contacts completed within 1 day	93.6%	15,595	15,860	98.3%	YTD	98.7%	98.7%	98.5%	96.9%	97.4%	97.3%	90%	95%	
2.10a	% of single assessments completed within 45 working days	83.4%	3,489	3,888	89.7%	YTD	90.9%	91.7%	89.7%	89.5%	89.1%	89.6%	90%	95%	
<b>Plans</b>															
3.1	% of children in need with CIN Plan completed	88.9%	637	738	86.3%	Snapshot	88.5%	89.3%	88.2%	90.7%	87.6%	86.3%	85%	90%	
<b>Visits</b>															
3.3	% of CIN children visited within the past four weeks	84.7%	620	738	84.0%	Snapshot	86.0%	84.1%	72.0%	87.5%	88.5%	84.0%	85%	90%	
4.7.2	% of children on a child protection plan receiving a visit within 10 working days	93.9%	204	214	95.3%	Snapshot	94.5%	97.7%	95.1%	93.7%	92.1%	95.3%	92%	95%	
5.10	% of CLA Single Assessments not yet completed or outside the one year timescale	8.4%	89	301	29.6%	Snapshot	13.4%	13.8%	14.0%	19.9%	28.4%	29.6%	10%	5%	
5.11	% of CLA with visits in last 6 weeks	90.4%	277	301	92.0%	Snapshot	91.8%	87.2%	89.0%	86.4%	89.7%	92.0%	90%	95%	
<b>Reviews</b>															
3.2	% of children with CIN Plan with reviews within last 3 months	92.2%	559	637	87.8%	Snapshot	88.2%	86.4%	87.7%	83.6%	83.4%	87.8%	85%	90%	
4.8	% of CP reviews carried out within statutory timescales	98.7%	140	145	96.6%	Snapshot	98.3%	98.3%	97.6%	97.1%	97.0%	96.6%	96.5%	98.5%	
5.18	CLA cases which were reviewed within required timescales	100.0%	346	346	100.0%	Rolling Year	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95%	100%	
<b>Care Leavers</b>															
6.1	% care leavers "in touch" (17,18,19,20,21 yr. olds with activity updated within last year)	88.9%	264	269	98.1%	Snapshot	96.4%	98.1%	98.1%	98.5%	98.1%	98.1%	90%	95%	
6.2	% care leavers EET	64.3%	208	269	77.3%	Snapshot	70.9%	73.7%	74.1%	74.9%	75.8%	77.3%	65%	75%	
6.3	% care leavers in suitable accommodation	83.6%	254	269	94.4%	Snapshot	93.1%	95.9%	95.4%	95.2%	94.8%	94.4%	85%	90%	

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# What our data tells us



- The number of families requiring support is increasing
- Contacts to our front door are responded to in a timely manner.
- Cases are signposted to Early Help when appropriate
- Children are seen regularly by their social workers
- When required, child protection conferences are convened quickly and reviewed regularly
- Most of the children in our care have had annual health and dental checks
- We are in touch with most of care leavers and most are in Education, Employment or Training
- Most children who go missing are offered a return home interview within 3 days of their return.



# Areas of focus



- Re-referrals – these range from between 19% and 25%, we are working hard to keep this figure as low as possible as we don't want families to keep coming back to our notice.
- Initial Health Assessments for children we care for – All children who come into our care should have a health assessment within 20 working days. Due to capacity issues within the health system, this can be challenging.
- Placement stability – we are working hard to prevent placements from being disrupted and that we minimise the amount of times that children in our care have to move.
- Care and Pre-Proceedings timescales are longer than we would like. Some of this is out of our control due to court delays.



# Internal and external assurance

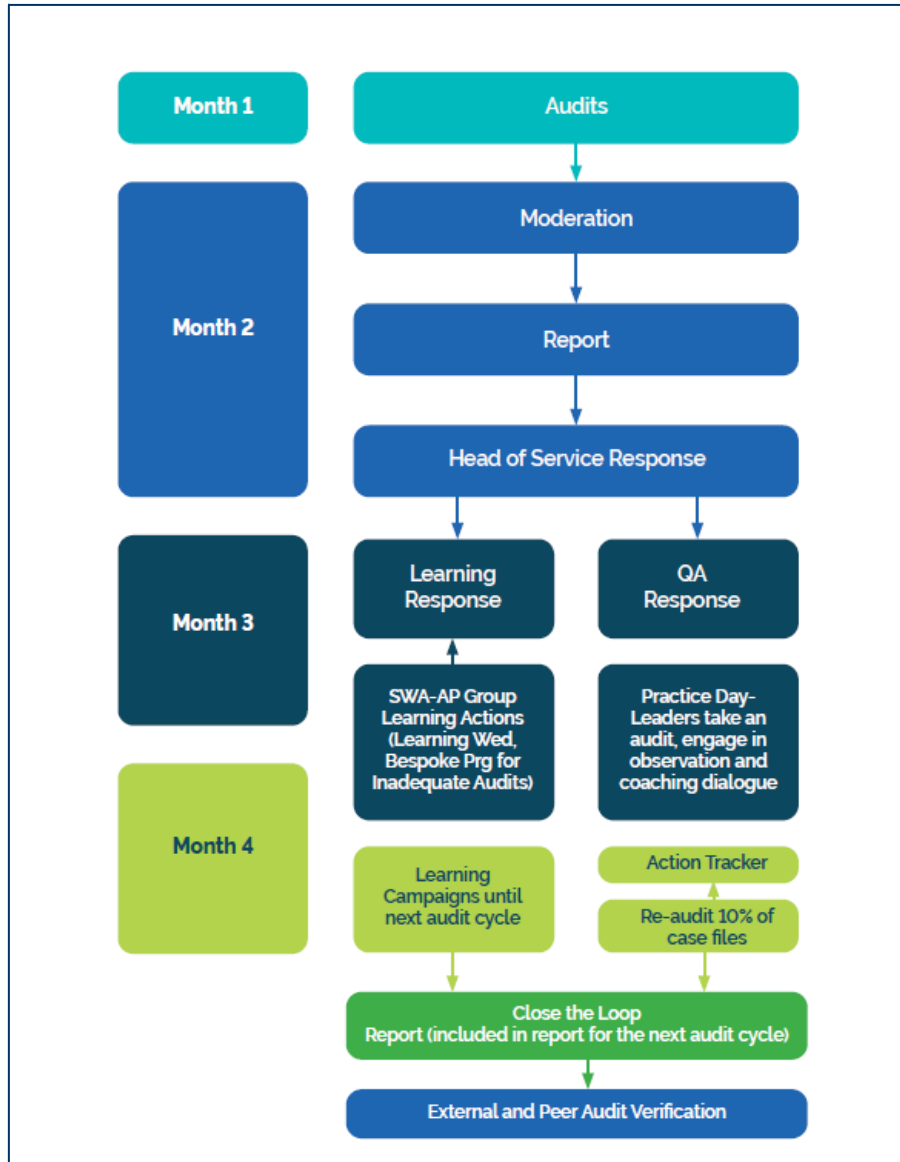


- We have a well developed and robust process of internal quality assurance using a variety of methods including audits, dip samples and thematic reviews.
- These are carefully moderated to ensure consistency and that auditors are correctly assessing the quality of practice.
- We have commissioned external reviews by highly qualified and experienced practitioners to provide further assurance as the quality of our practice.

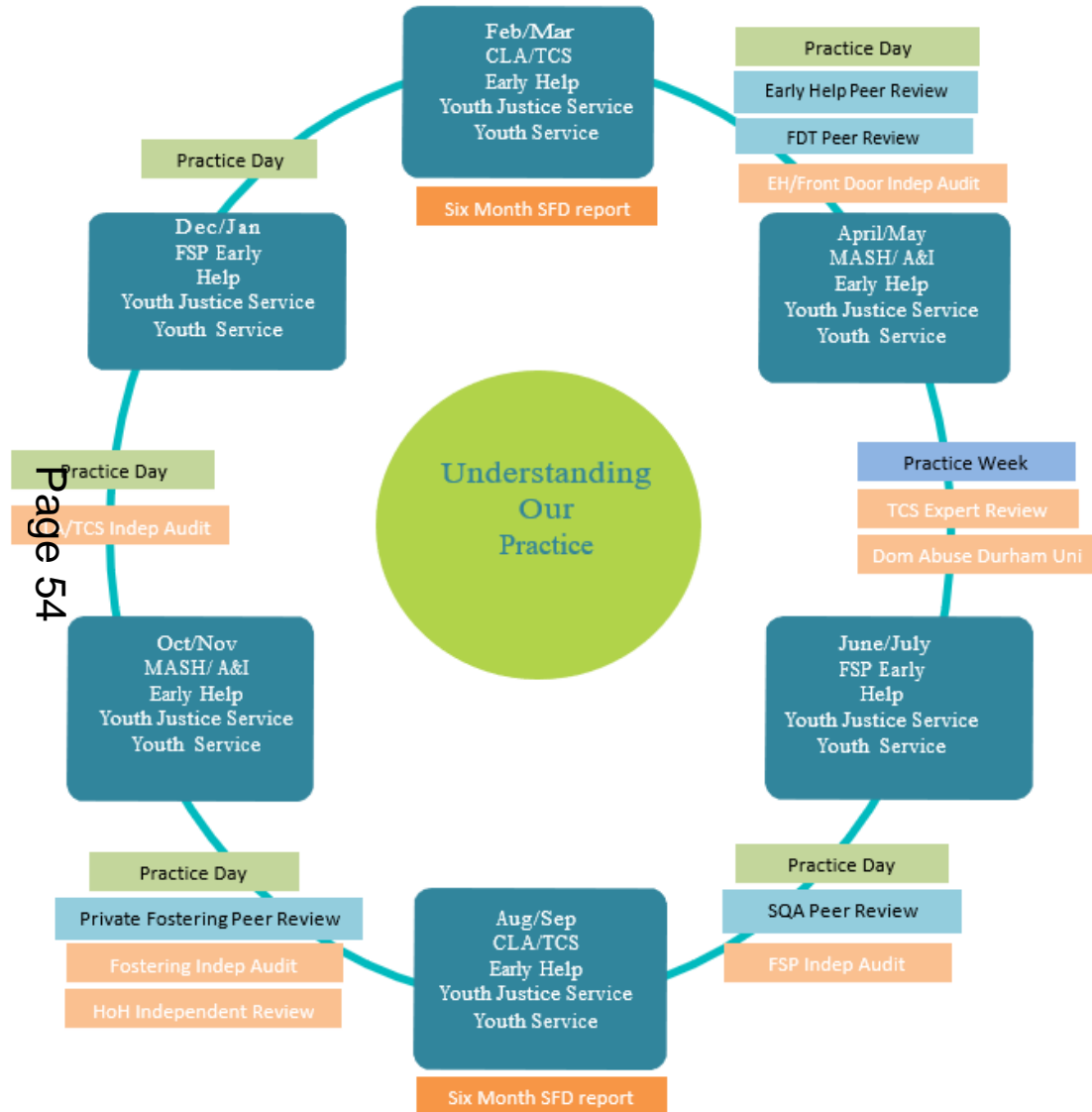


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# The Audit Cycle 2023



- Quality Assure case work of up to 200 children every two months
- Robust system to ensure improvement actions are undertaken
- A sample of the same cases are re-audited to check if improvement actions were completed
- External auditors and Peer Reviewers check audits every 6 months to verify if our audits are reliable

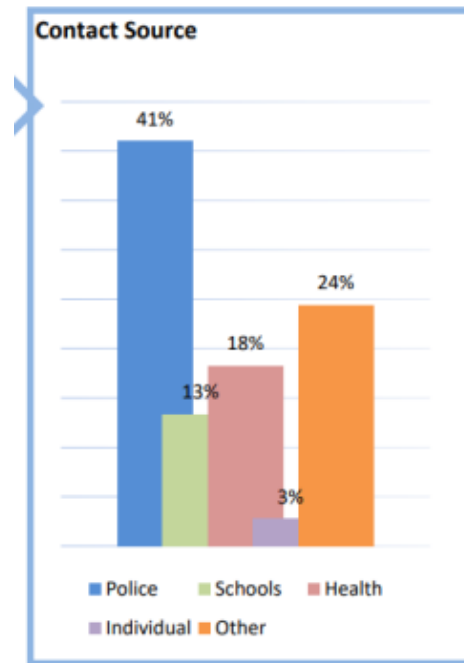
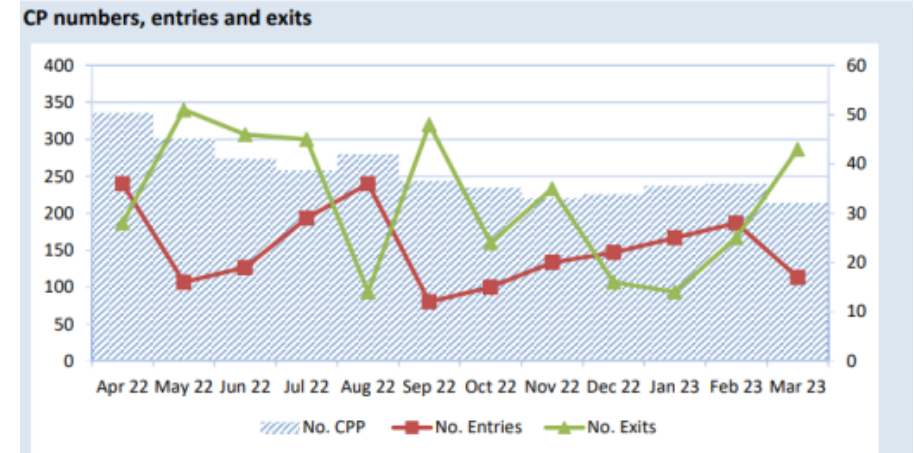


# Internal Assurance

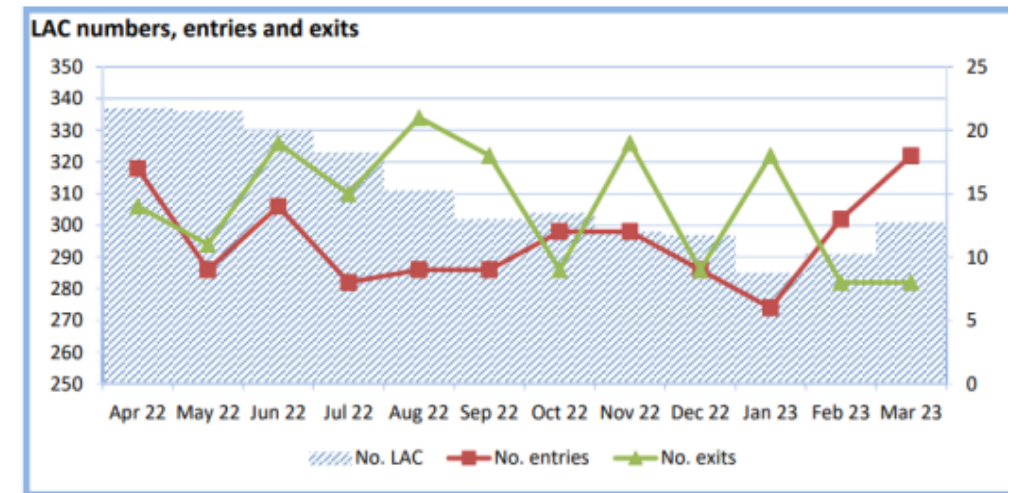
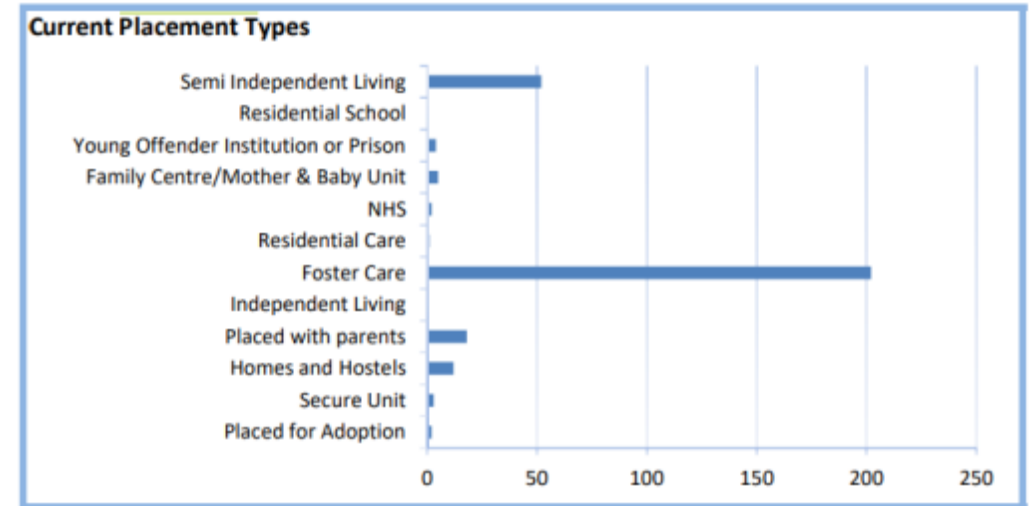
## Key Findings

- Child protection risks are recognised and responded to in a timely manner; referrers consistently get feedback from MASH
- Good partnership working with police, probation, Early Help, Harm outside the Home lead; need to strengthen health representation
- Assessments are of a good quality; they integrate the views and wishes of children, and review the child's needs holistically. The challenge is consistently ensure comprehensive analysis.

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- The Relational approach is well embedded; growing evidence of use of direct work with children. Clear focus on domestic abuse, neglect and exploitation as priority areas.
- All avenues of familial and community placements are explored effectively before children are placed in Care. Social Workers consistently spend time with children in care to understand their needs and respond to them appropriately.
- Children are placed with carers who reflect or understand their identity, cultural and religious needs; practitioners are being challenged to strengthen life story work for all children in care





# External Assurance

## Ofsted Focused visit – July 2022



- Visit by two Ofsted inspectors as part of our regular inspection cycle.
- Focus was on our support for the children we care for.
- Took place over two days and involved examination of documents and data as well as case tracking both alongside workers and on our computer systems.



# External Assurance Ofsted Focused visit – July 2022



- **Headline findings included**
  - The vast majority of children in care in Tower Hamlets are living in placements that are meeting their individual needs well and helping to improve their experiences and progress.
  - Leaders know their services well and have a clear vision and appropriate priorities which they are pursuing through a comprehensive improvement plan.
  - Children in care in Tower Hamlets benefit from committed social workers who build positive relationships with them and understand their needs and wishes well
  - Children do not come into care unnecessarily, and every effort is made to support children to remain with their families and kinship networks, including internationally if in the child's best interests.
  - Children are matched in placements on the basis of religious, cultural or language needs as far as possible.



# External Assurance Ofsted Focused visit – July 2022



- Two recommendations
  - Governance arrangements in overseeing children missing from care and at risk of exploitation.
  - The refocusing of family group conferences to reduce potential delays in care proceedings.
- Both have been acknowledged and plans are in place to address them



# External Assurance – Ofsted Annual Engagement Meeting



- Took place in January 2023 and attended by Senior HMI from Ofsted.
- We presented our Self-Evaluation which Ofsted felt was an accurate representation of our current position.
- They did not highlight any significant concerns and informed us that our next inspection activity would be a Short ILACS inspection.
- No timeframe was given for this, but we are planning for this to take place any time in the second half of 2023.



# External Assurance Early Help Peer Review - March 2023



- Conducted by three experienced Early Help leaders and Department of Education lead, including from highly rated local authorities over three days.
- Met with staff and visited our children's centres.
- Undertook case audits and discussions with practitioners.
- Met with key partners to get full sense of our Early Help offer



# External Assurance Early Help Review - March 2023



## Key findings

- Leaders, managers and staff talked passionately about this new direction and the benefits for families. This is well articulated in the new ambitious Early Help Strategy - 'Leaving no families behind – supporting access for all'
- The locality model of delivery is well embedded and supports bespoke early support to each of these 4 communities.
- The visible diversity of the workforce is commendable, particularly in terms of ethnicity, culture, age and gender. There is a real sense that staff can be their authentic selves at work
- The 12 children and family centres are an excellent resource for families in Tower Hamlets and demonstrate an integration with health that other Local Authorities could learn from.
- There has been considerable investment in upskilling the internal early help teams, as part of a wider children's services investment. This is impressive and, as mentioned above, staff referenced their restorative approach in many conversations as well as examples of how it is impacting on outcomes for children and families.
- The review team made some recommendations which are currently being considered and implemented.



# External Assurance Help and Protection Review – March 2023



- Conducted over five days by 3 external consultants with extensive experience including with Ofsted.
- Focused on MASH, Assessment, Family Support and Exploitation.
- Involved a number of interviews with managers and practitioners including focus groups, case audits and meetings.
- Tracked a number of cases both alongside workers and on our computer system.



# External Assurance Help and Protection Review – March 2023



- **Headline findings included**
  - Tower Hamlets is on a strong, improving trajectory, building on the strengths of the last inspection. Senior managers have set out a clear vision and it is understood by frontline staff. Leaders have provided a clear practice framework, a good working environment and a good set of tools for social work practice to thrive, but they now need to focus on improving the application of these to become really effective.
  - Staff at all levels of the service feel well supported and valued by their managers and enjoy working for Tower Hamlets.
  - Caseloads are manageable, which enables workers to focus on doing good quality work, and staff have access to a range of good professional development opportunities.
- The reviewers identified a number of strengths and some areas for development in each of the areas that they focused on. These are being considered and addressed.





# Key strengths



- Our staff group remain strong, committed and there are many examples of high-quality work.
- Caseloads are generally manageable in most areas which ensures the best opportunity to affect meaningful change with families
- Senior leadership team is stable and functioning well.
- The quality of our relationship-based practice
- The support for the children that we care for
- A strong learning and development offer including for newly qualified staff and those undertaking their ASYE.
- The approach we take to keep children within their family networks is effective.



# Risks and challenges

- We are seeing increased staff turnover in some areas of the service. This is in line with other LA's but this continues to cause some pressure
- Consistency of practice remains a focus. There are examples of excellent high quality practice that needs to be replicated across the board.
- Placement stability – both long and short term. An action plan has been developed and is being monitored monthly by the improvement board
- Early Help continue to embed. In line with our approach that families should be provided with the best support at the lowest level of intervention, we need to ensure that these services are resourced to manage demand
- Exploitation and serious youth violence remains a live issue, in line with many other LA's.
- In line with the new Ofsted judgement in respect to Care Leavers, there will be an increased focus on our support for our care experienced young people. Support is now provided until a younger person turns 25 increasing the numbers who need to be supported.



# Divisional Priorities



- Domestic Abuse
- Neglect
- Harm outside the home
- Embedding and championing the practice framework



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# Children's Social Care Reform Briefing Slides May 2023

James

# Overview

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- Government response to three reviews – Care Review; National Safeguarding Panel Review; and Competition & Markets Authority Review
- Two top headlines:
  - Shift from crisis intervention to earlier Family Help
  - Strengthening of Multi-Agency response
- Described as “once in a generation opportunity to reset Children’s Social Care”, but...
  - Financial investment not there
  - 2 years of piloting – “to lay the ground for long-term future reform”
  - No primary legislation this side of next election
- Formal consultation up to May – government response to that in September

# (Pillar 1) Family Help

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Focus upon delivering the right help at the right time; a Multi-Disciplinary approach; engaging wider family networks at the earliest opportunity

Next two years:

- Families First for Children Pathfinder Programme – single intensive Multi-Disciplinary service led by Local Authority – 12 Pathfinders
- Family Help Workers – knowledge and skills
- Joined up funding and inspection frameworks
- Working for everyone - review legislation for disabled children; change re addressing ethnic disparities and material deprivation

# (Pillar 2) Child Protection System

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Focus upon delivering a more integrated multi-agency system, led by Social Workers with the highest knowledge and skills.

Next two years:

- Families First for Children Pathfinders – Multi-Agency service part of the same service as Family Help, co-working with families; new lead CP SW role
- Revision of Working Together: new Multi-Agency Child Protection Standards
- Stronger Multi-Agency Leadership – including exploring and consulting on the role of Education; local strategic and operational groups
- Tackling court delays and parental engagement in the family courts.



# (Pillar 3) Family Networks

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Focus upon doing more to bring wider friends and family members into decision-making for children, from the earliest stages of working with families through to providing a loving stable home for children; to create a culture of “family first”.

Next two years:

- Pathfinders – the 12 Families First for Children to test family group decision-making, plus 7 pilots to test new Family Network Support Packages
- National Kinship Care Strategy by end of 2023
- Training and support offer – for all kinship carers

# (Pillar 4) Children in Care

---

Focus on the care system providing stable, loving homes close to children's communities; revised approach to commissioning; more ambition for children in care and care leavers.

Next Two Years:

- Fostering recruitment and retention programme – test of regional model
- Leadership programme for children's homes
- Financial oversight regime for the big private providers
- Two Pathfinders for Regional Care Co-operatives
- Corporate parenting ambitions: family finding, befriending and mentoring; corporate parenting across public sector; apprenticeships; Care Leaver Covenant; mental and physical health of care leavers

# (Pillar 5) Social Work Workforce

---

Focus on Social Workers having the tools and time to do their job; an excellent SW for every child that needs one; to prioritise training and wellbeing.

Next two years:

- SW Early Career Framework
- Improved retention – working conditions and workload pressures
- Reduce cost and reliance on locum SWs
- Boost SW recruitment – including through apprenticeship route

# (Pillar 6) System Enablers

---

Focus upon clearer national direction and a system that is continually learning and improving.

Next Two Years:


- National Framework for Children's Social Care- outcomes and practice guides
- Data Strategy by end of 2023
- Aligned inspection – Ofsted to align with the national framework
- Enhanced intervention – focus upon Requires Improvement LA's
- New formula for funding to LA's for children and families

# Next Steps

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- Tower Hamlets preparation to bid for pathfinder status and engagement in the London Programme; testing what we can do now; ensuring we learn from others
- London Care Reform Programme for next two years to match the period of piloting – James Thomas leading for London
- Joint Programme for Association of London Directors of Children’s Services and the London Safeguarding Children Partnership
- Key points for co-ordination
  - Responses to consultation and engagement with government
  - Maximum involvement in formal pathfinders
  - Co-ordination of learning from across London and elsewhere
  - Building Multi-Agency consensus on what works and what is needed

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<p>Non-Executive Report of the:</p> <p><b>Children and Education Scrutiny Sub-Committee</b></p> <p>4<sup>th</sup> May 2023</p>	
<p><b>Report of: Susannah Beasley-Murray</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p>Tower Hamlets Children’s Safeguarding Partnership Review</p>	

<p><b>Originating Officer(s)</b></p>	<p>Susannah Beasley-Murray, Director, Supporting Families</p>
<p><b>Wards affected</b></p>	<p>All wards</p>

**Summary**

This cover report accompanies the presentation slidedeck

- Tower Hamlets Children’s Safeguarding Partnership Review

**Recommendations:**

The Children and Education Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Children and Education Scrutiny Sub-Committee meeting.

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# THSCP

The Tower Hamlets Safeguarding Children Partnership (THSCP) is fully established under the Working Together to Safeguarding Children 2018 Arrangements and has developed over the last year into a responsive and agile system.

The Working Together Arrangements state that:

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

- (a) the local authority
- (b) a clinical commissioning group for an area any part of which falls within the local authority area
- (c) the chief officer of police for an area any part of which falls within the local authority area

Within Tower Hamlets James, Korkor and James make up the leadership and core partners and rotate chairing THSCP Executive.



James Thomas  
Children's Services

James is the statutory Director of Children's Services for Tower Hamlets, and the Corporate Director for Children and Culture, with lead responsibility for children's safeguarding as well as for the delivery of a range of social care, education, early help and commissioned services. He is also chair of a number of children's partnership boards and sits on the Health & Wellbeing Board and the Community Safety Partnership. He is also the national and London lead for ADCS on multi-agency safeguarding and sits on the cross-governmental Safeguarding Reform Delivery Board and the London Safeguarding Children's Partnership.



Korkor Ceasar  
Integrated Care Board

Korkor is the Associate Director for Safeguarding Children, NHS North East London Health and Care Partnership. She leads on the implementation of all safeguarding statutory duties for children safeguarding and Looked after Children, ensuring all risks are escalated through the appropriate governance. She is responsible for providing expert advice and guidance to the Partnership Boards via Chief Nurse and other colleagues on all safeguarding functions, aspects and responsibilities; with a particular focus on ensuring the strategic needs are met. Korkor is also responsible for ensuring that safeguarding is effectively managed across the health system, engaging local providers in a robust partnership approach to commissioning and provision of health services.



James Conway  
Metropolitan Police

Detective Chief Superintendent Conway is the senior police officer responsible for the strategic and operational oversight for the London Boroughs of Tower Hamlets and Hackney. James Conway works closely with both internal and external partners in order to safeguard the vulnerable, tackle crime and continue to build on trust and confidence in policing amongst the community it serves.

# Working Together to Safeguard Children 2018

In April 2017, the Children and Social Work Act received Royal Assent, which abolished Local Safeguarding Children Boards and all sections of the Children Act 2004 that relate to it. The Department of Education published the revised Working Together to Safeguard Children Guidance in July 2018, which sets out what organisations and agencies, who have functions relating to children, must do to safeguard and promote the welfare of all children and young people under the age of 18 in England. In addition, further statutory guidance was published to support LSCB's, the new safeguarding and child death review partners, and the new Child Safeguarding Practice Review Panel in the transition from LSCBs and serious case reviews (SCRs) to a new system of multi-agency arrangements and local and national child safeguarding practice reviews. The guidance aims to help those involved understand the requirements and to plan and manage their work in the transitional period. In March 2020 the transition period ended, and new safeguarding arrangements were fully implemented. For Tower Hamlets this meant stepping away from a traditional board and implementing an agile partnership. Since 2020 Tower Hamlets has introduced, developed and started to embed new ways of working in a Safeguarding Partnership realm.

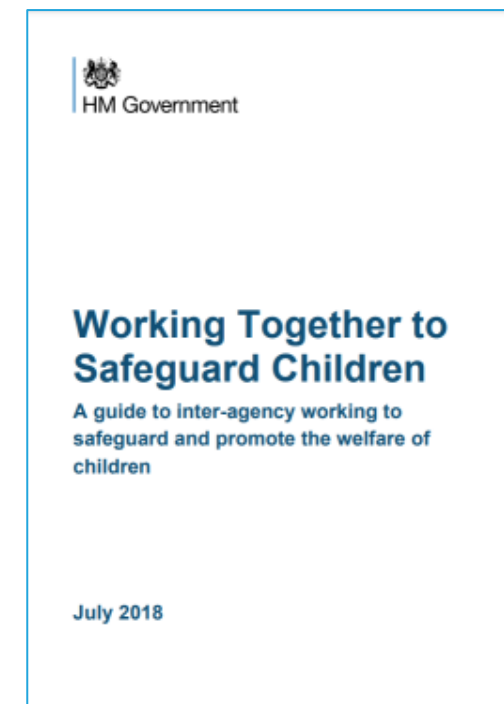
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The Working Together to Safeguard Children 2018, lays the foundations for Safeguarding Children Partnerships. The major shift has been that the responsibility of safeguarding children in Tower Hamlets is shared between the Local Authority, Clinical Commissioning Group and Police.

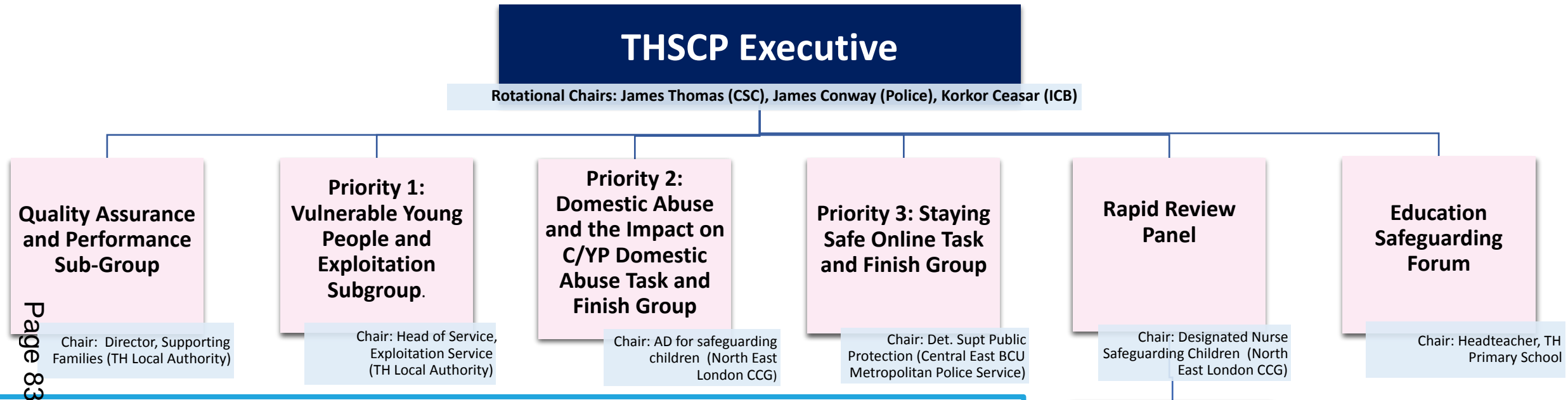
*“Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children.*

*To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education and wider voluntary and community specialist support.*

*There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.” – Working Together to Safeguard Children 2018*



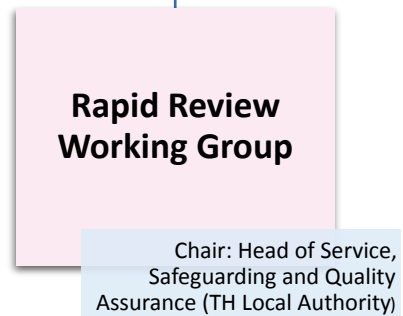
# Governance and Structure



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## The Groups Explained:

- The Executive Group oversees the THSCP, which aims to continue to promote and support multi-agency working across all areas of Safeguarding. The local Police, Integrated Care Board and Local Authority are equally responsible for the Partnership and its outcomes, *this is one of the major differences compared to the LSCB arrangements.*
- The Quality Assurance and Performance Group oversees the business part of the partnership which includes (but is not limited to), reviewing multi-agency data, audits and actions that arise from statutory reviews (through oversight of the Rapid Review Working Group which holds and implements the Action Plan).
- The three priority groups are set up to focus a lens on an area that has arisen as a challenge within the borough. The current priorities are coming to an end and Priority Setting for new priorities has begun.
- The Rapid Review Panel has been established to respond quickly to serious incidents when a child has been significantly harmed or died from abuse or neglect. The group reviews the cases, draws out any immediate learning and makes recommendations to the Executive on what level of Statutory Review is required.
- The Rapid Review Working Group has the responsibility of implementing the learning from statutory reviews.
- The Education Safeguarding Forum is a space for Education Providers to raise thematic and strategic safeguarding concerns.
- Each member of the Executive Group sponsors a sub-group, attends and offers support.



# Governance and Membership

*“Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate. This approach requires flexibility to enable joint identification of, and response to, existing and emerging needs, and to agree priorities to improve outcomes for children.” – Working together to Safeguard Children 2018*

The partnership has been made stronger this year through key agencies taking the lead in many areas including shaping and leading the work in our priority areas. During the period of Covid-19, the partnership has had to work smarter to ensure that collaboration is continuous. This has meant utilising technology and becoming creative with ways to engage. Key events were held in person, via video conferencing or as a hybrid of both, throughout the year. Partners have faced a number of challenges and the THSCP has created the space for agencies to be open and honest about challenges and work together to mitigate them.






# THSCP Priorities

## Achieving the Priorities:

Throughout 2022-23, the priorities set in 2021 have been embedded across the partnership. The Priorities are coming to an end and new Priorities will be set and launched in September 2023.

The achievements of each Priority Group are captured below:

		
<p>Page 85</p> <h3>Exploitation – Local Authority led</h3>	<h3>Domestic Abuse and the Impact on Children and Young People – Health led</h3>	<h3>Staying Safe Online – Police led</h3>
<ul style="list-style-type: none"><li>• Development of a Screening Tool with Partner engagement.</li><li>• Development of joined up disruption plans for children, involving the Police.</li><li>• MACE review and re-launch (to include oversight of missing children).</li><li>• Launch of Harm outside the Home framework when working with young people where the risk is identified as extra-familial harm.</li><li>• Exploitation Team training package for partners.</li></ul>	<ul style="list-style-type: none"><li>• A Vlog on appropriate language for professionals to use regarding domestic abuse and awareness raising across all agencies of appropriate language use in record keeping.</li><li>• Refresh of Multi-Agency domestic abuse guidance.</li><li>• A tool kit for young people on when and how to talk to an adult and how to support each other.</li><li>• Partnership Engagement Events led by experts in the field to have a deeper understanding of domestic abuse.</li></ul>	<ul style="list-style-type: none"><li>• Gaming and Gambling Harms training commissioned for professionals, parents and carers. Professionals who attended felt better equipped to talk to Young People about Online Harms. Resource packs available for use when working with children and young people.</li><li>• Partnership Engagement Events led by experts in the field to have a deeper understanding of Online Safety.</li><li>• A tool kit for parents, carers and young people to know where to go for support and how to have conversations around online safety.</li><li>• A school survey on online safety carried out with 1567 Primary School children and 542 Secondary School Children. The report findings further shaped the work of the group and ongoing work of the Partnership.</li></ul>

# Key Achievements and The Impact

<b>Multi-Agency policies and procedures refreshed</b>	<p>Various Procedures are being refreshed and updated ensuring that all professionals have the tools and pathways to safeguard children. Updated procedures include; Non-Accidental Injury Protocol, Neglect Guidance, Non Recent Abuse Protocol and Domestic Abuse guidance.</p>
<b>Delivered NSPCC Introduction to Safeguarding and Designated Lead training</b>	<p>Safeguarding training was delivered to ensure that all partners and volunteers have basic level understanding of Safeguarding. This equips people with the ability to spot signs of abuse or neglect and understand how to escalate that information to prevent harm.</p>
<b>Delivered Safeguarding Month</b>	<p>During November 2022 Safeguarding month was delivered where partners came together to host and attend awareness sessions. The topics included, an Infant Neglect conference, Domestic Abuse, Exploitation, Online Safety, Learning from CSPRs and the Rapid Review process. This gave the opportunity for multi-agency partners to come together to ensure they all received consistent information on the topics.</p>
<b>Training Programme</b>	<p>A multi-agency Training Calendar has been developed which incorporates all available Safeguarding Training for any professional who works with children and young people in Tower Hamlets. Courses have included Gaming and Gambling Online Harms, Talking to children about Mental Health, Self Harm; Responding to Risk and Intrafamilial Sexual Abuse.</p>
<b>Continuing improvement to Rapid Review Processes</b>	<p>Rapid Review Processes have been tightened meaning that learning is drawn out at an earlier stage to avoid delay. The Statutory Review Action Plan ensures that themes can be picked out and time is not spent on duplication activity. This also ensures there is a more thematic approach to implementing the learning from all cases reviewed. Alongside the Rapid Review Panel, a Rapid Review Working Group has been set up to meet six weekly with the sole purpose of implementing the learning.</p>
<b>Child Safeguarding Practice Review Learning Sessions</b>	<p>Once a CSPR was completed a learning session took place within two weeks, which brought the partners together to discuss the findings and the implementation. This gives the partners opportunities to ask the report author about the review and directly feedback ideas for improvement for the wider system and begin the process of implementation. A year after publication of a CSPR there is then a Learning Reflection Session which is an opportunity to remind partners of the recommendations, consider how the learning has been embedded and identify any gaps to be addressed.</p>
<b>Young Scrutineers working within the Safeguarding Partnership</b>	<p>Three Young Scrutineers, aged 16 &amp; 17 work in the Partnership upto 4 hours a week. They are paid an adult living hourly rate wage and their contracts are flexible around their education. Their role is to give their views, share theirs and peers experiences and review policies and projects to ensure the voice of the child is at the centre of the Partnership's work. They are currently working alongside the Independent Scrutineer on a '6 steps of Scrutiny' project and will also input into deciding the new Priorities.</p>
<b>Introduction of Escalation Tracker</b>	<p>Following feedback from partners that they felt distanced from the Executive and unclear on decision making and Escalation Tracker was introduced. The tracker records all escalations from groups to the Executive and the Executive response and is circulated with papers for every meeting. Partners report feeling more informed.</p>

# Key Challenges

<b>Multi-Agency Data</b>	THSCP developed a multi-agency data dashboard, which requested data from partners that was 'readily available', due to this, the data is not always aligned with the most recent quarter. The THSCP has identified that data should focus around the priorities and themes, as well as a compliance return and to include comparative data from the previous quarter or year. Work in this area is ongoing.
<b>Capacity and Funding</b>	There is still a significant way to go to a Safeguarding Partnership of equal funding and the Local Authority contribution decreasing substantially. Local Authority restructures meant the role responsible for the multi-agency training was deleted. The THSCP ensured that standard safeguarding training was still commissioned and held awareness events over the year and has begun to commission a training package. Partners who have had a very difficult couple of years within the pandemic have expressed issues with capacity to carry out some work within the THSCP.
<b>Embedding of Learning</b>	This is a key challenge across many Safeguarding Children Partnerships, though the processes have changed, to ensure the learning is thematic and all held in one place, the embedding of the learning has been slow. In order to address this the THSCP has now set up a 'Rapid Review Working Group' which meets 6 weekly with the sole purpose of embedding the learning from audits and statutory reviews
<b>Website/Hosting Space</b>	Feedback from partners has been that the website we use is not interactive, we aimed to commission a new website in 2022 but due to other priorities this is now planned for 2023.

# Strategic Plan for the Year Ahead

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The THSCP will continue to deliver and will develop the following areas over the next year...

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Evidencing the embedding of learning

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Further development of the multi-agency training package

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Continued inclusion of young people

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Improvements to the THSCP digital presence

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